

# Hoarding

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Many people might claim that, at least at one point in their lives, they could be classified as a “pack rat” or a “closet clutterer.”

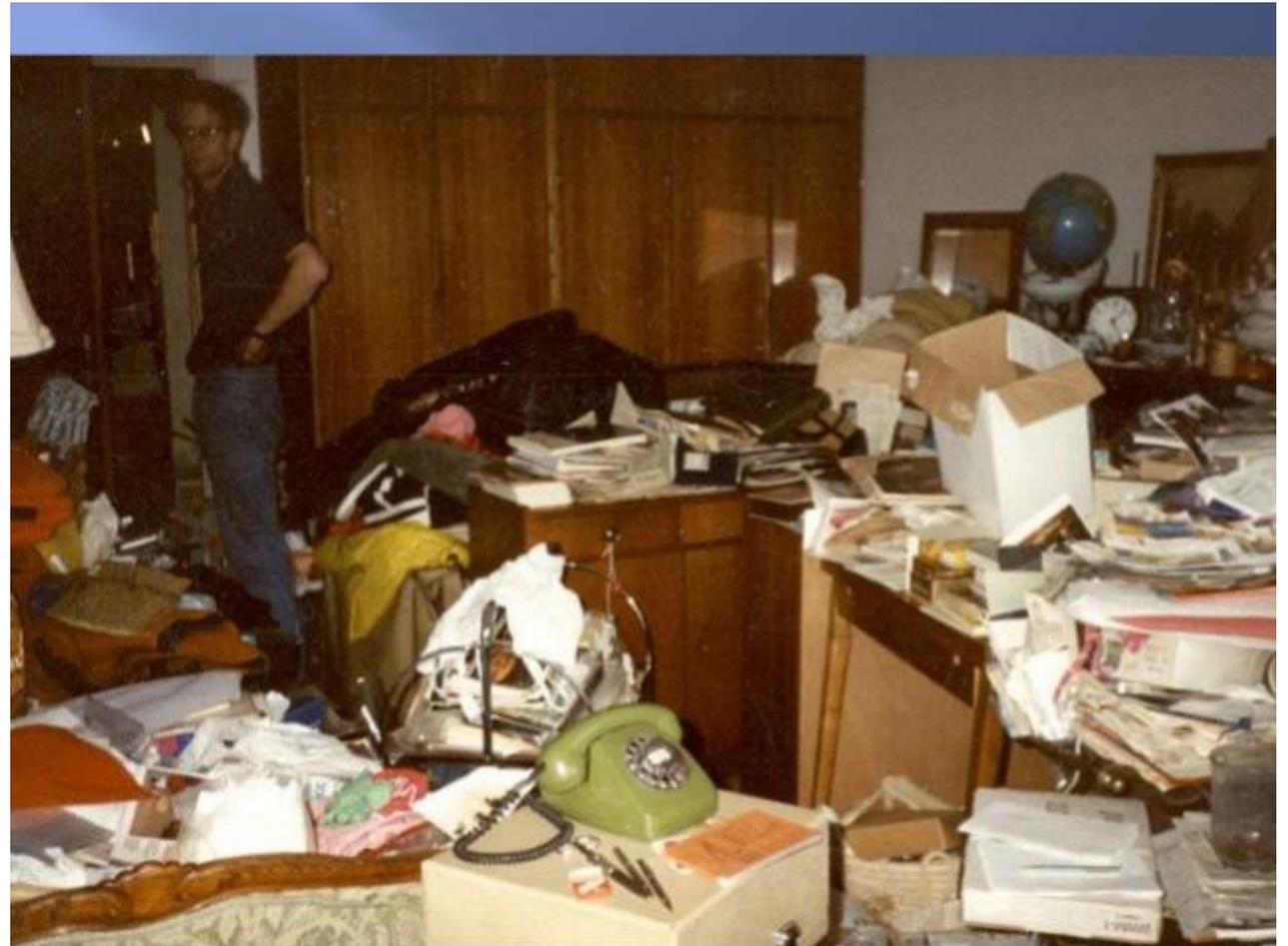


**Severe compulsive hoarding can interfere with a person’s activities—such as:**

- Cooking
- Cleaning
- Showering
- Sleeping
- Because piles of newspapers or clothes are found in the sink, in the shower, on the bed, and in every corner of a home.

# Why do they do what they do??

- ❑ Believe these items are unique or will be needed at some point in the future
- ❑ Items have important emotional significance, serving as a reminder of happier times or representing beloved people or pets
- ❑ Feel safer when surrounded by the things they save
- ❑ Don't want to waste anything



# Background

- Hoarding usually starts around ages 11 to 15, and it tends to get worse with age.
- Hoarding is more common in older adults than in younger adults. (Mayo Clinic, 2019).
- There is a strong association between having a family member who has hoarding disorder and having the disorder. (Mayo Clinic, 2019).
- Have a low marriage rate, high divorce rate, and tend to live alone.
- Have a wide range of education levels.
- Have an average age of 50 when they enter treatment for hoarding.



## What Causes Hoarding?

- There appears to be a strong genetic component to Obsessive Compulsive Disorder of the hoarding type. Modeling and conditioning may also play a role in the development of this disorder.
- OCD usually involves over-activity and/or under-activity of brain regions that underpin the observed behaviors.

It's not clear what causes hoarding disorder.

It is estimated that hoarding disorder affects somewhere between 2 and 6 percent of the population.

Genetics, brain functioning, and stressful life events are being studied as possible causes.

Some people develop hoarding disorder after experiencing a stressful life event that they had difficulty coping with, such as:

- The death of a loved one
- Divorce
- Eviction
- Losing possessions in a fire (Mayo Clinic, 2019).

# Hoarding is a mental health disorder

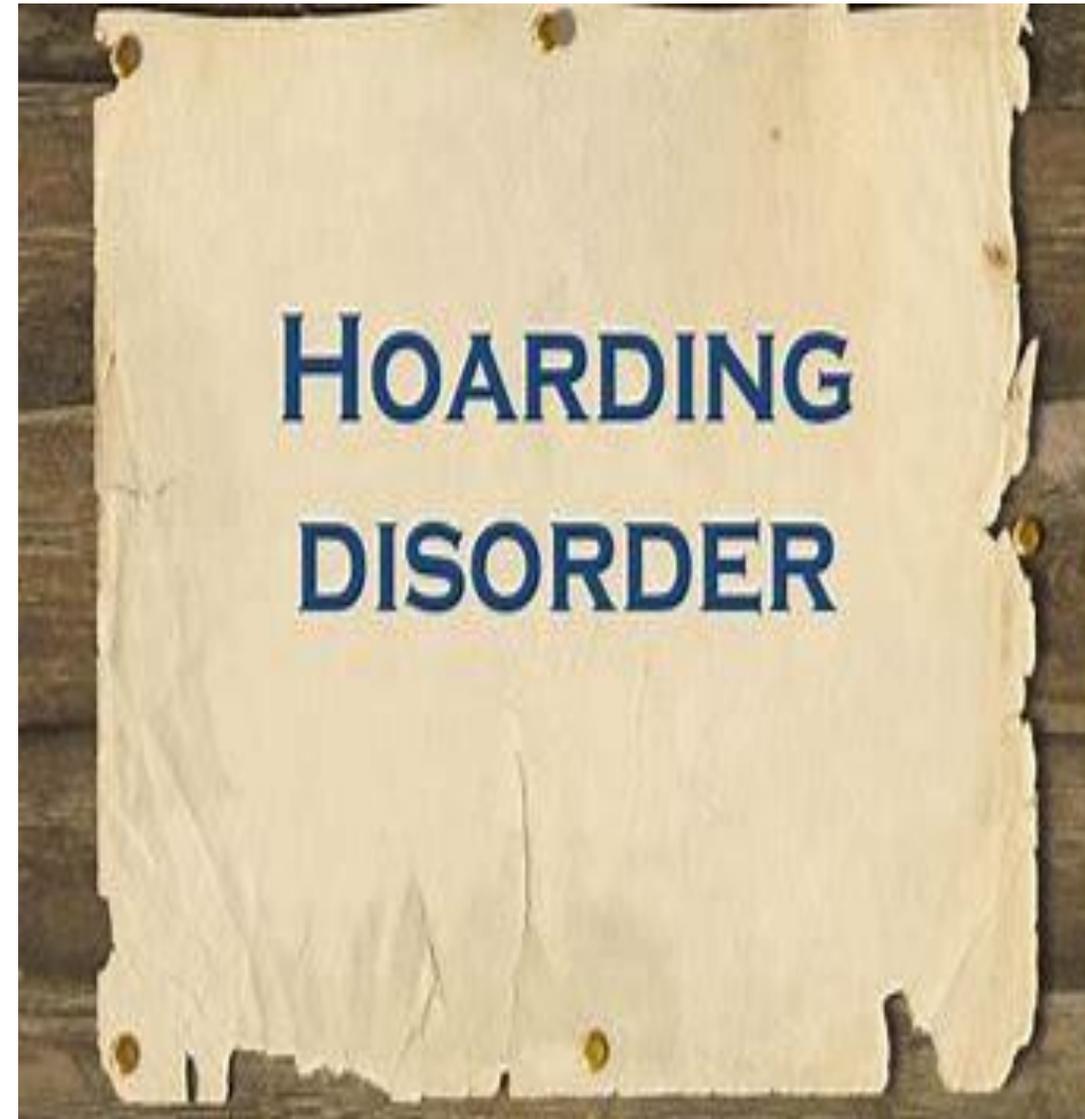
It is not caused by laziness, lack of standards, or lack of responsibility

It is often characterized by low insight: others are more aware of the difficulty than the individual

92% of individuals with hoarding have 1 or more other mental health disorders

- Depression
- Generalized anxiety
- Obsessive -compulsive disorder
- Social phobia

Individuals with hoarding often have personality problems that interfere with their daily lives and that help maintain hoarding behavior





## Hoarding Disorder

**A psychiatric condition that produces symptoms such as:**

- Compulsive urge to acquire unusually large amounts of possessions
- Inability to voluntarily get rid of those possessions, even when they have no practical usefulness or monetary value.

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Until recently, mental health guidelines in the United States viewed hoarding as a specific form of another condition called obsessive-compulsive disorder (OCD).

The American Psychiatric Assn. designated the disorder as a distinct form of mental illness in May 2013 (Diagnostic and Statistical Manual of Mental Disorders, or DSM5, 2013).



- ▣ 1- The hoarders show a unique pattern of Brain activity.
- ▣ 2- Don't respond well - if at all - to standard anti-obsessional treatments.(drugs and CBT).
- ▣ 3- Hoarders do not come forward for treatment.
- ▣ 4- Hoarders tend to believe they are acting rationally and have less insight to the problem.
- ▣ 5- hoarders had more severe family and social disability, anxiety, depression, and personality

# Treatment of Hoarding Disorder

## Cognitive Behavioral Therapy (CBT)

Therapy that examines the way an individual thinks and behaves, to change the thought processes or behaviors that are problematic.

## Motivational Interviewing (MI)

Technique to increase the individual's motivation to make positive change(s) in their behavior.

**Skills Training** focuses on helping people learn

- How to organize their belongings within their homes
- How to use problem solving methods to address common problems that arise in working on their clutter
- How to make decisions about keeping needed items and removing unwanted objects that contribute to clutter.





# Medications & Self-Care

Medications are used to treat other disorders such as anxiety and depression that often co-occur.

Most common medications are a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs).

Mayo Clinic, 2020. <https://www.mayoclinic.org/diseases-conditions/hoarding-disorder/diagnosis-treatment/drc-20356062>

**Antidepressants:** To manage depression.

- Citalopram

**Anti-anxiety drugs:** To manage anxiety.

- Clonazepam . Diazepam

**Self-care**

- Stick to the treatment plan
- Maintain personal hygiene
- Get proper nutrition

# Complications



**Hoarding disorder can cause a variety of complications, including:**

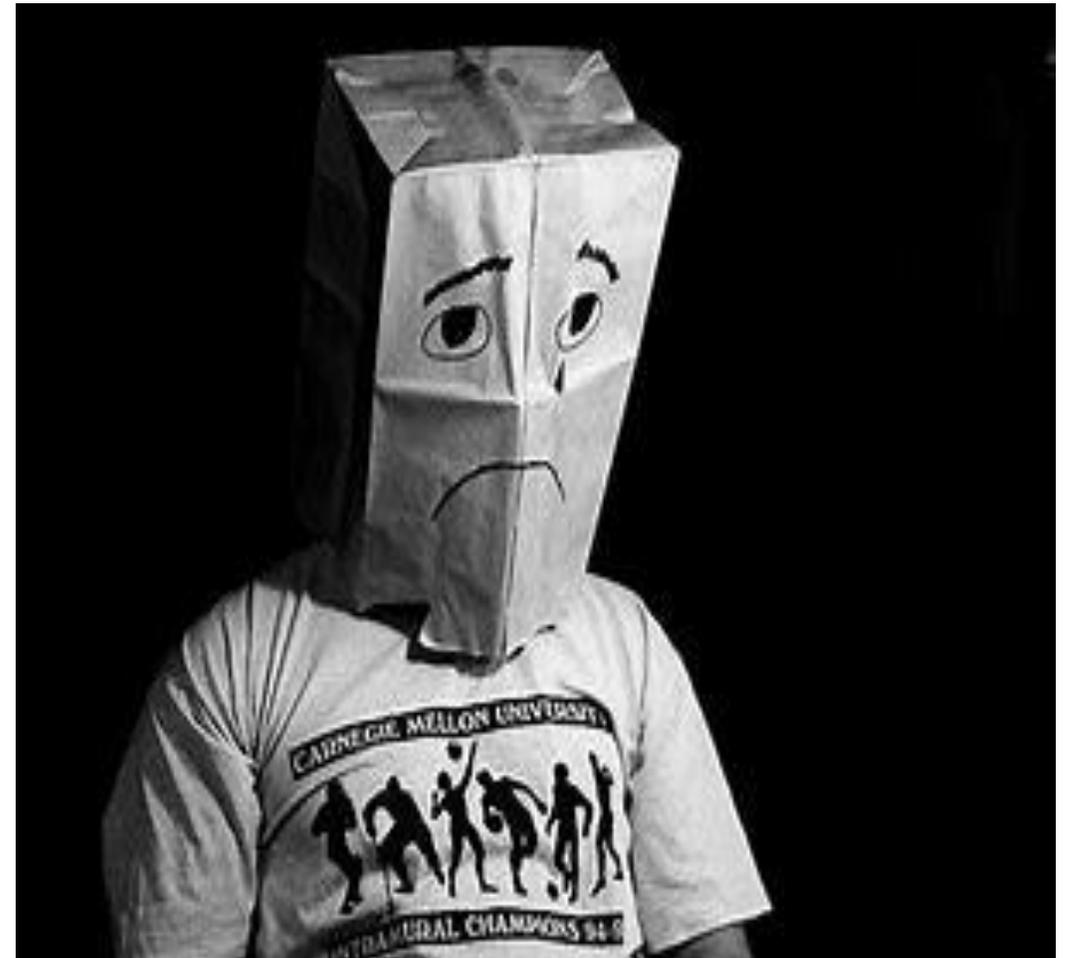
- Increased risk of falls
- Injury or being trapped by shifting or falling items
- Family conflicts
- Loneliness and social isolation
- Unsanitary conditions that pose a risk to health
- A fire hazard
- Poor work performance
- Legal issues, such as eviction

# Coping with Resistance and Strong Emotion

**Individuals with hoarding often feel extreme shame and anxiety about visitors  
Family members may not have visited in years**

**They may avoid mandatory visits or become very angry or upset**

**They are often attempting to protect themselves (e.g., “A good defense is a good offense”)**



# Communication DON'TS

- Use judgmental language.
- Use words that devalue or negatively judge possessions.
- Let your non-verbal expression say what you're thinking.
- Make suggestions about the person's belongings.
- Try to persuade or argue with the person.
- Touch the person's belongings without explicit permission.



## Positive Communicating

Way of reflecting back what the other person has expressed to let him/her know you are listening and to check your understanding of his/her meaning.

Restatement of the other person's communication, both the words and the accompanying feelings, i.e., nonverbal cues:

- Tone of voice
- Facial expression
- Body posture

70% of Communication is non-verbal



# **Imagine yourself in their shoes:**

**How would you want others to behave to help you manage your anger, frustration, resentment, and embarrassment?**



**Acknowledge the feelings you are witnessing**

# Communicating Do's

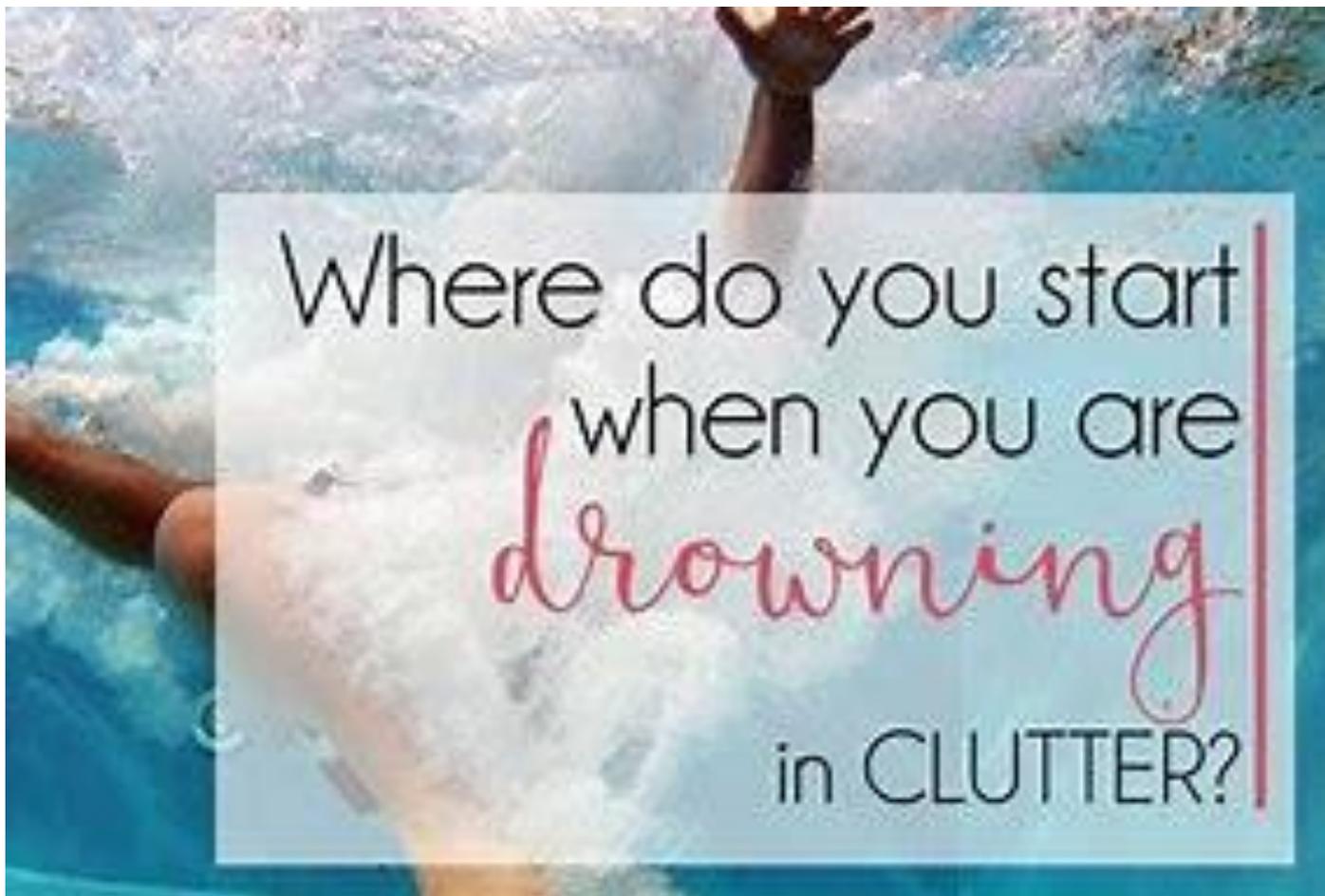


**If possible, give the person control:**

- Ask the person for permission before opening doors to rooms, closets, or cupboards
- Use respectful language
- Avoid judgmental expressions, whether verbal (e.g., “trash”) or non-verbal (e.g., grimace)
- The key is to show compassion for the individual to earn his or her trust and respect

Cristina M. Sorrentino, PhD, LCSW | Boston University School of Social Work.  
<https://www.hoardingcapecod.org/how-to-talk-to-someone-with-hoarding-dos-and-donts/2020>

# Use Encouraging Language



Use language that reduces defensiveness and increases motivation to solve the problem

- “I see that you have a pathway from your front door to your living room. That’s great that you’ve kept things out of the way so that you don’t slip or fall. I can see that you can walk through here pretty well by turning sideways.”
- “The thing is that somebody else that might need to come into your home, like a fire fighter or an emergency responder, would have a pretty difficult time getting through here.”

## Match the person's language & Highlight Strengths

Listen for the individual's manner of referring to his/her possessions (e.g., "my things", "my collections").

Use the same language (i.e., "your things", "your collections").

All people have strengths, positive aspects of themselves, their behavior, or even their homes.

A visitor's ability to notice these strengths helps forge a good relationship and paves the way for resolving the hoarding problem

- "I see that you can easily access your bathroom sink and shower."
- "What a beautiful painting!"



Focus the intervention initially on safety and organization of possessions- work on discarding later

- Discussion of the fate of the person's possessions will be necessary at some point
- It is preferable for this discussion to follow
- Work on safety and organization first



# EXPLAIN WHY THE SITUATION IS DANGEROUS



Calmly explain different dangers in the hoarder's home.

Help them understand how accumulated trash and clutter encourage toxic mold growth, insect infestations and rodent invasions.

Point out structural damage that can lead to rotted floors, crumbling walls and collapsed ceilings.

Are there  
other services  
that are  
available to  
help the  
individual?

- If other services are needed call the agency to see what options are available and what they can do (medical, psychological, housing, etc.)
- County Health Services (depending on your location and what is available)
- Visiting Nursing agencies
- The individual may need to be removed from the residence and placed in some type of other housing with services.



# References

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, or DSM5, 2013.
- Cristina M. Sorrentino, PhD, LCSW | Boston University School of Social Work.  
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