WELCOME to

Local Strategies for Responding
to Hoarding Conditions ECHO

Session 1, Understanding Hoarding Disorder and Squalor, April 7th 2023

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Series Learning Objectives

Participants will be able to

- Explain indicators of hoarding disorder and squalor and their potential health impacts

- Assess concerns and engage helpfully when hoarding and/or squalor may pose a threat to individual or public safety

- Access resources and supports that are needed to assist affected individuals to live in healthier environments.

Today's Program

- Brief housekeeping
- Poll questions
- Didactic: Understanding Hoarding Disorder and Squalor
  - Lora Gerard, MPA, Dartmouth Health Geriatric Center of Excellence
  - Sophia Johnson, Program Manager, NH DHHS DPHS Health Officer Liaison Unit
- Case presentation: Sophia Johnson
- Case discussion
- Summary
- Up Next

Course Schedule

- Session 1, Understanding Hoarding Disorder and Squalor, April 7th 2023

- Session 2, Assessment and Engagement to Address Hoarding Disorder and Squalor, April 14th 2023

- Session 3, Intervention: Action, Partners, and Resources, April 21st, 2023

What is Hoarding Disorder?

Lora Gerard, MPA, Dartmouth Health Geriatric Center of Excellence

What do you think Hoarding is?

Hoarding Disorder is a mental health disorder

Hoarding Disorder is a diagnosable disorder listed

in the American Psychiatric Association's

Diagnostic and Statistical Manual of Mental Disorders 5

(DSM-5)

Diagnostic Criteria

- A persistent **difficulty discarding** or parting with possessions, regardless of their actual value.

- Perceived **need** to save the items and **distress** associated with discarding them.

- Difficulty discarding possessions results in the **accumulation of possessions** that congest and clutter active living areas and **substantially compromise** their intended use.

- Clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

Diagnostic Criteria

- Not attributable to another medical condition, such as brain injury, substance use disorder, or depression

- MAY include excessive acquiring

- MAY include poor insight

Hoarding Disorder is NOT:

Laziness

Moral Failing

Intentional

Squalor

'A home so unclean, messy and unhygienic that people of similar culture and background would consider extensive clearing and cleaning essential'[1]

Poor environmental conditions due to neglect or lack of resources

- Hoarding Disorder may or may not be a factor

- Hoarding is about the volume of possessions, not cleanliness

- A condition that arises from contributing factors, not a diagnosis

- Serious mental illness, age, frailty, or cognitive impairment are very likely

- Inability to remove items

Safety Risks

- Fall risk and severity of injury

- Medication errors

- Unable to use mobility assistance devices

- Delays in emergency response time

- Resistance to receiving home health assistance

- Nutrition and food safety

- Mold

- Presence of human or animal waste

Photo:
Fire Rescue Magazine

How common is Hoarding Disorder and what causes it?

- 2-6% of the population (probably under-reported)

- Physical differences in brain activity

- Link to **trauma**, family history

- Onset is typically in the teens, but older people are more likely to seek help or need intervention

- No link to educational attainment, socio-economic class; weak link to female gender

- Very often comorbid with physical or mental health conditions

Types of Hoarding Disorder

Two or more of these often occur together:

- **Shopping:** items acquired which often never get used, worn, or gifted

- **Knowledge:** books, newspapers, magazines, mail, catalogs, papers

- **Food**: wide range of motivations, from being prepared for deprivation to a variation of shopping hoarding

- **Common possession/object hoarding**

Animal Hoarding

The accumulation of a large number of animals and a failure to provide minimal standards of nutrition, sanitation, and veterinary care and to act on the deteriorating condition of the animals (disease, starvation, death) and the environment (severe overcrowding, extremely unsanitary conditions) – DSM-5

Photo: Whidbey Daily

Photo: Daily Mail

Lora Gerard, MPA

Program Leader, Northern New England Geriatric Education Center at the Dartmouth Health Geriatric Center of Excellence

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Resources

Gleason A, Perkes D, Wand AP. Managing hoarding and squalor. Aust Prescr. 2021 Jun;44(3):79-84. doi: 10.18773/austprescr.2021.020. Epub 2021 Jun 1. PMID: 34211245; PMCID: PMC8236875.

[1]Snowdon, J., Halliday, G., & Banerjee, S. (2012). *Severe domestic squalor.* Cambridge University Press.

Bratiotis, C., Schmalisch, C. S., Steketee, G., & Dowal, S. L., Edsell-Vetter, J., Frost, R. O., Halfmann, P., & Patronek, G. (Collaborators). (2011). *The hoarding handbook: A guide for human service professionals.* Oxford University Press.

Hoarding as a "Public Health" Issue

Sophia Johnson, Program Manager

NH Department of Health & Human Services

Division of Public Health Services

Health Officer Liaison Unit

As a local official, you may have the following questions:

- **WHO** can respond to hoarding situations?

- **WHEN** does the municipality have the authority to respond?

- **HOW** can they assist in resolving hoarding situations?

"Hoarding" may facilitate various issues:

- Life safety concerns
- Blocked egress
- Fire hazards
- Debris accumulation
- Waste exposure
- Noxious odors
- Pest infestations
- And more…

Responding to Hoarding Concerns

- As a municipality, you may have local officials complete an investigation to understand the extent of the issue (RSA 128) and report concerns (Abuse and Neglect law)
- The question is often '*when do you have power to enforce remediation of a situation?*'

Inspection ➡ Enforcement

Hoarding as a "Public Health" Nuisance

- People have a right to live in unsanitary conditions *"Live free or die"*

BUT

- When a "<u>behavior unreasonably interferes with the health, safety, peace, comfort or convenience of the general community</u>" the issue becomes a public health nuisance.
    - Hoarding can present a public nuisance when the extent or nature of the hoarding poses a health or safety risk to the surrounding community
    - I.e. noxious odors, pest infestations, or improper disposal of waste

Location is Important

Single family vs owner occupied homes

- Proving the problem presents a "public nuisance" is more challenging

- In these situations, municipal officials are encouraged to connect the resident with appropriate services or agencies

Multi-unit dwellings

- Easier to prove the problem presents a "public nuisance"
- Municipality may cite violations of local nuisance codes or RSA 147
- Citations may spur action by other agencies
- May help partners to prioritize follow up actions

Enforcement is Just One Tool in the Tool Box

- Evidence of public health hazards and use of enforcement to address hoarding is one strategy you may use

- Long term success of remediating hoarding environments requires a collaboration of medical providers and social and supportive service agencies to work with the resident to prevent relapse.

- Not just "refer" but collaborate!

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Resources

- NH DHHS DPHS. (2023). *Hoarding and Unsanitary Living Conditions.* https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/holu-hoarding-and-unsanitary-living-conditions.pdf
- NH Public Health Nuisance Taskforce. (2014). *Public Health Nuisance Guidance Document.* https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/holu-public-health-nuisance-guidance-document.pdf
- RSA 147 Nuisances; Toiles; Drains; Expectoration; Rubbísh and Waste; http://www.gencourt.state.nh.us/rsa/html/X/147/147-mrg.htm
- [RSA 128 Town Health Officers; https://www.gencourt.state.nh.us/rsa/html/X/128/128-mrg.htm](https://www.gencourt.state.nh.us/rsa/html/X/128/128-mrg.htm)

WELCOME to

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Session 2, Assessment and Engagement, April 14th 2023

**Please let us know you are here: Type your name, email,
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ASSESSMENT OF HOARDING DISORDER

ROBERT BRADY, PHD

ASSISTANT PROFESSOR OF PSYCHIATRY

DARTMOUTH HEALTH

The Problem

- "Hoarding" is a dimensional construct
- Clutter is common and somewhat subjective
- Hoarding Disorder is commonly comorbid
- Hoarding Disorder is personal and has consequences for the individual beyond the obvious problems
- Knowing where the behavior becomes a problem or *disorder* is critical for individuals, the community, and the field

Assessor Measures

- Hoarding Rating Scale
  - 5 item rating scale
  - Mean (average) score for people with HD = 24.22
  - "Clinical cutoff" = 14

- Alternative: Structured Interview for Hoarding Disorder

Please use the following scale when answering items below:

0 = no problem
2 = mild problem, occasionally (less than weekly) acquires items not needed, or acquires a few unneeded items
4 = moderate, regularly (once or twice weekly) acquires items not needed, or acquires some unneeded items
6 = severe, frequently (several times per week) acquires items not needed, or acquires many unneeded items
8 = extreme, very often (daily) acquires items not needed, or acquires large numbers of unneeded items

1. Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?

0	1	2	3	4	5	6	7	8
Not at all Difficult		Mild		Moderate		Severe		Extremely Difficult

2. To what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

0	1	2	3	4	5	6	7	8
No difficulty		Mild		Moderate		Severe		Extreme Difficulty

3. To what extent do you currently have a problem with collecting free things or buying more

Self-Report Measures

- Saving Inventory-Revised
- 23 item self-report measure
- Total score of 40 or greater is common for HD

For each question below, circle the number that corresponds most closely to your experience **DURING THE PAST WEEK**.

0	1	2	3	4
None	A little	A moderate amount	Most/ Much	Almost All/ Complete

1. How much of the living area in your home is cluttered with possessions? (Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms, or other rooms). 0 1 2 3 4

2. How much control do you have over your urges to acquire possessions? 0 1 2 3 4

3. How much of your home does clutter prevent you from using? 0 1 2 3 4

4. How much control do you have over your urges to save possessions? 0 1 2 3 4

5. How much of your home is difficult to walk through because of clutter? 0 1 2 3 4

Hybrid Measure

- Clutter Image Rating
- "Visual analogue scale" of spaces compared to person's spaces
- Rating of 4 or greater indicative of problem clutter or hoarding
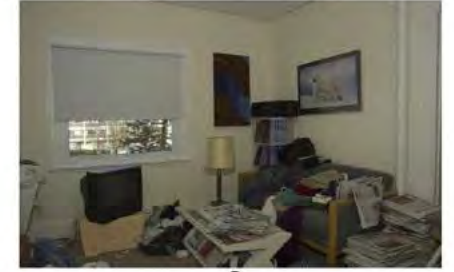

Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.

Unstandardized Assessment

- How are the clutter and accumulated items interfering (i.e., causing problems) in the person's life?

- Thoughts?
  - What do you think about the things that you have? What is it like to consider discarding some of your possessions?
- Feelings?
  - How does it feel to consider getting throwing things away? What emotions do you have when looking at your possessions?
- Behaviors?
  - What do you do when someone suggests getting rid of some of your stuff? When you see something that might have value now or someday in the future, what do you do with it?

Consideration of Comorbidities

- Given that excess clutter and acquisition of stuff is a consequence of other psychiatric and/or social problems, what else should be considered?

- Psychiatric disorders:
    - Major Depressive Disorder
    - Social Anxiety Disorder
    - Generalized Anxiety Disorder
    - Obsessive Compulsive Disorder
    - Bipolar Disorder 1 and 2
    - Schizophrenia

Consideration of Comorbidities

- Given that excess clutter and acquisition of stuff is a consequence of other psychiatric and/or social problems, what else should be considered?

- Intellectual disability

- Dementia or other problems of aging

- Substance use disorders

- Physical ailments

Assessment and Engagement to Address Hoarding Disorder and Squalor:

Motivational Interviewing (MI)

Karen Sutkus, BS

Environmental Health Specialist – Manchester Health Department

The impact of Hoarding Disorder is not always contained to the home itself. Materials may accumulate outside the home, or the home may be part of a larger communal structure. As such, this behavior may put immediate neighbors at risk

Complaints may arise from a variety of sources – including impacted neighbors, concerned citizens, family members or service technicians. Sometimes the call may even come from the client themselves as they may be facing eviction or find themselves ready to accept assistance

Often, there is a significant barrier gaining access to the property to assess conditions. Although landlords and property managers have the right to enter a property with proper advanced notice or for emergency repairs, the same right of access is not granted to Municipal officials. Lack of proper consent can lead to any evidence that was obtained being ruled inadmissible and could be considered trespassing. It also degrades or even destroys trust between the service provider and client

Use of local building and sanitation code can often address the exterior of a property without too much difficulty. Gaining access to the interior of the home poses a greater challenge. Work with the client to let them know of the concerns for their/other occupant's safety – while offering to link them up with valuable resources to be able to remain in the home if that is found to be a safe option

Harm Reduction Strategy: Often the client is at risk of fines, eviction or homelessness. Implore the client to work with you/providers while there are still choices to be made

Intrinsic vs Extrinsic Motivation

Intrinsic motivation can be described as performing an activity for it's own sake rather than from a desire from an external reward. Ex. Completing spring cleaning as a refresh and you like to declutter

Extrinsic motivation can be described as performing an activity to earn a reward or to avoid punishment. Ex. Cleaning the dwelling to prevent a fine or eviction

Offering external rewards to motivate behavior change can be effective in the short-term, however is often not effective for long-term change. External threats, deadlines, demands or ultimatums are often not effective and can lead to decreased motivation

The aim of motivational interviewing is to encourage the patient to become an active participant in the change process by calling upon their **intrinsic motivations** for change

Motivational Interviewing (MI)

Individuals with Hoarding Disorder (HD) have often faced years of scrutiny and criticism from family, friends and landlords alike. While it may appear the individual has little insight – as shown by deflecting criticism, or denying or minimizing the problem – they may in fact be using a defense mechanism against such criticism and the pressure to change their behavior. As individuals face pressure from others to discard or part with possessions it is common for them to become more defensive, thus reducing their motivation to change

Motivational Interviewing (MI) has two primary goals:

1. To build motivation to change
    - Deals with the discrepancy between a person's current situation and how they would like to live

2. To strengthen the commitment to change
    - Helps clients to evaluate the true value of possessions

"MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." (Miller & Rollnick, 2013)

Motivational Interviewing (MI) Communication Tools - OARS

- **Ask OPEN ended questions (ones that cannot be answered with a simple "yes" or "no". Invites others to share their story in their own words**

    "How would you like things to be different?"

    "What have you tried before to make a change?"

    "On a scale of 1 to 10, how important would you say it is for to make this change?"

- **Use Affirmation in your responses - helps to recognize client strengths and build confidence**

    "You are clearly a resourceful person"

    "I am so glad that you agreed to meet with me today. I know it isn't always easy to discuss such matters with others"

    "Thank you for sharing. I really learned a lot and I look forward to working with you"

Motivational Interviewing (MI) Communication Tools - OARS

- **Use Reflective listening – demonstrates interest and understanding, builds trust and fosters motivation to change. This is accomplished through repeating/paraphrasing, and reflection of emotional aspects of the conversation**

    "It sounds like you really are ready for a change "

    "It really bothers you that people think you are lazy or a slob"

    "You feel like everyone expects you to change overnight"

- **Summarize – lets the client know they are being heard, highlight important elements of the conversation, close with a plan of action and deliverable**

    "I hear that you're anxious right now, which makes sense. What can I do to best support you?"

    "What is most important is that we ensure you are safe. Let's work on our plan for that"

    "For our next meeting, I will do the following…As discussed, you will work to accomplish…"

What is their "currency"?

- Work with the client to determine what is most important to them. What are the motivating factors to clean the home or reduce clutter volume?

- Personal Safety vs. First Responder Safety, Adjoining Units – if the client does not value their own safety, remind them of risk to safety of others

- Having visitors – Often living secluded lives, those who hoard often cannot have visitors in their home, either by choice or prohibited by family (ex. Grandchildren prohibited to visit)

- Hobbies – The sheer volume of material in the home often takes over every available inch, prohibiting the client from doing activities they may have once enjoyed or excelled at (ex. Painting)

Some Do's and Don'ts

- Try to make a personal connection; trust and relationship building goes a long way

- Make safety the primary concern – make clients aware of such issues prior to addressing removal of items

- Understand that these "items" are important to the client, despite typical perception of uselessness

- Set reasonable goals – involve the client while making goals to give them a sense of ownership and accountability

- Respect the privacy of the client – as best as possible ensure anonymity (unmarked cars) of visitors/case workers, avoiding unnecessary attention for the client

- BE CONSISTENT!

- Do not insult the client or pass quick judgement

- Don't ignore health hazards – clients are often unaware of these dangerous conditions

- Don't refer to the client's accumulation as "trash" or "junk". This will alienate the client and cause further anxiety

- Don't attempt or force a "massive cleanout" This can be a very traumatic process and without proper counseling and supportive services, a relapse is inevitable

- Don't forget that the client is often embarrassed and wary to accept help. Sharing information without permission can break trust and impede progress

- Don't make false promises or empty threats

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Session 3, Intervention: Actions, Partners, and Resources, April 21st 2023

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Guiding a Local Municipal Response to Hoarding and Squalor: Your Resources, Partners, and Options

Sophia Johnson, Program Manager

NH Department of Health & Human Services

Division of Public Health Services

Health Officer Liaison Unit

Agenda

- Recap Hoarding vs Squalor
- Walk through a general example of a municipal response
- Identify key stakeholders and resources

Hoarding vs. Squalor

- **Hoarding:** A persistent difficulty discarding or parting with possessions, regardless of their actual value as well as a perceived need to save the items and distress associated with discarding them.
  - Volume of possessions, not cleanliness

- **Squalor:** "A home so unclean, messy and unhygienic that people of similar culture and background would consider extensive clearing and cleaning essential'[1]
  - Poor environmental conditions due to neglect or lack of resources
  - *MAY* include hoarding but not always

- Knowing the difference is important. Requires different response.

How Should the Municipality Respond?

Receiving Concerns

- Knowledge of reported cases can come from multiple sources:
    - A neighbor calls with concerns of a resident…
    - A firefighter responds to a medical emergency and discovers a hoarding situation…
    - An in-home services staff member reports concerns about a resident…

- **Town Action:** Determine if a follow up inspection is needed and which municipal employee should perform the follow up (Health Officer, Building Code Official, etc.). Attempt to VERIFY concern.

Investigation

- Decide if another official/agency should accompany you on the inspection
  - Find a balance between inspection officials and resident comfort
- Gaining access: Voluntary, via a partner, administrative warrant
- During the inspection, note any hazards to the individual(s) as well as surrounding neighbors/communities.
  - Think about "public health" implications. Is there evidence of pest activity? Is there improper disposal or storage of waste? Are there pungent odors?
  - Be sure to note any vulnerable populations: children, pets, elderly, disabled

- **Town Action:** Analyze the findings from the inspection and connect with the appropriate partners. Report abuse and neglect as necessary to DCYF/BEAS.

Build Partnerships

- Based on inspection findings, you may choose to request the assistance of others:
  - NH DHHS Bureau of Adult and Elderly Services
  - NH DHHS Division of Child, Youth & Their Family
  - Local Hospital System
  - Property Manager
  - Local PD/FD/Health Officer
  - Local Welfare Agency
  - Social Services Agencies
  - Home Visiting Services
  - Veteran Services
  - NH Society for the Prevention of Cruelty to Animals/ local animal control
  - Others?
- Partners may work together to identify next steps and solutions. Partners bring different resources, authority, and expertise.
- **Town Action:** May participate in follow-up actions by the coalition

Town Follow-Up Actions

- If town officials confirm the existence of local code violations, the town may engage in a process of educating the resident, documenting the concerns, and sending follow up letters.
- Collaborative actions may include reducing barriers to resolve the health hazards, making periodic site visits, or engaging with partners to discuss how the resident is progressing.
- If there are code violations or public health nuisances, the town may choose to use enforcement methods as necessary

Enforcement Actions

- If a public health hazard is identified, the local health officer may cite violations of RSA 147 or RSA 48-A to require the resident to abate the hazard.
- Towns may also choose to cite violations of RSA 155-b Hazardous Buildings
- Use of enforcement to address hoarding/squalor is one strategy that should be used in conjunction with partner involvement and connection to social services to reduce long term relapse

- **Town Action:** Consult with municipal attorney to discuss proper procedure for evoking enforcement actions. The NH Municipal Association is a resource as well.

Key Partners

- [NH DHHS Bureau of Adult and Elderly Services Adult Protection](#)
- [NH DHHS Division of Family Youth and Services Child Protection](#)
- Local Hospital System
- Property Manager
- Local PD/FD/Health Officer
- Local Welfare Agency
- Social Services Agencies
- Veteran Services
- Local clean up resources
- Home Visiting Services
- [NH Society for the Prevention of Cruelty to Animals](#)/ local animal control

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Resources

- NH DHHS DPHS. (2023). *Hoarding and Unsanitary Living Conditions.* https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/holu-hoarding-and-unsanitary-living-conditions.pdf
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- RSA 147 Nuisances; Toiles; Drains; Expectoration; Rubbísh and Waste; http://www.gencourt.state.nh.us/rsa/html/X/147/147-mrg.htm
- RSA 128 Town Health Officers; https://www.gencourt.state.nh.us/rsa/html/X/128/128-mrg.htm