

How to Talk to Someone with a Hoarding Problem

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Session Overview

- Introduction and Background
- Enhancing Motivation to Change
 - Intervention Roles
 - Intervention “Stance”
 - Communicating about Hoarding
- Impediments to Effective Intervention

Introduction and Background

- Compulsive hoarding has been defined as:
 - The acquisition of, and failure to discard, possessions that appear to be useless or of limited value
 - Cluttered living spaces
 - Significant distress or impairment in functioning

(Frost & Hartl, 1996)



Introduction and Background

➤ Individuals with hoarding

- Often begin saving in childhood around age 13
- Commonly have a family history of hoarding
- 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

Introduction and Background

- 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 him or herself
- 92% of individuals with hoarding have 1 or more other mental health disorders
 - E.g., Depression, generalized anxiety, obsessive-compulsive disorder, social phobia

Introduction and Background

- Individuals with hoarding often have personality problems that interfere with their daily lives and that help maintain hoarding behavior
 - Excessively high standards and perfectionism
 - Excessive focus on details at the cost of the “big picture”
 - Indecisiveness
 - Difficulty regulating their emotions (e.g., easily upset, difficulty calming down)
 - Difficulty trusting others
 - Difficulty taking another’s perspective

Introduction and Background

- Hoarding symptoms can improve with intervention
 - In a study of 9 clients who voluntarily engaged in 26 sessions of cognitive behavioral treatment specific to hoarding for 6-9 months, 57% were much or very much improved (Frost et al., 2005)
 - In another study, 17 clients who completed similar treatment showed a 45% improvement in their hoarding symptoms (Steketee & Frost, 2007)

Enhancing Motivation to Change: Intervention Roles

- Two basic roles can help motivate a change process:
 1. **Enforcement** – clarify the conditions that would lead to a negative outcome and enforce the consequences of not meeting these conditions
 2. **Support** – provide assistance in meeting the conditions to avoid a negative outcome

Enforcement

- Clarify conditions that would lead to eviction, condemnation of the home, penalties, loss of custody of children, etc.
- Enforce the outcome if the conditions are not met (i.e., condemn home, remove children)
- The enforcement role may be taken by a Board of Health inspector, a housing voucher inspector, a judge, the fire department, the Department of Social Services

Support

- Provide assistance to the individual with hoarding to meet the conditions laid out by the person or agency in the enforcement role
- The support role may be taken by a case worker, a psychotherapist, an occupational therapist, a resident services coordinator, a lawyer

The Role of Roles

Enforcer Role

- **Non-judgmental**
- Sets limit
- Clear
- Firm
- Can offer support

Support Role

- **Non-judgmental**
- Provides assistance with ideas, hands-on work
- Understands limits and reminds but does not enforce

The Role of Roles

- Pressure to change usually evokes strong negative feelings that can impede a change process (e.g., anger, fear)
- However, most people have positive feelings mixed in with negative ones (e.g., hope, desire for things to be better)

The Role of Roles

- Having two roles helps individuals separate out the negative feelings from the positive feelings so that (with support) they can act on their positive feelings and engage in resolving their hoarding problem

The Role of Roles

- The Enforcer and Support roles work best when they are two different individuals or agencies
- It is critical the those in the two roles communicate with one another
 - Clients may tend to “split” people into “good” and “bad” people
 - but
 - *Nobody is truly the “bad guy”*
 - Roles need to maintain a “united front”

Intervention “Stance”

- In mental health treatment, clients often have ambivalence (i.e., mixed feelings) about change
- **Motivational interviewing (MI)** is a method for enhancing intrinsic motivation to change
- This method can guide intervention carried out by non-therapists by providing suggestions about:
 - How to communicate in a nonconfrontational, respectful, yet firm manner
 - How to lower rather than raise resistance to change

Motivational Interviewing

- Even those with poor insight are ambivalent
 - They know others' view of the way they live
 - They feel shame when others see their home
- Factors that enhance motivation to change
 - Viewing the change as important
 - Having confidence in being able to change

Assumptions of Motivational Interviewing in Treatment

- Motivation to change cannot be imposed
- Ambivalence cannot be resolved by direct persuasion
- Treatment is a partnership
- Readiness to change develops from interaction of client and intervener
- MI style is quiet and eliciting
- Therapist elicits, explores and helps resolve ambivalence
- Therapist facilitates expression of all sides of the ambivalence
- Client needs to articulate and resolve ambivalence

Assumptions of Motivational Interviewing for Intervention

- While motivation to change cannot be imposed, it can be strongly encouraged!
- Ambivalence cannot be resolved by direct persuasion
- Intervention is a partnership
- Readiness to change develops from the interaction of client and intervener
- MI style is quiet, often firm, sometimes eliciting
- When appropriate:
 - Intervener elicits and explores client ambivalence
 - Client articulates and resolves ambivalence (with intervener's help)

Intervention Assumptions (Inspired from MI)

- Intervention is a collaboration, not a confrontation
- Individuals with hoarding are given autonomy with structure and support
- Authorities are authoritative but not authoritarian

Communicating About Hoarding



Video Clip

- Example of raising resistance and defensiveness: Roy and his daughter, **Rachel** (from “Extraordinary Hoarders,” 2007, Zig Zag Productions, United Kingdom)

Video Clip

- Rachel's intentions are good! However, she created tension by:
 - Setting a short time-line (24 hours for a room that has been cluttered for years)
 - Telling Dad what to do ("Throw it out!")
 - Not attending to Dad's wishes about where to put items or how to handle them
 - Making judgments about items ("It's moldy...an environmental hazard!")

Video Clip

- Some of the features of hoarding Roy exhibits
 - High standards and perfectionism (“You would be surprised” in relation to discarding a hot water bottle stopper instead of trying to sell it)
 - Focus on details at the cost of the “big picture” (washing dishes when there’s a room of things to sort)
 - Difficulty trusting others (would not let his wife help)

Communicating About Hoarding

➤ Seek to understand the hoarder's perspective (i.e., be curious)

- Asking instead of telling

✓ I see you have some books by the window here. What led you to put them here?

✗ I don't see why you have books by the window. They go on a book shelf.

- Opportunity to reflect back what the person has said and build a working relationship

Communicating About Hoarding

➤ Use “I” statements to express your concern rather than telling the person what to do

✓ I’m concerned that if you don’t clear this area, you won’t pass the next inspection

✗ You have to clear this area or you’ll fail the next inspection

Communicating About Hoarding

- Match the person's language
 - E.g., Use their words (e.g., “collections”, “things”)
- Use respectful language
 - Avoid judgmental expressions, whether verbal (e.g., “trash”) or non-verbal (e.g., grimace)

Communicating About Hoarding

- Use encouraging language: notice strengths or progress and build on it



Encouraging Language: Enforcer

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. They have equipment they're usually carrying and fire fighters have protective clothes that are bulky. **We** need a pathway here that is wide enough for them to get through to help you or anyone else who needed it. In fact, the safety law states that [insert wording about egresses], so this is one important change that has to be made in your home.

Encouraging Language: Support

You've been able to make good progress clearing out that 'pit' as you call it. I can see you've got more room in here now. I'm very glad. The next problem is removing some of these books because the inspector said they are too heavy for the floor supports, which could crack and fall through. That'd be pretty awful. He said **we** need to remove about half of the books. I know someone who can help haul heavy things like books when we need him. What are your thoughts about how to remove some of your books?

Communicating About Hoarding

- Avoid telling the person what they should and should not keep or how they should dispose of extra possessions

✗ You have so many empty boxes. Just get rid of them and then you'll have so much more room.

✓ How could you create more space in here?

- Avoid touching the person's belongings
- Focus initially on safety and organization

Communicating About Hoarding

- Highlight strengths—hoarding-related work highlights the negative; noticing strengths offsets this and considers the whole person
- Noticing strengths helps forge a good relationship

E.g. “I see that you can easily access your bathroom sink and shower”

“What a beautiful painting!”

“I can see how much you care about your cat.”

Communicating During Inspection

➤ Explain the inspection process

My name is Jane Smith and I'm from the Board of Health. I've been asked by Ms. Jones, your landlord, to inspect your home because of her concern about the number of things that you own. What I need to do as part of the inspection is to briefly visit all the rooms in your home, if possible, and also visit the basement. I'll be using this checklist as I go from room to room. It helps me to keep track of any problems. For example, I'll be looking at whether an electrical outlet is blocked or whether someone can easily reach the windows.

Communicating During Inspection

- Give the resident control

E.g., “Do you have a preference where I begin?”

“Would you like to show me the way?”

Communicating During Inspection

- Ask the resident permission before opening doors to rooms, closets, or cupboards

Communicating During Inspection

- Inspector: As part of the inspection, I'm required to look under the kitchen sink. Is that ok with you?
- Resident: You don't need to look under there. Nobody else ever has.
- Inspector: It sounds like you'd prefer that I didn't look under the sink and yet my inspection won't be complete unless I can view the pipes under the sink.
- Resident: There's nothing wrong with my pipes. Everything works fine.

Communicating During Inspection

Option 1:

- The inspector elects to continue with the rest of the house and return to this area later. The hope is that the inspector's accommodation may motivate the resident to yield.
- Inspector: I will have to look under there before I leave, but why don't we move onto the basement for now?

Communicating During Inspection

Option 2:

- The inspector reaffirms the need to inspect under the sink, acknowledging that this goes against the resident's wishes.
- Inspector: Even if there's nothing wrong with your pipes and everything works fine, I still have to inspect them to complete the visit today. Can I go ahead and open under here?
- Resident: I just told you the pipes are fine!
- Inspector: I understand that you don't want me to look under the sink and I'm sorry this is difficult for you. I really don't want to upset you, but I do need to do this as part of my inspection and so I'm going to have to go ahead and open under the sink. (The inspector then proceeds to open the cupboard door under the sink to view the area.)

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
- These are often attempts to protect themselves (e.g., “A good defense is a good offense”)

Coping with Resistance and Strong Emotion

- Imagine yourself in the hoarding client's shoes: How would you want others to behave to help you manage your anger, frustration, resentment, and embarrassment?
- Acknowledge the feelings you are witnessing
 - E.g., I can see that this visit/inspection/work is difficult for you.

Coping with Resistance and Strong Emotion

➤ Calmly but firmly restate your role

- E.g., “My job is just to report what I see as best I can”

“I’m sorry this is so upsetting for you. I’m here to do what I can to help you create more space in your home.”

➤ Suggest some supports

- E.g., “Would it be helpful for you to talk to someone about this (e.g., your social worker?)”

Coping with Resistance and Strong Emotion

- Seek support for yourself, for example, from colleagues
 - Working with those who have hoarding is hard work!

Impediments to Effective Intervention

- Co-occurring mental health problems
- Time, space, stress
- Physical problems (e.g., disability)
- Dementia
 - Issue of competency

Overcoming Impediments to Intervention

- A team approach to intervention for hoarding is often needed.
 - Teamwork permits sharing the burden of managing complex cases and allows sharing of information and resources.
 - Teamwork also allows individuals to be in different roles to enhance motivation to change.

Overcoming Impediments to Intervention

- Forge relationship with other members of the client's team
- Direct client to services
 - Social worker or other therapist for assessment and mental health treatment
 - Home health aid, visiting nurse, professional organizer for help in the home