

# Hoarding



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# In The News:

- **“Cheshire woman’s death illustrates dangers of hoarding”**
  - “...Mitchell, 66, described by police as an apparent hoarder, died of accidental and traumatic asphyxia after a floor piled high with clutter collapsed into her basement, the state chief medical examiner's office said Tuesday, June 17, 2014.” *New Haven Register*
- **“Man's life, death, hoarding all a mystery”**
  - “On Thursday, five days after rescue workers went to Bynum’s home on Martel Avenue and were unable to find him, contractors hired to clean out the house discovered the 67-year-old man in a pile of debris.” *The Dallas Morning News*, March 28, 2014
- **Woman hoarding gas catches on fire following car accident in S.C., deputies say**
  - May. 14, 2021 “according to Brooks, the driver lost control of the vehicle, veered off the roadway and completely flipped the vehicle. The vehicle immediately caught fire and multiple explosions were heard inside the vehicle, Brooks said.”

# History (and why you care)



- Previously thought to be a part of Obsessive Compulsive Disorder
- Now has its own diagnostic category having its own symptoms and treatments
- Opens up the possibility of reimbursement for treatment and recognition of the impact on individuals and families – **hope for support!**





# Definition

- **Compulsive hoarding** is a mental disorder marked by an obsessive need to acquire (and failure to use or discard) a significant amount of possessions, even if the items are worthless, hazardous, or unsanitary. Compulsive hoarding causes significant clutter and impairment to basic living activities, including mobility, cooking, cleaning, showering, and sleeping.

## Demographics & Prevalence



- Saving begins in childhood ~ age 13
- Average age in treatment = 50
- Marital Status: tend to be single
- Low marriage rate, high divorce rate, tend to live alone
- Education: ranges widely
- Family history of hoarding is common
- Squalid conditions uncommon among treatment seekers
- Greater incidents than general population of having possessions taken by force, forced sexual activity and handled roughly as a child



# More on the Profile

- Urge to Acquire
- Perfectionism
- Indecision and Avoidance
- Sense of Responsibility
- Frequently have another mental health issue such as depression and/or anxiety
- Frequently have a higher level of education
- Tend to be single or divorced. This disorder leads to isolation
- No gender difference, except in elderly
- Spans all income levels



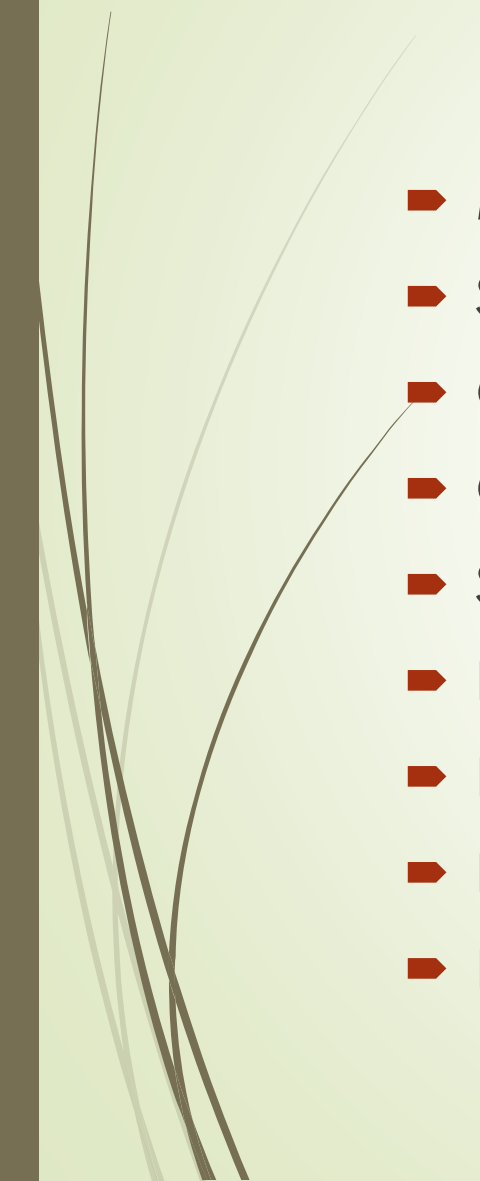


# Special Concerns for Elderly

- Poor nutrition (also food poisoning from rotten food)
- Poor hygiene
- Falls
- Isolation
- Prescription hoarding (and misuse as a result)
- Fires
- High rate of serious medical conditions
- Exacerbation of chronic conditions
  - Breathing more difficult
  - Caregivers unwilling to come
  - Risk of infection



# Prevalence of Co-morbid Problems



➤ Major Depression	57%
➤ Social Phobia	29%
➤ Generalized Anxiety Disorder	28%
➤ Obsessive Compulsive Disorder	17%
➤ Specific Phobia	12%
➤ PTSD	6%
➤ Dysthymia	4%
➤ Panic	2%
➤ None	8%




# Animal Hoarding



- More than the typical number of companion animals
- Inability to provide even minimal standards of nutrition, sanitation, shelter and veterinary care, with neglect often resulting in starvation, illness and death.
- Denial of the inability to provide this minimum care and the impact of that failure on the animals, the household and the human occupants of the home.

*Taken from the Humane Society of the US*



# Berry, Patronek, Lockwood Study Animal Hoarding

- 64% lived alone
- 39% previously charged
- 73% female and 55% of them between 50-59 years old
- 46% dogs (1-218), 36 cats (1-400)
- 34% had at least one dead animal
- Many were charged with animal cruelty, but it was inconsistent





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UP ↑

COATED SHOESTRING POTATOES

7/6

BURGER KING

PRODUCT OF CANADA

07-378

NUGGETS

00004-741

MAC CHEES

00004-741

MAC CHEES

00004-741

MAC CHEES







00004-339

FRENCH FRIED  
POTATOES

USE THRU









## The Three C's

### Clutter

- Clutter is easily shifted and is part of a lively, sometimes disorganized life. Clutter does not describe how much stuff someone has. What matters is: Are the things being used? And can the owner get rid of things easily?
- An example:
  - a family with four children under 10, both parents working full or part time and no outside help. Toys, school books, projects, muddle together with ironing boards, bicycles, office paperwork and breakfast dishes. Possessions are used and while there are frequent scrambles to find things, they are found, employed and disposed of when they are broken or no longer needed.



## The Three C's

### Clots

- Clots are when collections of clutter aren't used or moved for 6 months or more. The household still works. The rooms can still be entered and lived in but there are 'dead' places. Touching clots or moving them can provoke the same cries and panic that hoarders have when their things are touched or moved.
- Examples:
  - Mail
  - Laundry
  - Unfinished clear-outs and projects
  - Unwanted purchases



## The Three C's

### Clogs

- Clogs are when clots all over the house have become stuck to one another. For example a spare room can become a dumping ground. Imagine all the clots described above have been carried into the spare room and left. Eventually it is impossible to open the door or get into the room. That is a clog. When a whole house is clogged it is a completed clog. The things have become a hoard.
- Rather than a living space, the home has become a storehouse.





# What do you say?

Recognize having someone in their home is very stressful and they will be very anxious.

Respect their property (even if it seems like trash to you)

Try to get them away from watching people go through their home

Recognize they may not see this as a problem

You may be able to use code enforcement as a tool

Refer to your local community mental health center!



# Medication Treatment

- SSRI Medications for OCD did not work as well for hoarding
- Black et al. (1998) –hoarding predicted worse outcomes for patients treated with medication & CBT
- Mataix-Cols et al. (1999) –hoarding predicted worse outcome
- Mataix-Cols et al. (2002) –hoarding predicted less compliance & response to treatment
- Saxena et al. (2005) –SSRI medications showed equivalent but modest outcomes for OCD and hoarding
- Tests of other types of medications (e.g., for ADHD) have not been done

# Creating a Collaborative Team



- Respect each profession's expertise and way of doing business. Use the differences to your advantage.
- Get releases or what ever you need to be open with communication
  - Where does HIPAA come in?
  - Is this danger to self?
- Ask for help from the individuals on the scene
- Where is their family?
- Hoarding is a shared problem among all parties



# Clutter-Hoarding Scale

- ▶ Purpose
  - ▶ To give professionals a tool to assess the severity of the hoarding and make appropriate referrals





# Levels of hoarding

- Level 1 -Standard household
  - All doors and stairways accessible
  - Normal pet activity (allows for 1-3 spills or pet accidents)
  - Light evidence of rodents/insects
  - Clutter not excessive
  - Normal housekeeping
  - Safe and health sanitation
  - No odors



## Level II

- 1 exit blocked
- 1 major appliance (heating or cooling) not working
- Some pet odor (Cat spray, waste puddles)
- Limited fish, reptile or bird care
- Light to medium evidence of household pests
- Clutter inhibits use of 2 or more rooms
- Unclear function of living room & bedroom
- Slight narrowing of household pathways
- Limited evidence of housekeeping, odors
- Overflowing garbage, light to medium mildew in kitchen and bath
- Moderately soiled food preparation areas





## Level III

- Visible clutter outside, items normally stored inside are outside
- 2 or more appliances not working
- Inappropriate/excessive use of electrical cords
- Light structural damage to the home
- Pets exceed Humane Society limits by 1-3
- Audible but not visible evidence of rodents
- Medium amounts of spider webs
- Narrowed hall and stairways
- 1 bathroom or bedroom not usable
- Small amounts of hazardous substances





## Level III Continued

- Bed linens show evidence of dirt and long time use
- No evidence of cleaning
- Heavily soiled food preparation surfaces
- Obvious and Irritating odor
- Unused or full garbage cans
- Dirty laundry throughout house exceeding 3 baskets



## Level IV

- Structural damage to home (more than 6 months)
- Mold or mildew on floors and or walls
- In appropriate use of appliance: storing paper in the oven; non food items in the refrigerator
- Faulty weather protection (broken windows or doors)
- Odor or evidence of sewage backup
- Pets exceed Human Society limits
- Obvious animal waste
- Pet has free range with evidence of destructive behavior
- Excessive spiders and webs
- Bats, squirrels, raccoons in attic or house

## Level IV continued



- Bedroom unusable, sleeping on sofa or floor
- Hazardous materials inside home (gas, household chemicals)
- Excessive combustible and flammable packed material in living area
- Rotting food
- Aged canned goods with buckled tops and sides
- No covers on beds, sleep directly on mattress, lice on bedding or furnishings
- No clean dishes or utensils





# Level V



- Obvious structural damage
- Broken walls
- No electric, water, sewer/septic
- Standing water in basement or room
- Fire hazard
- Pets dangerous to occupants or guests
- Rodents in sight
- Mosquito or insect infestation
- “Critter” infestation (snakes in home)
- Kitchen and bathroom unusable due to clutter

## Level V Continued



- Residents sleeping elsewhere given house is not usable
- Human feces
- Rotting food
- More than 15 canned goods with buckled tops and sides

# What do you do?

Level I&II - No intervention really needed

Level III – will need assistance from outside. This may include professional organizers and mental health services.

Level IV – In addition to above may need medical and financial assistance as well as help with repairs. Possible need for zoning and building inspectors.

Level V – In addition to above, a team is needed of professionals. The person may not be able to live in their home.



## Resources

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<http://www.compulsive-hoarding.org>

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<http://challengingdisorganization.org/>

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<http://vet.tufts.edu/hoarding/index.html>

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[http://www.nasmm.org/press/gcm\\_journal.pdf](http://www.nasmm.org/press/gcm_journal.pdf)

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<http://www.ocfoundation.org/hoarding>

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<http://cornellaging.org>

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Public Health Reports, Patronek. Jan/Feb 1999, vol. 114

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Journal of Geriatric Care Management, Vol. 20, Issue 2, Fall 2010

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[www.squalrosurvivors.com](http://www.squalrosurvivors.com)

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[www.caregiverstress.com](http://www.caregiverstress.com)

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[www.aplaceformom.com](http://www.aplaceformom.com)





Any  
Questions