

# Hoarding Behaviors in 2012

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# Definition

- Hoarding disorder (HD) is one of the mental health conditions that may precipitate homelessness by placing housed individuals at risk of eviction.
- HD is a compulsive hoarding syndrome
  - persistent difficulty in discarding personal possessions of limited value, which results in clutter that precludes normal use of living spaces and causes clinically significant distress or impairment.



# Characteristics

## **Three Characteristics:**

- Excessive acquisition and retention of animals or apparently useless things;
- Cluttered living spaces that limit activities for which these spaces were designed;
- Significant distress or impairment caused by the hoarding behaviour

- Frank & Misiaszek, 2012



# HD = Significant Challenges

- Hoarding is associated with high levels of disability and impairment (Frost et al., 2000; Tolin et al., 2008)
- It causes public health problems when clutter endangers personal and neighbours' safety
  - attracts pest infestations,
  - obstructs fire exits in apartment buildings



# Hoarding Disorder Facts

- Historically hoarding has been seen as a feature of Obsessive Compulsive Personality Disorder and Obsessive Compulsive Disorder
- There is sufficient evidence to recommend the creation of a new disorder; (David Mataix-Cols et al, 2010)
- Provisional listing as an OCD- spectrum disorder
- Would increase public awareness of the disorder, improve identification of cases



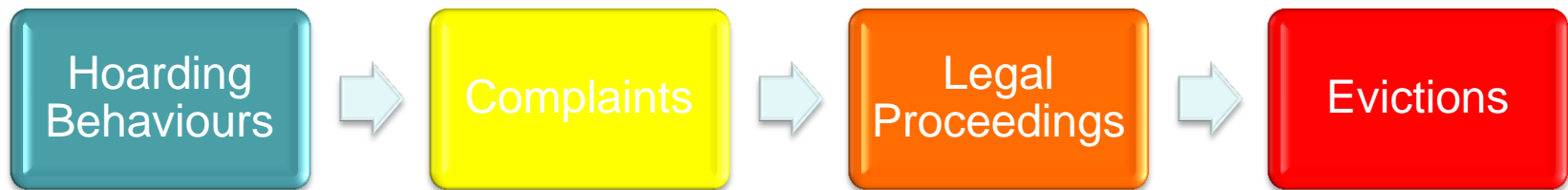
# Hoarding Disorder Facts

- Hoarding prevalence is significantly higher among men (4.1%) than women (2.1%). This contrasts with the higher number of women seen in clinical practice, perhaps because many more women seek treatment
- To determine genetic and environmental influences on hoarding, researchers used a subsample of 4355 women. They determined that genetic factors accounted for at least 50% of the variance in compulsive hoarding

Dr. Mataix-Cols



# Homelessness: A Tragic Consequence



# HD in NYC 2011

- 115 patients in NYC
  - Risk of eviction was substantial for those with HD
    - 32% were threatened with imminent eviction
    - 20% had been evicted one or more times in their lifetime
  - Only 48% were currently receiving treatment, despite many with history of psychiatric hospitalizations and multiple psychiatric diagnoses!





# Core Features

- The core behavioral features of hoarding—acquiring and difficulty discarding—appear to be maintained by several factors, including
  - diathesis-stress vulnerabilities,
  - impairments in cognitive functioning, e.g. poor insight
  - maladaptive patterns of beliefs, and
  - maladaptive behavioral patterns.



# Treatment Highlights

1. Hoarding symptoms should be assessed thoroughly, using validated and specific measures
2. Structured psychotherapies focused on the core symptoms of hoarding (like improving distress tolerance and learning new skills) are the treatment of choice
3. Medications should be considered, although expectations for improvement should be modest
4. Harm reduction, rather than symptom reduction, may be an appropriate treatment goal for more treatment-resistant patients
5. Motivational interviewing strategies should be incorporated heavily because of many patients' limited insight and ambivalence around change.
6. Additional motivational leverage from the patient's friends, family members, and local officials may become necessary in some cases
7. Practical assistance from movers and professional organizers should be considered.
8. Assessment of comorbid Axis I and Axis II disorders is critical, and additional treatment for these conditions may be needed



# Working with Hoarders

- Assess readiness to change- do they think there's a problem?
- Arrange to assess for competency to manage personal care
- Help to develop awareness of losses, incl. family/social relationships
- Help to restore sense of control and self-esteem
- Strategies for disposal/letting go of clutter
- Develop plan to prevent further accumulation
- Follow-up with treatment

-from The Community Clutter & Hoarding Toolkit, 2009



# Mental Health and Housing

1. People with mental health disabilities and addictions face challenges when renting an apartment or house because of negative attitudes and stereotypes that result in marginalization and discrimination.
2. Landlords and housing providers cannot deny a person housing just because the person has, or is perceived to have, a mental health disability or addiction.
3. Housing providers also have a duty to accommodate someone with a disclosed mental health disability or addiction.
  - For example, if someone disturbs other tenants due to behaviour related to a mental health problem, the landlord must take steps to work with the tenant to accommodate the person's disability before evicting the tenant.
4. "Housing First" works



# Information for Landlords



Affordable  
Housing



Quality  
Housing



Housing and  
Supports  
that Work



Housing and  
Supports  
that Fit



# Resources

- You can find more information on mental health and housing here:
  - Policy on human rights and rental housing  
<http://www.ohrc.on.ca/en/resources/Policies/housing>,
  - section III.2.8. Disability  
[http://www.ohrc.on.ca/en/resources/Policies/housing?page=Policy-III\\_.html#Heading346](http://www.ohrc.on.ca/en/resources/Policies/housing?page=Policy-III_.html#Heading346)
  - <http://www.landlordselfhelp.com>
  - [http://www.pathwaystohousing.org/content/our\\_model](http://www.pathwaystohousing.org/content/our_model)

## Mental Health Information

<http://www.mentalhealthhelpline.ca/>  
[www.ontarioshores.ca](http://www.ontarioshores.ca)

