

Approaches to Managing Hoarding with Housing First Clients

May 7, 2024

Responses to Outstanding Questions

1. **When there is a hoarding situation which also includes an accumulation of garbage, rotting food, etc, are those things also being perceived as "possessions" having some type of value? Or is that something else altogether?**

*Yes, any item that the individuals perceive as having value that they also have ownership over would be considered a possession. It is important that we acknowledge our own biases and assumptions about items and become curious about what makes these possessions valuable to the individual. In the DSM-5, Hoarding Disorder is characterized by a persistent difficulty discarding or parting with possessions, **regardless of their actual value** due to a perceived need to save the items and the distress associated with discarding them.*

2. **What is the waitlist for the SHIP Hoarding support program?**

12-18 month waiting period

3. **Would large clean outs exacerbate the clients beliefs that they need to hold on to possessions for fear of losing them?**

Large clean outs are often an invasive and overwhelming experience for most people who hoard, however they are necessary in specific circumstances (i.e. threat of eviction). There is a possibility that the intervention could cause trauma, especially when the intervention is unwanted by the client. It is important that we take a trauma-informed approach and ensure that the client is supported and included in all larger intervention approaches.

4. **When there is hoarding for example of tissues, empty wrappers and empty medicine packages would this be seen as having some value to the individual's life?**

Yes, the client may have an attachment to these items for reasons that are specific to them. In these situations, we can become curious about what makes these items valuable to better understand the client's reasons for attachment.

5. **What is the cooperation with the fire department? What is their role?**

The Fire Departments Role is to enforce laws/codes to ensure the safety of the individual and the surrounding community. As Mental Health Professionals, we can collaborate with the Fire Department to better understand codes that are being violated by the clutter so that we can work towards creating a safe environment for the individual. Both the support role and enforcement role can take these opportunities to work together towards the common goal of safety and improving the overall wellbeing of the client.

6. **Do you work with anyone who isn't ready and willing to accept support - building engagement/relationship to start supporting with getting to point of being ready.**

Yes, meeting and working with clients that are not ready to accept help is a common experience. In these situations, we can start where the client is and begin working through the stages of change model to encourage openness and growth.

7. **What is your approach when clients are not aware of their hoarding as an issue?**

When a client is unaware of their hoarding situation we may want to consider beginning by increasing their insight. This might include having conversations about how the clutter impacts their day-to-day living and overall quality of life. How does the clutter keep them from engaging in activities they would like to do? What areas of their life have they neglected because of the

clutter? Has the clutter impacted their relationships, compromised their safety, impacted their finances etc.?

8. **We have a small but growing number of street sleepers who are accessing housing through our ACT Housing First team and congregate models. Anecdotally, a number of them quickly hoard after being rehoused. Are there ways to act preventively on this issue, rather than waiting for hoarding to begin and then intervening?**

While it is understandable that the supports given to clients should be client-centered as well as client-directed, it is also helpful for workers to be able to nudge our clients towards accepting support for their hoarding situation. Having subtle conversations with clients about the buildup of items in their space, using the Clutter Image Rating scale to also assess the functionality of a client's space, could be useful first steps in taking proactive measures to address the situation.

9. **I am a new psychotherapist who is wanting to specialize in hoarding disorder. Do you have any recommendations for training/specialization programs?**

*You could start with *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding (Treatments That Work)* 2nd Edition by David Tolin (Author), Randy O. Frost (Author), Gail Steketee (Author). AND *Compulsive Hoarding and Acquiring: Therapist Guide* - Gail Steketee Randy O. Frost.*

10. **Is there a commonality to why people with hoarding tendencies feel distress towards discarding items or is it atypical from person to person?**

Distress towards discarding items is common with people with hoarding tendencies, but the degree of distress would vary from person to person. This variance could result from the item and what it represents to the individual in terms of its value, whether sentimental, intrinsic, instrumental or monetary.

11. **Can you please offer some practical step by step tips for doing trauma informed harm reduction?**

Trauma informed approach recognizes the trauma the client has gone through and uses this as a basis for the treatment. This approach is highly individualized as what works for one person may not necessarily work for the next person. Hoarding may well be the outward presentation of the underlying trauma that the client is dealing with mentally which may be within the purview of a clinical professional.

12. **Was the workshop always delivered by a peer or has there been a point where that was facilitated by someone else until the group was established?**

The workshop has always been delivered by a peer; the lived experience is beneficial in delivering the course from an experiential standpoint. The co-facilitated is however not a peer.

13. **Is Buried in Treasures workshop in person or virtual.**

The 16-week workshops are in-person.

14. **Can you put the link to that picture (clutter image rating: bedroom) in the chat please?**

<https://hoarding.iocdf.org/wp-content/uploads/sites/7/2016/12/Clutter-Image-Rating-3-18-16.pdf>

15. **What are the eligibility criteria for support?**

The Hoarding Assistance Team (HAT) is designed to provide support to people who are living in supportive housing, subsidized housing and/or market rental with subsidy setting and who are at risk of losing their housing due to hoarding behaviour. Two core services are offered under HAT - one-on-one support through intensive case management and 16-week Peer-led Buried in Treasures Workshop

16. **Is the mental health counselling free for clients of hoarding?**

Clients of HAT that require mental health counselling receive referrals to the Royal Ottawa Mental Health Centre as part of collaborative efforts in supporting clients. This is a free service.

17. Can getting a person who hoards to socialize more can this help it?

It completely depends on the individual and if that's something they would like to do. Hoarding is very private and can be quite isolating, but I've found quite often that socializing is in a lot of people's goals. It helps with engagement to talk about people's interests, this can take away from the chore aspect of decluttering. If you find an interest that could lead to an opportunity to socialize it can be a great way to refocus meaningful use of time away from collecting or being inside.

18. Can you give tips on how to approach hoarding with someone to explore where it came from?

So I would firstly try to find the kind of language that works for the individual. Then it's just about having that conversation, "You have a lot of ---, why do you think you have so many". Approach it steadily without judgement and try to prompt some reflection.

19. Are there best ways that an organization can help when they have limited interaction with a client? or example a street sleeping client who accesses for clothing donations or harm reduction supplies and strives to collect more and more. I am hearing, non-judgment, trauma informed, relationship building, supportive motivational interviewing, collaboration with other service agencies, referrals. Is it helpful to set limits, are there best ways to bring up that their collection is a concern?

It would be very tricky I think to support someone with limited interaction. To support someone effectively it would need that 1:1 support at least initially. If your service have concerns it would be best to liaise with another agency who do have regular interactions. Approaching hoarding behaviors with someone is always easier if there is an established relationship.

20. Are professionals better of helping people managing hoarding than stopping it altogether?

I'm not sure there is a way to stop hoarding altogether, as it is a mental health condition. Working with people to be reflective and find practical solutions will help them make more informed decisions in the future. Like any mental health condition, it's about supporting someone to be aware of their condition and live the life they want to live.

21. Do you think verbiage also contributes to a sense of possessiveness? Ie. Do you think a phrase such as "This is MY car" may lead someone to tying their identity of self into their possessions and, therefore, losing their possessions will threaten their sense of self/safety?

I've certainly seen this in action a few times, especially with people feeling like losing the hoard would be like losing a part of themselves. I tend to like sitting with someone and talking this through with them, one item at a time. If you follow the conversation of an item to its logical end, it tends to prompt a bit of reflection.

22. Do people who have a hoarding issue ever recognize the problem and self-refer for assistance and support?

Yes all the time. However, that doesn't always mean that they are more receptive to support.

23. How does the capacity of other services impact on the support you can provide? ie mental health both statutory and charity services are stretched so wait lists can be long and only very short term.

It can certainly have a real impact. Particularly around mental health support, we've had problems before. We work with people for a long time, so if we know that wait lists will be long, we will try to get referrals in early. It's an unfortunate part of support in a lot of areas and often relies on workers ability to be resourceful.