Geriatric Mental Health Alliance Of New York

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HOARDING AMONG OLDER ADULTS

Hoarding is the acquisition of, and failure to discard, a large number of possessions that appear to be useless or of limited value. Hoarding often results in cluttered living spaces that preclude the activities for which those spaces were designed. Hoarding can generally cause significant distress and/or impairment.*

The prevalence of hoarding is unknown because it is often a hidden problem, but it is thought that 1.5 – 3 million Americans suffer from hoarding. Symptoms tend to increase with age, but it just may be that older people are more likely to have people come into their homes and therefore be "discovered," e.g. visiting nurses, social service providers, etc. People hoard for many reasons, including: sentimental value, difficulty with decision making, difficulty organizing, feelings of responsibility, need for control/perfectionism, fear of forgetting, and to fill the void created by a loss. Hoarding often stems from a desire to control the environment and how objects are used. People who hoard often have an inflated sense of responsibility for the proper use and well-being of objects and the environment. Some people who hoard also are very creative and can see possible uses for items that others don't recognize.

People who hoard often have personality characteristics in common, such as indecisiveness, a tendency to procrastinate or avoid, and being a perfectionist. Many hoarders experience difficulty with executive functioning. While age-related illnesses are not a *primary* cause of hoarding, it can be a symptom in dementia patients. Hoarding behaviors can also be seen in people suffering from OCD, depression, schizophrenia and traumatic brain injury.

Variables to be assessed include: capacity, resources, family involvement, other agencies/professionals involved, finances, and physical variables (physical frailty of the client/physical environment and logistics). Many people who hoard experience significant depression, social phobia, and isolation. They often show poor insight into their problems and have poor treatment motivation. People who hoard may not always identify themselves as needing assistance with cleaning out their clutter.

Some common presenting problems include:
- Pending eviction
- Landlord harassment
- Problems with neighbors
- Complaints from the health or fire dept.
- Rejection by a home care agency because of the need for heavy duty cleaning that the client refuses.
- Referred by neighbor, family, clergy

Less obvious presentations include:
- Requesting home delivered meals
- Referred by an outside source (e.g. hospital discharge planner) for housekeeping services, not knowing that the situation is way beyond housekeeping.
- Requesting assistance in applying for entitlements and having difficulty locating documents.

People who hoard often reject services like meals on wheels when they learn that a home visit is required. Responses are frequently, "My place is kind of a mess. I haven't been up to cleaning lately," or "I'm not a very good housekeeper."

When working with older adults who hoard, it is important to keep minimum safety guidelines in mind: a working toilet and sink, adequate walking paths in rooms used on a regular basis, a safe walkway, no infestations of insects or rodents, no excessive accumulation of garbage, access to all required means of egress (doors, fire escapes, etc.), and working electrical outlets.

*(Randy Frost, PhD, Smith College Department of Psychology)

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<u>**20 Tips for Professionals Working with an Older Adult Who Hoards*:**</u>

- Let go of ideal notions of cleanliness.
- Listen to your client's ideas and plans for their belongings.
- Work at the client's pace, if you can.
- Determine the minimum level of requisite standards.
- Focus on fall prevention. Create pathways free of debris, loose cords or slippery rugs.
- Focus on fire prevention. Make sure your client has a smoke alarm and test it monthly. Look for newspapers stored on top of or inside a gas stove or near working radiators.
- Be creative and negotiate.
- Begin by reorganizing.
- Ask your client what they would like to do that currently they cannot do because of the clutter. Start there.
- Be realistic -- some clients will only de-clutter if told they face an eviction or will not be discharged home from the hospital or other institution.
- Create a limited number of categories for belongings.
- Be resourceful in finding workers or volunteers to de-clutter.
- Have a social worker present during a major clean out, preferably one who already has a supportive relationship with the client.
- Discuss how to safeguard valuables in the cleaning process. Have a written contract. Agree on what to do with valuables that turn up, such as money, jewelry, checks, bonds, stock certificates, and collectibles.
- Call the ASPCA for temporary or permanent home for pets.
- Consider relocating an individual to a new apartment if the clutter is the result of physical frailty.
- Encourage the client to participate and have some level of control.
- Plan for a carefully orchestrated clean up. Maintain client's privacy from neighbors and consider means of entrance and egress while removing items. Use elevators, storage spaces, and dumpsters but *never* leave a dumpster or trash bags on the property after a cleanout, even overnight.
- Communication is vital. It is important for the client to communicate with the cleaning crew.
- Plan for on-going maintenance and supervision to maintain a de-cluttered environment.

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This tip sheet on geriatric mental health is based on the Geriatric Mental Health Alliance of New York's best practices lecture given by Carmen Morano, PhD and Judy Willig, LCSW in September, 2007.

(*Amanda Leis, Council of Senior Centers and Services of New York City and Susan Siroto, Search and Care)