SKILL BUILDING -
A NEW APPROACH FOR ADDRESSING HOARDING AND CLUTTERING BEHAVIORS WITH APS CLIENTS

SAN FRANCISCO APS HOARDING INTERVENTION AND TENANCY PRESERVATION PILOT PROGRAM

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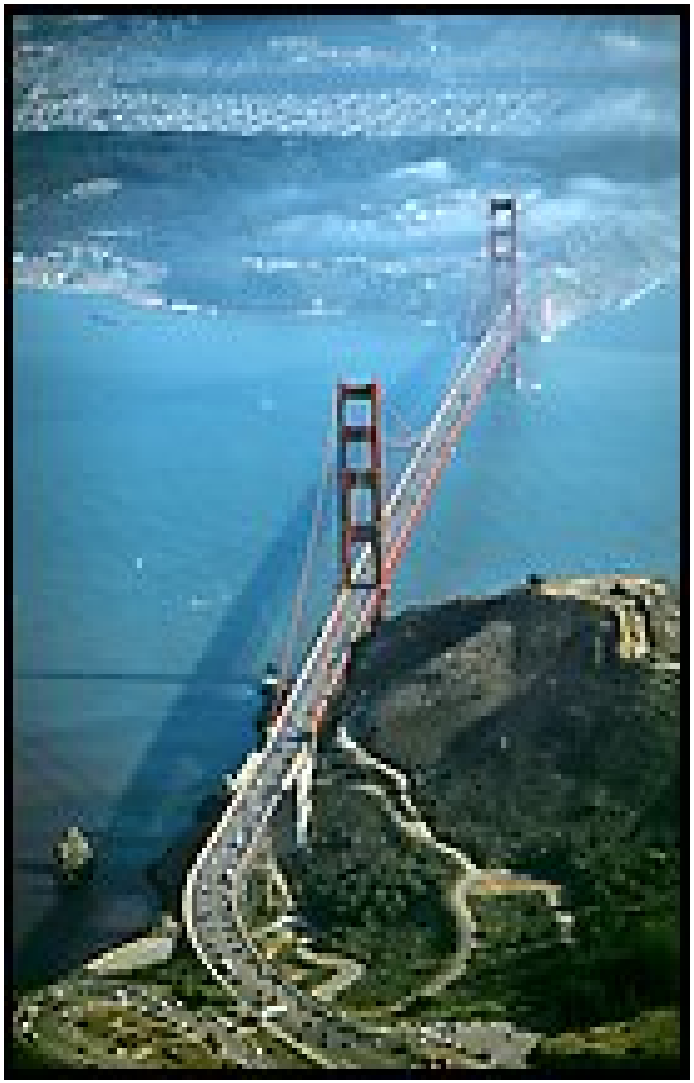
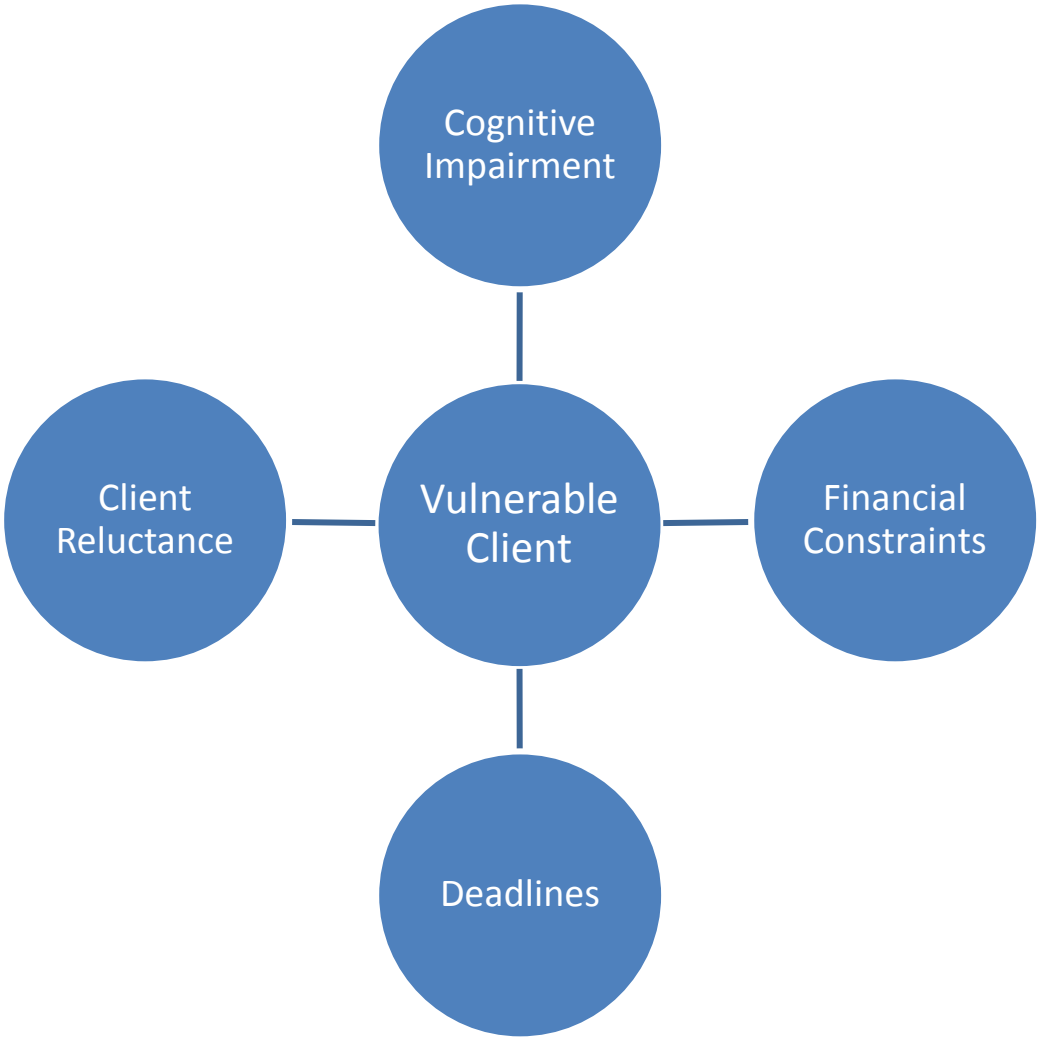
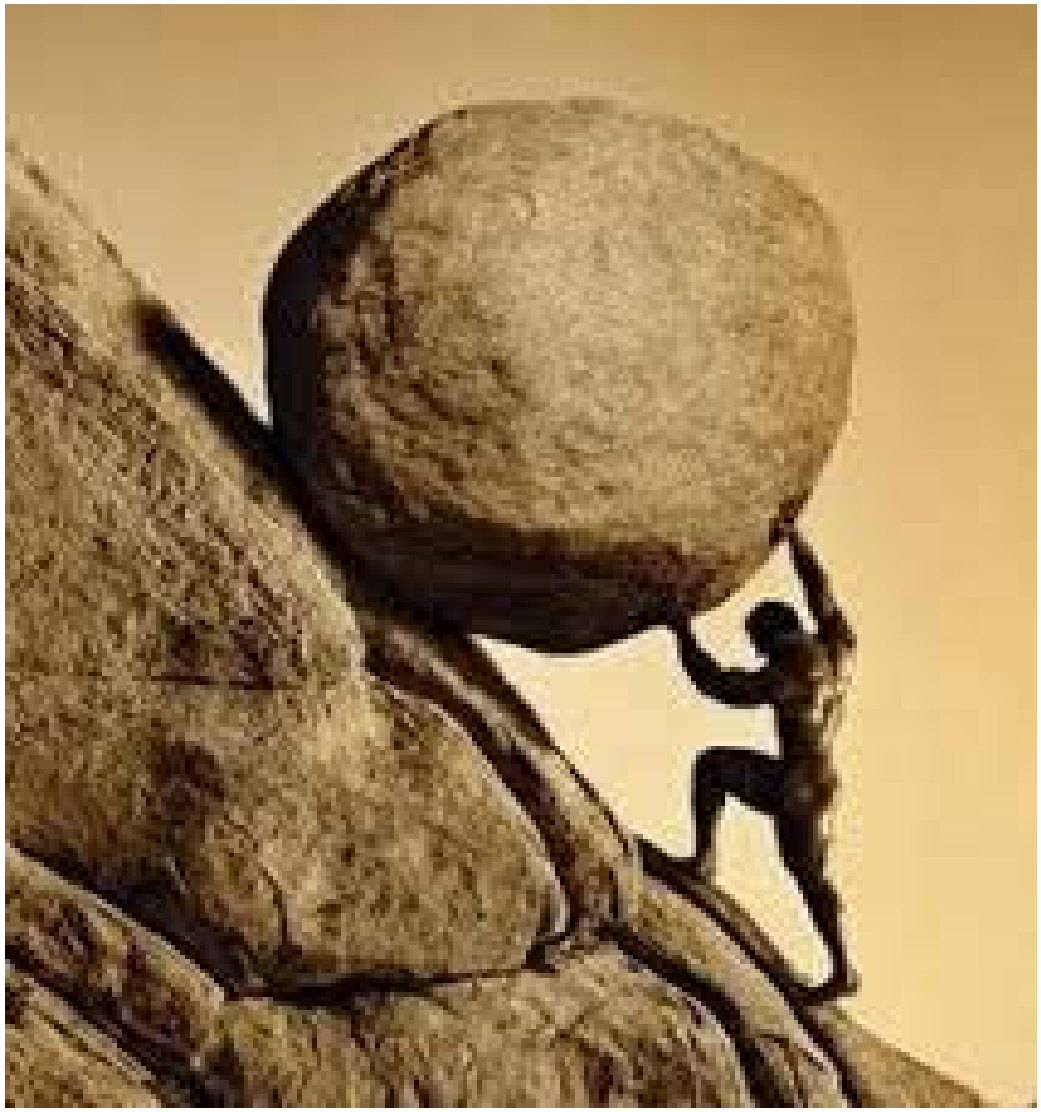


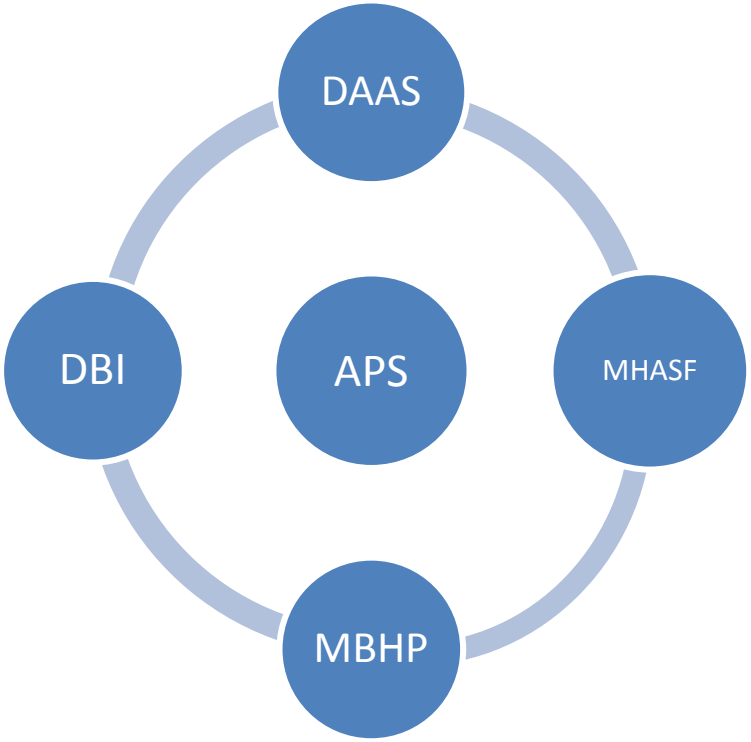
HOARDING AND CLUTTERING – A CHALLENGE FOR APS PROGRAMS


Cognitive Impairment
Client Reluctance
Vulnerable Client
Financial Constraints
Deadlines



We had to do something . . .

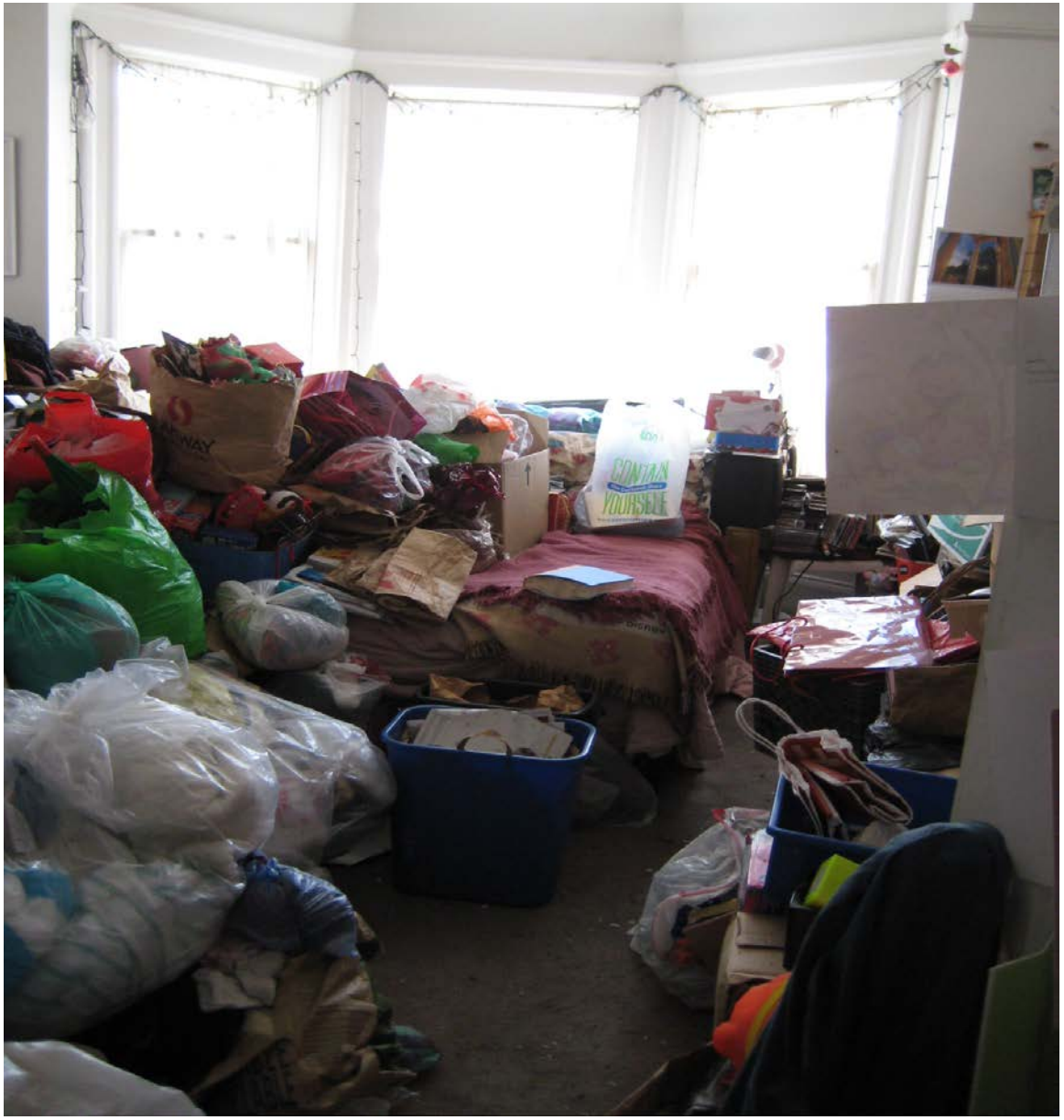
SAN FRANCISCO ADULT PROTECTIVE SERVICES HOARDING INTERVENTION AND TENANCY PRESERVATION PILOT PROGRAM

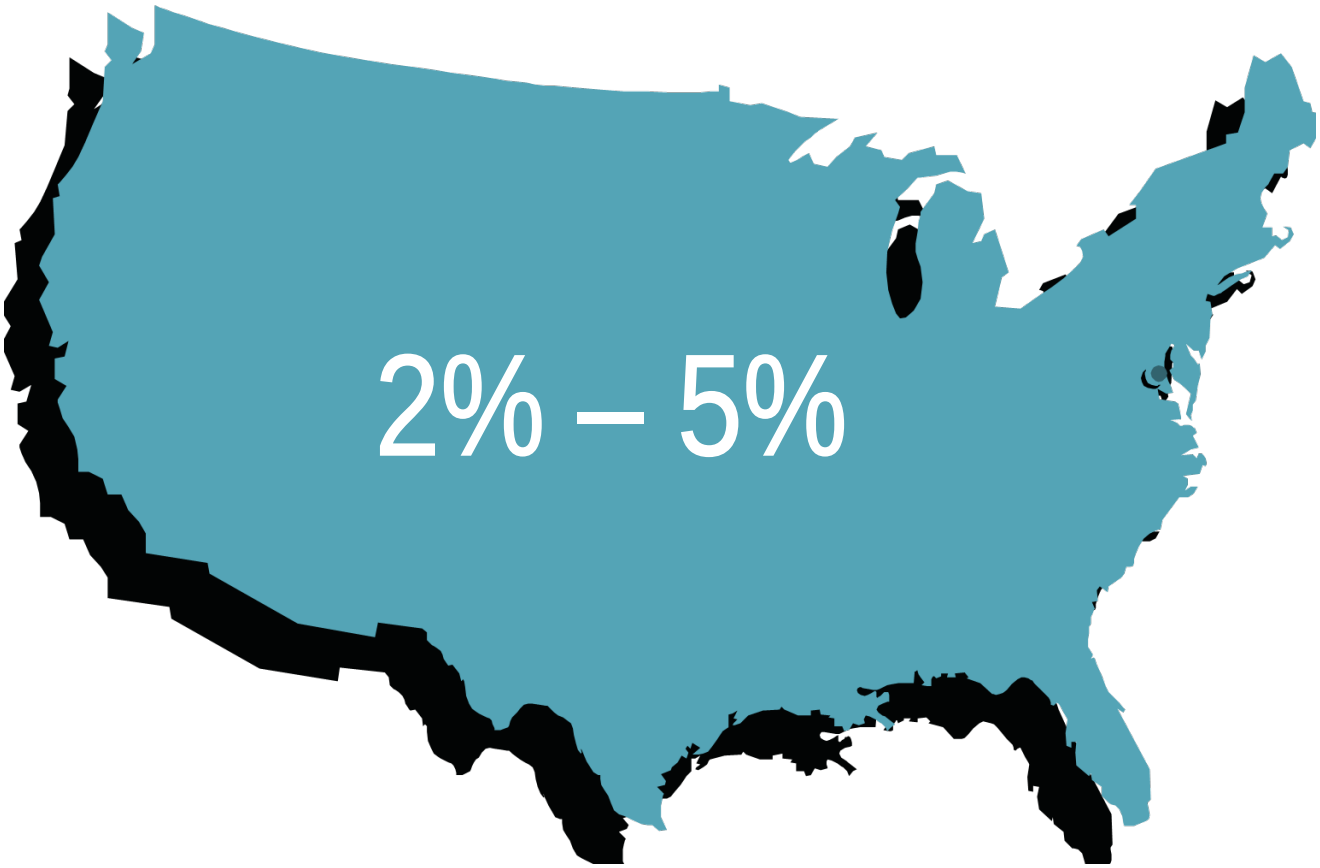


mbhp
metropolitan boston housing partnership

mhasf
MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO

Success Story


CONTAIN
YOURSELF


2% – 5%

6 – 15 Million People

DSM V: DIAGNOSTIC CRITERIA

A. **Persistent difficulty discarding possessions**
   i. Regardless of the value others may attribute to these possessions

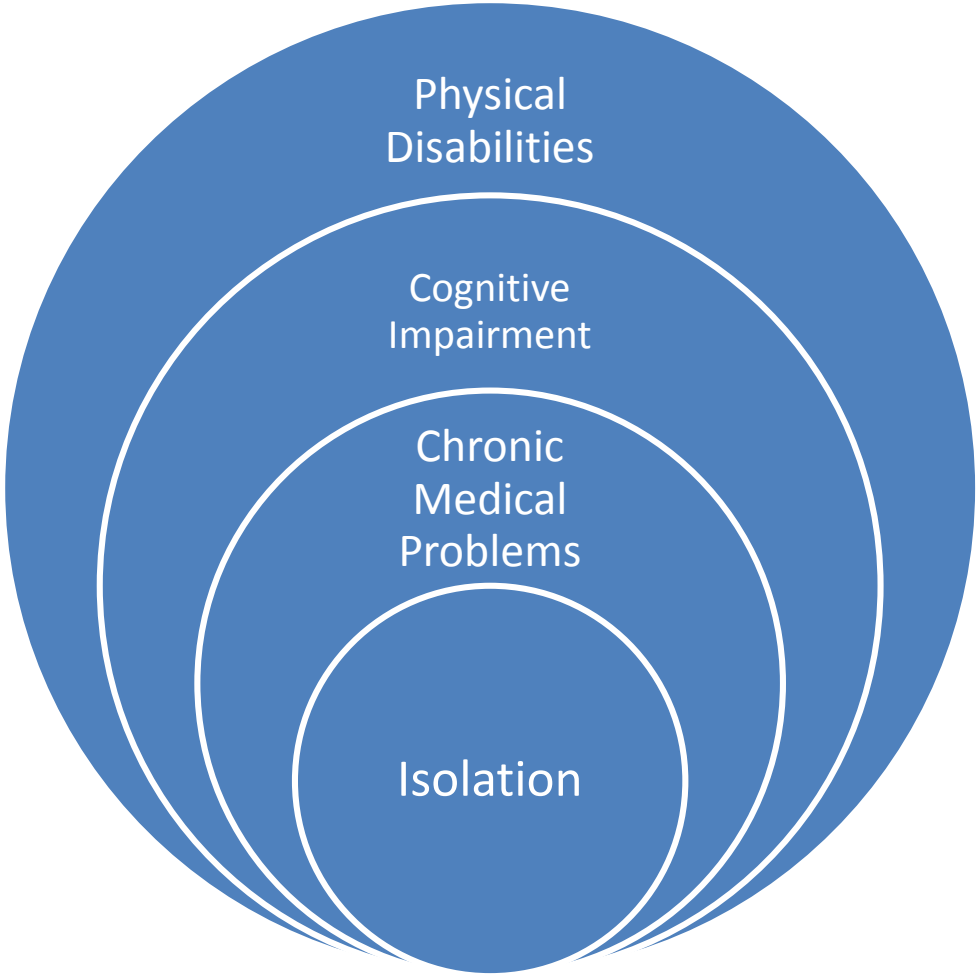
B. **Caused by strong urges to save items**

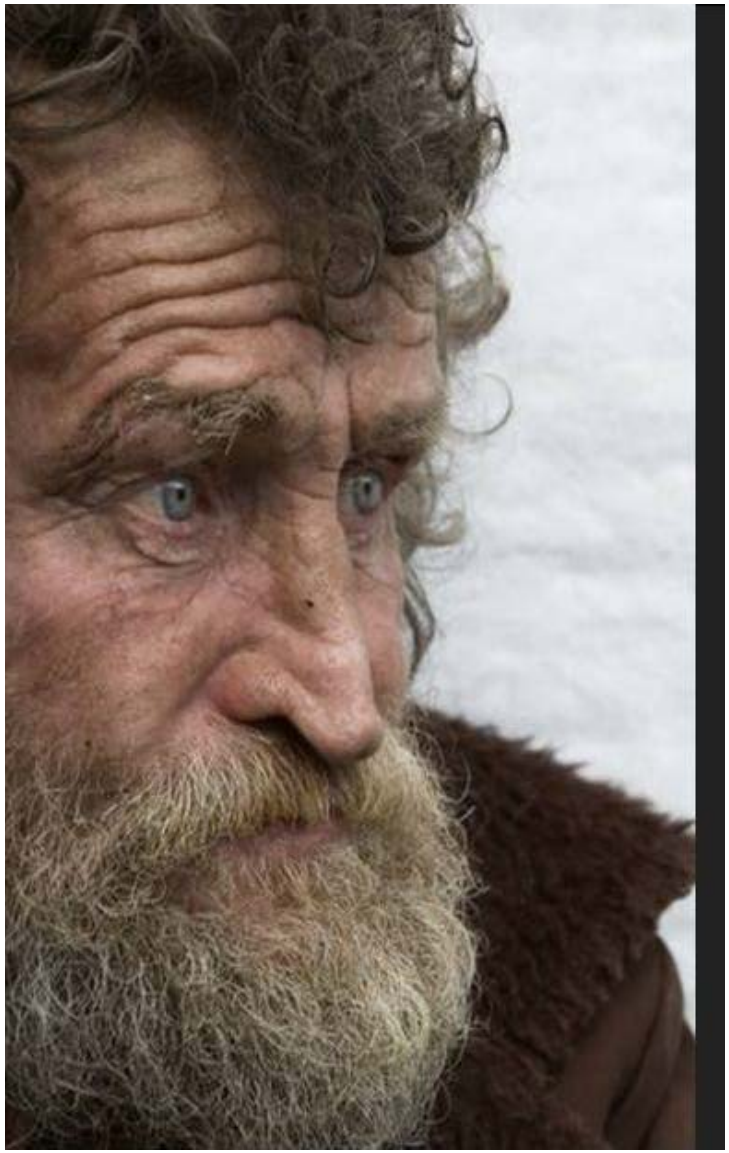
C. **Accumulation of a large number of possessions that render the home or areas of the homes not useable**

D. **Cause clinically significant distress or impairment**

E. **Symptoms are not due to a general condition**

HOARDING AND CLUTTERING BEHAVIORS HAVE A SERIOUS IMPACT ON APS CLIENTS





APS Clients – Adults with Disabilities or Elders over 65

At Risk of Eviction or Homelessness

Experiencing Code Violations as a Result of Hoarding Conditions

90% Reported Co-Occurring Mental Health Issues

76% Reported Physical Health Problems

No History of Participating in Hoarding Treatment

GOALS OF THE HITPP PILOT

1. Prevent Evictions

2. Resolve Health and Safety Violations

3. Reach Clients that are Reluctant to Access Clinic or Group Treatment

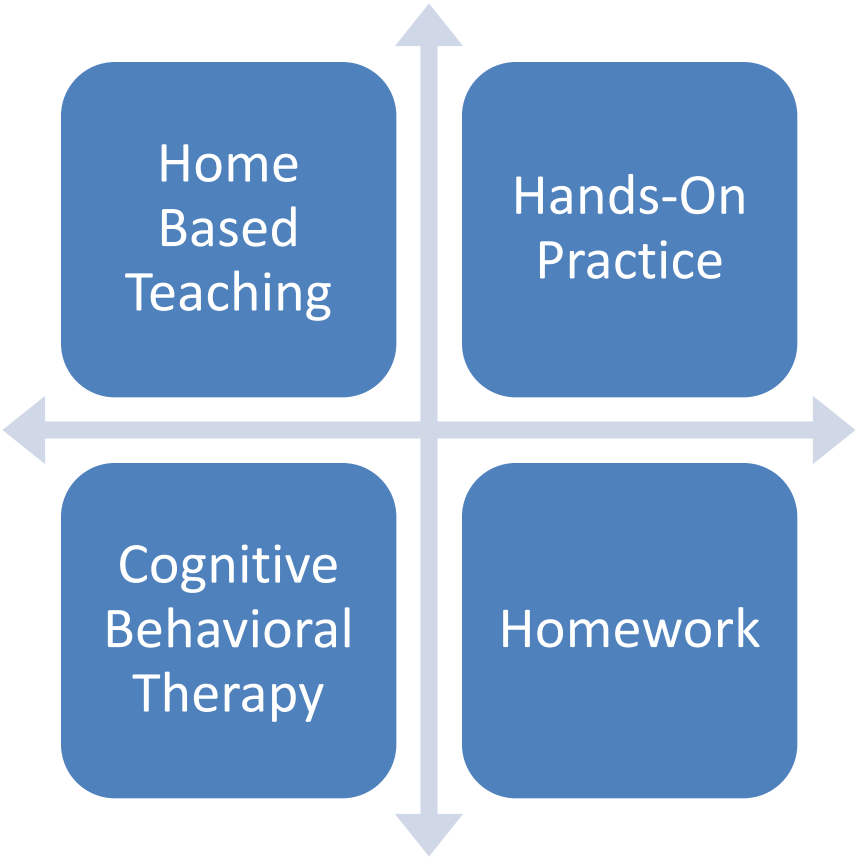
4. Improve Collaborations Across Programs

5. Learn More about Hoarding and Cluttering Disorder and Effective Treatment

INTERVENTION TECHNIQUES

MOTIVATIONAL INTERVIEWING – DEVELOPING A CONNECTION

SKILL BUILDING



MEASURING PROGRESS

ASSESSMENT TOOLS

HITPP Intake & Assessment Form

Clutter Image Rating Scale (CIR)

H.O.M.E.S

ADL – Hoarding

Hoarding Rating Scale

Home Environment Index (HEI)

WHODAS 2.0

SPMSQ

Mini Cog

Geriatric Depression Scale (GDS)

Geriatric Anxiety Index (GAI)

Patient Health Questionnnaire-9

Measurable Goals

CASE MANAGEMENT

Problem Solving = A natural part of APS casework

WHAT DID WE LEARN?

-Average of 4 Months to Resolve Health and Safety Violations

-Average of 4.4 Months to Remove the Threat of Eviction

88% of pilot clients resolved all Health and Safety Violations.

75% of all pilot clients that were facing eviction preserved their housing.

MOTIVATION

Clients who expressed motivation responded the most positively to the model.

Some clients with little insight into their behaviors engaged effectively if they were sufficiently motivated.

Clients who were the least motivated to make changes were the least responsive and required the most one-on-one time.

Motivational Interviewing Techniques can help to improve Motivation Levels.

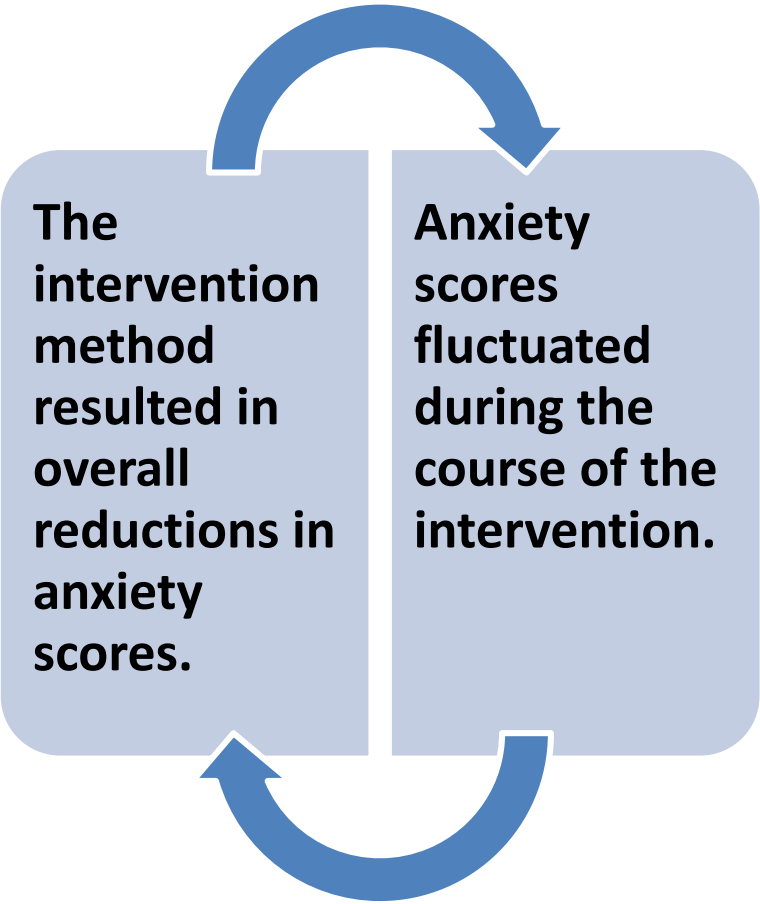
INSIGHT

Clients with Insight into their situation were more likely to learn sorting, discarding, and decision making strategies.

Clients with little Insight generally were not able to develop the skills to sustain improvements.

But Insight could sometimes be developed through Skill Building practice – Sorting and Discarding

ANXIETY


The intervention method resulted in overall reductions in anxiety scores.
Anxiety scores fluctuated during the course of the intervention.

DEPRESSION

Those clients with the highest rates of depression benefitted the most from the intervention.

Patient Health Questionnaire 9

HOARDING SYMPTOMS

Hoarding Rating Scale

Those clients with greater self-report of hoarding symptoms were more likely to show improvement.

5 Item Self Report

Those with lower self reports at the start of the intervention were more likely to report slightly higher symptoms as they participated in the intervention.

The Threat of Eviction or Citations Motivated Clients to Engage with the Intervention

CENTRALIZED COMMUNICATION

On average each pilot client was connected to 3 additional service agencies beyond APS. Some clients had between 7-8 service connections

APS was able to serve as a central communication point

CHANGING OUR PRACTICE

Defining the Terms:

Hoarding – Persistent difficulty discarding personal possessions, even those with apparently useless value.

Squalor – Unsanitary conditions resulting from problems with personal/domestic hygiene. Examples include rotten food and evidence of human/animal excrement.

-Embracing a Harm Reduction Approach

-Support not Threats

-Moving Away from “Heavy Clean-Ups”

-Hands-on Skill-Building and Homework

Collaborations

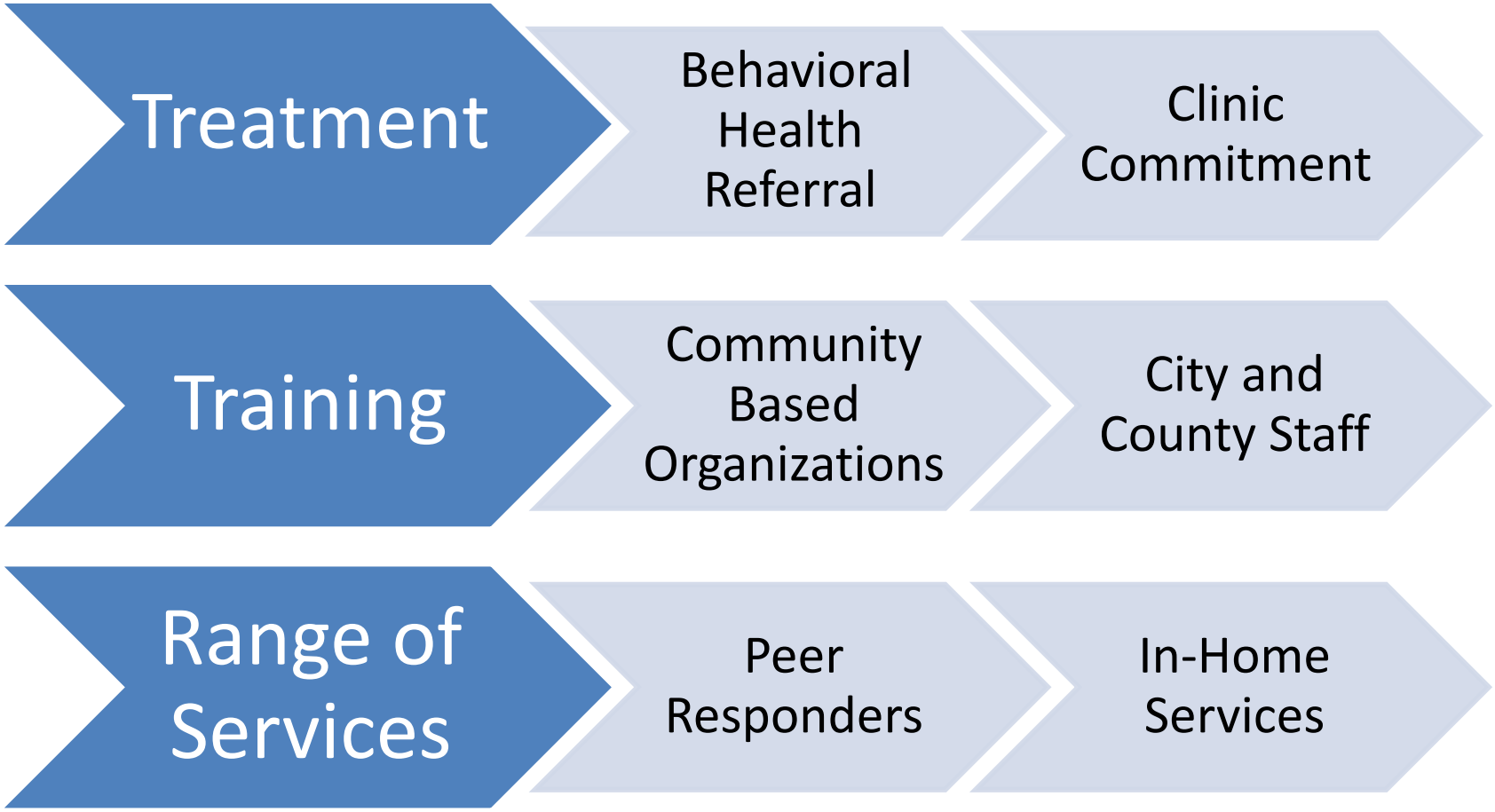
Partnerships with Department of Building Inspection, Environmental Health, and Behavioral Health

Developed Flow-charts to delineate responsibilities of each agency partner

Allowing for Engagement

Typical APS Model of Investigation, Crisis Management, and Referral is not Effective

Moving Towards Specialized APS Caseloads to Facilitate Longer Term Casework that allows for: Insight and Motivation Enhancement and Decluttering Skill Building


Treatment
Behavioral Health Referral
Clinic Commitment
Training
Community Based Organizations
City and County Staff
Range of Services
Peer Responders
In-Home Services

HOARDING AND CLUTTERING IS NEW TERRITORY FOR ALL PROFESSIONALS

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Department of Building Inspection

Department of Aging and Adult Services