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
Vulnerable Client

- Cognitive Impairment
- Client Reluctance
- Financial Constraints
- Deadlines
We had to do something . . .
SAN FRANCISCO ADULT PROTECTIVE SERVICES HOARDING INTERVENTION AND TENANCY PRESERVATION PILOT PROGRAM

- DAAS
- DBI
- APS
- MHASF
- MBHP
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

- Physical Disabilities
- Cognitive Impairment
- Chronic Medical Problems
- Isolation
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

- APS Assessment and Crisis Management
- Weekly Visits
- Motivational Interviewing
- Skill Building
- Psychometric Tools and Monitoring
- Case Management
SKILL BUILDING

- Home Based Teaching
- Hands-On Practice
- Cognitive Behavioral Therapy
- Homework
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 Questionnaire-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.
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
The intervention method resulted in overall reductions in anxiety scores. Anxiety scores fluctuated during the course of the intervention.
Those clients with the highest rates of depression benefitted the most from the intervention.
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
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.
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