

# NAPSA Virtual Conference



**The 31st Annual National  
Adult Protective Services Association  
Conference  
November 16th-18th, 2020**



**“Weighing the Ethical and Practical issues of  
Lifestyle vs. Risk to Community Safety”  
*“Ethics & The Hoarding Dilemma”***

# “Weighing the Ethical and Practical issues of Lifestyle vs. Risk to Community Safety”

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## *“Ethics & The Hoarding Dilemma”*



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# Introductions



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**CHAT**



**Use  
Chat to  
enter  
What  
State or  
Country  
are you  
from?**

# POLL

## WHO DO WE HAVE WITH US TODAY?

- Adult Protective Services
- Criminal Justice Professionals (Law Enforcement, DA, Judges)
- Health Care Professionals (Home Health, Hospitals, etc)
- Domestic Violence & Sexual Assault Professionals
- Professionals and Volunteers in the Aging Services Network

# Objectives

- Determine specific ethical actions
- Identify at least five client rights
- Increase ethical self-knowledge.
- Commonly Hoarded Items
- Discovery
- Functional Impairment
- Impact of Clutter
- Decision Making

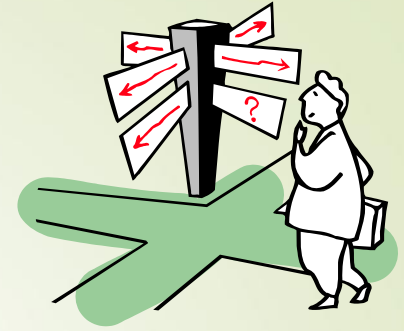


# APS PROFESSIONALS AND PARA-PROFESSIONALS

We confront ethical  
issues in our daily  
practice?



# Ethical Dilemmas



- Protection vs. autonomy
- Lifestyle vs. risk to community safety
- Treatment vs. Prevention



# What are the Ethical Situations with Hoarding Clients?

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➤ -

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➤ -

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# Rights of APS Clients

*The client has the right to:*

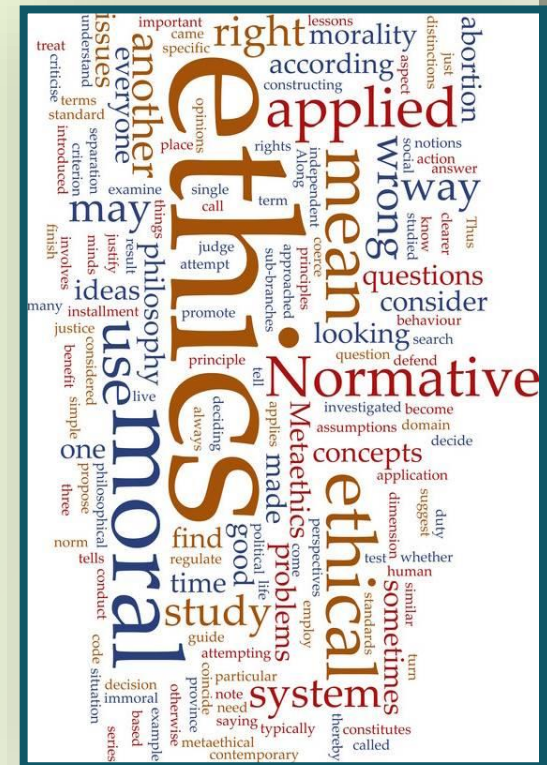
- decline adult protective services
- participate in all decisions
- least restrictive alternative
- decline medical treatment
- have a prompt and thorough investigation
- protection from abuse

# Ethics and Values in APS practice



# ETHICS: Defined

- “Good” or “right” conduct
- Branch of philosophy dealing with values of human conduct
- Useful in assessing the rightness of decisions and the fairness of the decision-making process



# Ethics: code of ethics





# APS Guiding values

- Every action taken by APS must balance the duty to protect with the right to self determination
- Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.



# NAPSA: APS ethical principles

- Adults have the right to be **safe.**
- **Adults retain all their civil and constitutional rights** unless some of these rights have been restricted by court action.
- **Adults have the right to accept or refuse services**
- **Adults have the right to make decisions** that do not conform with societal norms as long as these decisions do not harm others.
- **Adults are presumed to have decision-making capacity** Unless a court adjudicates otherwise.

# Ethical concepts: Autonomy

- Right of individuals to make choices as long as they have decision-making capacity and cause no harm to others. Decisions should be voluntary, intentional and not due to coercion, duress, or undue influence.



# Ethical concepts: Beneficence

- Right to receive care by others that maintains and/or enhances the client's welfare.



# Ethical concepts: Non-maleficence

- Right to expect others to “do no harm” in the maintenance or enhancement of the client’s welfare





# Ethical concepts: privacy

- Right to maintain privacy regarding personal information, interpersonal relationships, physical environment, and lifestyle, as long as it does not infringe on the rights of others.



# Ethical concepts: Fidelity

- Right to have others show loyalty or commitment to the client when they need help.
- Right and responsibility of family members to care for and assist one another (e.g. filial piety).
- **APS Workers:** Include and respect ideas of family members and significant others.



# Ethical concepts: Accountability

- Right to expect others to tell the truth and be responsible for their actions.
- Right to expect others to expose the deception and irresponsibility of others.



# Ethical concepts: Justice

- Right to be treated equitably whether they are a caregiver or care receiver.



# ETHICAL DILEMMA





# Ethical dilemma: definition

- An ethical dilemma presents a choice between two relevant sets of values, two good things.



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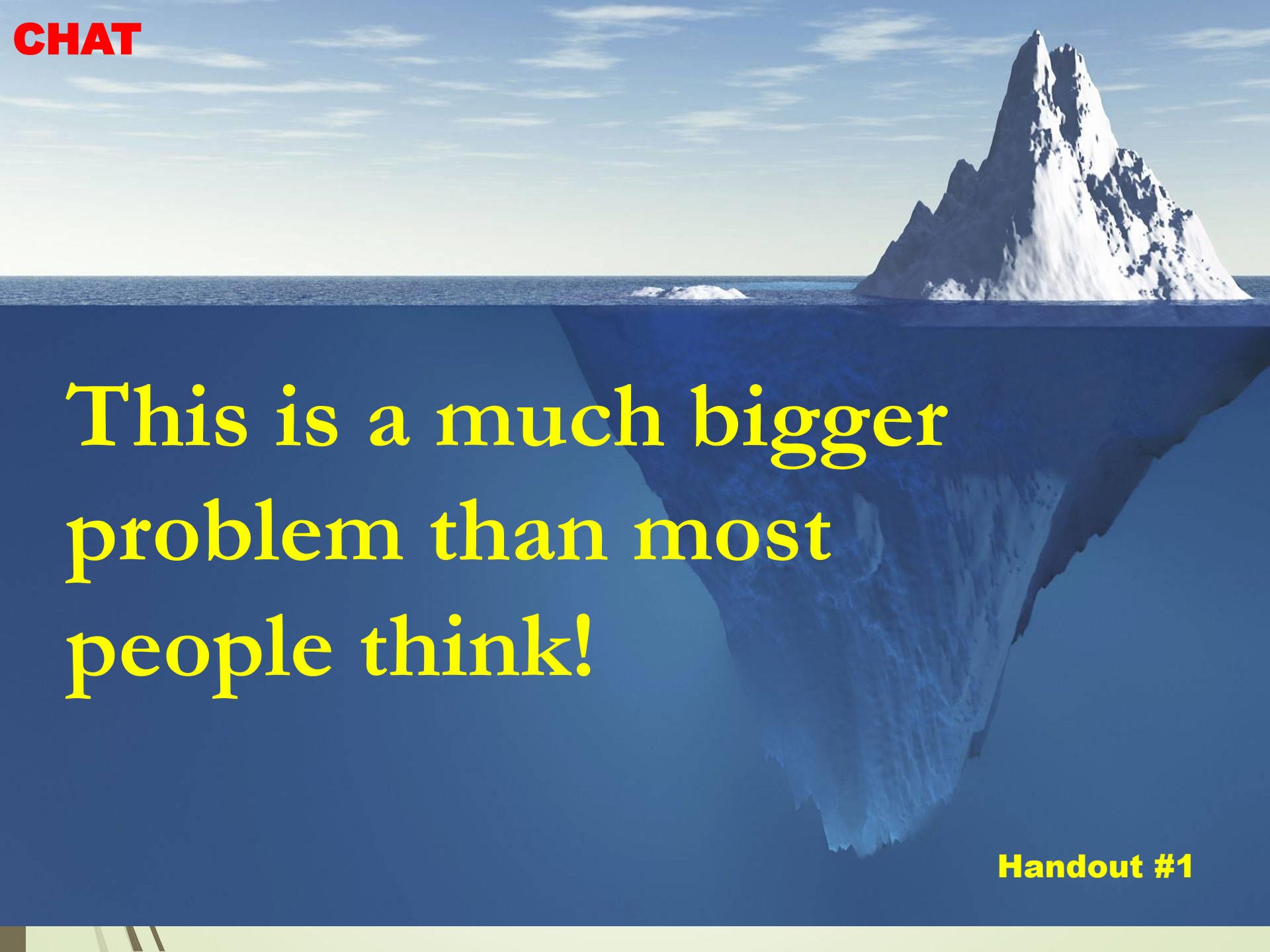




# **“Clutter to Chaos”**

**Persons whose lives revolve around  
hoarding**



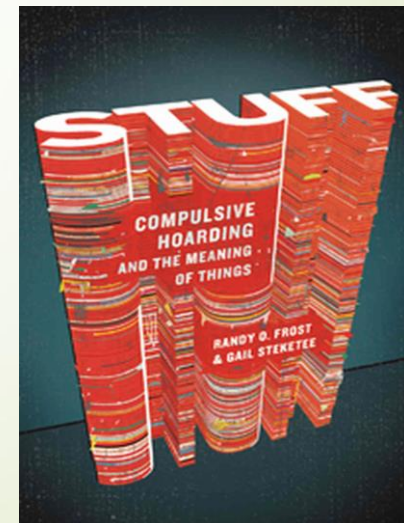
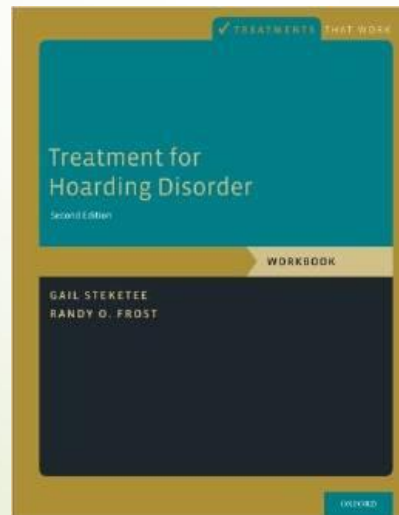
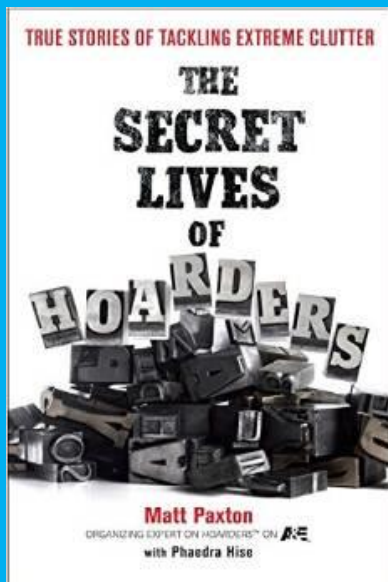
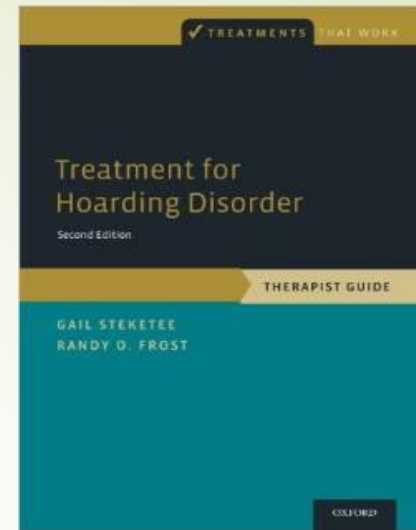
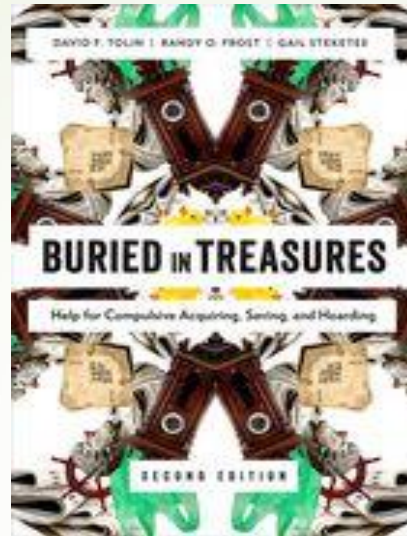
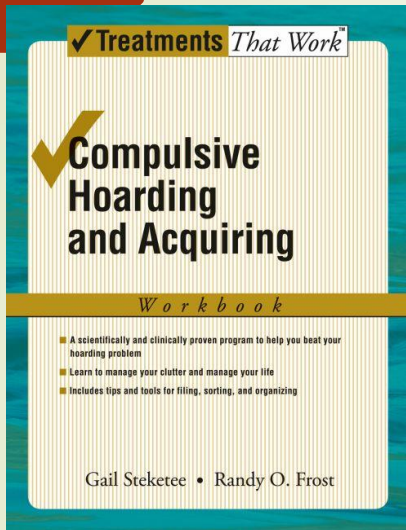
A large iceberg floats in a blue ocean under a clear sky. The visible tip of the iceberg is jagged and white, while the much larger, submerged portion is dark blue and extends deep into the water, illustrating the concept of a hidden problem.

**This is a much bigger  
problem than most  
people think!**





# Recent Books





6 Min

# CLASSIC HOARDING

by: Dr Randy Frost



# HOARDING IN ELDERS

- 15% of nursing home residents
- 25% of community day care elder participants hoarded small items

Rate of hoarding among elders in private and public housing :

- Elders at Risk Program, Boston 15%
- Visiting Nurses Assn., NYC 10-15%
- Community Guardianship, NC 30-35%



# Discovery

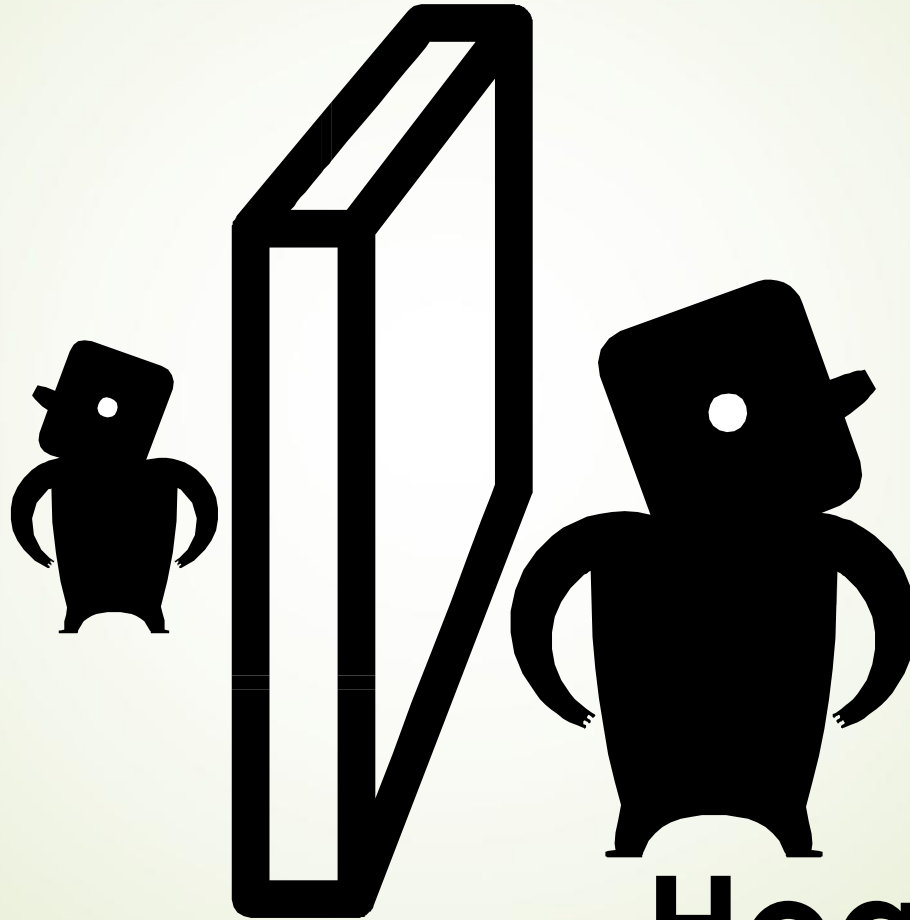
- **APS/CPS – 40% hoarding complaints to local health departments are from elder services**
- **84% of hoarding cases come through discovery by another agency or neighbors or family - Landlords, property managers,– Fire or police departments**



# Modern day cases



# Collector



**Hoarder**

# ACQUIRING BEHAVIORS

Differences in Acquiring process	Collectors	HD
Gather relevant information	95%	35%
Planning for acquiring specific objects	75%	35%
Getting attached	50%	35%
Searching for specific items	95%	18%
Feeling rewarded by purchase	95%	77%
Organize collected items	95%	47%
Share collecting behaviors	90%	53%

Mataix-Cols et al., 2012





# DIAGNOSIS OF HOARDING AND THE DSM-5



## American Psychiatric Association DSM-5 Development

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. This difficulty discarding is due to a perceived need to save the items and distress associated with discarding them.



## American Psychiatric Association DSM-5 Development

- C. The symptoms result in accumulation of possessions that congest and clutter active living areas and substantially compromise their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
- D. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).



# American Psychiatric Association DSM-5 Development

E. The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi Syndrome).

F. The hoarding is not better accounted for by the symptoms of another DSM-5 disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Autism Spectrum Disorder).



## American Psychiatric Association DSM-5 Development

*Specify if: ‘With Excessive Acquisition: If symptoms are accompanied by excessive collecting or buying or stealing of items that are not needed or for which there is no available space.’*



## American Psychiatric Association DSM-5 Development

*Specify if:* **Good or fair insight:**

Recognizes that hoarding- related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.

Poor insight:

Absent insight:





# American Psychiatric Association DSM-5 Development

*Specify if:*

Good or fair insight:

**Poor insight:** Mostly convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.

Absent insight:



# American Psychiatric Association DSM-5 Development

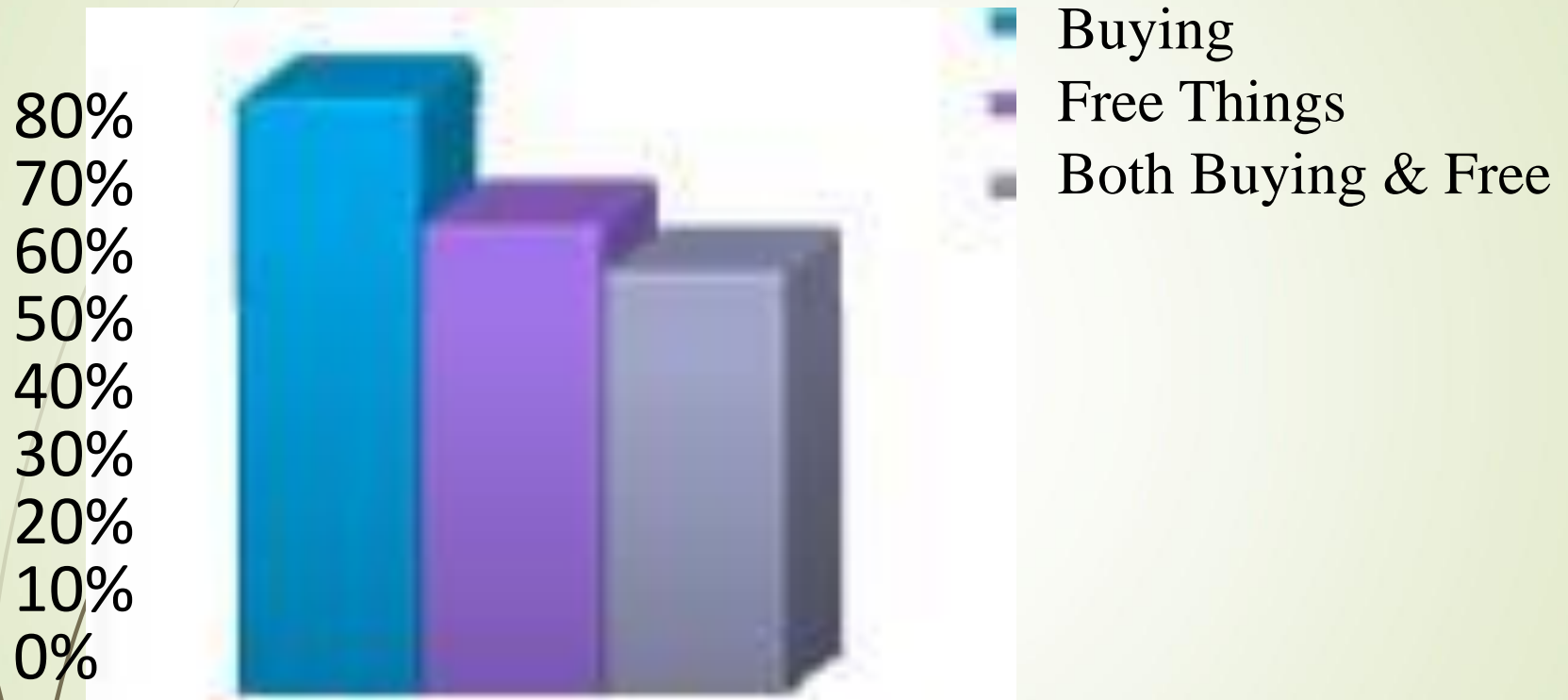
*Specify if:*

Good or fair insight:

Poor insight:

**Absent insight** (Delusional beliefs about hoarding): Completely convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.

# PERCENTAGE WITH SIGNIFICANT ACQUISITION PROBLEMS



Patient Report

Frost et al., J A 639  
Anxiety Disord 2009;23:632-

- 
- Evoking event
    - Obsession
      - Distress
        - Compulsion
          - Relief

- Evoking event
  - Obsession
    - Distress
      - Compulsion
        - Relief

- Evoking event
  - Obsession
    - Distress
      - Compulsion
        - Relief

10 Min

# “Who’s Normal Anyway?”

Case 7

Bob and Shirley:  
Hoarding/Cluttering

Length: 10:00

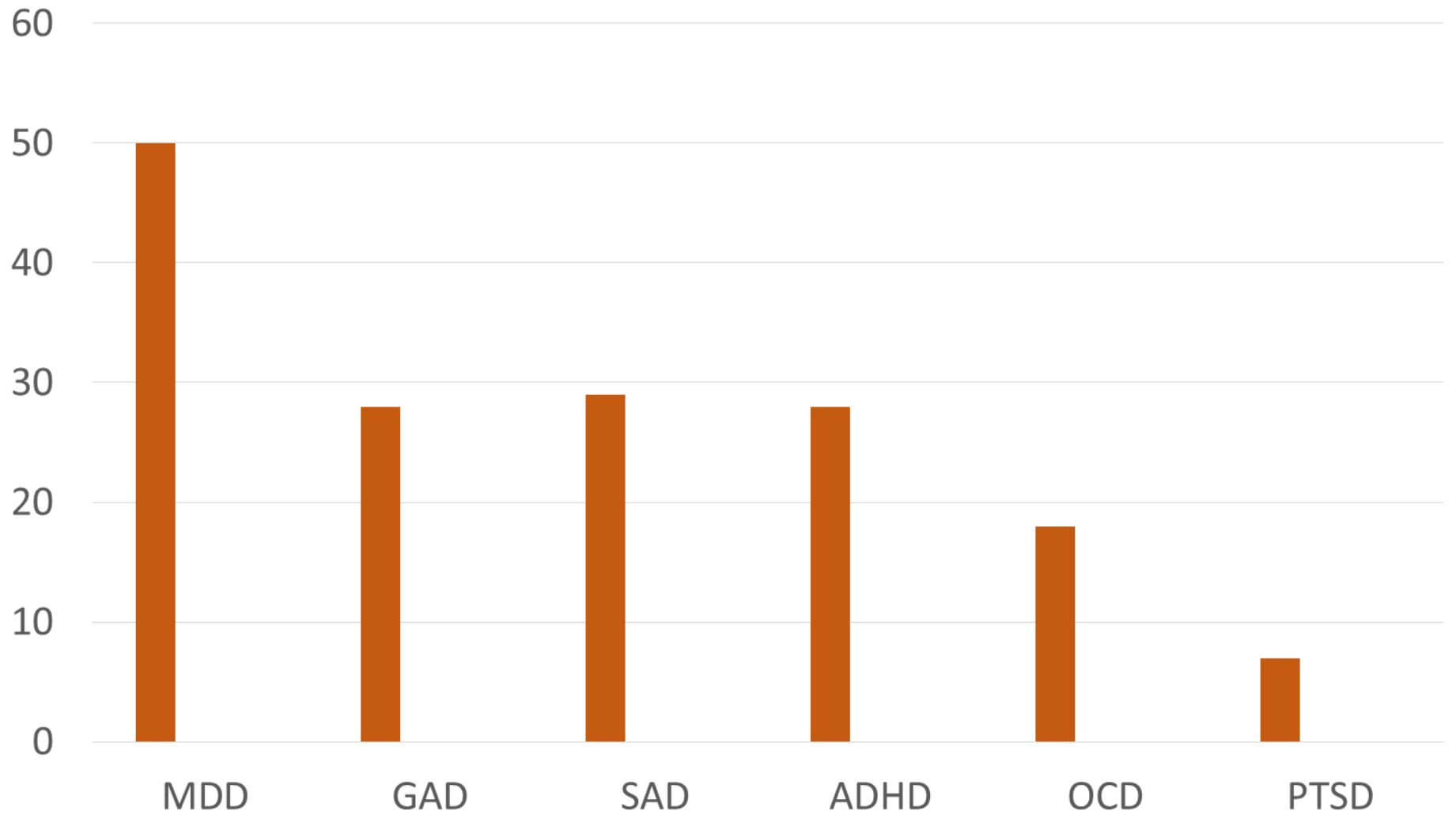
Source: *Obsessions: Who's Normal Anyway?* (BBC Motion Gallery)



# Hoarding as a Psychiatric Symptom

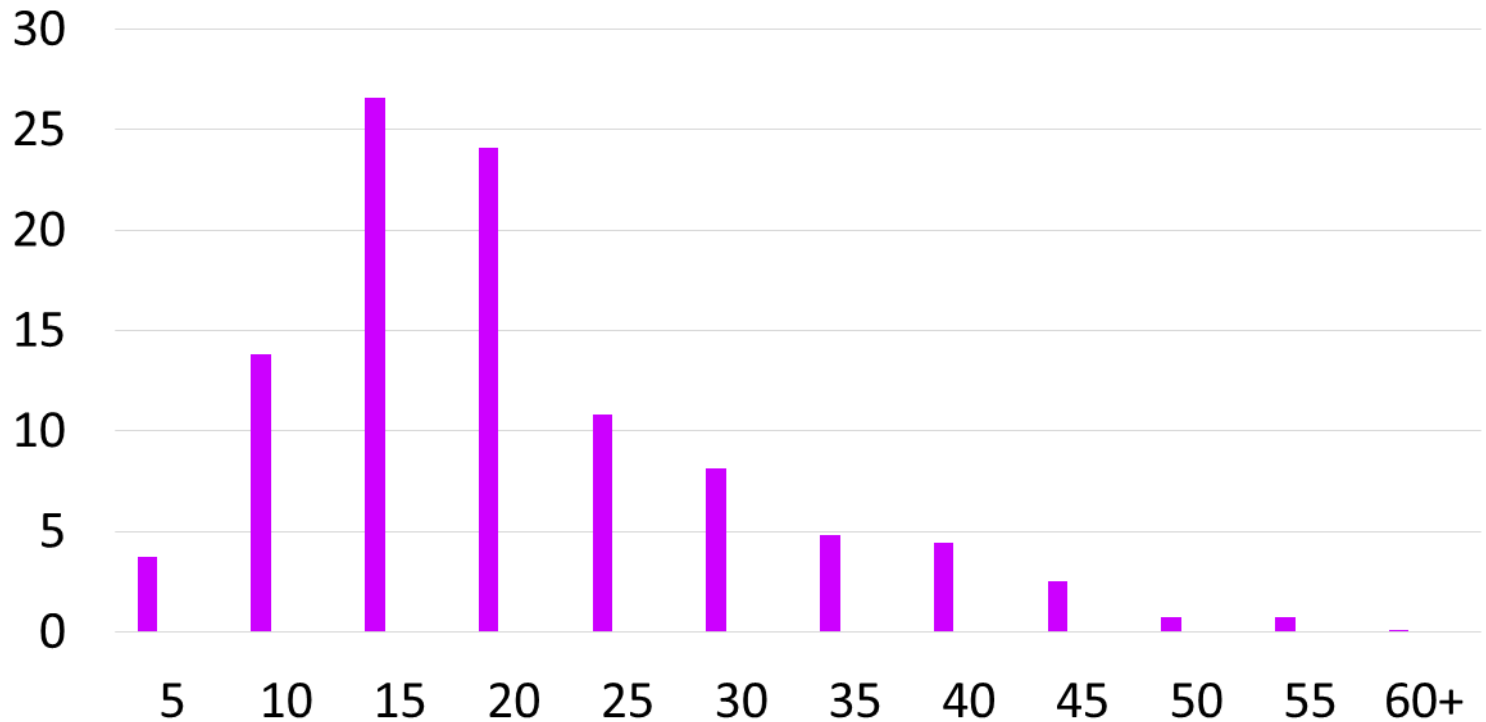


## Comorbid Disorders In HD %



# Age of Onset in Hoarding

% Reporting Onset





## COURSE OF COMPULSIVE HOARDING

- ! • Saving begins in childhood or adolescence
- Clutter does not become severe until adulthood
- 

Chronic or worsening course  
|Insight begins later than the  
symptoms, and fluctuates

# Impact of Clutter-

- **98%** have at least moderate difficulty moving around the house
- **70%** unable to use furniture
- **50%** unable to use Stove tops or ovens
- **45%** unable to use refrigerator or freezer
- **42%** unable to use tubs or kitchen sinks
- **10%** unable to use toilets



**4 Min**  
**30 Sec**

# Ways to Help a Family Member







# HAZARDS OF HOARDING



Poor Sanitation | Mobility Hazard |  
Blocked Exits | Community Cost |  
Homelessness | Fire Hazard



# Clinical Features Older Hoarders

90% have mild or no memory/cognitive deficits

85% have little or no insight that clutter is problem

30% have severe to substantial interference with self-hygiene because of clutter

77% have or may have mental disorder

More often women

More often live alone and clutter more severe if never married

# What Are the Links between Elder Abuse and Animal Abuse?

## Key Statistics:

- **92%** of Adult Protective Services case workers saw animal neglect co-occurring with clients' inability to care for themselves.
- **45%** observed intentional animal abuse or neglect.
- **75%** reported clients' concerns for animals' welfare impacted their decisions to accept interventions or services.



NATIONAL LINK COALITION  
*Working together to stop violence  
against people and animals*

# What Are the Links between Elder Abuse and Animal Abuse?



## Who Are Animal Hoarders?

- Many mental health disorders identified with animal hoarding.
- Current thinking: An Attachment Disorder stemming from early childhood traumas. Hoarders seek comfort in non-threatening, non-judgmental, non-humans.



NATIONAL LINK COALITION

*Working together to stop violence  
against people and animals*

# Service Planning & Compulsive Hoarding

Who do we need on our TEAM?



Service Planning is still what it  
has always been.....

**Client centered**







# What can we do?

**Handout #4**



## **► Top 20 Decluttering Tips**

- 1. Let go of ideal notions of cleanliness.**
- 2. Listen to your client's ideas and plans for their belongings.**
- 3. Work at the client's pace if you can.**
- 4. Partner with a legal group, home care or nursing agency**
- 5. Focus on fall prevention.**
- 8. Begin by reorganizing**
- 9. Ask your client what they would like to do that currently they cannot do because of the clutter.**
- 10. Motivate your client by helping them be realistic.**
- 11. Create a limited number of categories belongings.**

# ► Top 20 Decluttering Tips

**12. Be resourceful in finding workers.**

**13. Have a social worker present during a major cleanout**

**14. Discuss how to safeguard valuables in the cleaning process.**

**15. Call the ASPCA** if you need help finding a temporary or permanent home for pets while the cleanout is being conducted.

**16. Consider relocating** an individual to a new apartment if the clutter is the result of physical or mental frailty.

**17. Encourage the client to participate**

**18. Plan for a carefully orchestrated clean-up**

**19. Communication is Vital.**

**20. Plan for on-going maintenance and supervision to maintain a decluttered environment.**

**3 Min**

# What to do When the Hoarder Does Not Change



Write one  
*"lesson learned"*  
from today.



# Thanks Y'all !!!!

## ALL Y'all!!!!

**Cathy B Wood**

*Oklahoma APS Trainer/Curriculum  
Developer*

**Paul Needham**

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