PREVNT Hoarding in Communities: A Team Approach to Keeping Our Community Safe

PRESENTERS:
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Who we are

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What Will We Cover Today?

▪ Hoarding vs Clutter
▪ Hoarding Impacts and Risk Factors
▪ Effective Assessment/Intervention Strategies and Tools
▪ Reporting Hoarding Concerns
▪ Best Practice Model
Take a Mindfulness Moment

Keep Eyes Open.

Take Note of Thoughts, Feelings, and Self-Talk.
Reactions?
Let’s Talk About Clutter.
Is it Clutter or Hoarding?
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Clutter vs. Hoarding

- Items can be discarded
- Items are accumulated without much thought
- Volume of items does not interfere with the person’s Activities of Daily Living

- Collecting a large number of unneeded items
- Regarding all items as equally valuable
- Activities of Daily Living limited
- Thought of discarding items causes great distress
What is Hoarding?

Hoarding Disorder (DSM-V, 2013)

I. Persistent **difficulty discarding** or parting with possessions **regardless of their actual value**.

II. Difficulty is due to a perceived need to save the items and **distress associated with discarding them**.

III. The difficulty discarding possessions results in the accumulation of possessions that congest and **clutter active living areas and substantially compromises their intended use**.

IV. If living areas are uncluttered, it is only because of the interventions of **third parties** (eg, family members, cleaners, or the authorities).

IV. The hoarding causes **clinically significant distress or impairment in social, occupational, or other important areas of functioning** (including maintaining an environment safe for oneself or others).
What is Hoarding?

Hoarding Disorder (Cont.)

V. The hoarding is not attributable to another medical condition.

VI. The hoarding is not better explained by the symptoms of another mental disorder (e.g. obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, etc).

Specifiers:
- With excessive acquisition
  - ¾ of people that hoard engage in excess shopping, 50% collect free things
- With good, fair, or poor insight
- Absent Insight/Delusional Beliefs
Clinical Implications

“Clutter Blindness”

◦ Failed recognition in photos of own home – “that’s not my house”;

◦ “Losing the Forest for the Trees”; pay attention to details (not the big picture)

◦ Improves by 50% when someone else present – brain begins to see through their eyes
Clinical Implications

“Churning” Stuff is moved around; clients perceive that they have made improvements but in reality have moved items around/shuffled.

Perfectionism – perfection is not only possible, but also expected. ”; Fear of Making a Mistake.

Responsibility – feel more responsible to meet future need, “Just in case”; Fear of Waste

Need for Control – less willing to share or to have others touch or use their possessions.

Personification—“without my possession, I will be vulnerable.” Throwing something away means losing part of my life…part of me.”
Causes of Hoarding Disorder

- **Strong genetic component.** Modeling and conditioning may also play a role in the development of this disorder.

- **Information Processing Deficits** present that aid in organizing and classifying lead to saving and difficulty making decisions (Many similar to those found in ADD/ADHD)

- Recent neuroimaging studies find evidence of over activation in the **Anterior Cingulate Cortex** (involved in **decision making**) & **Insula** (involved in **awareness of physical and emotional state**).
  - Indecisiveness on what to keep/donate & where to put it.
  - Together these two areas help distinguish levels of importance between objects. (Tolin, Archives, 2012).

- Trauma aggravates.
Hoarders Affects More Than Just the Individual
Hoardings Impacts - Health & Safety

**Individual impact**
- Increased risk for fire
- Tripping hazards
- Increased medical problem
- Dietary and medication mismanagement
- Impairments of Activities of Daily Living
- Premature relocation to senior housing or eviction
- Social isolation
- Strained relationships
- Legal and financial problems (debt, high expenses, property damages)

**Community Impact**
- Safety hazard (police, fire, Emergency responders)
- Infestations
- Increases social service provider load

**Cost Challenges**
- Average cost for cleaning out a hoarded home: $1,000/day
- $10-$20k per job
Fire and Safety

- Increased potential to spread to neighbors
- Fire grows more rapidly
- Unsafe and non-functional use of mechanical and electrical equipment
- Blocked exits impede access and delay escape
- Structure more likely to collapse under weight of items
- Increased risk of injury to firefighters and first responders
- Premise history
Required Hoarding Resources

- Adult Protective Services
- Animal Control
  - 4x as many visits to gain compliance
  - 4x the amount of staff time
- City Attorney’s Office
- Code Compliance
- Courts
  - 4x as likely to go to court
- Fire Department
  - 8x total damage
  - 16x fire response costs
  - 5x firefighter injuries
- Police Department
- Probation
Grand Rapids Area Hoarding Taskforce (GRAHT)

Mission Statement
◦ GRAHT is a collaboration of public and private organizations working to raise public awareness and to ensure safe housing for individuals struggling with hoarding behavior.

What led us to create the taskforce?
◦ Complex cases with no clear outcomes
◦ No multi-agency communication
◦ No long-term solutions
◦ Numerous calls to multiple agencies
◦ Excessive court appearances
◦ Excessive First Responder calls for service
Keys to Taskforce Success

**Without Taskforce**
- Unilateral strict enforcement effort
- Focus on short term results
- Agencies working independently with limited communication

**With Taskforce**
- Cooperation and participation with resident
- Holistic approach focusing on long term treatment and safe stable housing
- Collaborative efforts with consistent communication and goals
What Makes a Good APS Referral?

APS provides protection to vulnerable adults who are at risk of harm due to the presence or threat of any of the following risks:

- Abuse
- Neglect
- Exploitation
Self Neglect

Self-neglect is not often considered but found as one of the main harm types in roughly 57% of all APS cases.

Warning signs can include:

- Poor personal hygiene
- Poor medication management, medical refusal, signs of weight loss
- Signs of dehydration, malnutrition, or other unattended health conditions
- Unsanitary or unclean living quarters
- Unpaid bills, bounced checks, or utility shut-off notices
- Lack of adequate food
What Makes a Good APS Referral?

APS defines vulnerable adults as those individuals over the age of 18 who are unable to protect themselves from abuse, neglect, or exploitation because of any of the following vulnerabilities.

- Advanced age
- Frailty
- Dependency
- Developmentally disability
- Physically disability
- Mental illness
- Cognitive impairment
- Medically fragile
Required Referral Information

Key: Individuals who are 18 years of age or older that are both vulnerable and at risk meet the criteria for case assignment.

- Provide the client’s name
- Provide the client’s phone number, address, and any collateral contacts that can provide more information
- Provide as much detail as possible regarding the abuse, neglect and exploitation using behaviorally specific words
- Provide any other details regarding the cause and manner of the abuse, neglect, or exploitation
APS Complaint Timeline

1. Complaint received at Central Intake (24/7 hotline)
2. CI makes assignment decision: Denied, letter sent by CI
3. Assigned: ASW makes collateral call within 24 hours
4. ASW makes face to face within 72 hours
5. 30 days to develop a Plan of Care and make a case disposition
6. Coordinates with community partners for services/resources
The APS worker provides the least restrictive intervention and engages with the client to identify if they can make their own decisions and are willing to work with services.

Typically clients will fall in one of these *Stages of Change*. 

**What Makes a Good APS Referral?**

- **Client is willing to accept services**
Best Practices Learned

Best practice to have one APS worker on all hoarding cases for consistency and coordination

Hoarding cases require more monthly f2f visits by APS worker and tend to stay open longer

Early Code Enforcement involvement is key in motivating change

APS Worker gives clear list for homework and follows-up on progress

APS Worker attends all taskforce/team meetings

Harm Reduction is the ultimate goal!
Increasing Outcomes

How did we put this best practice into practice?
Prevalence of Hoarding
- 2-4% of the population have hoarding behaviors
- More than 6% for 60 years+
- Can be chronic and become more severe over decades
- More seniors living in unsafe and unsanitary living conditions as the senior population continues to grow

History
- State of Michigan DHHS- Aging and Adult Services Agency (AASA)
- Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT)
- AAAWM first applied an awarded 2017
- October 1- September 30th fiscal year grant

Program Goal
- Test the theory that individuals with hoarding behaviors who “exhibit good interpersonal skills, cognitive ability, absence of psychosis, awareness to hoarding, and motivation to change” may have better success for treatment and intervention strategies. (*Hoardig Behavior in the Elderly, Henriette Kellum LCSW*)
- Improve the safety of the home
- Address hoarding behaviors with wraparound services
PREVNT Partners

Key Partners

- Adult Protective Services
- Area Agency on Aging of WM
- City of Grand Rapids Code Compliance
- Grand Rapids Police Department
- Kent County Health Department
- Moxie Life Organizing LLC
- Reliance Community Care Partner
- Senior Neighbors
PREVNT Program Process

1. APS Referral
2. Home Inspection
3. Assessment by Counselor
4. Organizer Work Plan
5. Case Manager Referrals
Effective Intervention & Best Practices
Level 1 – Green – Low

- All doors and windows are accessible
- HVAC, electrical, and plumbing are operational
- Normal pet activity (no odors)
- Housekeeping is well-maintained
- Safe and sanitary conditions
Level 2 – Blue – Guarded

- Major appliances are functional but not easily accessible
- Slight congestion of hallways, entrances or exits
- Some pet odor or common pest issues
- Clutter may inhibit the functionality of one room
Level 3 – Yellow – Elevated

- One major exit or large window inaccessible
- Number of animals is jeopardizing the quality of care
- At least one room cannot be used for designated purpose
- Appliances are not used or inaccessible
- Requires a community network of resources, especially mental health professionals.
Level 4 – Orange – High

- Large amounts of visible outdoor clutter and garbage
- Multiple exterior doors and windows are inaccessible
- Several rooms cannot be used for their intended purpose
- Animals are being neglected and are unhealthy
- Pest and/or rodent infestations
Level 5 – Red – Severe

- Significant structural damage due to weight of clutter
- Electrical, sewage, and/or water are non-functional
- Heavy pest and rodent infestations
- Human feces and urine present
- Toilets, sinks, and tubs are unusable
Effective Interventions & Best Practices

Goals
- Safety, health, avoid housing condemnation & fines

Models
- Harm Reduction Model
- Minimum Standard of Living (MSL)
- Taskforce approach

Interventions and Tools
- Medication-High Dose SSRI most effective for “stickiness”
- CBT for hoarding, Exposure therapy, Motivational Interviewing
- Activities of Daily Living for Hoarding (ADL-H) Oxford Clinical Psychology
- Uniform Inspection Checklist (Clutter Movement)
- Clutter Hoarding Scale (Institute for Challenging Disorganization)
What Can You Do to Help?

Do’s
◦ Be patient
◦ Treat person with dignity and respect
◦ Slow and steady
◦ Use their language (“clutter” vs “trash”)
◦ Come from a place of concern
◦ Separate the person from the disorder

Don’ts
◦ Be judgmental (verbal and non-verbal)
◦ Make decisions/remove items for the person without their input
◦ Accommodate - Practice Deceit, Accept Gifts
◦ Minimize Health/Safety Risks

Actions
• Assess for risk factors
• Report concerns to APS (and use the Clutter Hoarding Scale)
Want More Information?

Contact us!

▪ Area Agency on Aging of Western Michigan 616-456-5664
▪ Grand Rapids Area Hoarding Taskforce (GRAHT) 616-456-3460
▪ Moxie Life Organizing LLC 616-777-7347
▪ Report to APS (Michigan) #855-444-3911