

WHAT CAN WE DO ABOUT IT?

Coordinating Property Management and Social Service Responses to Compulsive Hoarding

*14th Annual Supportive Housing Conference
Thursday, June 5, 2014*

Presented by Mike Golub, MSW



TO BEGIN WITH...

- compulsive hoarding like other addictive behaviors is often very difficult to stop and overcome
- use the word “Collector” as opposed to other stigmatizing terms like “*Syllogomaniac*” or “*Disposophobia*”
- estimated that there are 2-6 million Americans that compulsively hoard (5%)
- like other addictive behaviors, people can get better, but it’s not easy
- Motivational Interviewing is the essential technique to help

LOOK FAMILIAR?



LOOK FAMILIAR?



DEEP CLEANING: THE LAST RESORT

“A number of people have asked about the effect of just going into someone's home and cleaning it out without their knowledge. While this may solve a short-term problem, it will not get rid of the hoarding behavior.

*Before a change in behavior can occur, the person must learn to make the discarding decisions themselves. I would not advise such a strategy **unless the person's health or safety was imminently threatened.**”*



DEEP CLEANING: THE LAST RESORT

*Suicidal ideation and serious attempts have been recorded after a deep cleaning...
Hospitalization is not uncommon either...*

It is best to avoid these kinds of deep cleanings or forced cleanouts.



**A Few Words on
Property Management &
Social Services
Coordination**

LEASED BASED HOUSING

In Permanent Supportive Housing:



- tenants have a lease and rights of tenancy
- program participation is voluntary
- eviction solely if tenant violates lease agreement
- maintaining housing is the primary goal
- service focus on maintaining housing, helping tenants meet the obligations of tenancy, and increase independence

“DIFFERENT ROLES, SIMILAR GOALS”

primary goal: to provide safe, secure, affordable housing
with supportive services to help tenants **meet the
obligations of tenancy**



**Property
Management**

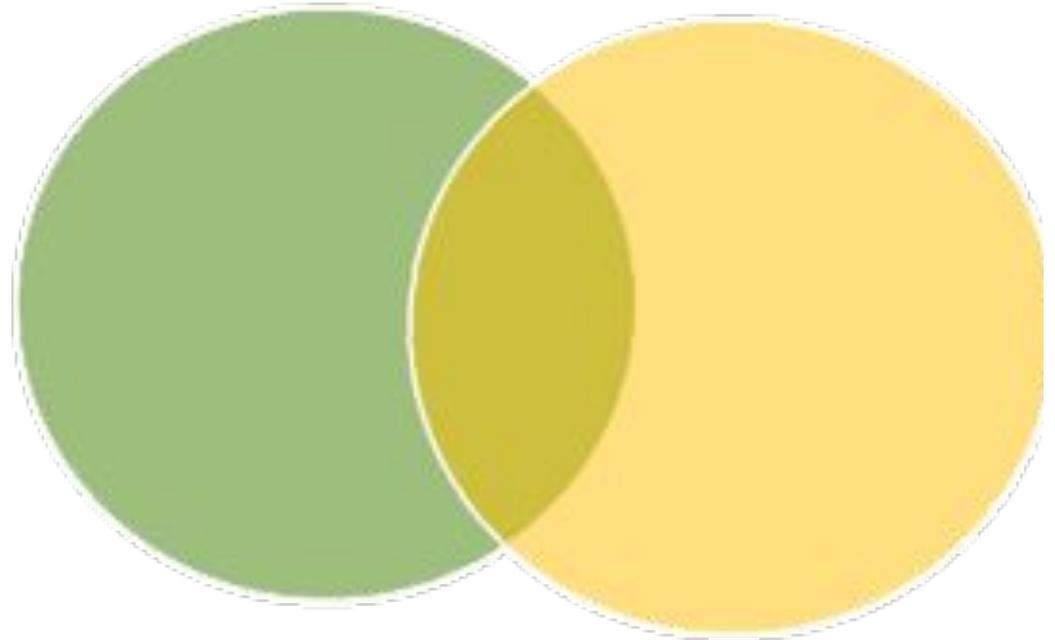


**Social
Services**

PROPERTY MANAGEMENT & SUPPORTIVE SERVICES WORK TOGETHER

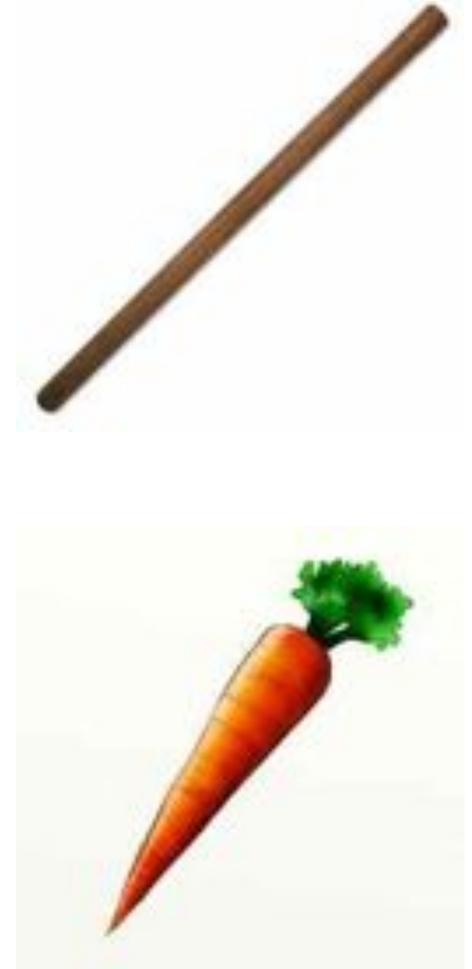
Property Management and Social Services have different functions or roles but need to work together towards the primary goal of **keeping people housed in a safe, clean and supportive environment.**

pay rent
maintain condition of unit
allow others the peaceful
enjoyment of their homes
avoid criminal activity
comply with the lease



TENSION & CONFLICT IS *INHERENT* IN SUPPORTIVE HOUSING

- property mgmt vs. social services goals
- tension & conflict should not be seen as a negative factor or an impediment
- out of push & pull, creative solutions develop
- understanding each departments roles, goals & boundaries
- tensions & conflicts need to have resolutions that lead to better strategies, services, P&Ps



Compulsive Hoarding: The Nature of the Disorder

COLLECTING or HOARDING?

We all save things for the following reasons:

SENTIMENTAL - has memories

UTILITY - item is useful

AESTHETIC - item is beautiful

COLLECTING or HOARDING?

The Collector:

- brings joy
- show off their collections
- save \$\$\$ to purchase more items
- sense of pride
- does not impair daily functioning

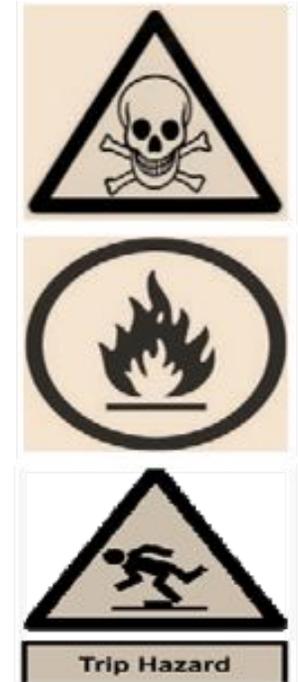




COLLECTING or HOARDING?

The Hoarder:

- ashamed of their “stuff”
- embarrassed by their possessions
- causes emotional distress/anxiety/depression
- impairs their daily functioning



COMPULSIVE HOARDING

- many who suffer from compulsive hoarding are highly intelligent and creative people
- being raised by “cold” or overly critical parents so it is best to avoid be overly critical when engaging with them
- many have rigid ideas of perfection, fear of waste, fear of loosing an opportunity, guilt and shame, ambivalent feelings of self-worth and self-doubt







COMPULSIVE HOARDING

“I feel that if I FINALLY get rid of my piles that fill rooms in my house and garage, I will die. I know it's not true, but I feel that way. If I do manage to get rid of all the junk, then I will be bored. As long as there are huge piles, I know I will always have something to do. It's my safety pile and significant other. If I throw too much away, there'll be nothing left of me.”



- 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.
- 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).



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).



Clutter and Disorganization:

- random piles
- fear of putting things out of sight
- indecisiveness
- churning: meaning that piles are worked over but nothing is ever done about the piles themselves

FOUR TYPES OF HOARDING

1. **Common Hoarding**
2. **Animal Hoarding**
3. **Diogenes Syndrome**
4. **OCD-based Hoarding**

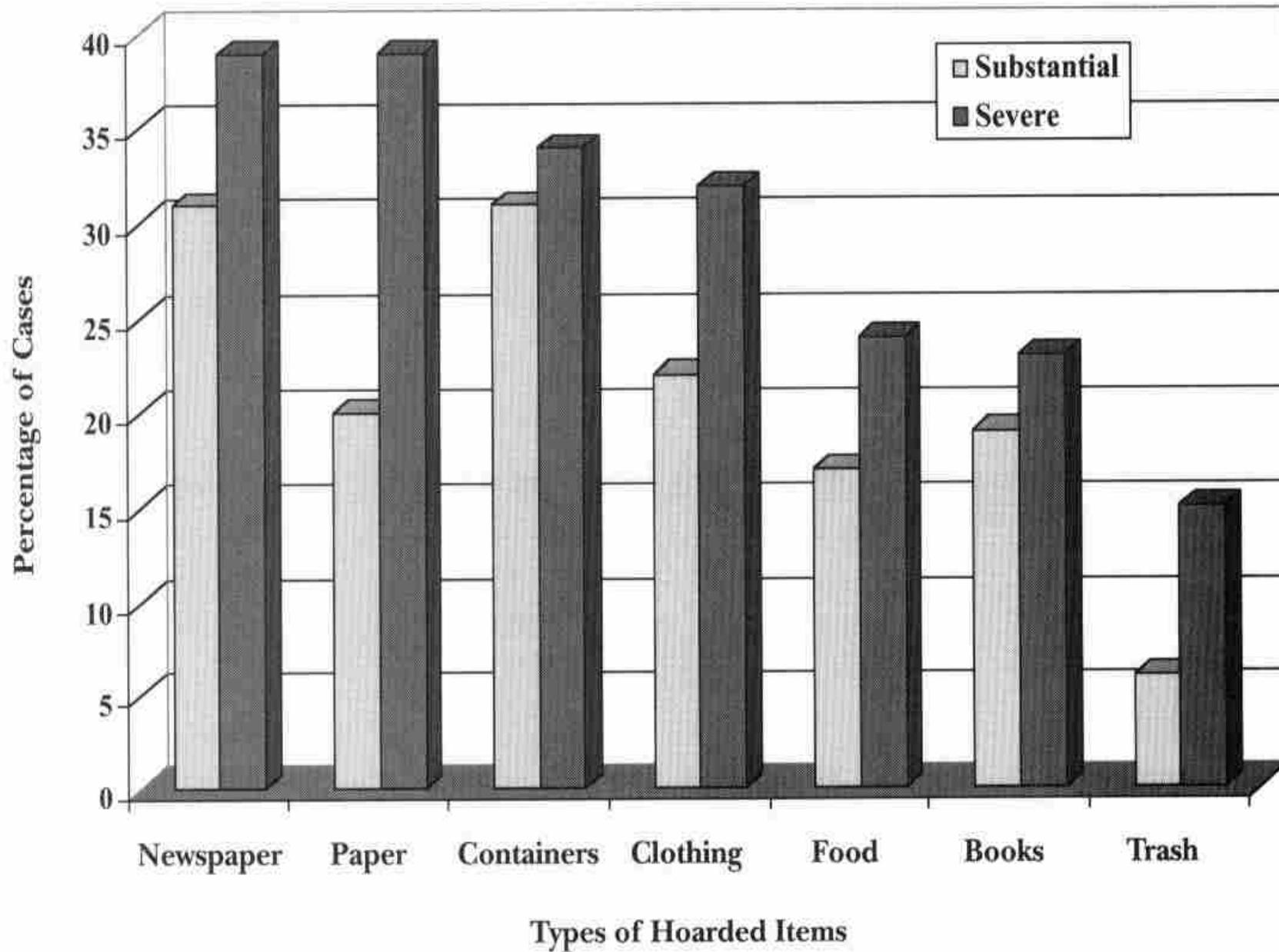
DEMOGRAPHICS & FEATURES

- saving usually begins at childhood (13)
- average age = 50
- little evidence of history of material deprivation
- family history of hoarding is common
- education ranges widely
- marital status: tend to be single/living alone, high divorce rates
- creative
- hoarding will worsen with other losses
- insight ranges widely but can often be low

CHARACTERISTICS, TRAITS & THOUGHT PATTERNS

- difficulty staying on task and paying attention
- trouble categorizing items
- difficulty making decision
- elaborative processing [twenty minute answer to a twenty-second question]
- don't trust their memories
- motivational problems
- avoidant behaviors

Figure 1. Type and Severity of Clutter in the Homes of Elderly Hoarders (N = 62)



Property Management
&
Hoarding

BASIC PRINCIPLES OF COORDINATION BETWEEN PM & SS

- have **clear roles** for each department
 - have **clear expectations** for each department
 - **air disagreements** and be ready and willing to **compromise**
 - **cross train** staff to understand what the other department deals with on a daily basis (develop empathy for the others' role)
 - schedule **joint meetings** and develop other ways of fostering open communications between the two departments
 - develop other ways to **foster collaborative** efforts
 - idea: develop a team to deal with hoarding & bed bug/pest related issues
-

POLICIES & PROCEDURES

all tenants should know about:

- pest control and repair requirements and how to upkeep their apartments
- how to fill out work orders and the process should be transparent
- the importance of passing apartment inspections and what the consequences are of failing an apartment inspections
- time lines for repairs, exterminators, pest control should all be made clear

PROBLEMATIC FOR NEIGHBORS, THE BUILDING & COST OF PEST CONTROL

Neighbors

- odors
- critters and vermin crawling into their apartments

Property Management

- complaints by neighbors & community at large
- damage to property, possible loss of subsidies, etc.
- cost of managing bedbugs, vermin and pest control
- managing staff feelings about dealing with hoarding

PROPERTY MANAGEMENT INTERVENTIONS

- property managers should familiarize themselves with local and state **building codes around fire, health and safety issues**; building code compliance and repairs should be a standard practice
- leverage from either failed routine apartment inspections or from section 8 inspections should be utilized to monitor apartments
- offer house-keeping assistance with cleaning and organizing the person's apartment, as well as extermination and repair services.
- a one-shot “makeover” may be offered

BUILDING CODES

- various New York City laws and codes (building, electric, fire, plumbing, health, etc.) mandate basic standards to ensure occupants' health and safety - and people with hoarding behaviors are often in violation of these standards
- housing maintenance code establishes the minimum standards of health, safety, fire protection, light, ventilation, cleanliness, maintenance and occupancy in residential apartments
- violations if not remedied, are grounds for eviction

BUILDING CODES

- **unsanitary conditions in dwelling unit**

The occupant of a dwelling shall maintain the dwelling unit, which he or she occupies and controls in a **clean and sanitary condition** except as provided in subdivision (b) of this section

- **frequency of collection of waste matter from dwelling units**

The tenant...shall dispose of waste matter in accordance with the method provided by the owner. **The tenant shall not accumulate any waste matter in his or her dwelling unit so as to create a condition, which is unsanitary, or a fire hazard in the judgment of the department**

- **insect and rodent infestations**

The owner or occupant in control of a dwelling shall keep the premises **free from rodents, and from infestations of insects and other pests, and from any condition conducive to rodent or insect and other pest life**

BUILDING CODES

- go to website for the complete housing maintenance codes at http://www.nyc.gov/html/dob/html/reference/code_inter_net.shtml
- building codes periodically change, are revised or updated. new laws are passed that may change what is legal e.g. last year new lead paint laws went into effect
- don't assume that the same building codes are in effect indefinitely

PROPERTY MANAGEMENT INTERVENTIONS

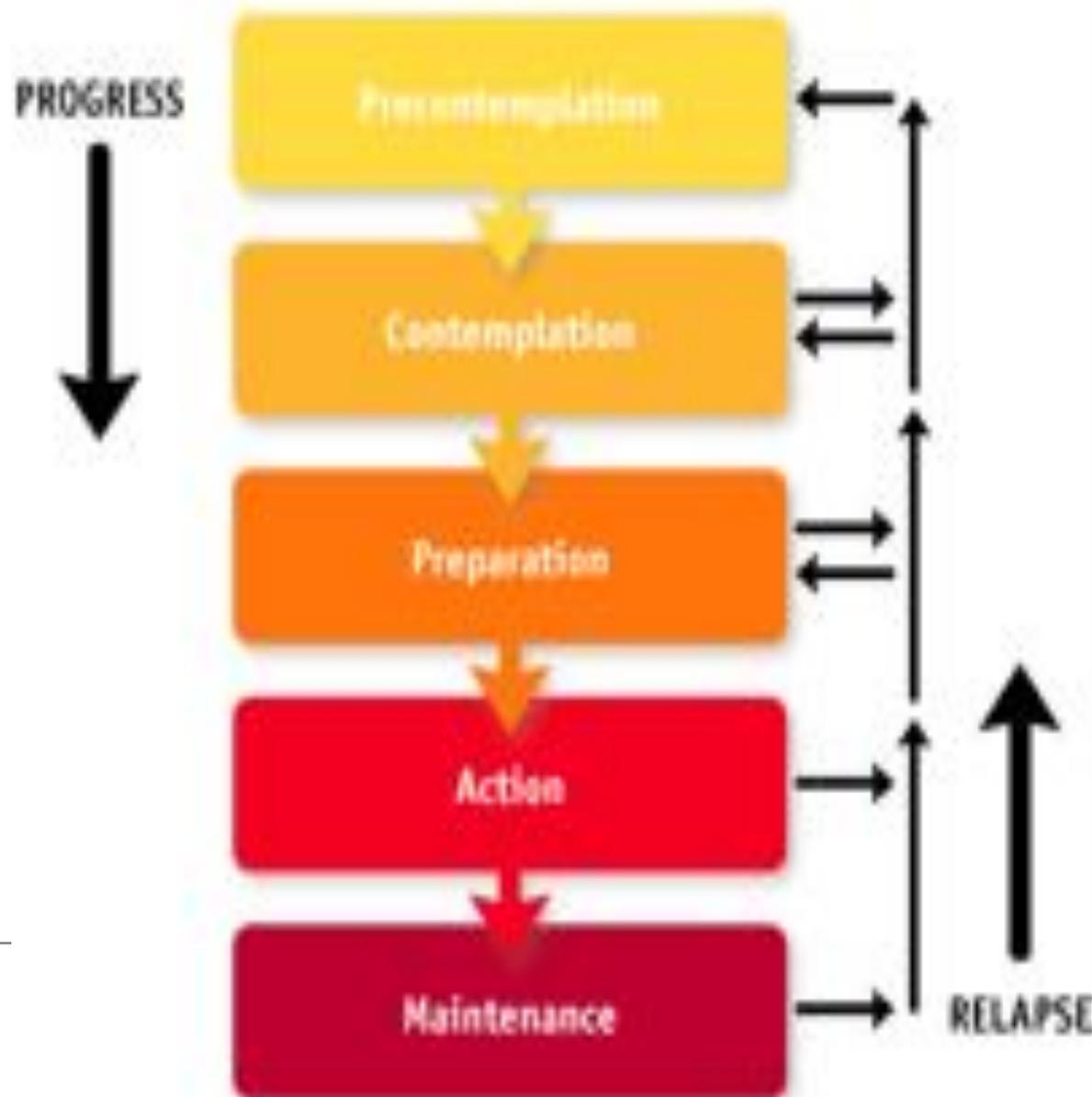
- verbal warnings can precede letters from management, the social services department or both
- develop management letter

Social Services
&
Hoarding

BEST PRACTICES

- dealing with hoarding will take **time, effort, patience, persistence** and above all, **coordination**, to resolve the issue
- effective interventions are going to involve many staff members working *in cooperation* with each other and the tenant
- staff should anticipate **strong resistance**, particularly when the tenant's belongings are removed during a deep cleaning. this will be felt as a real loss and a violation of their privacy
- a deep cleaning should be seen as a **last resort!**

USE STAGES OF CHANGE



STUFF REDUCTION (SLOW CHANGE)

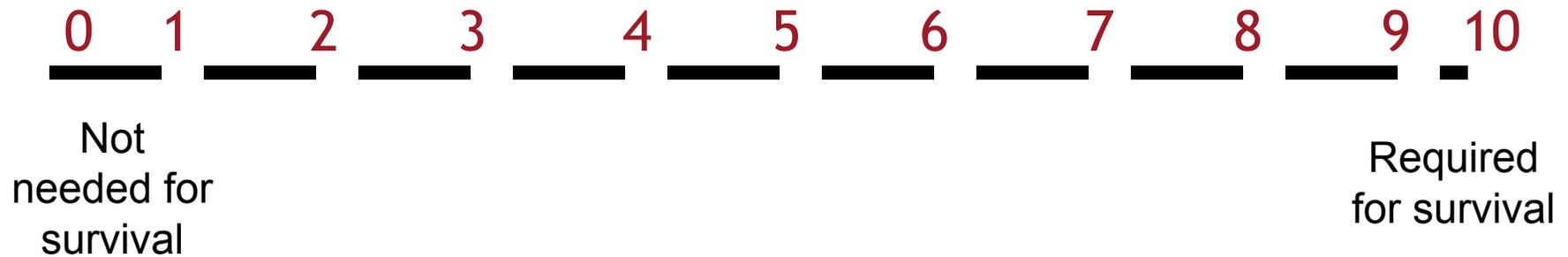


USE MOTIVATIONAL INTERVIEWING

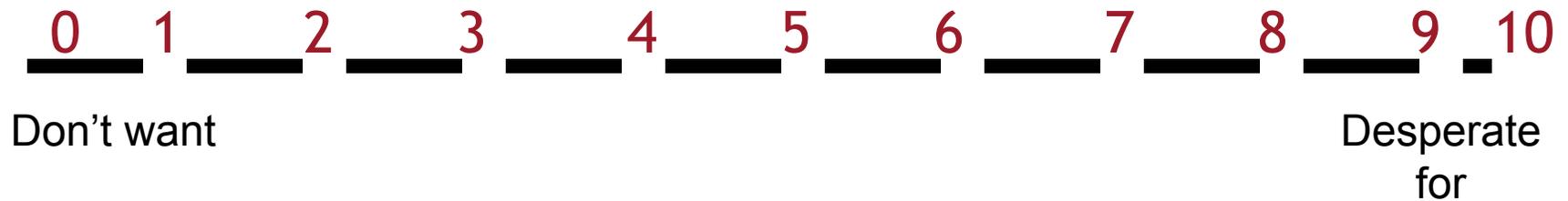
Contemplation	PROS	CONS
Actively Hoarding	<ol style="list-style-type: none">1. Feels good2. Makes pain go away3. Comfort having all the stuff surrounding me	<ol style="list-style-type: none">1. Feel bad the next day2. Very expensive3. Takes up all my time & thoughts4. Unhealthy5. Unsafe
Stop Hoarding	<ol style="list-style-type: none">1. Have more room to do the things I want to do2. Allow more time to do other things3. Save money	<ol style="list-style-type: none">1. Will be very difficult2. Have to change everything, routines, etc.3. Not sure I can do it

NEED vs WANT SCALES

NEED to ACQUIRE SCALE



WANT to ACQUIRE SCALE



EXPERIMENTS THAT CAN HELP

- ask the individual to pick something (perhaps of little value to them) and ask them to discard the item.
- check their level of distress from 0 - 100 (0= zero distress and 100=the most distress imaginable)
- rate their distress immediately after discarding the item
- rate their distress after 5 minutes
- rate their distress after 10 minutes
- a day later, a week later, two weeks later, etc.

GRADUAL EXPOSURE: NON-ACQUIRING TRIPS

- like physical conditioning, programs gradually expose the individual to go on non-shopping and/or non-acquiring trips
- helps expose person to things they like to pick up/buy/bring home, etc.
- you want the individual to face his or her problems and the world without the pleasure and comfort of shopping
- begin by going by the items from a distance
- gradually get closer until he or she can actually touch the items/handle them & be able to put it down [NOT take it home]

NON-ACQUIRING HELP CARD

I cannot get this unless:

I plan to use it within the next month.

I have enough money right now to pay for it.

I have a place to put it so it doesn't add to my clutter.

I am sure I truly want this and will not return it.

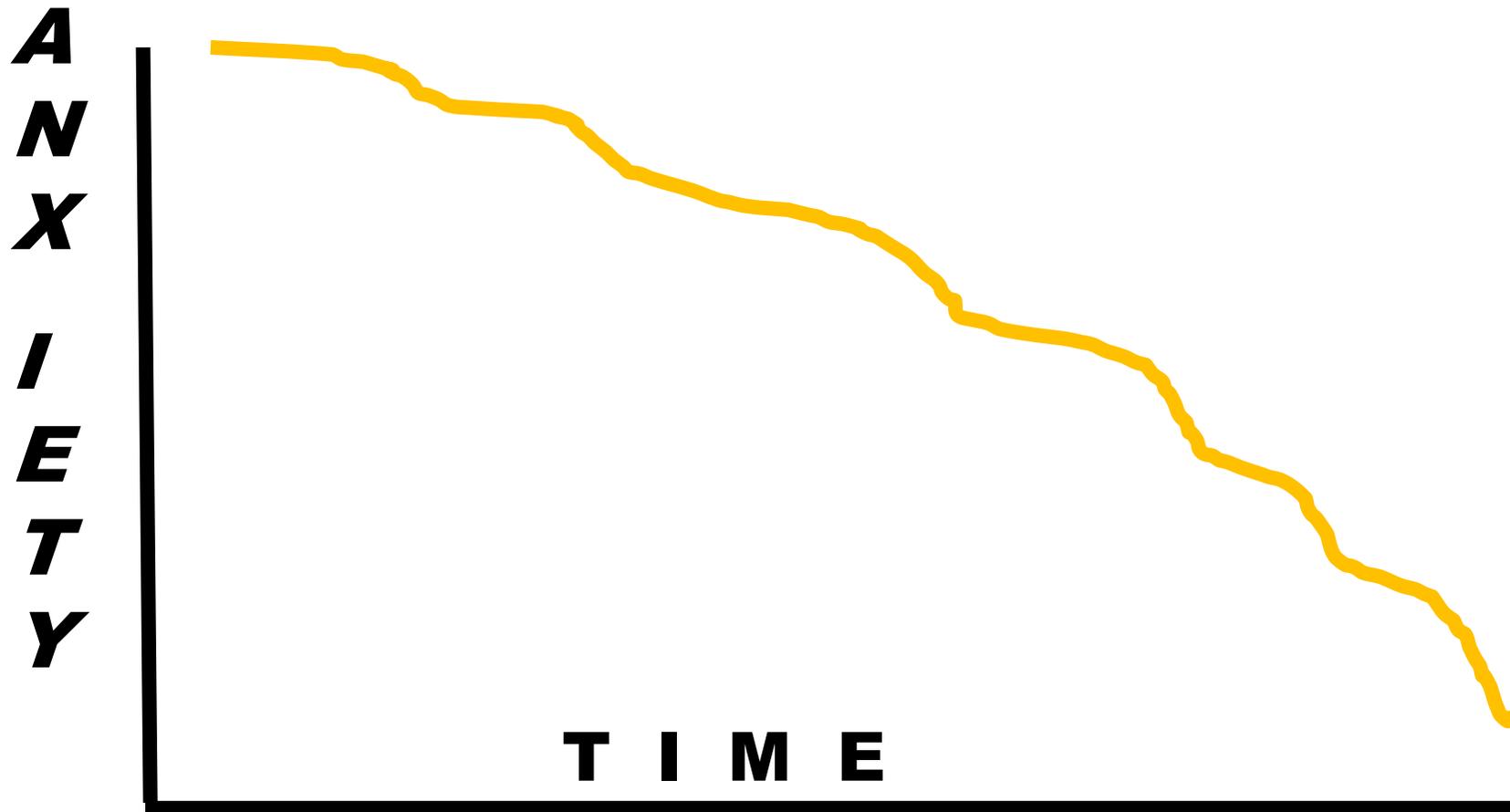
Acquiring this item is consistent with my goals and values for my life.

I have a true NEED, not just a wish, for this item.

Questions to ask yourself:

- Do I already own something similar?
- Am I buying this because I feel bad (angry, depressed, etc.) right now?
- Will I regret getting this in a week?
- Do I have enough time to fix/use this, or do I have more important priorities?

HABITUATION: EXPOSURE THERAPY

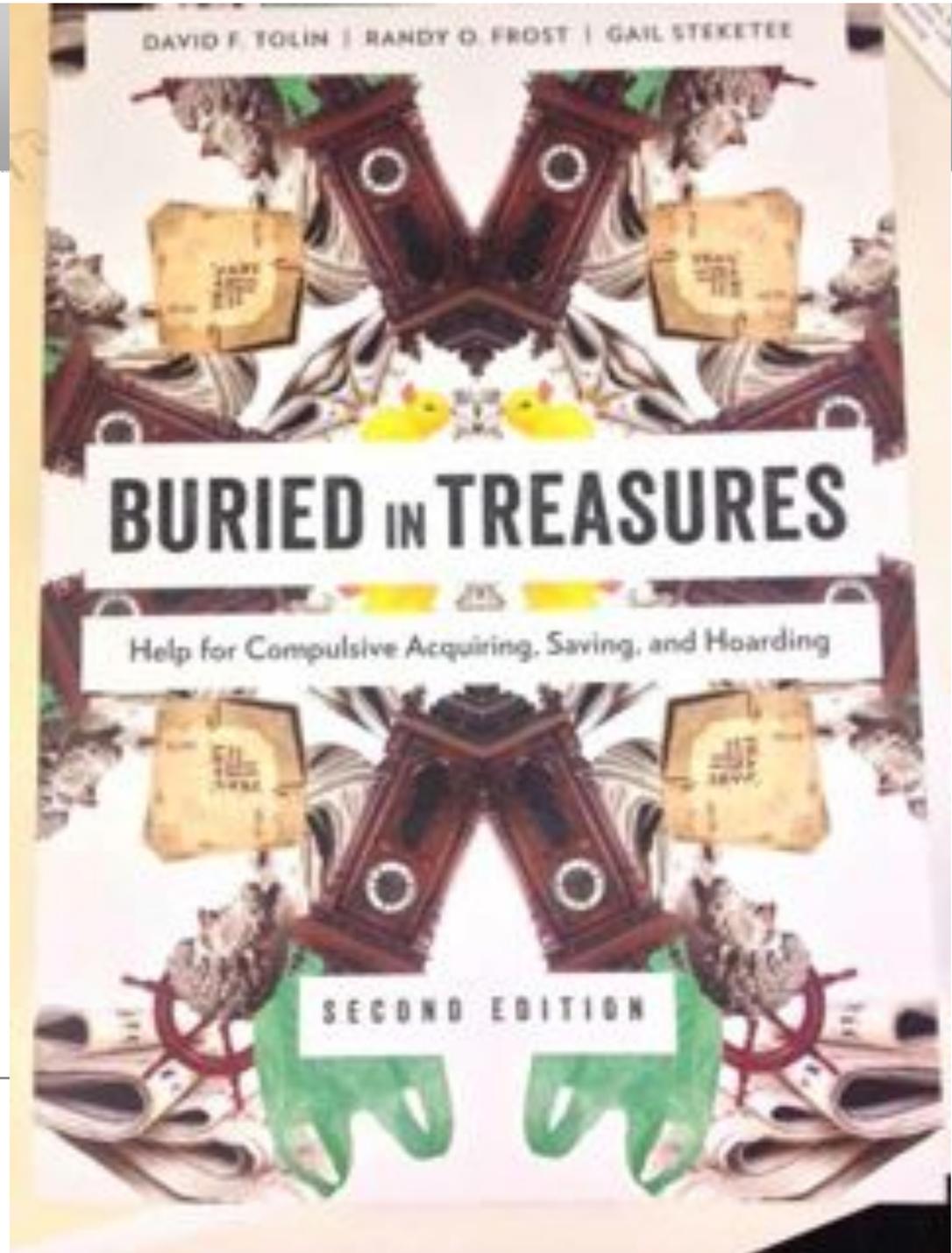


6 TREATMENT RULES

1. worker may not touch or discard anything without explicit permission
2. all decisions regarding saving, discarding and organizing are made by the client
3. any possession touched by the client during an excavation session should be placed in a final location
4. categories for possessions must be established before handling them
5. treatment should proceed systematically
6. flexible and creative strategies are to be applied as needed to make steady progress

COMING SOON...

- evidence-based
- 15 classes
- cost-effective



FINDING HELP

- for compulsive hoarding, help is hard to find
- find a therapist with experience treating hoarding problems
- find a local hoarding support group
- staff and tenant can read recommended books in bibliography
- show the A&E shows on hoarding to people with the disorder, if they want to see it
- <http://www.ocfoundation.org/>

Thank you for inviting me to speak!

CUCS provides trainings on numerous topics as well as provides support packages on WSM, SE, MI and CTI.

Mike Golub, Senior Trainer, MSW

CUCS Institute

For more information please go to:

www.cucs.org/training-and-research/training

212-801-3377

mgolub@cucs.org

