Breaking the Clutter: Strategies for a Hoarding Task

Blackstone Valley Partnership for Public Health

Blackstone, Douglas, Hopedale, Mendon, Millville, Northbridge, Upton, and Uxbridge

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UXBRIDGE MASSACHUSETTS

OBJECTIVES:

- Provide evidence-based data about Hoarding Disorder (HD), etiology, pathology, psychological factors, risk factors, stigma, and current trends
- Discuss the public health and public safety implications associated with HD
- Provide an overview of the formation of the cross-jurisdictional Uxbridge Hoarding Educational Panel (UHELP) and how it has evolved since inception, the challenges, and the successes
- Introduce scientific evidence-based strategies to assist with creating a cross-jurisdictional collaborative community HD Taskforce

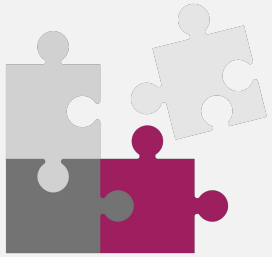
OVERVIEW OF HOARDING DISORDER (HD)

PUBLIC HEALTH PROBLEM

- ✔ impacts health and safety of the person
- ✔ impacts the quality of life of neighbors
- ✔ hazardous to EMS, Fire, Police and Animal Control

DEFINITION

Persistent difficulty discarding or parting with possessions, regardless of their actual value



ETIOLOGY

Combination of biological, neurological and psychosocial components but the ***exact*** etiology is unknown

Sources: American Psychiatric Association, 2013
Zaboski, et al., 2019
Postlethwaite et al., 2019

Contoso
Pharmaceuticals

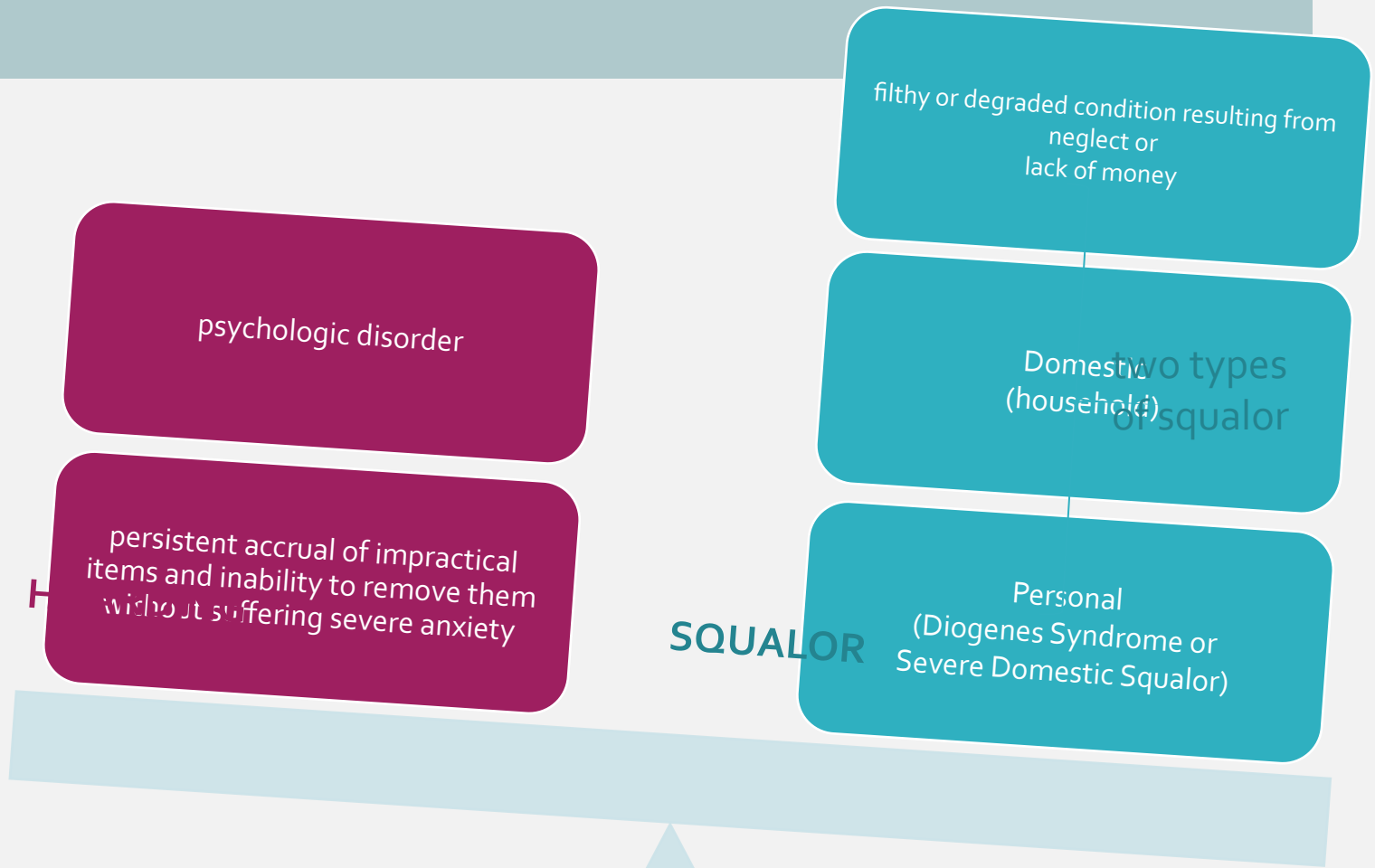
PREVALENCE and DEMOGRAPHICS

Hoarding Disorder (HD)	found in 2-6% of the US population	**Race/Culture**	found in all races and cultures worldwide
Mean Age of Onset	16.7 years old (typically develops in adolescence, but collecting items can begin earlier)	**Gender**	found in all genders (but largely undetermined)
Education	varies widely	**Marital Status**	generally single, low marriage rate, tend to live alone or with others who also have HD
Aging	symptoms worsen with age and homes often become inhabitable	**Treatment**	average age of 50 (squalor conditions are uncommon among those who seek treatment)
Family History	HD is common among other family members	**Prevalence**	increases 20% every 5 years (chronic and progressive disease)

Sources: Zaboski, et al., 2019

HOARDING vs. SQUALOR

Can be a combination of both squalor *and* hoarding.



Sources:

https://www.merri

HOARDING and INSIGHT

People with hoarding problems have varying levels of insights about the extent of their problem and the ways that it impacts them and those around them.

Non-Insightful

Insightful but unmotivated

Insightful and motivated, inability to comply

Sources:

DiNapoli & Hagerty

HOARDING BEHAVIORS

ITEMS

sentimental, instrumental, intrinsic, valuable, useful

ACQUISITION

buying, acquisition of free things, inability to discard items perceived as useful or valuable

CLUTTER/ DISORGANIZATION

random piles of items, churning, cocooning

DIFFICULTY DISCARDING

indecision, attachment, causes intense distress and anxiety

Sources: DiNapoli & Hagerty, 2022
Photo courtesy of Creative Commons (CC), (n.d.) unknown author

HEALTH IMPACT OF HOARDING DISORDER

DIFFICULTY PERFORMING ACTIVITIES OF DAILY LIVING (ADLS)
with poor nutrition and overall poor personal hygiene, increase in urinary tract infections, non-compliance with medications

MAY NOT BE GETTING ROUTINE MEDICAL CARE
and are less likely to see their Healthcare Provider on a regular basis for chronic disease management

HIGHER RISK OF:

asthma	diabetes	cardiovascular disease
COPD	sleep apnea	autoimmune diseases
strokes	fibromyalgia	chronic fatigue syndrome
obesity	hypertension	hematologic conditions

GREATER RISK FOR:
falls acute injuries
fires electrocution
hazardous chemical exposures

INCREASED RISK OF BIOLOGICAL CONDITIONS RELATED TO:

insects	animal feces
rodents	structural dangers
mold	animal-to-human diseases

other environmental hazards

Source: Ayers, et al., 2014

RISKS TO:

- ✔ FIRST RESPONDERS
- ✔ ANIMAL CONTROL OFFICERS
- ✔ PUBLIC HEALTH OFFICIALS

Rescue/medical aid challenges, increased risk of injuries, potential entrapment

Exposure to animal and human waste =
increased risk of exposure to infectious diseases

Exposure to live or deceased animals =
increased risk of possible animal-to-human diseases

Animal bites, rabies, rodents, insects, mold

Structural issues, limited exits, fire load

Source: Odom, 2012

ANIMAL HOARDING – NOAH SYNDROME

ANIMAL HOARDING

accumulation of animals without insight into the usual amount of companion animals

NOAH SYNDROME

equivalent of Diogenes Syndrome but with animals – poorly understood by often associated with loneliness

DENIAL

poor insight leading to failure to provide even minimal veterinary care, adequate nutrition, appropriate hygienic measures, or care for untreated medical conditions

MGL CHAPTER 272: SEC 77

MASSACHUETTS ANIMAL CRUELTY REQUIREMENTS

Forbids unnecessarily fail(ing) to provide (an animal) with proper food, drink…(and) ***sanitary environment***

Source: Saldarriaga-Cantillo, et al., 2014

The beginnings of UHELP

Uxbridge

Hoarding

Education

Leadership

Panel

EARLY DEVELOPMENT PROCESS – SMART OBJECTIVES (Specific, Measurable, Achievable, Realistic, Timely)

SPRING 2022

Collaborate with the Uxbridge Health Director to identify key stakeholders in the community who may have an interest in becoming part of the HD Task Force and develop a comprehensive list of contacts by 12-31-2022.

FALL 2022

Collaborate with Health Director to plan and schedule the first HD Task Force Meeting via Zoom and as the Task Force Facilitator, develop a scholarly, evidence-based PowerPoint presentation for the meeting by 03-31-2023.

KEY STAKEHOLDERS TO CONSIDER FOR HOARDING DISORDER TASK FORCE

- Representatives from EMS, Animal Control, Fire and Police Departments
- Local Elder Services Programs
- Members of the town's LBOH, the Health Director or other designated LBOH administration
- Medical, Psychiatry, Social Service Providers, Public Health Nurses, Community Health Worker
- Representatives from Inspectional Services (housing, code enforcement, etc.)
- Community Religious/Spiritual Leaders
- Protective Service agencies (elders 60 and over, children under 18, disabled)
- Environmental Health Services (Biohazardous Waste Cleaning Services, Pest Control Services)
- Local Homecare and Visiting Nursing Agencies
- Professional Organizers

HOARDING DISORDER TASK FORCE STRUCTURES

Three types of Task Force Models:

EDUCATION

primary purpose is to provide education-internal for task force members and agencies and external for the community

CASE CONSULTATION

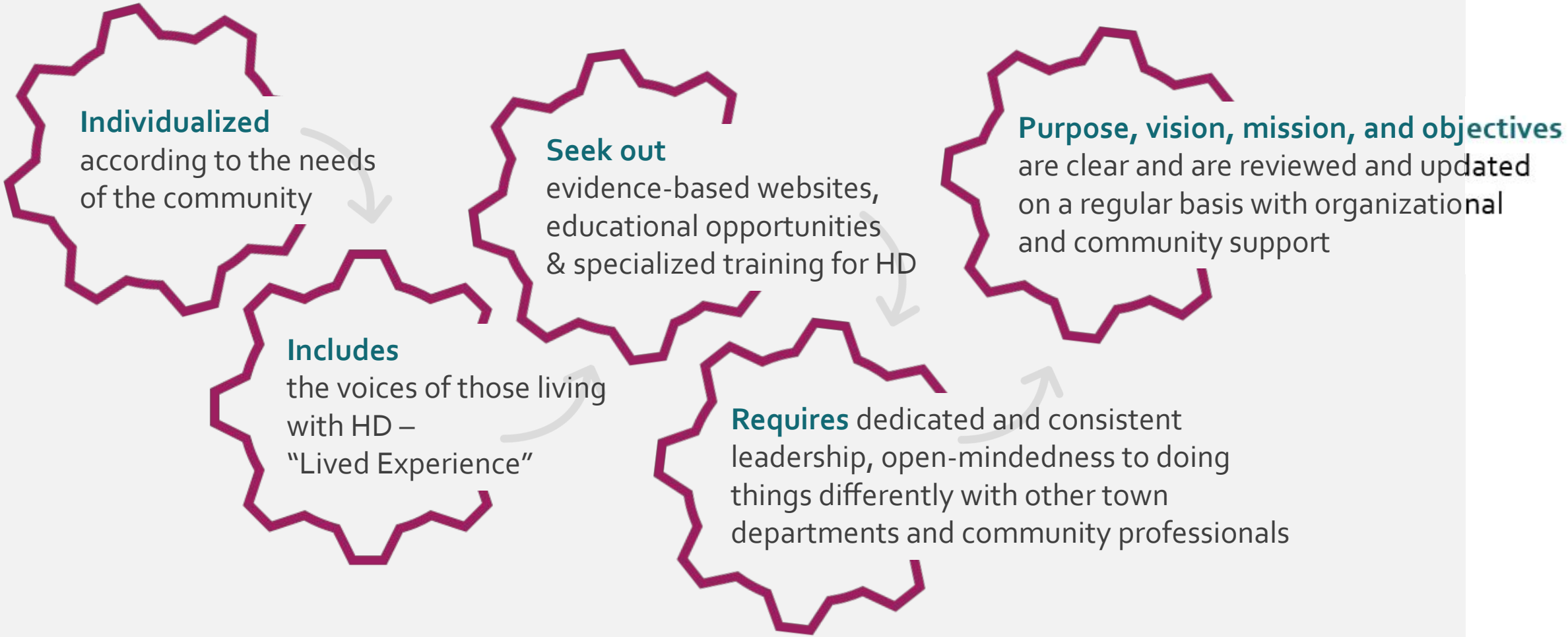
Review 1-2 cases at each meeting, with feedback and collaboration with other agencies on helpful intervention and harm reduction strategies-HIPPA regulations, apply for protected health information and confidentiality

DIRECT INTERVENTION

serve as the intervention response team for HD cases in the community

Sources: Bratiotis et al., 2019
Bratiotis, 2013
Milligan, 2012

TASK FORCE VIABILITY



Sources: Bratiotis, 2013
Bratiotis et al., 2019
Odem, 2012
Milligan, 2012

Challenges and Successes

Thank you!

Questions?

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