This webinar will focus on the hoarding behavior, a continued accumulation of tangible things with an accompanying inability to dispose of duplicate or similar things. Based upon the latest research, we will explore the most common origins of this hoarding behavior. We will also look at how hoarding is impacted by the aging process and how the act of hoarding can, in turn, negatively impact aging. We will also identify behavioral and pharmaceutical interventions which may reduce or eliminate hoarding behavior in seniors who are otherwise in good health. Lastly, we will explore the hoarding behavior in seniors who have been diagnosed with dementia and identify possible behavioral interventions to accommodate or reduce hoarding with emphasis on residents of long term care settings.
Understanding Compulsive Hoarding

NRRO and Avila Institute of Gerontology, Inc.
Cosponsored Webinar
Tuesday, August 16, 2016 @ 1:00 PM ET
Presented by Alfred W. Norwood, BA

This webinar will cover:

1. Origins of Hoarding Behavior
2. Hoarding Behavior and Aging
3. Hoarding Behavior and Dementia

Origins of Hoarding
Understanding Compulsive Hoarding

August 16, 2016
Webinar @ 1:00 PM ET

Hoarding Behavior Defined

1. A person collects and keeps a lot of items, even things that appear useless or of little value to most people, AND

2. These items clutter the living spaces and keep the person from using rooms as they were intended, AND

3. These items cause distress or problems in day-to-day activities

At any age:

Hoarding is an adaptive behavior

- If hoarding is excessive and interferes with people’s lives, it is a disorder.
- A hoarding disorder is accumulation of items due to unwillingness to discard them.
- This must be distinguished from abnormal accumulation of material caused by
  - Poor motivation or
  - Unawareness concerning the need to discard
  - Dementia

Origins of Hoarding

Half of hoarding behaviors are inherited
• Genetic factors accounted for 50% of the compulsive hoarding, with environment & error accounting for the other half.¹

¹. Alessandra C. et al; Prevalence and Heritability of Compulsive Hoarding: A Twin Study; AMERICAN JOURNAL OF PSYCHIATRY October 2009 Volume 166 Number 10, Volume 166 Issue 10, October; 2009, pp. 1156-1161

Origins of Hoarding

The other half caused by deficits in;
• Attention focusing, Decision-making, and Organizing²

². Gail Steketee et al; Symptoms and history of hoarding in older adults; Article in Journal of Obsessive-Compulsive and Related Disorders 1(1):1-7 · January 2012

Origins of Hoarding

Older age was generally not associated with increased severity of hoarding
• But those who did hoard had substantial impairments in psychiatric, functional, cognitive and medical status³

³. Gretchen J Diefenbach et al; Characteristics of Hoarding in Older Adults; The American journal of geriatric psychiatry, September 2012
Hoarding results from brain differences

Most hoarders brains are different
- Show abnormal activity in decision making areas of brain
- Contributes to “saving” decision difficulty
- Hoarders get stuck decision making
- Less willing or able to decide to keep or discard
- Unless sorting other peoples stuff


Symptoms of Hoarding

- Difficulty discarding stuff; despite value
- Distress associated with discarding
- Accumulation/clutter compromises use
- Causes distress or impairment in living
- Compulsive acquiring of free or purchased items
- Not attributed to disease/disorder


Demographics of Hoarding (non-dementia)

- Saving often begins in childhood e.g. age 13
- Average age for treatment is 50
- Marital Status: tend to be single or live alone; low marriage rate/high divorce rate
- Education ranges widely
- Family history of hoarding is common
  - deprived childhood, lack of things/relationships
  - grew up in clutter never learned to prioritize/sort
- Squalid conditions uncommon among treatment seekers
- Can be symptom of other disorders:
  - severe depression or dementia
  - psychotic disorders, such as schizophrenia
  - obsessive compulsive disorder (OCD)
Consequences of Aged Hoarding

Increased:
- Fall risk,
- Fire hazard,
- Poor hygiene,
- Social isolation
- Poor nutrition and food contamination
- Dust or insect/rodent infestations
- Medical Problems
  - Pre-existing Chronic Health Conditions e.g. Emphysema,
  - Cardiovascular (hypertension 61%, stroke: 11%),
  - Sleep apnea (22%), and Seizures (11%)

Gretchen J Diefenbach et al; Characteristics of Hoarding in Older Adults: The American Journal of Geriatric Psychiatry, September 2012

Compulsive Hoarding and OCD

- Most people think they are the same
- Really are two different groups
  - Hoarding with OCD
  - Hoarding without OCD
- 25% of hoarders w/ OCD were characterized by;
  - the hoarding of bizarre items
  - the presence of other obsessions and compulsions,
    - fear of catastrophic consequences,
    - The need to perform checking rituals, and
    - the need to perform mental compulsions before discarding any item.

Alberto Pertusa, et al; Compulsive Hoarding: OCD Symptom, Distinct Clinical Syndrome, or Both: THE AMERICAN JOURNAL OF PSYCHIATRY October 2008 Volume 165 Number 10, pp. 1289-1298

Animal Hoarding Subtype

- Accumulation of more animals than a typical pet owner, but not a breeder
- Failure to provide adequate facilities for the animals:
  - overcrowded or unsanitary living conditions,
  - inadequate veterinary care,
  - poor nutrition,
  - animals unhealthy
- Reluctance to put animals in “others” care
**Hoarding Incidence – Recent USA Study**

- 15% of the nursing home residents and
- 25% of the senior day-care participants
  - Hoarded several times a week or higher
- In LTC hoarding behavior was related to
  - a larger appetite,
  - taking fewer medications,
  - higher social functioning,
  - comparatively less ADL impairment,
  - physically nonaggressive agitated behaviors.


**Hoarding Incidence – Recent USA Study**

- In day-care, hoarding behavior associated with
  - being female,
  - a larger appetite,
  - comparatively less gait impairment,
  - comparatively less gait impairment,
  - fewer medical diagnoses,
  - more involvement in activities,
  - a positive diagnosis of dementia,
  - hallucinations, delusions of infidelity, and agitation


**Incidence in non-demented seniors**

Greater severity in older adults as compared to younger adults.

- Related psychopathology plays a critical role in hoarding expression among older adults:
  - 51.4% had Major Depressive Disorder
  - 23.3% had Generalized Anxiety Disorder
  - 23.3% Social phobia
  - 18.1% Obsessive Compulsive Disorder
  - 13.8% One other specific phobia,
  - 7.1% had Post Traumatic Stress Disorder.

Jeannette M. Reda, et al; Hoarding behaviors among nonclinical elderly adults: Correlations with hoarding cognitions, obsessive-compulsive symptoms, and measures of general psychopathology; Journal of Anxiety Disorders;Volume 25, Issue 8, December 2011, Pages 1116-1122
**Why getting rid of things is difficult**

- Difficulty organizing possessions
- Strong positive feelings when getting new items (joy, delight)
- Strong negative feelings if considering getting rid of items (guilt, fear, anger)
- Strong beliefs items are "valuable" or "useful", even when they are not
- Feeling responsible for or thinking inanimate objects as having feelings
- Denial of a problem even when the clutter interferes with a person's life

**Non-dementia Therapies**

- Selective Serotonin uptake inhibitors (SSRIs)
- CBT (Cognitive Behavior Therapy) with specialized components to address problems with
  - motivation,
  - organizing,
  - acquiring and removing clutter
  - 40% completers rated "much improved"
  - 50% rated "very much improved"
  - Adherence to homework assignments was strongly related to symptom improvement.


**Can I help someone who hoards?**

Attempts by family and friends to help with de-cluttering may be rejected:

- Until the person is internally motivated they may not accept your offer to help.
- Motivation cannot be forced.
- Everyone, including people who hoard, has a right to make choices about their objects and how they live.
- People who hoard are often ambivalent about accepting help throwing away objects
If they are willing to talk?

- Acknowledge that they have a right to make any decisions at their own pace.
  - e.g. understand the importance of their items to them
- Discuss making their home/room safer
  - e.g. removing clutter from doorways and halls.
- Don’t argue about any item, instead, find their motivation to discard or organize.
  - e.g. Help them to recognize hoarding interferes with goals or values the person may hold.
- To develop trust, never throw anything away without asking permission.


If they need professional health try CBT

- Manage by changing how you think/act
  - How what you do affects your thoughts/feelings
  - Some sessions in cluttered living area
  - Takes motivation, commitment & patience
- Goal: improve decisions & organizing skill
  - Therapists only guides decision making by identifying & challenging underlying beliefs
  - Client learns to throw away and organize
  - Client builds a maintenance plan

The CREST Method
Cognitive Rehabilitation and Exposure/Sorting Therapy

- Based on office and home sessions
  - Resulted in 38% success
  - First 6 office sessions were cognitive training
    - training in prospective memory, prioritizing, problem solving, planning, and cognitive flexibility e.g. patients were given calendars and were taught how to use them, or they were provided with strategies for linking tasks, such as putting keys in the same place every day.

The CREST Method
Cognitive Rehabilitation and Exposure/Sorting Therapy

- Based on office and home sessions
  - Next office visit; non-threatening discussion of sorting, selecting & disposing prep for a home visit.
  - Next office visit; sort/dispose box of client objects e.g. can’t contain things they have already decided to throw away.
  - Next is home visit where client selects disposal.


Hoardiing with & without Dementia

Hoarding In Dementia

- Most often not viewed as a problem
  - Not much research
  - Most practiced Item Removal & Redirection
  - Did not reduce hoarding incidence
- Tested “alternative task substitution”
  - Sorted preferred materials e.g. sewing related
  - Gradually expanded direct supervision
  - Reduced hoarding but required staff support
  - Alternative task successful but not practical

Guidelines for discarding

- Focus on Health & Safety issues.
  - Reorganize clutter into large bins or baskets
  - Relocate to safe areas: no trip/block walkways, stairs, etc.
- Provide them reasons to discard items
- Negotiate: Trade less for more
- Be Creative: Replace objects with photos
- Remove discarded ASAP
- Rescale potential discards into bite-size pieces
- Anticipate/guide the person’s reaction


Review

- Hoarding is a spectrum behavior
  - Causes distress or safety issues
  - Caused by youth issues or dementia
- Taking collected items causes stress
  - Refer severe hoarding to clinician
  - Can attempt to help less severe
  - Goal: not to stop hoarding but make safe
  - Go slow, develop logic and reposition
  - Expect about 50% cases improve
Meet the Speaker — Alfred W. Norwood, BA

Mr. Norwood is a behavior specialist who uses applied behavior analysis combined with current neuropsychology to resolve behaviors in community and institutional based seniors with cognitive and memory deficits. He has worked as a consultant for profit and non-profit nursing and assisted living facilities, group homes and families. He has trained caregivers in the prescription use and measurement of non-pharmaceutical, individualized care plans. The techniques he employs for training are the result of extensive training experience, and his understanding of the mechanisms of learning, attention, conscious processing and memory. His clients are taught to develop and use a wide variety of easy to deploy non-pharmacological interventions for the most commonly seen behaviors. His focus is on helping clients build highly individualized, pro-active and effective care plans. All interventions are research based and proven in numerous successful applications.

Upcoming Webinars from NRRO and Avila Institute of Gerontology

Save the dates for the upcoming NRRO webinars. Please be sure to suggest topics when completing today’s evaluations.

Next webinar:

November 15, 2016 at 1:00 PM ET

Living at Home – Thriving at Home
Tips, Tricks and Tools for Safer Living at Home as We Age

Presented by Sr. Sarah Bertler, OSF and Mrs. Dayna Larson-Hurst
Long-term Care — Solutions for Today’s Challenges

October 10 -11, 2016 | Germantown, New York
(Just 2 hours north of New York City and 1 hour south of Albany, NY)

MONDAY, OCTOBER 10

Making the Strategic Pivot to Value-Based Arrangements
Brent T. Feorene, MBA
Vice President, Health Dimensions Group

Care Coordination: The Building Block of Care Transformation
Beth Carlson, EdD, RN, NHA
Director, Health Dimensions Group

The IMPACT ACT: What You Need to Know
Ann Spenard, MSN, RN-BC
Vice President of Program Operations, Qualidigm

Creating Opportunities for Volunteer Ministerial Support in your Residence
Marilyn Steffel, BA, MRE
Staff Development Coordinator, St. Patrick’s Residence

TUESDAY, OCTOBER 11

Legal and Regulatory Hot Topics in Long Term Care
Janet K. Feldkamp, RN, BSN, LNHA, CHC, Esq.
Attorney, Benesch, Friedlander, Coplan & Aronoff, LLP

Washington Update
Julie Trocchio, RN, BSN, MS
Senior Director, Community Benefit & Continuing Care, CHA

The Active Shooter
Steven S. Wilder, BA, CHSP, STS
Member and COO, Sorensen, Wilder & Associates

For more information please visit our website at www.avilainstitute.org.