

PREVENTING EVICTIONS OF VULNERABLE ADULTS:

ADDRESSING HOARDING AND CLUTTERING DISORDER THROUGH SKILL BUILDING AND COLLABORATION

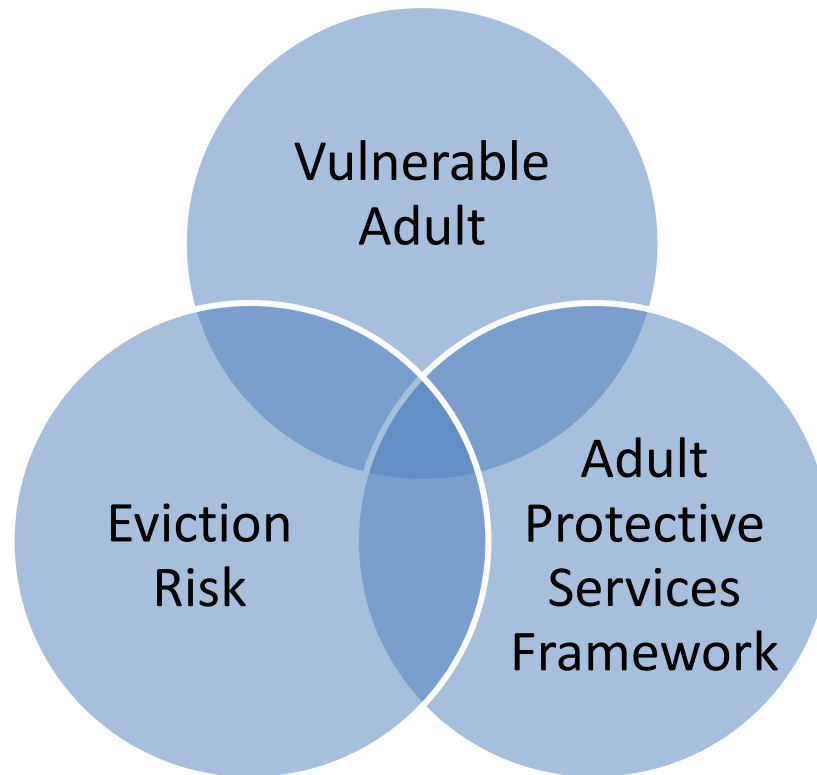
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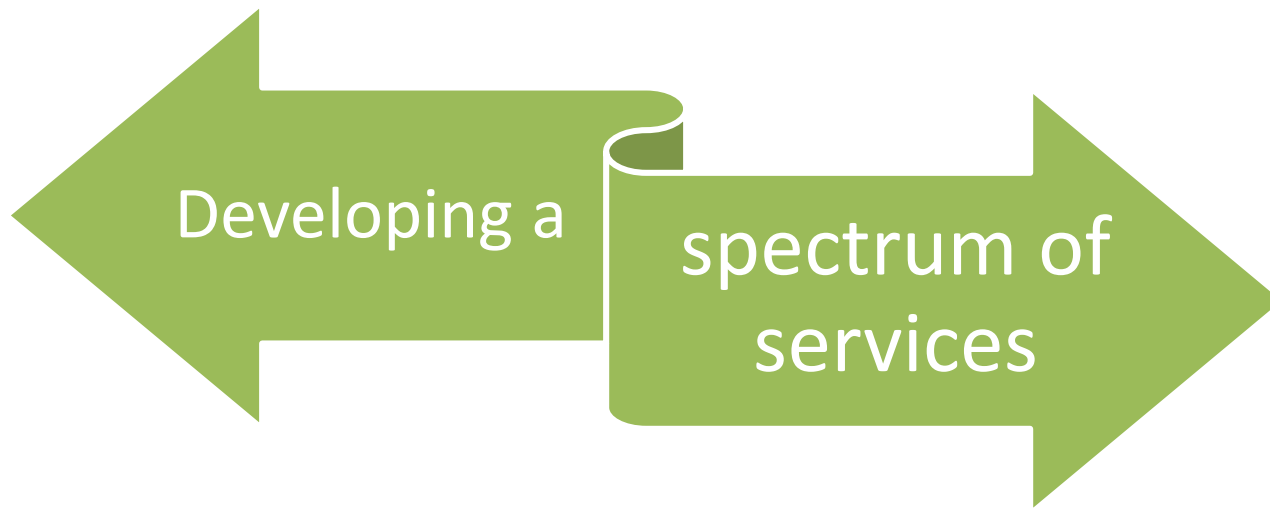
1. Review the challenges that hoarding and cluttering situations present to local government.



2. Evaluate an intervention strategy that promotes client safety and prevents evictions.

San Francisco Adult Protective Services
Hoarding Intervention and Tenancy
Preservation Pilot Program

3. Discuss the Collaborative Role of Orange County's Hoarding and Cluttering Task Force.







COURTESY APs- EL PASO

Physical Abuse

Neglect

Psychological

Financial Abuse

Abandonment

Isolation

Self
Neglect/Inability
to Manage

APS DATA DASHBOARD - FY 15/16

SAN FRANCISCO

4,877 Clients Served



610 Reports per Month



68% of Clients Age 65+



55% of all Senior Cases Involve Self-Neglect

ORANGE COUNTY

8,883 Clients Served



987 Reports per Month



75% of Clients Age 65+

ELDER AND DEPENDENT ADULT SELF-NEGLECT

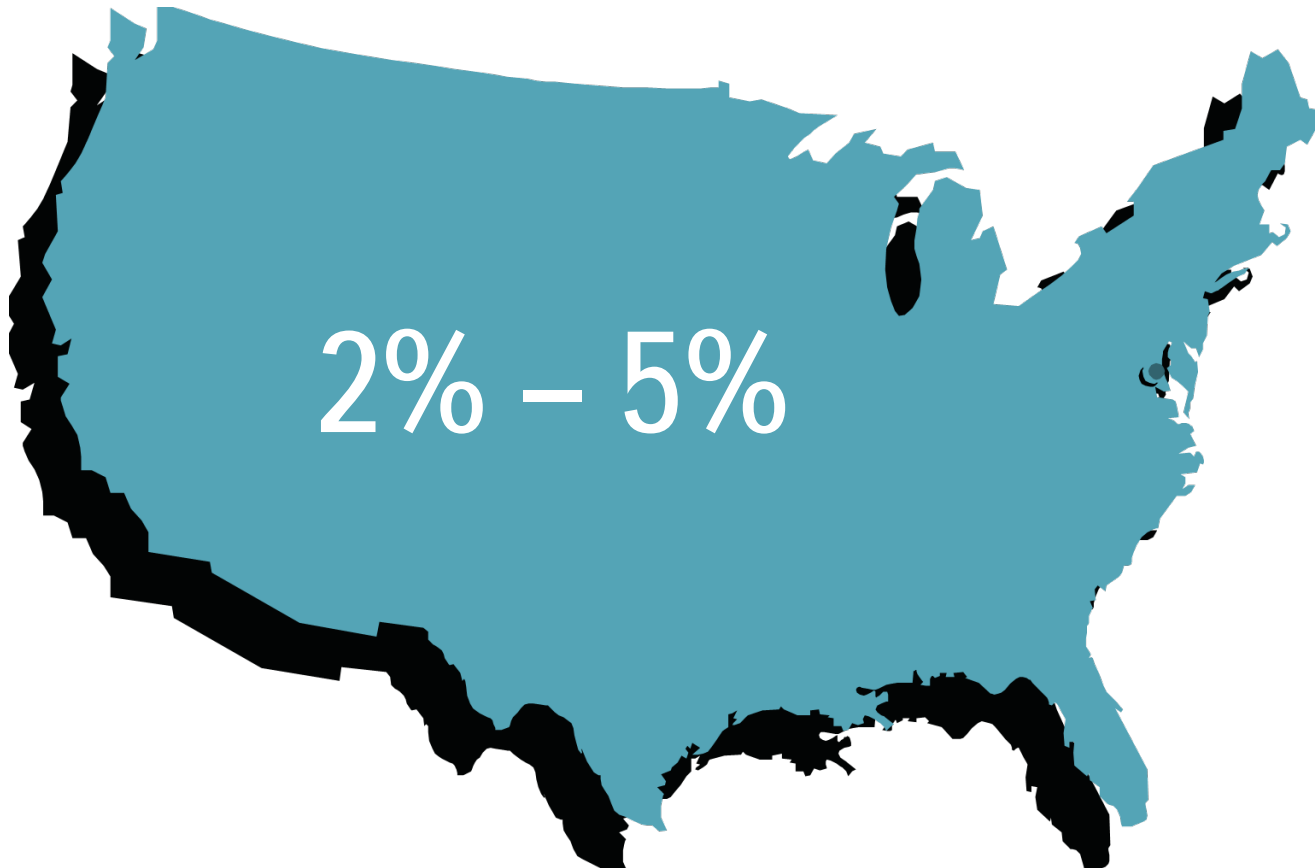
In California, 52%
of APS cases involve
Self-Neglect.*

- Physical
- Medical
- Financial
- Malnutrition/Dehydration
- Health and Safety Hazards**



*Data from CDSS website, SOC242 APS Report

How common is Hoarding and Cluttering Disorder?





DSM V: DIAGNOSTIC CRITERIA

- A. Persistent difficulty discarding possessions**
 - i. Regardless of the value others may attribute to these possessions
- B. Caused by strong urges to save items**
- C. Accumulation of a large number of possessions that render the home or areas of the homes not useable**
- D. Cause clinically significant distress or impairment**
- E. Symptoms are not due to a general condition**

HOARDING BEHAVIORS BROKEN DOWN

Saving

- Sentimental Objects
- Useful/Instrumental

Clutter Disorganization

- Random Piles
- Churning
- Fear of making

Acquisition

- Compulsive Buying
- Compulsive Acquiring of Free Items (Dumpsters, advertising, Giveaways)
- Stealing/Kleptomania

WHY DO PEOPLE DO IT?

Mental Health Condition

Family History

Trauma Loss

Cognitive Impairment

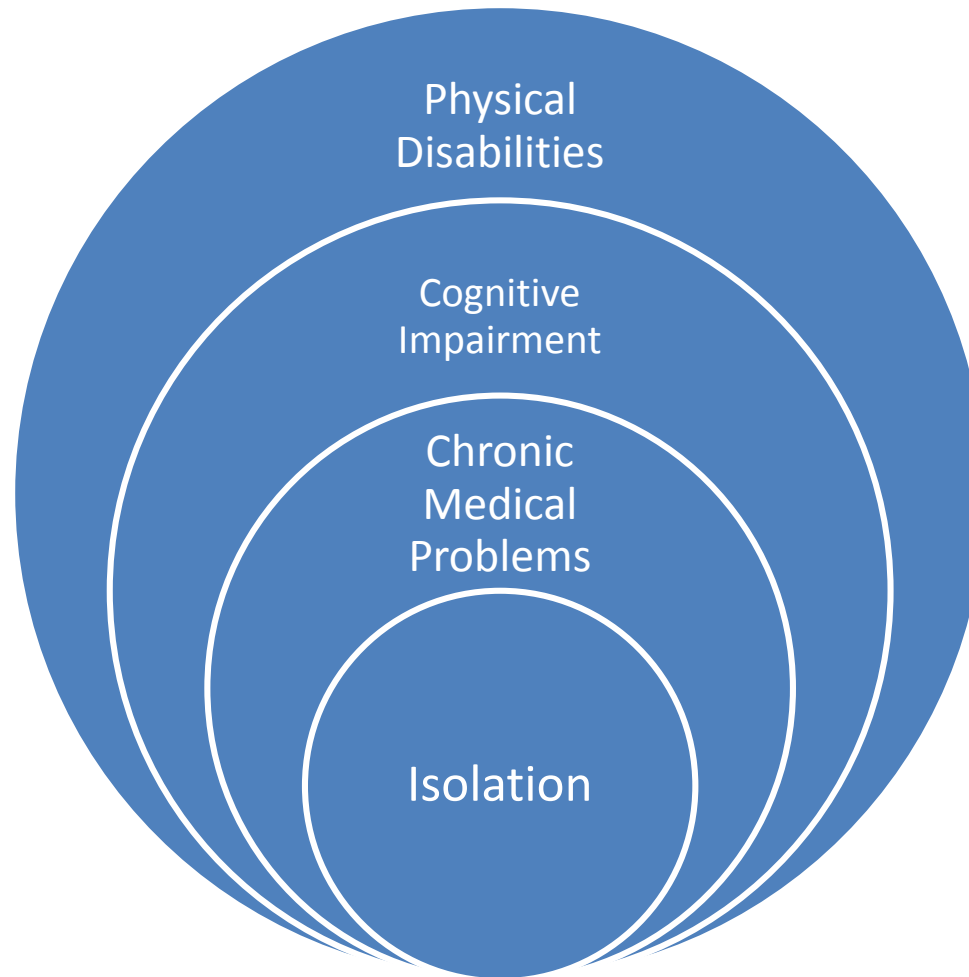
Physical Health

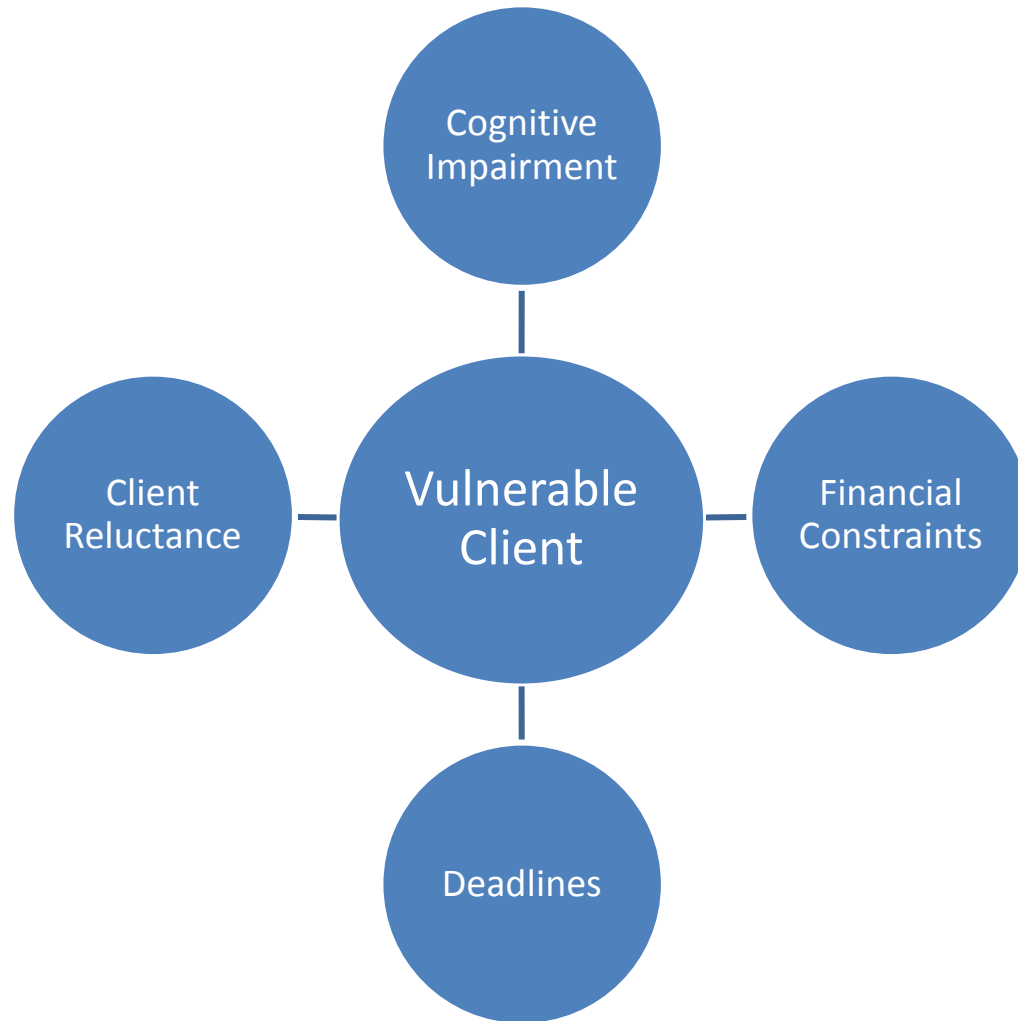


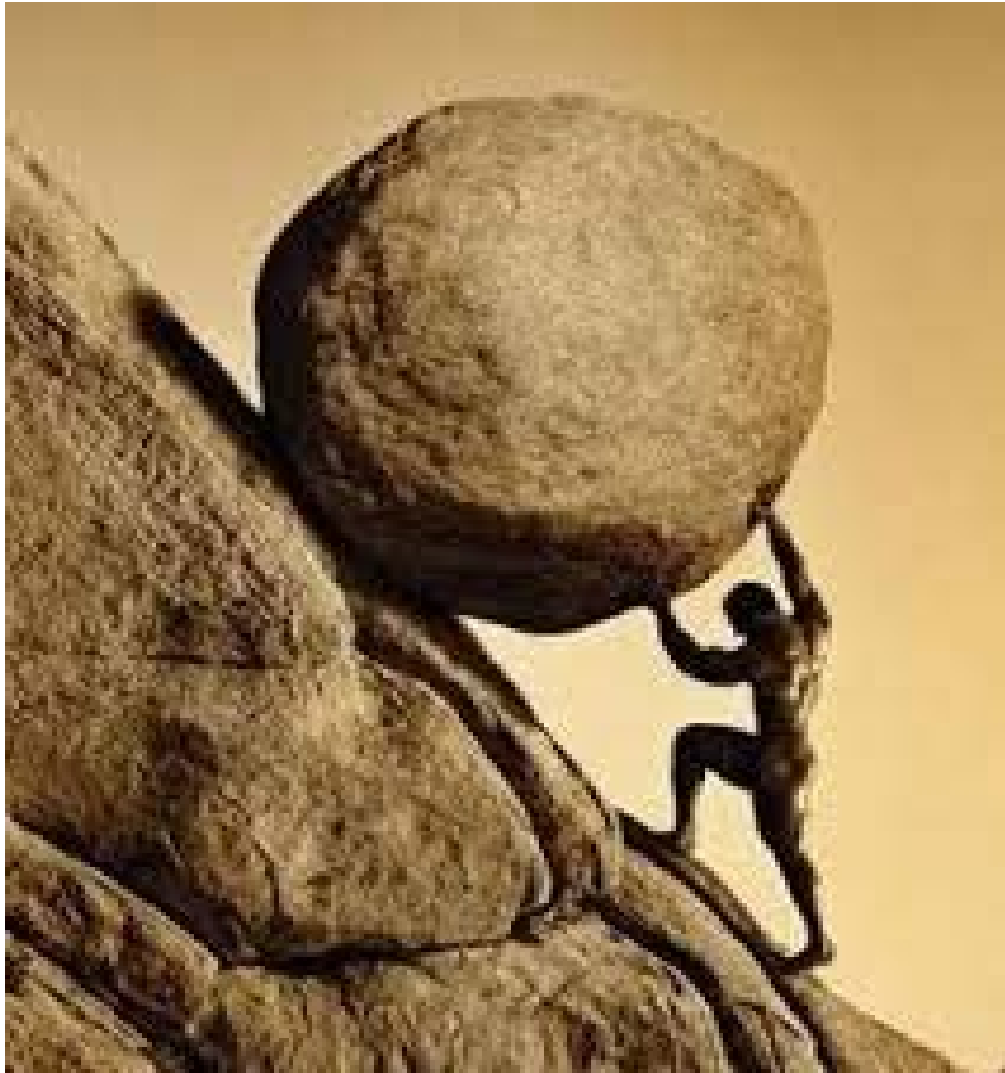
HOARDING AND CLUTTERING – A CHALLENGE FOR APS PROGRAMS



CLIENT CHARACTERISTICS







OVERARCHING APS FRAMEWORK

Mission

To maintain the health and safety of elders and dependent adults in the community in the least restrictive environment.

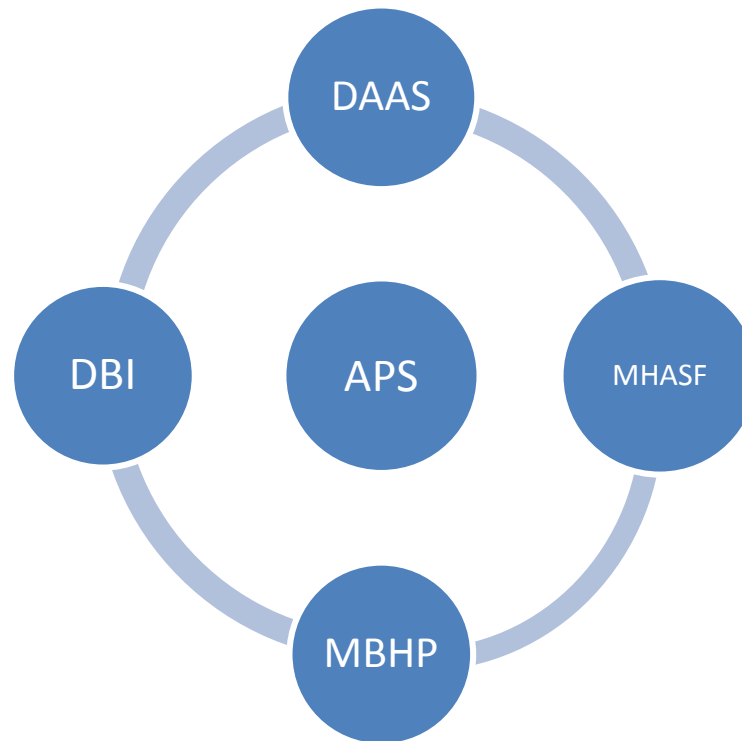
Guiding Principle

Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self determination.

We had to do something . . .



SAN FRANCISCO ADULT PROTECTIVE SERVICES HOARDING INTERVENTION AND TENANCY PRESERVATION PILOT PROGRAM





APS Clients – Average age 72 years

**At Risk of Eviction or
Homelessness**

**Experiencing Code Violations as a
Result of Hoarding Conditions**

**90% Reported Co-Occurring
Mental Health Issues**

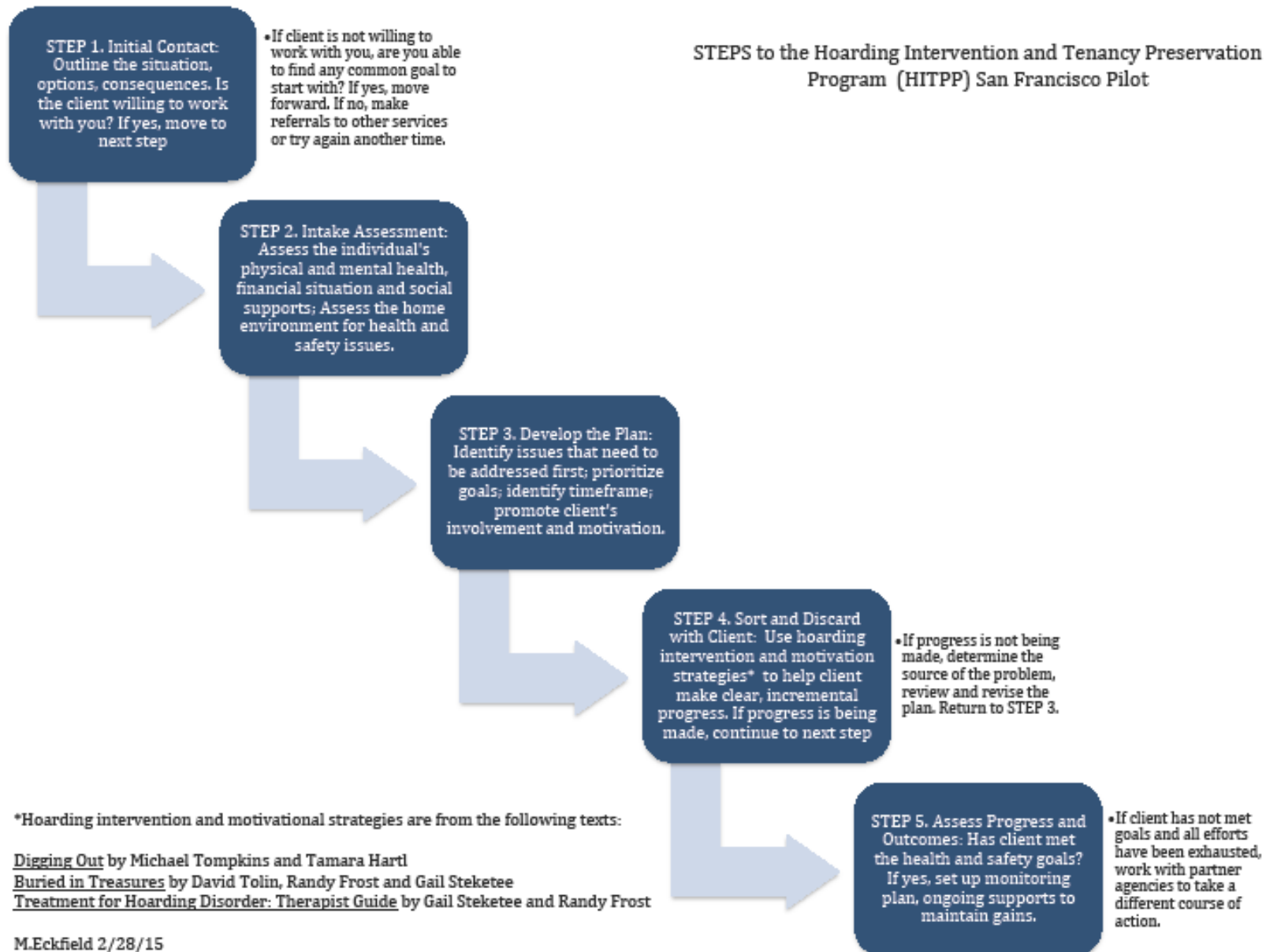
**76% Reported Physical Health
Problems**

**No History of Participating in
Hoarding Treatment**

GOALS OF THE HITPP PILOT

1. Prevent Evictions
2. Resolve Health and Safety Violations
3. Reach Clients that are Reluctant to Access Clinic or Group Treatment
4. Improve Collaborations Across Programs
5. Learn More about Hoarding and Cluttering Disorder and Effective Treatment

STEPS to the Hoarding Intervention and Tenancy Preservation Program (HITPP) San Francisco Pilot



*Hoarding intervention and motivational strategies are from the following texts:

Digging Out by Michael Tompkins and Tamara Hartl

Buried in Treasures by David Tolin, Randy Frost and Gail Steketee

Treatment for Hoarding Disorder: Therapist Guide by Gail Steketee and Randy Frost

INTERVENTION TECHNIQUES



BUILD RAPPORT

Non-judgmental questions
and terminology

Explore personal history and
experience with trauma

Statements of concern

Reflective listening



**Avoid
Shame**

MOTIVATIONAL INTERVIEWING – DEVELOPING A CONNECTION



SAMPLE INTERVIEW QUESTIONS

Tell me about your _____(books, pots, etc)?

How does the clutter impact your ability to use your home?

Have others in your life commented on your clutter?

Was there a time when you successfully organized your home?

MEASURING PROGRESS

ASSESSMENT TOOLS

**HITPP Intake &
Assessment Form**

**Clutter Image Rating
Scale (CIR)**

H.O.M.E.S

ADL – Hoarding

Hoarding Rating Scale

**Home Environment Index
(HEI)**

SPMSQ

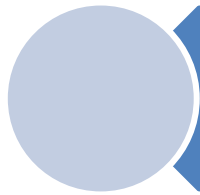
Mini Cog

**Geriatric Depression Scale
(GDS)**

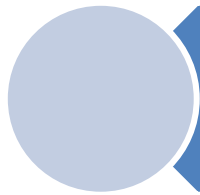
**Geriatric Anxiety Index
(GAI)**

**Patient Health
Questionnaire-9**

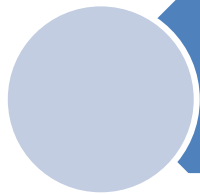
DEVELOP A PLAN



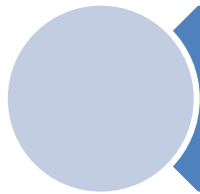
Address Code Violations



Harm Reduction Approach

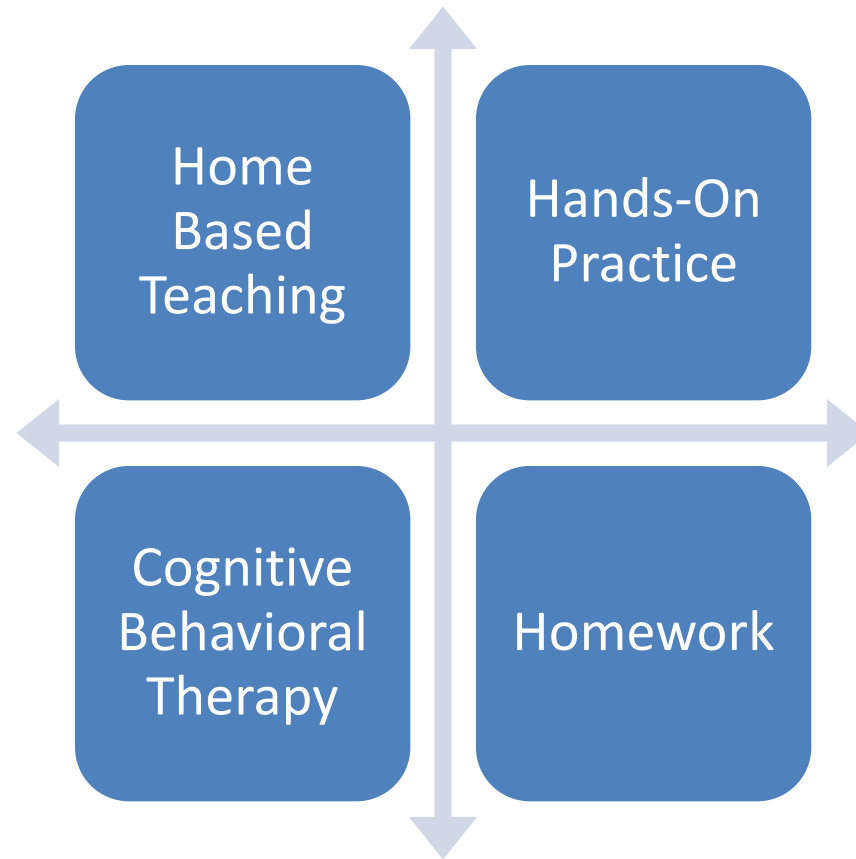


Small Steps



Focus on Health and Safety

SKILL BUILDING



RULES TO PROMOTE SORTING SKILLS

Assist client to develop rules around discarding:

- “If it is broken, it will be thrown away.”
- “If the clothing does not fit me, it will be donated.”
- “If I have 20 of the same item, I will only keep 1.”

Measurable Goals





CASE MANAGEMENT AND MONITORING

Problem Solving = A natural part of APS casework













WHAT DID WE LEARN?



-Average of 4 Months to
Resolve Health and Safety
Violations

-Average of 4.4
Months to Remove the
Threat of Eviction



88% of pilot clients
resolved all Health and
Safety Violations.

75% of all pilot clients that
were facing eviction
preserved their housing.



MOTIVATION

Clients who expressed motivation responded the most positively to the model.

Some clients with little insight into their behaviors engaged effectively if they were sufficiently motivated.

Clients who were the least motivated to make changes were the least responsive and required the most one-on-one time.

Motivational Interviewing Techniques can help to improve Motivation Levels.

INSIGHT

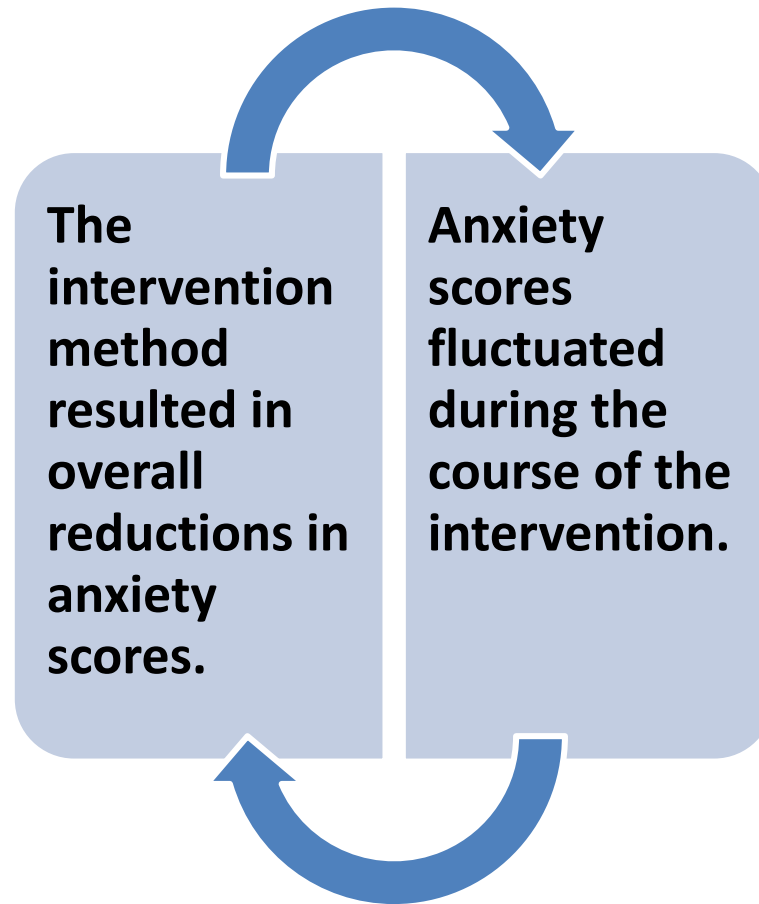
Clients with Insight into their situation were more likely to learn sorting, discarding, and decision making strategies.

Clients with little Insight generally were not able to develop the skills to sustain improvements.



But Insight could sometimes be developed through Skill Building practice – Sorting and Discarding

ANXIETY



DEPRESSION

Those clients with the highest rates of depression benefitted the most from the intervention.

HOARDING SYMPTOMS

Hoarding Rating Scale

Those clients with greater self-report of hoarding symptoms were more likely to show improvement.

5 Item Self Report

Those with lower self reports at the start of the intervention were more likely to report slightly higher symptoms as they participated in the intervention.



The Threat of
Eviction or
Citations
Motivated Clients
to Engage with the
Intervention

CENTRALIZED COMMUNICATION



On average each pilot client was connected to 3 additional service agencies beyond APS. Some clients had between 7-8 service connections

APS was able to serve as a central communication point

CHANGING OUR PRACTICE

Defining the Terms:

Hoarding – Persistent difficulty discarding personal possessions, even those with apparently useless value.

Squalor – Unsanitary conditions resulting from problems with personal/domestic hygiene. Examples include rotten food and evidence of human/animal excrement.



- Embracing a Harm Reduction Approach**
- Support not Threats**
- Moving Away from full “Heavy Clean-Ups”**
- Hands-on Skill-Building and Homework**



Collaborations

Partnerships with
Department of Building
Inspection, Environmental
Health, and Behavioral
Health

Developed Flow-charts to
delineate responsibilities of
each agency partner

Allowing for Engagement

Typical APS Model of
Investigation, Crisis
Management, and Referral
is not Effective

Moving Towards Specialized
APS Caseloads to Facilitate
Longer Term Casework that
allows for: Insight and
Motivation Enhancement
and Decluttering Skill
Building

Treatment

Behavioral
Health
Referral

Clinic
Commitment

Training

Community
Based
Organizations

City and
County Staff

Range of
Services

Peer
Responders

In-Home
Services

Collaboration is Key . . .

Orange County's Task Force On Hoarding



HISTORY OF THE TASK FORCE

- **Started in 2002 as an educational forum to host an annual workshop on elderly who hoarded.**
- **Collaboration between:**
 - County of Orange Adult Protective Services,**
 - Health Care Agency Behavioral Health/Older Adults Services**
 - Gerontology Center from California State University- Fullerton.**

TASK FORCE ACTIVITIES

Volunteer advisory group that meets monthly to review residential hoarding situations that affect the health and safety of individuals in Orange County.

Task Force does not provide direct services, but is comprised of agencies and programs that often do.

Agencies/ Individuals who come to the monthly meetings
include but not limited to:

- Protective Service Workers (APS and CFS)
- Animal Control Officials
- Senior Service Providers
- Code Enforcement Officials
- Vector Control
- Health and Mental Health professionals
- Fire Department representatives
- Local attorneys specializing in elder issues
- Housing representatives
- Professionals organizers & cleaning companies
- People in Recovery
- Family Members

SUPPORT GROUPS

Started a couple years ago

Variety of offerings for clients and family members.



ORANGE COUNTY TASK FORCE ON HOARDING

CONTACT

Telephone contact: 657-234-3574 (23HELP4)

Email: ochoardingtaskforce@gmail.com

Website: www.ochoardingtaskforce.org



HOARDING AND CLUTTERING IS NEW TERRITORY FOR ALL PROFESSIONALS



**Dr. Monika
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**Jesse Vetter,
MBHP**

**SF Department of
Building
Inspection**

**Orange County
Task Force on
Hoarding**

