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.
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?

2% - 5%
6 – 15 Million People
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

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

Clutter Disorganization
- Random Piles
- Churning
- Fear of making
WHY DO PEOPLE DO IT?

Mental Health Condition
Family History
Trauma Loss
Cognitive Impairment
Physical Health
HOARDING AND CLUTTERING – A CHALLENGE FOR APS PROGRAMS
Vulnerable Client

- Cognitive Impairment
- Client Reluctance
- Financial Constraints
- Deadlines
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**

**STEP 1. Initial Contact:** Outline the situation, options, consequences. Is the client willing to work with you? If yes, move to next step.

- If client is not willing to work with you, are you able to find any common goal to start with? If yes, move forward. If no, make referrals to other services or try again another time.

**STEP 2. Intake Assessment:** Assess the individual's physical and mental health, financial situation and social supports: Assess the home environment for health and safety issues.

**STEP 3. Develop the Plan:** Identify issues that need to be addressed first; prioritize goals; identify timeframe; promote client’s involvement and motivation.

**STEP 4. Sort and Discard with Client:** Use hoarding intervention and motivation strategies* to help client make clear, incremental progress. If progress is not being made, determine the source of the problem, review and revise the plan. Return to **STEP 3**.

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**STEP 5. Assess Progress and Outcomes:** Has client met the health and safety goals? If yes, set up monitoring plan, ongoing supports to maintain gains.

- If client has not met goals and all efforts have been exhausted, work with partner agencies to take a different course of action.

*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

M.Eckfield 2/28/15
INTERVENTION TECHNIQUES

- APS Assessment and Crisis Management
- Weekly Visits
- Motivational Interviewing
- Skill Building
- Psychometric Tools and Monitoring
- Case Management
BUILD RAPPORT

Non-judgmental questions and terminology

Explore personal history and experience with trauma

Statements of concern

Reflective listening
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
Questionnnaire-9
DEVELOP A PLAN

- Address Code Violations
- Harm Reduction Approach
- Small Steps
- Focus on Health and Safety
SKILL BUILDING

- Home Based Teaching
- Hands-On Practice
- Cognitive Behavioral Therapy
- Homework
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.
Clients who expressed motivation responded the most positively to the model.

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

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

Motivational Interviewing Techniques can help to improve Motivation Levels.
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

The intervention method resulted in overall reductions in anxiety scores. Anxiety scores fluctuated during the course of the intervention.
DEPRESSION

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

Patient Health Questionnaire 9
Those clients with greater self-report of hoarding symptoms were more likely to show improvement.

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:

Hoard ing – 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 Eckfield, MHASF

Jesse Vetter, MBHP

SF Department of Building Inspection

Orange County Task Force on Hoarding