

Trauma, Hoarding, and Home Safety: Person-Centered, Trauma-Informed Interventions for Older Adults

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LLC

August 9, 2018

Definition of Person-Centered, Trauma-Informed (PCTI)



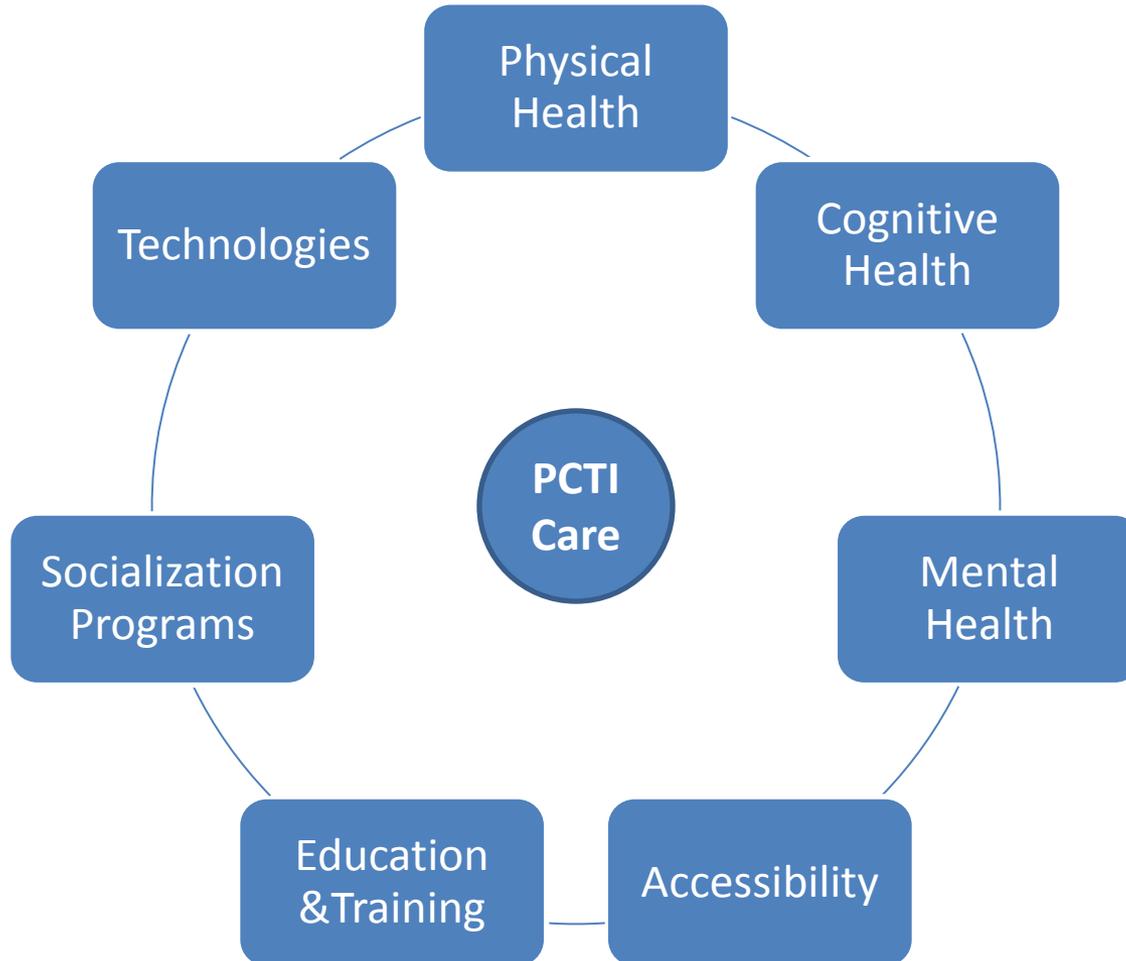
A holistic approach to service provision that promotes the dignity, strength, and empowerment of trauma victims by incorporating knowledge about the role of trauma in victims' lives into agency programs, policies, and procedures.

The JFNA Center for Advancing Holocaust Survivor Care's Goals

- Promote PCTI innovations for Holocaust survivors.
- Build national capacity to provide PCTI-based services to Holocaust survivors.
- Advance PCTI care in the broader Aging Services Network to serve older adults.



Innovative Programs





Matt Paxton

*Featured extreme cleaner on TV's
Hoarders*



LEGACY
NAVIGATOR

*Providing compassion-focused estate
cleanouts and transition support
nationwide*

For estate and after death checklists, grief support articles, and our
house cleanout calculator, visit:

www.LegacyNavigator.com

For a free consultation, call:

800-913-7747



*Hoarding in Traumatized Elderly Population
and How We May Help*

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OUTLINE

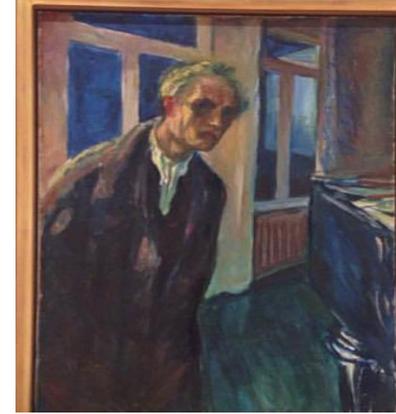
1. What is Hoarding Disorder?
2. Hoarding in the elderly population
3. What contributes to hoarding?
4. How is hoarding related to trauma?
5. How can we help?

Hoarding Disorder in the DSM-5

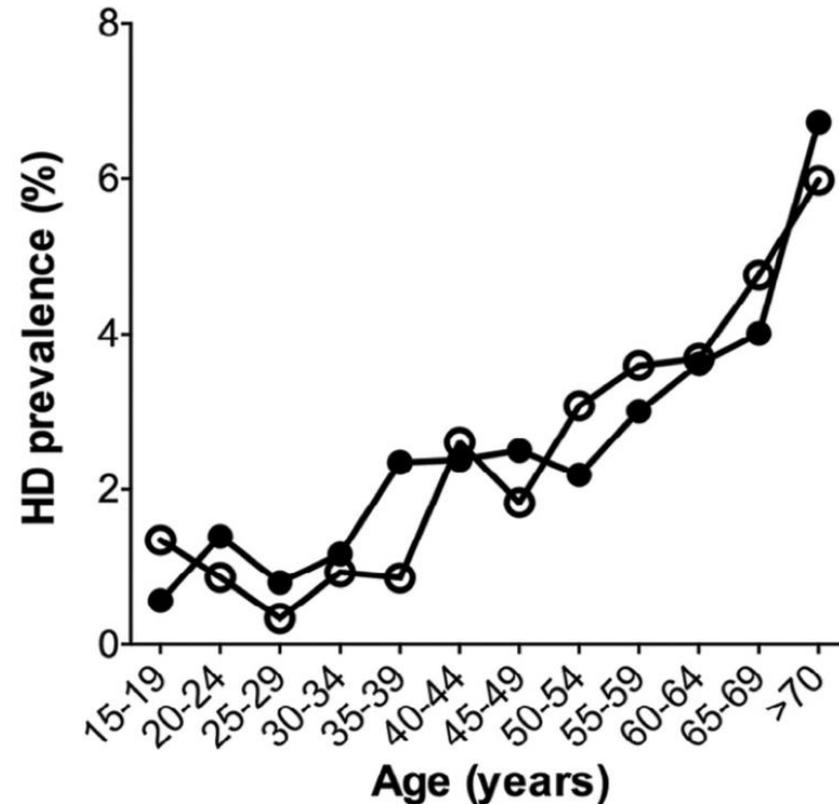
- A. **Persistent difficulty discarding** or parting with possessions, regardless of their actual value.
- B. This difficulty is due to the **perceived need to save** the items and the **distress** associated discarding them.
- C. The difficulty discarding possessions results in **the accumulation of possessions** that congest and clutter active living areas and substantially compromise their intended use.
- D. Such difficulty causes **clinically significant distress or impairment** in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).



Hoarding Disorder is Prevalent in the Aged Population



- Point prevalence rate among adult community samples in the U.S. and Europe: **2-6%**
(Mataix-Cols & Fernandez de la Cruz, 2017)
- Prevalence rate increases by about 20% every 5 years of age, and exceeds 6% among those > 70 years old



(Cath et al., 2017)

Cath et al., 2017 ● Men ○ Women

Nonsignificant gender difference overall

Cost of Hoarding

Societal level:

- Hoarding Disorder directly contributes to up to 24% of deaths by house fire
- In San Francisco alone, >\$6 million per year is spent by service agencies on hoarding-related issues

Individual level:

- 8-12% experienced actual or threat of eviction
- A community sample (N = 323) in the San Francisco Bay Area:
 - 59% had moderate to severe difficulty moving freely in the house
 - 58% had difficulty eating at the table
 - 34% had difficulty preparing food
 - 25% could not exit house quickly
 - 24% had difficulty sleeping in bed



Mathews et al., 2018

What Contributes to Hoarding?

1. Genetic factors

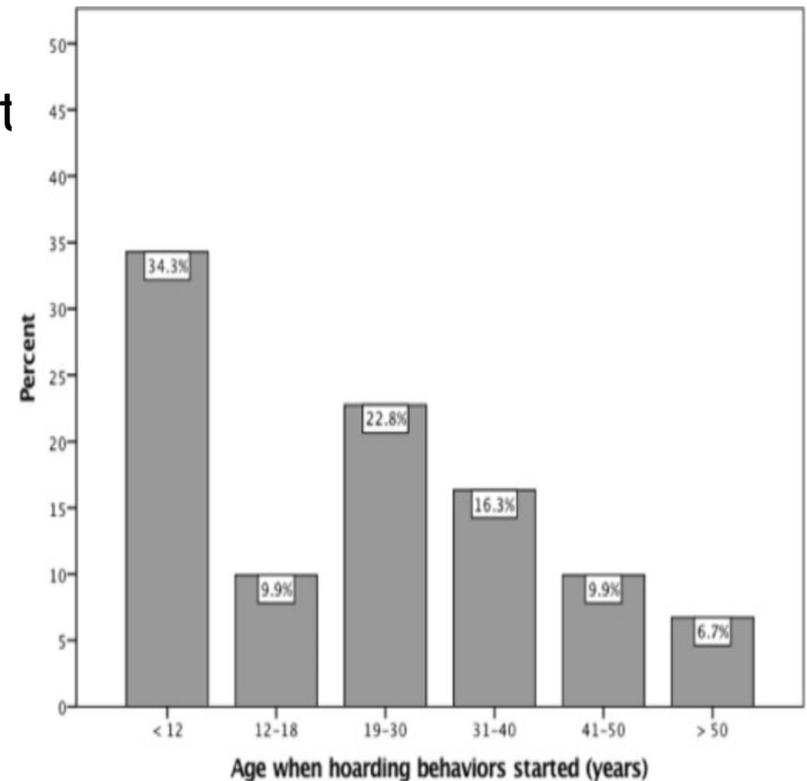
- **Genetic factors account for 32-55%** of the phenotypic variance.

Specific genes are not identified yet

Ivanov et al., 2013; Ivanov et al., 2011; Mathews et al., 2015

- **Hoarding can start in childhood**
 - Half of the hoarding population started the tendency before 18, or even younger

Ayer et al., 2010; Chou et al., 2018; Dozier et al., 2016



Chou et al., 2018

What Contributes to Hoarding?

2. Cognitive dysfunctions

- **Executive functioning:**
 - Difficulties in forming effective strategies
 - Inadequate feedback response
 - Problems in concept formation
 - Impulsivity and mental control Ayer et al., 2013; McMillan et al., 2013
- **Working memory and ADHD symptoms**
Ayer et al., 2013; Hartl et al., 2005; McMillan et al., 2013
- **Visual information processing:**
 - Visual memory
 - Visual detection
 - Visual categorization
Mackin et al., 2016; Sumner et al., 2016

What Contributes to Hoarding?

3. Psychological mechanisms

- **“Pro-hoarding beliefs”**

- Need to keep possessions in view
- Low confidence in memory, perceived consequence of forgetting
- Responsibility for possessions (and the environment)
- Emotional attachment
- Perfectionism and fear of making (wrong) decisions

Frost and Hartl, 1996; Kyrios et al., 2017

- **Negative self-perceptions**

- Uncertainty about self-worth, shame, and self-criticism

Frost et al., 2007; Chou et al., 2017

- **Intolerance of uncomfortable emotions, distress, and uncertainty**

Ayers et al., 2014; Oglesby et al., 2013; Mathes et al., 2017; Shaw et al., 2015

What Contributes to Hoarding?

4. Environmental factors

- **Lack of familial warmth**

Kyrios et al., 2017

- **Trauma**

DSM-5 definition: being exposed to or witnessing actual or threatened death, serious injury, or sexual violence

- **General life stress**, particularly interpersonal stress

Landau et al., 2011; Timpano et al., 2011

How is Hoarding Related to Trauma?

- **There is no evidence so far to suggest if trauma is a cause of hoarding.**

However,

- High trauma exposure rate among individuals with hoarding disorder: 99.5% (average number of trauma type = 7; Chou et al., 2018)
- Trauma is associated with the onset of hoarding for those who started to show hoarding tendencies later in life (Landau et al., 2011)
- Trauma is associated with more severe hoarding symptoms, especially for those with earlier onset of hoarding
(Chou et al., 2018; Grisham et al., 2006; Landau et al., 2011; Shaw et al., 2016)

How can we help?

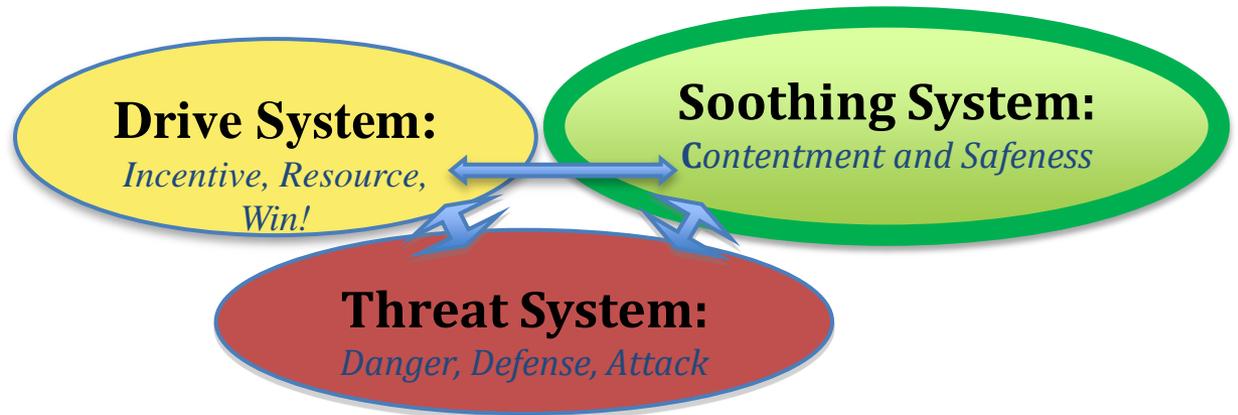
1. Cognitive Behavioral Therapy (CBT)

- Clinician facilitated CBT (Steketee & Frost, 2014) – individual or group
- Buried in Treasure (Tolin, Frost, & Steketee, 2014) – self-help book and peer-facilitated groups (local groups may be found online!)
- Meta-analysis for clinician-facilitated CBT (*Tolin et al., 2015*)
35% reached clinically significant symptom reduction
i.e., > 14-point decrease on the Saving Inventory, Revised (SI-R)
- Clinician vs. Peer-facilitated CBT? (*Mathews et al., 2018*)
Effectiveness not significantly different
Overall, 56% reached clinically significant symptom reduction

How can we help?

2. Compassion Focused Therapy (CFT, Gilbert, 2010)

- **How does it work?**



- **Evidence in the literature**

Significant effectiveness shown in a variety of clinical populations: Major Depressive Disorder, Posttraumatic Stress Disorder, Eating Disorders, Personality Disorders, and Psychotic Disorders

- **Preliminary findings of CFT for Hoarding Disorder (N = 20)**

1. Dropped the average hoarding symptom severity from SI-R=61 to 41 (the cut-off for clinically significant hoarding)
2. Significantly reduced shame, self-criticism, ambivalence about self-worth, behavioral avoidance; and significantly improved distress tolerance (Chou et al., manuscript in preparation)

How can we help?

3. Cognitive rehabilitation + Behavioral techniques Ayers et al., 2014

4. Effective medication directly treating hoarding symptoms?

5. Infrastructure for long-term care

- affordable
- accessible
- specialized

6. Right understanding, reducing stigma

~40,000 may have hoarding disorder in the SF Bay Area.

Only ~150 people/year seek help in the Mental Health Association.

What makes 'coming-out' and seeking help so hard?

7. Avoid forced clean-out

Thank you!

And a shameless advertisement!
Compassion Focused Therapy group for hoarding
starting 8/20/2018 in San Francisco!

Please contact Chia-Ying Chou, PhD
dr.chiaying@gmail.com





**EnABLE Home
Solutions LLC**

Home Safety Program

JFNA Webinar | August 9, 2018



Home Safety Program Goal:

To ensure that low-income Holocaust Survivors can continue to live independently and safely for as long as possible.



Aviv Older Adult Services
Jewish Family & Career Services

Home Safety Program



1. *Determine Eligible Survivors/Outreach*
2. *Facilitate Home Safety Evaluations*
3. *Home Safety Modifications*
4. *Evaluate effectiveness of Program*

PCTI components of process/program



1. *PCTI training/education of evaluator and contractors*
2. *Staff attended evaluations and/or modifications, if requested by Holocaust Survivor*
3. *Choice*
4. *Safety changes made according to needs of survivors*

CHALLENGES AND STEPS TO ADDRESS THEM



- 1. Home modifications in timely and economical manner*
- 2. Survivors changed their minds about items*
- 3. Some items did not work properly*
- 4. Did not budget enough money for modifications initially/revised budget*

This is what people are trying to avoid



Assessing the environment



- Have the client “show you around”
- LISTEN AND OBSERVE
- Do not tell the client what they need to do (“You need to pick up that rug!”) but rather offer suggestions (i.e. “Have you ever thought of...?” or “What do you think if...?”)
- Have pictures available (i.e. iPad, notebook)
- Ask them to demonstrate how they perform certain activities (i.e. getting in and out of bed, shower, automobile, etc.)
 - *Benefit of having an occupational therapist (OT) or other healthcare professional conduct the assessment*
- Offer choices/options re: product, style, color, size, etc. and let the client decide

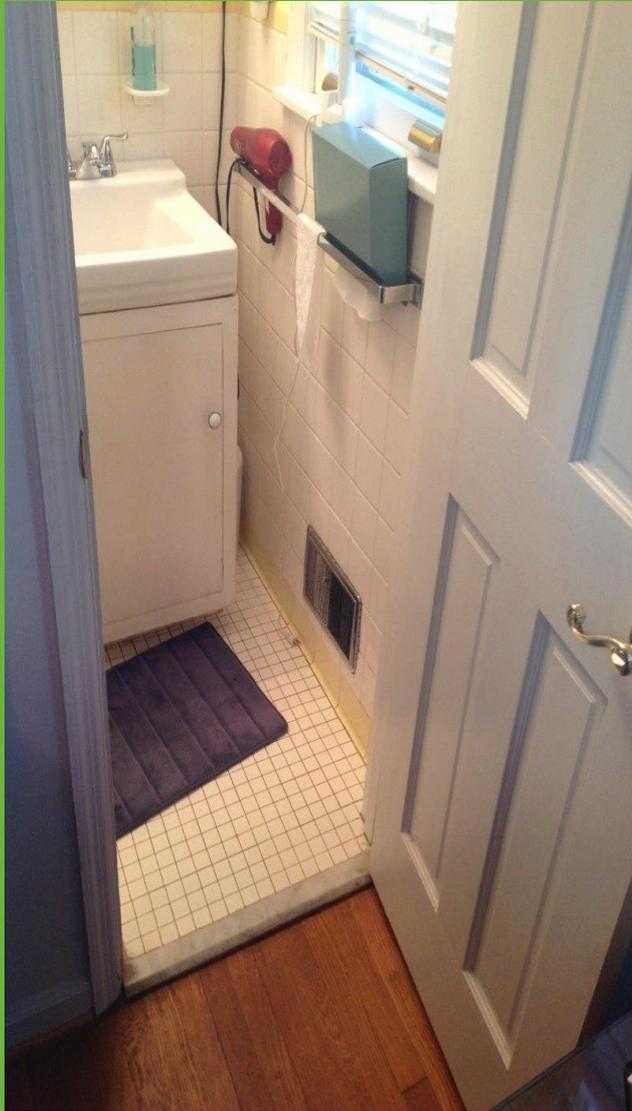
Grab bars do not need to look like grab bars



Case Study

Ms. Betsy

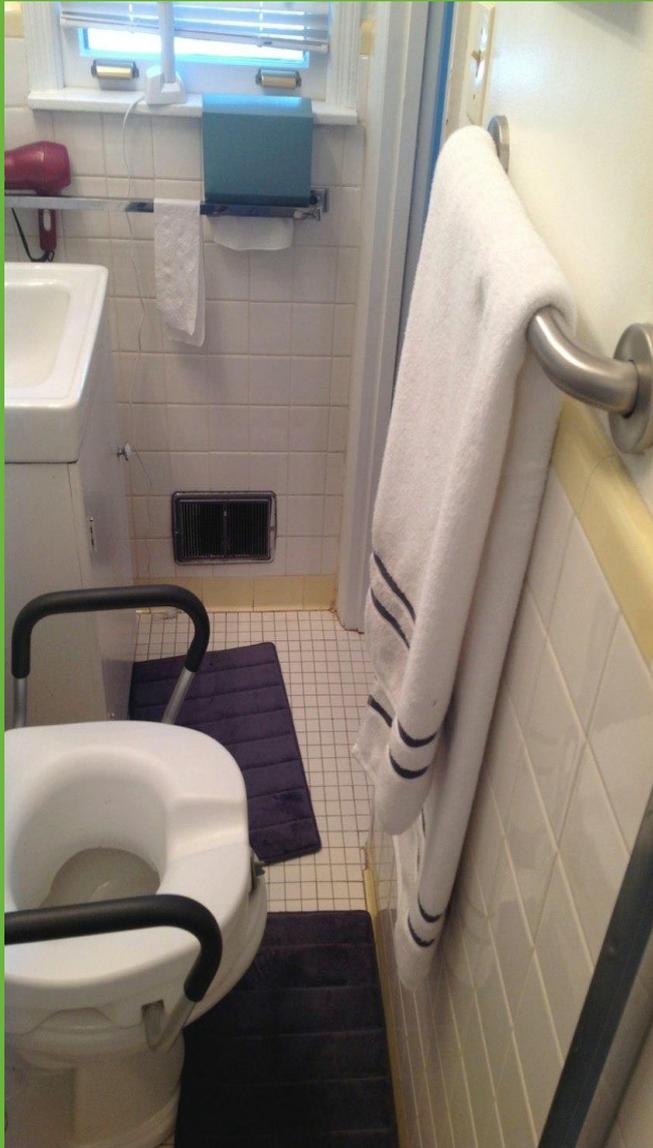
Before



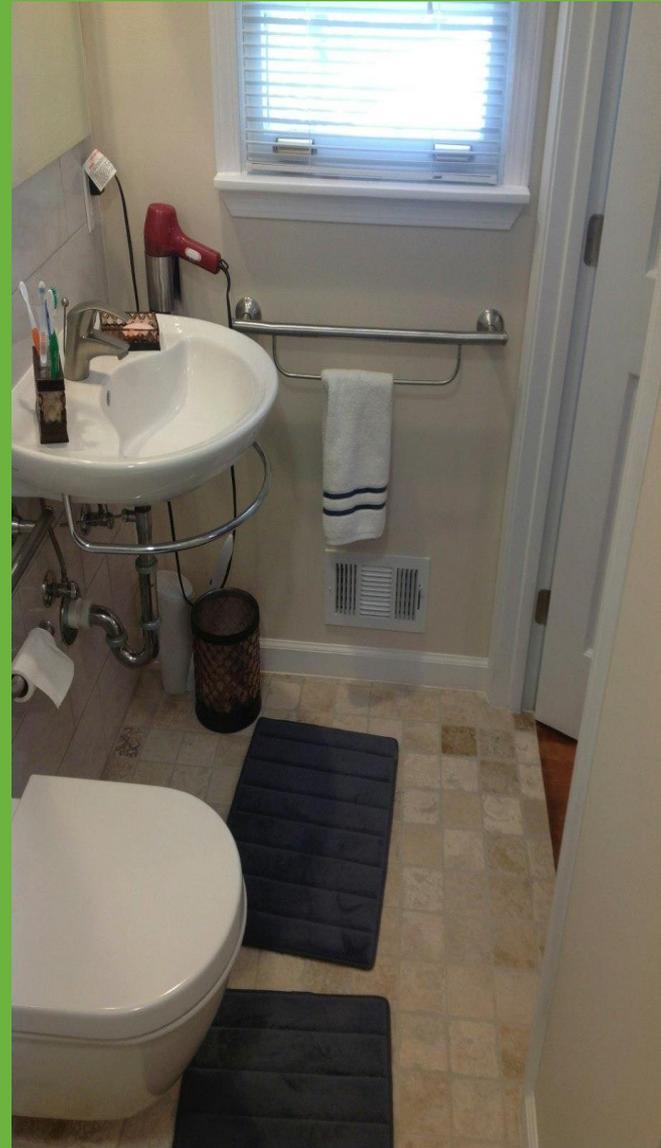
After



Before



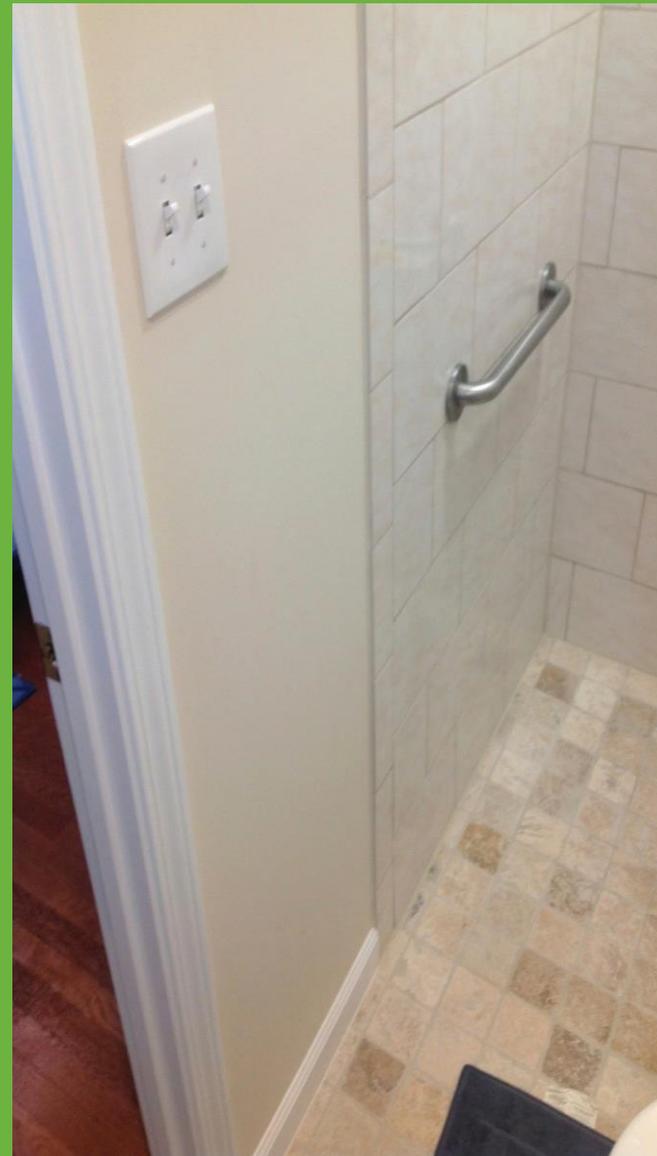
After



Before



After



Before



After



Sample Home Safety Checklist



Stairs

- Do all stairwells have securely-fixed handrails on both sides?
- Do the handrails extend beyond the length of the steps?
- Does your hand easily wrap completely around the rail?
- Are there lights & light switches at both the top and bottom of the stairs?
- Can you clearly see the outline of each step as you ascend & descend the stairs?
- Do the stairs have even surfaces? (I.e. no metal strips or rubber mats to trip on; in good repair?)
- Are stairs clutter free?

Bedroom

- Is there a nightlight, lamp, or flashlight in reach of your bed?
- Is there a working smoke detector?
- Is there a phone within reach of the bed?
- Is the bed height appropriate (too high or low)?
- Can you easily access needed dresser drawers?

References:

Community & Home Injury Prevention Project for Seniors, San Francisco Dept. of Public Health
Fall Prevention Project, Pima Council on Aging, Tucson AZ
Home Secure, Jewish Family Services of Los Angeles, Los Angeles, CA

Sample Home Safety Checklist



Bathroom

- Does the tub/shower have rubber non-skid mats or strips?
- Do you have grab bars (NOT TOWEL BARS) at the shower, tub, and toilet?
- Do you need a bath seat/bench?
- Is the flooring safe? (loose rugs, carpet or tiles?)
- Do the rugs have a non-skid backing?
- Do you have a hot-water temperature regulator to prevent burns?
- Can you get on and off the toilet easily?
- Do you need a hand-held shower sprayer?
- Do you need a shower curtain to replace sliding shower doors?

Kitchen

- Do you use non-skid wax, or no wax at all, on polished floors?
- Are rugs non-skid?
- Can you reach the most-often used items without a step-stool?
- Is there adequate lighting?
- Are your stove/oven controls easy to use?
- Are curtains and towels away from burners?

References:
Community & Home Injury Prevention Project for Seniors, San Francisco Dept. of Public Health
Fall Prevention Project, Pima Council on Aging, Tucson AZ
Home Secure, Jewish Family Services of Los Angeles, Los Angeles, CA

Sample Home Safety Checklist



Doorways/Entrances/Exterior

- Do all home entrances have outdoor lights?
- Are walkways to the doors clear of debris, plants, cracks, and holes?
- Are door sills (thresholds) low?
- Do outdoor steps have handrails?
- Is a ramp needed?
- Do the outdoor steps have a non-skid surface?
- Are the outdoor stairs in good repair? (I.e. free from cracks, dips, holes)

Other

- Do you have an emergency exit plan (i.e. Fire)?
- Are emergency telephone numbers listed near the phone?
- Do you have lifeline?
- Do you have a system to manage medication?

References:

Community & Home Injury Prevention Project for Seniors, San Francisco Dept. of Public Health
Fall Prevention Project, Pima Council on Aging, Tucson AZ
Home Secure, Jewish Family Services of Los Angeles, Los Angeles, CA

Home Assessment Report



Client's Name:

Evaluation Date:

Evaluator: Andrew Sever, MS, OTR/L, ECHM, CAPS, CEAC
President, EnABLE Home Solutions, LLC

Address:

Phone #:

Referring Agency: JF&CS

Purpose of Evaluation: Assess the home environment and make recommendations to maximize the safety and independence of the homeowners.

NOTE:

An '**' indicates a product or device that will be further described in the "Products" section of the report.

All horizontal grab bars should be installed at the approximate height of wrist as she stands with her hands held at her side.

Recommendations

Garage entrance:

I recommend the following:

- install a white 9" vertical handle/grab bar* on each side of the door frame

Stairwell:

I recommend the following:

- install a handrail on the empty wall leading to the lower level

Ms. _____'s kitchen:

I recommend the following:

- remove the plastic shelving unit, step stool, small table and small wire rolling cart
- move the free standing cabinet to the far wall next to the fire extinguisher
- organize the contents of the cabinet so that all commonly used items are on the top three shelves
- remove all commonly used items from the overhead cabinets and organize the into the free standing cabinet
- obtain a rolling cart* for Ms. _____ to place items she needs to transport from the kitchen to the breakfast table

Ms. _____'s bedroom:

I recommend the following:

- replace the current wooden bed frame with a lower metal frame and 4" box spring mattress
- lower the clothing rod* in the closet so the clothes are easier to reach
- replace the bedroom door hinges with off-set hinges* (need 2)

Ms. _____'s bathroom:

I recommend the following:

- install an 18"-24" horizontal grab bar* on the wall in front of the commode
- install a 12-18" grab bar on the tiled wall next to the commode
- remove the glass doors to the shower stall and replace with a curtain
- install an 18"-24" horizontal grab bar on the two wall of the shower stall that currently do not have grab bars
- install a towel bar/grab bar* on the blue wall directly outside of the shower stall
- replace the current door hinges with off-set hinges (need 2)

Miscellaneous:

I recommend the following:

- (option) consider using an alternate medication management system with an alarm feature*

NOTE: Ms. _____'s daughter, _____, would like to know if JF&CS or the Toco Hills NORC provides a service that will help her remove furniture and take it to her curb.





White 9" grab bar
<https://amzn.com/B001AH8R9S>

Tall kitchen rolling cart
<https://amzn.com/B01GG2I3AE>



Off-set hinges
<https://amzn.com/B00CDMVQ3I>



Moen grab bars (client requests brushed nickel)
<https://amzn.com/B001ASF77M>

* multiple lengths available



Moen towel bar/grab bar (brushed nickel)
<https://amzn.com/B004TT1FVQ>



31 day medication organizer with alarm
<https://amzn.com/B000RZPL0M>



EnABLE Home Solutions LLC

“Change your Home not your Address” SM

Verification Code for JFNA Cohort

Please enter the following verification code into the link that will be provided after the webinar.

SAFETY

Questions



Leah S. Bergen, Project Manager

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