

Community-based interventions for hoarding: Impacts on children, youth and families

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Practice Commentary

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Hoarding is a complex and persistent mental illness that may pose significant threats to the health, safety and optimal functioning of the sufferer and their family members. Children and youth who live in hoarded environments are especially vulnerable to safety hazards and the negative social and developmental impacts that can result from this challenging behaviour. Some educational, health and protective service organisations are compelled to act on legal and regulatory mandates that necessitate interventions for hoarding in cases where children and youth are residing and may be at risk. Striking the balance between individual rights and protection of some of society's most vulnerable citizens is a significant challenge. Carefully executed multidisciplinary interventions grounded in an ecological system's approach offer some hope for minimising adverse impacts on youth and families while reducing the potential for harm caused by hoarding behaviour.

Risks associated with hoarding

Approximately 2%–4% of the global north population (Postlethwaite et al. 2019) suffers from hoarding disorder, a mental illness characterised by difficulty discarding objects, accumulated clutter that interferes with functional use of the home and emotional distress (DSM 5; American Psychiatric Association [APA], 2013). This estimate of prevalence accounts only for the person who is hoarding and does not represent the significant impact on many others – most especially family, including children and youth who live in the home. Prior research has established the interference of hoarding in both personal and familial functioning (Tompkins, 2011). Hoarding is associated with serious consequences such as poor individual health outcomes (Tolin et al., 2008). Family members are also at risk for conditions, such as chronic headaches, respiratory distress, poor nutrition and falling (Frost et al., 1999). Individuals who hoard experience increased work interference, financial strain (Tolin et al., 2008) and homelessness (Rodriguez et al., 2012). A build-up of excessive clutter in the home makes it challenging to carry out activities of daily living, such as food preparation, attending to personal hygiene, finding important documents and using the home for relaxation and entertaining others (Diefenbach et al., 2013). By extension, these adverse consequences impact on everyone who lives in the home.

Although in many instances hoarding remains a private (family) matter known only to the residents of the home, sometimes hoarding behaviour creates problems so extreme that the personal consequences become public ones. Risk of fire, pest infestation and the presence of squalor are a few of the conditions that increase the potential for harm (Bratiotis & Woody, 2019). In these situations, intervention may be required by one or more community-based organisations that are compelled by legal mandate to protect vulnerable classes of the citizenry. The protection of children and youth is regulated by law in most jurisdictions, and designated child welfare organisations are tasked with investigating and intervening in instances of suspected or substantiated abuse and neglect (Gough et al. 2009). Concerns about the welfare of children/youth in hoarded environments are frequently centred on physical and emotional safety with special attention to the impact of hoarding on their social, emotional biological, psychological and educational development (Bratiotis et al. 2011).

Child welfare organisations are ultimately legally accountable for the protection of children in our society and yet many community-based organisations and the professionals who work in these spheres share in this enormous responsibility. Teachers, physicians, child care providers and others may have ongoing relationships with youth living in hoarded environments. Still other professionals such as those in law enforcement, nursing, housing and fire may unexpectedly encounter children and youth in hoarded homes as they go about their work. Regardless of how a professional comes upon families with children/youth impacted by the problem of hoarding, careful attention is needed when assessing the potential for harm and planning interventions.

Over the past 15 years, the author's research in community-based efforts to address hoarding has afforded an opportunity to observe firsthand the promising practices used in communities

around the globe. Each town, city, county, and province has a unique constellation of knowledge, resources and collective will related to recognising and intervening with hoarding. There is no single formula for addressing hoarding at a community level, and certainly one size fits all is not an appropriate option for resolving the adverse effects of hoarding in families. There are, however, useful lessons that can be applied broadly. In the section that follows are observations from front-line service professionals about how to undertake hoarding interventions carefully and sensitively, with special consideration for minimising the impact on children and youth in the family.

The need for multidisciplinary expertise

In many serious cases, hoarding is simultaneously a private mental health problem and a social problem with public health and safety consequences (Bratiotis, 2013). The multifaceted nature of hoarding and the diverse skillset required to address both the underlying intrapsychic aspects and the environmental consequences suggests that no single professional discipline has all the expertise needed to intervene with cases of hoarding that come to public attention (Bratiotis & Woody, 2019). Throughout the world, hoarding task forces and coalitions have formed and persisted to support the exchange of ideas, resources and expertise that enable the person with hoarding and their family to access a range of support options. When working with a family with children affected by hoarding, multidisciplinary coordination of interventions should include professionals who support the children and family as well as the person who is hoarding. Accordingly, if regulatory mandates for compliance with housing standards interface with child welfare concerns and public health risks, professionals from those three disciplines will want to communicate regularly with each other. Ideally, they will work from one coordinated intervention plan that supports all members of the family (see Bratiotis & Woody, 2014), especially centring on the rights and protections for the children and youth as a specially protected group.

The value of person-in-environment perspective

Hoarding is an individual problem that exists in nested contexts of family, neighbourhood, community and society. Community-based interventions for hoarding that follow an ecological systems approach to assessment and intervention take into account this person-in-environment perspective (Bronfenbrenner, 1992) by implementing supports and services at multiple system levels, often via a multidisciplinary group of community providers. Take, for example, a family in which one parent has a hoarding problem. Support for this individual might require therapeutic intervention provided by a mental health clinician. Even as the individual is receiving personal therapy, their family (including a partner, any children/youth and older adults) may also need support provided by a social worker, a child welfare professional and/or a case manager. If that family resides in a multi-unit apartment building, a housing provider may also need to address the well-being of shared wall neighbours who are at increased risk for fire or pest infestation. If the apartment building is in a densely populated area, public health officials can attend to any potential harm that may come to those living in close proximity. Assessing and intervening in hoarding from a person-in-environment perspective accounts for both individual needs at each level of intervention and perhaps more importantly, the intersection and

interconnectedness of the personal, societal and environmental needs at each level.

Enhancing internal motivation

Social and personal stigma (that may extend to family members), limited awareness of the impact of hoarding on self and others, and perceived lack of ability to resolve the problem (Bratiotis & Woody, 2019) frequently lead to a decrease in motivation to address the hoarding. Even when faced with unwanted and serious consequences such as potential harm to a child and/or involvement by a child welfare agency, the adult family member who is hoarding may lack internal motivation to address their behaviour (Bratiotis et al., 2011). In such cases, motivational enhancement strategies can be helpful in promoting recognition of a problem and expressing some willingness to make changes, however modest at first. Service providers can build awareness and invite conversation by making simple observations about the condition of the home, using clear descriptions of the behaviour and specific circumstances that need to change. Such comments must be given without emotional overtones or the use of inflammatory language. For example, a community professional could say, 'The [child's] bed is covered in clothing, toys and other household items'. Following this statement, the provider can adopt a curious stance, 'What would you like the [child's] bed to look like?' This genuine curiosity opens a conversation and invites positive, forward-thinking responses that aid in problem-solving and generating potential solutions. It also subtly suggests that the adult (who is hoarding) wants the child/youth in the home to have a clear place to sleep and needs help moving towards enacting a solution. Motivational interviewing (MI; Miller & Rollnick, 2012) is a sophisticated skillset that requires study and practice. While not a panacea for hoarding, learning MI strategies may be especially helpful in addressing avoidance and denial, two of the common challenges in hoarding intervention.

Harm reduction approach

Serious hoarding behaviour often creates situations where significant health and safety risks threaten the well-being of the person who hoards and other people who live with them. While some people who hoard are motivated to seek clinical treatment for their hoarding, others are not or perhaps lack ready access to that type of assistance. And yet, the clutter and its associated risks remain serious problems within the home. Harm reduction is an approach to hoarding intervention aimed at reducing the potentially negative consequences (harm) that may result from a home filled with too many objects (Tompkins, 2015). Harm reduction is a sensible approach to providing help for hoarding, one that is well tolerated by people who refuse other help because of its focus on reducing risk while not over-emphasising discarding (Tompkins, 2011). An example of a harm reduction approach for a family with children/youth might include moving the clutter from critical areas in the kitchen such as the stove/oven, sink and kitchen table to a less frequently used space in the home so children have access to safely prepared nutritious food that can be enjoyed as a family. Harm reduction approaches are often facilitated by members of a multidisciplinary team and supported by motivational enhancement strategies. Child welfare or other community-based organisations intervening with a family can use harm reduction strategies to achieve the minimum standards necessary to ensure child/youth

safety and promote stable housing and child permanency in a hoarded home.

Concluding comments

Addressing hoarding is a complicated matter. Bringing compassionate and evidence-based resources to each individual case is necessary, but not sufficient. An individual's hoarding problem, especially when it impacts on children/youth in the home, needs specialised, affordable, family-based intervention services that cross disciplinary boundaries. Even as they work to support any given family that is suffering from a hoarding situation, professional engagement in advocacy, planning and policy efforts to expand available services is also needed. In particular, changes to practices and policies in the judicial system is an area of critical importance. Judicial branches that regularly hear child welfare cases have the unusually difficult task of adjudicating protection for children/youth. In cases of hoarding, child well-being and conditions of the home are often inextricably tied. In some jurisdictions, housing courts may also become involved because of concerns about the residence and their mandates to uphold compliance with housing codes. All too often well-intentioned systems impose unrealistic expectations about timelines for compliance with regulations, excessively high standards of orderliness and cleanliness, and mandates for therapy. Families and the community-based organisations that support them cannot reasonably meet these expectations in current practice and policy environments. Advocacy for expectations that are reasonable and evidence-based combined with increases in availability and access to services are needed simultaneously. The only way to reliably ensure that intervention resources are expanded and readily available for all families is to continue to institutionalise changes to organisational and community practices and policies.

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