

HOARDING DISORDER

Absolute Basics for South Carolina Realtors

Lauren Williams, CPO®, CVOP™

Lauren Williams, Owner of Casual Uncluttering LLC, is a National Association of Productivity and Organizing Professionals Board-Certified Professional Organizer® in business since October 2011. She has a BA from Bryn Mawr College, and an MBA from Baruch College of the City University of New York. She's moved cross country three times - **she understands disruption!** She's been the stay-at-home parent to a special-needs child, but her young person no longer needs those supports. She's divorced and downsized from the 4,600 sq. ft. house to the 1,024 sq. ft. apartment. Lauren has worked with 100s of clients - nuns, doctors, lawyers and many other demanding specialists - and earned 300 hours of continuing education classes so far to keep her using best practices in her vocation. She increasingly specializes in severe chronic disorganization and hoarding projects.

Learning Objectives - Attendees will gain:

- A realistic understanding of the limitations and difficulties of working with a person with hoarding disorder
- An appreciation for the danger they may be in, both financially and physically
- Practical tools which may improve a realtor's communication with a person who excessively acquires and/or is unable to readily let go of possessions.



OUTLINE

- Fundamentals How to Understand Hoarding Disorder
- What Makes Hoarding so Difficult?
- Implications for Realtors
 - Physical Risks, and Mitigation
 - Business/Professional Risks, and Mitigation
- Tools Which Might Help (a <u>Little</u>)
 - Intake Red Flags
 - Interacting with Clients with Hoarding Tendencies
- Resources:
 - International
 - National
 - State-wide (no guarantees of state-based resources)



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FUNDAMENTALS – HOW TO UNDERSTAND HOARDING DISORDER

- It is a mental illness, not a lifestyle choice. It has NOTHING to do with "lazy," "stupid," "piggish," "selfish," or anything similar. Neuroscientists are pinpointing the exact sections of the brain which malfunction. The malfunctions make decision-making about one's stuff both more difficult and more frightening and more anxiety-provoking. It is one of the more common mental illnesses, at least 2.5% of the people around the world are thought to suffer from it. Its occurrence is more common than OCD, bipolar disorder, panic disorder, generalized anxiety disorder, and PTSD.
- But the effects are even more severe: Isolation from friends, family and society. Hoarding disorder provokes more anger from family against the person with hoarding disorder than any other mental illness. It evokes more general negative emotions from anyone encountering the person with hoarding disorder than for any other mental illness.
- Causes of hoarding behavior and they can commingle: (1) it can be learned; (2) you can inherit a genetic predisposition to it; (3) brain injury; (4) other physical and mental illnesses can have it as a symptom; (5) trauma can set it off
- More frequent co-occurring mental health issues (depression, anxiety)— and it's chicken & egg whether the hoarding causes
 the other issues or the other issues cause the hoarding. In addition, many people with hoarding disorder do often have
 distinct neurodiversity challenges for example ADHD which may exacerbate the hoarding by making project
 management difficult.
- More frequent physical consequences: from dust and other contaminants, pest infestations, tripping hazards, things falling on you, risk of fire, risk of food poisoning.
- More frequent legal and financial consequences: overspending, misspending buying stuff instead of covering expenses, work instability, fines from public authorities, eviction, jail, divorce, losing children to child protective services.

For an exact definition of hoarding disorder, go to the <u>DSM-5-TR</u> (the Diagnostic and Statistical Manual) produced by the American Psychiatric Association.

WHAT MAKES HOARDING SO DIFFICULT?





WHAT MAKES HOARDING SO DIFFICULT?

- Children as young as five have been diagnosed, and it commonly starts notably manifesting in a person's teen
 years.
- It is considered one of the most intractable mental illnesses. (A) It often comes with low or no insight self-reflection, an awareness of being ill and/or of the severity of your illness or situation. (B) Its manifestation is unique that stuff ((and (extreme) quantities of stuff)) is the primary "symptom."
- Currently, there aren't any medications for it. Sometimes treating the co-existing conditions that the person who hoards may have, such as depression, can help the sufferer address the hoarding behaviors.
- Even the most effective non-medicinal treatments, such as cognitive behavioral therapy and compassion-focused therapy, produce extremely limited results. And backsliding is frequent.

WHAT MAKES HOARDING DISORDER SO MUCH MORE INSIDIOUS



It involves whole communities. A hoarded home can mean:

- Minor children growing up in hideous conditions to their significant, life-long detriment.
- Adults left to remediate the damaged environment a hoarding person left behind.
- Neighbors victimized by smells, pest infestations, fire, vulnerable shared public utilities such as sewage lines.
- Overextended public service agencies such as housing authorities trying to enforce laws and/or mitigate circumstances.

BUT THE NEWS GETS EVEN WORSE

- Clear-outs can be extremely expensive and time-consuming. My most complicated project lasted 285 hours and <u>it's not finished</u>. My shortest project, in a one-bedroom apartment, lasted 58 hours and it also <u>is not finished</u>.
- There are two ways to perform a clear-out: the right way and the wrong way. The right way can lead to safer clients and neighborhoods and reduced chances of a client backsliding. The right way, which can require 100s of man-hours, even with Hoarders-style teams, involves the voluntary participation of the client at every step of the way to the best of his/her capacity. The wrong way forces the client into the activity. Sometimes there is no choice about the wrong way it becomes necessary for emergencies. The wrong way can kill people: there are documented instances of people having heart attacks, committing suicide after experiencing a forced clear-out. There is good data that a person who suffers a forced clear-out will often be more significantly hoarded within about a year of having been cleared-out. Even worse than a wrong, forced clear-out is a surprise clear-out, conducted without the client's knowledge.
- Even with a client's voluntary participation, you may never get him/her past a limited level of being safe in his/her own spaces.

CHALLENGES TO WATCH OUT FOR

- Only a clinician can accurately diagnose hoarding disorder. There are other mental, and sometimes even physical conditions, which can mimic hoarding disorder. Only a clinician can treat hoarding disorder. Other support providers such as professional organizers, housing inspectors, even veterinarians can assist people with hoarding disorder, but they can't treat the clients.
- Seniors are most severely affected by hoarding disorder: they're the people who've spent the longest time building up their accumulations while simultaneously being the most vulnerable to the consequences of their illness. They are also the people who have lived with their illness the longest, so they are often the most resistant to receiving help.

PHYSICAL RISKS MITIGATION - THE NEXT SLIDE IS ONLY A

START











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PHYSICAL RISK: WHAT TO DO	WHY
Anti-allergy meds pre-appointment	feces/urine/dander/fur, dust, hazardous fumes
	from things like paint or rotting stuff
Avoid wearing jewelry	So you don't break or lose it
Closed-toe shoes	Stubbing your toes, things falling on your toes
Essential oils or other topical insect	Fleas, bedbugs, spiders, & all the other creepy
repellants	crawlies
Gloves	feces/urine/dander/fur & other icky stuff, fleas &
	friends, medical supplies, knives, pointy things,
	broken glass, rusted stuff
Hair net or hat	Fleas & friends, getting tangled in stuff
Long-sleeved shirts	Fleas & friends, icky stuff
Pants tucked into boots &	To ward off the little demons &
diatomaceous earth sprinkled in the boots	choke them if they manage to get into your boots
N-95 masks	Feces/urine/dander/fur, dust, hazardous fumes
Protective eyewear	Dust, hazardous fumes



BUSINESS/PROFESSIONAL RISKS, AND MITIGATION

- ALL THE PHYSICAL RISKS MENTIONED ABOVE BUT ALSO...
- RISK OF BEING ACCUSED OF THEFT
 - · LIABILITY INSURANCE, PROFESSIONAL BOND, ITEMIZE ITEMS WHICH LEAVE THE PREMISES
- RISK OF BEING ACCUSED OF BREAKING ITEMS OR YOU REALLY DO BREAK SOMETHING!!!!
 - LIABILITY INSURANCE
- EXPOSURE TO ERRATIC BEHAVIOR
 - GENERAL SELF-CARE, CONSULTING WITH A PSYCHOLOGIST, LIABILITY INSURANCE, COMFORT WITH SOCIAL MEDIA/MARKETING
- RISK OF BEING EXCESSIVELY DRAWN INTO THE CLIENT'S LIFE
 - GENERAL SELF-CARE, REFERENCE TO YOUR CODE OF ETHICS, CONSULTING WITH TRUSTED OUTSIDERS

IMPLICATIONS FOR REALTORS

THESE ARE MY THOUGHTS AS A LAYPERSON: WHAT ARE YOUR OPINIONS?

- SELLING THE HOUSE WILL PROBABLY TAKE LONGER IF THE PERSON WITH HOARDING DISORDER IS INVOLVED IN THE SALE
- THE HOUSE WILL PROBABLY HAVE STRUCTURAL DAMAGE <u>AND</u> YOUR CLIENT MAY NOT HAVE MONEY FOR REPAIRS
- THE HOUSE MAY NOT HAVE CLEAR TITLE
- THE HOUSE MAY BE LOCALLY NOTORIOUS. SERVICE PROVIDERS MAY BE UNWILLING OR UNABLE TO PROVIDE ASSISTANCE AND/OR THEY MAY NOT RECEIVE PERMISSION TO ENTER THE STRUCTURE.
- SUMMARY YOU WILL PROBABLY SELL THIS HOUSE UNDER MARKET VALUE
- Informal observation scanning for SC resources, I had the odd impression there's more animal hoarding in SC than other states I've studied so far.

TOOLS WHICH MIGHT HELP – A LITTLE Intake Red Flags – these are not in order of significance

If, any time the person you are worried about:

- Says, emails, texts anything like "I'm not a hoarder," "I'm not a hoarder but...," "I'm not a hoarder, I'm just..."
- talks A LOT I don't remember which mental health doctor said this, but I *instantly* thought of two people
- offers you photos
- mentions this has been a struggle for several years
- mentions inheriting items
- mentions a physical or mental disability
- mentions a family member who had tendencies to get and keep things
- is over-eager; wants to schedule clearing-out appointments before you get a chance to just meet to see what's going on, starts asking for advice
- has an unrealistic deadline
- really really wants a quote for getting cleared out before you even see the place
- won't let family, friends, community members into the house
- has really messy cluttered yard(s), and/or car(s), and/or porch(s), and/or garage(s) if you can see into the garage BUT also maybe you can't see into the house because the curtains are always closed and/or there seem to be things blocking the windows
- mentions having multiple properties and/or storage unit(s)

There is an important exception to this: the adult child of a person with hoarding disorder may also have any or all of these signals. The difference is s/he/they may not be a person with collecting tendencies: they may be terrified of becoming a person with hoarding disorder and are therefore hypervigilant/hypersensitive to anything which makes them think they are falling into that behavior and they will be telling it to you.



TOOLS WHICH MIGHT HELP – A LITTLE Interacting with your Client

- Start slow: concern yourself with building a relationship before you launch into "How are we going to sell this place?" I
 once volunteered on a site where it took two years to get the first service provider inside. Find something to
 compliment.
- Keep a neutral face keep your reactions to smells, noises, unexpected sights as calm and non-judgmental as you can. If you know you are likely to react to something, say so I have a colleague who is very sensitive to smells and warns her clients on their first "getting to know you" meeting.
- Ask permission to touch ANYTHING. Ask permission to look inside ANYTHING. Respect "no" as best you can.
- DO NOT MOVE OR REMOVE ANYTHING from the property, even if you deem it hazardous, without your client's explicit permission.
- If you can you have time, patience let your client tell stories about the stuff.
- DO assume that your client is highly intelligent, very creative and has another entire life outside of his/her hoarding.
 The more forcefully you can remind yourself of that, the easier and easier it is to interact with the human being in front of you.
- Keep a sense of humor.
- Involve your client in the decision-making: avoid "yes, no" questions when you can.

HOARDING RESOURCES





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HOARDING RESOURCES

These references are starting points only and are not a guarantee of any particular product, methodology or provider and are not intended to provide any diagnosis or treatment recommendations. You may find other relevant information on my Neurodiversity Resources page as well. And I offer my appreciation to my Institute for Challenging Disorganization and National Association of Productivity and Organizing Professionals colleagues for this compilation as well: many of these references come from them. I also have a YouTube channel for visually- and verbally-oriented resources. Please also take a look at my book reviews - you'll find all sorts of fascinating reads!



INTERNATIONAL RESOURCES

Bio-Behavioral Institute

935 Northern Blvd. ~ Suite 102 Great Neck, NY 11021 516-487-7116 Centre for Collaborative Research on

Hoarding

University of British Columbia

Department of Psychology

Douglas Kenny Building

2136 West Mall

Vancouver, BC V6T 1Z4

Canada

604-822-8025

hoarding@psych.ubc.ca or hoarding.c

entre@ubc.ca

Center for Hoarding and Cluttering

Hoarding Disorder Assessment Tools

Hoarding UK

Suite 103

Davina House

137-149 Goswell Road

London EC1V 7ET

United Kingdom

info@hoardinguk.org

Institute for Challenging

Disorganization

International Pages

2650 S. Hanley Rd, Suite 100

St. Louis, MO 63144

314-416-2236

<u>International OCD Foundation:</u>

Hoarding

Spendaholism Resources

The Center for Prolonged Grief

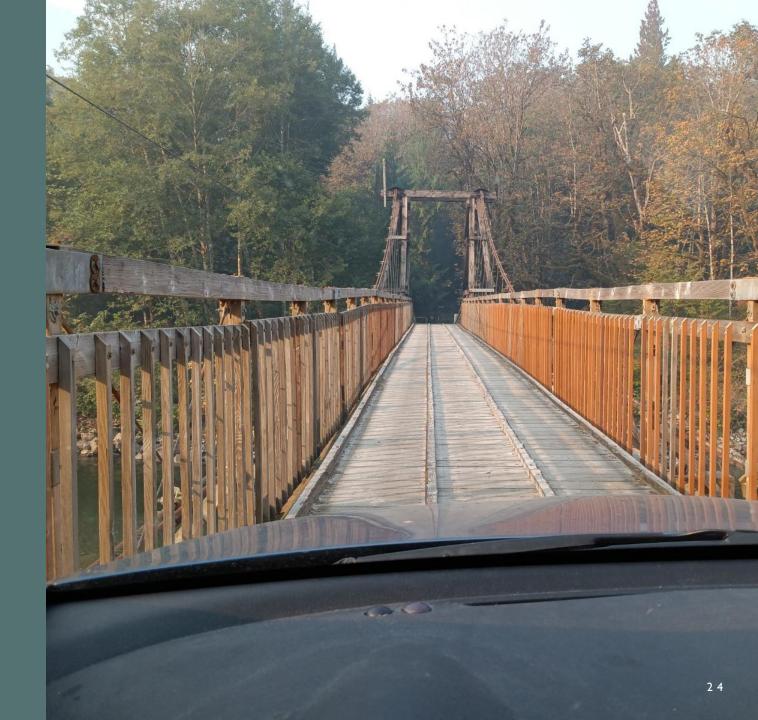
Columbia School of Social Work 1255 Amsterdam Avenue New York, NY 10027 212-851-2107

info@complicatedgrief.columbia.edu

<u>Animal Hoarding</u> <u>Clutterers Anonymous</u>

<u>Children of Hoarders</u> <u>Mutual-Support Consulting, LLC</u>

NATIONAL RESOURCES



Institute for ChallengingDisorganization2650 S. Hanley Rd, Suite 100St. Louis, MO 63144

314-416-2236

415-421-2926

Messies Anonymous

Mental Health Association of San Francisco
870 Market Street, Suite 928
San Francisco, CA 94102

info@mentalhealthsf.org

Minor and Youth Children of Hoarding Parents

National Association of Productivity and Organizing Professionals (NAPO)

National Center for PTSD

1120 Rt 73, Suite 200 Mount Laurel, NJ 08054 856-380-6828

National Institute of Mental Health

Rogers Behavioral Health 800-767-4411

<u>ServiceMaster Restore</u> <u>Steri-Clean (Hoarders.com)</u>

<u>Spendaholism Resources</u> <u>The Clutter Movement</u>

The Shulman Center for Compulsive Theft, Spending and Hoarding

P.O. Box 250008 Franklin, Michigan 48025 248-358-8508

terrenceshulman@theshulmancenter.com

BOOKS ABOUT HOARDING

A bunch for children The Hoarding Handbook: A Manual for Human Service Professionals -

this book is COMPLETELY MISTITLED - this book is an AMAZING resource for ANYONE dealing with the complexities of coordinating services for the clearing out of a hoarded situation and the care of the person exhibiting hoarding

behaviors

Breathing Room: Open Your Heart by decluttering your home The ICD Guides

<u>Children of Hoarders</u> <u>Treatment for Hoarding Disorder workbook</u>

<u>Color to Declutter</u> by <u>Jean Prominski</u> <u>Terina Bainter</u>, <u>Clutter Cutters</u>, one of the country's most compassionate

experts on hoarding disorder and one of my heroes, and I both recommend

these books:

Fresh Start: Overcoming Chronic Disorganization and Hoarding Group Manual Buried In Treasures

Parents Who Hoard: Things to Consider Before Choosing to Help (or Not)

Digging Out

Recognizing and Treating Hoarding Disorder: How Much is Too Much?

Overcoming Compulsive Hoarding

Rise Above Your Stuff; a Workbook for those Struggling to find Themselves amidst their Stuff

The Hoarder in You

The Secret Lives of Hoarders

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Terina also recommends

The Glass Castle

MOVIES ABOUT HOARDING

Beyond Hoarding I had the excellent fortune to see this documentary as a part of the International OCD Foundation's 2020 Online Hoarding Meeting. My impressions are here.

Stuffed, and I've got it analyzed.

Clutter Here's my review.

My Mother's Garden - this is very difficult to find, but worth the search. I watched it by chance: my opinion is here.

Grey Gardens Read my criticism.

That Summer I had to talk about it.

HBO's 2009 docudrama <u>Grey Gardens</u> - <u>finally, a Grey Gardens movie I like</u>.

The Beales of Grey Gardens This is my review.

Hello, My Name is Doris Loved it!

TV SHOWS ABOUT HOARDING

Hoarding TV shows - WITH Hoarding TV Shows I LIKE!!!!

PREJUDICE - see why I say so here

Confessions: Animal Hoarding Britain's Biggest Hoarders

<u>Hoarders</u> <u>My Hoarder Mum and Me</u>

Hoarding: Buried Alive The Hoarder Next Door

STATE RESOURCES

(NO GUARANTEES OF STATE-BASED RESOURCES)



SOUTH CAROLINA HOARDING RESOURCES

Humane Society of South Carolina Animal Cruelty General Information

Liebman, Lauren "Columbia is Ground Zero for hoarding in South Carolina. A lack of resources for hoarders doesn't help." Carolina News & Reporter, University of South Carolina

Local fire department warns hoarding can pose safety risk in emergencies, News19, WLTX.com, Jan 28, 2022 Irmo, S.C.

Officials: Cherokee County couple charged with murder in daughter's death also hoarding animals on their property, Fox Carolina, Matt Kaufax, May 2, 2022, Gaffney, S.C.

New Lawsuit reveals "deplorable conditions" that allegedly led to an Upstate 14-year-old's death, Fox Carolina, Grace Runkel, Aug. 1, 2023, 2:02PM PDT

Address Our Mess South Carolina

Bio-One South Carolina

Puro-Clean

SC Hoarding and Clutter Support Group

South Carolina Code of Laws Title 47 Animals, Livestock and Poultry

Steri-Clean South Carolina

Fire-Safe South Carolina (pamphlet)

There are other local resources, but I have no way to vet them. You need to investigate them on a project-by-project basis.