

Episode 280—Elaine Birchall: Hoarding: Assessment, Differential Diagnosis and Treatment

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're in social work.

[00:00:37] Hi from Buffalo! Buffalo has a vibrant local music scene, getting into the details would be too broad and wouldn't even be fair. But you couldn't go wrong at the venerable Nietzsche's in Allentown, Sportsman's Tavern in Black Rock and a newer entry, Ironworks Buffalo in the Cobblestone District to name just a few. I'm Peter Sobota. Many of us have seen the teasers on the front of magazines or on self-help web pages advising us how to manage the clutter in our homes, but when does cluttered become hoarding? In this episode our guest, Canada-based social work practitioner and author Elaine Birchall, describes her work with this under researched and underserved population. Here she defines the disorder, including differentiating between adaptive and maladaptive hoarding. Miss Birchall reviews prevalence data, risks and prognoses, and concludes with a discussion of the treatment process as well as the tools utilized to assess risk and safety. Elaine Birchall MSW, is director of Birchall Consulting and the founder of the Canadian National Hoarding Association. Miss Birchall was interviewed in September of 2019 by Beth Trippi, a PhD candidate here at the UB School of Social Work.

[00:01:51] So I am speaking today with Elaine Birchall of Birchall Consulting. And Elaine is a hoarding specialist. She works with counseling, consulting and training with folks and families who deal with hoarding issues. Elaine, I am a PhD student here at the University at Buffalo in the social work department, and they reached out to me to spend some time talking with you. So I'm really excited to hear today what you're gonna tell us about how you do this.

[00:02:20] I am thrilled to be able to share my experience.

[00:02:23] Yeah. This sounds like an amazing opportunity for us. So thank you very much.

[00:02:27] You're welcome. Thank you.

[00:02:28] So could you tell us a little bit about how did you become interested in hoarding?

[00:02:32] I had been a social worker for some time and I was hired by our local public health department, that happens to have a fabulous reputation for being responsible, community focused, proactive. They really have a great reputation for being on the cutting edge of whatever is happening in the community affecting health. And that's not a pitch that's well earned. So as a result of that, they asked me, their brand new one lone social worker, if I could continue some research that they had started on keyword searches around Waller and they didn't know what else. And I did. And I kept coming up with a few keywords, one of which was hoarding. And when I saw pictures and I looked a little further, I had seen these types of events, but I had it pigeonholed under poverty because that was the lens that I was seeing it through. And then we kept meeting the same five, six organizations at these referral boxes and they had it pigeonholed under fire risk, animal control, bylaw, housing. And we realized that we had something that there was a

tremendous overlap and probably we were working at a disadvantage because we were only looking at it through our own particular silo. And so then the next step was for public health to ask me to develop a workshop where we thought we might have 25 people show up who were keenly interested and mandated to respond. We ended up being inundated entirely like province wide. We had 200 people attend and we had representatives from the fire marshall's office in Toronto. The federal government wanted to come. We had a tiger by the tail. And so they asked me if I would do a community development piece, because that was also part of my experience. And I had a fabulous manager who really took me by the hand and showed me how to do it well. And the response was huge in the community. We started the first Community in Hoarding Coalition and we got federal government funding. We got United Way funding. Everybody was seeing this and not knowing what to do. I think I just saw my niche, my calling. I responded because there were so few services, Beth. There were no services really, and very little understanding. And it really mattered to people who were struggling how well you did your job every day. And that has always been the kind of job I had in social work.

[00:05:09] Yes. And I can understand that there's probably a lot of other ways that people with hoarding disorder were discovered that wasn't through a treatment approach, would have been through other areas.

[00:05:19] Enforcement usually.

[00:05:21] Yeah. Yeah, absolutely. I guess I'm not surprised to hear that you had such a big turnout when the word went out that somebody was going to be able to help with this. Is some of that what prompted you to decide to specialize in the behavior, in the treatment of hoarding?

[00:05:34] Well, I had been with a province of Ontario and the city of Ottawa for quite a while. And this work that we were doing at a community level had had such amazing financial backing that when I look at public health need to withdraw from the leadership role, the community was at a bit of a loss. And it was all going to be for naught. We were kind of midstream in a second community based study. By the way, we completed the first one that took two and a half years and turned out a report that is seminal research in Canada called the No Room Despair Report. It was funded by the federal government in Canada, the Housing and Homelessness Secretariat. So that as a document, that is posted on my website, hoarding.ca, and it offers two community based response protocols. We're also supported with a lot of tools. That was going to go down the tubes because there was no community organization that was able to respond to take the leadership. And I just had a come to truth moment with myself. I mean, I can remember sitting at the kitchen table thinking, what am I going to do? I'm very near the end of my career. Do I throw it all in? Do I do whatever? And so I decided to jump in at the deep end and everyone thought I was crazy. There wouldn't be a full time job with their big concern. You're put in a lot at risk. And I don't mean to seem like a hero, but just to say that I learned a lesson that I was such a hard headed Irishman that I hadn't learned up until that advanced age, and that was that the universe provides what you need when you need it if you're awake and listening. And within six months I was working seven days a week, every time slot. That was the need. And repeatedly being told by family and by individuals who suffered directly with hoarding that they had tried for sometimes two, three years to get help. And sometimes they got the help but it was the wrong kind of help. And they were at a loss. And many of them were facing eviction or the threat of eviction.

[00:07:43] I would say it's fair to go ahead and call yourself a hero a little bit.

[00:07:46] A risk taker for sure.

[00:07:48] Risk taker, hero, light in the darkness. I'm sure there were just so many people that were so thrilled to know that you were around and that you were there to help them. So good for you.

[00:07:57] Well, just to encourage other social workers, the reason I told that story was if you have a come to truth moment with yourself, think long and hard before you turn away from it, because this has been like no other work I've ever done.

[00:08:09] Yeah, that's great advice. So I have a specific date here. I have a date of 2002. Is there something about that date and how hoarding has changed since the date of 2002?

[00:08:19] Well, 2002 was the year I began working with Ottawa Public Health, and I guess that's the date this what was a syndrome at that time, started to be coming to the surface. Certainly in our community it had. In the states, of course, it had surfaced probably 10 years before that and was starting to be known as Hoarding or Squalor or Compulsive Acquiring. And then at 2002, the response I got when I went out and tried to make individuals, organizations and funding agencies understand why they should care about this, why this was part of their problem and their mandate. The response I got told me that this was just something like a flower that was ready to bloom. The response was significant and it kept going until 2013, May 2013, when hoarding became a discrete disorder in the DSM 5, the Diagnostic Manual of Mental Health Disorders Version 5, in its own right. If there is sufficient functional impairment as a result of it, there is an obligation to allow reasonable accommodation to support that. And that's new. That is in everyone's human rights legislation. And a lot of people don't know that that is a fact, that if there is sufficient functional impairment, that people who are facing the threat of eviction, do have the right to reasonable accommodation. The other difficulty though, Beth, is that quite often the professionals don't know how to interpret that. Does that mean you just get the right to hoard and put your neighbors at risk? No. And so I've done some subject area expert opinion work with some of our community legal services and the Crown's office to start to interpret what that looks like, what this reasonable accommodation look like.

[00:10:11] Yeah, that's really interesting. I didn't realize there was some legal protection. That's really wonderful. I think what you're saying about people, understanding how to interpret that, not that it's enabling, but that it's an opportunity.

[00:10:21] Now, where are the boundary lines and what does it actually look like when the rubber hits the road.

[00:10:25] Right, yes. Elaine, can you tell us a little bit about what the actual definition of hoarding is and how that's different from clustering?

[00:10:33] So when you boil it down, the actual definition, Beth, is like three and a half pages. So we're going to cut through three criteria. Okay, when it boils down, it's basically three criteria. The first is that there must be what most people would describe as an excessive accumulation. And I say a failure to resolve proportionately. That does not mean one thing in and one thing out. That means that that fundamental check and balance system that your senses can alert you when you are approaching overload and the risks that you are at. You either didn't develop it, as can happen, or it's become impaired. It's not working for you. So that's number one. Number two, some or all of the living spaces can't

be used for their intended purpose. Living spaces can be your office. It can be your backyard. It can be your garage, your car. It can be your electronic system. Anywhere where activities of daily living occur, you're still living in the environment, but you're having to take unusual adaptive steps in order to manage that in a normal coordinated environment that might look like you can't cook on the stove, you're on the barbecue outside or you're down to one burner and you have shut out with blinders the fact that there are combustible and risky materials that if they wouldn't ignite, they would conduct heat and something else would ignite in close proximity. So you've made adaptations that are putting you at risk that you're probably blinding yourself to. The third criteria is somebody is upset, OK, they're distressed or if they're not actively distressed, they have the right, this group of individuals have the right, if they knew the condition, the true condition of the property, they would have cause to be distressed. That can be your landlord, the fire department, anyone of municipal bylaws. Could be your mortgage company, your insurance company, can be your family. It can be neighbors and those living in close proximity to you who are actually at more risk than you are because they don't know the risks they're at, and so they are not prepared to take evasive action in getting out in case there was a fire hazard or a flood, for instance. And then all of that stuff gets wet and the structural integrity of the building can be compromised.

[00:12:54] Yeah, that's some pretty serious impact. Is all hoarding the same? Does it look the same for everybody?

[00:12:59] No. No, it isn't. It's quite different, really. I've renamed the different types of hoarding because the terms that were being used I didn't feel were descriptive. So you might hear hoarding referred to as common hoarding. There's nothing common about it. It's standardized hoarding, all right? Standardized hoarding. And the reason that I use the term standard instead of common is that it meets the standard. I want you not subjectively to decide this is a hoarding situation. I want you to know there is a standard of three criteria. Go back, does it fit the criteria or not? If not, you're solving the wrong problem. The first type under standard hoarding is indiscriminate. Indiscriminate is everything imaginable can and is hoarded, from valuables to human waste. That's one type. It's hallmarked by chaos and deteriorating living conditions to the point of quite often fire and health safety and squalor, given enough time. Then you've got discriminate hoarding. Discriminate hoarding can sometimes be called being a specialist. Discriminate just means you are able to discriminate one or a few categories of things that have exceptionally high attraction value, exceptionally high reward value for having. Quite often though, it's about the attachment you have to these things, immediate attachment you have. And in that you have to three saving patterns that often get played out. But also just as often it's about having the things, not using the things or enjoying the things. So that compulsion takes over and there is no end in sight. You can't get enough of these things and beauty is in the eye of the beholder. It could be bottle caps or it could be jewelry, fine paintings and anything in between. The third under standard hoarding is combined. I find that combined happens when discriminate hoarding gets way out of control further down the line, and the rescues of normal life, of daily life gets mixed in. And you really can't tell that there are discrete categories and collections within that pile until you start to deconstruct the pile and then you realize. The second type of hoarding is Diogenes Syndrome. Now, Diogenes is quite often found among our senior population and it's hallmarked by abject self neglect and squalor. These individuals have been quite idiosyncratic their whole life. Whatever beliefs they hold, they hold them firmly and they are well known to hold them in the absence of fact. And they are a type of individual who has a mindset that is very, very hard to break into, and this abject self neglect and squalor can happen when money isn't an issue. These are the people who are eating rotten food, who are feeding their pets, food

that is rotten from the fridge. They themselves, the level of hygiene, the level of compliance with medication is very, very poor and they're very ill when you find them and very vulnerable. And the last type of hoarding behavior is animal hoarding. And I know everybody believes that there is a certain number of animals that you're allowed to have. Well, to an individual who hoards animals, that is a meaningless concept. And actually, you might want to if you're interested, look up the podcast done by Dr. Jeanie Lewis. And it doesn't have the nicest name, it's About Cat Lady, But she describes five different psychiatric subtypes of animal hoarding. And they are not helpful to the individual, but I find them very helpful to myself as a clinician because I then have a whole body of work to draw from to start a therapeutic process with the individual. And so I just mentioned that for any of the social workers who are interested, animal hoarding is the most persistent. The odds are I wouldn't take odds against 100 percent recidivism.

[00:16:58] That was really helpful information to hear all those differences, because I think sometimes people say hoarding is hoarding and don't really understand the nuances of really what's going on.

[00:17:08] Not at all. It looks all the same, but it isn't. You can't come to that person to help without doing the kind of assessment that allows you to discriminate who this person actually is as a hoarder.

[00:17:21] Yeah, you need to know what's really going on in order to really help them. So how prevalent is this issue?

[00:17:26] Well, we can prove six percent in research. However, it has to be much higher than that. Because I'm one person, one social worker with one business in one city on one website. I can't go anywhere here or in the States or even in Europe and mention the word hoarding, then someone doesn't self disclose or take me aside and do, "Can you do a referral?" "Can you give me some advice?" "I have a loved one." It has to be far higher. I did 15 radio interviews the other day. And of those 15 radio interviews, two of the interviewers took me aside to mention personal problems that their family was having. So what are the odds that it's 6 percent?

[00:18:10] Yeah, not likely.

[00:18:11] We need better research is what we need.

[00:18:13] I think this is one of those disorders, too, that carries a lot of shame. So people wouldn't necessarily be public about it unless they really knew somebody they could trust. Yeah. So I'm certain that you're right, that 6 percent is just the very tip of that iceberg. So you coauthored a book about hoarding. What was your goal and how is your book that's titled Conquer the Clutter: Strategies to Identify, Manage and Overcome Hoarding? How is that different from other hoarding books that are out there?

[00:18:41] You know, when I looked at all the literature, and there is a lot of it, it falls into two categories, basically. The good housekeeping hints on cluttering and hoarding and the quizzes that are quite cute, but really not very helpful. And the research and theoretical books are excellent, well-written. There was nothing that spoke to when you're in the trenches and you're living with this and there aren't enough services and even if there are services, you can't afford them. What do you do? And so many times over the last 18 years, different clients of mine have said, you know, when you said that or you asked me to think about that. That was like their own come to truth moment where they realize what

a major barrier this was in their life. And they would say to me, "you should write that down." And I thought, yeah, yeah, I'll write it down when I have 10 minutes. And then I decided, you know, I'm going to live forever. Why not put together a few of the stories of people who have volunteered their lives to be in the book that really illustrate the struggle, but also in some cases having to redefine success but still claiming it and their struggle to get far enough ahead that they're living safely with their hoarding or their clutter. And so I developed this book with Sue, she's an excellent technical writer, and it was designed to be a self coaching book based on the advice of I can't tell you how many people who have actually lived with hoarding that I've worked with, and their advice to me, how they taught me along the way what worked and what didn't work from the theoretical basis I was coming from. First of all, I started to write the stories because the emotional cost of seeing this kind of suffering was taking a toll on me and I needed a way to externalize it and deal with it. And so I would write the stories never intending to publish them. And it worked. And then when it came time to put together the theoretical and the treatment base, self treatment, self coaching, I went back to many of those people and I said, "this is the story I wrote about your situation. Can I read it to you? Would you be willing to have this be in the book?" And with few exceptions I think probably half a dozen people said yes, absolutely. Just changed my name." And a few of the other stories, they were such generalized problems over so many people that there was a commonality. And so those stories became a collage of maybe 12, 20 people who face the same issues differently. But basically the same issues and required the same type of intervention.

[00:21:22] It's really nice that you were able to include in what you were doing the human aspect of it and really putting a face to it that these are real people's stories. I think that's really healing for the people who are in the situation, but also really healing for people that are right on the verge of discovering that they do have a problem and that it's okay to have that problem and other people do, too.

[00:21:43] Yeah, absolutely.

[00:21:44] Yeah. And then maybe just building some empathy to in the general public for what's really going on with these folks who are struggling with this.

[00:21:51] And remind people, too, that no matter how each of us is broken or a flawed, imperfect human being, you treat the person as a whole entity, not passing off with labels, and you treat the person with respect. Even if you're a 100 percent in the wrong, you still deserve to be treated with respect. Even if I like you and I approve of you or I don't like you and I don't approve of you and what you're doing that is irrelevant. You park your own stuff at the door and you go in with the skills you have and you are respectful and treat that person in their entirety.

[00:22:25] Yeah, absolutely. What causes this disorder? What causes hoarding?

[00:22:28] You know, we don't know. We don't actually know what causes that tipping point. What I do know, though, if you look at all of the research and the theory and experience, I've broken it down into three paths. And the first path we know is genetic. We know that there are three chromosomes with markers in common and we know which chromosomes they are. Johns Hopkins did a collaborative study on a familial pattern of OCD and hoarding and found a correlation with a fourth chromosome, chromosome 14. But if you add to that the power of modeling behavior, if you grow up in a chaotic home, period. But you grow up in a severely cluttered home where reaching developmental milestones is not an easy thing to do, full of challenges. If you have a relationship with

parents who focus, obsess and are compulsive about objects and collecting or not letting go. Talk about that in a minute. Not all hoarders accumulate a lot, but they end up with a big accumulation. And you feel, you've grown up feeling that you've been displaced by stuff meaning more to your parents than you do, and you develop a very insecure attachment pattern. You can imagine what that does to families. The second path is there is a defined list, among those comorbidities are OCD, anxiety, depression, ADD, ADHD, bipolar, schizophrenia, autism, Asperger's, social anxiety. It's a long list, but it's a defined list. We do know that if you are one of the unlucky folks who have one of those comorbidities, you are at a higher risk of also developing Hoarding Disorder. We don't know, though, whether it's necessary that you had a latent vulnerability for hoarding. We're not sure of that connection. The third path is that you are chronically disorganized and you don't have to be terribly disorganized. But, you know you fight to regain control of the clutter, you lose control. You fight, you regain it, you lose control. You're back and forth on your seesaw and then something happens as happens to all of us, and it overwhelms you and destabilizes you and you go down, or not one big event, but a series of what would seem relatively unimportant, not major events, but a series in a compressed period of time. And you can't restabilize in between. And at a certain point you've reached your tolerance level and you go down and at the point you become overwhelmed then, that's the point you're really vulnerable, because the executive functions in the brain cannot function well enough for you to help you alone make the decisions you need to make. That's where you need to have trained, hoarding informed, respectful support.

[00:25:20] Yeah. And just to clarify, Elaine, these three paths that you're mentioning, these are the paths that are included in your book, the Conquer the Clutter book.

[00:25:27] Absolutely.

[00:25:27] Okay. Yeah, great. So we definitely recommend that for reading for anyone who's looking to learn more about this problem. And there's also mention of Adaptive and Maladaptive hoarding. Could you explain the difference between that and what the outcomes are likely with each?

[00:25:42] So so many people believe that many people ended up in this hoarding situation because they come from a family line that suffered under the Depression. Billions of people, Beth, went through the depression and they don't hoard maladaptively. Some of them don't hoard at all. But some hoard adaptively, and that is when, yes, you do over buy. You know, you must might buy 30 tins of soup because it's on sale. You might buy enough toilet paper for the year for a good price. However, the difference between Adaptive hoarding and Maladaptive hoarding is not necessarily the amount you buy, but that you use it. You buy according to your use and nothing gets wasted with Adaptive hoarding. You respect the fact that this is an opportunity. Whatever you buy doesn't expire. You have a different check and balance system that's operating there. And this is Adaptive hoarding. It may be to get the best price. It might be to save money. It might be for any other personal reason you have. But nothing is going to waste and it is not building up and you're not having to throw things out. Maladaptive hoarding is different. Maladaptive hoarding is when you really are triggered and you're responding to either a static saving pattern or attachment pattern, sentimental attachment patterns or intrinsic attachment patterns. You can't miss a deal. You got it at the right price. One of the stories I tell about this is a family member, long before I knew anything about hoarding. I was sitting at my uncle and aunt's kitchen table, one of them, and my aunt and my cousin was there and we were talking and I said, "well, where's Uncle Phil?" "You know, he got out." He worked full time. He was preeminent in his career. He got out at Saturday, probably at a yard sale. We

don't let him go to yard sales. We don't encourage it. And he was always someone who loved to deal. And though sooner or later, he arrived back and he came in, he said, "you are never going to believe." He said, "I got a case of dog food and you are never going to believe what I got it for." And they looked at him like "Here we go again," and they said, "We don't have a dog. To my knowledge, we don't have any intention to get a dog." And he said, "well, maybe so, but you're never going to get it for that price again." So you can see where at a certain point this great brain he had became triggered by the deal. And that probably fed back into some kind of historical learning he did from family or an experience where in some way that was a major achievement for him. And of course, that can get played out in many ways with people holding onto parts of broken things and convincing themselves that they're saving them as part of that attachment to act fast plays out in their mindset. And it's endless.

[00:28:39] Yeah, and there's definitely an element of suffering both emotionally and I would assume with the anxiety that comes with this. But what could you tell us about some of the other risks that are associated with hoarding?

[00:28:49] One of the strongest risks is eviction or the threat of eviction. And that includes if you own your own home, because unless you own the house outright, in which case you can still be removed from it by the fire department if you represent a sufficient community safety risk. I've got somebody now who has just contacted me that has been hoarding for probably 50 years and was well known. I realized that I had heard his name when I worked with the Health Department and I'm just being called now and his home is so deteriorated that they can't even tear it down because where will all the rats go? They'll go to the neighbors and cause a health risk there and also a bit of a panic. So he is being removed from his home even though he owns it. If you rent or you have a mortgage, if your insurance company, your mortgage company can cancel your have your home insurance cancel, even if you own the home. And of course, they won't hold a mortgage if it's not insured. Based on the condition, the amount of accumulation and the risk that it offers. Of course, rental, when landlords do the annual inspection or a repair person has to go in to repair something they can call it quits at that point and serve you with a notice of eviction. Death is another one. I mean, people have fallen and been suffocated by mounds of things toppling on them. All kinds of physical injuries, I had somebody who called me couldn't be released from the hospital because of the condition of the home being unsanitary and being a tripping hazard. And when we went in, we found exactly what she was talking about. And she had fallen and broken her ankle quite badly, had to have surgery. But the discharge planner, thank heavens, was on the ball and realize from just things the woman said that there needed to be an assessment. I couldn't pass the house as an assessment. This was a sanitary hazard, she's got an open room and also a physical hazard dripping again.

[00:30:46] Yeah. These are really important risks that some of that could potentially be really dangerous.

[00:30:51] Could lead to Sepsis.

[00:30:52] Yeah, absolutely. Absolutely. So these are people that are really not only for their emotional health, but their physical well-being are really in need of assistance. What is the prognosis for this? And are people able to recover from hoarding?

[00:31:04] Well, depending on how early you start and how long it has gone unidentified and untreated, there's a linear relationship with success. But every person who is still enough cognitively intact can learn to manage this and often do with the right support.

[00:31:24] Elaine, I'm just going to shift gears a little bit and I'm going to ask you some questions now about what the treatment looks like for hoarding. What are the components and some recommended tools that you use to assess hoarding?

[00:31:35] Thank you for asking this. This is great. So the best plan, Beth, is based on the best assessment. And I'll just tell you what I do. Other people may have other ideas based on what they hear. I start because all of my work is done in the environment where the hoarding occurs. So I am out in the hole, in the backyard, in the car, in the wherever where the actual hoarding occurs. It keeps it real and it keeps it immediate and urgent. I use portable tools, obviously. I start on my first session with a generational hoarding and personal family history of hoarding. How prevalent has actual hoarding been or the fundamental beliefs and fears that underpin hoarding? I'm looking for how is the connection to hoarding in this person, even though they're asking me to come in and help, because that's going to tell me how steep that incline is. We will always go back to what we know best when we don't know what to do. The second thing I do is I want to know emotionally, mentally and physically what your health status is. So I use the David Burns' three inventories from the Depression and Anxiety Workbook that he has. He has three inventories that are portable. I photocopy them or I bring the books out. I had a stack of books up until the point I couldn't get any more, everyone of my clients was getting one of these workbooks. And they measure depression, anxiety and isolation, and those are three key elements. Depression, of course, I want to know what the medications are and what the side effects are for you. So that whatever requests I'm making can be made in the context of what you stand have a chance to deliver. I don't want you having another failure experience. Anxiety, how anxious are you currently not just about hoarding, but in general, because in the work we're going to do there are going to be times when we increase that anxiety. It's just part of the work we do. And I want to know where you started so that when I see reactions, I can understand what part of that reaction is about the work we're doing and what part of it has predated me working with you so that I don't overtax you. I'm reading you all the time. And isolation, when people get isolated, Beth, they only have their own thoughts, fears, values, beliefs and anxieties that circulate within. So I want to help you become more self confident, reclaim your self-esteem so that you can at least get out of your own head and see what else is happening in your community and maybe to whatever baby step degree you're able to start engaging, because that will be the first step to you wanting to have people in your home and accept invitations to theirs, start breaking down the isolation. The next thing I do, I revise the traditional activities of daily living scale, and I'd be happy to provide it to anybody who's interested, so it is specifically about hoarding risks. What activities of daily living are you able and not able to do because of clutter and because of hoarding? There's also a housing clutter checklist that I go through with individuals before they even give me a tour of their environment so that they can start mentally imagining and picturing their environment external to their own immediate experiences. You open the door and there's a pile, you step over it. I'm in a different mindset than when I sit and I explain it to someone else and I have to picture it. That image of seeing the truth about the condition of the property as though you were looking at it through a window is very, very powerful. And quite often it's the first time the person realizes the extent of the accumulation and the risk they're living with, where it's necessary. So this would be where there would be a pretty severe fire hazard. I have developed a very in-depth tool to quantify the risk because safety is always first. Health is a very close second. Safety needs, health needs and then happiness needs. So the next

thing I do, probably by the second or third section that I'm with someone, is I ask them if they're comfortable giving me a tour of the environment that they're concerned about, and that's really where they own it. And I ask them, "So tell me what your plan was." I always start from a positive base. "What was your plan here? It looks as though you started out and then what happened? That it's a little off track. And what would your goal be? How do you see this environment? How do you see using it? What would your wish list look like?" After I have the information to that and I've had time to reflect on it I just kind of boil it down and realize what are the takeaway messages in each of those, I move on to treatment. I don't start treatment until I've done all of those and I've debriefed with the client to make sure that I have the right understanding, that the conclusions I'm making resonate with them and it reflects what they're really experiencing and they believe also is true. Then I move on to treatment and based on the results from each of these tools, I determine the person's health status and I share that with them. There's no secret, there's no side discussions that are not open to sharing with the client. And I ask them to make a contract with me that they will never knowingly tell me something that they know isn't true to please me because they're ashamed or because they don't know the answer or they don't like the answer themselves. I encourage them to say "I'm not comfortable answering that. I don't have a satisfactory answer for that," so that we're dealing with respect. The second thing I do, starting with treatment, is we sit down and we make a plan for the functional use. What are the priorities? Where are the safety priorities? What do we first have to do? I just went to see a lovely woman who's just recovered from cancer. She has two little children. The home looks impeccable with the exception of part of the downstairs in her office and the area around the furnace and hot water tank is completely clogged with combustible materials. Well, when I went in the home, if I only ever looked at the rest of the home, I'd think what's the problem here? We can certainly solve the problems in the office. What I really see is that stuffing behavior and the unknown risks that this family is putting themselves at, that will be the first thing when I go back that we deal with. I want to calculate the degree of combustible material in the environment, and I explained to the person what that combustible material means as far as fire risk. Where necessary, we also assess the mobility risk. So tripping and toppling hazards, things can fall over, knock you off your balance, you can get injured, and biohazard risks, we build a plan for those. If they have another clinician, a psychiatrist, another social worker that they're working with something on, I encourage them to consider that maybe we could open this into a care team and I would work in an open communication system, no secrets, collaboratively with the client, myself and the other clinician, so that we've kind of narrowed the weave of the safety net and the client then becomes a participant, not a recipient, but a participant. They are one of the care team and the open communication system, in my mind, guarantees that they will take more responsibility because they will hear the message from two people that they respect. And then we just proceed through those different plans, setting goals, adapting goals as we need to and celebrating successes as they come.

[00:39:50] Yeah. Thank you. There was a really beautiful summary of what your assessment process looks like, and, you know, what some of those key parts of treatment are. What I'm hearing in this that there's no replacement for being on site and being there with that person in their home and that the team approach could potentially be really valuable, to have a care team there and everybody to be open boundaries, it sounds like. Unfortunately, they're kind of closed in our boundaries sometimes, in our way we treat and help people.

[00:40:16] I have a crew, too. When we get to a point with a person, I really wanna get this part done. And you and I probably can't do it together. And I'm getting impatient. I'm ready for this and I can see the indicators that they are. I have a crew, but they have to be

people who genuinely like and respect other individuals and they've demonstrated that. I have already know them from other venues and in other experiences, and I have seen how they respond to people. They are able to self regulate so that there is no insider looking or face making or eye rolling or no physical personal behavior that is "us and them." And then they honestly can invest in and find it rewarding that they can help an individual overcome a barrier, but help them, not do it for them. Do it with them.

[00:41:08] Yeah, absolutely. Would you maybe be able to share with us for folks who are listening if they're interested in taking a look at some of these assessment tools on some of those things that you use? Is there somewhere we could go to take a look at those?

[00:41:19] Absolutely. You can go to Hoarding.ca, or if they don't happen to be on Hoarding.ca right now, John Hopkins is asking us if we are willing to do a therapist handbook. And so I have to talk to them, there are 23 assessment tools in the book, even if the School of Social Work just had one book and there are Kindle versions as well. But if they want or they need any of these assessment or a contact me at Elaine.Birchall@hoarding.ca.

[00:41:51] Yeah. Thank you so much for being open to sharing that with us. So I encourage our listeners, if you are interested, send an email and we can get some some tools for you. And I also love that this is an opportunity to maybe open up somebody's mind to working in this field if it's not something they had been thinking about prior to this.

[00:42:08] It's terribly rewarding.

[00:42:09] I can imagine. I can imagine. Okay, so I have just two more questions for you. We're getting right to the end of our time here and I'll just sort of combine this into a two part question so we can listen to as much as what you have to tell us. If somebody is concerned that they're hoarding, what should they do? Or if they know someone that they're concerned about, maybe that person is hoarding or showing some acquiring behavior, what could they do to get help for somebody else?

[00:42:33] So if a person themselves feels that they might be hoarding, I think maybe they could prove it to themselves and they can go on my website, Hoarding.ca, and they can take the quiz. I developed a quiz that fits, kind of dovetails with the criteria for hoarding and they simply ask themselves six questions, but it's not a happy kind of quiz. It's very specific to the criteria for Hoarding disorder. In very short order, they can compute their results, which are proportionately specific to the risk. And if they need help, if they come out of that understanding that "oh wow," that this is a crisis or this is severe. And where "I'm on the brink. This is the time, I'm ready," Then they can e-mail me. They can go on my website. They can join that response on the platform, sign up, subscribe, doesn't cost them anything. There are blogs where blogging quite a few times a month. That's Psychology Today. We are going to be downloading those blogs on the website, Hoarding.ca, under the Blog tab. And when they're ready, they can send me an e-mail under Contact Us and tell me the geographical area, and Donna, my assistant and I, we'll see if we can find somebody suitable in their area who knows more about hoarding. And some of it will also be determined by the comorbidities that they're living with. So we'll help put them in touch with whoever seems to be the best candidate to support them.

[00:44:03] Wonderful. Elaine Birchall, thank you so much for spending this time with us and sharing all of this knowledge that you have and inspiring all of us as social workers out there.

[00:44:13] And thank you for your interest. It's an underrepresented underserved group who really are lovely people to work with.

[00:44:20] You've been listening to Elaine Burchall MSW, discuss Hoarding Disorder on inSocialWork.

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