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Interventions With Older Adults With Hoarding Behaviors Living in "Garbage Houses"

Henry J. Schoonover
Augsburg College

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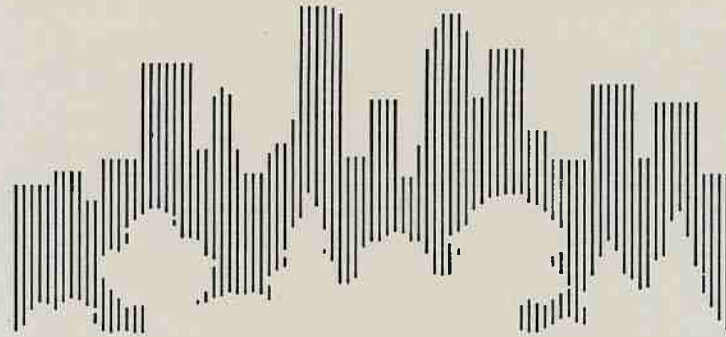
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MASTERS IN SOCIAL WORK THESIS

Henry J. Schoonover

Interventions With Older Adults With Hoarding
Behaviors Living in "Garbage Houses"

**MSW
Thesis**

Thesis
Schoon

1995

**INTERVENTIONS WITH OLDER ADULTS WITH HOARDING
BEHAVIORS LIVING IN "GARBAGE HOUSES"**

BY

HENRY J. SCHOONOVER

**A Thesis Submitted to the Graduate Faculty of
Augsburg College
In Partial Fullfillment of the Requirments
For the Degree of
Master of Social Work
May, 1995**

**MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA**

CERTIFICATE OF APPROVAL

This is to certify that the Master's thesis of:

Henry J. Schoonover

has been approved by the Examining Committee for the thesis requirements for the Masters of Social Work Degree.

Date Of Oral Presentation: April 28, 1995

Thesis Committee:

Mary Lou Williams
Thesis Advisor

Susan W. Schopf
Thesis Reader

Clarice Hoff
Thesis Reader

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This work is dedicated to the neatest person I know: my wife Barbara.

Special thanks to my daughter, Valerie, for helping me to not over-sleep on mornings following long nights spent working on this project. I would also like to acknowledge my mother, and deceased father for their support of my education. Finally special thanks to magnificent seven, who helped make my education "real."

ABSTRACT OF THESIS

INTERVENTIONS WITH OLDER ADULTS WITH HOARDING BEHAVIORS LIVING IN "GARBAGE HOUSES"

Methodology: Exploratory Study

Henry J. Schoonver

April 14, 1995

The purpose of this study was to explore what interventions are being used on older adults living in what are described as "garbage houses." This study interviewed seven human service professionals to find how they intervened, what techniques they used, and what theoretical orientations influenced their intervention choices. With the help of articles in the literature and the findings from the respondents interviewed in this study, a hypothesis was developed emphasizing the systems perspective and problem solving method to establish a theoretical construct for an intervention. The intervention recommended would vary according to the individual client's need, but include short and long term intervention strategies and goals.

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Chapter I: Introduction

The purpose of this research was to find out how human service professionals work with older adult clients who live in what are popularly known as "garbage houses". For the purposes of this study, the term "garbage house" shall refer to a dwelling with possessions of food or non-food items in the living areas of the dwelling. These possessions will have accumulated to such a degree that they constitute a health hazard, fire hazard, or impede the resident's movement from room to room.

The term "garbage house" is not this author's term. It is a term coined by the print media which will be used in this study due to a lack of a less derogatory term being available at the present time. It is the hope of this research that a less pejorative term will be developed soon.

In addition to asking the question how the respondents worked with the indentified population, this research study tried to describe exactly what human service professionals are doing, and why they are choosing those particular types of interventions.

As this researcher has worked over the years with older adults living in "garbage houses", this researcher has found that older adult clients, human service professionals working with them, and health officials who enforce the ordinances seem to disagree on what caused the build up of debris. The human service professional may have a model

that is based on a psychological or sociological theory. The client may feel their situation was caused by a health condition or some other situation outside their control. The health inspector may feel the client is "crazy" or just sloppy. One thing all of these perspectives have in common is that they all are reinforced by the owner of that perspective's belief system. The psychologist believes that a psychological theory explains the hoarding behavior. The client believes his brother leaving all his materials in the client's house and then leaving town explains the mess. And the health inspector believes the person is a lazy slob because all the possessions lying around could easily be picked up. Because of the variety of opinions and situations around the reasons for the accumulated items, it is not hard to believe that the literature search for this study found little literature available on what causes hoarding behavior, and even less empirical research to support any theory on how to intervene in these situations.

Older adults who live alone in urban communities face many challenges as they age. The loss of a partner and friends, failing health, reduced income, agism, medical expenses, transportation problems, social isolation, and difficulty managing their own activities of daily living are just a few of the possible challenges they face. The complexity and scope of these challenges often make it impossible for human service professionals to provide them

with a quick fix. Never is this more evident than in the cases of older adults who live in what are popularly described in the media as "garbage houses". These "garbage houses" are often presented sensationally by the print media, and often the questions asked by the journalism community focus more on why these clients ended up in the situation they did rather than on what could be done to help them. The cases that make the papers and electronic media are often the most graphic and shocking environments that present the most impact when captured by video cameras.

It was the intent of this researcher to focus on what is being done with older adult clients living in "garbage houses". Very little effort was spent in this research on trying to come up with general theories on what causes hoarding behavior and "garbage houses". Instead the researcher explored the interventions social workers and other human service professionals have used in the field or in therapy with these older adult clients.

This exploration led to a collection of data on the different kinds of interventions being used, and which interventions were most effective. As the data was analyzed, some understandings emerged on why a set of particular interventions were more effective than others. This research uncovered what is being done in the field with these clients, and synthesized the data into a working hypothesis. To begin understanding why garbage houses exist

was not the goal of this research, but finding out why human service practitioner did what they did is one of the questions this study answered.

The primary implication for human service professionals was that this research would share information on how to work with the client to help them achieve their desired goal. The interviews in this study provided data on how the professional engages the client and target systems, not case studies of the clients themselves. The analysis of the data focused on these strategies and the professional's observations about how well their interventions worked in achieving the desired outcome. The discussion section includes a proposed hypothesis based on the data from this exploratory study on interventions and the theoretical perspective behind them. In addition the limitations and implications for further research are discussed. As reported in the following chapter, there is plenty of room for further research in this area.

Definition of Key Terms:

Some key definitions need to be stated here before continuing with the text of this study. As stated earlier,

- 1. Garbage house:** A dwelling with possessions of food or non-food items in the living areas of the dwelling. These possessions will have accumulated to such a degree within these living spaces that they constitute a health hazard, fire hazard, or create difficulty moving from room to room.

It is also significant to note that when the term garbage house is used, it may refer to an apartment or efficiency as well as a house.

2. Hoarding: A behavior of saving possessions in areas within the dwelling or property occupied by the inhabitant.

3. Older Adult: Will refer to anyone age 55 years or older.

4. Human Service Professional: Any person with the title of social worker, case worker, counselor, psychiatrist, psychologist, or service coordinator.

5. Intervention Example: Similar to a case example, this term refers to the strategies and techniques that were applied to the problem by the client and human service professional.

Also, for the purposes of this study the author focused on older adults that have not been actively abusing chemicals at the time of their contact with the human service professionals.

Chapter II: Literature Review

A review of the literature on older adult clients with hoarding behaviors or "garbage houses" produced sparse results. This chapter consists of three main sections. The first section of this search looks at the local print media. These newspaper articles help us to get an idea of how these situations are defined and viewed by our communities, and how they are dealt with by health, law, and legal officials. Then there is a section based on social work and sociology journals. This section discusses older adults dwelling in substandard housing or older adults who are homeless in situations similar to the housing crises experienced by the identified population in this study. The third section in this chapter is based on the information available on hoarding behavior in the psychology literature, which did not focus on older adults.

Print Media:

Occasionally people living in garbage houses have been exposed to the print media. Some cases have received a great deal of publicity, especially when they have led to litigation or legislation. Recently two cases in the Twin Cities led to these outcomes and were covered extensively.

The first case involved a woman in Minneapolis who was convicted and sentenced to 35 days in jail and given a \$700 dollar fine. She was charged with having garbage piled in

her house and yard which was said to violate a Minneapolis ordinance which requires homes to be clean and sanitary. The woman appealed the decision all the way to the Minnesota Supreme Court, where the conviction was upheld on April 4, 1992. While the story did not indicate if this woman was an older adult or not, it seemed to illustrate both the length that the resident of the home will go to hold on to her possessions, and the seriousness with which the community and the legal system views these homes as a threat ("court reinstates", Minneapolis Star-Tribune, 4-24-92).

In 1988 city authorities discovered a family of six living in approximately 18 tons of garbage. This case highlighted awareness of the problem and led the City of St. Paul to pass an ordinance allowing inspection of any home to check for unsanitary conditions. A city councilman was quoted in the article as calling these inspectors "care swat teams", whose goal is to get social workers into these homes early so that social workers can untangle the mess (Foley, Minneapolis Star-Tribune, 2-6-89). This article also gave several expert opinions on what causes the people in these homes to hoard possessions, and what can be done about it. One interesting theory was voiced by psychiatrist Dr. David Hedlund, who labeled clients who live in these types of homes "obsessive compulsive savers". He felt that saving is a problem solving strategy for these people, and because it is not a successful strategy, the problem does not go away

and these clients respond by saving more. Dr. Hedlund said there were a number of medications that were helpful, and expressed the belief that helping the client clean out their home is only a temporary solution (Foley, Minneapolis Star-Tribune, 2-6-89).

In January of 1994 the City Pages published an article with a alternative point of view. This article was an expose' on Minneapolis city health inspectors and the way they intervened on residents who lived in garbage houses. The author accused the inspectors of harassing residents and stated the inspectors were abusing their power in order to get the residents to move away. Some of the anecdotal examples in this article involved elderly clients. Many of these people, according to the author's point of view, were inspected by city inspectors without the "due process" of receiving a report that there was a problem before making a visit. There were no examples mentioned in this article where social workers had gotten involved to intervene on the behalf of the client. Instead the author describes situations where people's houses are condemned and the residents are forced out on the streets with their possessions (Vogel, City Pages, 1-26-94).

One article which did mention interventions used by social workers was found in the Minneapolis Star-Tribune in June of 1992. (Wolfe, Minneapolis Star-Tribune, 6-1-92, p.1E) In this article, which focused on elderly adults

living in garbage houses, one person was used as a case example. The story included an interview with a Bloomington social service agency which helps older adults. A social worker talked about interventive techniques with older clients which try to be as respectful as possible. One technique involved working with health officials in a "good cop bad cop" scenario to manipulate a client who is not interested in cleaning up their dwelling to accept services to help get it cleaned up. This technique was only used on clients who could not be persuaded to clean up their dwelling voluntarily. This strategy was used by their agency when the house had been determined to be a health or fire hazard. This story also reported that most of the older adults in these situations could not be persuaded to voluntarily accept help until they were threatened with condemnation or eviction. However, there was no empirical data cited to back up that statement. This newspaper article was significant however, because it was the only article of any kind that this researcher found which dealt specifically with interventions being used with older adults living in garbage houses. This article mentioned the fear older adults in these dwelling have of being discovered and institutionalized, and mentioned the option of conservatorship for older adults as a way to intervene in getting their lives and homes back in order.

Sociology and Social Work Literature:

While the print media offers little insight into how to intervene with older adults living in garbage houses, the professional literature does not fare much better in providing insight on interventions. The social work and sociology literature tends to look at similar problems and populations, like older adults who are at risk of being homeless. The psychology literature does not look at the older adults specifically, but does have a handful of articles that study hoarding behavior and causes for it.

A study by Kiegher and Greenblatt (1992) on elderly homeless in Chicago is relevant to this research topic because it attempted, through rigorous interviewing and follow-ups, to assess what kind of problems lead to homelessness among the elderly. One of the problems they identified was termed as "deplorable housing conditions" (p.458). While the term 'deplorable' was never defined in this study, it is probable that a portion of these older adults came from garbage houses. This study discussed three categories of homelessness which had been identified in previous studies, then added a fourth group of elderly homeless that was primarily, "people who are inadequately and tenuously housed or in deteriorated or unsafe conditions and are at eminent risk of eviction or self endangerment. They are often served before they become dishoused or visible to the public." (Keigher and Greenblatt, 1992, p. 458).

This study also said low income and reduced cognitive abilities were the most powerfully correlating explanations of actual homelessness, while social support from families or agencies seemed to have little effect on preventing the crisis or solving the problem that led to homelessness. It was significant that this newly identified fourth group often did not see the problem that led to emergency placement get resolved, even after they returned to their home or new home. (Keigher and Greenblatt, 1992).

Another study also focused on the elderly homeless in Chicago. This study indicated that 13% of the homeless interviewed in the study had homes available to them, but these homes were uninhabitable due to deplorable living conditions, or utility shut-offs (Keigher and Kutza, 1991). This study also showed that of the recently homeless older adults who had been dangerously housed, 45% of the women and 31% of the men had been described as "obviously confused" by the interviewers (p.290). These numbers are important because they suggest that there is a population of elderly adults living in deplorable housing conditions who are at risk for some kind of housing crises due to those conditions. For this population, which the authors described as "frail, confused, and homeless", there are two types of interventions. One is categorized as emergency intervention, which intervenes in a crises to help the client fulfill their immediate needs or to resolve a housing problem. The

second type of intervention is for helping clients with homes or who just lost homes to get reestablished in homes. The goal of these interventions are to try to get the client resources to prevent the situation from happening again. The implication for this study is that perhaps a multiple interventive strategy is necessary to help the older adult client population who are the focus of this study.

One type of intervention used for people in a housing crises is described in an article by William Curcio (1989). This article described a mediation process which attempts to resolve tenant vs. landlord disputes which otherwise might result in court up-held evictions. The strategies suggested for mediating may or may not be effective with the older adult clients who are the focus of this study. However, the role of mediator may be an important part of advocating for the client of a "garbage house" dwelling that is needed the most. As noted in the article by Vogel (City Pages, 1-24-94), many of these clients feel like they have been abused by health inspectors or the criminal justice system. Perhaps the same mediation techniques described by Curcio (1989) would be effective in working with the client system and target system.

Curcio's (1989) mediation techniques are used in a court referred type of arbitration where the mediator potentially has legitimate legal power over both parties. However, in the case of human service professionals

advocating for garbage house clients, their authority may be more limited, thus reducing the likelihood of a mediation being successful or binding. Indeed, in a study (Barker, Mitteness, and Wood, 1988) focusing on relationships between elderly tenants and residential managers, most building managers were more likely to evict or push for a different living situation for their elderly tenant when an uncommon health problem emerged which, "jeopardized community living" (p. 610). This tendency to evict would seem to indicate a premise in the building manager's decision making where the potential health or safety risks to the other tenants outweighed the rights of the elderly tenant to live in the style they choose.

Psychology Literature:

Within the context of this literature search, several professional journal articles were also found which talked about the phenomena of hoarding behavior or "pack rat" behavior in humans. All of these articles were found within the psychology literature, and dealt more with what causes or motivates hoarding behavior than interventions used to combat it.

An article appearing in Psychology Today by Lynda W. Warren and Jonnae C. Ostrom (1988) focused on describing the "pack rat" clients they have served. They described these "pack rats" as "those who collect, save, or hoard insatiably, often with only the vague rationale that the

items may someday be useful. And because they rarely winnow what they save, it grows and grows" (Warren and Ostrom 1988, p.58).

This article also points out that while there is little in the psychology literature that focuses on "pack rat" behavior, the kind of hoarding that "pack rats" do is described as a trait of people with obsessive compulsive behavior (OCD). (Warren and Ostrum, 1988). Hoarding behavior is described as one of the eight criteria used to diagnose OCD in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.).

Warren and Ostrom (1988) identified four main reasons their clients' gave for their hoarding of possessions. They were sentimental attachment, possible future need, potential value, and lack of damage or wear. The authors felt these reasons offered insight into their clients' hoarding behaviors, and exposed these clients as people who have a hard time making a decision on what to throw away. To avoid the anxiety associated with possibly making the wrong decision, their clients rationalized their hoarding by using one or more of the above "reasons". Although the rest of the article is full of anecdotal descriptions of "pack rat" clients, the authors do end the article by asking for more studies to answer the deeper questions of why this behavior starts, when it begins to develop, and how the behavior could ever be changed.

One study attempts to try to answer the questions of when hoarding behavior starts and shed some light on why it starts. This study by Frost and Gross (1993) incorporated three separate surveys and samples. This study found that a Hoarding Behavior Scale developed by the authors was found to be reliable and valid when tested with a control group. It also found that certain aspects of the Hoarding Behavior Scale was scored high on by people who also scored high on a test measuring for obsessive compulsive disorder traits. When they broke down the scale, they found that hoarding is associated with the "maladapted evaluation concern components of perfectionism and indecisiveness." As Frost and Gross (1993) point out, this conclusion corroborates Warren and Ostrum's (1988) assertion that "pack rats" can not decide about when to throw something away. (Frost and Gross, 1993, p. 272). Frost and Gross (1993) also seemed to indicate that self-identified hoarders used as subjects in their study scored high on questions which stated "future need" as a reason for not throwing something away (p.374). This future need factor again was also given as one of the main reason's people kept things in the Warren and Ostrum (1988) article.

One finding of the Frost and Gross (1993) study which was of particular importance to this study was that material deprivation was not related any more to hoarders than nonhoarders. This conclusion would seem to refute the

theory that this generation of older adults, who were children or young adults during the Depression, became hoarders because they had so little growing up as suggested by Adams (1973). The study did find that 91% of self identified hoarders reported starting their behaviors by the time they were 24 years old. This conclusion seems to refute the theory that older adults who hoard began that process later in life due to many possible different challenges that go along with aging in our society.

So while the Frost and Gross (1993) study is very important in discussing why hoarders behave the way they do, it does little to help us understand what, if any, role aging has in this hoarding process. The study also does not investigate the severity of the self-identified hoarder's accumulation to let us know whether they are actually living in dwellings stuffed to the point where they would be similar to this author's present definition of garbage house. Frost and Gross (1993) do contribute empirical data to the literature on human hoarding behavior which until then had been mostly anecdotal reporting. But they do not bring up the subject of interventions with these hoarders, which is primarily what this study is interested in.

Another study in the psychology literature that approaches the problem from a psychoanalytic framework is Greenberg's study on compulsive hoarding (1987). The four case studies presented in this article gave anecdotal

evidence that "compulsive hoarders" become so consumed with hoarding that it affected their relationships. Furthermore, all four subjects in the case studies also showed resistance to therapy and diminished insight into their problems. While none of the cases showed any diagnosed psychotic symptoms, the subjects also did not make any attempt to curb their hoarding behaviors (Greenberg, 1987, p.409).

There were two places Greenberg (1987) and Frost and Gross (1993) disagreed and even contradicted each other. The first factor on which there was no agreement was in on-set age of the hoarding behavior. While 91% of Frost and Gross' (1993) subjects reported starting their hoarding before 24 years of age and 66% of their subjects stated their hoarding started in childhood, Greenberg's (1978) four cases all identified their behavior as beginning in their mid twenties. The other area of contradiction was in that of insight. Since Frost and Gross (1993) used subjects in their study on hoarding who responded to a newspaper ad and were self identified as hoarders, it seems that these people were not in denial that they had hoarding behaviors. However, Greenberg (1978) contends that one of the most important findings of his case studies is that they all lacked insight into their problem with hoarding. Since neither study was done with randomly sampled subjects, it is impossible to say which findings are more valid.

Chapter III: Methodology

The main questions this study tried to answer were: how are human service professionals intervening with their older adult clients living in "garbage" houses? What kinds of interventions are they using, and why did they choose those interventions? To investigate these questions this researcher did an exploratory study by interviewing human service professionals who work with older adults. The data gathered answered these questions, and led to a hypothesis for working with older adults in "garbage" houses. This study could also be characterized as multiple base line design, as it examined interventions in different settings with different professionals and their clients.

Study Sample

The sample size was seven human service professionals. There was also another respondent in the study used to pre-test the interview. The sample for this study was drawn by using a combination of three different non-random sampling techniques.

The first technique was a sample of convenience, as the first three or four respondents were all human service professionals that this researcher knew and was aware of their work with older adults. These initial respondents then referred this researcher to human service professionals they had heard of or met who also had experience in the areas of interest to this study. This referral process is known as

snowball sampling, but also would fall under the category of theoretical purposive sampling.

Confidentiality

The target population of this research is not the people dwelling in these garbage houses, but rather the human service professionals that serve them. To protect these older adults, the respondents' clients remained anonymous to this researcher. To insure the likelihood of this protection, the respondent's were asked to review all case files they may refer to before the interview began. They were cautioned not to bring files to the interview, or to identify their clients in any way during the actual interview. While the professionals who responded to this study were known to the researcher, the study does not reveal their identities. The interview records were kept in a locked file with a combination known only to this researcher. Records of the interview which may identify the respondents will be destroyed no later than June 30th, 1995.

Data Collection

In-depth interviews were conducted to explore this study's topic and build a hypothesis. These interviews varied from 45 to 90 minutes. The respondents in this study were contacted initially by phone, at which time they were given the opportunity to take time to think about whether they wish to participate or not. If they agreed to participate, they were reminded about client anonymity and

to not bring case files to the interview. A time for the interview was set up that was convenient to the respondent, at their work place if necessary.

The questionnaire (appendix B) was divided into four parts: demographics, interventions, theoretical backgrounds, and professional attitudes. The questionnaire was pre-tested in order to identify awkwardly worded questions and make sure the interview was not too lengthy. The questionnaire contained a combination of open and closed ended questions. Except for question 25, all of the questions in the survey allowed the respondents to pick more than one response. More than one response was necessary due to the complexity of the cases cited by the respondents. Several of the questions in the interview asked the respondent to elaborate on a particular situation of the older adult client. It was vital to the study that information regarding what was being done, how the respondents were intervening, and why they were choosing certain interventions, as well as the magnitude, complexity and unique qualities of these cases be explored. Through these in-depth responses, it was important to establish that the respondents and their practices were unique and not necessarily representative of all practitioners. This type of data facilitated the process of generating a working hypothesis which then could be tested in further research.

Chapter IV: Findings

Respondent Background Information

A total of seven respondents were interviewed in this study. Four of the respondents were female and three were male. Six of the seven were Caucasian and one was African American. Four of the respondents were social workers for either private or public agencies, two were administrators for social service departments with extensive histories of direct case work services to clients, and one had a job title of a service coordinator, which is similar to a case manager. Four of the respondents had experience of one to three years at their current positions, while two of the respondents had been at their current positions for four to six years. Only one of the respondents had been at her/his position for more than 10 years.

The respondents had a variety of professional background and educational backgrounds. Their professional backgrounds included youth work, social work, chemical dependency work, group work, and working at residential and treatment facilities for diverse populations. Five of the seven respondents had educational backgrounds which included bachelors and masters level degrees in social work, social gerontology, education, and liberal arts. Two of the respondents had not completed their undergraduate work at this time. Two of the social work respondents had obtained professional licensures as licensed social workers (LISW),

and two were licensed clinical social workers. One of the licensed social workers had a Masters degree in education as well.

This study incorporated frequency distribution figures to illustrate what was found in the interview responses. A qualitative content analysis was also conducted to find trends or lack of similarities in intervention techniques. This combination of qualitative and quantitative data yielded results which showed that establishing trust was listed as a high priority in a majority of these intervention examples. Incorporating a systems perspective in their work with these clients was important in creating a successful intervention. Data specifically focusing on a variety of intervention strategies were also found. An examination of the respondents' theoretical orientation and attitudes towards working with client's living in garbage houses showed a variety of theoretical perspectives and attitudes with a majority of the respondents favoring problem-solving methods and psycho-social theory. This chapter raised the question about what the respondents and their clients thought caused them to end up living in "garbage houses." The study found that the respondents were not identifying one theory or cause for why a "garbage house" client ends up living in accumulated possessions and/or unsanitary conditions.

In discussing intervention examples with these seven

One respondent stated:

"I think for me the systems approach is probably the one I adhere to most...building a safety net around that person, and trying to take into account all the resources they have at their disposal, and coming at it at a real broad based perspective, so that it incorporates as many resource systems as possible. Some of them are non-traditional systems, you don't necessarily think of a paper boy or a meter reader as a resource. [It incorporates] also taking into account their cleanliness needs, their family support systems - including trying to come up with mechanisms by which the family can be involved if they have not been involved in the past. My vision is to build a safety net that is as loose a weave as the client dictates. Sometimes that means having people come in every two weeks for a major clean-up, and in some cases its the whole thing of daily homemakers, home health aids, senior visitors, medical care, and the whole thing. You have to kind of tailor that net to build the greatest safety for that person themselves and the rest of the people in the community they live in while at the same time respecting that person's individuality as much as you can."

Another respondent's comments on using a systems perspective articulated clearly how it can be used by stating:

"actually a garbage house system is very balanced and my intervention is very intentional to unbalance it and create a crisis so it can achieve a different balance in a different system. I then become part of the system and I do not want to be the only healthy professional. I make it a point to have other professionals or family or friends as a part of that. Because my time is limited with that individual directly, and when I leave I do not want to leave an unbalanced system, I want someone else to take my place."

Establishing Trust

In addition to the systems perspective, the practice of establishing trust was also stated as a prerequisite to intervening with older adults living in garbage houses. All

seven of the respondents made it very clear that this was almost always their first objective when meeting a client. Often these clients were in various stages of being coerced by health department officials, and gaining trust allows the client to feel as though someone empathetic to their needs.

With this trusting relationship in place, the respondents were able to work out a mutual plan to resolve the clients situation. The respondents described a variety of ways of establishing trust with a client, including establishing a relationship with them over multiple visits, taking an advocacy role which allowed the client to be the boss, being sensitive to what the clients' needs are and not judging them or their surroundings, treating the clients with dignity and like "human beings" despite their surroundings. One respondent whose agency often deals with non-voluntary clients spoke of this need for giving clients dignity when she/he stated:

"Even if they detest and hate and say things, I am able to rise above that kind of open hostility that they may have and reach for that humanness that they have and a humanness that I have. Eventually we are able to have a successful intervention. To be able to approach a situation having all the knowledge and all the skills and life experiences and to be able to reach out and on their level, not in a self-disclosure kind of way -I'm very clear about self-disclosure and boundaries, but in a very direct way, firm fair and friendly."

Types of Interventions

Once trust and a systems perspective is utilized in assessing the situation with the client, the interventions used by the respondent's in the eighteen examples. Table 1

Table 1

Some Qualities of Interventions Used by Respondents

| Intervention | Qualities |
|---|---|
| Obtaining cleaning help | Most popular choice. Effective intervention when limited time was available. 78% of examples used this intervention. |
| Enlisting family | Sometimes effective as a short term intervention, and often useful as a long term way of preventing accumulation. 33% used this intervention. |
| Referral to a doctor or health professional | Used when assessment indicated a physical health problem was part of reason for accumulation. |
| Referral to therapist | Used in 11% of the intervention examples, often considered too time consuming and impractical. |
| Advocating on target system for client | Used in 27% of the intervention example, often on the health dept. |

Note: n=18, more than 1 intervention may be used per n.

illustrates some of the qualities of these different interventions. Helping clients obtain resources for cleaning and/or ongoing cleaning assistance was identified as the most successful intervention by four of the seven respondents. Five of the seven respondents listed that intervention in their top three of most successful interventions. One respondent stated that an intervention based on advocating for the client on a target system like the agency for adult protection or the health department was the most successful way to help them resolve their hoarding situation. Other popular interventions were enlisting family or friends and helping the client to find alternate housing.

Although helping a client to obtain resources for a major clean-up and ongoing cleaning help was a popular choice for intervening, and was perceived used 78% of the time, many of the respondents felt that it was just part of a successful intervention. Stated one social worker:

"I don't think we really understand why people are in these situations, it just depends on the individual as to what is going on. There could be a lot of issues, but you don't always have a lot of time to figure out that stuff either because they could be in living conditions that are really dangerous."

Another social worker seemed to express the futility of clean-ups by describing a client who had over several years who lived in three different dwellings. The client would fill up each dwelling with possessions and then be moved on to the next duplex after her hoarding behaviors were

discovered. Eventually, this client suffered a physical set-back which forced her to move to a more structured assisted-living situation where she received regular cleaning help as part of her contract for staying there. This experience led the respondent to conclude that when working with voluntary clients who refuse cleaning assistance, the only other option is to maintain a trusting relationship because, "eventually these things have a way of working themselves out."

Another respondent shared a story about a client who was evicted from her home and spent time in jail, the hospital, and an emergency shelter before finding permanent housing. The respondent stated that in each of these temporary housing situations the client continued her hoarding behaviors. Despite the lack of impact on the hoarding behavior itself, obtaining resources for clean-ups for the client was still seen as a primary intervention method. One respondent said:

"From my perspective...helping the client to obtain resources for cleaning would probably be the number one solution for helping them. I think one of the effective interventions for ongoing assistance with somebody is relationship building, and that one to one relationship...but I think that cannot happen until there is at least a habitable health situation, meaning marginal health standards and all of that."

One respondent felt the most successful interventions involved helping a client find alternate housing. She/he explained why:

Because at the same time I'm doing that, if I am

successful, I can usually get enough support services in to prevent that situation from happening again. Again, that is a big 'if' because there are always those clients that you can't get out of there housing, and therefore, you know usually, I think, that if they are healthy enough to get out and start over, they are healthy enough to let some other services in to prevent that from happening again. So it may be a reflection of who are the clients that are more likely to succeed than what is the intervention that is more likely to succeed."

Another respondent made the observation that helping a client find new housing would quite obviously be the most important objective in an intervention if the client had been evicted by the health department due to the accumulation and/or filth of their dwelling.

Enlisting the client's family or friends was also a popular intervention for the respondents in the study. While no one thought that was the most effective intervention, a few of the respondents did have success by enlisting family members or friends to help the client. This was particularly effective when the client was distrustful of the social worker, yet willing to have their family contacted.

In asking respondents about interventions, this study attempted to find out what they were using and what they perceived to be successful. Perhaps just as important, then, was what respondents felt would be least successful. In every interview, the respondents made it clear that traditional long term psychotherapy would not be beneficial for most of their older adult clients living in garbage houses. There were many reasons for

why the respondents felt this way. One respondent stated that long term psychotherapy would not be useful because clients living in these homes were often isolative and not willing to go out of there environment to see someone. One respondent stated that psychotherapeutic goals often included personality adjustments, which they felt was a futile goal with older adult clients living in "garbage houses." In that respondent's words, "you can not teach an old dog new tricks." While four of the seven respondents stated that they would be willing to considered referring a client to a psychiatrist for medication or counseling, only one of ther respondents had felt a referral to a psychiatrist had been helpful with the intervention examples cited in this study.

Regarding the link appearing in the psychology literature between Obsessive Compulsive Disorder (OCD) and hoarding behavior, four of the seven respondents felt that if there were similarities that have been identified, they would support a psychiatric intervention aimed at altering the hoarding behavior. Of these four respondents, all four spoke of the use of medications as something they would like to see attempted, especially if these medications have had success on people with OCD.

Outcomes of Interventions

One outcome to the previously mentioned interventions was that in sixty-six percent of the clients were able to remain in their homes in cleaned up

housing. Only one of the cases ended up in a nursing home. Seventeen percent eventually found other permanent housing in either apartments or assisted living units.

Three questions in the interview were geared at gauging the respondents' satisfaction as well as their perceptions of their client's satisfaction with the interventions. In Sixty-six percent of the intervention examples the respondents felt like they were satisfied with their interventions. In twenty-two percent of the intervention examples the respondents were not satisfied with the intervention.

While a majority of the respondents expressed satisfaction with their interventions, they perceived that their clients were satisfied with the interventions fifty percent of the time. In addition, The respondents' reported that their clients were satisfied with their housing situation after the intervention only forty-four percent of the time (n=18). Seventy-five (n=8) percent of the clients who were satisfied with both the respondent's interventions and their housing situation after that intervention had received heavy clean-up services as a part of their intervention.

In asking the respondents for new ideas for interventions that even they have not tried, two of the seven stated they would like to try to help the clients obtain financial resources to help them improve their home environments. Examples of possible financial

resources might be Minneapolis Community Development Agency or HUD money. No other clear ideas were really stated, except that one respondent stated more direction from the field of psychiatry might be helpful.

Theoretical Outcomes

This study asked the respondents to identify one or more theoretical orientations that had most influenced their interventions on older adults living in "garbage houses." These theoretical orientations and the reasons given for their preference are illustrated in table 2.

Table 2

Theoretical Basis For Intervention Techniques

| Theoretical Orientation | Reason |
|-------------------------|---|
| Systems perspective | Offered broad perspective for dealing with client issues. Provided a useful context for creative solutions and changes. 6 of 7 prefer this model. |
| Problem solving model | 4 of 7 preferred this model. Useful for establishing client trust by empowering client to solve the problem. |
| Psycho-social | Helpful in providing a psychological perspective for understanding client's isolative social behaviors. |
| Behavioral theory | Used in terms of natural consequences for clients vs. rewards for complying with clean up effort. |
| Psychoanalysis | Not favored. |

_____ Note: n=7. More than one theoretical orientation could be chosen per n.

Four of the seven respondents stated that the principals of the problem solving model had been instrumental in their interventions. While problem solving is not a human behavior theory, it does make assumptions about the abilities of the clients and human service practitioner that are different from a theory like psychoanalysis. Two of the seven listed psycho-social theory as influencing their intervention techniques, while two of the seven also mentioned that their techniques involve natural consequences for the clients which are close to behaviorism.

Trends in Describing the "Garbage House"

As the respondents discussed and described their cases, several interesting trends emerged. While the initial referral source for the respondents depends largely on the respondent's place of employment, it is interesting to note that half of the referrals made were by adult protection agencies or health department inspectors. None of the eighteen intervention examples mentioned by the respondents involved the client making the initial referral to them.

In describing the environment of the older adult's dwelling, seventy-eight percent of the intervention examples felt it was a "garbage house" because it matched the part of this study's "garbage house" definition which describes a garbage house as being full of accumulated possessions to the point where passage from room to room

or area to area is difficult. However it is important to note that seventy-two percent of these dwellings met more than one of the criteria used to describe a "garbage house." In other words, not only were these dwellings full, but they were unsafe, infested, or contaminated with human or animal waste materials as well. Three of the respondents described homes where there were dozens or hundreds of cats or dogs which were urinating or defecating in the homes. One respondent described a home where the hard wood floors had been warped and stained by an incontinence problem of one of the clients which had gone untreated for a long period of time. Forty-four percent of the intervention examples commented that there was unrefrigerated food which had been left out and had spoiled.

Possible Causal Factors

The intent of this study was to not try to determine what causes the garbage house phenomenon. Yet two questions in the interview were directed at getting an idea of what the respondents assessed the cause of their client's accumulated possessions. The reason these questions were asked is because it is part of the problem solving procedures, psycho-social assessments, and behavioral or psycho-therapeutic techniques to assess the problem and the causes of that problem. The results of these questions were broken down into general categories of mental health issues, physical health issues,

depression, hoarding behavior over time, lack of support from family or friends, or an "other" category. Twelve of the eighteen intervention examples cited multiple causes for their clients' predicament. These assessments of causal factors of garbage houses are listed in table 3.

Table 3

Frequency Distribution of Factors Attributed to Causing "Garbage Houses"

| Causal Factor | Assessed Frequency |
|----------------------------|--------------------|
| Mental health concerns | 55% |
| Physical concerns | 44% |
| Hoarding behaviors | 16% |
| Grief issues | 16% |
| Lonliness or isolation | 11% |
| Lack of resource knowledge | 6% |
| Laziness | 6% |

Note: n=18. Percentage adds to more than one hundred because more than one causal factor could be stated per intervention example.

The table shows us that fifty-five percent of the causes for clients who have developed their homes into garbage houses were attributed to mental health issues. Physical health issues (44%) were the second most frequently mentioned reason. Hoarding behavior over time was listed as one of the causes in only sixteen percent of the cases.

These intervention examples contained assessed causes that did not fit into any of the above categories 55% of the time. Some of these other causes for older adult client's to develop the living conditions they did were grief issues, loneliness, isolation, lack of knowledge about help available, laziness, illiteracy, and financial losses.

The next question focusing on the respondents assessment asked what they believed the client attributed their surroundings to. The answers to these questions were broken down into similar categories found in the responses to the previously asked question. It was found that eighty-eight percent of the eighteen clients had communicated to the respondents that they did not agree that their environment was a problem for themselves or others in the community. This assessment of their situation is different from the respondents, who often

approached the client's environment with the foregone conclusion that it needed work. In forty-four percent of the intervention examples, the clients believed that they would need their accumulated items in the future.

Respondents' Attitudes

The final two questions in the interview attempted to describe what the respondent's attitudes were when working with older adults living in "garbage houses". The respondents were given a list of options which best described their attitudes regarding working with clients in these types of environments, and then asked to indicate what they thought the result of this attitude was on their clients. Five of the seven respondents described their attitudes as curious, three of seven admitted that the clients living conditions made it difficult to work with them, yet four of seven again stated that the work was challenging and rewarding.

Once the respondents' attitudes were described, they were asked to rate the affect of their attitude on these older adult clients living in garbage houses. More than half of the respondents (57%) felt their attitudes had a strong positive affect on the client and their interventions with them. While two of the seven respondents surmised that their attitudes had a weak positive affect on the client. Only one of the seven felt that his/her attitude had a weak negative affect on the client.

Chapter Summary

To summarize, this chapter has found that the principle of establishing trust was endorsed by all of the respondents, and the systems perspective was thought to be helpful by six of the seven. In slightly less than half of the intervention examples in this study, the respondents felt clients were satisfied with results of the respondents' intervention. Helping the client to obtain resources for cleaning was the intervention cited most often by respondents in their examples, with enlisting family and friends, helping the client to find alternate housing, and working with the health departments also commonly mentioned.

These "garbage houses" were described as often not only meeting one of the criteria listed in our definition, but sometime two or all of them. This indicates that the clients not only had accumulated items, but also unsanitary living conditions. In assessing the cause of the accumulated items, unsanitary and/or unsafe conditions, mental health disabilities were most often identified as causing the situation, followed in frequency by physical health problems, general hoarding behavior, and a variety of other reasons.

The results of the study have partially answered some of the study questions, such as how human service professionals are intervening and which interventions are successful. The results supply enough information when

combined with the literature review to form some theoretical constructs and to hypothesize about what is most effective when working with older adults who are living in garbage houses. The conclusion chapter will lay out a working hypothesis based on this study's results.

Chapter V: Conclusions

This chapter will focus on several key points that were brought up in the interview data, literature review, and results section of this study. It will focus primarily on using the results of the data to suggest the most effective way to deal with older adults living in garbage houses. After presenting the hypothesis this study will discuss why the data from this study led us to those conclusions. Finally, this section will discuss the limitations of the study and its implications for further research.

A Working Hypothesis

A working hypothesis for working with older adults with hoarding behavior living in garbage house is as follows: A systems perspective should be utilized within the problem solving framework when working with clients in garbage houses. The initial and subsequent contacts with the client should have three primary goals. The first is to establish trust with the client and maintain it throughout the relationship. The second is to assist the client in addressing their housing environment by helping them obtain the most effective resources for dealing with their situation. The third goal is to help the client obtain the long term resources necessary to

create a permanent change in the dynamic or dynamics that led to the garbage house situation in the first place. These steps should be undertaken deliberately and in the sequential order they are listed here. They are presented as suggested building blocks for a successful intervention with these clients.

If these three goals are the bricks, the human service professional's skills and experience must be the mortar for a successful intervention. These professionals must have exercise patience, caution, and a "contractors" mentality to come up with the resources necessary to successfully re-build on what may be years or decades of hoarding behavior.

Basis For Working Hypothesis

This hypothesis was arrived at by analyzing the data obtained from this study. By breaking the hypothesis down into pieces, we can support it with this study's results.

The hypothesis starts with, 'A systems perspective should be utilized when working with...' Used by six of the seven respondents in this study, this perspective is necessary for the reasons that were elaborated by the respondents. A systems perspective helped during the assessment when the respondent's tried to assess what symptoms were interacting with the client and what kind of balance or homeostasis they have reached. It is suggested that this perspective continues to help during the intervention as the human service professional

attempts to impact the client's sustaining and nurturing system and to create a new homeostasis. It is an important tool in each of the three building blocks and, to continue with the wall metaphor, it is the main ingredient in the mortar the human service professional should use. The systems perspective was also used by six of the seven respondents in this study.

The working hypothesis goes on to state that the systems perspective should be used within the framework of a problem-solving relationship with the client. Again, the use of a problem-solving model was identified by five out of the seven respondents as a useful tool for working with the identified population. This part of the hypothesis could be seen as more controversial because of the responses from the interviews which indicated an overwhelming majority of the clients in these intervention examples stated they did not think their dwelling's environment was a problem.

Nevertheless a problem solving technique similar to Compton and Galaway's (1989) outline could be utilized. One model that is similar but does not contain as much 'problem' language is Reid and Epstein's (1977) task-centered approach which has a similar outline. The reason the problem-solving model is the desired approach when working with these clients is because it empowers and involves them in the decision, which can then lead to trust if the human service professional keeps up their

part of the contract. Since establishing trust is the first building block in our the projected renovation of the garbage house problem, the problem solving technique is desired. Within the contexts of both the systems perspective and the problem solving approach, it is possible to utilize other human behavior theories or techniques, as long as they are congruent with maintaining the trust of the client.

If trust is so important, what are some of the ways it is achieved. Several different things were mentioned by the respondents, like being, "firm, fair and friendly", while at the same time being real clear about boundary issues. Another respondent spoke of trust in terms of, "just using common sense", and advocating for what the client wants.

One situation where this study's respondents had more of a challenge establishing trust was when the worker was working with either non-compliant or non-voluntary clients. In these situations, it is almost necessary to by-pass the trust issue in order to literally get your foot in the door. One respondent described that this could be achieved with as little confrontation as possible. However once the respondent had established initial contact, even if it is through what this respondent described as, "rather creative measures", they reported that the professional should then proceed to establish trust.

The next building block is to help the clients attain the resources or services they need to help them address their concerns about their housing environment. It may be difficult for the client to agree to clean up their housing or throw things away. Indeed, there were two examples where the clients of the respondents felt so stressed by the process of having to get rid of their accumulated items that the respondents felt it led to their death. In these situations, if the client is voluntary and refusing adamantly to get rid of their belongings, the human service professional may have to back off for a period of time until the client is ready. The clients, for a variety of reasons, are very attached to these items. So without a trusting relationship with the human service professional, the client will probably never allow the human service professional to suggest that they get rid of some of their accumulated possessions.

A major clean-up need not be the only alternative in these situations, although it is hard to avoid in most cases. One respondent reported trying to get the client to move to housing, where home services such as homemaking and meal preparation were available, as the most desirable intervention. One of the points of utilizing a problem solving technique is that it allows the client to engage in a contract with the worker to find a mutually desirable solution. The goals to be

agreed upon will depend on each individual situation, as the data on all of the different interventions clearly showed there is not just one intervention that will work in every or even most situations.

The third brick of this theory stresses long term planning. When respondents were able to follow the client over a period of months or even years, the respondents concluded that long term planning was needed. These clients often reverted back to their hoarding behaviors as soon as their homes were cleaned up. If they moved to a new home due to eviction or by choice, often those homes also soon became cluttered with items. These discoveries led several of the respondents in this study to feel frustrated. As one respondent put it:

"It can be frustrating because you spend so much time on them and you're kind of spinning your wheels most of the time. But the people are so interesting in these houses so if you can get any little thing done it is really great."

This study is indicating that the behaviors which led to the "garbage house" are ingrained in the client system by this time, and that the long term goal for the human service professional would be brick three: to introduce a change into that system. Respondents in this study had different ideas about what that long term change might be. One felt moving the client to a different setting with social interactions and home services would be one way to effectively help their clients change their systems. One respondent talked about

getting healthy professionals, family members, and health services involved. Two respondents felt that getting a volunteer or volunteers matched up with the client for a long term would be a way for the client to get the support and guidance they needed to make permanent and long lasting changes in their living environments.

The choice for long term intervention lies primarily with the client in a problem solving model (Compton and Galaway, 1989). What the clients ultimately agree or do not agree to do is a strong indication of what their strengths are, as well as what their insight into their own behaviors are. If a lot of people do have insight into their hoarding behaviors, as the Frost and Gross (1993) seemed to suggest, the problem-solving strategy seems to make a lot of sense. As one respondent observed when he/she was discussing the long term intervention of finding assisted living housing: "If I am

successful, I can usually get enough support services in for a in for a client to prevent that [behavior] from happening again. Again, that is a big 'if' because there are always those that you can't get out of their housing. Therefore, you will know usually if they are healthy enough to let some other services in to prevent that from happening again. So it may be a reflection of who are the clients more than what is the intervention that is more likely to succeed.

This strategy of short term and long term intervention was supported in the study done by Keigher and Kutza (1991) on homeless older adults which suggested that a two-pronged attack of emergency intervention

followed up by a more long term plan seemed to be the most effective way for dealing with homelessness.

The figures from this study seem to suggest the possibility that these respondents were often intervening with clients in a very short period of time under a great deal of pressure. It also identified several intervention examples where long term intervention strategies were attempted to prevent the accumulation of garbage in the future. As Warren and Ostrum (1988) pointed out, their clients listed "future need" as one of the reasons they do not dispose of possession. Perhaps a long term intervention is one way to break the cycle of insecurity about what the future may hold, by establishing security for the client.

Limitations

This study was primarily an exploratory qualitative effort to explore interventions being done with clients living in garbage houses. A major limitation of this study is that it did not actually interview the client's of the respondents to get their perspective on the interventions used. This limitation was most apparent when the respondents discussed what they thought the client was perceiving. Rather than go through the filter of the respondent's perceptions and memories of the interactions, it would have been more accurate to get the client's opinions first hand.

Another limitation of this study is the lack of data

on the size or scope of the problem. Since the city health departments do not keep statistics on the number of "garbage houses" they come in contact with in a given year, it is hard to gauge just how big of a problem this is. Another limitation in the data was this study's inability to report how many workers there are in the Twin Cities Metropolitan area that have worked with these types of clients. That may have been another way to get an idea of how big a problem this is.

Much of the research in this study is based on the premise that some interventions for dealing with "garbage house" clients are better than others. This working hypothesis was an attempt to find a better way. The possibility remains, however that the intervention being successful may be more of a function of the client and their abilities than whether one intervention is better than another.

Implications for Further Research

The proposed working hypothesis needs to be studied with a randomized sample of respondents. One suggestion would be to do an empirically designed multiple base line study with a control group could be attempted with a representative sample of older adults living in garbage houses. This study could compare the outcomes of clients who received an intervention based on this study against those who received interventions differed in one or more of the areas mentioned in the hypothesis.

This study has discussed long term interventions, but was unable to find out which ones were more effective than others when working with the identified population. Further research should try to isolate these long term strategies so they can be tested to see if they are effective.

Recommendations

This study has attempted to explore the problem of "garbage houses" on a micro level. To explore this topic on a bigger scale, local communities have to do a better job of keeping statistics on the prevalence of this problem.

Another recommendation is that the term "garbage house" be replaced by a less pejorative term. While this term may often accurately describe the dwelling, often it is misleading and is almost always degrading to the client. Perhaps the term 'hoarder' could be used in its place.

Summary of Conclusions

To summarize, this study explored the topic of older adults living in garbage houses and attempted to answer the exploratory questions of what human service professionals are doing with these clients. Based on the intervention examples, the study also explored which interventions are more effective, and what theoretical perspectives are held by the respondents. Finally, a working hypothesis was proposed which incorporated the

results of this study. This working hypothesis recommends a systems perspective for the intervention within a problem-solving method, establishing a trusting relationship with the client, and working at both long and short term intervention strategies and goals that controls for the client diagnosis.

Appendices

Appendix A

**Interventions With Older Adults With Hoarding Behaviors
in "Garbage Houses."**

Consent Form

You are invited to be in a research study about older adults who live in "garbage houses". For the purpose of this study the term "garbage house" will refer to a dwelling with possessions of food or non-food items in the living areas of the dwelling which have accumulated to such a degree that it constitutes a health hazard, fire hazard, or creates difficulty moving from room to room within the dwelling. You have been selected as a possible participant because I have become aware of your work with older adults living in garbage houses. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by me as part of my master's thesis at Augsburg College.

Background Information:

The purpose of this study is to find out how human service professionals are intervening to help older adults living in "garbage houses." As I compare and gather information from the respondents a theory and

hypothesis should emerge on what intervention or interventions will be successful with these clients.

Procedures:

If you agree to be in this study, I will ask you to do the following things. **First**, meet with me at your work office at a pre-arranged time convenient to you. **Second** be prepared to be interviewed in-depth on the topic for anywhere from 45 to 90 minutes. During the interview I will ask you questions related to your encounters with older adults living in garbage houses.

Third, this interview will be tape recorded. At any time during the interview you may ask to stop the tape if you do not want a comment recorded. Also, you may stop the interview at any time and ask me to surrender the tape to you. Once the interview is completed the tapes will be transcribed within 72 hours, and then erased. The written transcriptions will be put in a locked file and destroyed no later than June 30, 1995.

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be kept in a locked file: only this researcher will have access to the written records, disks, or tapes. The tapes will be transcribed and erased within 72 hours of your interview.

Risks and Benefits of Being in the Study:

In the interview questions every effort will be made to stick to your professional experiences. Because you will be relating experiences that you have had with a vulnerable population, it is possible that you could mistakenly identify a client. Therefore, I ask that you review all case records of pertinent clients before our interview and **do not** bring case files to the interview. This way you will reduce the likelihood of revealing a client's identity to me. Finally, your identity will be kept confidential in the actual written study.

The benefits to participation are none.

You will receive no monetary payment for your participation.

Voluntary nature of the study:

Your decision on whether or not to participate will not affect your current or future relations with Augsburg College. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Hank Schoonover. you may ask any questions you have now. If you have questions later, you may contact me at 3425 32nd. Av. S Minneapolis, Mn, 55406. (H):724-6960, (W): 863-1049. My advisor is Mary Lou Williams, 330-1157.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature_____ Date_____

Signature of investigator_____ Date_____

Appendix B

**Interventions on Hoarding Behaviors in Older Adults
Interview Questionnaire**

I. Demographic Information

A. Basic Demographics:

1. Gender: a. female_____ b. male_____
2. Identified race (optional):
 - a. African American_____ d. Native American
 - b. Caucasian_____ e. Latino
 - c. South East Asian_____ f. other

B. Professional Experience:

3. Current position: _____
4. Length of time at current position (in years):
1-3____ 4-6____ 7-9____ 10 or more____
5. Human service Background:
 - a. social work_____ e. chemical dependency____
 - b. psychology_____ f. gerontology____
 - c. psychiatry_____ g. nursing____
 - d. gerontology_____ h. other_____

C. Educational Background:

6. College Degree:
 - a. associate degree_____ e. BSW_____
 - b. bachelor degree_____ f. MSW_____
 - c. masters degree_____ g. other_____
 - d. doctorate degree_____
7. Professional licensure:
 - a. LiSW_____ e. PH.D.____
 - b. Licensed psychologist_____ f. other____
 - c. LiCsw_____ g. none____
 - d. LGSW_____

II. Experience and Interventions with the clients:

Questions 8 through 17 will be answered in sequence for each case the respondent recalls. The respondent will answer 8 through 17 for one case, they will move on to the next case. Once all the cases have been recalled, the interview will proceed on with the next case.

8. What was the referral source for your older adult client living in a garbage house? (Respondent may choose more than one answer).

- a. family or friends of the client
- b. city health department
- c. county social worker
- d. adult protection social worker
- e. nursing home or hospital social worker
- f. client's doctors office
- g. private social service agency
- h. court ordered
- i. other _____

9. What was the initial housing situation of the client when you were referred to them?
- a. client living in condemned housing
 - b. client living in housing with orders for cleaning or health department will condemn
 - c. client in hospital
 - d. client in nursing home
 - e. client living with friends f. other _____

10. Describe the type of garbage houses your client lived in. (Respondents may state more than one answer).
- a. accumulated items, unable to move easily or safely from room to room.
 - b. food items resulting in pest control problem.
 - c. dwelling was declared fire hazard due to items being stored in an unsafe manner.
 - d. other _____

11. What was your assessment of the cause of the client's accumulated possessions? (Respondents may state more than one answer).
- a. physical health problem or disability
 - b. mental health problem or disability
 - c. hoarding behavior over time
 - d. depression
 - e. lack of support from family/friend
 - f. other _____

12. What reason did the client give for their accumulated possessions? (Respondent may state more than one).
- a. physical health problem or disability
 - b. mental health problems or disability
 - c. hoarding behavior over time
 - d. depression
 - e. client was overwhelmed by magnitude of the clean-up and did not know where to start.
 - f. client thought accumulated possessions might be useful at some point in the future.
 - g. client had developed a sentimental attachment to the objects.
 - h. client reported being unable to decide what to throw away.

i. other _____

13. Given the client's housing situation, type of garbage house, and yours and the client's assessment of the cause for the accumulation, what was your intervention? (Respondent may state more than one).
- a. referred to another therapist
 - b. no intervention, please state reason
 - c. helped client obtain resources for a clean-up and on-going cleaning,
 - d. helped client find new housing
 - e. advocated on client's behalf with another target system.
 - f. provided therapy yourself.
 - g. enlisted client's family to resolve the matter.
 - h. helped client obtain financial assistance.
 - i. other _____

14. Where was the client living after your intervention with them?
- a. condemned housing
 - b. cleaned up housing
 - c. housing with orders for cleaning or health department will condemn
 - d. in hospital
 - e. in nursing home
 - f. living with friends
 - g. other _____

15. Was client satisfied with their housing situation after the intervention was completed?
- a. yes
 - b. no
 - c. do not know
 - d. other

16. Was the client satisfied with the intervention?
- a. yes
 - b. no
 - c. do not know
 - d. other

17. Are you satisfied with the results of your intervention with the client?
- a. yes
 - b. no
 - c. do not know
 - d. other

Questions 18 through 25 will be answered only one time.

18. We have discussed ___ intervention examples. What is your estimate of the total number of cases that you have had with client's in these situations?

19. What specifically have you found to be more effective in your work with older adults living in garbage houses? Why?
- a. referral to a therapist
 - b. helping client obtain resources for cleanup and on-going cleaning.
 - c. helping client find new housing

- d. advocating for client with another target system.
- e. therapy or counseling sessions given by yourself.
- f. enlisting client's family to help resolve clean-up g.
- other _____

20. What interventions would you like to try with your future clients to help them change their environments or behaviors but have not attempted?
- a. referral to a therapist?
 - b. helping client obtain resources for cleanup and on-going cleaning.
 - c. helping client find new housing
 - d. advocating for client with another target system.
 - e. therapy or counseling sessions given by yourself.
 - f. enlisting client's family to help resolve clean-up g.
 - other _____

III. Theoretical Orientation:

21. Would you characterize your intervention technique as adhering to any of the following human behavior theories?
- a. psychoanalytic
 - b. behavioral
 - c. cognitive
 - d. psycho-social
 - e. problem-solving
 - f. other _____
22. People with hoarding behavior have been described in the psychology literature as sharing some of the same characteristics as people with obsessive compulsive disorder (OCD). OCD is often treated with the following types of interventions. Would you or have you supported the use of any of these kinds of interventions with the older adult clients you have] served? Why or why not?
- a. psychoanalytic psychotherapy
 - b. cognitive behavioral techniques
 - c. medications
23. A systems perspective in social sciences takes into account the client's internal physical and psychological systems as well as the immediate and supporting social environments. Do you use this system perspective when dealing with older adults living in garbage houses? Why or why not?
- a. yes
 - b. no explanation:

IV. Professional attitudes:

24. Please describe your attitudes regarding working with clients in these types of environments.
- a. disgust at the client's living conditions
 - b. clients living conditions make it hard to work with them.
 - c. natural curiosity as to how they ended up in their living conditions.
 - d. no different than any other type of client.
 - e. work is challenging and rewarding.
 - f. other _____
25. What affect does your overall attitude about working with these clients have on your ability to work with older adults living in garbage houses?
- a. strong negative affect
 - b. weak negative affect
 - c. no affect
 - d. weak positive affect
 - e. strong positive affect

Reference List

- Adams, P. L. (1973). Obsessive children. New York: Brunner/Mazel.
- Barker, J. C., Mitteness, L. S., & Wood, S. J. (1988). Gate-keeping: residential managers and elderly tenants. The Gerontologist, 28(5), 610-618.
- Compton, B. R., & Galaway, B. (1989). Social work processes. Belmont, CA: Wadsworth.
- Curcio, W. (1989). Mediation and homelessness. Public Welfare, 50, 34-40.
- Court reinstates garbage-house conviction. (1992, April) Minneapolis Star-Tribune, p. 7B.
- Foley, E. (1989, Feb.6). If you plan to save this story, you may have a problem. Minneapolis Star-Tribune p.1E.
- Frost, R. O. & Gross, R. C. (1993). The hoarding of possessions. Behavior Research and Therapy, 31, 367-381.
- Greenberg, D. (1987). Compulsive hoarding. American Journal of Psychotherapy, 41(2), 409-16.
- Keigher, S. M., & Greenblatt, S. (1992). Housing emergencies and the etiology of homelessness among the urban elderly. The Gerontologist, 32, 457-65.

- Keigher, S. M. & Kutza, E. (1991). The elderly now homeless: an emerging population at risk. Social Work, 36, 288-93.
- Reid, W. J. & Epstein, L. (1977). A task centered practice. New York: Columbia University Press.
- Residents point to key issues for mayor. (1993, Oct.). Minneapolis Star Tribune, p.13A.
- Rosenfield, A. H. (1988, Feb.) Confessions of a pack rat. Psychology Today, pp. 63-64.
- Vogel, J. (1984, Jan.26) Bullies pulpit. City Pages p.63-4.
- Warren, L. W. & Ostrom, J. C. (1988, Feb.) Pack rats: world class savers. Psychology Today, PP. 58-60.
- Wolfe, W. (1992, June). When dad says no. Minneapolis Star-Tribune. p.1E.





