



***Hawaii - Maui County Branch
Information ... When You Need It Most!***

MONDAY - APRIL 14, 2014

CAMERON CENTER AUDITORIUM

95 Mahalani St., Wailuku, Hawaii

12 NOON to 1:30 PM

RSVP Is Unnecessary

Just Show - Up

Certificates Will Be Available



HOARDER'S HOPE - GYLIAN SOLAY, M.S.

Hoarder Outreach Program for Empowerment



BEFORE Gylan

"I will be discussing the process and the outcomes of working with hoarders in their environment. My approach is hands-on without judgment. Someone to love them, honor them, accept them for who they are, and walk through this challenge with them in their home- a Hoarder's "Buddy". As they sort through and have to decide what to keep or give away, I counsel them in the process (I have a Masters Degree in Mental Health Counseling). It is my intention to help an individual's spirit come out from under their clutter and shine; where fear or emptiness is replaced by love for themselves. I will have a guest with me: one of my present clients who is breaking through her pattern of hoarding."



AFTER Gylia



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

WHAT IS HOARDING DISORDER / [American Psychiatric Association](#)

People with hoarding disorder excessively save items that others may view as worthless and have persistent difficulty getting rid of or parting with possessions, leading to clutter that disrupts their ability to use their living or work spaces.

Hoarding is not the same as collecting; collectors look for specific items, such as model cars or stamps, and may organize or display them. People with hoarding disorder often save random items and store them haphazardly.

In most cases, people save items that they feel they may need in the future, are valuable, or have sentimental value; some may also feel safer surrounded by the things they save.

Hoarding disorder occurs in an estimated 2%-5% of the population and often leads to substantial distress and disability.

CONSEQUENCES

Hoarding disorder can impair social, occupational, and other important areas of functioning.

Potential consequences of serious hoarding include health and safety concerns, such as fire hazards, tripping hazards, and health code violations. It can also lead to family strain and conflicts, isolation and loneliness, unwillingness to have anyone else enter the home, and an inability to perform daily tasks such as cooking and bathing in the home.

DIAGNOSING HOARDING DISORDER

Individuals with hoarding disorder have difficulty discarding items because of strong perceived need to save items and/or distress associated with discarding. The symptoms result in the accumulation of a large number of possessions that congest and clutter living areas of the home or workplace to the extent that their intended use is no longer possible or substantially impaired. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functions (including maintaining a safe environment for self and others). The clinician must determine that the hoarding is not due to another medical condition or better accounted for by the symptoms of another mental disorder.

An assessment for hoarding may include questions such as:

- Do you have trouble discarding (or recycling, selling, giving away) things that most other people would get rid of?**
- Because of the clutter or number of possessions, how difficult is it to use the rooms and surfaces in your home?**
- To what extent do you buy items or acquire free things that you do not need or have enough space for?**
- To what extent do your hoarding, saving, acquisition, and clutter affect your daily functioning?**
- How much do these symptoms interfere with school, work, or your social or family life?**
- How much distress do these symptoms cause you?**
- Mental health professionals may also ask permission to speak with friends and family to help make a diagnosis.**

The level of insight varies across people with hoarding disorder. Some individuals may recognize and acknowledge that they have a problem with accumulating possessions; others may not see a problem.

In addition to the core features of difficulty discarding, excessive saving, and clutter, many people with hoarding disorder also have associated problems such as indecisiveness, perfectionism, procrastination, disorganization, and distractibility. These associated features can contribute greatly to their functional impairment and overall severity.

Animal hoarding, which appears to be distinct from hoarding disorder, involves an individual acquiring large numbers (dozens or even hundreds) of animals. The animals may be kept in an inappropriate space, potentially creating unhealthy, unsafe conditions for the animals.

Hoarding was previously considered a subtype or symptom dimension of obsessive compulsive disorder (OCD) or obsessive compulsive personality disorder, but recent research has indicated that it is more appropriately classified as a distinct condition. Hoarding disorder will be included in the latest edition of the APA's Diagnostic and Statistical Manual of Mental Disorders (DSM-5), due out in May 2013.

CAUSES, RISK FACTORS, and COURSE

It is not known what causes hoarding disorder, but researchers have identified a number of risk factors. Hoarding is more common among individuals with a family member who is also a hoarder. Genetic research has begun to identify gene variants that may convey risk for hoarding. Brain injuries have also been found to cause secondary or acquired hoarding symptoms in some patients.

Hoarding disorder is also associated with distinct abnormalities of brain function and neuropsychological performance, distinct from those seen in people with OCD or other disorders.

Many people with hoarding disorder also experience other psychological disorders, including depression, anxiety disorders, attention deficit/hyperactivity disorder, or alcohol use disorder. A stressful life event, such as the death of a loved one, can also trigger or worsen symptoms of hoarding.

Symptoms of hoarding, such as difficulty discarding items, usually start during the teen years. The average age at onset of first symptoms is 13. Hoarding disorder tends to be chronic, often becoming more severe over decades, as more and more clutter accumulates, causing more and more dysfunction. Hence, early recognition, diagnosis, and treatment are crucial to improving outcomes.

TREATMENT

Treatment can help people with hoarding disorder decrease their saving, acquisition, and clutter, and live safer, more enjoyable lives. There are two main types of treatment that help people with hoarding disorder: cognitive-behavioral therapy (CBT) and medication.

During CBT, individuals gradually learn to discard unnecessary possessions with less distress, diminishing their exaggerated perceived need or desire to save for these possessions. They also learn to improve skills such as organization, decision-making, and relaxation. For many people, certain anti-depressant medications may be helpful and may produce more rapid improvement.

If you or someone you know is experiencing symptoms of hoarding disorder, contact your doctor or mental health professional.

In some communities public health agencies can help address problems of hoarding and getting help for individuals affected. In some instances, it may be necessary for public health or animal welfare agencies to intervene.