

### Transcript Details

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### Conquer the Clutter: Strategies to Identify, Manage, & Overcome Hoarding

Dr. Pickard:

Excessive accumulation of things can overwhelm people leading to loss of self-respect, ruined relationships, and health hazards that persist all their lives. Is there a way for them to take back their lives from the things that have taken over?

I'm your host, Dr. Maurice Pickard, and you're listening to *Book Club* on ReachMD, and with me today is Elaine Birchall, Social Worker and Founder of the Canadian National Hoarding Coalition. She and Suzanne Cronkwright have written a new book called *Conquering the Clutter: Strategies to Identify, Management, and Overcome Hoarding*. Thank you very much for joining us today.

Ms. Birchall:

Thank you for the invitation.

Dr. Pickard:

To begin could you define what is hoarding, and is it any different than just plain clutter?

Ms. Birchall:

Yes, it is different from clutter, quite a bit different. So, for something to be a hoarding situation, there must be a tick beside three criteria, even if it only exists to a minimal degree. The first criteria is what most people would describe as an excessive accumulation and a failure to resolve that accumulation proportionately. So, that's not a question of one thing in and one thing out. That's one criteria. Second criteria – some or all of the living arrangements can't be used for their intended purpose. They're still living in the environment, but they're making all kinds of very unusual adaptations, and then the third criteria is somebody is either actively distressed or if they knew the true condition of the property, they would have a legitimate cause to be concerned and be stressed. Now, that is really an important third criteria because sometimes the individuals themselves, not always but sometimes, they're not concerned, and nobody else knows the true condition of the property. So, they think that that criteria hasn't been met, but it could be your mortgage company, your home insurance company, your landlord, the fire department, your neighbors who actually are living at more risk than the individual in the hoarded environment because they are going to be affected by whatever happens in the hoarded environment, but they don't know enough to take any extra precautions like having a clear, absolute clear path in case there was a fire hazard.

Dr. Pickard:

What prevents people from reaching out? What prevents them from asking for help?

Ms. Birchall:

First of all, they're ashamed. They're fearful because they know that neighbors, family, maybe the fire department, animal control, if it's a matter of children and not cats or elderly people who are living with family who hoard, they know that they're not going to get support, and normally, they remain hidden because of that fear and also a sense of defeat and such a state of being overwhelmed that they can't imagine how they can undo it. So, they feel trapped, and generally they don't self-declare unless they know that someone is not going to judge them.

Dr. Pickard:

So, being nonjudgmental certainly would be a way to begin. When you sat down, who were you writing it for? Were you writing it for people who might be dealing with this, and it makes them feel better to know that there's help out there, they're not the only one? Did you write it for healthcare providers? Who can use your book, and who is it directed to?

Ms. Birchall:

That's a great question. There are other hoarding books out there, and they're great, but generally they fall into two categories. The first category is helpful hints, you know, good housekeeping. The other is really sound research and theory, but that does not translate to the individual. Suzanne and I wrote this book – I'm a subject area expert, and Suzanne is a technical writer who helped me write it – and we wrote it for those individuals who are living with hoarding or suspect they are. We also wrote it for anyone who cares about them who wants to help somebody find solutions, and they don't know where to start or what constitutes appropriate intervention and treatment, and the third group we wrote it for are those people who aren't hoarding experts themselves – in fact, they probably don't have a lot of experience with it – and it's a relatively new disorder in the DSM-V, and then a client self-discloses that they have a problem with accumulation.

Dr. Pickard:

If you're just tuning in, you're listening to *Book Club*, ReachMD, and I'm your host, Dr. Maurice Pickard, and joining me today is Elaine Birchall, who has recently written *Conquer the Clutter: Strategies to Identify, Manage, and Overcome Hoarding*. We now know that hoarding is actually defined as a disease by the DMS, and in your book, you also talk about as many as 21 million people in the United States may have this particular diagnosis. When it was defined as a disease, has this helped insurance companies provide the kind of help they need? Is there actually now resources, since it's defined as a disease, that clients can reach out to?

Ms. Birchall:

Yes. The insurance companies can cover parts of the cost of treatment. So, for instance, in my case, I'm a registered social worker, and I have an MSW, so I reach the professional credentials that insurance companies feel reimburse clients for parts of my fees and that should be true in the United States as well. The other thing is, though, the individual, generally this insurance is provided through work. It's an extended health benefit generally or purchased extra health, so each of those plans can be very different from one another. So you need to go back to your insurance company, check your specific plan, and then act accordingly.

Dr. Pickard:

You talk about vulnerabilities, and is there a profile for hoarders? Is there something we can identify that makes you more likely to be a hoarder and therefore be aware of it and step in or at least seek help?

Ms. Birchall:

When I looked at all the research and looked at my 18 years of experience, I did a great deal of training all across North America, so all of the peer questions that come to me, I boil it down to three paths, and the first is genetics. We do know, depending on whose research that you listen to, anywhere from 50 percent to 84 percent of individuals who hoard will have a first-degree family relative who hoards that's a mother-father-sister-brother. We also know that for certain types of hoarding, there are three chromosomes with markers in common, and there is a fourth chromosome that was identified – chromosome 4, 5, and 7 – and then Johns Hopkins Medical School did a OCD collaborative genetic study and found another chromosome – chromosome 14 – that shows a highly prevalent familial pattern of inheritance between where OCD is a family trait and hoarding behavior.

Now, if you think of the power of modeling behavior, most of us repeat what was done to us, or we feel normal as what we grew up with, and so it can't be a surprise to anyone that an additional form or revealing tendency, you can't hit the normal target if you didn't grow up with normal. You're far more likely, even if you don't have a chromosomal vulnerability to repeat the behavior, the standard. The second path is that there is a defined list of comorbidities. Some of these are mental health challenges, and some of them are physical health challenges. If you think of the number of people in the western hemisphere who have depression and anxiety, both of those are highly correlated with hoarding behavior, but we also find that with certain physical illnesses – MS, Parkinson's – when the cognitive level becomes sufficiently impaired, in many of those cases hoarding situations will begin, often for the first time in the person's life.

Now, that third path is particularly alarming to me because I believe that most people, not all, but many people who don't suspect it to happen to them, they're vulnerable, and that is when you just have to fight to stay organized. You're just not the most organized individual, and then something happens that is a setback, either a major event or a series of smaller events but that happens in a compressed period of time, and you don't have time to re-stabilize in between, and you end up in a state of profound overwhelmingness. That state of overwhelmingness is really alarming, and that is what people should keep an eye out for here.

Dr. Pickard:

Have people looked into what the internet has done to hoarders and how this may be really complicating the problem and just adding tremendous debt as you mentioned in your book?

Ms. Birchall:

The online shopping and the power of it, you know, the immediate gratification and reinforcement when the package arrives within 24 to 48 hours is a high reward value for individuals who are already vulnerable. I don't believe it makes anyone hoard, but if you have a vulnerability, and sometimes you don't know that you are susceptible to it, then, yes, it can be the slippery slope. Let me briefly tell you

a perfect example of that. A number of years back, I had a practicing psychiatrist call me, and they asked me for help, and they self-disclosed, and you know, I attended their home, and we did a tour after a discussion, and they took me to their garage, which was an extra-wide, extra-long double garage, and literally, I'm not exaggerating, it was 70 percent filled with unopened Shopping Channel boxes. Now, none had been opened, and even though they should have been in a very financially privileged situation in their life, actually bankrupted themselves.

Dr. Pickard:

In many of your stories, there is something unique about them. They're all different in how they've gotten into this situation. So, is there certain things we should be aware of that somehow will help us in this difficulty? In other words, it's like one, one answer doesn't solve all the problems that hoarders have.

Ms. Birchall:

That's absolutely right. Hoarders are not a homogeneous group unless you're looking at a population level, and then you can see certain characteristics, and let me go over the five red flags for those individuals who are thinking, "Hmm, gee, I wonder." So, is there any family history of hoarding? That's number one. What was the clutter level environment in the home you grew up in? And are you repeating an old behavior because you don't have the awareness or you don't have the skills to know how to manage? That's one problem. Then you have one of those other comorbid factors. You can go on my website, [hoarding.ca](http://hoarding.ca), and there will be a list of them there under resources, because they do, under the right circumstances, if you already have even an unknown vulnerability to hoard, if you have any of these comorbid factors, you're at a higher risk of hoarding disorder. The third path, though, is, I guess fundamentally, how well are you maintaining your physical and mental health balance? How many times in the last year have you been overwhelmed and had to, you know, take the phone off the hook and lock the front door and go in and you don't do anything for the entire weekend to get yourself back to manageable? Is that a pattern in your life? Because when it's all said and done, it's about how much it interferes with your life, and it's about how it puts you and others at risk.

Dr. Pickard:

Now, I want to thank you for joining us. You know, you've introduced me and I hope our audience to people who become emotionally disconnected from their environment, and this book offers them a chance to again tell them that their home can be safe and a happy place to go and restore a balance to their lives. So thank you very much, Elaine, for spending time with us.

Ms. Birchall:

Thank you so much for the invitation. I really appreciate it.

Dr. Pickard:

I'm Maurice Pickard, and if you've missed any of this discussion, please visit [ReachMD.com/BookClub](http://ReachMD.com/BookClub) to download the podcast and many others in this series. Thank you for listening.