Jewish Federations of North America

Center on Aging, Trauma, and Holocaust Survivor Care

From Clutter to Connection

Innovative Approaches to Hoarding Disorder

Gabe Halperin-Goldstein, Courtney Owen, Sheila Emerson, Alana Knoppow

NCOA Older Adult Mental Health Awareness Day Symposium, May 7, 2026

NO DISCLOSURES
The course director(s), planner(s), faculty and reviewer(s) of this activity have no relevant financial relationship(s) with ineligible companies to disclose.

To obtain credit you must:

- Complete an electronic evaluation and generate your certificate.

Accreditation Statement:

In support of improving patient care, RUSH University Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation Statements

For Medicine:
Rush University Medical Center designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME of the American Board of Surgery's Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit.

For Nursing:
Rush University Medical Center designates this live activity for a maximum of 1 nursing contact hour(s).

For Psychologists:
Rush University Medical Center designates this live activity for 1 CE credits in psychology. Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

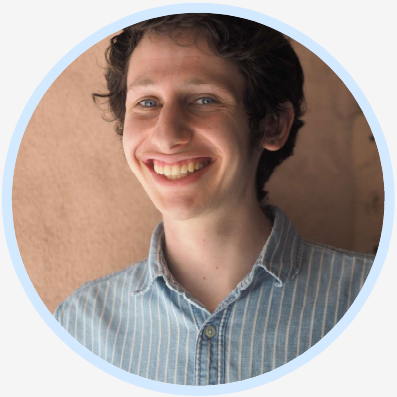
For Social Work:
As a Jointly Accredited Organization, Rush University Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved continuing education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1 general continuing education credits.

For physical therapy or occupational therapy:
RUSH University Medical Center is an approved provider for physical therapy (216.000378) and occupational therapy (224.000220) by the Illinois Department of Professional Regulation.

Rush University Medical Center designates this live activity for 1 continuing education credits.

NBCC Credit:
RUSH University Medical Center is an approved provider by the National Board for Certified Counselors (NBCC ACEP No. 7599). This activity has been approved for 1 NBCC credit hours.

Presenters



Gabe Halperin-Goldstein, LSW

Jewish Family and Children's
Service of Greater Philadelphia



Courtney Owen, LCSW

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Presenters



Sheila Emerson

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Center on Aging, Trauma, and
Holocaust Survivor Care,
Jewish Federations of North America

Objectives

- Identify how integrating peer support with cognitive behavioral health strategies and Buried in Treasures (BIT) Workshops enhances recovery outcomes for individuals with hoarding disorder
- Explain how trauma-informed, accessible, and sustainable models of care, such as group workshops paired with in-home support can be adapted and expanded across communities
- Apply insights from innovative hoarding disorder programs to develop or strengthen similar interventions within participants' own organizations or service areas

Center on Aging, Trauma, and Holocaust Survivor Care

Our Work



Grant Making



Training



Coaching



Evaluation



Research

Trauma

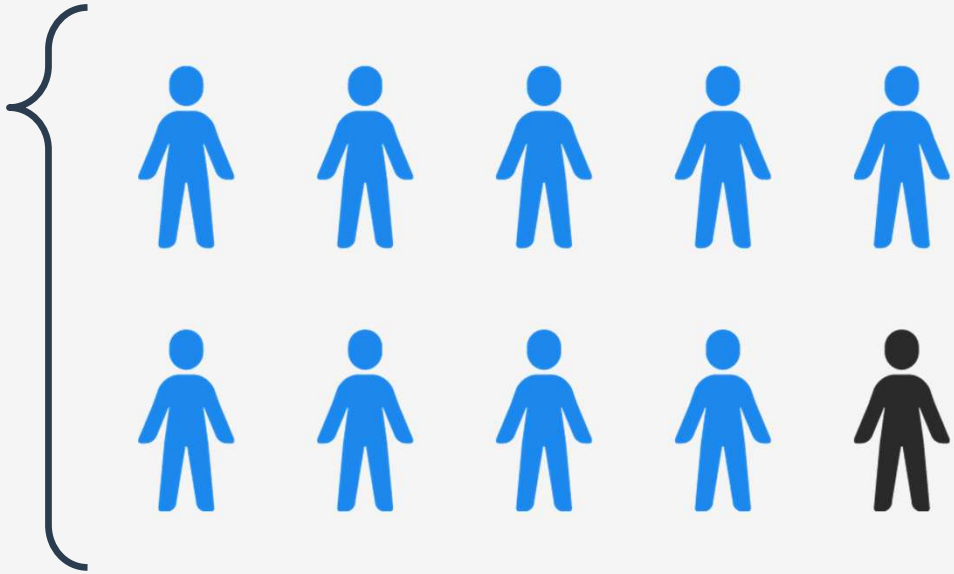
Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

SAMHSA, 2014

Trauma Prevalence

90%

As many as 90% of older American adults have experienced a traumatic event in their lifetime



Kilpatrick et al., 2013

The PCTI Approach

The person-centered, trauma-informed (PCTI) approach is a holistic model of care that promotes the health and well-being of individuals by accounting for the role of trauma across the life course and by resisting re-traumatization, while also focusing on the strength, agency, and dignity of the person receiving care.

SAMHSA's Six Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, Voice, & Choice
6. Cultural, Historical, and Other Considerations

SAMHSA, 2014

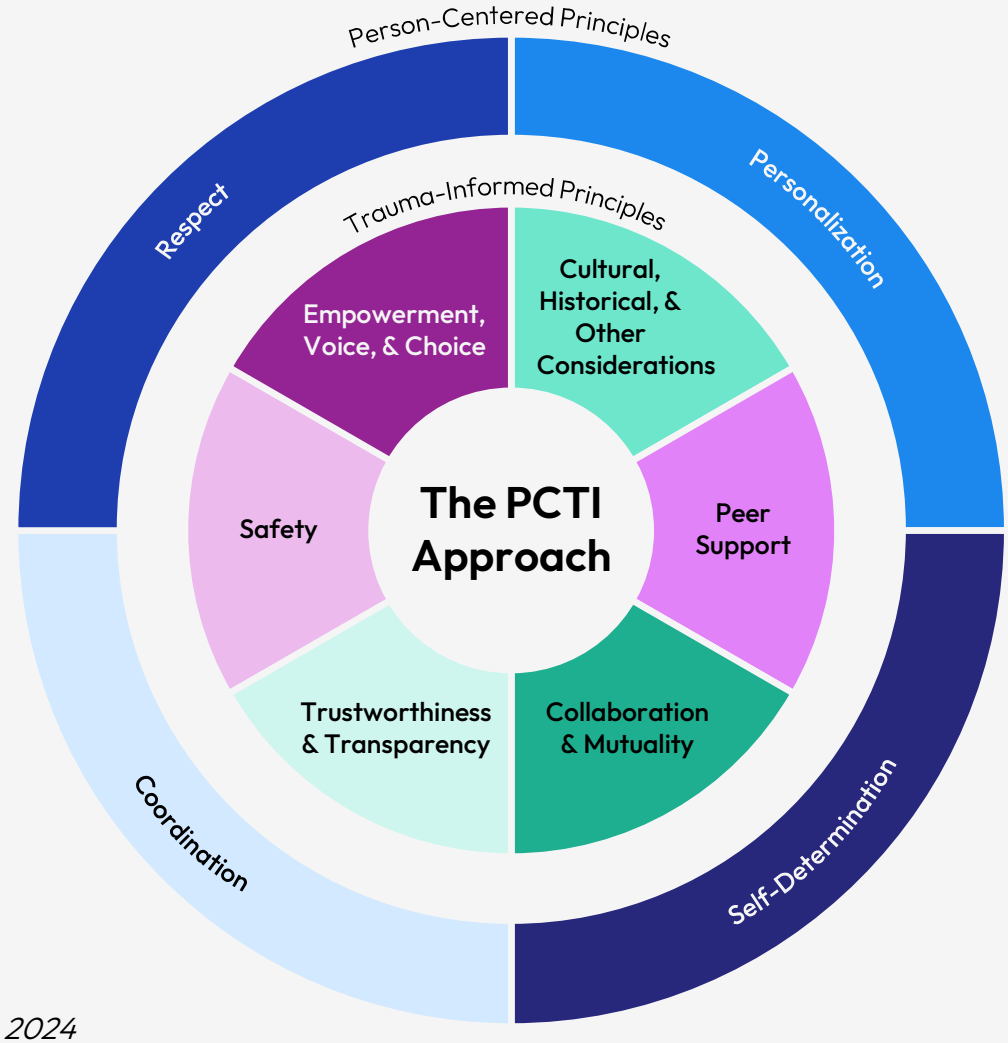
Four Principles of the Person-Centered Approach

1. Personalization
2. Self-Determination
3. Coordination
4. Respect

Center on Aging, Trauma, and Holocaust Survivor Care, 2024

PCTI Principles

The PCTI approach implements SAMHSA's principles of trauma-informed care through the lens of the person-centered principles.



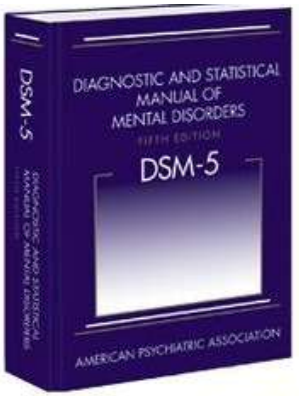
Center on Aging, Trauma, and Holocaust Survivor Care, 2024

Jewish Family and Children's Service of Greater Philadelphia

Hoarding Disorder

Hoarding Disorder Definition

American Psychiatric Association DSM-V



DSM-5
2013

1. Difficulty discarding
2. Accumulation of Stuff that Prevents Normal Use of Space
3. Distress or Impairment
4. Not some other medical condition
5. Not some other mental health condition

Specifiers: With Excessive Acquisition and/or with good/fair; poor; or absent insight

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Hoarding Prevalence

Estimates are that hoarding behaviors affect between **2 - 6%** of the population.

In Philadelphia, this is between **31,020-93,060** adults.

In comparison, around 2.2% of the adult US population is diagnosed with Autism

Hoarding behaviors usually start in adolescence and often become more problematic with age.

Co-Occurring Disorders

- **Depressive disorders:** The most common co-occurring condition with HD
- **Anxiety disorders:** Social phobia and generalized anxiety disorder are common co-occurring conditions
- **Obsessive compulsive disorder (OCD):** Around 20% of people with HD also have OCD
- **Attention deficit hyperactivity disorder (ADHD):** A common co-occurring condition with HD
- **Post-traumatic stress disorder (PTSD):** A condition that can occur alongside HD
- **Dementia:** A condition that can occur alongside HD
- **Impulse control disorders:** A condition that can occur alongside HD
- **92% of individuals with Hoarding Disorder have a co-occurring disorder**

Hoarding Risk Factors

- Age
- Race/Ethnicity
- Sex
- Income
- Other contributing factors
- **“Universal Phenomenon”**

IMPORTANT: there is not a “typical” description of a person who hoards. Hoarders are from all backgrounds, ages, socioeconomic status, sex, ethnicity & race.

Impact of hoarding on the individual and the community

How have you seen hoarding impact individuals and communities?

Conflict with loved ones	Serious health condition	Overwhelmed and exhausted	Unable to prepare food or have others visit	Risk of citation, eviction, utility shutoff
Lack of safety in home	Financial problems	Mental health	Shame, embarrassment, defensiveness	Housing or Code enforcement issues
	Emergency responders unable to access	Infestations, health hazards	Senior, Adult, Child, or Animal Protective services	

Program Models

Intervention can focus on:



Primarily the Home

- Cleanout

Primarily the Person

- Cognitive Behavioral Therapy
- Psychotherapy
- Medications



The Person and the Home

- **Building Rapport**
- **Safety Day**
- **Harm Reduction through Adaptive Skill-Building**
- **Reducing Acquisition**

Exposure Therapy

Support Groups



Types of Intervention



- Building Rapport
- Clean outs & Safety Days
- Therapeutic Interventions
- Skills Training & Sorting Sessions
- Team Building
- Medications
- Support Groups

Engagement

ACES

- **A**ction Words
- **C**urious Questioning
- **E**mpathetic Statements
- **S**tatements of Concern

- Use these to build **rapport** and **trust** which are imperative.

Cleanouts vs. Safety Days

- **Major Cleanout:** removal of all clutter from the home, often when the individual is temporarily absent. Not recommended.
  - Emotional flooding, Trauma, Distrust, Frustration, Impaired Relationships, Money, Sometimes necessary
- **Safety Day:** removal of enough clutter to make conditions safe in the home (harm reduction).
  - Extensive planning
  - Client-directed
  - Only when necessary

Therapeutic Interventions

- Motivational Interviewing
- Harm Reduction
- Cognitive Behavioral Therapy

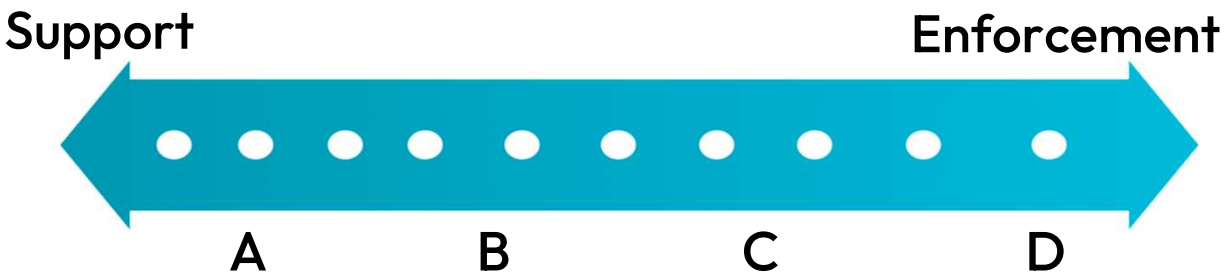


Skills Training & Sorting

- https://www.youtube.com/watch?v=DJSTzTdXwWc
- Downward arrow

Team-Building

- Every hoarding intervention team combines support & enforcement including:
  - The person who is hoarding
  - Friends, family and peers who struggle with hoarding
- Professional organizer or case manager
- Counselor or therapist
- Legal Aid
- Landlord or Code Enforcer



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Assessment Tools



Clutter Image Rating



Home Environment Index



Activity of Daily Living -Hoarding

Example Assessment Tool: CIR



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Activities of Daily Living - Hoarding

Activities of Daily Living for Hoarding (ADL-H)

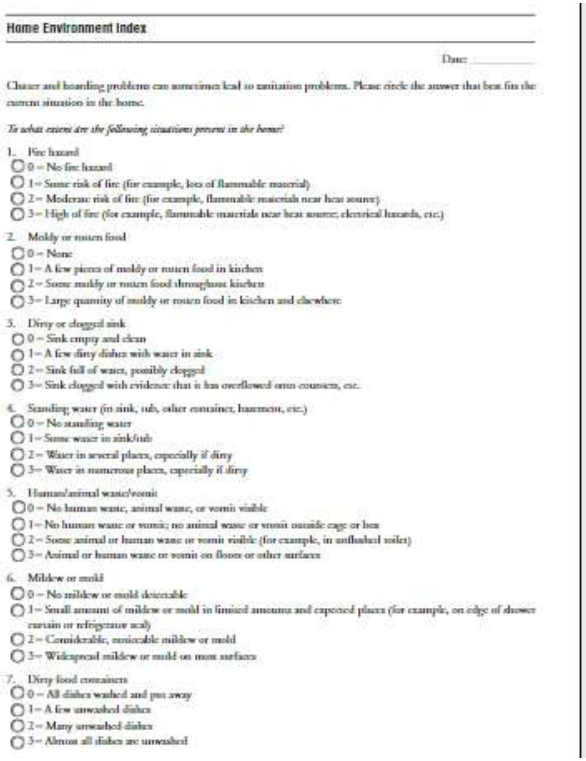
Date: _____

Sometimes clutter in the home can prevent you from doing ordinary activities. For each of the following activities, please circle the number that best represents the degree of difficulty you experience in doing this activity because of the clutter or hoarding problem. If you have difficulty with the activity for other reasons (for example, unable to bend or move quickly due to physical problems), do not include this in your rating. Instead, rate only how much difficulty you would have **due to hoarding**. If the activity is not relevant to your situation (for example, you don't have laundry facilities or animals), circle Not Applicable (NA).

Activities affected by clutter or hoarding problem	Can do it easily	Can do it with a little difficulty	Can do it with moderate difficulty	Can do it with great difficulty	Unable to do	Not Applicable
1. Prepare food	1	2	3	4	5	NA
2. Use refrigerator	1	2	3	4	5	NA
3. Use stove	1	2	3	4	5	NA
4. Use kitchen sink	1	2	3	4	5	NA

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Home Environment Index



Home Environment Index

Date: _____

Clutter and hoarding problems can sometimes lead to sanitation problems. Please circle the answer that best fits the current situation in the home.

To what extent are the following situations present in the home?

1. Fire hazard
   - ○ 0 = No fire hazard
   - ○ 1 = Some risk of fire (for example, lots of flammable material)
   - ○ 2 = Moderate risk of fire (for example, flammable materials near heat source)
   - ○ 3 = High of fire (for example, flammable materials near heat source; electrical hazards, etc.)
2. Moldy or rotten food
   - ○ 0 = None
   - ○ 1 = A few pieces of moldy or rotten food in kitchen
   - ○ 2 = Some moldy or rotten food throughout kitchen
   - ○ 3 = Large quantity of moldy or rotten food in kitchen and elsewhere
3. Dirty or clogged sink
   - ○ 0 = Sink empty and clean
   - ○ 1 = A few dirty dishes with water in sink
   - ○ 2 = Sink full of water, possibly clogged
   - ○ 3 = Sink clogged with evidence that it has overflowed onto counters, etc.
4. Standing water (in sink, tub, other container, basement, etc.)
   - ○ 0 = No standing water
   - ○ 1 = Some water in sink/tub
   - ○ 2 = Water in several places, especially if dirty
   - ○ 3 = Water in numerous places, especially if dirty
5. Human/animal waste/vomit
   - ○ 0 = No human waste, animal waste, or vomit visible
   - ○ 1 = No human waste or vomit; no animal waste or vomit outside cage or box
   - ○ 2 = Some animal or human waste or vomit visible (for example, in unflushed toilet)
   - ○ 3 = Animal or human waste or vomit on floors or other surfaces
6. Mildew or mold
   - ○ 0 = No mildew or mold detectable
   - ○ 1 = Small amount of mildew or mold in limited amounts and expected places (for example, on edge of shower curtain or refrigerator seal)
   - ○ 2 = Considerable, noticeable mildew or mold
   - ○ 3 = Widespread mildew or mold on most surfaces
7. Dirty food containers
   - ○ 0 = All dishes washed and put away
   - ○ 1 = A few unwashed dishes
   - ○ 2 = Many unwashed dishes
   - ○ 3 = Almost all dishes are unwashed

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Sheila’s Story



“Before” Photos and Video


EXTRA BASS






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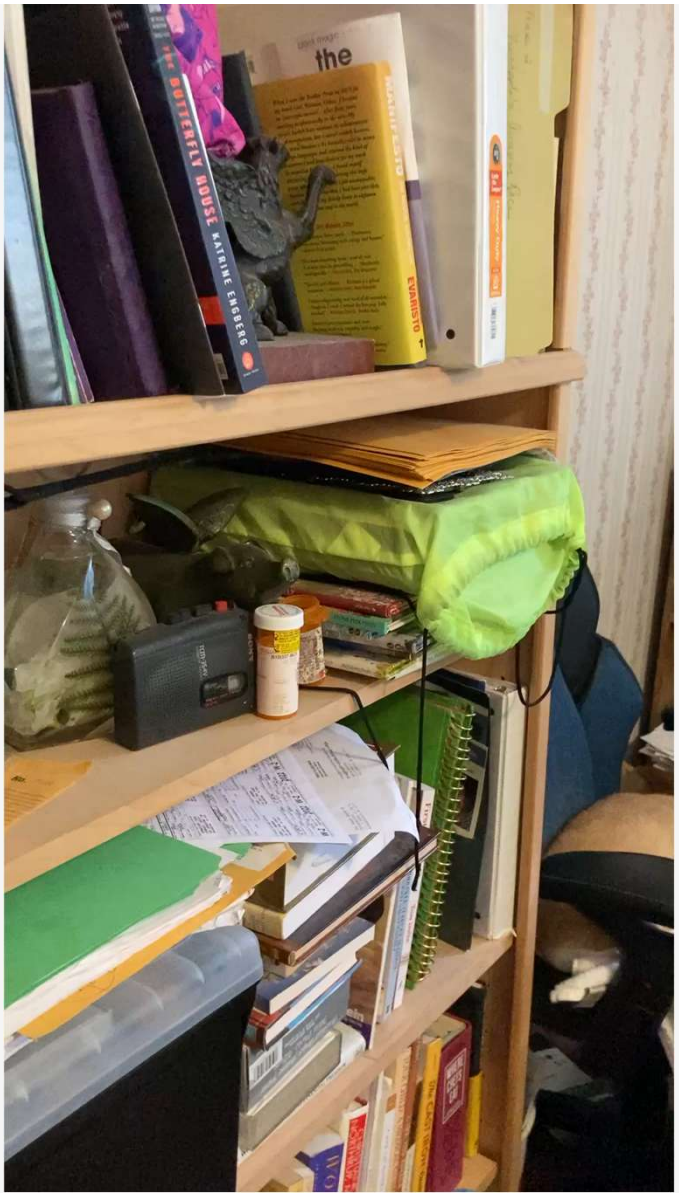



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ON THE GO




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TORRID.COM
2400 C-FOLD
12 - PACKS/CA
200 - TOWELS/P
MADE IN USA

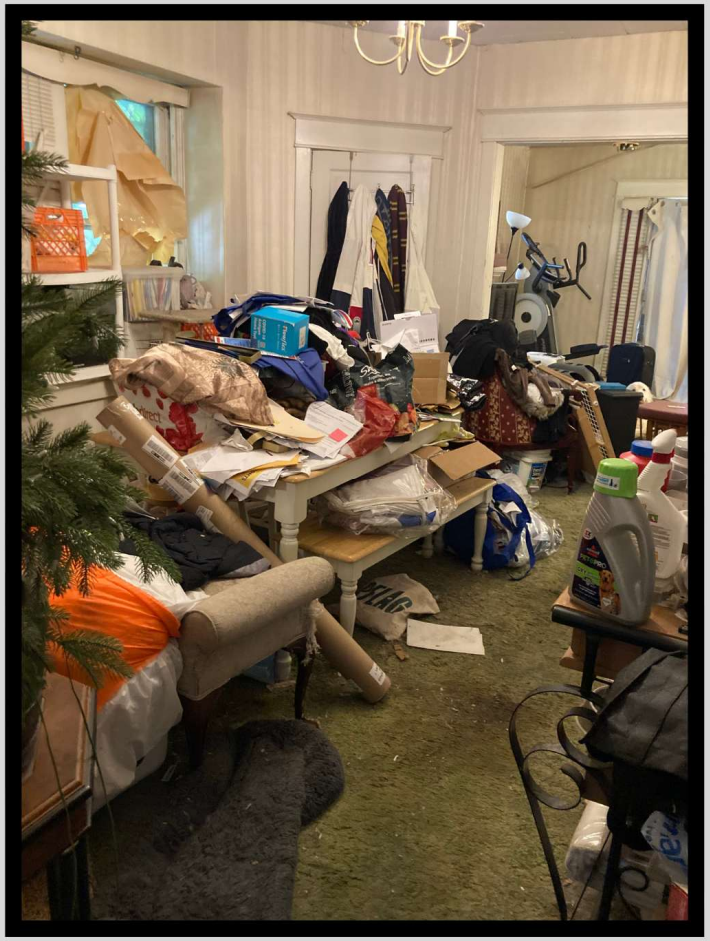



the
THE BUTTERFLY HOUSE
KATRINE ENGBERG
EVARISTO

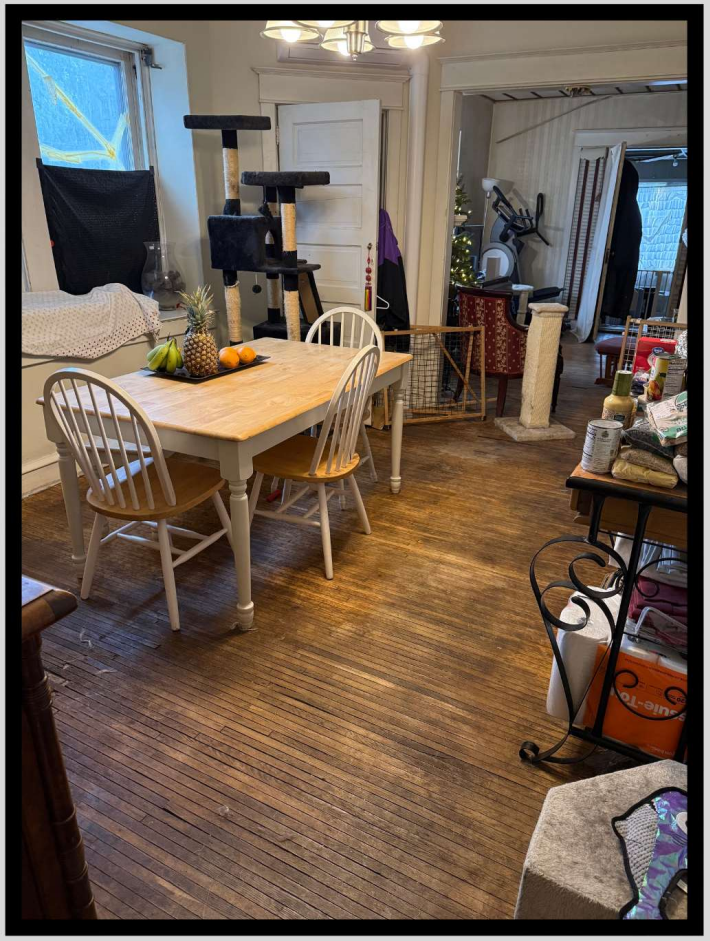
“After” Photos

Dining Room

Clutter Rating Scale: 5



Before
Date

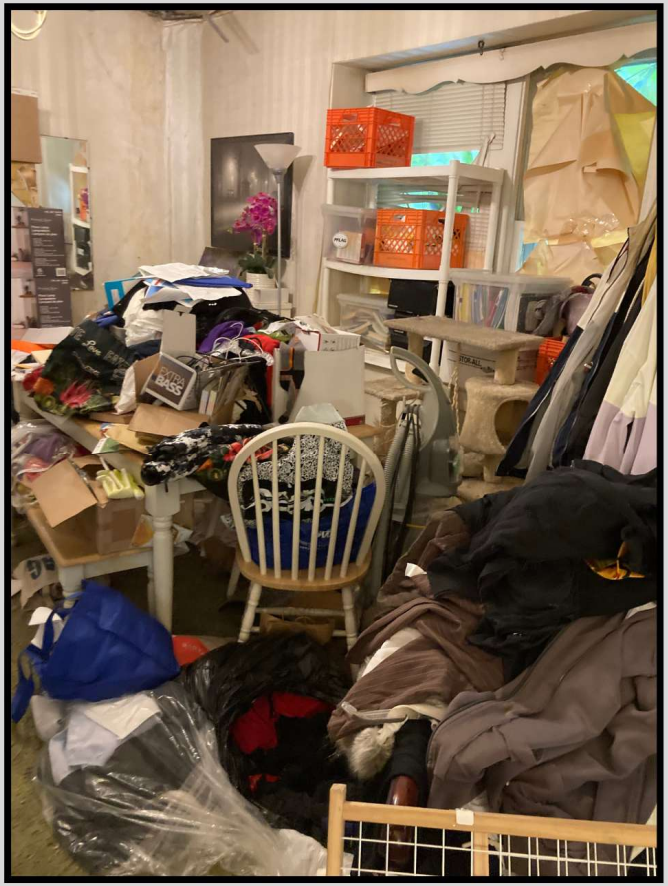


After
April 28, 2026

Clutter Rating Scale: 1

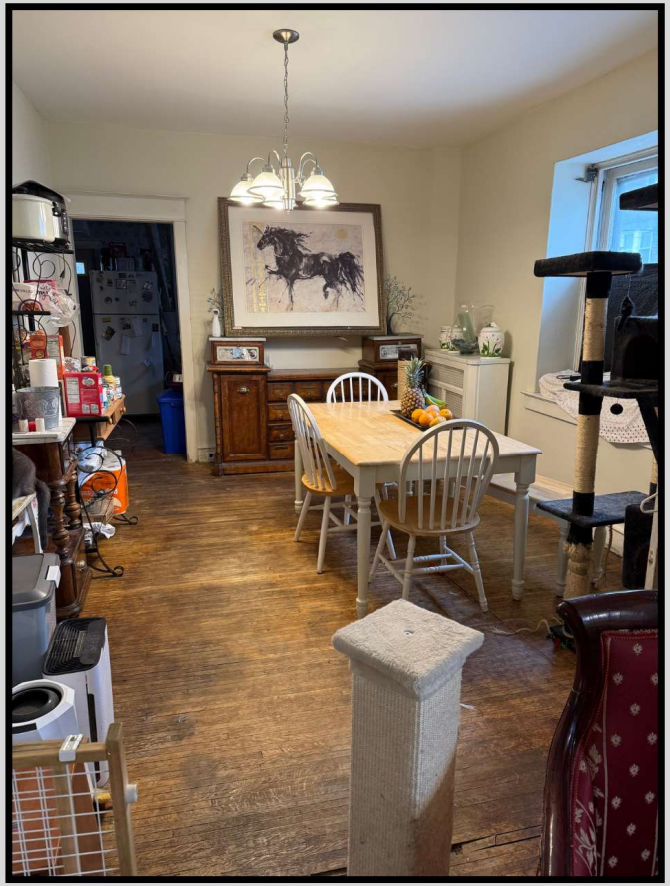
Dining Room

Clutter Rating Scale: 5



Before

Date



After

April 28, 2026

Clutter Rating Scale: 1

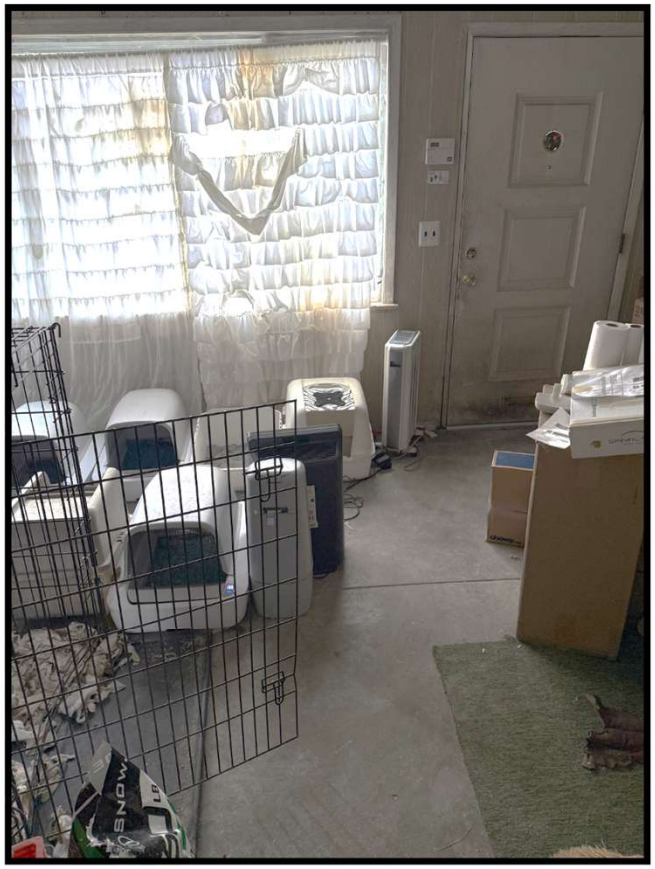
Front Entryway

Clutter Rating Scale: 6



Before

Date



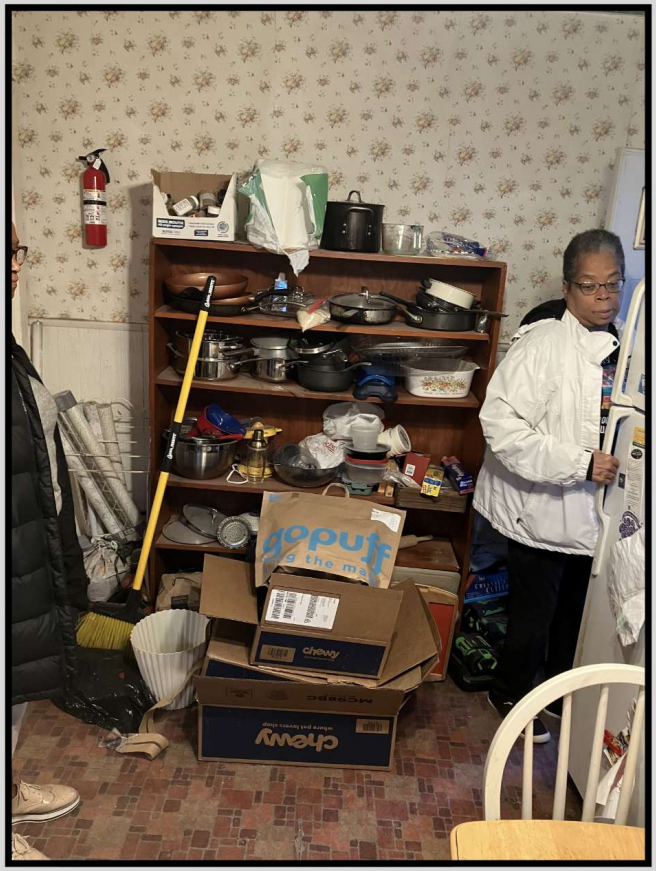
After

April 28, 2026

Clutter Rating Scale: 3

Kitchen

Clutter Rating Scale: 4



Before

February 4, 2025



After

April 28, 2026

Clutter Rating Scale: 3

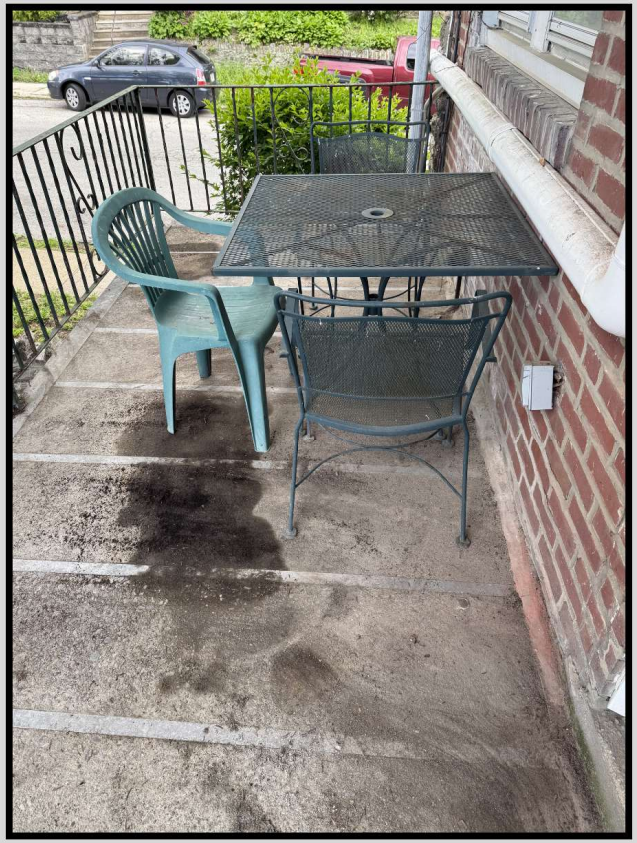
Back Porch

Clutter Rating Scale: 5



Before

February 4, 2025



After

April 28, 2026

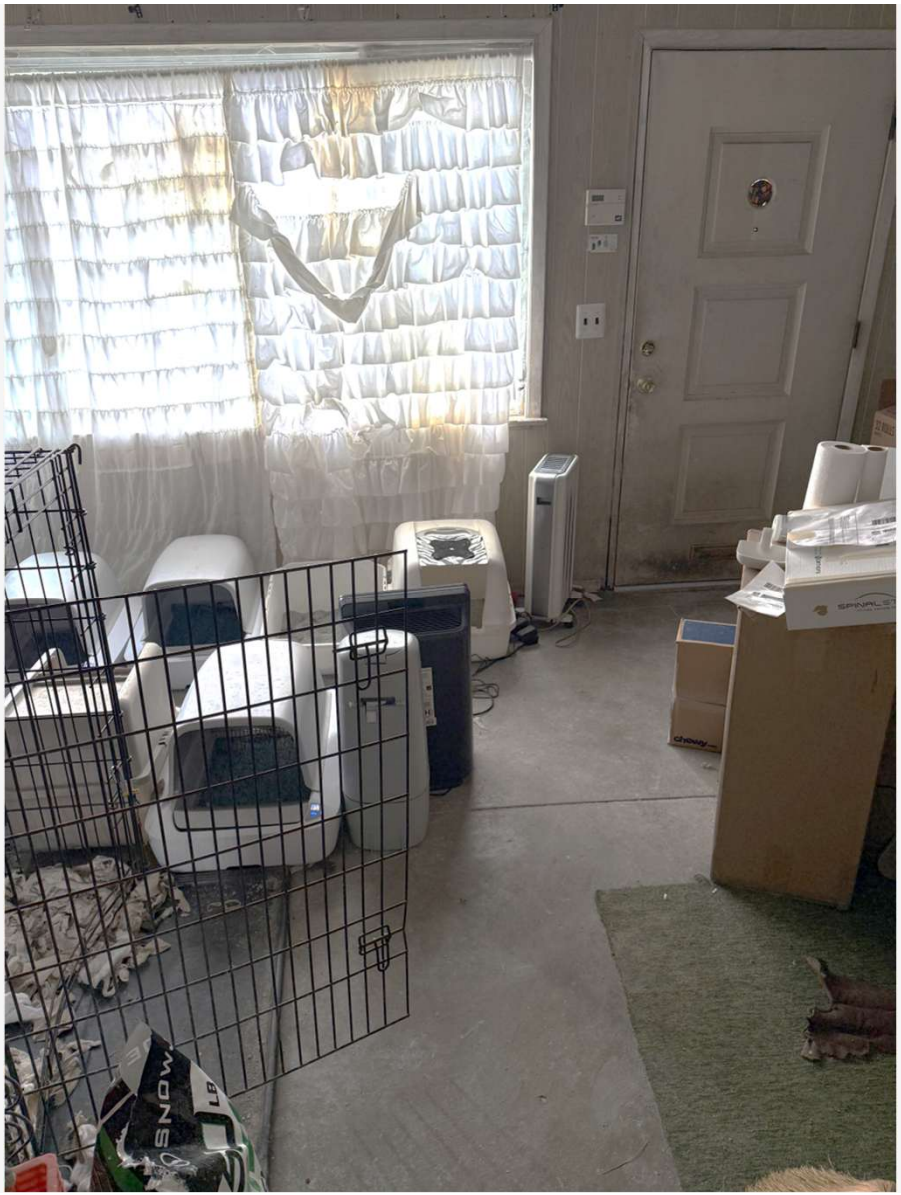
Clutter Rating Scale: 1






Brassaï




SNOW

Resources and References

Jewish Federations Resources

Person-Centered, Trauma-Informed Essentials for Aging Services Online Course

Person-Centered, Trauma-Informed Backgrounder

Join our mailing list: email Aging@JewishFederations.org

JFCS Greater Philadelphia Resources

- Philadelphia Hoarding Task Force: http://www.philadelphiahoarding.org/
- JFCS of Greater Philadelphia Hoarding Program: https://jfcsphilly.org/hoarding-program/
- Contact Gabe Halperin-Goldstein: GHalperin-Goldstein@jfcsphilly.org
- Contact Courtney Owen: cowen@jfcsphilly.org
- Sign up for JFCS of Greater Philadelphia hoarding newsletter: https://lp.constantcontactpages.com/sl/dPkPv4f

Questions?

References ML1

Eisinger, M., & Bedney, B. (2018). Teaching About Trauma: Models for Training Service Providers in Person-Centered, Trauma-Informed Care. *Kavod. Issue 8*, Spring.

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria. Journal of Traumatic Stress, 26(5), 537–547. https://doi.org/10.1002/jts.21848

Rabin, C., Bedney, B., & Rubenstein, V. (2023). Aging With a History of Trauma: Strategies to provide person-centered, trauma-informed care to diverse older adults and family caregivers. Center on Holocaust Survivor Care and Institute on Aging and Trauma, The Jewish Federations

United States Substance Abuse and Mental Health Services Administration (2014) SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Slide 58

ML1 You’re such a professional. I’m glad you include this slide.
Miller, Leah, 2026-04-28T15:29:02.954

AK1 0 Thank you!
Knoppow, Alana, 2026-04-28T20:11:30.931

Jewish Federations of North America

Center on Aging, Trauma, and Holocaust Survivor Care

Thank You!