

Exploration of Occupational Therapists' Rolewith Clients with Hoarding Disorder

Ginette Aubin, erg., PhD., OT(c) and Maude Lallemand, M.Sc. OT student ginette.aubin@uqtr.ca

Université du Québec à Trois-Rivières

Introduction

- Hoarding disorder (HD) is a complex condition characterized by
 - a difficulty to discard possessions (objects, etc.)
 - distress experienced when discarding possessions
 - accumulation of objects leading to a cluttered environment.¹
- A cluttered environment is a major obstacle interfering with the performance of daily activities, potentially leading to occupational deprivation and isolation.
- Recently, different intervention approaches^{2,3} have been suggested for people living with HD. Among them are:
 - Motivational interviewing
 - Cognitive-behavioral therapy
 - Harm reduction approaches
- Although daily functioning is affected in these persons, occupational therapists' role with these clients is not well known.

Objective

The objective of this exploratory study was to document and describe the role of occupational therapists working with clients with HD.

Conceptual framework

The Canadian practice process framework (CPPF)⁴ was used as the conceptual framework for this study. It emphasizes the practice context as well as service delivery, which is very relevant for this study. The implementation of the intervention plan is one of the eight action points of this framework that was specifically documented.

Methods

- Design: A quantitative and qualitative descriptive study
- Participants: Occupational therapists from Quebec (able to read French) recruited through social media (n=30).
- Data collection: An online survey link was sent by email to interested occupational therapists. It included 21 questions investigating occupational therapists' work experience with people with HD.
- Analysis: Descriptive quantitative (frequencies) and qualitative analyses (categories) were completed.

Results

Table 1. Sociodemographic characteristics of the participants (n = 30)

| CHARACTERISTICS | | % (n) |
|---------------------|--------|-------------|
| Gender | Male | 13,3 % (4) |
| | Female | 86,7 % (26) |
| Age (yrs) | 20-30 | 23,3 % (7) |
| | 31-40 | 43,3 % (13) |
| | 41-50 | 16,7 % (5) |
| | 51-60 | 13,3 % (4) |
| | 61 + | 3,3 % (1) |
| Experience (yrs) | 0-4 | 26,7 % (8) |
| | 5-9 | 0 % (0) |
| | 10-19 | 46,7 % (14) |
| | 20 + | 26,7 % (8) |

Figure 3. No. of clients met by occupational therapists

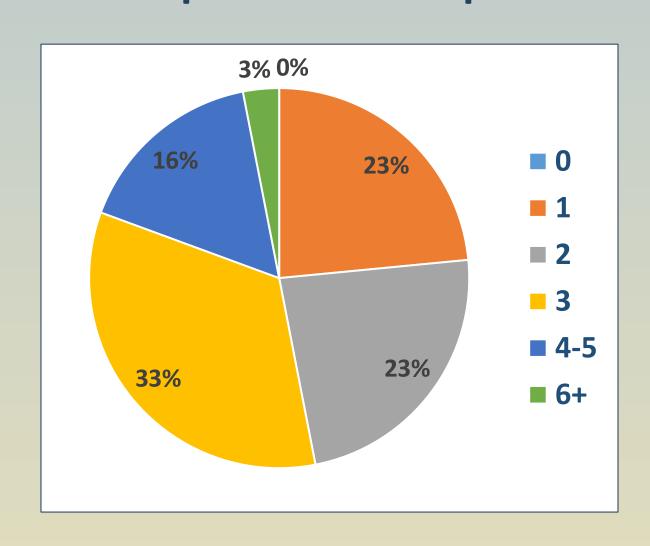


Table 3. General categories of interventions mentioned by occupational therapists

Figure 1. Population deserved by the participants and domains of intervention

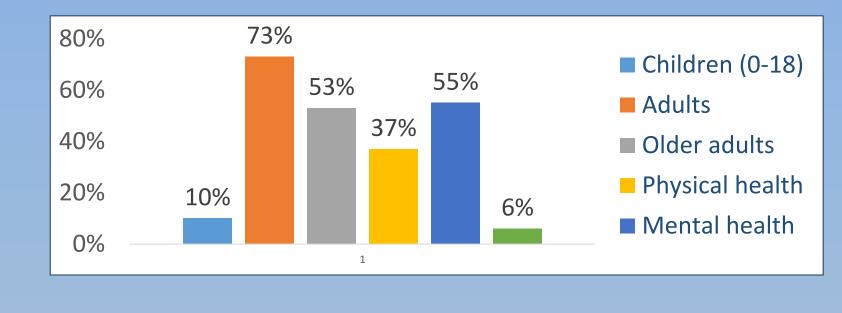


Figure 2. Clinical contexts of participants

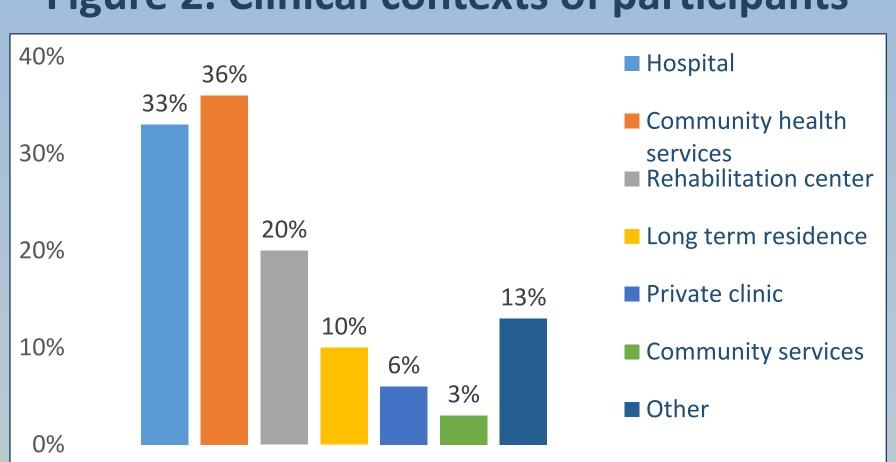


Table 2. Initial reasons for reference in occupational therapy

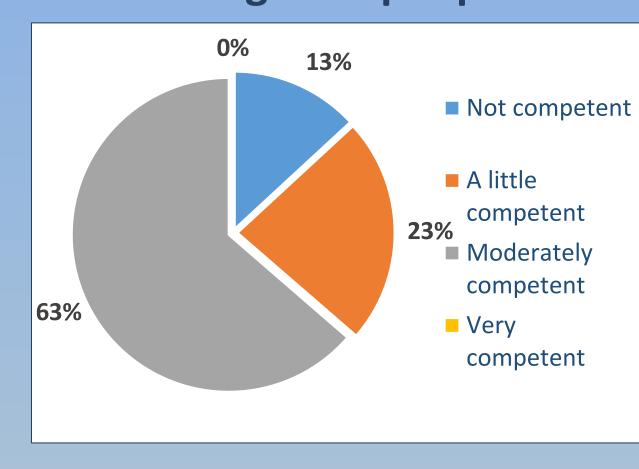
| Autonomy and safety (return to home) | 63% |
|--------------------------------------|-----|
| Decluttering | 30% |
| Occupational performance | 20% |
| Emotion management | 13% |
| Risks for falls | 10% |
| Social integration | 10% |
| Return to work | 10% |
| Home adaptation / Wheelchair | 10% |
| Safety for caregivers | 6% |
| Cognitive screening | 6% |

Table 4. Role of occupational therapists with persons living with HD as described by participants

| Supporting the person's functioning in her daily activities | 26,5% | |
|---|-------|--|
| Assessing safety and autonomy at home | 23,5% | |
| Ensuring a safe environment at home | 14,7% | |
| Contributing to the decluttering of home | 14,7% | |
| Supporting the engagement in meaningful | | |
| occupations and use of occupations to answer | 11,8% | |
| needs otherwise fulfilled by hoarding | | |
| Focusing on occupational factors (e.g. routine, | | |
| occupational priorities) leading to hoarding | 8,8% | |
| behavior | | |

Results (cont.)

Figure 4. Sense of competence of participants in intervening with people with HD



Discussion

- Occupational therapists involved in the assessment and intervention of persons with HD, work in different clinical contexts and domains of intervention.
- Initial referral is not always directly related to HD, as this problem is often discovered during home visits.
- Reported interventions are overall similar to those recommended by Steketee and Frost (2014).
- Although they identify different roles with persons with HD, occupational therapists generally feel moderately competent when working with this clientele.

Limitations:

- This is an exploratory study, and the sample is small.
- More information could be gained by interviewing the occupational therapists directly.
- Occupational therapist from other areas and provinces may have reported different experiences.

Conclusion

• As a cluttered environment has a impact on occupational performance, occupational therapists have a major role in the assessment and intervention with people with HD. More research is needed to consolidate their role through an occupation focused approach to assessment and intervention.

Reference

1-American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author. 2-Steketee, G et Frost, R. O. (2014). *Treatment for hoarding disorder: Therapist guide* (2e éd.). New York, NY: Oxford University Press. 3- Muroff, J., & Underwood, P. (2016). Treatment of an adult with hoarding disorder. In E. A. Storch, A. B. Lewin, E. A. Storch, & A. B. Lewin (Eds.), *Clinical handbook of obsessive-compulsive and related disorders: A case-based approach to treating pediatric and adult populations*. (pp. 241-258). Cham, Switzerland: Springer International Publishing. 4- Townsend, E. A., & Polatajko, H. J. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation*. Ottawa: Canadian Association of Occupational Therapists.