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## Did You Get What You Asked For?

Don't have that conversation with yourself where you say, "He's got more talent than I do," or "She's faster than I am." Success depends on what's in your mind .... Success is about your spirit.

GEORGE FOREMAN  
Heavyweight boxer  
and entrepreneur

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That seems like a straightforward question, "Did you get what you asked for?" Yet, as management guru John Reh points out, in the *The Lesson of the Red Horse*, it ain't necessarily so.

At a family gathering, his nine-year-old niece was drawing and colouring pictures of horses and most family members received one with multiple colours, shading, and other artistic touches. Yet, when Reh asked for one he got one with a flat depiction in one colour, red. While he liked it, he realized his niece hadn't done as good a job as she had on the others.

He also had an important insight: It reminded him of his time as a manager. An employee would do an impressive job on a project, but when asked to do something similar on a new project, would do a poorer job. Reh realized both situations occurred because he made several mistakes.

He did not clearly specify what end result he wanted; failed to explain what he liked about previous efforts; didn't involve his niece in the planning; didn't monitor her progress; didn't set a timeline; and failed to motivate her to do her best.

On the other hand, Reh notes he did do several things right: He told her he wanted something done; that he liked her previous drawings; did not micromanage; and had thanked her.

Just like the workplace. If, as a manager, you have a specific outcome in mind, you'll need to communicate your wants and needs effectively. You can't assume others see the end point in the same way that you do. On the other hand, if you're an employee or reporting to someone above, it makes sense to ask questions that clarify the goals.

And, don't forget the motivational factors. As Reh points out, people who enjoy a project usually stick to it and do a good job. (**The Lesson of the Red Horse**, *About.com Management*, 2009)



# Hire a Star, or Promote from Within?

Scholars have taken an interesting look at the idea of career portability through the lens of professional football. In pro sports, of course, the success or failure of bringing in stars is highly visible. Tens of thousands of fans will not hesitate to let team managers know what they think of an acquisition, or lack of one.

Research in the National Football League (NFL) indicates it's easier to bring in a star punter than to bring in a star wide receiver. That's because a wide receiver interacts more with the rest of the team than a punter. So, a wide receiver has less career portability than a punter (in other words, less ability to move to another team and perform as well or better).

Put another way, we can think of career portability running along a spectrum that goes from personal at one end to positional at the other. A wide receiver is at the personal end, because he must interact with many other players, and interact with them intensely. On the other hand, the punter finds himself at the positional end, because he interacts far less with other players on his team. Statistics, by the way, bear this out, with punters in the NFL being traded more than twice as often as wide receivers.

The scholars concluded the same logic holds for other organizations as well. In the general business world, the more collaboration involved in a position, the less likely it is an imported star will succeed. Several implications flow out of these conclusions:

- 👑 Managers should think strategically about filling positions, with special consideration on collaboration;
- 👑 Stars brought in from outside need time to develop relationships and grow into the corporate culture;
- 👑 Mentorship will be essential for incoming stars.

If you, as an individual, wonder about your ability to move to other companies or industries there are implications as well:

- 👑 The firm or industry doesn't matter as much to your career portability as the degree of collaboration involved in your current position;
- 👑 The more you're involved with others, the less portable you are;
- 👑 Don't pull back from collaboration to increase your portability, but do extend your boundaries beyond your immediate team, if possible;
- 👑 If you're considering a move to another company, be sure the new company will give you time and resources to build new relationships.

All of this reinforces the idea of thinking strategically, for both managers seeking to fill positions and for individuals considering a move from one company to another. (**The Value of a 'Portable' Career**, *HBS Working Knowledge*, January 12, 2009)

# "Please hold while we ignore your call"

Nobody likes being on hold, and that includes our clients. We certainly can't blame them, since it's wasted time. Or is it? What if you were to provide useful information to callers on hold rather than pumping bland music or ignoring them? One study from the phone company, AT&T, reports that 90% of callers hang up within 40 seconds if they encounter silence while on hold. But when given information, they stay on the line for up to three minutes longer.

Here's how to create on-hold information that works. Skip the music. Be unique, providing information that's relevant and helpful for callers. Speak your message at a medium rate, not too fast and not too slow, and use a tone that projects trust, honesty, and confidence. Track the results, and build on the themes and presentation styles that work best. Make use of technology to project the appropriate image. Wrap up with a call to action; in other words tell them what you want them to do. All things considered, your on-hold system can enhance, rather than detract from, your customer service. (**Agent Technology**, *Agent & Broker*, January 5, 2009)

## Disaster Preparation: Can You Walk as well as Talk?

Yes we can and should talk to our clients about risk management and disaster readiness. But how many of us could say we're ready ourselves if a catastrophe strikes? The TrueNorth agency in Cedar Rapids, Iowa can make that claim, after going through severe flooding in June 2008, flooding that inundated many of their offices.

When warnings first came out, TrueNorth and its 175 people began implementing their disaster plan. They immediately ordered a diesel generator to maintain power. When evacuation became necessary, employees were instructed not to return until further notice. Client service was maintained with web mail, cell phones, and TrueNorth's virtual private network. An hour after power failed, the generator started providing power; that allowed the computers to operate and generate lists of clients with flood coverage. And although the agency work force was dispersed with most working out of their homes, all essential services continued. A phone chain system maintained contact among all staff. Mail runs were established and they stayed in touch with policyholders and the community at large. All this over the course of just a few days while the main floor of their building was flooded. When the waters receded, the team was ready again and the offices reopened just 10 days after the river had crested. ("**Team Spirit**" **Proves Its Mettle**, *Rough Notes*, January 2009)





**FYI**

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## **Can't Throw it Away? You May be a HOARDER**

*By Leslie Smith Dow*

*On March 21, 1947, an anonymous caller reported a dead body in a run-down New York City townhouse. When police arrived, they found a once-elegant, three-storey Harlem brownstone with boarded up windows, no power and no doorbell. They had to use force to open the door because piles of old newspaper and junk blocked the way. The stench was overwhelming. After a policeman crawled through the house for two hours, he found 66-year-old Homer Collyer, wearing only an old tattered bathrobe. He had been dead for about 10 hours. His younger brother, Langley, was missing and presumed dead.*

*Workmen spent days removing tons more rubbish and eventually found 62-year-old Langley's decomposed body only 10 feet from where his brother had died. He had been crushed to death by piles of junk while attempting to bring food to his blind and paralysed older brother. Eventually, 136 tons of garbage was removed from the derelict house, including 14 pianos, automobile parts, 25,000 books and thousands of newspapers. The salvaged items, so dear to the brothers, brought a mere \$2,000 at the auction.*

The two men were both well-educated and well-off yet they came to symbolize the dangers of chronic hoarding, sometimes known as Collyer Brothers Syndrome or disposophobia – fear of throwing anything away. While other cases are less sensational they cause endless heartache as well as danger to all those caught up in the cycle of ceaseless collecting.

The brothers' disorder, so unusual at the time, is reaching epidemic proportions in the United States. One woman confessed in an on-line message board posting that her father had been a compulsive collector for as long as she could remember. Eventually, it became impossible for his

adult children and their families to squeeze into their parent's home for holidays.

Another distraught wife wrote she'd left her husband of two decades, taking the children to a new, uncluttered home because she could no longer stand to live with his mess.

True, some people are simply packrats, picking up other people's unwanted junk, and seem to thrive with every new item added to their collection. But when collecting gets out of hand, it can threaten the safety and health not only of its victims, but also to others living nearby.

Hoarding is more than simply collecting; its true cause is not known. Extreme clutter, difficulty discarding and compulsive acquisition are among three proposed symptoms of hoarding, though studies of the problem have sometimes reached conflicting conclusions. Experts now wonder whether chronically severe hoarding may be a disorder in its own right, which has led to further uncertainty about how to best study and treat it.

Hoarders are usually elderly people, often women, who have never married or who live alone. In one American study of hoarders, 44 per cent of participants were found to have a mental illness, such as dementia, and a startling 80 per cent were found to be in personal danger due to the sheer volume of possessions they had accumulated in their dwellings.

Often, hoarders say they feel 'safer' when surrounded by familiar, valued items, which others would dismiss as junk. Favourite hoarded items include newspapers, auto parts and musical instruments. Some hoarders collect dozens, even hundreds of animals, oblivious to their own inability to care for their growing menageries, like the 2002 discovery of a Kanata, Ontario, townhouse filled to overflowing with all manner of exotic animals by its owner.



## TREATMENTS

Cognitive therapy and behaviour modification is often used to treat hoarding, says Bloch. “It is, however, very important to give emotional support throughout the treatment program, as these people usually try to cope alone with their sadness and loneliness.”

Rigorous intervention is usually necessary if hoarders’ behaviour is to change. Sufferers are well known for dropping out of treatment programs and refusing to complete homework assignments. They may continue to show lack of concern about their disorder, and exhibit a similar lack of care for themselves.

One treatment program developed by researchers Hartl and Frost in 1996 involved a woman in her forties who had not benefited from treatment with medication. She took time off work to clean her house, even hiring someone to help without much success. She was then given training in decision-making and categorizing her possessions as well as being asked to discard some of them. She attended weekly two-hour de-cluttering sessions, and given homework assignments in which she had to practice what she learned. She was forced to decide about where to put items and what to save or throw away. Two therapists visited her home, but did not decide what she should throw away, or touch anything unless she gave them permission.

The woman had to go through each room of her house, deciding how to organize and discard possessions. She developed her own comprehensive filing system and had to discuss how decisions to throw things away affected her. At the end of nine months, she had eliminated clutter in all the targeted rooms, though her completion of homework assignments and her motivation often fluctuated.

This and other studies indicate intensive, detailed planning and assistance is needed if hoarders are to rid themselves of their habits. However, vigilance is essential, as most will return to their “packrat” habits if their old fears resurface. Animal hoarders in particular may simply move to another location and begin their collecting again if their problems are not dealt with sympathetically and helpfully.

But not all hoarders are mentally ill, according to Barbara Massey, Los Angeles County Hoarding Task Force program manager. Sometimes, older

people will be forced to live in a smaller house or apartment, and cram in cherished items; other people like to have stimulating stuff all around them. Older people in particular may hoard newspaper clippings featuring dead friends and relatives, their dead husband’s clothing, and so on. They may have trouble taking care of themselves or have a fear of losing things.

Others may have always lived with clutter, and literally may not know what constitutes a clean, uncluttered environment. “Hoarding may also be as a result of frailty (things pile up and they do not have the energy to deal with it),” says Dr. Gelberd, “as well as cognitive impairments that affect judgment and executive functioning (difficulty sorting and prioritizing).”

Either way, family members are encouraged to get involved and help hoarders make decisions about how to clean up the mess. Removing people from their homes, unless they have become infirm and cannot care for themselves, should be avoided if possible.

Practice in decision-making, organizing and discarding items, along with self-restraint in not acquiring more possessions, is essential. Filing and other useful systems to keep track of possessions – addressing the deep-rooted fear of losing things need to be put in place to help former hoarders improve any memory lapses and become organized individuals. Hasty interventions, when family members or well-meaning neighbours and friends simply take action and throw out cherished possessions, can result in a very negative outcome should the sufferer become agitated and angry. Planned interventions, when time is taken to build a trusting relationship with a hoarder, help them come to terms with the scope of the problem, then help them gradually reduce the clutter, have more positive outcomes, and longer-lasting effects.

Several American cities have formed hoarding task forces, including Los Angeles, New York City and Fairfax County, Virginia, usually incorporating rapid response from a variety of social service agencies such as health, housing, police and fire, adult, child and animal protection units.



Though the extent of the problem in Canada is not known, Dr. Sarah Gelberd, senior physician with the LA Countywide Older Adult Program says “Hoarding has been described as being in epidemic proportions,” though she says actual numbers are not tracked. “It is the cause of many evictions and loss of government housing.”

Though more research needs to be done, hoarding is thought to be an obsessive-compulsive disorder, defined as: (1) the acquisition of, and failure to discard, a large number of possessions that appear to be of useless or of limited value; (2) living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed; and (3) significant distress or impairment in functioning caused by the hoarding. (Frost and Hartl, 1996)

It is important, says Dr. Gelberd, to differentiate hoarders from those who assemble large collections of items they feel to be valuable and useful. In fact, hoarders often mix junk with useful items, including money, in a mish-mash that is impossible to retrieve or categorize. Difficulties with decision-making and concerns about responsibility may spark the excessive collecting, though links have been suggested to compulsive shopping and even kleptomania (suggesting the problem may be with impulse control).

Hoarding is a compulsion, usually motivated with an obsession to have everything in its place. The collecting behaviour sometimes starts in childhood, perhaps stemming from an inability to focus on sorting items, as well as memory deficit. Many collectors do not consider their habits unreasonable, though they seem to have a remarkable attachment to their possessions. Fear of losing something important, coupled with a fear of losing self-identity, may also be factors. Desire for control over these possessions is coupled with apprehension that someone will move them, touch them or throw them away.

Clinicians associated with Toronto’s Centre for Addiction and Mental Health say they have no statistics on just how many Canadians hoard, though less than one per cent of the population is thought to be affected. However, 18-42 per cent of people with obsessive-compulsive disorders may be hoarders.

Cities in Britain, Australia and the U.S. have formed hoarding intervention teams to deal with this growing problem, which experts agree worsens with age.

When taken to extremes, hoarding can destroy people’s lives, notes Jayni Bloch, director of the Kanata Psychotherapy Centre. Though she has not seen many patients who hoard in her practice, she is familiar with

several cases, such as a widow who hoarded kitchen objects such as toasters, food mixers and juicers. “There were unopened boxes around every inch of the floor space in her home. She could not take a shower because the shower was packed with boxes containing mail order equipment that she never used. The hoarding behaviour served as a way she entertained herself, or maybe distracted her from grief and loneliness, but it became a huge burden to her, too.”

Bloch, who has a master’s degree in psychology, notes that hoarding often happens when people are lonely or bereaved. “These individuals find consolation in the objects they collect. It can develop into an Obsessive Compulsive Disorder (OCD) when the hoarding is excessive enough to overwhelm their living environment, for instance, when there is no space for anything else but the object of their hoarding.”

Constant collecting may cause sufferers to be ostracized by others, making living conditions uncomfortable, unsanitary and unsafe not only for them but for others in nearby apartments or buildings. Rooms may be reduced to no more than paths or tunnels, causing floors to buckle under the weight of the assembled junk.

Cleaning becomes impossible, affecting the hoarder’s health and mobility. Sometimes a dwelling becomes so densely packed sufferers can’t even lie down to sleep. Fires may easily catch and burn up newspapers, rags and other intensely flammable objects stuffed into small spaces.

Hoarders seem to have elevated levels of depression and anxiety, often related to their possessions. In fact, they seem to experience deep grief when unable to acquire more possessions, or when divested of them, making treatment difficult.

They also “tend to not ask for help,” says Bloch. “Usually other people might notice their hoarding behavior and become concerned about them. They might come to seek help for other reasons, like the lady who lost her husband and felt lonely, but they would not be focusing on hoarding because they initially do not see it as a problem. The hoarder justifies hoarding because they ‘need’ it as a coping device for the loneliness or loss they feel. They might eventually seek help for feeling sad or lonely, when the feelings or symptoms of their sadness becomes quite severe, but even this happens rarely. These people might feel embarrassed about not being self-reliant enough. They feel they have to cope on their own. In my practice I often hear about these people from clients who are concerned relatives, friends or neighbors, who feel helpless.”

## WHO TO CALL/FURTHER INFORMATION

**Family Physician** – Help arrange a visit to a family doctor if you fear a relative, friend or neighbour is a hoarder and may be endangering their health or the health of others because of it. A physician may recommend a psychiatric evaluation, which may be available in your community through a geriatric psychiatry referral service or geriatric assessment program.

**Geriatric Services or Seniors Programs** – Programs may exist in your community specifically tailored to seniors' needs, such as in-home psycho-geriatric assessment and treatment and assistance to find placement in retirement residence.

**Local emergency Department** – Physicians, psychiatrists or social workers at hospital emergency departments may assist in evaluating a patient who presents the symptoms of chronic hoarding.

Mental Health Groups General information may be obtained from your local Alzheimer Society and from The Centre for Addiction and Mental Health's Information Centre at [mclaughlininformation2camh.net](http://mclaughlininformation2camh.net) or visit [www.camh.net/About Addiction Mental Health/McLaughlin Information Centre/](http://www.camh.net/About_Addiction_Mental_Health/McLaughlin_Information_Centre/) or call toll free at 1(800)463-6273. The Canadian Mental Health Association may be contacted at [www.cmha.ca](http://www.cmha.ca) or (416)484-7750.

More information on Obsessive-Compulsive disorder and hoarding can be found at [http://understanding OCD.tripod.com/index\\_hoarding.html](http://understanding OCD.tripod.com/index_hoarding.html) and <http://ocfoundation.org/>.

Aging in Canada has a fact sheet on hoarding, found at <http://www.agingincanada.ca/Hoarding5.pdf>.

For chat rooms and hoarding support groups, visit: <http://pub1.bravenet.com/guestbook/show.php?user-num=28331211&epv=1> and [http://understanding OCD.tripod.com/hoarding4\\_supportgroups.html](http://understanding OCD.tripod.com/hoarding4_supportgroups.html)

**Animal Welfare:** For animal hoarding information visit [http://www.hsus.org/pets/issues affecting our pets/behind closed doors the horrors of animal hoarding.html](http://www.hsus.org/pets/issues_affecting_our_pets/behind_closed_doors_the_horrors_of_animal_hoarding.html) and <http://www.tufts.edu/vet/cfa/hoarding/index.html>. Suspected animal hoarding should be referred to your local SPCA, humane society or veterinarian.

**Books:** Helpful books on hoarding include *Overcoming Compulsive Hoarding*, by N. Fugen et al.; *Hoarding and Clutter (The Infinite mind, Vol. 229)*; *Making Peace with the Things in Your Life*, and *One Thing at a Time: 100 Simple Ways to Live Clutter-Free Every Day* both by C. Glovinsky. All are available for on-line ordering from Amazon.com.

### Helpful Do's and Don'ts for Dealing with Hoarders

*(Adapted with permission from the Los Angeles County Department of Mental Health Older Adults System of Care Committee)*

Talk with the person face-to-face about your concerns. Use a soft, gentle approach and let the person tell his/her story. Treat the person with respect and dignity. Respect the fact that these possessions may mean something important to the person. They feel very strongly attached to items, much as some people feel attached to special people in their lives. Remain calm and factual, but caring and supportive. Reassure the older adult that others will try to help and work with him/her. Work with the medical or mental health services, public health, or other agencies. Involve the older adult in finding solutions to the problem.

If safety is a concern or the problem worsens, contact their family doctor or social services.

- DON'T expect overnight improvement. Go slowly and expect gradual changes. DON'T arrange to clean out the place behind the person's back (e.g., while in hospital, this can leave the person feeling anxious, hostile, and in a rage).
- DON'T be critical or judgmental about the older adult's living situation. Show caring and concern instead.
- DON'T talk about the older adult to others as if he/she is not present, and don't make negative, teasing or sarcastic comments.
- DON'T press the older adult for information that appears to make him/her uncomfortable.
- DON'T use the older adult's first name unless he/she gives you permission. DON'T hold a garage sale in your building. The person will probably just add to their collection, not get rid of some of it.