THE NATURE AND TREATMENT OF HOARDING DISORDER

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Nov. 25 & 26, 2013
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Winnipeg, MB

ROAD MAP

- Phenomenology
- Diagnostic & Assessment
- Conceptual Model
- Motivation & Treatment
- Other Interventions

RECENT BOOKS

- Treatment for Hoarding Disorder
  second edition
  Houghton Mifflin Harcourt
  Oxford University Press

- Buried Treasures
  Oxford University Press
OTHER HISTORICAL REFERENCES TO HOARDING

- Shakespeare's Shylock from *The Merchant of Venice* (1597)
- Nikolai Gogol's Plyushkin from *Dead Souls* (1842)
- Charles Dickens' Krook from *Bleak House* (1852)
- George Elliot's *Silas Marner* (1861)
- Sir Arthur Conan Doyle's Sherlock Holmes (1890s)

MODERN DAY CASES

**Skokie Hoarder Dies in Home; Removed Via Hole in Roof** – “A hoarder was stuck in so much garbage and debris and junk that when she died, she had to be removed through a hole cut into the roof of her hovel.”

IndyPosted, July 20, 2010

ANDY WARHOL

![Andy Warhol Portrait](image)
WHAT IS COMPULSIVE HOARDING?

- The acquisition of, and failure to discard, a large number of possessions
- Living spaces that are sufficiently cluttered as to preclude their intended use
- Significant distress or impairment caused by the clutter

MANIFESTATIONS OF HOARDING

- Acquisition
- Saving
- Disorganization

ACQUISITION

- Buying
- Free Things
- Stealing
- Passive
COMPULSIVE SAVING / DIFFICULTY DISCARDING

- Types of items
  - Clothes, newspapers, books, containers
  - DSM-IV – worthless & worn

- Attachments
  - Sentimental
  - Instrumental
  - Intrinsic

DISORGANIZATION

- Condition of Home
  - Clutter
  - Mixed importance

- Behavior
  - Churning
  - Out of sight fear

OTHER CORE FEATURES OF HOARDING

- Indecisiveness
- Perfectionism
- Procrastination
- Central Coherence
DIAGNOSIS OF HOARDING AND THE DSM

A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.

B. This difficulty discarding is due to a perceived need to save the items and distress associated with discarding them.

C. The symptoms result in accumulation of possessions that congest and clutter active living areas and substantially compromise their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

D. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

E. The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi Syndrome).

F. The hoarding is not better accounted for by the symptoms of another DSM-5 disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Autism Spectrum Disorder).
Specify if: “With Excessive Acquisition: If symptoms are accompanied by excessive collecting or buying or stealing of items that are not needed or for which there is no available space.”

Specify if:

- **Good or fair insight**: Recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.
  - Poor insight:
  - Absent insight:

Specify if:

- **Good or fair insight**:
- **Poor insight**: Mostly convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.
- Absent insight:
Specify if:

- Good or fair insight:
- Poor insight:
- Absent insight (Delusional beliefs about hoarding): Completely convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.

**ACQUIRING BEHAVIORS**

<table>
<thead>
<tr>
<th>Differences in acquiring process</th>
<th>Collectors</th>
<th>HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather relevant information</td>
<td>95%</td>
<td>35%</td>
</tr>
<tr>
<td>Planning for acquiring specific objects</td>
<td>75%</td>
<td>35%</td>
</tr>
<tr>
<td>Getting attached</td>
<td>50%</td>
<td>35%</td>
</tr>
<tr>
<td>Searching for specific items</td>
<td>95%</td>
<td>18%</td>
</tr>
<tr>
<td>Feeling rewarded by purchase</td>
<td>95%</td>
<td>77%</td>
</tr>
<tr>
<td>Organize collected items</td>
<td>95%</td>
<td>47%</td>
</tr>
<tr>
<td>Share collecting behaviors</td>
<td>90%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Mataix-Cols et al., 2012

**REASONS FOR DIFFICULTY DISCARDING**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Collectors</th>
<th>HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Useful in future</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Sentimental attachment</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Monetary value</td>
<td>50%</td>
<td>59%</td>
</tr>
<tr>
<td>Avoid waste</td>
<td>10%</td>
<td>55%**</td>
</tr>
<tr>
<td>Object is unique</td>
<td>55%</td>
<td>69%</td>
</tr>
<tr>
<td>Misuse of personal information</td>
<td>0%</td>
<td>31%**</td>
</tr>
<tr>
<td>Part of personal identity</td>
<td>80%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Mataix-Cols et al., 2012
**KEY DIFFERENTIATING FEATURES**

<table>
<thead>
<tr>
<th>Feature</th>
<th>Normative collecting</th>
<th>Hoarding Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset &amp; Course</td>
<td>Childhood; intermittent</td>
<td>Childhood; Chronic</td>
</tr>
<tr>
<td>Prevalence</td>
<td>70% children; 30% adult</td>
<td>1-5% adult</td>
</tr>
<tr>
<td>Use of Objects</td>
<td>Common</td>
<td>Rare</td>
</tr>
<tr>
<td>Object Content</td>
<td>Very focused</td>
<td>Unfocused</td>
</tr>
<tr>
<td>Acquisition Process</td>
<td>Structured</td>
<td>Unstructured</td>
</tr>
<tr>
<td>Excessive Acquisition</td>
<td>Possible, but less common</td>
<td>Very Common</td>
</tr>
<tr>
<td>Level of Organization</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Presence of Distress</td>
<td>Rare</td>
<td>Very Common</td>
</tr>
<tr>
<td>Social Impairment</td>
<td>Minimal</td>
<td>Severe</td>
</tr>
<tr>
<td>Occupational Impairment</td>
<td>Rare</td>
<td>Common</td>
</tr>
</tbody>
</table>

**LONDON FIELD TRIAL (MATAIX-COLS ET AL., 2012)**

- Hoarding vs. Collecting
- Near perfect sensitivity (Detecting hoarding when it is there)
- Near perfect specificity (Distinguishing hoarding from collecting)
- Inter-rater reliability (.97)
- 97-100% met criteria for acquisition specifier
- Insight Specifier (86% good or fair; 10% poor; 3.4% absent)
- Original clutter criterion too strict.

**FREQUENCY OF ACQUISITION SPECIFIER**

<table>
<thead>
<tr>
<th>Study</th>
<th>N</th>
<th>Acquisition Specifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frost et al., 2009</td>
<td>653</td>
<td>80-90%</td>
</tr>
<tr>
<td>Timpano et al., 2011</td>
<td>146</td>
<td>67%</td>
</tr>
<tr>
<td>Frost et al., 2011</td>
<td>217</td>
<td>80%</td>
</tr>
<tr>
<td>Mataix-Cols et al., 2012</td>
<td>29</td>
<td>97%</td>
</tr>
</tbody>
</table>
Excessive Acquisition in Hoarding

Frost et al., 2013

Percentage with Significant Acquisition Problems

Patient Report

Prevalence of Hoarding

- Samuels et al. (2008) = 5% in US (adjusted)
- Iervolini et al. (2010) = 2.3% (UK)
- Mueller et al. (2009) = 4.6% (Germany)
- Timpano et al. (2011) = 5.8% (Germany)

OCD prevalence = 1-2.5%
12-Month Prevalence of Psychiatric Disorders

- OCD
- Bipolar
- Panic
- GAD
- PTSD
- Major Depressive Disorder
- Sex/Pedo
- Spec/Pedo

12-Month Prevalence of Psychiatric Disorders:
- OCD: 2%
- Bipolar: 4%
- Panic: 6%
- GAD: 8%
- PTSD: 10%

Comorbid Disorders in HD

- MDD: 50%
- GAD: 40%
- SAD: 30%
- ADHD: 20%
- OCD: 10%
- PTSD: 0%

Percentage Meeting Criteria for Impulse Control Disorders

- Hoarding: 60%
- Pathological Gambling: 50%
- Food Stroking: 40%
- Impulse buying: 30%
- Impulse eating: 20%
- Impulse smoking: 10%
- Impulse sex: 0%

- * * *
HD VS. OCD - % MEETING CRITERIA

PERCENTAGE MEETING DIAGNOSTIC CRITERIA FOR OCPD

TRAUMA IN HOARDING AND OCD
CHILDHOOD TRAUMA IN HOARDING AND OCD

<table>
<thead>
<tr>
<th></th>
<th>HD</th>
<th>OCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>32.8%</td>
<td>20.9%</td>
</tr>
<tr>
<td>No Trauma</td>
<td>67.2%</td>
<td>79.1%</td>
</tr>
</tbody>
</table>

FREQUENCY OF STRESSFUL LIFE EVENTS IN HD (TOLIN ET AL., 2010)

- Violence
- Possessions
- Relationship
- Financial

HOARDING IN ANXIETY DISORDER PATIENTS (n=139)

- Panic
- Specific Phobias
- OCD
- Social Anxiety
- GAD
Course of Compulsive Hoarding

- Saving begins in childhood or adolescence
  - Clutter does not become severe until adulthood
- Chronic or worsening course
- Insight begins later than the symptoms, and fluctuates

% of Respondents with Moderate to Severe Hoarding
PROBABILITY OF FULL OR PARTIAL REMISSION OVER 2 YEARS (OCD SUBTYPES)

- 25%
- 30%
- 35%
- 40%
- 45%

Pinto et al. (2000), ABCT

HOARDING IN CHILDREN
- Overlapping ADHD
- Reactions to touching/moving objects
- Little insight
- Abnormal personification
- Essentialism

HOARDING IN ELDERS
- 15% of nursing home residents
- 25% of community day care elder participants hoarded small items
- Rate of hoarding among elders in private and public housing:
  - Elders at Risk Program, Boston: 15%
  - Visiting Nurses Assn., NYC: 10-15%
  - Community Guardianship, NC: 30-35%

Frost et al., 1999; Marx & Cohen-Mansfield, 2003
COGNITIVE FUNCTIONING IN ELDERLY HOARDING CLIENTS

ELDERLY: PERCENTAGE OF APPLIANCES NOT USEABLE

HOARDING BEHAVIORS IN OTHER DISORDERS
- OCPD
- Schizophrenia
- Dementia/Alzheimer's and Neurodegenerative Disorders
- Parkinson's
- Huntington's
- Pervasive Developmental Disorder
- Genetic Disorders (Prader-Willi Syndrome)
- Acquired Brain Injury
- OCD
HAZARDS OF HOARDING
- Poor Sanitation
- Mobility Hazard
- Blocked Exits
- Community Cost
- Homelessness
- Fire Hazard

DIOGENES SYNDROME
- Poor personal hygiene
- Domestic squalor
- Sylogomania

HAZARDS OF HOARDING
- Poor Sanitation
- Mobility Hazard
- Blocked Exits
- Community Cost
- Homelessness
- Fire Hazard
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- Community Cost
- Homelessness
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MELBOURNE FIRE BRIGADE STUDY - 2010
- Review of 10 years of fire records
  - Words denoting hoarding
  - Information from firefighters
  - Coroner’s reports
- Incidence
- Costs
- Fire details
  - Room containment
  - Number of pumpers
  - Number of personnel

MELBOURNE FIRE FATALITIES
- 0.25% of fires involved hoarding
- 24% of fire related deaths involved hoarding
Hoarding vs. Non-Hoarding Residential Fires

<table>
<thead>
<tr>
<th></th>
<th>Residential Fire</th>
<th>Hoarding Fire</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollar loss to owner</td>
<td>$12,500</td>
<td>$100,100</td>
<td>8x</td>
</tr>
<tr>
<td>Containment to room of origin</td>
<td>90%</td>
<td>40%</td>
<td>2.25x</td>
</tr>
<tr>
<td>Presence of operating smoke alarms</td>
<td>66%</td>
<td>28%</td>
<td>2.36x</td>
</tr>
</tbody>
</table>

Hoarding vs. Non-Hoarding Residential Fires

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<tr>
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<th>Residential Fire</th>
<th>Hoarding Fire</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of pumpers</td>
<td>1.5</td>
<td>2.6</td>
<td>1.8x</td>
</tr>
<tr>
<td>Number of personnel</td>
<td>7.7</td>
<td>17.3</td>
<td>2.2x</td>
</tr>
<tr>
<td>Cost to MFB</td>
<td>$2,100</td>
<td>$34,000</td>
<td>16x</td>
</tr>
</tbody>
</table>

Profiles of Hoarding Fires

- 77% Male
- 38% age 65 years and over
- 38% aged 50-64 years
Effects on Families
- Conflict
- Isolation
- Rejection

Family Hostility: Patient Rejection Scale

Hoarding | OCD | Schizophrenia
FAMILY BURDEN

- Growing up in a hoarding home associated with...
  - Increased embarrassment
  - Decreased inviting friends over
  - Increased strain in relationship with parents
  - Less happy childhood

Child & Adult Protective Services

CRITERIA FOR ANIMAL HOARDING

- Accumulation of a large number of animals,
- Failure to provide an adequate living environment for the animals,
- Reluctance to place animals for adoption or into the care of others.

ANIMAL HOARDING: WHAT WE KNOW.

- Mostly female
- Mid 50s
- Single
- Socially isolated
- Mainly cats and dogs
- (30-40; sometimes more)
ANIMAL HOARDING: FINDINGS FROM OUR INTERVIEWS

- Early & strong associations with animals
- Shy & socially awkward
- Chaotic parenting
- Tolerance of poor hygiene
- Poor insight / delusional

BELIEFS ABOUT ANIMALS

- Ascribe human qualities to animals
- Believe they have special abilities relating to animals
- More closely attached to animals than people

THEORIES OF ANIMAL HOARDING

- OCD
- Addiction
- Attachment disorder
- Coping mechanism
ASSESSING HOARDING SEVERITY

STRUCTURED INTERVIEW FOR HOARDING DISORDER – CRITERION A

- Do you experience difficulty discarding or parting with possessions? This may include throwing away, selling, giving away, recycling, and so on.
- How long have you had this problem? __________________ months/years.
- What items do you find most difficult to discard? Please list items below (both valuable and worthless items should be taken into account for the diagnosis).

STRUCTURED INTERVIEW FOR HOARDING DISORDER – CRITERION B

- Do you intentionally keep these items (are they important/useful for you)?
- Do you generally feel distressed or upset when discarding possessions?
- These questions are intended to evaluate whether the accumulation of objects is intentional/active and whether the discarding process causes distress (or would cause distress, in cases where discarding is entirely avoided). Where the accumulation is due to passive accumulation, or where the discarding process does not cause distress, the hoarding may be subclinical or attributable to an alternative psychopathology.
STRUCTURED INTERVIEW FOR HOARDING DISORDER – CRITERION C

Do you have a large number of possessions that congest and clutter the main rooms in your home? Note that “clutter” refers to the presence of a large number of items that are lying about in a disorganized way. The question refers to the key living spaces such as bedrooms, kitchen, or living room. Here exclude garages, attics, lofts, basements, and other areas that may commonly be cluttered in the homes of nonhoarding individuals.

To meet Criterion C, active living spaces that are necessary for everyday life must be cluttered to the extent that their use is substantially compromised. If unclear, ask about the level of obstruction for particular rooms or domestic activities:

- Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?
  - Kitchen (sink, fridge, worktop, etc.):_________________________________________________________
  - Bathroom (sink, toilet, shower/bathtub, etc.):__________________________________________________
  - Bedroom (bed, wardrobe, drawers, etc.):_____________________________________________________
  - Living room (sofa, chairs, table, floor, etc.):___________________________________________________
  - Other (halls/corridors/stairs; difficult to walk through due to piles of items):

Have other people (such as family members or local authorities) helped you to remove (or forcibly removed) some of your possessions? If so, how cluttered was your house/room before their intervention? Explore to what extent the living spaces are currently clutter free because of the intervention of other people. If this is the case, the criterion can be endorsed in the absence of significant clutter.
Structured Interview for Hoarding Disorder – Criterion D

- The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- Do the difficulties discarding or the clutter cause you distress? Note that some individuals with poor insight may not acknowledge being distressed, though any attempts to discard possessions by third parties will result in distress or anger.
- Do the difficulties discarding or the clutter interfere with your family life, friendships, or ability to perform well at home or work? Note that the impairment may only be apparent to those around an individual with poor insight.

Structured Interview for Hoarding Disorder – AcquisitionSpecifier

- Do you often acquire free items that you don’t need or for which you have no available space at home?
  - □ YES
  - □ NO
- Do you often buy items that you don’t need, you can’t afford, or for which you have no available space at home?
  - □ YES
  - □ NO
- Do you sometimes steal things that you don’t need, you can’t afford, or for which you have no available space at home?
  - □ YES
  - □ NO

Structured Interview for Hoarding Disorder – InsightSpecifier

- To what extent do you think that your saving behavior (including your difficulties discarding, the resulting clutter, and the excessive acquisition) is problematic? If in doubt, refer back to information provided by the subject during the interview. If a reliable informant is present, check for discrepancies between the subject’s and the informant’s report and assess degree of insight accordingly.
  - □ Good/Fair insight
  - □ Poor insight
  - □ Absent/Delusional insight
DISTINGUISHING HD FROM OCD: EXAMPLES OF OCD HOARDING

- Superstitious thoughts associated with discarding
- Irrational and egodystonic need to document every moment of her life (“life editing”)
- Fear of accidentally discarding something important and avoidance of the checking behavior needed to prevent this
- Fear of contamination
- Fear of being prosecuted if accidentally discarded items containing personal information
- Urge to read written material prior to discarding, leading to avoidance of discarding

DIFFERENCES BETWEEN HD AND OCD

<table>
<thead>
<tr>
<th></th>
<th>HD</th>
<th>OCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoarding of common items</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hoarding of bizarre items</td>
<td>Rare</td>
<td>Common</td>
</tr>
<tr>
<td>Main reasons for hoarding</td>
<td>Intrinsic, practical, or sentimental value</td>
<td>Specific obsession or avoiding compulsions</td>
</tr>
<tr>
<td>Hoarding related to obsessional themes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Onset of severe clutter</td>
<td>Later (30s-40s)</td>
<td>Earlier (20s-30s)</td>
</tr>
<tr>
<td>Ego-syntonic/ego-dystonic</td>
<td>Generally ego-syntonic</td>
<td>Generally ego-dystonic</td>
</tr>
<tr>
<td>Checking compulsions associated with hoarding</td>
<td>Rare or mild</td>
<td>Frequent &amp; severe</td>
</tr>
</tbody>
</table>

ASSESSING RISK

- Safety
  - Fire hazard, exits blocked, stairways clear, room for emergency personnel & equipment, clutter outside
- Condition of Home
  - Squalor - Home Environment Index
    - Rotten food, insects, animal waste
    - Cleaning and hygiene behavior
- Structural damage
- Activities of Daily Living-Hoarding
  - Impact on activities of daily living (e.g., preparing food, using toilet)

Frost & Hirvonen, J Clin Psychol 2011;67:456-466
Rasmussen et al., submitted
GENERAL HOARDING INTERVIEW
- Home and clutter
- Objects and reactions
- Where to start
- Organizational system
- Acquiring
- Reasons for saving
- Family & friends
- Health & safety
- Problems from hoarding
- Comorbidities (MDD, OCD, ADHD, etc.)
- Family history of hoarding
- Onset & course
- Intervention efforts

HOARDING RATING SCALE
- 0-8 scales for 5 items:
  1. Difficulty using rooms in your home?
  2. Difficulty discarding
  3. Problem collecting or buying
  4. Emotional distress
  5. Impairment

ADIS HOARDING ITEMS 1 & 2
- 1. Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?
  0 1 2 3 4 5 6 7 8
  Not at all Mild Moderate Severe Extremely Difficult
- 2. To what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?
  0 1 2 3 4 5 6 7 8
  No Mild Moderate Severe Extreme Difficult
ADIS HOARDING ITEM 3

- To what extent do you currently have a problem with collecting free things or buying more things than you need or can use or can afford? [Use scale below]

0 1 2 3 4 5 6 7 8

- 0 = no problem
- 2 = mild problem: occasionally (less than weekly) acquires items not needed or acquires a few unneeded items
- 4 = moderate: regularly (once or twice weekly) acquires items not needed, or acquires some unneeded items
- 6 = severe: frequently (several times per week) acquires items not needed or acquires many unneeded items
- 8 = extreme: acquires very often (daily) acquires items not needed, or acquires large numbers of unwanted items

ADIS HOARDING ITEMS 4 & 5

- 4. To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?

0 1 2 3 4 5 6 7 8

None/ Mild Moderate Severe

Not at all

- 5. To what extent do you experience impairment in your life (daily routine, job/school, social activities, family activities, financial difficulties) because of clutter, difficulty discarding, or problems with buying or acquiring things?

0 1 2 3 4 5 6 7 8

None/ Mild Moderate Severe

Not at all

Clutter Image Rating: Bedroom

Please rate the photo that most closely reflects the amount of stuff in your room.
DEVELOPING THE CLUTTER IMAGE RATING


Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your home.

1
2
3
4
5
6
7
8
9

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your kitchen.

1
2
3
4
5
6
7
8
9
SAVING INVENTORY-REVISED
CUTOFF SCORES

- Excessive Acquisition - 9
- Difficulty Discarding - 14
- Clutter - 17
- Total Score - 41

ACTIVITIES OF DAILY LIVING

- Item examples:
  - Eat at table
  - Prepare food
  - Use refrigerator

WHY DO PEOPLE HOARD?

- The Cognitive Behavioral Model
BILOGICAL VULNERABILITY

- Genetics
- Neural mechanisms
- Evolutionary biology

BILOGICAL MODELS: GENETICS

- Hoarding and indecisiveness more common among family members of people who hoard
- Specific genetic abnormalities have been found
  - L/L genotype of COMT Val158Met polymorphism
  - Chromosome 14

References:
CASE REPORTS OF COLLECTING FOLLOWING PREFRONTAL BRAIN DAMAGE

- Phineas Gage
- Hoarding may result from damage to mesial prefrontal areas, including the anterior cingulate

HIGHER ACTIVATION IN ORBITOFRONTAL CORTEX BA(10,11,12,47)

- Processing reward information
- Reward-related learning
- Goal-directed actions
- Formation of habits

LOWER ACTIVATION IN THE CINGULATE CORTEX BA(23,24,26,29,30,31,32)

- Anterior cingulate cortex connects with the prefrontal cortex, parietal cortex and motor system
- Evaluation of emotional stimuli
- Monitor ongoing processing to signal when something is ‘wrong’ enough to require an alteration in behavior
- Associated with pain and pain affect
**Biphasic Abnormality in Anterior Cingulate Cortex and Insula Function**

- **Lower activity**
  - When making decisions about other people’s things.

- **Excessive activity**
  - When making decisions about things they owned.

  - Tolin et al. (2012)

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**Core Beliefs & Psychological Vulnerabilities**

- **Self-worth**
  - I’m worthless.

- **Helplessness**
  - I have no control. Nothing I do will make a difference.

- **Mood**
  - Co-morbidity

---

**Information Processing Deficits**

- **Attention**
- **Categorization**
- **Memory**
- **Perception**
- **Association**
- **Complex Thinking**

  **Decision-making Difficulties**
EMOTIONAL ATTACHMENTS AND BELIEFS

- Beauty/aesthetics
- Memory
- Utility/opportunity
- Sentimental
- Comfort
- Identity/potential
- Control
- Mistakes
- Responsibility/waste
- Completeness
- Safety

EMOTIONAL ATTACHMENT

“My life would not be complete if I did not have this possession.”
“Throwing things away would feel like part of me dying.”
“Without this possession, I will be vulnerable.”
“I will never be able to replace this item.”

BELIEFS ABOUT MEMORY

“Saving this means I don’t have to rely on my memory.”
“If I don’t leave this in sight, I’ll forget it.”
“I must remember something about this.”
BELIEFS ABOUT RESPONSIBILITY & WASTE

“I am responsible for finding a use for this possession.”
“I am responsible for saving this for someone who might need it.”
“I’m ashamed when I don’t have something when I need it.”

BELIEFS ABOUT CONTROL

“No one has the right to touch my possessions.”
“I like to maintain sole control over my things.”

PERFECTION AND COMPLETENESS

- Perfect use of possession
- Perfect recall
- Perfect preparation
HOARDING: A GIFT AND A CURSE

- **Gift:**
  - Recognition of potential & opportunity
  - Appreciation of physical world

- **Curse:**
  - Living in a landfill
  - Collecting life without living it
  - Aesthetics gone Awry

LEARNING PROCESSES

- Positive reinforcement (positive emotions)
- Negative reinforcement (negative emotions)
- No opportunity to test beliefs & appraisals (avoidance)
- No opportunity to develop alternative beliefs (avoidance)

AVOIDANCE CONDITIONING

- Distress
- Decisions
- Attending to clutter
- Feelings of loss
- Feelings of vulnerability
- Worries about memory
- Inviting people into the home
- Making mistakes
- Losing opportunities
- Losing information
- Depression
- Putting things out of sight
DEVELOPING THE CLIENT’S CONCEPTUALIZATION

- Start with client’s explanation
- Add features based on interview and experimentation
- Connect features to saving/acquiring and core beliefs/vulnerabilities
- Do functional analyses of individual features

CLIENT L: 72 YEAR OLD GRANDMOTHER

- Lives alone, no visitors for years
- Severe hoarding
  - CIR = 8
  - Bruised hips
- Lifelong problem
- Moderate acquisition
- Moderate to high squalor
VULNERABILITIES
- Depression
- Self-Worth
- Perfectionism
- Helplessness
- Health
- Physical Constraints

CLIENT L’S BEGINNING EXPLANATION
- Time
- Energy
- Motivation
- Condition of the item

INFORMATION PROCESSING DEFICITS
- ADHD symptoms
- Memory
- Categorization
- Perception
- Association
- Complexity of thoughts
- Decision-making
BELIEFS & MEANINGS: based on interview & experimentation

- Responsibility
- Control
- Utility
- Memory
- Concern over mistakes
- Belief about God

FEELINGS

- Pleasure from re-reading
- Excitement
- Relief from mortality worries
- Guilt
- Grief
- Sadness
- Anger - at others exerting control

Depression, perfectionism, self-worth, health
ADHD, memory, categorization, decision-making
Responsibility, Control, Utility, Memory, Mortality
Pleasure, excitement, relief
Guilt, grief, anger
Positive Reinforcement
Saving & Acquiring
Negative Reinforcement
FUNCTIONAL ANALYSIS OF COMPELLING SHOPPING EPISODE

40 year old professional woman
Husband & 12 year old son
$27,000 credit card debt
Clothes buying compulsion
Serious hoarding problem

DO EXISTING TREATMENTS WORK FOR HOARDING?
ELDERLY HOARDERS: PREVIOUS INTERVENTIONS
(N = 62, CASE WORKER INTERVIEW)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>By Whom</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Cleaning</td>
<td>80%</td>
<td>40%</td>
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<tr>
<td>Panel Cleaning Assistance</td>
<td>70%</td>
<td>50%</td>
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<tr>
<td>Non Resisted Cleaning Assistance</td>
<td>60%</td>
<td>30%</td>
</tr>
<tr>
<td>Social Worker</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Referral</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>None</td>
<td>20%</td>
<td>No</td>
</tr>
</tbody>
</table>

PHARMACOTHERAPY

- Hoarding predicts negative outcome of SSRI s in OCD
- Hoarding and non-hoarding OCD patients respond similarly to paroxetine
  - (The bad news: neither group improved much – 28% vs 32% responder rate)
- New evidence offers some hope! (Saxena, 2014)
  - Venlafaxine (Effexor) – 30-36% improvement; 68% classified as responders
  - Stimulants – assist in therapy

EFFECTIVENESS OF CBT

Table 2: Improvement for Patients Within Each OCD Symptom Cluster

<table>
<thead>
<tr>
<th>OCD symptom cluster</th>
<th>n</th>
<th>Pre-treatment M (SD)</th>
<th>Post-treatment M (SD)</th>
<th>Clinical significance (%)</th>
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<tbody>
<tr>
<td>Hoarding</td>
<td>10</td>
<td>25.94 (4.3)</td>
<td>15.89 (4.7)</td>
<td>31</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>41</td>
<td>29 (4.8)</td>
<td>10.79 (6.7)</td>
<td>59</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder contamination</td>
<td>32</td>
<td>26.10 (3.9)</td>
<td>11.63 (4.0)</td>
<td>56</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder symmetry</td>
<td>13</td>
<td>21.23 (3.9)</td>
<td>11.47 (7.1)</td>
<td>56</td>
</tr>
</tbody>
</table>

Note: OCD = obsessive-compulsive disorder; Y-BOCS = Yale Brown Obsessive-Compulsive Scale.
* Post-treatment Y-BOCS scores for hoarding cluster were significantly greater than for the hoarding, contamination, and obsessive-thought clusters.
COMBINATION THERAPY RESPONSE RATES

- Paroxetine + CBT
  - Hoarding = 18%
  - OCD = 67%

- Multiple meds + CBT in partial hospitalization
  - Hoarding = 45%
  - OCD = 63%

WORKING WITH HOARDING CLIENTS IS TOUGH: SURVEY OF 84 PROFESSIONALS

Tolin et al., J OCD Relat Dis, 2012, 1, 48-53.

MOTIVATION AND AMBIVALENCE: WHY DON’T PEOPLE CHANGE?
**INSIGHT: HOARDING**

Hoarding (Tolin et al., 2010)

**INSIGHT PROBLEMS**

- Anosognosia (nosos + gnosis)
  - Pure anosognosia
  - Indifference to consequences
- Clutter Blindness
- Overvalued Ideation
- Defensiveness (therapeutic reactance)

**MOTIVATION**

- What makes people motivated to change?
  - Importance
  - Confidence
- Motivational Interviewing
  - A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence
**Ambivalence**

- Even people with poor insight are ambivalent
  - They know others’ view of the way they live.
  - They feel shame when others see their home.

- We must begin here if we hope to get them to change.

**Recognizing Ambivalence**

- Arriving late to sessions
- Missing appointments
- Insufficient homework
- Diverting session content to other topics
- Blaming others and making excuses

**Recognizing Ambivalence**

- “I have a hard time finding time to sort. I have things I want to do to socialize and get ready for the next day.”
- “I can’t let myself get depressed or anxious so I keep busy with friends; I really don’t have time to sort.”
- “I didn’t have space to put my items to organize.”
- “I don’t know who to give my stuff to.”
- “I don’t know how good I would feel if I got rid of it.”
MOTIVATING CHANGE IN HOARDING

- Enhance ambivalence
- Resolve ambivalence
- Reinforce change talk & action

ASSUMPTIONS OF MI

- Motivation to change cannot be imposed
- Client needs to articulate and resolve ambivalence
- Therapist facilitates expression of all sides of the ambivalence
- Ambivalence cannot be resolved by direct persuasion
- MI style is quiet and eliciting
- Therapist elicits, explores and helps resolve ambivalence
- Readiness to change develops from interaction of client and therapist
- Therapy is a partnership, not expert to recipient

PRINCIPLES OF MI

- Expressing empathy
- Developing discrepancy
- Rolling with resistance
- Supporting self-efficacy
STRATEGIES FOR ENHANCING MOTIVATION

- Ask open-ended questions
- Listen with reflection
- Summarize
- Affirm self-efficacy
- Ask evocative questions
- Explore pros & cons
- Ask for elaboration
- Use extreme contrasts
- Look forward
- Look back
- Reframe
- Provide feedback
- Encourage change talk

DECISIONAL BALANCE SHEET

**Continue to hoard**
**Benefits:**
- get to keep stuff
- avoid decision-making
- don’t have to do the work of cleaning

**Costs:**
- can’t find anything
- can’t have people over
- house smells
- can’t use rooms
- friends/family relatives get upset

**Clean house**
**Benefits:**
- I know what I have & where it is
- can invite people over
- neighbors will stop complaining
- family/friends will be happy
- can move around easily

**Costs:**
- I’ll have to part with my stuff
- it will be hard work
- emotional stress of discarding

ESTABLISH PERSONAL GOALS AND VALUES

- **Values**
  - What you care most about?

- **Personal goals**
  - What do you most want to do in the remainder of your life?

- **Short term goals**
EXAMPLE: SHARON’S GOALS

- To enjoy my instruments again
- To create breathing space, order, and beauty in my bedroom (esp. in front of the closet)
- To have a living room that a friend or family could enter
- To have a safe kitchen with working surfaces
- To take a bath
- To remove bagged items

SPECIALIZED TREATMENT FOR HOARDING

- Assessment and case formulation
- Motivational enhancement
- Skills training – cognitive rehabilitation
- Changing Attachments to Things
- Challenging thoughts and beliefs
- Restricting acquiring
- Preventing relapse

TREATMENT OF COMPULSIVE HOARDING

- Assessment and case formulation
- Motivational enhancement
- Skills training – organizing, problem solving
- Changing Attachments to Things
- Challenging thoughts and beliefs
- Restricting acquiring
- Preventing relapse
**TREATMENT FORMAT**

- Individual or group?
- Office and in-home sessions
- Acquiring locations
- Family consultation
- Use of a coach?
- Cleanouts?

**TREATMENT RULES**

- Never touch without permission
- Client decides rules for acquiring, keeping and discarding
- Client makes all decisions
- Proceed systematically by room or type of spaces and/or objects

**SKILLS TRAINING**
SKILLS TRAINING: COGNITIVE REHABILITATION

- Manage attention/distraction
- Teach clients problem-solving skills
- Improve decision-making skills
- Develop categorization skills
- Develop Personal Organizing Plan/ Prioritizing
- Improve Planning Skills
- Develop Cognitive Flexibility
- Ongoing Maintenance

WHERE TO BEGIN SKILLS TRAINING

- In the office, begin with easy-to-carry items that are causing difficulty, e.g., mail
- At home, begin with items in the primary area/room of focus (chosen with the client or due to safety or code concerns)
  - e.g., newspaper, screwdriver, hairbrush, laundry detergent

MANAGING ATTENTION & DISTRACTION

- Determine client’s usual attention span
- Help client reduce and/or delay distractibility
  - Use timer
  - Control visual field (cover distracting areas)
- Discuss strategies for creating structure
  - Set regular appointments for sorting & organizing
  - Establish priorities
  - Divide projects into manageable steps
PROBLEM SOLVING STEPS

- Identify/define the problem
- Generate as many solutions as possible
- Evaluate solutions & select one or two that seem feasible
- Divide solutions into manageable steps
- Implement the steps
- Evaluate the outcome
- Repeat the process until a good solution is found

DECISION MAKING

- Decision-making problems
  - Focus of attention
  - Forest versus trees
  - Avoid negative emotions
  - Insufficient or misinformation

- Potential solutions
  - Need to be tailored to the individual
  - Habituation to decision-making

DEVELOP ORGANIZING PLAN

- Identify categories to be organized
- Select locations for item categories
- Discuss available storage in various rooms
- Discuss how objects are stored
- Select interim locations for objects
CATEGORIZING AND SORTING

1. Categorize unwanted items
   - Trash, recycle, donate, sell, undecided
   - Develop list of items to be removed
   - Develop action plan for removing items

2. Define categories for saved objects (non-paper)
   - Keep similar items together ("like with like")
   - Choose limited number of locations for each category
   - Help client select final locations for categories of items

CATEGORIZING (CONT’D)

1. Categorizing and filing paper
   - Help client identify where to store paper
   - Determine materials needed to organize paper
   - Ensure each paper category is included in the filing system
   - Make categories for mail, newspapers, magazines

CATEGORIZATION

- Band-aids
- Photo
- Receipt
- Key
- Color Pencil
- Lead Pencil
- Package of Tissues
- Bottle of shampoo
- Sock
- Shell necklace
- Ornament
- Audio tape
- Nail
- Expired coupon
- Candy wrapper
- Rubber band
- Plastic bag
- Scrap of paper phone number Staffed animal
MAINTAINING THE SYSTEM

- Discuss new routines to replace old habits and prevent re-accumulation of clutter
  - Examples: emptying trash, doing dishes
- Develop schedule for enacting new behaviors
- Encourage a reward system to reinforce work

TREATING EXCESSIVE ACQUISITION

- Bringing context to the decision
- Tolerating the urge

QUESTIONS TO CHALLENGE ACQUIRING

- Do I have an immediate use for this?
- Can I get by without it?
- Do I want it taking up space in my home?
- Is this truly important or do I want it just because I was looking at it?
- What are the advantages and disadvantages of acquiring this?
**PERSONAL RULES FOR ACQUIRING**

- I must have
  - an immediate use for it
  - time to deal with it appropriately
  - money to afford it comfortably
  - space to put it
  - ...

**GRADUAL EXPOSURES TO NON-ACQUIRING**

- Non-shopping Excursions
  - Drive-by non-shopping
  - Walk-through non-shopping
  - Browsing and picking non-shopping

**ACQUIRING HIERARCHY**

- Driving past a store: 10
- Standing outside store: 25
- Walking into store: 35
- Seeing something you want: 50
- Touching object you want: 65
- Putting object back: 75
- Walking away from item: 80
- Walking out without the object: 85
Effect on Mean Urges and Discomfort for 8 People with Acquiring Problems on Non-shopping Trip at OC Foundation Workshop

MANAGING AVOIDANCE

DISTRESS TOLERANCE IS IMPORTANT

- Clients must learn to tolerate...
  - Distress
  - Fatigue
  - Depression

- Without avoiding discarding
CHANGING ATTACHMENTS TO POSSESSIONS

QUESTIONS ABOUT POSSESSIONS
- Do I need it?
- How many do I already have?
- Do I have a plan to use this?
- Have I used this in the last year?
- Can I manage without it?
- Can I get it elsewhere?
- Do I want it taking up space in my home?
- Does buying/keeping this help meet my personal goals?
- Will not buying/getting rid of this help my hoarding problem?
- Is this truly important or do I want it just because I was looking at it?

DISCARDING Exercises
- Imaginary Discarding
- Behavioral Experiments
- Excavation Sessions
CHALLENGING MALADAPTIVE BELIEFS

- Identify problematic beliefs
- Examine beliefs – Downward Arrow
- Challenge beliefs
  - cognitive strategies
  - behavioral experiments
- Discuss beliefs during discarding exposures
- Socrates and changing beliefs

IDENTIFY BELIEFS

- Fears of Mistakes/Decisions
- Responsibility (guilt) for objects and people
- Opportunity
- Memory (memory aid, poor memory)
- Identity – I am what I have
- Uniqueness / one of a kind
- Completeness and perfectionism
- Control – it’s mine; no one can touch

DOWNWARD ARROW TECHNIQUE

- What would happen if you threw that out?
  - “I’ll never find it again.”
- Why would that be so bad?
  - “I would lose an opportunity.”
- What would be so bad about that?
  - “I’d be stupid for not taking advantage of an opportunity.”
- What’s the worst part about that?
  - “Just that, I’d be a stupid person.”
**Downward Arrow 2**
- It sounds like you are worried that if you threw this out, that would mean you were a stupid person. Let’s take a look at that idea.
  - “I guess I never thought about it. I do worry about doing something stupid.”
- Sounds like you also worry that you might be a stupid person. Does that seem right?
  - “Yeah, I guess so. All through school...”

**Create Hypotheses About Beliefs**
- Determine core beliefs via downward arrow
- Establish “If...., then” statements
- Design experiments or cognitive challenges

**Behavioral Experiment: Consider Discarding**
- Rate initial distress
- Predict duration of distress
- Do the experiment (not acquire, discard)
- List thoughts
- Evaluate thoughts
- Re-rate distress
- Discuss outcome of experiment
BEHAVIORAL TEST OF HOARDING PREDICTIONS
(TOP OF LOST BOARD GAME BOX)

- Prediction 1: “If I throw this away, it will feel like death.”
- Prediction 2: “If I throw it away, I will feel this way (like death) forever.”

OUTCOME OF PREDICTIONS

- One minute after discarding
  - SUDS rating at 100, but “It does not feel like death.”
- 24-hours after discarding
  - SUDS rating at 10. “It doesn’t bother me much at all.”

CONCLUSIONS AND NEW HYPOTHESES

- Conclusion - Neither prediction came true.
- New Hypotheses
  - The thought of throwing things away is worse than the doing of it.
  - If I throw something away that I am deathly afraid of discarding, it will not feel as bad as I think, and the bad feeling won’t last as long as I think.
CLIENT L: 72 YEAR OLD GRANDMOTHER

- Lives alone, no visitors for years
- Severe hoarding
  - CIR = 8
  - Bruised hips
- Lifelong problem
- Moderate acquisition
- Moderate to high squalor

L’S NEWSPAPER EXPERIMENT

![Graph showing discomfort levels over time for L’s newspaper experiment.]

Complications with Behavioral Experiments

- Acquisition
  - Pre-shopping
  - Over-specific exposure

- Discarding
  - Cheating
  - Feared outcomes
COGNITIVE RESTRUCTURING

- **Probability**
  - What’s the likelihood that something bad would actually happen? What would that be?
- **Severity**
  - How bad would it be?
- **Ability to Cope**
  - How well will you be able to manage?
- **Distress**
  - How upset would you feel?
  - How long would that last?
  - Can you tolerate that feeling?

UNDERSTANDING THE NUMBERS

- How many newspapers come in each week?
- If I understand you correctly, the paper arrives, you scan the headlines, put it into the pile, and rarely read it. Is that right?
- How many newspapers do you actually read each week?
- How many do you get rid of each week?
- Let’s figure it out. At this rate...[volume accumulated per month; number of months or years required to read all accumulated papers]
- How does this situation fit with your goals?
- What would you like to do about this?

TAKING ANOTHER PERSPECTIVE

- Designed to help clients step outside their own view of the world
  - Would your friend (family member) view this situation in the same way?
  - What would you say to a friend who came to you with this problem?
  - What would you say to your son or daughter if they came to you with this problem.
ADVANTAGES/DISADVANTAGES

- Advantages of Not Acquiring
  - I'll have more money for other things.
  - I want to be able to choose without feeling compelled.
  - It will help me solve my hoarding problem.

- Disadvantages of Acquiring
  - I can't afford this right now.
  - I don't have room for this.
  - I already have too many like it.

DISTINGUISHING NEED FROM WANT

- Will I survive without this?
- Will I suffer without this?
- Do I really need this?
- Scale from need to want with examples

VALUE OF TIME

- Like the newspaper example above that evaluates how much time it would take to review all these.
- Ask client to generate a list of goals for their life.
- Then ask them to compare how much time they are spending on their goals and how much they are spending on their newspapers.
TEMPORARY SUSPENSION OF HOARDING BELIEF
- Can you stop buying magazines & clothes for now until you get control over your hoarding problem?
- Can you temporarily ignore the question of whether someone is worthy enough for this so you can get rid of these items?
- What would your life be like if you temporarily suspend this belief? How would you operate differently?

STEPS IN AN EXCAVATION SESSION
- Select target area & type of possession
- Create categories for this type of possession
- Continue excavation until target area clear
- Plan appropriate use of cleared area
- Plan for preventing new clutter to area

RELAPSE PREVENTION
- End of treatment issues
- Schedule for organizing & discarding
- Visitors to the home
- Anticipating stressors and their effects
- Applying skills learned in treatment
- Resources for the future
CBT FOR COMPULSIVE HOARDING: RESULTS FROM AN OPEN TRIAL

David F. Tolin, PhD
Randy O. Frost, PhD
Gail Steketee, PhD
NIMH R21 MH068539

CBT FOR COMPULSIVE HOARDING: PILOT TRIAL

- 14 clients began CBT, 4 dropped out
- Average age = 49, all women, 80% White
- 26 sessions over 7-12 months
- Flexible treatment using a manual
- Every 4th session occurs at home
- Frequent use of motivational interviewing
- Non-acquiring practice in the field
- 2 final relapse prevention sessions

OPEN TRIAL: SAVING INVENTORY-REVISED

- Clutter
- Difficulty Discarding
- Acquisition

Session
OPEN TRIAL: TREATMENT RESPONDERS

% Responders

Mid | Post
---|---
40% | 50%

much improved; to

OPEN TRIAL: HIGH VS. LOW HOMEWORK ADHERENCE (MEDIAN SPLIT)

% Responders

Low Adherence (n = 5) High Adherence (n = 5)
---|---
0% | 100%

CBT FOR COMPULSIVE HOARDING: RESULTS FROM A WAITLIST CONTROLLED TRIAL

Gail Steketee
Randy O. Frost
David F. Tolin
Jessica Rasmussen
Timothy Brown
NIH R21 MH086653

Steketee et al., (2010)
OVERALL SAMPLE (N=46)

- 75% Female
- 87% White
- Age: Mean = 54
- 40% Married or living with partner
- 59% Completed college or higher level
- 32% Unemployed
- 44% Major Depression
- 35% Generalized Anxiety Disorder
- 24% Social Phobia

CONTROLLED TRIAL: SAVING INVENTORY-REVISED

Session

<table>
<thead>
<tr>
<th>% Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
</tr>
<tr>
<td>-5%</td>
</tr>
<tr>
<td>-10%</td>
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<tr>
<td>-15%</td>
</tr>
<tr>
<td>-20%</td>
</tr>
<tr>
<td>-25%</td>
</tr>
<tr>
<td>-30%</td>
</tr>
<tr>
<td>-35%</td>
</tr>
</tbody>
</table>

Partial ETA$^2$ = .223
Partial ETA2 = .475
29% reduction

Steketee et al., 2010, Depress & Anx. 27, 476-484

CONTROLLED TRIAL: SI-R, HRS AND CIR AT WK 26

<table>
<thead>
<tr>
<th>% Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
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Time

Pre

Post

SIR

HRS

CIR-ther

Steketee et al., 2010, Depress & Anx. 27, 476-484
CONTROLLED TRIAL RESPONDERS (MUCH OR VERY MUCH IMPROVED)

TREATMENT RESPONDERS (%)

SPECIALIZED CBT BEATS THE COMPETITION
- CBT based on the cognitive-behavioral model results in decreased hoarding severity
- Differs from standard OCD treatment:
  - Less emphasis on exposure
  - More emphasis on MI, skill training, cognitive restructuring
  - Frequent off-site visits for sorting and non-acquisition training

- Results still less strong than typically seen in OCD
- Possible obstacles to treatment response:
  - Homework adherence
  - Insight?
  - Comorbidity?
- More efficient ways of doing CBT

**GROUP CBT FOR HOARDING DISORDER**
(Muroff, Underwood, & Steketee, 2013)
- 20 weeks
- Home visits (2 per participant)
- Focus
  - Psychoeducation
  - Personalized hoarding model
  - Motivational enhancement
  - Skills training
  - Cognitive therapy
  - Practice nonacquiring, discarding, organizing
- Outcomes – 30% reduction in symptoms
TREATMENT WITH OLDER ADULTS

- More cognitive rehabilitation
- Fewer cognitive strategies
- More exposures (simple & concrete)
- Accommodation for health and energy limits
- Consideration of barriers
  - Transportation
  - Ability to complete homework; treatment compliance
  - Available space

TREATMENT WITH KIDS

- Caregiver Inclusion
  - Management of disruptive behaviors
  - Parent training
- Exposure and Response Prevention
- Contingency Management
  - Behavioral plan to shape hoarding behaviors
  - List of desired and unacceptable behaviors
  - Consequences for each
  - Non-reinforcement of hoarding related tantrums
- Cognitive Strategies

WORKING WITH FAMILIES AND COMMUNITY PARTNERS

- Buried in Treasures Workshops
- Web-based approaches
- Case Management and Coaching
- Family Focused Harm Reduction
- Hoarding Task Forces
  - Coordinating Systems of Care
  - Intervention Model
  - Using Housing Inspections
Facilitated Support Groups for Hoarding: The BIT Workshop


Buried in Treasures Workshop
- Facilitated by non-professionals
- Administrative manual
- “Buried in Treasures”
- 15 sessions; 20 weeks
- 6-10 members per group

BIT Workshop Sessions
- 1. Introduction & Welcome
- 2. Do I have a problem with hoarding?
- 3. Meet the bad guys.
  - BG #1: It’s just not my priority.
  - BG #2: Letting unhelpful beliefs get in the way.
  - BG #3: Overthinking or confusing yourself.
  - BG #4: Avoidance and excuse-making.
  - BG #5: Going for the short term payoff.
BIT WORKSHOP SESSIONS

4. Meet the Good Guys

- GG #1: Keeping your eyes on the prize.
- GG #2: Downward arrow.
- GG #3: Thinking it through.
- GG #4: Behavioral experiments
- GG #5: Developing the right skills

SESSION 5: HOW DID THIS HAPPEN?

EXERCISE

Instructions

- Select possessions that would be easy, moderate, or difficult to discard
- Attempt to discard them (you can decide later to retrieve them)
- Indicate how you felt during the process

PUT THE ITEM IN THE TRASH AND INDICATE WHETHER YOU EXPERIENCED THE FOLLOWING:

- I had difficulty keeping my mind on the task
- I had difficulty deciding what category it fit into
- I had a hard time making the decision
- I thought of more and more reasons to keep it
- I felt like I needed to keep it to help my memory
- I was concerned about being wasteful or irresponsible
- I was worried about making a mistake
- I felt sentimentally or emotionally attached to it
- It felt unsafe or out of control to part with it
- It felt too uncomfortable to part with it
PUTTING IT ALL TOGETHER

BIT WORKSHOP SESSIONS

- 6. Enhancing motivation
- 8. More help with acquisition
- 9. Sorting / discarding: Getting ready
- 10. Sorting and Discarding: Let’s go!

BIT WORKSHOP SESSIONS

- 11. Sorting and Discarding: Succeeding
- 12. Here come the bad guys again: Motivation and working time
- 13. Here come the bad guys again: Taking on your brain
- 14. Maintaining success
- 15. Re-uniting for success
Facilitated Self-Help for Hoarding: 2 Studies

- 17 & 11 participants
- Average age = 53.7 years
- 88% Female
- 13 weekly 2-hour group sessions
- Facilitated by 2 undergraduates
- Buried in Treasures

SI-R: Study 1 – Percent reduction in SIR

Support Grp vs CBT: Treatment Responders (Much or Very Much Improved)
Facilitated Support Groups for Hoarding: Waitlist Control (Frost, Ruby, & Shuer, 2012)

- 39 participants
  - 18 Treatment
  - 21 Wait list
- Average age = 53.7 years
- 80% Female
- 13 weekly 2-hour group sessions
- Facilitated by peer
- Buried in Treasures

**TX vs. Wait List: Saving Inventory - Revised**

**Percentage of Treatment Responders**
(Much or Very Much Improved)
MARY -

- "I first read the book and revved up my uncluttering. But when I re-read the book with my support group and did all the exercises, I understood myself better. I didn’t just clear out some space. I changed."

WEB-BASED APPROACHES

- WebCam

- Yahoo Groups
  - 100 members
  - Posting required
  - 10-20% change in symptoms

CASE MANAGEMENT AND COACHING

- Benefits of Using a Coach
  - Motivation
    - Mood
    - Scheduling
    - Staying on task
  - Feedback
    - Condition of home
    - True value of possessions
    - Efficiency – quicker sorting & cleaning
BOUNDARIES OF A COACH/CASE MANAGER

- Opinions & Judgments
  - Non-judgmental
  - Objective
- Touch or no touch
  - No touching possessions to begin
  - Goal is to allow touching to provide maximum assistance

SOCIAL VISITS: GOALS

- Develop a non-hoarding lifestyle
- Appropriate use of space
- Visitor effect

FAMILY FOCUSED HARM REDUCTION FOR HD

- Enhance willingness to use harm reduction approach
- Assess harm potential
- Building & facilitating the HR team
- Creating the HR plan
- Implementing & managing the HR plan

HOARDING TASK FORCES
- Multiple disciplines encounter hoarding
  - Housing
  - Public health
  - Mental health
  - Protective services
  - Aging services
  - Legal system
  - Fire and police
  - Medicine
  - Animal control

HOARDING TASK FORCE: COORDINATING SYSTEMS OF CARE
- How are public cases of hoarding identified?
- To whom is the referral made?
- How are cases triaged?
- Who determines the urgency of a case?
- What interventions are needed and who makes that determination?
- Who coordinates and manages the intervention activities?
- Who follows the case over time?
- At what point is the case determined to be successfully closed?

HOARDING TASK FORCE INTERVENTION MODEL PART 1

Referral sources
| Agency receiving referral
| Immediate harm?
| Yes |
| No |

Agency determined by nature of case
Ongoing care coordination in agency
Agency determined by rotation or by nature of case
Can be one or several agencies

HOARDING TASK FORCE INTERVENTION
MODEL PART 2

Agency to conduct case review to determine closure or continuation.

Could be referred/triage agency or another agency.

Case ready to close?

Yes

Agencies for ongoing care coordination in agency.

No

Agency for ongoing periodic checks/reviews.

Originally assigned care coordination agency.

USING HOUSING INSPECTIONS

- May help:
  - Monitor change process
  - Motivate person to change

- Tips for maximizing effectiveness:
  - Explain the inspection process
  - Give occupant as much control as possible
  - Ask permission before opening doors
  - Meet with occupant outside the home
  - Use objective language when reporting findings
  - Acknowledge strong feelings
  - Use calm and respectful (but firm) language

CONCLUSIONS

- Hoarding disorder is common, chronic, and debilitating for sufferers and family members

- Hoarding has unique biological, cognitive, emotional, and behavioral features

- Traditional medications and treatments for OCD have not been very helpful

- Specialized CBT reduces hoarding symptoms and improves on previous treatments
CONCLUSIONS
- Individual sessions produced strong gains in hoarding symptoms but can take a year or more
- Group CBT with 20 sessions and home visits also has good effects
- Facilitated biblio-therapy and self-help groups produced surprisingly good outcomes

CONCLUSIONS
- Need to further improve treatments to increase the overall impact (e.g., homework completed) and reduce therapy time
- These modalities offer opportunities for stepped care model

REFERRAL OPTIONS
- Virtual Hoarding Center for information & BIT Workshops- www.ocfoundation.org
- Support groups – www.messies.com; www.childrenofhoarders.com
- Mental health & family therapists
- Professional organizers who specialize in chronic disorganization www.challengingdisorganization.org
- Hauling (for example, 1-800-GOT-JUNK)
- Community task forces on hoarding
THANK YOU!

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