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The Nature and Treatment of Hoarding

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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

Frost & Hartl (1996) *Behav. Res. Ther.*

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Epidemiology

- Weighted prevalence 5.3%
 - Nearly 3X as common in people age 55+
 - Over 2X as common in men
 - Over 4X as common among low income (< \$20,000)

Samuels et al. (2008) *Behav. Res. Ther.*

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Manifestations of Hoarding

Acquisition →

Saving →

Disorganization →

CLUTTER

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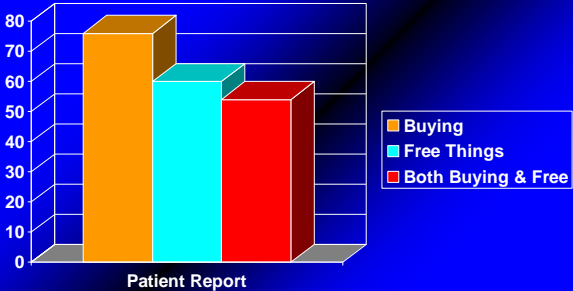
Acquisition

- Buying
- Free Things
- Stealing
- Passive



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Percentage of Sample with Significant Acquisition Problems



Category	Percentage
Buying	~78%
Free Things	~62%
Both Buying & Free	~58%

Patient Report

Frost et al. (2008).

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Compulsive Saving / Difficulty Discarding

- Types of items
- Attachments
 - Sentimental
 - Instrumental
 - Intrinsic



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Disorganization

- Condition of Home
 - Clutter
 - Mixed importance
- Behavior
 - Churning
 - Out of sight fear



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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

Tolin et al. (2008) *Behav. Res. Ther.*

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Hoarding vs. Non-Hoarding Residential Fires

	Non-Hoarding Fire	Hoarding Fire	Ratio
Dollar loss to owner (USD)	\$11,711	\$93,784	8x
Containment to room of origin	90%	40%	2.25x
Presence of operating smoke alarms	66%	28%	2.36x

SOURCE: Melbourne Fire Dept.

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Hoarding-Related Fire Fatalities

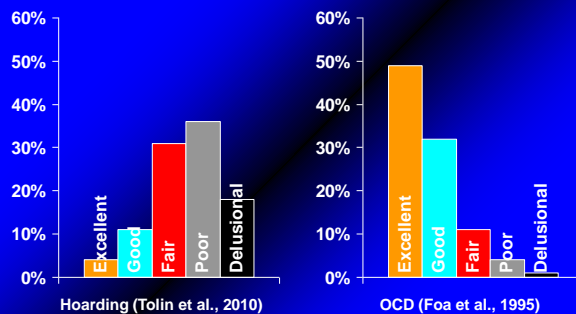
Fires in hoarding households account for 24% of all preventable fire fatalities since 1999

- All victims were aged over 50 years of age
- 75% had inoperable smoke alarms
- In 75% of instances the fire spread past the room of origin

SOURCE: Melbourne Fire Dept.

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Insight: Hoarding vs. OCD



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Challenges with Elderly Hoarders

- General age-related problems
 - Reduced capacity - cooking, cleaning, bathing, sleeping
 - Decreased physical and emotional supports
- Special challenges of elders with hoarding
 - Safety –fire, falling, mold & mildew, emergency access
 - Physical health - respiratory problems, self-care, nutrition
 - Social isolation - embarrassment about clutter
 - Legal problems –compulsive buying, lost and unpaid bills & applications for services
 - Increased risk of homelessness due to eviction

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Cognitive Behavioral Model of Compulsive Hoarding

- Core beliefs & vulnerabilities
- Information processing deficits
- Problems with emotional attachments
- Beliefs about possessions
- Behavioral avoidance
- Motivational problems

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Emotional Attachment

- Emotional Attachment: identity, loss, mistakes, comfort
 - “Discarding this possession is like losing a friend.”
 - “I can’t tolerate getting rid of this.”
 - “Throwing this away is like throwing away part of me.”
 - “My possessions are part of who I am.”

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Beliefs about Possessions

- Responsibility
 - “Throwing this out wastes a valuable opportunity.”
 - “I’m responsible for the well-being of this possession.”
 - “I must save this for someone who might need it.”
- 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.”
- Control
 - “If I don’t keep control over my stuff, I’ll lose control of my life.”
 - “No one has the right to touch my things.”

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Behavioral Avoidance

- Avoid Distress
- Avoid Decision-making
- Avoid Discarding
- Avoid Sustained Effort
- Avoid putting things out of sight

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Motivational Problems

- Ambivalence about change
 - Simultaneously want to change *and* don't want to change
- Hoarding is wrapped up in interpersonal conflict
 - Decades of “digging in heels”
- Chronically overwhelmed
 - Fatigue, stress, low energy

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Pharmacotherapy

- Hoarding negatively predicts outcome of serotonergic medications in OCD
- Hoarding and non-hoarding OCD patients respond similarly to paroxetine
 - (The bad news: neither group improved much– 28% vs 32% responder rate)

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Behavior therapy

- Hoarding is less responsive to traditional BT than is OCD
 - 31% vs. 59% rate of clinically significant change for Therapist-directed exposure and response prevention
 - 25% vs. 48% response rate for computer-assisted self-directed exposure and response prevention

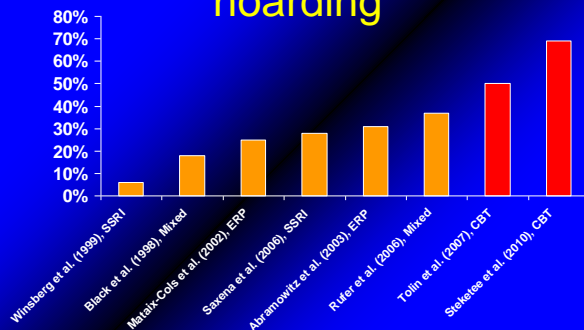
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A New Cognitive-Behavioral Therapy for Hoarding

- Assessment
- Education
- Motivational Interviewing
- Organization
- Decision-making
- Exposure to non-acquiring and discarding
- Cognitive restructuring

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Specialized CBT improves upon other treatments for hoarding



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Assessment of OCD Hoarding

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Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

- Primary measure of OCD symptom severity (Goodman et al., 1989; Scahill et al., 1997)
- Y-BOCS severity scores range from 0 (no symptoms) to 40 (very severe)
- Mean pre-treatment Y-BOCS scores in the low to mid 20s for most published OCD studies
- Includes a checklist of obsessions & compulsions
- Y-BOCS might underestimate hoarding severity; should also use a global measure (e.g., CGI)

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Other Measurement Strategies

- Obsessive Compulsive Inventory-Revised (Foa et al., 2002) – self-report survey of multiple Os and Cs, including hoarding
- Beck Depression Inventory, MCMI II
- Saving Inventory – Revised (Frost et al., 2004): 23 item self-report scale w/ 3 factors: difficulty discarding, excessive clutter, & excessive acquisition
- Photography & videography

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Hoarding Rating Scale





- 0-8 scales for 5 items:
 1. Difficulty using rooms in your home?
 2. Difficulty discarding (or recycling, selling, giving away)
 3. Problem collecting or buying
 4. Emotional distress
 5. Impairment in daily routine, job / school, social activities, family activities, financial difficulties

Frost et al. (2008). *Jnl Psychopath Beh Assess.*

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Clutter Image Rating: Living Room

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

 1	 2	 3
 4	 5	 6
 7	 8	 9

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Functional Analysis of Hoarding

- **What is it?** Characterizing the hoarded material
- **Where is it?** Interaction of topography & content
- **When was it?** Onset of OCD, onset of hoarding, & relationship to current state of the house & possessions
- **Why is it?** Patient's rationale for acquiring & failing to discard
- **What does it gain them?** "You can always count on Auntie Maud..."
- **What does it cost them?** Unpaid bills, abandoned friendships, inability to move, storage mall costs

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What Else Do You Want to Know?

- How functional are they outside the home?
- How connected are they now to other people?
- Were they ever more functional than they are now?
- Why did they come in? Self-referred or ultimatum?
- What do they have to gain by improving?
- Social and family support?
- Previous treatment history, esp. treatment failure?

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Motivational Interviewing

- Style of therapeutic interaction
- Aimed at increasing readiness for change
 - Recognition of the problem
 - Acceptance of treatment plan
 - Homework compliance
 - Continued attendance

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Avoiding Argumentation: Emphasizing Personal Choice and Control

- Client: Are you telling me that I need to throw out all of my stuff?
- Therapist: Absolutely not. What you do is completely up to you. After all, it's your house, and your stuff, and your life. Nobody can make these decisions for you.

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Avoiding Argumentation: Affirmations

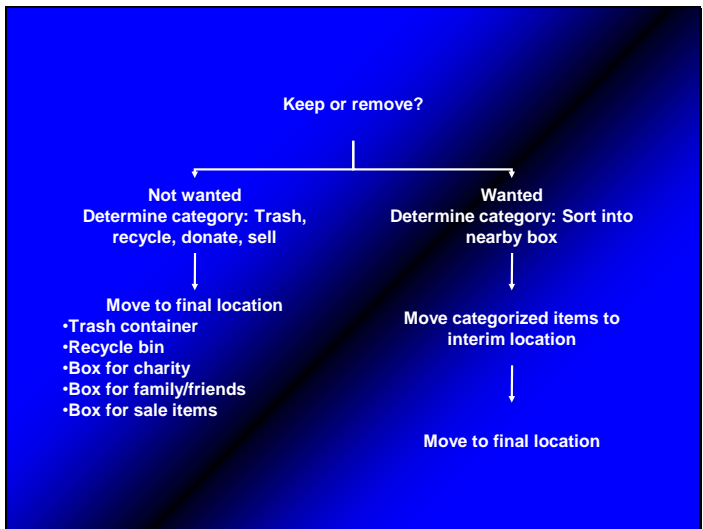
- Recognition of Effort
 - “You seem to be trying hard to get here on time.”
- Appreciation of Strengths
 - “You seem to have a good sense of what the clutter has cost you in your life.”
- Use of Positive Reframes
 - “Your willingness to let me know exactly where you stand on the issue and be totally honest is very helpful to me in understanding how you see your situation.”

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Organization Training

- Category reduction
 - Categories and locations for saved items
 - Categories for unwanted items (e.g., trash, recycle, sell, donate)
- Teach step by step process of moving objects to proper location once decision is made

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Decision-Making Training

- Challenging questions
 - Therapist initiates
 - Client rehearses

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Challenging Questions

- How many do I have and is that enough?
- Do I have enough time and space for it?
- Have I used it in the past year?
- Do I have a specific plan to use this within a reasonable time frame?
- Does this just seem important because I'm looking at it now?
- Is it current, of good quality, etc.?
- Would I buy it again if I didn't already own it?
- Do I really need it?
- Will not having this help me solve my hoarding problem?

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Treatment for Compulsive Acquisition

- Identifying patterns of acquisition
- Cognitive restructuring of beliefs about acquiring
- Non-acquisition exposures
- Alternative sources of enjoyment and coping

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Challenging Questions

- 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

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Exposures for Compulsive Acquisition

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

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Treatment for Discarding

- Select target area and types of possessions
- Create categories for possessions
- Sort into discard, recycle, give away, store elsewhere piles
- Use cognitive strategies during discarding
- Continue until target area is clear
- Plan appropriate use of cleared area
- Plan for preventing new clutter to area

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Cognitive Restructuring

- Identify and correct cognitive distortions
- “Need” vs. “Want”
- Valuing time
- “Downward arrow” technique
- Behavioral experiments

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Cognitive Distortions

Distortion	Example
All-or-None Thinking	<i>"If I don't do this perfectly, I'm a total failure."</i>
"Should" Statements	<i>"I should never waste anything."</i>
Fortune-Telling	<i>"If I throw these newspapers away, I'll make a mistake and throw out some important information."</i>
Mental Filtering	<i>"This newspaper is the most important thing I have to deal with."</i>
Catastrophizing	<i>"If I didn't have the information I needed, I'd have a complete meltdown and would never be able to recover. My life would be ruined."</i>
Emotional Reasoning	<i>"I must need this object; why else would I feel so anxious about discarding it?"</i>

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ABC Sheet for Monitoring Cognitive Distortions

Antecedent	Belief	Consequence
Looking at papers on kitchen counter	If I throw them out I'll lose some important information and it will be devastating	Anxiety (9)

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Challenging Cognitive Distortions

- What is the evidence to support this belief?
- What is the evidence that *doesn't* support my belief?
- What's the worst that can happen?
- What is the probability that this terrible thing will happen?
- If the "terrible" thing happens, then what?
- What is an alternative way to interpret this situation?
- How might another person view this situation?

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Need vs. Want

- Could I get by without it?
- Would there be a disaster if I didn't have it?
- Is it critical to my work or finances?
- Am I keeping this for emotional reasons? Is that the best thing for me?

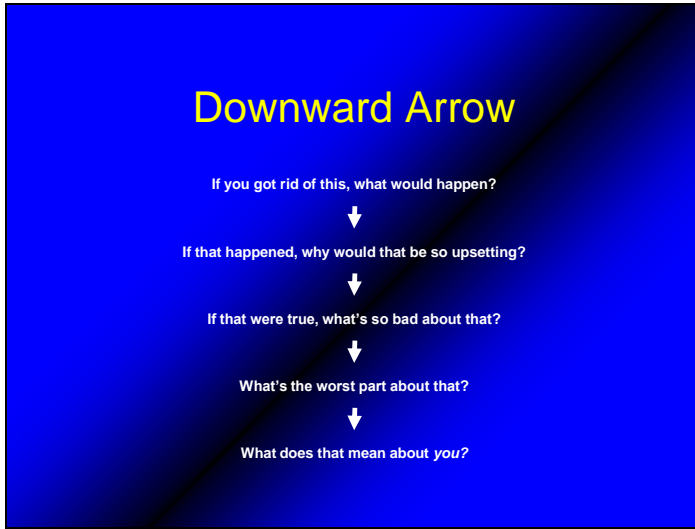
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Valuing time

- Do you have more _____ than you can use?
 - Do you really want to spend the time necessary to read them?
 - What other parts of your life will suffer by doing so?
 - How does this fit with your values and goals?

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- ## Behavioral Experiment
- Test beliefs against reality
 - Ask client to make specific if-then predictions
 - “If I throw this away, X will happen”
 - “If I throw it away, I will feel X, for X amount of time, with X results”
 - Carefully observe actual results
 - Did X happen?
 - Did you feel X, for X amount of time, with X results?
 - Highlight discrepancy between prediction and results
 - Use exercise to challenge beliefs

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- ## CBT for Hoarding: Summary
- Ongoing education and model-building
 - Motivational interviewing is critical
 - Hands-on training for organization and decision-making
 - Gradually expose client to non-acquiring and discarding
 - Constant use of cognitive restructuring to challenge maladaptive beliefs

*Tolin D (2007). Buried in Treasures:
Help for Compulsive Acquiring, Saving,
and Hoarding (Oxford U Press)*

