UNC-CH School of Social Work Clinical Lecture Series

Hoarding Disorder:
The Diagnosis They Never
Taught You in Graduate School

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What We Will Talk About

- DSM-5 criteria for Hoarding Disorder
- Important aspects of HD (e.g., typical features, comorbidity, consequences)
- Case presentation of "Mary" to illustrate aspects of HD and treatment
- Specific aspects of CBT for HD

What We Won't Cover

- Animal Hoarding
- What to do when person with Hoarding Disorder has poor or absent insight and is not interested in treatment

Hoarding Disorder (DSM-5 criteria)

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- C. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
- 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 explained by the symptoms of another mental disorder (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).

Specify if:

With excessive acquisition: If difficulty discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space.

Specify if:

With good or fair insight: The individual recognizes that hoarding –related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.

With poor insight: The individual is mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

With absent insight/delusional beliefs: The individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic, despite evidence to the contrary.

Hoarding behavior or clutter co-occurs in other disorders:

- Dementia
- Autism
- Eating disorders
- Psychosis
- Depression
- Diogenes syndrome
- Head injury
- Personality disorders
- OCD

Features of Those Who Hoard

- 2-6% of population (Bulli et al., 2013; Timpano et al., 2011)
- Often begins in early adolescence and gets worse over time (Tolin et al., 2010)
- Tends to run in families (Samuels et al., 2002)
- · No gender difference in occurrence
- Clinical population: female, unmarried, living alone (Saxena & Maidment, 2004)
- · Poor insight and motivation
- Greater disability (more severe co-occurring issues)

Comorbidity

Frost, Steketee, & Tolin (2011)

- 51% comorbid Major Depressive Disorder
- 30% comorbid ADHD, inattentive type
- 24% comorbid Social Phobia
- 24% comorbid GAD
- <20% comorbid OCD

Consequences of Hoarding

- Social isolation or strained relationships
- · Risk of fire, falls, or health issues
- Legal and financial problems
- · Property damage

Steketee et al. (2001)

- · Only 10% of homes were clean
- 1/3 unsanitary conditions
- Clutter interfered with service delivery (63%)
- · Unable to use furniture (70%)
- Physical health threat (fire, fall) (81%)

Issues in the Elderly

Turner et al. (2010)

- · Low energy and mobility issues
- Falling risk
- Exacerbate chronic health issues
- Decreased social support
- More ingrained behavior patterns
- Greater clutter
- Financial stress
- Decreased living space

Mary

- Caucasian female in her 50s
- Married
- Employed as office assistant
- 2 adult children & 2 young grandchildren
- Sought help for hoarding disorder
- Motivated for treatment in order to decrease family pressure, have more contact with grandchildren and feel less shame

CBT for Hoarding

(Steketee & Frost, 2014) ❖Assessment

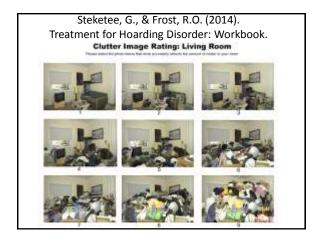
- Psychoeducation
- Case formulation with client
- Enhance insight and motivation
- ❖Skills training (organizing, problem solving, decision-making)
- Examine beliefs about possessions
- ❖Behavioral experiments
- Practice discarding & non-acquiring
- Maintenance

Tips in Getting Started

- Someone has Hoarding Disorder vs. they are a hoarder
- What terms do they prefer to use to describe their problem (e.g., possessions vs. stuff or junk; letting go of or removing vs. discarding)
- Discuss location where client will keep handouts etc. for therapy so they can always find them.

Assessment of Hoarding Disorder

- ❖ Hoarding Interview (Steketee & Frost, 2014)
 - clinical interview specific to hoarding
- Clutter Image Rating (Frost, Steketee, Tolin, & Renaud, 2008)
 - Pictorial measure of 9 pictures from 1(no clutter) to 9 (severe clutter) for a kitchen, living room, and bedroom (3-4 or higher characteristic of H)
 - Client selects which photo most closely matches their own room
 - · Rate additional rooms
 - · Strong reliability and validity





❖Clutter Image Rating (Frost, Steketee, Tolin, & Renaud, 2008) – cont.

Mary

Kitchen - 7

Living room/dining room – 7

Bedroom & bath #1 - 7

Bedroom & bath #2 - 7

- Saving Inventory-Revised (Frost, Steketee, & Grisham, 2004)
 - 23 item scale with 3 subscales (Acquiring, Clutter, & Difficulty Discarding)
 - Cutoff score of 41 for H (mean=62)
 - Mean for non-hoarding sample=24
 - · Excellent reliability & validity

Mary

Total score = 62

- Acquiring = 17 (cutoff score of 9 for H)
- Clutter = 23 (cutoff score of 17 for H)
- Difficulty Discarding = 20 (cutoff score of 14 for H)

- *Hoarding Rating Scale (Tolin, Frost & Steketee, 2010)
 - 5-item self-report regarding DSM-5 criteria
 - Items rated on 0 (not at all difficult) to 8 (extremely difficult) scale
 - Strong reliability and validity

Mary

Total score = 29 (cutoff score of 14 for H)

- Clutter = 4 (cutoff score of 3)
- Difficulty Discarding = 6 (cutoff score of 4)
- Acquisition = 5 (cutoff score of 2)
- Distress = 7 (cutoff score of 3)
- Interference = 7 (cutoff score of 3)

- The Savings Cognitions Inventory (Steketee, Frost, & Kyrios, 2003)
 - 24-item self-report, assessing beliefs and attitudes regarding discarding items
 - 4 subscales (emotional attachment, memory, responsibility, need for control)
 - Mean (overall)=96 for H and 42 for non-H

Mary

Total score = 132

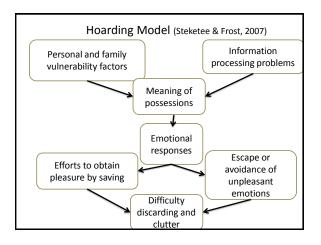
- Emotional Attachment = 55 (mean of 38 for H)
- Memory = 31 (mean of 20 for H)
- Responsibility = 31 (mean of 22 for H)
- Need For Control = 15 (mean of 16 for H)

- Activities of Daily Living for Hoarding (Frost, Hristova, Steketee, & Tolin, 2013)
 - 15 items cover degree that clutter interferes in common activities
 - Rated from1(none) to 5 (severe)
 - Strong reliability and validity
 - Mismatch between client and therapist ratings may indicate poor insight

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Activities affected by clutter or hoarding problem	Can do easily	Little difficulty	Moderate difficulty	Great difficulty	Unable to do
Prepare food	1	2	3	4	5
Use refrigerator	1	2	3	4	5
Use stove	1	2	3	4	5
Use kitchen sink	1	2	3	4	5
Eat at table	1	2	3	4	5
Move around in home	1	2	3	4	5
Exit home	1	2	3	4	5

Psychoeducation

- Psychoeducation regarding hoarding disorder (e.g., what it is and isn't, contributing factors, clutter just the end result)
- Value of incorporating home visits in tx
- Meet or talk with family members living in home if possible
- Instructions for coaches



What contributes to hoarding?

Vulnerability factors

- · Family history of hoarding
- Comorbid issues (depression, social anxiety, OCD etc.)
- Family values and behavior (control over decisions, waste, sentimentality)
- Physical constraints (space, time, physical challenges)
- Traumatic or stressful events (death of loved one, assault, job loss)

Mary - Vulnerability Factors

- Comorbid depression (betrayal by husband)
- · Health issues
- Multiple moves in childhood and objects not saved
- · Mom sold Mary's things
- Violence in home as child, dad broke things when angry
- Controlling environment where couldn't make decisions
- Family history of hoarding (mom, sister)
- Mom died when Mary teenager

Information processing problems

- Attention (distraction, latching on to object)
- Categorization
- Memory (over-reliance on visual cues)
- Decision-making
- Associative or complex thinking (creative uses for object, focus on nonessential details)
- Under activity in the anterior cingulate cortex (attention, motivation, decision-making, impulse control, regulating emotions)

Mary - Information Processing Problems

- Decision-making difficulty
- History of attention issues never assessed
- Over relies on visual clues for remembering
- Creative ideas for what she can make or do with items

Meaning of Possessions

Sentimental

"It's part of me."

"It would be like throwing away my child."

Instrumental/Utility

"I might need it."

"Someone could use it."

Intrinsic/Beauty

"It's so beautiful."

"I could add something else and make it better."

• Control

Memory

Identity

Mistakes

Comfort/Safety

"No one will take good enough care of it."

"I need to figure out the perfect system."

"Having things around me protects me."

"Getting rid of it makes me lose who I am."

"Allows me to remember good times with her."

Responsibility/waste

"It would be terrible to waste it."

Mary - Meaning of Possessions

- Possessions experienced as security
- Might be able to use or need in future
- Show love through physical gifts
- "Normal" families pass things on to kids
- Way of remembering special times

Emotional reactions

- Positive (joy, excitement, satisfaction)
- Negative (anxiety, shame, grief, anger)

Learning/Reinforcement

- Positive (by saving, acquiring)
- Negative (saving allows for avoidance of negative emotion)

Mary - Emotional Responses & Reinforcement

- Excitement in finding and buying items grandchildren or friends might like
- Pleasure in remembering special moments in life by looking at tangible reminder
- Avoid feeling sad or angry when distracts self in shopping
- Avoid feeling overwhelmed by avoiding task of sorting stuff in sister's place

❖Enhance insight and motivation

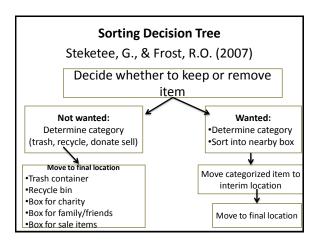
- Identify goals (personal) and values and refer back to throughout treatment
- Identify reasons to change vs. reasons not to change – costs/benefits
- Acknowledge ambivalence
- Clutter & unclutter visualizations
- Photos
- Reinforce change talk and action

❖Skills Training

- Help client decide on rules for keeping and discarding
- Resist temptation to make decisions for the client yet help provide information
- In-office and at-home practices
- Help client identify way to categorize and organize wanted items...unwanted items
- Help client develop skills to manage issues with attention, energy, mood
- · Problem-solving steps

Managing Attention, Energy, Mood

- Schedule sorting appointments
- Enlist help "coach"
- 30 min or work up to set timer
- · Best time of day
- Make enjoyable yet not distracting
- One room at a time, one area at a time
- Break down into smaller pieces
- Control visual field if needed
- Put away all sorted items
- Reward self



Questions About Possessions

Steketee, G., & Frost, R.O. (2007).

- How many do I already have and is that enough?
- Do I have enough time to use, review, or read it?
- Have I used this during the past year?
- Do I have a specific plan to use this item within a reasonable time frame?
- Does this fit with my own values and needs?
- How does this compare with the things I value highly?
- Does this just seem important because I'm looking at it now?

Questions About Possessions (cont.)

- Is it current?
- Is it of good quality, accurate, and/or reliable?
- Would I buy it again if I didn't already own it?
- · Do I really need it?
- Could I get it again if I found I really needed it?
- Do I have enough space for this?
- Will not having this help me solve my hoarding problem?

Examine Beliefs About Possessions & Behavioral Experiments

- Socratic questioning
- Downward arrow technique
- Advantages/disadvantages
- Behavioral Experiments (comparing what they anticipate to what actual occurs)

Cognitive Restructuring

- How likely is the feared outcome?
- What evidence is there to support the belief?
 Evidence not in support?
- How bad would the feared outcome be?
- How well could you cope with not having this?
- How much distress would you feel?
- For how long would the distress last?
- Could you tolerate the feeling?

Reducing Acquiring

- Avoid triggers for acquiring
- Pros and cons of acquiring
- Acquiring questions
- Help develop practice hierarchy to reduce acquiring
- Help client identify and engage in other pleasurable activities
- Use cognitive strategies during nonacquiring outings
- · Develop personal rules for acquiring

Questions For Acquiring Steketee, G., & Frost, R.O. (2007).

- Does it fit with my own personal values and needs?
- Do I already own something similar?
- Am I only buying this because I feel bad (angry, depressed, etc.) right now?
- In a week, will I regret getting this?
- · Could I manage without it?
- If it needs fixing, do I have enough time to fix it or is my time better spent on other activities?

Questions For Acquiring (cont.)

- Will I actually use this item in the near future?
- Do I have a specific place to put this?
- Is this truly valuable or useful, or does it just seem so because I'm looking at it now?
- Is it good quality (accurate, reliable, attractive)?
- Will not getting this help me solve my hoarding problem?

Tips for Coaches (Steketee & Frost, 2014)

- · Clutter is the result...not the focus
- Don't touch items without permission
- · Don't tell person how to feel/think
- Don't work beyond own tolerance
- Help person focus attention
- Provide support and encouragement
- Ask questions to help person make decisions...don't make them for him/her
- · Help with hauling and non-acquiring trips
- Don't argue

Outcome Research

Frost & Hartl (1996)

Individual treatment, 26 sessions, 50-70% treatment responders

Tolin, Frost & Steketee (2007)

 Individual treatment, 26 sessions, 50% "much" or "very much" improved, degree of improvement related to amount of homework completed

Steketee, Frost, Tolin, Rasmussen & Brown (2010)

 Individual, 26 sessions, significant improvement over waitlist, 70% "much" or "very much" improved as rated by therapist, 75% for self-rating Helpful Websites

www.iocdf.org/hoarding/

www.messies.com

www.childrenofhoarders.com

www.challengingdisorganization.org

www.napo.com