


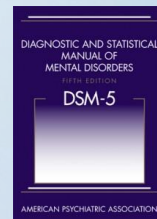
# Hoarding Disorder: Phenomenology and Treatment

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## DSM-5: Obsessive Compulsive and Related Disorders

- Obsessive Compulsive Disorder
- Body Dysmorphic Disorder
- Trichotillomania (Hair Pulling Disorder)
- Excoriation (Skin Picking) Disorder
- Hoarding Disorder



## Hoarding Disorder (DSM-5)

- Persistent difficulty discarding or parting with possessions
- Perceived need to save items, distress associated with discarding
- Symptoms result in the accumulation of a large number of possessions that clutter living areas & compromise their intended use
- The symptoms cause clinically significant distress
- The hoarding symptoms are not due to a general medical condition
- The hoarding symptoms are not better accounted for by another mental disorder

## Phenomenology

- Prevalence
  - No good prevalence data to date
  - Estimated at 2% to 5% of the population
  - Conservative estimates show 3 million Americans are affected
  - Estimates note that rates may be as high as 1 in 20 people

## Phenomenology

- Average age - 50 years
- Education - varies
- Marital status - tend to be single
- Residence - tend to reside alone
- Family history of hoarding is common
  - 50-85% of hoarders report 1st degree relative who is a "packrat"
- Some live in squalor, but these conditions are less prevalent than cluttered/disorganized homes and are uncommon among those who seek treatment

## Clinical Course

- Average age of prodromal onset – 13 years
  - 68% onset before 20 years of age
- Little evidence for history of material deprivation
- Hoarding may develop or be exacerbated by a stressor, trauma, loss, or life transition
- Course – chronic, progressive
- Insight – varies, fluctuates, but frequently poor
- Severity - varies

## Co-occurring Disorders

- Depression (60%)
- Social phobia (30%)
- Generalized anxiety disorder (25%)
- Obsessive compulsive disorder (15-17%)
- Attention deficit hyperactivity disorder
- Personality features
  - Anxious/avoidant, dependent, paranoid/schizotypal
- Many report executive functioning concerns

## Etiology

- Genetic Factors – twin studies (Ivanov et al., 2017)
- Specific genetic abnormalities (Samuels et al, 2005, 2007)
  - L/L genotype of COMT Val158Met polymorphism
  - Chromosome 14
- Modeling, Traits
  - Familial indecisiveness

## Assessment: Behavior & Psychological Functioning

- Comprehensive clinical interview
- Consider consulting with family
- Comprehensive behavioral assessment
  - Assess all aspects of the behavior
  - Assess antecedents, the behavior itself, and consequences
  - Assess behavior reinforcement and any replacement behaviors
  - Assess what function hoarding is serving
- Explore how the individual might meet that need with more adaptive behaviors
- Assess current activities of daily living
- Assess interpersonal impact

## Assessment

- Hoarding Interview (Frost & Steketee, 2007)
- Structured Interview for Hoarding Disorder (SIHD) (Pertusa et al, 2013)
- Saving Inventory-Revised (SI-R) (Frost et al., 2004)
  - 23 self-report items, 2 subscales (acquisition, discarding, clutter)
- Children's Saving Inventory (Storch et al., 2011)]
- Hoarding Rating Scale (Tolin et al, 2010)
- Clutter Image Rating Scale (Frost & Steketee)
- In older patients, in particular, additionally assess for:
  - Depression and Anxiety
  - Cognitive functioning
  - Functional impairment

## Assessment: Interpersonal Difficulties

- Romantic relationships
- Friendships
- Social Isolation
- Family conflict
- Legal and financial difficulties
- Problems with housing
- Problems with social service agencies

## Assessment: Activities of Daily Living

- To what extent does clutter prevent:
  - Preparing food, using refrigerator, using stove
  - Accessing closets and exits, bed and bathroom
- Living Conditions
  - Insects, rodents
  - Rotten or contaminated food
  - Urine, feces, etc.
- Safety Issues, Fire hazards
  - Blocked windows, entrances, and stairways

## Conceptual Model of Hoarding Disorder

- Core Beliefs and Vulnerabilities
- Information Processing Deficits
- Excessive Emotional Attachments
- Erroneous Beliefs about Self and Possessions
- Emotional Reactions
- Positive & Negative Reinforcement and Avoidance

(Frost & Steketee)

## Information Processing

- Attention, distractibility
- Categorization, organization
- Decision making and general indecisiveness
  - Under-inclusive categories
    - Uniqueness
  - Churning
- Determining relative importance
  - Value system: Instrumental, Sentimental, Intrinsic
  - Visibility, touch, and perceived importance

## Emotional Attachment

- Anthropomorphism
- Sentiment
- Possessions as representations of others
  - Exaggerated loss
- Possessions as part of themselves
  - Enhancing the self
  - Comfort and discomfort
- Both positive and negative emotional consequences to the behavior which serve to reinforce the pattern

## Erroneous Beliefs: Perfectionism

- Perfectionism
  - Most common belief (80%)
  - Fear of making a mistake
  - Fear of not organizing an item perfectly
  - Fear of not purchasing an item and not being able to acquire the item at a later date



## Erroneous Beliefs: Memory

- Memory
  - Concerns for forgetfulness, memory impairment
  - List making
  - Visual reminders
  - Need to recall all information
  - Saving written items

## Erroneous Beliefs: Opportunities

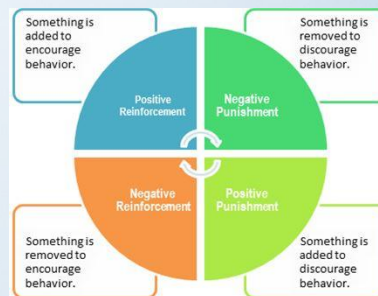
- Possessions provide opportunities
- Overestimation of importance or value of items
- Everything has a purpose or use
- Creativity

## Erroneous Beliefs: Responsibility and Control

- Need for preparedness
- Personal responsibility
- Moral responsibility
- Fear of being wasteful
- Beauty / Aesthetics
- Identity and sense of self
- Possessions as a source of safety, comfort, and control
- Need for control over possessions

## Reinforcement and Avoidance

- Acquisition satisfaction → positive reinforcement
- Avoidance → negative reinforcement
- Factors in avoidance behaviors:
  - Information processing deficits
  - Erroneous beliefs
  - Emotional processing difficulties



## Example : Miranda and Toys

- Core Beliefs
  - *I must be a good mother.*
  - *Good mothers provide for their children.*
- Vulnerabilities
  - *Pregnancy Complications, impaired mobility, anxiety*
- Attachments and Beliefs
  - *Sentimental, Instrumental, Personal Responsibility*
  - *Buying toys represents being a good mother*
- Emotional Reactions
  - *Anxiety, Guilt, Excitement*
- Positive Reinforcement: *pride and satisfaction*
- Negative Reinforcement: *relief from anxiety and guilt*

## Pharmacotherapy and Combination Therapy

- Data is limited on pharmacotherapy; No FDA-approved medication
  - No evidence of significant treatment response for combination
  - Response rate to paroxetine and E/RP -> 18% for hoarding vs. 67% for OCD
  - Response rate to multiple medications and CBT in partial hospitalization program for hoarding -> 45% for hoarding vs. 63% for OCD
- (Black et al., 1999; Saxena et al., 2002)
- A systemic review of 20 treatment studies concluded modest, yet statistically significant improvement with most treatments, but remaining in the clinical range post treatment.

(Thompson et al., 2017)

## Hoarding-Specific Cognitive Behavioral Therapy

- Behavioral assessment
- Psychoeducation and case formulation
- Motivational enhancement (MI or ACT, as needed)
- Skills training (organizing, problem-solving, decision making)
- Evaluate thoughts and beliefs
- \*Exposure and response prevention:
  - Non-acquiring
  - Excavation
  - Discarding

(Steketee & Frost 2007)

## Motivational Interviewing

- Working with limited insight and ambivalence
  - Articulate ambivalence
  - Cost - benefit analysis of change
- Foundational principles for motivating change:
  - Express Empathy
  - Develop Discrepancy
    - Work with discrepancy between behavior and beliefs/goals
  - Avoid Argumentation
  - Roll with Resistance
    - Empathize but pose questions that encourage problem-solving
  - Support Self-Efficacy

(Miller and Rollnick)

## Values-Based Motivational Enhancement

- Identify personal values
  - What does the patient value most in his or her life?
  - How does hoarding fit in with the things you value in life?
- Identify personal goals
  - What does the patient most want to do in his or her life?
  - Does the hoarding behavior or the condition of the home prevent him or her from doing these things?
  - Can you still experience distress while, at the same time, moving toward what is important to you?
- Referring to the patient's self-identified values and goals throughout treatment can help to address ambivalence and increase motivation

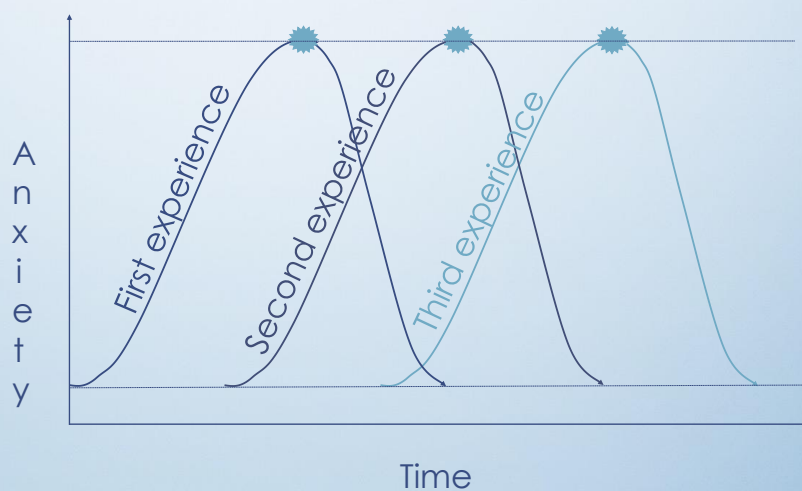
## Skills Training

- Emotional processing and coping
- Cognitive processing and decision making
  - Development of rules for keeping/discarding
- Increasing insight into cognitive distortions
- Improving cognitive restructuring and/or psychological flexibility
- Organizational strategies
  - Planning, categorizing, disposition, structure of systems
- Problem solving
  - Define, brainstorm, select, try, evaluate)
  - Cognitive flexibility (evaluating and shifting)
- Interpersonal communication and effectiveness

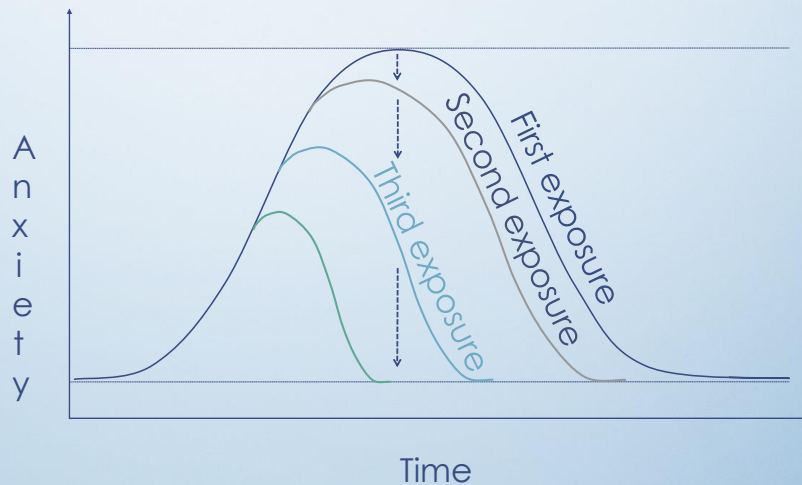
## Evaluating Thoughts and Beliefs – Addressing Cognitions

- Socratic questioning, downward arrow technique
- Cost-benefit analyses
- Perspective taking
- Behavioral experiments
- Identify maladaptive beliefs regarding self & others
- Challenge erroneous beliefs
- Identify cognitive distortions & cognitive restructuring
  - Replace maladaptive thoughts that contribute to the behavior with more adaptive/accurate thought and/or teach distress tolerance
- Alternatively, increase cognitive flexibility by means of ACT in combination with behavioral experiments and ERP

## Anxiety, Avoidance, & Maladaptive Coping



## Facilitating New Learning Through Exposure and Habituation



## Exposure and Response Prevention

- The part of treatment most talked about
  - Non-acquiring and excavation
- By strategically planning excavation exposure, clients will be exposed to triggers throughout the process and have the opportunity to use newly learned skills to facilitate adaptive behavior patterns
- Develop relevant hierarchy, teach SUDS
- Establish rules for use during exposure
- Emphasize importance of practice and homework
- Review what is learned from exposure exercise following each exposure

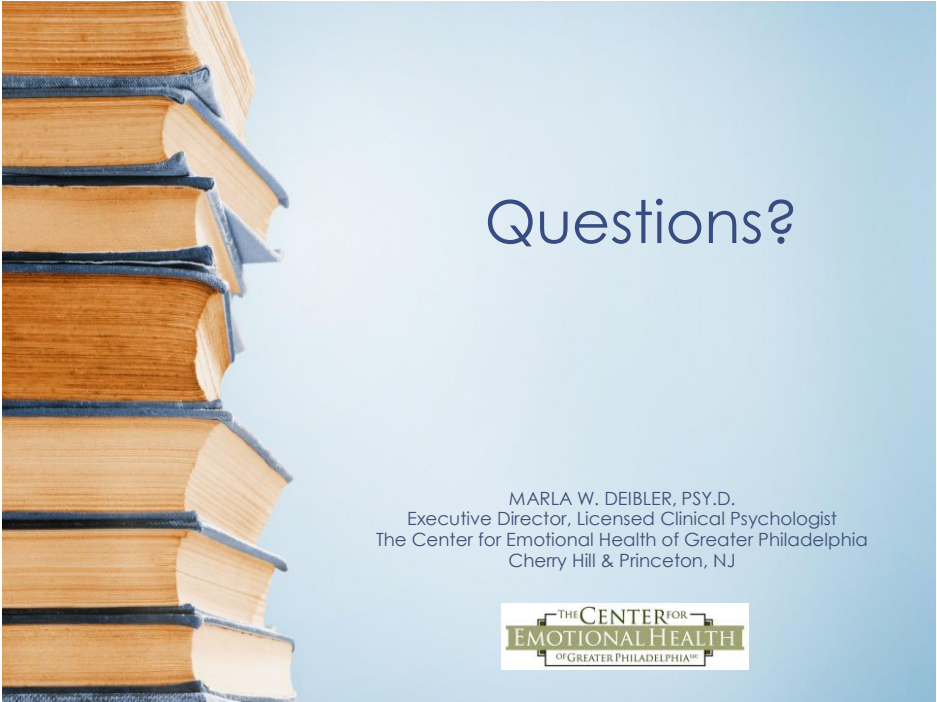
## Establish Treatment Rules

- Do not touch possessions unless there is explicit permission
- Establish rules for acquiring, keeping, and discarding
- Establish locations for items during categorization/sorting
- Establish categories first, then sort
- Develop action plan for discarding items
  - All decisions must be made by the individual
  - O.H.I.O.
  - Proceed systematically
  - Help clients maintain focus
  - Help clients create structure plan for excavation

## Resources

- [www.hoarding.iocdf.org](http://www.hoarding.iocdf.org)
- [www.childrenofhoarders.com](http://www.childrenofhoarders.com)
- "Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding" by David Tolin & Randy Frost. Oxford University Press, 2007.
- "Stuff: Compulsive Hoarding and the Meaning of Things" by Randy Frost & Gail Steketee. Houghton Mifflin Harcourt, 2010.
- "Compulsive Hoarding and Acquiring: Workbook" and "Compulsive Hoarding and Acquiring: Therapist Guide" by Gail Steketee & Randy Frost. Oxford University Press, 2006.





# Questions?

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