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
Hoarder 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

(Stekeete & 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

Anxiety

First experience

Second experience

Third experience

Time
Facilitating New Learning Through Exposure and Habituation

Anxiety

Time

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)
Questions?

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