HOARDING BEHAVIOR: Treatment and Research Results

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PERSONAL BELONGINGS EXERCISE

• Who has brought something precious or important to them today?
  • What does this item mean to you?
  • Exercise.
  • Can you describe what that was like for you?

The best gifts in the world are not in the material objects one can buy from the store, but in the memories we make with the people we love...

- <3
WHAT IS HOARDING BEHAVIOR?

- Excessive accumulation of objects and a difficulty or refusal to discard unnecessary items (Frost & Gross, 1993).
- Prevalence of hoarding is 5.3% (Samuels et al., 2008).
- It makes living activities difficult, causes distress, causes health and safety concerns, it can be very costly, it is chronic and progressive and it has a high risk of recidivism (Bratiotis, 2009; Frost & Hartl, 1996; Frost, Steketee & Williams, 2000; Grisham et al., 2006).
DSM-5: HOARDING BEHAVIOR

A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
B. This difficulty is due to the 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 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 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, restricted interests in autism spectrum disorder).
TREATMENTS FOR HOARDING BEHAVIOR

- Clean-Out = almost 100% recidivism (Bratiotis, 2009)
- Specialized cognitive behavioral therapy (CBT) approach to hoarding (Steketee & Frost, 2014)
  - motivational interviewing
  - graded exposure to non-acquiring
  - training in sorting and discarding
  - cognitive restructuring
  - organizational training

[Image of cleaning and organization]
ASSESSMENTS

• Completed by the worker:
  • Clutter Image Rating Scale
  • Home Environment Index

• Completed by the client:
  • Activities of Daily Living-Hoarding
  • Savings Inventory-Revised
  • Savings Cognition Inventory
  • Hoarding Rating Scale
  • Safety Questions
Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.
Clutter Image Rating: Bedroom
Please select the photo that most accurately reflects the amount of clutter in your room.
Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.
<table>
<thead>
<tr>
<th>Levels</th>
<th>Description (based on Living Room CIS, adapted from Dr. Randy Frost’s work on The International OCD Foundation- Hoarding Center website)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Small amount clutter with some piled newspapers. No evidence hoarding</td>
</tr>
</tbody>
</table>
| 2      | Beginnings of a problem. More than one pile of paper/clutter (or other items)  
Clutter starting on the floor, limited mobility around coffee table  
Sitting on a couch, chairs, etc requires moving items, multiple newspaper piles, or other items  
Sub-clinical hoarding problem |
| 3      | Clutter impinges on easy use of the room, sitting on couch/chairs requires some effort to clear space.  
Some area of the floor covered, limited mobility around coffee table.  
Mild hoarding problem |
| 4      | Impairs quality of life.  
Couch, chairs, coffee table and part of the floor is unusable, mobility around unit is impaired.  
Moderate hoarding problem |
| 5      | Reflects serious impairment.  
Access to couch is difficult, even moving items require effort, finding things is a difficult task.  
Mobility is limited but you are still able to move through the room albeit with difficulty.  
Serious hoarding problem |
| 6      | Unusable for intended purpose except as a storage area, mobility is severely impaired.  
Reaching couch requires climbing over objects, finding things very time consuming.  
Very serious hoarding problem |
| 7      | Room is unusable for its intended purpose and access severely limited  
This room is not suitable as living space  
Severe hoarding problem with serious impairment. |
| 8      | Room is unusable for it’s intended purpose, access to the room is impossible.  
Severe hoarding problem with substantial health and safety risks |
| 9      | Reflects extreme hoarding, this room is not suitable as a living space.  
There is clear danger of being trapped or smothered by shifting objects |
HOME ENVIRONMENT INDEX

To what extent are the following situations present in the home?

1. Fire hazard
   0 = No fire hazard
   1 = Some risk of fire (for example, lots of flammable material)
   2 = Moderate risk of fire (for example, flammable materials near heat source)
   3 = High risk of fire (for example, flammable materials near heat source; electrical hazards, etc.)
ACTIVITIES OF DAILY LIVING - HOARDING

• Allows the client to reflect on the impact of clutter in their home and their ability to do everyday tasks.

• Tip
  • Use discrepancies between your observations and the client

(http://www.dailymail.co.uk/health/article-2184706/Hoarding-disorder-refusing-throw-away-brain.html)
SAVINGS INVENTORY-REVISED

• Assessing Deficits
  • Organizing
  • Discarding
  • Acquiring

• Tips
  • Start with Acquiring
SAVINGS COGNITION INVENTORY

• Assessing Attachment to Belongings

• Tip: participants in the pilot project suggested it is easier to do this exercise with some of their belongings with them.
HOARDING RATING SCALE

- How is the clutter impacting your life?
- Can be used as a motivational tool. The idea is to create a discrepancy.
- Shows degree of insight.
SAFETY QUESTIONS

• Helps determine how the amount of items in the home is impacting their safety.
• It’s an opportunity to discuss harm reduction.
General Conceptual Model

Personal & Family Vulnerability Factors:

Information Processing Problems:

Meaning of Possessions:

Emotional Reactions:

Positive

Negative

Positive Reinforcement:
Pleasure in Acquiring/Saving

Negative Reinforcement:
Escape and/or Avoidance

Behaviours:
Excessive Acquiring
Difficulty Discarding
Clutter

TREATMENT PLANNING

- Based on all your assessments
- Client goals - concrete as possible
- Harm reduction
- CBT
- Clean Out?
VISUALIZATION AND PRACTICE

• Can you imagine what your apartment would like uncluttered
• It can be motivating
• Concrete—friend or neighbor’s apartment
REDUCING ACQUIRING

• First Step: Clients may need some motivating to see this as a first step of their treatment
• Non- Acquiring card - make a few copies. Attached to Bank Card/wallet/credit card
• Non- acquiring Shopping Trips, Drop-in Centres, Dumpster diving, Food Banks
DISCARDING AND ORGANIZING

- Start Small
- Test Beliefs - practice discarding
- Everyone had problems organizing
- Personal Protective Gear
- Pests - we love them
- Organizational supplies
- At all times the final decision rests with the client - Build that muscle
HARM REDUCTION

• For people who are not engaging, have no insight, resistant
• Work has to be done or will be evicted
• 1 Metre clearance
• Painter's tape
• No freestanding piles over 3-4 feet
METHODS: CLUTTER COACHES

• Training
  • CBT by Dr. Francois Rousseau
  • Motivational Interviewing
  • Concurrent Disorders
  • Non Violent Crisis Intervention
  • Case Management
  • Applied Suicide Intervention Skills Training (ASIST)
  • Hoarding I and II by Elaine Birchall
  • Hoarding workshop by Dr. Randy Frost

• Regular supervision
### METHODS: PARTICIPANTS & PROCEDURES

- Clients were identified
- 15 participants for the evaluation

#### Sessions
- Individual
- Common area and/or home
- Assessment

<table>
<thead>
<tr>
<th>Factor</th>
<th>Average</th>
<th>Range</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>53.47</td>
<td>33 – 72</td>
<td>15</td>
</tr>
<tr>
<td>Montfort Renaissance</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Options Bytown</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td># Sessions</td>
<td>25.2</td>
<td>11-61</td>
<td>378</td>
</tr>
</tbody>
</table>
METHODS: ASSESSMENTS

• **Quantitative:**
  - Activities of Daily Living for Hoarding (ADL-H)
  - Hoarding Rating Scale (HRS)
  - Saving Inventory-Revised (SI-R)
  - Clutter Image Rating Scale (CIR)
  - Savings Cognitions Inventory (SCI)
  - Safety Questions
  - Home Environment Index

• **Qualitative:**
  - Participant Interviews
  - Questionnaire with Clutter Coaches
Pre/Post paired samples t-tests were all significant.

**Hoardung Symptoms**

<table>
<thead>
<tr>
<th>Hoarding Rating Scale (cut-off = 14)</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓45%</td>
<td>M = 18.27</td>
<td>M = 10.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clutter Image Rating Scale (cut-off ≥ 3)</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓40%</td>
<td>M = 3.15</td>
<td>M = 1.89</td>
</tr>
</tbody>
</table>

**RESULTS: QUANTITATIVE**
<table>
<thead>
<tr>
<th>Hoarding Symptoms (Continued)</th>
<th>Saving Inventory Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Acquisitions (cut-off ≥ 9)</td>
<td>PRE</td>
</tr>
<tr>
<td>PRE</td>
<td>↓47%</td>
</tr>
<tr>
<td>M = 18.20</td>
<td>M = 9.60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Difficulty Discarding (cut-off ≥ 14)</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>↓42%</td>
<td></td>
</tr>
<tr>
<td>M = 13.70</td>
<td>M = 8.0</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clutter (cut-off ≥ 17)</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>↓39%</td>
<td></td>
</tr>
<tr>
<td>M = 11.13</td>
<td>M = 6.80</td>
<td></td>
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</tbody>
</table>

Overall a 43% ↓
<table>
<thead>
<tr>
<th>Safety, Squalor, And Activities of Daily Living</th>
<th>Home Environment Index</th>
<th>Safety Questionnaire (cut-off ≥ 2)</th>
<th>Activities of Daily Living (cut-off ≥ 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRE</td>
<td>POST</td>
<td>PRE</td>
</tr>
<tr>
<td></td>
<td>↓ 47%</td>
<td>M = 12.13 → M = 6.47</td>
<td>↓ 34%</td>
</tr>
<tr>
<td></td>
<td>M = 1.67 → M = 1.10</td>
<td></td>
<td>M = 1.68 → M = 1.24</td>
</tr>
<tr>
<td></td>
<td>↓ 26%</td>
<td></td>
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</tr>
</tbody>
</table>
### Hoarding Cognitions/Beliefs

<table>
<thead>
<tr>
<th></th>
<th>Savings Cognitions Inventory</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emotional Attachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRE</td>
<td>POST</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓32%</td>
<td>M = 34.14</td>
<td>M = 23.36</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRE</td>
<td>POST</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓20%</td>
<td>M = 13.43</td>
<td>M = 10.79</td>
</tr>
<tr>
<td></td>
<td>Responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRE</td>
<td>POST</td>
<td></td>
</tr>
<tr>
<td></td>
<td>↓30%</td>
<td>M = 19.29</td>
<td>M = 13.57</td>
</tr>
</tbody>
</table>
### Hoarding Cognitions/ Beliefs (Continued)

<table>
<thead>
<tr>
<th>Savings Cognitions Inventory</th>
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</thead>
<tbody>
<tr>
<td><strong>Memory</strong></td>
</tr>
<tr>
<td>PRE</td>
</tr>
<tr>
<td><img src="%E2%86%9321%25" alt="Arrow" /></td>
</tr>
</tbody>
</table>
RESULTS: QUALITATIVE

- **Participant quotes about what they liked about the program:**
  - “I don’t need junk to make me happy”
  - “I learned not to get something unless I had a pre-determined spot for it and it wasn’t taking the spot of another item”
  - “I had experienced a clean out before, it was extremely traumatizing, and it made things worse, I’m still not over it, and my mental health suffered a lot. This experience was not at all the same”

- **Participant quotes about what they did not like about the program:**
  - “Time would go by very quickly every week and due to my psychiatric issues at times I just didn’t feel up to doing the work but there was pressure to because she was coming to the unit”
RESULTS: QUALITATIVE

• Participant quotes about their clutter coaches:
  • “She was there for me when I really needed help and things were not going well”
  • “At first I was a bit defensive and felt as though I had to justify myself but she was easy to trust and I quickly trusted her, and that was not the case with my other workers”
  • “She was my backbone through a really hard time in my life”
  • “The clutter coaches are key. You need someone fun and able to make you laugh because it makes the work more enjoyable. [Coach] was awesome and a pain in the as*”
RESULT: QUALITATIVE

- Participant quotes about how the program helped them:
  - “Before I had the feeling of being an animal in a cage, feeling stuck, not knowing where to start”
  - “I was so ashamed of how I had let things take over my life, but now I have so much hope”
  - “When I saw the progress, it started to motivate me to do more”
  - “My hoarding ruined my life. I lived a very lonely existence. I always said I was going to change but I never did”
  - “Where I was living before was a nightmare, she helped me get back on my feet again”
  - “Last year I felt like my world was falling apart. I did what I could to keep myself sane. Nobody wanted to see me because of the bed bugs, but now everyone has welcomed me back. My life is back to where I need it to be”
RESULTS: QUALITATIVE

• Participant rated the overall quality of the program at a 9/10
• Participant quotes about possible improvements to be made:
  • “I still have a long way to go. I’m sad the program is ending”
  • “The program should have kept going until both parties feel that the person is ready to terminate and manage on their own”
  • “I’m worried that the program won’t be renewed and that I won’t be able to access the services if my problem returns”
RESULTS: QUALITATIVE

• Clutter Coaches
  • Supervision and Training
    • What they liked and disliked about the training
    • What they liked and disliked about supervision
    • How could the training and/or supervision be improved
  • Program
    • What they liked and disliked about the hoarding program
    • How did they found the work with the clients
    • Did they think that the program helped clients
    • Overall quality of the program: 7.5/10
    • How could the program be improved
    • How did they find the overall resources allocated to the program
BEDROOM

Before

After
BEDROOM

Before

After
LIVING ROOM

Before

After
BACHELOR

Before

After
DISCUSSION

The extent of improvement, up to 47% on some symptoms, compares favourably to existing research on the efficacy of cognitive behaviour therapy for hoarding disorder delivered by trained therapists (Steketee, Frost, Tolin, Rasmussen, & Brown, 2010; Tolin, Frost, & Steketee, 2007).

Participants qualitatively described a substantial decrease in acquiring and increase in the ease with which they could discard items.

Participants overwhelmingly appreciated the services that were offered by the two clutter coaches and stated that they felt that they had improved.
RECOMMENDATIONS

• Areas that remain to be investigated are the stability of the interventional effects.
• Specific training for clutter coaches is needed in terms of how to best work clinically with adults who have cognitive impairments.
• Supervision should be offered weekly as a group so that clutter coaches can gain insights from their supervisor but also learn from each other.
Many mental health programs include a group component that offers a place for clients to realize that they are not alone in their suffering and offers a place for peer support. It may be an interesting component to add to this intervention.

Training for clutter coaches should include a component on how to handle pests and infestations.

There is a need for more sustainable funding for individual counselling and peer support for people living in poverty and experiencing hoarding and clutter behaviors.

There is a need for more research on effective interventions in individual and peer support counselling for people living in poverty and experiencing hoarding and clutter behaviors.
CONTACT INFORMATION

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RECOMMENDED READINGS


