

# Hoarding: What it is, Individual and Public Consequences, and a Team Approach to Effective Interventions

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# Collaborators

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# Hoarding Team Projects

- Cognitive and Behavioral Treatment (NIMH)
- Psychopathology of Compulsive Hoarding (NIMH)
- Neural Mechanisms of Compulsive Hoarding (fMRI) (NIMH)
- Web-based Treatment of Hoarding (OCF)
- Neuropsychological Functioning in Compulsive Hoarding (NIMH)
- Community Response: Hoarding Task Forces in the US (Farnsworth)
- Merrimack Valley HUD Project on Treatment of Elders
- Group Treatment for Hoarding

# 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

# Compulsive Acquiring

- Compulsive Buying
  - Retail/discount -
  - E-bay
  - Home shopping network -
- Compulsive Acquisition of Free Things
  - Advertising flyers/handouts
  - Give-aways
  - Trash - dumpster diving
- Stealing/Kleptomania

# Saving and Difficulty Discarding

- Reasons for saving
  - Sentimental - “This helps me remember. This represents my life. It’s part of me.”
  - Instrumental - “I might need this. I could fix this. Somebody could use this. Think of the potential!”
  - Intrinsic - “Isn’t this beautiful?”

# Disorganization

- Condition of the home
  - Clutter
  - Mixture of important and unimportant items
- Behavior
  - Fear of putting things out of sight
  - Indecisiveness – Churning
  - Categorization problems

# Animal Hoarding

- Accumulation of a large number of animals, more than the typical pet owner, not for sale or breeding.
- Failure to provide an adequate living environment for the animals, as indicated by overcrowded or unsanitary living conditions, inadequate veterinary care, inadequate nutrition, or evidence of unhealthy condition of animals.
- Reluctance to place animals for adoption or into the care of others.



# Co-morbid Problems

- Depression (57%)
- Social Phobia (29%)
- Generalized Anxiety Disorder (28%)
- Obsessive Compulsive Disorder (17%)
- Personality Features
  - Anxious/avoidant, dependent, paranoia/odd
- Attention Deficit Disorder
- Dementia

# Epidemiology

- True prevalence not known
  - Guestimate = 1-2% of adults
- As a “subtype” of OCD...
  - 1-2% of the population has OCD
  - 25% of OCD patients have hoarding
  - = 1.5 million people in the US
  - Huge underestimate since *most people who hoard don't have OCD*

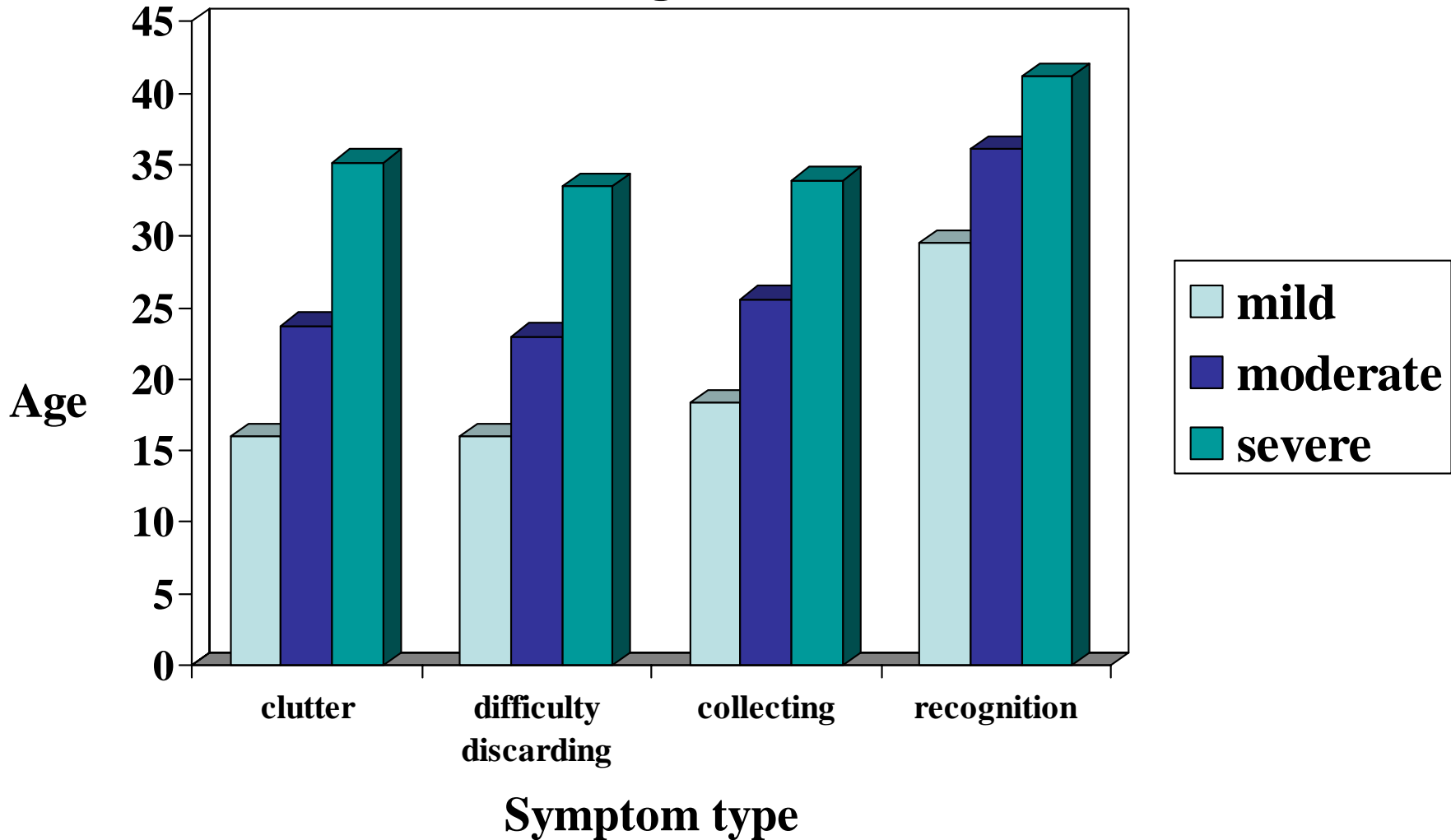
# Demographics & Features

- Education: ranges widely
- Marital Status: tend to be single,
  - low marriage rate, high divorce rate
- Average age = 50
- Tend to live alone
- Family history of hoarding is common
- Squalid conditions uncommon among treatment seekers

# Onset and Course of Symptoms

- Saving begins in childhood, onset age 13
- Little evidence for history of material deprivation
- Hoarding may be precipitated by loss
- Chronic or worsening course
- Insight fluctuates
- Severity range from mild to life-threatening

# Mean Age of Onset of Hoarding Symptoms and Patient Recognition of Problem



# Mass. Health Dept. Study

Frost, Steketee & Williams, 2000

- 88 (28%) health officers serving 1.8 million residents
- 64% had at least 1 hoarding complaint in past 5 yrs.
- 471 cases recorded (48% new, 57% repeat cases)
- Sources of referral: Complaints by neighbors (52%), fire/police (47%), social service (19%), workers (16%)
- Problems: sanitation (88%), fire hazard (67%), odor (53%), odd behavior (38%), 3 deaths due to house fire
- Animal hoarders posed more serious risk to community

# Mass. Health Dept. Study

Frost, Steketee & Williams, 2000

- Cost of clean up was \$16,000 in one case, repeated 1 year later
- Repeat visits to home: median = 3, range = 0 to 13
- 79% involved another agency; 47% 2 or more agencies
- 32% of cases were cooperative in cleanup; 28% agreed but did little;
- 40% refused to cooperate and had involuntary cleanout; nearly half of these had building condemned or eviction
- Few animal hoarders cooperated (6.3%)

# Hoarding Complications in Elderly Clients

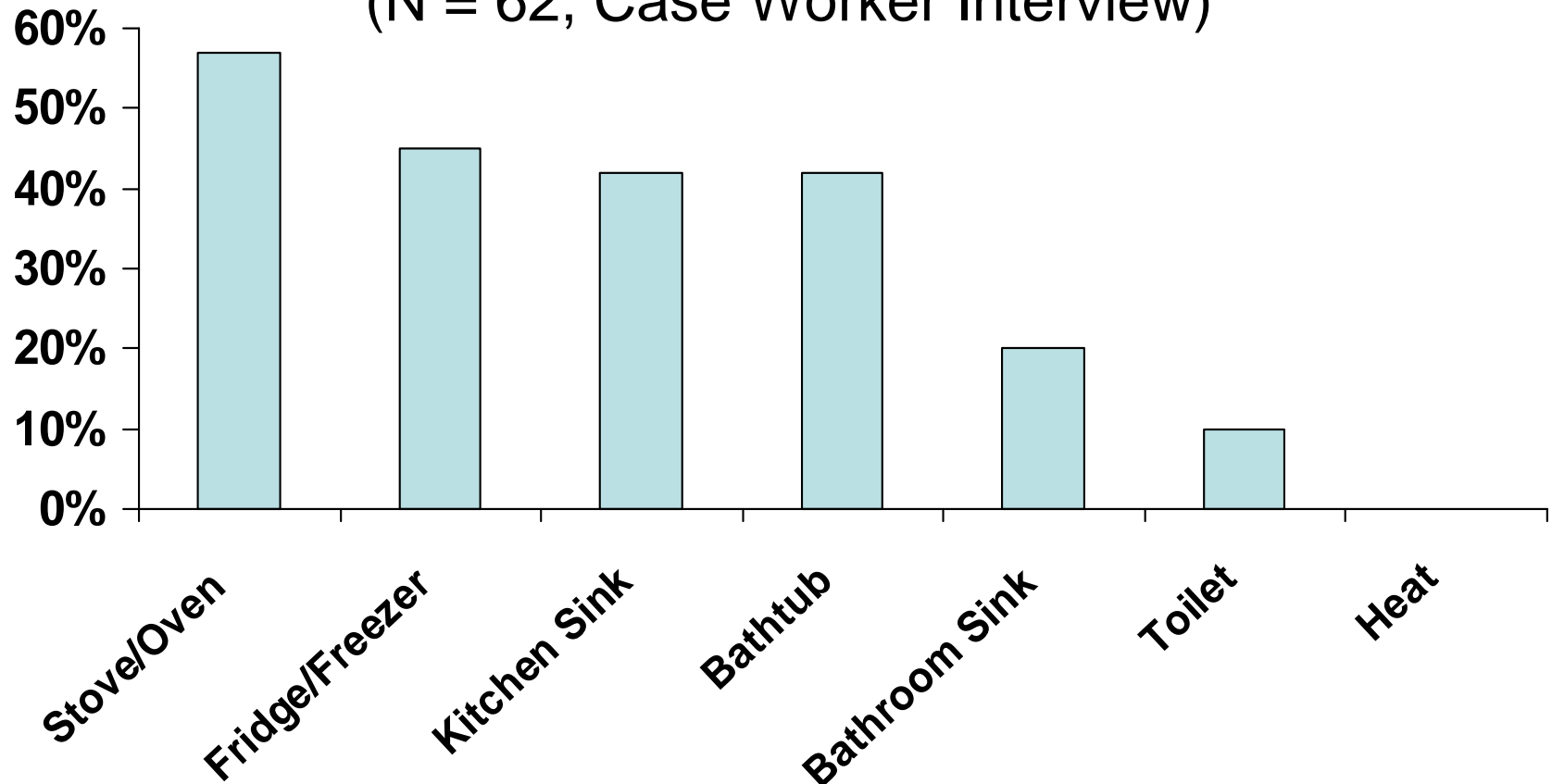
(Steketee, Frost, & Kim, 2001)

- 62 cases identified by case workers
  - Medical problems 27%
  - Unsanitary conditions 32%
  - Risk of falling 39%
  - Fire hazard 45%



# Elderly Hoarders: Percentage of Appliances not Useable

(N = 62, Case Worker Interview)



# Effects on Family & Community

- Family
  - Conflict
  - Isolation
- Community
  - Fire/Safety
  - Health
  - Infestation
  - Strain on agency resources

# Problems Identified in Case Studies of Hoarding

- Treatment refusal
- Treatment dropout
- Lack of cooperation in treatment
- Absence of resistance to hoarding behavior
- Poor insight

# Pharmacotherapy

- Hoarding predicts negative 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)

# Traditional Cognitive-Behavior Therapy

- Hoarding is less responsive than OCD to traditional CBT
  - 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

# Combination Therapy

- Not particularly helpful
  - response rate to paroxetine + ERP is 18% for hoarding vs. 67% for OCD
  - response rate to multiple meds + CBT in partial hospitalization program is 45% for hoarding vs. 63% for OCD

# Roles and Stages of Intervention

- Understanding the hoarding problem in context
- Assessing severity and change
- Addressing motivational problems
- Deciding who can intervene
- Engaging in CBT for hoarding symptoms
- Community resources and pressures

Core beliefs & vulnerabilities

Information processing

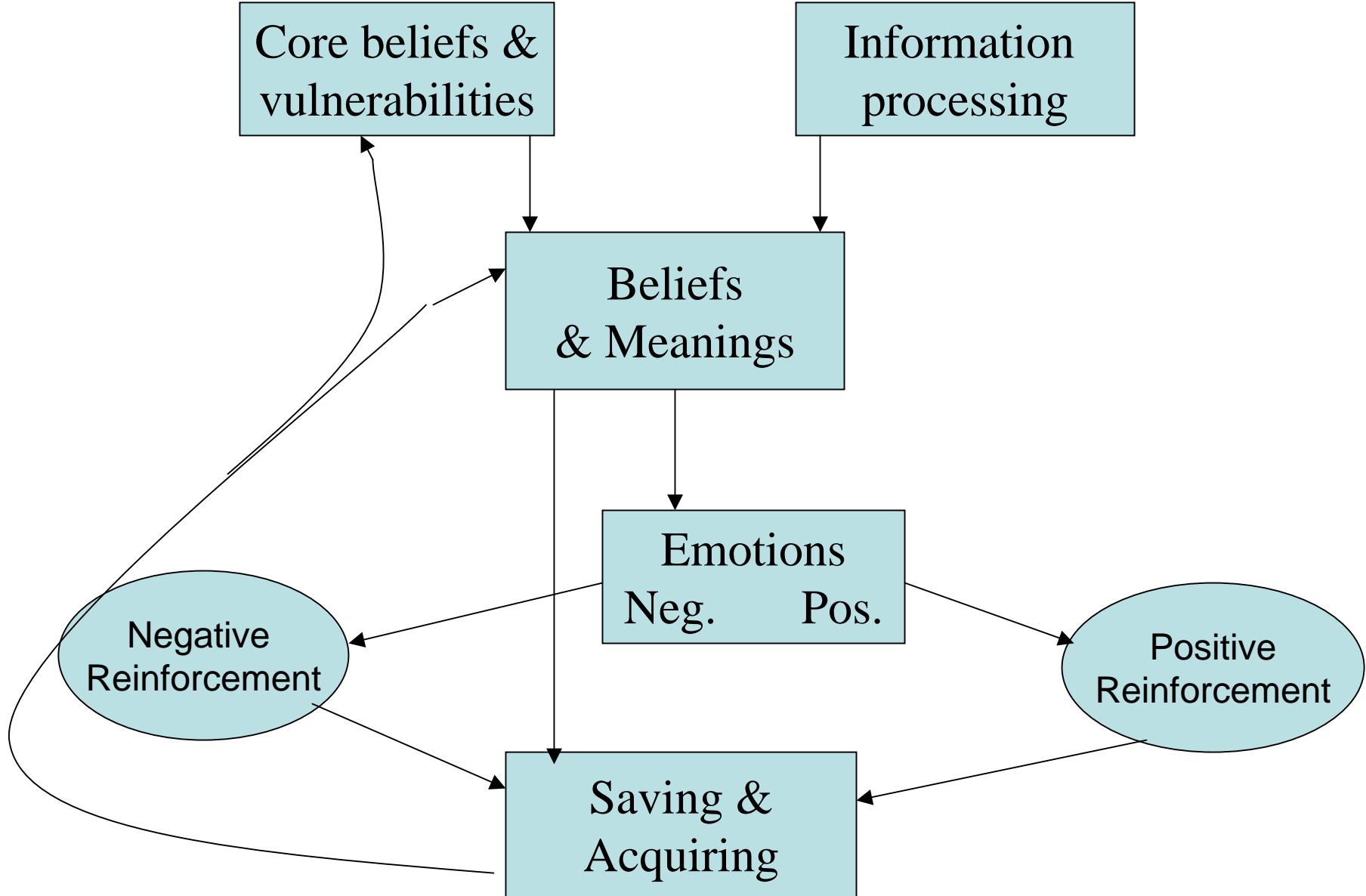
Beliefs & Meanings

Emotions  
Neg. Pos.

Negative Reinforcement

Positive Reinforcement

Saving & Acquiring





# Core Beliefs & Vulnerabilities

- Self-worth
- Lovability
- Vulnerability
- Helplessness
- Family History
  - Parental values
  - Parental behaviors
- Losses
- Mood
- Co-morbidity
- Physical constraints
  - Health, Time, Space

# Biological underpinnings: Genetics

- Hoarding and indecisiveness more common among family members of people who hoard
- Specific genetic abnormalities have been found
  - L/L genotype of COMT Val158Met polymorphism
  - Chromosome 14

# Information Processing Problems

- Attention
- Categorization
- Memory
- Perception
- Association
- Decision-making

# Beliefs and Meanings of Possessions

- Beauty/aesthetics
- Memory
- Utility/opportunity
- Opportunity/  
uniqueness
- Sentimental
- Comfort
- Safety
- Identity/potential  
identity
- Control
- Mistakes
- Responsibility/waste
- Completeness
- Validation of worth
- Socialization

# Strong Emotions

- Positive Emotions

- Pleasure
- Excitement
- Pride
- Relief
- Joy
- Fondness
- Satisfaction

- Negative Emotions

- Grief/loss
- Anxiety
- Sadness
- Guilt
- Anger
- Frustration
- Confusion

# Reinforcement Processes

- Immediate positive emotions reinforce acquiring and saving
- Immediate negative emotions lead to avoidance
- Avoidance prevents testing of beliefs
- Avoidance prevents alternative beliefs

# Measuring Severity: Clutter Image Rating

- Select the picture that is closest to the clutter in your living room, kitchen, bedroom.
- Pictures ranked from 1-9
- Rate the following rooms:
  - Living Room
  - Kitchen
  - Bedroom
  - Dining Room
  - Hallway
  - Garage
  - Car
  - Other

# Activities of Daily Living

- To what extent does clutter prevent...
  - Preparing food
  - Using refrigerator
  - Using stove, etc.
- Living Conditions
  - Rotten food
  - Insects
  - Feces, etc.
- Safety issues
  - Fire hazard
  - Blocked egress, etc.



How can we motivate people  
to change?

Dealing with limited insight and  
ambivalence

# Principles and Techniques of MI

- Articulate ambivalence
- Reinforce change talk & action

By...

- Expressing empathy
- Developing discrepancy
- Rolling with resistance
- Supporting self-efficacy

# Multi-method Treatment of Hoarding

- Assessment and case formulation
- Motivational enhancement
- Skills training – organizing, problem solving
- Practicing discarding (exposure)
- Challenging thoughts and beliefs
- Restricting acquiring
- Preventing relapse

# Treatment Format

- Individual and/or group
- Office and in-home sessions
- Acquiring locations
- Family consultation
- Assistance from a coach
- Cleanouts with trained staff if needed

# Establish Personal Goals and Values

- Ask about personal values
  - What does the client care most about
  - Family, friends, honesty, achievements, etc.
- Identify personal goals
  - What does the client most want to do in the remainder of his/her life?
  - List these goals
- Refer back to goals and values to clarify ambivalence and reduce indecision

# Establish Treatment Rules

- Therapist may not touch possessions
- All decisions made by the client
- O.H.I.O. (or at most twice)
- Establish categories first, then sort
- Proceed systematically

# Skills Training

- Problem solving
- Decision making
- Categorizing
- Organizing
- Managing ADHD
- Maintaining the system

# Gradual Exposures to Sorting/Discarding

- Imagine discarding
- Behavioral experiments
- Practice with clinician
- Practice when alone
- Practice in office and at home
- Homework assignments



# Gradual Exposures for Compulsive Acquiring

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

# Establishing Personal Rules for Saving and Acquiring

- I must have
  - an immediate use for it
  - time to deal with it appropriately
  - money to afford it comfortably
  - space to put it
  - ...

# Cognitive Treatment

- Identify problematic beliefs during sorting and acquiring practice
- Socratic questioning to examine beliefs and consider alternatives

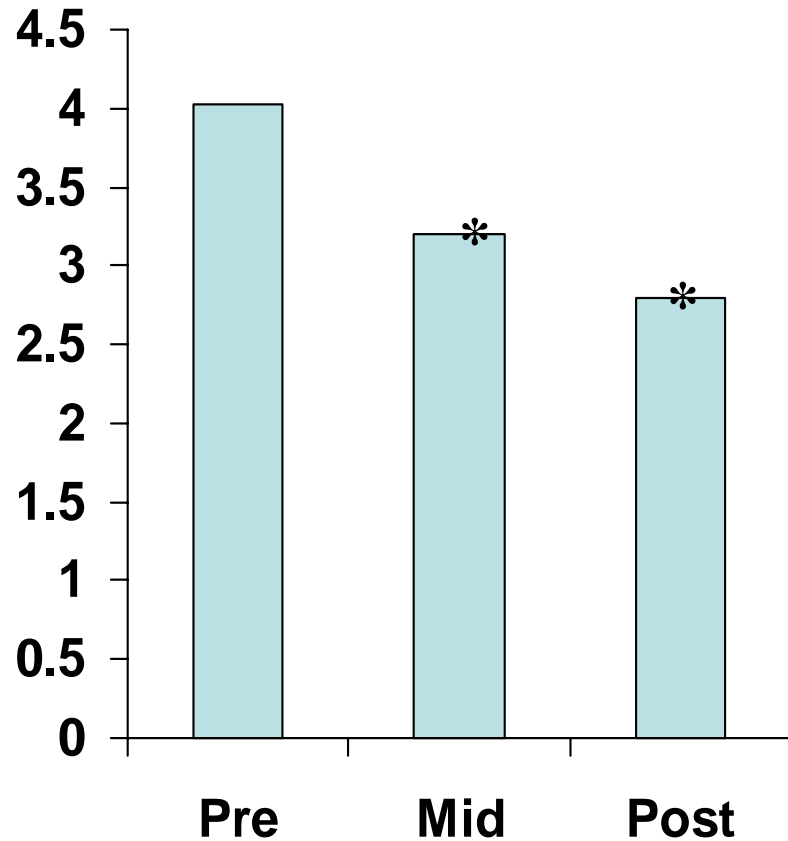
# Socratic Questioning: Thinking it Through

- What's the probability of the negative outcome you fear?
- How catastrophic would this be?
- How well could you cope with not having this?
- How much distress would you feel?
- How long would the distress last?
- Can you tolerate with feeling?

# Using a Coach

- Family member, friend, chore/home health aide, hired assistant
- Teach coaches about hoarding and various manifestations of symptoms
- Meet as a team – therapist, client, coach
- Decide on the coach's role

# Open Trial: Clutter Image Rating



**Pre**

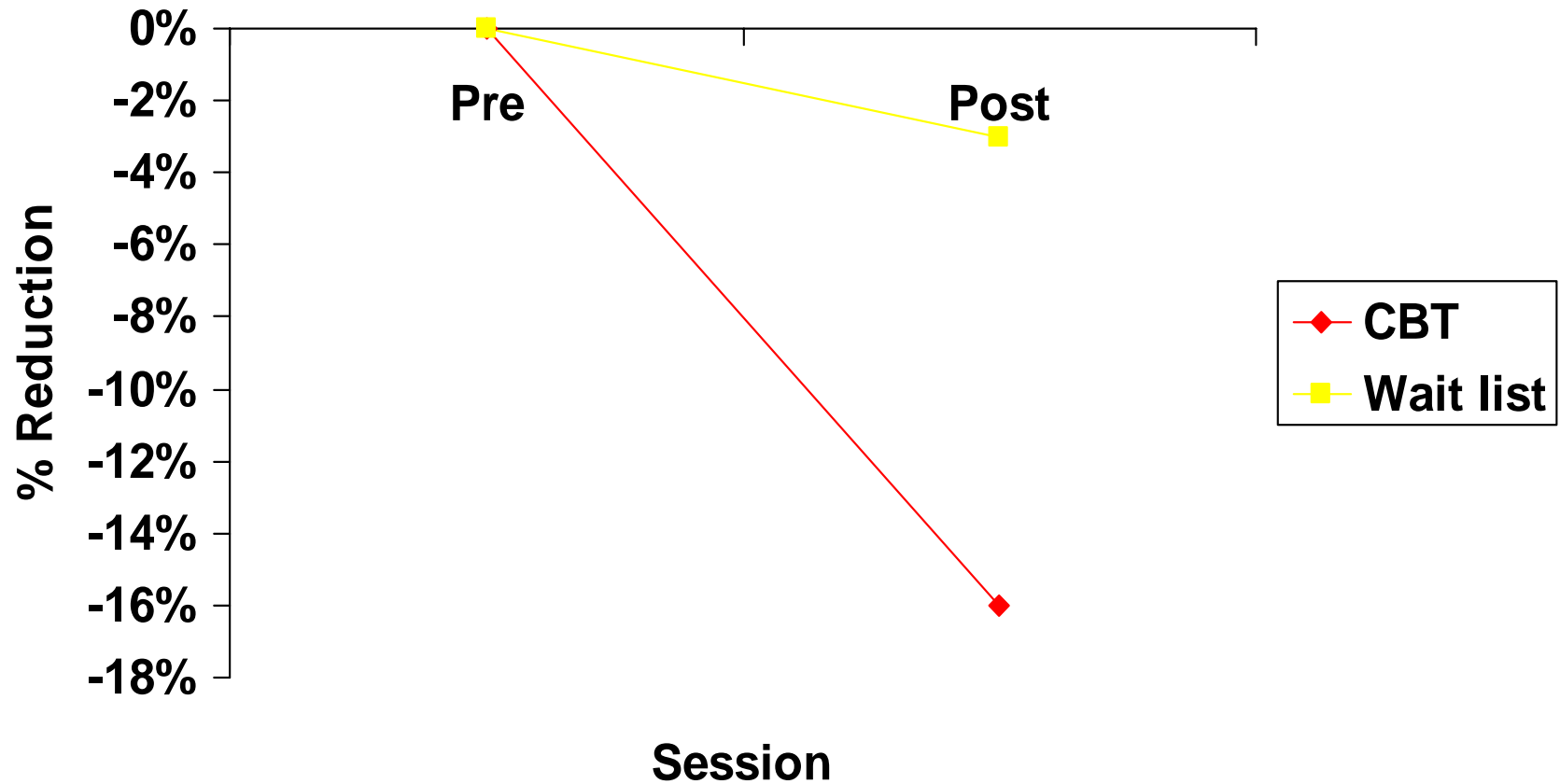


**Post**



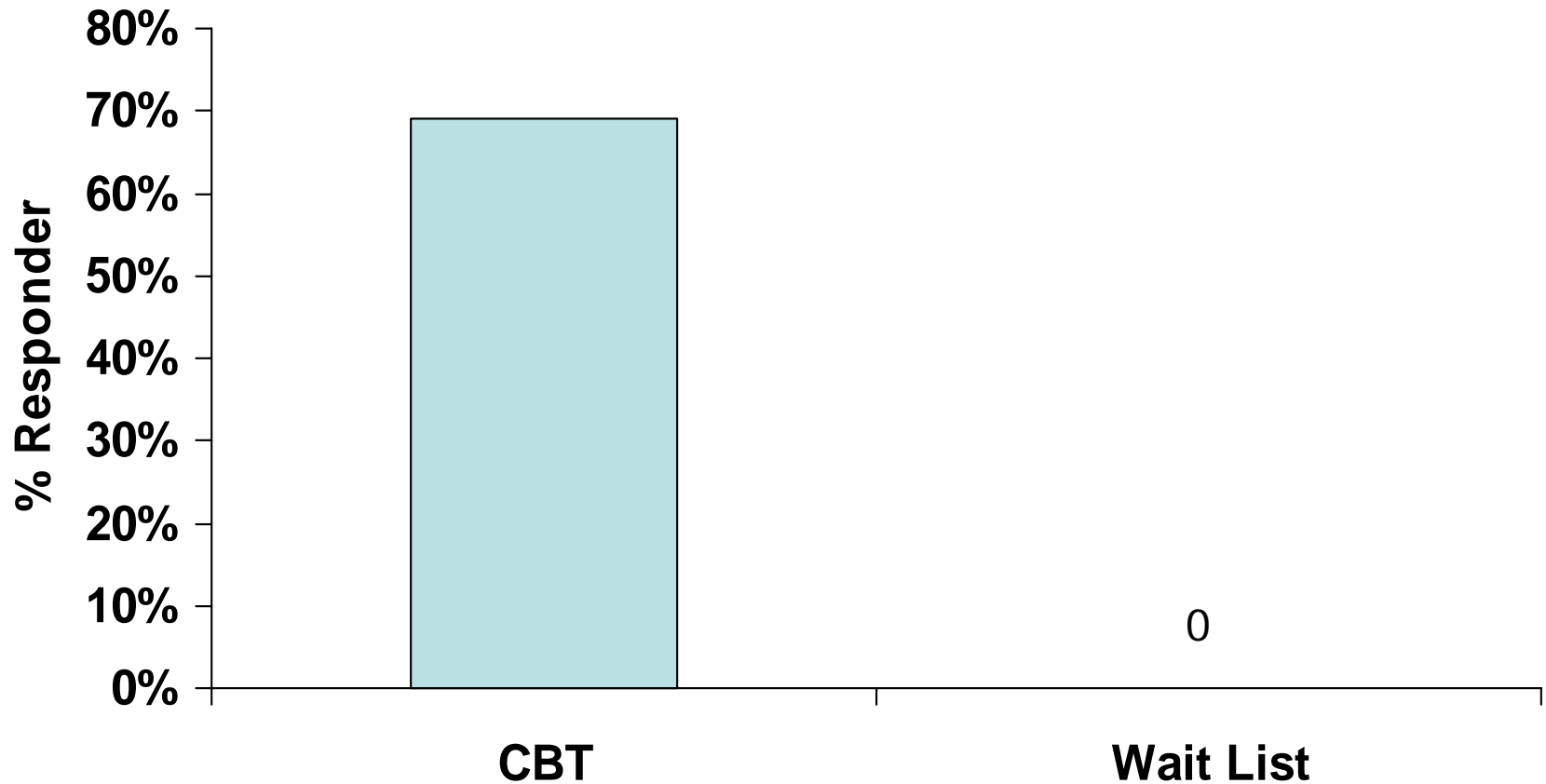
Tolin, Frost, & Steketee (in press),  
Behav Res Ther

# Waitlist Controlled Trial: Saving Inventory-Revised



Frost et al. (2007), submitted

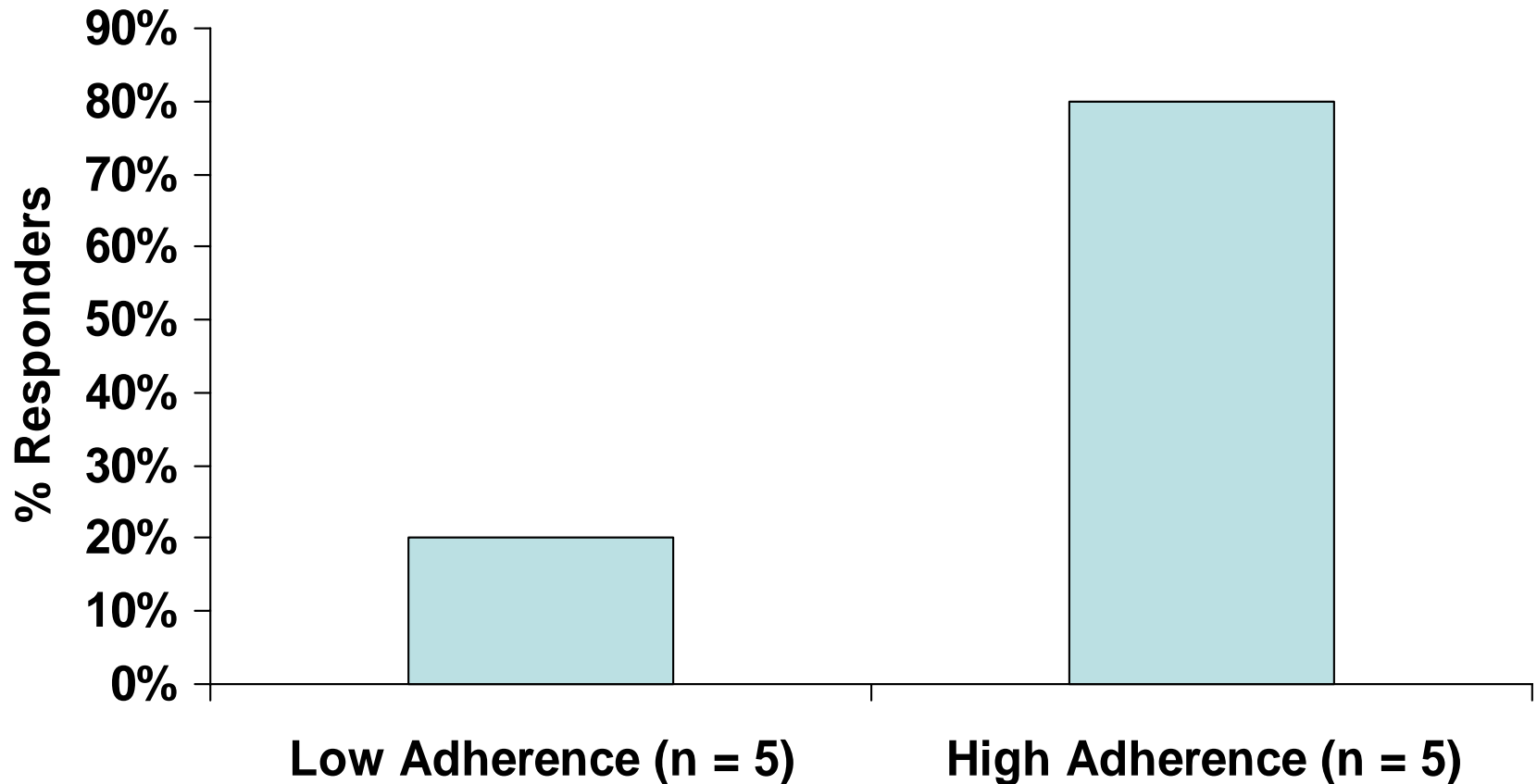
# Controlled Trial: Treatment Responders



"Much Improved" or "Very Much Improved"; Frost et al. (2007), submitted

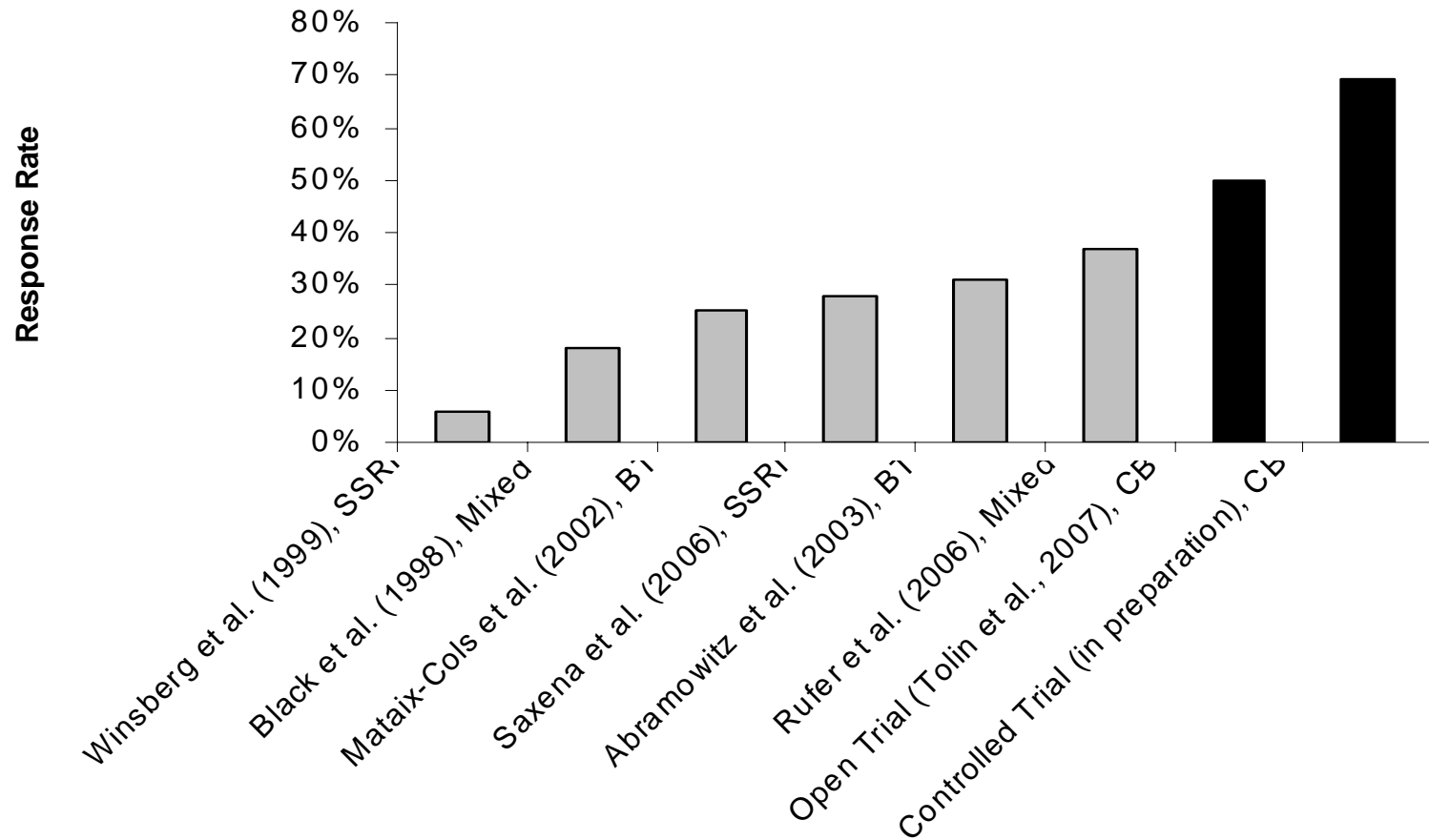


# Open Trial: High vs. Low Homework Adherence (Median Split)



Tolin, Frost, & Steketee (in press),  
Behav Res Ther

# Specialized CBT improves upon other treatments for hoarding



# Cooperation with Authorities

- Task Force Model
- Official Pressure
- Forced Intervention

# Task Force Members

- Public Health
- Social Services (Elder Services)
- Housing Authority
- Mental Health Services
- Courts
- Public Safety (fire, police)
- Volunteers

# Task Force Case Protocol

- Evaluating threat
- Determining legal directives
- Developing a case plan
- Implementing the plan
- Evaluating outcomes & modifying the plan
- Continued monitoring

# Applying Official Pressure

- Specify infractions, objectives and time line for correcting problems
- Identify resources for assistance
- Determine who will monitor outcomes
- Clarify the consequences of non-compliance

# Specify Objectives & Timeline

- Negotiate with client
- Specify expectations and consequences
  - Clear stove-top by ....
  - Remove perishable foodstuffs by ....
  - Clear kitchen table by ....
- Emphasize saving everything possible

# Identify Resources for Assistance

- Family members and friends
- Trained volunteers
- Paraprofessionals
- Professional organizers
- Mental health professionals
- Self-help groups
- Service personnel
- Other



# Creating Common Goals

- Reframe the goals by emphasizing dysfunction and personal goals
- Good cop/bad cop strategy
  - How can we help you meet the court order?
  - How can we keep the housing authority off your back?
  - How can we satisfy your family concerns, as well as your own needs?
- Creative alternatives
  - Make money by selling items
  - Help others by giving away

# Monitoring and Consequences of Noncompliance

- Scheduled visits by official monitor(s):  
fire inspector, housing authority, etc.
  - Difficulty identifying officials with authority  
in private homes
- Re-negotiation of contract
- Forced intervention
- Eviction

# Forced Intervention

- Gradual Clearing Model
- One Room Clean-out Model
- Total Clean-out Model
- Assisted Living
- Monitoring

# Comments

- Specialized CBT for hoarding works moderately well to reduce symptoms of hoarding
- Therapist can be a trained MH professional and/or para-professional
- Limited outcome data, especially for elderly clients and for long-term outcome
- Best coordination of community services is not yet established
- Best practices requires more work on all sides