Enhancing Motivation and Engagement for Hoarding

Gail Steketee, PhD
Andrea Kelley, MSW, MPH
Boston University School of Social Work
April 2, 2014 – Mass Housing Conference

DSM-5 Criteria for Hoarding Disorder (HD)
OC Spectrum condition

• 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 distress associated with discarding them.
• C. The symptoms result in the accumulation of possessions that congest and clutter active living areas and substantially compromise their intended use. If living areas are cluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

Collaborators
– Jordana Muroff, PhD
  • Boston University School of Social Work
– Christiana Bratiotis, PhD
  • University of Nebraska at Omaha, SSW
– Randy Frost, PhD
  • Smith College, Dept. of Psychology
– David Tolin, PhD
  • Hartford Hospital, Dept. of Psychiatry
– Catherine Ayers, PhD
  • UC San Diego Psychiatry Dept. and San Diego VA

DSM-5 HD Criteria, cont’d.

• 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 accounted for by the symptoms of another DSM-5 disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Autism Spectrum Disorder).

Specify if:
• With Excessive Acquisition: If symptoms are accompanied by excessive collecting or buying or stealing of items that are not needed or for which there is no available space.

DSM-5 Hoarding Disorder Insight Specifier

• Good or fair insight: The individual recognizes that hoarding-related beliefs and behaviors pertaining to difficulty discarding items, clutter, or excessive acquisition are problematic.
• Poor insight: The individual is mostly convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.
• Absent insight/delusional beliefs: The individual is completely convinced that hoarding-related beliefs and behaviors are not problematic despite evidence to the contrary.

DSM-5 Levels of Insight and Help-seeking among People with Hoarding

• Good or fair insight:
  – Aware of the hoarding problem
  – Open to the idea of change, but may be ambivalent
• Poor insight:
  – Some awareness of hoarding problem
  – Defensive and ambivalent about whether it is problematic or is their problem
  – Limited interest in treatment and/or excuses for not seeking help
• Absent insight/delusional
  – Deny any hoarding problem
  – Not interested in treatment
Awareness, Ambivalence and Motivation for Change

- Awareness of a problem is essential for any change
- Ambivalence is a bridge between awareness and motivation
  - Evident in both positive and negative emotions about change
- Motivation is evident in behavior directed toward making a change
  - There are stages of change

### Defining the Stages of Change

<table>
<thead>
<tr>
<th>Client Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Unaware of the problem behavior, or aware but unwilling or discouraged about changing it; defensive about the problem; often labelled “resistant, reluctant, rebellious, resigned, rationalizing”; engages in little activity to shift this view.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Acknowledges a problem; undecided but begins to think seriously about solving it; struggles to understand the problem and its causes; thinks about possible solutions.</td>
</tr>
<tr>
<td>Preparation</td>
<td>Prepares to make changes in the near future; is on the verge of taking action; note: they may have tried and failed to change in the past</td>
</tr>
<tr>
<td>Action</td>
<td>Modifies their behavior; implements plans for which they have been preparing; changes are visible to others</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Works to consolidate gains made during the action stage in order to prevent relapse.</td>
</tr>
</tbody>
</table>

### Responses to Stages of Change

<table>
<thead>
<tr>
<th>Client Stage</th>
<th>Motivational Tasks for Helpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Give information and feedback; raise doubts; increase awareness of risks and problems (e.g., safety, legal and housing consequences); instill hope; explore barriers to change; build confidence.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Encourage talk about the possibility of change; examine feelings of ambivalence; encourage discussion of reasons to change and risks of not changing; talk about self-efficacy (capacity to make changes).</td>
</tr>
<tr>
<td>Preparation</td>
<td>Help person find a change strategy that is acceptable, feasible, appropriate, and likely to be effective; help assess overall plans for action</td>
</tr>
<tr>
<td>Action</td>
<td>Help person take specific steps toward change; affirm accomplishments and provide assurance about continuing.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Help person identify and use strategies to prevent relapse.</td>
</tr>
</tbody>
</table>

Everyone has Ambivalence

- Even people with low awareness/insight are ambivalent
  - They know others’ views of the way they live.
  - They avoid or feel shame when others see their home.
- Even people with good or fair insight are ambivalent
  - They understand they have a problem and may want help
  - But when confronted with the need to discard, they want to keep their stuff.
- We must begin with ambivalence if we hope to improve the hoarding problem

Understanding Ambivalence

- Emotions tip back and forth between positive and negative
- Ambivalence is normal in the face of change
- Attachment to current behavior is part of ambivalence
- There are pros and cons to change
- Getting ambivalence out on the table is key to advancing the stage of change
- Be aware that clients’ values and expectations may be different from helpers’
Recognizing Ambivalence

- Missing or cancelling appointments
- Not being home for appointments
- Not following through on actions between appointments
- Diverting the discussion to other topics
- Making excuses
- Blaming others
- Recommendations are met with arguments

What other ambivalent behaviors have you observed?

Verbal Statements of Ambivalence

- “I have a hard time finding time to get it done. I have a lot to do.”
- “I have to keep busy with other things so I don’t get depressed or anxious.”
- “I didn’t have anyplace to put the things.”
- “I don’t know who to give my stuff to.”
- “It doesn’t make any sense to throw away something that’s perfectly good.”

Assess Factors that Might Influence Motivation

- Social Support
  - Size and strength of the social network?
  - Does anyone visit the home?
- Mood/Mental Health
  - How depressed and/or anxious is the client?
  - Are there other psychiatric problems?
  - Can the client tolerate discomfort?
- Life Events
  - What other life problems is the client facing?
- External Motivators
  - Is the client facing sanctions from external agencies?
  - Can anyone monitor progress?
- Personal Values and Goals

Address Factors that Might Influence Motivation

What strategies might be helpful to improve motivation for the following?

- Social Support
- Mood/Mental Health
- Life Events
- External Motivators
- Personal Values and Goals

Motivation

- What makes people motivated to change?
  - Importance
  - Confidence
- Motivational Interviewing
  - A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence

Motivating Change in Hoarding

- Recognize ambivalence
- Enhance ambivalence
- Resolve ambivalence
- Reinforce change talk & action
Assumptions of MI

- Motivation to change cannot be imposed
- Client needs to articulate and resolve ambivalence
- Helper facilitates expression of all sides of the ambivalence
- Ambivalence cannot be resolved by direct persuasion
- Motivational interviewing style is quiet and eliciting
- Helper elicits, explores and helps resolve ambivalence
- Readiness to change develops from interaction of client and helper
- The helping relationship is a collaborative partnership, not expert to recipient

Principles of MI

- Resolve ambivalence and get a person moving along the path to change.
- Avoid taking an authoritarian role
- Client is responsible for change
- Persuasion, not coercion – the client presents the arguments for change
- Give support, not argument

Strategies of MI

1. Expressing empathy
   - Reflective listening
   - Attending to feelings
   - Indicating acceptance
   - Trying to understand
   - Reflecting feelings
   - Reinforcing courage
   - Expressing care
   - Expressing concern
   - Valuing client views

2. Developing Discrepancy
   - Help clients recognize and define the problem
   - Client (NOT helper) presents arguments for change
   - Help client identify personal goals and values

1. Expressing Empathy

2. Developing Discrepancy

3. Rolling with Resistance
   - View resistance as attempt to cope
   - Resistance represents clients’ beliefs
   - Invite new perspectives
   - Client is primary resource in identifying solutions
   - Resistance means you should respond differently
Roll with Resistance

• The helper can increase or decrease resistance by altering style.
• Resistance = signal that the helper is using the wrong style for the client’s stage of change.
• Kinds of resistance behavior
  – Arguing
  – Interrupting
  – Denying
  – Ignoring

4. Supporting Self-Efficacy

• Help clients recognize their ability to solve hoarding problem.
• Helpers must believe in the client’s capacity to make changes.
• Clients are responsible for choosing and carrying out change.

Motivational Don’ts

• Focus prematurely on reducing clutter or changing hoarding behavior.
• Confront or argue.
• Use labels (“hoarding”) before agreeing on language.
• Side with the client against other people.
  – The client will feel obliged to defend those other people.
• Fire questions rapidly (max 3 in a row).
• Play the expert - no lecturing.

Methods for Enhancing Motivation

• Ask open-ended questions.
• Listen with reflection.
• Summarize.
• Affirm self-efficacy.
• Ask evocative questions.
• Explore pros & cons.
• Ask for elaboration.
• Use extreme contrasts.
• Look forward.
• Look back.
• Reframe.
• Provide feedback.
• Encourage change talk.

Ask open ended questions

• What?
• Why?
• How?

Listen with Reflection

• Indicate that you heard the client so he/she feels understood.
• Simple reflections
  – repeating
  – rephrasing
  – reflecting feelings
  • “you didn’t like that”
  • “that’s important to you”
  • “you don’t want…”
Listen with Reflection

- Complex reflections provide new information
  - make simple direct statements that reflect the client’s thoughts, feelings and/or behaviors
  - amplify client’s statement with an educated guess
  - double-sided reflection points to conflict and ambivalence
    - “on the one hand..., on the other...”

Affirm Self-Efficacy

- Convey respect for client’s feelings, struggles, and accomplishments
- Make supportive and appreciative statements based on your own actual feelings
  - “You understand other’s needs and are very thoughtful in trying to save things for them.”
  - “You read a lot about it and are really concerned about our environment.”

Explore Pros and Cons

**Continue to hoard**
- Benefits:
  - get to keep stuff
  - avoid decision-making
  - don’t have to do the work of cleaning
- Costs:
  - can’t find anything
  - can’t have people over
  - house smells
  - can’t use rooms for intended purpose
  - friends/relatives get upset
  - safety hazards

**Clean house**
- Benefits:
  - I know what I have and where it is
  - can invite people over
  - neighbors will stop complaining
  - family/friends will be happy
  - house will be clean
  - can move around easily
- Costs:
  - I’ll have to part with my stuff
  - it will be hard work
  - discarding things is stressful

Summarize

- Give a brief summary without qualification
- The summary reinforces important points
- Helps clients hear themselves from an outside perspective
- Follow the summary with an open-ended question:
  - “What do you think of all this?”

Ask Evocative Questions

- Direct clients to discuss the effects of their hoarding
  - “How has this affected your family?”
  - “How does the clutter fit with the things you value in life?”
  - “What successes have you had that make you think you could do this?”
  - “Why would you want to change this if it would mean giving up part of yourself?”

Ask for Elaboration

- Expand on the negative consequences of hoarding
  - “Can you give me an example of how clutter takes more of your time?”
  - “Was that your daughter’s main concern?”
- Request elaboration of change talk
  - “O.k., what would you want to do first?”
  - “Interesting idea. Tell me more about that.”
Use Extreme Contrasts

- Use hypotheticals to amplify hoarding problems and benefits of change
  - “What is the worst thing if you go along as you are?”
  - “What would happen if you decided to really work on this?”
  - “What are the best things that could come out of this?”

Look Forward and Back

- Amplify concerns by projecting into the future
  - “Think 5 years ahead, what would you like your life to be like?”
  - “If you decided to work on this, what would that mean for you [your family]?”

- Reflect on the past, before current problems
  - “Contrast now with how you felt before these problems began”.

Reframe

- Emphasize positive aspects of changing hoarding to change client’s interpretation of events
  - “Behind your wife’s nagging is real concern for you, but it’s still annoying.”
  - “The inspector seems to be trying to make sure you are safe.”

Provide Feedback

- Ask permission to offer an opinion
- Provide information - safety requirements, health effects, etc.
- Use a neutral non-judgmental manner to convey concerns
  - Interference of hoarding problems with personal goals
  - Potential consequences of compulsive shopping
- Ask for client’s reaction/interpretation

Encourage Change Talk

- Change talk are statements about the client’s desire, ability, reasons, need for, & commitment to change
- When clients are to make changes, they stop arguing, quiet down, are calm, sad, ask questions about future or treatment.
- At this time:
  - Avoid overwhelming the client with too much treatment information
  - Emphasize the client’s personal choice
  - Side with the negative: “Why change?”
  - Cautious interest: “How important is this?” “Do you think you can do it?”

Ways to Elicit Change Talk

<table>
<thead>
<tr>
<th>How Important Ruler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How Ready Ruler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All Ready</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How Confident Ruler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All Confident</td>
</tr>
</tbody>
</table>
Questions to Help Elicit Change Talk

• Using the scale from 0 to 10, ask:
  – Why did you choose that number?
  – What would need to happen to move you from a 4 to an 8?
  – Why did you pick a 4 rather than a 1?
  – What’s the next step?
• Summarize statements

Other Motivational Strategies

• Speak to a former client who has made good progress
• When the client makes small changes, point these out and link them to the client’s goals
• Review past and current photos to gain perspective
• Arrange for visitors to the home
• Use Clutter and Unclutter Visualization tasks

Clutter and Unclutter Visualization

• Look at/imagine the room in its present state
  – What are you thinking?
  – What are you feeling?
• Imagine the room without clutter, the way you would like it to be.
  – What are you thinking and feeling?
  – Ask about feelings of discomfort and reasons.
  – How would you like to use this room?

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

Typical Treatment Goals

• Create living space
• Increase the appropriate use of space
• Improve decision-making skills
• Organize possessions
• Prevent compulsive acquisition
• Challenge hoarding-related beliefs
• Discard/recycle
• Prevent future hoarding

Practice MI Exercise

• Well, you know, my landlord is always in my face.
• I didn’t have time to work on clearing that space.
• No, I want to keep all of this.
• I really couldn’t handle it if I tried to throw any of that away.
• I didn’t really want it, but it was so cheap.
Referral Options

- Information, assessment instruments, therapy manuals, referral, resources – www.ocfoundation.org/hoarding
- Local community resources, including TPP, listed on www.masshousing.com
- Support groups – www.messies.com; www.childrenofhoarders.com
- Mental health & family therapists – www.ocfoundation.org/hoarding; www.abct.org
- Professional organizers who specialize in chronic disorganization http://www.challengingdisorganization.org/
- Hauling and Cleaning services – local sites

Contact Information

Boston University
School of Social Work
264 Bay State Rd.
Boston, MA 02215
617-358-4213
hoarding@bu.edu

Gail Steketee
steketee@bu.edu

Andrea Kelley
aak@bu.edu

Thank you!

Boston University
School of Social Work