Cognitive Behavioral Treatment Interventions for Compulsive Hoarding

Thinking Outside our Box(es): A Housing, Service, Clinical and Enforcement Team Approach to Hoarding

December, 2007

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Overview

- Compulsive Hoarding (CH) Diagnostic Criteria and Co-morbidities
- Behaviors, Demographics & Prevalence
- CBT for CH Treatment Components
- Medication & Therapy
- Outcomes

Proposed Diagnostic Criteria

- Accumulation of clutter
- Difficulty discarding/parting with objects
- Compulsive acquiring of free or purchased items
- Distress <u>or</u> interference
- Duration at least 6 mos.
- Not better accounted for by other conditions (OCD, major depression, dementia, psychosis, bipolar disorder)

(Frost, Steketee, Tolin, & Brown, 2006)

Proposed Diagnostic Criteria
Specifiers:

- With poor insight (Frost & Gross, 1993)
  - Person does not recognize hoarding behavior as excessive or unreasonable
- Unsanitary conditions (Frost, Steketee, & Williams, 2000)
  - Squalor or poor personal hygiene

Diagnostic Criteria

Animal Hoarding Subtype

- Accumulation of more animals than a typical pet owner, not a breeder
- Failure to provide adequate facilities for the animals: overcrowded or unsanitary living conditions, inadequate veterinary care, poor nutrition, animals unhealthy
- Reluctance to place animals in others' care

(Patronik, Lear, & Nathanson, 2006)

Hoarding Behaviors

- **Saving** – Sentimental, instrumental, intrinsic
- **Acquisition** – Buying, acquisition of free things
- **Clutter/Disorganization** – Random piles, churning

Demographics & Prevalence

- Saving begins in childhood ~ age 13
- Average age in treatment = 50
- Marital Status: tend to be single
  - Low marriage rate, high divorce rate, tend to live alone
- Education: ranges widely
- Family history of hoarding is common
- Squalid conditions uncommon among treatment seekers

Co-morbid Problems

Clinical Disorders

- Obsessive Compulsive
- Anxiety (Generalized, Social, Post-traumatic Stress)
- Depression
- Attention Deficit Hyperactivity
- Dementia

Other Co-morbid Problems

Personality Disorders

- Obsessive Compulsive
- Paranoid
- Borderline
- Narcissistic

Prevalence of Co-morbid Problems

(n = 104)

Problem	Prevalence
Major Depression	57%
Social Phobia	29%
GAD	28%
OCD	17%
Specific Phobia	12%
PTSD	6%
Dysthymia	4%
Panic	2%
None	8%

(Frost, Steketee, Tolin, & Brown, 2006).

CBT for CH

- Manualized Cognitive Behavioral Therapy (CBT) for Compulsive Hoarding developed by Steketee & Frost (2007)
- 26 session weekly treatment
- 3 office sessions and 1 home visit/month
- Homework

Treatment Components

- Assessment
- Model building
- Motivational interviewing/enhancement
- Cognitive strategies
- Exposure to sorting/discarding and non-acquisition
- Relapse prevention

Assessment

- Hoarding Rating Scale
- Co-morbid Conditions
- Clutter Image Rating (CIR)
- Activities of Daily Living (ADL)
- Saving Inventory-Revised (SIR)
- Saving Cognitions Inventory (SCI)

Hoarding Rating Scale

- 1. Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?

0	1	2	3	4	5	6	7	8
Not at all Difficult		Mild		Moderate			Severe Difficult	Extremely

- 2. To what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

0	1	2	3	4	5	6	7	8
No Difficulty		Mild		Moderate			Severe Difficulty	Extreme

Assessing Other Problems Related to Hoarding

- Depression
- Social anxiety
- Worry/anxiety
- Obsessive & compulsive symptoms
- Trauma
- Attention span
- Cognitive Impairments
- Personality style
  - Paranoia, Perfectionism, Dependency, Creativity,

Activities of Daily Living - Hoarding

Assessment of the extent to which clutter and the condition of the home impact daily life

Activities affected by clutter or hoarding problem	Can do it easily	Can do it with a little difficulty	Can do it with moderate difficulty	Can do it with great difficulty	Unable to do	N/A
1. Prepare food	1	2	3	4	5	NA
2. Use refrigerator	1	2	3	4	5	NA
3. Use stove	1	2	3	4	5	NA
4. Use kitchen sink	1	2	3	4	5	NA
5. Eat at table	1	2	3	4	5	NA
6. Move around inside the house	1	2	3	4	5	NA

Saving Inventory-Revised

Frost, Steketee & Grisham, 2003

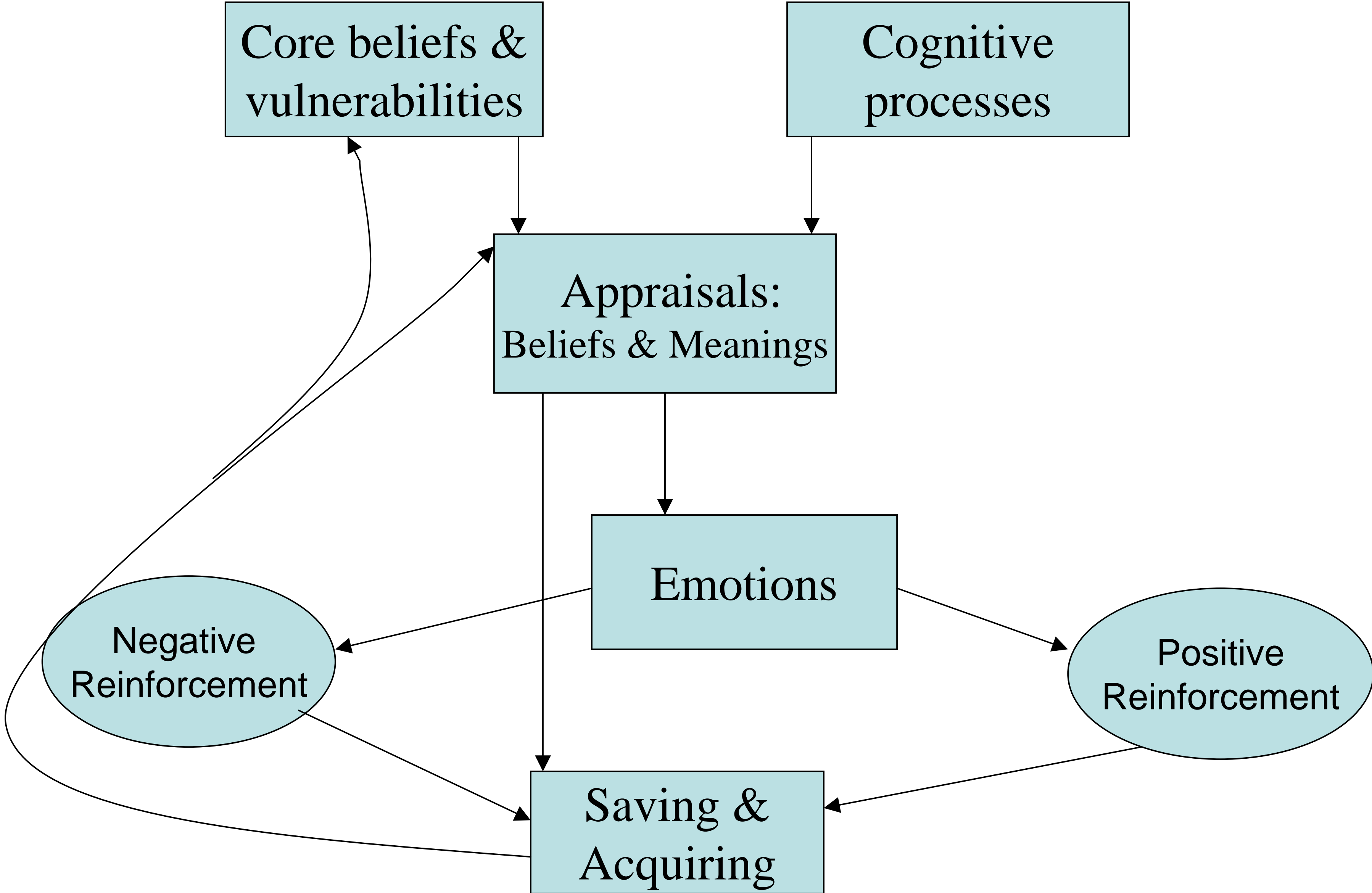
- Best studied self-report questionnaire
- 26-items rated on 0-4 scales
- 3 Subscales
  - Acquiring
  - Difficulty Discarding
  - Clutter
- Very good reliability and validity
- Sensitive to treatment effects

Saving Cognitions Inventory (SCI)

- Assess beliefs about possessions
- 31-items, self-report
- 4 subscales based on factor analysis
  - Emotional comfort/distress, identity & loss
  - Memory
  - Responsibility/waste
  - Control
- Excellent reliability and validity

Conceptual Model of Compulsive Hoarding

- Vulnerabilities
- Information processing deficits
- The meaning of possessions
- Emotional Reactions
- Reinforcement properties


Core beliefs & vulnerabilities
Cognitive processes
Appraisals:
Beliefs & Meanings
Emotions
Negative Reinforcement
Positive Reinforcement
Saving & Acquiring

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

Factors Influencing Motivation

- How much social support?
- Are there any home visitors?
- Can anyone monitor homework?
- How depressed is the client?
- Can client tolerate discomfort?

Motivating Change in Hoarding

- Recognize ambivalence
- Enhance ambivalence
- Resolve ambivalence
- Reinforce change talk & action

Principles of MI

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

Assumptions of MI

- Motivation to change cannot be imposed
- Client needs to articulate and resolve ambivalence
- Therapist facilitates expression of all sides of the ambivalence
- Ambivalence cannot be resolved by direct persuasion
- MI style is quiet and eliciting
- Therapist elicits, explores and helps resolve ambivalence
- Readiness to change develops from interaction of client and therapist
- Therapy is a partnership, not expert to recipient

Style of MI

- Collaboration, not confrontation
- Evocation, not education
- Autonomy, not authority

Cognitive Strategies

- Identify common thinking errors
- Identify distorted beliefs during office interviews and practice sessions
- Evaluate and challenge beliefs

Thinking Errors in Hoarding

- All-or-nothing thinking
  - *Most, everything, nothing*
- Overgeneralization
  - *Always, never*
- Jumping to conclusions
  - *I'll need this just as soon as I don't have it anymore*

Identify Distorted Beliefs

- Listen closely to client's statements during acquiring & discarding tasks
- Use Downward Arrow method
- Use Thought Records for some activities

Evaluate & Challenge Beliefs

- Use standard questions to challenge beliefs

  Ex: How many do you already have? Do you have a plan for its use?

- Use Socratic questioning to examine the beliefs

  Ex: How well could you cope without having this? How distressing would it be?

- Use other cognitive strategies

  Ex: Advantages/Disadvantages, Taking Another Perspective, Distinguishing Need v. Want

- Use behavioral experiments

Exposure Progression

- Review client’s avoidance behaviors
- Introduce exposure as a treatment technique
- Indicate how exposure confronts client’s avoidance behavior
- Explain the process of habituation
- Indicate how avoidance affects habituation
- Develop a sorting hierarchy
- Establish rules to use during exposure
- Use imagined exposure when appropriate
- Role of behavioral experiments

Informal Sorting Hierarchy

- Develop a hierarchy of increasingly difficult items for sorting, ranked from easy to hard
- Remind clients that:
  - Discomfort is expected
  - Tolerating discomfort allows progress on clutter
  - Reduction in anxiety and other negative emotions comes only through confronting them via exposure activities

Gradual Exposure for Sorting and Discarding

- Work in easier locations first (with highest motivation)
- Work on easier objects first; set aside harder objects into box “to be sorted later”
- For dependent decision-makers, gradually reduce therapist assistance in making decisions

Practice and Homework

- Collect box or bag of items from home to bring to office
- Work from easier to harder items
- Sort similar items at home between sessions
- As skills are gained, bring in only difficult items to sort in office
- Make sure sorted items are moved to storage locations or out of home

Relapse Prevention

- Review progress
- Plan strategies to continue progress
- Identify therapy methods that worked best
- Anticipate stressors, setbacks and lapses
- Plan strategies to deal with setbacks and determine resources for the future
- Discuss end-of-treatment concerns

Comments

- This multi-component treatment for hoarding works but limited outcome data are available
- Compulsive acquiring changes sooner
- Modest changes in clutter after 9 mos
- More research is needed

Medication Treatment

- SSRI Medications for OCD did not work as well for hoarding
  - Black et al. (1998) – hoarding predicted worse outcomes for patients treated with medication & CBT
  - Mataix-Cols et al. (1999) – hoarding predicted worse outcome
  - Mataix-Cols et al. (2002) – hoarding predicted less compliance & response to treatment
  - Saxena et al. (2005) – SSRI medications showed equivalent but modest outcomes for OCD and hoarding
- Tests of other types of medications (e.g., for ADHD) have not been done

Psychotherapy Research

- Christensen & Greist (2001) – hoarding predicted worse outcome in their computerized *BT Steps* program
- Winsberg et al. (1999) – Only 18% improved with medications and CBT
- Abramowitz et al. (2003) – Standard CBT using ERP methods was effective for 63% of OCD clients versus only 31% of hoarding clients
- Saxena et al. (2002) a combination of medication & specialized CBT for hoarding led to positive outcomes

Summary of Treatment Outcome

- Lack of Response to:
  - standard SSRI medications
  - exposure & response prevention for OCD
- Poor Insight
- Low Motivation
- Poor Compliance
- With individual treatment, recent findings of 45% reduction in symptoms of hoarding (Steketee and Frost, 2007)

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