

HOARDING: DIAGNOSIS, CONCEPTUALIZATION & TREATMENT

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DSM-V CRITERIA (APA, 2013)

- 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 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).

FUNCTIONAL IMPAIRMENTS

- Limited functional space at home
- Becoming isolated / Avoiding socializing
- Family/Marital Discord
 - Divorce
 - Child Neglect
 - Unfit conditions for children
- Safety concerns
 - Fire
 - Health risks (mold, air, dust)
 - Mobility limitations both for person and first responders
- Psychiatric/Physical Illnesses

DSM-V CRITERIA CONTINUED...

- 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 OCD, decreased energy in MDD, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).

DSM-V CRITERIA CONTINUED...

- Specify if:
 - **With Excessive Acquisition**
 - If discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space.
- Specify if :
 - With Good or Fair Insight
 - With Poor Insight
 - With Absent Insight/Delusional Beliefs



ANIMAL HOARDING

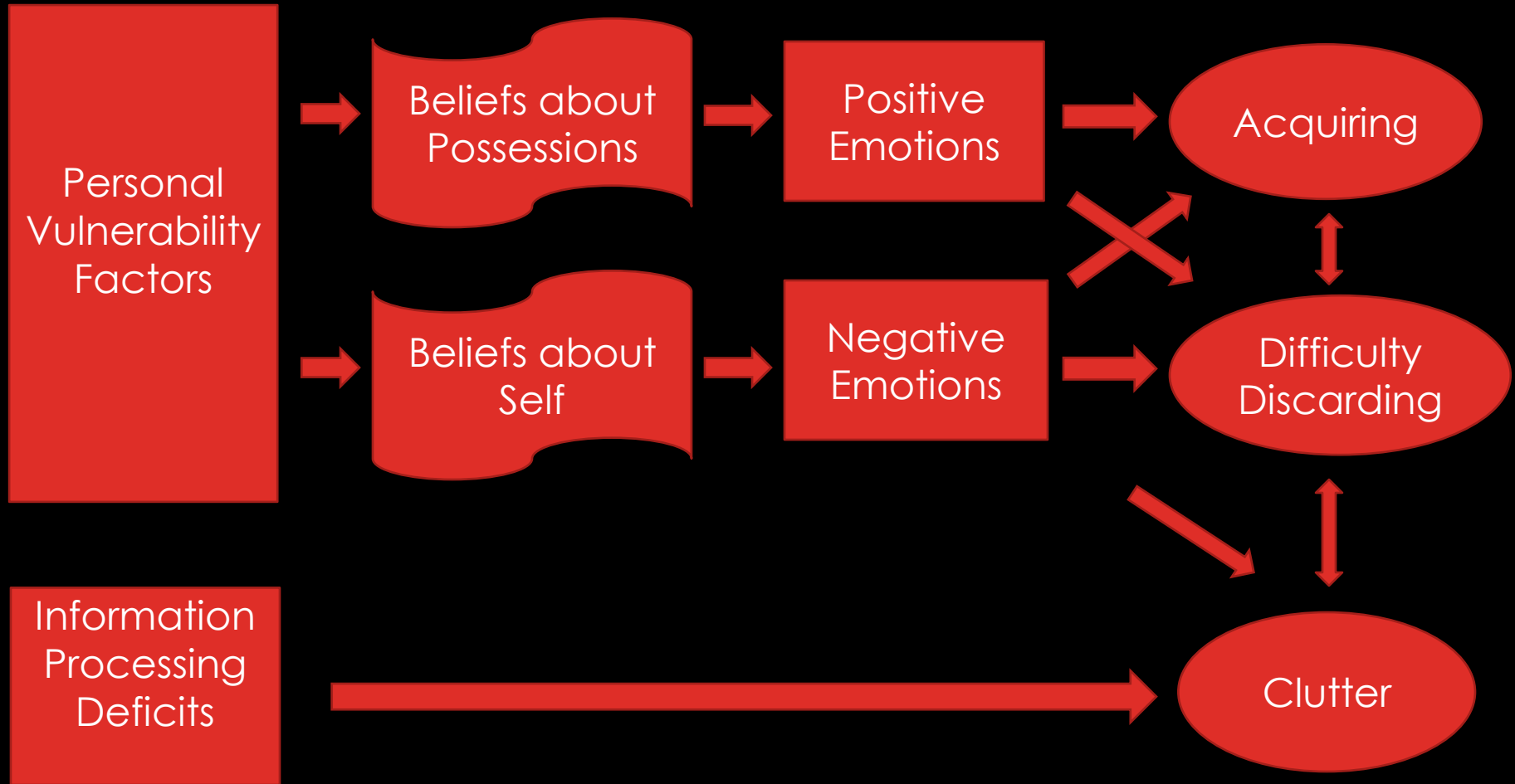
The accumulation of a large number of animals and a failure to provide minimal standards of nutrition, sanitation , and veterinary care, and to act on the deteriorating condition of the animals (including disease, starvation or death) and the environment (e.g. severe overcrowding, extremely unsanitary conditions).

PREVALENCE

- Current population estimate of approximately 2-6%.
- Gender prevalence unclear.
- Average age is 50, although age of onset is often prior to 20.
- Functional impairment and clutter get worse with age.
- Support for both genetic and environmental factors (Iervolino et al. 2009)

MODEL OF COMPULSIVE HOARDING

(STEKETEE & FROST, 2007)



VULNERABILITY FACTORS

- Early Experience
- Core Beliefs
 - Unworthy, Unlovable, Helpless
- Personality Traits
 - Perfectionism, Dependency, Anxiety Sensitivity, Paranoia, Neuroticism, , Indecisiveness,, Vulnerability, Impulsiveness, Depression, Self-consciousness
- Comorbidity

COMORBIDITY

- Approximately 75% have some comorbid mood or anxiety disorder.
- Relatively few individuals with hoarding have OCD (<20%)
- MDD most frequent Axis I comorbid disorder
- Higher rates of GAD and Social Phobia
- Higher rates of traumatic life events but not PTSD
- Higher rates of Kleptomania and stealing
- Higher rates of ADHD - inattentive type

INFORMATION PROCESSING DEFICITS

- Deficits in Categorization/Organization abilities

CATEGORIZATION EXERCISE

- Time Magazine 1996
- Computer CD disc
- Sweater
- Life Magazine
- Computer cord
- A book of crosswords
- NY Times
- Scarf
- A Novel
- Box of matches
- Plastic Bag
- Coaster
- Pen
- Light bulb
- Time Magazine 2013
- Family Picture
- Candy Wrapper

BOTTLE CAP EXERCISE

- Extra water bottle cap
- Coin holder/sorter
- Mobile piece
- Light defractor
- Wind Chime stabilizer
- Table/Chair stabilizer
- Paper clip holder
- Drawer spacer stabilizer



INFORMATION PROCESSING DEFICITS

- Deficits in Categorization/Organization abilities
- Decision Making Deficits
 - Indecisiveness
 - “Churning” = Moving things around without getting rid of anything.
- Difficulties in Memory
 - Verbal and non-verbal memory
- Impairment in sustained attention and executive functioning



BELIEFS ABOUT POSSESSIONS

I need a female
married
volunteer!

BELIEFS ABOUT POSSESSIONS

- Objects have different types of value that often dictate the degree to which one forms an emotional attachment to them.
 - Value of possessions
 - Monetary value
 - Intrinsic value
 - Instrumental value
 - Sentimental value
 - Emotional Comfort
 - Negative consequences of Loss

BELIEFS ABOUT VULNERABILITY

- These items give me a sense of safety and comfort.
- Without these items I don't know what to do with myself.
- If I lose these items, my sense of loss and grief will overwhelm me.
- I will not be able to cope.

BELIEFS ABOUT RESPONSIBILITY

- I have a responsibility to save this item from waste.
- I have the responsibility to protect this item from destruction or disrespect.
- I have a responsibility to always be prepared.
- I need to find a use for this item.
- I have a responsibility to not be wasteful.
- I have a responsibility not to overlook a lost opportunity.

BELIEFS ABOUT MEMORY

- Items serve as memory aids
 - Without the item, I will forget something and make a mistake.
 - If an item is not in sight, I will forget it or something important that it reminds me about.
 - Memory resides in objects not their mind.

EMOTIONAL REACTIONS

- Positive Beliefs about Possessions leads to positive emotions such as pleasure, pride, security, and safety.
- Beliefs about vulnerability, responsibility and memory lead to negative emotion such as guilt, fear, anger, sadness, shame, and anxiety.

THREE PRIMARY HOARDING BEHAVIORS

- Positive emotions lead to difficulty discarding and additional acquiring.
- Negative emotions lead to difficulty discarding and additional acquiring.
- Informational processing deficits, difficulty discarding, and acquiring lead to clutter

STAGES OF TREATMENT

(STEKETEE & FROST, 2007)

- Psycho-education
- Case Conceptualization
- Establish goals
- Motivational Interviewing
- Skills Training for Organizing and Problem Solving
- Cognitive Therapy
- Exposure Methods/Behavioral Experiments
- Reducing Acquiring
- Maintenance and Relapse Prevention

ESTABLISH GOALS OF TREATMENT

- Improve quality of life
- Improve functionality of target areas
 - Create living space and use of space
- Improve organizational skills
 - Make possessions more accessible
- Improve decision making skills
- Improve family relations
- Reduce acquiring and replace with other pleasurable behaviors
- Learn problem solving skills



MOTIVATIONAL STRATEGIES

(MILLER & ROLLNICK, 2002)

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

COGNITIVE THERAPY QUESTIONS

- How likely is the feared outcome?
- What evidence is there to support the belief?
- What is the worst case scenario? Is it that bad?
- How well could you cope with not having this?
- How much distress would you feel?
- How long would the distress last?
- Can you tolerate the feeling?

COGNITIVE TECHNIQUES

- Socratic questioning
- Identify and edit cognitive distortions
- Pros & Cons
- Perspective Taking
- Behavioral experiments
- Value of time
- Core Beliefs
- “Downward arrow” technique

SKILLS TRAINING

- Systematic & structured approach to therapy
- Treatment Rules
- Sorting Skills
- Problem Solving Skills
- Decision Making Skills

DEVELOP A PLAN

- What needs to be sorted – places and items.
- Categorize Wanted vs. Unwanted Items
- Where will kept items go?
 - Interim as well as eventual furniture and storage
 - Differentiate between trash/donate/recycle
- What supplies are needed?
 - Containers
 - Labels, markers, etc...

TREATMENT RULES

- Therapist touches nothing without permission
- Patients make all the decisions about possessions
- Treatment is systematic and follows a plan but allows for flexibility
- Patients must think aloud when sorting
- OHIO (Only Handle It Once)

SORTING SESSIONS

- Select target area
 - Take pictures
- Assess items and identify and address potential emotional triggers
- Apply 3 ½ box rule
 - Discard
 - Keep
 - Display
 - Deal with Immediately
- Attain functionality
 - Take more pictures
- Maintenance
 - Determine and set organizational rules as you go.
- Garbage/donations are removed immediately
- Target new area

SKILLS FOR ATTENTIONAL DIFFICULTIES

- Divide projects into manageable steps
- Set a spatial and time goal
 - Goal in each session is to make visible progress
 - Determine usual attention span
- Reduce distractibility
 - Cover distracting areas
- Create structure for sorting times

PROBLEM SOLVING STEPS

- Define the problem
- Identify contributing factors
- Generate as many solutions as possible
- Evaluate each solution and select best.
- Break solution into steps
- Implement the steps
- Evaluate the outcome

TREATING ACQUIRING

- Identify acquiring behaviors
- Develop a hierarchy of acquiring
- Target acquiring beliefs with CT
- Practice non-acquiring
 - Behavioral experiments
 - Driving, walking, browsing and selecting but not buying exposures
- Find other pleasurable activities

ACQUIRING COGNITIVE QUESTIONS

- Do I have an immediate use for this?
- Can I get by without it?
- Do I have room in the house for it?
- Is this truly important?
- Would I feel the need for it in a hour/day/week?
- What are the advantages and disadvantages of acquiring it?

RELAPSE PREVENTION

- Review all skills and techniques.
- Review rules and establish future rules.
- Develop strategies to continue self-work.
- Identify social support and pleasurable maintenance activities.
- Develop strategies for setbacks.
- Schedule booster sessions.

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No Other Disclosures.