Hoarding: The Basics

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OVERVIEW

- Definition
- Features
- Multi-method assessment
- Intervention components across disciplines
  - Enhancing motivation
  - Education and skills training
  - Individual and group treatments
  - Peer and self-help methods
  - Community interventions
RESEARCH FUNDING

- Foundation
  - Farnsworth Medical Trust (Bratiotis)
  - International OCD Foundation (Steketee, Frost & colleagues)

- Federal
  - Canadian SSHRC (Woody & Bratiotis)
  - NIMH (Steketee, Frost, Tolin & colleagues)
  - USDA & HUD (Bratiotis, Muroff & colleagues)
HOARDING IN HISTORY

- Archeological data from ~10,000 yrs ago shows that hunter-gatherer groups hid supplies from other tribes and animals.
- Early humans hoarded food, body ornaments, tools, and weapons.
- Excavations of 2,000 - 5,000 years ago showed hoards of religious objects (in Egypt & China), coins, gold jewelry and other forms of wealth (in Britain, Greece & Rome).
- Like animal scatter hoarding (e.g., grey squirrels) and larder hoarding (e.g., hamsters, jays).
- Collecting and saving objects occurs in all cultures.
- Even nomadic groups carry multiple objects that are useful, attractive, and meaningful within their culture.

(see Penzel, 2014)
HOARDING IN LITERATURE

- Greek and Roman writings refer to “misers” (avarus)
- Norse sagas such as Beowulf describe object hoarding guarded by dragons
- Biblical references warn against greedy collecting of treasures, urging penitents to renounce their worldly goods
- In the Divine Comedy, “hoarders and wasters” challenge each other in the 4th Circle of Hell, illustrating opposing attractions to money and objects
- In medieval and renaissance writings, characters like Pantalone from Commedia dell’Arte is an old miser who hoarded valuable objects and money
- In Russian literature, Plyushkin collected various objects in Dead Souls (Nikolai Gogol, 1842)
- Scrooge from Charles Dicken’s A Christmas Carol (1843) and and Krook from Bleak House (1852) are British models for miserliness and hoarding (see Penzel, 2014)
WHAT IS HOARDING?

Acquisition
Saving
Disorganization

Frost & Shows, 1993; Frost & Hartl, 1996
HOARDING DISORDER: DSM 5 (APA, 2013)

A. Difficulty discarding/parting with objects
B. Difficulty discarding due to urges to save
C. Symptoms result in accumulation of possessions that clutter living areas
D. Distress or interference
E. Not better accounted for by medical condition
F. Not better accounted for by other mental illnesses

Diagnostic Specifiers: With excessive acquisition, level of insight
EXCESSIVE ACQUISITION

(FROST ET AL., 2013)

- Current Acquisition: 60%
- Past Acquisition: 28%
- Avoidance: 4%
- No Acquisition: 8%

(Frost et al., 2013)
AWARENESS IS LIMITED FOR MANY WITH HD COMPARED TO OCD

**Hoarding** (Tolin et al., 2010)  

**OCD** (Foa et al., 1995)
PREVALENCE OF HOARDING (~2.5-4%)

US — 5%
(Samuels et al., 2008)

Germany — 4.6 - 5.8%
(Mueller et al., 2009; Timpano et al., 2011)

UK — 1.5 — 2.3%
(Nordsletten et al., 2013; Iervolini et al., 2010)

Sweden — 2% of adolescents
(Ivanov et al., 2013)
AGE OF ONSET OF HOARDING BEHAVIOR
AVG = 16.7 YRS (ZABOSKI ET AL., 2019)

Tolin, Meunier, Frost, & Steketee (2010)
Mild to severe hoarding peaks in mid-life (Tolin et al., 2010)
WHAT IS SAVED AND WHY?

Many types of items:
- Clothes, newspapers, books, containers
- High and low value: Deed to the car, gum wrappers, $100 in cash, sock with holes

Reasons for saving are the same as yours and mine:
- Sentimental — emotional attachment
- Instrumental - useful
- Intrinsic - beautiful
COMORBID MENTAL HEALTH PROBLEMS

(Frost, Steketee, & Tolin, 2011)
WHY DO PEOPLE HOARD?

Complex interplay of:
- Evolutionary biology
- Neurobiology
- Genetics
- Thoughts
- Emotions
- Life experiences

(Mathews et al., 2007; Timpano et al., 2011)

Resist reductionist tendencies - no single causal factor
WHY DO PEOPLE HOARD?

Executive Functioning Difficulties
▪ Categorization/Association
▪ Perception
▪ Decision-making
▪ Attention

Especially Difficult for Older Adults
▪ Complex thinking
▪ Prospective memory

Impairment interferes with daily life activities
Emotions
Neg.       Pos.

Beliefs & Meanings about Possessions:
Attachment, identity, value, responsibility, memory, control

Vulnerabilities:
biology, family history, comorbidity, core beliefs

Cognitive processing problems:
attention, perception, decision-making, problem-solving

Saving & Acquiring

Negative Reinforcement:
Escape/avoid bad feelings

Emotions
Neg.      Pos.

Positive Reinforcement:
Pleasure from Acquiring/saving

Model for Understanding HD
(Frost & Hartl, 1996; Steketee & Frost, 2003)
MULTI-METHOD ASSESSMENTS ACROSS CONTEXTS

Self-report
Clinician
Family member
Peer
Community human service provider
### HOARDING RATING SCALE (HRS)

(Tolin, Frost & Steketee, 2010; Tolin et al., 2018)

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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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<tr>
<td>Not at all</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Extreme</td>
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1. Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?

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

3. Do you currently have a problem with collecting free things or buying more things than you need or can use or can afford?

4. To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?

5. To what extent do you experience impairment in your life (daily routine, job / school, social activities, family activities, financial difficulties) because of clutter, difficulty discarding, or problems with buying or acquiring things?
## Saving Inventory-Revised (SI-R)

(Frost, Steketee, & Grisham, 2004)

<table>
<thead>
<tr>
<th></th>
<th>Cutoff scores for HD</th>
<th>HD Average scores</th>
<th>Non-HD Average scores</th>
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<tbody>
<tr>
<td><strong>Total SI-R</strong></td>
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<td></td>
<td></td>
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<tr>
<td><strong>(23 items)</strong></td>
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<td></td>
<td>41</td>
<td>62</td>
<td>24</td>
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<tr>
<td><strong>- Clutter</strong></td>
<td>17</td>
<td>27</td>
<td>8</td>
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<tr>
<td><strong>- Difficulty Discarding</strong></td>
<td>14</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td><strong>- Excessive Acquisition</strong></td>
<td>9</td>
<td>15</td>
<td>6</td>
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</tbody>
</table>
Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.
CLUTTER IMAGE RATING

Now available as a downloadable app for personal and community use by Muroff and colleagues:

# Activities of Daily Living-Hoarding (ADL-H)

(Frost, Hristova, Steketee, & Tolin, 2013)

<table>
<thead>
<tr>
<th>Activities affected by hoarding problem</th>
<th>Can do easily</th>
<th>little difficulty</th>
<th>moderate difficulty</th>
<th>great difficulty</th>
<th>Unable to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepare food</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Use refrigerator</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3. Use stove</td>
<td></td>
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<td>4. Use kitchen sink</td>
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<td>5. Eat at table</td>
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<tr>
<td>6. Move around home</td>
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<tr>
<td>7. Exit home quickly</td>
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<tr>
<td>8. Use toilet</td>
<td></td>
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<tr>
<td>15. Find important things (~bills, tax forms)</td>
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HOMES multi-disciplinary risk assessment (BRATIOTIS, 2009)

Purpose:
- Clarify the level of risk in a hoarded environment
- Provide an initial brief assessment of the nature and extent of hoarding
- Develop a plan of action for immediate intervention and/or additional assessment or referral.

Uses (depending on needs and resources):
- A visual scan of the environment plus a conversation with those living in the home helps determine the effect of clutter/hoarding on Health, Obstacles, Mental Health, Endangerment and Structure in the setting.
- Sections on Family Composition, Imminent Risk, Capacity, Notes and Post-Assessment provide additional information about the hoarded environment, the occupants and their capacity/strength to address the problem.
HAZARDS RESULTING FROM HOARDING

- Blocked egress
- Fire load (volume of items is too great)
- Fire hazards (items in oven, near heat source, etc)
- Infestation
- Mobility concern
- Sanitation concerns (rotting food, feces, etc)
- Structural safety (weight of items)
- Homelessness
- Death

(Frost et al., 2000; Tolin et al., 2008)
INTERVENTION OPTIONS

- Supportive, step-by-step reduction of clutter
  - Behavioral coach, in-home
  - Mental health treatment (specialized CBT for hoarding)
  - Harm reduction strategies

- Supported clean-out

- Clean out without control/presence

- Eviction/condemnation of the home
CLEANOUTS DON’T WORK
(ACCORDING TO ELDER SERVICE PROVIDERS FOR 62 CLIENTS)

(Kim, Steketee, & Frost, 2001)
SPECIALIZED COGNITIVE AND BEHAVIORAL TREATMENT (CBT) FOR HOARDING

(STEKETEE & FROST, 2007; 2014)

- Assessment and case formulation
- Enhance motivation
- Reduce acquiring
- Train skills: organizing, problem solving, cognitive rehabilitation
- Practice sorting and discarding unwanted items — “exposure”
- Cognitive therapy to challenge beliefs
- Maintain gains, prevent relapse
71% of therapists and 81% of clients reported much or very much improved. Additionally, 41% of clients showed clinically significantly improved.
AFTER 26 SESSIONS IN 9-12 MONTHS, IMPROVEMENT IS GOOD, BUT MORE TIME IS NEEDED
THERE ARE MANY WAYS TO DELIVER INTERVENTIONS FOR HD

1. Individual CBT clinic & in-home sessions (Steketee, Frost, Tolin)
2. Individual CBT via webcam and internet (Muroff)
3. Clinician-led Groups (Muroff, Gilliam, Mathews)
4. Peer-led *Buried in Treasures* workshops (Frost, Shuer)
5. Bibliotherapy (read *Buried in Treasures*; Muroff)
6. Family support groups (Chasson)
7. Community interventions (Bratiotis, Woody, Edsell-Vetter)
META-ANALYSIS OF CBT OUTCOMES FOR HD
(TOLIN, FROST, STEKETEE, & MUROFF, 2015)

% SI-R Reduction

- Individ (Steketee 2010): 27%
- Group (Muroff 2012): 30%
- Group (Gilliam 2011): 27%
- Group (Muroff 2009): 22%
- BiT Wkshp (Frost 2012): 24%
- Biblio (Muroff 2012): 9%
MH TREATMENT BY A CLINICIAN IS IMPORTANT, BUT ONLY ONE PIECE OF THE PIE

- Cognitive & Behavioral Treatment
- Housing Assistance
- Peer Support
- Health Services
- Social Services
- Hauling
- Family Support
COMMUNITY INTERVENTIONS

- **Task forces/coalitions** (Bratiotis)
- **Case management** (Bratiotis, Woody, Edsell-Vetter)
- **Housing/tenancy preservation** (Edsell-Vetter, Bratiotis, Woody)
- **Harm reduction** (Tompkins)
WHAT’S NEXT?

1. Better understand root causes of hoarding across all symptoms and contexts, including non-voluntary clients

2. Collaborative efforts to develop cost-effective and efficacious stepped-care algorithms for individual, group, web-based, family, peer, and community interventions

3. Animal hoarding is very hard to study — develop research strategies and test interventions

4. Public awareness and training for all who are involved with HD
The Massachusetts General Hospital, University of Miami, and The University of British Columbia are seeking mental health professionals to participate in a survey on the assessment and treatment of hoarding. The survey is anonymous, confidential and will require 20-25 minutes of your time. We understand that your time is very valuable, and are grateful for your participation. As a token of our thanks, we invite you to participate in a raffle for one year of free membership to your affiliated organization.

Follow this link: https://redcap.partners.org/redcap/surveys/?s=JKJD3XDKP7

The survey is conducted by Drs. Jessica Rasmussen and Sabine Wilhelm, Ph.D. at the OCD and Related Disorders Clinic at Massachusetts General Hospital, Dr. Kiara Timpano at the University of Miami, Psychology Department, and Dr. Christiana Bratiotis at The University of British Columbia, School of Social Work. If you have questions, contact us at jrasmussen@mgh.harvard.edu or kiaratimpano@gmail.com.
THANK YOU

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