

Beyond Clutter

The Complex Disorder of Hoarding



Dr. Christine Cauffield
Cauffield & Associates, LLC
(941) 993-9921
drcauffield@aol.com

Brief Clinical History of Hoarding

- 1918 - William James - "Acquisitiveness as something instinctual that contributed to one's sense of identity"
- 1950's - Eric Fromm - Hoarding Orientation - fundamental orientation to existence - having vs. being
- Freud - Hoarding money was fixation at anal stage of development
- 1980 - One of 9 diagnostic criteria for obsessive compulsive personality disorder in DSM-III

Brief Clinical History of Hoarding

- 1993-First study and definition of hoarding published by Frost and Gross
- 1996-First theoretical account published with limited empirical evidence at the time
- By 2009, more than 20 studies per year have been published on wide variety of hoarding topics

Definition of Hoarding

The acquisition of, and failure to discard, possessions which appear to be useless or of limited value (Frost and Gross, 1996).



Associated Features of Hoarding

Four Underlying Characteristics:

- Emotional dysregulation of depression or anxiety with family histories of hoarding and high levels of perfectionism;
- Difficulty processing information with problems in attention (ADHD symptoms), memory, categorization, and decision-making;
- Intense emotional attachments to objects, with attaching human-like qualities to inanimate objects - grief at prospect of getting rid of objects and deriving sense of safety from being surrounded by possessions
- Saving things to facilitate memory and appreciation of the aesthetic beauty of objects

Characteristic Behaviors of Hoarding



- Acquiring too many possessions
- Difficulty discarding them when they are no longer useful or needed
- Difficulty organizing possessions
- Hoarders tend to save everything, including purchases with original wrapping

Hoarding becomes a disorder when behaviors lead to enough clutter and disorganization to affect health or safety, or lead to significant distress, including financial difficulties.

Motives For Hoarding

- To avoid wasting things that may have value
- Fear of losing important information
- Sentimental association of thing with important persons, places or events
- Incorporation of objects as part of the hoarder's identity



Hoarding Facts and Findings

- Estimated prevalence in U.S. is 5.3% which is more common than OCD
- 600,000 - 1.2 million people hoard in U.S.
- Occurs more often with men than women
- Increases with age and is genetic
- 50%-80% of hoarders report first-degree relatives who hoard
- Avoidance behavior tied to indecisiveness and perfectionism
- Cluttered living spaces prevent activities of daily living, causing significant impairment in social and occupational functioning

Hoarding Facts and Findings

- Hoarders less likely to be married, causing greater social dysfunction
- Physical health threat in 81% of elderly hoarder cases
- Threats include fire hazard, falling, unsanitary conditions, inability to prepare food
- Little insight so less likely to seek treatment



Hoarding vs. OCD

(Obsessive Compulsive Disorder)

- Hoarding previously discussed as subtype of OCD
- 18% - 40% of OCD patients report hoarding behaviors, though not primary
- Hoarder experiences obsessional fears (losing something significant; behaving wastefully)
- Hoarders do not experience negative, intrusive or unwanted thoughts (defining feature of OCD)
- Distress with discarding is grief, not anxiety
- Acquisition is pleasurable experience (absent with OCD)
- OCD therapies ineffective for Hoarders (pharmacotherapy and behavior therapy - exposure and response prevention)

Onset and Course Throughout LifeSpan

- Initial onset in childhood or adolescence with chronic and progressive course
- More prevalent in older than younger age groups
- Severity increases with each decade of life
- Other than dementia, hoarding only psychiatric disorder that increases in severity and prevalence throughout the life course
- Older hoarders are disorganized and unable to follow medical regimens
- Most physicians unaware of their client's hoarding disorder and do not screen
- 50% of older hoarders suffer from mood and anxiety disorders - major depression is most common
- Associated with dementia and increase with severity of dementia

Consequences for Older Adult Hoarders



- Basic functioning in home is impaired
- 45% can not use refrigerator; 42% can not use kitchen sink; 42% can not use bathtub; 20% can not use bathroom sink, 10% can not use toilet
- Extreme social isolation due to living conditions and shame/embarrassment
- Financial problems due to paying for extra storage spaces, purchasing unneeded items, or housing fines
- At risk for eviction and premature relocation to senior housing
- Cognitive deficits in flexibility, categorization, hypothesis generation, and efficiency interfere in progress with CBT model

Proposed DSM V Hoarding Disorder Inclusion and Criteria

Because of the distinctiveness of hoarding symptoms, the DSM-V diagnostic work group on OCD has recommended that hoarding be included in DSM-V.

However, the committee is still examining the evidence to determine whether to include “hoarding disorder” in the main part of the manual or in an appendix for further research.

Proposed DSM V Hoarding Disorder Inclusion and Criteria

The proposed diagnostic criteria are:

- A. Persistent difficulty discarding or parting with personal possessions, even those of apparently useless or limited value, due to strong urges to save items, distress, and/or indecision associated with discarding.

- B. The symptoms result in the accumulation of a large number of possessions that fill up and clutter the active living areas of the home, workplace, or other personal surroundings (e.g., office, vehicle, yard) and prevent normal use of the space. If all living areas are uncluttered, it is only because of others' efforts (e.g., family members, authorities) to keep these areas free of possessions.

Proposed DSM V Hoarding Disorder Inclusion and Criteria

The proposed diagnostic criteria are:

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

D. The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

E. The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in Obsessive-Compulsive Disorder, lack of motivation in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, cognitive deficits in Dementia, restricted interests in Autistic Disorder, food storing in Prader-Willi Syndrome).

Proposed DSM V Hoarding Disorder Inclusion and Criteria

- *Specify if 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.
- *Specify whether hoarding beliefs and behaviors are currently characterized by Good or Fair Insight:* Recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.
- *Specify if Poor Insight:* Mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
- *Specify if Delusional:* Completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

Hoarding Affects Family Members

- Children of hoarders experience isolation, helplessness and resentment due to social isolation
- Often Child Protective Services investigates, and children are removed from home
- Secrecy and refusal to allow visitors leads to strained relationships
- Excessive attachment to possessions interferes with maintaining personal relationships - divorce rate high



Safety and Health Issues in Hoarder's Home

- Headaches, breathing problems (asthma, etc.), and allergies due to dust accumulation
- Spilled liquids cause mildew, fungus and unwanted pests
- Clutter can result in tripping, slips and falls and fire hazard
- Pressure on floorboards due to heavy items cause decay which attracts rats, cockroaches and other pests
- Pets in danger due to inaccessible litter boxes; inability to navigate to outdoors



Helping a Family Member who is a Hoarder

- Sit down and talk about the problem in a calm and reasonable way
- Never throw things away for them or go in and discard items when they are not present
- Educate how the hoarding behavior is a problem and try to enlist their help in reducing risks associated with hoarding
- Focus on the safety hazards, not the "mess"



Treatment for Hoarding Disorder

- Poor response to standard anti-obsessional medications, particularly the SRI's
- Standard treatment is Cognitive Behavioral Therapy (CBT) with SRI plus adjunctive medications (atypical antipsychotic, anti-anxiety, stimulants for ADHD component)
- Specialized CBT with motivational interviewing and skills training focusing on 1. excessive acquisition; 2. difficulty discarding; 3. disorganization and cluttering that impairs functioning
- 26 weekly sessions; some in client's home (Compulsive Hoarding and Acquiring: Workbook, - Steketee and Frost, 2007)
- 70% of clients rated by their therapists as "much" or "very much" improved - success correlated to how much homework clients completed

Assessments for Hoarding

Saving Inventory-Revised (SIR)

The Saving Inventory-Revised is a 23-item questionnaire designed to measure three features of hoarding: excessive acquisition, difficulty discarding, and clutter.

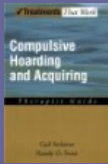
Hoarding Rating Scale (HRS)

The Hoarding Rating Scale is a 5-item semi-structured interview that can also be used as a questionnaire. The five questions include questions about clutter, difficulty discarding, excessive acquisition, distress caused by hoarding and impairment resulting from it. A score of 14 or higher indicates a probable hoarding problem.

Recommended Books on Hoarding



Stuff: Compulsive Hoarding and the Meaning of Things
Frost & Steketee (2010)



Compulsive Hoarding and Acquiring: Therapist Guide
Steketee & Frost (2007)



Compulsive Hoarding and Acquiring: Workbook
Steketee & Frost (2007)



Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding
Tolin, Frost, & Steketee (2007)



Digging Out: Helping Your Loved One Manage Clutter, Hoarding & Compulsive Acquiring
Tompkins & Hartl (2009)



Overcoming Compulsive Hoarding
Neziroglu, Bublick, & Yaryura-Tobias (2004)



Resources: International OCD Foundation – www.ocfoundation.org/hoarding/
www.latimes.com/sns.viral-hoarders-pictures - Most Extreme Hoarding Picture Gallery