OVERCOMING HOARDING

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Aims

- Understanding of HD and its presentation

- Appreciating the need to be flexible and creative in working with adaptive techniques
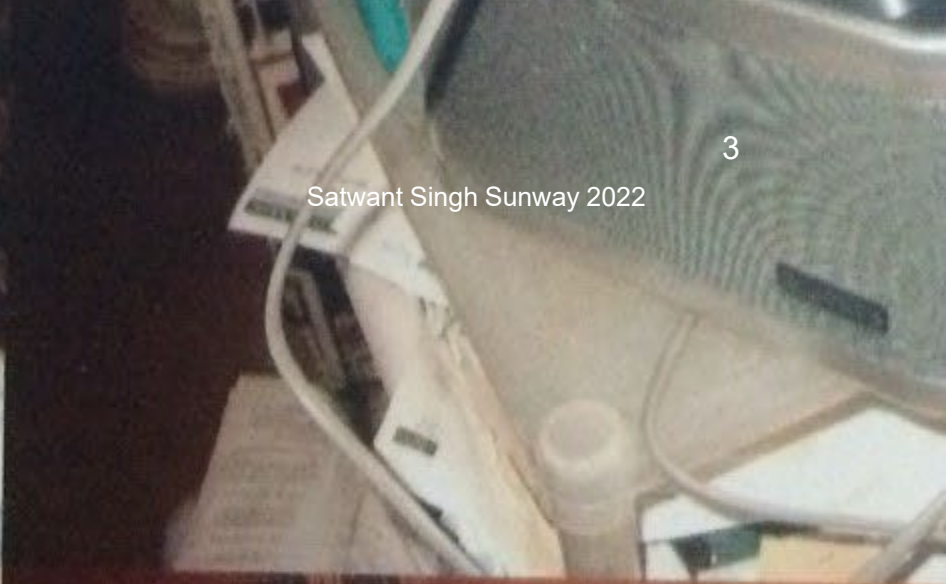
What do we understand of HD?

- It is not a way or choice of life

- People do have an awareness and but may lack understanding of their problem (behaviours that contribute to their hoarding issues)

- Complex

- Co morbid conditions e.g. depression, anxiety, OCD, psychosis and PD which adds to the complexity

DSM V and ICD 11

- DSM V HD is diagnosis in its own right

- ICD 11 within the obsessional spectrum

- DSM V excludes anyone with an co morbid condition such as OCD , autism etc does not meet diagnostic criteria for HD.

- Two contrasting points of views but complement each other

Research into HD

- Frost & Gross 1993- The hoarding of possessions
- Frost & Hartl 1996- CBT model for compulsive hoarding
- Stekeetee & Frost 2007- manualised CBT no significant changes but lost gains at follow up
- Tolin, Frost, Steketee et al 2008- Economic and social burden internet survey
- Wilbram et al, 2008- partner and carer perspectives
- Sexena (2008) future focus on interventions on information processing, decision making deficits, organisation

Research into HD

- Frost, Tolin, Stekeetee et al 2009- Excessive acquisition (internet survey)
- Grisham, Norberg, William et al 2010- Catagorisation and cognitive deficit
- Tolin et al 2011- Group open trial improvement up to a year (homework)
- Frost et al 2011- Biblio based support group
- Ayers et al 2012- CBT interventions not fully effective
- Chen et al 2017- poor maternal care- hoarding OCD in women
- Levy et al 2017- changes in saving belief- improvement

Research into HD

- Chou et al (2019)- Threating with compassion focused therapy

- Mathes et al (2020)- Attachment theory integration

- Yap & Grisham (2020- Object attachment and hoarding disorder

- Robertson et al (2020)- Barriers to treatment and treatment delivery

- Host of other small scale doctoral and Phd studies

Prevalence

- It is estimated that less than 1% of population hoard the true figure is higher (2-8%, Pertusa et. al., 2010**) -based on self report

- Recent epidemiological study meeting the DSM 5 criteria prevalence was estimated to be approximately 1.5% in both men and women (Nordsletten et. al., 2013*)

- It is likely to be a higher figure that the present estimate (based on observer feedback)

- No distinction between age, gender, ethnic group, educational. socio economic status, occupational tenure, marital status

*Norsletten, A.E., Reichenberg, A., Hatch, S.L., Fernandez de la Cruz, L., Pertusa, A. Hotopf, M. & Mataix-Cols, D. (2013). The epidemiology of hoarding disorder, *British Journal of Psychiatry,* 203(6): 445-452

** Pertusa, A., Frost, R.O., Fullana, M.A., Samuels, J., Steketee, G., Tolin, D., Saxena, S., Leckman, J.F. & Mataix-Cols, D. (2010). Refining the diagnostic boundaries of compulsive hoarding: A critical review. *Clinical Psychology Review,* 3(4): 371-386.

HD defined

- Excessive collecting and saving
- Persistent difficulties discarding
- Perceived need and instrumental value-life of item
- Perceived distress experience when parting- decision
- Beliefs, sentimental attachment and significance of the items saved
- **Renders the space from functioning for its intended purpose impacting on the individuals functioning, socialisation and quality of life**

Assessment

- Standard CBT assessment
  - Key emphasis- engagement
  - where possible carry out the assessment in their home environment
  - Enhances engagement
  - Enables a comprehensive assessment
  - Helps with identifying beliefs (about objects- sentimental, instrumental, need), emotions and behaviours (including avoidances)

- Where not possible due to service restrictions or logistics, patient consent
  - Be creative use visual methods and photographs
  - Bring items from home
  - In assessment BE- get them throw something out of their bag- beliefs, emotions, behaviours and start of developing the formulation and engagement

Key considerations

- Childhood factors- family relationships, upbringing issues etc
- Trauma
- Loss issues
- Low self esteem
- Interpersonal issues
- Trust
- Relationship with items- meaning of the items, history, significance, challenges, obstacles- attachment
- Function of the items- ? Coping mechanism
- Over valued ideas- beliefs about items, value of items, beliefs about recycling, life span of the items.

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Measures

- Saving Inventory Revised (SI-R)- 23 items domains- clutter, difficulty discarding/ saving, acquisition

- Hoarding Rating Scale- 5 item either clinician or self rating

- Compulsive Acquisition Scale- 18 items

- Home Environment Index- 15 items- squalor

- Clutter Rating Scale- visual scale *

- Photographs- record and monitor progress *

Formulation

- Standard CBT formulation- the foundation in therapy and engages individuals- collaborative and shared understanding

- However it is important to develop the intended and unintended consequences of each element

  - Behaviour
  - Emotions
  - Beliefs

Vicious flower formulation

Visual methods

- Research method to elicit individuals experiences – narrative based on photograph- photovoice

- Both a research tool and intervention

- The process of getting the narrative acts as the intervention- the power of the image

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Interventions

- Vision
- HOARD Acronym Tool
- Clutter Imagine Rating Tool
- Emotional distancing
- Colour card
- The Grid
- Self talk
- 10s rule
- Beliefs
- Attachment

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Conclusion

- HD is a complex disorder-idiosyncratic

- Need to consider the person first rather than the condition

- Need to be creative and innovative when engaging them into therapy- CBT, interpersonal, compassionate focus

- Use imagery, visual methods powerful tool to aid engagement and therapy- in clinical and home setting

- Treat comorbid conditions as simplifies complexities

Questions and thank you

Questions

Thank you for participating in this skills workshop

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