Chapter 1 *Introduction*

Goals

- To understand compulsive hoarding
- To learn about this treatment program and what it will involve

What Is Hoarding?

Hoarding can be defined as having three components: (1) the acquiring of and failure to discard a large number of possessions that appear to be useless or of limited value, (2) living spaces sufficiently cluttered so that the clutter precludes activities for which those spaces were designed, and (3) significant impairment in functioning or distress caused by the hoarding. Acquiring problems may be evident in behaviors such as acquiring free items, picking up things others have thrown away, and compulsive buying. Failure to discard includes difficulty parting with unneeded objects (clothing, newspapers, magazines, unsolicited mail, and so on), which leads to excessive clutter in the home. These problems often lead to significant impairment in social, occupational, and financial functioning, and can cause considerable emotional distress. The model on which this treatment program is based assumes that hoarding is associated with three types of deficits or problems: information processing deficits, problems with emotional attachments to possessions, and erroneous beliefs about the nature of possessions. These problems lead to avoidance of decision making, discarding, organizing, and other situations that might trigger discomfort related to hoarding. Hoarding is most commonly considered to be a symptom of obsessive–compulsive disorder (OCD). In fact, checking and cleaning rituals are frequent among people who suffer from compulsive hoarding. We know that hoarding often starts in childhood, and that there is a tendency for excessive saving behavior to run in families. We have very little information about the best way to treat compulsive hoarding. However, this treatment program has shown considerable promise.

Frost and Steketee (1998) provide an overview of the cognitive and behavioral model from which the treatment program for compulsive hoarding is derived. You can access this article through the Obsessive Compulsive Foundation (OCF) website at www.ocfoundation.org. This model holds that hoarding is a multifaceted problem based on several types of deficits or conditions, each with several components. These components are briefly outlined in the following subsections.

Information Processing Problems

Many people who suffer from compulsive hoarding have difficulty making decisions. From major decisions (e.g., job changes) to minor ones (e.g., ordering at a restaurant), people who have hoarding problems often agonize over what to do. These problems are especially evident in decisions about saving and organizing.

Efficient organization of possessions requires the ability to combine like objects into meaningful categories for filing and/or storage. People with a compulsive hoarding problem have difficulty in this regard, perhaps because they see each possession as complex, unique, and irreplaceable. Before discarding, each feature of the object must be considered, and the possibility of finding something this unique again must be estimated. Attempts at organizing/discarding often involve examining an object, only to place it back in the pile of things from which it was drawn. The result is a pile of unrelated objects—both important and unimportant—that get "churned" during attempts to organize and result in "losing" important things.

Difficulties with confidence in memory may complicate the processing of information for people who hoard. They often lack confidence in their ability to remember things, and many also believe that it is important to remember almost everything. To avoid the possibility of forgetting information from something they read, they keep the paper or magazine instead. In addition, they want to keep important things in sight as reminders of their existence. To them, putting anything out of sight means they may not remember they have it. The sight of an object appears to increase its value such that seemingly unimportant things (e.g., scraps of paper with unrecognized phone numbers) are elevated to the same status as important things (e.g., paychecks). Because those who hoard define so many things as important, nearly everything must be left in sight. At the time a possession is being used, it has a high level of "importance" and consequently gets put

on top of the pile—in sight. Subsequent items take over as "important" and go on top of the previous "important" item, burying it in the pile. The pile consists of layers of once-"important" possessions.

Another complication is a problem with evaluating the costs and benefits of saving. When trying to discard or organize, thoughts about the cost of discarding dominate the person's consideration. Little or no consideration is given to the cost of saving a possession or the benefit of getting rid of it. The same problem is evident for resisting acquiring.

Problems With Emotional Attachments to Possessions

People with compulsive hoarding demonstrate emotional attachments to possessions that are different from, or at least more extreme than, those without hoarding problems. They show excessive sentimental attachments to seemingly meaningless objects. These objects are sometimes reminders of important past events, and sometimes they are things the person feels are a part of them. Throwing them away is like losing a part of themselves. The perception that having possessions means safety and comfort is another way in which emotional overattachment is evident among those who hoard. Possessions seem to provide some sense of continuity or familiarity and, consequently, they have a comforting quality. Finally, people who hoard experience a sense of loss when discarding possessions that may be similar to the experience of losing a loved one.

Thinking Styles

Two aspects of thinking play a role in the problem of hoarding. The first of these is thinking styles and the second is specific beliefs about possessions. One is a *way* of thinking and the other is the *content* of that thinking. Regarding thinking styles, for a long time psychologists and psychiatrists have recognized that certain patterns of thinking influence how we feel about ourselves and the world. For example, Dr. David Burns (1989) described a series of common errors in reasoning that lead to emotional distress. Characteristic thinking patterns common in compulsive hoarding include

- All-or-nothing thinking
- Overgeneralization
- Jumping to conclusions

- Magnification/catastrophizing
- Discounting the positive
- Emotional reasoning
- Moral reasoning
- Double standard
- Labeling
- Underestimating yourself
- Overestimating yourself

Beliefs About Possessions

Several beliefs about the role and meaning of possessions are common among people who save compulsively. These beliefs may be important in the maintenance of the behavior.

Lost opportunities and lost information are frequent worries for people with hoarding problems. The first of these might be manifest in the belief that throwing something away will waste a valuable opportunity. The second might lead to saving old newspapers so the information contained in them is not lost.

An elaborate sense of *responsibility* for the proper use of a possession is a common response among those who hoard. That is, it is important to them that their possessions not be wasted. It is as though ownership carries with it a responsibility to see that an object is not discarded if it has some potential use, no matter how unlikely. In this sense, every possession is seen as being useful to someone. Even if those who hoard cannot see themselves needing the object in the future, they can imagine someone who may need it. Once imagined, they feel it is their responsibility to save the object for that person, even if there is no concrete plan to get the object to that person. Related to responsibility is the idea that one must not be wasteful.

Another type of belief about responsibility is to be prepared for every imaginable contingency. Imagining a situation in which the person who hoards may need a possession leads them to feel responsible for keeping the possession "just in case."

Another set of beliefs often held by people who hoard is about the *emotional comfort* value of possessions. An example of this belief is "Without my possessions, I would be vulnerable" or "Throwing this out is like throwing away part of myself."

Also, many people with a hoarding problem believe they must maintain *control* over their possessions. Consequently, they may get upset and angry if someone uses, touches, or even comes near their possessions.

Finally, connected to *confidence in memory* problems are beliefs about the need for saved items to compensate for a poor memory. For example, "If I don't have things in sight, I'll forget about them." "Even if I've read the newspaper, I must keep it, because I'll forget what I've read."

Many people who hoard are *perfectionistic;* they hold excessively high standards for themselves and behave as if perfection is possible. Taking advantage of every opportunity that presents itself and remembering everything they read are unrealistic expectations that those who hoard often hold for themselves. Saving allows them to maintain the belief that it is possible to know everything in the newspaper, for example.

Most people with this problem have a tendency to exaggerate the *importance of possessions* and/or the value of information. For example, "If a possession has any potential value, I must save it." "Each of my possessions is so unique that there is nothing else like it in the world." "If I don't collect this information now, I'll never be able to get it again." "If I can possibly imagine a use for something, then it must be important and worth saving."

Behavioral Avoidance

The result of the cognitive processing problems described earlier is avoidance behavior. There are a number of things hoarding allows the person to avoid. A careful analysis of these is crucial. Saving and putting things in a pile in the middle of the room allows the person to avoid making decisions about what to save and how to organize it. The person can also avoid emotional upset or discomfort associated with discarding a cherished possession or wasting something of value. Acquiring something they can't afford enables the person to avoid dealing with unpleasant feelings.

How Was This Treatment Program Developed?

The intervention program described here grew out of our work with a number of clients whom we studied intensively in individual treatment and in group treatment. Their therapy consisted of clinic visits to work on reducing acquiring, and learning skills for organizing, sorting possessions, making decisions about what to get rid of, changing beliefs, and reducing avoidance of difficult emotions and tasks. Regular but less frequent home sessions enabled people to gain lasting skills in their own home situation.

During the past few years, this therapy has been tested on more than 50 clients who exhibited moderate to severe hoarding problems and who often had some other problems like attention deficit disorder (ADD), depression, marital problems, and social anxiety. Some of these clients functioned very well at work and in their social lives, but were unable to make headway with the severe clutter that filled all their living spaces and rendered the home useless for all but bathing and sleeping. Others had more problems in their work, social, and family lives, but they improved nonetheless.

We have tested the effects of the therapy described here on two groups of clients with hoarding problems. The first was an open trial for nine women who ranged in age from 25 to 70 years. All of them completed 26 sessions over a period of about nine months, with every fourth session held at home or sometimes in places where they acquired things and needed to practice resisting this. These clients showed significant reductions (25–34%) in measures of hoarding severity, and 57% of them were rated "much improved" or "very much improved."

We revised the manual based on what we learned in this study and then tested the effects of treatment in a wait list-controlled study that is ongoing. In this study we randomly assigned clients either to the treatment or to a 12-week wait list followed by the treatment. Again, treatment consisted of 26 sessions over eight or nine months, with home visits occurring every month. Of the 43 people who began the therapy program, only six (14%) did not continue for various reasons, such as deciding to work on another problem they considered more important, or the inability to find the time to devote to the treatment. These clients ranged in age from 42 to 66 years, and about 35% were men. So far, 10 people have completed the 12-week wait period. We compared their outcomes with those of 13 people who completed the first 12 weeks of the treatment program. Even after only 12

weeks, clients who received the therapy showed significantly more reduction in their hoarding symptoms (26%) compared with those on the wait list (11%). Although it may not seem like it, statistically, this difference is considered very large. After 26 sessions, the 17 patients who have completed treatment so far have experienced a 45% reduction in their hoarding symptoms—an even larger effect. These findings are very positive, especially for a problem that has not responded well to medications or to other psychotherapy methods.

Brief Description of the Program

Throughout this treatment program you will learn various skills and techniques for dealing with your compulsive hoarding and excessive acquiring. During the first few sessions with your clinician, you will assess your hoarding problem and how it affects your life. Your clinician will want to visit you in your home to get a better idea of the extent of your hoarding. You will also draw a model on paper of your hoarding behavior, which will help you to understand your symptoms better and how they developed. Later sessions focus on preparing for treatment and selecting the most effective intervention methods for your specific case. In every session, your clinician will work with you to keep you motivated.

The early part of the treatment is focused on teaching you problem-solving and decision-making skills. You'll develop a Personal Organizing Plan and put it into effect. You will be asked to participate in sorting and decision-making exercises, which will help you get used to the discomfort of making hard choices, getting rid of items, and not acquiring things if this is a problem for you. With your clinician's help, you will sort through your possessions room by room, and learn to discard, recycle, and donate the things you don't need. This work will include examining how you think about your possessions, and beliefs you hold that might or might not be true. You'll be asked to take different perspectives on your acquiring and saving preferences to help you change thinking that contributes to the clutter problem. Finally, you will learn strategies for anticipating and coping with stressors and maintaining your new habits. All this work will be done collaboratively with your clinician, who will ask you to observe closely your own thoughts, emotions, and behaviors, and will invite your views on the best ways to make the changes you need.

You will probably struggle with motivation to keep working on hoarding when you find yourself feeling anxious, guilty, or depressed. Old habits, even ones you know are bad, are hard to break. This treatment program is designed to help you do just that in a supportive relationship with your clinician, who will help you stay focused on the tasks ahead.

Using This Workbook

This workbook contains all the forms, worksheets, and exercises you need to participate in this treatment program. You will move through this book under the direction of your clinician. Each chapter includes a list of goals and is focused on specific methods or techniques to help you assess your problem, understand it, and modify your thoughts, feelings, and behaviors. Interactive forms and worksheets are included in each chapter where they are first introduced. Additional copies are included in the appendix and can also be downloaded from the Treatments*ThatWork*™ website at www.oup.com/us/ttw. Follow your clinician's instructions for using these forms. Homework exercises are listed at the end of each chapter and will be assigned by your clinician.

It is quite easy to misplace or lose your workbook in the clutter of your home, so it is critical that you use this workbook and refer to it regularly. You should bring it to every session and talk to your clinician about the best place to keep it.

References

Burns, D. (1989). *Feeling good handbook.* New York: Morrow.

Frost, R.O. & Steketee, G. (1998). Hoarding: Clinical aspects and treatment strategies. In M. Jenike, L. Baer, & J. Minichiello, *Obsessive Compulsive Disorder: Practical Management* (3rd Ed). St. Louis: Mosby Year Book.