

Gregory S. Chasson
Jedidiah Siev

Advances in Psychotherapy –
Evidence-Based Practice

Hoarding Disorder



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About the Authors

Gregory S. Chasson, PhD, is a licensed clinical psychologist, Associate Professor in the Department of Psychology at Illinois Institute of Technology, and owner of Obsessive-Compulsive Solutions of Chicago. His research laboratory at Illinois Tech (i.e., Repetitive Experiences and Behavior Lab – REBL) and clinical work focus on obsessive-compulsive spectrum conditions (including hoarding), autism spectrum conditions, and anxiety and traumatic stress. He received his PhD at the University of Houston and completed pre- and postdoctoral fellowships at Harvard Medical School at McLean Hospital and Massachusetts General Hospital, respectively.

Jedidiah Siev, PhD, is a licensed clinical psychologist and Assistant Professor in the Department of Psychology at Swarthmore College, where he directs the Swarthmore OCD, Anxiety, and Related Disorders (SOAR) Lab. Previously, he founded and directed the OCD and Related Disorders Program at Nova Southeastern University, after completing training at the Massachusetts General Hospital and the University of Pennsylvania. Dr. Siev has considerable clinical and research experience with individuals who have hoarding, obsessive-compulsive, body dysmorphic, and anxiety disorders.

Advances in Psychotherapy – Evidence-Based Practice

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Hoarding Disorder

Gregory S. Chasson

Illinois Institute of Technology, Chicago, IL

Jedidiah Siev

Swarthmore College, Swarthmore, PA



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Phone +49 551 99950-0, Fax +49 551 99950-111; E-mail publishing@hogrefe.com

SALES & DISTRIBUTION

USA: Hogrefe Publishing, Customer Services Department,
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EUROPE: Hogrefe Publishing, Merkelstr. 3, 37085 Göttingen, Germany
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OTHER OFFICES

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Dedication

Dedicated with love to my parents and siblings for instilling in me the critical ingredients of a successful scientist–practitioner. To the memory of my dad, Fred, for modeling a robust work ethic and untiring intellectual curiosity. To my mom, Robin, for teaching me about compassion and the effective navigation of a complex social world. To my brother, Brian, for demonstrating remarkable strength and humor in the wake of adversity. To my sister, Courtney, for reminding me of the benefits of life balance and free thinking.

G.S.C.

Dedicated with love to:

Brendy – the best writer I know

Shimmy – who, at age 7, let the world know that “what my father does best is to deliver the pizza for my birthday”

Ayelet – who, at age 9, wrote that “my future career is going to be an author and psychologist because I am good at both and I really like doing them”

Ella – who, at age 6, described fear accurately: “my heart couldn’t stop beeping”

and

Asher – who, at age 6, wrote *his* first hardcover book, “All About Elephants”

J.S.

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Contents

Dedication	v
Acknowledgments	vi
1 Description	1
1.1 Terminology	1
1.2 Definition	2
1.3 Epidemiology	4
1.4 Course and Prognosis	4
1.5 Differential Diagnosis	4
1.5.1 Obsessive-Compulsive Disorder	5
1.5.2 Other Conditions	5
1.5.3 Hoarding Versus Collecting	5
1.6 Co-Occurring Disorders	6
1.7 Diagnostic Procedures and Documentation	6
1.7.1 Structured Diagnostic Interviews	8
1.7.2 Clinician-Administered Symptom Measures	8
1.7.3 Self- or Other-Report Symptom Measures	9
1.7.4 OCD Measures With Hoarding Items	11
1.7.5 Summary of Diagnostic Procedures and Documentation	12
2 Theories and Models of the Disorder	13
2.1 Cognitive Behavioral Model	13
2.1.1 Vulnerability Factors	13
2.1.2 Beliefs	14
2.1.3 Emotions and Reinforcement	15
2.1.4 Summary of the Cognitive Behavioral Model	16
2.2 Biological Models	16
2.2.1 Genetics	16
2.2.2 Neurobiology	16
3 Diagnosis and Treatment Indications	17
3.1 Diagnostic Assessment	17
3.1.1 In-Office Assessment	17
3.1.2 Home Visit	17
3.1.3 Additional Assessment Considerations	18
4 Treatment	21
4.1 Methods of Treatment	21
4.1.1 Cognitive Behavior Therapy for Hoarding Disorder	22
4.2 Mechanisms of Action	47
4.3 Efficacy and Prognosis	48
4.4 Variations and Combinations of Methods	49
4.4.1 Group-Based Approaches	49
4.4.2 Technology-Based Approaches	50
4.4.3 Family Approaches	50

4.4.4	Other Psychosocial Approaches	51
4.4.5	Pharmacological Interventions	51
4.4.6	Multimodal Treatment	52
4.5	Problems in Carrying Out the Treatments	52
4.5.1	Treatment Ambivalence	52
4.5.2	Lack of Awareness	53
4.5.3	Secondary Gains	53
4.5.4	Co-Occurring Conditions	54
4.5.5	Animal Hoarding	55
4.5.6	Logistical Barriers	56
4.5.7	Ethical and Legal Barriers	57
4.6	Multicultural Issues and Other Individual Differences	58
5	Further Reading	60
6	References	61
7	Appendix: Tools and Resources	69

Description

1.1 Terminology

Hoarding disorder is a new disorder in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5; American Psychiatric Association, 2013, Sect. 300.3), as well as in the International Classification of Diseases, 11th edition (ICD-11; World Health Organization, 2018, Sect. F42, subsection 6B24), where it is included in the respective “Obsessive-Compulsive and Related Disorders” chapter. However, hoarding behavior is not a new or newly discovered phenomenon. The roots of the term *hoarding* and the presence of hoarding behavior throughout human history are outlined extensively elsewhere (Penzel, 2014). The word *hoarding* comes from the word *hord* in Old English, meaning “treasure, valuable stone or store” (Penzel, 2014). According to Penzel, there is evidence of hoarding behavior as early as the very beginning of humankind, and classical literature is peppered with references to hoarding, such as in Dante Alighieri’s well-known poem “Inferno”; Gogol’s main character in *Dead Souls* from 1842; and Krook, a character in Dickens’ *Bleak House* from 1862. There are even possible allusions to hoarding in both the Old and New Testaments of the Bible. Specific individuals in history have also been associated with hoarding – for example, the Collyer brothers, Howard Hughes, and the Bouvier Beale mother-and-daughter pair.

Recently, hoarding behavior has received considerable media exposure. Reality television shows such as *Hoarders* and *Buried Alive* garner sizable and profitable viewerships. Popular films, like the 2004 Howard Hughes biographical drama *The Aviator*, have increased the spotlight on hoarding for the public. On the museum circuit, the clutter of Zhao Xiangyuan, the late Chinese citizen from Beijing with hoarding difficulties, has been displayed as an exhibit by her artist son, Song Dong.

The visibility of hoarding behavior throughout history is not reflected in its relative lack of attention in the community of medical and social scientists and theoreticians. Exceptions include early discussions of hoarding by William James (1890), who wrote of instinct and the importance of acquisition behavior in the formation of personal identity; and by Erich Fromm (1947), who introduced the *hoarding orientation* as one of several personality types, characterizing it as a tendency to view the world as composed of possessions to keep and value.

Hoarding behavior was included in previous versions of the DSM, but only as a single criterion for obsessive-compulsive personality disorder (OCPD), starting in 1980. However, in the early 1990s, Frost and colleagues set the stage for modern theory and research on hoarding behavior when they

published seminal research (Frost & Gross, 1993) and articulated a cognitive behavioral model of hoarding (Frost & Hartl, 1996). Since Frost and Gross (1993), the number of research articles in PsycINFO with a keyword *hoarding* (with *human* participants set as a parameter of the search) has increased nearly 19-fold, highlighting the increase in scientific attention and growing evidence base.

1.2 Definition

Hoarding disorder is characterized by difficulty parting with items because of the need to save them and distress from discarding them, regardless of their value. Hoarding behavior results in clutter that interferes with the ability to use living spaces as intended, unless someone else intervenes to limit the clutter. The majority (60–90%) of individuals with hoarding disorder engage in excessive acquisition of new objects as well, and the clinician can code this (e.g., for billing or research purposes) by specifying “with excessive acquisition” (Frost, Rosenfield, Steketee, & Tolin, 2013; Frost, Tolin, Steketee, Fitch, & Selbo-Bruns, 2009; Mataix-Cols, Billotti, Fernández de la Cruz, & Nordsletten, 2013; Timpano et al., 2011).

Hoarding disorder is a new diagnosis in DSM-5 and ICD-11; previously, individuals with hoarding would have been diagnosed with obsessive-compulsive disorder (OCD) or OCPD. In fact, before DSM-5, diagnostic criteria pertaining to hoarding behavior were mentioned in only one section of the DSM: the fifth criterion of OCPD, where “[he or she] is unable to discard worn-out or worthless objects even when they have no sentimental value” (American Psychiatric Association, 2000, p. 729). Notably, apparent hoarding behavior (e.g., unwillingness to discard, excessive acquisition) can indicate numerous diagnoses, and hoarding disorder is not diagnosed when the symptoms are better accounted for by another condition, including OCD. For example, an individual with excessive clutter because of obsessions related to contamination or because of the need to complete elaborate compulsions before discarding would be diagnosed with OCD, not hoarding disorder.

Poor insight is common among individuals who hoard, and when coding the diagnosis, the clinician should specify degree of insight. In fact, more than half of individuals with hoarding have poor or delusional levels of insight (Tolin, Frost, & Steketee, 2010). Poor insight can manifest in several ways, including lack of appreciation of the severity of the problem or its impact on related consequences; rigid, fixed, and unreasonable beliefs about possessions; and defensiveness (Frost, Tolin, & Maltby, 2010). Degree of insight is a particular concern with this population because low insight has been associated with lack of motivation, treatment dropout, therapy-interfering behaviors, and poor treatment outcome (Frost et al., 2010).

The DSM-5 criteria for hoarding disorder are provided in Table 1. The ICD-11 criteria for the disorder are similar to those found in DSM-5 and emphasize the accumulation of possessions as a result of difficulty discarding or excessive acquisition, accumulation of belongings that results in the inability to use or remain safe in living spaces, and associated functional impairment

Most individuals with hoarding disorder also engage in excessive acquisition of new objects

Table 1
DSM-5 Diagnostic Criteria for Hoarding Disorder

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- C. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises 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).
- 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 obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).

Specify if:

- **With excessive acquisition:** If difficulty 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:** The individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.
- **With poor insight:** The individual is 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.
- **With absent insight/delusional beliefs:** The individual is 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.

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and/or distress to the self or others. There are, however, some important differences between the DSM-5 and ICD-11 criteria for hoarding disorder. The most critical difference is that DSM-5 requires the presence of difficulty discarding, often considered the hallmark of the disorder. The criteria for ICD-11, however, indicate that one of (a) difficulty discarding, or (b) excessive acquisition is required to explain accumulation of possessions, indicating that a case could be labeled with the diagnosis without the presence of difficulty discarding. In DSM-5, excessive acquisition is a specifier and is not sufficient for a diagnosis of hoarding disorder. Another important difference is that the ICD-11 does not qualify the requirement for clutter by indicating that a lack of clutter could be the result of intervention from others (e.g., parents picking up a child's clutter). This could make it more challenging for appropriately