Welcome!

Once again, we are delighted to send you the newsletter from the New England Hoarding Consortium (NEHC). The NEHC is comprised of a group of clinicians and researchers at the Institute of Living in Hartford, CT, Smith College in Northampton, MA, and Boston University in Boston, MA.

As always, this newsletter will provide you with the latest information coming out of our research studies on compulsive hoarding, recently-published findings from other researchers, and our responses to some of the important questions people ask on our website (www.compulsivehoarding.org). We also feature essays on important clinical and research topics written by members of our staff. We are also very happy to include an article written by Dr. Elspeth Bell from the Behavior Therapy Center of Greater Washington. Dr. Bell specializes in cognitive-behavior therapy for anxiety disorders, including work with hoarding individuals and their family members.

If you received this newsletter directly from us, that means you are on our mailing list and we will automatically send you future issues. If for some reason you do not want to be on our mailing list, please email us at adcresearch@harthosp.org, call us at 860-545-7039, or send me a letter at 200 Retreat Avenue, Hartford, CT 06106. If you received this newsletter from someone else, and would like to be added to our mailing list, please let us know using the same contact information or log on to www.compulsivehoarding.org. Because we do not charge for the newsletter, we are only able to send it by e-mail.

Our sincere hope is that you will find this newsletter helpful, and that the information will give you new insights and ideas for working on the problem of compulsive hoarding.

(continued on next page)
One new development that I want to mention is that for the first time, hoarding is being considered for inclusion as a formal diagnosis by the American Psychiatric Association as they prepare for publication of the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*. Table 1 shows the proposed diagnostic criteria for Hoarding Disorder, the name that has been proposed.

I want to give a special thanks to my graduate student Andrea Umbach, who has graciously volunteered to assemble this edition of the newsletter.

Best Wishes,

*DSM*

David Tolin, Ph.D.

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**Table 1. Proposed DSM-5 criteria for Hoarding Disorder.**

A. Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions. *

B. This difficulty is due to strong urges to save items and/or distress associated with discarding.

C. The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

D. 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).

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

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

Specify if:

With 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.

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.

Absent insight: 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.

* The Work Group is considering alternative wording: “Persistent difficulty discarding or parting with possessions, regardless of their actual value.”
**CHRIStIANA BRATIOTIs, PH.D., LCSW**

Dr. Bratiotis completed her PhD at Boston University in the Interdisciplinary Social Work and Sociology program. She serves as director of the Hoarding Research Project at Boston University School of Social Work. Dr. Bratiotis’ primary area of research is the formation and operation of multi-disciplinary community hoarding task forces. She also provides individual and group specialized outpatient cognitive behavioral therapy for hoarding disorder. In addition to providing clinical treatment, she offers national and international consultation on hoarding disorder to families and communities. Dr. Bratiotis is a founding member of the Greater Boston Regional Hoarding Network and her work has been highlighted by media outlets including the Boston Globe, Chicago Tribune, and MSNBC. Dr. Bratiotis’ book titled “The Hoarding Handbook: A Guide for Human Service Professionals,” was released by Oxford University Press in Spring 2011.

**RANDY O. FROST, PH.D.**

Dr. Frost received his PhD from the University of Kansas in 1977 and is the Harold and Elsa Sipola Israel Professor of Psychology at Smith College. He has published more than 140 scientific articles and book chapters on hoarding and related topics. His work has been funded by the Obsessive Compulsive Foundation and the National Institute of Mental Health. Dr. Frost serves on the Scientific Advisory Board of the International OCD Foundation. He has co-authored several books on hoarding including *Compulsive Hoarding and Acquiring: Therapist Guide* and an accompanying workbook (with Gail Steketee) as well as *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding* (with Gail Steketee and David Tolin). His newest book, *Stuff: Compulsive hoarding and the meaning of things* (with Gail Steketee), was published by Houghton, Mifflin, Harcourt in 2010 and was a finalist for the Books for a Better Life Award. His research has been featured on a variety of television and radio news shows including 20/20 Downtown, Good Morning America, The Today Show, Dateline, National Public Radio (general news as well as the award winning program The Infinite Mind), BBC News, and the Canadian Broadcasting Company’s The Nature of Things. He has also consulted with various Hoarding Task Forces including those in New York City; Ottawa, Canada; and Northampton, MA, and has given hundreds of lectures and workshops on the topic in the US and internationally.

**GAIL STEKETEE, PH.D.**

Dr. Steketee, Professor and Dean at the Boston University School of Social Work, has conducted research on obsessive compulsive disorder (OCD) and its spectrum conditions, including body dysmorphic disorder and hoarding disorder. She and colleagues Randy Frost, PhD and David Tolin, PhD have developed and tested a specialized cognitive and behavioral treatment for this syndrome. She has over 200 articles and chapters and 12 books on OCD and related disorders. Her recent books include *Stuff: Hoarding and the meaning of things* (Frost & Steketee, 2010), *The Hoarding Handbook: A Guide for Human Service Professionals* (Bratiotis, Schmalisch & Steketee, 2007), *Compulsive Hoarding and Acquiring: Therapist Guide* (Steketee & Frost, 2007), *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding* (Tolin, Frost & Steketee, 2007) by Oxford University Press, as well as *Cognitive Approaches to Obsessive Compulsive Disorder* (Wilhelm & Steketee, New Harbinger, 2006).

**DAVID F. TOLIN, PH.D., ABPP**

Dr. Tolin is the founder and Director of the Anxiety Disorders Center and the Center for Cognitive Behavioral Therapy at The Institute of Living, and an Adjunct Associate Professor of Psychiatry at Yale University School of Medicine. The author of over 100 scientific journal articles, Dr. Tolin’s research and clinical interests include the nature and treatment of anxiety disorders, obsessive-compulsive disorder and related conditions such as hoarding. Dr. Tolin served as a co-investigator with Drs. Frost and Steketee on two federally funded research projects investigating compulsive hoarding; he is also the principal investigator on a study using neuroimaging to study hoarding as well as a study of neuropsychological functioning in people who hoard. Dr. Tolin was the first psychologist featured on the A&E series *Hoarders*, and was the host of the VH-1 series *The OCD Project*. He has been a frequent guest on such programs as Good Morning America, The Today Show, The Dr. Oz Show, and The Oprah Winfrey Show.
The NEHC remains at the forefront of research on hoarding. Since many of you have helped with our research efforts by volunteering for one or more of our studies, I'm delighted to be able to share the results of our work with you.

We recently completed the largest neuroimaging (brain scan) study to date with people who hoard, called "Neural Mechanisms of Compulsive Hoarding (D. Tolin, principal investigator), sponsored by the National Institute of Mental Health (NIMH). This study is also the first time that people with a primary diagnosis of Hoarding Disorder have been compared to people with obsessive-compulsive disorder (OCD). In this study, one hundred and seven participants made real-time decisions about whether to keep or discard possessions while undergoing functional magnetic resonance imaging (fMRI). Compared to OCD and healthy control participants, people with Hoarding Disorder showed a pattern of abnormal activity in the anterior cingulate cortex and insula, two regions of the brain that are heavily involved with emotional processing, self-regulation, and self-awareness (see Figure 1). When not making decisions about whether to keep or discard personal possessions, people with Hoarding Disorder showed decreased activity in these regions of the brain. However, when they had to make a decision about an item that they owned, these same people exhibited increased activity in these regions. These changes in neural function correlated significantly with hoarding severity as well as self-ratings of indecisiveness and "not just right" feelings. These findings suggest that hoarding might be characterized by abnormal functioning in parts of the brain that are related to problems identifying the emotional significance of an object, generating appropriate emotional responses, or regulating emotions during decision-making. They also show that the brain activity in Hoarding Disorder is quite different from that seen in OCD.

We have completed data collection for our collaborative research study "Psychopathology of Compulsive Hoarding (R. Frost & G. Steketee, principal investigators), also sponsored by NIMH. One important finding from this study (see Figure 2) is that less than 20% of people with Hoarding Disorder meet diagnostic
Criteria for OCD. This finding directly challenges the traditional notion that hoarding is a type of OCD. We also found that, compared to people with OCD, people with Hoarding Disorder had significantly higher rates of Compulsive Buying, Major Depressive Disorder, Attention Deficit-Hyperactivity Disorder (ADHD), and Kleptomania (compulsive stealing).

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Related to the topic of ADHD, we have completed work on our study "Neuropsychological Functioning in Compulsive Hoarding" (D. Tolin, principal investigator), in which people with Hoarding Disorder, people with OCD, and healthy control participants completed a battery of tests of cognitive functioning. Overall, people with and without hoarding performed similarly on most of these tests. However, people with Hoarding Disorder showed diminished ability to sustain attention on a task called the Continuous Performance Test. This finding fits with the other two studies, described above, that suggest that problems of sustained attention and decision-making might be central to Hoarding Disorder. We are currently investigating whether new treatments aimed at improving cognitive function might help people who hoard, and we will share the results with you when we have them.

Staying with the theme of decision-making problems, we are currently analyzing data from the second round of our internet-based research, in which many of you participated (and again, thank you so much for helping!). Our internet-based studies collectively amount to the largest database ever compiled about people who hoard. One recent set of analyses from this database examined self-reported indecisiveness. We reviewed questionnaire data from 887 people with hoarding problems, 295 adult children of people who hoard, and 120 spouses of people who hoard. We found that people with hoarding problems reported more decision-making problems than did their children or spouses. Furthermore, adult children of people who hoard reported more indecisiveness than did spouses, suggesting that this characteristic runs in families. We also found that among people who hoard, greater levels of indecisiveness were associated with earlier age of onset. These findings suggest that indecisiveness is not only an important feature of hoarding, but also that indecisiveness may be an important marker for the genetic vulnerability toward hoarding which has been established in other research.

We continue to receive positive feedback about our reference books on hoarding. *Buried in Treasures: Help for Compulsive Acquiring, Saving and Hoarding* (Tolin, Frost, & Steketee, Oxford University Press) is a self-help manual designed for people who hoard, family members of people who hoard, and professionals (professional organizers, social service workers, attorneys, etc.) who work with people who...
hoard. *Compulsive Hoarding and Acquiring: Therapist Guide* (Frost & Steketee, Oxford University Press) is a manual for mental health therapists who want to use cognitive-behavioral therapy for people with hoarding problems. *Compulsive Hoarding and Acquiring: Workbook* (Frost & Steketee, Oxford University Press) is a client manual that is designed to fit with the therapist manual. The book is recommended for people who are seeing a mental health therapist who is using the therapist manual. Randy Frost and Gail Steketee published their new book called *Stuff: Compulsive Hoarding and the Meaning of Things* (Houghton Mifflin Harcourt) this year; the book is designed to provide information for lay people about hoarding. Finally, Christina Bratiotis, Cristina Sorrento Schmalisch, and Gail Steketee have a new book this year called *The Hoarding Handbook: A Guide for Human Service Professionals* (Oxford University Press). This book is designed to help social service workers assess the problem, coordinate and delegate tasks among helping professionals, and work directly with people who hoard. All five of these books are available at your local bookstore or online retailer. We hope you find them helpful!
When you think of hoarding, what comes to mind? Maybe a home filled with such enormous amounts of clutter that it is impossible to walk from room to room or possibly stacks of newspaper, magazines, and books piled to the ceiling. What about a house that has not been cleaned in years and is rampant with dirt, mold, and harmful bacteria? If any of the above mentioned images or similar ones came to mind, you would not be alone. Many individuals imagine these types of scenarios in their minds when trying to picture hoarding. What many people do not imagine when thinking of hoarding, however, is a house filled with many animals. This can be virtually any type of animal including birds, lizards, cats, dogs, rabbits, or other small rodents. While we may not readily imagine an animal hoarder’s household, this type of hoarding is gaining more recognition among researchers and the media.

A study conducted by Dr. Gary Patronek in 1999 defined several criteria that are characteristic of animal hoarders. First, the individual must accumulate a large number of animals. Notice that a specific number of pets or minimum amount of animals is not clearly depicted. This omission may cause this portion of the criteria to seem vague; however, it was worded this way for several reasons. Consider for a moment, a farmer who owns a large number of animals, a person who owns vast amounts of land with many pets, or a zoo. Most of these examples meet the first criterion, but would you label these people or facilities as animal hoarders? Probably not. As a result, simply stating a specific number of animals is not enough to classify someone as an animal hoarder because a “large number of animals” is relative to the location as well as the condition of the home/facility. In order to further clarify what constitutes an animal hoarder the next criterion states that people who accumulate a large number of animals must also fail to provide minimal standards of nutrition, space, sanitation and veterinary care, as well as fail to act on the deteriorating condition of the animals, the environment, and their own health.

In addition to these characteristics, it has also been shown that animal hoarders justify their behavior with the view that the animals are surrogate children and that no one else can adequately care for them or that they will be euthanized if not rescued. They also continue to make repeated attempts to accumulate or maintain the animals in the face of progressively deteriorating conditions. Lastly, it is often difficult for the hoarder to recognize the effects of their hoarding on the welfare of the animals, human members of the household, and the environment.

Animal hoarding is often considered a crime. According to the criteria for animal hoarding, a person must not be providing adequate care to his or her pets. In the eye of the law, neglecting to provide basic care for animals such as food, water, and veterinary care is prohibited by animal cruelty laws. As such, an individual
meeting the criteria for animal hoarding may be in violation of the law.

**What type of person hoards animals?**
The short answer is all types. Hoarding behavior has been observed in all ages, genders, races, ethnicities, and socioeconomic as well as employment statuses. In addition, it is also seen in individuals who are married, single, divorced, widowed. In essence, there is not one single type of person who hoards animals.

**Are there different kinds of animal hoarders?**
Patronek et al. (2006) suggested that there may be three types of animal hoarders. The first is described as an “overwhelmed caregiver.” This type may be caused by a medical illness, loss of financial resources, grief, or a concomitant mental disorder. Before the presence of a stressor, the individual often shows an excessive attachment to their animals and are generally able to maintain a reasonably healthy environment as well as a limited animal population. They also show less intense reactions to giving up their animals. The second type is termed a “rescuer hoarder.” In this case, the individual fears that the animals may be euthanized if not rescued and cared for by them. He or she may also feel that they are the only one who can provide adequate care for the animals. This type of animal hoarding behavior is generally described as compulsion-like. In addition, people close to the hoarder often act as enablers. The last form of animal hoarding is called an “exploiter hoarder.” This type is described as indifference to harming animals, manipulative behavior, superficial charm, and lacking empathy. An exploiter hoarder is rarely seen in clinical populations.

**What can you do?**
If you or someone know is an animal hoarder, you can take several steps to provide or receive help. The first step is to identify that there is a problem and seek services in order to create safer conditions for both the hoarder and the animals. One option is to participate in psychotherapy in order to specifically address hoarding issues. The following website may help you to locate a treatment provider in your area:
http://www.ocfoundation.org/hoarding/

If unsanitary and harmful conditions are a concern, more immediate intervention may be necessary. As such, if the hoarding individual qualifies as an elder, an elder protective services agency can be called. In addition, if the individual does not qualify as an elder, a local adult protective service agency can also be contacted. It may also be beneficial to contact an animal protective agency that specifically addresses issues of neglect. Sometimes these agencies may be associated with law enforcement services or the local police; however they are often willing to work in a cooperative and non-persecutory manner. You can also access the following website which provides great information and advice for animal hoarders as well as their families:
http://www.tufts.edu/vet/hoarding/
Q: "I have managed to discard many bags of clutter over the past few months; however, I am now at a bit of a stalemate with my remaining ‘stuff’. I find the sentimental attachment impossible to disregard. I am so sad contemplating saying goodbye to treasures representing stages which will never come again that I just can’t do it. Any suggestions?"
- Joanie, Rhode Island

A. You describe a common problem among people with hoarding problems. The sentimental attachments you describe are very intense, and so it feels like you are losing a piece of your life by getting rid of something. When you reach an impasse like this, it is often helpful to ask yourself some pointed questions and seek the answers by constructing personal experiments with your possessions. For example, you might ask yourself whether taking a picture or recording information about the item in a journal will keep you from losing the memory. Your first reaction to this question might be to insist that this isn’t enough. However, you will not know until you test this with an experiment. Try it with one or two items and see if your “feeling” that you will lose this piece of your history is correct. This is just one example of a behavioral experiment. There are any number of such experiments you can do to test your beliefs and get yourself unstuck. Another question to ask yourself is whether keeping these things keeps you from having new experiences. For instance, if family and friends no longer visit your home because of the clutter, without realizing it, aren’t you giving up a present life in order to preserve a piece of your past? You want to go further and ask yourself if this is how you want to live the remainder of your life.

- Dr. Randy Frost

Q: "I have a friend that is a veteran and was a prisoner of war who also has hoarding. Is there a connection between PTSD and hoarding?"
- Anonymous, California

A: Thank you for your question about the relationship between hoarding and post traumatic stress disorder (PTSD). Recent research findings from a study of 217 people who met diagnostic criteria for hoarding disorder indicated that approximately 6.9% of that sample also met diagnostic criteria for a current co-occurring diagnosis of PTSD (Frost, Steketee, & Tolin, in press). Hoarding participants were approximately twice as likely to have experienced a traumatic event than people with obsessive compulsive disorder (OCD) - 50% versus 24% - and were also more likely to have experienced a trauma during childhood - 33% versus 21%. While hoarding has not specifically been studied in groups of veterans who were prisoners of war, research suggests that the kinds of losses associated with traumas experienced in war and being held against one’s will may make someone more vulnerable to the development of a hoarding problem. The kinds of losses that may suggest vulnerability for hoarding include loss of a loved one, major change in life circumstances such as moving, and loss of objects through burglary or fire or moving. Anecdotally, some people with hoarding disorder appear to experience a single profound loss, but more commonly people describe a series of losses...
across a lifetime. Certainly loss associated with being a prisoner of war would constitute the kind of experience that may predispose someone to develop a hoarding problem. Further empirical study is needed to understand the specific relationship of hoarding and PTSD among our veterans.


- Dr. Christiana Bratiotis

Q: “What questions do I ask prospective treatment providers?”

- Anonymous, New York

A: Choosing the right treatment provider is critical for any problem, including hoarding. The first question to ask yourself, before even making that first phone call, is: what kind of treatment do I need? Do I want to get on medications? Am I looking for psychological therapy? Do I need organizing help? Few or no treatment providers, ourselves included, can provide all of these different kinds of interventions.

Generally speaking, medications are prescribed by psychiatrists or advance practice nurses (APRNs). Your primary care physician can also prescribe psychiatric medications, but we generally recommend consulting a specialist when possible. Psychological therapy is usually provided by psychologists or social workers. There are other disciplines that can provide counseling services, but their training is usually more limited. For organizing help, you might consider consulting a professional organizer. We often recommend selecting an organizer who is a member of the National Study Group on Chronic Disorganization, which overlaps with hoarding in many respects.

Regardless of what kind of provider you're talking to, it's always a good idea to ask:
1. What kind of experience do you have with people who hoard?
2. What are your fees? Will my health insurance pay for some or all of the treatment?
3. Do you offer a sliding scale for people who do not have insurance?
4. What are the expectations for how frequently we will meet, and for how long?
5. Are you available for after-hours emergencies? If not, do you have a service that provides such coverage?
6. How will we monitor my progress? How will we know when the treatment is working? How will we know if it is not working?
7. What are your credentials? Do you have a license to practice? What is your educational background?

If you're talking to a psychologist or social worker for psychological treatment, it's important to ask the following additional questions:
1. What is your familiarity with cognitive-behavioral therapy? (Note that cognitive-behavioral therapy (CBT) is the only treatment that has been proven to be effective. If the therapist says "not at all," "a little bit," or "I use some CBT in addition to a million other things," look elsewhere. You want an expert.)
2. What is your familiarity with CBT for hoarding? (A good CBT therapist can pick up the strategies for treating hoarding fairly quickly, but it's definitely helpful if you can find someone who has treated hoarding before and/or has been trained in this treatment).
3. Are you or a member of your staff available for home visits if I need them? (We're not certain that this is absolutely necessary, so it's not a deal-breaker if the therapist can't come to your home; however, it seems to be helpful at least some of the time).

- Dr. David Tolin
At the Institute of Living we currently have available a number of different services for those with compulsive hoarding and their families. Services range from diagnostic evaluations, to group therapies and family consultations. All services are provided by trained mental health professionals. A list and description of some of the services offered is included below. Additional information can be obtained by calling the Anxiety Disorders Center at (860) 545-7685.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Diagnostic Evaluation</strong></td>
<td>The diagnostic evaluation is a three hour long, in-person clinical individual assessment which looks at symptoms related to compulsive hoarding, as well as issues which may not directly impact the clutter, but may affect diagnosis and treatment.</td>
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<tr>
<td><strong>Group Therapy</strong></td>
<td>Group therapy consists of weekly educational and supportive sessions for 16 weeks. The group helps individuals develop skills to overcome their hoarding including topics such as motivation, cognitive strategies, decision making, time management, reducing acquiring, sorting and discarding, and relapse prevention.</td>
</tr>
<tr>
<td><strong>In-Home Consultation</strong></td>
<td>As part of group therapy, clients can request an individual in-home consultation session (at additional cost). Sessions last 90 minutes and vary in rate based on location.</td>
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<tr>
<td><strong>In-Person Family Consultation</strong></td>
<td>Office-based consultations can be arranged for family members in order to better familiarize family with compulsive hoarding and let them know what they can do to help. Sessions typically last 45-50 minutes.</td>
</tr>
<tr>
<td><strong>Telephone Family Consultation</strong></td>
<td>Family consultations also have the option of being carried out over the phone. These sessions also last approximately 45-50 minutes.</td>
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The Boston University School of Social Work provides limited services for people with hoarding problems and their families who are interested in participating in our research projects. We are not a full service clinic. A description of services is provided below. Additional information can be obtained by calling the Boston University Hoarding Project at the School of Social Work at (617) 353-0815.

### Initial Telephone Screening and Referral
Brief telephone assessment of hoarding problems to determine eligibility for research opportunities, services and/or referral.

### Diagnostic Assessment for Research Participants only
The evaluation is a 3-4 hour individual assessment of hoarding and other mental health symptoms.

### Group Treatment
Group therapy may be available for qualifying participants with hoarding who live within 40 minutes of Boston.

### Support Groups
Weekly support group meetings are open to people with hoarding who have already completed one of our treatment programs and want continuing support to make further progress and maintain their gains.
CREATING EFFECTIVE HOARDING INTERVENTIONS: SETTING THE STAGE FOR SUCCESS

Written and submitted by
Elspeth Bell, Ph.D.

Compulsive hoarding, characterized by excessive acquisition of items and extreme difficulty in letting go of them, is considered very difficult to treat. There is no “cure,” but rather there are interventions and treatments that work to minimize and manage the hoarding-related behaviors. Through cognitive behavior therapy, collaboration with an organizer, medication where appropriate, and other interventions, it is possible to achieve successful treatment interventions. So why is it so difficult to achieve success when there are these effective interventions available?

I hate to be the one to say it but success doesn’t come without work and it doesn’t happen overnight. That being said, success is attainable and progress is sustainable provided the appropriate efforts are made. One key effort takes place before a single item is sorted or an acquisition is avoided – planning. Planning for success greatly increases the likelihood of achieving success. Consider this preparation as laying the foundation for all subsequent efforts.

Imagine someone makes the decision to eat healthier. Would you recommend stocking the kitchen with vegetables and whole grains or cookies and ice cream? Having the proper supplies on hand to support healthier choices makes it that much more likely that those healthier choices will be chosen. There’s a similar approach with exercise – putting on sneakers is more likely to result in a workout than putting on pajamas. That’s all well and good for someone who wants to lose a few pounds, but how does this translate to someone looking to shed a few pounds (or more) of clutter? Here are some effective guidelines to help lay the foundation for productive decluttering efforts:

Make an appointment with yourself
Schedule a time for decluttering – a start and a stop time. When you commit to a time, there’s a greater chance that you will actually use that time to work toward your goals. For example, I scheduled multiple chunks of time to work on writing this article rather than “winging it” and catching writing opportunities where I could. If I had taken that approach, this article would still be very much in the conceptual stage. I speak from experience. Figure out what time of day works best for you, taking into consideration other obligations or responsibilities (like work), energy level, and distractions (such as when other people are around). My weekday decluttering tends to be before dinner or before going to bed because there are fewer distractions in the home at these times and I have definite end-times. On the weekends, I opt for early morning before anyone else is up and moving. It’s an hour or two of quiet “me” time where I can sort through papers and not worry about someone else disrupting my piles.

Make that appointment a regular commitment
Schedule time everyday and you’re more likely to get consistent decluttering done on a regular basis. It’s much more difficult to be consistent when decluttering is planned on a haphazard or every-other-day basis – life has a habit of getting in the way, with unanticipated events and emotionally “off” days. When scheduling your decluttering appointments with yourself, remember that they don’t need to be at the same time each day, but they do need to be put on the calendar. Consider
them “repeating appointments” with yourself and treat them as though they are sacred times.

**Have supplies on hand**

Imagine you’re baking a cake and, mid-preparation, you realize that you’re out of eggs. Assuming you don’t abandon your baking endeavors at that moment, you might run out to the store, do some other grocery shopping while you’re there, return home later than planned, realize you left the half-prepared batter sitting out, throw away the batter, and then put off your baking to another day. Decluttering without the right supplies can be equally defeating and frustrating. Put together a “decluttering kit” so that the things you’ll need are within reach. I would include containers for the various predetermined “keep” categories (bankers boxes are great for this, with handles and lids), permanent markers for labeling the boxes, trash bags, recycling containers, and bags/boxes for donate or give-away items. Other supplies might include rubber gloves, a notepad and pen for keeping track of items or ideas, and a timer to keep track of how much time you’ve spent decluttering.

Decluttering is generally viewed as the key intervention for reducing clutter and managing ones physical space. However, these efforts can be readily undone if acquiring behaviors continue and new items are regularly introduced into the space. When laying the foundation for non-acquisition, consider the following:

**Make a list**

A client once said that it was impossible to go into the grocery store and only buy items included on the grocery list. It’s not impossible, but it is a challenge. Putting together a thorough, detailed shopping list takes forethought. Is it really possible to anticipate menu choices for an entire week before walking into the grocery store? What if something in the store serves as a trigger, reminding you that there was something else you were planning to get? And don’t forget coming across those items on sale. When encountering a “forgotten” item, consider adding it to the next grocery list. That way, if it really is a necessary purchase it will be taken care of with the next trip to the store. However, if it’s an impulse purchase, there will have been sufficient space created to help with regaining perspective on the choices being made. And remember, there’s no rule that says you can only go to the store once a week.

**Gauge your emotions**

Is it an emotional buy or something you intentionally planned to purchase in advance? Before entering a situation where you’re faced with acquisition opportunities, evaluate your emotional state. If you’re feeling vulnerable, postpone the trip until you’re feeling stronger and more capable of resisting the urge to acquire. Very rarely is there a situation where you have to decide about an acquisition that very moment. Give yourself permission to wait, as it’s more likely to result in a positive and rewarding experience with less guilt or remorse afterward.

**Consider your route**

When out and about, do you find yourself passing locations that are particularly tempting? Perhaps there’s a store or a recycling center where you’ve come across great finds in the past. Each time you’re in that area, you seem to switch over to “auto-pilot” and head directly there. Disrupt that mindless, unintentional approach by taking a different path to your ultimate destination. Is the Goodwill on Main Street particularly tempting? Then drive down Elm Street instead so that you don’t even have to lay eyes on the storefront, let alone be tempted to think about what might be available inside. Consider “out of sight, out of mind” and keep those triggering opportunities off your radar.

Whether sorting, recycling, discarding, or resisting acquiring, there are some approaches that are universal. While they apply to all aspects of living a healthy, fulfilling life, they can be applied specifically to these hoarding-related situations:
**Adopt a positive mindset**

Think about the carrot and the stick. What is your carrot when it comes to these decluttering and non-acquiring efforts? All too often, people focus on the stick and become angry, dejected, or resentful of the situation. Identify specific benefits associated with each goal. When those negative voices in the back of your head start to get louder, stop and remind yourself of all the good that’s happening. Pay attention to what you have accomplished, the challenges you’ve overcome, and your progress toward each goal. This might sound like a “Pollyanna” approach, but there truly is a benefit to talking to oneself in a positive voice. If you were to talk to your best friend or closest family member in the critical and disheartening way in which you talk to yourself, how long would they stay in your company? We don’t have the luxury of walking away from our own thoughts, making it all the more important to learn to talk to oneself in a manner that’s supportive, encouraging, and reinforcing of constructive efforts.

**Recruit a support team**

Trying to tackle this, or any challenging situation, on your own can be overwhelming. Making efforts to improve your life shouldn’t feel like a punishment where you’re serving your time in solitary confinement. Allow other people – family, friends, professionals, volunteers – into your life so that they can help you reclaim your space. They may be able to do things for you that you’re unable to do for yourself. Recruit team members that will help you structure your decluttering time by scheduling appointments for sorting. This can help reinforce your attempts to make a schedule for yourself with your individual decluttering appointments. Ask your support team to keep track of progress, documenting what has been let go of so you can have that reminder to help motivate you on a down day. Allow others to do the physical labor of delivering items to their “new homes,” such as local donation or recycling centers, once you’ve decided to let go of them. While an effective support team does introduce an element of accountability for decluttering and non-acquiring, it also introduces rewards and recognition for all of your efforts and progress.

**Take care of yourself**

“Without your health, you haven’t got anything.” It’s not uncommon for the clients I’ve worked with to consistently put other people ahead of themselves. Not only are they second or third on their list of priorities, they’re often dead last. Let me be the flight attendant instructing you on your flight to a decluttered space – secure your oxygen mask before helping others with theirs. Without taking the time to take care of yourself, how will you have the energy or the resources to take care of others? While it may feel as though you’re being selfish, I consider it being self-focused. When you focus on other people, it can serve as a distraction from your own anxieties and worries. Focusing on yourself may feel uncomfortable to begin with. However, by paying attention to your thoughts, feelings, and actions you can become more aware of themes in your life and how to address them. This is one of the first steps to creating change in your life and your environment.

Being faced with the prospect of decluttering your space can be overwhelming. Approaching it without a game plan can be paralyzing. Take the time to identify your goals, evaluate your tools and resources, and map out your plan of attack. While it’s never possibly to always “be prepared” (regardless of what the scouts say), it is possible to increase the likelihood of reaching your goals of conquering hoarding-related behaviors by taking a little time up-front to set the stage for success.

Dr. Elspeth Bell is a staff clinician at the Behavior Therapy Center of Greater Washington. She works primarily with adults and adolescents, focusing on the treatment of compulsive hoarding, OCD and other anxiety disorders, depression, and interpersonal difficulties. As the director of BTC’s growing Hoarding Program, Dr. Bell provides individual therapy for hoarders and family members, both office-based and in vivo, as well as psychoeducational and support groups. As a result of her work in hoarding, Dr. Bell participates on Hoarding Task Forces in the DC area and conducts trainings for numerous agencies.
**Current findings in the field of compulsive hoarding**

**Prevalence and Heritability of Compulsive Hoarding: A Twin Study**


Researchers have suggested that compulsive hoarding is a highly prevalent disorder and tends to run in families; however it was unclear whether this familiality was due to genetic or environmental factors. Therefore, this study aimed to estimate the prevalence as well as the genetic and environmental influence of severe compulsive hoarding. A sample of 5,022 identical and fraternal twins from the United Kingdom completed the Hoarding Rating Scale which assesses key hoarding domains such as clutter, difficulty discarding, excessive acquisition, distress, and impairment. It was found that 2.3% of the sample reported severe hoarding symptoms, while men showed higher rates of severe hoarding than women (4.1% versus 2.1%, respectively). A sub-sample of 4,355 female twins was used to determine the contribution of genetic and environmental factors in compulsive hoarding. Since identical twins share 100% of their genes while fraternal twins only share about 50% of their genes, we would expect to see higher correlations, or more similarity, among identical twins than fraternal twins if a significant genetic influence is present. In this study, correlations for identical twins were 0.52 and correlations for fraternal twins were 0.27, therefore a moderate genetic influence appears to be present in compulsive hoarding. Since environmental factors shared by siblings growing up in the same household were less important; however non-shared or unique environmental factors, such as negative life events, appear to also have a considerable influence on compulsive hoarding. The conclusions of this study support the need for additional research of environmental risk factors and how they may interact with particular genes in hoarding individuals.

**Exploration of Anxiety Sensitivity and Distress Tolerance as Vulnerability Factors for Hoarding Behaviors**


The researchers in this study asked 745 undergraduate students to complete questionnaires in order to examine potential vulnerability factors of hoarding behaviors. It was found that high anxiety sensitivity, or fear of anxiety-related sensations and related possible negative consequences, was significantly associated with greater levels of hoarding symptoms even after controlling for nonhoarding obsessive-compulsive, depressive, and anxiety symptoms. It was suggested that an individual’s hoarding behaviors may be a way to avoid anxiety-related sensations and associated negative consequences. It was also found that distress intolerance, or diminished ability to withstand negative emotional states, was significantly associated with greater levels of hoarding symptoms. However, the authors pointed out that this relationship may be explained by variables that are related to both distress intolerance and hoarding behaviors. When the researchers examined the interaction between anxiety sensitivity and distress intolerance associated with hoarding behaviors, they found that individuals with high anxiety sensitivity and distress intolerance showed the greatest level of hoarding behaviors. Additionally, distress intolerance appears to increase vulnerability to hoarding symptoms when an individual has high anxiety sensitivity, but plays a less significant role when an individual has low anxiety sensitivity. Overall, it appears that anxiety sensitivity and distress intolerance are important vulnerability factors of hoarding behavior and will be important variables to consider during treatment.
Current findings in the field of compulsive hoarding

Categorization and Cognitive Deficits in Compulsive Hoarding

This study investigated whether compulsive hoarders showed impairment in executive functioning and categorization which includes the ability to plan, develop strategies for grouping objects, sustain attention, control impulses, and make decisions. A compulsive hoarding group (n = 19), clinical control group with mood and anxiety disorders (n = 17), and non-clinical control group (n = 20) were asked to complete self-report measures, neuropsychological tests, and categorization tasks involving the sorting of both personal and non-personal objects and index cards. It was found that both the hoarding and clinical control group reported significantly greater ADHD symptoms, cognitive failures, and indecisiveness compared to the non-clinical control group; however these groups did not differ from each other. Surprisingly, no differences were found between the groups on neuropsychological decision-making and attention shifting tasks. Therefore, the authors suggested there may be a discrepancy between perceived and actual decision-making deficits in hoarders, or deficits may only become apparent when the hoarder is faced with making decisions about personal or emotionally salient items. The only neuropsychological test showing group differences measured planning ability, where the hoarding group solved fewer problems than both comparison groups. Regarding categorization, hoarders created significantly more categories than the clinical control group when sorting personal objects and index cards. Hoarders also took significantly more time to sort personal objects as well as expressed significantly higher anxiety before and after the categorization tasks than both comparison groups. Overall, the authors were able to identify several areas of executive functioning which may be related to the categorization and organization difficulties seen in hoarding individuals. These results suggest that it is important to include planning, decision-making, and categorization training in treatment efforts.

Would you like to tell your story?

We get numerous requests from the media (newspaper, radio, and television programs) looking for people who are willing to share their personal experiences with compulsive hoarding.

If you are interested in appearing on television or in the newspaper to talk about hoarding, please email the Anxiety Disorders Center at adcresearch@harthosp.org

Please provide your name, age, and gender, as well as city, state, email, and phone number. Please let us know if you have a clutter problem or if your friend or family member has a clutter problem. If we receive such a request from the media, we will not give them your contact information, but will contact you to make you aware of this opportunity and to provide you with the information from the media.
This anonymous personal account shares some of the ways hoarding may impact individuals and effective strategies used to challenge hoarding.

I have struggled with hoarding since childhood. I always thought that it was a result of our constant geographical relocations when I was a child. We moved every two years when I was in elementary school, and my Mom would get rid of my personal belongings without my permission, saying “you’ve out-grown that shirt, too old for those toys, don’t need that stuff anyway”. These comments and experiences were highly stressful for me, and I began to hide things that belonged to me. I would hide things, and then had to check on them to make sure that they were safe. Mom called this “squirreling things away”. I began to build tree forts outside in the woods in 5th grade, and then would hide my things in the tree fort. I also began to build wood boxes and bury them in the back yard, keeping my things in there as well. I felt as though I was struggling to maintain control over things that were very precious to me; certain items of clothing, toys, pretty rocks, special mementoes. If these things were taken from me, then I would feel overwhelmed as though I were dying. I know now that I was experiencing panic attacks, but as a child, I did not know those terms or concepts.

Mom hated clutter and was a purger, often ridding the house of things that were no longer needed or wanted. I, however, always formed intense emotional attachments to things, and if the thing was gotten rid of, it felt like a part of myself was being gotten rid of as well. I would be filled with an inner urge to look for the lost or missing thing, and would compulsively look for it until exhausted. Once, we visited some relatives on my father’s side of the family, and the grand-cousin was an elderly lady who lived in an apartment that had boxes piled high everywhere, and we had to walk down these narrow paths to the kitchen and the bathroom. Mom had an attack of claustrophobia, and ran out of the house. But I felt very comfortable in there, safe and protected by all that stuff.

I have always had difficulty throwing things away; it feels like I just can’t afford to get rid of something I might need again. It is a heavy feeling like dread to have to throw something away. I did allow myself to get rid of a bunch of things in 2008, but I still miss them, and I know what they are, they still feel attached to me. I know that when I am stressed out in my life, I feel the need to count, touch, or sort my things. I have fears that people are stealing from me, total irrational fears because the things always are found when I remember that I “squirreled them away”. I have learned to self-talk as a coping strategy. I tell myself that “letting go of this thing is good for me now, and I can get it again later if I need to” then I put it in a box in the garage. After a month of not taking it out of the box, I take the box to Goodwill. Another method I invented for myself is keeping a photo album of stuff I have chosen to get rid of. I take a photo and then I write all the meanings of that item, and why I got rid of it on the back. Then, later if I am obsessing about it, I visit the photo album and remind myself why I got rid of it (usually this is old clothes or shoes) and that is very helpful. Little by little, I am getting rid of things. It is an on-going process.