COMPULSIVE HOARDING SYNDROME: ENGAGING PATIENTS IN TREATMENT

Satwant Singh and Colin Jones describe a creative approach to treating the condition, which includes visual methods to improve outcomes

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Abstract

Compulsive hoarding syndrome often compromises the safety and quality of life of an individual, their family members and others, but services and treatment options remain limited despite increased awareness of its effects. The London Hoarding Treatment Group has developed a creative approach to treatment by using visual-method interventions to engage people with the condition. This article provides guidance on how mental health professionals can help people to cope with compulsive hoarding syndrome.

Keywords
Compulsive hoarders, cognitive behavioural therapy, engagement, visual methods

COMPULSIVE HOARDING is a syndrome characterised by excessive collecting and saving behaviours that result in a cluttered living space and significant distress or impairment (Frost and Hartl 1996). The hoarding syndrome exists along a continuum from normal collecting to a psychological condition that interferes with the safety and quality of life of the individual and those around them. The items collected are often perceived by others to be useless or of limited value, and they prevent the individual's living space from being used for its intended purposes. Interference with these functions makes hoarding a serious problem that places individuals at risk of falls, fire, poor sanitation and health risks (Kim *et al* 2001, Frost *et al* 2008).

Compulsive hoarding does not discriminate in terms of age, gender, educational levels or socio-economic status. In addition, it affects not only the individual with the condition but also those who are closely associated with them, such as family members, neighbours and friends (Wilbran *et al* 2008, Gilliam and Tolin 2010), resulting in a diminished quality of life (Saxena *et al* 2011).

Hoarding disorder was previously identified as a symptom of obsessional compulsive personality disorder in the DSM IV (APA 1994). Being a symptom of a disorder, rather than a disorder itself, little attention has been paid to this condition. Compared with other psychological disorders, research on hoarding disorder remains limited. However, studies have been conducted to differentiate hoarding disorder from obsessive compulsive disorder (Mataix-Cols *et al* 2010, Pertusa *et al* 2010), which has influenced the development and inclusion of the distinct diagnostic category of hoarding disorder within the new DSM V (APA 2013).

Despite an increased awareness and knowledge of compulsive hoarding, resources are lacking for both professionals and patients in terms of services and availability of treatment. The London Hoarding Treatment Group (LHTG) was

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set up in 2005 following the BBC All in the Mind radio programme (BBC 2005), which focused on hoarding disorder.

The treatment group was developed in conjunction with Obsessive Action, a charity that supports individuals who have obsessive-compulsive disorder (OCD). The group is based on self-referrals, and is open to anyone in the UK who has a compulsive disorder, and their family members. Thirty to 40 people usually attend a treatment group held once a month in London.

Treatment model

Development of treatment for compulsive hoarding has historically been based on Frost and Hartl's (1996) cognitive behavioural model. This works on the hypothesis that a set of beliefs about attachment to possessions, the importance of these items in hoarders' lives, possessions as a part of their sense of identity and possessions indicating safety signals, all have an impact on the decision-making process. The hoarder saves things indiscriminately to prevent the occurrence of a perceived negative outcome.

Research on the treatment of hoarding has advanced significantly in recent years. The studies of Black *et al* (1998) and Winsberg *et al* (1999) on serotonergic medication for individuals suffering from OCD has shown that those with hoarding symptoms demonstrate poor treatment response. In addition, studies carried out by Abramowitz *et al* (2003) and Mataix-Cols *et al* (2002) found that the presence of hoarding symptoms is a negative predictor for cognitive behavioural therapy treatment outcomes for OCD. Abramowitz *et al* (2003) found that only one-third of hoarders with OCD demonstrated significant clinical improvement in response to exposure and response prevention, whereas half to two-thirds of non-hoarders with OCD demonstrated improvement.

In an experimental study by Munroff *et al* (2010) it was concluded that those participants who were offered a novel internet-based therapy had significant improvement in their hoarding behaviours when compared with the control group. The novel internet-based therapy provided participants with educational resources on hoarding, cognitive strategies and a chat group. Regression analysis in this study showed that participants reported greater improvement and less clutter at six months compared to the waiting list group. At 15 months all participants in the web-based self-help group showed reductions in their clutter and hoarding symptoms.

The treatment model for the LHTG is based on Frost and Hartl's (1996) cognitive behaviour therapy (CBT) model. We found, however, that there were a number of deficits within the model as the focus of the treatment is on the cognitive component and very little attention is paid to the emotional experiences of people with this condition. The group has been creative in the way individuals are engaged in therapy and has developed a treatment protocol with the involvement of the participants.

The group's approach

The LHTG is treatment model is CBT based and is structured by setting an agenda for each participant, reviewing the previous session, working with the agenda items, undertaking behavioural experiments, psychoeducation, sharing of experiences and setting of homework. The CBT model has been adapted to incorporate experiential approaches, such as the use of visual methods (see below) and imagery to help conceptualise and develop a compassionate understanding of participants' difficulties. The use of experiential methods allows individuals to be 'in the moment', experiencing their discomfort and enabling them to deal with their difficulties.

Other key components of the group therapy include learning to develop a tolerance to difficult emotions by interacting in a constructive way, and carrying out behavioural experiments within the group setting. Psycho-education is a key component in the group and is based on the themes that emerge during the session. The group provides participants with the opportunity to share their experiences and resources they have found helpful in dealing with their own hoarding issues.

Yalom (1995) described group processes, such as universality, cohesion, mutual aid, group contact and socialisation, which enable the group to function as a therapeutic group. These processes are attended

to within the group, enabling the normalisation of participants' hoarding, development of a shared understanding, support for each other and a reduction in the sense of isolation. These group processes create a safe environment for participants to test out their fears and assumptions in relation to their hoarding, especially when undertaking behavioural experiments. Additionally, the group has developed a buddy system where members team up with each other to provide support outside the group. This can take the form of telephone contact, or being present in the individual's environment while they are dealing with de-cluttering of their saved items.

Issues related to engagement

As with any other mental health condition, engaging individuals in therapy can bring challenges. Regarding compulsive hoarding, some of those challenges are:

- Lack of information about the condition and, until recently, little awareness of it in the public domain.
- Recognition by individuals that it is a problem (Whitfield *et al* 2012).
- Accepting it as a mental health condition.
- Stigma (Seedat and Stein 2002).
- Shame (Seedat and Stein 2002).
- Lack of resources and/or services (Singh and Jones 2012).
- Feeling overwhelmed (Singh and Jones 2012).
- Too few mental health professionals appropriately trained to deal with the problem.

These challenges are barriers to individuals accessing help with their hoarding problems. Recent media coverage has compounded the situation, portraying negative images of individuals who compulsively hoard, and reinforcing the shame and stigma attached to the condition.

Visual methods and HOARD

Visual methods are those that incorporate the use of photographs, video and other images to stimulate dialogue, with many novel approaches being taken over the years (Wang 1999). Although not new, visual research methods have distinct advantages, especially where there may be extreme difficulty in 'putting things into words'. Therefore, a photograph or video clip of the hoarder's world has the capacity to generate a rich narrative. This can be empowering to the people involved and encourage them to disclose those areas that they previously felt unable to talk about (Hurworth *et al* 2005).

The principal benefits of visual approaches include the generation of future research questions, enhanced empathy with participants, and clear presentation of data through metaphor and story (Weber 2008).

Box 1 The HOARD acronym

- H Tell me what HAPPENED in this picture?
- O What would you like to OVERCOME and what are your goals?
- A Can you imagine life without ALL of this stuff?
- R How are your life and RELATIONSHIPS affected by this problem?
- D What would you like to DO about it?

Singh and Jones 2012

In a recent study Singh and Jones (2012) used visual methods as a means of understanding the disorder from the individual's perspective. Participants were asked to take photographs of areas of their home that they deemed to be cluttered. They were then asked to look at the photographs and answer five questions based on the acronym HOARD (Box 1).

Participants found that looking at the photographs of their cluttered space and answering the five questions helped them make sense of the problem and consider what they would like to do about it.

More recently, Jones and Singh (2013) asked participants to look at the photographs in two different environments. The first was in a neutral setting, such as a café, library or a friend's home, where there was no association with their hoarding, and the second was in their homes. The study found that when participants used the HOARD acronym in a neutral environment they felt it provided them with a sense of distance from their problem, reducing the sense of feeling overwhelmed. This enabled them to look at the problem objectively and plan a course of action.

Implications for practice

The traditional CBT model has its limitations in engaging individuals with compulsive hoarding syndrome, especially when focusing purely on their beliefs and behaviour. The introduction of other experiential tools such as visual methods and the approaches described above can be powerful. These approaches allow people to distance themselves from the emotions related to

Media coverage has portrayed negative images of individuals who compulsively hoard, and reinforced the shame attached to the condition

their hoarding and can be used by mental health professionals as a means of engaging individuals in addressing their hoarding issues. This helps individuals to develop an objective understanding of their problem and to start dealing with it. Additionally, such tools can help them develop the motivation to engage with services and, later, with treatment.

Conclusion

Individuals with compulsive hoarding disorder may present in mental health services as a consequence of recent media coverage of the condition. Mental health professionals need to be skilled and creative in engaging this patient group, but lack of information, stigma and shame are major barriers affecting access to treatment. Traditional CBT has its limitations and the incorporation of experiential methods, such as visual approaches, enhances engagement in treatment. The LHTG has been proactive in developing such creative ways of engaging individuals in therapy.

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Conflict of interest
None declared

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