

Taming Clutter: Hoarding Disorder Research and Treatment Advances

Carolyn Rodriguez, MD, PhD
Stanford University School of Medicine



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Overview

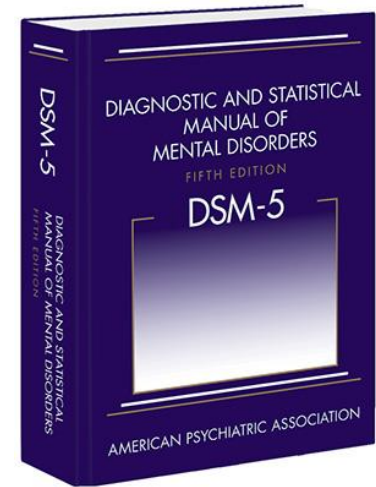
Diagnostic Criteria

Current Treatments

Challenges in Treatment

DSM-5 Criteria for Hoarding Disorder

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. Due to a perceived need to save the items and distress associated with discarding them.
- C. Accumulation of possessions that clutter active living areas and substantially compromise their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

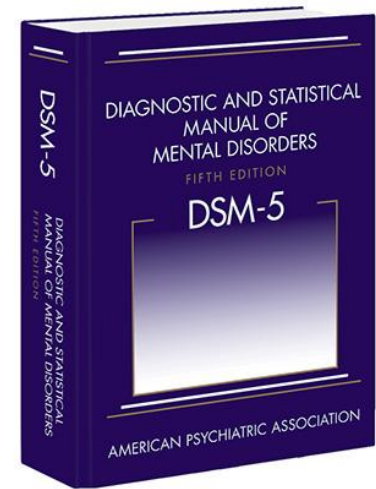


American Psychiatric Association, DSM-5, 2013

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DSM-5 Criteria for Hoarding Disorder

- D. 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. Not attributable to another medical condition (e.g., brain injury, cerebrovascular disease).
- F. Not better accounted for by another DSM-5 disorder (e.g., OCD, major depression, psychotic disorder, dementia, autism spectrum disorder).

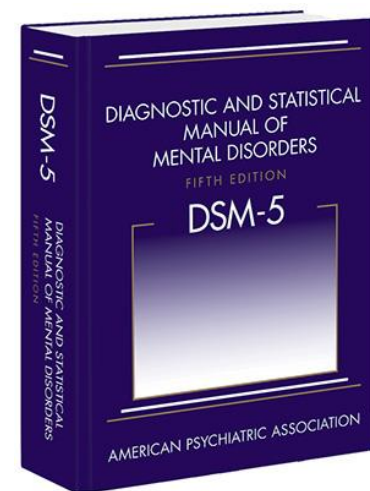


American Psychiatric Association, DSM-5, 2013

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Diagnostic Specifiers

- With excessive acquisition
- Insight
 - Good or fair
 - Poor
 - Absent (16% research clinic; 50% community)



American Psychiatric Association, DSM-5, 2013



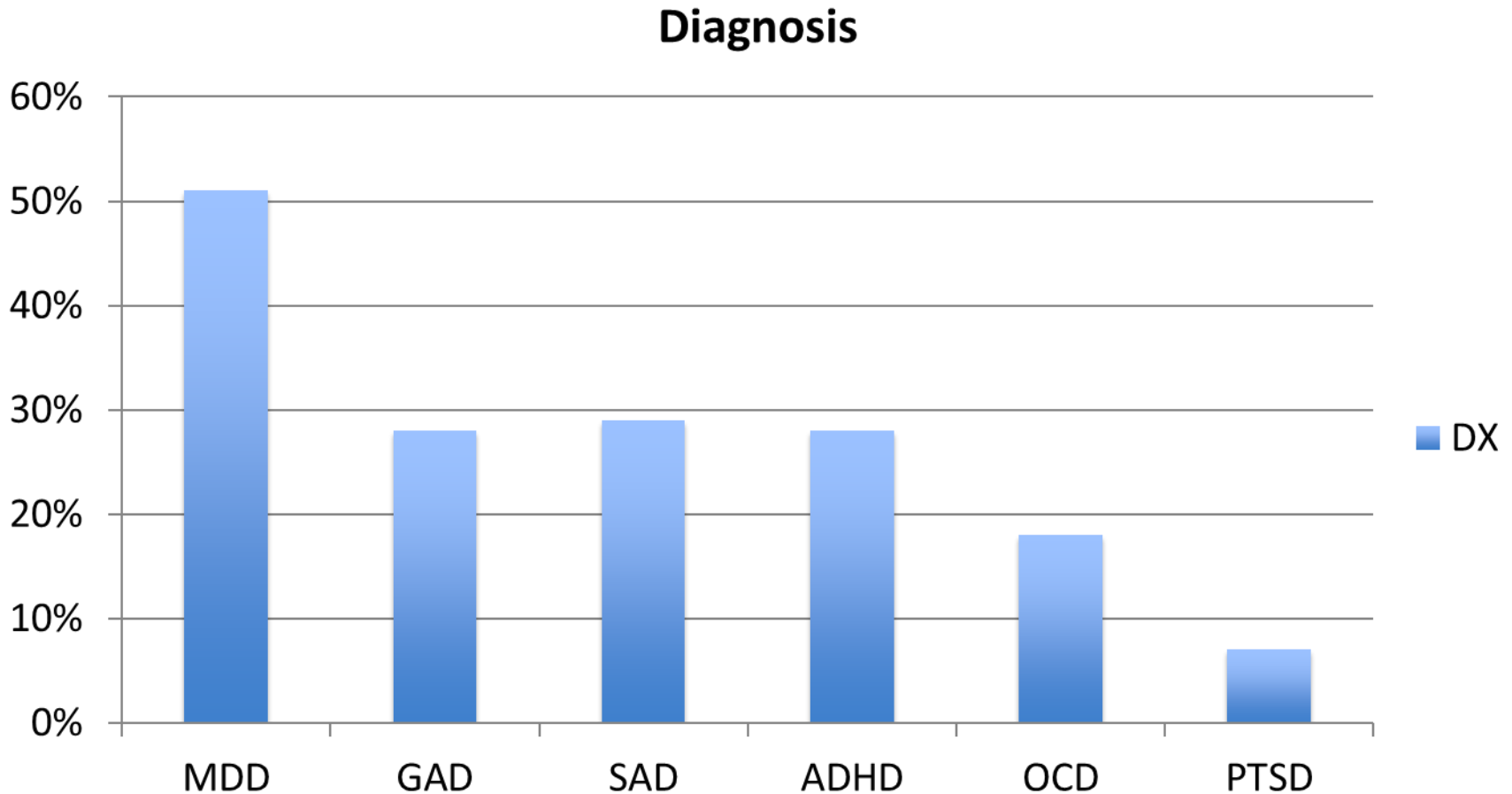
What about collecting?

Widespread, pleasurable

Survey: 30% British engage in collecting



Comorbidity with Hoarding Disorder



Frost et al., 2011

Epidemiology & Genetic Factors

Range **2%-6%** estimates of point prevalence in community samples in US and Europe

Metanalysis of **11** studies (n=53,378) reported the pooled estimate prevalence **2.5%**

Twin studies suggest that vulnerability to is inherited—with **heritability approximately 50%** — and that the remaining variance is due to nonshared environmental and other factors

Timpano et al., 2011; Postlethwaite et al., 2019; Mataix-Cols et al., 2010

Assessment of Clutter



1



2



3



4



5



6



7



8



9

Frost et al., 2007 (Clutter Image Rating Scale; CIR)

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Evidence Based Treatments?

Cognitive Behavior Therapy (CBT) for Hoarding Disorder

Shown **therapeutic promise in meta-analysis** weighted mean SI-R score decrease of **14 points (23%)**

Modalities

Individual (27-28%)

Group (10-30%)

Buried in Treasures Workshop (21-29%)

Led by Student/Trainee

Peer

With In Home Uncluttering

Tolin et al., 2015; Mathews et al., 2018

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Cognitive Behavioral Model




Frost and Hartl, 1996; Steketee and Frost, 2003

Vulnerabilities

- Family history
- Poor health or disability
- Indecisiveness
- Perfectionism
- Procrastination
- Attention focus - “Can’t see the forest for the trees”
- Emotion regulation

Information processing deficits

- Attention
 - Categorization
 - Memory
 - Perception
 - Association
 - Cognitive inflexibility
- 

Decision-making difficulties

Cognitive Behavior Therapy

Core Elements for Hoarding Disorder:

Psychoeducation

Motivational Interviewing

Techniques to Explore and Resolve Ambivalence about

Discarding and Not Excessively Acquiring

Practice in Resisting Acquisition and Discarding

Sorting, Decision-Making, Goal-Setting

Cognitive Techniques Designed to Modify

Dysfunctional Beliefs about Possessions

Tolin et al., 2015; Mathews et al., 2018; Steketee and Frost 2013

Medications Studied in Hoarding Disorder in Small Open-Label Trials

Paroxetine (Serotonin Reuptake Inhibitor) – 24-31%

Venlafaxine (Norepinephrine Reuptake Inhibitor) – 32%

Stimulants (Atomoxetine, Methylphenidate) – 25-40%

No Medication is FDA-approved for Hoarding Disorder

Saxena et al., 2007; Saxena and Summer, 2014; Grassi et al., 2016; Rodriguez et al, 2013



What Should You Recommend Next?

- **Self Help/Support Groups** (Book, Facilitated Group, Online)
- **Cognitive Behavioral Therapy** (Individual, Group)
- **Medication**
- **Services** (Case Management, Court Appointed Guardian, Cleaning and Removal Service, Professional Organizer)

Tolin et al., 2015; Frost et al., 2011 & 2012; Mathews et al., 2016, 2018; Saxena et al., 2006; Saxena et al, 2008 (Review); Saxena et al., 2011; Rodriguez et al, 2013 & 2016



Research

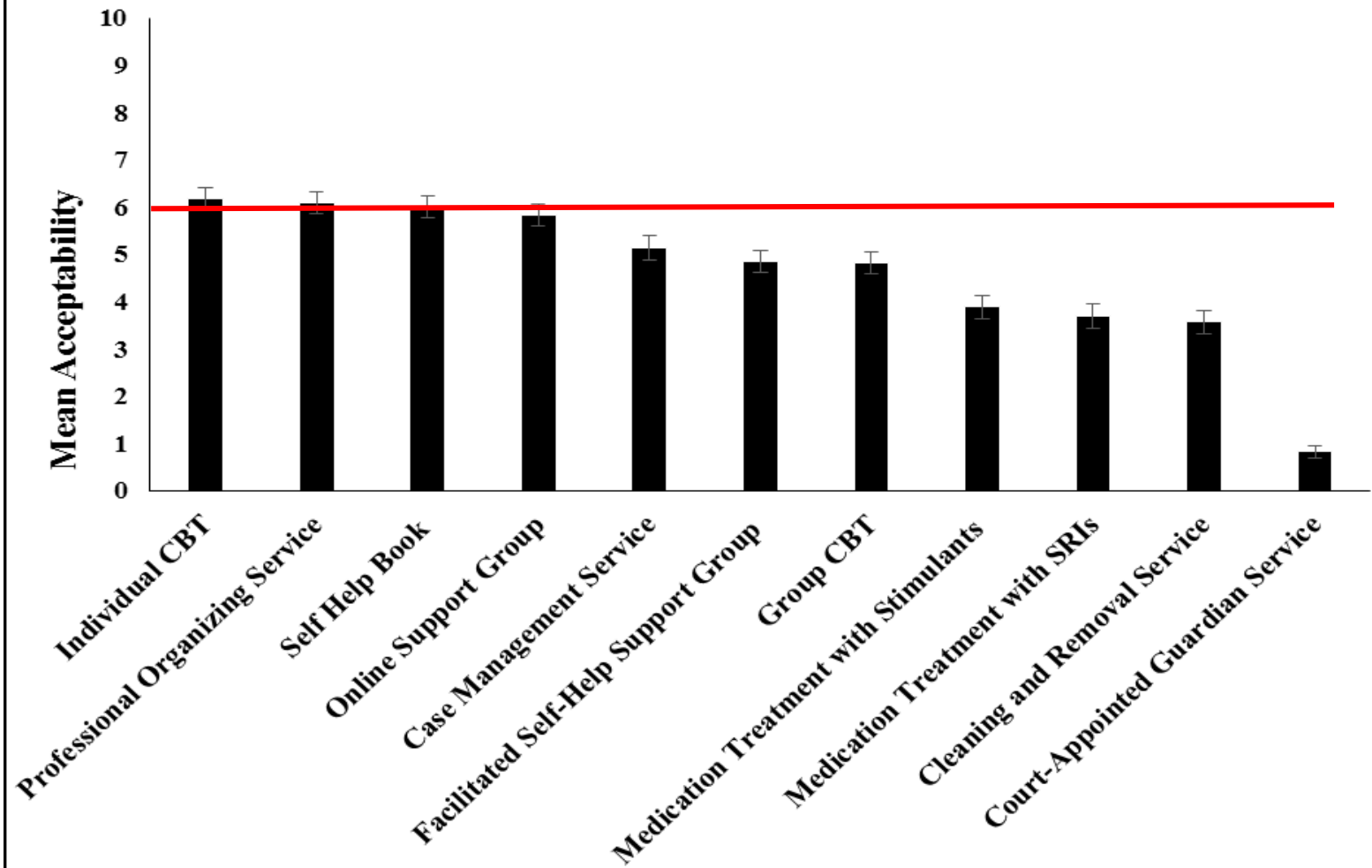
What Do Clients Want?

Online treatment acceptability study

N=203

Rodriguez et al., 2016

Acceptability of Treatments and Services (n=203)



Rodriguez et al., 2016

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Most Acceptable

CBT (Individual)

Professional Organizer

Self-help Book

ASPECTS: **Personalized care**
Being Held Accountable
Belief that treatment works

Least Acceptable

Serotonin Reuptake Inhibitor

Cleaning and Removal Service

Court-Appointed Guardian

ASPECTS: **No control over the process**
Anticipated distress/harm
Not Believing that the treatment works

Challenges

Impairing symptoms remain after treatment
Need more effective treatments

Under-utilization/Acceptability of treatments/services
Need better engagement of clients
(personalization, accountability)

Strength of attachments
Need better understanding

*Tolin et al., 2015; Frost et al., 2011; Muroff et al., 2012; Saxena, 2011; Tolin 2011;
Rodríguez et al., 2015; Rodríguez et al., 2016*

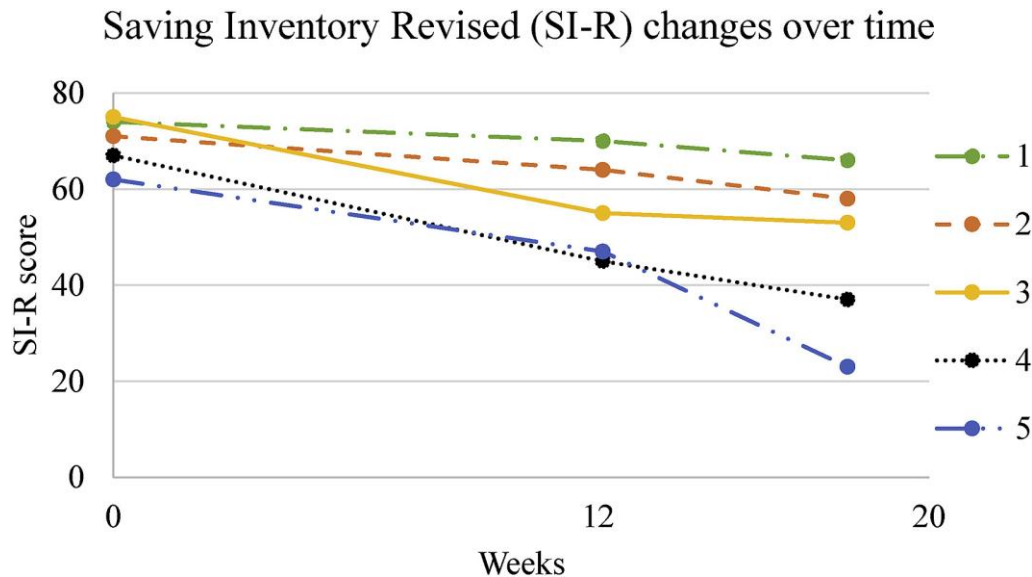
Research

Pilot Study (n=5)

In-home uncluttering sessions augment evidence-based hoarding treatment (Buried in Treasures)

15 sessions of BIT + 20 hours in home uncluttering

Improved hoarding sx, clutter, functioning
Feasible and well tolerated



Linkovski et al., 2018

Research

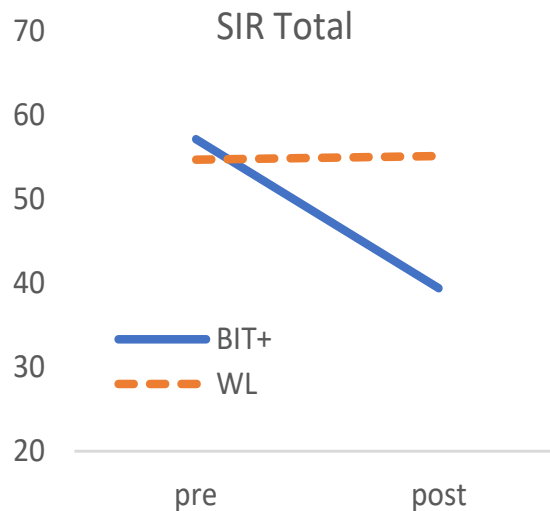
Waitlist Controlled Study (n=41)

Buried in Treasures + in home uncluttering (BIT+)

16 session of BIT + 20 hours of in home uncluttering

Improved hoarding sx, clutter, functioning

Feasible and well tolerated



Rodriguez et al., unpublished data

For Friends and Family

Get Information and Professional Help

Be Patient and Express Empathy

Be Positive and Praise Progress (even if slow)

Avoid arguments, negative comments

Roll with Resistance

International Obsessive-Compulsive Disorder Foundation (IOCDF; <https://hoarding.iocdf.org/>)
APA <https://www.psychiatry.org/patients-families/hoarding-disorder/expert-q-and-a>



Take Away Points

- 1. Hoarding disorder is common and impacts public health**
- 2. Possible to quickly screen for hoarding using Visual Scale**
- 3. Evidence based treatments can relieve symptoms**

Collaborators

Randy Frost, PhD (Smith)

Lee Shuer (Mutual Support)

Helen Blair Simpson, MD, PhD (Columbia)

Sapana Patel, PhD (Columbia)

David Tolin (Institute of Living/Hartford)

Omer Linkovski, PhD (Bar Ilan)

Rodriguez Lab



Related Resources

- Rodriguez & Frost (2022). *Hoarding Disorder: A Comprehensive Clinical Guide*. NY: American Psychiatric Association Press.
- Frost & Steketee (2010). *Stuff: Compulsive Hoarding and the Meaning of Things*. NY: Houghton/Mifflin/Harcourt.
- Tolin, Frost, & Steketee (2nd ed. 2014). *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding*. NY: Oxford University Press.

Related Resources

Rodriguez & Frost (2022). *Hoarding Disorder: A Comprehensive Clinical Guide*. NY: American Psychiatric Association Press.



Contact Us About:

Research Studies (Study Participants)

clutterhelp@stanford.edu

ocdresearch@stanford.edu

Research Collaborations

Translate discoveries into treatments

Follow us:  @RodriguezLabSU and @CRodriguezMDPhD

