

#### IN THIS ISSUE:

- Meet the Research Team
- NEHC Update
- Questions & Answers
- Summaries of Available Services
- Professional Organizer Tips
- Science Library
- Group CBT Treatment
- A Personal Account

New England Hoarding Consortium's

# Hoarding *newsletter*

SPRING 2008

*Compiled by Amanda Fabbro, M.A.*

## Welcome!

This is the third issue of a newsletter produced by the New England Hoarding Consortium (NEHC). The NEHC is composed 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.

In this newsletter, we provide an overview of the latest information from our numerous research studies, as well as review some important recent findings from studies that have been published by other researchers. We respond to some of the questions people ask us on our website, in the hopes that many of you will find these suggestions helpful as well. Some members of our staff have also prepared discussions of issues related to hoarding, and we have tips from a professional organizer for helping make efforts to organize as successful as possible. Finally, a participant who completed one of our group treatment programs shares some of her personal experiences with compulsive hoarding and treatment.

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 any reason you do not want to be on our mailing list, please email us at [adcresearch@harthosp.org](mailto: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. Because we do not charge for the newsletter, we prefer to email the newsletter rather than mail it, so if you have an email address, please let us know.

We plan to update our information regularly, and will continue to send you new issues of the newsletter. Our sincere hope is that you will find it helpful, and that the information will give you new insights and ideas for working on the problem of compulsive hoarding.



David Tolin, Ph.D.

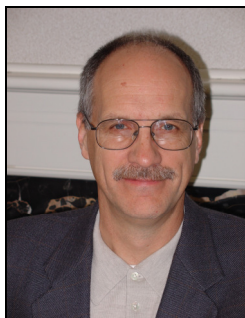


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## MEET THE RESEARCH TEAM

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



Dr. Frost is the Harold Edward and Elsa Siipola Israel Professor of Psychology at Smith College. He is an internationally known expert on obsessive-compulsive disorder and compulsive hoarding, as well as the pathology of perfectionism. He has published over 100 scientific articles and book chapters on these topics. His work has been funded by the National Institute of Mental Health and the Obsessive Compulsive Foundation. He is co-author with Gail Steketee of *Compulsive Hoarding and Acquiring: Therapist Guide* and an accompanying workbook published by Oxford University Press in 2007. Together with Dr. Steketee and Dr. David Tolin, he is co-author of *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding*, also published by Oxford in 2007. His research has been featured on a variety of television and radio news shows including 20/20 Downtown, Good Morning America, 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 across the country.

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### **GAIL STEKETEE, PH.D.**



Dr. Steketee, Professor and currently Interim Dean at the Boston University School of Social Work, has conducted multiple research studies of OCD and its spectrum conditions, including body dysmorphic disorder and the nature and treatment of compulsive hoarding. With colleagues Randy Frost, PhD and David Tolin, PhD, her recent NIMH grant developed a specialized cognitive and behavioral treatment for this syndrome. Additional research interests include the psychopathology of compulsive hoarding, and treatment of obsessive compulsive disorder and body dysmorphic disorder. She has published over 150 articles, chapters and books on OCD and related disorders. Her recent books include *Compulsive Hoarding and Acquiring: Therapist Guide* (Steketee & Frost) and *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding* (Tolin, Frost & Steketee), both by Oxford University Press in 2007, as well as *Cognitive Approaches to Obsessive Compulsive Disorder* (Wilhelm & Steketee, New Harbinger, 2006).

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



Dr. Tolin is the founder and Director of the Anxiety Disorders Center at The Institute of Living. The author of over 80 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 is 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 has been a recurrent guest, discussing compulsive hoarding, on Good Morning America, the Today Show, ABC Medical Mysteries, and The Oprah Winfrey Show.



## NEHC UPDATE



The purpose of this part of the newsletter is to bring you up to date on the research activity in our programs. People who hoard, and family members of people who hoard, have graciously volunteered to participate in our research and help us learn more about the nature and treatment of hoarding. It seems fitting, therefore, that you should be the first to learn of the results of our studies. The study results we describe here are "hot off the press" and are our way of saying "thank you" to all who have helped us learn about hoarding.

Drs. Randy Frost and Gail Steketee are the principal investigators of a study, sponsored by NIMH, called "Psychopathology of Compulsive Hoarding." The major clinical sites are at Boston University and the Institute of Living in Hartford. This is a large study in which we are interviewing people with compulsive hoarding and comparing them to people with obsessive-compulsive disorder and people with no mental health concerns. The aim of this study, which will continue for one more year, is to learn more about hoarding and associated mental health issues. If you live within 40 minutes of Boston or Hartford, please call us at 617-353-9610 (Boston) or 860-545-7685 (Hartford) to participate. We are also seeking participants who have obsessive compulsive disorder without hoarding and members of the community who have no psychiatric problems.

Dr. David Tolin is the principal investigator of a study, sponsored by Hartford Hospital, called

"An Internet Survey of Compulsive Hoarding," assisted by Drs. Frost and Steketee. You might have received an email from our program inviting you to participate. Amazingly, over 2,000 people responded, making this by far the largest study of compulsive hoarding ever conducted! One recent set of analyses, by our colleague Jessica Rasmussen at Boston University, explored the prevalence and characteristics of *squalor* (i.e., the presence of decayed food, pest infestation, animal waste, etc.) in people who hoard. Younger people reported a greater level of squalor in the home than did older people; neither gender nor race was associated with squalor. People with more squalor in the home also reported greater levels of depression, anxiety, stress, and obsessive-compulsive disorder symptoms. Our colleague Kristin Fitch from The Institute of Living analyzed some of the responses from family and friends of individuals who hoard. These participants described their loved one as having fair to poor insight on average; this was substantially worse insight than has been found in samples of OCD patients. In general, family and friends indicated that they viewed the problem as more severe than did their loved one, and that they were more distressed about it. We are about to start the next phase of this study. If you are on our email list (if you received this newsletter from us via email), look for a message from us in the coming months and please do consider participating. If you participated in our last survey, it's OK to do this one too; the questions will be different.

*Continued on next page*





Dr. David Tolin is the principal investigator of a study, sponsored by NIMH, called "Neural Mechanisms of Compulsive Hoarding." In this study, people with and without compulsive hoarding are put into a functional magnetic resonance imaging (fMRI) scanner so that we can observe their brain activity. While in the scanner, participants are asked to make the decision to discard personal possessions. The experimenter holds up pieces of the person's "junk" mail, and the person presses a button to indicate whether to discard it. If the participant opts to discard the item, it is placed into a shredder. In a previous study, we found that for people with compulsive hoarding, decisions to discard personal possessions activated brain regions associated with processing punishing or unpleasant events. Refusals to discard personal possessions activated regions associated with categorizing, as well as intense emotional processing. These results may provide insight into why people who hoard have such great difficulty discarding items: Decisions to discard may be experienced as punishing, and thus be avoided in the future. Unsuccessful decisions to discard may result from the inability to properly classify the item and thus be able to take action. This study will continue for the next three years. If you live within driving distance of Hartford, please call 860-545-7685 to participate.

Dr. David Tolin is the principal investigator of a study, sponsored by Hartford Hospital, of a study called "Neuropsychological Functioning in Compulsive Hoarding." Many of the people in our clinics and research programs have told us that they experience difficulty sustaining attention, trouble remembering things, difficulty making decisions, and other cognitive problems.

In this study, we are using standard neuropsychological tests to measure a range of cognitive abilities in people who hoard, as well as people with obsessive-compulsive disorder and people with no history of psychiatric disorder. This study will continue for the next six months. If you live within driving distance of Hartford, please call 860-545-7685 to participate.

Dr. Jordana Muroff at Boston University has received a grant from the OCFoundation to study the outcomes of a web-based treatment for hoarding that has been ongoing for several years now. If you are a member of that on-line group or on the waitlist for this group, and have completed one or more of our web assessments, we are very grateful for your help.

We continue to receive positive feedback about our 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* (Steketee & Frost, Oxford University Press) is a manual for clinicians who want to use cognitive-behavioral therapy for people with hoarding problems. *Compulsive Hoarding and Acquiring: Workbook* (Steketee & Frost, Oxford University Press) is a client manual designed to fit with the therapist manual. All three of these books are available at [www.oup.com](http://www.oup.com) or at your local bookstore or online retailer; you will also find an advertisement for the books in this issue of the *NEHC Newsletter*. We hope you find them helpful!

# Compulsive Hoarding Titles from the Research Team

## AS SEEN ON OPRAH

### Buried in Treasures

Help for Compulsive Acquiring, Saving, and Hoarding

DAVID F. TOLIN, RANDY O. FROST, AND GAIL STEKETEE

*Buried in Treasures* outlines a scientifically-based and effective program for helping compulsive hoarders dig their way out of the clutter and chaos of their homes.

Discover the reasons for your problems with acquiring, saving, and hoarding, and learn new ways of thinking about your possessions so you can accurately identify those things you really need and those you can do without. Learn to recognize the “bad guys” that maintain your hoarding behavior and meet the “good guys” who will motivate you and put you on the path to change.

#### Features of this book include:

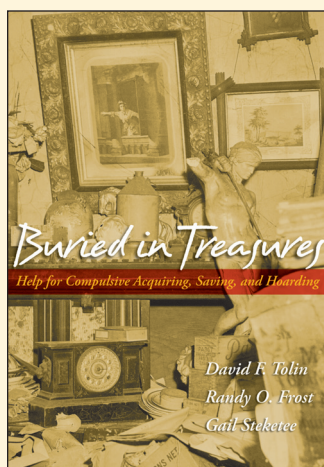
- Self-assessments to determine the severity of the problem
- Tips and tools for organizing your possessions and filing your paperwork
- Strategies for changing unhelpful beliefs about your possessions
- Behavioral experiments to reduce your fear of anxiety and fear of discarding

**“I would recommend this book to treatment providers, professional organizers and the compulsive hoarder. This book, if used properly, will guide the reader to clutter-free living!”**—Patricia B. Perkins, JD, Executive Director, OC Foundation, Inc.

**“The world’s leading experts on compulsive acquiring, hoarding and saving have presented their proven, step-by-step treatment in a practical, easy-to-understand format that will be useful to anyone who hoards, as well as any professional who treats this problem. If you are looking for ways to clear your clutter, you need to read this book now!”**—Martin M. Antony, Ph.D., ABPP, Professor, Department of Psychology, Ryerson University, Author, *When Perfect Isn’t Good Enough*

2007 152 pp.

978-0-19-530058-1 paper \$16.95



### Compulsive Hoarding and Acquiring

Therapist Guide & Workbook

GAIL STEKETEE AND RANDY O. FROST

*Compulsive Hoarding and Acquiring, Therapist Guide and Workbook* are the first books to outline an empirically-based and proven effective treatment for compulsive hoarding and excessive acquiring. Based on the principles of cognitive-behavioral therapy, the treatment program described aims to provide clinicians with the tools they need to help their clients manage their problems with clutter and organization. Elderly clients, as well as those with compulsive disorders have shown to be positively affected by participating in this program. It teaches individuals how to recognize errors in thinking and uses both imagined and real exposures to teach them the skills they need to manage their problem. Home visits by the clinician are also a part of the treatment, as well as consultations with a professional organizer if necessary. Homework exercises include monitoring progress, developing an organization plan and filing system, and sorting and organizing items room-by-room.

**“The treatment program presented in this therapist guide and accompanying workbook represents the first attempt to treat compulsive hoarding with any systematic evidence of efficacy. This program, originated by the widely acknowledged experts in the world in this area, leads to substantial improvement in most patients. In the most recent study, a group receiving treatment achieved close to a 50% reduction in hoarding systems, far superior to the group not receiving treatment. While we have much to learn about the nature in treatment of compulsive hoarding, this program represents the best hope for this intractable condition at the present time.”**—David H. Barlow, Editor-in-Chief, *Treatments That Work*<sup>TM</sup>, Boston, MA

#### Therapist Guide

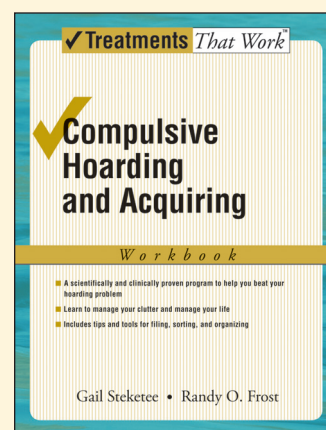
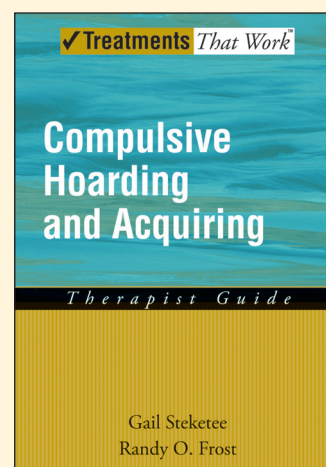
2007 224 pp.; 3 halftones

978-0-19-530025-3 paper \$39.95

#### Workbook

2007 160 pp.

978-0-19-531055-9 paper \$24.95



**DAVID F. TOLIN, PH.D.** is the founder and Director of the Anxiety Disorders Center at The Institute of Living. He received his Ph.D. from the University of Arkansas, and completed a predoctoral internship at Tufts University School of Medicine/VA Medical Center, Boston. Dr. Tolin is the author of over 70 journal articles and book chapters, and over 120 research presentations to national and international organizations.

**GAIL STEKETEE, PH.D.** is Professor at the Boston University School of Social Work. Her recent research, funded by the National Institute of Mental Health, focuses on diagnostic and personality aspects of compulsive hoarding and tests a specialized cognitive and behavioral treatment for this condition. She has published over 150 journal articles, chapters and books on OCD and related disorders.

**RANDY O. FROST, PH.D.** is the Harold Edward and Elsa Siipola Israel Professor of Psychology at Smith College. He has published over 100 scientific articles and book chapters on obsessive-compulsive disorder and compulsive hoarding and is co-editor of the Obsessive Compulsive Foundation (OCF) website on hoarding. His work on compulsive hoarding is funded by grants from the National Institute of Mental Health.

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## QUESTIONS & ANSWERS

**Q: I have a friend whose 15-room home has every room filled with clutter. The clutter looks worse than homes I have seen portrayed on television shows about hoarding. She does not have any family, and her friends are afraid for her safety. Is there anything we should do if we do not believe she is safe in her home?**

- Anonymous

**A:** For a person you fear may not be safe in their own home because of hoarding, there are several options. The first is to express your concern to the person using “I” statements. For example, you might say, “I am afraid for you. It seems to me that the amount of clutter is not safe because if you had a medical emergency or a fire, the medics couldn’t get in or you couldn’t get out of your house quickly enough. Can we talk about this?”

So first make it clear that you are concerned enough that you feel obliged to get the person some help. If the person refuses help or denies that there is any problem, reiterate your concern but do not raise your voice or become upset as this will just encourage them to become more committed to their position that there is no problem or they do not want help. If the person will not accept a referral to a mental health professional or professional organizer, indicate your intention to contact appropriate authorities who can help. Sometimes a region has a task force that coordinates agency services for hoarding. If so,

your town offices will probably know the best way to contact the task force. If there is no task force, you can contact any of several agencies that can be helpful. If the person who hoards is elderly, you can call the local Council on Aging office or the office of Older Adult Protective Services. If the person is an adult under age 55, speak to someone at the Board of Health if you are concerned about unhealthy home conditions. Or you can call the Fire Department if you are concerned most about the likelihood of a fire. You can also call the local Adult Protective Services. You can remain anonymous if you do not want the person who hoards to know that you made the call. Increasingly, these social service and public agencies are learning how to be helpful to people who hoard rather than merely punitive, but they must enforce the laws.

- Dr. Gail Steketee

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**Q: As a hoarder, I wake up and see all the mess and get too depressed to do anything about it. How can I fight the depression to follow through and throw things out?**

- Harriet J., Illinois

**A:** Your question is a common one for people with hoarding problems. If you are like most people, when you look at the mess it seems overwhelming because you don’t quite know where to start and you realize that you might work for hours and still not make a dent in

*Continued on next page*





what you see. Also you may anticipate having to experience a lot of distress in the process. At the same time, facing the mess might lead you to think unpleasant (and depressing) thoughts about yourself, while avoiding the mess also allows you to avoid those self-critical thoughts. Such things would make any of us want to avoid the whole thing. I have three suggestions for getting unstuck: changing your perspective about the task, establishing the “No Matter What” rule, and not beating yourself up for your efforts.

### **Changing Perspective**

It is easy to get discouraged when you see an enormous task in front of you. However, you can teach yourself to focus more narrowly, perhaps on just the top of a bookcase or the corner of a table. Sorting and clearing these narrowly focused spaces will be more manageable and help relieve some of the distress and urge to escape that you feel. Once that small space is clear, you can choose another small area on which to focus. You will be surprised how quickly you can see a change in a cluttered room.

The exact problem you focus on will also make a difference. At the beginning stages of solving a hoarding problem, focusing on changing the clutter may not be as helpful as focusing instead on changing the beliefs and behaviors that led to the clutter. Clutter is a consequence of acquisition and the inability to organize and discard possessions. If you change the way you think about your possessions and your decisions to save and discard them, the clutter will gradually decline on its own. While it is hard not to judge your

progress by how much the clutter declines, you can measure your progress by how much you change your attachments to possessions and the ease with which you can let go of them. If you succeed in changing your attachments to things, eventually the clutter will go away and not come back. While this space is too short to describe exactly how to do this, the exercises in our book *Buried In Treasures: Help for Compulsive Acquiring, Saving, and Hoarding* will give you a more detailed description. Finding a therapist who uses our treatment manual, *Compulsive Hoarding and Acquiring: Therapist Guide*, would be even better.

### **The NO MATTER WHAT Rule**

Solving a hoarding problem requires work. The people we see in treatment who get better are the ones who work at sorting and discarding in between treatment sessions. People who don't get better often tell us, “I couldn't work this week because I didn't feel well. I was too busy to work at it this week. I was too depressed to do anything. I wasn't home enough this week to work.” or even, “I just didn't feel like it.” It is fundamentally human to avoid tasks that are aversive and to find more pleasant ways of filling our time, and it's easy to find reasons not to do something that will be unpleasant. But if you wait to work on the clutter until you feel up to it, you risk never making the effort. And even if you do feel up to it, the first sign of distress may cause you to stop. In such cases working on the problem has become contingent or dependent on how you feel. If you feel bad, you stop (or never start) working. Over time this can result in stopping all efforts at change.



Instead of working on a feeling-contingent basis, make your work time-contingent. If you work for 10 minutes a day, REGARDLESS OF HOW YOU FEEL, your sorting and discarding will no longer be under the control of how you feel. You can set a plan for yourself to move the time from 10 to 15 minutes a day, then to 30 minutes a day or higher. For this plan to work, you must do three things. First, set the initial amount of time at something you can do, even if it is only 5 minutes per day. Second, you must move up the amount of time slowly. You can't jump from 5 minutes per day to 30. Finally, and most importantly, you must spend that amount of time working each day regardless of how you feel (the No Matter What Rule). This means you must work even though you feel depressed. In fact, you should allow nothing to stop the work short of being too physically sick to move.

Setting up an activity schedule such as this one and sticking to it even when you get depressed are components of a form of treatment for depression called "behavioral activation". You may find that by setting up such a program, your depressed feelings will be easier to tolerate and may even go away.

### **Don't Beat Yourself Up**

It is common for people with hoarding problems to become very critical of themselves for their inability to gain control over their possessions. We've seen countless examples of people who are so self-critical that they experience extreme distress when they begin to attack their clutter. If they give up the effort, the immediate distress goes

away, though they are left with the long term consequences of clutter. It is important (and yes, possible) to suspend these beliefs and separate the state of your home from your evaluation of yourself as a person. Try suspending these thoughts while you work on the clutter. Remember, your value as a human being is independent of the things you own.

Surprisingly, our research has shown that people who hoard often suffer from perfectionism or the tendency to be overly critical of their own mistakes. This can get in the way of decluttering in that people do not believe they can clean a room in such a way that it meets their overly stringent standards. Since the anticipated end is unsatisfactory, they don't have the motivation to start. Teaching yourself to relax these excessively high standards and not criticize yourself for not having done things perfectly will make the task easier. To treat people who are highly perfectionistic, we frequently ask them to make mistakes and do things less than perfectly. Try it and see if it untangles the roadblock that's keeping your home cluttered.

- Dr. Randy Frost

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**Q: How is hoarding different from collecting? Collectors often have just as much stuff, but are not designated as hoarders, suffering from obsessive-compulsive disorder, or being seen as abnormal by others. What is the difference?**

-Vicki U., Maryland





**A:** Many people collect things. In fact, most of us probably have a collection of some kind, whether it's books, stamps, coins, shoes, or whatever. I'm partial to fishing equipment myself. In each of these cases, the collections have some degree of intrinsic value. That is, many people would agree that the items are valuable or nice. Even if we don't share that enthusiasm (for example, you may not be particularly interested in fishing), it's still usually easy to recognize that others would find it valuable or interesting. By contrast, in compulsive hoarding, the items acquired and saved would usually be considered by most people to be useless or of limited value. For example, a large number of old newspapers would not be recognized by most people as particularly useful or nice—even if those newspapers potentially contain useful information. Often, hoarded items have some value, but that value is undermined by the huge amount of stuff. So, for example, one might be able to make an argument that an empty yogurt container is potentially valuable in some small way—but it would be much harder to argue that 100 or 1000 empty yogurt containers are valuable. Added stuff does not equal added value.

Collections also bring pleasure to the person who enjoys looking at, using, or showing off the items. Going back to my fishing equipment, I actually enjoy going out and using it. Do I have more than I need? Probably, but I still take pleasure in it. Someone else might enjoy showing their stamp collection to their friends, or proudly displaying their coin collection. The bottom line is that in some way, the collection makes the person a little bit happier. By comparison,

most of the people we've met with compulsive hoarding are very unhappy about their situation. Even if they have a hard time recognizing what the problem is (as many do), or even if they get defensive when family or friends challenge them about the clutter (as many do), they nevertheless feel pretty lousy. A collection is something you own that adds to your quality of life; clutter is something that owns you and detracts from your quality of life.

Finally, most of us who have collections take at least reasonable care with the collections. Usually we have a designated place where the collection goes, and we store it carefully so that the items don't get damaged. I like my fishing equipment, so I put it on a special shelf in my basement and keep it wrapped up when I'm not using it. I wouldn't toss it on my bed or leave it on the living room floor, because it would get damaged that way. Stamp collections are usually placed in an album, doll collections are usually displayed on a shelf, and so on. By contrast, people who hoard frequently store their possessions in a haphazard manner, with no rational organizational scheme, to the extent that the clutter takes over the living areas of the home. As a result, their "treasures" get buried under piles of stuff and are often broken or damaged as a result. When we treat everything as if it were a treasure, it all ends up becoming trash.

-Dr. David Tolin

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♦ If you have a question regarding compulsive hoarding that you would like answered, please contact us via email at [adcresearch@harthosp.org](mailto:adcresearch@harthosp.org).



## SUMMARY OF AVAILABLE SERVICES AT THE INSTITUTE OF LIVING

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 family consultations, and group therapies. 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.

<b><i>Diagnostic Evaluation</i></b>	The evaluation is a 3 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.
<b><i>Group Therapy</i></b>	Group therapy is an additional treatment option, and consists of groups of at least six people within the area. Group members travel to clients' homes, which must be located within 30 minutes from Hartford.
<b><i>In-Person Family Consultation</i></b>	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.
<b><i>Telephone Initial Evaluation</i></b>	Individual initial assessment is also available over the phone and lasts about 2 hours.
<b><i>Telephone Therapy</i></b>	Therapy sessions can be administered over the phone. Each session lasts 45-50 minutes.
<b><i>Telephone Family Consultation</i></b>	Family consultations also have the option of being carried out over the phone. These sessions also last approximately 45-50 minutes.
<b><i>In-Home Consultation</i></b>	Qualified health professionals are also available to attend home consultations and treatment visits. Sessions last 90 minutes and vary in rate based on location. Special 2-day intensive consultation and treatment packages can be arranged for people who live a long distance from our clinic.



## SUMMARY OF AVAILABLE SERVICES AT BOSTON UNIVERSITY SCHOOL OF SOCIAL WORK

The Boston University School of Social Work provides services for those with compulsive hoarding and their families who are interested in participating in our research projects. We are not a full service clinic. Services include initial telephone screening and referral, diagnostic assessment, group treatment, and support groups.

A description of the services offered 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.

<b><i>Initial Telephone Screening and Referral</i></b>	Initial telephone assessment of hoarding problems is available by phone to determine eligibility for research opportunities, services and referral.
<b><i>Diagnostic Assessment</i></b>	The evaluation is a 3-4 hour in-person clinical individual assessment of symptoms related to compulsive hoarding or OCD, as well as other problems.
<b><i>Group Treatment</i></b>	Group therapy may be available for six or more people with hoarding who live within 40 minutes of Boston so group leaders can visit clients' homes periodically.
<b><i>Support Groups</i></b>	Weekly support group meetings are open to people with hoarding who have already completed individual and group cognitive and behavioral treatment but want continuing support to make further progress and maintain their gains. These groups take place in Kenmore Square at the Center for Anxiety and Related Disorders.





## PROFESSIONAL ORGANIZER TIPS

### **MAXIMIZING SUPPORT & MINIMIZING STRESS AS YOU ORGANIZE**

Living in a constant state of chaos and clutter requires more than a magic wand and wishful thinking to get things under control. People need focus and direction, and they often find that working with a professional who will support them in a sensitive and empathetic manner is helpful.

Selecting a professional organizer who has the skills to work with clients who have chronic disorganization and/or hoarding can have a huge impact on the outcome of the client's success. In the same regard that professional organizing supports the client, so can other forms of support, such as coaching. Coaching is a tool to facilitate the growth process when working with people who are challenged with clutter and chronic disorganization. Professional organizing helps people work toward solutions by learning to take control of their surroundings, time, paper, possessions, and implement more systematic, organized approaches to daily life. Coaching can help people accept who they are and look for ways to overcome obstacles.

Usually, when a person reaches out for a professional organizer it is a good indicator that there is enough motivation for positive change to occur. Having as much support as possible from multiple people can help people minimize stress while they deal with clutter, and maximize their potential to maintain change over the long term.

Once the decision has been made to live clutter-free, it is helpful to start with a well laid out plan, which you can think of as a "blueprint" for success. One good idea in creating a plan is to

give your plan specific time limits. Break it down into three parts; short-term goals, mid-term goals, and long-term goals. Enforce deadlines and time constraints for yourself within each term. Once you have executed a part of your plan, be sure to measure your success. By keeping track of your changes, you are holding yourself accountable, which makes you more likely to achieve your desired results.

Here are some additional tips that can help minimize stress levels and introduce the concept of living an organized life:

#### **Plan your day**

Get organized the night before by planning the next day. Choose what clothes you will wear, pack your lunch, and take care of any loose ends that evening to free up your morning schedule.

#### **Arrive early**

Wherever you need to be – job, appointment, or school activities – getting there a few minutes earlier will help get you settled and more organized.

#### **Get enough sleep**

Don't under estimate the power of a good night sleep. A well-rested person has a well-rested mind!

#### **Watch your time**

Wearing a watch or simply having a clock in your office will help keep you conscious of your time for proper planning and eliminate some of the worry of being late.

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### Decide what's important

Simplify your life by figuring out what you do and don't want to do. Some things need to be done and some don't. Think of this even when it comes to invitations and social gatherings; select the best and leave the rest.

### Use tools

A great way to eliminate paper clutter is to use a corkboard. Use a label maker to make specific headings such as; grocery list, things to do, invitations, coupons, etc. It's a convenient way to keep important items in sight and remember important dates.

♦ Patricia Diesel is a professional organizer, certified empowerment coach, and columnist. She writes for several publications (including a weekly column, "Uncluttered," for Courier News), and makes media appearances to discuss chronic disorganization and hoarding. Her companies, Keep It Simple Now, LLC and Simply Bookkeeping, LLC, offer organizing, coaching and financial services, as well as workshops, seminars, and support groups. Ms. Diesel is certified by and a member of the National Association of Professional Organizers (NAPO), National Study Group on Chronic Disorganization (NSGCD), Institute for Professional Empowerment Coaching (IPEC), and National Speakers Association (NSA). For more information, client testimonials, or to preview her latest book, "A Simple Guide to an Organized Life," please visit her website at [www.KeepItSimpleNow.com](http://www.KeepItSimpleNow.com), or call (908) 766-9670.

## Be a Part of the Research!

Do you have a problem with clutter, or have a family member who does?

The Anxiety Disorders Center is currently looking to recruit **family member pairs** for an upcoming internet-based research study. Participants will complete several online surveys and will be entered into a drawing for a raffle prize.

To be eligible participants must meet the following criteria:

- **Must be age 18 or older**
- **Must make up a pair consisting of:**
  - 1) a family member with a clutter problem, *and*
  - 2) a family member without clutter issues.
- **The pair must either live together, or be parents, children, or siblings of one another.**

If you are interested in participating in this study,

**please call the Anxiety Disorders Center at (860) 545-7039.**

Please provide your contact information and we will alert you when the study is available.



## SCIENCE LIBRARY

### *Some current findings in the field of compulsive hoarding*

#### **Neuropsychological Impairment Associated with Compulsive Hoarding**

*Behaviour Research and Therapy*, 45:1471—1483, 2007, J.R. Grisham, T.A. Brown, C.R. Savage, G. Steketee, D.H. Barlow

This study compared people with compulsive hoarding, people with other anxiety and mood disorders, and people without any psychological disorders on tests of some cognitive abilities. Researchers have theorized that compulsive hoarders may have problems in memory, attention, and decision making, but this was the first study to use laboratory tests to investigate these cognitive abilities in compulsive hoarders. The study used many tests, including one particular computer test that measures attention by flashing a series of letters on the screen, and having participants press a button every time a letter that is not “X” appeared on the computer screen. Compared to groups of people with and without other mood and anxiety disorders, the group of compulsive hoarders had more difficulty with this test. They took longer to respond to the letters, were more inconsistent in the time it took them to respond, and made more mistakes in deciding whether to press the button or not. However, this study did not find any differences between hoarders, people with other anxiety and mood disorders, and people without any psychological disorders on a test that measures how people make decisions that involve potential rewards or losses. The results of these tests, as well as other tests used in the study, suggest that hoarders may have difficulty staying focused on tasks, and an impulsive decision making style, both of which could make it harder for them to organize their possessions.

#### **Obsessive-Compulsive Hoarding: Symptom Severity and Response to Multimodal Treatment**

*Journal of Clinical Psychiatry*, 63:21—7, 2002, S. Saxena, K.M. Maidment, T. Vapnik, G. Golden, T. Rishwain, R.M. Rosen, et al.

This study investigated differences between 20 patients with OCD who had compulsive hoarding symptoms, and 170 patients with OCD with non-hoarding symptoms, before and after they received medication, cognitive-behavioral therapy, and psychosocial rehabilitation for 6 weeks. Before treatment and after treatment, the OCD patients with compulsive hoarding were more impaired and had higher levels of anxiety overall than the non-hoarding OCD patients. Both the OCD patients with compulsive hoarding and the patients without hoarding improved significantly with the treatments, but patients without hoarding had less severe OCD symptoms than patients with compulsive hoarding after treatment.

#### **Do Traumatic Events Influence the Clinical Expression of Compulsive Hoarding?**

*Behaviour Research and Therapy*, 45:2581—2592, 2007, K.R. Cromer, N.B. Schmidt, D.L. Murphy

Researchers have suggested that traumatic experiences may be one reason obsessive-compulsive symptoms, including compulsive hoarding, can begin suddenly for some people. This study investigated experiences of traumatic life events in 180 people with OCD, 24% of whom met criteria for hoarding. OCD patients with compulsive hoarding were more likely to report having experienced at least one traumatic life event than OCD patients without hoarding symptoms. Among the OCD patients with compulsive hoarding, the patients who had experienced traumatic life events had more severe hoarding symptoms than the patients with hoarding who had not experienced any traumas. This was the case even when the researchers took into account differences in age, depressive symptoms, overall OCD symptoms, and age when the OCD symptoms began. These results suggest that there is a firm relationship between a history of traumatic life events and greater severity of hoarding symptoms among OCD patients with compulsive hoarding.





## GROUP CBT TREATMENT FOR COMPULSIVE HOARDING

By Jordana Muroff, Ph.D.

*Looking around the room at one another, one group member remarked “I guess hoarding is a problem for ‘middle-aged’ people – look at all of us”. Laughter ensued...*

The Anxiety Disorders Center at the Institute of Living and Boston University’s Center for Anxiety and Related Disorders (CARD) offer group CBT treatment for compulsive hoarding. This group intervention includes the skills found in the individual model (e.g., motivation, sorting, organizing, problem solving) but meeting in a group may have some other advantages. While research on group CBT treatment for compulsive hoarding is limited, it shows benefits and promise. Our clinical experience conducting groups combined with research on group interventions for other related conditions as well, has made us more aware of the potential benefits.

Social isolation, loneliness, and shame tend to be common among people with compulsive hoarding problems. Bringing people together with this similar problem may reduce this isolation, secrecy, and shame. Witnessing others’ stories and courage may be motivating, inspirational, and foster hope and sharing among the group members. Initially, the group therapists may have a more active role, however, often group members begin taking over the role of providing advice and support to one another. The group members may support each other around distress and problematic beliefs, sharing techniques and resources.

When supporting others, the helper may also learn more about him/herself and the techniques. While each member may be at various points in their hoarding treatment, other members may serve as models for their current and or next steps. Viewing other members sort and discard may support others toward positive change.

Additionally, people with hoarding difficulties sometime note the challenge of sorting and discarding by themselves and desire having someone assist them who truly understands their problem and will respect their pace and rules. Thus, group members may work on sorting, organizing, and discarding outside of the group with fellow group members. By working together, each person has the opportunity to practice being a “coach”, as well. Group members may call and/or email one another for support and inspiration between group sessions, as agreed upon.

Closeness and cohesion may vary across groups; however, group members often provide warmth, support, and feedback to others in the group. Such consideration and validation may be especially meaningful since the group members are not obligated to be especially kind or helpful, as it is not their job or formal role (in contrast to the therapist). Support and positive connections in group may also encourage attendance and promote participation.

Finally, advantages of group treatment also may be logistical; for example, group treatment tends to be less expensive than individual treatment and a greater number of people gain access to hoarding experts.

A positive group experience may not guarantee positive outcomes with compulsive hoarding; however, there seems to be a number of advantages of group CBT treatment for compulsive hoarding. Definitely worth further exploration!



## INSIDE VIEW: A PERSONAL ACCOUNT

***This anonymous personal account shares some of the ways hoarding affected the life of one of the patients who completed group treatment for compulsive hoarding at one of our centers, as well as her experience with treatment.***

Hoarding has been a problem for me since I was about 18 years old. My father thinks he passed along a “bad gene” for losing things and being disorganized, but he’s not as bad as my brother and I with clutter and disorganization. I’ve always been called a “packrat.” Over the years, my mother would throw things out, and I would get mad because she would throw out things that I wanted to save. I grew up in a neat family though, so when I see things out of place it’s distressing. For me, it has been years of boxes full of stuff all over the place, clutter all over the place, dishes undone, and all surfaces of my home cluttered.

Numerous people, including my parents and different boyfriends, have tried to straighten things up. But then everything would get back to the way it used to be, and they would get frustrated. My mother would actually get mad. It’s both comical and sad to think of all the people who have tried to help straighten things up over the years, only to have things return to how it was. They were always left bewildered. I’ve had roommates get angry with me, and my father even suggested setting a bonfire with all my things. I remember one time when I had a new boyfriend, my father told me not to bring him to my apartment

until my father could drive from 3 hours away to come clean it. I knew he was right that it needed to be cleaned and I ran around like crazy trying to straighten up, so by the time my boyfriend got there I didn’t have any energy left! Another time, a man came to repair my sink. I had to have my boyfriend stand between the repairman and the table to hide the table as I tried to clear it off, to get things to look at least a little more decent. All in all, I’ve tried to keep things neat, but it just never works out.

After years of struggling with disorganization and clutter, and feeling overwhelmed by all the stuff and not knowing what to do about it, I had just had enough. I probably would have sought help sooner if I had known it was available. I had bought so much stuff from CVS I should probably own stock in it!! I was planning to make a big move across the country, and that was a big motivator for me to start the group and throw things out. With a cross-country move you pay for everything you take with you, so that was extra motivation for me.

In my group treatment, the therapists would have us practice throwing things out. Sometimes the things we would bring in were comical, and we all would enjoy laughing with each other. The group learned about distorted ways of thinking about things, including clutter, which helped me change those thought patterns. It showed me I had distorted thinking in other areas of my life as

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well, so I could apply the things I learned to those areas too. Going through treatment with other people definitely made it more enjoyable. I felt that I wasn't alone with this problem of hoarding, and the support of others was helpful.

I would advise anyone considering starting treatment that it's excellent, it would be very helpful. While I was doing the group I considered it the most important thing happening in my life at the time because of the enormity of the problem, the length of time I've had it, and the amount that it's disrupted my life. I would advise people to make the time to focus on it and make it a priority. It's probably not good to be doing some other major life task while you're working on the hoarding, because that would be more stressful. Most of my focus while I was doing the group was on the hoarding. Throwing things out does cause some anxiety and I felt I just had to focus on that project. It might be helpful if you are thinking about working on your hoarding to know ahead of time that you will experience anxiety when you start throwing things away, and that anxiety is normal under the circumstances! Having the group format allowed members to share their anxiety and get support and deal with it together. A few people dropped out, which was sad because it's a group that can really change your life.

I threw out a lot of stuff out during the group, so I have a lot fewer papers and other items. There's still a ways to go that remains a huge challenge, in terms of how to organize the stuff that I do keep, but my level of distress is reduced to some degree. I still struggle with disorganization—too many things on my table and surfaces—but I do have fewer things, and that's a good thing. As I go through some of the rest of the stuff, I'll be able to apply the skills I learned. There are more things that I can throw out than I used to think—I used to think I had to save everything. I'm also bringing fewer things into the house, especially paper items, because I know what happens to them: they just pile up! I don't accept free things from people anymore, and it's much easier for me to throw out newspapers. At some point I hope to apply these skills to my email, where I have over 2500 messages saved. I have a hard time deleting them, but I know I don't need most of them, and I think once I sit down to do it I can apply the skills I learned to that too. I still have more things to throw out that I didn't get to during the group, but I feel like it became a lot easier for me to throw things out. Occasionally I even enjoy it!

♦ If you would like to contribute a personal story to the newsletter, please contact us at [adcresearch@harthosp.org](mailto:adcresearch@harthosp.org). We are interested in stories from people who hoard, as well as from their loved ones.





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