

Chronic Disorganization and Hoarding: An Introduction for Mental Health Professionals

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The Phenomenon of Chronic Disorganization

- Chronic disorganization is defined by past, present, and future:
 - Past efforts at self-help have failed
 - Daily or near-daily negative consequences from disorganization
 - No reason to expect a natural resolution in the future
- People who are chronically disorganized typically have trouble with organizing . . .
 - Objects (categorizing, anticipating how much space is needed, etc.)
 - Data (paper or electronic)
 - Time (being on time, estimating how long tasks/events will take, etc.)
 - Thoughts (sequencing, tracking, maintaining focus, etc.)
- Compare to situational disorganization (SD):
 - Caused by temporary circumstances (e.g. life transitions [marriage, divorce, job change], unexpected events/disasters [fire, flood, crime], presence of young children)

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The Phenomenon of Chronic Disorganization

- ◉ “Discovered” by Institute for Challenging Disorganization (ICD; formerly National Study Group on Chronic Disorganization), a professional organizing specialty group
 - Professional organizing is not a licensed or regulated profession, but is useful as paraprofessional adjunct to psychotherapy
 - My status as both mental health counselor and professional organizer is atypical
 - ICD offers education and credentialing to work with CD clients
 - A very narrow niche: As of Feb. 2011, only 202 POs worldwide hold the CD Specialist or higher credential

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The Phenomenon of Chronic Disorganization

- ◉ Organizing is about the “stuff”: objects or paper and where to put them
 - The further the issues get from the “stuff,” the less effective standard organizing is
- ◉ CD organizing has developed as a form of nonclinical coaching to address the cognitive and behavioral issues that lead to or contribute to the problem, in addition to teaching organizing strategies
 - POs can serve as a paraprofessional adjunct to psychotherapy
 - POs can be “safe” with cognitive and behavioral issues, but should not attempt to address emotional issues
- ◉ Hoarding is not about the “stuff”; it is about the person’s attachments to the stuff

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The Phenomenon of Hoarding

- Just as professional organizing stumbled upon chronic disorganization, it also “discovered” hoarding:
 - Research (predominantly by Frost, Steketee, Saxena, recently Tolin) has been active since the 1990s; professional organizing and media coverage (some good, most exploitative) brought it to awareness of general public
 - Standard POs and even many CD POs are outside their boundaries of competence when working with people who hoard
 - Television show *Hoarders* (A&E channel) exemplifies this

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The Phenomenon of Hoarding

- Hoarding is defined by Frost & Hartl (1996) as:
 - “(1) accumulation and failure to discard a large number of possessions that appear to most people to be useless or of limited value,”
 - Items might be purchased, received free or as gifts, inherited, stolen
 - Distinct from collecting of items of some value and/or interest; collections are maintained with care and shown to others with pride
 - “(2) extensive clutter in living spaces that precludes activities for which the rooms were designed,”
 - e.g. Can’t bathe in tub, sleep in bed, cook on stove, leave through entry/exit halls or foyers
 - “and (3) significant distress or impairment in functioning caused by the hoarding.”
 - Not necessarily both. Lack of insight can prevent distress other than that brought on by “interference” from others.

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The Phenomenon of Hoarding

- ◉ My simplified definition of hoarding:
 - The acquiring and keeping of so many possessions that areas of the home become unusable, yet the person continues to avoid any meaningful reduction of the belongings.
- ◉ Hoarding is distinct from, but can resemble or co-occur with:
 - Compulsive acquiring (“shopaholism”)
 - Acquisition without retention is not hoarding
 - Organized over-owning
 - Must examine the nature of the person’s attachment to the items
 - General squalor, self-neglect
 - Some personality disorders
 - Chronic disorganization
 - Visually and behaviorally similar, psychologically different. Distinction requires knowledge of both CD and hoarding

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The Phenomenon of Hoarding

- ◉ Research into hoarding highlights lack of insight, but CD POs’ experience shows ample cases of clients with moderate to high insight that their hoarding is a problem
 - Clients with little to no insight tend to be less reality-based overall; often the subjects of the sensational TV shows
- ◉ Not a disorder in DSM-IV; behavior is mentioned only as symptom of OCPD
- ◉ Under consideration as newly defined anxiety disorder for DSM-V (see dsm5.org)
 - Initial research into hoarding as subset of OCD has largely given way to studies refuting this link
 - Effect of OCD meds is statistically insignificant
- ◉ My hypothesis: Hoarding is not a discrete disorder; it is a symptom of a number of already defined disorders

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People Who Hoard . . .

- Demographics:
 - Age: Begins in adolescence and escalates through adulthood; severity increases with age
 - Prevalence: Unknown; Steketee & Frost “guess” 1-2% of population, Tolin has stated in interviews up to 4%
 - Geographic region: Happens everywhere; more noticeable in areas with attached vs. detached homes
- Common misconceptions—all people who hoard:
 - Are financially disadvantaged/unskilled/unemployed
 - Are uneducated/unintelligent/not in touch with reality
 - Live in “bad” neighborhoods
 - Lack willpower and work ethic
 - Have no shame/no pride in self or condition of home
 - Need to solve it themselves: Their problem is not our problem

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People Who Hoard . . .

- Most frequently asked question: Why do they keep garbage?
 - They don't realize it's garbage
 - Their conscious reasons for saving are the same as yours, but taken to extremes:
 - Sentimentality
 - Obligation
 - Frugality/avoidance of waste
 - Aesthetic appreciation
 - Functionality/usefulness

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Dangers of Hoarding

- Dangers to the individual:
 - Psychological:
 - Shame, guilt, fear
 - Compartmentalizing, isolating, denial, other defenses
 - Exacerbation of comorbid depression, anxiety, substance abuse, untreated complicated grief or trauma, etc.
 - Physical:
 - Injury from tripping, objects falling, structural failure
 - Poor nutrition due to unsafe food storage, inadequate cooking and food prep areas
 - Respiratory illness from dust and mold
 - Chronic pain/immune deficiency from above plus poor sleep, lack of heat/AC
 - Entrapment (inadequate egress)

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Dangers of Hoarding

- Dangers to the individual:
 - Interpersonal:
 - Reluctance/refusal to have guests or visitors = loss of natural supports
 - Marital/family discord
 - Job stress
 - Financial problems from compulsive acquiring and from losing mail/bills
 - Charges of child neglect or abuse
 - Eviction, homelessness

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Dangers of Hoarding

- Risks to the family:
 - Emotional impact: Splitting, triangulation, guilt and blame cycles
 - Social impact: Loss of friends, judgment from in-laws
 - Possible removal of minor children from home
 - Can be a chronic problem that runs in the family
- Impact on the community:
 - Neighbors: Pests, rodents, fire, even structural failure
 - Of particular concern with shared-wall spaces (apartments, condos)
 - Emergency personnel: Entrapment
 - Neighborhood group dynamic: Splitting, scapegoating within the neighborhood

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Key Ethical Problems

- The need for abatement, esp. when truly urgent (e.g. with children in the home), often conflicts with client autonomy and results in traumatizing interventions
 - Fed-up family members often contact POs and ask for involuntary cleanouts
 - Can result in PS referral and removal from home
 - CD-specialist POs are more humane choice than CLS workers or junk-hauling companies for mandated cleanouts
- Children can suffer severe emotional consequences from growing up in a hoarded home, but also from removal
 - www.ChildrenOfHoarders.com: self-help resource for adult children of people who hoard
 - *My Mother's Garden*: documentary film illustrating this

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CD vs. Hoarding: Predominant Thoughts and Behaviors

Chronic Disorganization	Hoarding
Unable to decide	Unwilling to discard
Worried about potential need for items	Over-valuing of items for function, sentimentality, resale, etc.
Unintentional “churning” (unproductive shuffling of items)	Deceptive churning or “organizing” to disguise lack of discarding
Embarrassed/ashamed; overwhelmed with backlog; willing to learn and change despite discomfort	Defensive/paranoid, sometimes with façade of embarrassment and appreciation of help; passive-aggressive sabotage of cleanup
Poor spatial relations and/or sense of time; unrealistic optimism; one-more-thing-itis	Significant distortions re: value of, and sometimes actual physical condition of, the hoarded items
Basic housekeeping more difficult but not impossible	Associated cognitive/perceptive distortions can lead to squalor

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Selected Assessment Instruments

- Clutter Hoarding Scale (ICD, 2003)
 - Used to assess level of clutter plus cleanliness and safety concerns in residential spaces
- Clutter Image Rating Scale (Steketee & Frost, 2007)
 - Self-report instrument for clients to estimate levels of clutter in living room, bedroom, and kitchen
- Compulsive Hoarding Rating Scale (Frost, Steketee, & Grisham, 2004)
 - Self-report instrument with subscales for level of clutter, difficulty discarding, and nature of acquisition

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Initial Assessment of Client

- Possible signs of hoarding in initial assessment:
 - History of trauma or loss
 - Chronic illness/pain/mobility issues
 - Dementia
 - Visitors (even repair technicians) are not allowed or cause great anxiety
 - Lives alone; unmarried; or experiencing marital discord
 - Children complain about or avoid subject of the household
 - Body odor/poor hygiene/unwashed hair/inattention to ADLs
 - Personal odor of mold/dust/staleness
 - Frequent mail-order shopping
 - Utility shutoffs
 - Failure to keep up with mail, bills
 - Negative reaction to suggestion of home visit

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Assessment of Space

- ICD Clutter/Hoarding Scale
 - Level III or higher is of concern
 - Level IV or higher is of clinical significance
 - Level V is uninhabitable, needs professional biohazard cleaning
- See also Steketee & Frost Clutter Image Rating Scale
- Ask questions before home visit to determine precautions needed
 - N-95 respirator (looks like a simple dust mask; available at Lowe's/Home Depot) recommended for extended visit with presence of heavy dust or mold.
 - If allergic, also wear unvented goggles.
 - Foot coverings and avoidance of sitting are recommended if fleas, roaches, or bed bugs are present.
 - Be as diplomatic as possible, but do use precautions to protect yourself and other clients.

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Assessment of Space

CONTROL YOUR REACTIONS!

You will do harm if you show disgust, disapproval, or other shaming reactions.

Be prepared to see insects, animal feces and possibly carcasses, extensive piles of clutter, dirty kitchens/bathrooms, narrow pathways between rooms, and barricaded doorways.

Be prepared to smell body odor, soiled bedding, unwashed laundry, pet urine and feces, bathroom odors, stale cooking odors, spoiled/rotting food, mold, and other offensive odors.

If you believe this is beyond your tolerance, do not conduct the home visit.

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Multiaxial Conceptualization: CD and Hoarding on Axis I

- AD/HD—most common correlate of CD
- All mood and anxiety disorders are common in both CD and hoarding, particularly:
 - PTSD—per experience, trauma history is highly correlated with hoarding
 - MDD and dysthymic disorder—a chicken-&-egg question
 - Bipolar I and II—manic/hypomanic acquisition can lead to disorganization, or “getting organized” can become a mission during manic/hypomanic episodes
 - Emerging exception: OCD—much research re: hoarding, but correlation is not as strong as initially thought
- Sleep disorders (or Axis III)—common in both CD and hoarding; another chicken-&-egg question
- Dementia—disorganization is typical, but not indicative of CD; hoarding behaviors accompany some forms

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Multiaxial Conceptualization: CD and Hoarding on Axis II

- Obsessive-Compulsive Personality Disorder
 - DSM-IV Criterion 5 notes inability to discard worthless items even with no sentimental value
- Borderline, histrionic, dependent PDs
 - Some research and fieldwork suggest correlations
- Paranoid, schizoid, schizotypal PDs
 - Seem more prevalent in mandated/involuntary situations; people with these disorders shun “help” from POs
- Borderline intellectual functioning or lower
 - Can include disorganization and hoarding behavior

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Multiaxial Conceptualization: CD and Hoarding on Axis III

- Brain injury
 - Very common cause of “acquired CD”
 - Can provoke hoarding behaviors
 - Attendant emotional trauma of the accident can also contribute to trauma-related hoarding
- Other physical conditions common with CD and hoarding:
 - Chronic pain
 - Fatigue or weakness
 - Mobility impairment
 - Sleep disturbances (or Axis I)
 - All interfere with executive function, cognitive acuity, and motivation and stamina for organization-related ADLs

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Multiaxial Conceptualization: CD and Hoarding on Axis IV

- CD and hoarding can be referenced diagnostically here, e.g. as problem with primary support group, housing, employment, etc.
 - Some interpersonal discord is almost always present with CD and hoarding
- Problems on Axis IV can also cause situational disorganization (SD) which can be longstanding but will resolve naturally when the situation improves

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Multiaxial Conceptualization: CD and Hoarding on Axis V

- Both chronic disorganization and hoarding should be considered when assigning GAF
 - Global Assessment of Functioning Scale does not naturally prompt consideration of client's level of organization or behaviors related to hoarding.
 - Both CD and hoarding are key components of overall functioning and should be considered in the GAF score. CD often pervades other areas of life more than hoarding behavior.
 - At the same time, many people who hoard are otherwise very high-functioning, so assigning a GAF that encompasses both the hoarding and the rest of the person's functionality can result in an inaccurate clinical picture.

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Addressing the Problem: What DOES NOT Work

- ◉ Shaming; shunning; guilt-tripping
- ◉ Aggressive interventions e.g. old-model substance abuse treatment
- ◉ Forced abatements
 - Untrained home health aides are often assigned by agencies to do this
 - Deeply traumatizing
 - Clients usually reassemble even more and faster; sometimes they suicide
- ◉ Therapy not targeted specifically to the hoarding
 - Many therapists of longstanding clients are surprised to learn of the client's hoarding
- ◉ Ranking hoarding as a relatively minor clinical concern
 - This is not a backburner issue
- ◉ Medication without psychotherapy

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Barriers to Assistance

- ◉ Hidden to outside observers; difficult to detect without home visit
- ◉ Family sometimes conspires to keep secret due to shame
- ◉ Usually not self-reported to therapist or case manager
- ◉ Once discovered, client often lacks insight and is therefore resistant to change
- ◉ Empathy tends to be low or nil among family and community
- ◉ Clients with financial need have limited options
 - Professional organizers are private-pay
 - Homeowners' insurance will not cover hoarding
 - Community Hoarding Intervention Coalition through National Association of Professional Organizers-Southeast Michigan Chapter is one option—contact me or see www.napomichigan.com for details

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Psychotherapy Treatment Plan for Hoarding

- Use empathic, nonthreatening approach
 - Unconditional positive regard is mission-critical here
- Assess for urgency: Clutter/Hoarding Scale
 - Remember, it's often not as urgent as you might think. Take care not to be influenced by hurry-up TV depictions.
- Assess for insight
 - Clients with inadequate insight who are in danger should be considered for guardianship referral. You are **STRONGLY** cautioned to obtain a second opinion from a clinician experienced in hoarding before taking this step.
- Perform careful differential diagnosis
 - Remember, not all relevant conditions are in DSM
 - Look closely for anxiety disorders, especially PTSD

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Psychotherapy Treatment Plan for Hoarding

- Use Motivational Interviewing: Identify ambivalence, work the discrepancy between general desire to reduce vs. reluctance item by item
 - Can review photos to help the client to “see” the extent of hoard
 - Recognize that people change only when not changing becomes too uncomfortable
 - Respect the hoarding behavior for the fact that it is serving the client in some way, and help the client to identify what positives s/he is receiving from continuing to hoard
- Treat trauma history, if present
 - Hoarding is a maladaptive coping mechanism; don't strip it away before healthy coping is in place
 - Consider humanistic, psychodynamic, Gestalt, or logotherapy as appropriate and according to your skills and experience

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Psychotherapy Treatment Plan for Hoarding

- Use home-based CBT to modify thought/behavior cycle
 - Most of the work must be done in the hoarded environment. Traditional in-office counseling is far less effective. Refer out or seek consultation/supervision if inexperienced with onsite.
- Include family sessions when possible and if within your scope
- Take a harm-reduction approach, esp. with low-insight clients
 - Triage and address the most urgent safety issues first, e.g. egress, fire hazards, nonfunctional utilities, unusable kitchen or bathroom, lack of access to a bed for each resident
 - With all clients, don't aim for magazine-cover perfect
- Coordinate w/case manager or perform case management tasks

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Case Management Recommendations for Hoarding

- Use empathic, nonthreatening approach
 - Be very careful to avoid conveying disgust, impatience, other judgments, and monitor aides for same
- Assess for urgency: Clutter/Hoarding Scale
 - Support client autonomy whenever possible
- Refer client for appropriate psychotherapy
- Refer client and significant others for family counseling to strengthen client's support system
- Refer for individual counseling any family members impacted by the hoarding behavior/environment

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Case Management Recommendations for Hoarding

- Advocate with local government/PS to prevent forced abatement and buy time for client to do the work voluntarily
 - Head off attempts or suggestions to send a crew of people and a dumpster to the house
- Recommendations for pest control might be needed (bed bugs, fleas, roaches, rodents)
 - Take appropriate precautions while onsite

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Including a Professional Organizer on the Treatment Team

- To make a strong referral for chronic disorganization:
 - Look for a PO with at least the ICD CD Specialist and preferably the CPO-CD credential (see challengingdisorganization.org for list)
 - Note that the basic (non-ICD) CPO credential does not confer CD expertise
 - If you contact the PO (vs. having the client make contact), specify whether client is SD or CD
- Referrals to POs for hoarding are more problematic:
 - ICD has a new Hoarding Specialist designation
 - There are even fewer “hoarding POs” than there are CD POs

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Including a Professional Organizer on the Treatment Team

- To manage the client's expectations:
 - Beware of halo effect: Do not inadvertently frame the PO as an extension of yourself; ensure client and PO both understand that PO is not providing clinical treatment
- To collaborate with the organizer when appropriate:
 - Explain nature of the disorganization and the obstacles you see
 - Share dxs as appropriate/relevant, e.g. AD/HD, TBI, dementia
 - Expect that the PO should recognize the counselor as the team leader, i.e. the PO's intervention should not contradict the clinical treatment plan
 - However, do consider the PO's input when developing the treatment plan, particularly if you are less experienced with onsite work and the PO is experienced with CD and/or hoarding

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References and Appendices

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Questions?

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Counseling and Consulting, PLLC

Hoarding: Research and Recommended Reading

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Updated February 2011

Introduction

This selected bibliography is intended primarily for clinicians interested in hoarding. Some items might be inappropriate for clients, either because the “shop talk” is too blunt or simply because they provide observations but not suggestions or solutions.—Debbie Stanley

BOOKS

- Arluke, A. & Killeen, C. (2009). *Inside animal hoarding: The case of Barbara Erickson and her 552 dogs*. West Lafayette, IN: Purdue University Press.
Detailed examination of a case of animal hoarding.
- Cromer, K. R., Schmidt, N. B., and Murphy, D. L. (2007). Do traumatic events influence the clinical expression of compulsive hoarding? *Behaviour Research and Therapy*, 45(11), 2581-2592.
“Compared to individuals with OCD who did not meet criteria for hoarding, participants classified as hoarders (24% of the sample) were significantly more likely to have reported at least one TLE [traumatic life event] in their lifetime. Patients who met criteria for hoarding and who had also experienced TLEs had significantly greater hoarding symptom severity than those hoarders not exposed to trauma.... Closer examination revealed that the clutter factor of compulsive hoarding (and not difficulty discarding or acquisition) was most strongly associated with having experienced a traumatic event.”
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Suspense novel featuring a character with extreme hoarding behaviors. Of interest for the largely realistic imagining of a hoarded home.
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Fictionalized biography of Homer and Langley Collyer, who died as a result of their hoarding.
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The newest book by two of the leading researchers in the study of hoarding.
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In-depth consideration of people's attachments to things.
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Memoir of a man's fifty-plus years of collecting items most people would consider to be of no value.
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Biography of Homer and Langley Collyer, who died after an avalanche of clutter trapped them in their apartment.
- Murphy, T. W. (2009). *Life in rewind: The story of a young courageous man who persevered over OCD and the Harvard doctor who broke all the rules to help him*. New York: William Morrow.

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Memoir of Dr. Michael Jenike and his patient Edward Zine. Excellent descriptions of obsessive-compulsive disorder (OCD) rituals and their manifestation as hoarding. Helpful to the non-clinician in understanding the thought processes of OCD, which can sometimes lead to hoarding behaviors, and the strength of OCD's hold on the client.

Neziroglu, F., Bublick, J., & Yaryura-Tobias, J. A. (2004). *Overcoming compulsive hoarding*. Oakland, CA: New Harbinger.

A book for people who hoard and their families which provides background on the phenomenon of hoarding and gives direction on how to address it, both as self-help and as family intervention. Helpful to non-clinical professionals for developing a general understanding of hoarding or a plan for assisting a specific client.

Steketee, G., & Frost, R. O. (2007). *Compulsive hoarding and acquiring therapist guide*. New York: Oxford University Press.

Description of hoarding and recommended treatment interventions for psychotherapists. Useful to non-clinical helpers who seek to understand how a therapist might work with a hoarding client. These interventions are to be used only by credentialed mental health professionals. (See also the companion workbook, listed below.)

Steketee, G., & Frost, R. O. (2007). *Compulsive hoarding and acquiring workbook*. New York: Oxford University Press.

A self-help workbook for people who hoard. Useful for non-clinical helpers to assist clients articulate their specific challenges and to walk them through the change process. (See also the companion guide, listed above.)

Tolin, D. F., Frost, R. O., & Steketee, G. (2007). *Buried in treasures: Help for compulsive acquiring, saving, and hoarding*. Oxford and New York: Oxford University Press.

Introduction to the phenomenon of hoarding for people who hoard and their families. Helpful to non-clinicians in conceptualizing the problem of hoarding and ways to address it.

Tompkins, M. A., & Hartl, T. (2009). *Digging out: Helping your loved one manage clutter, hoarding, and compulsive acquiring*. Oakland, CA: New Harbinger.

Introduction to the concept of harm reduction—the improvement and not necessarily elimination of a problem behavior—as it applies to hoarding. Helpful when working with the hoarding client's family and with clients who are unable or unwilling to fully dismantle their hoard.

JOURNAL ARTICLES

An, S., Mataix-cols, D., Lawrence, N., Wooderson, S., Giampietro, V., Speckens, A., et al. (2009). To discard or not to discard: The neural basis of hoarding symptoms in obsessive-compulsive disorder. *Molecular Psychiatry*, 14(3), 318-31.

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Hoarding: Research and Recommended Reading

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Updated February 2011

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Available for free download at www.challengingdisorganization.org.

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Hoarding: Research and Recommended Reading

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Updated February 2011

Saxena, S., & Maidment, K. M. (2004). Treatment of compulsive hoarding. *Journal of Clinical Psychology, 60*(11), 1143-1154.

A benchmark article on the state of understanding of hoarding. Includes discussion of the use of cognitive-behavioral therapy (CBT) with exposure and response prevention (ERP) to address hoarding-related cognitions and behaviors.

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Snowdon, J., & Halliday, G. (2009). How and when to intervene in cases of severe domestic squalor. *International Psychogeriatrics, 21*(6), 996-1002.

“Conclusions: Effective interventions in cases of severe domestic squalor are commonly expensive and require good inter-agency collaboration. Budgetary support must be available to enable appropriate services to take on cases and provide case management.”

Steketee, G., Frost, R. O., & Kim, H.-J. (2001). Hoarding by elderly people. *Health & Social Work, 26*(3), 176-184.

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Stewart, S. E., Rosario, M. C., Brown, T. A., Carter, A. S., Leckman, J. F., Sukhodolsky, D., et al. (2007). Principal components analysis of obsessive-compulsive disorder symptoms in children and adolescents. *Biological Psychiatry, 61*(3), 285-291.

Tolin, D., Kiehl, K., Worhunsky, P., Book, G., & Maltby, N. (2009). An exploratory study of the neural mechanisms of decision making in compulsive hoarding. *Psychological Medicine, 39*(2), 325-336.

“Results provide partial support for an emerging model of compulsive hoarding based on complications of the decision-making process. They also suggest that compulsive hoarding may be characterized by focal deficits in the processing of reward and changes in reward contingencies, particularly when these are perceived to be punishing.”

Van Grootheest, D. S., & Cath, D. C. (2007). Compulsive hoarding and OCD: Two distinct disorders? *American Journal of Psychiatry, 164*(9), 1435-1435.

See also replies (listed above) from Samuels and Saxena.

Wilbram, M., Kellett, S., & Beail, N. (2008). Compulsive hoarding: A qualitative investigation of partner and carer perspectives. *British Journal of Clinical Psychology, 47*(1), 59-73.

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The NSGCD Clutter-Hoarding Scale

**A Study Guide for Professional Organizers
and Related Professionals**

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PURPOSE OF THE SCALE

The purpose of the *NSGCD Clutter-Hoarding Scale* is to guide professional organizers¹ and related professionals in their initial, pre-session contact (phone or onsite) or first session assessment work. This scale is primarily based on the interior of a home, *except* where the outside structure affects the overall safety of the interior, as indicated. It *does not* include sheds and unattached garages or outbuildings.

The NSGCD Clutter-Hoarding Scale is an assessment measurement tool developed by the National Study Group on Chronic Disorganization (NSGCD) to give professional organizers and related professionals definitive parameters. These parameters relate to health and safety issues and present a potential range in which professional organizers and related professionals may actually choose to work. The NSGCD is a Non-profit 501C3 educational organization whose mission is to educate professional organizers and related professionals on the issues relating to Chronic Disorganization.

This scale was publicly released in October 2003. Individuals or agencies quoting Levels as listed on this chart should list the NSGCD as the creating organization. Developers of this Clutter-Hoarding scale are NSGCD members Sheila Delson, Cindy Glovinsky, Terry Prince and Heidi Schultz

PARAMETERS OF THE LEVELS

NSGCD has established five levels to indicate the degree of household clutter and hoarding from a professional organizer's² and related professional's perspective: Level I is low; Level IV is high. Within each level there are four specific categories which define the severity of clutter and hoarding potential:

- Structure and zoning³;
- Pets and rodents;
- Household functions;
- Sanitation and cleanliness.

¹ A professional organizer is an organizer who receives remuneration for organizing services, maintains professional standards and ethics defined by association affiliations, and continually educates him or herself in the organizing field and /or specialty areas.

² A professional organizer's perspective includes understanding animal regulations and ordinances, building and zoning safety guidelines, general health and safety guidelines, as well as the degree of clutter.

³ When dealing with structural issues, a professional organizer needs to know if client is tenant or owner. Owner is responsible for many items under federal, state and local housing codes. Tenant may be hesitant to call owner for repairs due to excessive clutter.

One problem found in any of these four categories may indicate the need for further investigation regarding the whole level.

Level I. Household is considered standard. No special knowledge in working with the Chronically Disorganized is necessary.

Level II. Household requires professional organizers or related professionals to have additional knowledge and understanding of Chronic Disorganization.

Level III. Household may require services in addition to those a professional organizer and related professional can provide. Professional organizers and related professionals working with Level III households should have significant training in Chronic Disorganization and have developed a helpful community network of resources, especially mental health providers.

Level IV. Household needs the help of a professional organizer and a coordinated team of service providers. Psychological, medical issues or financial hardships are generally involved. Resources will be necessary to bring a household to a functional level. These services may include pest control services, "crime scene cleaners," financial counseling and licensed contractors and handypersons.

Level V. Household will require intervention from a wide range of agencies. Professional organizers should not venture directly into working solo with this type of household. The Level V household may be under the care of a conservator or be an inherited estate of a mentally ill individual. Assistance is needed from many sources. A team needs to be assembled. Members of the team should be identified before beginning additional work. These members may include social services and psychological/mental health representative (not applicable if inherited estate), conservator/trustee, building and zoning, fire and safety, landlord, legal aid and/or legal representatives. A written strategy needs to be outlined and contractual agreements made before proceeding.

FUTURE PROJECTS

The NSGCD will work to develop recommended guidelines for working with Level III–V clients and households. These guidelines will include project management strategies for the professional organizer, collaborative therapy recommendations, compliance and managing government agency regulations and reporting requirements, as well as organizational techniques.

NSGCD CLUTTER-HOARDING SCALE

Level	Structure & Zoning Issues	Pets & Rodents	Household Functions	Sanitation & Cleanliness
I	All doors and stairways accessible	Normal household pet activity 1–3 spills or pet accidents evident Light evidence of rodents/insects	Clutter not excessive	Normal housekeeping Safe and healthy sanitation No odors
II	1 exit blocked 1 major appliance or regionally appropriate heating, cooling or ventilation device not working for longer than 6 months	Some pet odor Cat spray or pet waste puddles Light pet dander in evidence 3 or more incidents of feces in cat box Limited fish, reptile or bird pet care Light-to-medium evidence of common household rodents/insects	Clutter inhibits use of more than two rooms Unclear functions of living room, bedroom Slight narrowing of household pathways	Limited evidence of housekeeping, vacuuming, sweeping Tolerable, but not pleasant, odors Overflowing garbage cans Light-to-medium mildew in bathroom or kitchen Moderately soiled food preparation surfaces

Level	Structure & Zoning Issues	Pets & Rodents	Household Functions	Sanitation & Cleanliness
III	<p>Visible clutter outdoors</p> <p>Items normally stored indoors evident outside (TV, sofa)</p> <p>2 or more appliances broken or not functioning</p> <p>Inappropriate and/or excessive use of electric and extension cords</p> <p>Light structural damage limited to 1 part of home; recent (less than 6 months)</p>	<p>Pets exceed local Humane Society limits by 1–3 animals, excluding well-cared-for puppy or kitten litter less than 4 months old</p> <p>Stagnant fish tank</p> <p>Poorly maintained reptile aquarium; odor and waste</p> <p>Bird droppings not recently cleaned</p> <p>Audible, but not visible, evidence of rodents</p> <p>Light flea infestation</p> <p>Medium amount of spider webs inside house</p>	<p>Visible clutter outdoors</p> <p>Narrowed hall and stair</p> <p>1 bathroom or bedroom not fully usable; i.e. items stored in shower</p> <p>Small amounts of 1–2 obviously hazardous substances, chemicals, substance spills, broken glass</p>	<p>Excessive dust</p> <p>Bed linens, including pillow, show evidence of dirt, long time use</p> <p>No evidence of any recent vacuuming or sweeping</p> <p>Heavily soiled food preparation surfaces</p> <p>Obvious and irritating odor</p> <p>Unused, full or odorous garbage cans</p> <p>Dirty or soiled laundry throughout house, exceeding 3 hamper-size baskets per bedroom</p>

Level	Structure & Zoning Issues	Pets & Rodents	Household Functions	Sanitation & Cleanliness
IV	<p>Structural damage to part of home (longer than 6 months)</p> <p>Mold or mildew on walls or floors</p> <p>In appropriate use of appliance: storing paper in oven; storing nonfood items in refrigerator (beyond batteries, film)</p> <p>Evidence of damage to 2 or more sections of wall board</p> <p>Faulty weather protection: deteriorated or ineffective waterproofing of exterior walls, roof, foundation or floors, including broken windows or doors; missing or damaged gutters/downspouts</p> <p>Hazardous electrical wiring</p> <p>Odor or evidence of sewage backup</p>	<p>Pets exceed local Humane Society limits by 4 animals (any type)</p> <p>Obvious aged animal waste exceeding 2–3 recent “accidents”</p> <p>Pet dander on all furnishings</p> <p>Pet has free range with evidence of destructive behavior, clawed furnishings, chewed doors or frame</p> <p>Excessive spiders and webs</p> <p>Bats, squirrels, raccoons in attic or room</p> <p>Flea infestation</p>	<p>Designated bedroom unusable; using living area or sleeping on sofa or floor</p> <p>Hazardous materials stored inside of home, e.g. gasoline, aged, rusted and leaking paint or household chemical cans and bottles</p> <p>Excessive combustible and highly flammable packed material in living area or attached garage</p>	<p>Rotting food on counters</p> <p>1–15 aged canned goods with buckled tops and sides</p> <p>No covers on beds, sleeping directly on mattress, lice on bedding or furnishings</p> <p>No clean dishes or utensils locatable in kitchen</p>

Level	Structure & Zoning Issues	Pets & Rodents	Household Functions	Sanitation & Cleanliness
V	<p>Structural damage obvious in home</p> <p>Broken walls</p> <p>No electrical power, except for rural homes not serviced by power companies</p> <p>No water connections</p> <p>No sewer, septic system nonoperational</p> <p>Standing water in basement or room</p> <p>Fire hazard, hazardous material or contaminants storage exceeds local ordinances</p>	<p>Pets dangerous to occupants and/or guests</p> <p>Rodents evident and in sight</p> <p>Mosquito or insect infestations</p> <p>Regional “critter” infestations; i.e. snakes in interior of home</p>	<p>Kitchen and bathroom unusable due to clutter</p> <p>Client sleeping elsewhere as house is not livable</p>	<p>Human defecation</p> <p>Rotting food</p> <p>More than 15 aged canned goods with buckled tops and sides</p>

Clutter Image Rating Scale: Kitchen

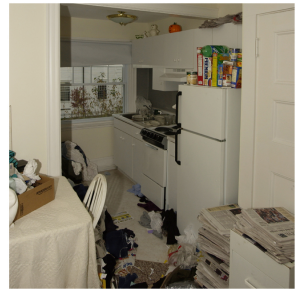
Please select the photo below that most accurately reflects the amount of clutter in your room.



1



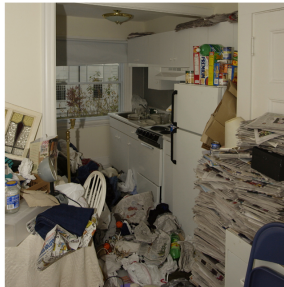
2



3



4



5



6



7



8



9

A survey for measuring the degree of compulsive hoarding in an individual based on 23 questions. The survey has three subscales to measure clutter, difficulty in discarding and saving, and acquisition.

Source: Frost, R.O., Steketee, G., & Grisham, J. (2004). Measurement of compulsive hoarding: saving inventory-revised. *Behaviour Research and Therapy*, 42, 1163-1182.

Saving Inventory – Revised

For each question below, circle the number that corresponds most closely to your experience **DURING THE PAST WEEK.**

	0	1	2	3	4
	None	A little	A moderate amount	Most/ Much	Almost All/ Complete
1. How much of the living area in your home is cluttered with possessions? (Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms, or other rooms).	0	1	2	3	4
2. How much control do you have over your urges to acquire possessions?	0	1	2	3	4
3. How much of your home does clutter prevent you from using?	0	1	2	3	4
4. How much control do you have over your urges to save possessions?	0	1	2	3	4
5. How much of your home is difficult to walk through because of clutter?	0	1	2	3	4

For each question below, circle the number that corresponds most closely to your experience **DURING THE PAST WEEK.**

	0	1	2	3	4
	Not at all	Mild	Moderate	Considerable/ Severe	Extreme
6. To what extent do you have difficulty throwing things away?	0	1	2	3	4
7. How distressing do you find the task of throwing things away?	0	1	2	3	4
8. To what extent do you have so many things that your room(s) are cluttered?	0	1	2	3	4
9. How distressed or uncomfortable would you feel if you could not acquire something you wanted?	0	1	2	3	4
10. How much does clutter in your home interfere with your social, work or everyday functioning? Think about things that you don't do because of clutter.	0	1	2	3	4
11. How strong is your urge to buy or acquire free things for which you have no immediate use?	0	1	2	3	4

DURING THE PAST WEEK:

	0	1	2	3	4
	Not at all	Mild	Moderate	Considerable/ Severe	Extreme
12. To what extent does clutter in your home cause you distress?	0	1	2	3	4
13. How strong is your urge to save something you know you may never use?	0	1	2	3	4
14. How upset or distressed do you feel about your acquiring habits?	0	1	2	3	4
15. To what extent do you feel unable to control the clutter in your home?	0	1	2	3	4
16. To what extent has your saving or compulsive buying resulted in financial difficulties for you?	0	1	2	3	4

For each question below, circle the number that corresponds most closely to your experience **DURING THE PAST WEEK.**

	0	1	2	3	4
	Never	Rarely	Sometimes/Occasionally	Frequently/ Often	Very Often
17. How often do you avoid trying to discard possessions because it is too stressful or time consuming?	0	1	2	3	4
18. How often do you feel compelled to acquire something you see? e.g., when shopping or offered free things?	0	1	2	3	4
19. How often do you decide to keep things you do not need and have little space for?	0	1	2	3	4
20. How frequently does clutter in your home prevent you from inviting people to visit?	0	1	2	3	4
21. How often do you actually buy (or acquire for free) things for which you have no immediate use or need?	0	1	2	3	4
22. To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes, cleaning, etc.	0	1	2	3	4
23. How often are you unable to discard a possession you would like to get rid of?	0	1	2	3	4

SI-R (Modified) Scoring Subscales:

Clutter Subscale (9 Items):

Sum items: 1, 3, 5, 8, 10, 12, 15, 20, 22

Difficulty Discarding/ Saving Subscale (7 items):

Sum items: 4 (reverse score), 6, 7, 13, 17, 19, 23

Acquisition Subscale (7 items):

Sum items: 2 (reverse score), 9, 11, 14, 16, 18, 21

Total Score = sum of all items

	<u>Average Score</u>	<u>High Score</u>
Total Score	24	40
Clutter Subscale	9	15
Difficulty Discarding/Saving Subscale	8	16
Acquisition Subscale	6	10