



Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep



Behavioral and experiential avoidance in patients with hoarding disorder



Catherine R. Ayers^{a,b,c,*}, Natalie Castriotta^a, Mary E. Dozier^{a,d}, Emmanuel P. Espejo^{b,c}, Ben Porter^e

^a Research Service, VA San Diego Healthcare System, United States

^b Psychology Service, VA San Diego Healthcare System, United States

^c Department of Psychiatry, University of California, San Diego School of Medicine, United States

^d San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, United States

^e Department of Psychology, University of Houston, United States

ARTICLE INFO

Article history:

Received 22 December 2013

Received in revised form

14 April 2014

Accepted 14 April 2014

Available online 2 May 2014

Keywords:

Avoidance

Compulsive hoarding

Exposure

ABSTRACT

Background and objectives: This study examined the relationship between experiential and behavioral avoidance and hoarding symptom severity, controlling for anxiety and depression symptoms, in 66 adult individuals (M age = 61.41; SD = 9.03) with HD.

Methods: Hierarchical regression was used to test the associations between hoarding severity, as defined by the Savings Inventory-Revised (SI-R) total and its three subscales, and avoidance, as defined by the Acceptance and Action Questionnaire II (AAQ-II) and two scales from the Brief COPE (Self-Distraction and Behavioral Disengagement) when controlling for anxiety and depression symptoms.

Results: Experiential avoidance (AAQ-II) and behavioral avoidance (Brief COPE subscales Self-Distraction and Behavioral Disengagement) uniquely accounted for aspects of hoarding severity (SI-R) in regression models. Behavioral avoidance contributed significant additional variance to the SI-R Clutter subscale, whereas experiential avoidance was uniquely predictive of additional variance in the SI-R Difficulty Discarding and the SI-R Acquisition subscales.

Limitations: Future research should examine the effect of experiential avoidance on hoarding behaviors experimentally.

Conclusions: Given that the AAQ-II and Self-Distraction and Behavioral Disengagement subscales were not correlated, these findings suggest that experiential and behavioral avoidance are two distinct processes contributing to the severity of specific HD. Results support the utility of avoidance in the cognitive-behavioral model for HD.

© 2014 Elsevier Ltd. All rights reserved.

Cognitive-behavioral models of hoarding disorder suggest that symptoms are maintained by distorted beliefs about the meaning and utility of possessions. Due to these strongly held beliefs, individuals experience great distress associated with discarding possessions and this distress influences patterns of behavioral and cognitive avoidance (e.g., Frost & Hartl, 1996; Steketee & Frost, 2003). Preliminary investigations have evidenced an association between these strongly held distorted beliefs and hoarding symptoms (Coles, Frost, Heimberg, & Steketee, 2003; Frost, Steketee, & Grisham, 2004; Luchian, McNally, & Hooley, 2007; Steketee, Frost,

& Kyrios, 2003), yet this association does not fully explain the presence of hoarding symptoms. As hoarding disorder is a newly distinct disorder in DSM-5 (American Psychiatric Association, 2013), examination of additional diagnostic elements is necessary for a greater understanding of both the symptoms and the associated causal pathways.

The explanatory elements of the cognitive behavioral model of hoarding disorder closely follow prevailing cognitive-behavioral models of anxiety and obsessive compulsive spectrum disorders, many of which emphasize avoidance behavior as the critical mechanism underlying long term maintenance of symptoms (Barlow, 2002). Within the anxiety disorder literature, conditioning theory posits that fear persists because avoidance of a conditioned stimulus (CS) prevents the extinction that occurs through repeated exposures where the CS is not linked to the unconditioned stimulus

* Corresponding author. ABPP, 3350 La Jolla Village Drive, 116B San Diego, CA 92161, United States. Tel.: +1 858 552 8585x2976.

E-mail address: cayers@ucsd.edu (C.R. Ayers).

(US) (e.g. Mowrer, 1960). Cognitive theories suggest that avoidance inhibits the gathering of evidence against catastrophic misappraisals, further reinforcing the avoidance behavior as a means of keeping safe (e.g., Clark, 1986, 1988). Cognitive models also theorize that over-prediction of the distress one would experience when approaching feared stimuli results in avoidance, further preventing the collection of disconfirmatory evidence (e.g., Rachman, 1994, Rachman & Lopatka, 1986). Given the parallels in the anxiety and hoarding models, analysis of the relationship between hoarding symptoms and various forms of avoidance behavior may add to our conceptualization of hoarding disorder.

Several studies have examined the role of experiential avoidance (EA) in predicting hoarding symptoms (Fernández de la Cruz et al., 2013; Wheaton, Abramowitz, Franklin, Berman, & Fabricant, 2011; Wheaton, Fabricant, Berman, & Abramowitz, 2013). EA is defined by direct attempts to avoid unpleasant emotions, thoughts, and sensations, due to an intolerance of negative internal states (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). To date, studies of association between EA and hoarding symptoms have been mixed. Wheaton et al. (2011) first examined EA, as measured by the AAQ-II, and hoarding symptoms, as measured by the SI-R, in an unselected undergraduate sample ($N = 385$). EA was significantly associated with SI-R total scores as well as each of the SI-R subscales: difficulty discarding, acquisition, and clutter. These associations remained after controlling for concurrent depressive symptoms and dysfunctional beliefs about possessions for SI-R total scores and the acquisition and clutter subscales, but not for the difficulty discarding subscale.

Wheaton et al. (2013) followed up this investigation with an examination of EA and hoarding symptoms in a sample of individuals with hoarding disorder (HD) ($N = 33$), individuals with an anxiety disorder without comorbid HD ($N = 32$), and matched healthy controls ($N = 30$). Within the HD group, EA was neither associated with the SI-R total nor any of the SI-R subscales: difficulty discarding, acquisition, and clutter. The HD group did exhibit elevated EA in comparison to healthy controls, but lower EA when compared to the anxious sample. After controlling for concurrent symptoms of depression, anxiety, and stress, EA did not account for any of the difference in hoarding symptoms between the HD and matched healthy controls.

Fernández de la Cruz et al. (2013) examined EA and hoarding symptoms in a sample of individuals with HD without comorbid Obsessive-Compulsive Disorder (OCD) ($N = 24$), individuals with HD with comorbid OCD ($N = 19$), individuals with OCD without comorbid HD ($N = 17$), and healthy controls ($N = 20$). All three HD/OCD groups exhibited elevated EA in comparison to healthy controls. In addition, the HD + OCD group exhibited significantly elevated EA compared to the HD only group. Across the entire sample, EA was not associated with hoarding severity (SI-R total scores). In contrast, EA was associated with OCD symptoms and remained significant even after controlling for hoarding symptoms.

EA has typically been measured using the Acceptance and Action Questionnaire (AAQ-II, Hayes et al., 2004), a brief scale aimed at measuring non-acceptance of distress and the dysfunction or interference associated with non-acceptance. Unwillingness to experience negative affective states, as measured by the AAQ-II, may be predictive of behavioral symptoms of hoarding disorder such as acquiring and difficulty discarding, which are aimed at diminishing internal distress associated with distorted cognitions. However, the AAQ-II specifically measures discomfort with internal distress and perceptions of how negative emotions and thoughts interfere with life goals and values. The scale does not directly measure the presence or level of behavioral avoidance, which may be the link between avoidance of negative internal states and interference in life goals and values.

While the majority of examinations have been focused on EA, it is important to explore how avoidance manifests behaviorally. The Brief COPE scale (Carver, 1997), an abbreviated version of the COPE scale (Carver, Scheier, & Weintraub, 1989), is a measure of specific behavioral strategies often used to cope with stress. Specifically, the scale yields sub-scores that represent the use of Self-Distraction, Denial, and Behavioral Disengagement strategies which may be the behavioral mechanisms linking EA with interference with life goals and values. If hoarding disorder follows a similar model of anxiety disorders, where behavioral avoidance reinforces distorted cognitions, thus maintaining the disorder, direct measurement of behavioral avoidance will be necessary to characterize the disorder.

The following investigation will examine EA and avoidant behaviors in participants with hoarding disorder. We hypothesize that both EA and avoidant behaviors (self-distraction, denial, and behavioral disengagement) will predict hoarding severity, even when controlling for anxiety and depression symptoms. We also predict that behavioral and EA will be significantly related. Avoidance may contribute to the manifestation of HD symptoms and therefore has important clinical implications.

1. Methods

1.1. Participants

Baseline data gathered at the VA San Diego Healthcare System between July 2008 and July 2013 was examined for a total of 66 participants with HD. Participants were recruited for an individual intervention study for late-life HD ($n = 37$) and a group intervention study for mid-life HD ($n = 29$). Both studies were approved by the Institutional Review Board of the University of California, San Diego and the VA San Diego Healthcare System.

All participants were required to have clinically significant hoarding symptoms, as defined by scores over 40 on the Saving Inventory-Revised (SIR; Frost et al., 2004), a well-validated self-report measure of HD symptoms, and over 20 on the UCLA Hoarding Severity Scale (UHSS; Saxena, Brody, Maidment, & Baxter, 2007), a clinician-administered measure of HD symptoms. Final inclusion status in both studies required a consensus diagnosis of HD supervised by a licensed clinical psychologist and based on the criteria proposed for the DSM-5. Participants were also administered the Mini-International Neuropsychiatric Interview (M.I.N.I.; Sheehan et al., 1998) to determine possible co-morbidities. A requirement of both studies was for HD to be the primary diagnosis.

Participants were excluded if they endorsed symptoms of cognitive impairment, as defined by a score of 23 or under on the Montreal Cognitive Assessment (MoCA; Nasreddine et al., 2005). All participants were recruited through flyers, Craigslist ads, and provider referrals in San Diego County. All participants completed written informed consent and received no monetary compensation for their completion of the assessment.

1.2. Measures

Avoidance was measured by both the Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011) and the Brief COPE (Carver, 1997), a shortened version of the COPE (Carver et al., 1989). The Brief COPE is comprised of 28 self-report items that combine into 14 scales. There is no total score for the Brief Cope other than the individual scores on each of the 14 scales. Previous studies have indicated the validity of using certain scales to measure avoidance (Oxman, Hegel, Hull, & Dietrich, 2008). The current study hypothesized that the scales of Self-Distraction (#1: "I've been turning to work or other activities to take my mind off things" and #19: "I've been doing something to think about it less, such as going to

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات