Behavioral and experiential avoidance in patients with hoarding disorder

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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.

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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

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 avoidance 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, Mayment, & 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 the Brief COPE scale (Carver, 1997), and the Brief 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.

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