



The effectiveness of a biblio-based support group for hoarding disorder

Randy O. Frost*, Alla Pekareva-Kochergina, Sarah Maxner

Department of Psychology, Smith College, Northampton, MA 01063, USA

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ABSTRACT

Compulsive hoarding is characterized by the acquisition of, and failure to discard, a large number of possessions and clutter that prevents the use of living spaces as intended. Current successful treatments such as individual and group cognitive-behavioral therapy are lengthy and costly, requiring a time commitment ranging from four to twelve months, trained clinicians to administer treatment, and multiple home visits. Nonprofessional interventions may provide a cost-effective pre-treatment, adjunct, or alternative for individuals who want to work on hoarding problems but are unable or unwilling to engage in treatment. The purpose of the present study was to investigate the effectiveness of an innovative program consisting of a 13-session non-professionally facilitated biblio-based, action-oriented support group using Tolin, Frost, and Steketee's (2007b) self-help book. In study 1, seventeen self-identified hoarding participants experienced significant decreases in clutter, difficulty discarding, and excessive acquisition from pre-treatment to post-treatment, with reductions evident at mid-treatment. Study 2 replicated the findings of study 1 using interview and observational measures taken in participants' homes. These findings suggest that a facilitated biblio-based group may be a promising intervention for hoarding disorder.

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Recent research has led to a proposal for the inclusion of hoarding disorder in the coming revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM; Mataix-Cols et al., 2010). Hoarding disorder is a serious form of psychopathology characterized by the acquisition of, and failure to discard, a large volume of possessions (Frost & Hartl, 1996; Pertusa, Frost, & Mataix-Cols, 2010). It results in clutter that prevents the use of living spaces for their intended purposes and can lead to unsanitary living conditions, interfere with the ability to observe basic personal hygiene, and pose a fire hazard, compromising the health and safety of both the individual who hoards and those living nearby (Tolin, Frost, Steketee, Gray, & Fitch, 2008). Hoarding can also disrupt work functioning as well as family life resulting in anger, frustration, and even the dissolution of relationships (Tolin, Frost, Steketee, et al., 2008; Tolin, Frost, Steketee, & Fitch, 2008; Wilbram, Kellett, & Beail, 2008). The severity of impairment and surprisingly high prevalence of hoarding (2–5%; Iervolino et al., 2009; Mueller, Mitchell, Crosby, Glaesmer, & de Zwaan, 2009; Samuels et al., 2008) have intensified attempts to identify and treat it.

Hoarding poses significant challenges in treatment (Frost, 2010). Many patients refuse treatment unless pressured by family members, social service agents, or public health department

officials (Frost et al., 2000). Some present to treatment only under the threat of divorce, breakup, or eviction (Christensen & Greist, 2001). Once in treatment, they exhibit low or fluctuating levels of motivation, expressed most clearly through poor homework compliance (Cermele, Melendez-Pallitto, & Pandina, 2001; Christensen & Greist, 2001; Hartl & Frost 1999; Steketee & Frost, 2003; Steketee, Frost, Tolin, Rasmussen, & Brown, 2010; Tolin et al., 2007a). Failure to complete homework, however, significantly impedes progress (Hartl & Frost, 1999; Tolin et al., 2007a). Dropouts have been problematic in the treatment of hoarding, with rates as high as 30% (Mataix-Cols, Marks, Greist, Kobak, & Baer, 2002; Tolin et al., 2007a), although a recent study reported a more modest rate of 14.3% (Steketee et al., 2010).

Standard treatments for Obsessive Compulsive Disorder (OCD) have not demonstrated favorable outcomes for hoarding (see Frost, 2010). However, a novel cognitive behavior therapy (CBT) approach adapted for hoarding by targeting the factors underlying hoarding behaviors (Frost & Hartl, 1996) has demonstrated significant reductions in hoarding symptom severity (Cermele et al., 2001; Hartl & Frost, 1999; Muroff et al., 2009; Steketee, Frost, Wincze, Greene, & Douglass, 2000; Steketee et al., 2010; Tolin et al., 2007a). Tolin et al. (2007a) reported 50% of patients as “much improved” or “very much improved” following individual CBT. A subsequent wait-list control trial classified 66.7% of participants as “much” or “very much improved”, while 81.8% of participants placed themselves in those categories (Steketee et al., 2010). In

* Corresponding author. Tel.: +1 (413) 585 3911; fax: +1 (413) 585 3986.
E-mail address: rfrost@smith.edu (R.O. Frost).

addition, group CBT using the cognitive-behavioral model for hoarding has also proved beneficial (Muroff et al., 2009; Steketee et al., 2000), although improvements were attenuated compared to individual CBT (Muroff et al., 2009).

Despite improvements in outcome, most patients remain symptomatic (Frost, 2010) and individual and group CBT are lengthy and costly, requiring a time commitment ranging from four to twelve months, trained clinicians to administer treatment, and multiple home visits (Muroff et al., 2009; Steketee et al., 2010; Tolin et al., 2007a). Carefully structured nonprofessional support groups may provide a feasible pre-treatment, adjunct to treatment, or alternative for individuals who want to reduce their hoarding but are unable or unwilling to engage in treatment. A variety of self-help approaches, including books and computer programs, has been found to be effective for mood and anxiety disorders (Den Boer, Wiersma, & Van Den Bosch, 2004; Gellatly et al., 2007; Mataix-Cols & Marks, 2006). Guided self-help approaches, incorporating support from a clinician or nonprofessional, may be especially beneficial (Gellatly et al., 2007; Kenwright, Marks, Graham, Franses, & Mataix-Cols, 2005). Only one study to date has examined the effectiveness of self-help for hoarding. Muroff, Steketee, Himle, and Frost (2009) found significant decreases in hoarding symptoms at six months and at fifteen months among members of a private internet self-help group using CBT-based strategies. However, this self-help approach may not be a viable option for everyone since it requires reliable access to the internet. In addition to web-based self-help, several self-help books addressing compulsive hoarding have also been published, although no studies have examined their effectiveness (Neziroglu, Bublick, & Yaryura-Tobias, 2004; Tolin, Frost, & Steketee, 2007b). There is a clear need for further research investigating self-help and support group approaches for hoarding disorder.

Two studies were conducted to evaluate the effectiveness of an innovative program consisting of a highly structured, non-professionally facilitated biblio-based group using Tolin et al.'s (2007b) self-help book, which is formulated using the cognitive-behavioral model of hoarding and incorporates strategies used in CBT (Steketee & Frost, 2007). We predicted that this approach would be associated with decreases in the three core features of compulsive hoarding: clutter, difficulty discarding, and compulsive acquisition, as well as hoarding-related beliefs.

Study 1

Study 1 examined self-reported hoarding symptoms and beliefs before, during, and after a 13-week facilitated support group. One-month follow-up data were collected for most of the participants as well. Measures of anxiety and depression and ADHD symptoms were also collected to determine whether they were improved by the intervention or mediated its effects.

Method

Participants

Participants were recruited through radio and newspaper ads for a study of self-help for hoarding or were referred by local health and housing agencies because of their hoarding problem. Potential participants attended a community forum on hoarding and completed an informal screening assessment of the severity of their hoarding problem. In order to fill two groups of nine participants each, 18 individuals who reported the greatest symptom severity, distress, and impairment during screening were selected from the 28 who attended the meeting. Participation in the program was not contingent on being part of the study. One participant declined to participate in the research but remained in the program, so data were collected from 17

participants. All participants had pre-treatment SI-R scores that exceeded the cutoff for clinical significance (41). Pre-treatment SI-R scores ranged from 49 to 79 with a mean of 64.7 (SD = 9.5), suggesting a hoarding severity similar to that reported by two recent treatment studies ($M = 63.0$, $SD = 12.1$ in Steketee et al., 2010 and $M = 67.0$, $SD = 11.1$ in Tolin et al., 2007a).

The mean age of participants was 53.7 (SD = 9.8). Fifteen participants were female; 2 were male. All participants were Caucasian. Participants rated themselves on average as "markedly ill" ($M = 5.34$, $SD = 0.66$) on the Clinician Global Impression of Severity (CGI-S). During the course of the program, 12 participants reported being treated with medications for anxiety, depression, or Attention Deficit Hyperactivity Disorder (ADHD). Eight participants received some form of concurrent psychotherapy, including 3 whose treatment focused in part on hoarding. Several participants were under eviction procedures or had been visited by the health department regarding their hoarding. Facilitators had no formal contact with any outside agencies regarding these issues.

Measures

Saving Inventory-Revised (SI-R; Frost, Steketee, & Grisham, 2004). The SI-R is 23-item self-report measure assessing the severity of clutter, difficulty discarding, and acquisition. The measure has shown good reliability and validity, and is sensitive to treatment response (Frost et al., 2004; Steketee et al., 2010). Internal reliabilities for the current study ranged from .83 to .95.

Clutter Image Rating (CIR; Frost, Steketee, Tolin, & Renaud, 2008). The CIR is a series of nine photographs each of a kitchen, living room, and bedroom with varying levels of clutter. Scores for each room range from 1 (least cluttered) to 9 (most cluttered). Participants selected the photograph with the level of clutter that most closely resembled their own in each of eleven possible rooms in their home. The measure has high internal consistency and test-retest reliability (Frost et al., 2008). Frost et al. also reported strong correlations between participant self-report in the clinic and experimenter ratings of the CIR in the home ($r = .74$), which suggests that people who hoard can reliably rate the severity of their clutter even when they are not at home. In the present study, a mean composite score was calculated across all rooms as well as for the three main rooms of the home for which the measure was validated: bedroom, living room, and kitchen. Internal consistency was good for these three rooms (α s ranged from .72 to .83).

Activities of Daily Living for Hoarding (ADL-H; Frost et al., 2004). The ADL is a 15-item questionnaire designed to measure impairment in the ability to carry out normal daily activities due to hoarding. Items responses vary from 1 ("can do this activity easily") to 5 ("unable to do this activity"). The mean of the 15 individual items was used for the analysis. Internal reliabilities ranged from .79 to .88 for the current study.

The Clinical Global Impression-Severity (CGI-S) and Improvement. (CGI-I) ratings (Guy, 1976) were adapted for participant self-report. Participants evaluated the severity of their illness, ranging from 1 ("normal") to 7 ("extreme"), and their improvement since beginning the program at mid- and post-treatment, ranging from 1 ("very much improved") to 7 ("very much worse"). Those rating themselves as "much" or "very much" improved at post-test were considered to be treatment responders.

Saving Cognitions Inventory (Steketee et al., 2003). The SCI is a 23-item scale assessing maladaptive beliefs about, and emotional attachments to, possessions. It contains four subscales: emotional attachment, memory, control, and responsibility. The measure has good internal

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