



Behavioral and emotional consequences of thought listing versus cognitive restructuring during discarding decisions in hoarding disorder



Randy O. Frost ^{a,*}, Clarissa Ong ^a, Gail Steketee ^b, David F. Tolin ^{c,d}

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

^b Boston University School of Social Work, 264 Bay State Rd., Boston, MA 02215, USA

^c Anxiety Disorders Center, Institute of Living, 200 Retreat Ave., Hartford, CT 06106, USA

^d Yale University School of Medicine, New Haven, CT, USA

ARTICLE INFO

Article history:

Received 24 January 2016

Received in revised form

5 August 2016

Accepted 8 August 2016

Available online 10 August 2016

Keywords:

Hoarding

Hoarding disorder

Discarding

Habituation

ABSTRACT

An essential criterion for hoarding disorder (HD) is difficulty discarding or parting with possessions, yet few studies have examined reactions to actual discarding behaviors. The present study examined whether individuals with HD differed from non-hoarding community controls (CC) in discarding behavior and emotional reactions to discarding. A second purpose was to examine the course of experienced distress following discarding. A third purpose was to determine whether HD participants responded differently to a simple thought listing (TL) instruction or to a cognitive restructuring (CR) protocol. Participants were asked to decide whether to keep or discard (a) a personal possession and (b) a newly acquired object (magazine). HD participants anticipated more and longer distress and reported stronger attachment motives than community controls, but they did not differ significantly from community controls in actual discarding behavior. TL was somewhat more effective than CR in improving discarding behavior and reducing negative emotions and attachments to discarded objects among HD participants. Reductions in distress were observed for both HD-TL and HD-CR groups. Thought listing may have reduced avoidance of decision-making about discarding or perhaps CR, but not TL, provoked therapeutic reactance. Discarding was not related to reductions in distress or hoarding-related beliefs.

© 2016 Published by Elsevier Ltd.

Hoarding disorder (HD) is characterized by severe difficulty parting with objects, resulting in clutter that impairs use of the home (American Psychiatric Association, 2013). Efforts to understand the mechanisms behind this reluctance to discard have focused on both cognitive and affective factors, as well as their interaction. Cognitively, individuals with HD appear to have difficulty with decision-making (Steketee & Frost, 2003), and research points to key problems of executive function that may impair the decision-making process (Grisham, Norberg, Williams, Certoma, & Kadiib, 2010; Wincze, Steketee, & Frost, 2007). Affective aspects of HD include both anxiety and sadness when making decisions about possessions (Tolin et al., 2012), likely fueled by maladaptive beliefs about responsibility for objects, being wasteful or losing important information, and excessive personal significance attributed to

objects (Frost, Hartl, Christian, & Williams, 1995; Frost, Steketee, Tolin, Sinopoli, & Ruby, 2015; Steketee, Frost, & Kyrios, 2003).

These concerns raise questions about the adequacy of emotion regulation (ER) among individuals with HD. ER is a multidimensional construct that reflects an individual's capacity to down-regulate negative affect (NA) and/or upregulate positive emotions (Gross, 1998). Tactics for ER may be behavioral (e.g., response modulation) or cognitive (e.g., reappraisal) (Gross & Thompson, 2007). Preliminary research suggests that student volunteers with hoarding symptoms exhibit ER-related problems such as greater intensity of NA and decreased emotion tolerance (Timpano, Shaw, Cogle, & Fitch, 2014). On self-report measures, individuals with HD report difficulty engaging in goal-directed behavior when distressed and difficulty accessing to strategies for regulating emotions (Fernandez de la Cruz et al., 2013), and report anticipating a higher level of NA when discarding (Shaw, Timpano, Steketee, Tolin, & Frost, 2015).

Cognitive-behavioral therapy (CBT) aims to improve ER capacity

* Corresponding author.

E-mail address: rfrost@smith.edu (R.O. Frost).

using both behavioral (response modulation) and cognitive (reappraisal) tactics (e.g., Steketee & Frost, 2007). This form of CBT has proven effective for HD, as evidenced by large pre-to-post effect sizes within a treated group as well as between treated vs. waitlist groups (Muroff, Steketee, Bratiotis, & Ross, 2012; Steketee, Frost, Tolin, Rasmussen, & Brown, 2010). Yet, most patients do not achieve clinically significant change or remission (Tolin, Frost, Steketee, & Muroff, 2015). That is, 57–75% of patients continue to exhibit clinical levels of severity. It is therefore reasonable to examine the utility of the specific tactics employed in CBT.

At a behavioral level, CBT for HD makes some use of exposure, although with less emphasis than CBT for other disorders such as obsessive-compulsive disorder (OCD). Clinical studies have suggested a relatively poor response to exposure-based CBT for hoarding vs. OCD patients (e.g., Abramowitz, Franklin, Schwartz, & Furr, 2003), but no study to date has examined the time course of emotional and behavioral responses to exposure in HD. Current models of extinction of emotional responses broadly, and exposure therapy specifically, focus on inhibitory learning in which one learning experience interferes with, or inhibits, another (Bouton, 1993). Primary affective characteristics in HD include not only fear, as has been studied in most research on exposure, but also a range of NA states including sadness, grief and guilt (Steketee & Frost, 2003; Tolin et al., 2012). The extent to which these emotions are reduced during exposure is not clear. Craske et al. (2008) have further suggested that exposure may work by promoting toleration, rather than reduction, of negative emotional states. In such a case, reduction of negative affect might not be observed in the short-term; rather, behavior would become disconnected from emotion and would be altered despite the continued presence of NA.

At a cognitive level, CBT aims to elicit cognitive reappraisal which is a key element of ER models (Gross & John, 2003). Cognitive reappraisal can be accomplished in multiple ways (Ochsner, Silvers, & Buhle, 2012). One well-known tactic is *reinterpretation*, which involves mentally changing the meaning of a stimulus (e.g., changing one's appraisal of an object from valuable to less valuable). Reinterpretation forms the core of traditional cognitive therapy (e.g., Beck, 1995), and as such has been emphasized in CBT for HD (e.g., Steketee & Frost, 2007). For example, patients are encouraged to ask themselves questions such as “do I have a plan to use this?” and “is this of good quality?” Changes in these beliefs are hypothesized to precede changes in discarding behavior.

There may be reason, however, to question the value of reinterpretation in CBT for HD. Although changes in cognition do play a mediational role in therapeutic outcome improvement for emotional disorders (DeRubeis et al., 1990; Hofmann et al., 2007; Smits, Rosenfield, McDonald, & Telch, 2006), dismantling research has often failed to demonstrate that the addition of reinterpretation-based cognitive interventions to behavioral interventions improves clinical outcomes (Adams, Brady, Lohr, & Jacobs, 2015). In the specific case of HD, basic research suggests impairments in many of the neural regions that have been reliably linked to reinterpretation in healthy controls and other patient groups, including anterior cingulate cortex, medial prefrontal cortex, and lateral orbitofrontal cortex (Saxena et al., 2004; Tolin, Kiehl, Worhunsky, Book, & Maltby, 2009; Tolin, Stevens, Nave, Villavicencio, & Morrison, 2012; Tolin et al., 2012). It may be, therefore, that individuals with HD have diminished ability to recruit the frontal regions needed for effective reinterpretation. Furthermore, we (Frost, Tolin, & Maltby, 2010) have noted that in some cases, cognitive challenging can elicit a defensive reaction among HD patients, consistent with the concept of *therapeutic reactance* (Beutler, Sandowicz, Fisher, & Albanese, 1996; Brehm, 1966), in which patients resist therapeutic interventions that they

perceive as infringing on their sense of autonomy and self-control.

An alternative ER strategy, *distancing*, involves mentally changing one's personal connection to, or psychological distance from, a stimulus (e.g., mentally “detaching” from possessions or from one's internal thoughts and emotions). Although distancing is not strongly emphasized in traditional cognitive therapy, it is closely related to the concept of *cognitive defusion* (Luoma & Hayes, 2003) that is characteristic of acceptance- and mindfulness-based treatments (e.g., Hayes, Strosahl, & Wilson, 1999; Linehan, 1993). Simply identifying and attending to one's thoughts without debating or analyzing them is one commonly used method of distancing. Experimental research suggests that, in general, distancing may be a more effective tactic than reinterpretation for reducing negative affect (Ochsner et al., 2012). Whether that is the case for HD, and the extent to which reinterpretation and distancing lead to behavioral as well as affective change in HD, is unknown.

The present study examined behavioral, emotional, and cognitive responses to discarding decisions among participants with HD compared to non-hoarding community controls (CCs), by asking them to make decisions about a personal possession as well as a newly acquired item (a magazine) given to them by the experimenter. Extending prior research on emotional prediction and intensity in HD (Shaw et al., 2015; Timpano et al., 2014), we predicted that:

Hypothesis 1. When anticipating discarding of both personal possessions and a newly acquired item (magazine), participants with HD would (1a) report greater NA, (1b) endorse higher levels of maladaptive beliefs, and (1c) predict a longer duration of distress, compared to CC participants.

We further sought to examine the specific utility of behavioral (response modulation) and cognitive (reappraisal) tactics in modifying affective and behavioral responses to a decision-making task. Following an inhibitory learning model of exposure (Bouton, 1993), we predicted that:

Hypothesis 2. (2a) NA ratings would decrease for all groups over a relatively short period of time following discarding of a personal possession or a non-personal item given to them during the experiment. We also examined the possibility, following from the distress tolerance model (Craske et al., 2008), that (2b) behavioral responses (discarding) could occur even in the absence of changes in NA or maladaptive beliefs.

We tested the specific cognitive ER strategy of reappraisal (Ochsner et al., 2012), in which experimenters challenged participants' maladaptive beliefs during decision-making in order to guide their evaluation of the importance/value of the object and the advantages and costs of keeping it. Specifically, we investigated the extent to which emotions, cognitions, and behaviors are influenced by reinterpretation-based cognitive restructuring (CR) versus a comparison condition, thought listing (TL). Although TL was not designed specifically as a distancing strategy, listing one's thoughts might be considered a distancing strategy, as participants were simply asked to recite thoughts that came to mind, without instruction to evaluate or alter them in any way. We predicted that:

Hypothesis 3. HD participants receiving CR would (3a) save fewer items, (3b) show greater reduction in NA, and (3c) show greater reduction in maladaptive beliefs than would those receiving TL. However, consistent with research on distancing (Ochsner et al., 2012) and in keeping with certain biological (e.g., Tolin et al., 2012) and behavioral (Frost et al., 2010) observations of HD, we also examined the possibility that (3d) CR might be ineffective or even less effective than TL.

Download English Version:

<https://daneshyari.com/en/article/901752>

Download Persian Version:

<https://daneshyari.com/article/901752>

[Daneshyari.com](https://daneshyari.com)