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Review

Understanding and treating hoarding disorder: A review of cognitive-behavioral models and treatment

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ABSTRACT

The hallmark feature of hoarding disorder (HD) is difficulty discarding possessions resulting in the accumulation of large amounts of clutter. Although hoarding symptoms have been noted for decades, HD did not constitute a formal diagnosis until the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013). Research on psychological models of HD has revealed a substantial amount about the nature of hoarding problems and how they can be treated, as described in this review. The first section of this article reviews the factors implicated in the cognitive-behavioral model of HD, including dysfunctional beliefs about possessions, excessive emotional attachments to objects, and problematic patterns of behavioral avoidance, as well as skill deficits and information processing problems. Next, the components of cognitive-behavioral psychotherapy for HD, which are derived from this model, are presented. Evidence for the efficacy of this treatment (and each of its components) are then reviewed. Finally, factors that may interfere with treatment, as well as directions for future research, are discussed.

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1. Introduction

Hoarding is defined as the acquisition of and failure to discard a large number of possessions, leading to the accumulation of clutter (Frost & Gross, 1993). Historically, hoarding was considered a symptom of other conditions, including obsessive-compulsive

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disorder (OCD) and obsessive-compulsive personality disorder (OCPD). However, substantial empirical and theoretical work emerged to challenge this view (Mataix-Cols et al., 2010), culminating in the creation of hoarding disorder (HD) as an independent diagnostic entity in the fifth edition of *the Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013). Initial prevalence estimates suggest that HD is surprisingly common, affecting up to 5.8% of the population (Nordsletten et al., 2013; Timpano et al., 2011). Importantly, individuals with hoarding problems often experience substantial functional impairment and diminished quality of life (Saxena et al., 2011); and hoarding results in substantial societal burden in terms of public health problems and social services utilization (Tolin et al., 2008).

Fortunately, the past 20 years have seen a substantial increase in empirical research focused on hoarding symptoms. Extensive work has been done to develop and refine a cognitive-behavioral model to account for the nature of HD (Frost & Hartl, 1996; Steketee & Frost, 2003). This model led to a multicomponent cognitive behavioral therapy (CBT) protocol for HD, which has been disseminated via a therapist guide (Steketee & Frost, 2007) and client workbook, as well as a self-help book (Tolin, Frost & Steketee, 2007a). Although this treatment has not been as thoroughly tested as empirically-supported treatments for OCD, initial studies suggest that CBT is an effective intervention for HD. Work remains to be done, however; including (a) dismantling studies to determine which components of hoarding protocols are most important to improvement and (b) research to identify the best sequence for delivering the various treatment components.

2. The nature of hoarding

The DSM-5 diagnostic criteria for HD include the following: (a) persistent difficulty discarding or parting with possessions, regardless of their value; (b) urges to save items and/or distress associated with discarding them; (c) accumulation of clutter substantial enough to compromise the use of some living space; (d) clinically significant distress or impairment of functioning due to the hoarding (including failure to maintain a safe living environment; and (e) the symptoms are not better accounted for by another medical or psychiatric condition. The criteria also include a specifier to denote the presence of excessive acquisition (present in more than half of individuals with HD). The most clearly articulated and thoroughly-researched model of HD involves a cognitive behavioral approach. Early writings by Frost and Hartl (1996) outlined this conceptualization, which was refined and expanded upon by Steketee and Frost (2003). The cognitive-behavioral model includes a comprehensive and multifaceted conceptualization of factors that contribute to vulnerability to and maintenance of hoarding. Although the model incorporates distal vulnerability factors (e.g., family history experiences, traumatic life events, genetic factors), the emphasis is on more proximal variables that are believed to directly contribute to HD symptoms, as illustrated in Fig. 1. The model suggests that that difficulty discarding items, excessive acquisition, and clutter (core HD symptoms) result from problems in (a) information-processing (b) beliefs about and attachments to possessions, and (c) maladaptive emotional responses and behavioral patterns. Each component is reviewed below.

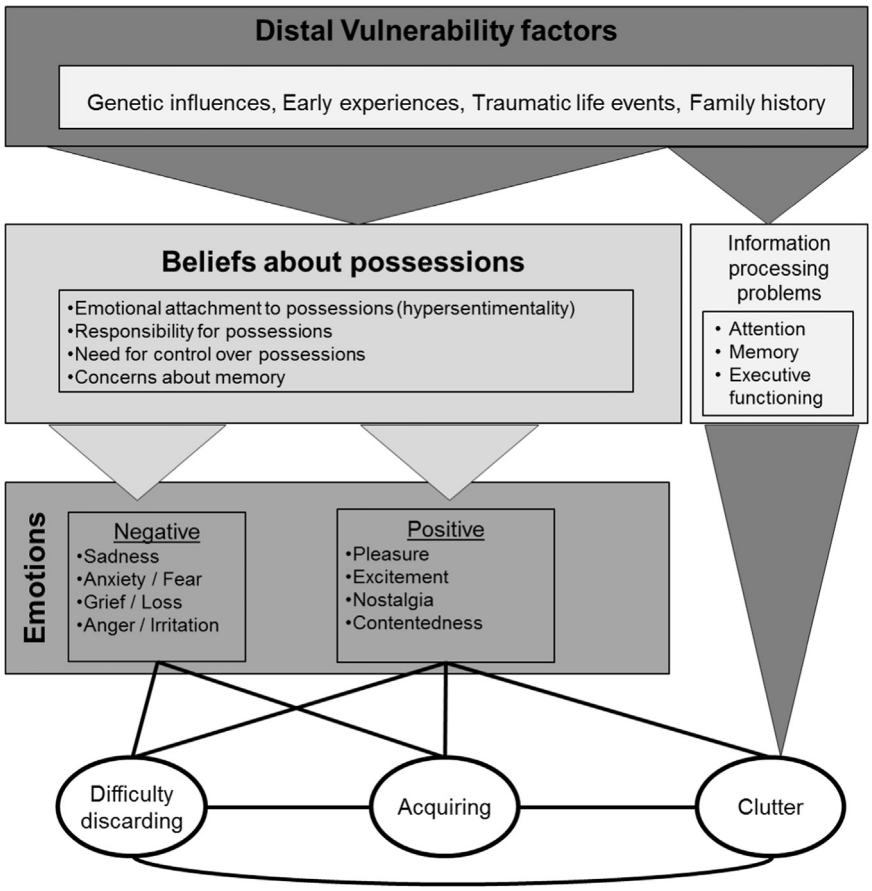

Fig. 1. Cognitive-behavioral model of hoarding disorder symptoms.