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The Treatment of Compulsive Hoarding with Object-Affect Fusion Informed CBT: Initial Experimental Case Evidence

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Abstract. The central aim of this study was to assess the effectiveness of object-affect fusion informed cognitive-behavioural therapy, with a patient presenting with compulsive hoarding. The methodology employed an A/B single case experimental design. Experimental measures illustrated an increased ability to be able to discard objects and an increased sense of associated ease of discard during treatment, with clinically significant change across a variety of robust psychometric measures in the pre-post data. The study illustrates the utility of single-case approaches in the evaluation of innovative clinical approaches and also the potential for utilizing the object-affect fusion concept in the treatment of compulsive hoarding.

Keywords: Compulsive hoarding, outcome, single-case, object-affect fusion.

Introduction

When interventions for compulsive hoarding have been designed and delivered around the cognitive-behavioural (CB) model of hoarding (Frost and Hartl, 1996), treatment outcome studies provide some evidence of success, in this difficult to treat group. Cermele, Melendez-Pallitto and Pandina (2001) and Hartl and Frost (1999) reported successful individual interventions. Steketee, Frost, Winze, Greene and Douglass (2000) conducted an effective group intervention with hoarders, with co-morbid depression and social phobias. However, Grisham, Kim, Raffa, Steketee and Frost's (2004) group approach illustrated limited effectiveness in terms of discard of objects. Kellett and Knight (2003) attempted to expand on the CB model, by defining the specific cognitive distortion of Object-Affect Fusion (OAF) as "the psychological phenomena within obsessive-compulsive hoarding in which the individual appears to pair and fuse emotions associated with the objects, to the actual objects themselves. Possessions therefore falsely become symbolic tabernacles of affective information, inevitably creating difficulties at the point of discard" (Kellett and Knight, 2003, p. 458). This paper provides scrutiny of the effectiveness of object-affect informed CBT, in the treatment of a case of compulsive hoarding.

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Method

Case description

The patient, K, was a 55-year old woman referred due to chronic restrictive eating routines. The patient had a 15-year history of eating identical and limited meals, at precisely specified times each day. Her diet consisted solely of eating one form of breakfast cereal and beef sandwiches. The patient described also significant problems of an avoidant nature, in relation to the wearing of certain clothes. Since the death of her mother (8 years previously), the patient had restricted an ever increasing range of clothes, so that she actually wore a very small number of clothes. Due to the patient also describing difficulties with discard, a domiciliary visit was conducted to assess the degree of hoarding. The client lived in a three-bedroom house that was generally unusable due to levels of clutter (only the bathroom marginally functioned as intended). Each room contained multiple undifferentiated heaped piles of possessions, with available surfaces and floor spaces typically covered with clutter. The patient was able to provide numerous examples of items that she retained that appeared to serve no current practical purpose. The patient had previously received two individual courses of CBT, which had both simultaneously failed to identify hoarding pathology and induce any changes to dietary routines.

Procedure

Experimental and general measures

The SCED comprised an A/B multiple baseline time-series design, with five experimental measures collected continuously throughout baseline and treatment phases: (1) a count of the number of objects discarded that day, outside of the range of objects normally discarded (i.e. bodily waste, general household rubbish and junk mail); (2) a likert scale (0 = very easy, 9 = very hard) of perceived ease of discard of such objects; (3) a count of the number of new items of clothing worn that day; (4) a count of the number of new food items eaten that day outside of the dietary routine; and (5) a likert scale (0 = very easy, 9 = very hard) of perceived ease of eating new foods. Data were collected for a 3-week (21 days) period of the baseline assessment (A) and for 34 weeks (238 days) during intervention (B). The Brief Symptom Inventory (BSI; Derogatis, 1987), Beck Depression Inventory II (BDI-II; Beck, Steer and Brown, 1995), Inventory of Interpersonal Problems 32 (IIP-32; Barkham, Hardy and Startup, 1994), PADUA (Sanavio, 1988) and Maudsley Obsessional-Compulsive Inventory (MOCI; Hodgson and Rachman, 1977) were completed pre and post intervention.

Intervention

The 22-session intervention comprised of CBT for chronic hoarding based on Frost and Hartl's (1996) model and also heavily utilized Kellett and Knight's (2003) concept of OAF, to facilitate cognitive restructuring regarding hoarded possessions. A 5-stage procedure was followed: OAF identification, OAF description, cognitive challenge, affective expression and plan for discard. All intervention sessions were completed in an out-patient setting. The intervention also employed traditional CBT techniques to enhance the ability to wear new clothes, as behavioural avoidance of new clothes increased general levels of clutter. The intervention did not concentrate, however, upon CBT for the restricted diet, as this was planned for later in the intervention.

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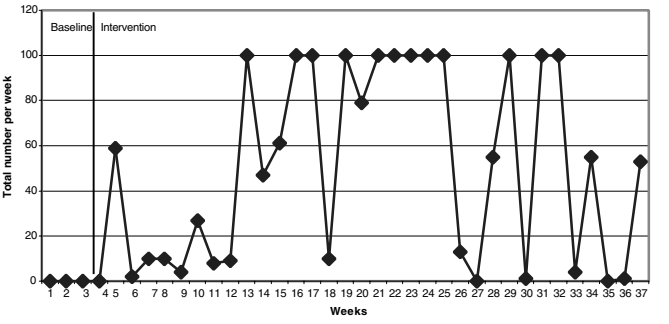


Figure 1. Frequency count of object discard

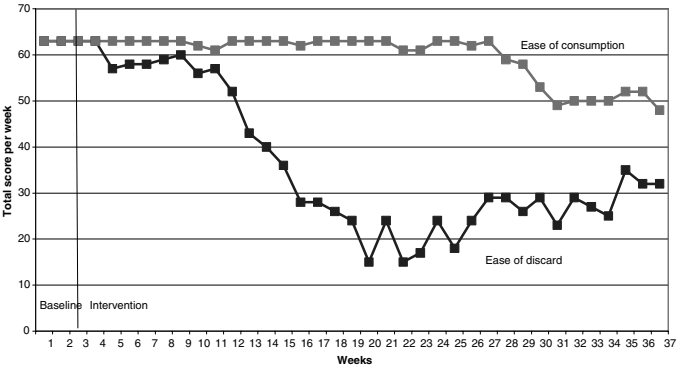


Figure 2. Perceived ease of discard of objects and consumption of new foods

Results

For ease of interpretation, each experimental measure has been summarized into a total weekly score on each graph. Figure 1 contains the number of objects discarded variable. The maximum number on the graph was limited to 100 to prevent gross distortion. The intervention appears to result in an increased ability to discard objects during treatment, following the gross difficulties observed in the baseline period. Figure 2 shows that over the course of the intervention, the patient experienced discard of items as being a more easily achieved behavioural task, whilst perceived ease of eating new foods was typically stable across the intervention. Figure 3 describes the effect of the intervention on the ability to wear new clothing and eat new foods. During the baseline, K totally avoided wearing new clothes, whereas in the treatment phase she reported being able to consistently wear new clothes. The slight changes in the ability to eat new foods observed in Figure 3 were accounted for by the consumption of only five new forms of food.

The mean scores on the global measures at assessment and termination of treatment are summarized in Table 1, with clinical significance tested with Jacobson's Reliable Change Index (RCI; Jacobson and Truax, 1991). The measures indicate clinically significant reductions in symptoms of poor mental health.

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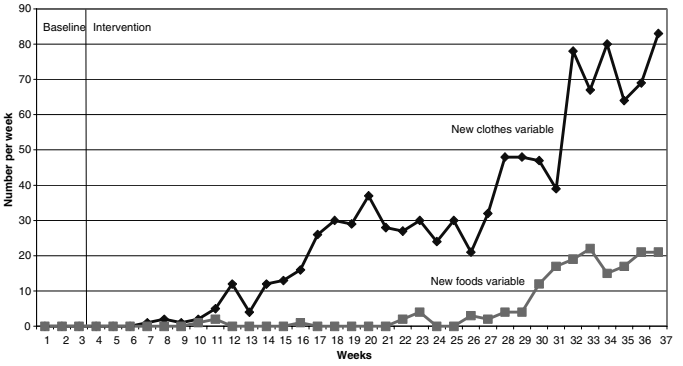


Figure 3. Frequency count of new clothes worn and new foods consumed

Table 1. Assessment and termination scores on general measures

Scales	Assessment score	Termination score	RCI
BDI-II – full score	38	7	8.95*
BSI; Global Severity Index (GSI)	2.87	1.00	5.84*
BSI; Positive Symptom Distress Index (PSDI)	2.98	1.47	3.97*
BSI; Positive Symptom Total (PST)	51	36	2.59*
IIP-32 – full score	1.80	0.62	3.02*
PADUA – full score	99	40	5.27*
MOCI – full score	25	18	2.25*

*RCI $>$ 1.96 and therefore clinically significant reduction.

Discussion

With regard to hoarding, the data illustrate an improved ability to discard and an associated perceived ease of discard during the intervention phase. The patient appeared able to both wear new clothes (previously strewn around the house) and discard old clothes during the intervention. Despite the clinically significant reductions on the validated measures, a criticism of the measures selected for evaluation is the absence of a specific hoarding scale. The improvements on the measures may reflect a general "feel good" factor, associated with positive changes to previously chronic hoarding. A major methodological flaw in the current case is the lack of follow-up information. The case was prematurely terminated by the patient, due to the need to be admitted for a fairly lengthy in-patient stay in hospital for an operation. The global measures were administered prior to admission, with the prospect of a mid treatment assessment point, which eventually conspired to be termination of treatment, due to the patient stating a desire to discontinue treatment on discharge from hospital. Without follow-up data, the stability of changes seemingly produced by OAF informed CBT remain open to debate. The treatment component is also questionable, in terms of specifying the "active ingredient" inducing the changes to hoarding behaviours. Scientifically, a future SCED would need to complete an ABC design where B was CBT and C was CBT + OAF. OAF informed CBT for compulsive hoarding is clearly in need of further and more exacting empirical examinations.

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