Not Letting Go

A Review of

Behavioral Therapy Over Time
with Martin M. Antony
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Reviewed by

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Compulsive hoarding, characterized by the acquisition of, and failure to discard, a large number of possessions that appear to be useless or of limited value, resulting in the taking over of living spaces and dysfunction or distress (Frost & Hartl, 1996), is a puzzling and often debilitating disorder. Compulsive hoarding aggregates in families, and recent research indicates that at least half of this familiality is due to genetic factors (at least in women), with the remaining variance accounted for by nonshared environmental factors and measurement error, as described by Iervolino et al. (2009). In this large, recent twin study, 4 percent of men and 2 percent of women met criteria for compulsive hoarding, indicating that it is not rare in the general population.

Hoarding is currently most closely identified with obsessive-compulsive disorder (OCD); approximately 30 percent of those with OCD endorse hoarding obsessions and compulsions (Frost, Krause, & Steketee, 1996), and many researchers consider it as a subtype of OCD. However, hoarding behavior is observed in a number of psychiatric and neurological disorders, and even in nonclinical populations, contributing to ongoing nosological controversy (Pertusa et al., 2008; Steketee & Frost, 2003). OCD patients who hoard tend to have more severe impairment and greater psychiatric comorbidity (Frost, Steketee, Williams, & Warren, 2000; Lochner et al., 2005), as well as evidence of poorer response to standard treatments, behavioral or pharmacological, for OCD (Abramowitz, Franklin, Schwartz, & Furr, 2003; Steketee & Frost, 2003).

In addition, OCD patients who hoard metabolize cerebral glucose differently than do nonhoarding OCD patients (Saxena et al., 2004) and may have discrete susceptibility genes (Samuels et al., 2007; Saxena, 2007), suggesting that hoarding may be a distinct clinical syndrome. There is growing suggestion that a cognitive-behavioral approach, specifically designed for the clinical features of hoarding, has promise for treating this difficult disorder (Hartl & Frost, 1999; Tolin, Frost, & Steketee, 2007).

As part of the APA series Psychotherapy in Six Sessions, Martin Antony demonstrates behavioral therapy with Helen, a woman in her mid-50s who suffers from compulsive hoarding. In Behavioral Therapy Over Time, Antony meets with Helen during six 45-minute sessions, each followed with commentary during an interview with Jon Carlson. In presession discussions with Carlson, Antony makes clear that he views
cognitive strategies as a fundamental aspect of his approach, citing the cognitive revolution as the second wave of development of the behavioral model. Given the degree of Antony’s attention to identifying and changing the dysfunctional cognition that underlies Helen’s difficulties, many would characterize his treatment approach as cognitive behavioral.

Antony presents several foci for treatment strategies: (a) the inability to discard items, (b) excessive acquisition of items, and (c) perfectionism and indecisiveness. Helen is a well-chosen subject for showing the emotions, thoughts, cognitive deficits, behaviors, and lifestyle problems that characterize compulsive hoarding, and her case is fairly severe in nature. Helen is unemployed, bankrupt, and lives alone. Her home is so cluttered with objects and piles that she cannot have visitors; even her children do not come to see her in her home. She has pathways to get from room to room, and her access to laundry and cooking is obstructed by clutter. Her bedroom is so full of things that she can barely enter the threshold to the room, and she does not sleep there. Her social engagement and participation in life beyond her home and shopping are limited.

As a good behaviorist should, Antony begins with assessment and provides a clear, transparent rationale for his treatment strategies. The viewer learns the extent of Helen’s impairment, her general difficulty with decision making, and some of the thoughts that keep her from letting go of items. Antony discusses homework and gives Helen a client guide to hoarding that she finds very helpful as treatment progresses.

Antony later introduces a visualization exercise, having Helen first imagine a room at its worst and then free of excessive clutter. Through this exercise, Antony has Helen identify attendant thoughts and feelings, and begin to label thoughts as thoughts. This is the beginning of Helen becoming a more effective observer of her own subjective experiences and of the possibility of decentering from problematic thoughts and behavioral responses.

Antony is excellent in his portrayal of an accepting but focused approach and in his skillful use of Socratic questioning to help Helen identify critical stuck points in her thoughts and behaviors. A fascinating aspect of hoarding is the lack of insight that many hoarders show about their problem. This issue is strikingly apparent in interactions in which Antony voices the dilemma of Helen wanting freedom from her clutter but also wanting to keep all of her things. As if for the first time, Helen seems to grasp the irreconcilable nature of these two desires.

As treatment continues, Antony introduces behavioral experiments around discarding such as having Helen bring in a basket of items and assisting her in developing a system for decision making, including adopting the mindset of a nonhoarder during discarding. He helps her weigh the definite cost of keeping all of her items against the possible use that she could find for items in the future. Experiments around reducing excessive acquiring are also introduced, such as having Helen go to a store and buy only one item she needs, something she has not done before. The experiments generate anxiety in Helen, and Antony helps her see that she can tolerate degrees of anxious feeling and still act in accordance with her goals.

This DVD is a valuable example of a behavioral approach to a difficult clinical problem. It excels in demonstrating some of the defining aspects of this model, including a behavioral definition of the problem, the collaborative and active nature of the therapist-client relationship, Socratic questioning, and the importance of homework for creating changes in thought and behavior. The viewer also sees a specific conceptualization for the problem of hoarding.

It is useful to see that “not every session is a good session,” even for a seasoned clinician such as Antony. In addition, the interactions between Helen and Antony also show the importance of a good therapeutic relationship, as this aspect of therapy is too often not recognized as an important aspect of the behavioral model. The DVD does not provide detailed information on the research and clinical literature of the disorder, but this is not set forth as a goal of the video. Antony explains that his usual treatment of hoarding involves longer sessions, home visits, and an extended number of sessions. The usual outcome involves improvement but not resolution of the disorder.

At the end of this video, I am left feeling that a visitor to Helen’s home would not be able to see much in the way of actual differences and would think that, as Antony says, there is much more work to do.
However, in watching Helen through the sessions, I saw an increase in awareness and hopefulness, and seeds of behavioral change have been planted. Helen makes clear that, for her, these are no small things.

References


