Using Motivational Interviewing to Treat Hoarding Symptoms in a Rural-Dwelling Older Adult: A Case Study

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No Disclosures
A. Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions.

B. This difficulty is due to strong urges to save items and/or distress associated with discarding.

C. The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
Circle 1

DSM-5 Criteria

D. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

E. The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

F. The hoarding symptoms are not restricted to the symptoms of another mental disorder.
“Ms. T”

- 61-year-old, separated female
  - Abusive husband is now deceased

- Severe hoarding symptoms:
  - Scored a 73 on Saving Inventory-Revised (Frost et al., 2004)
    - >40 clinically significant
    - >33 for older adults (Kellman-McFarlane et al., 2019)
  - Endorsed all 6 criteria for hoarding disorder
  - Symptoms present since age 13
“Ms. T”

- **Instrumental Activities of Daily Living Impairment**
  - Unable to use kitchen, including stove
  - Extreme difficulty moving around the house
  - Can sleep in bed, but surface is covered in clutter

- **Neurocognitive functioning (NIH Cognitive Toolbox)**
  - Mildly impaired – processing speed
  - Below average - attention/inhibitory control, working memory, overall memory, and overall fluid intelligence
Ms. T’s Neurocognitive Profile

Age-Corrected Standard Scores

- Vocabulary: 100
- Working Memory: 85
- Cognitive Flexibility: 115
- Processing Speed: 70
- Memory: 90
- Oral Reading Recognition: 100
- Fluid Cognition Composite: 105
- Crystallized Cognition Composite: 95
- Total Composite Score: 95
Health History

• Medical Problems:
  ○ Chronic obstructive pulmonary disease
  ○ Arthritis
  ○ Diabetes and Obesity
  ○ High BP and Cholesterol
  ○ Sleep Apnea
  ○ Self-reported multiple sclerosis, prior brain bleed, and cancer
  ○ Several previous broken bones (including neck and back)
  ○ Extensive reported history of head trauma since childhood

• Lack of stable medical care and treatment compliance
Additional Biopsychosocial Factors

- **Psychiatric History**
  - Reported diagnosed bipolar disorder and learning disabilities

- **Estranged from children and most family members**
  - Heightened relational stress and decreased feelings of connection

- **No running hot water in home, no recycling service**
  - Utilized a laundry service

- **She highlighted resilience within negative lifetime experiences as a major protective factor**
Hoardings Symptoms: A Closer Look

- Reported notable distress with discarding (especially possessions that hold sentimental connections)
- Expressed desire to move out of marital home, but reported motivational and financial difficulties
- Excessive acquisition of paperwork and magazines
- Reported major barriers included avoidance and overwhelm at initiation of sorting/discarding
Hoarding Disorder Treatments

- Cognitive-behavioral therapy, with a focus on cognitive restructuring (Tolin et al., 2015)
  - Identify individual’s reasons for acquiring and hoarding behaviors (e.g., difficulty discarding)
  - Use skill-building and homework assignments to practice discarding/organization
  - Focus on adjusting person’s beliefs about items and discarding
  - Less effective with older adults (Ayers et al., 2011)
Hoarding Disorder Treatments (cont.)

- **Behavior therapy via exposure therapy** (Ayers et al., 2018)
  - Identify avoidance behaviors and role in maintaining symptoms
  - Develop a hierarchy to expose individual to sorting and discarding behaviors
  - Repeat exposure in-session and through homework to combat avoidance
  - Shown to be efficacious for older adults, but is designed with 6-month dosage
Hoarding Disorder Treatments (cont.)

- **Medication-Based Intervention**
  - Focus on mainly serotonin reuptake inhibitors (SRIs)
    - Paroxetine and Venlafaxine (Saxena et al., 2014)
    - As effective as treatment for non-hoarding OCD
  - Exploring avenue of stimulant treatment
    - Atomoxetine (Grassi et al., 2016)
    - Provided promising results and symptom reduction
  - A couple of case studies have indicated potential response to glutamate modulators (Pittenger et al., 2008; Rodriguez et al., 2010)
Theoretical Basis for Motivational Interviewing

- Facilitates behavioral change through a focus on the patient’s values and exploring discrepancy between their current behaviors and their desired goals (Miller & Rollnick, 2013)

+ Address lack of motivation and apathy
  - Builds self efficacy using gradual progress toward goals and self-identified strengths

+ Increase levels of sorting/discardng
  - Likely to decrease hoarding severity through behavioral change
Treatment Outline

- 6 total once-weekly sessions
- One-hour in-home sessions

- Session 1: Discussion of strengths, values, and goals
  - Discussion followed by sorting practice

- Sessions 2-6: Checking in on progress and sorting practice
  - MI skills used throughout to facilitate motivation for change
Motivational Interviewing During Sessions

- MI skills used to build self-efficacy:
  - Affirmation
  - Reflective Listening
  - Asking Open-Ended Questions

- Barriers:
  - Back pain and physical limitations → seated sorting
  - Shorter bursts of sorting to address overwhelm and mobility
  - Avoidance behaviors → affirmation of any brief sorting
Outcomes

- Following treatment:
  - Most notable increase in feelings of self-efficacy
  - Increased frequency and duration of independent sorting/discardng
  - At post-assessment, she reported low to medium levels of distress during sorting

- Consistently reported increased motivation created treatment progress with unique momentum that encouraged sustainability
## Outcome Data

<table>
<thead>
<tr>
<th>Measure (*T-Scores)</th>
<th>Baseline</th>
<th>Post-Assessment</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Efficacy*</td>
<td>31</td>
<td>47</td>
<td>+16</td>
</tr>
<tr>
<td>Social Satisfaction*</td>
<td>17</td>
<td>21</td>
<td>+4</td>
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<tr>
<td>Sadness*</td>
<td>86</td>
<td>75</td>
<td>-11</td>
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<tr>
<td>Fear-related Somatic Arousal*</td>
<td>75</td>
<td>65</td>
<td>-10</td>
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<tr>
<td>Sleep Disturbance*</td>
<td>71.1</td>
<td>62.2</td>
<td>-9.1</td>
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<tr>
<td>Perceived Stress*</td>
<td>82</td>
<td>74</td>
<td>-8</td>
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<tr>
<td>Overall Negative Affect*</td>
<td>79</td>
<td>74</td>
<td>-5</td>
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<tr>
<td>Items Discarded During BAT</td>
<td>23%</td>
<td>48%</td>
<td>+25%</td>
</tr>
</tbody>
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Thank you!

For questions or comments please email:

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