

## Evaluating the Impact of Lanark County Mental Health's Hoarding Treatment Program Buried in Treasures

### Introduction

Problematic hoarding is characterized by excessive clutter and difficulty discarding (Frost & Hartl, 1996). Studies suggest that problematic hoarding is common, with prevalence estimates ranging between 2 and 14% percent of the population (Iervolino et al., 2009; Samuels et al., 2008). Difficulties with hoarding are associated with functional impairment, reduced quality of life, and significant disability (Tolin, Frost, Steketee, & Fitch, 2008). Given the prevalence and disability associated with hoarding, cost-efficient and effective treatments are necessary.

Studies suggest that cognitive behavioural therapy (CBT) is an effective treatment for symptoms of hoarding (Tolin, Frost, Steketee, & Muroff, 2015). However, CBT requires specialized training by a mental health provider, rendering it expensive and difficult to access given the limited number of professionals who are trained in this therapy. A promising alternative is a group-based program called Buried in Treasures (BIT), a 15 week program run by either a peer or a clinician based on the best-selling self-help book *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding* (Tolin, Steketee, & Frost, 2007). Preliminary evidence supports the efficacy of the BIT program (Mathews et al., 2016), but further replication in different settings is required.

### Methods

Participants were referred to Lanark County Mental Health and were identified as having significant hoarding difficulties. They were offered the BIT group. Some participants received individual sessions in addition to the group focused on implementing the goals of the group and facilitating discarding.

Twenty-nine individuals completed the BIT group. Mean age of participants was 56 (range 33 to 74 years), 83% were female, 31% in a relationship, 41% completed high school or some college/university, 48% completed college/university, 10% completed graduate education, and most were White.

Mean number of sessions completed was 12 (range 4-15). Nineteen clients received an average of 1.7 additional sessions during the BIT group (range 0-8). Ten clients did not receive any additional sessions during the BIT group. Sessions were facilitated by a case manager with experience supporting clients with hoarding.

### Measures

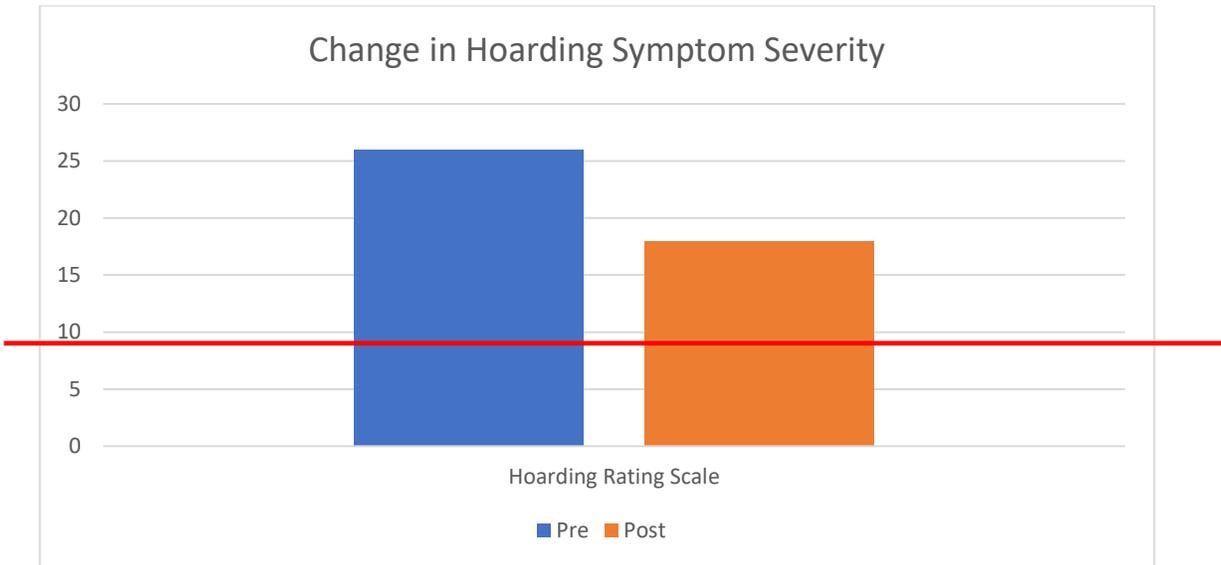
*Hoarding Rating Scale* (Tolin, Frost, & Steketee, 2010). This is a 5-item scale of hoarding symptoms severity.

*Activities of Daily Living in Hoarding* (Frost, Hristova, Steketee, & Tolin, 2013). This is a 15-item self-report scale of the degree to which hoarding symptoms interfere with a number of daily tasks.

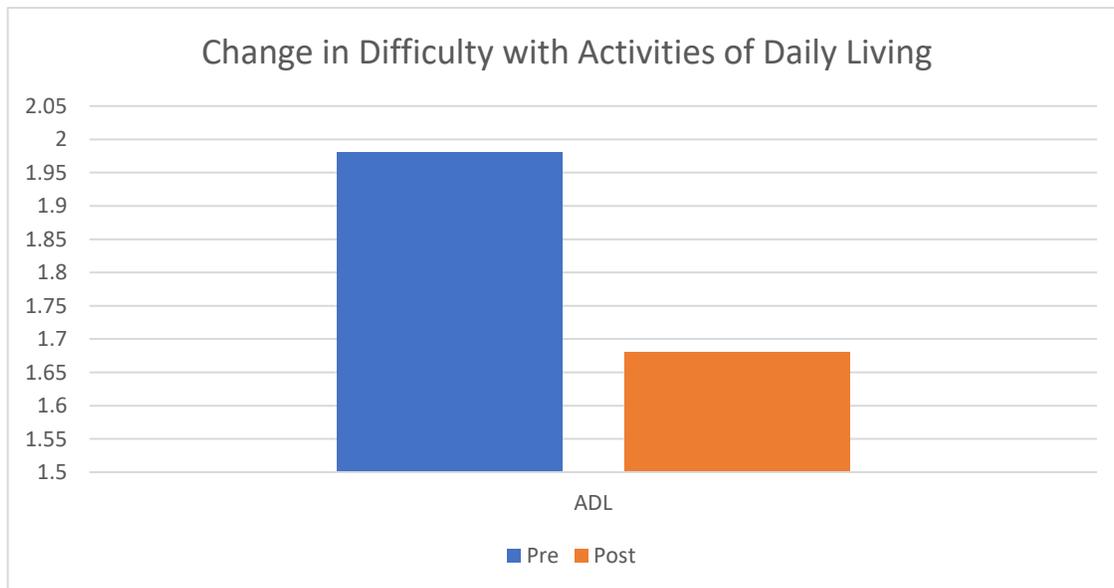
*Adult State Hope Scale* (Snyder et al., 1996). This is a 10 item scale measuring agency and pathways to goals.

## Results

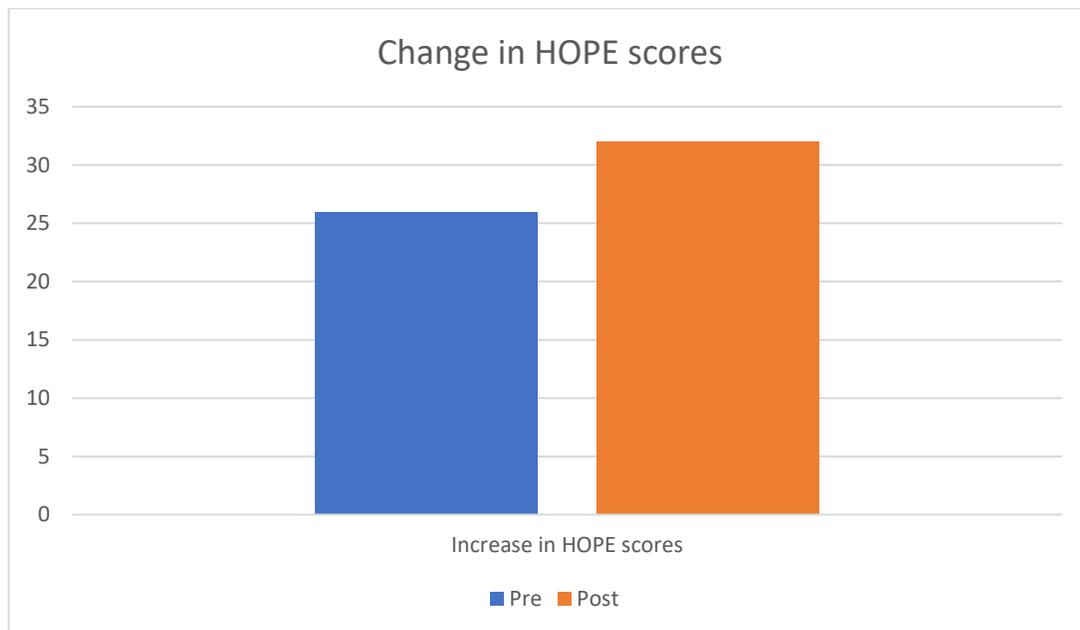
Reduction in hoarding symptom severity across the BIT group was significant,  $t(1, 28) = 7.00, p < .01$ , suggesting that *participants improved significantly on hoarding symptoms* across the group. The red line represents a cutoff score (14), above which the person likely has clinically significant hoarding. Results suggest that the average score at the end of treatment for participants was still slightly above the cut-off score on the HRS.



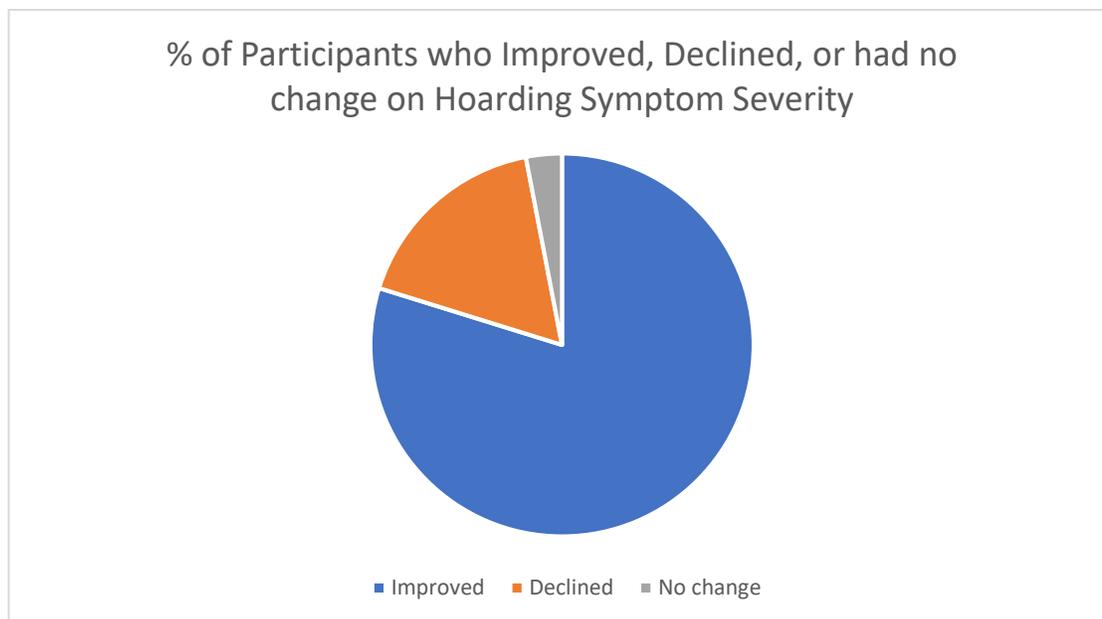
Reduction in difficulty with activities of daily living across the BIT group was significant,  $t(1, 28) = 2.89, p < .01$ , showing that difficulties with these activities improved across the BIT group.



Increase in HOPE scores (measuring agency and pathways to achieving goals) across the BIT group was significant,  $t(1, 28) = -3.00, p < .01$ , showing that participants in the BIT group felt more hopeful and ready to pursue goals across the group sessions.



Finally, the vast majority of participants in the BIT group improved as a result of treatment. A small percentage declined across treatment, which could be the result of true decline in hoarding symptoms or may represent better insight into hoarding symptoms across treatment, which would change how participants completed rating scales at the beginning of treatment (perhaps they underreported their hoarding symptoms) vs. at the end of treatment (perhaps they more accurately reported their hoarding symptoms after learning about hoarding).



## Conclusion

Across multiple indicators, the BIT group was associated with significant improvements for people with hoarding difficulties. This is a low-cost, supportive program which has shown similar results to more expensive CBT groups (Mathews et al., 2016). The results of this report fully support its continued offering in Lanark County.

## References

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