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Hoarding *newsletter*

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Welcome!

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This is the first issue of a newsletter produced by the New England Hoarding Consortium (NEHC). The NEHC is comprised of a group of clinicians and researchers at the Institute of Living in Hartford, CT, Smith College in Northampton, MA, and Boston University in Boston, MA.

As many of you know, members of NEHC have made several high-visibility television appearances recently (Oprah Winfrey Show, Good Morning America, Dateline NBC, etc.). We weren't sure what to expect when the first shows aired, but we certainly found out. Much to our surprise, over ten thousand people have contacted us! Although we would like nothing more than to be able to communicate with each person individually, we just couldn't keep up with the inquiries. That's why we're publishing this newsletter: to keep in touch with you and let you know about us and our projects, and to try to give you information that you can put to use.

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In this newsletter, you'll get to meet the research team and learn about some of the exciting work we're doing in the area of compulsive hoarding. You'll also get to read a personal story from a participant in one of our studies, as well as our responses to some of the important questions we've been asked over the last couple of years.

We hope to update our information regularly, and will continue to send you new issues of the newsletter. Our sincere hope is that you will find it helpful, and that the information will give you new insights and ideas for working on the problem of compulsive hoarding.

Regards,

David Tolin, Ph.D.



MEET THE RESEARCH TEAM!

Randy O. Frost, Ph.D.



Dr. Randy Frost, the Israel Professor of Psychology at Smith College, has authored over 100 scientific articles and book chapters mostly concerning perfectionism, obsessive-compulsive disorder, and hoarding. He holds two NIMH-funded grants jointly with Drs. Steketee and Tolin to study compulsive hoarding, and is a member of the Hoarding of Animals Research Consortium (HARC). Dr. Frost has consulted with numerous communities in setting up and running task forces on the problem of hoarding, including New York City, Ottawa, Canada, and Northampton, Massachusetts. His work has been featured on news programs such as 20/20, Dateline, Good Morning America, and NPR. In 1993, he published the first systematic study of compulsive hoarding.

Gail Steketee, Ph.D.



Gail Steketee, PhD, Professor and currently Interim Dean at the Boston University School of Social Work, has conducted a multiple research studies of OCD and its spectrum conditions, including body dysmorphic disorder and the nature and treatment of compulsive hoarding. With colleagues Randy Frost, PhD and David Tolin, PhD, she holds two NIMH-funded grants to study diagnostic and personality aspects of compulsive hoarding, and test a specialized cognitive and behavioral treatment for this syndrome. Additional research interests include the study and treatment of compulsive hoarding of animals under the auspices of the Hoarding of Animals Research Consortium (HARC). She has published over 150 articles, chapters and books on OCD and related disorders. Her most recent book is *Cognitive Approaches to Obsessive Compulsive Disorder* (Wilhelm, S. & Steketee, G., New Harbinger, 2006). Two new books will be published later in 2006 by Oxford University Press -- *Compulsive Hoarding and Acquiring: Therapist Guide* (Steketee & Frost) and *Buried in Treasures: Help for Compulsive Hoarding* (Tolin, Frost & Steketee).

David F. Tolin, Ph.D.



Dr. Tolin is the founder and Director of the Anxiety Disorders Center at The Institute of Living. The author of over 70 scientific journal articles, Dr. Tolin's research and clinical interests include the nature and treatment of anxiety disorders, obsessive-compulsive disorder and related conditions such as hoarding. Dr. Tolin is a co-investigator with Drs. Frost and Steketee on two federally funded research projects investigating compulsive hoarding; he is also the principal investigator on a study using neuroimaging to study hoarding. Dr. Tolin has been a recurrent guest, discussing compulsive hoarding, on Good Morning America and The Oprah Winfrey Show.



NEHC UPDATE



We are now in the final stages of our research project, sponsored by the National Institute of Mental Health (NIMH), entitled "Treatment of Compulsive Hoarding." This study was conducted in two stages. The first stage was a small open trial of cognitive-behavioral therapy (CBT) that incorporated working with clients (often in their homes) to help them learn appropriate strategies for discarding, help them think rationally about their possessions, enhance their motivation to change, teach them how to resist urges to acquire, and support them as they challenged themselves. The treatment consisted of 26 outpatient visits over 6 months. Results of this small study, which will be presented at the Association of Cognitive and Behavioral Therapies (ABCT) in November 2006, showed significant reductions in hoarding severity (25-34%) and significant reductions in specific hoarding behaviors (20-33%) as well as observational measures of clutter (23-33%). In 57% of treatment completers, both the therapist and client rated the client as "much improved" or "very much improved." However, it was also noted that genuine remission of hoarding behaviors and clutter was infrequent, and substantial residual symptoms remained. We are still collecting long-term follow-up data to see whether the effects of treatment last after treatment is discontinued. The second phase of the study is a larger randomized controlled trial in which we compare CBT to a wait list (this helps us determine whether the effects of CBT are greater than the effects of time or

one's own efforts). Data collection is ongoing, and we hope to begin analyzing the outcomes soon.

A second study, also sponsored by NIMH, is called "Psychopathology of Compulsive Hoarding." This is a large study in which we are interviewing people with compulsive hoarding and comparing them to people with obsessive-compulsive disorder and people with no mental health concerns. The aim of this study, which will continue for three more years, is to learn more about hoarding and associated mental health issues. Our colleague Dr. Suzanne Meunier is planning to present preliminary data at the November ABCT meeting that investigate the presence of self-reported symptoms of attention deficit-hyperactivity disorder (ADHD) in people who hoard. To date, 63.59% of participants met criteria for ADHD based on self-report (12.7% inattentive type, 15.9% hyperactive-impulsive type, 30.2% combined type). When examining self-reported symptoms during childhood only, the results revealed that 73% of participants met ADHD criteria (4.8% inattentive type, 27% hyperactive-impulsive type, and 41.3% combined type). When examining current self-reported symptoms, the results revealed that 75% of participants met criteria (28.6% inattentive type, 1.6% hyperactive-impulsive type, 44.4% combined type). Self-reported ADHD symptom severity was significantly correlated with self-reported severity of hoarding symptoms.

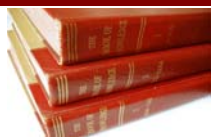


Finally, we recently finished a neuroimaging study entitled "Neural correlates of compulsive hoarding," led by our colleague Dr. Nicholas Maltby. In this study, people with and without compulsive hoarding were put into a functional magnetic resonance imaging (fMRI) scanner so that we could observe their brain activity. While in the scanner, participants were asked to make the decision to discard personal possessions. The experimenter held up pieces of the person's "junk" mail, and the person was asked to indicate, by pressing a button, whether or not they wanted to discard it. If they opted to discard the item, it was placed into a shredder. We found that for people with compulsive hoarding, decisions to discard personal possessions activated brain regions associated with processing punishing or unpleasant events. Refusals to discard personal possessions activated regions associated with categorizing, as well as intense emotional

processing. These results may provide insight into why people who hoard have such great difficulty discarding items: Decisions to discard may be experienced as punishing, and thus be less likely to be undertaken in the future. Unsuccessful decisions to discard may result from the inability to properly classify the item and thus be able to take action. We recently received a grant from NIMH to conduct a larger and more detailed version of this study over the next four years.

Additionally, we will soon begin to conduct additional internet-based research looking at many factors and trends of people with compulsive hoarding and also their family members. Persons interested in contributing to this research should keep on the lookout, as we will be sure to update you as more information becomes available.

—David Tolin, Ph.D.



UPCOMING BOOKS!

- ◆ David Tolin, Randy Frost, and Gail Steketee are writing a self-help book for people who hoard. The working title (subject to change) is "Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding."
- ◆ Gail Steketee and Randy Frost are writing a treatment manual and workbook titled "Compulsive Hoarding and Acquiring: Therapist Guide and Workbook". These are written for therapists and their clients in treatment for hoarding.

Both the self-help book and therapist guide should be available at your local bookstore or internet retailer in Fall 2006. We will send an update when the books are available.



Questions & Answers

Q: Do you have any advice on how to approach someone who doesn't think she has a problem and only needs a bigger house? -D. R., North Carolina

A: This is an all too common problem among people with compulsive hoarding problems and reflects what we call limited insight into the troublesome nature of the symptoms--in this case, clutter, difficulty getting rid of items, and perhaps also acquiring too many things. Even people who actually seek help for clutter become ambivalent when they are faced with difficult decisions about discarding or categorizing and putting away their things. Motivational techniques have been very helpful for other problems like alcohol addiction in which denial is common. This requires a non-threatening approach in which you try to step into the person's shoes to see it completely from his or her perspective. Then, ask questions and make comments that are genuinely motivated, not snide or condescending.

For example, when the person has just denied that there is any problem, you can summarize calmly: "You don't really feel there is any problem. You are quite happy with the way the house looks." This restatement of what the person has just said helps them feel heard and undercuts their resistance.

More than likely, the person will respond with something like, "Well, I'm not completely happy. It is more stuff than I want but I will get to it." This is a partial admission of a problem and moves just a little closer to being willing to work on it. Go on with "You plan to get to it, but haven't been able to yet. What do you think you need to get to it?" Again, this must be said calmly, with curiosity. This might move the

person closer to talking about their struggle, again a further step in admitting a problem and considering working on it.

Of course, after the person's initial denial, you could have said, "But look at all that clutter! It's a fire hazard?" Imagine how you'd react to this if your situations were reversed. You'd dig in your heels, deny the danger or inconvenience, and defend the importance of your things and your right to keep them. So, this strategy really doesn't work to help motivate someone to work on the problem. But a direct statement that empathizes with the person's perspective reduces their defensiveness and often helps them reconsider their position.

-Dr. Gail Steketee

Q: Is compulsive hoarding related in any way to attention deficit disorder?

-Leisa M., Idaho

A: Our research on this topic has relied on people's responses to questionnaires. On these questionnaires we have found an association between hoarding problems and difficulties with attention. The difficulties look like those seen in attention deficit disorder, including difficulty maintaining attention, being easily distracted, being forgetful, not finding things easily, making careless mistakes, and so on. We also have found an association between hoarding and hyperactivity symptoms seen in attention deficit disorder (for example, restlessness, fidgeting, difficulty doing things quietly, etc.). However, we can't yet say that people with hoarding problems are prone to have attention deficit disorder. To draw that conclusion, we will need to do a more careful



study where we actually do a diagnostic work-up rather than relying on questionnaires.

-Dr. Randy Frost

Q: What are some questions to consider when deciding whether to save or discard an item? –Diane T., Pennsylvania

A: Because different people save for different reasons, it's important to first examine your specific reasons for saving. Then, use key questions to challenge yourself. If you tend to save because you fear letting go of something that is useful, try asking yourself:

- Do I really need this?
- Do I already have enough?
- Will I really use this in the near future?
- Have I used this in the last year?
- Is this item in good condition?
- If I don't keep this, will I suffer financially or physically?
- Do I have enough time to put this to good use?

If, on the other hand, you tend to save because you feel a sense of emotional or sentimental attachment to objects, try these:

- Is this object really important, or does it just seem important because I'm looking at it?
- Will I really honor someone's memory by saving this? Is that what the person would want?

- Is this object a cherished friend, or is it clutter that's taking up space in my home?
- Does my home really look better with this object in it, or would it look better if I got rid of some clutter?
- If I let go of this object, how bad would I really feel? Would I feel that way forever?

If you save because holding on to things gives you a sense of safety or control, try asking:

- If I save this, am I really in control? Or am I giving up control to my possessions?
- Does keeping this really make me safer? In what ways does the clutter in my home make me less safe?
- Am I saving things as a way to send a message? If so, to whom? What is the message? Is it working?

Finally, almost all people who hoard can benefit from asking themselves:

- Which is better for me and my hoarding problem in the long run, keeping this or letting go of it?

-Dr. David Tolin

◆ If you have a question regarding compulsive hoarding you would like answered, contact us by emailing us at scarlson01@harthosp.org.



SUMMARY OF AVAILABLE SERVICES AT THE INSTITUTE OF LIVING

At the Institute of Living we currently have available a number of different services for those with compulsive hoarding and their families. Services range from diagnostic evaluations, to family consultations, and individual and/or group therapies. All services

are carried out by trained medical health professionals. A list and description of some of the services offered is included below. Additional information can be obtained by calling the Anxiety Disorders Center at (860) 545-7685.

<i>Diagnostic Evaluation</i>	The evaluation is a 3 hour long in-person clinical individual assessment which looks at symptoms related to compulsive hoarding, as well as issues which may not directly impact the clutter, but may affect diagnosis and treatment.
<i>Individual Therapy</i>	These therapy sessions implement cognitive-behavioral therapy as a means to change ones behaviors and attitudes toward clutter and accumulation. The sessions last 45-50 minutes and take place within the clinic.
<i>Group Therapy</i>	Group therapy is an additional treatment option, and consists of groups of at least six people within the area. Group members travel to clients' homes, which must be located within 30 minutes from Hartford.
<i>In-Person Family Consultation</i>	Office-based consultations can be arranged for family members in order to better familiarize family with compulsive hoarding and let them know what they can do to help. Sessions typically last 45-50 minutes.
<i>Telephone Initial Evaluation</i>	Individual initial assessment is also available over the phone and lasts about 2 hours.
<i>Telephone Therapy</i>	Therapy sessions can be administered over the phone. Each session lasts 45-50 minutes.
<i>Telephone Family Consultation</i>	Family consultations also have the option of being carried out over the phone. These sessions also last approximately 45-50 minutes.
<i>In-Home Consultation</i>	Qualified health professionals are also available to attend home consultations and treatment visits. Sessions last 90 minutes and vary in rate based on location. *Special 2-day intensive consultation and treatment packages can be arranged for people who live a long distance from our clinic.



Working with a Professional Organizer

A professional organizer can be of great benefit to an individual who is diagnosed as a hoarder. The organizer can work one on one with the client as well as collaboratively to include family and a therapist or psychiatrist. A professional organizer has the skills and resources to problem solve in the home and work environment. Many professional organizers specialize in working with hoarders and their families, and can assist the client in making changes in their environment.

So, how do you select a professional organizer? It is a great question. The relationship that is formed with a professional organizer is very personal. The first and most important factor is that you feel comfortable and confident in the organizer that you select. Does the organizer have empathy for your situation? You may wish to ask the following questions. How long have you been in business? What is your background? Do you have an area of specialty? Are you a member of the National Association of Professional Organizers (NAPO)? Are you a member of the National Study Group on Chronic Disorganization (NSGCD)? What is your style in working with clients?

While interviewing your professional organizer, you need to know that the organizer respects and will honor your core values. Be wary of someone who just wants to clean an area without understanding what you would like to accomplish. The organizer should determine if he/she has the skills to work with you and that there is a good fit.

You should be cautious of an organizer who does not have experience working with hoarding or who seems to push too hard.

Why would you hire a NAPO member? A NAPO member has dedicated themselves to



their profession and has educational opportunities through conference, chapter meetings and teleclasses. NAPO members sign a Code of Ethics to insure your personal information will remain confidential. A professional organizer who is a NAPO member has made a commitment to their business and thus to you, the client. The National Study Group on Chronic Disorganization (NSGCD) is a group of NAPO members who specialize in specific issues such as ADD, hoarding, OCD, traumatic brain injury and chronic disorganization. This organization offers frequent teleclasses for professional organizers and related professionals with extensive educational opportunities and information.

It is critical to determine your organizers style. Be wary of an organizer that just wants to “chuck it!” You need to set the boundaries about what your problem areas are, what you would like to accomplish and where you would like to start. Your organizer can help you to focus your goals. ***Continued on page 11.***



Science Library

Some current findings in the field of compulsive hoarding

Hoarding in Obsessive-Compulsive Disorder: Clinical and Genetic Correlates

Journal of Clinical Psychiatry, 66:1155-1160, 2005, C. Lochner, C.J. Kinnear, S.M.J. Hemmings, et al.

A group of 315 adult patients with obsessive-compulsive disorder (OCD) were given a comprehensive clinical assessment. Of the group, 18.1% of participants exhibited hoarding symptoms. Patients with hoarding symptoms were more likely to have several other disorders, including lifetime major depressive disorder, generalized anxiety disorder (GAD), and obsessive-compulsive personality disorder (OCPD). Patients with hoarding symptoms also reported more difficulty in daily living. DNA analysis was performed on a Caucasian subset of patients and controls, including those of Afrikaner descent. Analysis showed that Afrikaner patients in the OCD hoarding group were more likely to have a specific gene compared with nonhoarding OCD patients and non-psychiatric controls, suggesting a possible genetic correlate to hoarding in those of Afrikaner descent.

The distinctiveness of compulsive hoarding from obsessive-compulsive disorder

Anxiety Disorders, 19:767-779, 2005, J.R. Grisham, T.A. Brown, G.I. Liverant, L. Campbell-Sills

Researchers divided 162 patients with obsessive-compulsive disorder (OCD) into three groups based on clinical assessment: pure hoarding, nonhoarding OCD, and mixed OCD and hoarding. Patients completed an array of self-report questionnaires measuring symptoms such as anxiety, mood, and personality measures. The pure hoarding group reported significantly less negative affect, anxiety, worry, and stress in comparison to the OCD without hoarding and the mixed OCD and hoarding groups. Positive affect was also rated higher, and depression rated lower for the pure hoarding group in comparison with the mixed OCD and hoarding group. These findings suggest that hoarding in the absence of other OCD symptoms might be a separate disorder, perhaps with its own etiology and clinical presentation.

Age of onset of compulsive hoarding

Anxiety Disorders, (in press), 2005, J.R. Grisham, R.O. Frost, G. Skeketee, et al.

Fifty-one individuals with compulsive hoarding underwent retrospective analysis to determine the onset of various hoarding symptoms. Participants answered several questionnaires measuring aspects such as symptom presence and severity. Participants also filled out a Hoarding Timeline, which traced the disorder through their life, noting stressful life events that may have coincided with symptom prevalence and severity. Mild compulsive hoarding was found to begin by middle adolescence or adulthood, with a mean onset age of 13.4 years. Onset occurred later when it coincided with a stressful life event. Acquisition had an overall later onset, possibly due to the increased financial independence. Insight into and recognition occurred a decade or more after initial onset, illustrating the necessity for the development of earlier means of identification and treatment so that the disorder can be treated before substantially increasing in severity.



How to tell if clutter has become a problem in your life

By Nicholas Maltby, Ph.D.

Like most things, clutter comes in many flavors. A little clutter is common and generally does not mean you need treatment. However, clutter can grow to the point where it can impact your life by making you feel overwhelmed, getting in the way of the things you want to do, by causing embarrassment, or by limiting your social and family life. One of the funny things about clutter is that as it becomes more of a problem, it also becomes more difficult to recognize how it restricts your life. This is because it is easier to focus on the good things about clutter rather than the bad. You might feel good because you recycle, because you are not wasteful or because you just like the “good” feeling you get around your possessions.

Here are some suggestions for recognizing when clutter has begun to impact your life. Everyone has rules about the ways they like to handle their possessions. Clutter becomes a problem when you find that you need to stick to these rules even when it hurts you. For instance, you may have clothes you want to give away because you don’t need them anymore, but because you can’t find a person who will take care of them you decide to keep them. Over time this may lead to a roomful of clothes you don’t use any more. The impact of this can be broad. You may lose the use of a room. You may be embarrassed to have people into your house, or you may have arguments with your spouse or children over the clutter. Other indications that clutter has impacted your life are your reactions to the clutter. Are you embarrassed to have people in your house?

Have you delayed having repairs done because you didn’t want the workmen to see your house? Do you get in arguments with friends and family about the state of your house? Does anyone refuse to visit because of the clutter? Are there rooms you can’t use because of clutter? Do you avoid conversations about clutter? All of these are signs that your clutter is starting to become a problem.

Another way to decide whether clutter has become a problem for you is to examine your ability to be flexible as changes occur in your life. If you have difficulty adapting to new circumstances than clutter may be more problematic than you thought. For instance, if your son lost his job and needed to stay with you, could you clean up a room for him or would you ask him to either stay somewhere else or adapt to your clutter? If you have difficulty changing for situations like this, than clutter may be interfering with your ability to adapt as life changes. Since life seems to be doing this a lot, you may be losing the ability to cope with these changes.

Not all clutter is a problem. Clutter becomes a problem when it interferes with your personal or social life, when it makes you feel bad about yourself, or when it reduces your ability to cope with changes in your life. Recognizing that it is a problem for you is often difficult since much of the conflict clutter engenders seems to come from others rather than from yourself.

Continued on page 11.



(Continued from page 10) Thus, it is easy to think that your friends and relatives don't understand you or are wasteful when they complain about the clutter. The challenge is to focus on the effects of clutter on your life rather than on the people who point these effects out. If you find

that some of the markers of clutter being a problem highlighted in this article are true for you, it might be helpful to consider whether changes in your clutter may make you happier in the long run.

Working with a Professional Organizer.

(Continued from page 8) You will set the pace. If you need to talk through the history of the items that you are working on, you should do so. You determine what to keep and what will be donated, discarded or given away.

Hiring a professional organizer may be a big step for you to regain control in your environment. It can be a productive and satisfying experience. A professional organizer can provide ideas, information, structure, solutions and systems, which can increase your productivity,

reduce your stress and create a more comfortable environment and give you back control of your home. Good luck!

◆ Faith Manierre is the owner of Busy Bees Professional Organizing, LLC, and the founding president of the Connecticut chapter of the National Association of Professional Organizers and a member of the National Study Group on Chronic Disorganization. She can be reached at 860-633-2541 or www.busybeesorganizing.com

Be a Part of the Research!

Do you or a family member have a problem with clutter?

The Anxiety Disorders Center is currently looking to recruit **family member pairs** for an upcoming internet-based research study. Participants will complete several online surveys and will be entered into a drawing for a raffle prize.

To be eligible participants must meet the following criteria:

- **Must be age 18 or older**
- **Must make up a pair consisting of:**
 - 1) a family member with a clutter problem, *and*
 - 2) a family member without clutter issues.
- **The pair must either live together, or parents, children, or siblings of one another.**

If you are interested in participating in this study, please contact the Anxiety Disorders Center at (860) 545-7685.



Personal Story... A personal look into Compulsive Hoarding

In six short months, I am emerging from a (not so) shallow grave – the rut of my compulsive hoarding behavior. If I didn't have the photographs (before and after) that my trusted and uncritical therapist snapped inside my home, I wouldn't believe the story of hope I am about to share with you. A miracle, you say? Yes, a miracle that you can have, too.

For years, I had been unable to discard the disheveled heaps of bills and videotapes and books and pens and freebies and notebooks and gift-wrap and...you get the picture. Just looking at it all I felt overwhelmingly tired and angry and sad. I can't say when, but gradually I just stopped "seeing" it. I learned to navigate at angles from room to room, careful not to upset those beastly piles that I continued to feed into monstrous proportions. I felt desperately defeated, trapped in a private prison of my own making.

Today, sitting comfortably on my couch (hallelujah, there's room here for you, too!), studying the "be fore" pictures of my cluttered home, my heart sighs, "Oh, that poor woman." Having been *so* stuck for *so* long, unable to even *begin* to make any appreciable dent on my own, I am grateful that today I can move about freely from room to room, I can open the door when the bell rings, I can even welcome a friend to sit at my kitchen table with me, for an afternoon tea.

One day, perhaps very soon, **these steps will help take you out of your solitary confinement.** I remind myself with the acronym, "Keep the F.A.I.T.H."

Fear NOT: Let *somebody* in. For me, help came when I contacted the Center for Anxiety and Related Disorders and Boston University's School of Social Work. There, I learned the name of that broken record in my head, incessantly driving me to acquire more, more, more! "Obsessive-Compulsive Disorder (OCD)." I no longer feel ashamed, it's a real condition that I'm learning how to work with.

Awareness: There are three aspects to our compulsive hoarding – acquisition, organization, and discarding. Gradually, my therapist showed me how I could manage each phase and reverse the cluttering mentality.

Intimacy: Gently, steadily, lovingly, at your own pace, your sorting and discarding will usher you to your real self. This has been my experience, and I am becoming more willing to emerge into a wider world. I'm also considering the family and friends I can choose to invite in.

Tools: Here are just a few of several cognitive behavioral techniques (CBT) my therapist taught me to do that have already improved my life – create some **space**, a corner in the chaos in which to sort; put **like with like** (books with books, pens with pens, etc.), and designate a **place** for them, clear a shelf and a desk drawer to store them (better yet, I donated several



“litters” of my stuff to a new home at the Salvation Army); break down the tasks by making up a **list** first, draw a **picture** of how to arrange a room, mark the **calendar** with de-cluttering sessions (they don't have to be lengthy, just regular); sleep on it; then *begin* -- a little at a time, one day at a time; notice emotions, write down what **triggers** them, consider behavioral **alternatives** instead of compulsive collecting, and document the outcome. Relax. Rest. Rejoice in *real* progress, miniscule as it may seem, in the beginning.

Here and Now – Live! There *is* recovery from compulsive hoarding for you, too. I know it. I can show you pictures of mine. My mood lifted as I created some breathing room and order – not just in my home, but in my mind. I have come to understand the underlying causes of my collecting behavior. The chokehold of my past is losing its grip on me as I am

choosing to let it go. I am creating a truly “safe” and beautiful world, I no longer have to bury myself alive in “stuff.” With positive momentum, I am able -- and eager -- to carefully choose a buddy to help me continue this process. I am not alone.

When I allowed a professional and sympathetic therapist to enter that formerly cold and cluttered place, she became the midwife of this beautiful, full life I am awakening to. Thank God. At last, within and around me, I am feeling at “home. ”

- “Serene”

◆ If you would like to contribute a personal story to the newsletter, please contact the Anxiety Disorders Center at scarlson01@harthosp.org

Be on the Lookout! Be on the Lookout!



The Anxiety Disorders Center is planning an upcoming internet-based study and will begin recruiting participants shortly.

Please be on the lookout for further information regarding participation in the study.

Compiled by Karen Mulak



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