

Employing Motivational Techniques with Psychotherapists and Professional Organizers: A Collaborative Approach with Compulsive Hoarders

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“There came a time when the risk to remain tight in the bud was more painful than the risk it took to blossom.”

-Anais Nin

This article, along with the experiences and insights it includes, is a direct result of the conferences and educational programs of the NSGCD, the groundbreaking presentations on Collaborative Therapy by Roland Rotz, PhD, Heidi Schulz, CPO-CD, and the Introduction of Motivational Interviewing by David F. Tolin, PhD.

The familiar scenario: The phone rings. The voice of a desperate-weary person on the other side introduces herself as the sister of a hoarder. She says she doesn't know if you can help her. She begins to tell a frequently heard tale. The names are different but the details are often strikingly similar: Her 58-year-old sister lives in an apartment on the Upper West Side of Manhattan, and the coop board has issued two warnings for the sister to clean her apartment out due to fire code and health violations. She now faces the stark reality of eviction. The abysmal condition of the apartment was initially brought to the board's attention when the superintendent of the building was not able to gain access to repair a leaky drain pipe in one of the two bathrooms. Neighbors had also logged numerous complaints about the horrendous stench of cat urine in the halls emanating from the woman's apartment.

Upon inspection the super discovered that the bathroom and every room in her two bedroom apartment were stuffed from ceiling to floor with every sort of rubbish imaginable. This included magazines, newspapers, cardboard boxes, broken furniture and empty food containers. Maintenance personnel were appalled at the condition of the apartment and brought in fire inspectors, as well as health department officials to inspect the apartment. The person on the other end of the line seems desperate and in need of help. “But what about your sister?” you ask. Does *she* think she has a problem and, if so, does she feel she needs professional help to conquer that problem?

Both professional organizers and psychotherapists alike are often challenged by their compulsive hoarding clients, to say the least. Clients, similarly, feel stymied and inadequate when, after having spent a ton of money and time with one of these professionals, they still feel lost in a pile of clutter, both externally and internally. Professional organizers and psychotherapists are keenly aware, from many failed attempts, that when trying to work with a hoarding client, it can be counterproductive if the client is working with only one professional. Our early collaborative efforts were also less than stellar because we did not set working with both professionals as a pre-condition for work with the hoarding client.

Why is a Team Approach Essential?

Hoarding behavior is in and of itself a symptom of more deep-seated problems, of both a psychological and characterological nature. For example, a hoarder may have experienced early deprivations as a child, and in response, obsessive-compulsive traits emerge as a coping mechanism in order to withstand conflicting parental messages of a stressful childhood. As OCD spawns full-blown hoarding behavior in adulthood, the client embraces a prehistoric mal-adaptive coping mechanism aimed at control and self protection. If unchecked, hoarding clients who suffer from OCD quickly find themselves psychologically and physically boxed into a corner. This is also why the novice psychotherapist or professional organizer working alone and not well grounded may easily find themselves pulled into the quicksand and swallowed up together with the client.

The team approach is also essential for working with clients whose hoarding behavior stems from adult ADHD in a more severe form. Add to the mix depression, rage, and major control issues, and you have the makings of a disaster if the person chooses not to seek help. We have seen others in our practices that have the double-whammy combination of Obsessive-Compulsive Disorder and adult ADHD.

When engaging compulsive hoarders with long-term, chronic disorganization and collecting behaviors, a collaborative or team approach permits the client, psychotherapist, and organizer to work side-by-side to facilitate and maintain change within the home, as well as to build lasting internal cognitive-emotional change within the client. Depending on the severity of the case, the team may include others, such as an attorney, family members, friends, landlord, and social service advocates.¹

One of the first challenges for organizers and psychotherapists working collaboratively with a compulsive hoarder is to have them be fully on board with the idea that a) They cannot do the job alone, and b) In all likelihood they are going to require the intervention of at least two professionals at the same time.

The second challenge is delineating the tasks of the psychotherapist and the professional organizer. Although there are many areas that may clearly overlap, it is important to devise a written plan of clear task delineation in order to avoid role confusion and awkwardness down the road.

Role of Professional Organizer for the Hoarding Client

The role of the professional organizer for the hoarding client is to sensitively provide on-site guidance, focus, assistance and reinforcement, being aware of the client's particular style of learning in order to optimize strengths, effort and time in achieving de-cluttering and organizing goals. When working in collaboration, the organizer will need to share

¹ Heidi Schulz, CPO-CD, Roland Rotz, PhD., "Collaborative Therapy for Clutterers and Hoarders," *Collaborative Therapy*, Oct, 2004.

with the psychotherapist observations, challenges, and progress toward the pre-established goals and objectives so that the therapist, can follow up in the subsequent psychotherapy sessions.

The organizer also enforces boundaries between the therapist and the organizer by introducing the client to the concept of the “Emotional Box.” Also introduced by Schulz and Rotz, the Emotional Box serves as a metaphorical construct to contain emotionally laden issues involving strong attachment conflict around letting go of their items. Ideally, the organizer can expedite the de-cluttering process and maintain appropriate boundaries by helping the client to bring the contents of the Emotional Box to the psychotherapy sessions.²

Role of the Psychotherapist for the Hoarding Client

In contrast, the role of the psychotherapist differs from that of the professional organizer in that the therapeutic work takes place away from the client’s cluttered physical environment. The therapist helps the client to clear out the internal mental clutter, which includes a thorough examination of the client’s pattern of cognitive distortions that keep the hoarding behavior in orbit. Cognitive Behavioral Therapy or CBT is the preferred tried-and-true therapeutic intervention. The therapist, in a written agreement with the client, is permitted to have regular phone contact with the professional organizer around issues pertaining to the client’s de-cluttering goals. Caution must be taken on the part of the psychotherapist to maintain the trust relationship of the client by not divulging highly personal information. Furthermore, it is recommended that a specific contract or release of information be drafted to stipulate the nature of the information to be disclosed to the professional organizer to avoid possible misunderstandings.

Contract for Collaborative Work

Beyond the above-mentioned releases, it is advisable that a collaborative contract for work be drafted and signed by client, psychotherapist and professional organizer. The collaborative contract will spell out specific attainable goals and objectives with reasonable time frames and will contain a client activity portion. This is our road map, and learning to stay on course and navigate it will be our key to success.

Clear goals and objectives should be established by client, psychotherapist, and professional organizer from the outset of treatment. The activity part of the contract delineates specific client tasks and should also be collaboratively designed with S.M.A.R.T. goals in mind: Goals that are **S**pecific, **M**easurable, **A**ttainable, **R**easonable and **T**imely.



² Rotz, Roland; Schulz, Heidi. *NSGCD/SFBA Conference: How to Find a Therapist When YOU Don’t Need One.*, Oct. 24, 2003.

Roads to Motivation – The Motivational Interview

“Motivation is what gets you started. Habit is what keeps you going.”

-*Jim Ryun Olympic track athlete*

Much of the literature on compulsive hoarding has correlated success rates, or lack thereof, with the overall motivation of the client toward change. It is essential that both professional organizer and psychotherapist alike learn techniques of motivational interviewing in order to make an initial assessment. Furthermore, the motivational interview is an indispensable tool for the professional organizer and psychotherapist to comprehend the ego-syntonic — ego-dystonic nature of the problem. In other words, does the client feel they even *have* a problem, and if so, are they willing to go the distance and splurge on a professional organizer and a psychotherapist at the same time?

Motivational interviewing is currently in full vogue as a treatment to treat many compulsive, self-destructive behaviors, including alcohol and substance abuse, sexual compulsivity, gambling, eating disorders and neglecting medical problems, to name a few. Moreover, the motivational interview is very useful in both ascertaining one's reasons for wanting to change a particular problem as well as suggesting pathways to the actual treatment. Not only does the motivational interview gauge client readiness to take some sort of tangible action, it requires that the client take a stand, even if only on wobbly legs in the beginning phase.

Motivational interviewing can be a very useful tool for both professional organizers and psychotherapists alike. The questions lend urgently needed traction when the wheels are spinning round and round and the truck is stuck in the mud. The questions themselves serve both as an assessment tool, as well as a cognitive intervention of sorts, setting the stage for the behavioral work to come. Motivational interviewing is basically a technique of interviewing, not a therapeutic style, which acts like a camera taking many present-day snapshots of the client's particular problem, in the here and now, from many different angles and points of entry.

The interview we are about to present consists of a simple and practical set of questions placed on index cards that were adapted by the Family Practice Residency Program at Montefiore Medical Center, originating from several sources.³ The interview can be conducted over several sessions and is divided into three principal stages: Stage 1) Pre-

³ The cards were developed from data drawn from: Prochaska, J.O., & Clemente, C.C. 1982 *Transtheoretical therapy: Toward a more integrative model of Change*. *Psychotherapy: Theory, Research, and Practice*, 19, 276-288. Miller W.R., Rollnick, S. *Motivational Interviewing*, Second Edition Guilford Press, New York 2002. The cards were prepared by Marilia Neves, Psy. D, Luz Towns-Miranda, Ph.D, in 2005 for the Family Practice Residency Program at Montefiore Medical Center. Cards were further adapted for working with compulsive hoarding clients in 2008 by Stephen Geller Katz, LCSW-R and Sondra Schiff, RN.

Contemplation – Building Motivation for Change, Stage 2) Contemplation – Strengthening Confidence, and Stage 3) Determination – Strengthening Commitment to Change. We have adapted the questions to fit the context of our work with compulsive hoarders. The motivational question cards are user-friendly and offer the professional an immediate and practical tool. Fortunately, they require little training and preparation to use. To make them road-ready and easier to handle, we cut out the questions and attached them to index cards. The following questions are basic guidelines and serve as a springboard for generating *new* questions, ideas, strategies and solutions.

Stage 1: PRE-CONTEMPLATION – Building MOTIVATION for CHANGE

The principal aim here is to elicit from the client their particular explanation of the problem.

- What do you think about your hoarding? (collecting, clutter)
- What does your husband think about your hoarding? (wife, daughter, niece nephew, son, partner, doctor, coop board, etc.)

Exploring the Relational Context of the Behavior:

- Who thinks your hoarding is a problem and who does not?
- How is the hoarding affecting your relationship with these people?

Time-Line Questions:

- When do you hoard more?
- When do you hoard less?
- Was there a time you did not hoard as much?
- What was your life like then?

Exploring Priorities and Reasons to CHANGE or Not:

- What are the most important reasons for you *to change*? (to stop hoarding, to clean up your house, etc.)
- What are the most important reasons for you *NOT to change*? (not to stop hoarding, not to clean up your house, etc.)

Exploring Ambivalence by Employing Two-Sided INTROSPECTION:

- On one hand you say your hoarding is a serious problem, but on the other you haven't really followed through with _____. What do you make of that?

Back-to-the-Future Questions:

- What will happen to your *life* if you do nothing about your hoarding? (marriage, health, apartment etc.)
- How would that affect your life and your family if that happened?

Clarifying VALUES:

- Considering all of what we talked about, what is more important in your life?

IMPORTANCE Scale Questions:

- How important is it for you to **WORK** on your hoarding, on a scale of 0 to 10, where 0 is not at all and 10 is extremely important.
- Why are you on a ___ and not on a 0?
- What would it take for you to go from ___ to a higher level?

Stage 2: CONTEMPLATION – Strengthening CONFIDENCE**Review Past SUCCESSES:**

- When have you made up your mind to do something, and did it?
- When have you done something like that?
- How did you feel after you did it?

Personal STRENGTHS and Supports:

- What is it about you, what **STRONG** points do you have that could help you succeed in making this change?
- If your friends and/or family had something positive to say about you, what would they say?

CONFIDENCE Scale Questions:

- How confident are you that you can work on your hoarding? On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident.
- Why are you at ___ and not 0?

Hypothetical CHANGE:

- Suppose you did succeed and are looking back on it now: What would **SUCCESS** look like? (your life, your apartment, your marriage, your social life, etc.) What worked? How did it happen? In what ways did you change your thinking to make it happen?
- I understand that you had a heck of a time changing this in the past. So, using your imagination, if you were to do it again, what will you do differently to guarantee your success?

Evocative Questions:

- How might you go about making this *change*?
- What would be a good *first step*?
- What *obstacles* do you foresee, and how might you deal with them?
- What gives you *confidence* that you can do this? (hope, faith)

Benefits:

- What do you like best about hoarding? (collecting) What else?
- What does it do for you?

Concerns:

- Tell me about any worries you may have about how the hoarding is affecting your life.

Concerns and Benefits:

- Tell me about all the good things about not hoarding.
- Now, tell me about all the bad things about not hoarding.

Stage 3: DETERMINATION – Strengthening Commitment to CHANGE

Assessing Where the Client is on the Continuum of CHANGE:

- Considering all of what we have talked about, what do you think you will do?
- What is your thinking at this point about your hoarding?

Reinforce and Strengthen Commitment to CHANGE:

- What would be some good things about making a change?

Negotiating a CHANGE Plan:

- What do you think you need to do to be successful in accomplishing what you want now?
- Taking it one step at a time, what do you think should be the first step?

Is the Goal *REALISTIC*?:

- So that's your plan. How would your life be different if you pursued this goal and reached it?
- What can you imagine might be good and not so good about this plan?

Considering CHANGE Options:

- What do you know about the different possibilities that people have used successfully?
- Which do you think would work best for you?

Arriving at a PLAN:

- So what is it **SPECIFICALLY** that you want to **DO**?



A CHANGE-Plan Worksheet

The most IMPORTANT reasons why I want to make this CHANGE:

My main GOALS for myself in making this CHANGE:

I plan to DO these things to ACCOMPLISH my GOAL:

SPECIFIC ACTION: WHEN?:

Other PEOPLE can help me with CHANGE in these ways:

PERSON: _____ POSSIBLE WAYS TO HELP:

There are some possible OBSTACLES to CHANGE. How might I handle them?
with SUCCESS?

POSSIBLE OBSTACLES TO CHANGE: _____ HOW TO RESPOND?:

I will know that my PLAN is WORKING when I see these RESULTS:

Conclusion

We have come a long way in working with compulsive hoarders. As a result of groundbreaking research and collaborative methodologies, we have far more tools at our fingertips than ever before. The collaborative team approach lends structure and consistency to the treatment process and has been found to increase the likelihood of successful outcomes in working with compulsive hoarders. We have also presented basic techniques of motivational interviewing, instant interventions that you and your team can go out now and use immediately. We look forward to hearing of your future progress and success.

Suggested Readings

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