Hoarding in Late Life: Etiological Complexities and a Novel Approach to Treatment

Mary E. Dozier, Ph.D.

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Disclosures

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Diagnostic Criteria

F42.3 Diagnostic Criteria

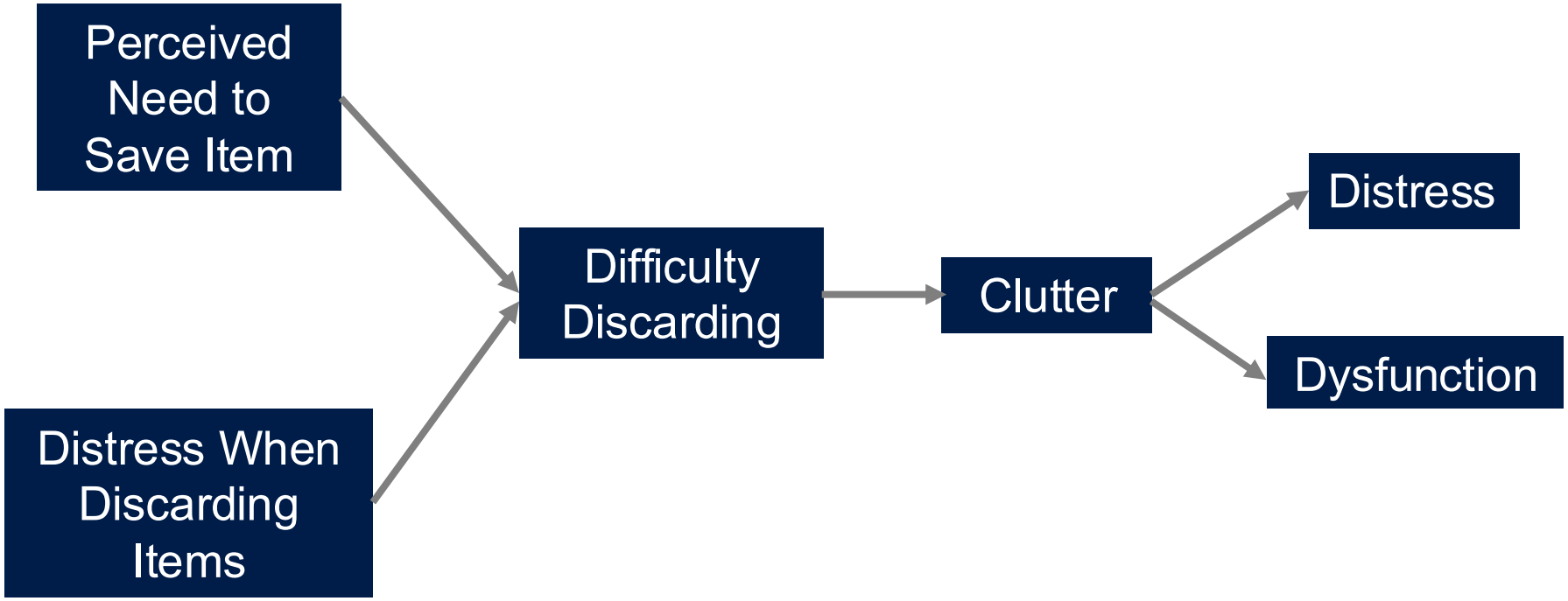
A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.

B. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.

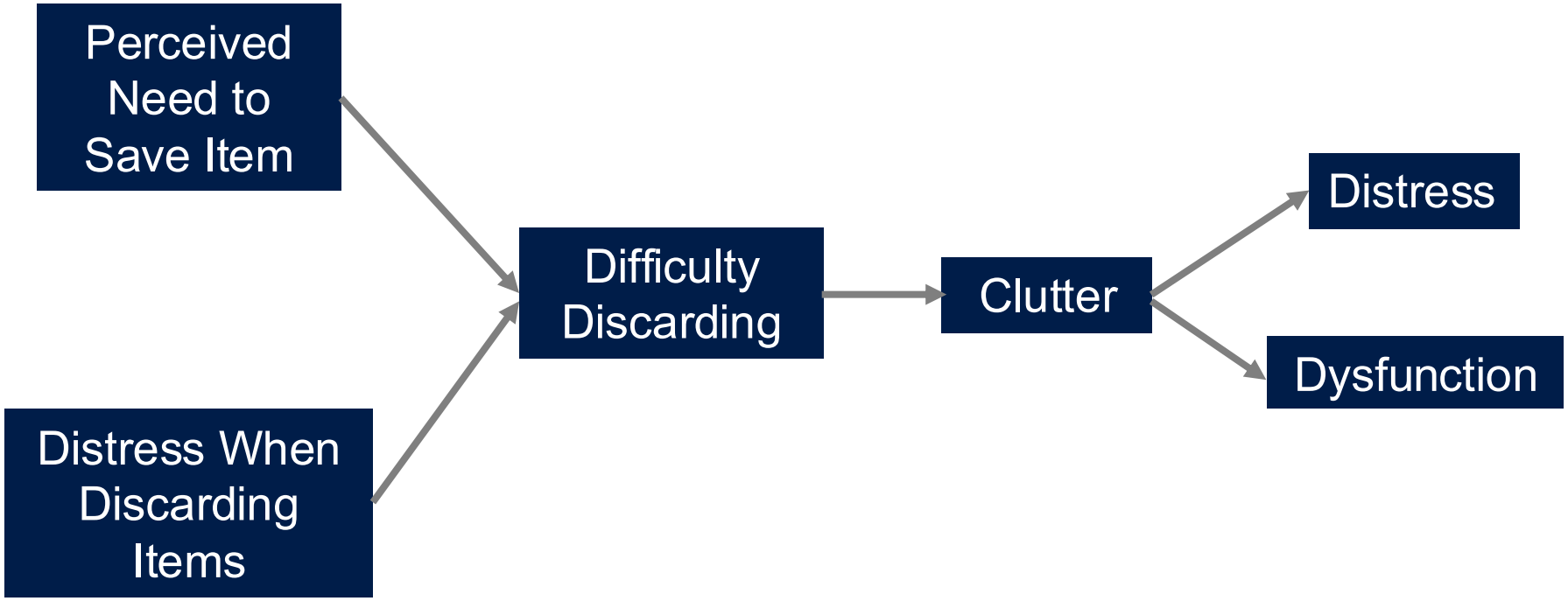
C. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

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

Diagnostic Criteria



Treatment Targets



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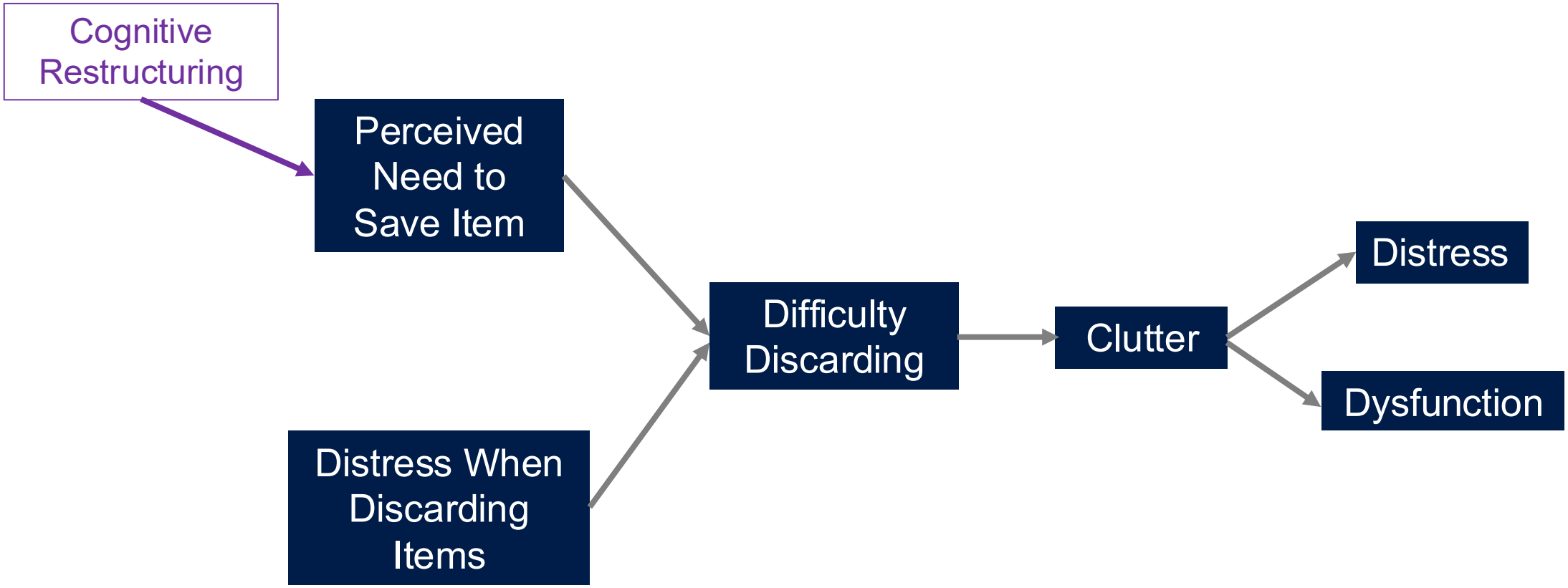

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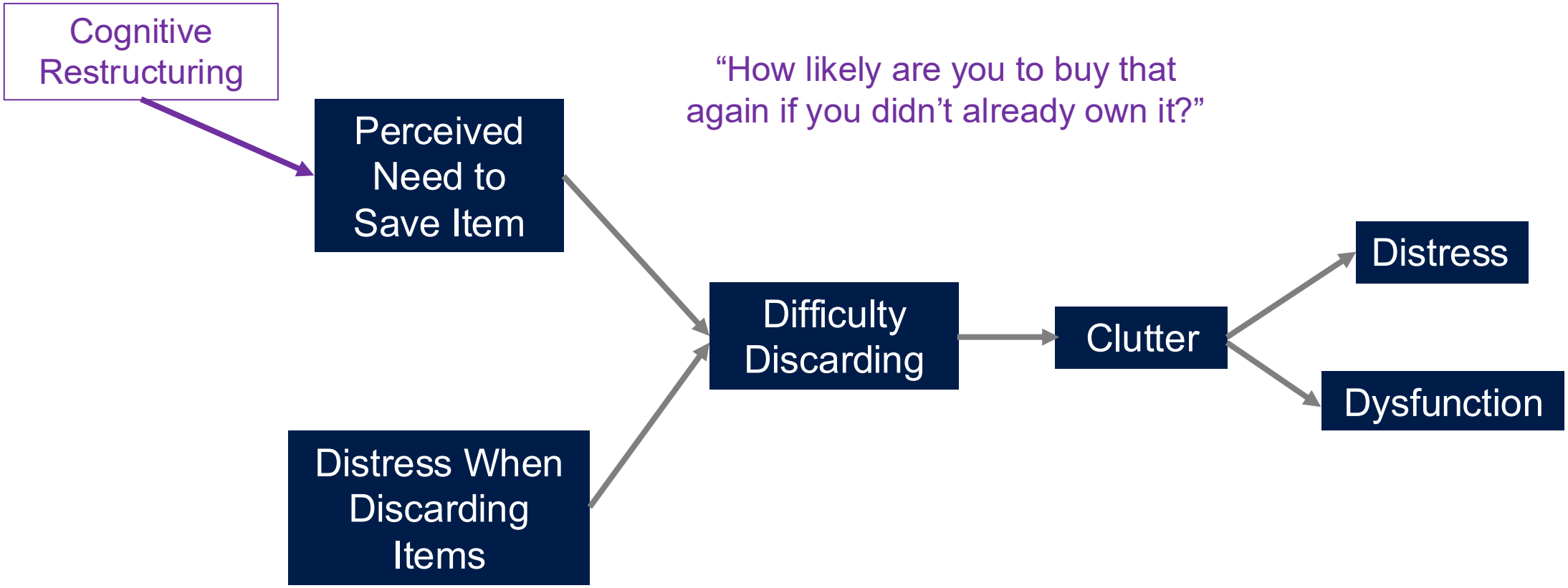
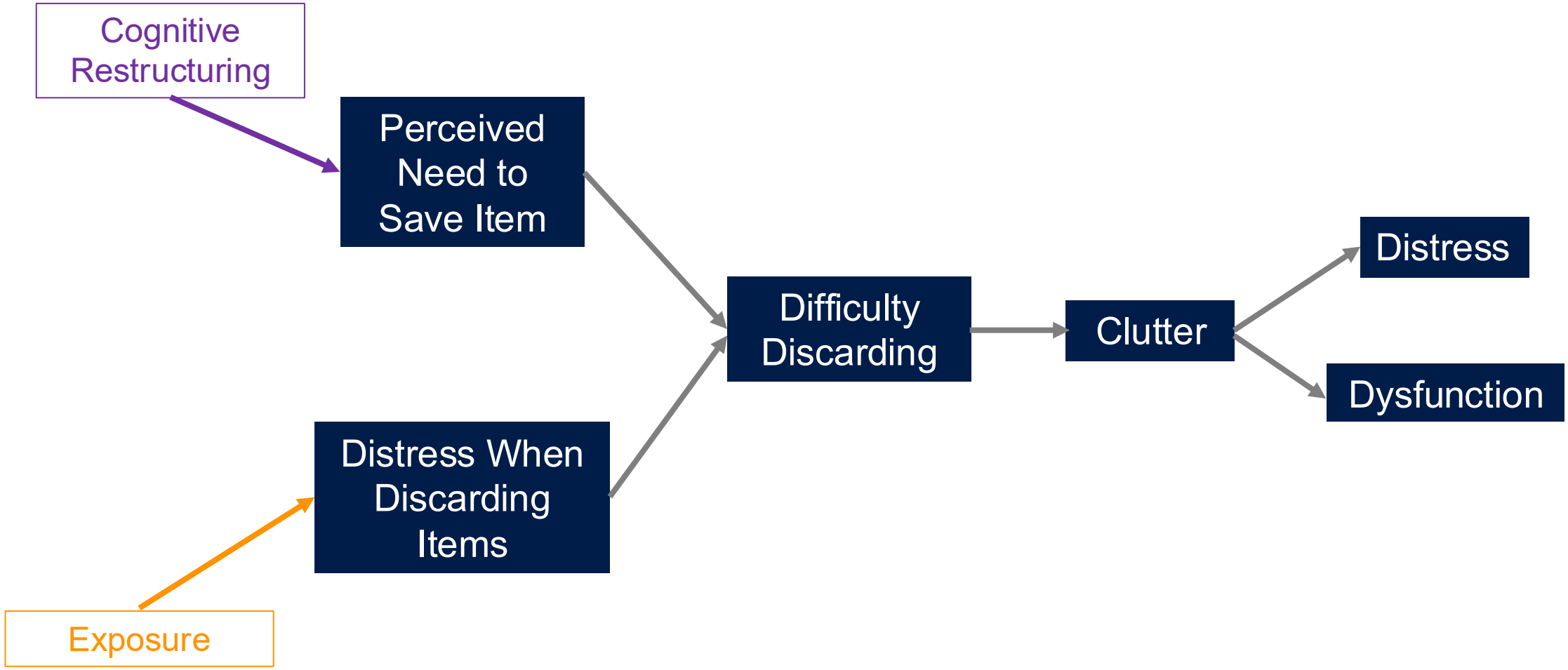


"How likely are you to buy that again if you didn't already own it?"

"Is this truly important or does it just seem that way because you are looking at it?"

"Do you have a specific plan and timeline for using this object?"

Treatment Targets



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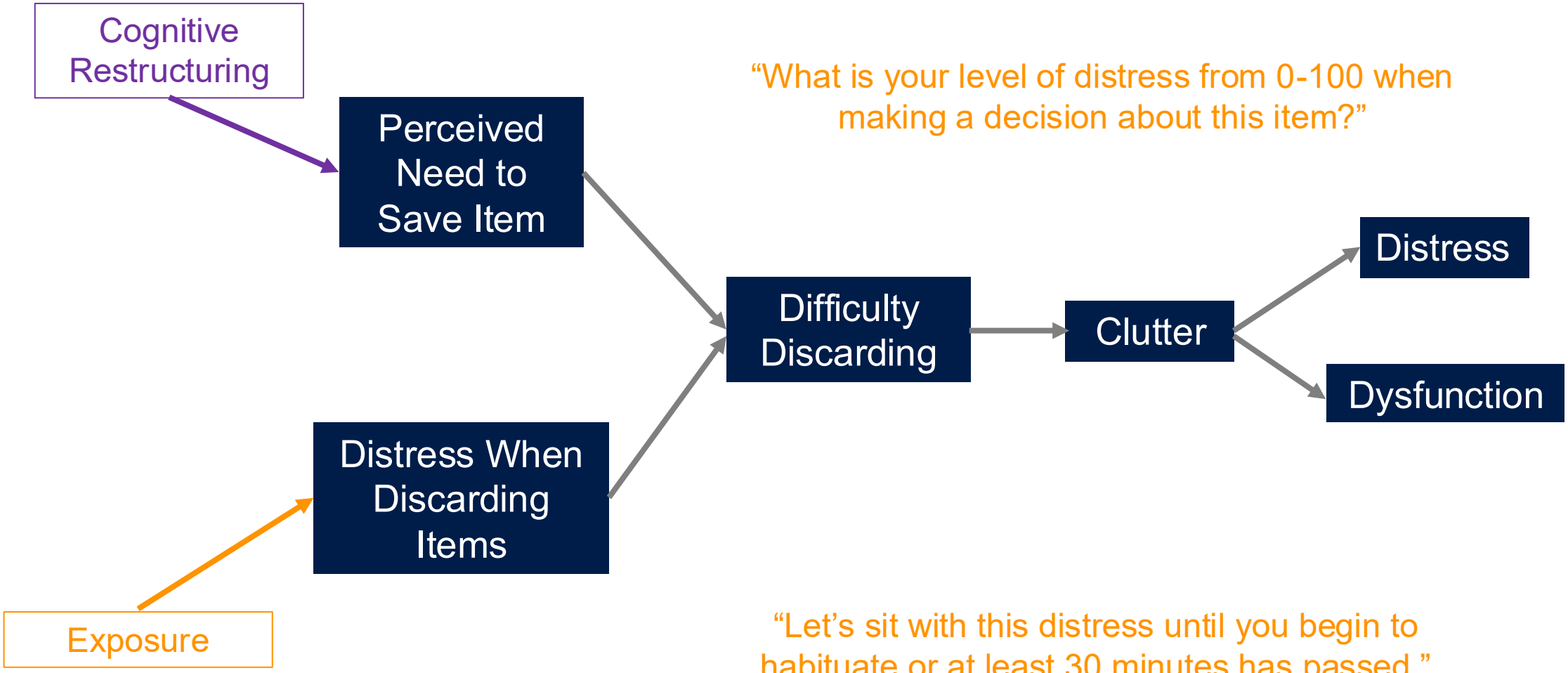
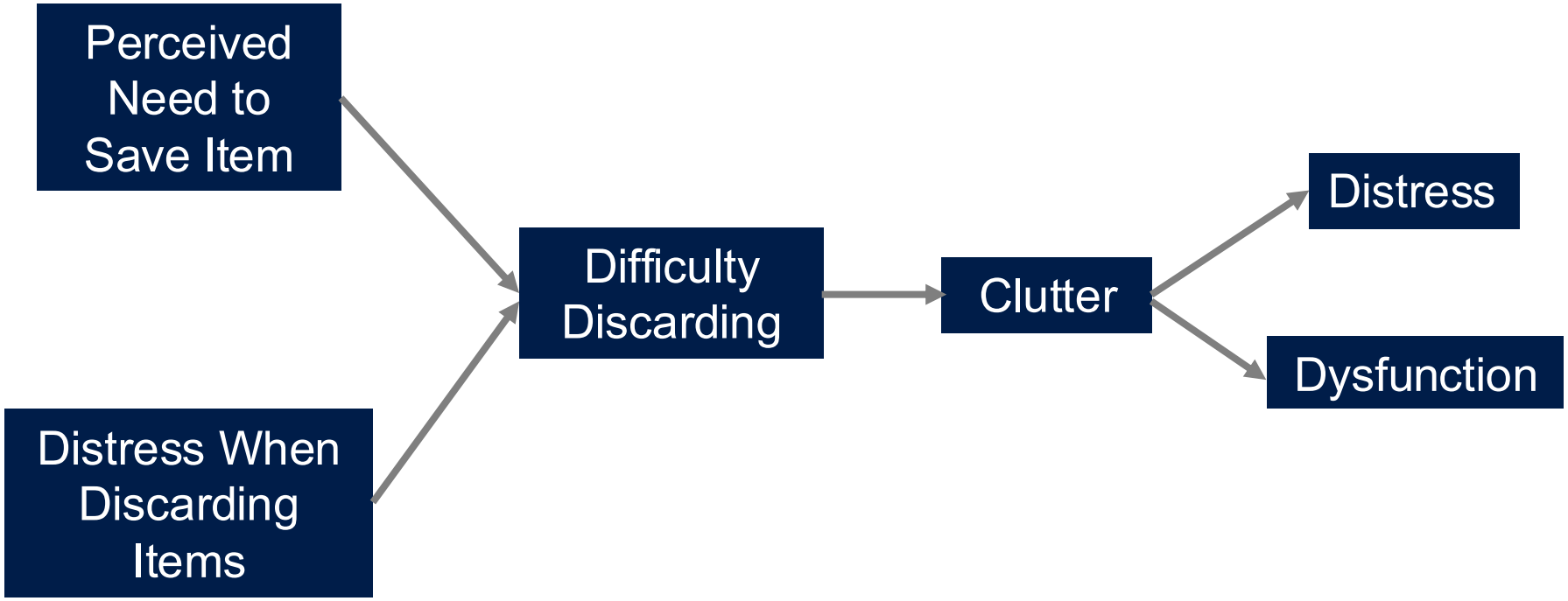
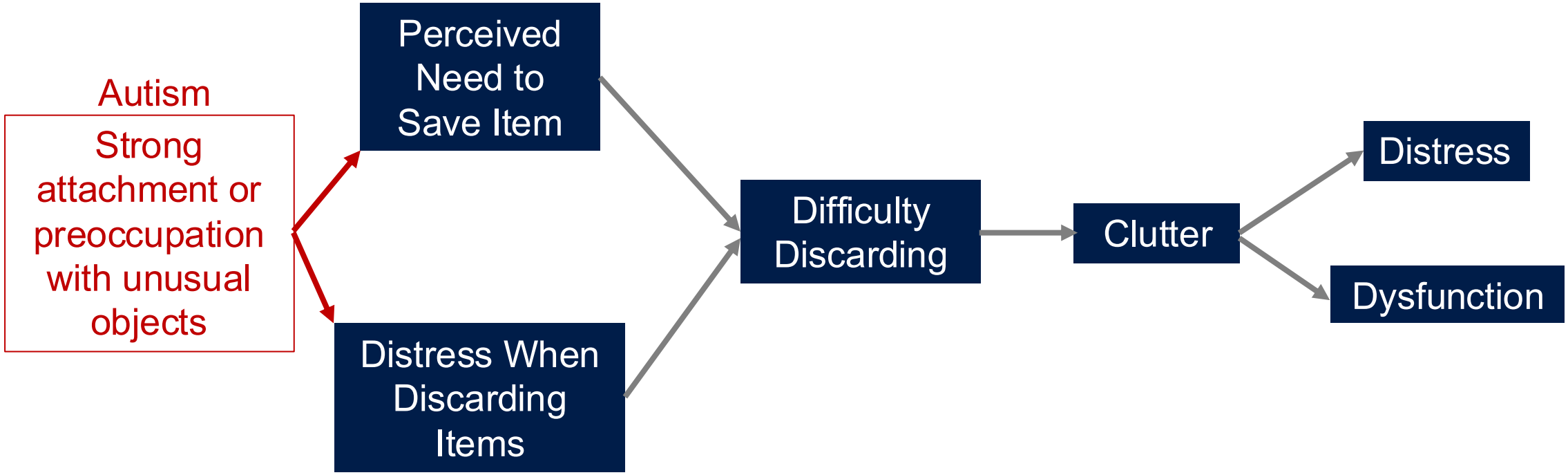


"What is your level of distress from 0-100 when making a decision about this item?"

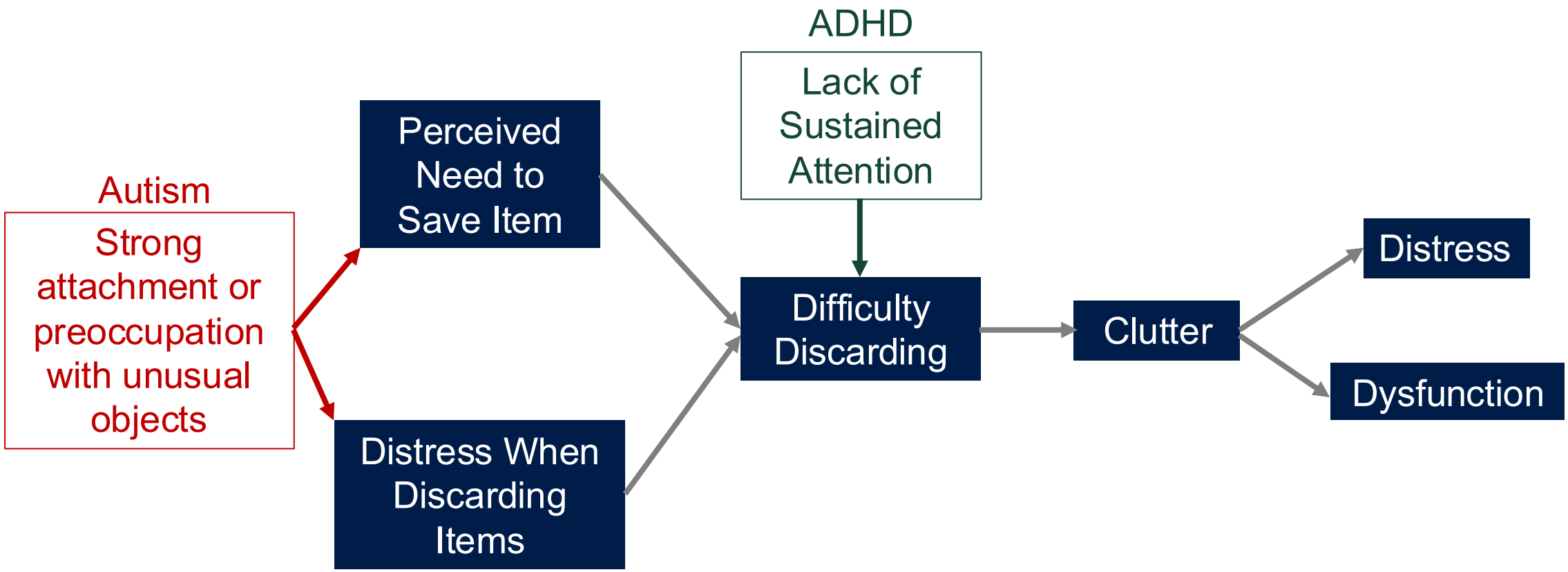
"Let's sit with this distress until you begin to habituate or at least 30 minutes has passed."

Gap #1: Isolating Psychopathology Unique to Hoarding Disorder





(Grassi et al., 2023; Kassel et al., 2024; Morein-Zamir et al., 2022; South et al., 2011)



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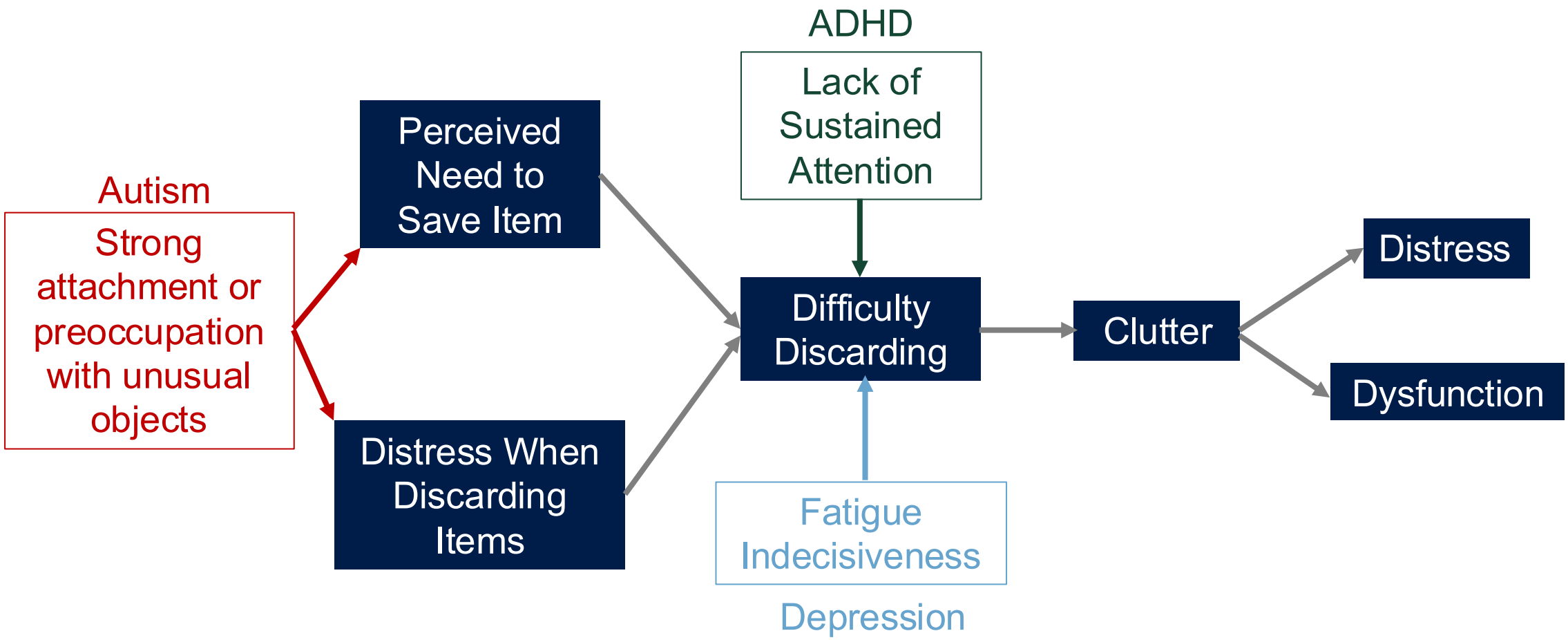

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Gap #1: Isolating Psychopathology Unique to Hoarding Disorder

Study #1

- Sample: 72 treatment-seeking adults in San Diego who met DSM-5 criteria for hoarding disorder.
- *M*age = 61 (*SD* = 11; range: 26 to 83)
- Completed the MCMI-III as part of baseline battery
- Raw scores converted into base rate scores that indicate the relative rarity of the response pattern. Base rate scores of 75 or greater were used to indicate the presence of a syndrome level of pathology.

(Dozier et al., 2020)

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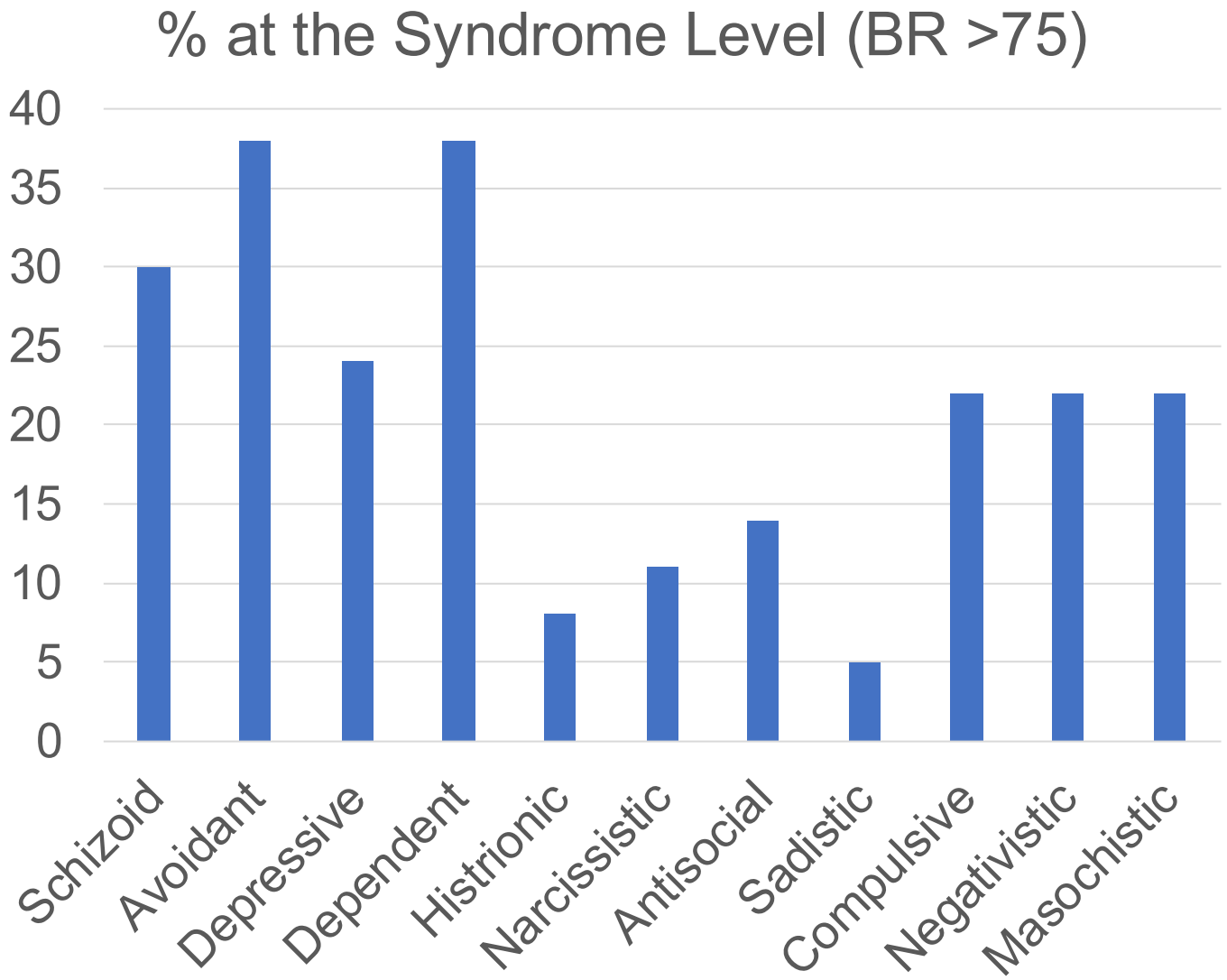
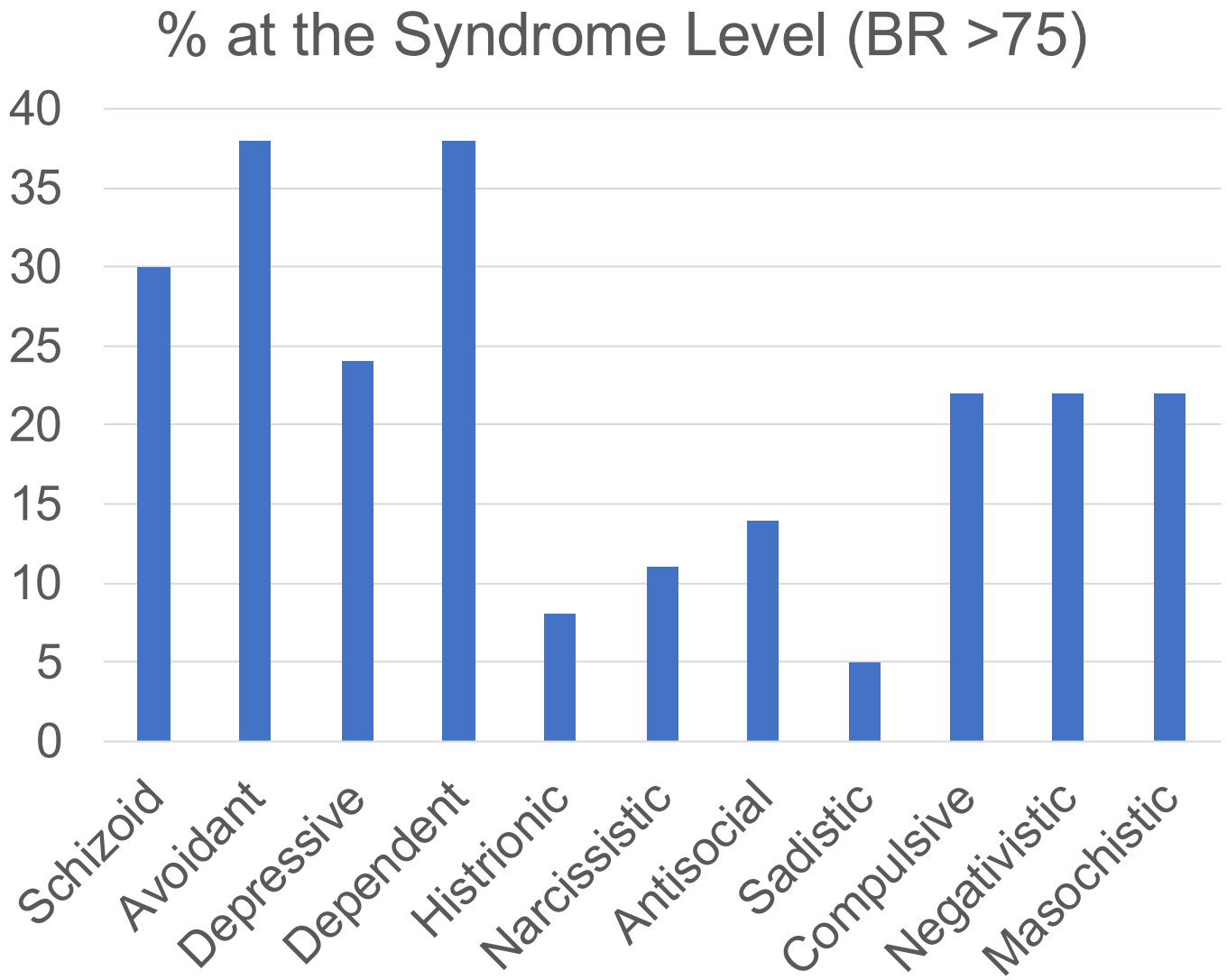


(Dozier et al., 2020)

Gap #1: Isolating Psychopathology Unique to Hoarding Disorder

89% of participants had an elevated score on at least one Personality Disorder subscale



(Dozier et al., 2020)

Gap #1: Isolating Psychopathology Unique to Hoarding Disorder

Study #2

- Sample: 42 treatment-seeking older adults in rural Mississippi who met DSM-5-TR criteria for hoarding disorder.
- *M*age = 69 (*SD* = 9.00; range: 53 to >85)
- Completed the IPIP-NEO-60 as part of baseline battery; scores compared against a normative sample of 910 gender-matched older adults (Johnson, 2005)
- Scores within a standard deviation from the normative mean of each factor or facet were classified as average, while scores falling above or below those cutoffs were considered high or low, respectively.

(Dozier et al., 2024)

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	% (*n*)		
	Low	Average	High
Neuroticism	16.67% (7)	69.05% (29)	14.29% (6)
Anxiety	**4.76% (2)**	**57.14% (24)**	**38.10% (16)**
Anger	23.81% (10)	57.14% (24)	19.05% (8)
Depression	7.14% (3)	76.19% (32)	16.67% (7)
Self-Consciousness	**40.48% (17)**	**50.00% (21)**	**9.52% (4)**
Immoderation	16.67% (7)	59.52% (25)	23.81% (10)
Vulnerability	28.57% (12)	50.00% (21)	21.43% (9)
Extraversion	**4.76% (2)**	**54.76% (23)**	**40.48% (17)**
Friendliness	**16.67% (7)**	**42.86% (18)**	**40.48% (17)**
Gregariousness	**9.52% (4)**	**47.62% (20)**	**42.86% (18)**
Assertiveness	**11.90% (5)**	**54.76% (23)**	**33.33% (14)**
Activity Level	**19.05% (8)**	**38.10% (16)**	**42.86% (18)**
Excitement-Seeking	**11.90% (5)**	**50.00% (21)**	**38.10% (16)**
Cheerfulness	7.14% (3)	71.43% (30)	21.43% (9)
Openness	16.67% (7)	69.05% (29)	14.29% (6)
Imagination	16.67% (7)	61.90% (26)	21.43% (9)
Artistic Interests	11.90% (5)	71.43% (30)	16.67% (7)
Emotionality	9.52% (4)	64.29% (27)	26.19% (11)
Adventurousness	9.52% (4)	80.95% (34)	9.52% (4)
Intellect	19.05% (8)	61.90% (26)	19.05% (8)
Liberalism	**35.71% (15)**	**52.38% (22)**	**11.90% (5)**
Agreeableness	**2.38% (1)**	**45.24% (19)**	**52.38% (22)**
Trust	**4.76% (2)**	**57.14% (24)**	**38.10% (16)**
Morality	**9.52 (4)**	**90.48 (38)**	**0**
Altruism	**0**	**14.29 (6)**	**85.71 (36)**
Cooperation	7.14% (3)	83.33% (35)	9.52% (4)
Modesty	2.38% (1)	71.43% (30)	26.19% (11)
Sympathy	**7.14% (3)**	**40.48% (17)**	**52.38% (22)**
Conscientiousness	**30.95% (13)**	**59.52% (25)**	**9.52% (4)**
Self-Efficacy	21.43% (9)	64.29% (27)	14.29% (6)
Orderliness	**30.95% (13)**	**59.52% (25)**	**9.52 (4)**
Dutifulness	14.29% (6)	85.71% (36)	0
Achievement-Striving	**4.76% (2)**	**47.62% (20)**	**47.62% (20)**
Self-Discipline	26.19% (11)	64.29 (27)	9.52 (4)
Cautiousness	**30.95% (13)**	**52.38% (22)**	**16.67% (7)**

(Dozier et al., 2024)

Gap #1: Isolating Psychopathology Unique to Hoarding Disorder

86% of the sample was high in Altruism

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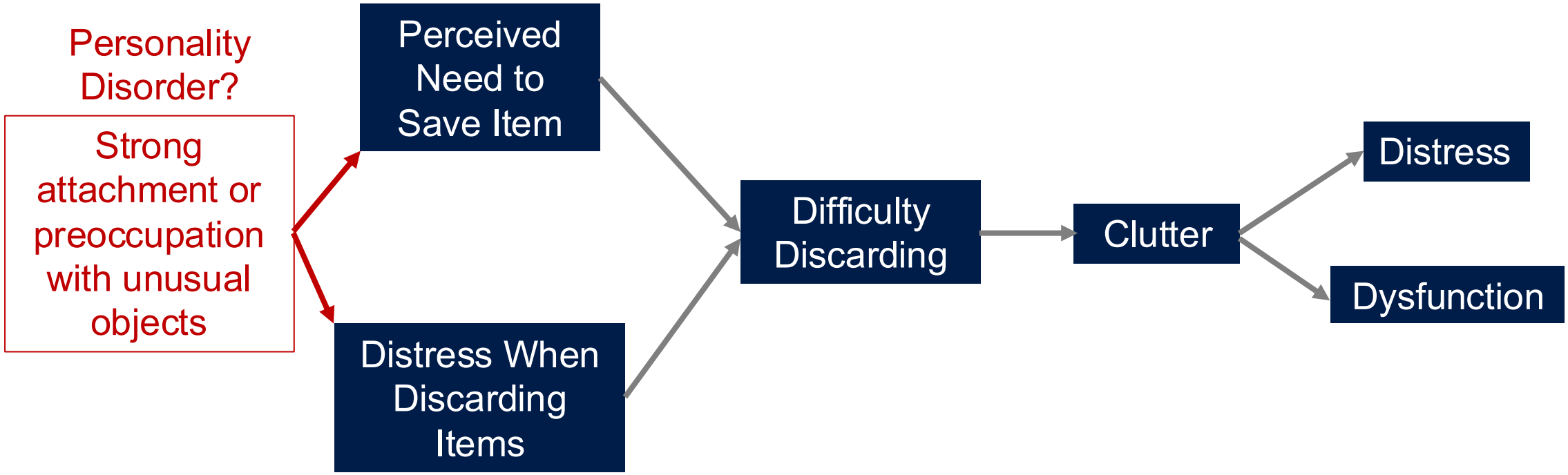
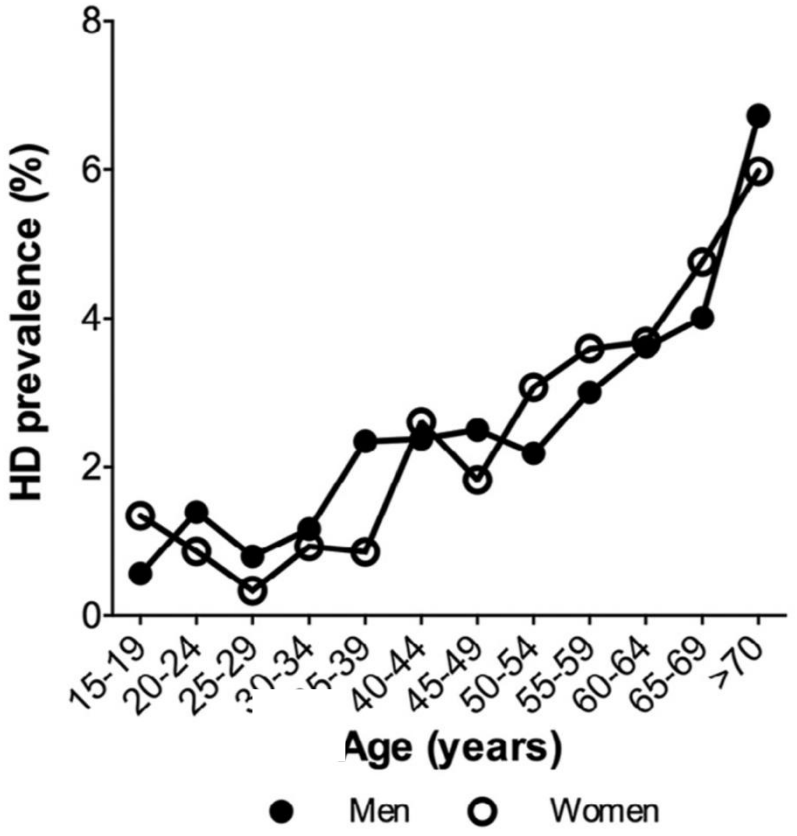
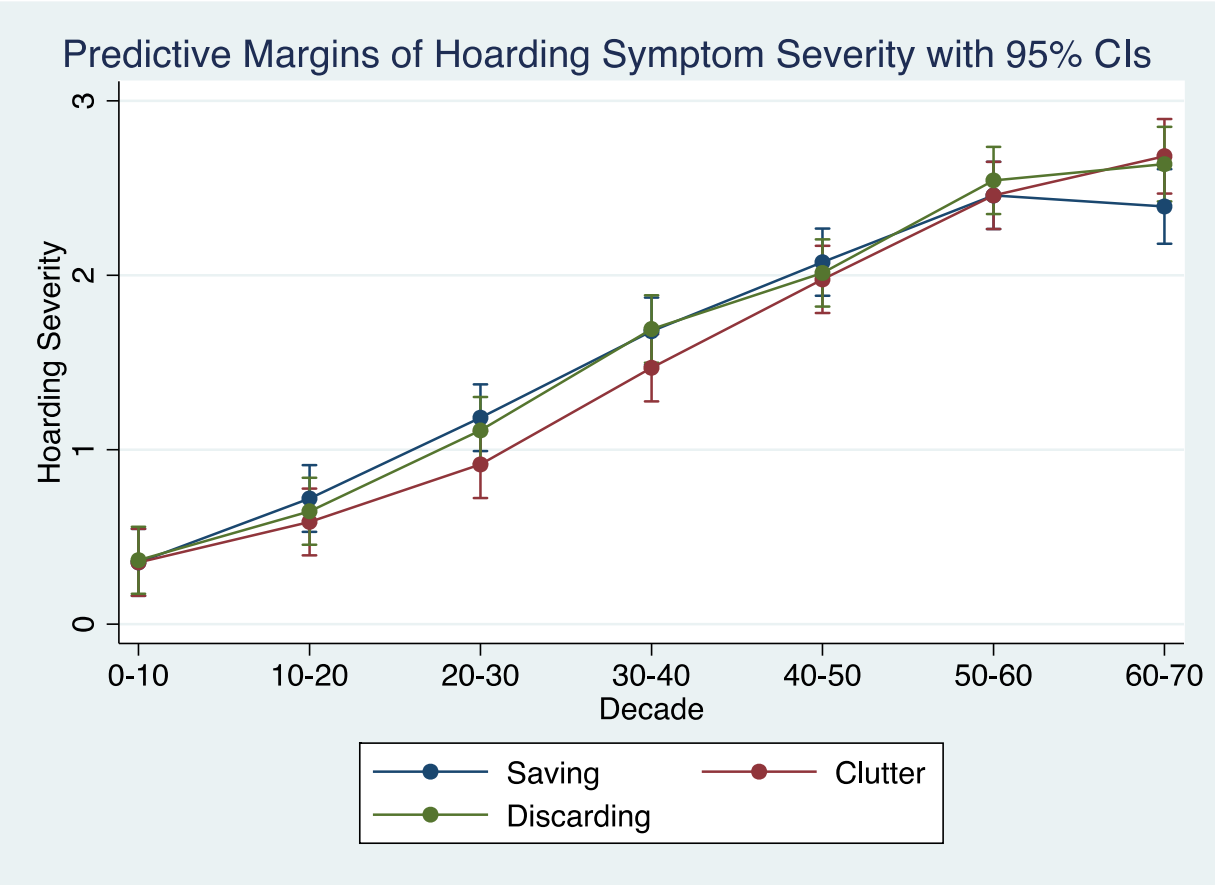


Gap #2: Why does hoarding increase in late life?





(Cath et al., 2017; Dozier et al., 2016)

Gap #2: Why does hoarding increase in late life?

Study #1

- Sample: 122 treatment-seeking older adults in San Diego who met DSM-5 criteria for hoarding disorder.
- *M*age = 63 (*SD* = 9.3; range: 29-85)
- Completed comprehensive baseline battery of functional and neuropsychiatric variables. Scores were corrected for age (and gender and education when available).
- The percentage of participants with scores in the impaired range was calculated using a definition of scores outside of one standard deviation (Strauss et al., 2006).

(Dozier et al., 2016)

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Table 1 Descriptive statistics of psychiatric and behavior and daily functioning variables in 122 adults with HD

			Mean (SD)	% Above clinical cutoff
Mood	SI-R	Total	58.73 (12.31)	—
		Clutter	24.75 (7.00)	—
		Saving	14.63 (5.09)	—
		Difficulty discarding	19.34 (4.16)	—
	CIR		4.12 (1.75)	—
	HADS	Depression	8.26 (4.43)	48.33
		Anxiety	10.01 (4.20)	67.23
Behavior and daily functioning	FrSBe	Apathy	80.74 (10.01)	97.54
		Disinhibition	82.56 (14.36)	91.80
		Executive dysfunction	80.27 (11.29)	96.72
		Total	84.97 (10.94)	98.36
	ADL-H		31.45 (11.73)	—

CIR, Clutter Image Rating; HD, hoarding disorder; SI-R, Saving Inventory-Revised; HADS, Hospital Anxiety and Depression Scale; FrSBe, Frontal System Behavior Scale (age-, education-, and gender-matched T-score); ADL-H, Activities of Daily Living in Hoarding.

(Dozier et al., 2016)

Gap #2: Why does hoarding increase in late life?

Table 4 Associations among age and cognitive variables in 122 adults with HD and group differences co-varying for premorbid IQ (WRAT-4 word reading)

		β (SE)	t	p
WCST-128	Total errors	0.09 (0.09)	1.05	0.298
D-KEFS verbal fluency	Letter fluency	0.01 (0.03)	0.09	0.927
	Category fluency	−0.02 (0.04)	−0.18	0.861
	Category switching	0.04 (0.04)	0.45	0.651
D-KEFS Trail Making	**Number–Letter Switching***	**0.04 (0.02)**	**2.01**	**0.047**
D-KEFS Tower	**Total achievement**	**−0.19 (0.03)**	**−2.09**	**0.039**
D-KEFS Color–Word Interference	Inhibition	−0.03 (0.03)	−0.31	0.755
	Inhibition/ switching	−0.13 (0.03)	−1.40	0.163
WAIS-IV	**Letter–Number Sequencing**	**−0.26 (0.03)**	**−2.95**	**0.004**
	Coding	−0.17 (0.03)	−1.83	0.070
	Digit span	−0.14 (0.02)	−1.67	0.098
IGT	Net total	0.13 (0.11)	1.28	0.205
UPSA	**Total**	**−0.41 (0.06)**	**−3.98**	**<0.001**

Table 3 Descriptive statistics of cognitive variables in 122 adults with HD

		Mean (SD)	% Impaired
WCST-128	Total errors	48.99 (9.18)	16.39
D-KEFS verbal fluency	Letter fluency	10.95 (3.42)	13.11
	Category fluency	11.37 (3.47)	7.38
	Category switching	11.02 (3.78)	13.11
D-KEFS Trail Making	Number–Letter Switching	10.76 (2.83)	6.56
D-KEFS Tower	Total achievement	10.83 (2.82)	6.56
D-KEFS Color–Word Interference	Inhibition	10.36 (3.25)	13.11
	Inhibition/ switching	10.63 (2.96)	8.20
WAIS-IV	Letter–Number Sequencing	9.60 (2.73)	7.38
	Coding	9.80 (3.24)	11.48
	Digit span	10.26 (2.68)	6.61
IGT	Net Total	48.97 (10.60)	10.66
UPSA	Total	89.60 (6.17)	—

WCST-128, Wisconsin Card Sorting Test—128 items version (age-matched and education-matched T-scores); D-KEFS, Delis–Kaplan Executive Function System (age-matched scaled scores); IGT, Iowa Gambling Task (age-, education-, and gender-matched T-score); UPSA, UCSD Performance-Based Skills Assessment (raw scores).

(Dozier et al., 2016)

Gap #2: Why does hoarding increase in late life?

Study #2

- Sample: 52 treatment-seeking older adults in rural Mississippi who met DSM-5-TR criteria for hoarding disorder.
- *M*age = 67 (*SD* = 8.28; range: 50 to >85)
- Completed PROMIS Cognitive Functioning and NIH Cognition Toolbox as part of in-home baseline battery Raw scores were converted into T scores adjusting for age, education, gender, and race/ethnicity for version 2 and age and education only for version 3.
- The percentage of participants with scores in the impaired range was calculated using a definition of scores outside of one standard deviation (Strauss et al., 2006).

(Schaff, . . .Dozier, 2026)

Gap #2: Why does hoarding increase in late life?

Table 1. Descriptive statistics for neurocognitive and hoarding variables for ($N = 52$) older adults with hoarding disorder

Domain/test name	n	χ^2 (p)	% Low	% Average	% High	*M*	*SD*	Range
NIH Toolbox Cognition Battery								
Total Composite	50	7.7 (0.02)	28.00	66.00	6.00	45.60	9.68	23–74
Fluid Composite	50	7.4 (0.02)	30.00	58.00	12.00	45.52	8.83	28–69
Crystallized Composite	51	3.0 (0.22)	23.53	66.67	9.80	48.02	10.19	19–67
Flanker Inhibitory Control and Attention	51	25.2 (<0.001)	41.18	52.94	5.88	42.65	8.63	20–62
Dimensional Change Card Sort	51	9.2 (0.01)	31.37	52.94	15.69	46.06	10.48	20–77
List Sorting Working Memory	51	5.4 (0.07)	11.76	82.35	5.88	49.59	8.29	34–77
Picture Sequence Memory	51	3.2 (0.20)	19.61	56.86	23.53	49.98	10.80	29–81
Pattern Comparison Processing Speed	51	10.0 (0.007)	31.37	60.78	7.84	44.76	11.15	19–81
Picture Vocabulary	52	0.4 (0.82)	19.23	65.38	15.38	48.83	9.80	21–67
Oral Reading Recognition	51	3.0 (0.22)	23.53	66.67	9.80	47.59	10.14	24–72
Face Name Associative Memory Delay	26	1.0 (0.61)	23.08	61.54	15.38	47.65	9.87	26–68
Rey Auditory Verbal Learning	25	0.07 (0.70)	12.00	76.00	12.00	50.28	10.57	20–67
Rey Auditory Verbal Learning Delay	24	16.6 (<0.001)	4.17	50.00	45.83	57.50	8.49	35–76
Oral Symbol Digit	25	10.9 (0.004)	40.00	52.00	8.00	44.24	8.37	30–62
Visual Reasoning	25	0.3 (0.86)	20.00	64.00	16.00	48.32	10.09	26–65
PROMIS Cognitive Functioning	26	7.1 (0.03)	30.77	69.23	0.00	44.55	5.69	35.1–53.7

(Schaff, . . .Dozier, 2026)

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Fluid Composite	50	7.4 (0.02)	30.00	58.00	12.00	45.52	8.83	28–69
Crystallized Composite	51	3.0 (0.22)	23.53	66.67	9.80	48.02	10.19	19–67
Flanker Inhibitory Control and Attention	51	25.2 (<0.001)	41.18	52.94	5.88	42.65	8.63	20–62
Dimensional Change Card Sort	51	9.2 (0.01)	31.37	52.94	15.69	46.06	10.48	20–77
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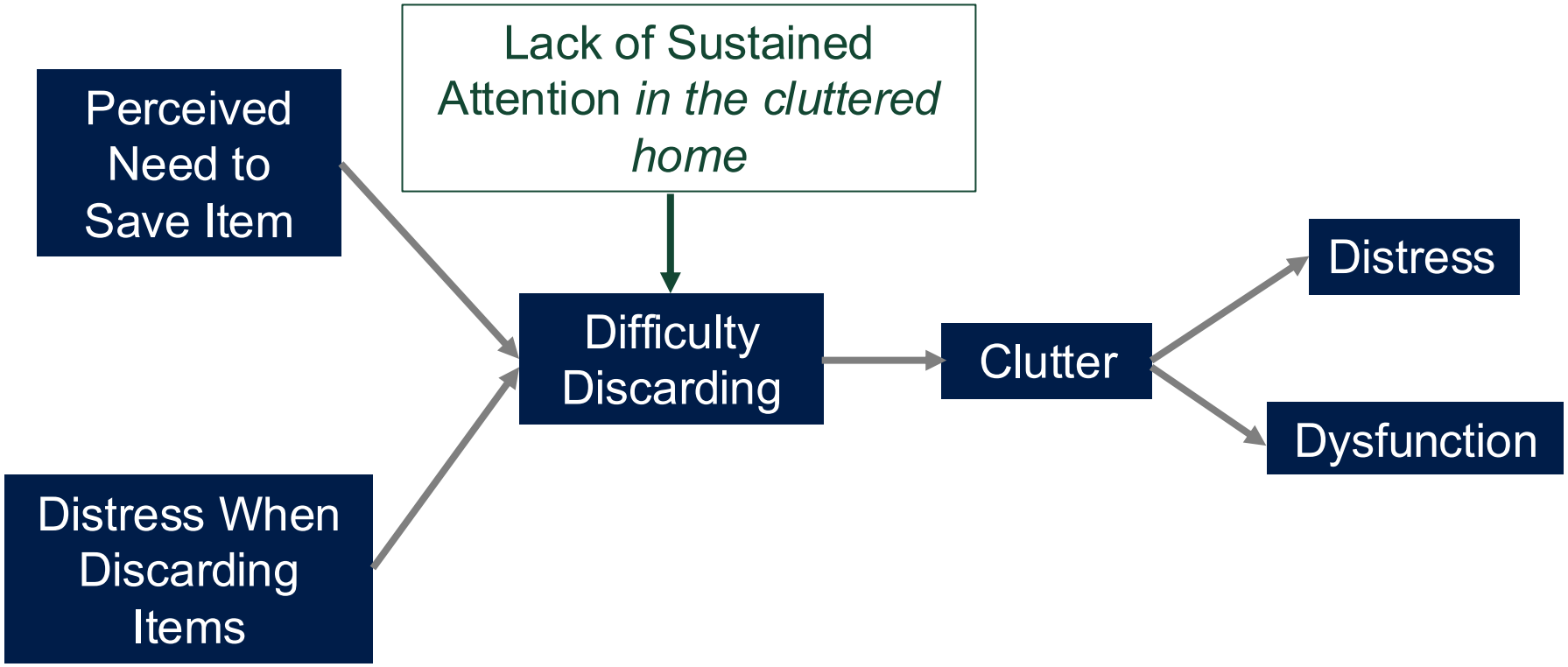
Picture Sequence Memory	51	3.2 (0.20)	19.61	56.86	23.53	49.98	10.80	29–81
Pattern Comparison Processing Speed	51	10.0 (0.007)	31.37	60.78	7.84	44.76	11.15	19–81
Picture Vocabulary	52	0.4 (0.82)	19.23	65.38	15.38	48.83	9.80	21–67
Oral Reading Recognition	51	3.0 (0.22)	23.53	66.67	9.80	47.59	10.14	24–72
Face Name Associative Memory Delay	26	1.0 (0.61)	23.08	61.54	15.38	47.65	9.87	26–68
Rey Auditory Verbal Learning	25	0.07 (0.70)	12.00	76.00	12.00	50.28	10.57	20–67
Rey Auditory Verbal Learning Delay	24	16.6 (<0.001)	4.17	50.00	45.83	57.50	8.49	35–76
Oral Symbol Digit	25	10.9 (0.004)	40.00	52.00	8.00	44.24	8.37	30–62
Visual Reasoning	25	0.3 (0.86)	20.00	64.00	16.00	48.32	10.09	26–65
PROMIS Cognitive Functioning	26	7.1 (0.03)	30.77	69.23	0.00	44.55	5.69	35.1–53.7

(Schaff, . . .Dozier, 2026)

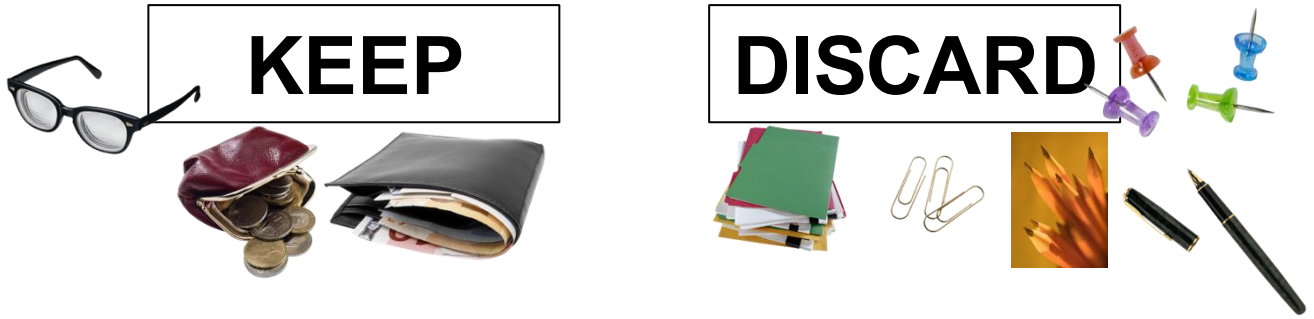
Gap #2: Why does hoarding increase in late life?



Gap #2: Why does hoarding increase in late life?

Study #3

- Sample: 49 treatment-seeking adults in San Diego who met DSM-5 criteria for hoarding disorder.
- *M*age = 61 (*SD* = 11; range: 26 to 83)
- Completed a 15-minute sorting task using items brought from home.
  - Provided distress ratings (SUDS 0-100) every 60 seconds
  - Identified current experienced emotion before and after task



(Dozier et al., 2021)

Gap #2: Why does hoarding increase in late life

Table 1. Comparison of participants who did and did not report feeling fear prior to sorting task.

		Mean (SD)			
		Reported fear-related emotion (n = 21)	Reported something other than fear (n = 28)	t	p
SUDS	**Peak**	**59.19 (25.74)**	**36.43 (19.39)**	**3.53**	**.001**
	Final	**34.24 (20.53)**	**24.57 (18.15)**	**1.74**	**.044**
	WSH	**24.95 (24.56)**	**12.39 (15.21)**	**2.20**	**.016**
Behavioral	# of Items Sorted	54.95 (27.83)	40.86 (36.93)	1.46	.075
	% of Items Discarded	**41.30 (16.76)**	**57.45 (19.35)**	**−3.06**	**.002**
	Speed of Sorting	5.39 (2.54)	5.69 (3.32)	−.35	.364

SUDS = Subjective Units of Distress; WSH = Within-Session Habituation (change from peak SUDS to final SUDS). Speed of sorting was calculated as items sorted per minute.

(Dozier et al., 2021)

Gap #2: Why does hoarding increase in late life

Older adults reported lower levels of overall distress during the task and were less likely to report a fear-based emotion (all *ps* < .05).

Table 1. Comparison of participants who did and did not report feeling fear prior to sorting task.

		Mean (SD)			
		Reported fear-related emotion (n = 21)	Reported something other than fear (n = 28)	t	p
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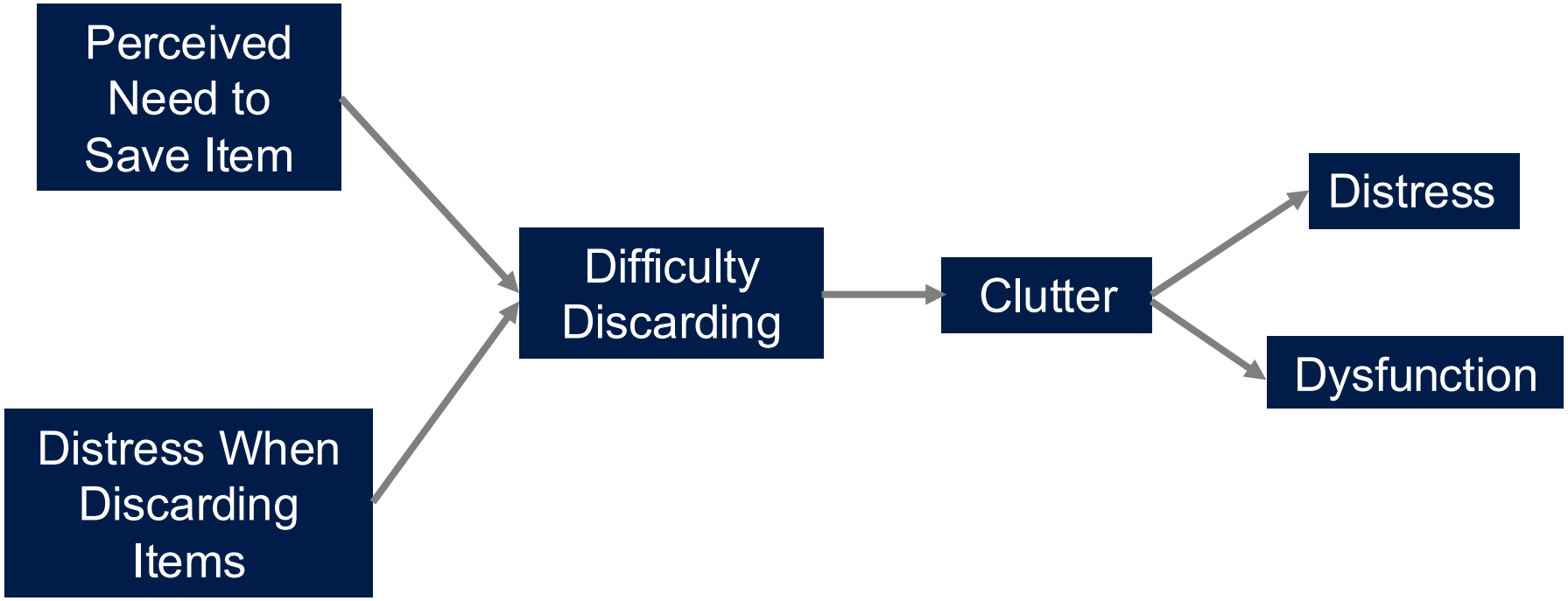
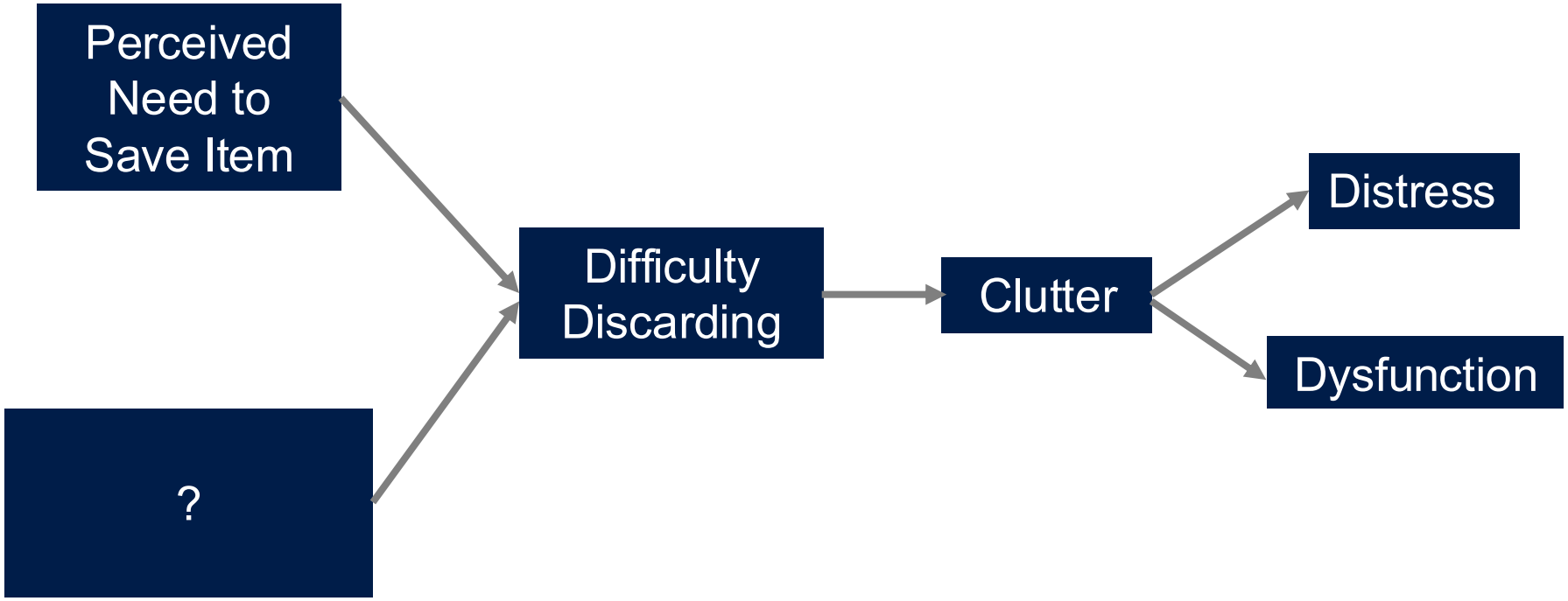
(Dozier et al., 2021)

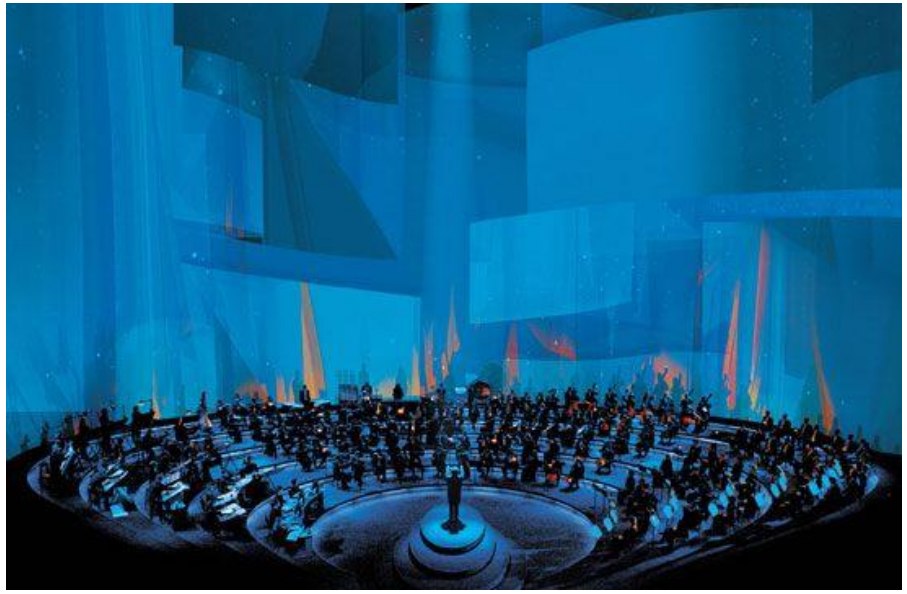
Gap #2: Why does hoarding increase in late life



Gap #2: Why does hoarding increase in late life



RECLAIM: Reduce Clutter and Increase Meaning in your life!



Cognitive
Restructuring

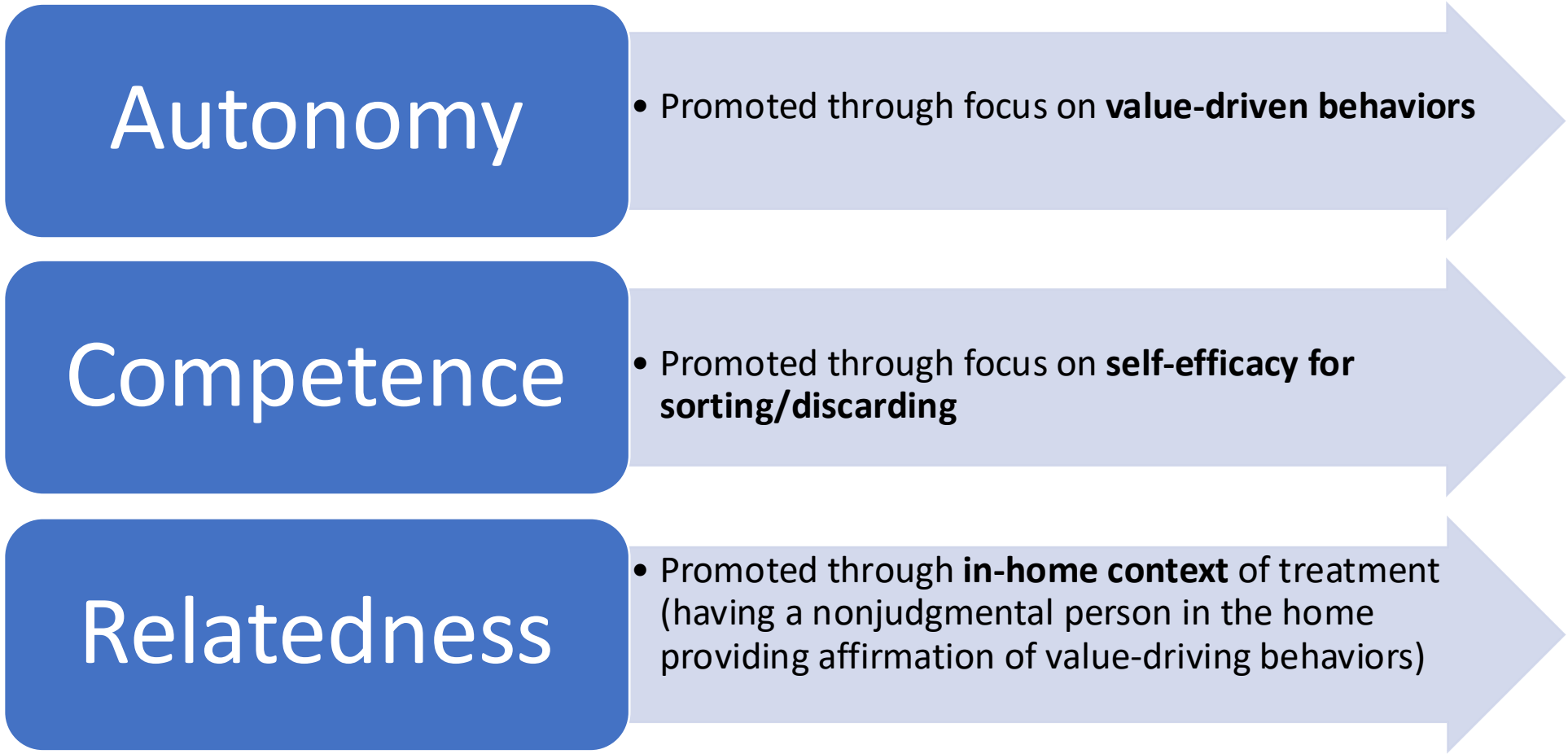
Motivational
Interviewing

(Miller & Rollnick, 2013)

Current treatments = in the clinic, decreasing negative affect

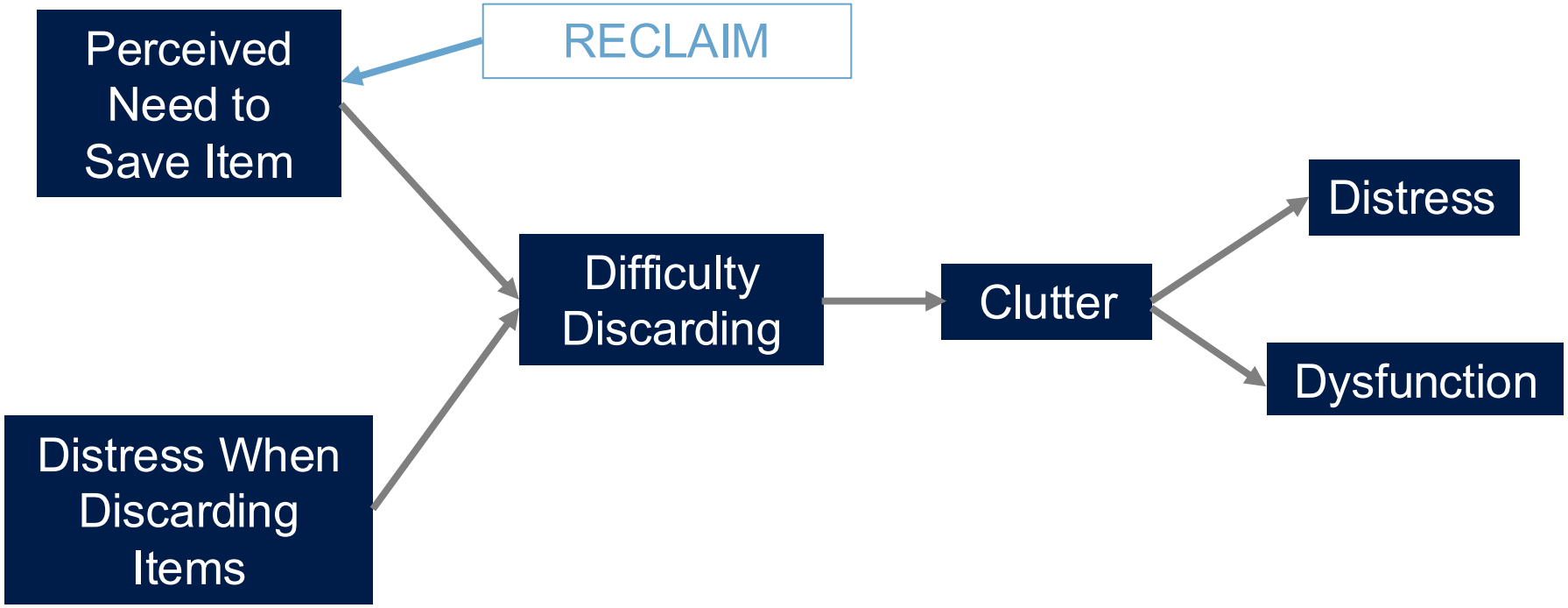
RECLAIM = in the home, increasing positive affect

Theoretical Background of RECLAIM: Self-Determination Theory

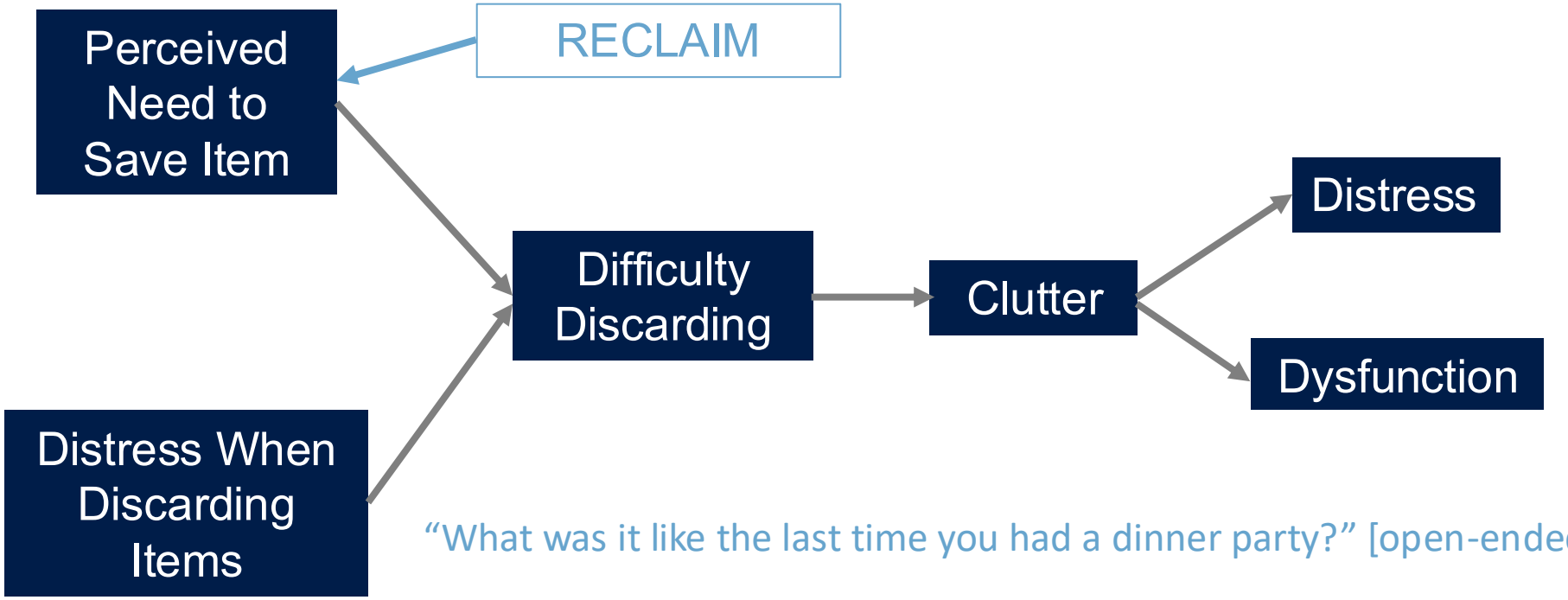


Deci & Ryan, 2000

Treatment Targets



Treatment Targets

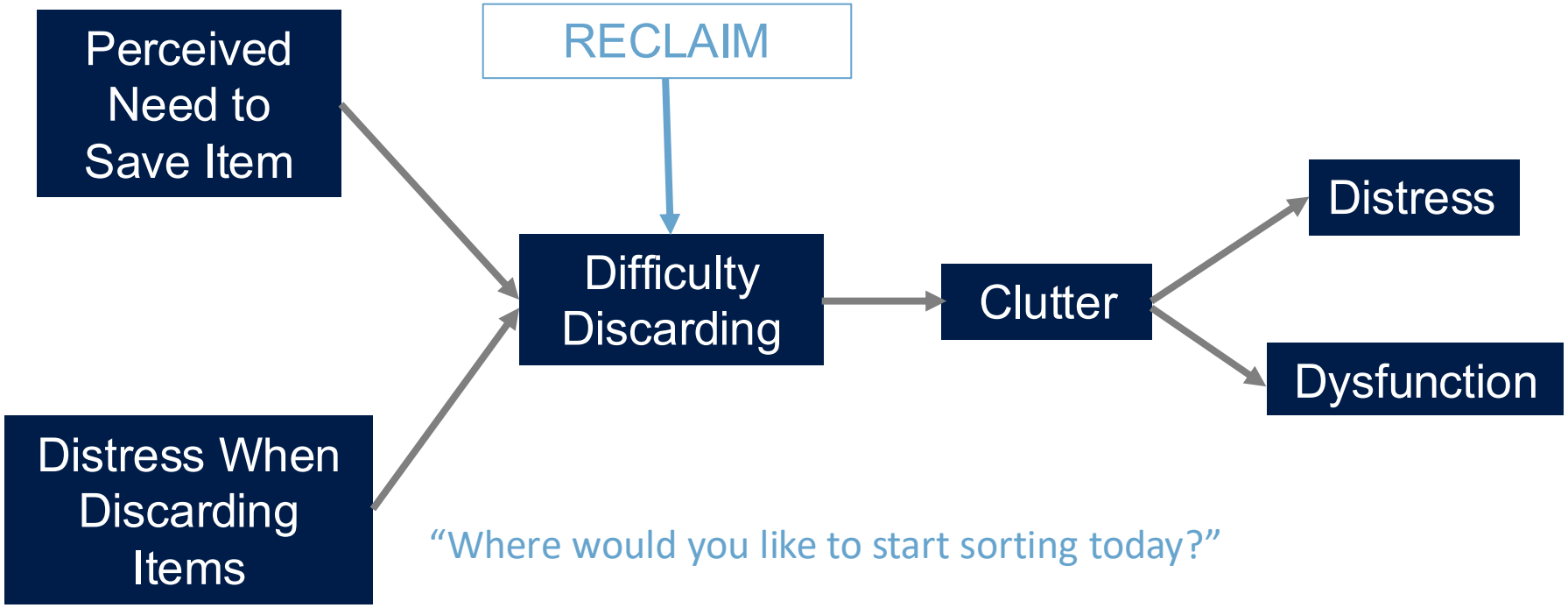


"What was it like the last time you had a dinner party?" [open-ended question]

"You've already started to think about the reasons you want to reclaim this part of your home" [affirmation]

"You miss using your kitchen to make food for your friends." [reflection]

Treatment Targets



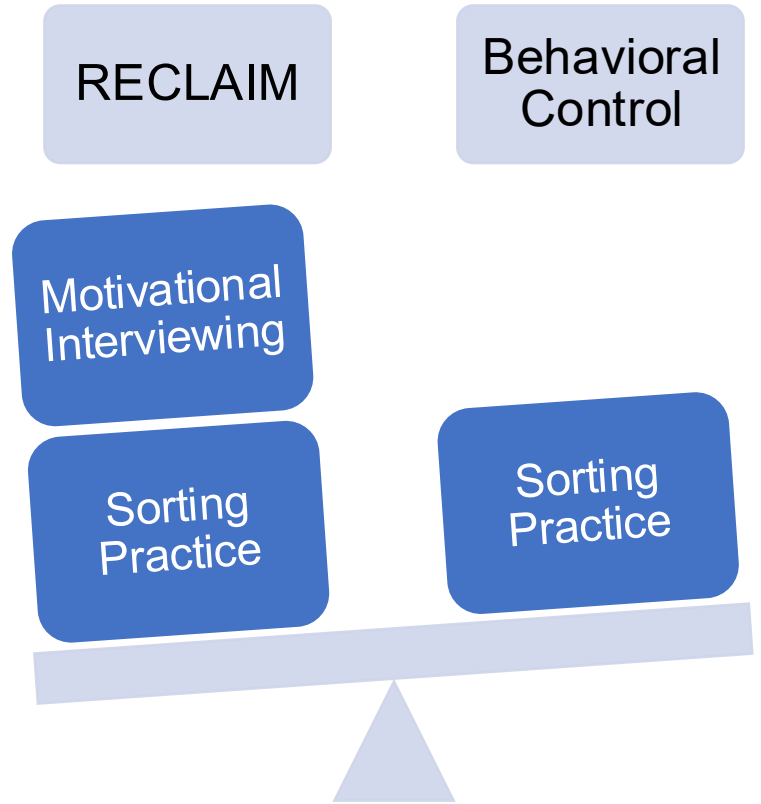
"Where would you like to start sorting today?"

"This item is bringing up a lot of emotions; what would you think about setting it aside for now and continuing to sort through the other papers in the desk?"

Aims

Aim 1. Determine the feasibility of and acceptability of RECLAIM.

Aim 2. Establish initial evidence of target engagement.



Methods

Methods

Randomized clinical trial: 16 sessions of MI + sorting practice (RECLAIM) vs. sorting practice only (SP)

Initial screening by phone; all assessment and treatment done in the home

Exclusion criteria: active psychosis, drug use, or acute suicidal ideation.

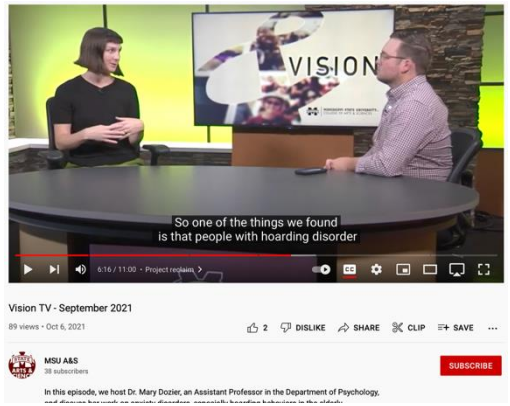
Inclusion criteria: aged 60+, live within a one-hour driving distance of MSU campus; meet diagnostic criteria for hoarding disorder

Recruited between June 2022 and February 2025

25% of all sessions blindly reviewed for adherence, competency, and MI skill use

Study clinicians advanced clinical psychology doctoral students

Recruitment



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Mississippi State University study aiming to help people declutter

BY RAY VAN DUSEN
Monroe Journal

A clinical study through the Mississippi State University psychology department is meant to help people 60 and older be more comfortable in letting go of possessions cluttering their homes. Known as Project RECLAIM, it is seeking Monroe County residents willing to participate.

"If anyone out there is struggling with having more clutter than what they know what to do with, they're eligible to be part of our study. We go to their home for 16 weeks and help them get things back to a manageable level," said assistant professor Dr. Mary Dozier. "My specialty is older adults and folks who have been a little bit messy for most of their lives and as they get older, they're suddenly overwhelmed."

The study strives to guide participants through the steps of reclaiming their homes.

"Our target is older adults because Baby Boomers get stuff – they have their stuff and their kids' stuff and often inherit whole house fulls of stuff when their parents pass, so it can get overwhelming really quickly," she said.

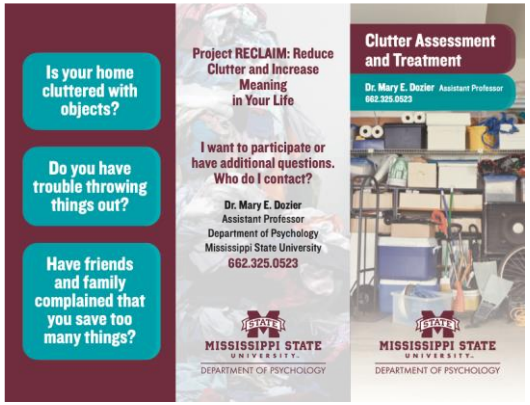
Dozier said participants have found creative ways to get rid of items.

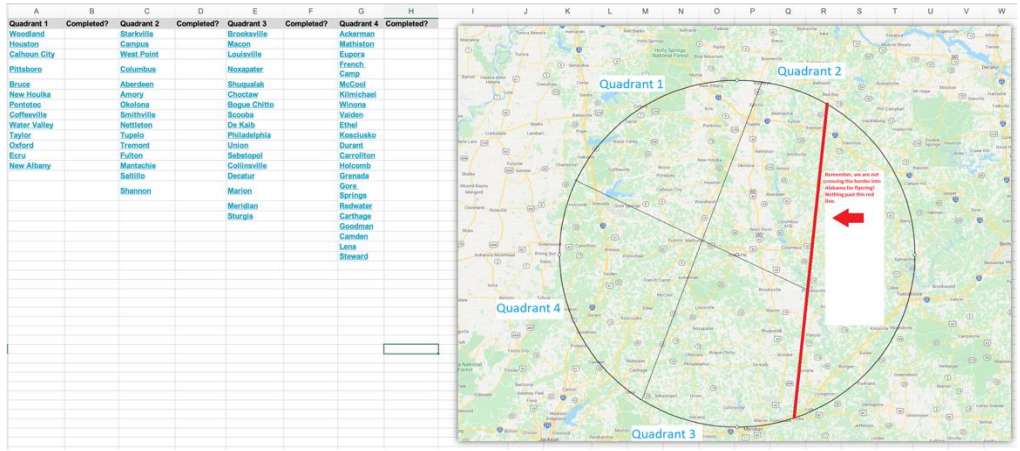
"I think what happens in more rural areas is it's easy just to put it in the barn and over time, wonder how you have so much stuff," Dozier said. "Moving here, I wondered, 'What's the help people need?' I think so much of it is having someone to talk to and validate it's okay to have clutter and we're not trying to make anyone a minimalist but instead ask how much clutter do you want and how much do you want to utilize your house?"

She tries avoiding labeling excessive clutter as hoarding.

"There's so much stigma around the concept of hoarding. So often, I just call it the h-word because people say, 'I'm not a hoarder.' They have more clutter than they can manage, and it can get to the point where you don't know where to start."

Project RECLAIM's 16-week process begins with a baseline assessment with conversations about



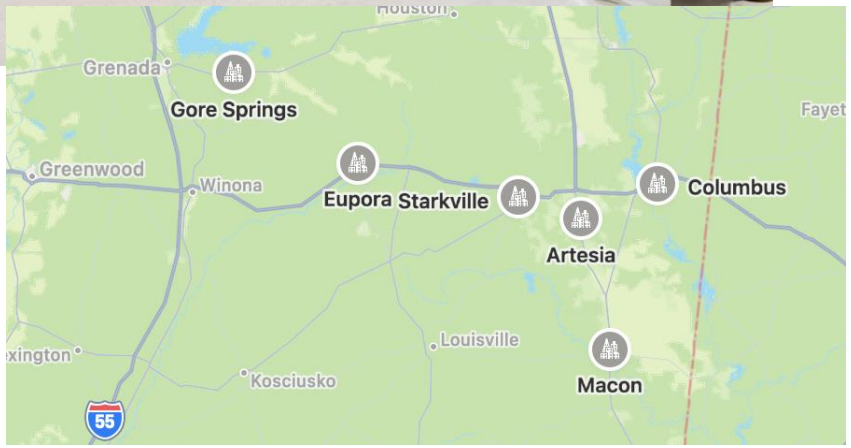


Quadrant 1	Completed?	Quadrant 2	Completed?	Quadrant 3	Completed?	Quadrant 4	Completed?
Woodland		Starkville		Brooksville		Ackerman	
Houston		Campus		Macon		Mathiston	
Calhoun City		West Point		Louisville		Eupora	
Pittsboro		Columbus		Noxapater		French Camp	
Bruce		Aberdeen		Shuqualak		McCool	
New Houlka		Amory		Choctaw		Kilmichael	
Pontotoc		Okolona		Bogue Chitto		Winona	
Coffeeville		Smithville		Scooba		Vaiden	
Water Valley		Nettleton		De Kalb		Ethel	
Taylor		Tupelo		Philadelphia		Kosciusko	
Oxford		Tremont		Union		Durant	
Ecru		Fulton		Sebstopol		Carrollton	
New Albany		Mantachie		Collinsville		Holcomb	
		Saltillo		Decatur		Grenada	
		Shannon		Marion		Gore Springs	
				Meridian		Redwater	
				Sturgis		Carthage	
						Goodman	
						Camden	
						Lena	
						Steward	

Recruitment

- Thirteen presentations provided to the community between February 2020 and February 2025 (*N* = 277)
- Nutrition sites and senior enrichment centers managed by the local Area Agency on Aging, senior housing complexes, and churches.

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

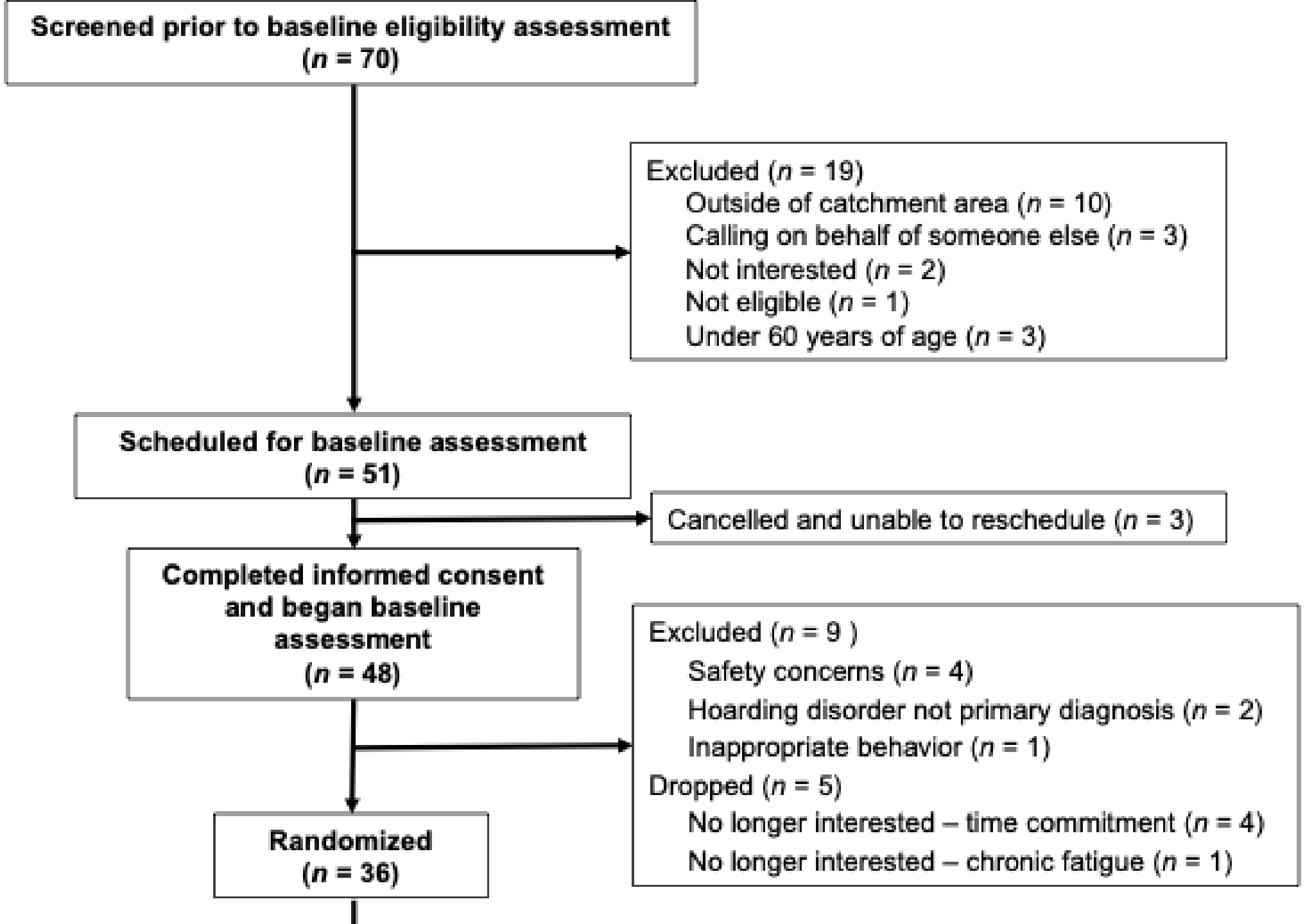


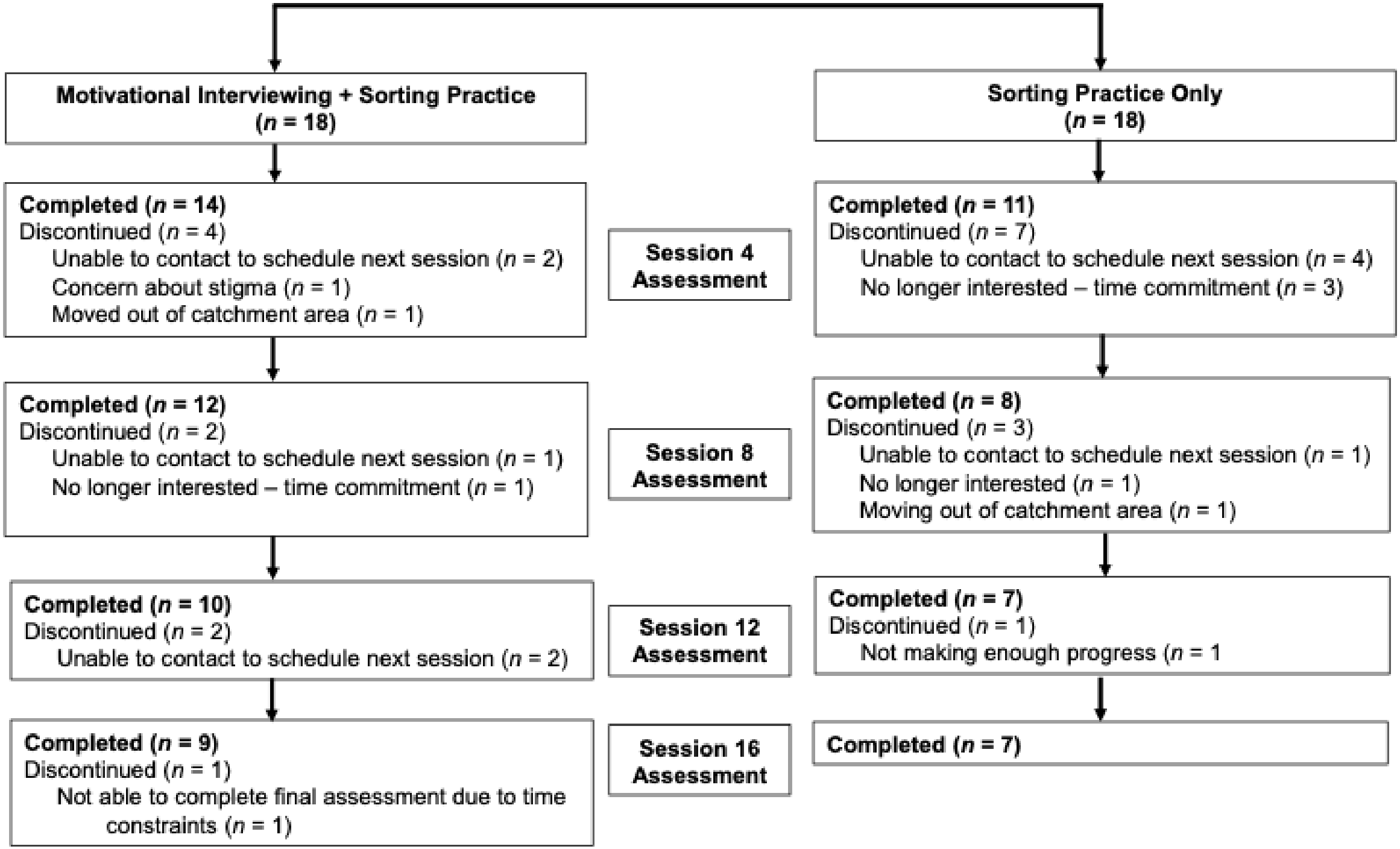
Methods – Assessment Schedule

Schedule

Date and Time	Appointment
	Baseline Assessment
	Session 1
	Session 2
	Session 3
	Session 4
	Month 1 Assessment
	Session 5
	Session 6
	Session 7
	Session 8
	Month 2 Assessment
	Session 8
	Session 10
	Session 11
	Session 12
	Month 3 Assessment
	Session 13
	Session 14
	Session 15
	Session 16
	Month 4 Assessment

Construct	Variable	Unit of Analysis	Assessment Schedule
Motivation for Change	Frequency/Duration of Sorting	Behavior	Weekly
	University of Rhode Island Change Assessment Questionnaire	Self-report	Monthly
	Apathy Evaluation Scale	Self-report	Monthly
Feasibility and Acceptability	Attrition	Behavior	N/A
	Treatment Acceptability/Adherence Scale	Self-report	Session 1
Hoarding Severity	Saving Inventory-Revised	Self-report	Monthly
	Clutter Image Rating	Clinician-report	Monthly
	Behavioral Approach Task	Paradigm	Monthly
Suicidal Ideation	Columbia-Suicide Severity Rating Scale	Self-report	Monthly
NIH Toolbox Emotion Battery		Self-report	Monthly
Negative Affect	Anger (Affect; Hostility; Physical Aggression)		
	Fear (Affect; Somatic Arousal)		
	Sadness		
Psychological Well-Being	Positive Affect		
	General Life Satisfaction		
	Meaning and Purpose		
Stress and Self-Efficacy	Perceived Stress		
	Self-Efficacy		
Social Relationships	Emotional Support		
	Instrumental Support		
	Loneliness		
	Friendship		
	Perceived Hostility		
	Perceived Rejection		
PROMIS-57 Profile v2.1		Self-report	Monthly
Daily Function	Physical Function		
	Ability to Participate in Social Roles and Activities		
Psychiatric Symptoms	Anxiety		
	Depression		
Sleep and Fatigue	Fatigue		
	Sleep Disturbance		
Pain	Pain Interference		
	Pain Intensity		
NIH Toolbox Cognition Battery		Paradigm	Baseline
Attention & Executive Functioning	Flanker Inhibitory Control and Attention Test		
	Dimensional Change Card Sort Test		
Episodic Memory	Picture Sequence		
Working Memory	List Sorting		
Language	Picture Vocabulary		
	Oral Reading Recognition		
Processing Speed	Pattern Comparison		


Screened prior to baseline eligibility assessment (n = 70)
Excluded (n = 19)
Outside of catchment area (n = 10)
Calling on behalf of someone else (n = 3)
Not interested (n = 2)
Not eligible (n = 1)
Under 60 years of age (n = 3)
Scheduled for baseline assessment (n = 51)
Cancelled and unable to reschedule (n = 3)
Completed informed consent and began baseline assessment (n = 48)
Excluded (n = 9)
Safety concerns (n = 4)
Hoarding disorder not primary diagnosis (n = 2)
Inappropriate behavior (n = 1)
Dropped (n = 5)
No longer interested – time commitment (n = 4)
No longer interested – chronic fatigue (n = 1)
Randomized (n = 36)


Motivational Interviewing + Sorting Practice
(n = 18)
Sorting Practice Only
(n = 18)
Completed (n = 14)
Discontinued (n = 4)
Unable to contact to schedule next session (n = 2)
Concern about stigma (n = 1)
Moved out of catchment area (n = 1)
Session 4 Assessment
Completed (n = 11)
Discontinued (n = 7)
Unable to contact to schedule next session (n = 4)
No longer interested – time commitment (n = 3)
Completed (n = 12)
Discontinued (n = 2)
Unable to contact to schedule next session (n = 1)
No longer interested – time commitment (n = 1)
Session 8 Assessment
Completed (n = 8)
Discontinued (n = 3)
Unable to contact to schedule next session (n = 1)
No longer interested (n = 1)
Moving out of catchment area (n = 1)
Completed (n = 10)
Discontinued (n = 2)
Unable to contact to schedule next session (n = 2)
Session 12 Assessment
Completed (n = 7)
Discontinued (n = 1)
Not making enough progress (n = 1
Completed (n = 9)
Discontinued (n = 1)
Not able to complete final assessment due to time constraints (n = 1)
Session 16 Assessment
Completed (n = 7)

Results

Baseline Demographics

- Average age: 70, range 60-86
- 58% Women; 42% Men
- 17% Black; 77% White; 6% White/American Indian
- 53% currently married
- 72% $\geq$ 4 year college degree
- 44% retired; 39% employed; 6% unemployed; 11% on disability
- 17% Veteran
- 17% comorbid major depressive disorder
- Average distance from campus: 25 miles, range 9-68

Adherence/Competency

	n	Adherence	Competency	MI Competency	Condition Guess
MI + SP (RECLAIM)	41	7.95	7.76	4.98	55% MI + SP 45% SP
SP only	26	7.85	8.00	2.42	100% SP

Adherence/Competency

	n	Adherence	Competency	MI Competency	Condition Guess
MI + SP (RECLAIM)	41	7.95	7.76	4.98	55% MI + SP 45% SP
SP only	26	7.85	8.00	2.42	100% SP
				t (65) = 6.62, p < .0001	χ^2 = 21.45, p < .001

Adherence/Competency:
Use of Specific Skills in Session

	n	Asking Open-Ended Questions	Affirmation	Reflective Listening	Summarizing
MI + SP (RECLAIM)	41	86%	81%	81%	49%
SP only	26	46%	54%	31%	12%

Adherence/Competency:
Use of Specific Skills in Session

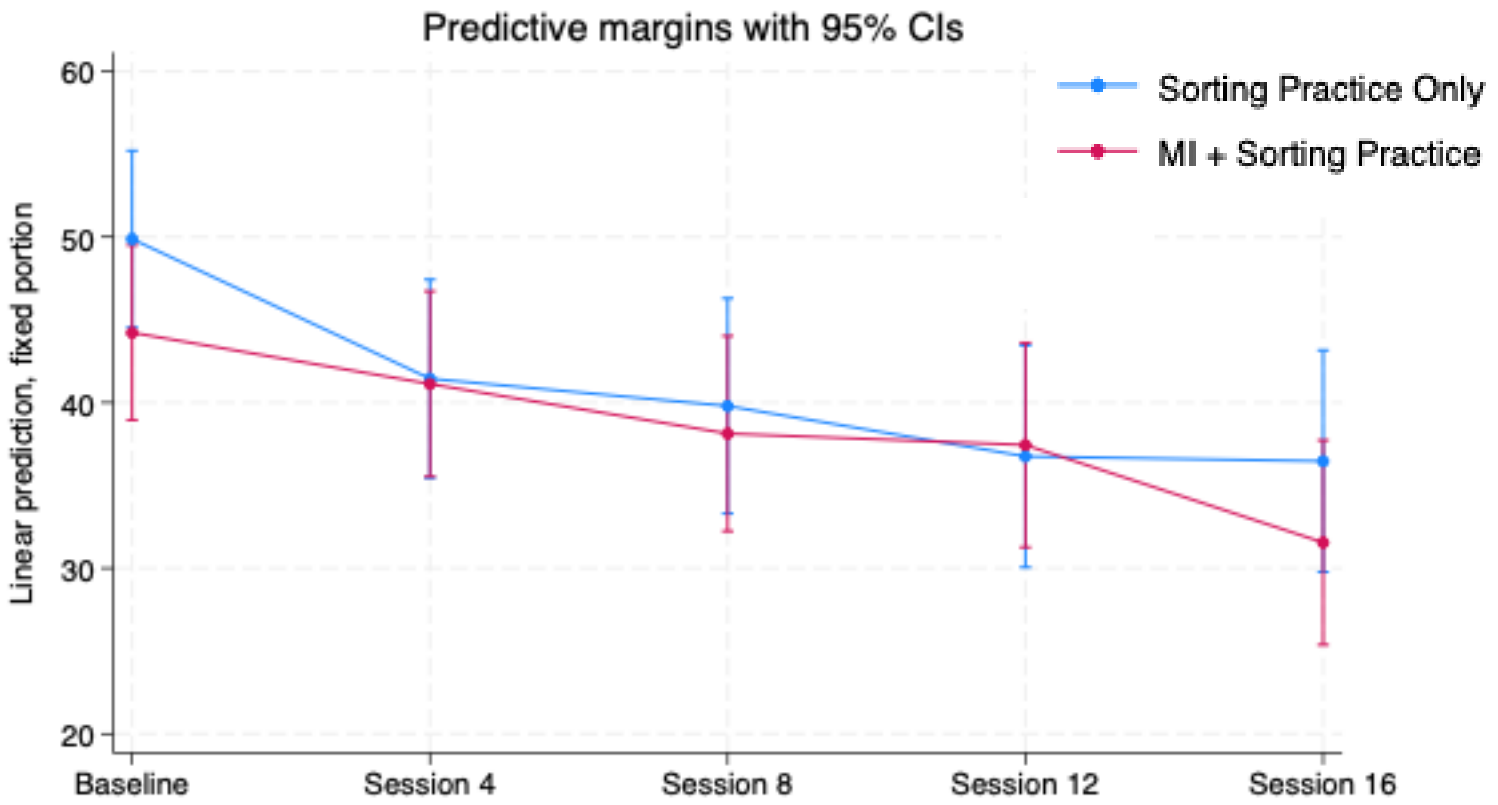
	n	Asking Open-Ended Questions	Affirmation	Reflective Listening	Summarizing
MI + SP (RECLAIM)	41	86%	81%	81%	49%
SP only	26	46%	54%	31%	12%
		$\chi^2 = 12.53$ $p < .001$	$\chi^2 = 5.97$ $p = .015$	$\chi^2 = 17.68$ $p < .001$	$\chi^2 = 12.53$ $p < .001$

Treatment feasibility

- Attrition in first four sessions:
  - MI + SP = 22% dropped (4/18)
  - SP only = 39% dropped (7/18)
- Not related to baseline hoarding severity, readiness for change, or demographic characteristics (all *p*s > .05)

Hoarding severity

- Both conditions exhibit significant decreases over the course of treatment
  (*B* = -13.27, *p* < .001)



Hoarding severity

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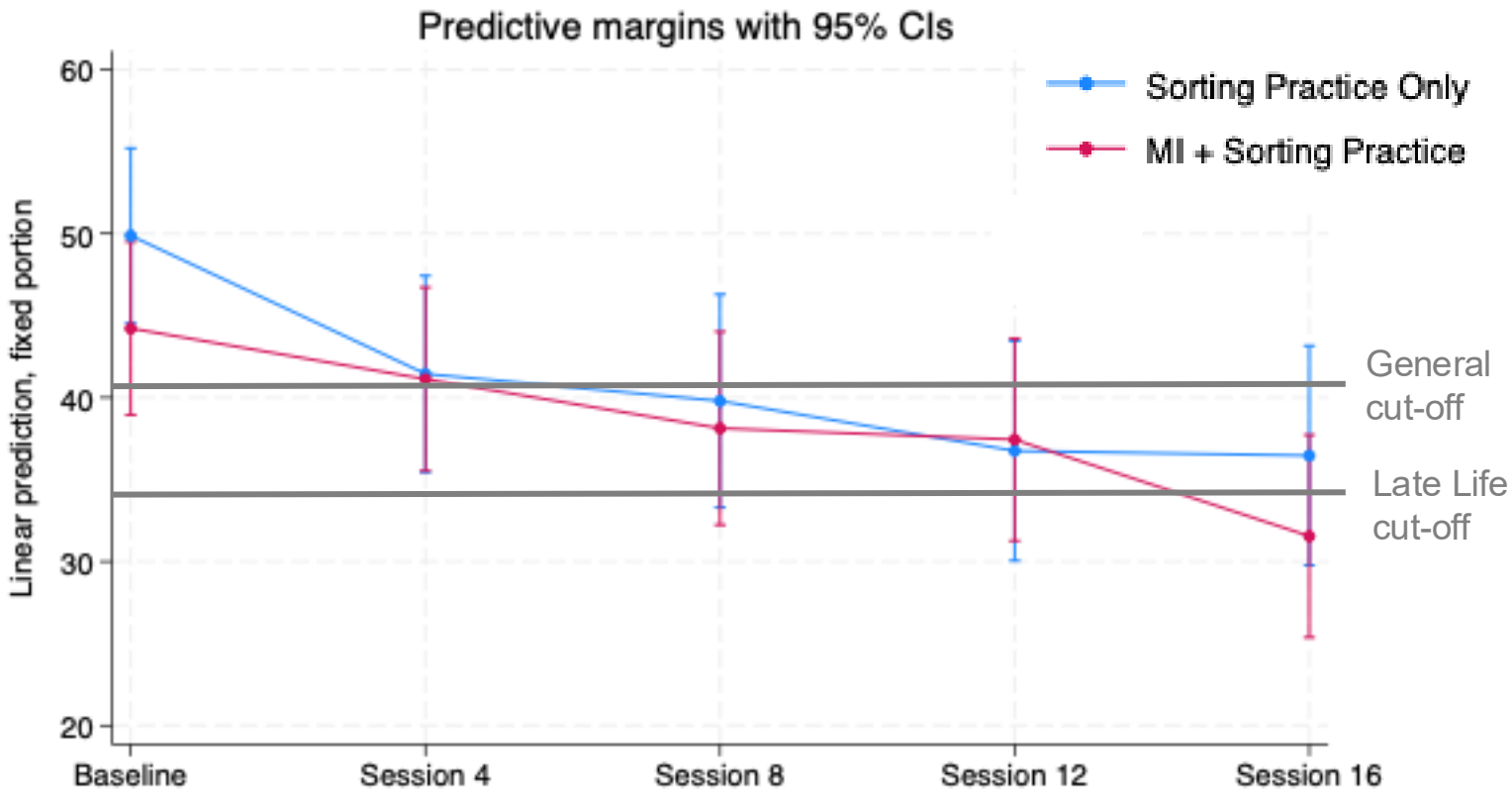


Self-efficacy for clutter

Definition of sorting: Engaging in sorting is a behavior where people make decisions about their items, such as where to put them, whether to donate or recycle them, or to discard them.

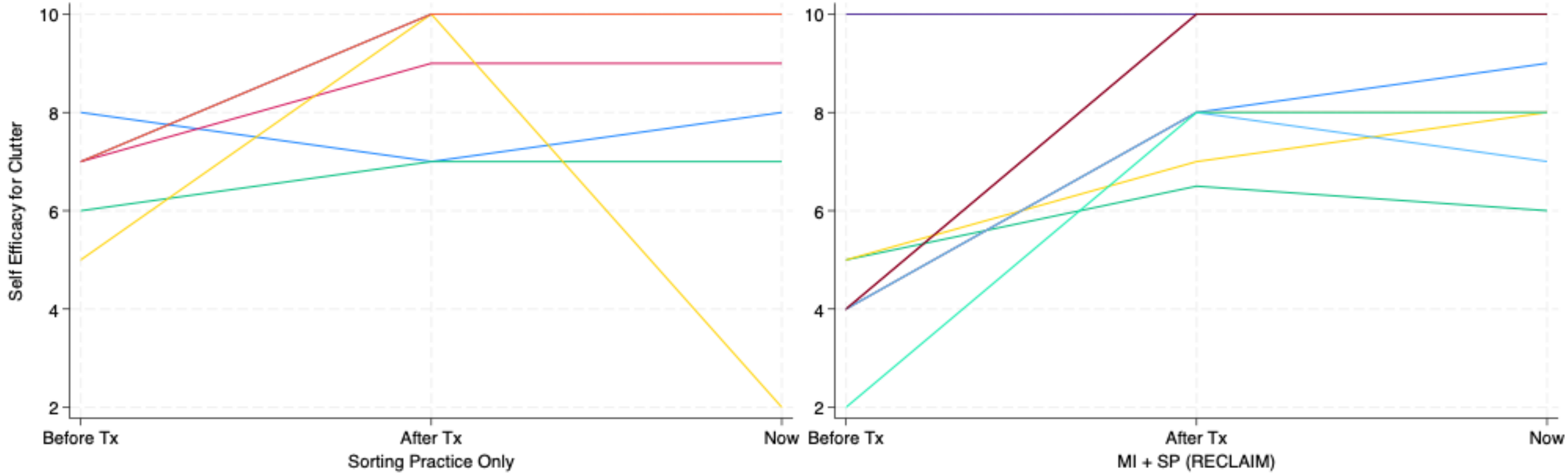
How confident are you that you could engage in sorting by yourself *if you really wanted to?*

0									10
Not at all confident	1	2	3	4	5	6	7	8	9	Completely confident

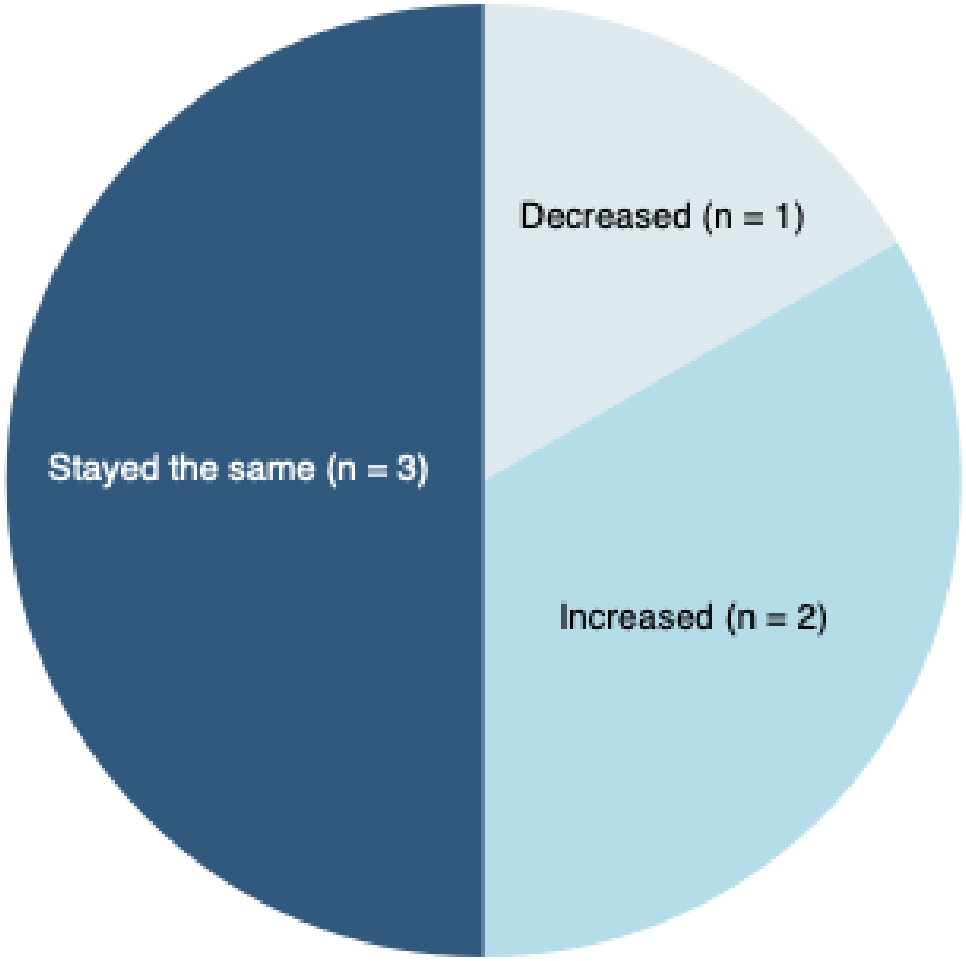
Self-efficacy for clutter: Change within session

	Decrease or No Change	Increase	χ^2	*p*
MI + SP (RECLAIM)	59.26%	40.74%	8.76	.003
SP only	100%	0		

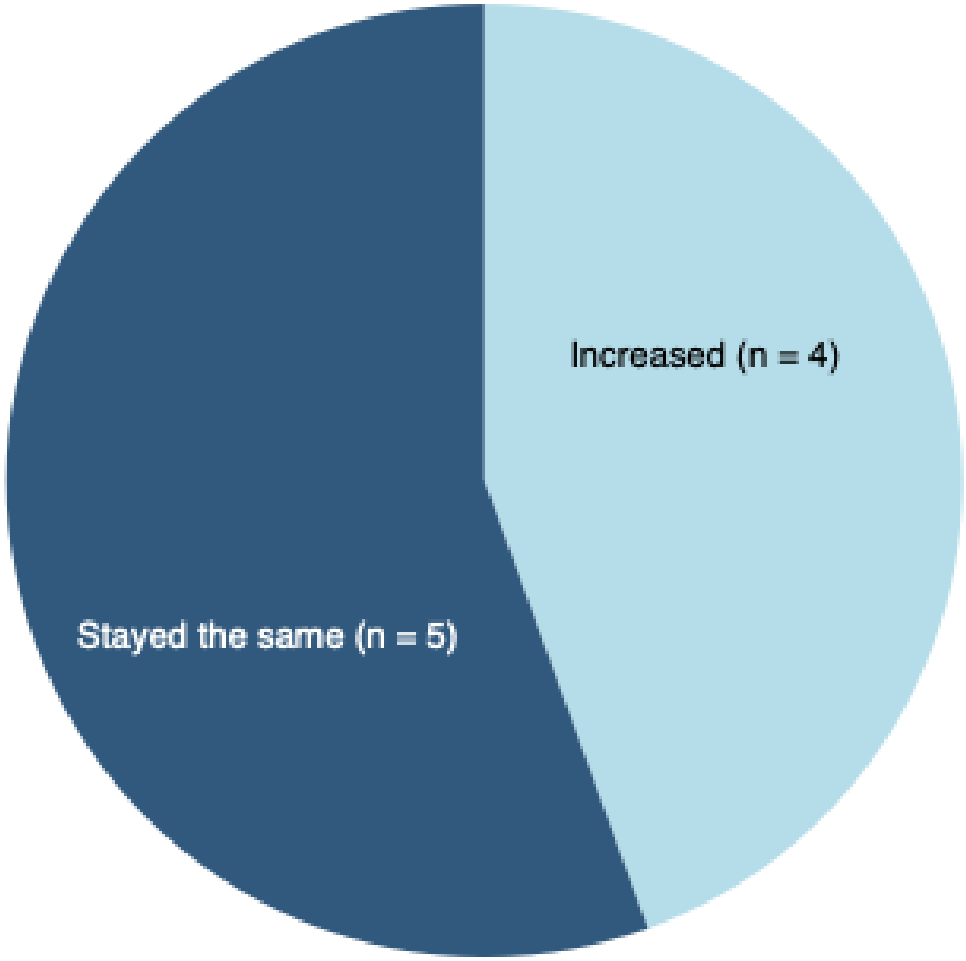
Self-efficacy for clutter: Retrospective change reported at follow-up



Follow-up data: Since you completed your participation, has the time you spend on a weekly basis engaging in sorting increased, decreased, or stayed the same?

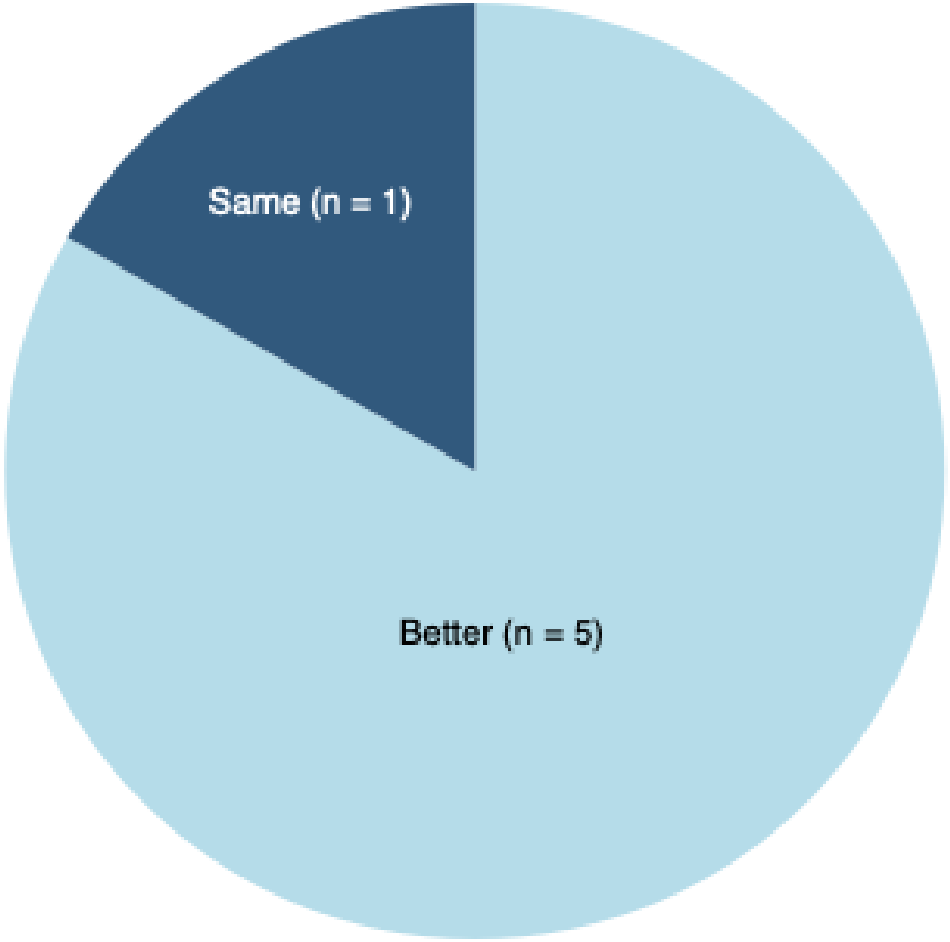


SP only

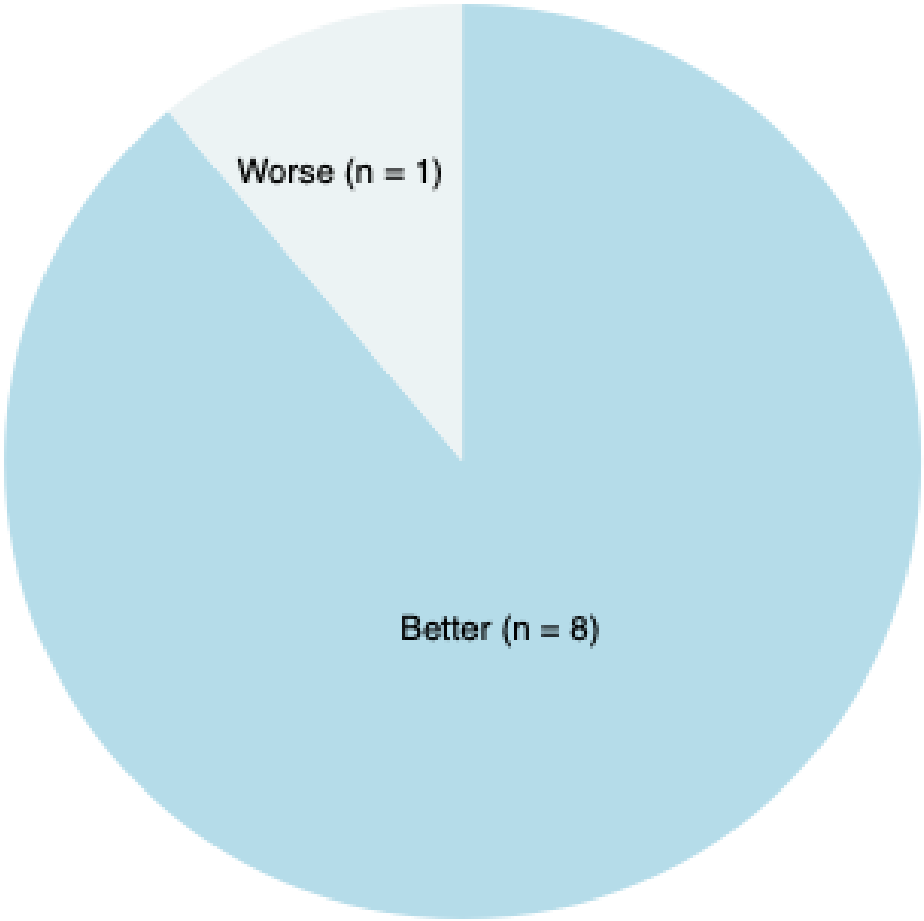


MI + SP (RECLAIM)

Follow-up data: Since you completed your participation, has your clutter level in your home gotten better, worse, or stayed the same?



SP only



MI + SP (RECLAIM)

Conclusions

RECLAIM is a feasible and acceptable treatment for late life hoarding

Targeting behavioral change directly is a viable alternative mechanism for hoarding treatment

Additional analyses needed to understand potential drivers of attrition (e.g., self-stigma)

Thank you!