



A Review of: “Tompkins, M. A., & Hartl, T. L. (2009). Digging Out: Helping Your Loved One Manage Clutter, Hoarding & Compulsive Acquiring.”

DIGGING OUT: HELPING YOUR LOVED ONE MANAGE CLUTTER, HOARDING & COMPULSIVE ACQUIRING By. Tompkins, Michael A. and Hartl, Tamara L.
Oakland, CA: New Harbinger Publications, Inc.2009 vii + 188 PP., \$17.95

Tompkins and Hartl, both California licensed psychologists who specialize in Cognitive Therapy for anxiety disorders, have written a novel and refreshing approach to the very difficult problem of assisting the families of hoarders with this most therapy-resistant psychological disorder. Tompkins is a founding partner of the San Francisco Bay Area Center for Cognitive Therapy and an assistant clinical professor at the University of California - Berkeley. Hartl is a psychologist at the VA Palo Alto Health Care System and has co-authored several other publications on hoarding behavior. In DIGGING OUT, the authors describe the hoarding disorder and acknowledge that most hoarders are resistant to treatment. This book was written for family members of hoarders, who often suffer more from this disorder than the actual hoarders. The concept of “harm reduction” is creatively introduced as a strategy for family members to use with their loved ones who hoard.

In their introduction, Tompkins and Hartl define compulsive hoarding, and offer explanations as to why people save everything. Compulsive hoarders are individuals who cannot stop acquiring, and cannot discard anything that has entered their homes.

The authors offer four primary reasons why hoarders cannot discard:

1. “Information Processing Difficulties” result in hoarding and disorganization due to difficulties with attention, organization and difficulty with decision making. Thus, hoarders cannot maintain the necessary attention to fully organize and discard items; they cannot decide how to organize their belongings, often utilizing inefficient storage strategies.
2. “Emotional Attachment to Possessions” leads hoarders to view possessions as “friends” and extensions of themselves, thus prohibiting them from discarding these objects.
3. “Unhelpful beliefs about possessions” interfere with decisions to discard items. As an example, hoarders believe that they never know when they may need the item in question, so they had better retain it.
4. “Avoidance Behaviors” allow hoarders to avoid making any decisions about their belongings.

Signs that a loved one has a hoarding problem include:

1. Access to parts or all of the home is denied;
2. “Stuff” becomes a frequent subject of discussion;

3. Too much stuff is acquired;
4. Discarding things is extremely difficult;
5. An overly cluttered home makes movement very difficult ;
6. Belongings are disorganized; everything is out for display, covering all surfaces.
7. The clutter and objects pose comfort, sanitary and safety issues. Living quarters become so filled with items, paper and debris, that order and cleanliness are impossible to attain.
8. Social isolation becomes a way of protecting stuff.
9. Routine maintenance and repairs are avoided, since outsiders are not permitted entrance into the home. Thus, hoarders may live without running water, or working appliances, since permitting repair workers into the home is refused.

In conclusion, a sense of shame and/or fear of discovery about the state of their homes, keep hoarders from allowing outsiders entry to their homes and isolates them. The clutter and debris create health and safety risks, such as risk of fire (stacks of paper near flammable areas), risk of tripping and falling due to lack of clear pathways, and health hazards due to lack of a sanitary environment. The authors pay some attention to assisting the reader in differentiating clutter and disorganization caused by anxiety, versus the similar behavior whose etiology may be dementia and/or severe depression.

Tompkins and Hartl eloquently describe the emotional devastation that this disorder creates not only for hoarders, but their family members as well. Family members feel shame, disgust and anger for the state of their loved ones' environment. Children of hoarders often carry accumulated resentment for all the years when their parent's "stuff" mattered more to their parents than their own children. They may carry memories of never being able to invite playmates to their homes, because of shame due to the mess at home.

In contrast, the hoarders feel persecuted and betrayed by their loved ones. They feel that their family members often "steal" their belongings, in the formers' attempt to de-clutter the home. They isolate further, and refuse to allow anyone to visit them in the home.

Tompkins and Hartl pragmatically recognize that the hoarder has no desire to eliminate the clutter that exists within their environment. They create a new goal for family members who are concerned about the safety of their hoarding loved ones. Readers are encouraged to shift their focus from elimination and organization of possessions to achieving "harm reduction." Instead of imposing our view of what a home should look like, family members are encouraged to step back, and define what changes need to occur in order to keep the loved one safe in their environment.

The origins of the harm reduction approach, according to the authors, emerged from dealing with IV drug users. Harm reduction was implemented by providing clean needles to IV drug users, as an alternative to achieving cessation of drug use (a more difficult goal to attain). As applied to compulsive hoarding, harm reduction has the following criteria:

- "First, do no harm.
- It's not necessary that your loved one stop all hoarding behavior.
- No two hoarding situations are identical.
- Your loved one is an essential member of the harm reduction team.
- Change is slow.
- Contract failures don't mean that the harm reduction approach is failing.
- Your loved one may have other, more pressing problems than the hoarding problem" (p. 28).

Setting the stage for "harm reduction" is no easy task, and is the focus of the third chapter. Hurt family members are encouraged to let go of:

- past hurts and disappointments,
- their view of what would make their loved one happy (i.e., a clean and uncluttered home), and
- helping (i.e., removing objects) without the permission of their loved one.

The authors recognize that this task of “letting go” is very difficult and involves a great deal of soul searching and emotional processing. They provide the reader with excellent suggestions of exercises to accomplish this feat.

The next emotional hurdle is that of forgiveness and healing. Readers are provided with the rationale for the importance of forgiving their loved one, and provide suggestions on how to achieve this. The goal is to promote healing of the reader, since one cannot accomplish harm reduction without letting go of hurts, resentments, anger, and allowing healing from these injuries to take place.

Once forgiveness and self-healing has occurred, the reader needs to seek forgiveness from the hoarding loved one. Once again, the authors eloquently provide the rationale and steps to achieve this daunting emotional task. The “four A’s” are the cornerstones of the way to seek the forgiveness of your loved one: “acknowledge” the feelings of your loved one, “assign reason” or explain what you did and why you did it, “assure your loved one that it’ll be different now,” and “ask for forgiveness” (p. 46-47).

After meeting these objectives, the reader’s next task is to engage the loved one in the harm reduction approach. Once the loved one has agreed to this goal, assessing harm potential within the home is the next step. Clear guidelines are provided to conduct a thorough risk/safety assessment of the home. Concrete charts are provided to assess all aspects of the home. Factors that affect safety (e.g., fire hazards, unsanitary areas, blocked exits), are distinguished from factors that affect health (e.g., rotten food, infestation by insects or rodents, etc.) and factors that affect activity (e.g., clutter that blocks use of toilets, showers, refrigerator, stove, etc.). Attention is also placed on assessing the support that is available to the hoarder, as well as insight and motivation that the hoarder possesses.

The next step is the assembly of a harm reduction team. Team members need to possess patience, a stake in the process (e.g., a family member may wish to reduce their worry about the loved one, while a landlord may wish to have a safer property), time to contribute to the process, no current and/or ongoing conflicts with the hoarder, and useful skills (carpentry, repair skills, etc.).

Setting the goals for the harm reduction plan is the next step in the process. Readers are encouraged to establish small and realistic goals, and are told how to stay on track with the process. A monitoring plan is essential!

This book targets concerned family member of hoarders, who are often extremely frustrated, angry and worried about the living conditions of their hoarding loved ones. The authors present harm reduction, a novel approach to this therapy resistant disorder. They provide excellent descriptions of the problem for all of those involved with hoarders. They provide excellent insights, and direct instructions on assembling a harm reduction team, creating goals, and actually implementing the strategy.

However, as I read the book, it became apparent to me that this strategy would be extremely difficult for a reader to implement without professional support. I believe the book is not simply a self-help book; rather, it presents a strategy that requires professional guidance and support to actually realize the plan. I believe the book could be used as a manual for a therapy team consisting of professionals, as well as the family members who are so concerned about the state of disorganization, lack of sanitation, and unsafe living habits of the hoarders. The book is reasonably priced (\$17.95) and is illuminating in preparing family members to embark on a journey whose goal is to create a safe environment for their loved ones who hoard.

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