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An overview of hoarding difficulties in children and adolescents

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Review Article

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Abstract

This paper considers how what has been learned about hoarding difficulties in adults can be applied to working with children and adolescents and how our knowledge of child development can improve how we help the younger person with this problem. In particular, attachment relationships to objects and organisational difficulties will be focused upon. The importance of earlier interventions, earlier in life, to prevent problems in the future is stressed. Future directions including a research agenda are put forward.

Hoarding: when people's relationships with things go wrong

Hoarding difficulties involve a combination of problems with excessive acquisition of things, the build-up of clutter that takes away the functionality of living spaces, and problems with the disposal of things (i.e., moving things on and letting things go). Hoarding difficulties can have a significant impact on people's ability to function, can pose risks for them and others, can be distressing for those with whom they live and can be a challenge for services and communities trying to help them.

People with hoarding difficulties may now be considered to have the condition of hoarding disorder (HD) that has been recognised as a medical diagnosis. This diagnosis entered the *Diagnostic and Statistical Manual of Mental Disorders −5* (American Psychiatric Association, 2013) and the World Health Organisation (WHO) *International Classification of Diseases 10* in 2018 (WHO, 2018). The prevalence of HD in the community has been estimated to be between 1.5% and 6% of the population according to the systematic review and meta-analysis by Postlethwaite et al. (2019), with approximately two in every hundred people in the general population of the world's developed countries meeting the criteria for HD.

When people think of someone who has a problem with hoarding they are thinking about an adult, maybe an older adult, perhaps because of the influence of television programmes that portray people trying to address this problem. However, the condition does affect younger people. Ivanov et al. (2013) found prevalence rates in adolescence of hoarding at 2% of the population, a similar rate to adults. In addition, many people who now have hoarding difficulties state that they began hoarding in childhood or adolescence (Tolin et al., 2010).

A useful idea to keep in mind when thinking about hoarding difficulties is *two by three*. The *two* refers to the observation that when working with someone with hoarding difficulties, there may be another linked issue, such as a significant loss or bereavement that also needs working with. The *three* refers to the three parts of the problem: (a) acquisition – how things arrive into the person's possession and home; (b) organisation – how a person lives with the things that they have; and (c) discard – how things are moved on and cease to be theirs. People vary in the degree to which they have problems in these three areas and each needs to be assessed, and formulated with an intervention developed for change. This *two by three* idea can be applied to working with children and adolescents.

Growing up as a child in a family where there is someone with hoarding difficulties

Though a child might not themselves have problems with hoarding difficulties, they may be living in a household where one or both parents have this problem. This can have an impact on the child's psychological and physical well-being. It can reduce their access to a functioning physical home where they can play, learn and relax. It can impact on their social world as they are embarrassed to invite friends over to visit because they are aware that how their parents have their home is different. Given that parents have a major influence on their children's development and how they establish relationships with people and objects, having parents who hoard may also be a factor in someone developing hoarding difficulties themselves.

One of the contributors to the current journal, Chabaud (2011), has worked closely with the grown-up children of people with hoarding difficulties and has produced the following useful insights:

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> Early in life, children of hoarders are confused by their parents' behavior. Parents can show clear signs of devotion, especially in areas that do not compromise hoarding . . . Children learn how to live without basic comforts and relinquish all hope for a home-cooked meal shared at a family table. Attachment to the hoarding parent is commonly secured by participating in the gathering process. A trip to the zoo is replaced with a trip to the flea market . . . While parents acquire objects, their children fail to live a normal family life – a huge cost for a parent's distorted relationship with objects. Children of hoarders witness their parents and family slipping away, one object at a time. (p. 1)

These insights can inform any clinician working with a child whose parents have hoarding difficulties whatever the child's presenting problem.

Adults with hoarding difficulties and their memories of their childhood relationships with things

In a study by Tolin et al. (2010), adult participants recounted that difficulties with hoarding behaviours first began when they were a child or adolescent, with 70% of participants reporting that their difficulties began before the age of 20, and a median age between 11 and 15. Interestingly, this start of the problem in adolescence is in accordance with the findings for other mental health conditions, as Kessler et al. (2007) state: 'First onset of mental disorders usually occurs in childhood or adolescence, although treatment typically does not occur until a number of years later' (p. 359). So the first presentation in early adolescence should be no surprise, even though the problem may be mild for a number of years.

From the accounts of people the author has worked with, it appears that hoarding is a behaviour that occurs earlier in life but then generally remains at a low level for many years and only escalates later on, perhaps triggered by an event such as a loss or bereavement together with increased ability to accumulate and store possessions. If this is the case, then we could expect to find hoarding behaviour in younger people. One of the reasons for intervening with hoarding difficulties at an early stage is to prevent its escalation into more problematic behaviour in adulthood. Of course, these are the accounts of adults with hoarding difficulties looking back over their life and finding signs of it in their past; this was also the case with the participants in Tolin et al. (2010). We simply do not know how many people when a child or adolescent had similar unusual patterns in their relationships with things but did not go on to develop hoarding difficulties as adults.

Relationships with things: attachment and organisational skills development in children and adolescents

The development of children and adolescents' relationships with things has been the subject of research by psychologists and the normal process of development needs to be taken account of by anyone working with a child or adolescent for whom the relationship with objects has become distorted and unhelpful.

Children develop a sense of possession about objects around the age of two when they start calling things '*mine*' and this is the start of relationships that serves to structure society, as Furby (1980) states: 'With development, however, the control of objects becomes an important aspect of dominance and power relations in early childhood, and socialization with respect to possessions is viewed as an important component of political socialization' (p. 30).

Attachments can be formed to particular objects as noted by Winnicott (1953) who gave these the name *transitional objects*. These have an important part in individuation in the early years. The importance of possessions in transitions has also been highlighted in the movement into the teenage years and the shift from family to peers being the most dominant influence. According to Chaplin and John (2007), self-esteem drops in early adolescence (12–13) only to lift again at 16–18 years and it is during the period of low self-esteem that the young adolescent may become more materialistic. They suggest ways that this can be overcome: 'Giving children or adolescents a sense of self-worth and accomplishment seems to be quite an effective antidote to the development of materialism' (Chaplin & John, 2007, p. 491). This is a useful observation for anyone working with children and adolescents who are developing hoarding difficulties and provides a method for how the problem can be addressed.

One of the three key parts of hoarding problems is how a person lives with things and how they organise them. The ability to organise develops throughout childhood as we gain new mastery in our ability to sort and categorise. There is a range of cognitive, affective and behavioural abilities that need to develop in organisation: the ability to focus attention, the ability to maintain concentration, to have effective sensory processing, to self-regulate activity and mood, to have the motivation to start and to complete tasks, together with a broader range of executive skills.

In assessment, account needs to be taken of any developmental delay that the child has, if they have an autistic spectrum disorder, any specific learning difficulties and other neurodiversity such as attention deficit and hyperactivity disorder (ADHD). In adults, an association between hoarding difficulties and ADHD has been found. Tolin and Vilavicencio (2011) found that in a comparison of adults with a diagnosis of HD to those with a diagnosis of obsessive-compulsive disorder (OCD), and to *healthy* controls, the core features of HD were predicted by the inattention features of ADHD not OCD; thus, the relationship between inattention and hoarding requires further study. This association between ADHD and hoarding difficulties may be, perhaps not surprisingly, also the case with children and adolescents. Hacker et al. (2016) in a study of 99 children and adolescents diagnosed with ADHD found: 'Symptoms of ADHD, but not non-hoarding obsessive-compulsive symptoms, significantly predicted hoarding. Inattention and hyperactivity/impulsivity were uniquely associated with individual hoarding features' (p. 617). Their finding of hyperactivity/impulsivity differs from the Tolin and Vilavicencio (2011) study with adults in which it was the inattention factors only that mattered. A further study by Kajitani et al. (2019) looked at late adolescents/young adults and found:

> a high prevalence of ADHD traits in the university students with hoarding behavior. Moreover, we found that the hoarding behavior was more strongly correlated with inattentive symptoms rather than with hyperactivity/impulsivity symptoms. (p. 1)

So it might be, on the balance of the evidence, that attentional factors are most salient.

Working with children and adolescents with hoarding difficulties

In working with children and adolescents with hoarding difficulties, there are similarities to working with adults with the same problem, in that there should be an assessment of acquisition, organisation and discard patterns and the clinician needs to be open to identifying any other issue that might be connected (the *three by two*). However, the process, methods and language of the work need adaptation to be age appropriate and fit with the

child's level of understanding, as is the case in working with children with any other problem. In addition, an adaptive process to the work may be needed:

> In clinical practice, the treatment or prevention of child and adolescent mental health (CAMH) disorders often requires an individualized, sequential approach to intervention, whereby treatments (or prevention efforts) are adapted over time based on the youth's evolving status (e.g., early response, adherence). (Almiral & Chronis-Tuscuna, 2016, p. 383)

This adaptive approach needs to be considered when working with the hoarding difficulties of children and adolescents taking particular account of changes in relationships with things, attachments to them and organisational processes at different developmental stages.

There are some notable differences between working with adults with hoarding difficulties and working with children and adolescents. Firstly, children and adolescents will experience a stronger influence from people around them, their family, than is the case with adults with hoarding difficulties. It is much harder for a child or adolescent to keep their problem hidden from others. There will be differences in the means of acquisition as a child does not usually have their own income or shop independently. A child or adolescent usually will have to limit the hoarding and disorganisation to their own room, whereas the adult can eventually fill the entire house.

In terms of discard, the child or adolescent is more likely to experience the forcible intervention of others, their parents, in removing the hoarded items. This can obviously still lead to conflict, but is likely to occur at an earlier stage in the hoarding process and be completed than is the case for an adult who is hoarding when their rights as an adult prevent this except in extreme cases. The ability for parents to intervene and that a child lacks independent financial means could be the reasons that HD in children is usually milder than that seen in adults (Storch et al., 2011). This, in turn, takes us back to the point that '[k]nowing that hoarding is less severe in childhood gives us a window of opportunity to identify and act to prevent a chronic disorder' (Burton et al., 2015, p. 130). Working with children and adolescents with hoarding difficulties is important for their future.

Clinicians who work with people with hoarding difficulties are relatively rare compared to other psychological problems. This may be the result of the problem not being considered a medical diagnosis until recently and so not seen within the remit of overstretched clinical resources. One pioneering influence in work with children and adolescents with hoarding difficulties is Bubrick who, in an interview with Miller (2020), outlines his understanding of what is occurring in the minds of children and adolescents with hoarding difficulties and some of the strategies he uses in his therapeutic work. Three patterns that he has found in children and adolescents with hoarding difficulties are as follows: firstly, that there is an emotional attachment to objects that is unusual, for example, attachments to empty toilet rolls; secondly, that there is a belief that things have feelings too; and, thirdly, that things are important for retaining memories. Bubrick suggests that at a child's age of six or seven, hoarding difficulties normally accompany OCD or another anxiety problem, and that when hoarding begins without these, it is usually in the teenage years. Bubrick emphasises the importance of taking a non-judgemental stance and avoiding triggering feelings of shame. Shame is also one of the key emotions associated with hoarding in adults (Cooper, 2020).

Bubrick's interventions include an exposure and response prevention approach, in which a child brings to sessions selected items which are ranked in order of importance to them. The items are worked through with the therapist who keeps the items in the office for a week so that the child is exposed to living without them. Rewards are then given for the child's discard of an item. The interventions of Bubrick, reported in Miller (2020), focus on the attachment aspects of hoarding with the acquisition and discard part of hoarding, but what about the disorganisation part of hoarding? These require interventions that address the child's organisational abilities: their abilities to focus attention, to plan, to sort, to sustain motivation and to make decisions with confidence.

Adults with hoarding difficulties have been demonstrated to have potential impairments with processing information and decision-making and these problems are seen as having an important part in how hoarding difficulties develop as Pushkarskaya et al. (2018) state: 'Cognitive-behavioral models of hoarding disorder emphasize impairments in information processing and decision making in the genesis of hoarding symptomology' (p. 506). Surely then it would be beneficial to address the genesis of these impairments when working with children with hoarding difficulties, when those problems will be milder and when the neuroplasticity of development is working in the favour of change.

Therefore, in helping children and adolescents with hoarding difficulties where there are clearly issues with how they organise and live with their things, and not just their attachment to them, the advice for working with children with organisation problems, such as that offered by Prooday (2017), needs to be integrated into the intervention plan. In addition, for some children and adolescents, approaches to working with ADHD will also need to be incorporated. Inspiration can be found in the developing literature where work with adults with ADHD has been adapted for work with adolescents (e.g., Sprich et al., 2015).

As mentioned above, it was once thought that hoarding was a subcategory of OCD and this is now known not to be the case. However, OCD and hoarding do co-exist and when they do so in adults, this can make the work more challenging. The prevalence of OCD and hoarding difficulties together is estimated to be about the same in both adults and children at around 25–30% (Storch et al., 2007). Case studies have shown that, with children, effective work where the two disorders present together is possible (e.g., Storch et al., 2011).

The future: preventative work, cohort effects and research

Given the extent of the problem that hoarding difficulties pose for 1 in 50 adults, it is important that preventative work occurs with interventions for those presenting with hoarding difficulties as children or adolescents. In addition, if we think of problems of mental health being on a continuum, it is useful to shift the mean of the normal distribution for how the population as a whole is in their relationships with things. There is a useful piece of work that can be done in helping children and adolescents, in general, develop healthy attitudes to things: in their attitudes to buying, in how they organise their things and in how they learn to move things on, to recycle them. This may well help reduce future cases of people with HD; it will also reduce the amount of clutter in homes and will benefit the environment. How we relate to things is something that we do not educate people about, instead it is

something that we pick up and learn from observation. A little education associated with relationships with material goods and objects for all would be beneficial.

Whilst hoarding is not a new phenomenon, there is the possibility that its frequency has increased in recent years related to changes in society and consumer-driven economies influencing people's relationships with their things. It could also be that there is a cohort effect, and levels of hoarding in the population may decline, with the children and adolescents of today being less likely to develop hoarding difficulties with physical objects when in their adulthood. What we could see, though, is a switch to digital hoarding, which has started to be recognised as a significant phenomenon that impairs people's ability to function and shares many similarities with the hoarding of physical things (Sweeten et al., 2018). This could be the direction that the hoarding difficulties in today's children and adolescents may start to take.

The prevalence and reasons for hoarding in children and adolescents, together with possible interventions, is an area that is prime for research which could additionally help with the understanding of these difficulties in adults too. Some possible questions for research are as follows:

1. Do hoarding difficulties in children and adolescents develop on their own or are usually linked to another issue, psychological problem in the child's life?
2. How can we help children with a parent or parents with hoarding difficulties to thrive, and how can we proactively prevent them from developing HD too?
3. Can we develop bespoke interventions that address the attachment to things and the aspect of organisational difficulties with hoarding that meet an individual child's needs?
4. Are proactive preventative approaches effective in preventing hoarding difficulties in children and adolescents returning in more severe forms in adulthood?
5. How do we tackle the development of digital hoarding in children and adolescents?

Conclusion

This paper has provided an overview of how our knowledge of hoarding difficulties in adults can be applied to a child and adolescent population and the additional consideration and adaptations needed. In addition, the effects of growing up in the home of someone who hoards, the possibility of preventative work, the rise of digital hoarding and a possible research agenda have been outlined.

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