



Hoarding disorder (HD) was recently added as a distinct mental health diagnosis in the fifth edition of the (DSM-5; APA, 2013).

Those with HD typically begin to develop symptoms by the age of 20 years (Tolin, Meunier, Frost, & Steketee,

occurrence of traumatic life events (Landau et al., 2011), and an exploration for a possible trauma history should be included as a part of any assessment.

Although HD symptoms are theorized to present in the same way across cultures (APA, 2013), cultural factors should still be assessed during treatment. Poverty and a lack of material resources was once assumed to be related to the development of HD, but researchers have refuted this as a significant contributing factor in the overall development of the disorder (Landau et al., 2011). Because those with HD typically have impaired insight, counselors should also be mindful of how a lack of insight may affect accuracy of client self-reports. The following inventories and assessment strategies may be useful in assessing HD:

The SI-R is a 23-item inventory with a 0-4 Likert scale that can be used with clinical and non-clinical samples. The inventory can be used to assess the full set of HD criteria outlined in the DSM-5 (Mataix-Cols et al., 2010). Counselors can use results of the SI-R to determine the extent to which a client experiences difficulty with acquiring, retaining, and discarding belongings (Frost et al., 2004).

The HRS-I is a five-question interview that counselors can use to assess emotional distress in clients who might have HD. The instrument was developed specifically for HD and does not assess for symptoms of OCD (Tolin, Frost et al., 2010). The semi-structured interview requires some interpretations and should be used by professionals who are familiar with HD and related diagnoses.

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- Ale, C. M., Arnold, E. B., Whiteside, S. P., & Storch, E. A. (2014). Family-based behavioral treatment of pediatric compulsive hoarding: A case example.

 American Psychiatric Association. (APA). (2013).

 , 13(1), 9-21. doi: 10.1177/1534650113504487
- DSM-5). Washington, DC: Author.
- Ayers, C. R., Saxena, S., Golshan, S., & Wetherell, J. L. (2010). Age at onset and clinical features of late life
- compulsive hoarding. \checkmark , \checkmark , \checkmark 25(2), 142-149. doi: 10.1002/gps.2310 Bratiotis, C. (2013). Community hoarding task forces: A comparative case study of five task forces in the United
- States. State hoard objects. , , , 9(2), 39-51. Retrieved from http://lyceumbooks.com/ mentalhjournal.htm
- Frost, R. O. (2010). Special series: Hoarding. 17, 401-403. Frost, R. O., Patronek, G., & Rosenfield, E. (2011). Comparison of object and animal hoarding.

- Timpano, K. R., Buckner, J. D., Richey, J. A. Murphy, D. L., & Schmidt, N. B. (2009). Exploration of anxiety sensitivity and distress tolerance as vulnerability factors for hoarding behaviors. 26, 343-353. doi: 10.1002/da.20469
- Timpano, K. R., & Schmidt, N. B. (2013). The relationship between self-control deficit and hoarding: A multimethod investigation across three samples. 1/₁ 122, 13-25. doi: 10.1037/a0029760
- Tolin, D. F. (2011). Understanding and treating hoarding: A biopsychosocial perspective. √ → → 67, 517-526. doi: 10.1002/jclp.20795
- Tolin, D. F., Frost, R. O., & Steketee, G. (2010). A brief interview for assessing compulsive hoarding: The Hoarding Rating Scale-Interview. $\rlap/$ $\rlap/$ $\rlap/$ $\rlap/$ 178(1), 147-152. doi: 10.1016/j.psychres.2009.05.001 Tolin, D. F., Frost, R. O., Steketee, G., Gray, K. D., & Fitch, K. E. (2008). The economic and social burden of
- compulsive hoarding. $\sqrt{}$ 160, 200-211. doi: 10.1016/j.psychres.2007.08.008 Tolin, D. F., Meunier, S. A., Frost, R. O., & Steketee, G. (2010). Course of compulsive hoarding and its relationship
- ✓ 27, 829-838. doi: 10.1002/da.20684 to life events.