

Structured Interview for Hoarding Disorder (SIHD)

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This Interview is based on the provisional diagnostic criteria for Hoarding Disorder published in the APA Website (<http://www.dsm5.org>).

Instructions for the rater

For a diagnosis of Hoarding Disorder, all six criteria have to be met. If any of the criteria are not met, the diagnosis can be ruled out.

It is important to distinguish Hoarding Disorder from normal, non-pathological collectionism. Hoarding Disorder should not be diagnosed if items are collected exclusively while pursuing a hobby (such as stamp collection or other specific type of collectionism) if the behavior does not result in a cluttered living environment or if it does not cause significant distress or impairment. **If in doubt about a specific criterion, the rater should go through all the interview and consider all the criteria before ruling out the diagnosis.**

If the individual is not available or refuses to be interviewed, this interview can be administered to a **reliable informant**.

Although not necessary for completing the interview, the Clutter Image Rating Scale¹ (filled by the subject, by a reliable informant, or by the rater in case he/she has access to the subject's home) may provide additional information to assess Criterion C.

¹Frost, R.O., Steketee, G., Tolin, D.F., Renaud, S., 2008. Development and validation of the Clutter Image Rating. *Journal of Psychopathology and Behavioral Assessment* 32, 462 401–417.

CRITERION A

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

Do you experience difficulty discarding or parting with possessions?

YES → go to next question

NO → Hoarding Disorder not present

How long have you had this problem for?

If hoarding has been present for a relatively short period of time (i.e., only a few weeks or months), inquire about possible reasons that may explain the difficulties discarding (e.g., recent inheritance of a large number of possessions, moving to a different home). If the hoarding behavior can be entirely explained by these circumstances → Hoarding Disorder not present

If hoarding is a persistent problem that has been present for a long period of time → go to next question

What items do you find most difficult to discard?

Notes:

Both valuable and worthless items should be taken into account for the diagnosis. Go to CRITERION B

CRITERION B

This difficulty is due to strong urges to save items and/or distress associated with discarding.

**Do you usually feel highly distressed when having to discard some of your possessions?
Do you generally feel strong urges to keep those items?**

YES (to any of the above 2 questions) → go to CRITERION C

NO (to both questions) → Hoarding Disorder not present

CRITERION C

The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible.

If all living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

Have there been any recent interventions by third parties (such as family members or local authorities) to clean up your home?

YES → go to CRITERION D

NO → go to next question

Do you have a large number of possessions?

YES → go to next question

NO → Hoarding Disorder not present

Is your home cluttered?

YES → go to next question

NO → Hoarding Disorder not present

Note that "clutter" implies the presence of a large number of items that are lying about in a disorganized way. If Clutter Image Rating Scale is available, a score of 4 or more is the recommended cut-off for this criterion.

Because of the number of possessions or clutter, how difficult is it for you to use the rooms in your home?

Notes:

To meet Criterion C, at least one of the living spaces that are necessary for everyday life must be cluttered to the extent that its use is clearly compromised. If unclear, ask for examples including:

- **Kitchen** (*sink, plates, fridge, worktop*)
- **Bathroom** (*sink, toilet, shower/bathtub*)
- **Bedroom** (*bed, cupboard, drawers*)
- **Living room** (*sofa, chairs, table, floor*)
- **Overall** (*halls/corridors/stairs difficult to walk through due to piles of items*)

CRITERION D

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

Do the difficulties discarding or the clutter cause you (or your family members or other individuals living in the same home) distress?

YES → go to CRITERION E

NO → go to next question

Does the hoarding or the clutter interfere with your family life, friendships, or ability to perform well at home or work, or to maintain a safe environment for yourself and others?

YES → go to CRITERION E

NO → *Hoarding Disorder not present*

CRITERION E

The hoarding symptoms are not due to a general medical condition (e.g., brain injury, cerebrovascular disease).

Review **past medical history** for neurological disorders and inquire about history of severe head trauma.

In order to be accountable for the hoarding behavior, the medical disorder or head trauma should precede the onset of the hoarding behavior.

If in doubt about casual relationship between a medical disorder/head trauma and current hoarding behavior, additional tests (e.g., MRI, PET, neuropsychological assessment) may be performed to confirm the presence of brain damage.

*If hoarding is entirely due to a **general medical condition** → Hoarding Disorder not present*

CRITERION F

The hoarding symptoms are not restricted to the symptoms of another mental disorder (e.g., hoarding due to obsessions in *Obsessive-Compulsive Disorder*, decreased energy in *Major Depressive Disorder*, delusions in *Schizophrenia* or another *Psychotic Disorder*, cognitive deficits in *Dementia*, restricted interests in *Autism Spectrum Disorder*, food storing in *Prader-Willi Syndrome*).

If a comorbid mental disorder is present, inquire about the temporal and causal relationship with hoarding symptoms.

What is your main motivation for hoarding?

Notes:

If hoarding is restricted to:

- special interests in **Autism Spectrum Disorder** → Hoarding Disorder not present
- decreased energy in **Major Depressive Disorder** → Hoarding Disorder not present
- delusions in a **Psychotic Disorder** → Hoarding Disorder not present
- cognitive deficits in **Dementia** → Hoarding Disorder not present

If OCD is not present → HOARDING DISORDER

If OCD is present → go to next question to assess whether the hoarding behavior is a symptom of OCD before establishing a diagnosis of *Hoarding Disorder*.

DIFFERENTIAL DIAGNOSIS WITH HOARDING AS A SYMPTOM OF OCD

Is your hoarding behavior triggered by a specific obsession or concern?

If hoarding is mainly driven by prototypical obsessions → *Hoarding Disorder not present (hoarding is a symptom of OCD)*

Some examples include:

- fear of contamination
- superstitious thoughts
- intense feelings of incompleteness
- saving to maintain a record of all life experiences

If hoarding is the result of persistent avoidance of onerous compulsions → *Hoarding Disorder not present (hoarding is a symptom of OCD)*

Some examples include not discarding certain items in order to avoid endless washing or checking rituals.

If hoarding behavior not driven by obsessive-compulsive symptoms → HOARDING DISORDER

If uncertain about the motivations for hoarding → go to next question to assess other features of the hoarding behavior

Do you find your hoarding behavior to be overall very distressing and not pleasurable at all?

NO → HOARDING DISORDER

YES or uncertain or mixed response → go to next question

Are you emotionally attached to most of the items you hoard?

YES → HOARDING DISORDER

NO or uncertain or mixed response → go to next question

Do you hoard items mainly because they are valuable or they may come in handy in the future?

YES → HOARDING DISORDER

NO → *Hoarding Disorder not present (hoarding is a symptom of OCD)*

SPECIFIERS

If Hoarding Disorder has been diagnosed, assess the presence of Excessive Acquisition and determine the Degree of Insight.

EXCESSIVE ACQUISITION SPECIFIER

With Excessive Acquisition: *If symptoms are accompanied by excessive collecting or buying or stealing of items that are not needed or for which there is no available space.*

Do you often acquire free items that you don't need or for which you don't have available space at home?

YES / NO

Do you often buy items that you don't need or for which you don't have available space at home?

YES / NO

Do you sometimes steal things that you don't need or for which you don't have available space at home?

YES / NO

*If YES to any of the above 3 questions, **With Excessive Acquisition** should be coded*

INSIGHT SPECIFIER

Good or fair insight: *Recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic.*

Poor insight: *Mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.*

Absent insight: *Completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.*

To what extent do you think that your hoarding behavior (including your difficulties discarding, the resulting clutter, and the excessive acquisition) are problematic?

Notes:

Good or fair insight / Poor insight / Absent insight

Rate insight on the basis the subject's answer and taking into consideration the information provided during the interview. If in doubt, include in your question specific references to information provided by the subject during the interview to assess the degree of insight.

If a reliable informant is present, check for discrepancies between the subject's and the informant's report and assess degree of insight accordingly.