

A 10-Session (or More) Treatment Protocol:
Acceptance and Commitment Therapy for Hoarding Disorder

Clarissa W. Ong
Utah State University

Resources

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York, NY: The Guilford Press.

Morrison, K. L. (2010). *Brief acceptance and commitment therapy training for impulsivity*.

Twohig, M. P. (2004). *ACT for OCD: Abbreviated treatment manual*.

Overview

This protocol describes a course of acceptance and commitment therapy (ACT) for hoarding disorder (HD) that covers ten individual therapy sessions. HD is characterized by persistent difficulty discarding or letting go of possessions, which results in clutter that prevents living spaces from being used for their intended purposes. Many individuals with HD also display excessive acquisition. Hoarding behaviors are typically accompanied by clinically significant distress and/or functional impairment. Even if individuals are not distressed, people around them – particularly those who share a living space – may experience compromised functioning.

Therapist Training

At the least, the therapist should have read a comprehensive book on ACT (e.g., Hayes, Strosahl, & Wilson, 2011) and be familiar with the scientific philosophy underlying ACT – functional contextualism. It would be in the therapist's best interest to attend an experiential ACT workshop, which is offered many times a year. Information on these workshops is available at <https://contextualscience.org/>.

The Basics of ACT

ACT is a cognitive-behavioral therapy that aims to increase behaviors that are consistent with values, in the presence of difficult internal experiences. That is, ACT works to help people make choices based on inherently meaningful values, rather than the emotions, thoughts, or sensations that show up in the moment. The pragmatic truth criterion underlying the ACT model means that the effectiveness of therapy is evaluated based on how well it works to increase values-consistent behaviors. Thus, rather than focusing on the topography of client behaviors, ACT is more concerned with how those behaviors are functioning in clients' lives.

Being an ACT Therapist

Because ACT takes a functional approach to therapy, ACT therapists should always be attuned to how behaviors are working for clients, based on their stated values. ACT therapists should not have an investment in any specific outcome (e.g., reducing clutter) unless it is consistent with clients' self-chosen values. Another aspect to the functional stance of ACT is that the topography of therapist behaviors matters less than their effect on the client. In other words, one can be using exercises and metaphors as described in ACT manuals, and not be doing ACT. As such, it is recommended that therapists be flexible when using this protocol and base their clinical decisions on a functional understanding of their client and the behavioral principles that underlie ACT (i.e., relational frame theory, rule-governed behavior).

In addition, ACT providers recognize that both the therapist and client are humans situated in a verbal community, with their own pain and struggles. The sense of connection and empathy that is fostered by this recognition may be useful for therapeutic alliance building. ACT therapists see that anyone can get caught up in verbal processes, even when doing so is not helpful, and that clients are not broken and do not need to be fixed.

ACT is an experiential – rather than purely didactic – treatment. There is an emphasis on allowing clients to learn and make decisions based on their experiences, facilitated using exercises and metaphors, rather than simply teaching clients what they need to do or explaining concepts. Attending an experiential workshop, watching ACT sessions, and/or receiving supervision from an ACT therapist are recommended to facilitate understanding of how to conduct ACT.

This protocol provides a summary of how ACT processes may be applied to problematic hoarding behaviors. However, as with all manualized treatments, there is a need for flexibility when following the procedures described. Ultimately, a thorough assessment of where clients fall on each of the six ACT processes as well as their needs will determine the focus, relative emphasis, and order of treatment.

ACT for Hoarding

Based on extant research on hoarding interventions, the therapist should pay attention to a couple factors that may be more prominent in HD. First, motivation for change may be low in this population, so emphasizing values and using motivational interviewing strategies (in an ACT-consistent way) early on in therapy may help to increase treatment engagement and adherence. Second, incorporating exposure exercises in the form of behavioral commitments is important so that clients have opportunities to contact direct contingencies associated with values-consistent behaviors.

Online Sessions

If sessions are conducted online, the therapist should remind participants to find a location and time during which they will not be disturbed to facilitate therapy as well as to protect their privacy. The therapist should only see clients in therapy rooms—not in their office or at home for the same reasons.

SESSION 1: INTAKE

Introduction	Explain course of treatment and research study
Limits to confidentiality	Suicide, homicide, and abuse of children or vulnerable adults (based on ethical guidelines for your profession/region)
Informed consent	Warn that therapy may result in emotional discomfort, discuss commitment to therapy, and begin alliance building
Assessment	Gain information about the client, history of presenting problem, and contextual variables
Treatment goals and expectations	Ask what the client would like to get out of therapy
<i>Homework</i>	<i>“What Hasn’t Worked” worksheet</i> <i>Ask client to bring photos of living spaces</i>

Introduction

Make sure clients understand what they have agreed to participate in. The participant will be attending up to 20 sessions of therapy. The sessions will occur every week, generally at the same time on the same day. Clients are expected to attend all sessions on time (not more than 15 minutes late) and to contact the therapist if they are late or cannot attend. These sessions will be recorded for supervision and research purposes, and to ensure that clients are receiving the best care possible. Make sure that you have clients’ contact information so you can reschedule in case they do not attend the session. Allow participants to ask questions about the study.

Limits to Confidentiality

Explain that everything that occurs in session will remain confidential within the study team. In addition, confidentiality must be broken based on the ethical code of the American Psychological Association (or the relevant ethical code for your region) if the client reports plans of harming themselves or others, if the client reports harming children or the elderly, or if ordered to do so by a judge.

Informed Consent

Any attempt to change behavior is going to be psychologically difficult. Clients likely have fear, dread, or concerns about contacting their internal experiences and may have some reservations about beginning treatment. To keep from scaring clients away from the treatment and to help the therapeutic relationship, the therapist should make clients aware of what treatment entails. This can be difficult because ACT is an experiential therapy, and the therapist can be transparent about that.

Useful metaphors: roller coaster, glass with sludge at the bottom.

Commitment to a Course

Changing behavior can be difficult and frightening for some people. Also, in some cases, the outcomes of ACT are not seen until later in treatment. Therefore, the client should be warned of this and agree not to judge the treatment prematurely.

Useful metaphor: course of antibiotics.

Alliance Building

In addition to providing and gathering the necessary information during this session, the therapist should also work to be warm, genuine, empathetic, and accepting. It is important that the client and therapist have a sense of mutual trust and respect before beginning work from an ACT perspective. It may be helpful for therapists to mention that they too have their own pain and suffering, and it is precisely this shared human experience that will facilitate therapeutic progress.

Useful metaphor: two mountains.

Assessment of Hoarding and Its Context

The goal of a general assessment is to better understand the client's struggle with hoarding, and how it is getting in the way of the valued living. An understanding of the function of hoarding is needed before moving forward. The main pieces of information you want to know after this assessment are: an operational definition of the target behaviors, the contexts that tend to precede the behaviors (internal or external), and the effect of the behaviors (the ABCs; functional behavioral assessment). The purpose of this session is for both the therapist and client to have a clear understanding of the target of treatment and any barriers to change.

- Ask the client to describe their target behavior(s).
 - How long has this behavior been a problem?
 - How often is this behavior occurring?
- What other strategies has the client tried?
- What are the situations where they do the behavior the most often?
- What thoughts, feelings, or urges tend to come up before doing the behavior?
- What happens to those internal experiences after doing the behavior?

Treatment Goals and Expectations

The therapist should also gather information on what clients want to get out of treatment or what they want to be different in their life. The therapist can then use this information to motivate clients, conceptualize clients' struggles, as well as evaluate the effectiveness of therapy. One way to ask this is, "How would we know what we were doing in therapy was working?"

SESSION 2: CREATIVE HOPELESSNESS

Creative hopelessness	Evaluate effectiveness of control strategies
	Explore control as the problem
	Explain why the control agenda makes sense
	Introduce acceptance as an alternative to control
<i>Homework</i>	<p><i>Notice avoidance strategies and their effects in your life (“What Is Digging for You?” worksheet).</i></p> <p><i>Ask client to bring five items for in-session exposure.</i></p> <p><i>Optional: Practice acceptance three times when difficult internal experiences show up.</i></p>

Effectiveness of Control Strategies

The goal of introducing creative hopelessness is to collaboratively evaluate how well the client’s control strategies have worked to get rid of difficult internal experiences. Effectiveness of attempts to control or avoid these experiences are typically assessed in the short-term and long-term. It is important to note that the therapist should not “convince” the client that control strategies are ineffective; the point is to evaluate them fairly, based on the client’s lived experience.

The therapist may also elicit the consequences of using control strategies indiscriminately. These may be framed in the context of valued living; that is, how have these control attempts impacted your ability to live the life that you want?

Useful metaphors: person in the hole, tug-of-war.

Control as the Problem

Following creative hopelessness, the therapist can work with the client to explore ways in which control may actually be the “problem.” That is, efforts to control internal experiences paradoxically increase their intensity as well as suffering. Again, answers should be based on the client’s lived experience, not the therapist’s agenda.

Useful metaphors/exercises: polygraph, chocolate cake, falling in love, arrow in the chest.

Why the Control Agenda Makes Sense

Sometimes it is also helpful to highlight the context of control attempts, which may validate the client’s experience. We attempt to control internal experiences because that is what the verbal community has taught us: internal experiences can and should be controlled. We constantly hear messages about “curing sadness,” “being happy,” or “stopping worry,” which tell us that we are in control of our thoughts and emotions. However, it is worth drawing a distinction between the world outside our skin and the world inside our skin. Whereas control might work 95% of the time when applied to external events (e.g., changing a flat tire), it might not work in the same way for the world inside our skin (e.g., changing our mood at will). It seems that what our mind or logic tells us does not always match our actual experience.

Acceptance as an Alternative to Control

Once the client acknowledges that control strategies have not been effective—assuming this is true to their experience—the therapist can introduce acceptance as an alternative to

control. At this point, the client might not grasp how to practice acceptance (or openness or willingness), and the discomfort surrounding doing the homework “correctly” could be another process worth pointing out.

SESSION 3: VALUES

Values	Discuss what could be gained by letting go of the control agenda
	Define the concept of values
	Clarify values
	Assess behavioral consistency with those values
<i>Homework</i>	<i>VLQ or Values Bullseye or Values Narrative Form and 1-2 small behavioral commitments that are values-consistent. Ask client to bring five items for in-session exposure.</i>

Letting Go of the Control Agenda

It may not be easy for clients to put down the metaphorical shovel, even when they recognize digging only deepens the hole. At this point, the therapist can remind clients of the cost of continuing to dig, while validating digging as a logical strategy. It could also be helpful to ask clients to imagine what it would look like if they stopped playing this unwinnable game. That is, what would your life look like if you didn't have to control your thoughts and feelings? The therapist should start to identify valued areas of living as clients articulate their answer.

What are Values?

Values as used in ACT do not perfectly match up with more colloquial descriptions of values. Thus, it is important to define values for clients in the way that ACT therapists use them. That is, values are directions that we want to guide our behavior. They are chosen by us, and are independent of external expectations. In addition, values are ways of being that can be instantiated in any given moment; they are not goals to be accomplished. Watch out for pliance-type answers that do not appear to actually bring vitality or meaning to clients' lives.

What are Your Values?

Use a values worksheet (e.g., Values Bullseye, Values Narrative Form) to list clients' values, and clarify functional values. There are no "right" or "wrong" values; however, certain values may be more useful to have than others. For example, valuing "being loved" is more difficult to work on than "being loving."

Useful exercises: eulogy, 80th birthday party.

Where are You Now?

Once the values framework has been explicitly shared with clients, it can be used to frame therapeutic expectations and client progress. Based on the pragmatic truth criterion, whatever brings clients closer to their values is effective. The therapist can lay out the goals of therapy in these terms. Part of clarifying values is to determine where clients are at right now, and where they would like to be. This establishes a foundation from which clients can experiment with new behaviors and reminds them of their reasons for engaging in this difficult process.

Useful metaphor: two games (play to feel better or play to be closer to values).

SESSION 4: ACCEPTANCE

Acceptance	Revisit workability of control strategies
	Define and clarify acceptance
Homework	<i>Practice acceptance when difficult internal experiences show up (track this with “Daily Willingness Diary” worksheet). Identify concrete behaviors (e.g., sit with anxiety/sadness for one minute before making decision to save vs. discard). Ask client to bring five items for in-session exposure.</i>

Workability of Control Strategies

Ultimately, treatment success is evaluated based on consistency with values, not the topography of behavioral change. Thus, it is necessary to examine utility of control strategies relative to values. Until clients come into contact with the direct consequences of overextension of control attempts, it can be difficult for them to practice new, perhaps challenging strategies (e.g., acceptance). In some ways, pain can be clients’ greatest ally for behavioral change. Clients may easily recognize that control strategies do not facilitate valued action, and even detract from it. However, it is difficult to let go of a control agenda, and it is worth exploring fusion with a control agenda before moving on to the next phase of therapy.

What Is Acceptance?

Acceptance is a chosen stance of willingness to experience private events as they occur. Several elements of this operationalization are worth noting. First, acceptance is chosen; as such, it is within the client’s control. Second, it is willingness, not liking; clients do not have to like internal events to choose to welcome them. Third, the target of acceptance is internal experiences—not behaviors or situations. The reason for this is acceptance is more effective when applied to stimuli outside of our control (e.g., fear of potential loss) rather than mutable contexts that we do have the power to change (e.g., clutter). The therapist may use experiential or present moment exercises to help clients grasp what practicing acceptance looks like.

Useful exercises/metaphors: notecard exercise, two scales metaphor, tug-of-war, unwelcome party guest.

SESSION 5: DEFUSION

Defusion	Review acceptance
	Define and clarify defusion
	Discuss defusion in the context of possessions
Homework	<i>Practice observing thoughts. Identify concrete behaviors (e.g., watch thoughts for one minute before making decision to save vs. discard). Ask client to bring five items for in-session exposure.</i>

What is Defusion?

Defusion is responding to private events for what they are, not what they say they are. For example, responding to thoughts as representations of reality, rather than reality. A consequence of this skill is the increased regulation of behavior by something other than internal experiences, such as values. Thus, defusion also entails acting independently of our thoughts and feelings. Clients would most likely have had prior experience with defusion (e.g., noticing and ignoring random thoughts, doing things when they do not feel like it), and it may be helpful to elicit such examples to help them experientially grasp defusion.

Useful exercises/metaphor/tool: “milk, milk, milk,” passengers on the bus, watching a movie, choice point worksheet.

Defusion and Possessions

Another aspect of fusion to consider in the context of hoarding is fusion or attachment to possessions. Individuals with HD tend to be strongly attached to their possessions, and respond to them based on arbitrarily applied, rather than formal, properties. There is nothing inherently “bad” about fusion to possessions, however, when this attachment gets in the way of valued living, training a different way of relating to possessions – just as ACT does with thoughts – may be helpful. One way to do so is to have clients differentiate between the perceptual properties of specific items (e.g., round, heavy) vs. their derived properties (e.g., pretty, special). Therapists might have asked clients to do this with bodily sensations previously; this is the skill of nonjudgmental observing. If clients are able to generalize this skill to objects, they might be able to practice new ways of responding to objects, including discarding when doing so serves their values.

SESSION 6: SELF-AS-CONTEXT

Self-as-context	Review acceptance and defusion
	Define and clarify self-as-context
<i>Homework</i>	<i>Practice perspective taking (e.g., view internal experiences from the perspective of the board/sky/theater for one minute). Identify 1-2 behavioral commitments. Ask client to bring five items for in-session exposure.</i>

What Is Self-as-Context?

Self-as-context entails fostering perspective taking and recognition of a self that is independent of internal experiences and belongings. The self is seen as a space with permeable boundaries that is large enough to contain private events and dispassionate enough to let them come and go. In a way, self-as-content is fusion with identity, self-stories, or self-narratives. Being fused with these self-stories can keep clients from engaging in meaningful behavior when behaviors appear to contradict them. For instance, clients who are fused with the identity of “someone who doesn’t let things go to waste” may find the task of discarding challenging because it means wasting something. Therapists need to pick up on these patterns of self-as-content and notice their function in clients’ lives. Improving perspective taking – e.g., viewing these identities as stories woven by learned history and the mind, rather than truths by which need to be abided – can help to weaken attachment to self-stories, and expand clients’ behavioral repertoire in values-consistent ways.

Useful metaphor: chessboard, sky/weather, theater/director/actors.

Self-as-Context vs. Self-as-Possessions

Sometimes, individuals with HD come to identify with their possessions, such that their possessions are seen as a part of the self. In these circumstances, discarding a belonging means discarding a part of who they are. These associations may be similar to other cases where clients are fused with their “disorder,” which can make alleviating symptoms an identity struggle. Again, therapists should be attuned to these cognitive patterns insofar as they affect behavioral change and identify the key underlying ACT processes on which to work.

SESSION 7: PRESENT MOMENT AWARENESS

Contact with present moment	Review acceptance, defusion, and SAC
	Define and clarify present moment awareness
Homework	<i>Concrete mindfulness exercise (e.g., meditation, active mindfulness for one minute). Identify 1-2 behavioral commitments. Ask client to bring five items for in-session exposure.</i>

What Is Present Moment Awareness?

Often, individuals with HD find themselves living in the past (memories) or future (worries, possible opportunities). The purpose of increasing contact with the present moment is to help the client be aware of and present with their inner experiences as they occur. Living in the present can improve psychological flexibility by increasing responsiveness to current environmental contingencies and values in the moment. The skills of acceptance and defusion may be particularly helpful here as it can be difficult to contact experiences if they are seen as “negatively” charged. Acceptance and defusion contribute to the ability to watch internal experiences nonjudgmentally, without attempting to control them, making it easier to be present with these experiences. One of the biggest costs of living in the past or future is, simply, missing out on life. Interpersonal relationships may be affected as well. Getting clients to experientially understand the difference between living in the present and living in one’s mind can be powerful.

Useful exercises: leaves on a stream, body scanning, soldiers in a parade.

SESSION 8: COMMITTED ACTION

Committed action	Review processes with which client is still struggling
	Develop plan for sustainable behavioral change
Homework	<i>Identify 2-3 specific behavioral commitments that are more challenging for the client than previous ones.</i>

Review Processes

By this point, therapists would have covered all six ACT processes; committed action is embedded in the homework assigned between sessions and any exposure exercises completed in session. In a way, committed action is the observable, trackable progress clients have made from the first session to this session. The principles on which ACT is built are counterintuitive and contrary to what individuals have learned from their verbal community, so it is likely that they still have areas with which they struggle after seven sessions. This session is therapists' opportunity to review those processes, and refine skills in which clients are weaker.

Useful tool: ACT ADVISOR.

Plan for Behavioral Change

As therapy comes to an end, therapists should begin to plan for long-term behavioral change with their clients. The emphasis at this point is committing to effective and meaningful behaviors, using the skills clients have been practicing. It is helpful to elicit suggestions from clients, so they are able to work through behavioral change plans independently. The following sessions will give clients space to modify these plans with the therapist's support. It is more important for clients to experience empowerment from the planning process than to devise "perfect" strategies. Ultimately, the goal of the therapy is for clients to live according to their values and clients have to be the ones who figure out what that looks like.

SESSIONS 9 & 10: REVIEW OF PROCESSES/RELAPSE PREVENTION

Review	Review any processes that still need attention
	Discuss future behavior and address relapse
Homework	<i>Identify 2-3 specific behavioral commitments that are challenging for the client. These may include exposure exercises.</i>

Review

These final two sessions are difficult to describe in a protocol. The purpose of these sessions is to address any areas where the client still needs training/practice (“bolster sessions”). The skills used throughout the course of therapy and assessment skills used at the beginning of treatment and at the beginning of each session comprise the content of these sessions. Each session will begin with assessment to determine where the client is at on each ACT process. After determining the areas that need the most work, additional exercises, metaphors, and in-session practice (e.g., discarding an item brought from home) can be used. The client’s progress will determine the focus of these sessions. Homework for Session 9 will continue the pattern used throughout treatment (i.e., setting new goals and working on specific processes of interest).

Future Behavior and Relapse

The end of Session 10 is devoted to discussing any future barriers to success. Within this discussion, let clients know they may return to unhelpful patterns and begin to use the control agenda again – this is common. Based on the specific concerns of the client, the therapist can recommend continued behavior tracking, daily mindfulness practice, weekly values clarification, and checking on the consistency of values-driven behaviors. Help clients find ways to catch themselves when they begin to fall into old patterns, and devise strategies to get them back to where they want to be instead of relapsing completely. The therapist can make recommendations for self-help books, such as *Get Out of Your Mind and into Your Life*. This can be used as a reference to refresh clients on therapy practices.