

Episode 59 - Dr. Gail Steketee: Too Much Stuff: Understanding and Treating Compulsive Hoarding

[00:00:08] Welcome to LIVING PROOF. The podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. The University at Buffalo School of Social Work is making a difference every day through the generation and transmission of knowledge. Promotion of social justice and service to humanity. We offer MSW and PHD programs continuing education programs and credits online courses licensor exam preparation professional seminars and certificates and much much more. To learn more about the UB School of Social Work please visit www.socialwork.buffalo.edu. This is Adjoa Robinson I attach meaning to things that don't need it. This is a quote by Irene one of the clients profiled in the book *stuff compulsive hoarding and the meaning of things* coauthored by today's guest Dr Gail Steketee. Keeping those I needed things to the extent that it causes excessive clutter is one of the symptoms of compulsive hoarding. Irene is not alone in her difficulty discarding I needed things as many as 15 million Americans mix less hoarding tendencies hoarding can lead to negative physical and social outcomes including illness and death social isolation and broken relationships. Although most of us have only recently been exposed to this serious issue a hoarding through popular television shows like *Buried Alive* and hoarding Dr. Gail Steketee has worked with hoarders for the last 15 years seeking to understand the psycho pathology of compulsive hoarding symptoms.

[00:02:07] Dr. Steketee is a professor and dean of the School of Social Work at Boston University. In addition to compulsive hoarding Dr. Steketee research in practice includes the cognitive aspects of a sense of compulsive disorder cognitive and behavioral treatments for OCD and compulsive and OCD spectrum conditions such as body dysmorphic disorder. Dr. Steketee spoke with Kathryn Kendall assistant dean for admissions and recruitment at the University at Buffalo School of Social Work by telephone. Dr. Steketee I just want to thank you first for spending some time with us today and was hoping that maybe you would get us started by talking a little bit about your most recent book. Thank you very much. I'm glad to be here and happy to speak about that as well. Dr. Randy Frost and I have written *stuff compulsive hoarding and the meaning of things* published by Houghton Mifflin Harcourt. And we're very pleased to have that book come out this year as a book that we intended for the broad public to better understand the problems of hoarding as we present them in a series of cases with different features that illustrate different facets of this pretty complicated problem. That sounds very exciting when again do you think it will be published or come out. Oh it has come out as of April so we've received a lot of you know very helpful publicity about it and very good feedback about it. We hope it's enjoyable to readers. That sounds very exciting. Can you tell us a little bit about how you got interested first in researching and hoarding behaviors.

[00:03:49] My interest comes through my own research on obsessive compulsive disorder which I have done for some years now a couple of decades and also through Randy Frost my close research colleague who began working with a group of students in one of his seminars who wanted to do small side project on hoarding and when they put a notice in the local newspaper this was out at Smith College. They found a large number more than a hundred people responded to a little ad about packrat. And that began a series of small research studies and some clinical investigations of what it was like for somebody who had a serious hoarding problem. So gradually as Randy got more and more into it he pulled me over into more serious research on this problem. So that's pretty much how we got interested. So for some of the listeners who may not be well versed and perhaps diagnostic criteria or what hoarding behavior really looks like could you go into a little bit more detail about how one would identify them gladly. The main feature of hoarding is difficulty

discarding people cannot get rid of things that they have. Even when most other people would consider them or a very limited value. Sometimes it's even trash items that they can't get rid of. So difficulty discarding inevitably leads to clutter and that is a hallmark feature of hoarding is excessive clutter in the home that interferes with a person's ability to use the space in appropriate ways. So when you can't sit on the furniture or you can't use the table the dining room or the kitchen table or you can't cook on the stove. These become interfering problems. There's one more feature of it and that is the excessive acquiring that people do.

[00:05:45] They pick up things that are for free or they shop at various places that they are fond of or they stopped by tag sales. They even simply collect but never get rid of the mail that comes in the door every day. So the acquiring and the difficulty discarding combined means that the clutter climbs at great proportions and creates a serious problem. So I imagine that you frequently are asked What is the tipping point or what is the difference between someone's collection or collecting and hoarding behavior. Yes and it's a good question because sometimes collecting can slide over into hoarding. But for the most part collecting represents a person's individual interest usually in a selected group of objects one for example could decide to collect bottle caps and if you did that you would be someone who wanted to find all the different bottle caps that represented let's say year in which they were produced each a little different from the other before it represented a wide range of the number of bottle caps that were put out at that time. And so on and so forth. So you seek the unique features of each item and you display your collection so that other people could see it. So you might have a wonderful piece of furniture with fine little drawers in it and which you put all your bottle caps in so you could pull it out and people could look at it. That's a collection and many of us have many collections of different things but for example the woman in the book that I just mentioned stuff one woman comes up to Randy and shows him this wonderful huge trash bag full of bottle caps but she's very very proud of.

[00:07:30] Now it's one of many trash bags of things in her home that are cluttering the space and she's proud of the bottle caps in the same way that a collector is. But there is absolutely no way that you could display these items that people could appreciate them and in addition she hasn't spent any time distinguishing among the caps to find the unique features of them so it's just a big pile of bottlecap that she happens to have collected by the side of the road. Then some of your recent articles you talk about emotional intelligence you talk about a variety of things in regards to how someone perceives these. That's kind of what you're talking about now is moving away from what most of us who might have collections are able to organize and understand and place value and structure within that collection. I think you've said a couple of key words organized and value. So collections are typically valued by other people as well and you see that for example when collections of various sorts of things like stamps or it might even be jewelry or any number of items are auctioned off and they will draw a reasonable price. And the better the collection is that is the more broad based it is and the more representative of the object being collected than the more valuable it is. So that's different than someone with a hoarding problem who isn't able to make those distinctions. Who doesn't really distinguish something of high value to other people. That would separate those items out and they're not able to organize them effectively so that they can be displayed.

[00:09:07] In fact they usually have so many things that you couldn't possibly display much of anything in their homes. I have had a personal opportunity to be in a household that would qualify as the collecting area of someone who is hoarding behavior and I noticed differences between general clutter the quantity. Building up General clutter and then almost an organized clutter. Is there such a thing as organizing the excessive acquiring of things. Well I have seen a few situations I'll say they're not common but a few where a number of the things are organized least they were initially organized there is out and about. One of the films on hoarding and I'm going to space on the name apologize for it and it is represented by a young man who is collecting a wide variety of

things including musical venues and various types CDs and things about music and so forth as well as other things. Statues and whatnot. He has a huge amount of this stuff in his apartment and he's actually managed to organize it in such a way that it's strung over his head in somewhat complicated fashion. The problem is he lives in California on the fault line. So what is over his head could easily kill him. And this is one of the problems situations and then as he walks around and shows his apartment what you realize is that you can't really do anything without moving everything in front of the place that you want to get to. So you can't easily get into the kitchen and open the refrigerator without moving several things inside. He recognizes that it's gotten out of hand. You know we hear also about people who collect or carry this behavior over to animals in their household.

[00:10:55] Can you speak to that a little bit. Yes. And we don't really know the extent to which animal hoarding and hoarding of objects is related. At this point we're simply not sure and we initially found that a number of the homes with animal hoarding in them and these are identified usually through legal channels because they come to the attention of the authorities. The local SPCA for example then as we were trying to do our research on those. We would go into the home of those who gave us permission and often we would find a fair amount of excessive numbers of items objects lying around. But mostly what we find is that there's a fair amount of squalid conditions in these homes because the animals have been allowed the run of the home. So animal collecting is the acquiring of a substantial number of animals that overwhelms the caregiving capacity of the owner. So this would distinguish someone for example from a breeder where the animals are kept in appropriate environments. They have access outside play where they are taken for a walk where they're fed properly and where they get good veterinary care whereas animals and a hoarding home often have begun as small numbers and then have gradually taken over the space. Sometimes interbreed and it's out of the control of the person who has gotten the original animals. Sometimes a person is affiliated with a local animal shelter and is taking animals home in order to prevent them from being euthanized.

[00:12:38] But gradually the animal population builds over time to the point where the person can no longer provide proper care and they then begin to cause damage to the home often to the point where the home has to be condemned afterward. What would you say the prevalence in the general population either are continuing on the topic of animal hoarding or back to hoarding of other excessive as you say stuff. Unfortunately we do not know the extent to which animal hoarding occurs. We only have case reports that come to the legal authorities and no one that I'm aware of has yet tried to put a number on this that is useful. There are obviously cases that are out there that are not yet known to the authorities. So it's very difficult to detect this. We do however know that hoarding of objects is remarkably prevalent. It is somewhere between 2 and 5 percent of the population. So to give you a flavor of this if it were 2 percent then we're talking about one in every 50 persons. If it's 5 percent we're talking about one in every 20 people which is really quite prevalent. What I will say we suspect that the true number is probably in the 4 percent range. This comes from about 4-5 studies that have been done so far are these studies primarily in the United States couple of them are there's one from the U.K. there's another in Germany. So we're getting information largely from Western cultures at this point. We don't know very much at all about the prevalence of hoarding in other cultures where there is not as much consumerism or commercialism saleable in those prevalence studies.

[00:14:28] Any additional insights into what might make someone more vulnerable or any particular groups or people who are may be more likely to go down that path. Well what we know from studying people who have hoarding problems is that they tend to be a little bit lower on the socioeconomic spectrum although we certainly know the full range of people all the way from those who are rather poor to those who are quite rich. So we know that it's not a respecter of that aspect. We know people who are well-educated and people who are not well educated we do find a fairly

high percentage of people who have significant health problems and so hoarding does seem to be associated with health difficulties and lower socioeconomic status. But that's about all we know. There are some other features for example that I can tell you a little bit about. One is that most of the people who come to us wanting treatment for hoarding are women and so that's probably up in the 75 80 percent range. But when you do the epidemiological studies going door to door calling randomly to the population the bulk of people with a hoarding problem are men. So you know that's an interesting differential there it means that there are a number of men out there who are not seeking help compared to the women with the problem. Of course the number of help seekers altogether is probably relatively low compared to the number who actually have a serious problem. And is it your experience that individuals who take the steps to seek out assistance are doing it as the primary goal or are there perhaps being pressured into needing to do something about the condition of their home because of a housing issue or condemning of the housing situation.

[00:16:19] I would say that the largest portion of people who have hoarding come to our attention for non voluntary reasons. And that's the kind of hoarding and housing situation that you're describing for example where a landlord is having a problem with a tenant housing inspector has come in and discovered that they're in violation of the lease and some work needs to be done and so they're under great pressure. Sometimes we actually get very frequent calls from family members who are very concerned about an elderly parent for example or a brother or sister or a spouse who has a significant hoarding problem that is affecting those living in the home as well as themselves. And so both of those groups are under pressure from the outside. I would say that the majority of people even those who find themselves who have a hoarding problem and seek our help or the help of the several colleagues I have around the country are still somewhat ambivalent about whether they really want to fix this problem because they are so very attached to their stuff and they don't want to lose it. So it makes sense that ambivalence that they have. How do you see that influence prognosis in regards to changing behaviors. Well I do think let me distinguish people who actually make the call to us are certainly already more motivated than a large portion of people who are out there whom we could simply call on voluntary clients. The problem has been identified by someone else. They're pretty much resistant. And of course the more the authorities push them the more resistant they become.

[00:17:59] So that's something that we try to help train our human service professional colleagues about this not get on the wrong side of that balancing act of awareness of a problem and motivation to seek help for it. But in any case most of the people who do seek our help are likely to benefit if they're willing to commit themselves to a significant portion of time working on the problem. And for us that's probably going to mean at least close to a year sometimes more. Can you speak a little bit to the the tools that one might have available for assessment and kind of directing treatment. Sure we use several assessment instruments to help us just measure the severity of the problem. And one of the simplest that we enjoy using and people find helpful is the clutter image rating. It's a series of nine photographs in sequential order of the amount of clutter for each of three rooms in the home. So we have nine photographs of a kitchen a living room and of a bedroom. And it's pretty easy to see just how much clutter there is in your home. People can just point to the picture and say well that's about what my room looks like. So that's a very helpful measure of the amount of clutter. We also have some self report measures the saving inventory for example helps us get at the amount of acquiring behaviors and the degree of difficulty discarding the distress that people feel the impairment that they have and so forth. Those are typical instruments that we use. And can you speak a little bit about what treatment is out there right now.

[00:19:43] Let me first say before I get into that that the treatment that we have is based on a model for understanding what is going on for somebody with a hoarding problem. We assume that we're starting with a group of people who have a certain vulnerability to this problem and some of that might come from prior history. For example they may well have lived in a hoarding home because

hoarding does run in families. There is a genetic linkage here. It's not well researched yet at this stage but our geneticist colleagues are confident. So there's that biological element of it. We also have some evidence that the disorganization that we see in people's homes is in fact part of the brain situation. So some aspects of executive functioning don't operate as well as they do in other people. So they are fundamentally disorganized and need special skills to fix that problem. Many probably 20 25 percent have attention deficit difficulties which is again probably mainly biologically based and is reflected in difficulty staying on task for long enough to accomplish the goals that would be reflected in their efforts to try to clean up. It's just a little too scattered to stay with it or it's too overwhelming for them and they quit. So those are major cognitive features that they have that we would want to fix. We also need to understand a little bit about the background history because if there is a family history or if they have been taught things one of the most common personality features that we see is perfectionism and it shows up in a wide variety of ways.

[00:21:26] A simple example is somebody who didn't want to throw out an old battered suitcase because she knew there was a key around somewhere and she just couldn't bear to throw out the suitcase without the key that went with it. Even though she was throwing it out. And so that kind of wanting things to be together and assembled in some holistic way bespeaks a form of perfectionism. And we do see it in other matters of wanting to assemble things in curious ways that reflect the certain kind of order in their own minds. So there are certain features like that and things they've been taught like Waste Not Want Not by fathers. For example I remember a client who had a father who had said that over and over to her and so she could not bear to throw things out in case they might conceivably be useful. A very common reason for saying things those kinds of background factors are affected by other features like people's creativity. What they see objects how they think about their objects their beliefs about things like not wanting to be wasteful because that's morally unacceptable. They want to hang onto things because there might be important information in there that could come back to haunt them if they didn't have it. So there's fear based hoarding there. The Waste Not Want Not is probably more guilt based than anything. So you can start to see the emotions come into play as they hold certain beliefs about hoarding. And some people just love to look at objects they find things beautiful and so they get a kind of a high from looking at and manipulating things that they have. So those lead to certain positive emotions and negative emotions both of which drive hoarding behavior.

[00:23:21] So if you can't get rid of your clutter for example because you feel fearful that you're going to throw out something important or you feel guilty because you're being wasteful or because you would be throwing something out that you truly love. So you'd feel a sort of a grief reaction. Those are all strong motivators for keeping objects. So that's the model on which the hoarding behavior is based and it drives our treatment strategies. We begin. I've mentioned the motivation problem that people are not necessarily referring themselves and so that ambivalence requires an initial work using motivational interviewing techniques. We've drawn those from Miller and Rawle next classic works on that topic and he began the treatment with that and we use motivational interviewing throughout treatment whenever we encounter ambivalent statements or behaviors. So somebody you know might be asked to have done something between sessions and if they don't do it then we immediately launch into some motivational questioning about what happened there and why that might be. We then do skills training. We have to train attentional skills we need to train people's organizing skills because often they don't really know how to put things together in logical ways so that they could find them in the future. Professional Organizers are extremely good at this and often do treat hoarding so organizing skills is a specialization of theirs. We also teach problem solving skills in decision making skills. How do you decide how do you weigh the value of an object and the likelihood that you will want it or needed in the future. We then do a tremendous amount of direct exposure to sorting the thing.

[00:25:10] We will start in an important area of the home that they've identified and asked them for

example to sort the things on their kitchen table and figure out where those objects should go. If the home or clear enough so we'll probably have to do some interim steps to set up some area where we can do the sorting box some things until they're ready to go to their final destination hopefully help the person decide that they can partner with many of the objects sitting in front of them because that is a goal and if they're going to get rid of things they'll need to sort them into simple trash which again they need to make decisions about what is and is not trash into recycle what would be appropriate and what are the rules from that. And sometimes they want to give away or donate things and we have to be a little careful because they tend to want to put everything into that pile. But many things are inappropriate for that. So again decision making training is part of that sorting process. And of course the actual getting rid of the items. It's one thing to put it in a box says trash. It's quite another to take it out to the curb and actually watch the trash truck pick it up. So we try to help people through that process because there is a lot of emotional side effects to that the grief reaction and the fear that goes with it is quite strong and people need assistance getting through that.

[00:26:36] We also do exposures to situations where people acquire things so if there for example accustomed to going out on trash day and looking around to see what people have put out and collected bunch of stuff we would arrange for ourselves or somebody who's assisting them a coach or a person to go out with them and not collect. It's a little bit like helping a person who's got a drinking problem and is now gaining control over it to walk by the bar and not going to the bar will also go to shops with them that our favorite stores or things of that nature to again help them learn. Just a powerful urge to collect. So that's pretty much that treatment program and the skill that they build as they begin to sort and make decisions. Increases in speed but initially is very very slow. It's frustrating for family members all say that but gradually they gain more confidence in what they can do and they can do it more quickly for a home that's very full. Of course it just simply takes longer and it really seems that that's a treatment model that requires practitioners in helpers to really think out of the box that this is not something that can be treated in somebody's office. That's correct. We can do a fair amount of treatment in the office as long as we do some home visits and especially if we are able to identify someone who can spend time in the home with them. Sometimes that person is helping them do it but oftentimes they're just sitting around being sort of a useful person so they can be knitting in a corner and sometimes it helps keep us distracted person on task just because that's why they're there to be a facilitator in the process.

[00:28:24] We can do some work in the office if they for example We usually recommend early and treatment that they sweep book corner of the kitchen table off into a box and bring it in to the office and then we sort through those and let talk their way through how they think about these things so they can hear themselves. We can understand what the beliefs are that are tying them to these objects. What the emotional reactions are and what the history is because the history almost always comes out in the course of these conversations and then as we do that we can guide them to begin to consider alternative ways of looking at the situation or the object we can help them compare objects and get better at distinguishing higher value and lower value higher need and lower need for example so we can do a fair amount of work in the office but not if there's no one in the home. It's unlikely that they can make much progress if there's nobody at all at home. I want to ask you about some of the television shows that seem to be coming out now seemingly for our entertainment that highlight some of the struggles and hoarding behavior. Have you had a chance to watch those or have any comments about them. I've seen a few. And I certainly know of them. They have certainly garnered public interest. I think it's wide viewing audience buried alive I think is one of them the hoarding show on A & E and so forth. And there have been a number of single shows on hoarding as well. Oprah has had some of these and not the shows that are on the featured shows on hoarding that go from week to week about this.

[00:30:07] I think initially posed a bit more of a problem than they have been lately although there are a couple of caveats. I would give their good in so far as they're educating the public that this is a

serious problem indeed. Hoarding is a serious problem and it can be a deadly one as people die in fires and avalanches that occur in their homes especially when people are older and less mobile. But at the same time they're pretty much displaying the far end of the spectrum. So you don't see the more moderate level problem where we would love to have people get help early in the process rather than wait until it's quite severe as we often see on the TV shows they've become a little bit less sensationalizing in the past I would say few months and some of the shows are providing direct treatment that follows the show. They seem a little bit less interested these days in doing a simple clean out which was the focus of early shows and can it can be quite catastrophic for people. The only way I can get this one across is by saying well you know just imagine that burglars came into your home and cleaned it out without your permission. How would you feel and even if you'd given permission how would you feel. So that's how they feel. And it is no solution to a hoarding problem because it does nothing to train skills or to moderate emotional state or change the beliefs that they have about these objects.

[00:31:44] So in that regard to the extent that the public gets the misimpression that this can be quickly treated that's a shame because it really cannot be quickly treated it can be effectively treated. I think with proper attention for the problems that are inherent in hoarding and you mentioned a couple of times now the concern for the sheer quantity of these acquisitions posing an imminent physical danger. Gentleman who lives in California. And an earthquake could bury him under his own things what information or what knowledge or what advice would you give a practitioner or let's say a case manager or someone who might be going into the home to do an onsite assessment. Obviously with the client's permission. Any thoughts about first responders or safety of others in the home. Yes and I'm going to mention a couple of resources here because I think they're useful. One of them is the OC Foundation Web site. There is an international OCD Foundation and the website is W WW dot OC foundation dot org that has a virtual hoarding center on it and in there is a variety wide variety of material about hoarding some of which addresses some of the first responder and the safety issues. A number of it addresses family issues because sometimes family members walk in on these scenes as well. And in addition to that Oxford will be putting out next year a book by a close colleague of mine Cristiana Broady Otis on hoarding and Human Services. And so that also it will have specific chapters about first responders about people in housing about people in public health and so forth. Responding to hoarding problems. So let me just say a little bit about that.

[00:33:36] What are the major issues that can help keep a person who is not a voluntary client Calmer is when the first responder focuses solely on the things that are most dangerous. And so if that becomes the main source of what they talk to horder about and they also offer ways of helping the person solve that safety problem then they will have gotten the foot in the door that will likely lead this person to further treatment down the road. Following the immediate repair of the health or safety problem. So you're looking for things that are blocking exits for example because emergency personnel can't get into a home and some people die in this fashion they simply couldn't get in in time to save the person who was having a heart attack. The firemen can't get in to put out a fire under those conditions. They look for things that are about to cause could cause damage by fire because they're close to heat source next to the stove is a pile of papers and the stove is a gas stove. That's obviously a dangerous situation. So if they work first on those then and of course housing inspectors have these at their fingertips. They're very well aware of these health and safety issues that will be a great first step on the problem. The other cautionary note I have for first responders is not to say out loud at the oh my god how can you live like this statement. It's the first thing that comes out of almost everybody's mouth and it's maybe the shows the TV shows will help them not do that because they've seen it before. If only on TV but it's very important not to offend the person in this way.

[00:35:31] If you're ever going to gain their trust and help them get out of this mess. You know I

would say that walking into an environment where you felt instantly overwhelmed that there's probably quite a bit of an impulse to do something like that so that's good to have that mindful awareness. Parents are right to resist. Yes it is. Just make a quick comment about family members because family members have it almost exactly the same tendency. And on top of that they feel guilty because they feel like they should have known and they should have done something or should be able to help. And they often feel powerless. So there's a wonderful resource for them in a book called digging out by Michael Tompkins T.O MP Thompkins and Tammar hartal that is designed specifically for family members and guides them through the do's and don'ts of how to be helpful to someone who's not really willing to consider mental health treatment but might very well be willing to consider at least some alternatives before you can get them into more serious help. And again it revolves strictly around the health and safety issues. So you've given us quite a few resources actually today. The Tompkins spoke digging out and the OCD Foundation though sea foundation work. And of course your most recent book stuff compulsive hoarding and the meaning of things. I'm really interested in you know going through the DSM 4 and where where this lives diagnostic. It's a very interesting question and it's a very hot topic right now.

[00:37:14] So the DSM has a subcommittee on OC spectrum conditions and that subcommittee has allowed my colleagues and I several of us to present to them a set of criteria for hoarding along the lines that I mentioned at the outset of our conversation. They have now put those in draft format and they are testing those criteria in a variety of research and clinical settings around the country and I believe around the world to make sure that they are holding together properly that they're easy to use by mental health clinicians and so forth. So I believe that probably with the next DSM 5 we are likely to see hoarding come out as possibly a separate diagnosis in its own right living in the Ossi spectrum conditions. It's conceivable that they'll decide that they're not quite ready to do that yet. Although I think that the evidence points pretty strongly in that direction. We do know that it does not live under OCD. It is not an obsessive compulsive problem. There are many differences between hoarding and OCD that make it a relatively poor fit for that category. I have always thought that perhaps that that was going to be the case. So it's very interesting to hear what's what's happening in the research right now. A couple of the differences there there's some biological differences. For example the genetic linkages in hoarding are different from the genetic linkages in OCD. The brain scan patterns are different in these two populations and there's relatively little overlap. Most people with an OCD problem have another form of obsession.

[00:39:01] So if you have contamination fears you're also likely to have some checking rituals or perhaps some repeating or other types of obsessive things people with hoarding don't typically show that about 17 percent of them will have some form of OCD symptoms but that's not a particularly high percentage for what you'd expect if it was OCD per se. Is there any other parting words that you could leave us with today. Well I will direct mental health professionals to our Oxford books that our treatment guides for hoarding. We have a guide for the clinician and a workbook for clients that should be helpful in helping people understand the model for how to develop a way of thinking about a particular person with hoarding problem understand their problem and how to treat it. And another favorite book of ours which is buried in treasures and that's the self-help version of the book which again outlines the same model and self-help treatment strategies. We suspect that by itself it won't help people with serious hoarding problems but it may very well be useful to people with more moderate symptoms. I certainly encourage people who have hoarding to stick to it to work hard at it because it does take a lot of time and effort to do. And for family members and friends to do the same that slowly but surely they can hopefully help someone with a hoarding problem find the appropriate care that will really relieve them of the symptoms and certainly keep them out of danger. Well thank you so much Dr. Steketee. And I have to say this has been very exciting for me to hear some of the new research in the area and your work. You're most welcome. I appreciate it. You've been listening to Dr. Gail Steketee Professor Endean as a school of social work at Boston University. Compulsive hoarding behavior.

[00:40:59] Thanks for listening and joining us again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smith Professor and Dean at the University of Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what you do. We invite you to visit our website at www.socialwork.buffalo.edu. At UB we are living proof that social effects difference in people's lives.