Frontline Reports

A Workshop to Engage Community Stakeholders to Deliver Evidence-Based Treatment for Hoarding Disorder: A Pilot Study

Hoarding disorder (HD) is a common and disabling condition that affects 2%−5% of the U.S. population. HD is characterized by difficulty parting with possessions, resulting in accumulation of objects that clutter living or work spaces and compromise their intended use. Excessive clutter can create fire hazards and pest infestations. Public health and allied first responders (fire and police departments; social service agencies) often first learn of a case when HD impinges on the safety of the individual or the public. First responders are often eager to understand HD's characteristics and treatments. This report discusses a pilot initiative to test the feasibility and efficacy of a workshop for community stakeholders to deliver cost-effective, evidence-based treatment for individuals with HD.

We began by engaging local community partners in San Mateo and Santa Clara counties in California to assess the needs of first responders and individuals with HD. Particularly salient was the lack of providers trained in low-cost, evidence-based treatments. Together, we envisioned engaging and empowering community stakeholders to provide treatment locally to improve access to care. Research has shown that using a free, manualized workbook-based group therapy approach (the Buried in Treasures [BIT] workshop) led by peers was as effective as psychologist-led cognitive-behavioral group therapy in reducing symptoms. We piloted a workshop for community members to teach them how to lead a BIT workshop. Our primary outcomes were feasibility and efficacy (assessed by workshop enrollment, knowledge of HD before and after the workshop, and satisfaction) and engagement (measured by percentage of individuals interested in volunteering to lead a BIT group).

This workshop was available to all individuals with an interest in learning to facilitate and manage BIT workshops within Santa Clara and San Mateo counties. We recruited community members through targeted online advertising. Health care and community professionals as well as individuals with clutter responded and attended the event on March 25, 2016. This one-day multimedia educational workshop included experiential hands-on activities, lecture-based didactics, a prerecorded lecture from a peer facilitator, and a question-and-answer session with an individual with HD. The participants answered questionnaires that assessed demographic characteristics, knowledge of the subject matter before and after the workshop, participant satisfaction, and interest in leading BIT groups.

All 20 available workshop spaces were reserved within 48 hours of our first advertising effort, and the event had a waiting list of 32 people. Seventeen individuals (N=17) completed the workshop: six allied health professionals, two community professionals who see effects of clutter, three family members or friends of someone who suffers from clutter, five individuals struggling with clutter, and one postdoctoral fellow. Comparing correct answers on the questionnaire before and after the workshop showed that participants' knowledge of the subject matter improved by 29% (N=17). Individuals were satisfied or very satisfied with the sessions, length, and instructors (N=14); in addition, they reported a moderate, lot, or great deal of improvement when asked if the workshop improved their skills. The percentage of individuals willing to run a group improved from one of 17 (6%) to 10 of 17 participants (59%). Of the 10 individuals expressing interest in running a group, four were struggling with clutter and six were health or community professionals.

After the workshop, the 10 interested participants were invited to be facilitators in an active research study within our research group. Of the 10, two community professionals (a human rights professional and a social worker) volunteered to facilitate, receiving additional study-specific training. One of them led a BIT group, and the other provided in-home decluttering coaching sessions. In addition, one of the participants who was struggling with clutter sought treatment and participated in the BIT group offered by our research team. The other seven individuals who initially expressed an interest did not start a group in their communities for varied reasons, including not having time for a nonreimbursed activity.

Our pilot study demonstrated the feasibility of an educational workshop through high enrollment, improvement in knowledge gained, and participant satisfaction. Feedback at the end of the workshop indicated improved engagement. These results, coupled with the event's low cost ($40 per participant), show that an educational community workshop to deliver evidence-based care is a feasible and cost-effective strategy to engage stakeholders. At the same time, we saw the challenge of translating this engagement to action (that is, volunteering and conducting a BIT group) in part due to its being a nonreimbursed activity. Our next step is to collaborate with local government agencies to advocate for education and remuneration for community professionals interested in providing services for HD to improve access to care.

Jordan Wilson, B.S.
Erik Wilkerson, M.S.
Maria Filippou-Frye, M.D., M.B.S.
Carolyn I. Rodriguez, M.D., Ph.D.

The authors are with the Translational Therapeutics Lab, Department of Psychiatry and Behavioral Services, Stanford University, Stanford, California, where Dr. Rodriguez is director of the Hoarding Disorders Research Program and Lab. Send correspondence to Dr. Rodriguez (e-mail: carolynrodriguez@stanford.edu).

Psychiatric Services 2017; 68:1325–1326; doi: 10.1176/appi.ps.69102

The SWEET Life: Improving Treatment Engagement and Emotional Wellness in Diverse Clinical Populations

The increasing diversity of the U.S. population poses a challenge for mental health clinicians. Culture affects nearly every aspect of psychiatric service engagement due to its profound influence on illness beliefs, treatment-seeking behavior, and stigma. Disparities in both psychiatric service utilization and outcomes therefore continue to disproportionately affect individuals who are not in the dominant Caucasian, English-speaking, native-born group.

We have seen cultural issues arise repeatedly among students from China, South Korea, and India, who are heavily recruited to study at U.S. universities and private secondary schools. The emotional distress and stigma toward mental illness that many of these students encounter during their education can bewilder providers who often feel underequipped to effectively manage these problems cross-culturally. Similar challenges affect U.S.-born children of Asian immigrants whose families hold negative beliefs about mental illnesses.

Addressing this difficult combination of stigma, low mental health literacy, and reluctance to seek treatment requires a skillful, culturally sensitive strategy. The "SWEET Life"— an acronym for Sleep, Wake up on time, Eat healthily, Exercise, and Task engagement—is one approach that patients find helpful for discussing mental health challenges. We have developed this approach over the past three years through clinical experience and found it effective for cross-cultural work. Our model relies on three core principles: grounding in psychiatric and neuroscientific research, avoiding stigmatizing language in favor of culturally relatable concepts, and focusing on outcomes that matter to patients. We are developing SWEET Life into a manualized eight-session intervention, but it can be used as a general conceptual framework for improving treatment engagement and addressing stigma in diverse populations.

At the heart of SWEET Life is the concept of stress, which is acceptable across most cultures. The idea that chronically high levels of stress exert negative effects on general health and mental health is intuitive and can be used as a bridge to explain the emergence of a wide array of symptoms. Once stress has been established as an important mediator, the clinician can introduce the stress-diathesis model of mental disorders, in which an underlying genetic predisposition interacts with environmental factors, thus triggering illness. Most patients are comfortable acknowledging stress in their own lives, and many are relieved to know that this phenomenon has been well studied. Some benefit from analogies to less-stigmatized medical conditions, such as diabetes or cancer, that also result from a combination of genetic and environmental factors.

Next, we introduce the Yerkes-Dodson Law, which describes an "inverted U" relationship between the degree of stress and challenge faced by an individual and his or her performance, health, and happiness. Patients learn that not all stress is bad; that some stress can trigger growth at the physical, psychological, and even neuroanatomical levels; and that too much stress can become harmful rather than helpful and can lead to adverse health effects.

We then introduce specific components of SWEET Life. These are all core concepts from empirically validated treatments, such as cognitive-behavioral therapy, but are packaged in an accessible and nonstigmatizing way. We introduce evidence to support each element of SWEET Life—that exercise can promote hippocampal neurogenesis, for example. For patients with more severe symptoms or diagnosable mental illness, the model can be used to explain that medication can help "rescue" the brain when it is severely dysregulated by stress to manage symptoms that interfere with the SWEET Life. The model also has nonclinical application—educators can discuss emotional wellness concepts, and students can monitor their own health status.

Our clinical experience and preliminary data suggest that this approach is both acceptable and effective. For example, during treatment of a 22-year-old Chinese international student who presented with significant anxiety, depression, and suicidal ideation, the student reported that the model was helpful for understanding and keeping track of symptoms as well as providing targets for treatment. Our model also eventually helped convince her to take medications. These changes gradually resulted in greater capacity to discuss other important stressors and family conflicts, and she continues to be clinically and functionally much improved more than two years after beginning treatment.

The SWEET Life is a simple, memorable, and effective tool for cross-cultural communication and treatment engagement. We hope this model will help clinicians and educators in their efforts to promote emotional well-being in diverse populations.

Justin A. Chen, M.D., M.P.H.
Albert Yeung, M.D., Sc.D.
Lusha Liu, M.D., Ph.D.

The authors are with the Massachusetts General Hospital Center for Cross-Cultural Student Emotional Wellness, Boston. Dr. Chen and Dr. Yeung are also with Harvard Medical School, Boston. Dr. Liu is also with the North Point Health and Wellness Center, Minneapolis. Send correspondence to Dr. Chen (e-mail: jchen37@partners.org).

Psychiatric Services 2017; 68:1326; doi: 10.1176/appi.ps.69103