Massachusetts Hoarding Resource Network

Building More Effective, Coordinated Models of Care:

System Strengths, Gaps, and Opportunities to Promote Housing Stability

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MA HOARDING RESOURCE NETWORK

The mission of the MA Hoarding Resource Network (MHRN) is to reduce stigma and strengthen capacity to deliver effective support to people with hoarding conditions across the state.

Building on the work of the MA Statewide Hoarding Taskforce, MHRN leads advocacy, technical assistance, and public education to develop hoarding support and expand homelessness prevention for older adults in diverse communities across the Commonwealth.

Learn more about MHRN here:

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— Massachusetts —
COMMUNITY HEALTH AND HEALTHY AGING FUNDS

MHRN COMMUNITY PARTNERS

MHRN is grateful for the many individuals and groups that shared their lived and professional knowledge including:

MA Executive Office of Aging & Independence
NE Recovery Learning Community
MA Aging Access
MA Councils on Aging
Mass Housing
Wayfinders
Western MA HD Resource Network

Key Informant interviews:
3 Anonymous peer interviews, Becca Belofsky, CPS; Betsey Crimmins, Esq ED MA Aging Access; Peninna Delinois-Zephir; David Eng, Ruth Harel Garvey, LICSW Bay Cove Tenancy Preservation Program; Deb James, OT, OTD, MBA, ORT; Terry Kourtz, LICSW; Protective Services Director; Jordana Murdoff, PhD; Renee LaPlume, CPS; Tracey Scatterday, LICSW; Lloyd Smith, Cambridge resident; LICSW; Kathleen Turner, LICSW; Hayley Wood, Director of Outreach and Education, MA Councils on Aging

PURPOSE, METHODOLOGY& OVERVIEW

PURPOSE

The purpose of this landscape analysis is to **identify system gaps, strengths, best practices, and opportunities that support people with hoarding conditions at risk of homelessness** across Massachusetts. The analysis will specifically focus on older adults, who are disproportionately affected by hoarding with an emphasis on community-driven solutions to promote housing stabilization and healthy community living for people with hoarding conditions.

METHODOLOGY

This landscape analysis was based on findings from the following sources:

- 5 Focus Groups
- Key Informant Interviews
- Online Survey
- Conference and Meeting Presentations
- And key source documents, including:
  - The Consequences of Clutter
  - *Buried in Treasures (*Tolin, Frost, & Steketee 2014)
  - *Effective Hoarding Intervention: Using a Case Management Model for Reducing Clutter and Changing Behavior* (Vetter, 2015)

OVERVIEW

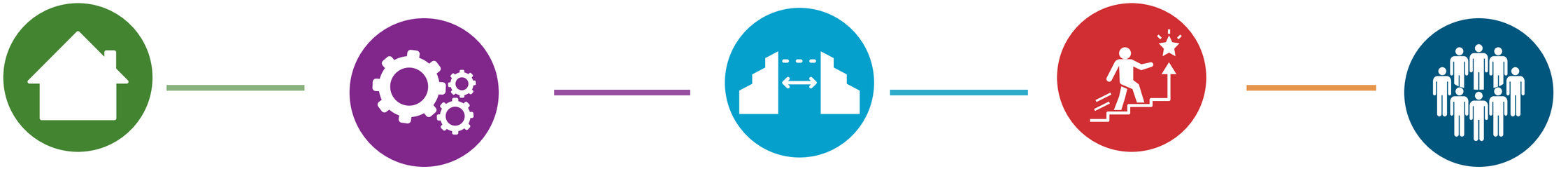
Background

Service System Overview & Best Practices

System Gaps

Recommendations

Community Spotlights



BACKGROUND

UNDERSTANDING HOARDING

Key Features

- Emotional attachment to possessions regardless of value
- Characterized by difficulties with executive functioning and decision-making
- Results in overcrowded living conditions, social isolation, and health risks (e.g., fire hazards, fall risks, sanitation issues)

"The need for hoarding is coming from a very deep primal level, a sense of threat to my survival." Lloyd S

“As we age, we lose a lot of things- people, memories, health. My stuff is like a second operating system. When I touch an object, a cascade of memories come back. It’s a portal to another time, a reminder that I am still that person I was.” -Renee LaPlume, CPS

"If we want to heal people we have to heal the way we see them we have to see them wholly, and recognize they have worth and tell them." Renee LaPlume, CPS

HD Diagnosis History and Language

- Hoarding (HD) was recognized as a distinct condition in the DSM V (2013)
- Prior to this, HD was defined as a subtype of OCD. However, research has established that HD has different treatment implications and many people with HD do not have OCD.
- This recognition has resulted in better treatments, opportunities, and increased awareness.
- Many people with lived experience report that being called "a hoarder" causes shame and that stigma is a barrier to seeking and accepting support.
- For the purposes of this scan, we will use "HD" a term used by peer and academic leaders

"Deficits in executive functions such as planning, categorization, organization, and attention leave [people with HD] lost amid a sea of things, unable to figure out what to do next" Randy Frost PhD"

PREVALENCE

Affects 2-6% of the population

(Tolin et al., 2015)

Symptoms develop in adolescence/early adulthood

(Steketee & Frost 2003)

Occurs across racial and ethnic groups, with risk of homelessness elevated for people facing cultural and linguistic barriers to care

(Frost et al., 2020)

Severity increases with age

(Ayers eta al,. 2010)

Studies show higher rates (1 in 5) among people who are unhoused

(Greig A, Tolin D, Tsai J. 2020)

CO-OCCURING CONDITIONS

- Depression = 50-70%
- Anxiety = 60-80%
- ADD/ADHD = 30%
- OCD = 18-25%
- PTSD = 25%

Dozier et al., 2020

"We are all very different and have different comorbidities- depression, family history, ADHD, anxiety…[My advice is to] research and learn about your struggles and the best therapies. For me, this included EMDR for PTSD and executive functioning coaching for ADHD."

-Anonymous

HD, EVICTION & HOMELESSNESS

Eviction Rates and Causes

- Nearly 3.7 million eviction cases in 2022 (Eviction Lab, 2023)
- While the leading cause of eviction is rent nonpayment, property conditions and behavioral issues including HD are also frequent causes

Consequences of Eviction

- Housing instability is associated with increased anxiety, depression, long-term PTSD and risk of suicide (Ortega et al., 2017; Rojas & Stenberg, 2016)
- Once evicted, it can be difficult to secure new housing

"I'm going to be 67 years-old. I'm not in my twenties anymore. I wouldn't survive being homeless again. You [peer support] saved my life."
-Springfield, MA resident

Vulnerable Populations

- **Older adults over 50 are the fastest growing segment of the homeless population**
- Evictions disproportionately affect low-income communities, people with mental health conditions, and people of color

"I was evicted in 1997. I lost everything. When everything is taken from you and you have no control over your life, you learn not to trust people. It can make people lean more on things, feeling that they can have some control over them. If you then go and try to take that away too, what are we left with? People need stability, things that they can rely on, which are predictable, to be able to dream of and take chances on a better life."
-Renee LaPlume, CPS

SERVICE SYSTEM & BEST PRACTICES OVERVIEW

SERVICE SYSTEM

System	Service Sector	Funding Source (General)	Key Function in Hoarding Response
Aging Services Access Points (ASAPs)	Aging & Independence (AGE)	State/Federal, Fundraisers/Grants	BHOAP, Protective Services, Homecare services, A&R
Clinical/Peer Support	Mental Health/Social Work	State/Non-profit, Private (Insurance)	Individual/group counseling, peer support
Councils on Aging (COAs)	AGE/Community	Municipal/State	Community outreach, local resources and referral
First Responders (Police/Fire/EMS)	Emergency Services	Municipal, State/Federal	Crisis intervention, ensuring safety, referrals
Heavy Chore Services	Support Services	State/Non-profit	Deep cleaning/debris removal (often accessed via ASAPS or grants)
Housing Authorities/Providers	Housing	State/Federal	Managing tenancy, setting compliance plans
Inspectional Services (Health/Building)	Municipal Regulation	Municipal, Fines/Fees	Conducting health/safety inspections, issuing correction orders
Legal Services	Legal Aid	Non-profit/State	Advising on tenants' rights, eviction defense
MA Department of Mental Health (DMH)	Mental Health Authority	State (DMH Funding)	Provides access to services and supports for people with serious mental illness
Occupational Therapy (OT)	Clinical/Rehabilitation	Private (Insurance), State/Grants	Assessment of daily living skills, creating strategies for safety and function at home
Personal Organizing	Professional Services	Private	Hands-on coaching, individualized organizational systems, and skills training
Resident Services Coordinators (RSC)	Housing Support	Housing Authorities/Non-profit	On-site support for tenants, social service referral mediation
Tenancy Preservation Program (TPP)	Mental Health/Eviction Prevention	State	Case management to prevent eviction due to disability (including HD).

BEST PRACTICES

Assessment

- The **Clutter Image Rating Scale** (Frost, Steketee, Tolin, & Renaud, 2008) is a tool designed to create a uniform visual scale for people to assess the severity of clutter and track progress. Learn more: https://hoarding.iocdf.org/wp-content/uploads/sites/7/2016/12/Clutter-Image-Rating-3-18-16.pdf

- The **Uniform Inspection Checklist** is a tool that tenants can use in conjunction with code enforcement officials and public health departments use to evaluate home safety. It can provide a way for people facing eviction and helpers to understand what needs to be done to maintain housing. Learn more: https://www.centerforhoardingandcluttering.com/uniform-inspection-checklist-2/

- The **HOMES Multi-Disciplinary Risk Assessment** tool (Bratiotis 2011) is designed to measure risks associated with clutter. Learn more about **H**ealth/**O**bstacles/**M**ental Health/**E**ndangerment/**S**tructure & Safety: https://naihc.net/wp-content/uploads/2021/02/HP2-24-Hoarding-Risk-Assessment.pdf

BEST PRACTICES

Clinical and Peer Support

The **Buried in Treasures (BIT) Workshop** is a 16-week group intervention focusing on skills related to understanding and overcoming challenges related to acquiring, saving, and organizing items. BIT is based on Cognitive Behavioral Therapy and was developed to be facilitated by peers or clinicians.

Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) combines training to improve executive functioning- the ability to plan sort and make decision with exposure to distress caused by discarding objects and not acquiring new ones. Learn more: Ayers Lab

Cognitive Behavioral Therapy for Hoarding involves cognitive therapy to change beliefs about hoarding, skills training in organization and focusing on tasks and practice in discarding and reducing excessive acquisition. Learn more Treatment of HD - Cognitive Behavioral Therapy (CBT) - Hoarding

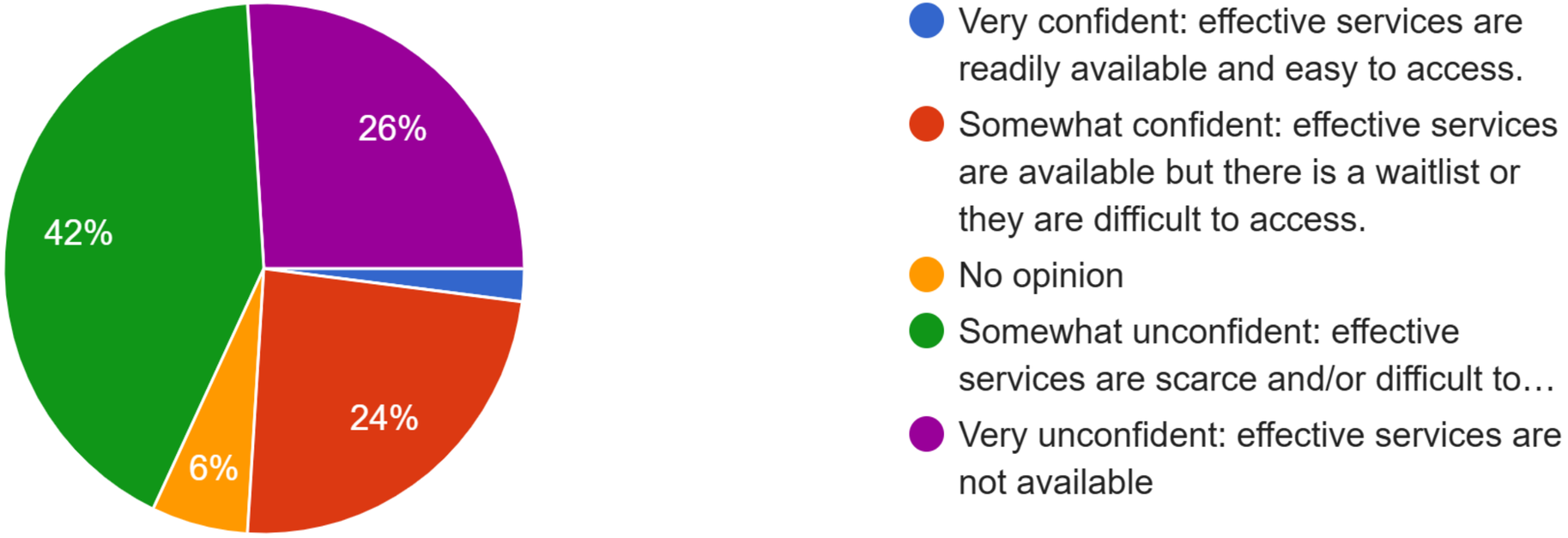
Acceptance and Compassion Therapy for HD focusses on recovery goals based upon personal values and beliefs while addressing distressing emotions that arise during the process of implementing decluttering strategies. Learn more at the San Francisco Center for Compassion Focused Therapies: https://www.sfcompassion.com/

SYSTEM GAPS

SYSTEM GAP OVERVIEW

A survey of 50 MA based providers and people with lived experience found that 68% reported that they were somewhat or very unconfident that their community is equipped to respond effectively to the health and safety needs of people living with clutter.

Question: How confident are you that your community is equipped to respond effectively to the health and safety needs of people living with clutter? By effectively we mean that mental health, physical health, as well as the clutter are addressed.



SYSTEM GAP OVERVIEW

Respondents cited six primary unmet needs:

1. Specialized support
2. Coordinated systems
3. In-home support
4. Earlier intervention and on-going support
5. Community-driven support
6. Access to information

▷ SPECIALIZED SUPPORT

Clinical and Peer Support

- The need for **specialized mental health care** was a top concern for respondents.
- The mental health provider shortage is compounded by very small numbers of clinicians and peer specialists trained in supports for hoarding, i.e. CBT for hoarding, C.R.E.S.T, Buried in Treasures Workshops, and The Oasis Club.
- Providers with expertise express limited ability to provide the intensive support that is needed due to demand and program limits.

"Providers on sites like Psychology Today list hoarding as a condition treated despite any training or background" - Anonymous

"I work for a community mental health outreach program subsidized by DMH. I deliver some CBT-based interventions in the context of OT services, but I don't have the ability to keep people on my caseload long-term (as is very needed)" - Amanda Cantrell, OT

Heavy Chore/Cleaning Support

- Respondents identified the need for cleaning/heavy chore service providers with training in de-cluttering and sensitivity to hoarding conditions
- A shortage of homemaking/heavy chore workers is compounded for people who face access barriers including cost/lack of insurance coverage, cultural/linguistic barriers, and behavioral health conditions.

"We can clear stuff out, but that is a band-aid on a bigger problem. We need mental health support in place, help with the attachment- the past that might be stored in those objects- needs to be dealt with first" - Daniel Hassett, REHS/RS Public Health Trainer, Berkshire-Hampden Public Health Training Hub

"Without training for workers, heavy chore can be high cost with little benefit" - Anonymous

▷ COORDINATED SYSTEMS OF CARE

Respondents identified several **consequences of lack of care system coordination** including:

- Confusion about program eligibility and services
- Difficulty identifying what professionals were involved
- Unsuccessful referrals
- Increased provider frustration and burn out
- Lack of understanding of housing and inspectional services policies
- Challenges in obtaining timely documentation for court-involved individuals
- These challenges are compounded for individuals with co-occurring cognitive conditions like dementia

“It’s everybody’s problem, but it’s nobody’s job.” - Lee Shuer

▷ IN-HOME SUPPORT

Respondents cited the need for clinical support, case management and peer support to be available in the home due to the need for:

- Accurate assessment, which involves seeing the home
- "On the ground" coaching to learn de-cluttering approaches that work for the individual, including emotional support, executive functioning tools and organizational skills
- Physical help with sorting and discarding
- Documentation of progress for court

"When I'm providing in-home support, I discover reasons beyond attachments that people are struggling to manage their possessions. The actions I observe answer questions I wouldn't think to ask."
- Lee Shuer

"Having a 'body double' - someone to do an undesired task alongside you - can be helpful for people like me who have ADHD. I also use music and timers (working in 15-minute increments)."
-Anonymous

EARLIER INTERVENTION & ONGOING SUPPORT

Respondents stated that time constraints on services resulted in risk of homelessness due to issues including:

- The availability of housing stabilization services. Many are not available until people are court involved, and these services are time limited.
- Lack of preventative measures such as clear expectations and resources provided to new tenants.
- The critical need for ongoing support (i.e.. check-ins with peers or clinicians and in-home decluttering maintenance)

"Many home stabilizations services cannot be accessed until people are in crisis, at which point it can be too late. People need housing stabilization support prior to court involvement." - Anonymous

"There needs to be support for relapse prevention, to help with reinforcement of strategies such as 'One in, one out.' " - Anonymous

▷ COMMUNITY-DRIVEN SUPPORT

Culturally and Linguistically Responsive Support

The lack of hoarding programs is compounded for people who face cultural and linguistic barriers to care including:

- Different cultural meanings associated with belongings
- Higher rates of stigma around mental health services and distrust of providers
- Higher rates of shame around poor conditions in the home
- Group models like Buried in Treasures require use of a workbook that is only available in English
- Several respondents cited the need for people to understand how socioeconomic class impacts compulsive acquiring

“People in my community (Haitian-American) believe that problems should be kept in the family. It is shameful to ask for help."

“The majority of my clients were white and came from more affluent neighborhoods. Hoarding is happening everywhere; the referrals just aren’t coming.”

- Peninna Delinois-Zephir
Former co-chair Boston Hoarding Taskforce

"In my family, war, genocide, and childhood poverty have been some factors why people collect. There is always a use for something, and you can never have enough. I think the key is to feel safe and stable, knowing their needs are always met and they won't go without again.“
- Reanna Legere, CPS

"In the Latino culture which I am a part of I have learned that we tend to collect old items, especially items we receive from our children or long-gone family members.“ - Anonymous

▷ COMMUNITY-DRIVEN SUPPORT

Peer-Led Support

Despite demand, support provided by and for people with lived experience is not widely available due to barriers like:

- Not enough collaboration between peer resources, such as Recovery Learning Communities, and aging services providers, such as senior centers
- Lack of integration of peer specialists in the service systems that people with HD encounter such as inspectional services, ASAPs, COAs, housing court
- Need for more peers trained in working with people who experience clutter
- Need for support by and for family members
- Lack of older adult peer specialists, and peer specialists from diverse cultural backgrounds who understand aging and generational and cultural norms

"I think the biggest need is for money to pay for peer specialists and organizations to oversee and support people that have a lot of personal experience. I wish I could be tapped to help. My compassion is super high and I think I could help people." - Renee LaPlume, CPS

ACCESS TO INFORMATION

MHRN receives many requests for resources and information from people with hoarding conditions, family members, landlords and providers reflecting a need for a place to go for clear accessible information.

- People report that that they have a hard time navigating the existing service system and identifying supports that they are eligible for. For example, DMH eligibility, an ASAP can and cannot do, the role of Protective Services, and what is covered by insurance.

- Providers, people with lived experience and family members report that they don't know how to find resources such as mental health supports, and training - both professional and self-help.

- Some resources contain outdated language (i.e. "hoarder“) or are directed solely to a provider audience that can be off-putting for individuals seeking help.

- There is not widespread understanding of legal rights as they pertain to tenants with invisible disabilities such as hoarding conditions. Both tenants and landlords need access to information on their rights and responsibilities.

RECOMMENDATIONS

SPECIALIZED SUPPORT

Provide training in specialized supports including:

- Clinical Training (CBT/CREST/Self Compassion for hoarding) for behavioral health providers
- Sorting and discarding and executive functioning skills including approaches to challenging disorganization training for heavy chore workers
- Trauma informed crisis response, legal rights training, and self-help tools

Promote co-response models including:

- Presence of social workers, peer specialists at housing court
- Clinicians, peer specialists within public health/inspectional services and police departments

Provide technical assistance to agencies including:

- Support for hiring, billing and supervising Older Adult Peer Specialists, Community Health Workers and Clinicians who are trained to provide hoarding support.

"For the person with the clipboard - you are approaching someone who may be having the worst day of their life. How you interact in the first 5 minutes of meeting them could set the tone for the next 30 days of a reasonable accommodation."

- Lee Shuer

IN HOME SUPPORT

- Advocate for increased pay for therapeutic heavy chore/homemaking through an enhanced service model to provide a career ladder and better invest chore service for people with clutter
- Promote training in professional organization and support efforts to create pathway to billing
- Support statewide expansion of Behavioral Health Outreach for Aging Populations (BHOAP)
- Promote internship site partnerships between local universities and agencies i.e. ASAPs, COAs to expose students to careers in aging and increase availability of in home support
- Provide TA to help agencies bill for peer support and provide incentives for agencies to launch COAPS
- Train people with lived experience to volunteer to help one another de-clutter (Oasis Club model)
- Advocate for occupational therapy as billable mental health service for older adults
- Encourage home visits from community organizations such as Recovery Learning Community to address access barriers
- Provide community-sponsored Clutter Amnesty Days.

EARLIER INTERVENTION & ONGOING SUPPORT

- Promote the incorporation of routine questions about home environment, clutter, and safety into assessments across care settings i.e. primary care, homecare, behavioral health, and social services. i.e. 'Do you ever have difficulty moving safely through your home?' or "Do you or someone residing in your home find it hard to let go of items?"
- Assist organizations in developing resource lists, encourage follow up on referrals
- Help housing providers provide clear expectations or household upkeep to all tenants and provide a list of local resources
- Promote “Clutter Amnesty Days” (see community spotlights)
- Advocate for modifications of homecare stabilization program eligibility requirements for tenants experiencing HD so that legal notice is not needed for support; allow housing stabilization funds (typically used for rent arrearage) to be applied to cleaning services; advocate for continued support/check-ins after eviction risk is alleviated
- Advocate for Protective Services payment reform to allow for increased length on on-going service provision for older adults with hoarding conditions who are at risk.

“We need to get the tools to tenants to understand what is required to maintain housing. What is an egress? How do I do this on my own? If the expectations are given to everyone, no one will feel targeted.”
-Anonymous

COORDINATED SYSTEMS OF CARE

- Promote interdepartmental collaboration at all levels including EOHHS (HUD, MassHealth, AGE, DMH)
- Formalize interagency (DMH/AGE) high risk consultation to leverage resources for community stabilization
- Facilitate interagency meetings, trainings and conferences for providers to network, form partnerships, and learn about other agencies strengths and weaknesses
- Facilitate integration of assessment tools such as H.O.M.E.S and the Clutter Image Rating Scale
- Provide examples of interagency consent forms and team meetings to help communities adopt these models
- Support the development of Regional Resource Networks
- Promote support for the helpers to reduce burnout

COMMUNITY DRIVEN SUPPORT

- Conduct outreach to recruit diverse voices of lived experience to serve on local regional response networks, provide stipends to compensate people who attend outside of work
- Elevate diverse voices of lived experience through community forums and peer speakers; use story telling approaches to help reduce stigma and cultural/linguistic barriers to care
- Promote local level collaborations with cultural centers to better understanding how culture impacts experience of HD and develop culturally and linguistically responsive supports
- Work with authors of existing group materials i.e. Buried in Treasures workbook and modify curriculum to meet the needs of diverse populations
- Develop peer led models such as Oasis Club that can be easily modified to meet the needs of community members
- Recruit and train a peer workforce of people with lived experience of hoarding to provide peer support for clutter
- Hire peer specialists in places like housing court, legal services, COAs, and ASAPs
- Promote resources and supports for family members, especially those led by personal experience of living with someone with HD

"The weight of stigma is so hefty and is carried by family members too who are seen as 'part of the problem' Take the burden off the family"
- Becca Belofsky, CPS

"I started [getting support] with Clutterers Anonymous and learned to show my own imperfections. Peer support groups help me have accountability and share small goals with people who understand in a way that people without HD never could." - Anonymous

ACCESS TO INFORMATION

- **Information** on where to go for help (i.e.. navigating existing service systems/eligibility)
- Create listings of Buried in Treasures **support groups**
- Provide guidelines to help agencies update existing information to decrease stigmatizing or "othering" **language**
- Help people access information on **legal rights** including new initiatives such as eviction sealing
- Disseminate **self-help tools**
- Map regional hoarding resource networks and provide **contact information**
- Elevate voices of people with lived experience of HD to **de-stigmatize** and share what works
- Develop a **speakers bureau**

COMMUNITY SPOTLIGHTS & RESOURCES

REGIONAL RESOURCE NETWORKS

Who to Invite

Local Council/s on Aging, Aging Service Access Points, (Protective Services/BHOAP) local Recovery Learning Community, DMH area office, City Inspectional Services, Heavy Chore Provider, advocates, and people with lived experience

Activities may include: organizing community trainings, creating clutter amnesty event, and developing local resources online presence.

Example:

https://www.chelmsfordma.gov/1228/Middlesex-Hoarding-Disorder-Resource-Net

Structure

Communities operate successful network differently. One example for meeting format:

- Member introductions and agency updates
- Presentation/Q&A with local provider (i.e. TPP, clinician, PS, inspectional services, legal services, heavy chore)
- Resource Exchange/Consultation

"Most success has come from working with a local resource network that builds capacity for the town to respond (health inspectors, first responders, local clinicians, ASPA, COA). Training responders to provide compassionate support rooted in harm reduction and trauma informed care was one of strongest interventions"
- Kathleen Turner, LICSW Clinician

"The Greater Brockton Area Hoarding Network (GBAH) meets virtually every other month on zoom, we have a referral process, and then we try to figure out what program will best fit the individual -Behavioral health, Protective Service, reports, consultation etc. BIT groups"
- Terri Kourtz, LICSW Protective Services Director

CLUTTER AMNESTY DAY

Clutter Amnesty Day is a community event that addresses barriers faced by many tenants when trying to declutter. Common challenges include:

- Physical: it’s difficult to move things
- Cognitive/emotional: Decision-making and overwhelming attachments to items
- Financial: it’s expensive to dispose of items, especially hazardous or oversized ones
- Transporting items: this requires a valid driver’s license, and access to a large vehicle

Key features include:

- Teaching participants how to make decisions about what to let go and how to let go
- Coordination of trash/recycle pick-up and "amnesty" from collection fees
- Assistance with physical removal of unwanted items
- Educating the team providing assistance to interact in non-stigmatizing, trauma-informed ways

In Massachusetts, both Boston and Brookline hold "trash amnesty weeks" where residents can dispose of unwanted items without cost. Offering physical assistance to older adults and coordinating events within senior housing buildings is one way to leverage these events and increase the event's accessibility.

RESOURCES

For Older Adults
Mass Options: Referral to local aging and disability services including Aging Services Access Points
https://www.massoptions.org/massoptions/

MA Councils on Aging
https://mcoaonline.org/

Information about the Protective Services program *(serving older adults over 60)*
https://www.mass.gov/protecting-older-adults-from-abuse

For Homeowners
State home improvement loan program: https://www.masshousing.com/en/home-ownership/homeowners/home-improvement

Legal Help

Find Legal Services:
https://www.mass.gov/info-details/finding-legal-help

MA Legal Help: information on topics such evictions, eviction record sealing, tenant rights
https://www.masslegalhelp.org/housing-apartments-shelter

"When I moved, I lost valuable items. I realized my traumatic need to cling on is something I can learn to manage. I have developed my own treatment"

- Lloyd Smith

RESOURCES

Clinical Support

International OCD Foundation HD resource directory: https://hoarding.iocdf.org/

MGH Center for OCD and Related Disorders (CORD) https://mghocd.org/hoarding/
https://www.servicenet.org/services/counseling-and-psychiatry/ocd-and-hoarding-disorder-program/

Professional Organizers

National Association of Professional Organizers
https://www.napo.net/page/new-england

Institute for Challenging Disorganization
https://www.challengingdisorganization.org/

For Families

International OCD Foundation family webpage: https://iocdf.org/families/

Becca Belofsky: https://beccabelofsky.com/

Minor and Youth Children of Hoarding Parents: https://mycohp.groups.io/g/main

*You know how Amazon has that "Try it Before You Buy it?" option? I say **"No Trying by Buying."** It can feel like shopping will solve problems, but impulsive purchases create more problems - not having enough money for the month and a bunch of stuff that needs returning."*

- Anonymous

RESOURCES

General
https://www.masshousing.com/programs-outreach/housing-stability/partnership-programs/hoarding

Peer Support & Education
www.mutual-support.com

Self-help

Clutterers Anonymous: https://clutterersanonymous.org/
- Newcomers meeting and info: https://clutterersanonymous.org/newcomers/

The Hoarding Disorder and Buried in Treasures Support Group:
https://www.facebook.com/groups/2173610616110515

Elaine Birchall
- Free podcasts and weekly Zoom meetings: https://www.hoarding.ca/podcast-1

"I learned how to take care of me. I stopped long enough to listen to what wasn't working, what I could do better, what I needed to learn, and who I needed to learn from. I can show up for myself each day and create opportunities for myself. I celebrate small wins." - Anonymous

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