

# **CLEARPATH HOARDING DISORDER INTERVENTIONS**

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# CLEARPATH PROGRAM

- Program of MCDC since 2014.
- Evidence-based programming.
  - Workshops
  - Clutter coaching
  - Assessments, inspections
  - Education
- Last year served 620 (largest therapeutic program in New England)
  - People with cluttered homes
  - Greater Boston, Central Massachusetts
  - Professionals



*What did you  
over-collect  
during the  
pandemic?*

# THE STATE OF HOARDING TREATMENT

- Hoarding Disorder (HD) is a new diagnosis.
- Education and capacity building stage.
- Community health programs are scarce.
- Traditional health care is limited.
  - The most effective treatments are not yet funded by the medical system
  - No billing code for in-home services.
- Harm may be reduced with therapeutic services.

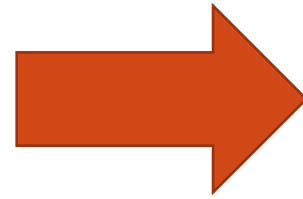


# TODAY'S AGENDA

- Hoarding 101
- HD treatments that work
- What is the process?
  - Wellness process
  - Case process
- Accommodations that help those with HD to live independently.
- Case discussions and examples

# POSSIBLE SIGNS OF HOARDING :

- Acquisition
- Saving
- Disorganization



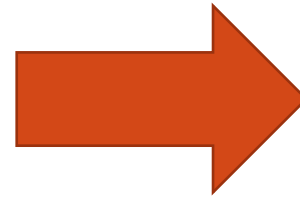
**Clutter**

# POSSIBLE SIGNS OF HOARDING :

*Best order for  
Therapeutic work*



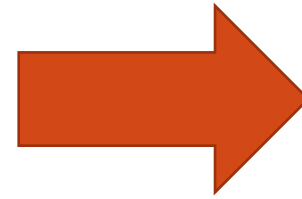
- Acquisition
- Saving
- Disorganization



**Clutter**

# POSSIBLE SIGNS OF HOARDING :

- Acquisition
- Saving
- Disorganization



**Clutter**



*Most frequent  
self-help attempt*



# WHAT IS HOARDING DISORDER? *DSM-V CRITERIA (APA, 2013)*

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. This difficulty is due to the perceived need to save the items and to the distress associated with discarding them.
- C. The difficulty discarding possessions results in clutter in active living areas that substantially compromises their intended use. ...
- D. The hoarding causes significant distress or impairment in social, occupational, or other important areas of functioning ...
- E. The hoarding is not attributable to another medical condition. ...
- F. The hoarding is not better explained by another mental disorder.

...

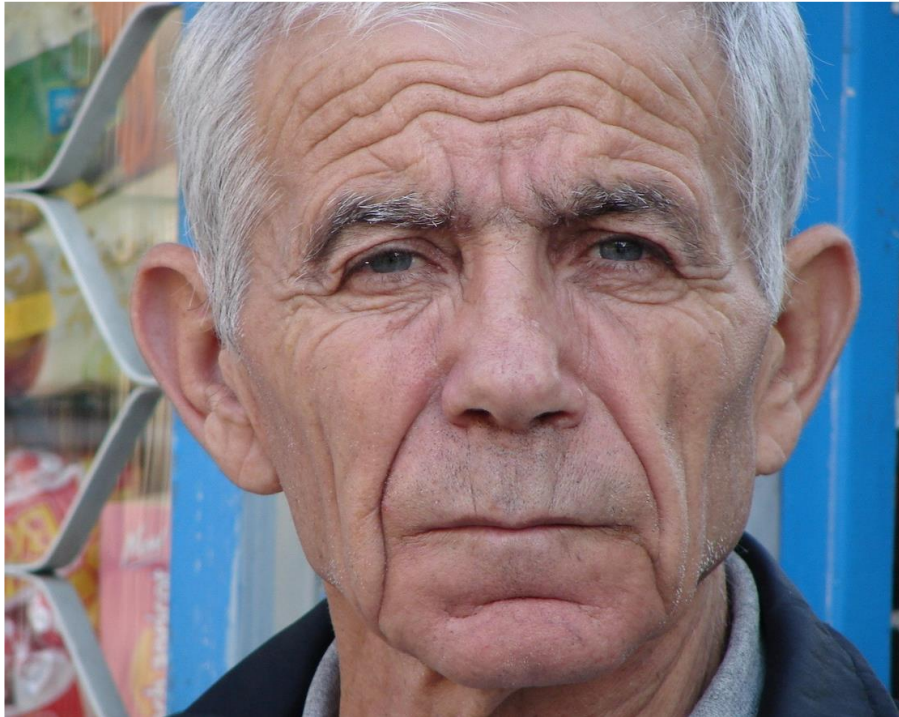


- 2-6% have hoarding tendencies.
- Tendency to hoard begins before age 20 (68%).
- Hoarding is ***prevalent*** in trauma survivors:
  - Combat Veterans
  - Elderly (55+ 3X more than 34-44)
  - Domestic violence survivors
- Hoarding behaviors may be ***triggered*** or ***exacerbated*** by:
  - Trauma
  - Loss
  - Diagnosis of a mental or physical illness
- Average age when seeking help is 50

# SQUALOR VS. HOARDING

- Clutter may be due to squalor or hoarding.
- Those affected with hoarding feel a need to save most items and have difficulty discarding.
- Clutterers with squalor let others discard the items.
  - If clutter is due to squalor, heavy chore cleaning may be appropriate.
  - If clutter is due to hoarding, heavy chore may increase hoarding behaviors.
- Many homes have both hoarding and squalor

# HELP NEEDED



- **Medical:** medication mismanagement, respiratory issues, mental health.
- **Nutrition:** Inability to prepare food.
- **Sanitation:** Bathroom not usable.
- **Building:** Structural problems with home.
- **Infestations:** Mice, cockroaches, bedbugs.
- **Environmental:** Inability to heat home, slips and falls, air quality.
- **Economic:** Financial ruin, loss of home.
- **Fire hazards:** Fire load, blocked egresses, combustibles.
- **Pet safety.**

# WHY DON'T THEY JUST CLEAN IT UP?

- They are emotionally attached to belongings.
- Heavy chore may do harm.
  - **Fast cleanups are temporary fixes.**
  - Wellness process is slow and strength-building.
- Need hands-on support, a trustworthy team.
- This is a **slow** process.



# COSTLY IMPACT



- a) Employers
- b) Healthcare System
- c) Landlords
- d) Senior living
- e) Families
- f) Mortgage companies
- g) Insurance companies
- h) Town Departments
  - 1. Public health
  - 2. Council on aging
  - 3. Veterans' agent
  - 4. Law enforcement
  - 5. Fire department
- i) Court system



# LANGUAGE IS CRITICAL

- **Words matter!**
  - Term “hoarder”
  - Respectful
  - No judging
- Trust-building
- Express concern for their safety and well-being
- Encouraging
- Goal setting
- Acknowledge goal achievement

# WHICH TOOLS TO USE?

## Wellness tools for clutterers

- ClearPath Wellness Model
- CBT-based workshops and peer groups
- Coaching
- Trained clinicians (in office or in home)

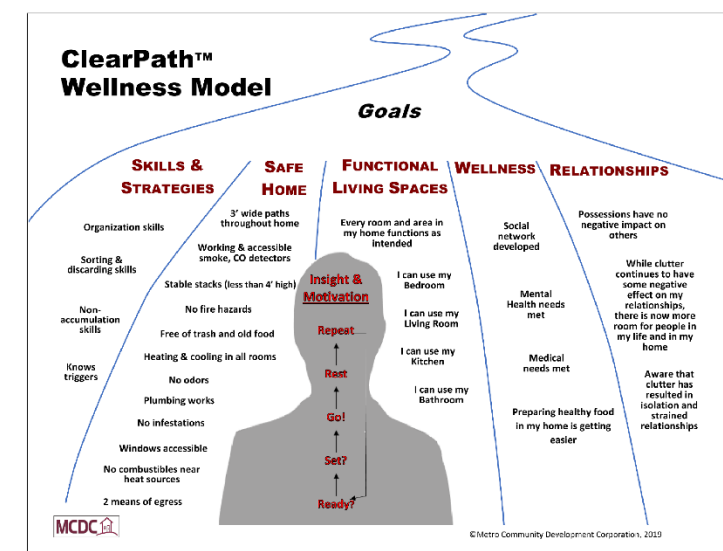
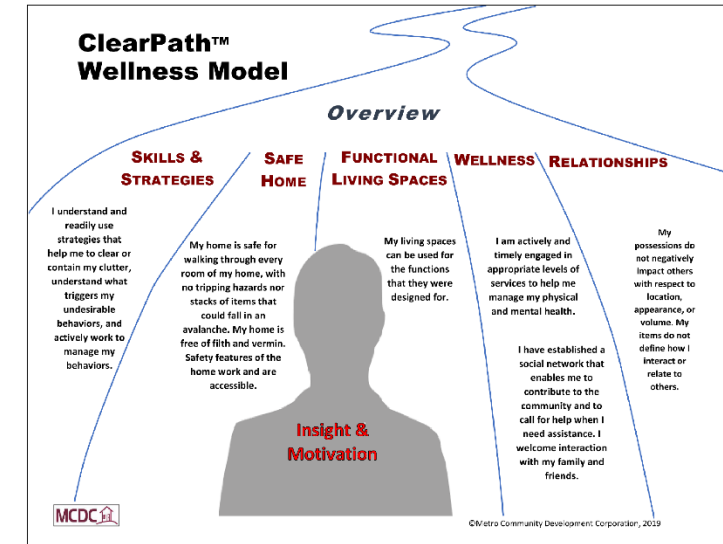
## Professional tools

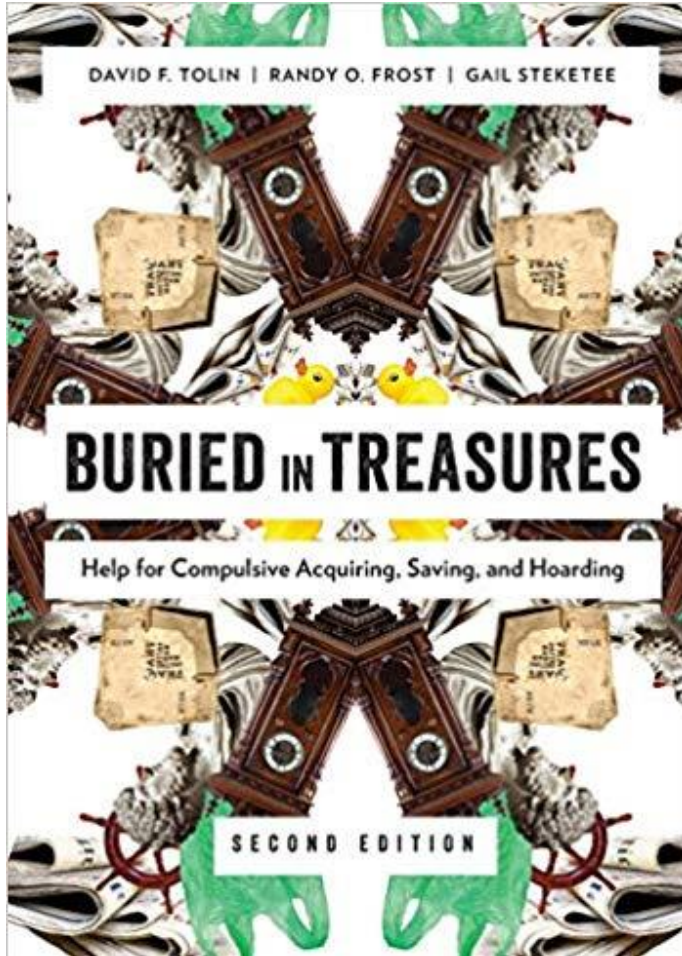
- Assessment tools: CIRS, UICL, HOMES
- *Treatments that Work, CBT for Hoarding Disorder, Buried in Treasures*
- Training and case consultations: (ClearPath monthly meeting)

**Case teams: Don't do it alone!**

# CLEARPATH WELLNESS MODEL

- Visual roadmap for goal setting, achievements.
- Developed by Health, Safety, and wellness experts.
- Used in peer groups, education programs, in-home goal setting.
- Measures progress
- Retained by participants.
- Models help long, slow processes.





# WORKSHOPS & PEER GROUPS

- ClearPath uses 15-week *Buried in Treasures* or *CBT for Hoarding Disorder* workshops. (and others)
- Inexpensive.
- Build insight and skills.
- Prepares participants for clearing their homes.
- ClearPath offers groups (\$250, 15 weeks).
- Many attend groups for years.

# WORKSHOP BEST PRACTICES

- BIT or CBT workshop at least yearly to reinforce skills.
- Professional or peer facilitation/co-facilitation.
- ClearPath trains and accommodates facilitators.
- At least 8 weeks of BIT workshop before in-home coaching begins.
- Measure and celebrate successes.

# INDIVIDUAL THERAPY

- Many in workshops also benefit from therapy.
- Many in therapy have not disclosed their hoarding.
- Participant may discover their trauma during group.
- If therapy is used instead of BIT workshop, may take longer (26+ sessions).
- Few hoarding-trained therapists available.
- In-home and in-office care coordination is beneficial.

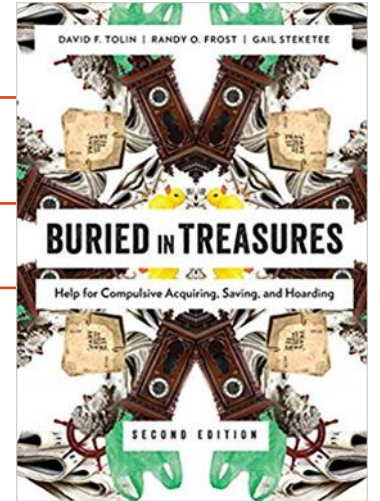


# SORTING AND DISCARDING COACHING

Practice *BIT* exercises in home.

Clutter coaches require training

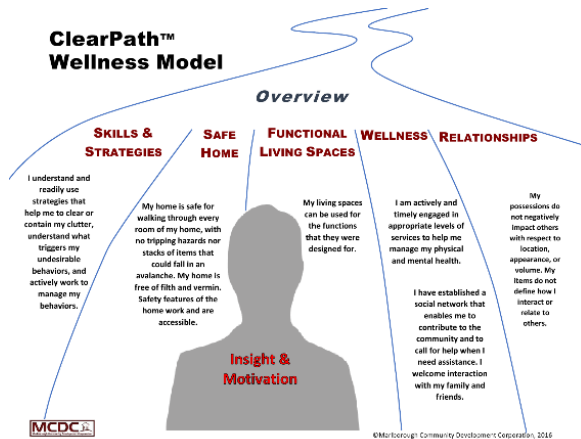
- **Harm reduction most important**
- *Buried In Treasures* as a guide
- Protocols for language, process, trust-building
- Slow, strength-building work (*20 minutes to 3 hours*)
- Remove items immediately (no dumpsters!)



ClearPath staff, *or another trained person*

Zoom Group Clutter coaching sessions can work.

# CASE MANAGEMENT STEPS



- **Assess:** Dangers in the home. Is it hoarding?
- **Create a harm reduction plan:** make the home safe, reduce injury, meet health code.
- **Build insight & skills:** refer to workshops, in-home workers, therapists.
- **Motivate:** encourage to reach wellness goals
  - Coaching
  - Enforce deadlines
- **Prevention:**
  - Monitoring
  - Therapist works on underlying causes

# CLUTTER HOME ASSESSMENT

- Assessment Tools:
  - Clutter Image Rating Scale
  - Uniform Inspection Checklist
  - HOMES Assessment tool
- Is clutter due to hoarding behaviors or squalor (or a mixture)? *Test for attachment.*
- Are there biological hazards?
- Is resident currently coachable?
- Determine if resident is ready to change behaviors.
- Explain risks in home, offer workshops, build trust.

# CLUTTER IMAGE RATING SCALE (THERE'S AN APP!)



# EVERY CASE IS DIFFERENT

- Each case is treated differently.
- No “One Size Fits All”.
- Desired order of work:
  - Reduce acquiring
  - Begin discarding
  - Organize belongings that are retained
- Safety is key.



# WHO HIRES CLEARPATH?

- Municipalities (*#hours weekly, annual contract*)
- State agencies
- Senior Services Agencies
- Housing agencies
- Tenancy Preservation Court System
- Private Pay
  - Children of older adults
  - Individuals



# SERVICES FOR THOSE WITH HD

## *Offered by ClearPath:*

- Workshops
- In-Home Services:
  - Assessment and Harm Reduction Planning.
  - Clutter coaching
  - Inspections
  - Harm reduction checkups

## *Not offered by ClearPath*

- Housekeeping, if disabled
- Occupational therapy
- Individual Mental Health (CBT or DBT)

# STRATEGIES FOR DOWNSIZING WITH HOARDING

- Many are stuck in homes to retain their possessions
- A process for a family downsizing their home:
  - Get rid of all belongings that do not belong to the resident(s):
    - Items belonging to grown children who moved out
    - Ancestor items (pass them on or donate them)
  - Downsize into the number of rooms that the anticipated new home will have
    - In the existing home
    - Live in the limited space, without excessive clutter
    - Get rid of all items in the unused rooms, basement, attic, etc.
  - Purchase or rent the new home.
- Storage units are postponed decisions

# STRATEGY: DUPLICATE HOUSING DURING MOVE

- Resident signs a harm reduction agreement to:
  - Own or rent two homes for 2-3 months while they move
  - Move only needed items to the new home
  - After 2-3 months, agree that the remaining items are disposed of or donated (no more access)
- No storage units allowed
- Services at new location as needed:
  - Harm reduction checkups
  - Peer group and/or therapy
  - Housekeeping
  - Occupational therapy

# CASE COMPARISON:

## *SENIORS MOVING AFTER DECADES*

Suburban Veteran	Divorced after Domestic Violence
Lived in private apartment 30 years after a war, then was asked to move	Won home in a divorce case, but could not afford to keep the home and acquire also
Had to move after landlord died and estate chose to sell the property	Forced to move when had insufficient funds to clean up after a health department action
Estate chose to pay for a 2 <sup>nd</sup> apartment for two months while man moved	Public housing apartment became available
Man agreed to use a friend as an accountability partner during and after move	Woman was resistant to all help except a last-minute move of furnishings
Man was able to keep his most treasured items	Woman lost many important items, when the home was cleared after foreclosure

# CASE COMPARISON:

## *FAILED HOUSING INSPECTIONS*

Multi-town Storage	Suburban Single
Good insight	Good insight
Pre-contemplative on behavior changes	Contemplative to Action on behavior changes
History of peer leadership and advocacy	History of peer leadership and advocacy
Hesitant to participate fully in workshops	Fully participated in workshops for 7 years
Did not disclose her full case to any of her workers or advocates - secretive	Embraced case management as her team and resource – fully participates
Services paid through insurance	Services paid through insurance
Continued to acquire, court actions	Ceased to acquire, passed inspection
Likely to become homeless again	Likely to retain residency
Unlikely to achieve maintenance unless acquiring stops	Maintenance includes housekeeping, peer groups

# WHAT MAY INDICATE GUARDIANSHIP?

- Persistent unsafe living conditions
  - Basic sanitation
  - Utilities
- Danger to others
  - Fire
  - Vermin
  - Firearms
  - Multifamily housing
- Inability to self care despite available supports
  - Medication mismanagement
  - Nutritional deficit
  - Refusal of services
  - Isolation



# DISCUSSION AND QUESTIONS



# THANK YOU!



Referrals to:

*(Have client reach out to us also)*

[ClearPath@strongcommunity.org](mailto:ClearPath@strongcommunity.org)

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Home of: ***Financial Fitness Center, Human Services Coalition, and ClearPath Program***

# RESOURCES

- [www.MassHousingRental.com](http://www.MassHousingRental.com) : Mass Housing Hoarding page
- <https://iocdf.org/> : International OCD Foundation
- <http://www.nasmm.org> : National Association of Senior Move Managers
- *Buried in Treasures*, second edition, Tolin, Frost, and Steketee, 2014.