A ‘Friendly Visitor’ Volunteer Intervention for Hoarding Disorder: Participants’ Perceptions

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Abstract

Background: Determining and delivering effective interventions for Hoarding Disorder remains challenging, and appropriate resources are often unavailable. To address the need, the Friendly Visitor Program was designed in Portland, Maine, to pair people living with hoarding disorder with a trained volunteer to help with decluttering the living environment. The majority of the trained volunteers were occupational therapy students.

Method: This qualitative research study explored participants’ perceptions in a volunteer program that addresses hoarding behaviors. The study was conducted through an interpretivist, constructivist lens, examining the Friendly Visitor hoarding intervention program through individual, in-depth, semi-structured interviews with nine participants, including three clients with hoarding disorder and six volunteers.

Results: Three strong themes emerged from the data: importance of the client-volunteer relationship; physical, emotional, and cognitive demands of decluttering; and intervention strategies used for effective decluttering.

Conclusion: These findings reveal both practical and emotional elements to be considered when offering intervention for hoarding disorder. The Friendly Visitor Program can serve as a model for the design of volunteer programs to fill gaps in hoarding intervention services.

Comments
The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords
hoarding disorder, intervention, occupational therapy

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Credentials Display
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Hoarding disorder, characterized by the accumulation of objects to the degree that it severely impacts the person’s ability to function in and out of the home (American Psychiatric Association, 2013), is thought to affect 1.5% to 6% of the general population (Rodriguez & Frost, 2022). People with hoarding disorder find it excruciatingly difficult to discard items because of fear of future need, sentimentality, or the objects’ aesthetic qualities (Steketee & Frost, 2007). Combined with an intensely pleasurable feeling when acquiring items (Rodriguez & Frost, 2022) and well-documented organizational and executive function challenges (Ayers et al., 2016; Woody et al., 2014), this frequently results in people with hoarding disorder living with overwhelming clutter that renders their living space non-functional for its intended use. These conditions also present a fire risk, decreased sanitation and hygiene, fall risk, and increased social isolation (Steketee & Frost, 2007), all of which contribute to secondary health problems.

Given the negative impact of hoarding disorder on an individual’s daily function, finding effective interventions is crucial. Historically, interventions for hoarding disorder used a cognitive behavior therapy (CBT) model developed by Frost and Hartl (1996), but questions persist about the accessibility of this approach for people with cognitive deficits. In fact, some research demonstrates that cognitive strategies have a limited ability to decrease hoarding behaviors in older adults with hoarding disorder (Ayers et al., 2012; Clarke, 2019). Muroff et al. (2011) suggested using specialized CBT but broadened the intervention by adding support groups and periodic home visits. Rodriguez et al. (2016) surveyed people with hoarding disorder to determine the relative acceptability of various treatments and found that service users most preferred treatments that they believed in, that held them accountable, and that were personalized for them. Clarke’s (2019) literature review outlines how occupational therapists are well suited for just such an individualized, “client-centered” (p. 10) approach to working with people who hoard. While making clear connections between occupational therapy philosophy and the positive impact that it could have on people who hoard, Clarke’s (2019) review also reveals virtually no literature describing occupational therapy interventions for hoarding disorder. The review calls for more research on hoarding interventions from the occupational therapy perspective (Clarke, 2019).

While some intervention approaches overemphasize decluttering, such as the removal of objects from the living space, to remediate hoarding (Fleury et al., 2012), forcible decluttering not only fails to eliminate hoarding behaviors but also traumatizes the person (Clarke, 2019). Some people with hoarding behaviors do seek assistance to improve the state of their living environment by discarding objects. The impetus may be externally imposed, as in receiving an eviction notice, or internally generated by reaching an action-taking stage of change (Prochaska & Velicer, 1997).

Even with mounting evidence for effective interventions and the willingness of clients to engage, finding providers that offer them remains a challenge. The city of Portland, Maine, Hoarding Task Force, collaborating with a local mental health agency, recognized the limited treatment options for people in their community living with hoarding disorder. Thus, the “Friendly Visitor Program” (FVP) was developed to offer in-home decluttering support from volunteers. Based on a successful pilot program in which the first author served as a volunteer (Spear, 2014), the reach of the FVP was expanded by bringing in more volunteers, most of whom were occupational therapy students participating in the FVP as their psychosocial Level I fieldwork experience. The volunteers and clients were matched into dyads and, with supervision from the author and the agency’s hoarding specialist, worked together to declutter the client’s home once per week during the 15-week spring semester. Before the in-home experience, volunteers passed a background check and participated in a training on hoarding disorder presented by the hoarding specialist, the social worker at the agency who had expertise in hoarding disorder and whose caseload
only included clients with hoarding disorder. The training presented diagnostic information about hoarding disorder, as well as recommendations for doing this very personal and emotion-laden work based on the hoarding specialist’s lengthy experience. Suggestions included always seeking permission before touching anything in a client’s home, providing consistency by scheduling the same meeting time each week, and joining with the client as they lead the decluttering process. Initial meetings to introduce clients to their volunteers at the client’s home were then facilitated by the hoarding specialist and the first author. At this meeting, the client identified their hopes and goals for participating in the FVP. The author and the hoarding specialist were on call to clients and volunteers and provided on-site supervision throughout the 15-week experience.

Anecdotally, clients and volunteers benefited from participating in the FVP for the first 2 years. However, to better understand the program’s effect, this qualitative study was conducted to systematically gather and interpret the feedback of FVP participants to address the research question, “What are the perceptions of the participants in a volunteer program that addresses hoarding behaviors?”

**Method**

**Design and Procedure**

The perceptions and feedback of the participants were considered the primary data in understanding the experience of the FVP. After receiving approval from the University of Southern Maine IRB, this qualitative study was conducted through an interpretivist/constructivist research approach that privileges the social construction of reality and subjective meaning-making of participants and establishes a collaborative relationship between the researcher and the research participants to co-create knowledge (Angen, 2000; Berger & Luckmann, 1967; Cohen & Crabtree, 2006; Miles & Huberman, 1994). The first author collected data, and the second and third authors assisted with the data analysis. They were both occupational therapy students who had previously participated in the FVP as volunteers but not as participants in this research study. The first author is a faculty member in the occupational therapy education program attended by the second and third authors, as well as most of the FVP volunteers, and was also the Level I fieldwork supervisor for the students who were FVP volunteers. In addition, the first author created the FVP program in collaboration with the community mental health agency and had previously worked with several of the clients. Potential biases on the part of the first author were managed by reflective journaling and dialogic engagement with other faculty, the hoarding specialist, and a peer mentor. Trustworthiness of the study was maintained by member checking of completed interview transcripts for accuracy, triangulating the organization and analysis of data across the three authors, and memoing throughout the research process.

**Participants**

For this study to capture the full breadth of the FVP experience, input from both the FVP volunteers and clients was required. Research participants were recruited by flyers and emails from lists of volunteers and clients involved in the first 2 years of the FVP. Most volunteers were masters-level occupational therapy students placed in the FVP for fieldwork experience under the supervision of the first author. Only clients seeking treatment for hoarding disorder at the community mental health agency and that had worked individually with volunteers in the FVP were recruited. Interested individuals contacted the first author, signed informed consent to participate in the study, and chose a pseudonym to protect anonymity in the data collection process. As indicated in Table 1 below, six participants were volunteers and three were clients with hoarding disorder. To further protect anonymity, all of the participants’ ages are listed within ranges.
Table 1
Participant Demographics

<table>
<thead>
<tr>
<th>Participant Role</th>
<th>Client</th>
<th></th>
<th>Volunteer</th>
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**Note:** N = 9. Participants included three clients and six volunteers. All clients were female. On average, clients were older than volunteers.

Data Collection and Analysis

Data were collected through individual, in-depth, semi-structured interviews conducted by the first author with each participant; all interviews were recorded and transcribed verbatim. The interview questions were the same for both clients and volunteers, and they focused on hopes and expectations for their work together, what the process of the sessions was like for them, what did or did not work well for them, and what they would change about the FVP. In the initial phase of data analysis, the first author reviewed the transcripts using a “template approach” (Crabtree & Miller, 1992, p. 18) to extract and focus preliminary codes from the raw data. The raw data were then reviewed by the other two authors, after which the three authors met to compare the codes they each derived. To do this, each author wrote their codes on Post-it® notes, which were manually grouped and categorized on poster boards. A consensus on final codes was achieved through discussion of this visual representation, e.g., many duplicates indicated similar thinking from the authors and, therefore, a strong code. With the codes narrowed and categorized, the authors then discussed the emerging themes. A data summary table (Bloomberg & Volpe, 2008) that organized all of the participants’ responses to each interview question was created and shared among the authors to check for alignment with the emerging themes, and memoing was used throughout the data analysis process to track the evolution of the emerging findings. A final meeting of the three authors to review the code and theme identification process resulted in the three final themes of this study.

Results

Three themes emerged from the data regarding the participants’ experiences of the FVP. The most robust theme, addressed consistently by both clients and volunteers, was the importance of the relationship that developed during the work of decluttering. The second theme, demands of decluttering, focused on the physical, emotional, and cognitive demands of the decluttering process. Finally, both clients and volunteers identified practical strategies that supported decluttering through this volunteer intervention.

Relationship

The relationship between the volunteer and client was the most prominent theme throughout the data set, and it also provided scaffolding for the other two themes to develop. Three sub-themes added specificity to the experience of relationships in the FVP: expectations and biases, the process of forming the relationship, and the outcome.

Expectations and Biases

The training class offered by the agency’s hoarding specialist prepared volunteers to suspend their expectations and to follow their client’s lead in defining “progress.” For instance, Jeffrey (volunteer) stated:
I think that expectations were set up front... how much progress we actually made might not be nearly as much as you might think going into it, and it fluctuated very frequently. I think that expectations were a lot clearer than if I had been blind to it or not been told what to expect.

The clients also came into the relationship with expectations and a readiness to declutter. They all expressed hope that participating in this program and allowing a volunteer into their home would move them closer to their goal of having a “normal” home. Marie (client) stated:

Anything that will help me have a normal home. I certainly want to participate; my work at getting rid of clutter will be accelerated, and I’ll have a normal home... decluttered and clean. I think it will give me a certain peace about my home and joy about it; it’s been proven that hoarders work better with someone working with them. I want to make it where I can work with them, and they feel like it’s been worth their while to come over.

Cindy (client) also expected specific qualifications in her volunteer:

One of my main issues is lack of organizational skills and so it’s nice to have someone working side by side with me. And I also have problems with attention, I do have ADD. So we were trying to come up with somebody who was nonjudgmental that wasn’t involved with family. I needed somebody kind of hands on, but hands off.

Priscilla (client) spoke to her readiness to have a volunteer based on past experiences and a critical change in her thinking about her possessions:

At one point, I had a program that tried to help, and things were in a different place then, and I wasn’t ready to let go of my stuff. I reached a point that I actually gave away some stuff that I found out later I needed... when I found myself in that situation and the world did not fall down on my head. I came to believe that maybe I didn’t need all that stuff.

**Process of Forming a Relationship**

Many people with hoarding disorder do not let people into their homes and become very isolated. Letting someone in is a significant first step in developing a supportive relationship. For Priscilla (client):

It was pleasant to have someone come in, particularly since I tend to keep people out of my house. So, to let someone in is a big, big deal, and it was pleasant to have people come into my home once I knew I wasn’t going to be criticized for it.

Once a level of comfort was established in the home, the typical next step was to establish guidelines and a system for decluttering. Every volunteer commented that it worked best to let the client guide the process, to withhold opinions and advice unless asked, to not overstep with one’s own ideas of what is important, and to let go of one’s own agenda. Jeffrey (volunteer) stated:

I worked very hard to not be judgmental in any way and to not show it if I was surprised by something or taken aback... asking questions instead of requiring something to go some way or making statements instead... just getting a sense of who she was and I tried not asking everything about the hoarding situation. In those times, I think the work went better... we were doing this while we were having good conversation.
Cindy (client) endorsed this from the client’s perspective:

They were so respectful, and they were only hands on when I asked them to be hands on. I never felt they were being judgmental to me, and there was always the respect. Because there’s nothing worse than opening the door, and it’s like, “Oh my god, how do you live like this?” I haven’t seen anybody show their emotion; they may think it, but they haven’t shown it.

Outcome of Forming a Relationship

While most of the pairs developed strong relationships leading to positive outcomes with decluttering, a few volunteers did not experience this with their clients. Sally (1) (volunteer), for instance, worked with two different clients with hoarding disorder and had very different experiences with each one:

What was challenging for me was they were so different in their approach to the visitor that, on one hand, I was this helper, and we were going through this process together; on the other hand, I felt like I was a worker and being told what to do and how to do it . . . a real difference in my purpose for being there. With the first person, it felt like a therapeutic relationship, that there was some meaning behind it and there was purpose. Although the same amount of decluttering occurred with both clients, Sally (1) (volunteer) reported one experience as less satisfying and meaningful for her. Jeffrey (volunteer) explored the reasons why he often felt like he and his client did not accomplish much and even wondered if he became just a “familiar face” that the client got too comfortable with, leading to decreased motivation to declutter. Jeffrey (volunteer) also reported that he could not figure out his role when working with his client and wondered “if that’s because the role was not fully developed? I don’t know what [the client] expected, we never had that conversation.” By acknowledging that he did not develop a strong line of communication with his client, Jeffrey (volunteer) suggested that the relationship may be the most important part of the interaction between volunteer and client and that this affects the progress made in decluttering. Another volunteer, Ruby, expressed it well:

It seemed simple, and maybe to outsiders it didn’t look like we did much, but she felt comfortable with me in her intimate space, so I felt welcomed, and it was a productive experience together. And maybe gave her confidence that she is able to take care of herself and her environment even if it was small, small steps.

Demands of Decluttering

A second strong theme emerged in the participants’ descriptions of the actual work of decluttering. All of the participants described what was required of them to engage and persist in this task with three sub-themes: physical demands, emotional demands, and cognitive demands.

Physical Demands

Perhaps the most predictable sub-theme, the physical demands of decluttering a hoarded home, seem obvious, and many of the participants addressed those elements: the bending, moving, packing, and heavy lifting often involved in sorting and discarding items. For several clients and at least one volunteer, health problems and physical symptoms of limited strength and mobility, pain, and fatigue were identified as barriers. For instance, Cindy (client) reported: “Wherever I’m working, the physical challenges are a
problem, the bending and lifting, so I prefer [a helper who is] tall and muscular; usually, I have a helper who’s more agile than I am.” Volunteer Sally (1) described the challenge of managing her own health: “I have asthma, and dust is an irritant for me, so I had a lot of trouble breathing. So that was sort of a barrier.” However, she discussed this with the client, and they agreed that it would be acceptable for Sally (1) (volunteer) to wear a mask during decluttering sessions. Even with their own physical limits, the clients often relied on the volunteer to initiate a break period. Most spoke of not wanting to “waste” the time available to them with a volunteer. Priscilla (client) described her experience:

When people said to me, “Why don’t we take a break now,” I really appreciated that because I actually needed a break. I was in some physical pain doing the work I was doing, and [with two different volunteers] they said, “Well, why don’t we take a break?” or whatever. I didn’t have to pose it myself, and I appreciated that.

**Emotional Demands**

The emotional demands of decluttering affected volunteers and clients alike. Sally (2) (volunteer) generalized what many of the volunteers reported: “It was a lot more emotional than I had anticipated because, for me, I could feel the agony for her of making these decisions.” Despite having intuitive and intellectual awareness of the emotional toll on the client, the volunteers expressed difficulty imagining the clients’ experiences. For Delia (volunteer), this impacted how the process felt to her:

It was difficult for me, I didn’t understand how it felt to become attached to items, how difficult it was (for her) to get rid of things, even if she was shipping or moving them, they still had meaning to her. So, even the smallest bit that left her house was still an emotional process for her, even a small amount was huge work.

Sally (1) (volunteer) described a similar experience:

I knew that it would be a process, I just didn’t realize it would be so real and that something as simple as a receipt would take this much time, thought, and processing, and so much meaning was held in that receipt.

Volunteers used language like “tense,” “frustrating,” or “challenging” when describing their feeling states during the decluttering work. With his client, Jeffrey (volunteer) attributed this to “her mood and family circumstances for that day,” acknowledging that his client was the “identified patient” in a family whose members were all cluttering the living space. Eli (volunteer) expressed worry for his and his client’s physical safety while decluttering:

She’s talked about “cave in,” she’s worried about this house and the amount of stuff she has, so that’s on my mind when I’m in the house. And we’ve been in cave-ins because they have boxes going up 6 or 7 high.

Clients articulated the psychological impact of discarding throughout their own decluttering experience. Marie (client), for example, could identify the discrepancy between her approach and that of someone without hoarding disorder, as well as her feelings of anger and anxiety about discarding:
Well, see, if someone didn’t have hoarding, it would be so much easier for them to get rid of all this. To them, it wouldn’t be stressful, you know, they would just take it and discard it, but I just have a hard time doing that. And then the [providers in the past], they would pick something and say, “How hard would this be for you to get rid of?” I’d say, “Well [on a scale of], five being the hardest, I’d say probably a four.” They’d say “Why do you feel like that? If I throw it away, how is it going to make you feel?” I’d say “angry.” Not so much anxious, although there is a certain amount of anxiety, but how it would make me feel is a little angry about it. I’d say, “No I don’t want to get rid of it, and that’s all there is to it.”

Cindy’s (client) emotional struggles with discarding were related to her strong feelings of stewardship for her items and planning their dispositions: “I’m responsible for my objects to make sure they go to a good home when I do part with them.” For her, this emotional attachment resulted in packing large boxes of objects to ship to her adult children, who, she was fully aware, did not want them.

Both the clients and volunteers connected the notion of progress to the emotional demands of decluttering, but their definitions of the concept varied. All of the clients approached the idea of progress from a goal-oriented perspective. Marie (client) was clear on this: “So, you have to make the choice, how much progress do you want to make, and you don’t want it taking forever; what is your goal, and how long do you want to take to get there?” Cindy (client) talked about progress as completing decluttering tasks, “When you do accomplish it, it feels so good, you get a really good feeling about yourself.”

Alternately, the volunteers struggled with defining and understanding “progress” as related to decluttering. Most of the volunteers identified that more supervision than was initially provided would have helped them gauge progress in realistic terms. Eli (volunteer) specifically reframed his thinking about what progress meant with his client:

“I believe in harm reduction (so), maybe if I hadn’t been there over the last nine months, her situation would be worse than it is right now.”

**Cognitive Demands**

Both the volunteers and clients reported challenges with the cognitive demands of decluttering that reflect the literature indicating executive function difficulties for individuals with hoarding disorder (Ayers et al., 2016; Woody et al., 2014). Perhaps most problematic was decision-making, but the participants also noted difficulty with planning, thinking ahead, organizing, and keeping on track while decluttering. Cindy (client) came to rely on her volunteer to support these executive function skills:

It’s so hard to make decisions over time. So, it’s very handy to have a patient person that’s not forcing decisions on you, and you brainstorm, and then you know it’s time to let that item go. It gives me another point of view about what I’m doing.

**Strategies**

**Consistency, Frequency, Duration, and Pacing**

The importance of having routine and consistency in the decluttering work was highlighted by all of the participants. They also agreed that having a schedule solidified expectations for both parties. Cindy (client) stated, “[For] me, routine is really important, so we picked the same day each week and the same time. That cut down my anxiety.”
Because of the physical and emotional intensity of this work, session length was typically limited to 2 or 3 hr. Both volunteers and clients stressed the temporal limit to their ability to continue decluttering. Sally (2) (volunteer) stated that anything over 2 to 3 hr was “too overwhelming” for the client, while Ruby (volunteer) noted that her client tired after 2 hr. And Eli (volunteer) indicated that “More visits for a shorter time” worked best for his client.

Pacing the work during and across sessions was cited frequently as a strategy to manage the physicality of decluttering. Taking breaks and negotiating the amount of time to work during sessions became a part of the routine for many pairs, as described by Ruby (volunteer): “So I went about once a week, and I think it was anywhere from 2-3 hours, it wasn’t a very long time. Mostly because she had expressed it gets tiring for her.” Further, Cindy (client) suggested that she could pace herself better across sessions when she had a longer-term volunteer, as she found it easier to relax because she knew the work would continue over time.

**Having a Plan and a System**

Whether clearing a single chair in the living room for a potential visitor or organizing craft supplies, the clients identified the benefits of having a concrete goal before beginning the work. Regardless of strategy, productive sessions were purposeful and concretely measurable. Delia (volunteer) started every session with the client by asking “What she wanted to accomplish,” while Eli (volunteer) suggested working on a predetermined space and “We attempted to clear everything out of only that space.”

Discarding systems that allowed for notable progress, no matter how small, were deemed important. Many of the client-volunteer pairs used a sorting system in which items were sorted into discard, donate, and keep piles. The “keep” pile was set aside for further organization, and the discard and donations were sorted into bags. Sally (1) (volunteer) noted that “there was a big decline in progress if we didn’t have any trash bags.” Typically, sessions ended with the volunteer removing the discard and donations from the home, providing concrete, visual proof of progress. Priscilla (client) explained that using this process: “Helped me accomplish goals with a beginning and an end; they just weren’t open-ended. I could physically say this is what I did today. I wanted to get this done; this is what I did.”

**Making Decisions and Attending to the Task**

A hallmark of hoarding disorder is the inability to discard items. For many of the clients in the FVP, making decisions about discarding caused significant stress. Cindy (client) explained that when attempting to declutter, “It’s easy to just sit there and think and think and overthink and get so paralyzed by the thinking that you can’t really put action in there.” Marie’s (client) experience was similar, “I get so stuck I can’t think. When I’m overwhelmed, I can’t think. It’s when I do the circle dance.” In these instances, the volunteers were able to leverage the strength of their relationship with the client to enact strategies that kept the clients moving in a forward trajectory. Marie and her volunteer used their relationship this way:

She got [me] and what [I] could tolerate about being challenged; she figured out where the line was. So, she would ask, “What do you want most, to read all this, or do you want a nice neat home?” And [I would] have to make the choice.

Similarly, Sally (2) (volunteer) reminded her client of her goal before starting the decluttering process: “I’d say, ‘Is this getting you closer to your goal or moving you further away from your goal?’ and that would bring her back to the task and keep her there.” Eli (volunteer) noted that when the client began
neglecting the discard and donate piles and “Everything was becoming a ‘keep,’ I would try to redirect to ‘That looks like we can maybe donate that?’”

**Discussion**

The voices of the participants relating their lived experiences of the FVP in this study enhances the body of existing literature about hoarding intervention, which typically does not include their perspectives (Clarke, 2019) and can, therefore, lead to services being inflicted on clients rather than being directed by them. The resounding theme in this study, that relationship is critical in the challenging work of decluttering, reflects prior studies that emphasized the most effective approaches to intervention with hoarding behaviors are situated within relationships of trust between the person with hoarding disorder and the service provider (Ayers et al., 2012; Brown & Pain, 2014). Indeed, the intentional choice of the program name, Friendly Visitor, was meant to affirm that support in this program could be expected to be different than previous negative assistance clients had received from providers or family. Trust was proferred to clients in the FVP by acknowledging their full agency over the decluttering process; providing trained, supervised volunteers; and ensuring that a forcible cleanout would never be carried out as part of the FVP. On the contrary, only clients who requested services and expressed willingness to declutter were offered participation in the FVP. Aligned with the evidence presented in Clarke’s (2019) literature review, the positive outcomes in this study were achieved by using client-centered approaches.

Further, the relationships between clients and volunteers formed the foundation for creating effective strategies and managing the demands of decluttering. An unexpected outcome of the FVP involved clients volunteering to declutter with each other as “clutter buddies.” Reporting that they modeled their approach and strategies after their experiences with their own FVP volunteers, clients said that they found it easier to declutter someone else’s environment than their own. Engaging with their peers in this way also extended the amount of time spent decluttering their homes beyond what FVP volunteers could offer.

As most of the FVP volunteers were occupational therapy students, it is possible that their professional training and education in mental health, cognition, and therapeutic use of self influenced how they engaged with the clients and approached the collaborative task of decluttering. This may represent a limitation in this study, that the first author’s involvement as the faculty supervisor to most of the volunteers in the FVP allowed close supervision of their performance and adjustment as needed. It is possible that without this level of supervision, the experience of the relationship between volunteers and clients and the development of interventions and strategies in the FVP might have been different.

In connecting occupational therapy and hoarding disorder, both Spear (2014) and Clarke (2019) posit a view of hoarding as a person’s “occupation,” i.e., a meaningful and purposeful activity. Seen through this lens, the use of the “Person-Environment-Occupation” (PEO) model (Law et al., 1996) of occupational therapy to intricately understand and intervene with the transaction of the person, their environment, and the occupation they are engaging in allows occupational therapists to collaborate with people who hoard in a unique and individualized manner.

**Limitations and Future Research Directions**

Limitations of the study include the role of the first author as faculty supervisor of most of the FVP volunteers and fewer participants who were clients than participants who were volunteers in the FVP. Future research should continue to explore and expand effective means of intervention for hoarding disorder. More and larger studies using occupational therapy intervention and peer-support models are indicated, as are studies that investigate new or emerging practices, such as the use of harm reduction...
approaches or virtual/augmented reality technology.

**Conclusion**

The results of this study suggest that an in-home volunteer program is an intervention approach that contributes to motivation, accountability, and persistence in the work of decluttering a hoarded home and is a valid way to add a different type and level of support than family or providers can offer. The strength of the relationship between clients and their volunteers was also shown to motivate and contribute to the development and success of strategies employed in this work; therefore, the design of volunteer programs to support individuals with hoarding disorder should include elements of the three themes illuminated in this study.

**References**


