

Options For People Who Have Difficulty Doing Their Part in IPM

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Overview

- IPM challenges: Mental health
- IPM challenges: Aging
- Resident as team member
- Assembling a team
- Options for intervention



IPM Challenges: Mental Illness

- Range of symptoms of mental illness make IPM difficult
- Manifestation of mental illness may be unexpected
 - Depression manifests as anger and irritability
- IPM staff may be first person to see/recognize illness and/or impairment
 - Isolated older adult
 - Social anxiety
- Referral for mental health treatment may be part of IPM intervention plan



IPM Challenges: Mental Illness (con't)

- Primary mental illness diagnosis
 - Depression: sadness, lethargy, lack of interest and motivation, sleep and eating disturbances, difficulty concentrating, anger, frustration, irritability
 - Anxiety: excessive worry, restless, on edge, difficulty concentrating, fatigued, irritable, sleep disturbance
 - Panic, social phobia, specific phobia, post-traumatic stress disorder, obsessive-compulsive disorder
 - Schizophrenia and psychosis: delusions, hallucinations, disorganized speech, affect flattening, catatonic behavior



IPM Challenges: Mental Illness (con't)

- Personality disorder diagnosis and features
 - Obsessive Compulsive: rigid, preoccupied with details, perfectionism, unable to discard worthless objects, miserly
 - Dependent: difficulty with everyday decisions, excessive need to be taken care of, urgently seeks others to nurture
 - Histrionic: excessive emotionality, attention seeking, self-dramatization
 - Borderline: instability of interpersonal relationships, impulsivity, identity disturbance, repeated suicidal behaviors, affect instability, inappropriate anger
 - Narcissistic: grandiose sense of self-importance, lacks empathy, requires excessive admiration, entitled, interpersonally exploitative, arrogant



IPM Challenges: Mental Illness (con't)

- Co-occurring mental illness – more than one
 - Multiple primary and/or primary and personality disorders
- Life events, circumstances, demographics and culture influences as part of mental health
 - Employment
 - Living conditions (size, geographic location, accessibility)
 - Transportation
 - Children/child-care
 - Relationships
 - Physical health
 - Genetics
 - Race, ethnicity, gender, sexual orientation, religion



IPM Challenges: Older Adults

- Cognitive limitations and impairment
 - Executive functioning: memory, decision making, attention, task division, multiple step implementation
- Vision deficits
 - May be un or under acknowledged limitation
- Hearing deficits
 - May be un or under acknowledged limitation
- Mobility and agility limitations
 - Unsteady gait/shuffle, limp, unable to bend or reach above head, difficulty turning body, arthritic
 - Use of mobility aide: walker, cane, wheelchair



IPM Challenges: Older Adults (con't)

- Fall risk
- Trip or crush hazards
- Literacy
- Relational
 - Fear
 - Mistrust
 - Isolation/loneliness



Assembling A Team

- Expertise beyond IPM
- Allows for carrot-stick approach
- Resource sharing
 - Access to resources
 - Financial
 - Person-power
- Builds network of colleagues for future cases



Assembling A Team (con't)

- Potential team members
 - Mental health
 - Housing
 - Protective services (older adult, child, animal)
 - Public health (nurse)/Board of health
 - Zoning/Inspectional services
 - First responders (fire, police, EMT)
 - (Social work) Case manager, advocate, liaison
 - Home-based care (personal care assistant, home health aide)
 - Occupational therapist
 - Heavy chore service
 - Legal services



Options for Intervention that Promote IPM

- Practical strategies
 - Ask!
 - Physically (re)move objects or eliminate barriers
 - Change lighting, speak louder, deliver instructions both orally and in writing
 - Identify resources to assist with physical limitations or barriers for carrying out IPM
 - Identify trans-disciplinary resources for intervention success
 - On-going follow-up and monitoring



Options for Intervention that Promote IPM (con't)

- Supportive
 - Ask!
 - Assist with problem solving
 - Break tasks down into small, manageable, measurable parts
 - Provide or garner support for carrying out tasks
 - Recognize acceptable intermediate steps on way to larger goal
 - Realize limitations related to age or ability may be causing interference; not willful disobedience
 - Praise efforts and achievements



Special Attention to Hoarding- Overview

- Hoarding definition
- DSM V proposed criteria
- Mental illness co-morbidity
- Demographics, prevalence, course, manifestations
- Suggestions for Intervention



Definition

Hoarding

- the acquisition of, and failure to discard, a large number of possessions that appear to be useless or of limited value
- living spaces are sufficiently cluttered so as to preclude activities for which those spaces were designed
- significant distress or impairment in functioning caused by the hoarding

(Frost & Hartl, 1996)



Proposed DSM-V Diagnostic Criteria

- A. Difficulty discarding/parting with objects
- B. Difficulty discarding due to urges to save
- C. Symptoms result in accumulation of possessions that clutter living areas
- D. Distress or interference
- E. Not better accounted for by medical condition
- F. Not better accounted for by other mental illnesses

Diagnostic Specifiers: (With) excessive acquisition, poor insight



Animal Hoarding

- Accumulation of more animals than a typical pet owner, not a breeder
- Failure to provide adequate facilities for the animals: overcrowded or unsanitary living conditions, inadequate veterinary care, poor nutrition, animals unhealthy
- Reluctance to place animals in others' care

(Patronek, Lear, & Nathanson, 2006)



Squalor

- Filthiness or degradation from neglect
- 2 forms: personal and domestic
- Diogenese Syndrome
- Home Environment Index (Rasmussen et al., 2009)



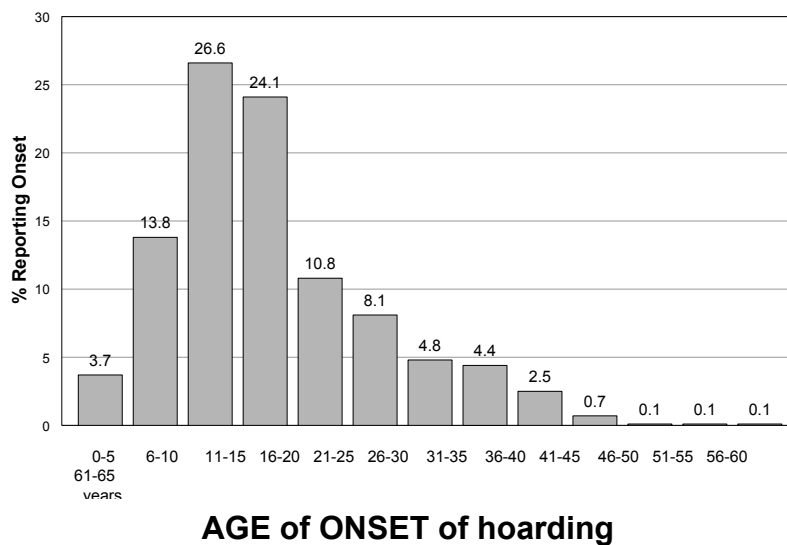
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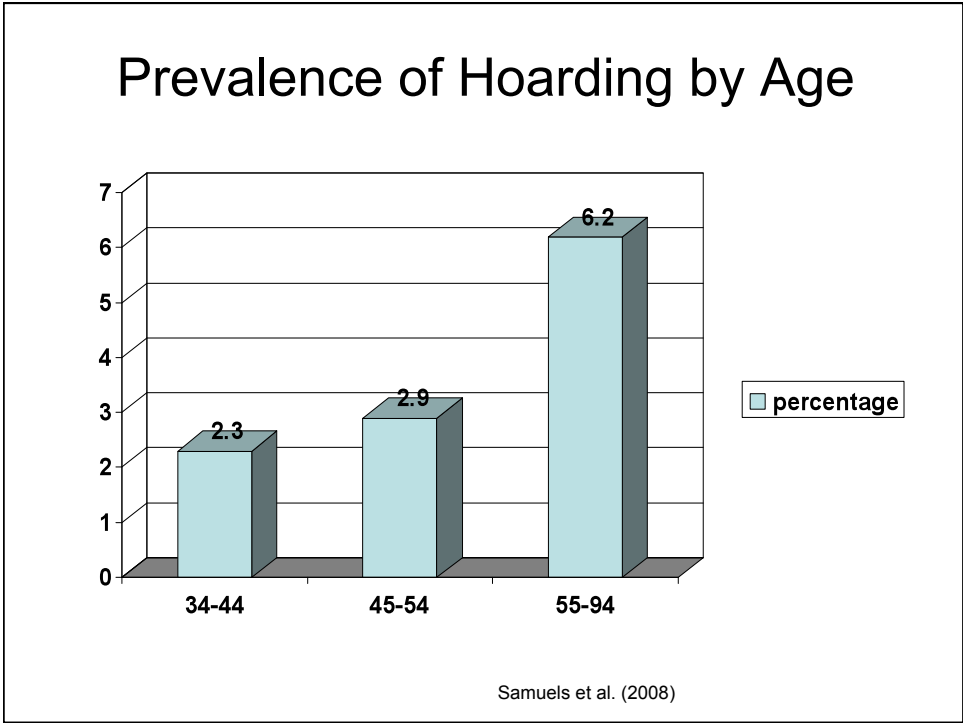



Demographics and Prevalence

- Saving begins in childhood
- Average age in treatment = 50
- Marital Status: tend to be single
 - Low marriage rate, high divorce rate, tend to live alone
- Education: ranges widely
- Family history of hoarding is common
- Squalid conditions uncommon among treatment seekers
- Estimates ~5% of US Population
- Women seek treatment more often than men; prevalence greater in men



Tolin, Meunier, Frost, & Steketee (2010)



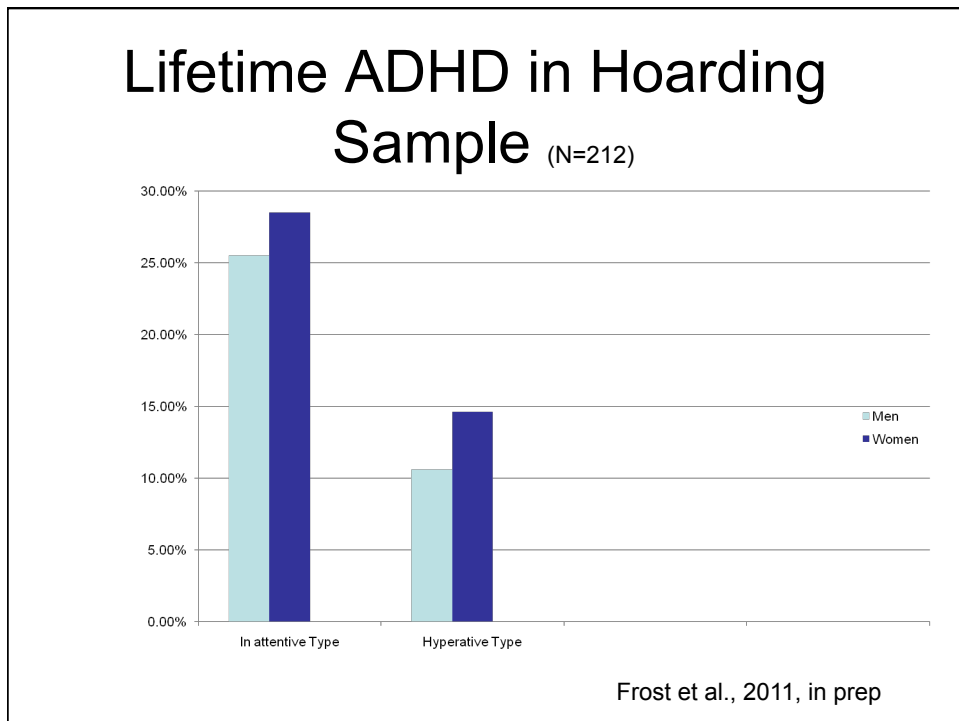
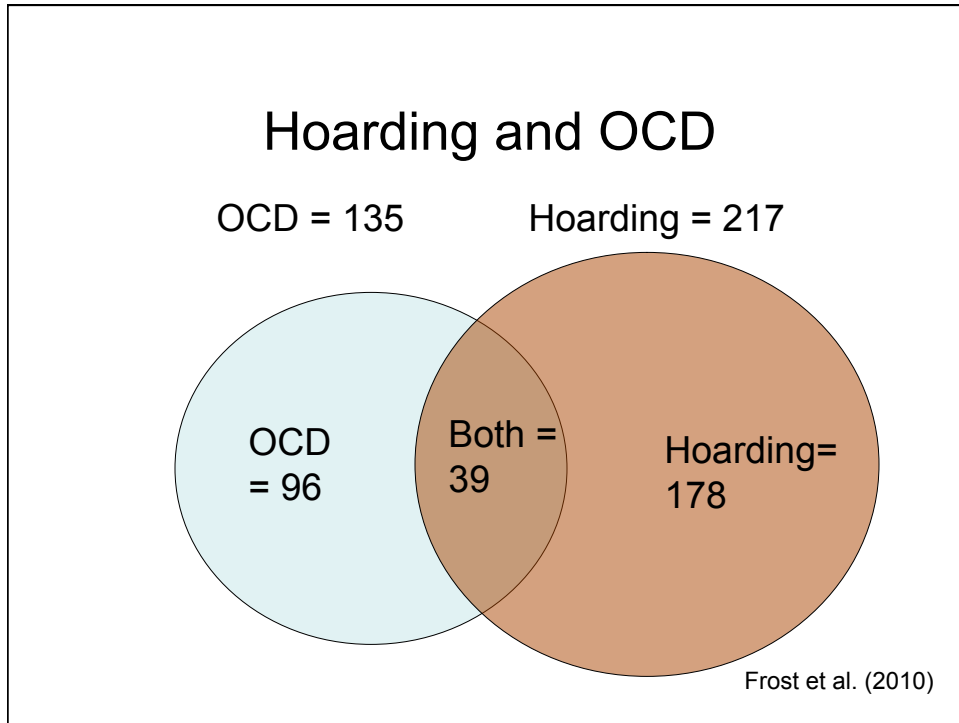


Lifetime Co-Morbidity

(N=217)

– Major Depressive Disorder (MDD)	69.1%
– Social Phobia	28.1%
– Generalized Anxiety Disorder (GAD)	24.9%
– Specific Phobia	16.1%
– Post Traumatic Stress Disorder (PTSD)	12.4%
– Substance Abuse	12.0%
– Bipolar Disorder	1.4%
– Panic Disorder	1.4%
– Eating Disorder	1.4%

Frost, Steketee, Tolin, Glossner. (2011). Co-morbidity in hoarding disorder.

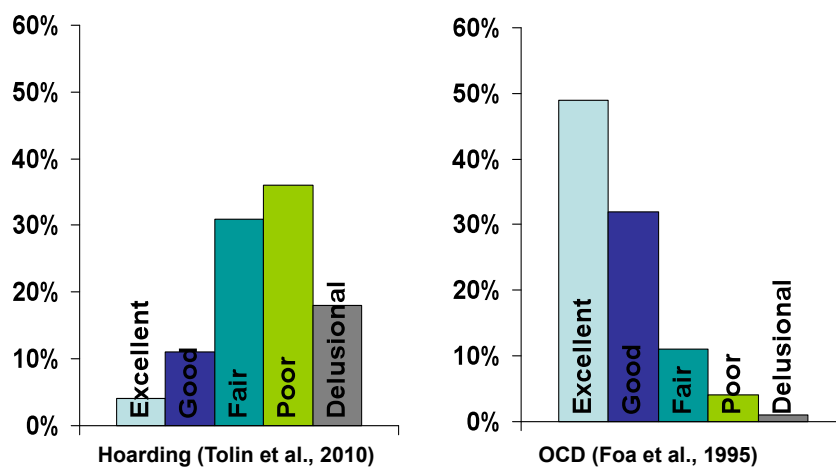




Hoarding Behaviors

- **Saving:** Sentimental, instrumental, intrinsic
- **Acquisition:** Buying, acquisition of free things, stealing
- **Clutter/Disorganization:** Random piles, churning

Self-Awareness (Insight): Hoarding vs. OCD





Lack of/Fluctuating Insight

- Fluctuating insight can make intervention/treatment difficult
- 3 categories of insight:
 - Non-insightful
 - Insightful but not motivated
 - Insightful, motivated but non-compliant
- Lack of insight and motivation is often found among involuntary hoarding clients, those 'found' by professionals in housing, protective services and first responders



Intervention Suggestions

- Referral for mental health treatment
 - Cognitive Behavioral Therapy (CBT)
- Use of professional organizer or other in-home behavioral coach
- Break tasks into small, manageable parts
- Be clear about timelines
- Deliver instructions verbally and in writing
- Use harm reduction approach
 - Think of risk in levels (imminent risk, moderate, low)
- Goal: house functional not house beautiful

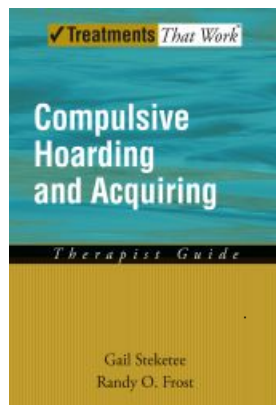


Intervention Suggestions (con't)

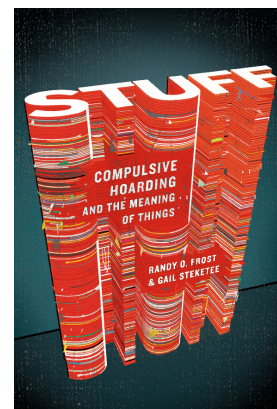
- Recognize resistance, build intrinsic motivation
 - Personal goals and values
 - Motivational Interviewing
- Do not expect overnight miracles
- Praise success, however small and incremental
- Use carrot/stick approach by teaming with other professionals
- Join (or start) hoarding task force in your community
- Resources
 - IOCDF, www.ocfoundation.org
 - MassHousing, www.masshousing.org/hoarding

Books on Hoarding

Oxford University Press



Houghton Mifflin
Harcourt





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