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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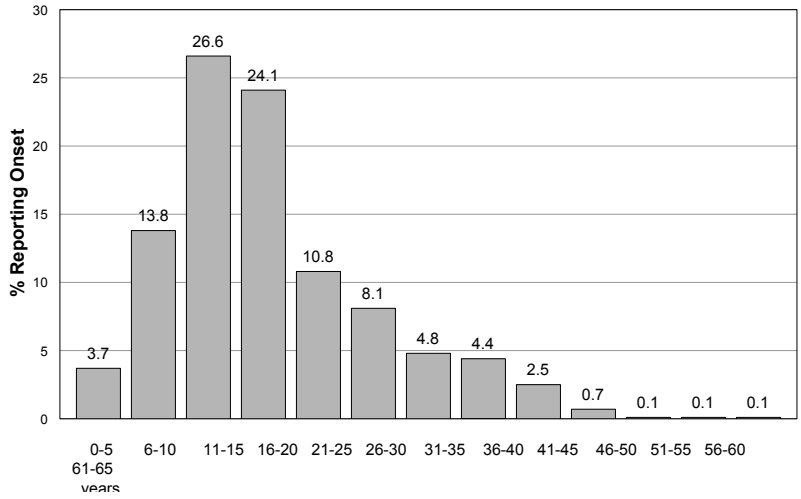
Demographics and Prevalence

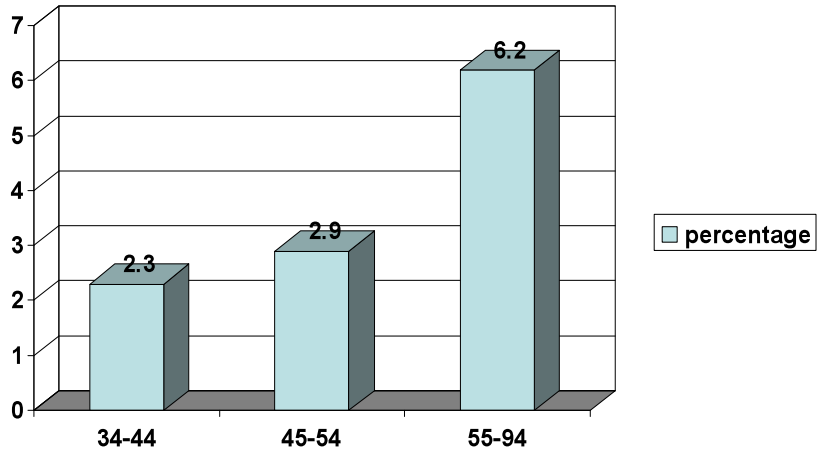
- Saving begins in childhood
- Average age in treatment = 50
- Marital Status: tend to be single
  - Low marriage rate, high divorce rate, tend to live alone
- Education: ranges widely
- Family history of hoarding is common
- Squalid conditions uncommon among treatment seekers
- Estimates ~5% of US Population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



AGE of ONSET of hoarding

Tolin, Meunier, Frost, & Steketee (2010)

Prevalence of Hoarding by Age



Samuels et al. (2008)

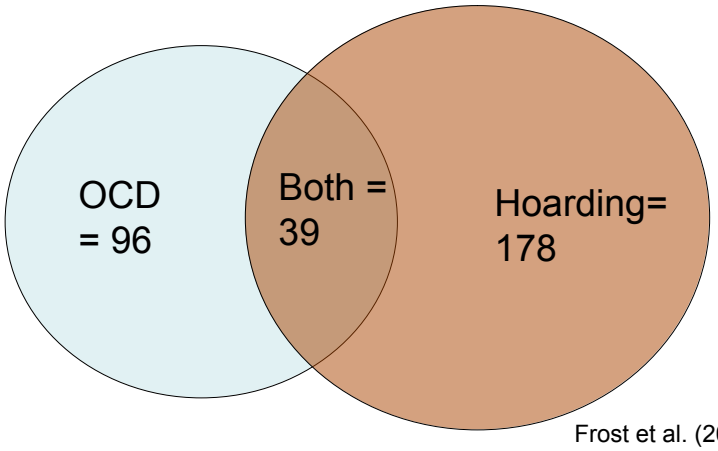
Lifetime Co-Morbidity

(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%

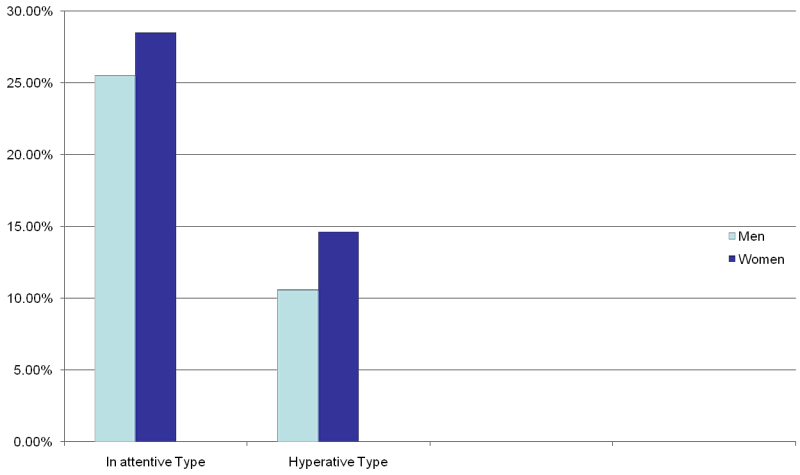
Frost, Steketee, Tolin, Glossner. (2011). Co-morbidity in hoarding disorder.

Hoarding and OCD



Frost et al. (2010)

Lifetime ADHD in Hoarding Sample (N=212)

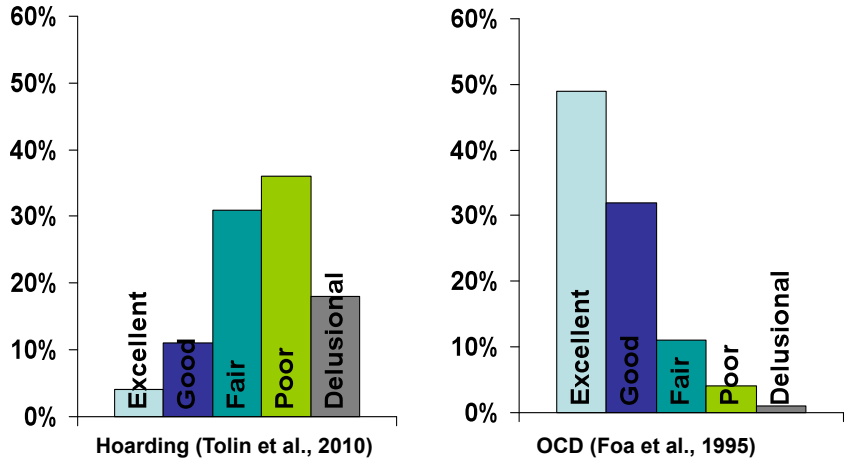


Frost et al., 2011, in prep

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

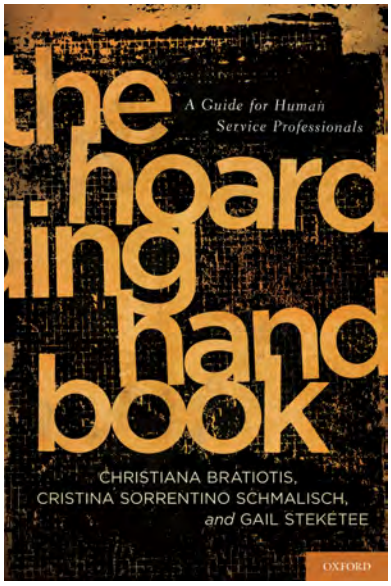
Intervention Suggestions (con't)

- 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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