

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

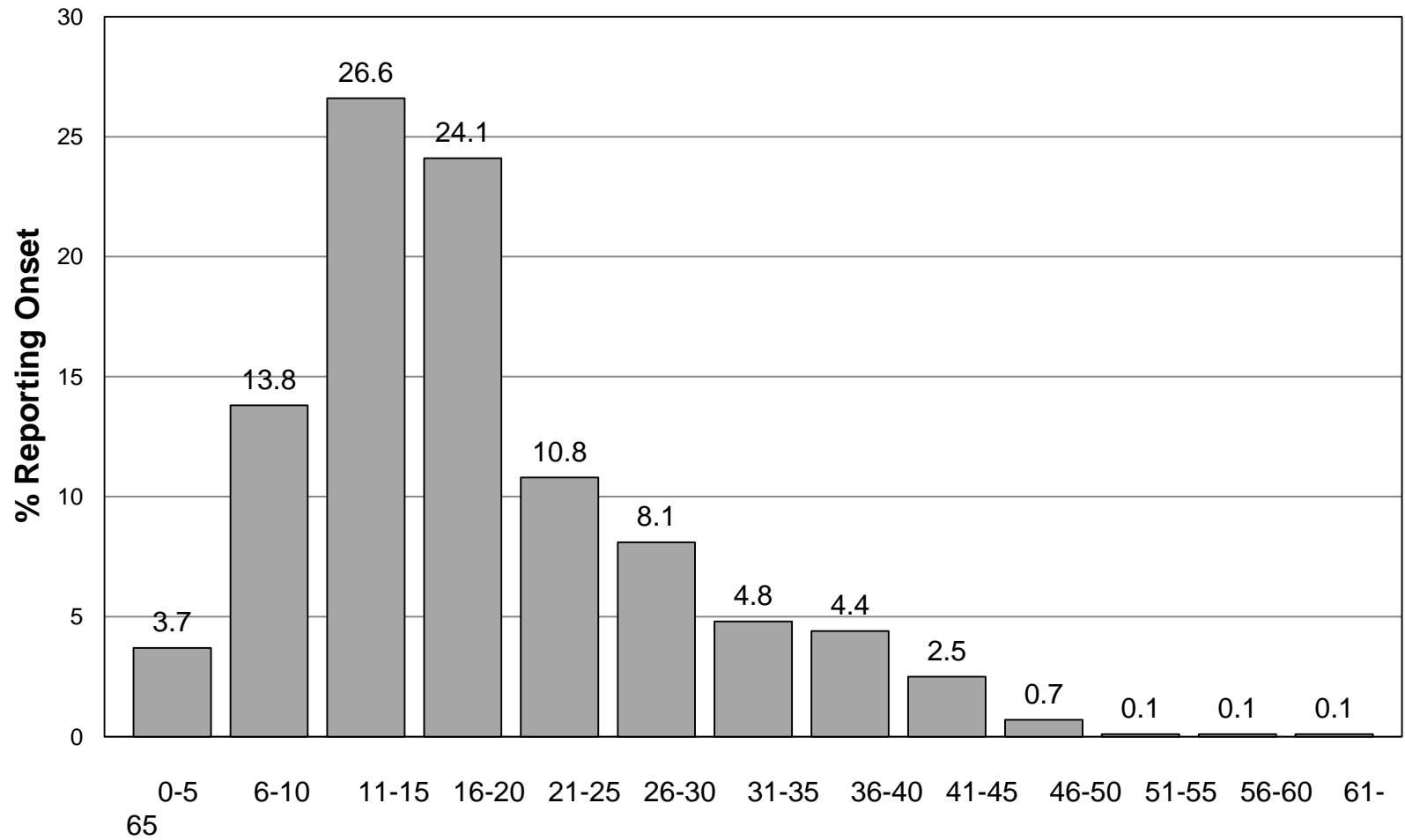
(Patronek, Lear, & Nathanson, 2006)

Squalor

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

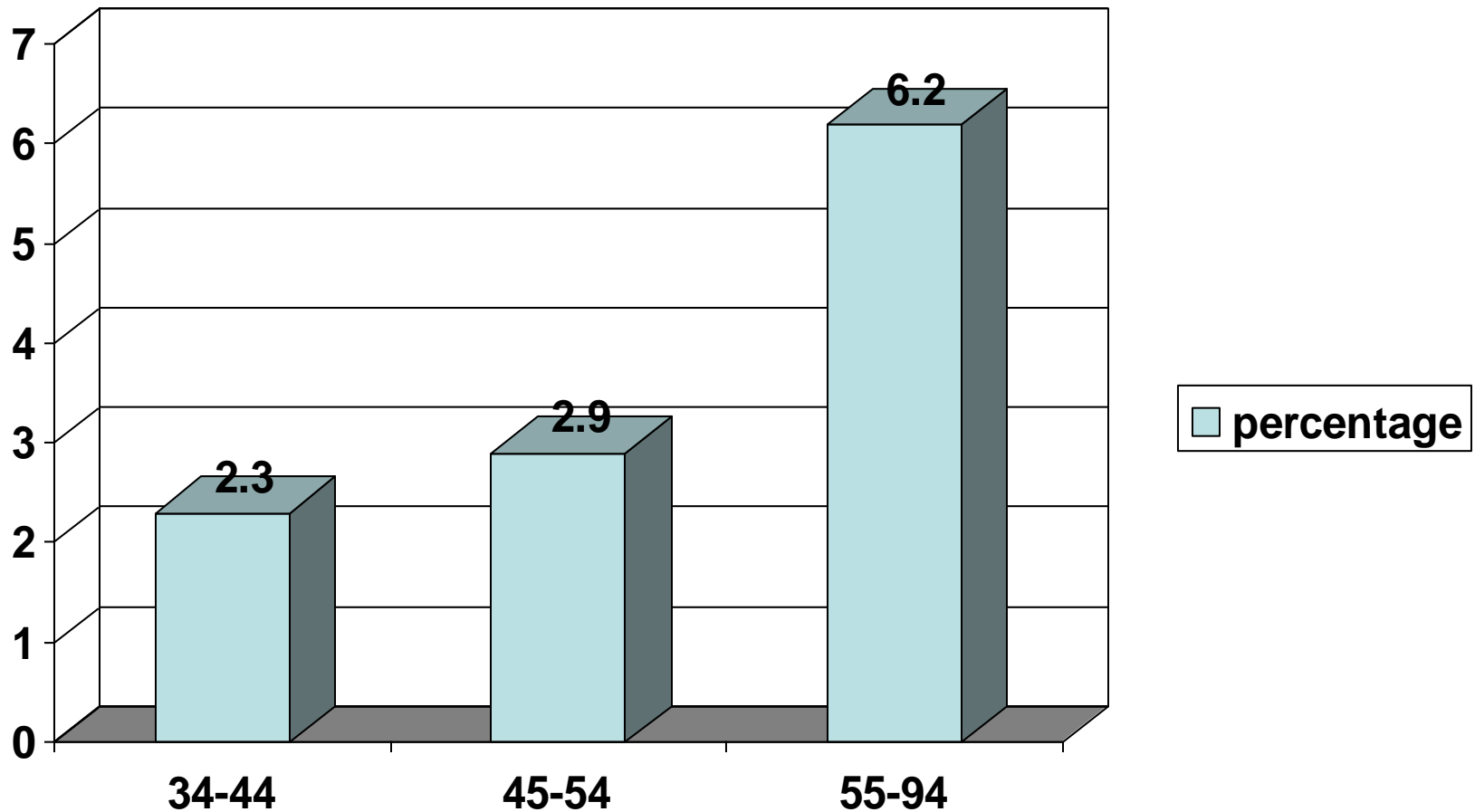
Demographics and Prevalence

- 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

Prevalence of Hoarding by Age



Samuels et al. (2008)

Lifetime Co-Morbidity

(N=217)

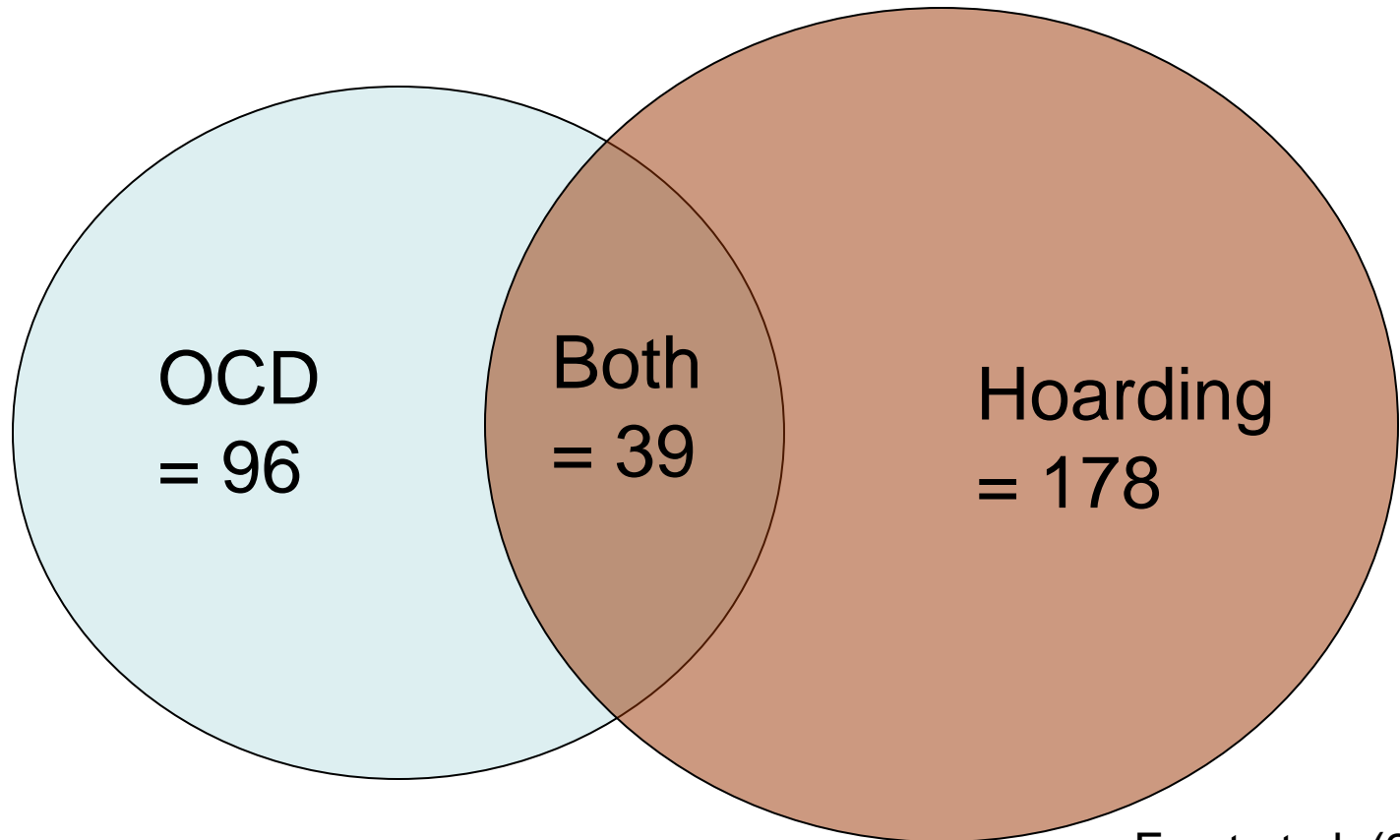
– Major Depressive Disorder (MDD)	69.1%
– Social Phobia	28.1%
– Generalized Anxiety Disorder (GAD)	24.9%
– Specific Phobia	16.1%
– Post Traumatic Stress Disorder (PTSD)	12.4%
– Substance Abuse	12.0%
– Bipolar Disorder	1.4%
– Panic Disorder	1.4%
– Eating Disorder	1.4%

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

Hoarding and OCD

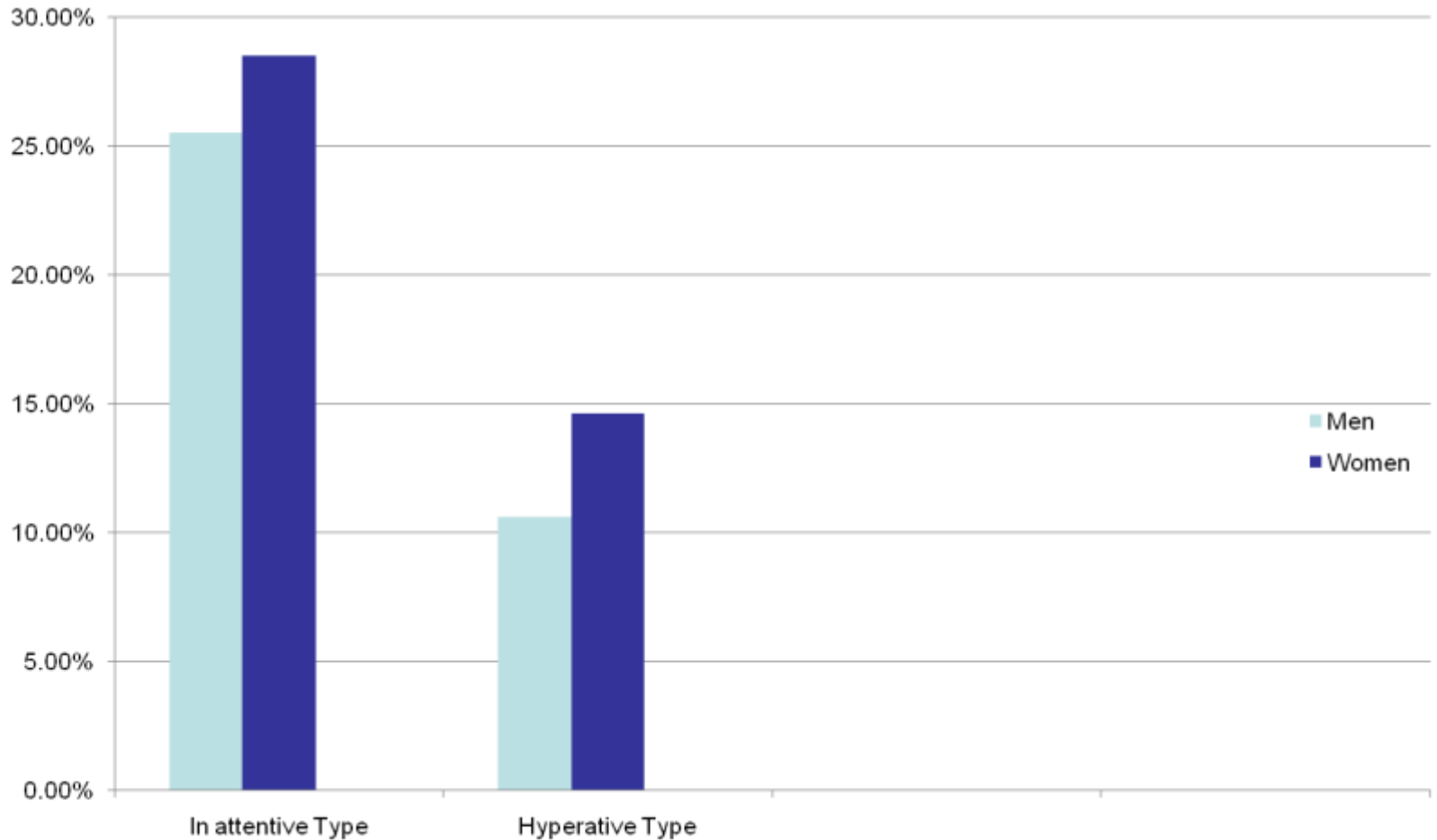
OCD = 135

Hoarding = 217



Frost et al. (2010)

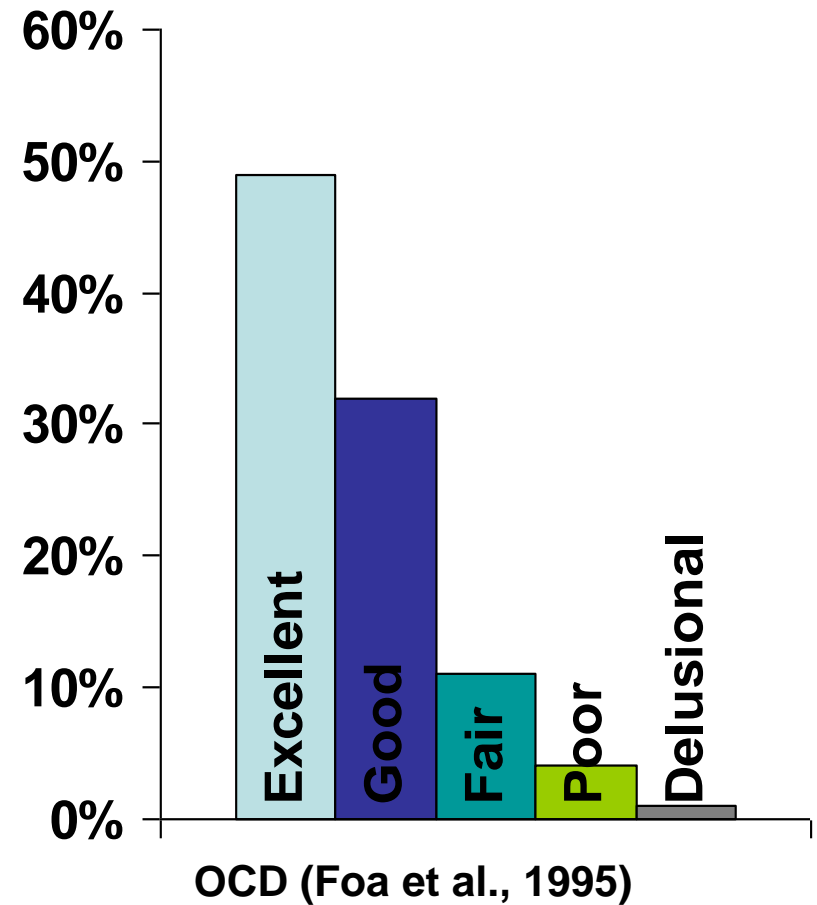
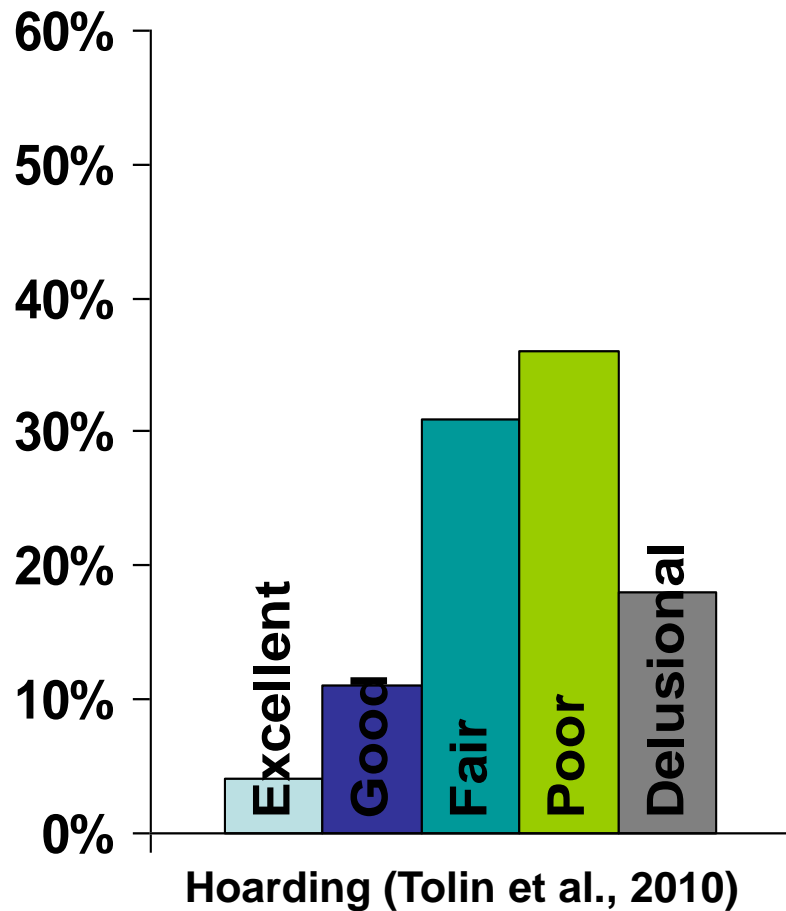
Lifetime ADHD in Hoarding Sample (N=212)



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

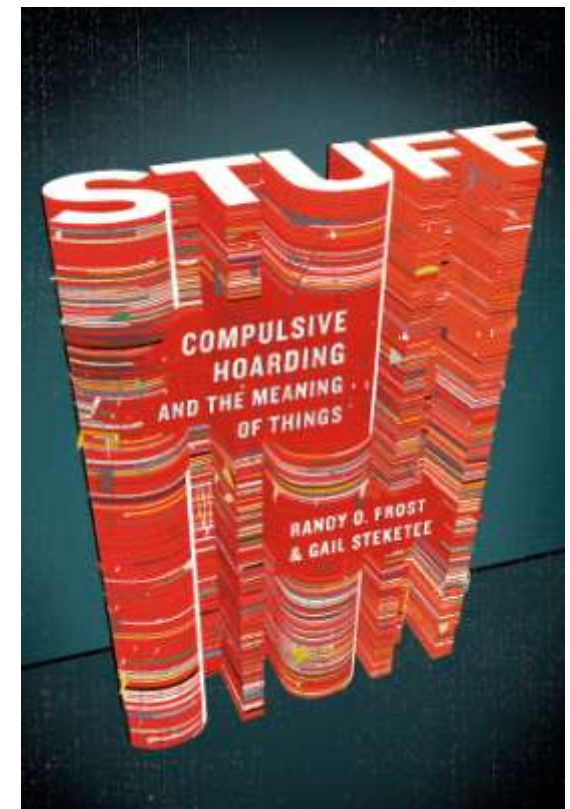
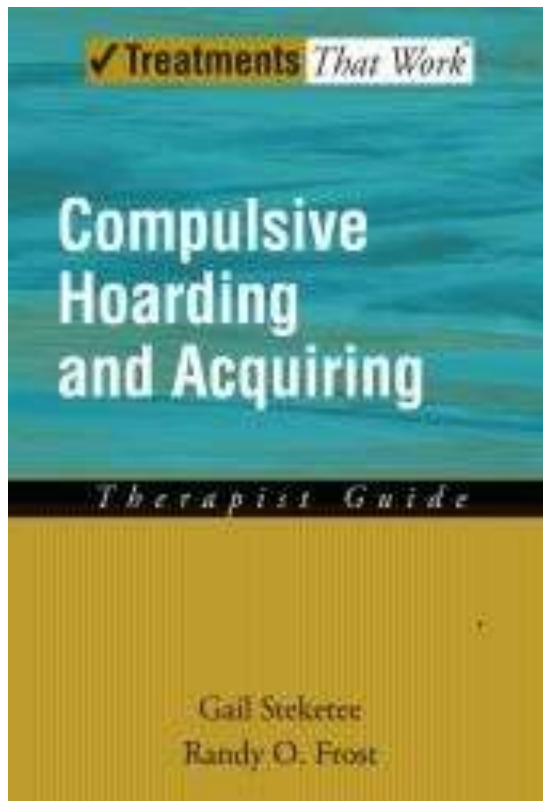
Intervention Suggestions (con't)

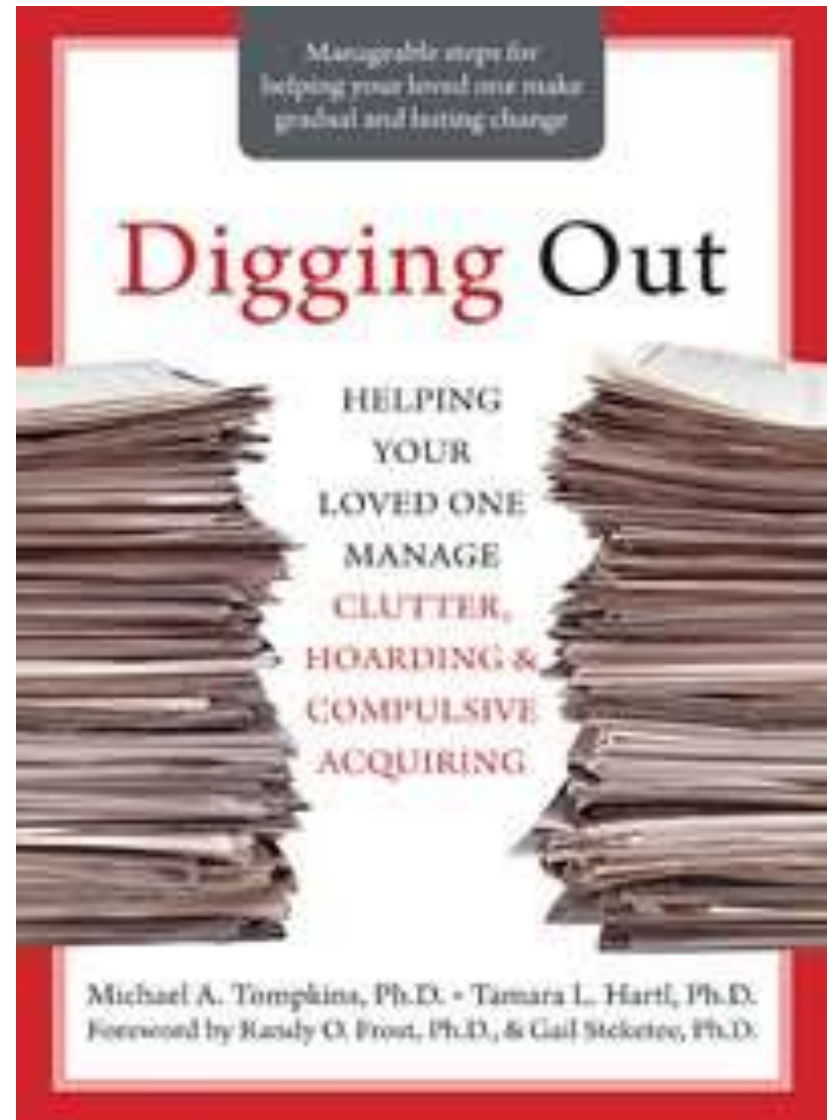
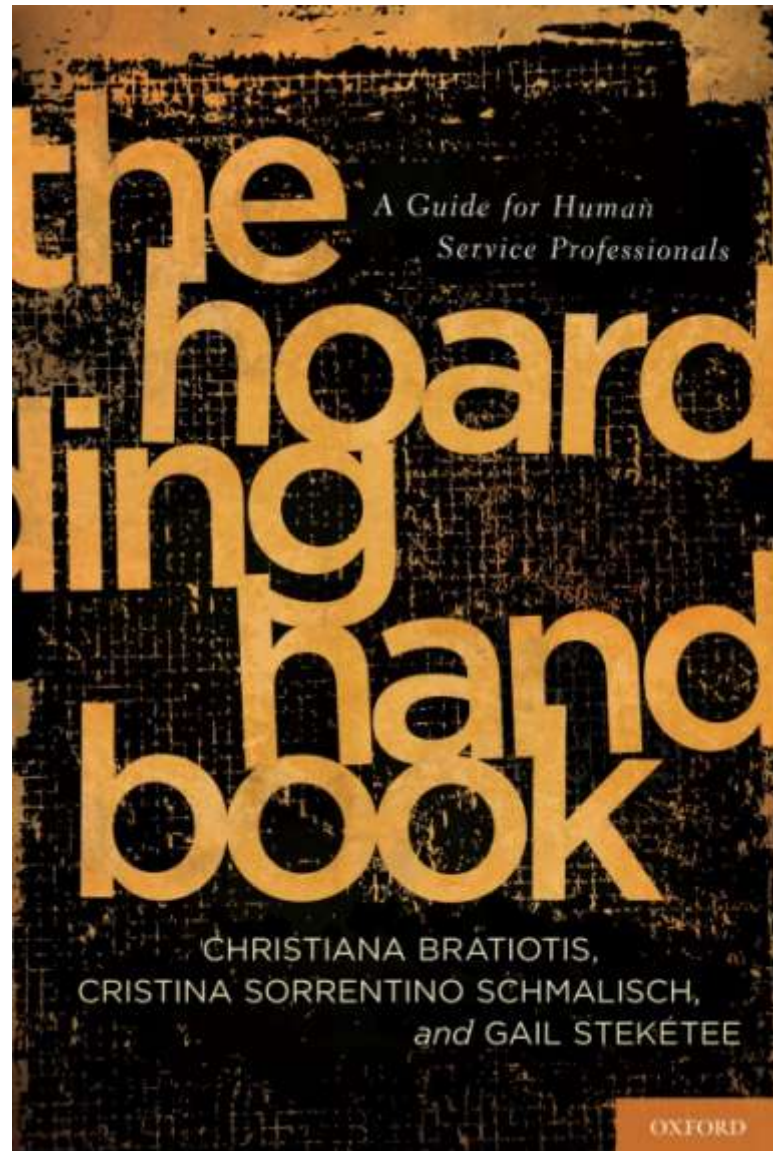
- Recognize resistance, build intrinsic motivation
 - Personal goals and values
 - Motivational Interviewing
- Do not expect overnight miracles
- Praise success, however small and incremental
- Use carrot/stick approach by teaming with other professionals
- Join (or start) hoarding task force in your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

Books on Hoarding

Oxford University Press

Houghton Mifflin
Harcourt







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IPM Implementation: A Tool for Change

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Introduction

Implementation of Integrated Pest Management (IPM)

- Involvement of People = Important People (IP)
- Setting the stage
- Communicating the mission

Implementation of Integrated Pest Management (IPM) cont...

- Effective case management
- Required commitment
- Incorporation of IPM into policies

Involvement of People

IPM

Requires

Involvement of Important People

IP

Team Work!

Setting the Stage

- Dismantle “pre-conceived” notions about residents
 - Ways to overcome
 - involvement of maintenance
 - interaction with community
 - communicate, not talk
- Establish IPM as a tool for residents to solve housekeeping violations

Communicating the Mission

- Communicate expectations throughout agency and community
- Use innovative methods to perpetuate the goals of IPM
 - stickers
 - certificates
 - Community and Housing Authority partnerships

Communicating the Mission cont...

- create before and after photo albums
- show vacant units
- three-part to-do list
- schedule evening PMP meetings

Effective IPM Case Management

Personalize

- Example case: Working mother with no assistance from adult children

Demonstrate

- Example case: Young mother without effective housekeeping techniques

Effective IPM Case Management cont...

- Establish safety protocols
 - Always schedule appointments
 - **Head of Household** must be present
 - Assign two or more staff members to home visits
 - Always carry cell phone/radio and be aware of surroundings

How effective is IPM?

Before



After



How effective is IPM? cont...

- Before



- After



How effective is IPM? cont...

- Before



- After



How effective is IPM? cont...

- Before



- After



Required Commitment

- PM contract with regional IPM center
 - consider staff contracts
- **Pest Management Professional**
 - -contract with regional IPM center
- Involvement of all property staff
- Time

Incorporation of IPM into policies

- During all IPM appointments, HOH must be present
- Require new residents to view IPM video at move-in
- Use lease language to implement IPM
- Require residents to attend at least one PMP meeting on an annual basis

Incorporation of IPM into policies cont...

- Violation for not reporting pests
- Train new employees



Safe, Decent, Pest-free Housing

Implementing an Integrated Pest Management (IPM) Program

Allie Taisey

The Northeastern IPM Center



Pests cause problems

- ✦ Decrease job satisfaction
- ✦ Lower resident satisfaction
- ✦ Bite and sting
- ✦ Contaminate food
- ✦ Transmit disease
- ✦ Violate housing codes
- ✦ Trigger/cause asthma and allergies
- ✦ Lead people to overreact and ignore pesticide labels



Cockroach infestation in a smoke detector

Integrated Pest Management defined

In a structural setting, an IPM program consists of

1. inspection,
2. identification,
3. establishment of threshold levels,
4. employment of two or more control measures (which may be cultural, mechanical, biological, or chemical), and
5. evaluation of effectiveness

(Adapted from the National Pest Management Association's Urban IPM Handbook, 2006)

What does HUD say about pest control?

HUD has three core programs for pest control

- ✦ Housing Quality Standards for Section 8—Housing Choice Voucher property.
- ✦ Public Housing Standards.
- ✦ Special Guidance on Integrated Pest Management.

IPM fixes pest problems

- A healthier buildings
- Fewer complaints
- Fewer pests



A property manager inspecting building exteriors for holes

IPM program plan

1. Convert the PHA to IPM—AMP by AMP, beginning with an IPM pilot site
2. Train site IPM team members using resources from www.stoppests.org
3. Inspect and monitor every unit to identify focus areas

IPM program plan continued

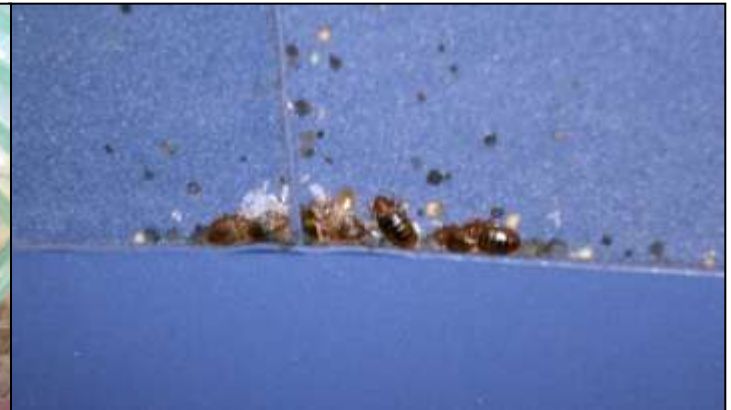
4. Reduce pest infestation—
Allocate pest control time and
resources to focus areas
5. Reduce the risk of pest
infestation
6. Aim for early detection and
rapid response through
monitoring and inspection



**Monitor under a
well-sealed sink**

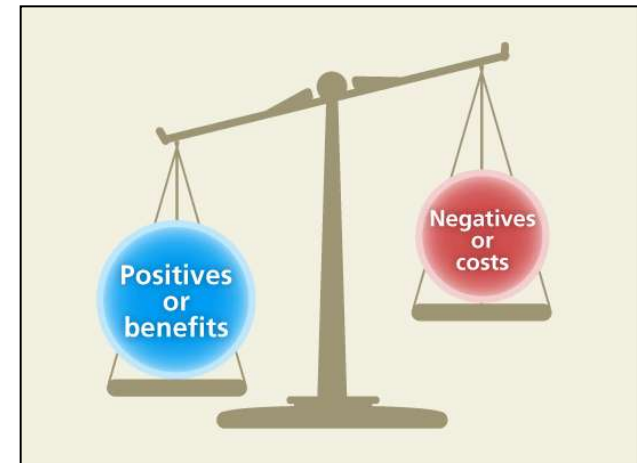
Priority pests

- Cockroaches cause asthma in infants, trigger asthma attacks, and contaminate food
- Rodents such as mice and rats carry diseases, bite, destroy property, may cause fires, and may trigger asthma attacks
- Bed Bugs and their bites are a nuisance and are expensive to eliminate



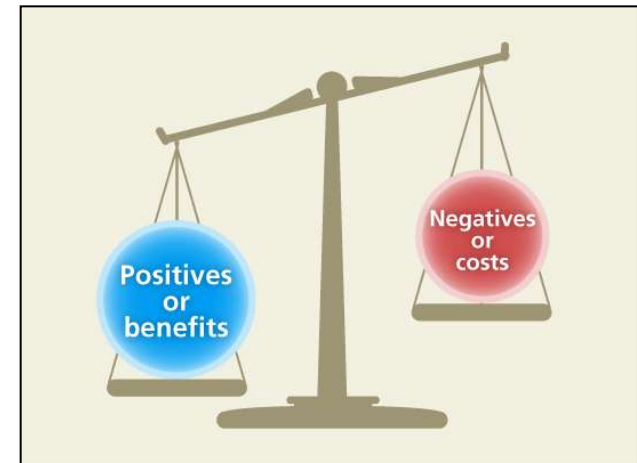
Program costs

- An IPM budget includes
 - Materials for caulking and sealing holes
 - Free items for residents in need: cleaning supplies, mattress encasements, monitors, etc.
 - An IPM contract, including inspection and monitoring



Expected program outcomes

- Increased cooperation and communication
- Decreased pesticide applications
- Infestations limited to periodic introductions—no high-level infestations
- Increased partnership with outside agencies
- PHA will be a community leader for pest-free initiatives



For more information

- ✦ Contact Allie Taisey aat25@cornell.edu
- ✦ Visit the project website www.stoppests.org (sign up for the blog)
- ✦ Visit our booth in the exhibition hall