



Welcome to the Case Manager's Corner – June 2018

“Understanding the value of a conservator.”

By Linda Ziac
The Caregiver Resource Center
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www.CaregiverResourceCenter.com

Every day, The Caregiver Resource Center receives calls from individuals who feel overwhelmed by the challenges of life; whether it's dealing with parenting, a healthcare issue, an aging parent, or the struggles of living with a disability. Often times these individuals aren't sure what questions to ask, what rights they have, or where to turn for help.

The goal of The Case Manager's Corner is to provide a venue where Linda Ziac can share tips and skills that Linda has acquired over more than 40 years as a licensed psychotherapist, board certified case manager and board certified dementia practitioner; while helping readers become better educated consumers for themselves and their families.

Each month Linda will present a case that she's worked on and the steps she's taken with clients and their families, to positively impact their lives and overcome challenges. Please note that this information is provided in a way that helps protect the client's privacy and confidentiality.

TODAY'S CASE PRESENTATION - MR. R

When Linda is asked to help on a case with a senior or person with special needs, her number one focus is always on what is needed in order to help ensure the client's health, safety, independence and quality of life.

Over Linda's years of practice, she's received calls from a wide variety of people requesting her services, many of whom are overwhelmed and ill prepared for the role they have taken on.

Linda's work with Mr. R and his niece Vanessa was one such case.

THE SITUATION

Today Linda would like to share a call she received from Vanessa, a single woman and the niece of Mr. R a 76 year widowed man. Vanessa is Mr. R's only living relative with whom she's had little or no contact with over the past 25 years.

Vanessa first called Linda to say that she needs help because her uncle's psychiatrist diagnosed him with cognitive impairment and Mr. R won't listen to her about his needing help. It's not uncommon for a senior or person with special needs to be hesitant or resistant to outside help, especially if they aren't included as part of the planning process.

As Linda has shared in previous articles, things are not always as they appear. Using a metaphor, situations are often like an iceberg, with much of the information below the surface, and not readily visible.

Vanessa reported that she reconnected with her uncle 4 months earlier, when a nurse from the hospital called her as Mr. R's only living relative, following Mr. R experiencing a fall and a one night stay in the hospital. Mr. R was discharged from the hospital to home with Vanessa in charge of overseeing Mr. R's needs.

Anyone who has ever been a caregiver or who has been asked to step in during a medical crisis can attest to the fact that this can be overwhelming, even under the best of circumstances.

VANESSA'S PERCEPTION OF THE SITUATION

Vanessa described Mr. R as angry, negative, confrontational, anti-social, and unwilling to do anything to help himself. In addition, Vanessa said that while Mr. R was in the hospital he was seen by a psychiatrist who diagnosed him with moderate Alzheimer's disease and recommended 24/7 care; which Mr. R refused. Vanessa arranged several more appointments for her uncle with this psychiatrist for a more in-depth assessment.

According to Vanessa, based on her conversations with the psychiatrist and her uncle's diagnosis, the psychiatrist suggested that Vanessa file for an "involuntary" conservatorship of her uncle with the local probate court.

Vanessa was able to share with Linda that although Vanessa really wanted to help her uncle she felt totally overwhelmed and angry. Vanessa was able to express that when she went to the hospital after her uncle's fall, it unknowingly re-triggered the trauma of her mother's stroke, fall and subsequent death.

CONSERVATORSHIP

According to CT statutory definitions, conservatorship is a legal mechanism by which the probate court of a given town appoints a substitute decision maker for an individual who is determined to be incapable of managing his or her own 1) financial and/or 2) personal affairs.

Voluntary conservatorship occurs when a person asks the court to appoint a conservator on his or her behalf.

Involuntary Conservatorship occurs when a concerned individual or organization submits an application asking the court to appoint a conservator for a person who is believed to be incapable of caring for themselves.

MR. R – THE CLIENT

Mr. R is a 76 year old man who had been a very successful business owner, and married for 52 years to his high school sweetheart until her death 2 years ago. From what Mr. R described his wife was the love of his life, and after retiring she was his reason for getting out of bed in the morning.

In speaking with Mr. R, Linda learned that he had been scared and overwhelmed while in the hospital; and angry that in his words “They (hospital staff and his niece) were telling me what to do. I don’t like anyone telling me what to do.”

Mr. R said that some doctor came to talk with him while he was in the hospital, and “I just said anything to get rid of him.” Mr. R acknowledged that he knows his memory is not as sharp as it once was, his hearing is poor, and that he has been lost since his wife died.

A SUMMARY OF LINDA’S ASSESSMENT AND WORK WITH MR. R

Linda’s role as a board certified case manager is to gather “pieces of the puzzle” from many sources, including the client, family, and healthcare professionals, and then help devise an appropriate action plan (road map).

When Linda first meet with Mr. R, Linda explained that she was there to be his advocate. Linda’s role was to help determine what Mr. R’s abilities, needs and wishes are; and to help him develop a plan that best meets his needs.

Mr. R seemed very open and honest with Linda about his life since his wife’s death, and he shared how much he appreciated Lnda listening to him without judging and not telling him what to do.

Mr. R was able to acknowledge, that, “I was so scared after the fall and I was afraid of losing my independence that I dug my heels in.”

Mr. R also shared that in his effort to fight back “I told the psychiatrist a lot of gibberish. I can see why he thinks I lost all my marbles.”

OUR PLAN

It’s amazing what we can learn when we really listen to what another person is saying, and we acknowledge and respect their thoughts and feelings.

Mr. R agreed to a 2nd psychiatric and geriatric assessment with a well-known and respected area geriatric psychiatrist. As expected this assessment showed that Mr. R did not have Alzheimer’s disease.

As a result of Mr. R’s assessments, and Linda’s work with Mr. R, we determined:

1. Mr. R was found to have some depression and unresolved feelings related to his wife’s death.

Mr. R agreed to work with a grief counselor for a few seasons to talk about the loss of his wife.

2. Mr. R was found to have some hearing loss.

Mr. R agreed to a hearing test with an audiologist, which lead to Mr. R getting a hearing aid.

3. Mr. R acknowledged that caring for his home, financial affairs, and other personal matters was at best very challenging.

Mr. R agreed to a meeting with Linda, his niece Vanessa and an attorney of Mr. R's choosing.

After much discussion, Mr. R agreed that it would be in his best interest to file a request for a "**voluntary conservatorship**", with his niece as the chosen conservator.

The probate court appointed Vanessa as Mr. R's "voluntary" conservator.

4. Mr. R and Vanessa asked Linda to work with them while they built their working relationship.

Together we worked on communication and listening skills, trust building, development of Mr. R's goals, objectives and a care plan, as well as outlining Vanessa's role and responsibilities.

A PROGRESS REPORT ON MR. R AND VANESSA

Mr. R reported that he now tries to live each day as fully as possible, because "My wife is still alive in my heart, and this is what she'd want for me."

Mr. R joined the retired men's association and also volunteers with SCORE, where he uses his entrepreneurial and business knowledge to help other business owners.

Vanessa and Mr. R have formed a nice relationship and they're both looking forward to spending more time together this year as family.

Vanessa also made the decision to see a counselor short term, to help Vanessa process her feeling of loss regarding her mother, that were retriggered by her uncle's hospitalization.

THE VALUE OF CASE MANAGEMENT

Care for seniors and people with special needs often requires a multi-disciplinary team approach that encompasses many aspects of life such as:

- Health and Mental Health
- Activities of Daily Living (ADLs)
- Transportation
- Finances
- Social Opportunities
- Emotional Well Being

This process needs to focus on a person's:

- Hopes and Desires
- Short and Long Term Goals

- Abilities and Needs
- Spectrum of Resources to address current and evolving needs

Case management is a collaborative process that consists of four steps:

1. Needs Assessments
2. Development of a customized Care Plan (road map)
3. Implementation & Monitoring of the Plan
4. Ongoing Review and Modification of Care Plans as client needs change

THE CAREGIVER RESOURCE CENTER

Each person is unique, and as a result each person has unique needs. Some people may experience mental and physical limitations that limit their level of functioning, while others will remain relatively high functioning.

The Caregiver Resource Center's role is to work with the client, their family and healthcare professionals to help assess, plan for and implement ways to allow for their greatest degree of health, safety, independence, and quality of life.

Some Benefits of Our Services

- Well respected company serving the community since 1990
- All services are individually designed to meet the unique needs of the client
- We are available 7 days a week by appointment, and 24/7 for emergencies
- Professional support & guidance
- Our services may be provided on-site in the home, doctor's office, ER, hospital, assisted living facility, or nursing home

Photo from Microsoft

The information in this article is provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create any patient provider relationship, and should not be used as a substitute for professional diagnosis and treatment.

Please consult your health care provider for an appointment, before making any healthcare decisions or for guidance about a specific medical condition.

Linda Ziac is the owner and founder of The Caregiver Resource Center. The Caregiver Resource Center is a division of Employee Assistance Professionals, Inc. which Linda founded in October 1990. The Caregiver Resource Center provides a spectrum of concierge case management and advocacy services for seniors, people with special needs and families.

Linda's professional career spans more than 40 years in the health and mental health field as a CT Licensed Professional Counselor, CT Licensed Alcohol and Drug Counselor, Board Certified Employee Assistance Professional, Board Certified Case Manager, and Board Certified Dementia Practitioner. In addition, Ms. Ziac has 15 years of experience coordinating care for her own parents.

Linda assists seniors, people with special needs and their families; in planning for and implementing ways to allow for the greatest degree of health, safety, independence, and quality of life. Linda meets with individuals and family members to assess their needs, and develop a Care Team, while working with members of the Team to formulate a comprehensive Care Plan (a road map). Once a plan is in place, Linda is available to serve as the point person to monitor and coordinate services, and revise the plan as needed. This role is similar to the conductor of an orchestra; ensuring that there is good communication, teamwork, and that everyone remains focused on the desired goal.

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