



## **The Case Manager Corner – May 2018**

By Linda Ziac  
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[www.CaregiverResourceCenter.com](http://www.CaregiverResourceCenter.com)

### **When a Loved One Needs Help**

#### **“What to do if you suspect a loved one may need help?”**

The Caregiver Resource Center routinely 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 presents 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 - AUNT NINA**

Linda received a call from Nancy who said that Linda's name was given to her by the local department of social services.

Nancy is a 42 year old single woman who lives in Boston MA. Nancy shared that she has only one living relative Aunt Nina who lives in a small home in Fairfield County CT. Nancy recalled traveling to CT every year to celebrate Aunt Nina's birthday with her mother and Aunt Nina, until Nancy's mother passed away a year ago. Nancy's mother and sister lived less than a mile apart, and were known to spend most of their time together.

Nancy shared that she had gotten a letter from Aunt Nina at the beginning of April inviting Nancy to her home this year to celebrate Aunt Nina's birthday "like old times". Nancy called and spoke with Aunt Nina and they made plans for Nancy to come and spend a week together.

## **THE SITUATION**

Nancy said that everything seemed great when she talked to Aunt Nina on the telephone before coming to CT. "Aunt Nina said everything was going great. She seemed alert, energetic and genuinely looking forward to my visit."

When Nancy arrived for her visit on a Monday and got out of her car in her aunt's driveway, Nancy said she was shocked at what she saw.

In place of the once well maintained lawn and house, Nancy now saw uncut grass, broken front steps, and an assorted number of items on the front porch including boxes, newspapers and old appliances.

The situation became even more upsetting for Nancy, when Nancy was greeted by Aunt Nina who looked disheveled with unkempt hair, and a bathrobe covered with food stains. As Nancy walked into the living room she saw even more piles of what she described as debris, ranging from broken furniture, boxes, magazines, and lots of plastic bags filled with who knows what.

Aunt Nina invited Nancy in and showed her through a pathway weaving through the assorted items which Aunt Nina had obviously accumulated over the past year, since Nancy's last visit. As it turns out, the kitchen and other rooms of the house were just as cluttered.

Nancy ended up taking Aunt Nina out for dinner because the stove and microwave were covered with debris, and non-working. Nancy noticed that her aunt ate very little for dinner, and in fact appeared to have lost a great deal of weight over this past year. Not knowing what to do, Nancy didn't say anything, for fear of hurting her aunt's feelings.

Nancy called Linda on Tuesday and asked to meet with Linda alone. Nancy said that she needed some help in sorting out what she had encountered at her aunt's home, and what if anything she can do to help. Nancy was convinced that Aunt Nina had become a hoarder.

## **IS THIS A POSSIBLE CASE OF DEMENTIA - OR DEPRESSION - OR HOARDING**

Based on the description that Nancy provided of Aunt Nina's home and person, it was important to look at a number of potential issues, including possible dementia, depression or hoarding; to name a few.

## **DEMENTIA**

Although dementia is known to affect mainly older people, dementia is not a normal part of aging.

It's important to note that dementia is not a specific disease, but instead is a term that describes a broad range of symptoms.

The term dementia is used to describe a person who is experiencing cognitive functioning in two or more areas of their life as a result of changes in the brain. These include:

- Memory - Subtle Short-Term Memory Changes
- Communication and Language - Difficulty Finding the Right Words
- Apathy - Lose of Interest in Hobbies or Activities
- Reduced Ability to Focus and Pay Attention
- Difficulty Doing Normal Tasks
- A Loss of a Sense of Direction
- Loss of Emotional and Behavioral Control - Changes in Mood
- Being Repetitive
- Reduced Problem Solving Abilities
- Confusion

## **DEPRESSION**

According to the Mayo Clinic, "Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depression, major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and depression may make you feel as if life isn't worth living."

### ***Sampling of Warning Signs***

- Loss of interest in home and work
- Crying
- Change in eating or sleeping habits
- Unexplained anxiety or irritability
- Poor self-image
- Inability to express feelings
- Loss of pleasure
- Indecisiveness

- Poor concentration or forgetfulness
- Social isolation
- Increased physical problems
- Feelings of guilt
- Suicidal thoughts

## **TYPES OF DEPRESSION**

### ***Situational or Transitional Depression***

Temporary sadness as a reaction to death, divorce or other major life change is normal and expected. Time and patience are necessary to get through these feelings. Spend time with friends or family who can be supportive of your emotional needs. Feelings of depression may go on for more than a few weeks or interfere with your home or work life. If this is the case, it might be time to seek some professional help. Ask your doctor for a checkup and a referral to an appropriate healthcare provider.

### ***Moderate Depression***

Moderately depressed people often feel that their lives are shaky at best. Many moderately depressed people describe their lives as being as unstable as a house of cards. They struggle with daily tasks that were once easy to manage. It's also difficult for them to enjoy family and friends. If you're feeling moderately depressed, explore self-help skills and seek professional help.

### ***Severe Depression***

Severely depressed people can't enjoy the people around them and have lost the will to seek pleasure in life. Too often they have even lost the will to live. Depressed people see their lives as frustrating, their pasts as wasted and their futures as futile. They often view themselves as losers. The risk of suicide is high for severely depressed people. If you or a loved one experiences any of these feelings on a regular basis or have suicidal thoughts, seek professional help immediately.

## **COLLECTING vs. CLUTTERING vs. HOARDING**

### ***Collecting***

When we look at collecting, we see that collectors typically keep their possessions well organized, and each item differs from other items, to form interesting and often valuable groupings.

An important purpose of collecting is to display the items for personal as well as other's enjoyment, and to appreciate their value.

Collecting may include items such as dolls, sports memorabilia, or coins.

### ***Cluttering***

The concept of cluttering falls somewhere in between collecting and hoarding

Cluttering lacks the organization usually associated with collectors, and it also lacks the “mass” or “volume” associated with hoarding

A key factor is that cluttering doesn't interfere with the person's daily life.

Also, although clutter is the most easily visible marker of hoarding, a home can be cluttered for a variety of reasons.

Only when the clutter results from excessive acquisition and difficulty getting rid of things, and it interferes with the person's daily functioning does this behavior constitute hoarding.

### ***Hoarding***

Now looking at hoarding - hoarding is the compulsive purchasing, acquiring, searching and saving of items that have little or no value.

This behavior usually has negative effects which can be emotional, physical, social, financial, and even legal; which we know not only impacts the hoarder, but their family as well.

### **GATHERING THE FACTS**

Nancy arranged for me to meet with her and her aunt, at Aunt Nina's home.

Although Aunt Nina did not see a problem with her “collection of things”, she was able to acknowledge that she has been struggling since her sister died two years ago, and Aunt Nina said “I think that I may be a little depressed.”

After a lengthy discussion, Aunt Nina agreed to meet with a psychiatrist for an evaluation, which Linda was able to schedule for the following Monday afternoon.

This evaluation would look at Aunt Nina's

- Abilities and needs
- Challenges
- Potential signs of depression, dementia, cognitive impairment, etc.
- Level of acknowledgement of a problem(s)
- Risk factors
- Aunt Nina's willingness to accept help
- The impact of the behavior on Aunt Nina and her niece, to name a few

Nancy agreed to remain in CT in order to accompany her aunt to the appointment, and help devise a plan moving forward.

Nancy called Linda for a 2<sup>nd</sup> appointment to discuss what had transpired with the psychiatrist, and how Linda might be able to help Nancy and her aunt moving forward.

As it turns out Aunt Nina was dealing with a number of challenges:

- Aunt Nina was diagnosed with untreated depression, which history showed had been present all of Aunt Nina's life

- It came to light that Nancy's mother had taken on the responsibility of cleaning and maintaining Aunt Nina's house, while she was alive.

- Several other issues came to light which included

- 1) Aunt Nina was routinely forgetting to take her medication for high blood pressure and diabetes,

- 2) following several "fender benders" Aunt Nina gave up driving which limited her access to doctor appointments and the grocery store

- 3) Aunt Nina was afraid to let anyone know how much she was struggling for fear of "being put in a nursing home".

## **OUR PLAN**

Together we were able to develop a care plan (road map) which included a wide range of services such as:

- House cleaning and addressing home maintenance issues
- Setting up Aunt Nina's medication box and oversee her medication compliance
- Arranging for Aunt Nina to meet with a therapist to discuss a number of issues, including the loss of her sister who was "my best friend", and a psychiatrist to help manage the medication to treat Aunt Nina's depression
- Arranging for someone to take Aunt Nina grocery shopping and help with meal preparation
- Accompany Aunt Nina to doctor appointments
- Helping Aunt Nina reengage in previously enjoyed activities such as membership at the local women's club and golf club,

## **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.*

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*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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