

Geriatric Care Management: A Story.
Sue Murphy

North Riverside, Illinois has an active older adult community and their yearly senior fair is a popular event. I manned a table for our non-profit social service agency and braced myself for the typical comments. One of our support groups is for Grandparents Raising Grandchildren, and most people can't resist saying, "I would never do that." As they laugh and roll their eyes, I think of all the grandparents that do raise their grandchildren. They take in these children after their parents have been incarcerated for drug or alcohol addictions, or a terrible accident, or the troubling combination of mental illness and substance abuse. These children have been spared from "the system" and are raised in loving homes. Grandparents raising grandchildren are rarely recognized yet they change the lives of so many young people.

So I fanned all our flyers and brochures on the table and prepared myself for a busy day of promoting and describing our services. Midway through the day, an attractive older woman approached the table. She grabbed the flyer for the Caregiver Support Group for those With Alzheimer's and Related Dementias and her lip began to quiver. She looked directly at me and burst into tears. I came around the table and sat with her in the back of the room.

"I just can't take it anymore. I don't know what to do with my husband and it's only getting worse," she said between sobs. I knew that active listening was the only skill that needed to be used at this point. "I'm not sure what the problem is, but it's getting to the point where he can't remember the names of neighbors he's known for year when we're in the elevator. He acts like he's never met them before. It's so embarrassing. He constantly wants to know where I'm at and is forever asking about "his" money." Trying to normalize her situation, I let her know that many caregivers of those with memory loss experience these types of situations. "Well, I'm sure they don't have to deal with his two daughters, too. Every time I try to talk to them about their father, they accuse me of exaggerating and complaining. I just can't take it."

I gave her my business card and asked her to give me a call. I briefly described care management and the resources and services our agency can offer. I also assured her she can get the help and support she needs. I left by telling her something I say to many caregivers, "You are not alone."

Within a few days, Dorothy was sitting in my office. She began by explaining how their life has changed in the past few years. They married twenty-eight years ago, and though Chuck is older, they enjoyed doing everything together. They played cards, bowled and went out to lunch with a wide circle of friends. Chuck and Dorothy bought a condo so they could start travelling without the worry of home maintenance. The life of their dreams is now gone.

About four years ago, Chuck began to have trouble balancing their checkbook. Dorothy did not think much of it until he began accusing her of giving money to her daughter. Obviously, this upset her. Chuck continually called his daughters and complained about Dorothy spending his money. Dorothy tried to reach out to the girls, but they refused to think Dad had any problems.

I told Dorothy I would like to come to their home to meet Chuck, but first, I needed to get some information. I did a brief assessment with Dorothy and began to ask about her financial situation. She was over assets for the Illinois Department on Aging Community Care Program (a

Medicaid waiver program) so I knew the interventions would need to be private pay. When I presented her with the option of hiring a caregiver or having Chuck attend Adult Day Service, Dorothy began to shake her head. She just couldn't imagine having a person in her home nor could she send Chuck away for the day.

When I went to their home a few days later, Dorothy appeared exhausted. Chuck had been using the phone all night long. He even called 911 once. After completing an assessment, it became evident that Chuck has dementia. As a veteran of World War II, Chuck had been going to the Veteran's Association Hospital to treat other chronic issues but his memory loss had not been addressed. I urged Dorothy to make an appointment with the VA. As evidenced by his medications, Chuck had a heart condition, high blood pressure, and prostate concerns but nothing addressed his memory loss or anxiety.

I also gave her a referral list for private pay caregivers and encouraged her to consider calling an agency to care for Chuck and give her a break. I arranged for respite for the next day and asked Dorothy to use this time to take care of herself. This opened the door for her to begin getting help in the home. Chuck benefitted from having someone to assist with activities of daily living like bathing, grooming and socialization.

After a visit to the VA, Chuck had a neuro-psych evaluation, and was prescribed Namenda and an anxiety medication, to be used as needed. At this care manager's suggestion, his daughters flew in for a family meeting. It was an interesting meeting because all the appropriate advanced directives and power of attorney documents came to the table. Dorothy was Chuck's power of attorney but it appeared his daughters would never respect or accept her decisions. They began talking about getting their own attorneys and Dorothy began to cry. Chuck sensed the intensity of the situation and went to comfort his daughters. I reminded his daughters that the power of attorney documents were prepared many years ago, and reflected the wishes of their father. It was not comfortable for Dorothy but the meeting put the legal issues into perspective for his daughters.

Other interventions included a caregiver support group for Dorothy and a reminiscence group for Chuck. I also encouraged Dorothy to see a therapist and psychiatrist. Eventually Chuck did attend adult Day Service five days a week. In the last few months of his life he became a swallow risk and was no longer able to attend adult day service. Chuck spent the final days of his life at home with 24 hour care and hospice. Again, as a geriatric care manager, I was able to provide the support Dorothy needed as she made difficult decisions. He befittingly passed away on Veteran's Day.

Are geriatric care managers heroes? In the eyes of overwhelmed, exhausted caregivers, they are. Navigating the silos of care is challenging for everyone but especially when you don't know where to start. Many caregivers are not effective advocates or self-managers and don't know who to turn to when life becomes unmanageable. Dorothy felt isolated and confused until a care plan with options was developed.

With the benefit of a John A. Hartford scholarship, an excellent education in aging at Loyola University Chicago, and five years working in community, health-care and long-term care settings, it is evident that geriatric care managers will be essential for the future.