



When Is It Time to Stop Driving?

“To Drive or Not to Drive”

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. B

It's not unusual for Linda to receive a call from a family saying they want to talk about whether their aging loved one should give up driving.

Being able to drive gives a person a feeling of independence and freedom. It means being able to go wherever, whenever and with whomever we want. There are relatively few restrictions and no one is able to control our destiny.

Because we associate driving with freedom and independence, for seniors and people with special needs, having a driver's license taken away because of cognitive, medical or physical limitations can be distressing. There is a point, however, at which people can no longer safely drive - when getting behind the wheel puts both the driver and other people on the road in danger.

“Motor vehicle accidents are a leading cause of injury-related deaths in adults 65 and older.”

Source: Older driver safety. American Medical Association

Linda's client Mr. B who was diagnosed with Parkinson's Disease and Mr. B often spoke about being torn whether “To Drive or Not to Drive”. Linda suggested that Mr. B undergo a driver evaluation, which he eagerly accepted.

Mr. B passed the driver evaluation, but based on his experience with the evaluation, Mr. B told Linda that he felt his driving wasn't up to par.

As a result, Mr. B voluntarily choose to stop driving. Mr. B said it was a lot easier to make the decision to stop driving based on measurable facts, rather than being told you have to stop driving.

JUST THE FACTS

- About 1 in every 7 people, or 15.2%, of the U.S. population is an older American
- Between 2006 and 2016 the population of Americans 60 and older increased 36% from 50.7 million to 68.7 million.
- 36% (16.6 million) reported some type of disability (e.g. difficulty in hearing, vision, cognition, ambulation, self-care, or independent living)
- 23% (10.6 million) have ambulatory difficulties including problems walking or climbing stairs.
- 15% (6.9 million) have hearing difficulties
- 9% (4.1 million) have cognitive difficulties
- 7% (3.2 million) have vision difficulties

Source U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics.

WARNING SIGNS THAT THERE MAY BE A PROBLEM

When someone is becoming an unsafe driver, the warning signs often come gradually. At first, people may not notice warning signs, or may attribute them to something else. Eventually, however, the signs become so pervasive that they are hard to ignore. Or, perhaps, there is a crisis - such as a serious accident - that forces everyone to take notice.

Here are some warning signs to be alert to:

- More than one at-fault accident in a year
- Getting lost or easily confused
- Unexplained scratches or dents in the car
- Tickets for unsafe driving
- Inability to read road signs
- Inability to hear horns, sirens or other sounds
- Medical treatment for cataracts, ear problems, etc.

Source: Parlay International

WHAT TO DO

Often, family members or friends are put in the position of watching a loved one's driving ability decline, without knowing what to do. Mentioning it to the person might have just the opposite of the intended effect - making the loved one defensive, angry or embarrassed; and insisting that they can drive just fine.

Some states have laws that require senior and people with special needs to retake the driving test after a certain age or diagnosis to check for vision, reaction time, and assessment abilities.

Some experts suggest, the best thing to do is ask a doctor or therapist to give a patient a "no more driving" prescription. Hearing the bad news from a professional, rather than a family member, can make the senior more amenable to taking the advice. Taking the driver to get a driver's test may also do the trick; the objective standards of the test are impossible to dispute. Though getting the person's license taken away seems drastic, sometimes it is the only way.

WHEN A DRIVER EVALUATION IS WARRANTED

Here are some warning signs indicating the necessity of a driving evaluation

If the driver or passenger notices any of the following:

- Doesn't observe signs, signals or other traffic
- Needs help or instructions from passengers
- Slow or poor decision making
- Becomes easily confused or frustrated
- Frequently gets lost, even in familiar areas
- Inappropriate driving speeds (too fast or too slow)
- Poor road position or wide turns
- Accidents or near misses

A driver rehabilitation specialist can provide a comprehensive evaluation and recommendations regarding driving.

The assessment should include:

- A review of medical history and medications
- Functional ability
- Vision
- Perception
- Reaction Time
- Behind the wheel evaluation

Source: Older driver safety. American Medical Association

OBTAINING A DRIVER EVALUATION

It's very common for a person to say that they won't stop driving because it will be the end of their freedom and independence. In the meantime, the person continues to drive putting themselves and others at risk.

Linda often gets a frantic phone call from a physician and family member, telling her they don't know what to do, because they fear a patient or loved one is no longer able to drive. Meanwhile the senior or person with special needs is saying, "You'll take my car away over my dead body". A conflict often ensues.

The way that Linda works with her clients is to suggest that the senior or person with special needs receive a driver evaluation, to determine if in fact the person is safe to drive. Linda suggests that we keep an open mind, and see what the professionals say. We have had a number of clients agree to willingly undergo a driver evaluation.

A TYPICAL EVALUATION CONSISTS OF 2 PARTS

PART 1

An Occupational Therapy (OT) Evaluation is conducted, checking a client's vision, perception, cognitive, reactions, etc. If the OT feels the client passed, the client is referred on to a driving school for a driving road test. A copy of the OT's evaluation is provided to the driving school.

PART 2

This phase involves a 30 – 60 minute road test with a driving instructor. The results of the road test evaluation is provided to the OT, who in turn passes the all the results and recommendations on to the client's doctor.

Results of the evaluation are not provided to motor vehicles.

If a client fails the test and it is recommended that the person stop driving, counseling is made available to help the client accept the situation, and to help design a viable plan moving forward.

WHAT IF YOU CAN NO LONGER DRIVE

TRANSIT BUS SERVICE

If you live in CT, bus services are provided by CT Transit.

According to the CT Department of Transportation:

“All CT TRANSIT buses have wheelchair lifts or ramps for access by persons with disabilities. Also, the bus can "kneel" to lower the first step height. Please ask the operator to kneel the bus to assist you in boarding or alighting“.

“Most types of mobility devices (wheelchairs, 3-wheel scooters, and walkers) can be accommodated on the buses. Each bus has a system for securing wheelchairs near the front of the bus. CTTRANSIT safety policy requires a 4-point securement for all mobility devices. Use of the lap belt is recommended for the customer's maximum safety.”

“Non-wheelchair, mobility impaired passengers may also use the lift or ramp to board the bus.”

THE KENNEDY CENTER TRAVEL TRAINING

“The Kennedy Center Travel Training” is a nationally acclaimed program that teaches people with disabilities and seniors how to properly and safely use the local bus and rail system on a one-to-one basis throughout the state of CT.

Since 1991, The Kennedy Center has successfully travel trained more than 3,000 people with cognitive, sensory, and physical disabilities, aged 16-95, to use local buses and trains to access the community. There is no charge for travel training, the program is grant funded by The Connecticut Department of Transportation.”

For more information contact a Satellite Office:

The Kennedy Center
2440 Reservoir Avenue
Trumbull, CT 06611
203-365-8522, ext. 265

Waterbury/Danbury Area
203-414-4080

New Haven Area/Middletown Area
203-556-1079

Hartford Area
860-218-6050

Source: The Kennedy Center website

PARA-TRANSIT BUS SERVICE (Door to Door)

Mandated by the Americans with Disabilities Act (ADA) of 1990, paratransit van services are provided in all areas with local fixed route bus services for people who can't use the local bus system due to their disability.

If a person has a disability that prevents them from being able to ride a CT Transit bus, they may be eligible for para-transit transportation services under the Federal Americans with Disabilities Act (ADA).

DARIEN, GREENWICH, STAMFORD, & NORWALK CT AREA

In the Greenwich, Darien, Stamford and Norwalk area, the para-transit program may be referred to as Dispatch a Ride, Easy Access, or Door to Door and The State of Connecticut Department of Transportation contracts with the Norwalk Transit District to provide services.

Eligibility Process:

In order to use this door-to-door service, a person must first complete an ADA Eligibility Certification.

For more information contact:

Norwalk Transit District
275 Wilson Avenue
Norwalk, Connecticut 06854
(203) 299-5180 (Voice)
(203) 299-5183 (TDD)
www.norwalktransit.com

GREATER BRIDGEPORT AREA

The District provides ADA paratransit service to qualified individuals who have both trip origins and destinations within a 3/4 mile radius of an operating GBTA public bus route. Service outside this 3/4 mile area is not provided.

For more information contact:

Greater Bridgeport Transit Authority
One Cross Street
Bridgeport, CT 06610
203-579-7777
203-579-8754 (TDD)
www.gogbt.com

GREATER NEW HAVEN AREA

The District provides complementary ADA service, under contract to ConnDOT, to the New Haven area, including Branford, East Haven, Hamden, New Haven, North Branford, North Haven, Orange, West Haven, Woodbridge, as well as more limited service to Ansonia, Cheshire, Guilford, Madison, Seymour, Shelton, Wallingford and Waterbury. Transportation is offered 7 days a week.

For information please contact:

Greater New Haven Transit District
203-288-6282
Paratransit service: 203-288-6643
www.qnhtd.org

WESTCHESTER COUNTY NY

According to Westchester.gov:

“In Westchester County NY, para-transit services are provided by Beeline Bus.”

“Bee-Line ParaTransit is a shared ride service for which reservations must be made from one to seven days in advance.”

“Since it is an Origin-to-Destination and curb-to-curb service, the ParaTransit vehicles do not go into driveways or parking lots.”

“ParaTransit does not provide service to any area outside of Westchester County.”

For more information contact:

Westchester County
Office for the Disabled
148 Martine Avenue
Room 102
White Plains, NY 10601
(914) 995-2957
(914) 995-7397 TTY
<http://transportation.westchestergov.com/bee-line-paratransit>

Bee-Line Hotline
For Bee-Line bus information
www.westchestergov.com/beeline
(914) 813-7777
Ticket Book Sales (914) 813-7721

COMMUNICATION IS KEY

It's important that seniors, people with special needs and their families sit down and talk about issues and concerns as they arise. Together they can explore how to best handle the situation.

No one likes to be dictated to, threatened or made to feel inadequate. If a conversation is difficult due to a strained relationship or uncertainty about what to say, you can always ask a doctor, certified case manager or counselor, to help facilitate the conversation.

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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