



## The Caregiver Resource Center



Concierge Case Management & Advocacy

### KNOWING WHEN TO STEP IN TO HELP



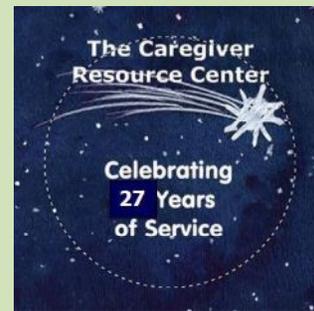
*“We all value our independence and the right to make our own decisions.”*

With aging comes challenges.

#### Thoughts and fears as shared by seniors and people with special needs:

- “Being put in a nursing home.”
- “Running out of money.”
- “Being a burden to my family.”
- “Talking about having to move and giving up my home and all my memories.”
- “Knowing I need help, but not being sure what to do.”

March 2018



#### Don't Become a Statistic

Are you one of the 78% of Americans who are unprepared should a medical emergency strike?

According to the File of Life.org

- 116 million Americans are involved in an accident each year
- 50% of people suffer with chronic illnesses such as high blood pressure, diabetes or asthma
- 58% of all 911 calls involve a senior

## Thoughts and fears as shared by family and loved ones:

- "My dad needs an advocate to help him while he's in the hospital."
- "I'm not sure that my mother is still safe to be living alone in her house. I need help evaluating our options."
- "We need help finding a qualified nanny to work with our 16 year old son who has Autism."
- "I just received a call saying that my mother is in the hospital after being in a serious car accident. This came as a shock. Has she done anything to protect herself or her assets ... a medical directive, a trust, power of attorney, or a will. What can I do?"
- "My partner has been diagnosed with Parkinson's Disease and is seeing multiple doctors and taking a lot of medication. I need help understanding and coordinating all of this."

All too often, a senior or person with special needs wants to retain their independence, and doesn't want to become a burden on their loved ones. In order to maintain their independence, this person may attempt to hide the fact that they are struggling, and are in need of assistance.

One way that you may learn of a problem, is when you receive a phone call in the middle of the night. When you answer the phone you hear "Your mother is in the emergency room, she's fallen and broken her hip." As the closest living relative you receive the call, and within minutes you are being faced new responsibilities as your mother's caregiver.

Not all problems occur as a crisis, but instead evolve in a gradual series of warning signs spanning weeks, months, or years. You may notice that senior or person with special needs is having difficulty cleaning the house, cooking meals, paying bills, or that you are finding yourself speaking louder so that you can be understood.

A recurrent theme expressed, is the fear of broaching the subject of whether or not, a person is capable of caring for themselves. In addition, once it is clear that the person is in need of assistance, there is often confusion as to what is the best way to proceed. This is a delicate balancing act, ensuring the person's health and safety, while maintaining their independence and dignity.

## The Caregiver Resource Center

[Visit Our Website](#)

[Concierge Case Management & Advocacy Brochure](#)

[Successful Aging Brochure](#)

## Benefits of Our Services

- Well respected company serving the community since 1990
- All services are individually designed to meet your unique needs
- We are available 7 days a week by appointment and 24/7 for emergencies
- Professional support & guidance
- Our services are provided on-site in the home, ER, hospital, short term rehab, assisted living, and nursing home

One of the most difficult things for a family member or loved one is deciding when and how to step in to help. Since most people greatly value their independence, seniors and people with special needs may resent relatives and loved ones stepping in to help them - even when they have the best of intentions. And often it's unclear exactly when is the right time to step in, since the decline in a person's abilities can be gradual and almost imperceptible.



Here is a list of some questions that may help you evaluate if there is a potential problem, but this list is only meant to serve as a guide. If a problem is suspected, the person needs to be seen by a professional who can conduct a complete medical evaluation and a geriatric assessment, to help determine the best way to proceed.

1. Is the person experiencing any significant vision, hearing, or memory loss?
2. Is the person experiencing any anxiety, depression, or phobias?
3. Is the person oriented to time, place, and person?
4. Is the person able to read, write, and use the telephone without difficulty?
5. Is the person able to use public transportation, or arrange to take a cab?
6. Is the person able to perform routine housekeeping tasks (e.g. laundry, cooking, cleaning)
7. Is the person able to handle maintenance needs?
8. Is the person able to prepare meals and eat regularly?
9. Is the person able to bath independently?
10. Is the person able to dress appropriately?

## Menu of Our Services \*

- Advocacy
- Home Safety Audit
- Emergency Medical Advocacy while in the ER and hospital
- Screening, arranging for and monitoring Care Services
- Crisis Management
- Family Support & Counseling
- Insurance Claims Research & Assistance
- Research of Community Resources
- Referrals to Specialists (e.g. medical, legal, or financial professionals)
- Family Discussions and Issue Mediation
- Transitioning to an alternative living option (e.g. home to assisted living)

\* Fee for service

## Connect With Us



11. Is the person able to manage their own finances?
12. Is the person able to handle their own banking and financial needs?
13. Is the person able to write checks & balance their checkbook?
14. Is the person able to exercise good judgment, and make sound decisions?
15. Is the person able to manage their own medications?
16. Is the person able to go shopping for groceries?
17. Is the person able to maintain relationships with family and friends?
18. Is the person able to walk, climb stairs, and remain standing?
19. Is the person able to easily and safely get up and down from a chair?
20. Is the person able to fall asleep and stay asleep?
21. Is the person able to remember family names, and appointments?
22. Is the person able to safely see & operate appliances?
23. Is the person able to drive?
24. Is the person able to hear the phone ring, and understand a conversation?
25. Is the person able to participate in leisure activities?
26. Is the person expressing any issues or concerns?
27. Is the person experiencing a sudden weight loss or gain?
28. Is the person experiencing any health concerns?
29. Is the person experiencing any bruises or cuts?
30. Is there any evidence that the person is the victim of fraud or abuse?

## COMMUNICATION IS KEY

It's only natural that when we become scared or concerned about a senior or person with special needs, our first impulse is to express our concerns, and immediately look to "fix" the problem. Unfortunately this can often make the situation worse.

Unless you are faced with an emergency that threatens the person's safety or well-being, it's wise to take some time to gather information and properly assess the situation, prior to taking any action.

As I shared earlier, you are now faced with a delicate balancing act, ensuring a person's health and safety, while maintaining their independence and dignity. Effective communication is key to ensuring that the person and their loved ones can talk openly about their feelings, needs, and desires moving forward.

Once the senior or person with special needs has shared what they would like to see happen, and you have gathered information about available resources, you can now work together on creating a realistic plan of action. It is crucial to allow the person a sense of influence and control regarding decisions affecting their future.

If the history of your relationship with this person, has been a difficult one, you may want to seek assistance from a professional (e.g. certified case manager, doctor, or therapist) in order to map out a strategy for moving forward. Keep in mind that in order for there to be success moving forward, you will need cooperation and buy in from the the senior or person with special needs; as well as other family members, significant others, and healthcare providers



## PLAN AHEAD

When dealing with a person's current and evolving needs, taking a pro-active approach to planning is very important. Now is the time to begin planning for the future. The sooner you begin a dialogue with the senior or person with special needs about their future, the more time you will have to listen to their wants and needs, as well as to take concrete steps to complete legal

documents (e.g. medical directives), and research viable resources (e.g. home health agencies, assisted living facilities.)

## **POTENTIAL SIGNS OF POSSIBLE ABUSE**

According to the U.S. Department of Health and Human Services, elder abuse or abuse of people with special needs may involve one or more of the following:

### **Physical Abuse**

Physical abuse is willful infliction of physical pain, injury, or restraint.

Signs may include:

- Bruises, marks, or welts around the arms, neck, wrist, and/or ankles
- Burns, often to the palms, soles, and buttocks
- Sprains and dislocations
- Frequent unexplained injuries
- Minimizing the importance of injuries or refusing to discuss them
- Refusing to go to the same emergency department for repeated injuries

It's important to note that these symptoms may also occur as a result of health conditions or medications. If symptoms appear, they should be promptly investigated to determine and remedy the cause.

### **Psychological Abuse**

Psychological abuse is the infliction of mental or emotional anguish, such as humiliation, - intimidation, or threatening.

Signs may include:

- Lack of communication or responsiveness
- Unreasonable fear or suspicion
- Disinterest in socializing
- Chronic physical or psychiatric health problems
- Evasiveness

### **Sexual Abuse**

Sexual abuse is the infliction of non-consensual sexual contact of any kind.

Signs may include:

- Unexplained bleeding from the vagina or anus
- Underwear that is torn or bloody
- Bruised breasts
- Venereal diseases
- Vaginal infections

### **Financial or Material Exploitation**

Financial or material exploitation involves improperly using the resources of an older person, without his/her consent, for someone else's benefit.

Signs may include:

- Life circumstances that don't match with the size of the elder's estate
- Large withdrawals from bank accounts
- Switching bank accounts
- Unusual ATM activity
- Signatures on checks don't match elder's signature

### **Neglect**

Neglect is the failure of a caretaker to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness. Neglect may involve abandonment or denial of food or health related services.

Signs of neglect may include:

- Sunken eyes
- Weight loss
- Extreme thirst
- Bed sores

- Excessive dirt or odor on body or clothing
- Glasses, hearing aids, dentures, and walking devices in poor condition or missing
- Inappropriate dress

## **THE ROLE OF A BOARD CERTIFIED CASE MANAGER**

Seniors, people with special needs, caregivers, or professionals who are feeling uncertain as to what to do, are increasingly using the services of a certified case manager (CCM) to assess and implement plans that address a client's day to day needs. CCMs provide a consistent contact for family members, and they can do everything from creating an overall care plan to intervening in case of a crisis or emergency.

CCMs are specialists who assist seniors, people with special needs and their families; in planning for and implementing ways to allow for the greatest degree of health, independence, safety and quality of life.

CCMs meet with the client and /or family members to assess their needs, develop a Care Team, and work with members of the Team to formulate a comprehensive Care Plan (a road map).

Once a plan is in place, CCMs are available to serve as the point person to monitor and coordinate services, and revise the plan as needed. The CCMs' role is similar to the conductor of an orchestra; ensuring that there is good communication, teamwork, and that everyone remains focused on the desired goals.

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

1. Assessment
2. Development of a Care Plan (based on the unique needs of the client)
3. Implementation & Monitoring of the Plan
4. Ongoing Evaluation of the Plan's Effectiveness, and Plan Modification as Needed

Photos from Microsoft



## **THE CAREGIVER RESOURCE CENTER**

We are specialists who assist seniors, people with special needs and their families in implementing ways to allow for the greatest degree of health, safety, independence, and quality of life.

The Caregiver Resource Center is unique in that we are available for our clients whenever and wherever they need us.

### ***Some Benefits of Our Services***

- Well respected company serving the community since 1990
- Assistance for seniors, people with special needs, and families; who are dealing with health and mental health challenges
- All services are individually designed to meet the unique needs of the client & their family
- We are available 7 days a week by appointment, and 24/7 for client emergencies
- Our services are provided onsite across the continuum of care whether in the home, doctor's office, ER, hospital, assisted living facility, or nursing home
- Professional Support & Guidance
- Family Discussions & Mediation

### **For more information contact**

Linda Ziac at 203-861-9833

*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.*

**The Caregiver Resource Center • Greenwich, CT**

**[www.CaregiverResourceCenter.com](http://www.CaregiverResourceCenter.com) • 203-861-9833**

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