

Case Presentation

McKenzie Broekstra

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Client Descriptive Information:

Lory is 71-year-old Caucasian women. She is a heterosexual married woman with two grown children. Lory was diagnosed with metastatic lung cancer that has invaded the bronchus. Patient has had an increased decline in the last 6 months with a PPS score from 90% to 40%. Patient has increased anorexia with intake declined from 100% of 2-3 meals to 25% of 1-2 meals. Lory has had an increased cognitive decline with increased confusion and short term memory.

Referral Source:

Lory was referred to Halcyon Hospice through Kindred Hospice when they closed their doors. Under Hospice referral the patient must be assessed by a Social Worker, Medical Director, and Skilled Nurse Case Manager.

Practice Situation:

Patient's husband, Chuck, is an undiagnosed schizophrenic and non-compliant with patients' diagnoses and inevitable death. Husband believes that the patients diagnosis is due to doctor's negligence and trusts that she has 'mold to the lungs'. Husband hides patient's pain/comfort medications because of beliefs about 'Big Pharma'. He has confidence that sugar is the cause of her illness and forbids the patient to ingest any fruit, or other sugary items. Husband lives in California even though wife is a patient in Colorado. He works with California Chupacabra Organization and tries to make money as a Carpenter. He is often away from his wife even when she asks him to stay and spend time with her. Husband becomes manic when confronted about patient's medical needs and is often paranoid. Patient believes that her husband has her best interest at heart and follows his rules willingly even if it causes her pain and discomfort.

Patients daughter, Kelly, is a 38-year-old mother of three. Chuck is not Kelly's father and they do not agree on the level of care for the patient. Kelly's birth father was the patient's first husband, they divorced when Kelly was 3 years of age. Kelly agrees with the patients' medical diagnosis of lung cancer and has trouble watching her step-father not care for her mother in the way she sees fit. has the right to make her own decisions even if they are disruptive to her well-being. Kelly spends most days with her mother after she drops her kids off at school but must leave mid-day to pick them up again and care for them.

Patients son, Ben, works as a Licensed Practical Nurse at University of Colorado Hospital. Patient lives with Ben in a rental house, however; Ben works odd hours and cannot care for his mother. It is unknown his direct feeling towards mother. This SW intern has never met son.

#### Diversity Issues:

Patient is on Medicaid and has difficulties paying for rent, food and care. Patient is vulnerable to abuse because of medical diagnosis and cognitive confusion. Social Worker has tried to aid in resources for better care; however, patient is also noncompliant and will not accept help. Husband has been borrowing money from California Chupacabra Organization to travel back and forth from California to Colorado.

#### Reading on Client Situation:

Reading the book "Creating Moments of Joy" by Jolene Brackey I could fully grasp the meaning of taking a terrible situation in illness and turning it around to make it a moment of joy. Linda has a lot issues being presented her way and as her social worker I can help her understand her strengths. This book has also aided in me grasping more ideals of boundaries.

The article “Helping Clients with Financial Problems” (Sheafor & Horejsi, 2015) aided in talking clients through setting up a budget with costs of food, housing, utilities, insurance, transportation, debt, etc to better help manage the money they do have. This may help manage some of the stress that the family has been accruing due to financial burdens of being ill.

The final article was “Social Work Role in Pain Management with Hospice Caregivers: a National Survey”. This article helped me understand that most social worker have a difficulty with their roles in pain regarding patients because of their inability to grasp how to help them. It is best to work as an interdisciplinary team to better help patient as a team then tackling the problem as a single person entity.

#### Assessment and Planned Change Process:

Lory is making her own choices when it comes to her care and she has the right to have as much control over her life as possible considering her debilitating illness. Under Hospice care each patient needs to be assessed for Biopsychosocial needs at least once a month. The first meeting with the patient is formal to make sure to the patient understands their rights as a patient as well as confidentiality. The meetings to proceed the first can be as formal or informal as the patient and their families wish. After concluding that Lory was not receiving the medical care she needed and that Kelly could not devote as much time to her mother as she would like it would make the most sense that Lory be placed in Respite Care. At the same time, it is important for Linda to feel that her feelings matter and to meet her where she is at.

By practicing the Holistic approach and by working as a team, Halcyon can be innovative with care and compassionate with the Lory. Halcyon also takes a Holistic Approach by catering to emotional, physical, spiritual, psychological and social needs of the patients (Halcyon Hospice and Palliative Care, 2017). By implementing certain levels of prevention and intervention

techniques through means of care planning for the Lory, Halcyon can better manage her needs and wants. All the Halcyon co-workers can care plans for pain, facility coordination, communication, bereavement risk and many others to be prepared for the worst and hoping for the best (J. Davis, personal communication, 2017).

### Interventions:

To ensure Lory's best care Halcyon will be implementing a Holistic Approach by giving her a safe space to talk about her feelings. It may be best to talk with her alone then with other family members to make sure nothing she says is coerced. By placing Lory in Respite care, it will alleviate any resentments of care by the family for a 5-day period, giving everyone a break and giving Linda the best possible means of care for 5-days. During this break, it will be easier for social worker to assess the situation at home.

### Objectives

1. By end of 5-day Respite Care patients weight will have increased by 2 lbs.
2. By end of 5-day respite care patient will have better management of pain.
3. By end of 5-day Respite care patient will have chosen a home health agency to make sure she is not kept alone for long lengths of time.
4. By end of 5-day respite care patient's communication with her family and with halcyon has increased.

### Research Design:

The outcomes of the objectives will be measured through communication with the patient as well as with the Respite Care Facility. Through specially worded questions to the patient the social worker will be able to extract the information needed to complete the tasks at hand. The goal is to give the patient the best care possible in the Respite Care and then to try and continue

level of care after patient returns home. The Social Worker will be using a Goal Attainment Scale (GAS) to determine if the patient has met any of the goals.

	Goal #1 (weight 25%)	Goal #2 (weight 25%)	Goal #3 (Weight 25%)	Goal #4 (Weight 25%)
Unfavorable outcome	Lost more than 2 lbs	Patient reports terrible management of pain	Patient decides against home health aid	Communication with family/hospice has gotten worse
Less than expected success	Gained no lbs	Patient reports some management of pain	Patient make no decision of home health aid	Communication with family/hospice has stayed the same
Expected success	Gained 2 lbs	Patient report management of pain	Patient makes decision on home health aid	Communication with family/hospice is better
More than expected success	Gained 4 lbs	Patient reports good management of pain	Patient has interviewed home health aid	Communication with family/hospice is good
Best anticipated success	Gained 6 lbs	Patient reports no pain	Patient has hired home health aid	Communication with

				family/hospice is great
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### Summary

Weight	25	25	25	25
Change Score				
Weighted change score				
Possible weighted change				
Percentage goal attainment				

### Problems or Dilemmas:

While working with Linda I have had many internal struggles with boundaries and maintaining my role as her social worker and not as her friend or savior. It has been difficult at times to maintain a professional role when the patient is being assessed every day; sometimes for hours at a time. Lory is dying and it can also be difficult to be motivated towards a goal when the known result is death. Lory and her husband are known to be non-compliant with medications and diagnosis which can cause other problems. The denial of illness may be due to a lack of education by hospice or by the lifestyle the patient and husband decide to live. It can be difficult meeting the patient where they are at when communication lines are not always understood. Finances, family dynamic and accessibility are also difficult problems to deal with.

Specific Questions for Class to Address:

1. How would each of you managed the situation?
2. What would you have done differently?



### References

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