

Class 2 Additional Slides

Heads up: CEU questions

These will be multiple choice or true/false questions:

1. An area NOT involved in decisional capacity is
2. Diminished financial capacity increases one's risk for financial exploitation. (T/F)
3. Dementia is defined as
4. Cognition and decision making can be impacted by
5. Supported decision making is

GRIEF

<https://www.instagram.com/p/DPL8iFRjrjf/?igsh=MWo0bjnYjBrdGZzdg%3D%3D>



“The tiredness you’re feeling after a loss isn’t laziness. It’s not weakness. It’s your body doing some of the hardest biological and psychological work humans are capable of. Your brain is literally rewiring itself to function in a world without your world as it was.

Your nervous system is stuck in overdrive. Your cells are struggling to produce energy. Your heart is sending actual distress signals to your brain. This is real, measurable, physical work happening inside you.”

UW SW Innovations in Aging Series

- Thursdays, 12:30 - 1:30 PM on Zoom
 - Meeting ID: 932 1649 9536 Passcode: 973329
 - Join by phone : 206.337.9723
- October 23rd – RECLAIMING SENSE OF SELF: The Impact of Self-Care on Dementia Care Partners. With Emily Ishado, MSW.
- November 6th – CHANGES AT THE LAST MINUTE: Family Dynamics at the End of Life. With Wendy Lustbader, MSW.
- November 20th – TRANSGENDER AGING: What Trans Elders Need from Social Workers. With Marsha Botzer, MA.

Mrs A, 96yo in rehab

- Mrs. A, 96yo lives alone in a two story home with five steps to enter with no handrails. Three daughters live nearby and visit two or three times a week to check in on their mom.
- Now Mrs. A is at the acute rehabilitation hospital after having two toes amputated for gangrene to the left foot. Now non weight bearing on left and on continuous IV antibiotics for six weeks. She has worsening cognition and continues to try to get up to walk around.
- Family claims Mrs. A was fully independent prior to this hospitalization, but team suspects she had memory loss or potential dementia over the past several months and the three daughters were in denial of this.
- Daughters agree with rehab goals that she be fully independent with all mobility, ADLs/IADLs, and medication management for her to return home alone. Daughters are not able/willing to increase visits or family support, nor can any of them have mom stay with them, even temporarily, after discharge.
- There has never been any discussion regarding considerations for future long term care planning needs, who could help, financial planning, etc.

Mr C, 90yo farmer

- Neighbor reports safety concerns, “property a mess.” Observed him burning brush near house and left it unattended; wandering outside in winter without coat; driving slowly and swerving.
- Lives with 60yo son, possibly developmentally delayed. Son finished 6th grade, never worked outside farm. Two men have been “loners” – fairly isolated, seen in town for groceries, banking.
- Neighbor recently able to get into home. No running water, very cluttered, open cans of food on counter, spoiled food in fridge. Both men in “worn out” clothing, strong urine smell. Three cats, full litterbox. Roof leaks, front steps sag partly away from entry.
- Neighbor brought Mr C to clinic for gash on lower leg, dry blood on surrounding skin/clothes.
- He is 6’ 1” very thin, weight 145 pounds, gnarled hands, stooped posture, slow shuffling gait, poor balance.
- Reports pain in neck, shoulders, back, hips, knees, hands – takes only Tylenol, no other meds.
- Mr C says he completed 8th grade, always lived and worked on farm. Reports he cooks and son helps, favorite meal is pork and beans with toast.

Mrs Grey, 80yo widow

- Husband died 3 months ago after 60 years of marriage. Husband had done shopping, cooking, cueing for meds.
- Since then she calls daughter several times daily. Takes glaucoma drops, vitamins, and Aricept 10mg daily after diagnosis of dementia 2 years ago – needs cueing to take them.
- Dau now doing weekly shopping/laundry; Mrs Grey drives a mile to store for cigarettes.
- Dau found final notices from utility companies after mom insisted bills were paid. Dau noticed decreased short term memory, disorientation, worse personal care (not bathing, clothes soiled); lots of clutter, cigarette burns on carpet and chair.
- No physical complaints, independent mobility, no known falls – but bruises on arms, legs, side of face. Normal labs 6 months ago. Lost 25 pounds over past 2 years. Smokes a carton a week, dau suspects alcohol abuse.
- Socially appropriate to most questions but angry when pressed for details. Perceives dau as “trying to get me out of my house.”
- No POA or advance directives. Denies need for any assistance: “I don’t need your help or anyone else’s.” Dau concerned about mom’s ability to cope at home and is frustrated in caregiver role.

David, 79yo Black male veteran

- After being in service, he went to college and graduated in “social services”
- Never married, only remaining family are 2 nieces out of state, and 1 nephew overseas. Has good savings and retirement/pension income.
- Lives alone in assisted living apartment, community with lots of vets; moved there 5 years ago after VA hospital discharge from cardiac event.
- At ALF admission, had complex heart disease and hypertension, controlled well with meds. On limited services (meals, meds, housekeeping).
- In 2021, had mild covid but “recovered.” Recent weight loss of 20 lbs (200 to 180) – had missed several meals, he said he “wasn’t hungry.”
- At annual re-assessment process, facility nurse said he needs reminders for meals, monitoring vitals and weight, and cues for activities and exercise. These services all cost more per month, however.
- Doesn’t want more help, insists he’s doing fine. Willing to sign DPOA naming nieces and nephew as they were always close.
- Facility nurse said it seems like David doesn’t have ability to make a good decision around his care needs and recommends a guardianship.