



Who Is the Client?

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As geriatric care managers our job is to provide a comprehensive care plan that is in the best interest of the older adult and their particular circumstance. We often make recommendations to a primary decision-maker within the client system with the intention of creating a plan of care to optimize the elder's physical and emotional wellbeing. In an on-going care management arrangement we have the opportunity to implement these recommendations, while closely monitoring and modifying the plan of care as the elder's functional status changes. In an ideal situation, the decision-maker for the elder agrees to make the necessary changes to meet the new level of care demands.

However, sometimes we are faced with the possibility that the individual who pays us may not agree to follow our plan of care due to cost, denial, issues of control, or simple disagreement. The decision-

maker may refuse to follow our recommendations yet request that the GCM's service continue. In contrast, the elder may refuse an intervention even though the family who is paying supports it. How do we then identify "the client" and discern our ethical duties while preparing an adequate response to the conflict?

Consider the following scenarios:

- A GCM identifies that the elder has become a high risk for wandering and recommends increasing the current home care hours, purchasing a wander alert bracelet, and installing locks on the door from the inside so the elder cannot access an exit. The decision-maker does not agree and refuses to implement these changes.
- The daughter of an elderly woman agrees with the GCM to place her mom in an assisted living due to repeated falls and diminishing ability of her mom to manage her own care. The son who is in control

of his mom's finances (POA) refuses to pay.

- A retired nurse with mild cognitive impairment and severe osteoarthritis is home-bound, in a wheelchair, and has neglected her own health for years. She refuses the GCM's efforts to seek medical attention.

In each example, the GCM is presented with an ethical dilemma. Do we continue to support a plan that does not reflect our recommendations, and by doing so are we potentially putting the elder or ourselves at risk? Continuing one's involvement on a case that does not put the elder's safety at the forefront might suggest the GCM's complicity or over-identification with the decision-maker. It may be especially challenging when family members with competing agendas sabotage the primary client's safety through overt or covert actions.

What steps can a GCM take to protect the elder when their

decision-maker refuses to follow the recommended plan of care? Using our Standards of Practice as a tool, we must be ready and able to make informed decisions on how to resolve this type of conflict.

Recommendations

Standard 1, found in NAPGCM Standards of Practice for Professional Geriatric Care Managers, clearly

identifies the client: “The primary client is the person whose care needs have initiated the referral to a geriatric care manager.” Care Management is not usually a one-to-one experience (such as individual

psychotherapy), as it is almost always necessary to involve family members and an interdisciplinary team of professionals to accomplish goals essential to the older adult’s care. While a client’s family, for example, may have competing agendas, the GCM must remain committed to the well-being of the primary client. The Standard further explains that although the elder may not have initiated the contact with the GCM and may not be paying for the service, they are still considered the primary client.

When decision-makers collide, the NAPGCM Standard 1 Guideline C suggests that “in the event of conflicting needs within the client system, the goal of professional intervention should be to strive for resolution through a process of review and discussion among the parties, facilitated by the GCM.” While GCMs may have differing techniques for resolving conflict, the ultimate goal of review and discussion is to preserve the dignity of the client and the integrity of the plan of care.

If resolution is not possible, the

GCM should then objectively evaluate his/her experience and practice methods and consider seeking peer support and supervision from GCMs who have a certain expertise. GCMs may also consider referring out to another care manager with more experience. In the event that the options available are limited, and the family still refuses to implement appropriate care for the elder, a

referral to APS might be in order.

Conclusion

Working within complicated family systems is a challenge for most GCMs. Our involvement poses many ethical dilemmas when the choice to forgo the care plan

does not result in the betterment of the primary client (elder). Through experience we realize there are repercussions when a care plan is not followed. However, it is often difficult to discern whether initial family resistance to an intervention can be worked through, or if neglect of self or other is occurring. As a result, the GCM is often in the dual role of addressing family concerns

while tending to the needs of the elder.

As GCMs we walk a fine line between risk management and using an approach that is more process oriented. While more timing consuming, this approach allows us to gain trust of the elder and their family while providing ongoing education and implementation of the interventions necessary-- for the elder’s wellbeing. Perhaps these dilemmas cannot be entirely resolved; however, it is up to the GCM to act judiciously by remaining focused on the needs of the primary client—the elder.

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Calling All GCMs Currently Teaching at a University

Do you teach at a local university in a subject related to care management (i.e., nursing, social work, gerontology, care management)? If so, we want to hear from you!

Please contact Lisa Mayfield, Chair of the NAPGCM Educational Alliances Subcommittee at lisa@agingwisdom.com or 206.660.3276. This committee is looking to build relationships with universities around the country.

We look forward to hearing from you!

