



FamilyCare Geriatric Care Manager Provides Counsel and Comfort to Caregiver in Need

Last summer, Colleen Sumner felt close to giving up. For years she had cared for her husband, who suffered from a form of dementia. For months she had searched without success for a residential facility to care for Chuck and keep him safe. Finally, a colleague put Colleen in touch with Christine Warfel, a certified geriatric care manager with FamilyCare Senior Solutions.

“My guardian angel,” said Colleen. “I don’t know what I would have done if it hadn’t been for Christine.”

Certified by the National Academy of Certified Care Managers, Christine is part of a burgeoning industry of health and human services professionals who work with families to assess the needs and help manage the care of older loved ones. Only a dozen certified geriatric care managers, or GCMs, work in southeastern Virginia. Those who pass the rigorous GCM exam must be recertified every three years and log at least 1,500 hours of service annually. Depending on a client’s needs, these services range from screening and arranging for in-home care to helping families locate assisted living facilities.

“Some families have thought about and are prepared to transition their loved ones to long-term care facilities, but others must make the decision quickly,” explained Christine. “Generally, by the time I am contacted, they are just about worn out and at their wit’s end.”

Colleen had reached that point.

Her husband Chuck suffered from Lewy Body dementia, a degenerative brain disease similar to Alzheimer's with symptoms that mimic Parkinson's. Microscopic protein deposits form on nerve cells, disrupting the brain's normal way of functioning and causing it to slowly deteriorate. Symptoms may include mental decline, sleep disturbances, problems handling daily living, delusions, depression—and hallucinations.

Before the diagnosis, Colleen noticed that her husband began losing his way around town. A man who rebuilt homes for a living, he couldn't recall where he placed his tools. Chuck tossed and turned violently in his sleep and wanted to know his wife's whereabouts at all times. But it was the hallucinations that truly alarmed Colleen.

"He would see things that weren't there and become agitated when you questioned it," she explained

As Chuck's condition worsened, Colleen tried having someone stay with him during the day. He flat-out refused to go to an adult day care facility. One day at work, Colleen's housing lease office called; Chuck had walked into a neighbor's home unannounced, sat down and started watching television.

Getting Started

As a first step in developing a geriatric care plan, GCMs will meet with the family to assess the needs, healthcare coverage, legal matters and finances. Next, they create a customized plan of care with a menu of options. If it is clear the client needs to leave the home, GCMs provide assisted living and nursing home referrals and tour the facilities with the family.

After meeting with Colleen and witnessing the severity of her husband's illness, Christine moved swiftly. His aggressive behavior and hallucinations were a concern. Christine researched facilities where he could receive the care he needed in a secure environment, and she discussed with Colleen the expenses involved.

Over a month, Christine and Colleen toured five residential care centers and called four others. Lewy Body is an uncommon form of dementia, and most administrators were hesitant to admit Chuck due to the hallucinations.

The director of a Veterans care facility in Richmond, however, was familiar with Lewy Body dementia and related to the challenges Colleen faced. Within a few days, Chuck, an Army veteran, was admitted.

“I thought I’d died and gone to heaven and found the best place for Chuck,” said Colleen.

Each weekend, Colleen drove to Richmond to visit her husband. Periodically, Christine met with Colleen to check on Chuck’s condition. The meetings also gave her a chance to see how Colleen was handling the transition.

“This is what Geriatric Care Managers do,” said Christine. “Not only do we work on behalf of the patient, but we also work on behalf of the family caregiver.”

Over time, Colleen’s outlook and appearance changed from one who was physically and emotionally exhausted to an individual with a brighter demeanor.

“It was almost like watching a butterfly spread her wings and start to fly,” said Christine.

As the Lewy Body progressed and Chuck required more specialized care, Christine identified other facilities and guided Colleen through the relocation process. Eventually, he was moved to a care center close to home. While Chuck’s situation wavered, as Colleen put it, “from one plateau to another,” she found comfort in knowing an experienced professional was on her side.

“Christine put me at ease right away,” said Colleen. “I knew I wasn’t going to have to worry. I had someone who could help me, someone who knew a lot more than I did.”

Chuck passed away June 2, 2009. Colleen decided the memorial service would be a celebration, a time to remember that he loved working with his hands, going to NASCAR races and cooking out for his family. “He would make you laugh,” said Colleen. “Everybody said the service was just like Chuck – not solemn.”

Today, Colleen stays busy with work, tends her flower bed and visits with her children and grandchildren.

Her story is one that Christine will never forget.

“I am always struck by how brave the caregiver is, she said. “When they are at the most vulnerable point in their lives, they are the strongest.”

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Signs that a caregiver may need help:

- Their thoughts are not clear
- They can be unorganized
- They can be physically and emotionally exhausted
- They can be easily distracted
- It can be difficult to keep them on task
- They can be tearful and struggle to maintain their composure

When you call FamilyCare for assistance ...

- One of our Geriatric Care Managers (GCM) will meet with you and your loved one, preferably in the home, to get a sense of your family's needs.
- After this initial meeting and assessment, they will create and present a customized plan of care with a menu of options from which you may choose.
- Together, the GCM and the family members will decide on the needed services. We may then refer you to specialists for selected services, such as financial and legal assistance. Or we may work with you directly to arrange for FamilyCare-administered services such as home care and personal care.
- If it is apparent the older adult needs to leave the home, the GCM will provide assisted living and nursing home referrals and will tour these facilities with you. This is especially helpful when reviewing the financial obligations of a person entering such a facility.
- The GCM may refer you to downsizing and moving services.
- GCMs may also serve as a mediator at family meetings.
- GCMs can be the eyes and ears for long-distance caregivers.
- At FamilyCare, we will be as involved with your family's care as you would like us to be.

For more information, visit:

FamilyCare Senior Solutions www.forfamilycare.com

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Alzheimer's Association Southeastern Virginia www.alz/seva.org

National Family Caregivers Association www.nfcacares.org

Lewy Body Dementia Association www.lbda.org