

# inside gcm

## *Working with Families*



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National Association of  
Professional Geriatric Care Managers

To advance professional geriatric care management through education, collaboration, and leadership.

# Two Heads Are Better Than One A Collaboration Between Care Managers

By Helene Bergman and Donna Gagnon

## Introduction

Complex client/family systems can exhaust and challenge the most seasoned Care Managers. If you have ever experienced a situation where you debated terminating a client due to “system sabotage,” know that you are not alone. Client systems, especially the family system, must be understood in order for a Care Manager to provide direction to a resistant family and facilitate client change.

The foundation for classical family therapy is systems theory. Dr. Murray Bowen states “families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system.” The system has a history and an ingrained pattern of emotional complexities and behaviors. An outsider, such as a Care Manager, must identify the “field of energy” and system dynamics before entering the system to intervene on a client’s behalf. This will lessen the resistance and effect more functional change.

## The Beginning

A recent posting on the  
on the Listserv asked,  
“have you ever

had a client system sabotage or undermine your efforts and if so, how did you handle it?” One response in particular from a colleague across the country offered another perspective and helped resolve a Care Manager’s uncertainty about continuing services or terminating the client.

## The Client

Mr. G. is an 86-year-old, Austrian-born divorced man with multi-medical and cognitive problems which compromise his autonomy. Although a U.S. citizen, he often vocalizes anti-American sentiments and reports having been drafted into Hitler’s youth army. He lives in an apartment that is in his son’s name and has part-time housekeeping help. After some recent crises, including blackouts and hospitalization, he was referred to a Care Manager for assessment. Recommendations were made for increased one-on-one help, Medicaid planning, improved nutrition, isolation prevention, and a change of primary physician. The suggestions were immediately met with opposition and denial. This was not surprising since the client is suspicious of the health care system and is reluctant to cooperate with services, as “they are all out for the money.” His son sought the assessment but was reluctant to override his father’s decisions.

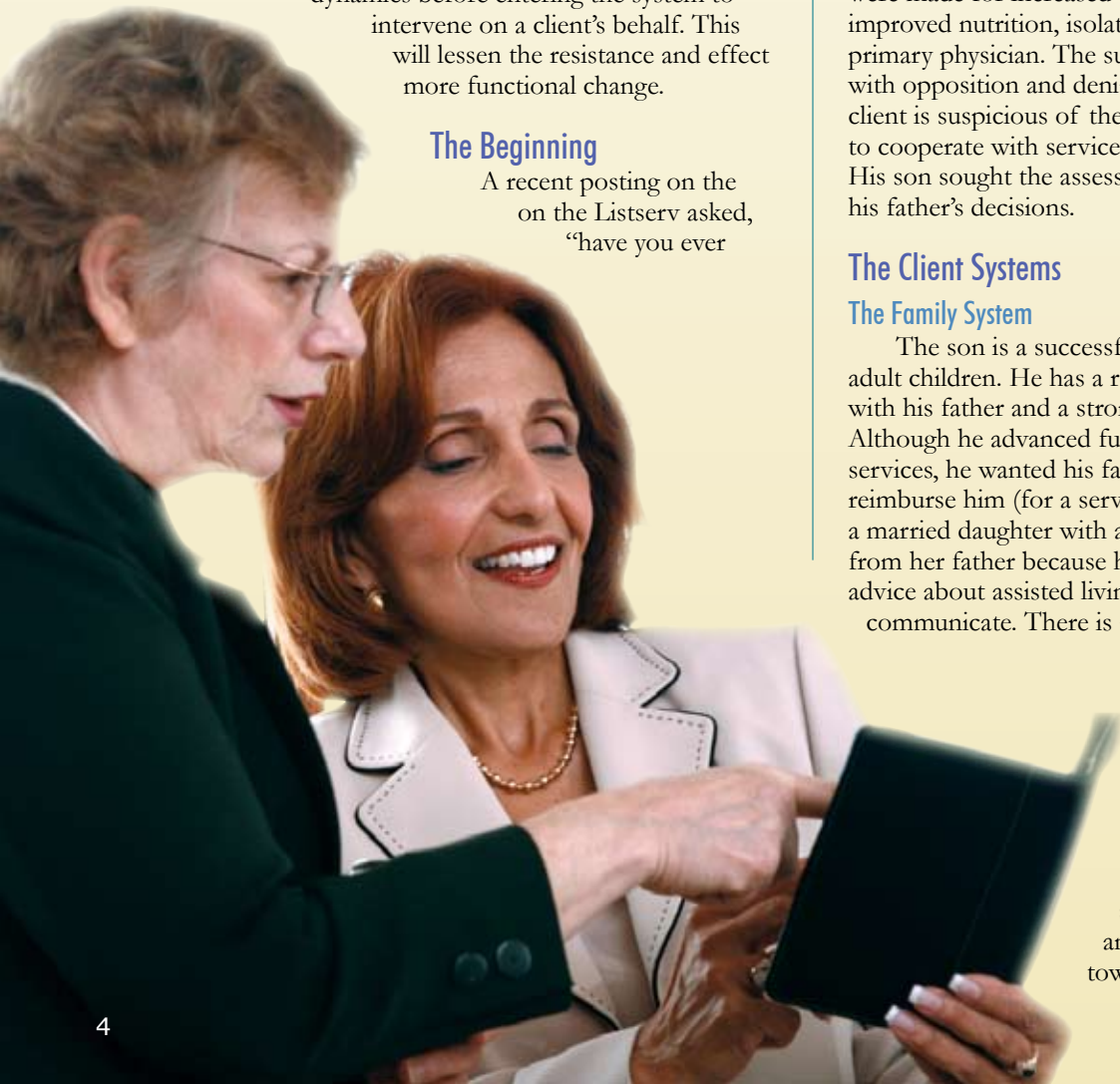
## The Client Systems

### The Family System

The son is a successful professional, married, with young adult children. He has a respectful but guarded relationship with his father and a strong reluctance to oppose his authority. Although he advanced funds for the care management services, he wanted his father to manage his own monies and reimburse him (for a service he didn’t even want). There is a married daughter with a small child, but she is estranged from her father because her husband offered “unsolicited” advice about assisted living. The son and daughter do not communicate. There is an ex-wife in Europe who has no direct contact with the client but possible influence with the son.

### Social System

The client has a woman friend of twenty years who may have had an intimate relationship with the client in the past but now has a new boyfriend. She has suggested more care (assisted living) and he has become angry and hostile towards her. She is in a mildly adversarial



relationship with the client's part-time housekeeper of four years whose agenda seems self serving; she states she wants help for the client but works "under the table" and probably fears job loss. She is subservient to the client, humors him, and does not oppose his wishes.

### Medical System

The client's primary care physician seemed threatened by the intervention of the Care Manager. There were possible misdiagnoses in this case. The doctor's relationship with the client appeared to be passive and enmeshed, as evidenced by the client calling him by his first name. The physician also appeared to be controlled and managed by the client, who refused necessary services.

The nursing service that was brought in ran into interference from the housekeeper, and while they had issues regarding the client's non-compliance with medications and his demanding and exacting behaviors, they wanted to maintain an integral role in the client's care. This was most likely why they did not immediately offer support for the care plan recommended by the Care Manager.

### The Second Pair of Eyes: Feedback from a Colleague

Before analyzing the client's system, let's look at the client. Although he is communicative and opinionated, is he competent and able to make decisions on his own behalf? His memory loss, reflected in missed appointments and non-compliance with his medications, compounded by his blackouts, indicates that he is vulnerable and needs protection, even if he has not been declared incompetent. Therefore, the initial alliance needs to be with whoever is his legal fiduciary: his Power of Attorney or Health Proxy.

Since the son is the Power of Attorney, he needs to exercise this function. This would be the first system change, as system boundaries will shift when the son takes over some executive functions for the father. All of the other players are secondary to the Care Manager's relationship with the son. If the son accepts the Care Manager as a supporter (rather than an adversary) and believes the agenda (care plan for his father) addresses his father's needs, then there is a starting point.

As for the system dynamics, let's consider what the son's agenda really is. Does he want his father to have enhanced quality of care and a quality of life? Does he want the housekeeper there and does he want the friend out of the picture? Or is he looking for something that requires less change in the comprehensive system? If he accepts his Power of Attorney role and these questions can be answered, there is a basis for care management. Of course if the son is unable to build this working relationship with the Care Manager, perhaps because he would rather his father still make the decisions, then the initial work is to help the son alter this authority/boundary issue. If it is impossible to make any inroads and it is felt that the client is at risk for neglect and abuse, there are two options—quit and/or refer the case to Protective Services for guardianship evaluation.

If there can be an alliance forged with the son, the Care Manager can make other system changes such as distancing the woman friend since she has another boyfriend or engaging her as an ally. The Care Manager must avoid triangulation. Then there is the housekeeper. If she is connected to the client and

can be "trained," then it is suggested that she be integrated into the care team. If she sabotages the care plan, then she is out. This is the contract that can be made with her.

So the advice is: at the onset, form the first alliance, make an initial system shift, carefully monitor the results of the change, keep all the players involved to avert sabotage, make the next shift, etc...until equilibrium is attained.

### Ending

Family systems, functional or dysfunctional, are all unique. Often, we need to step back and detach from the

emotion of the work, sort out the pieces of the puzzle, and filter situations by looking at a client system from a different perspective. Sole practitioners do not have to work in isolation. There are colleagues across the nation who are challenged daily with similar "slings and arrows" of client system defenses. Peers are just a "keyboard" away and offer additional eyes to assess, evaluate, and provide alternative perspectives. For colleagues who question the worth of peer supervision, this collaborative team highly recommends it as a way to grow professionally as well as provide the highest quality of service to our clients.

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*Helene Bergman, LMSW is a Certified Geriatric Care Manager with a care management business in New York City. She received her MSW from Hunter School of Social Work following a career in Education. She was previously affiliated with NYU Medical Center Aging & Dementia Research Center, where she was a Family Counselor and a research associate. Helene has been a consultant with nursing homes and care programs to develop specialized programs for Alzheimer patients. She led many caregiver support groups for the Alzheimer's Association and co-authored a book Guiding the Alzheimer's Caregiver: A Handbook for Counselors. Helene frequently speaks on Memory & Aging, Alzheimer's Disease Caregiving, and Elder care topics for AARP, assisted living facilities, nursing homes, and corporations. She served as the President of the Greater New York Chapter of the National Association of Professional Geriatric Care Managers (NAPGCM) from 2000-2004 and is presently on its Executive Board. She is currently on the national Board of Directors of NAPGCM.*

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*Donna Gagnon, M.Ed., CMC is the founder and sole practitioner of Dignified Aging, Inc. Her undergraduate degrees are in Religious Education and Psychology, and she has a Masters of Educational Counseling with a minor in Rehabilitation Counseling. She has completed course work in international communications through a university in Pasadena, CA and lived on a Kibbutz in Israel and is nationally certified as a Care Manager. Donna worked with the Solomon Carter Fuller Gero Mental Health Center and Salvation Army in Boston in a collaborative effort to write a grant and obtain funding under the Older Americans' Act to assist displaced elders in the inner city. Part of that work included interventions with displaced holocaust survivors. Her background is in mental health, rehabilitation, and addictions counseling. Prior to working with elders, she was an education specialist and family treatment specialist. She also was a court appointed Guardian and served on the panel to determine incapacity for court proceedings involving frail elders. She served as a Judicial Nominating Commissioner for the 16<sup>th</sup> Judicial circuit in Florida. Donna has served on the executive committee of the Florida Chapter of the National Association of Professional Geriatric Care Managers between 1998 and 2001 and has served on several committees for NAPGCM over the past eight years.*