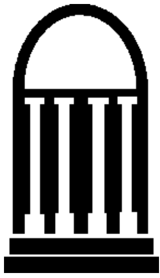

ASPN

Adult Services Practice Notes

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The aspen is perhaps the world's largest organism. Although some aspen forests cover acres and seem to be composed of individuals in all stages of life, they share a common root system.

ASPN: Adult Services Practice Notes is dedicated to providing information on excellent family-centered social work practice with adults and their families.

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Ending Well

Mr. Pirelli has been the focus of the last three issues of *ASPN*, but it's time now to say good-bye. In this issue, we'll look at ending work with clients from several perspectives. Not all endings, of course, are happy, but with some forethought and planning, there are ways to manage even the most difficult ones. Let's think about some of the possible endings of work with Mr. P., ranging from the very good to the very sad.

The Best Possible Ending

In this "best of all possible universes," here are a few of the victories. Mr. Pirelli has improved his self-care, grieved for his wife, formed new relationships and reconnected with his family in New Jersey, and gotten appropriate medical care. Throughout their work together, the social worker has looked for opportunities to help Mr. P. regain control of his own affairs. In the last issue, we saw that Mr. P. applied and qualified for the Special Assistance In-Home (SAIH) program, and he and the social worker developed a plan to help him return home and continue recovering from his knee-replacement surgery, with the help of the money from the SAIH benefit. He paid for ramps that make it easier for him to get in and out of the house and pays a Boy Scout to help him each week with household tasks and the garden. Because of their daily calls and weekly shopping trips, Mr. P. and Mrs. Chandler, his neighbor, have gotten to be close friends, perhaps even sweethearts. Mr. P. continues to go to the senior center on most days, he's playing bocce again, and his team has won several tournaments. Things are going well. The SAIH funds helped Mr. P. pay the extra short-term expenses brought on by the knee surgery, but when he and his social worker review things now, they agree that he has no on-going unmet needs, and they work out a way for him to leave the program and still make ends meet. They also agree that he is doing well enough that they can end their work together.

Not all the goals Mr. P. and the social worker set together have been met, and that's o.k. In the long run, the goals are his, not the social worker's, and the decision to meet them and responsibility for meeting them are ultimately his. It may be tempting to keep on working together until everything can be checked off the list, but it also may not be necessary or a good idea.

One of the goals of adult services social work practice is the right amount of care, and ending work together when the client and family can rely on their own resources is good practice. Too little care may harm clients because it isn't effective in helping them make the changes they need to live as autonomously as possible. However, too much care may deprive clients of their right to self-determination, and it isn't consistent with the Principles of Family-Centered Practice in Adult Services (http://ssw.unc.edu/cares/fcprinc.htm#sw). In either case, the DSS loses precious resources, whether time or money. Admittedly, a rosy scenario like this one for Mr. Pirelli might be rare, but achieving something similar should be the goal whenever possible. Let's look at some other endings, both happy and sad.

Managing a Planned Ending

Perhaps you've been promoted and your responsibilities within the agency will change. Maybe there will be a new baby in your house, and you will take three months of family leave. Perhaps the transition is Mr. Pirelli's. For example, imagine that his son Joseph has just taken a job in Atlanta, and he has invited his father to come live there. Mr. Pirelli will have his own studio apartment in the house, a yard to work in, and grandchildren to help out. All this is good news, but there are still things to work out. Some of your job may be helping him find ways to say good-bye to the people he's leaving, and you may assist him in wrapping up his affairs locally.

When the news is yours, whether good or bad, an important thing to remember is that your client will have feelings about ending work with you, even if you and your client have had some differences of opinion. It is not uncommon for clients to have a "relapse"—a sudden crisis that needs *your* immediate attention—as a way to maintain the connection. Here are several strategies for preventing or getting through relapses.

- During your last few meetings, summarize what you have accomplished together and remind your client about when your work together will end.
- If another social worker will be taking on your client, take the time to review the file together and to introduce him or her to the client.
- Your agency or unit should have a plan for transferring cases in emergencies—when the social worker is suddenly unavailable. Here's where case staffings or partnerships among workers can be useful, because two or more people will be familiar with every client's situation.
- Recognize your own feelings about ending work. Reviewing with the client the things you have accomplished together may also help you celebrate your good practice as a social worker, and this may help you say a "good good-bye."
- Help clients identify strengths and strategies they have relied on to make positive changes. Discuss the future, identify possible new problems, and work together to plan how to resolve them.
- Sharing your feelings of sadness can be appropriate, so long as you both recognize the professional context or your relationship.
- Don't get caught up in crises that really aren't crises (you may be tempted to do so, because you may have feelings about ending work, too). Remind clients of how they have coped in similar situations, and help them work independently on new ones.

Work for the Best, Plan for the Worst

Effective Social Work Practice in Adult Services: A Core Curriculum and *A Model for Excellence in Adult Services Administration and Social Work Practice* both emphasize that the client's functional status is more important than the diagnoses he or she may have, because functional status is the key to what services and supports clients may need. That said, many chronic diseases that affect older people have recognizable courses and cause predictable changes in functioning.

For example, if Mr. Pirelli were diagnosed with early-stage dementia of the Alzheimer's type, he might live 10 to 12 years after the diagnosis is made. For the first few years, he might be able to continue living relatively independently, but with steadily declining ability to carry out instrumental activities of daily living. With this may come decreasing safety at home, vulnerability to scams, and difficulty managing finances. As the disease progresses, he would gradually lose the ability to perform self-care. Although the timetable may differ from person to person, and recently discovered drugs may slow the decline, among the issues that he and his family will face are how and when to provide assistance as his abilities diminish. For clients who have no caregivers, one of the social worker's tasks may be to identify people or institutions that can provide substitute care.

The spring 2003 *ASPN* was about helping clients change (http://ssw.unc.edu/cares/aspn5_3.pdf). Here, too, is an opportunity to think about and use those principles. Clients faced with progressive disabling conditions may take considerable time becoming ready for negative changes (as will their families), but you may be able to take a longer view with less emotional involvement and then help them make as many choices as possible while they are still able to do so. If nothing else, your thorough assessment and case notes should provide you with a wealth of information about the client's preferences and perceptions, even if you don't ask direct questions. However, we do suggest having something like the Kitchen Table Discussion described in the box on the facing page at some point in your work with clients.

When you have established a relationship with your client and family, spend a little time looking ahead with them to identify future challenges and begin to plan with them, always from the perspective of helping clients have the most control possible over what happens. As part of the standard information you gather about clients, you routinely ask questions

When and How to Begin a Discussion about "End-of-Life" Issues

It's really never too soon, once you have developed a relationship with the client and family members. However, Linda Norland and Kersten McSteen, both RNs, identify some indicators that it's time and outline a way to discuss these issues with clients and their families. You know it's time:

- if you (or others) would be surprised if the client were alive in a year or two
- if the client has had more than 2 hospitalizations or visits to the ER in the last year, or a stay in intensive care for someone 65 or older
- if the client has had a change in functional status that produced dependencies in 2 or more ADLs
- if the client has potentially life-threatening illnesses or conditions, including cancer, heart or lung disease, diabetes, autoimmune diseases, osteoporosis (particularly in older women), depression, dementia, risky life-style choices, and "failure to thrive."

Norland and McSteen discuss six key elements of the "Kitchen Table Discussion" about end-of-life issues.

- Find out what clients understand about their condition—is it life-threatening, curable, treatable? [Remember, though, that there are cultural differences about what people with terminal conditions and their families feel they should be told.]
- Understand clients' previous experiences with death and how that influences their own wishes.
- Learn what they value most—as long a life as possible, staying home, sparing children distress, no pain, other choices?
- Learn about the family's feelings and preferences.
- Discuss the resources available.
- Perhaps most important, help clients communicate their wishes to their physician, who may not have taken the time to have this discussion.

Norland and McSteen suggest that the discussion is best held in the client's home—somewhat of a novelty for medical practitioners, but routine for social workers. They also note that the whole discussion probably will not take place in one visit but over time—again, part of regular DSS practice but less common in medical settings.

Norlander, Linda, and Kerstin McSteen. 2000. The Kitchen Table Discussion: A creative way to discuss end-of-life issues. *Home Healthcare Nurse* 18(8): 532–39. The indicators are based on those developed by the Allina End of Life Project. This article is available through http://www.nclive.org; get a password for yourself through your local library.

about burial insurance and plans, living wills and health care powers of attorney, and emergency contacts. When clients haven't yet made these arrangements, you have the opportunity to help them do so and make it a normal part of planning. It also provides you with another opportunity to learn about the client and family's preferences.

For example, as part of the social assessment, you ask on whom the client relies most for help. This can lead eventually to a discussion of health care power of attorney: "If you couldn't make decisions about your medical care, is this the person you would want to make decisions for you? Have you talked with this person about what you would and wouldn't want done?" If you feel awkward about asking these questions, Norland and McSteen suggest making your own advance directives—a good thing to do, regardless of your age and medical condition—so that you understand the process.

Although it is important to learn what clients and families would want at the *end* of life, it is equally important to understand what they would see as "the least restrictive circumstances" in which to continue living. Some questions that aren't on the assessment tool but that are worth asking are, "What gives you the most pleasure in your daily life? What do you do that you find most rewarding?"

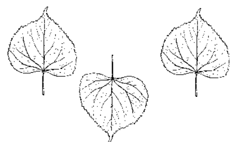
Let's say that something happens so that Mr. Pirelli can no longer remain safely at home. As the social worker helps him locate an adult care home, she could look for one that offers the most opportunity for him to continue doing the things he enjoys, and that might ease his transition there. For example, the new housing for older adults near his senior center might be ideal, because he can continue to go to the center and would live close enough for friends to visit. A facility that offers gardening in raised beds for its residents might be preferable to one that doesn't, even if everything else about them is comparable.

When It's Sad News: Taking Care of Yourself, Too

How do you handle your own feelings? The social worker in our case example has spent more than a year working with Mr. Pirelli. If he succumbs to a short or long illness, she would likely have some opportunity to say good-bye. However, if he should die suddenly, she would probably feel the same sort of shock and sadness that his friends or family members feel. Here are some suggestions about taking care of yourself when a client dies.

- Be kind to your body. Make time for enough sleep and exercise. Eat nutritious meals regularly. Avoid alcohol.

- Talk about your feelings with someone supportive. If you have shared the case with another social worker, that person may be a good listener.
- Workplaces where staff members regularly confront the death of clients often have memorial events to help acknowledge their grief and celebrate clients' lives.
- Some agencies encourage workers to take time off to recover.
- Many agencies allow workers or aides to attend clients' funerals, and this may be both comforting for the worker or aide and a mark of respect for the family. Nevertheless, it may be a good idea to check with the family before going.
- Take a moment to review your work together and remember the things that went well. Then write the documentation necessary to close the case file.
- If you've been witness to an "extreme" event and your memories of it interfere with your functioning at home or at work, seek professional help.



Watch for the CARES calendar of ongoing professional training in the Fall issue of *ASPN* and on the CARES website!

Visit the CARES web site at http://ssw.unc.edu/cares/cares.htm for on-line copies of this newsletter, updated calendar of workshops, links to background materials for events, and much more.

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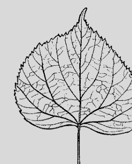

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