

Most Difficult Case Conference

Social Work Perspective



May 6, 2022 | Danielle Dodson, MSW, LCSW

Learning Objectives

- 1) Discuss cognitive and psychosocial factors that can increase patient vulnerability.
- 2) Understand the care team's role in addressing key legal issues including Powers of Attorney, guardianship, and abuse / neglect reporting.
- 3) Explore ways in which an interdisciplinary team can partner with a patient, family, and other involved agencies to create a care plan.



Cognitive Factors Increasing Vulnerability for this Patient

- Memory Loss
 - Difficulty encoding
 - Poor recall
- Disorientation (especially to time)
- Executive Dysfunction
 - Insight / Self-awareness
 - Problem-solving
- Functional Impairments
 - Finance management / bill-paying
 - Medication management



Psychosocial Factors Increasing Vulnerability for this Patient

- Isolation / Limited Social Support
 - Living alone
 - COVID-19 pandemic
 - Son hospitalized with COVID
- Family Conflict
 - Historical family dynamic
 - Poor communication between family caregivers
 - Competing interests



Family Systems Theory

- Family members operate within an interdependent system
- Families operate based upon a variety of unspoken *family rules* and roles
- These family rules help the family to maintain *homeostasis*, a sense of constancy or balance
- A change in one family member inevitably affects each individual and relationship within the family (*complementarity*)
- **How can these principles help us to understand this patient's vulnerability?**



Power of Attorney

- Power of Attorney for Healthcare (POA-HC)
- Power of Attorney for Property (POA-P)
- Individual must have decisional capacity to sign a POA
- However, an individual can *revoke* a POA-HC at any time (even if she lacks capacity)
- Laws vary by state
- **With respect to legal matters, what gap(s) increased this patient's vulnerability?**



Guardianship

- There are limited situations in which guardianship is appropriate:
 - The patient lacks decisional capacity and has not executed a POA-HC and/or POA-P
 - The patient lacks decisional capacity and the agent under POA-HC or POA-P is not acting in the patient's best interest
- Can be temporary (emergency) or permanent
- Can be limited guardian (of person or of estate) or plenary (both)
- Provider's report is a critical piece of the guardianship process
- As with Powers of Attorney, laws vary by state (and even county/region)
- **How do state and local laws regarding guardianship impact your practice with patients with cognitive impairment?**



Adult Protective Services (APS)

- We are all mandated reporters.
- However, reporting laws vary by state.
 - For example, in Illinois, we are only required to report if the patient cannot do so for herself.
- Any suspicion of abuse/neglect should be reported.
 - In other words, we are not responsible for substantiating the allegations ourselves.
- **In your practice, how is the decision made to report to APS?**
- **Who in the practice takes responsibility for APS reporting?**



Care Planning

- There is no "one size fits all" care plan.
- In addition to physical and mental health, cognition, and functional status, care plans must take into account psychosocial, familial, financial, and legal factors.
- There is no single profession or professional who has expertise in all of the above factors.
- Collaboration amongst an interdisciplinary team, along with the patient and their key support(s), is therefore critical to establishing viable care plans.
- **What are the barriers to effective collaboration?**
- **How can these barriers be overcome?**



Key Points

- Understanding a patient's decisional capacity and degree of vulnerability requires assessment of many cognitive domains.
- Psychosocial assessment must encompass both historical (such as family dynamics) and present (such as environmental) context.
- Laws regarding POA vary by type (Health Care vs Property) and state.
- Guardianship is a significant step that takes away many rights of an individual; however, it can be necessary in limited situations.
- It is our professional responsibility to report to APS; doing so is not punitive, but a way to access assistance for vulnerable patients.
- Creation of viable care plans requires the collaboration of multiple disciplines, as well as the patient and their key support(s).



Resources

Illinois

- Illinois Department of Public Health, [Advance Directives](#)
- [Illinois Guardianship and Advocacy Commission](#)
- Illinois Department on Aging, [Adult Protective Services](#): 1.866.800.1409

Wisconsin

- Wisconsin Department of Health Services, [Advance Directives](#)
- Greater Wisconsin Area Agency on Aging Resources, [Guardianship Support Center](#)
- Wisconsin Department of Health Services, [Adult Protective Services](#)

