Case Notes – DAP Notes Style

Resident: [redacted]

Date: 3/27/19

PPS: 50% higher?

**(D)** Resident and I completed the clock drawing assessment, geriatric depression scale (short form), and then the geriatric depression scale (long form). Resident received a 3 out of 5 on the clock drawing test. Resident scored high enough on the short form that we needed to complete the long form. She scored a 20/30 suggesting that she has severe depression. Client recognized that she has been feeling depressed throughout her whole situation. Client expressed loads of frustration and anger towards her previous hospice. Has many questions for them and about her situation in general: "Why would they put her through this mess?", "Why didn't do the tests from the beginning to prove that I did or didn't have cancer?", "Why didn't they look harder and why do they keep giving excuses?". One of the biggest questions that she currently has is what is exactly wrong with her stomach and why she is hurting so much. When asked how the client has dealt with frustration in the past she explained that she would always "suck it up" and move on with her life. Client also expressed how happy she was to finally have seen Dr. Melvin and that she feels as if this doctor actually cares about her and her health. Client expressed that all she wants is "peace and for all my questions to be answered". At the end of the session, client also mentioned that she would like to schedule a dentist appointment to get some teeth pulled. I discussed with resident how this would be our last official assessment since I am a student and will be graduating soon. I told her when my last date would be, but that I am here for her and will help however I can until then. She took this news well and stated that I would be missed.

**(A)** It was apparent after speaking with this resident that she is beyond frustrated. Her depression is surfacing with this situation with her hospice. Being told you have cancer and then told that you did not is a lot to handle. Client seems to be blaming her previous hospice for everything that is happening. She has a lot of faith in this new doctor and is strongly depending on her.
**(P)** My plan is to present the following options to her: develop a list of questions with the resident for her new doctor regarding this situation, schedule a meeting with her previous hospice so that her questions can be asked, and/or offer counseling services to resident if she will take them.

How can we help you have a successful transition?

- Continue working on finding housing and seeing if living with Laura is a plausible option.

How can we help you feel as an important member of WHC?

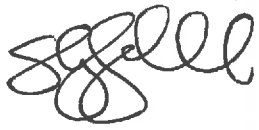
- Continue checking and talking with her. She still lives here and is a part of this family.

Goals:

- To find peace and have her questions answered
- Schedule a dentist appointment

***Case Notes By:***

***Karissa Goodman, BSW Student***



I have read previous assessments for this client.

Case Notes – DAP Notes Style

Resident: [redacted]

Date: 1/16/19

PPS: 50%

**(D)** I sat down with the client today for a short conversation. We discussed her "Five Wishes", after death arrangements, and who her belongings will go to once she passes. Her son is her health care agent as well as the person who will inherit her belongings. Client stated that she has all over her after death arrangements in order and that her son has nothing to worry about. Client also mentioned a friend that she would like to choose what belongings she wants after her son decides what he will keep. She answered each question and reviewed the details of her final wishes.

**(A)** Client seemed very put together during this conversation. We did recognize together that this is a tough topic to discuss, but she was willing to answer any questions. She was honest with each answer and it seemed like she realized that her son did not want any of her things. I observed that she loves her son and does not want her death to be a burden to him at all.

**(P)** I plan on calling client's family within the next week to discuss final arrangements with them in regards to my client.

***Case Notes By:***

***Karissa Goodman, BSW Student***

Reviewed 3/27/19

Case Notes – DAP Notes Style

Resident: [redacted]

Date: 10/8/18

PPS: 70%

**(D)** Client discussed with the social work intern that the best part of her week was receiving banana pudding, which is her favorite. When asked about the worst part of her week she said that nothing was bad and that the week was good. Resident disclosed that her pain is getting worse and that she is now taking one hydro a day. She mentioned that her nurse "gets on to her" when she waits too long to ask for a pain pill. Interviewer discussed how this session would be a sort of "life review" to the resident. Resident mentioned how the kindest person in her life was her old neighbor and best friends. Resident reminisced on the good times with said friend and stated that she misses her dearly. When asked about a life lesson that the resident had learned, resident discussed "survival" and how she could only depend on herself and no one else. This lesson was adopted right after high school in 1952 when resident had to get a job and start working. When asked about what makes her proud, she instantly mentioned her son. She discussed that even though she did not raise him, she is so proud of his accomplishments and the life he has chosen to live. Resident then discussed that after her son was born she had a "psychological break down" and that her step-mother took custody of her son. It was not until years later that they connected and started to build a relationship. Client mentioned that she has felt alone for most of her life, 56 years. When asked if she could change anything, resident responded with she would move in with her best friend and continue going on adventures together.

**(A)** Client appears well-put together and is oriented to her surroundings. Client is able to do personal care and does minimal "chores" in the house. Client seems to still struggle with letting her caregiver know when she is in pain and needs medication. Client has a deep love for her son and daughter-in-law which can be seen by talking with her. She also really misses her best friend. Client seems to have a good relationship with her hospice and is using her coping skills more often when she gets aggravated with others.

**(P)** I will meet with client again in about a month unless her health takes a rapid decline. I plan on discussing with the director of happiness the possibility of arranging a visit between client and her best friend. I will also check in with client on a daily basis about her pain and see that she is seeking the proper help for that.

**Intervention/Goals**

*What is important to you this week?*

- "Just being alive"
- Not getting upset over little things.

*What is worrying you this week?*

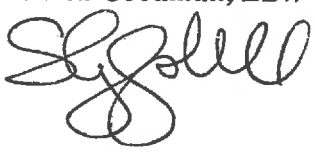
- "Nothing"

*Goals:*

- Keep her mouth closed when she has nothing nice to say.
- Use coping methods when she gets annoyed.
- Take pain meds when pain starts, rather than when it gets too intense.
- Connect with best friend again.

***Case Notes By:***

***Karissa Goodman, BSW Student***



Case Notes – DAP Notes Style

Resident: [redacted]

Date: 9/18/18

PPS: 70%

**(D)** Client discussed how she was diagnosed by her nurse practitioner a couple years ago. Client states she was told she has a mass in her stomach and that it is cancerous. She discussed how she is happy with the hospice she is at and that her nurse always answers any medical questions she has. Client talked about how WHC, more importantly the executive director, are her biggest support system. She mentions that her relationship with her son has improved since she was diagnosed. When client was first diagnosed, she reported being "shocked" but that she quickly learned to accept it. One struggle that the client faces is staying on top of her medication. She stated "I am not good at taking medicine" in our session. Client also mentioned another struggle she faced when moving into WHC which was adapting from a life alone to a life with multiple people with various personalities. The client's way of coping is going and sitting outside to watch the cars pass by. She says this is her way of "escaping everything". When asked about any spiritual beliefs that they client may have, client discussed that she believed in a heaven and hell and that there is a God. She discussed that God will take her in His time or let her live if that is His will. When talking about "death and dying" client expressed "We are all dying anyway. There is no sense in being miserable while doing it". She talked about accepting things the way they are and that she just does not want to go to hell. Client views herself as not very smart and expressed that a couple times. Client also discussed the struggles she faced in her childhood

growing up with her stepmom. Client's stated her goals for the week are to be a better person, not let other residents get on her nerves as much, and to use her coping strategy more often.

**(A)** Client appears well-put together and is oriented to her surroundings. Client is able to do personal care and does minimal "chores" in the house. Client spoke highly of her son visiting her last week and appears to be satisfied with their current relationship. Client seems to be accepting her diagnosis and understands that she will face death sometime in the future. Client kept a positive attitude throughout session but did display some agitation when discussing a particular resident in the house that gets on her nerves. Overall client seems to be doing well.

**(P)** I will meet with client again in two weeks and discuss how her coping went and if there are any other things she can do to reach her goals. I plan on checking in with the client throughout the next two weeks but will not have a formal session with her until our scheduled time.

**Intervention/Goals**

What is important to you today?

- Using her way of "coping" to escape and not get too mad at others.

What is worrying you today?

-

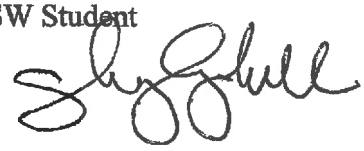
Goals:

- Trying to be a better person
- Not let others get on her nerves too much
- Use her coping method more often

Case Notes By:

Karissa Goodman

BSW Student



**Social Work Intern Notes:**

**Date:** [redacted] **Progress Notes:** [redacted]

2-25-19 [redacted] is in the process of being discharged from Amedysis. She has a Dr. appointment on 3/11 with a possible PCP. She is anxious and hopeful about this. She had her stitches removed this afternoon and is in good spirits. Her daughter-in-law will be getting in contact with Sherry to discuss her situation. K

3-11-19 [redacted] went to Dr. Melvin today. She is very anxious and is anxiously waiting for the results to come back to determine if she is eligible for hospice or not. Her goal is to stay at WHC. K

Case Notes – DAP Notes Style

Resident: [redacted]

Date: 3/27/19

PPS: 90%

**(D)** This assessment consisted of completing the clock drawing test, geriatric depression scale (short form), and the short portable mental status questionnaire (SPMSQ). Client received 5/5 for the clock drawing test, had 0 indicators of depression, and scored normal mental functioning on the SPMSQ. Client discussed how she feels so much better ever since coming to welcome home. She believes that welcome home has healed her and that she is ready to go out on her own now. She told me about when she was on the street her depression score would have been off the charts and that it is amazing what some love and care can do for the soul. She stated that this is why she thinks people diagnosed her with schizophrenia because she was not well physically and that affects the brain. She discussed how she was able to talk with her son this past weekend and how that made her very happy. When asked if she had any worries she stated that she had none. At the end of the assessment, I asked how this assessment went for her and how I could change it for future practice. She stated that she wouldn't have me change a thing and how I have handled myself in a mature fashion during my time at Welcome Home. I discussed with resident how this would be our last official assessment since I am a student and will be graduating soon. I told her when my last date would be, but that I am here for her and will help however I can until then. She took this news well and stated that I would be missed.

**(A)** Client seems to be in good spirits and is doing okay. She loves being out of the house, which sometimes causes problems with the staff. She is ready to move into her own place and is very

independent for someone living at Welcome Home. She does not seem to be in any pain, but requests breathing treatments occasionally.

**(P)** My plan is to follow up with my supervisor on finding her a place to move into in the near future.

How can we help you have a successful transition?

- Continue supporting her in finding a good place to live.

How can we help you feel as an important member of WHC?

- She stated that Welcome Home is already doing a phenomenal job at this.

Goals:

- Find a place to live
- Talk with her son more often

***Case Notes By:***

***Karissa Goodman, BSW Student***

**Social Work Intern Notes:**

| Date: | Progress Notes: [redacted] |
|---|---|
| 2-25-19 | [redacted] had a meeting with the TN housing authority this morning. They sent her home with paperwork to fill out and will have WHC be case managers for a year in order to bump her up on the list. Her hospice Social Worker will be coming by on Friday to further discuss her progress. |
| 3-11-19 | [redacted] informed me that her hospice social worker had still not stopped by. I called Kindred and spoke with Erin personally. She is stopping by tomorrow (3/12) after 1:00pm to discuss things with [redacted] |

Case Notes – DAP Notes Style

Resident: [redacted]

Date: 4/1/19

PPS: 60%

**(D)** Today I met with the client to complete and go over three assessments. We began by discussing what this meeting would be like and the rules of confidentiality. I also informed the client that this would be our last formal assessment since I will be graduating and leaving WHC in two weeks. The first assessment we did together was the clock drawing test. Client was able to draw the clock face, assign the numbers in the right spaces, and set the hands at ten past eleven. This showed no sign of cognitive impairment. From here we moved on to the geriatric depression scale (short form). Client scored a four on this assessment which does not indicate signs of depression. When asked if he thought he had depression he responded, "No I do not think I do". I explained his scoring with him, and he agreed with what the results said. The last assessment that was completed in this session was the short portable mental status questionnaire (SPMSQ). Client only missed one question, and this was because he did not want to count backward from 20 by 3's. Only missing one indicated that he has normal mental functioning. At the end of the session, the client mentioned that his chaplain is now coming every Tuesday and that he has built a strong, reliable relationship with him.

**(A)** Client's overall mental status seemed to be good. He seems to be in good spirits and is happy to be at Welcome Home. Client was breathing harder than normal in our session and seems to be very worried about the new developing cyst on his wrist.

**(P)** My plan is to work with the resident care coordinator to schedule an appointment for client to get his wrist checked out. I will also check with him on Wednesday to see how his meeting with his chaplain went this week.

What is worrying you today?

- "Nothing. I'm doing good."

How can WHC support you and make you feel loved?

- "You all are already doing it."

Goals:

- Make wrist appointment
- Obey the rules
- Stay out of trouble
- Keep up with his stuff and cleaning his room

***Case Notes By:***

***Karissa Goodman, BSW Student***

Shay Goodman

I have read client's Chart before assessment

Case Notes – DAP Notes Style

Resident:

Date: 1/16/19

PPS: 60%

**(D)** Today I sat down with the client and we completed his "five wishes". Client was not feeling well but managed to answer all the questions to the best of his ability. Client talked about how he does not have anyone in his life and he does not know what he wants to happen after he passes or to who his belongings should go to. For now, he appointed Sherry Campbell as the person to inherit his belongings. Client would like to be cremated and have his ashes put in the TN river. Client mentioned his nephew but has not heard from him in years and does not know his new name. Client also talked about how he is having people look for his brother, but nobody can seem to find him. Client recognized that this was a tough conversation to have but that it was necessary.

**(A)** It was apparent that the client was not feeling well. We worked together to get through the paperwork that needed to be completed. It seems as though the client knows he is going to pass but does not want to really talk about this kind of stuff. He was as pleasant as one can be when having this conversation. He was relieved when it was over though.

**(P)** I plan on doing a deeper assessment with this client next week to understand him a little better and to see how we can better assist him at WHC.

***Case Notes By:***

***Karissa Goodman, BSW Student***

**Social Work Intern Notes:**

| Date: | Progress Notes: [redacted] |
|---|---|
| 2-25-19 | [redacted] is in a lot of pain. He wishes he had pain meds that would "actually work". He is scared that his MRSA has returned and wants to get checked for that. He seems to be declining. He is also eagerly waiting for his disability placard for his car. |
| 3-11-19 | [redacted] has been excited to finally have his disability placard and able to use it. He has been in good spirits today and up and about. |