



FAMILY & RESIDENT SENSITIVITY

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OBJECTIVES

- Differentiate the stages of grief people experience when a loved one is declining and moves into a long term care setting.
- Identify ways to help develop therapeutic alliances with families and residents through sensitivity and providing education.
- Describe ways to manage family and resident complaints and concerns in the facility.
- Demonstrate active listening techniques.

FAMILIES & RESIDENTS

- Stages of Grief
- Caused by Changes
- Loss of the Person



STAGES OF GRIEF

• Denial

- Common Reaction
 - Accepting Diagnosis
 - Accepting Aging
 - Deny Problem Exists



STAGES OF GRIEF

•Over-Involvement

- Compensate for Losses
- Do for Resident
- Sometimes Blocking the
 - Care Needed



STAGES OF GRIEF

• **Anger**

- Deterioration
- Burden; or
- Loss of Independence



• **Expressed Towards**

- Staff
- Resident- Or Resident to Family

SCENARIO MRS. CAMP

- Mrs. Camps daughter is visiting today. You are walking down the hall passing by her room. You overhear the daughter saying in a raised voice, “Mom, don’t be stupid, you know my name. I have been your daughter for 62 years.”
- WHAT WOULD YOU DO???

SCENARIO MRS. CAMP

- Why do you treat me like a child? I am your mother, and can make my own decisions! I don't need you to tell me what to do, GET OUT!"
- WHAT WOULD YOU DO???

STAGES OF GRIEF

•Guilt or Shame

- Normal Reaction

- Placement Decision

- Ashamed/Guilty

- Unable to Care

- For Themselves-or For Their Loved 1

- Unwilling to Care



STAGES OF GRIEF

• Acceptance

- Only Some Reach
- Reach an Understanding
- Accept of the Situation
- Accept Necessary Decisions



DEVELOPING THERAPEUTIC ALLIANCES

- Background Information

- Social
- Medical
- Family History
- Build Relationship



FACILITY ORIENTATION

•Facility Life

- Activity Schedule
- Care Plan Process
- Safety Procedures



FAMILY SENSITIVITY

• Sensitive Subjects

• Behaviors

- Hallucinations
- Aggressiveness
- Sexual Behaviors
- Cursing



FAMILY & RESIDENT SENSITIVITY

•Staff Frustration

- Awareness of Frustration
- Awareness of Displeasure
- Uneasy for Families &
Residents- They Feel It!



DEVELOPING THERAPEUTIC ALLIANCES

•Communication

- Encourage Questions
- Ability to Express Feelings
- Safe Place for Residents & Families to Talk



FAMILIES & RESIDENTS

- Judge staff on attitude, and interest in care, rather than their professional competence



FAMILY SENSITIVITY

•Residents With Memory Loss

- Accusations
- Negative Behaviors



DEVELOPING THERAPEUTIC ALLIANCES

- **Help Make Visit Pleasant**
- Value in Visiting
- Permission for a Reduced Visitation Schedule



DEVELOPING THERAPEUTIC ALLIANCES

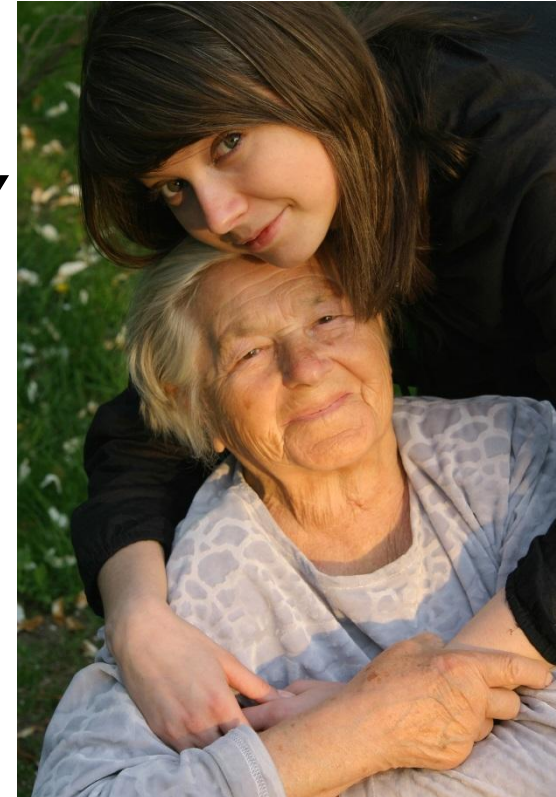
• **Help Make Visit Pleasant**

- Educate on Activities that Work Best
- Offer Opportunities to Celebrate & Socialize



FAMILY SENSITIVITY

- **Family Support**
- Connect Families
- Family Support Group
- External Support Group



FAMILY SENSITIVITY

• **Complaints & Resolving Conflict**

- Education
 - Staff
 - Family
- Follow Up
 - Initial
 - Ongoing



ACTIVE LISTENING

~|S...

- Stop Talking
- Paraphrase or Rephrase
- Reflect Back Feelings
- Gather More Information



ACTIVE LISTENING

~Is Not

- Giving Advice
- Defending Actions
- Making Judgments
- Comparing Families



DEVELOPING THERAPEUTIC ALLIANCES

• Resolving Complaints

- Education Key
- Family & Resident Framework
 - Process
 - Best Times
 - Follow Up



IN REVIEW

• We Discussed

- Stages Families & Residents Experience



Acceptance

Guilt or Shame

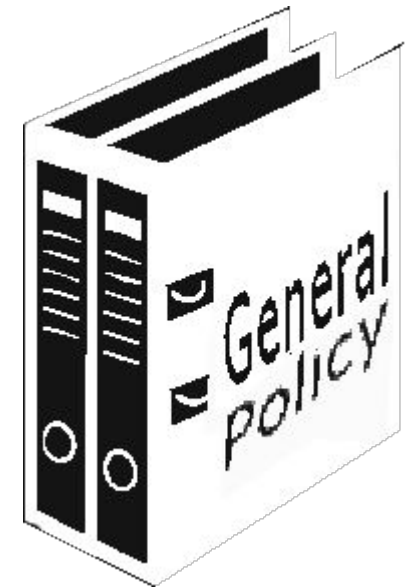
Anger

Over-Involvement

Denial

IN REVIEW THERAPEUTIC ALLIANCES

- Background Information
- Facility Life Orientation
- Safety Procedures



IN REVIEW THERAPEUTIC ALLIANCES

- Sensitive Communication
- Unconditional Positive Regard
- Education
 - Visiting
 - Opportunities to Celebrate






IN REVIEW
MANAGING COMPLAINTS &
CONCERNS

• **Policies**

- Understanding our Role
- Active Listening
- Complaint Process
- Importance of Follow Up



“There is always at least two patients when we care for someone. From the moment someone has to receive professional care, the lives of those closest to him or her will never be the same.”

Philip D. Sloane, MD, MPH



QUESTIONS?