



AGING INSTITUTE OF UPMC SENIOR SERVICES AND THE UNIVERSITY OF PITTSBURGH

Dealing with Difficult Families

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Sowing Seeds for More Rewarding Lives

AGING INSTITUTE

of UPMC Senior Services and the University of Pittsburgh

What influences family satisfaction and why is it important?

How important is family satisfaction to LTC facilities?

Most important influences on family satisfaction?

- According to a 2009 study: **direct care and family-staff interaction**

“Families were most satisfied with direct care that was provided with **empathy** and in a **timely and accurate manner.**”

- “Family-staff interactions were often a source of dissatisfaction that could be addressed by **consistent communication.**”

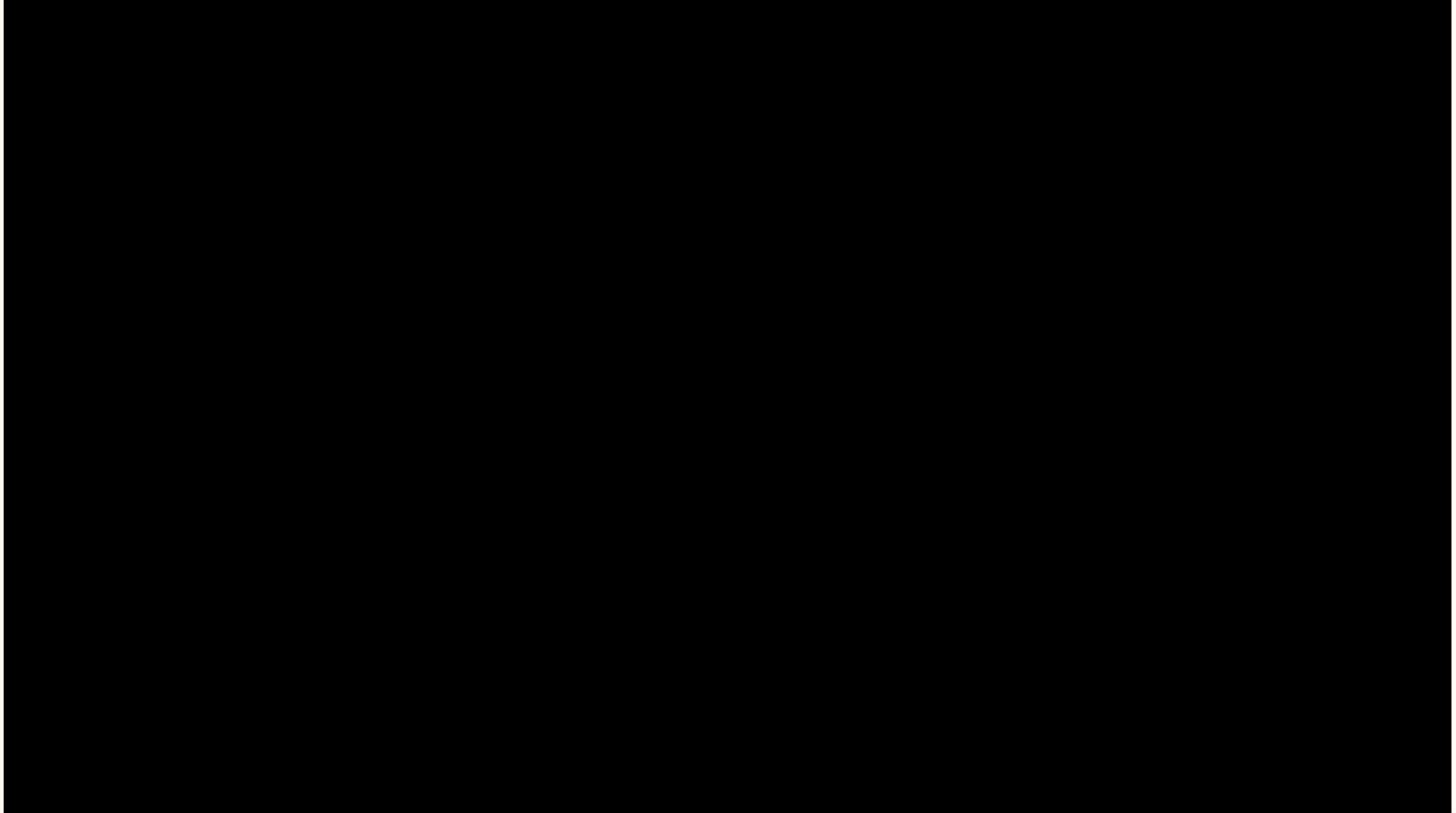
McVeigh, S.E., Jablonski, R.A., & Penrod, J., 2009, p. 25

Why show empathy? What does that mean?

What does it mean to be empathetic?

- *Merriam-Webster definition*: the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner
 - “Put yourself in their shoes”

Why show empathy? What does that mean?



What are families going through?

Family satisfaction is making its way into “consumer reports or report cards.”

- Satisfaction and quality rates have begun to be included in states’ consumer reports.

Higher family satisfaction is not just a **wish**. It now considered a **need** because it influences future business through consumer reports.

McVeigh, S.E., Jablonski, R.A., & Penrod, J., 2009, p. 25

The impact of a complaint

- On average, “dissatisfied customers (and their family members) **tell 15 other people about a negative experience**”
 - What damage can this do?
- Approximately **85 percent of dissatisfied customers** can be “brought back around with efficient and sincere efforts to address their concerns.”
 - Create a formal process for both residents and families to register complaints
 - Give individuals another outlet instead of going to social media and word of mouth

National Center for Assisted Living (NCAL), 2004, p. 1-2

Do you recognize these people?

Do you recognize these people?



The Know-It-Alls

They're arrogant and usually have an opinion on every issue. When they're wrong, they get defensive.



The Passives

These people never offer ideas or let you know where they stand.



The Dictators

They bully and intimidate. They're constantly demanding and brutally critical.



The "Yes" People

They agree to any commitment, yet rarely deliver. You can't trust them to follow through.



The "No" People

They are quick to point out why something won't work. What's worse, they're inflexible.



The Gripers

Is anything ever right with them? They prefer complaining to finding solutions.

Of course you recognize them. They're the people you work with, sell to, depend on, live with. Learn to deal with them quickly and confidently at *Dealing with Difficult People*.

The no-show

The **no-show** is the family/family members who never show up to visit their family member that is your resident:

- Family member might promise to show up, but never or rarely does
- When you have questions, the family member never communicates back
 - This creates confusion when trying to understand past events

Mediating for the future

- Script and/or roleplay possible situations where a staff member encounters a difficult family member
- Discuss what you cannot provide
 - Do not offer false promises
- Call families with positive news too
 - Do not call them with just the bad news
- Ongoing conversations
 - **Educate on the trajectory of the illness**

Staff members working as a team

- When having a conversation with a family member who might be difficult, it might be helpful to:
 - Involve other staff members if you want to have someone supporting your position
 - Social worker
 - Nurse
 - Administrator or supervisor
 - Lawyer (legal consultant)
 - Approach the Ombudsman to discuss joining the conversation that includes the family

Beware of triangulation

According to Heffernan, “**triangulation** occurs when a third party is used by two people to reduce anxiety or conflict...”

- Ex: two adult children of a resident are upset about their mother’s prognosis and disagree on the treatment options available. The children often bring staff into the middle of their conflict. Examples include:
 - They will want staff to be the communicator between the siblings.
 - One sibling wants staff to tell the other sibling why their choice in treatment option is best and not the other’s.

Heffernan, 2011, p. 19

Combatting triangulation

Unfortunately, it is hard to combat and prevent triangulation

- However, “***recognizing the pattern*** may reduce staff frustration for setting realistic boundaries.”

While there is no easy solution, some suggestions include:

- Ask questions:
 - *What are your concerns?*
 - *What would make this a better situation?*
- Have ongoing discussions with your co-workers (team approach)

Heffernan, 2011, p. 19

Coalitions of family members

Heffernan describes “*coalitions*” as when “*family members take sides against other family members.*”

- DO NOT side with one side of the family over another
- Present “*objective*” information and education for the family versus siding with one of them

Heffernan, 2011, p. 19

How to handle yourself and the situation

Tips to handling yourself

Do not get angry or defensive



Tips to handling yourself



Do not be reactive

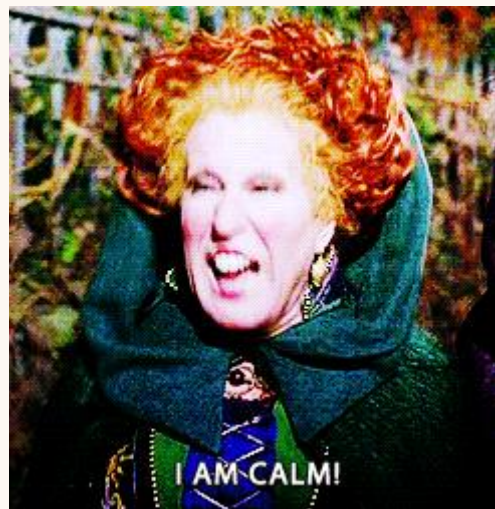


Tips to handling yourself



Tip to handling yourself and the situation

Stay calm and take time to breathe



Tips to handling yourself and the situation



Tips to handling yourself and the situation

Be apologetic



Tips to handling yourself



Tips to handling yourself and the situation

Be watchful of the person's body language and gestures



Tip to handling yourself and the situation

Be empathic

- “In one study, researchers discovered that family members ranked **the expression of empathy** as the most important dimension of care.”

McVeigh, S.E., Jablonski, R.A., & Penrod, J., 2009, p. 25



Top 10 Behavioral Cues to Potential Violence

- Threat of harm
- Aggressive statements
- Intimidation
- Clenched fists
- Resisting treatment options
- Prolonged or intense glaring
- Name-calling
- Yelling
- Irritability
- Pacing

Boudreaux, 2010, p. 51

Person-centered care's relationship to family satisfaction

When we are enabled to provide person-centered care, this could increase positive interactions with families.

Person-centered care: work with residents and their loved ones to accommodate and enact the personal and healthcare choices of the resident (within reason)

- Take into account the needs and preferences that the resident has spoken of or that their loved ones suggest
- **Engage the family in this conversation, when suitable**

Possible benefits of person-centered care

According to the AHRQ, benefits of providing person-centered care include:

- Trust and respect shown
- Autonomy and self-determination for the resident
- Staff able to recognize and better equipped to understanding the resident's preferences and thus empowered to follow these preferences
- Business-wise: better retention of residents and increased referrals

Heading towards person-centered care

How do we even begin to learn about a resident's preferences?

- Interview the resident and/or family
 - Use the Person-Centered Care Tracking Tool through the **National Nursing Home Quality Improvement Campaign** (free tracking tool)
 - More on next page
 - Life interview
 - Multiple free examples online or create your own!

Person-Centered Care Tracking Tool



Record Interviews

Resident Name	
Identifier	
Resident's Household, Neighborhood or Group Name	
Date of Interview (mm-dd-yyyy)	
Stay Type	
Indicate Primary Respondent	

1. Click on **PRINT FORM** to print out a copy of the individual responses.
2. When you click the **RECORD DATA** button below, your information will be recorded, this form will be cleared, and you will be able to enter information for another resident.

Interview Recorded At:

12/7/2017 8:58

Interview for Preferences

- 1 Very Important
- 2 Somewhat Important
- 3 Not Very Important
- 4 Not Important At All
- 5 Important, But Can't Do or No Choice
- 9 No Response or Non-Responsive

- 1 Mostly or Completely Satisfied
- 2 A Little or Somewhat Satisfied
- 3 Not Satisfied At All
- 9 Not Applicable

How important is it to you to...	Resident Response Importance	Resident Response Satisfaction	Priority
1 choose what clothes you wear?		As	
2 take care of your personal belongings?		Bs	
3 choose between a tub bath, shower, bed bath, or sponge bath?		Cs	
4 have snacks available between meals?		Ds	
5 choose your own bedtime?		Es	
6 have your family or a close friend involved in discussion about your care?		Fs	
7 be able to use the phone in private?		Gs	
8 have a place to lock your things to keep them safe?		Hs	

Person-Centered Care Tracking Tool



Care Conference

Step 3:

A Record priority attendees at each care conference this month.

December 2017

				Priority Attendees			Notes
	Resident Name	Stay Type <small>Long Stay/Short Stay</small>	Date Care Conference Occurred <small>MM/DD/YY</small>	Did the Resident Attend?	Did Resident's Family Member and/or Friend Attend?	Did Resident's CNA/Direct Care Staff Member Attend?	
r1							
r2							
r3							
r4							
r5							
r6							
r7							
r8							
r9							

Resident and family advisors and teams

- Create a team of individuals who have multiple perspectives:
 - Residents
 - Family members
 - Staff members
- The team can, on-goingly, be engaged with staff to make improvements for residents and families
 - If a common problem occurs with a family member, bring up the issue with the team for suggestions
 - Receive feedback from the team on policies, activities, or future changes



Recognize that the ombudsmen are not only resident and family advocates, but facility advocates as well.

- Consider the Ombudsman as a part of the team
- Consult when you are unsure how to handle an issue

Office of the State

Long-Term Care Ombudsman

PA Department of Aging
PO Box 1089
Harrisburg, PA 17108-
1089

Ph: (717) 783-7247

Talk to the family about the **illness trajectory** of a health condition that the resident has, such as dementia

- Discuss symptoms
- Normal and abnormal characteristics
- What the disease might look like down the road
 - We cannot always provide a roadmap of what the resident may experience, but we can provide examples of what we have seen others go through

Educate the family

Discuss and connect families to community resources

- **Aging Institute Help and Referral Line: 866-430-8742**
- **Alzheimer's Association's constituent coordinator**
 - For the Greater Pittsburgh area, contact 412-261-5040
 - 24/7 national call line: 800-272-3900
- **Local support groups**
 - Consider the facility hosting a support group
- **Caregiver education classes**
 - Powerful Tools

Education the family

Consider apps that provide more education and information to families

- Dementia Guide Expert for Families
- Alzheimer's Association Caregiver Buddy



Create a form that all staff have access to:

- If a staff member is unable to speak on a clinical subject, he/she can access this form to write down the complaint or situation and provide it to an appropriate staff member
 - Acknowledges to the family member that staff want to address their concerns

Person Voicing Concern _____ Date _____
Resident's Name _____ Unit # _____

How to Contact:

Address _____
Day Phone _____ Evening Phone _____

Describe the complaint/concern: _____

Expectations of person voicing concern: _____

Referred to: _____ Dept. _____ Date of Referral _____

Findings: _____

Actions Taken: _____

Reportable to an outside agency? Yes No
If yes, was this reported? Yes No
To whom: _____ Date _____

Investigation findings reported to person voicing concern? Yes No
How? In-person In writing Telephone
Notes: _____

Person voicing concern satisfied with findings and action? Yes No

Person Completing Inquiry _____ Date _____

National Center for Assisted Living (NCAL), 2004, p. 1-2

Reprint from: The Facility-Based Risk Management Program

Family council

- Giving families a structured format to share complaints with administration and other staff
 - Possibly stops complaints from reaching external audiences
 - Catching a situation before it becomes a complaint

The difficult situations: examples

Family member stays all the time

One of your residents' family members never wants to leave their loved one's side. He or she is there 24/7 and overlooking your interactions with the resident.

Some of their comments include:

- What they see on the internet and how that could help the resident (ex: home remedies, research-lacking interventions, etc.).
- Making negative comments regarding how you are caring for the resident

Possible resolutions

Think about how you feel when you see other residents who never have family visiting

Rationalize why this family member is concerned.

Some possibilities might be:

- The resident is no longer in his/her care
- Guilt that he/she cannot handle the resident's care on their own
- Frustrated that he/she cannot help their loved one feel better
- Financial concerns
- Stress, such as being a member of the sandwich generation

Family member is emotional in the lobby

A family member of one of your residents is crying in the lobby of the facility. He or she seems to be in extreme distress.

However, this is characteristic of the family member. Residents and their own family members become concerned when witnessing this individual at the facility.

How could staff be helpful?

Possible resolutions

This is the time to be there to help the caregiver. It might provide the opportunity to get to know the caregiver and their world outside of the facility.

- Offers the chance to educate family and possibly alleviate some concerns.

Learn what might be stressing and/or hurting this individual. He or she might be:

- Worried about their loved one's condition/health
- Overwhelmed about their loved one
- Upset about not being able to provide direct care

Wannabe healthcare agents (proxies)

Mrs. A has two children; one, Max, is her Power of Attorney for both healthcare and finances. The other child, Marlene, has been found in the past to take advantage of her mother (even more so since her mother's dementia has worsened). While Max does not trust Marlene and has a hostile relationship with her, Mrs. A will not un-authorize her visits.

Staff have noticed Mrs. A give Marlene money. They too have seen Marlene scream at Mrs. A. Marlene has also threatened staff for not listening to her while following Max's choices.

Possible resolutions

A nursing home resident does have rights to choose who visits him or her. However, if a visitor is disturbing staff or other residents, there could be some flexibility for the facility.

Check to see if Max has guardianship over his mother, this might allow him to de-authorize Marlene as a visitor.

Invisible family members

Sometimes the most difficult situations stem from the family members that never show or come to the facility:

Mr. S is a widower. He has a son who lives in town, however the son has only visited once when Mr. S first moved to the facility. Since that point, his son has never visited. His son will also return any calls from the facility either.

Possible resolutions

Regardless of the situation, it is important to be there for the resident. He or she will be the one that needs the support.

With invisible family members you can try, but you cannot make them come.

Talk to the resident to see what would be beneficial for him. He might be ok with no visitors, but we will not know until we ask.

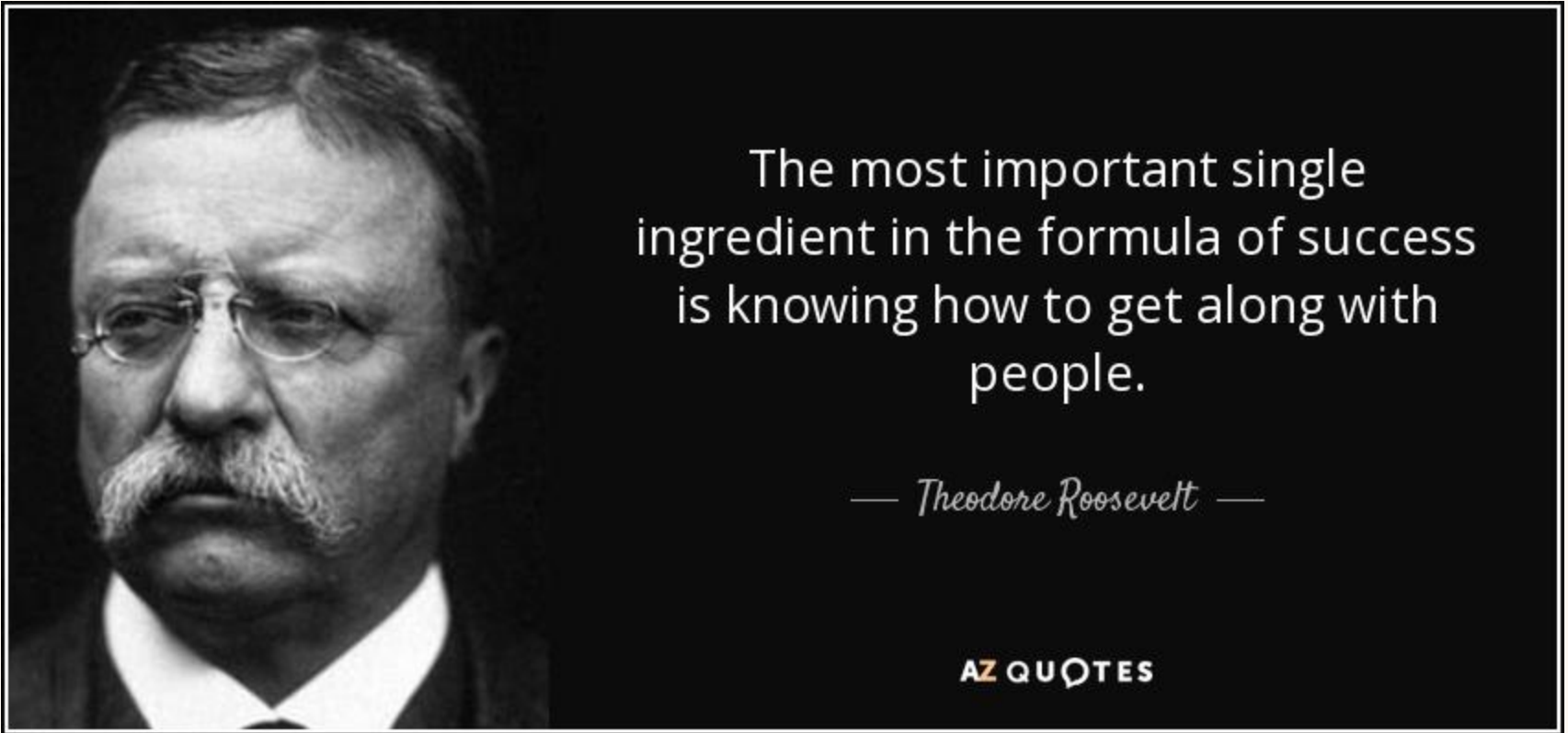
Is the family always right?

Not necessarily.

However:

- *“It is important that all staff respect the resident/family member’s opinion.”*
- When a resident or family member is concerned, remember to:
 - Listen
 - Empathize
 - Record *“permanent information carefully and objectively”*
 - Relay concerns with manager/supervisor

National Center for Assisted Living, 2005, p. 3



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Welcome to the Aging Institute

Improving the health and lives of seniors everywhere

Record numbers of older adults today are living well into their 80s, 90s and beyond. But as we age, we face increasingly complex challenges that affect how we feel, how we live our daily lives, and how we interact with the world around us.

Helping older adults achieve longer, healthier, and more rewarding lives is the focus of the Aging Institute of UPMC Senior Services and the University of Pittsburgh.

As a world-class academic research center and top-ranked global health care system, the University of Pittsburgh and UPMC have pioneered advancements in aging and geriatric care for more than three decades.

The Aging Institute brings together the expertise of these renowned researchers, scholars, and clinicians — along with leading local and national partners — to create and provide better care, better systems, and better resources for older adults and their caregivers.

We invite seniors, their families, caregivers and medical professionals to take advantage of our resources and join us in our efforts.



Information and Referral Center
866-430-8742

Updated Caregiver Resources

Visit the new Caregiver Resources Hub and Support Group Location Search



Questions? Comments?

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