# Working with Family Caregivers in LTC

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### Faculty/Presenter Disclosure

- Faculty: Courtney Edmond
- Relationships with commercial interests:
  - Grants/Research Support: None to be disclosed
  - Speakers/Bureau/Honoraria: None to be disclosed
  - Consulting Fees: None to be disclosed





#### Disclosure of Commercial Support

- This program has NOT received financial support other than the support of the MOHLTC
- This program has NOT received in-kind support
- Potential conflict(s) of interest:

**Previous Employment** 





#### Mitigating Potential Bias

The information presented in this program is based on recent information that is explicitly "evidenced-based".

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- Identify family caregiver experiences with LTC placement
- Understand family relationships
- Identify successful supportive communication skills and strategies



What are your experiences with family concerns in LTC?

# What are Family Experiences?

- Admissions to LTC evoke many emotions and fears for family caregivers
- Families experience many losses, anxieties and guilt for "abandoning" the person
- Families must let go of their role and accept other care providers
- Families may not believe or trust anyone to provide adequate care and become suspicious of staff





## Caregivers' Perspectives on Caregiving

- More than half of caregivers found the transition between LTCHs and/or hospital from home to be a difficult one.
- Just 43% of caregivers felt they needed emotional support and counselling for themselves, however, only 37% actually received help
- Less than 25% felt that they could approach a professional healthcare provider. The majority consulted other family/friends or the internet.
- 3/5 reported that they had no choice in taking on their role as a caregiver
- Only 1/5 felt that they were coping well in every aspect of their life since taking on the role.

# Complex Family Relationships

- Enmeshed relationships
- Disengaged family members
- Family hierarchy
- Triangulation
- Coalition



## What Influences Interactions?

Staff assumption about the family culture, gender, age, and knowledge of healthcare

A family's ability to understand the information presented to them

A lack of shared understanding between families and staff of the nature of the concerns

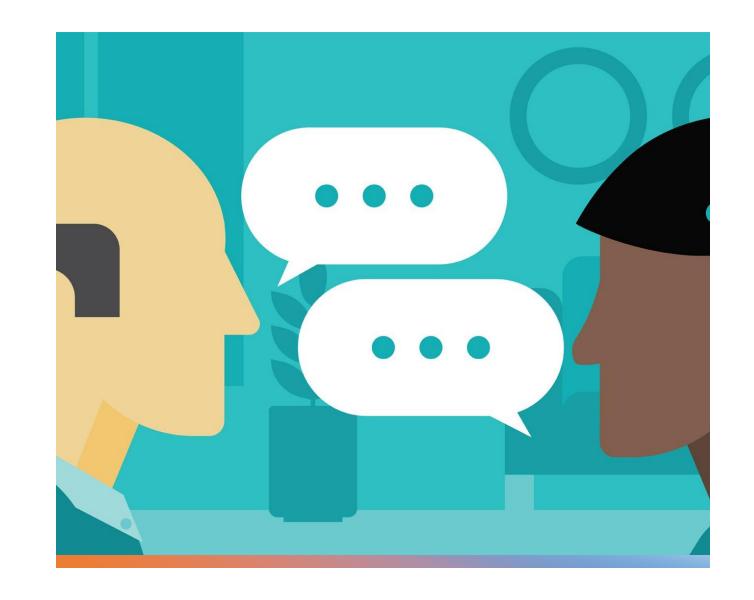
"Please call us back at your earliest opportunity."



## What is Communication?

- More than the exchange of information – sending and receiving information
- Involves understanding and interpreting information
- Helps us to relate to others

   communicate what our
   needs, wishes, opinions and
   thoughts may be



#### Types of messages families receive

"The doctor wants to increase the meds."

"Your dad pulled down his pants again today."

"Your mom hit the staff during care again today."

"Your mom fell today."



# Elements of Good Communication

- Set the purpose/goal of the conversation
- Set clear boundaries and expectations, and be aware of what these are
- Reassurance
- Validation
- Active Listening
- Clarify
- Empathy
- Word choices
- Be aware of your non-verbal communication
- Consistently communicate current situation (e.g. e-bulletin, emails, pictures of resident)
- Establish a regular person to communicate with

- Understand that we can only control ourselves
- Don't avoid families and having these discussions
- Find ways to have positive interactions with families
- Following through with what you said you would do
- Re-direction to most appropriate person

### Open and Honest Communication

01

Responding to family inquiries with specific and relevant information

02

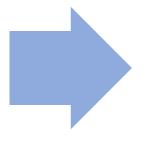
Centering conversations on the needs of the resident

03

Assuring the family that staff are there to help

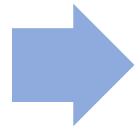
#### Responding to Family Questions

Family asks a specific question



Ask more specific questions to better understand what their concerns/questions are

Family asks a question you don't know the answer to



Find the staff who can answer the question

#### Taking the HEAT

**H** – Hear the person out

**E** - Empathize

A – Apologize

**T** – Take responsibility for action

What to do...

#### H.E.A.T. Model

Staff should consider the following tips to become proactive listeners

#### **H**-hear them out:

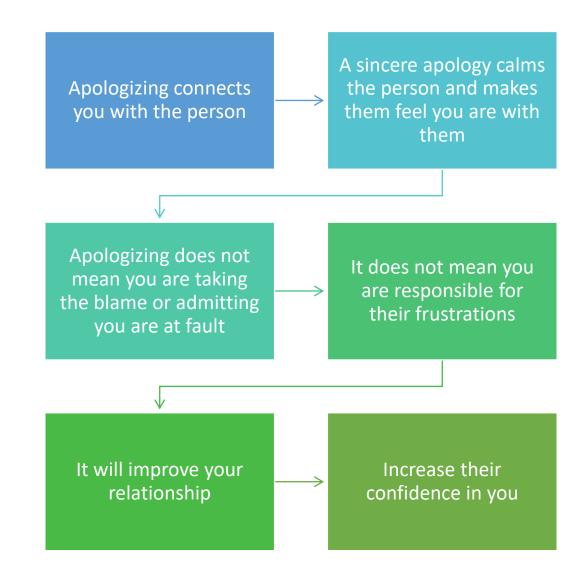
- Develop the skills to listen without interrupting or forming judgments and conclusions
- Accept what the family member is saying unconditionally
- Sometimes the family member just wants to vent, so provide an atmosphere that's safe for venting
- Never change the subject
- Focus on the issue, not the person



### **E**mpathize

- <u>E</u>mpathize and acknowledge the family
- Display genuine empathy
- Indicate you can see the problem from their point of view
- Assist the person to direct the frustration and emotions at the problem and not you
- You may say: "I can see how upset you are with this situation"

### <u>A</u>pologize



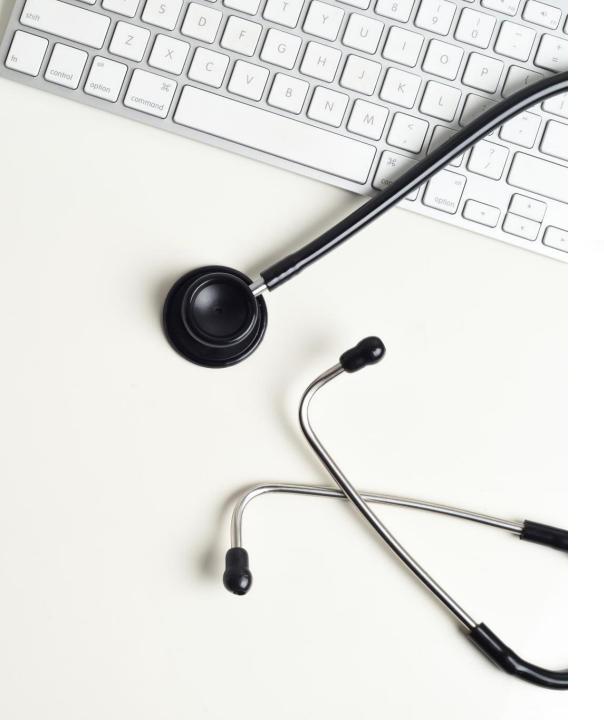
### Take Action

- Take action to find a solution
- Investigate the complaint and get back within a reasonable time
- Provide an explanation and solution to the presenting problem
- **A** Often problem may be solved easily and immediately
- **✓** Quick resolution is best
  - Your ability to resolve the situation restores trust and relationship

## Developing Rapport with Families

- Have regular conversations
- Acknowledge family members
- Check in with family members
- Show warmth and concern
- Take a team approach





### Role of Management in Supporting Interactions

- Management is obligated to listen and respond to the concerns of families. In doing so, they prevent the escalation of situations
- It is important for you to let management know your experience
- Any resolution to be successful, it should be acceptable to the resident, family, and staff
- Attending team discussions will help
   Management to understand the situation



- Families with strong opinions are going to be always with us
- Being transparent, upfront with information, and thoughtful in your responses will lead to success
- Focus on ways to engage/help the families from the very beginning
- Working together will be best for resident, family, staff and management
- Support is available to family/friend caregivers of LTCH

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- 2nd Annual Spotlight on Ontario's Caregivers The Change Foundation November 2019 pgs. 12-15



# Questions or Comments?

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