



DEALING WITH DIFFICULT FAMILIES

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Dealing with Difficult Families

- Emotional Component
- Know who you are working with
- Conversations
- Documentation
- Risk for Harm
- Discharge
- Examples
- Family Council

Emotional Component

- How many times in a lifetime will most people interact with Long Term Care?
- What does your Admission process look like?
- Do we follow-up with families 2 weeks after Admission for additional questions?
- Who are they introduced to while in the facility?
- Are we sensitive to the fact that this is a difficult process
 - *Greif*
 - *Denial*
 - *Blame*

Dealing with Difficult Families

- Deal with emotion behind the concern
- Ensure they know you genuinely care about their loved one
- They don't care how much you know until they know how much you care

Dealing with Difficult Families

- Know who you can speak with
- Know the family members role
 - *POA*
 - *Guardian*
- Help them understand your limitations
- Help them understand their limitations

Dealing with Difficult Families

- Develop a Top 10 list
- SSD to contact on a monthly basis
- Document on the conversations in summary
- Prevention

Dealing with Difficult Families

- Develop rapport
- Determine who on the team communicates best with the family
- Having a witness is best
- Using the care plan team

Dealing with Difficult Families

- Utilize the Ombudsman
- Call an “Emergency Care Plan Meeting”
- Write down all issues to be discussed
- Have everyone present sign off on the agreed interventions

Dealing with Difficult Families

- Never document what you would not want a family member to read
- Be respectful in your wording
- Do not make inferences or judgment calls
- Don't use names unless necessary

Dealing with Difficult Families

- Don't document on "common knowledge"
- Documentation in the medical chart v. Concern form
- Care plan may need to reflect potentially negative effects on resident of a difficult family

Dealing with Difficult Families

- Resident rights
- Know your legal boundaries
- Can request visits in public areas
- Can require supervised visitation
- To knowingly allow at-risk visitors to be alone with a resident can result in a tag
- Abuse guidelines apply to the family member as well

Dealing with Difficult Families

- Discharging a Resident
 - *If the resident is not the issue but the family can not be satisfied*
 - *Know your boundaries*
 - *Residents can only be discharged for*
 - Non-payment
 - Unable to meet their needs
 - *This is how the documentation must be written prior to issuing a 30 day discharge*

Dealing with Difficult Families

- Will only allow certain staff to care for their loved one.
 - *Reasonable accommodations*
- Gets involved in other residents care.
 - *HIPPA*
 - *Discussions with the other resident independent of that individual*
 - *Concern process*

Dealing with Difficult Families

- Unrealistic expectations of their loved ones condition
 - *Involve Physician*
- It's always “about them”
 - *Explain limitations*
 - *Explain our focus*
 - *Accommodate when possible*

Family Council

- Identified Purpose
- Why do more people not attend?
- What would it take to get you to come after hours?
- Activity Involvement
- Making a Difference in the Life of THEIR LOVED ONE