3-161 Family resistant to change

TIPS Question:

A female resident is in a 4-person wardroom in a light care unit. She has dementia; behaviour includes screaming, yelling and calling out for her family throughout the day and sometimes the night. The residents with whom she shares a room are upset with her behaviour. Family members of other (non verbal) residents complain on behalf of their loved ones. The resident seems content when she has 1:1 attention – she is calm and interacts well. The family does not want her moved upstairs even though she has become heavier care (2-person lift). A private worker to do 1:1 is not an option for the family. The family has also declined the doctor's suggestion for a medication change or adjustment of PRN.

How can staff help the family understand that the resident's needs have changed and that the care plan needs to change to meet the evolving needs of the resident? How can staff help resident and work more effectively with the family?

Response:

As you state from the onset, the care needs and behaviours of this resident are certainly having an impact on not only the resident but all the other partners in care. You may want to use the 6-question template to brainstorm and develop possible interventions for this resident with the input of one or more family members. The goal is to help the family understand the resident's behaviour and how the changes in her brain and intellectual abilities as a result of her dementia may be affecting the way she is experiencing the world around her. How has this changed and what does it mean for the care she now requires – what are the care strategies that will support and enable her the most? Always keep in mind that the family's expectations for care will be shaped by their understanding so your goal is to try and enhance their understanding in as many ways as possible. –including sharing information both verbally and visually with them.

You may want to try scheduling a care conference and using the U-First! wheel to help focus the discussion and enhance the sharing of information (both verbally and visually) with the family. Including as many multidisciplinary team members as possible would provide you with a wide range of perspectives and possible causes (use the wheel as you work through causes using P.I.E.C.E.S.) and subsequent care plan suggestions. It might be valuable at this time to engage the Social Worker (if you have one) or another member of management to communicate with the family to try to gain an understanding of their perspective. Keep the family informed of your care plan adjustments and invite their participation. It may be helpful to review the 6-question template results with the family (using the wheel to help focus the sharing of that information) to again encourage their input should they choose not to attend a care conference. It will be important that the facilitator of the care conference has some rapport with the family and can keep the session resident-focused and positive. This can be an opportunity to engage the family hopefully. The U-First! wheel will be helpful in the brainstorming session about supportive care strategies. A thorough assessment will be required in this scenario as you have alluded to the possibility of several contributing causes to her behaviour.

Is there a member of the team that communicates better than others with this family? Can we utilize that person to share and gather information with the team? What is the family's understanding of moving their mother to another floor? Is it perceived as punitive or a negative move? Is the family willing or ABLE to provide 1:1 time when their mother is particularly distressed? Again, try using the P.I.E.C.E.S. in relation to the family in order to gain some insight into where they are coming from. You may find it helpful to review Partners in Care in the Resource Section of the P.I.E.C.E.S. Guide for some suggestions on family meetings.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*