**3-175 Family coping with admission**

**TIPS Question:**

When a resident was admitted to our LTC Facility, her family was not honest with her and told her it would be a temporary stay when, in fact, this is a permanent placement. The resident is depressed and repeatedly asks when she can go home. Family visit 2 to 3 times a week but are still not answering her questions honestly. My question is: What resources could the family access to help them adjust and deal with the admission?

**Response:**

Services for families in this situation vary from area to area but I would certainly begin with the Alzheimer Society. I am presuming that this lady has some measure of dementia and so accessing the Society would be appropriate. Some Chapters are able to offer family counselling and will also be able to offer educational materials.

Another resource this family has access to is you! Your P.I.E.C.E.S. assessment can objectively describe their family member's strengths and losses and enhance their understanding of needs. It will be valuable to ask yourselves, as a Team, what information have we shared with this family and what else can we offer? Remember to consider how you provide this information as well i.e. both verbally and by showing them the results of your assessment to enhance their understanding e.g. the clock, MMSE, etc.

You may want to consider using the U-First! language and the wheel to promote a dialogue with the family so that you can understand how this admission was managed. The wheel also provides a wonderful visual tool to help guide the discussion:

**U** - What was the family's **understanding** of their loved one's condition? What was happening physically? How was her dementia affecting her function? How was she coping with her changing intellectual functioning? What was their understanding of how to interact with her based on her dementia? Remember to think about how you can use the 7 A's to enhance understanding of intellectual changes. What were the strengths and abilities that she was retaining? What was obviously overwhelming for her? What was her environment like? Was it supportive or were there concerns? What are the significant pieces of social history that are important for her current caregivers to know about? How would they describe her role within the family?

**F**- What were the **flags** that prompted the consideration of admission? What are they most concerned about now? What are they seeing?

**I** - How did they successfully **interact** with this lady in the community? Was one person most successful? What strategies were important given the changes in her intellectual functioning and the way she now experiences the world around her? How can this be translated into care in the LTC facility? How has their relationship changed since the admission and how can their connection be supported?

**R** - When they **reflect** on their decisions and tactics, would they have done anything differently? Do they still feel that placement was necessary? (I am presuming that this lady could not make this decision herself and that the family who 'lied' to her were the substitute decision makers)

**S** - How would they like to see their family member **supported** through this transition time? What are their expectations as far as how staff will manage questions?

**T** - Finally, do they understand that the **team** is concerned and anxious to work with them to help this woman settle in? Can they offer any more information to help the team to do this? How can you enhance participation of the family as a valued member of the Team?

Whatever resources are accessed by this family, you have an opportunity to assist this resident by understanding her and supporting her with your whole team which includes the family.

***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.*