3-179 Family in denial

TIPS Question:

We have faced resistance from family when we were working with a resident with a behaviour problem. The daughters denied the symptom i.e. delusion, obsessive behaviour and aggression and have refused to let resident receive certain treatment or to see a specialist. How should we deal with these situations?

Response:

It is important to remember that a family's perception will always differ from staff's perception, as they have known this person through much more of their life than formal caregivers. When we feel that we are meeting with "resistance" it is important to try to enhance our understanding of the basis of that resistance.

If you reflect on the Partners In Care in the Resource section of the P.I.E.C.E.S. Guide perhaps you would find some clues for further discussion with this family. For instance, is there a clear understanding of what this person's family expects with respect to their care? Do you know what they were hoping for when they placed their mother in your care? Did they expect that behaviours could be managed without medications? Did they feel that institutional placement would create an improvement in their mother's function? Have they had a negative experience with medications or specialists in the past? Until you can have a conversation with them about what they expected and continue to hope for, you may continue to question their reasons for "resisting".

Secondly, what can the family members contribute to this situation? Can they relay how their mother was reassured, entertained and supported in the past? Can they fill in the gaps around social history that is so important in understanding behaviour?

How should communication take place most effectively? How are you communicating this resident's condition to the family at present? Do they only hear from you when there is an incident to report or a medication change? If so, they may not be able to appreciate the background work that goes into assessing their mother and planning her care. Has communication occurred predominantly by phone? If so, perhaps a face to face discussion is in order. This would allow an overview of their mother's care and give them the opportunity to ask questions to clarify. The objective tools that you use to document behavioural change and assess their mother's cognitive status would be very important to share. It would also be an opportunity to address more than one family member at a time…..you mentioned daughters….and eliminate any misunderstanding that comes from relaying a telephone conversation to other family members.

Finally, how will you know when you have been successful in satisfying the expectations of this family? Revisiting their concerns and checking on their level of comfort will allow you to clarify information and establish a good working relationship. This is positive for all involved. The resident receives the best care possible when all Partners are contributing their best to the situation.

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.*