3-182 Coping with family in denial

TIPS Question:

A gentleman moved in with a history of wandering, falling, and confusion although the spouse denies this history and places the blame for her husband's decline on the caregivers. The gentleman has now been in our facility for three months and the level of caregiver stress is dramatically rising. How can we help this lady, and each other, cope?

Response:

Refer to Partners in Care in the Resource Section of the P.I.E.C.E.S. Guide. This section offers four questions to enhance collaboration with Partners in Care. Try using the P.I.E.C.E.S. acronym to understand the family/caregiver partners, and also your own factors that affect our ability to care. This section offers other valuable information such as hosting effective family/caregiver meetings. You may also want to review the Guidelines for Structuring a Collaborative Care Planning Process in the P.I.E.C.E.S. Guide to use for a brainstorming session with team members, exploring which strategies within Partners in Care might best fit with their situation.

As you read through the Partners In Care section, you can think about how to use U-First! and the wheel to help you engage the rest of the team, including the family, in shared problem-solving and care planning. Using the wheel can enhance team communication and ensure that everyone is working from the same start point. It can help in flagging or identification of the issues and questions to be asked, guiding observations and finding ways to share that information with each other, and brainstorming as a team to develop care strategies that will support and enable the person and family caregiver as much as possible.

An example of using the wheel to explore P.I.E.C.E.S. for the caregiver is as follows:

P: What is the physical health of the caregiver: Can she no longer able to physically care for her husband at home? Is she on medications or using alcohol? Is she well? Is she sleeping, now that her husband is not home?

I: What is her understanding of her husband's condition? What is her own mental status…can she remember what staff tell her? How well does she understand the "7As" of dementia? The "I" of the wheel discusses the "7As" in everyday language, and is a valuable teaching tool for use with family.

E: Her emotional health may be affected by separation after 60 years of marriage. Maybe she promised to never place him in a nursing home. She may feel guilty, yet relieved that he is no longer at home. Is she depressed over the loss of her husband? Is she fearful he will not be cared for?

C: What are the caregiving tasks she can safely do? How can she be included in his care? Does she want to be part of his care regime?

E: Has she been able to make his room feel like home? Is she bothered by buzzers, other residents, food presentation? Do they have favourite music that might soothe this couple?

S: What social supports have they used in the past? Who is the best person to communicate with this family member?

One of the valuable Behaviour Interventions strategies included in your P.I.E.C.E.S. Resource Guide is the Pro-Attention plan. You can use this plan as a strategy to communicate your teams' caring attitude for her as a person. The Pro-Attention Plan, "Your Response" and Perceived Control all provide staff with tools in communicating respect, care and concern. "Your Response" also includes an exercise you can facilitate with your team members.

You mention that falls, wandering and confusion are a concern for this gentleman and were a condition prior to admission to your LTC Facility. You could use the tools and P.I.E.C.E.S. framework to investigate the causes of these, and also strategies for safety, treatment and care. Your assessment also communicates to his wife your respect for her concerns, a genuine desire to understand this resident better, and provide best care strategies.

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.*