

COMMUNICATING WITH RESIDENTS, FAMILIES AND THE CARE TEAM



PURPOSE & KEY TERMS

- The purpose of this section is to assist the learner in understanding how to communicate with the resident, their family members and the care team.
- Adjustment
- Grief/loss
- Care Team
- Family Support
- Families in Conflict/Crisis
- Mourning
- Long Term Ombudsman Office

OBJECTIVES

- The learner will be able to:
 - ❑ Identify methods to assist residents adjust to their new home.
 - ❑ Understand how grief is a natural and necessary reaction to any significant loss.
 - ❑ Identify types of special communication needs.
 - ❑ Describe how to encourage family involvement and the benefits of involving family.
 - ❑ List who is part of the resident's care team
 - ❑ Describe your role as a care team member.

INTRODUCTION

- A person who comes to live in your AFH may experience intense negative feelings:
 - Anger;
 - Frustration; or
 - Sadness.
- Such feelings are common whether the person decided to move, or the family encouraged the move and they agreed:
 - *The move represents major change and loss to the person.*

INTRODUCTION CONTINUED

- As an AFH provider, you need to understand the interaction of:
 - Physical;
 - Social; and
 - Psychological changes in older persons.
- Such knowledge can help you anticipate and respond to changes in residents' health and ability to function.

INTRODUCTION CONTINUED

- Consider how you might feel if you were a frail older person in need of care and could not remain living in your own home:
 - **Resentment** - Family and friends wanted you to move; you have to be cared for by a stranger in unfamiliar surroundings; your family, friends and others treat you as if you were a child.
 - **Loneliness** - You are living with strangers and your family lives far away.

INTRODUCTION CONTINUED

- ❑ **Fear** - You worry about your health, how you will afford living here, what has happened to your home and possessions, the future.
- ❑ **Depression** - Your health and vitality are declining; the things that once gave your life meaning are gone; depending on others makes you feel trapped.
- ❑ **Withdrawal** - Everything is unfamiliar; you don't know what to expect; you are overwhelmed by all your feelings; you just don't care.

INTRODUCTION CONTINUED

- ❑ **Powerlessness** - You must depend on others to provide your food, shelter and personal care; you feel you do not have control over your own life; you feel frustrated and angry.
- ❑ **Worthlessness** - You feel that you don't belong anywhere; you have so little to call your own.
- Those who come to live in your home probably will experience such emotions:
 - ❑ They have lost the last outward sign of independence, living in their own homes.

INTRODUCTION CONTINUED

- ❑ They may no longer have a position in society.
- ❑ They have “retired” from the roles that once provided routine, status, social contact, income and purpose.
- ❑ They may be widowed, have outlived their children, or become alienated from them.
- ❑ Friends may be dead or living in care facilities.
- ❑ Loss of health, income or mobility may mean they can no longer participate in church or community activities.

INTRODUCTION CONTINUED

- You can help residents cope with these changes in respectful and meaningful ways:
 - ❑ Take extra time to be with them;
 - ❑ Actively listen and respond to their feelings;
 - ❑ Help them become familiar with your home and daily routine;
 - ❑ Encourage them to bring things from home and arrange their own personal space;

INTRODUCTION CONTINUED

- Expect them to adjust gradually:
 - Do not expect them to be happy or grateful to be in your home, or to like you right away.
- Treat residents as adults with dignity and respect:
 - Use their preferred names; never “dear” or “honey”;
 - Do not label them as “residents,” “disabled” or “frail elderly”;
 - If they want to help with household or other tasks, encourage them; offer meaningful things to do and show sincere appreciation for their efforts.

INTRODUCTION CONTINUED

- Respect residents' right to privacy:
 - Provide a private place to visit with family or friends;
 - Allow residents to be alone in their rooms;
 - Residents have a right to make personal telephone calls and send and receive personal mail unopened;
 - If they need help with personal care, project a professional, caring attitude; this approach protects a person's self-esteem and privacy.

INTRODUCTION CONTINUED

- ❑ Involve residents in decision-making activities (e.g., planning a meal or activity, selecting clothes to wear, and choosing a snack to eat):
 - Being able to make even small decisions significantly enhances a sense of independence.
- ❑ Encourage personal interests and social interaction:
 - Participating in meaningful activities will benefit residents in many ways. For example, hobbies provide mental stimulation. Card games, exercise and walks provide physical activity.

ADJUSTING TO LOSS

- Grief is a natural and necessary reaction to any significant loss:
 - ❑ Feelings of sadness, anger, frustration, fear, guilt and loneliness are common.
 - ❑ A resident may show no interest in their appearance or surroundings and withdraw. The person may not feel well, develop aches and pains or become depressed.
 - ❑ People who suffer loss are prone to illness.

ADJUSTING TO LOSS CONTINUED

- Common losses among older persons:
 - ❑ Death of spouse, children, relatives or friends;
 - ❑ Loss of social roles and contacts;
 - ❑ Loss of the ability to care for home and family;
 - ❑ Decline in ability to perform ADLs/loss of mobility;
 - ❑ Loss of home and many personal possessions;
 - ❑ Loss of many favorite activities;
 - ❑ Loss of privacy;
 - ❑ Loss of freedom to come and go at will;
 - ❑ Loss of decision making.

ADJUSTING TO LOSS CONTINUED

- Sometimes one loss is piled onto another, resulting in “bereavement overload.”
 - Holidays, anniversaries and dates associated with a loved one who has died may bring back grief.
- You cannot take the pain away from a person who is grieving:
 - Empty reassurances such as “Time heals all wounds” do not help;
 - Neither does advice on what the person should do.

ADJUSTING TO LOSS CONTINUED

- Each person responds differently:
 - Allow grieving;
 - Expect sadness, anger, confusion and depression;
 - Allow the person to express emotions;
 - Accept expressions of hostility and anger; do not take them personally:
 - Genuine acceptance and understanding help a grieving person to endure emotional pain.

ADJUSTING TO LOSS CONTINUED

- ❑ Be a non-judgmental listener;
- ❑ Encourage the person to talk about the loss and memories:
 - Repetitive talk helps to put the loss into perspective. As one person said, “The opportunity to talk helps to get the sad out of you.”
- ❑ Learn what the loss means to the person:
 - A new resident may interpret the move to your AFH to mean “I’m no longer useful” or “My family doesn’t love me.” The person may feel a total loss of control.

ADJUSTING TO LOSS CONTINUED

- ❑ Trying to get the person to cheer up or to stop thinking about the loss likely will make the person feel worse:
 - Comments such as “Look at all you have”; “Count your blessings”; or “Don’t worry — it will work out” are not helpful; they smother the person’s efforts to talk things out.
- ❑ Help reduce stress and anxiety:
 - Relaxation techniques such as massage, back rub and deep breathing can help relieve stress;
 - Encourage physical activity.

ADJUSTING TO LOSS CONTINUED

- Encourage small steps toward adjustment.
 - Do not rush the grieving process. The person will renew activities and relationships when ready.
 - Talk about things that may be of interest; be casual and informative.
 - Use small tasks to engage the person; for example, “I need your help, Mrs. Beam. What tastes good with lamb chops?”

ADJUSTING TO LOSS CONTINUED

- ❑ Be alert to signs of depression:
 - Sadness may last weeks, even months after a loss or unwanted change;
 - If the sadness is extreme or does not subside, or the person is unable to function on a daily basis, the person's grief has turned into depression.
- ❑ Seek professional help if necessary:
 - Grief is complicated;
 - Know your personal limits in helping a resident who is grieving or depressed.

SPECIAL COMMUNICATION NEEDS

- Many residents in AFH have impairments that make communication difficult, such as:
 - Hearing loss;
 - Mental confusion (due to dementia, stroke or depression).
 - Some have difficulty receiving messages.
 - Others have difficulty sending messages.
- You will need to exercise patience, active listening skills and effective verbal and nonverbal communication techniques.

SPECIAL COMMUNICATION NEEDS CONTINUED

- Techniques for communicating with older persons are use of touch and reminiscence. Touch can help calm feelings and ease pain:
 - Be sure you are not intruding on an older person's personal space by touching. Before touching ask permission (for example, "May I give you a hug?"):
 - Assist the resident with grooming: washing, combing hair; manicuring fingernails; rubbing lotion or cream into dry skin;
 - Greet the resident in the morning: a hug or a touch on the hand, arm or shoulder;

SPECIAL COMMUNICATION NEEDS CONTINUED

- Assist the resident to walk or transfer: a squeeze of the hand or arm once the older person is stabilized offers reassurance;
- Talk or listen to the resident: a brief touch on the arm, hand or shoulder draws the older person's attention to you and ready to listen;
- Massaging the neck, back, hands and feet eases tense muscles and joint pain. It says "You are special."

HEARING PROBLEMS

- Use of touch enhances communication with residents who have hearing loss:
 - ❑ Reduce background noise. The less confusion and competition for hearing, the better results you will have communicating;
 - ❑ Provide adequate light. Residents need to be able to see your face to read your lips and facial expressions;
 - ❑ Get the person's attention. Look the person in the eye. A gentle touch on the arm or hand will draw the person's eyes to you;

HEARING PROBLEMS CONTINUED

- ❑ Face the person;
- ❑ Speak clearly. Exaggerating your speech distorts lip movements and doesn't make words clearer;
- ❑ Use a normal tone. Do not yell or raise your voice. Shouting creates a booming effect making it difficult to hear. If your voice is high-pitched, try to lower the tone;
- ❑ Use different words if you need to repeat. Using different words with the same meaning may help the listener understand unclear sounds;
- ❑ Allow time for response. Hearing impairments slow reaction time.

CONFUSED RESIDENTS

- Helping residents who are confused:
 - ❑ Be sure your facial expression, tone and gestures match your words. They may understand the nonverbal message;
 - ❑ Use nonverbal communication. Point, touch or hand the person things you are discussing.
 - ❑ Demonstrate - sometimes if you start a task, the person will be able to complete it without a word being spoken;
 - ❑ Simplify communication. Ask one question at a time. Give one instruction at a time before you proceed to the next step.

FAMILY SUPPORT

- Families remain the primary source of emotional and support for elderly parents and other relatives in need of care:
 - Even if they do not have close relationships with their relatives, families may be important to the resident;
 - Families, provide a link to their past, the outside world; and sense of belonging, which helps prevent isolation.
- Before admission - determine the resident's wishes about family involvement.

FAMILY SUPPORT CONTINUED

- Recognize that some residents and families have not had a relationship for a long time and, just because the person enters a foster home, it does not mean that will change:
 - Take the lead from the resident; if they do not want family involved or only wants limited involvement, respect those wishes;
 - If the resident wishes to have family involvement, you will be more effective in providing care to residents if you work in partnership with their families.

FAMILY SUPPORT CONTINUED

- Routine contact with a resident's family can ease family members' fears and establish trust and confidence in your ability to care for their relative:
 - Communicate with families:
 - Show sincere interest in the family as a whole;
 - Learn as much as you can about how the family interacts. Ask questions about family composition, pattern of contact and history.

FAMILY SUPPORT CONTINUED

- Address the needs of families:
 - Welcome questions and offer complete answers.
 - Prepare informational materials that clarify your policies as well as qualifications and services.
 - Whenever possible, be flexible. Ask yourself whether a policy is for your own convenience or the benefit of residents.
 - Give consideration to the wording as well as content of materials. For example, use “family and friends” rather than “visitors.”

FAMILY SUPPORT CONTINUED

- After admission, you can do specific things to encourage family support including:
 - ❑ Promote and reinforce efforts in a positive manner. When family members do something helpful, acknowledge it;
 - ❑ Identify ways family involvement can make a difference and offer suggestions, but do not tell family members what they should do;
 - ❑ Offer reassurance. The resident may be hostile, resentful, despondent or withdrawn due to situational, physical or mental changes.

FAMILY SUPPORT CONTINUED

- ❑ Be empathetic and tolerant;
- ❑ Respond to their feelings and concerns in a professional manner. Reassure family members that your first concern is the resident and that you want to provide the best care possible;
- ❑ Keep the family informed. Families can play an important role on a resident's care team and may be involved in decision making/problem solving;
- ❑ Establish a mutually acceptable procedure for maintaining routine contact.

FAMILY SUPPORT CONTINUED

- ❑ Offer family programs. Special meals and events to which residents' families (and friends) are invited can further the partnership between you and residents' families:
 - A potluck or picnic - each family brings a favorite food dish, Sunday afternoon tea party or ice cream social, holiday celebration, birthday party, Monte Carlo or bingo night or special religious services.
 - Consider sending key relatives and other interested family members a monthly activity calendar or invitations made by residents.

FAMILY SUPPORT CONTINUED

- Families are helped when you:
 - ❑ Show them respect and understanding.
 - ❑ Have policies that are sensitive to their needs.
 - ❑ Respond positively to their questions and concerns.
 - ❑ Keep them informed about changes in a relative.
 - ❑ Include them in care planning and problem solving.
 - ❑ Encourage their involvement with their relative.
 - ❑ Provide privacy for talking and being with a relative.
 - ❑ Invite them to family programs.

FAMILIES IN CRISIS

- In times of crisis, family members' ability to communicate, cooperate and support each other may be tested.
 - As an AFH provider, you cannot hope to “fix” families with deep-rooted problems in communicating and problem solving.
 - Using effective communication and problem solving skills, you may be able to help them clarify problems, expectations and actions to be taken.

FAMILIES IN CRISIS CONTINUED

- Times when a family may experience crisis include:
 - Decision to place relative in home;
 - Adjustment to placement;
 - Relative in emotional pain (grief);
 - Relative in acute health decline;
 - Relative in mental decline (dementia);
 - Death of relative.

FAMILIES IN CRISIS CONTINUED

- Changes within families, apart from the resident's placement or care needs, can alter the interaction between the family and the resident:
 - Such changes include marriage, childbirth, divorce, remarriage, financial problems, retirement, job change, relocation, illness and death.

FAMILIES IN CRISIS CONTINUED

- Effective communication will help you maintain good relationships with residents' families. However, disagreement and conflict, may arise:
 - Feelings of guilt, fear, anger and grief may prompt family members to complain that you do not provide the relative with adequate care; or
 - Insist you do something that the resident does not want done.

FAMILIES IN CRISIS CONTINUED

- You may be caught in the middle between the resident and the their family, or between disagreeing family members:
 - The relationship may become strained because either the resident or the family tries to dominate the other;
 - The resident may have unrealistic expectations of family members.

FAMILIES IN CRISIS CONTINUED

- Families, in their desire to do what is best for the resident, may try to impose their will on the resident:
 - ❑ You have an obligation to respect and protect the rights of the residents. You are their advocate;
 - ❑ Unless there is a guardianship or conservatorship, the older person is responsible for his or her personal decisions, including finances; and
 - ❑ Informal agreements may exist between residents and their families; however, such arrangements often fall apart when there is family conflict.

STRATEGIES FOR CONFLICT

- There is no single strategy for intervening in conflict situations. Approach the situation in a professional manner:
 - ❑ Avoid involvement in the conflict;
 - ❑ Get those involved in the conflict to resolve it. Actively listen to each party and then ask them to work together to resolve the problem;
 - ❑ Suggest alternatives and/or establish guidelines:

STRATEGIES FOR CONFLICT CONTINUED

- ❑ Use “I” messages to tell the parties what you cannot deal with or accept. Set limits to help guide their behavior;
- ❑ Stress the importance of resolving the conflict;
- ❑ Talk with those involved to help them gain a better perspective of the problem; offer solutions for consideration;
- **Direct problem solving.** You facilitate discussion of the problem and keep parties working toward (a) compromise or (b) collaboration:

STRATEGIES FOR CONFLICT CONTINUED

- ❑ Compromise is a quick-fix approach to conflict. It involves each party agreeing to a truce if certain minimum conditions are met;
- ❑ Collaboration involves the parties working toward a mutually agreeable outcome. The solution may not be one that has been previously proposed by either party:
 - Is a time-consuming process, but it usually results in a solution that addresses the main issues.
 - It enhances interpersonal relationships and builds participants' skills in problem solving.

STRATEGIES FOR CONFLICT CONTINUED

- Help others resolve their differences by encouraging them to:
 - ❑ Calm down. If possible, get parties to postpone confrontation until emotions are under control;
 - ❑ Be descriptive rather than judgmental;
 - ❑ Avoid criticisms or complaints;
 - ❑ Be specific about what's at issue. Ask what each party needs or wants to happen;
 - ❑ Try not to let parties get sidetracked by issues unrelated to the present conflict;

STRATEGIES FOR CONFLICT CONTINUED

- ❑ Concentrate on what can be changed. Focusing on things that cannot be changed increases frustration and does not accomplish anything positive;
- ❑ Voice their feelings or comments. Individuals should speak only for themselves. To get a quiet person involved, say, “This situation concerns you, Mr. Jones, but I’m not sure how you feel about it.”

FAMILIES IN MOURNING

- When a resident dies, the person's family will experience grief. Family members who watch a loved one deteriorate and anticipate the person's death also experience grief:
 - Denial - They may refuse to accept a diagnosis or acknowledge a their deterioration.
 - Anger is a typical response to feeling powerless to change events.
 - Depression can affect the person's appetite, sleeping pattern, ability to think and make decisions, relationships, activity level and physical health.

FAMILIES IN MOURNING CONTINUED

- Each person responds differently to feelings of grief:
 - Encouraging family members to talk about their feelings it can help come to terms with their loss;
 - In the case of anticipatory grief, distressed family members may find it hard to continue their contact with the resident because they cannot deal with the situation.

DECISION TO MOVE RESIDENT

- Any decision to move a resident should involve family members, as well as other appropriate care team members. The decision to move usually occurs for one of three reasons:
 - ❑ The resident needs a higher level of care;
 - ❑ Provider experiences unresolved conflict or problems;
 - ❑ Family members (or resident) experience unresolved conflicts or problems.

DECISION TO MOVE RESIDENT CONTINUED

- You can reduce negative aspects of relocation:
 - ❑ Maintaining a caring attitude and showing respect for the resident and the resident's family;
 - ❑ Be supportive and make things as easy as possible;
 - ❑ Provide the resident and the resident's family with a list of current medications and a copy of the most recent care plan and progress notes;
 - ❑ Emphasize the good times shared while they were in your home and wish the resident well.

YOUR ROLE ON THE CARE TEAM

- As an AFH provider, you are the primary caregiver for the residents in your home. However, you are not alone. You are part of a care team concerned with providing the best possible care for your residents:
 - You play a key role on the care team because you plan and provide the day-to-day care for your residents and act as an advocate for them;
 - You are responsible for contacting other care team members to get the help residents need.

YOUR ROLE ON THE CARE TEAM CONTINUED

- The membership of a care team includes professionals and non-professionals. For example:
 - DHS staff and/or Area Agency on Aging staff
 - Case managers and Ombudsmen
 - Clergy
 - Doctors and nurses
 - Family and friends
 - Guardians/conservators
 - Mental health specialist, psychologists/counselors
 - OT, PT, pharmacists, registered dietitians and social workers

YOUR ROLE ON THE CARE TEAM CONTINUED

- Through daily observations, documentation, assessment and care planning process, you are able to notice changes. Maintain your awareness of a resident's care needs:
 - Watch for changes. Your daily contact with residents places you in the best position to notice changes that may signal the need for special attention or additional care;
 - Document all changes. Writing narrative entries is the best way to document changes and enables you to provide complete and accurate information to others;

YOUR ROLE ON THE CARE TEAM CONTINUED

- ❑ Make entries to a resident's narrative at least weekly. Document date, time and changes in physical/emotional, behavior or mental condition;
- ❑ Regularly review the care plan, narratives, medication records and nursing consultations:
 - Is the care to be provided being given?
 - Has the ability of the resident changed?
 - Have the resident's care needs changed?
 - Does the care plan need to be revised in view of these changes?
 - Has your staff been properly trained?

CASE MANAGER ROLE

- Case managers working with Area Agencies on Aging and DHS units:
 - ❑ Provide information about clients and services;
 - ❑ Assist residents and family members in problem solving;
 - ❑ Arrange for and authorize needed services for Medicaid clients; and
 - ❑ Authorize Medicaid payment for resident care.

CASE MANAGER ROLE CONTINUED

- Know who the resident's case manager is if they receive Medicaid payments:
 - ❑ The case manager will review their needs, care plans and CAPS assessment;
 - ❑ Be sure to inform case managers of changes or problems as they occur. They will assist you in obtaining needed services.
 - ❑ In some areas of the state **private** case managers work with the public and arrange for care. The services offered vary.

LONG-TERM CARE OMBUDSMAN ROLE

- Ombudsmen are trained volunteer advocates who visit adult foster long-term care homes to ensure residents are receiving appropriate care and services:
 - ❑ They can help resolve problems with residents and their families. They encourage quality care and resident rights that you want to promote;
 - ❑ Ombudsmen can help protect your good image and reputation as a provider;
 - ❑ Welcome them as helpful members of the care team.

WHO TO CONTACT

- Gather the following information, mainly during the screening process:
 - Note names, addresses and telephone numbers of family members, primary healthcare practitioner, case manager, therapist, clergy, funeral director and any other regular players on a resident's care team;
 - Identify key care team members. These are persons who must always be contacted when a problem or concern arises. This is usually a family member, physician or nurse, or case manager.

WHO TO CONTACT CONTINUED

- Contact the resident's care team when you have questions/concerns and you believe their help would result in better care when:
 - A need arises for which another care team member is responsible. For example, the person needs a prescription refilled within the coming week, contact the pharmacist or the resident's family to request a refill;
 - Changes occur suddenly (over a few hours or few days). If an emergency (for example, cardiac arrest) occurs, call 9-1-1; then contact the resident's physician and family;

WHO TO CONTACT CONTINUED

- ❑ If not an emergency, contact the appropriate health care professional:
 - Never hesitate to contact a health care professional whenever you have questions or concerns about a resident's medical condition.
- ❑ Gradual changes or decline is noticed. Changes may appear over several days, weeks or months. Gradual changes or decline in functioning needs to be reported to the resident's primary care practitioner.

WHO TO CONTACT CONTINUED

- ❑ If the resident has Medicaid and there are significant changes in their activities of daily living or support needs, report the changes to the resident's case manager;
- ❑ You do not know what to do:
 - If a resident refuses to take a bath or shower, contact family members to get their suggestions;
 - If a resident wants to take a medication that is not prescribed, call the physician for instructions.

HOW TO GET HELP

- If the situation is an emergency, call 9-1-1; follow your home's established emergency procedures and document the incident in the resident's chart.

HOW TO GET HELP CONTINUED

- If it is not an emergency, follow these steps for each call you make to members of a resident's care team:
 - **Before you call:**
 - Review the resident's record. Summarize changes, including dates, solutions tried and the results. Briefly describe the current problem;
 - Write down the questions you want to ask or the information you need;
 - Be prepared to supply information. Have the resident's record and medication administration record if you are calling a health care professional.

HOW TO GET HELP CONTINUED

- **When you call:**
 - Identify yourself. Give the resident's name and provide any necessary numbers and other information;
 - Report the problem. Describe the help you need or want. Tell the person if you need the information or help by a certain time;
 - Respond specifically to questions you are asked;
 - Leave a message. If the person with whom you need to speak is not available, ask that your call be returned. Indicate whether the problem is serious and if you need assistance quickly.

HOW TO GET HELP CONTINUED

- Be patient but persistent. You are probably not the only person calling. If your call is not returned within a reasonable time, call again;
- Be assertive. If the response you receive is not satisfactory, ask to speak with a supervisor. Explain importance for your resident;
- Sometimes it takes several phone calls and contacts to get the help you need. Ask each person you call to recommend other resources, and follow up on referrals;
- Show your appreciation. Thank those who give you information and assistance.

HOW TO GET HELP CONTINUED

□ After you call:

- Document all calls. Place your notes in the narrative section of the resident's record. It provides a record of the contact made and the responses and information received;
- Follow through. Take action based on answers to your questions or suggestions made by the person you called. Be sure all your staff is aware of the changes;
- Make other calls, as needed. Call other members of the care team for assistance, if appropriate. Also contact any referral sources provided.

HOW TO RESPOND TO CALLS

- Other care team members may contact you for information. Refer to the resident's chart for current, accurate information:
 - Provide information promptly. Agree on a time and method by which you will provide the information; follow through;
 - Make a referral, if appropriate;

HOW TO RESPOND TO CALLS CONTINUED

- ❑ Document all calls. Write in the resident's progress notes the date, time, who called, and what information was requested and provided. Note in chart when the information is provided:
 - For example: Wednesday, 7/14, 10:45 a.m. Dr. Jensen's nurse called; Dr. wants record of food intake for one week starting Sunday, 7/18; will keep record and send copy on Monday, 7/26.
 - Monday, 7/26, 1:30 p.m. Copy of food intake mailed to Dr. Jensen per request on 7/14.

DISCUSSION/QUESTIONS

