

# Dealing with Challenging Family Members

3 HOUR CEU COURSE  
FOR RCFE AND ARF  
ADMINISTRATORS





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# Course Objectives

01

Learn about the different types of family members

02

Discuss what our families are looking for us to do with/for their loved one

03

Learn about the different ranges of emotions family members may feel

04

Learn about family member rights, such as POA's and other legal documents



# Definitions

DSS = Department of Social Services

RCFE = Residential Care Facility for the Elderly

ARF = Adult Residential Facility

LPA = Licensing Program Analyst

SNF = Skilled Nursing Facility

AB = Assembly Bill

SB = Senate Bill

Resident = anyone living in long-term care



Help! I love the resident, but can I evict the family????



# Needs and Wants

What do our families want from us?

- ❑ Help!
- ❑ Safety and security for their loved one
- ❑ The ability to go to work and sleep at night without worrying
- ❑ Support throughout the process
- ❑ Socialization for their loved one

# Family Involvement

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When a son or daughter is placing their parent with you, they may be experiencing a range of emotions, including:

- \* Guilt
- \* Regret
- \* Anger
- \* Denial
- \* Sadness



# Family Involvement (cont'd)

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Guilt.....

"I can't believe I had to move my mother into a facility. She raised me and took care of my when I was sick, and now I'm not doing that for her."



# Family Involvement (cont'd)

## Sadness....

"I miss Dad so much. He lived with us for 5 years and now the house feels so empty. I know this is the best for him since I worked full-time, but I miss him so much!"

OR

"I can't believe Mom has cancer. I don't want her to die!"



# Family Involvement (cont'd)

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## Anger.....

"Frank was supposed to be with me forever. Now he has Alzheimer's and has to live in a facility. Why did he do this to me? What am I supposed to do now?"





## Family Involvement (cont'd)

### Denial.....

"My mother isn't that old. Everyone in the facility sleeps all day – not my mom! And they say she needs help with her medications – I think that they're just trying to take her money."

# Family Involvement (cont'd)

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As we have discussed, family members can feel all types of emotions. It is important to help the family members by:

1. Reassuring them.
2. Listening to them.
3. Keeping them informed – communicating.
4. Being available to them.
5. Validating their feelings.
6. Providing excellent care.



# How do the residents feel?

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1. Loss of independence
2. "Granny-dumped"
3. Anger and resentment towards family
4. Denial that they cannot live alone anymore
5. Depressed
6. Anxious

# The Different “Types” of Family Members

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- Debbie Denial
- Daniel Downer
- Picky Peggy
- Mad Marvin
- The “Don’t let my sister see my mother” Brother
- Susan Sue
- The Dorf’s – the Disagreeing Family
- The Helicopter family



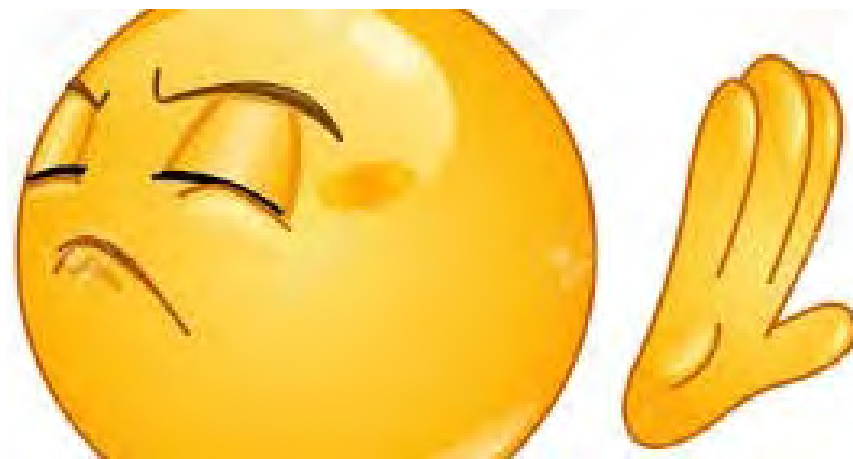
Nothing is wrong with my Mom. She's fine. All this care you're trying to charge me for is NOT needed!

# Debbie Denial (cont'd)

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What should you say and NOT say to Debbie Denial?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





Why should I bother seeing my Mom? She doesn't even know me. Don't ask me to visit again.

# Daniel Downer (cont'd)

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**What should you say and NOT say to Daniel Downer?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





You're not doing it right. The caregivers are wrong. I'll show you how to do it better. You don't know what you're doing.

# Picky Peggy (cont'd)

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**What should you say and NOT say to Picky Peggy?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



Stop repeating yourself,  
Mother! It's driving me  
crazy! I already told you  
what time it is! Make her  
stop!

# Mad Marvin (cont'd)

What should you say and NOT say to Mad Marvin?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



The “Don’t let my sister see my mother”  
Brother

My sister is a drug addict and steals from my mother so don’t let her visit. I’m the only one that can see my mom.

# Don't Let Her... (cont'd)

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What should you say and NOT say to Mr. Don't Let Her?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





Susan Sue

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You let my mother fall and  
break her hip! You promised  
me she wouldn't! Now I'm  
going to sue you.

## Susan Sue (cont'd)

What should you say  
and NOT say to Susan  
Sue?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





# The Dorf's – the Disagreeing Family

This is the family who wants to fight about their parents' care – in front of their parent sometimes.

# The Dorf's – the Disagreeing Family (cont'd)

What should you say and NOT say to the Dorf's?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





# The Dorf's – the Disagreeing Family (cont'd)

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- Family dynamics and sibling roles often are intensified when there is a family crisis or stressful situation, like placing a family member.
- It is important to recognize that people may react to stress in many different ways.

# The Dorf's – the Disagreeing Family (cont'd)

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- Suggest a family meeting with a mediator, perhaps a social worker or senior case manager.
- Ask the Ombudsman to help.

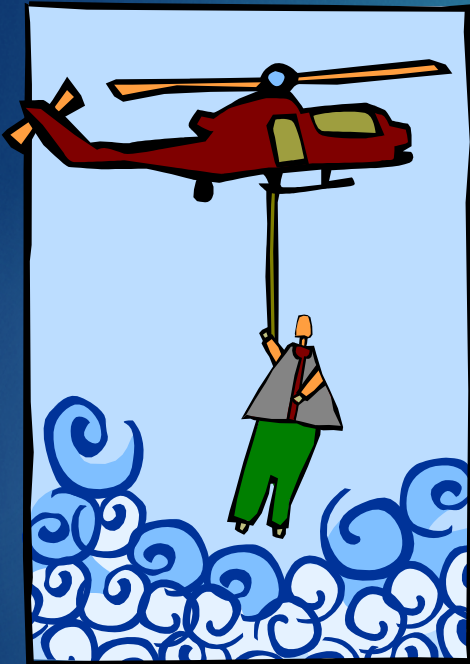




# The Helicopter Family

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You know the one – they swoop in and land like a helicopter, wreak havoc on you and your staff, and then leave.

# The Helicopter Family (cont'd)

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What should you say and NOT say to the Helicopter family?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# Family Case Studies

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# Family Case Study #1

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## FACTS

Mrs. Jones recently moved into your facility by her daughter, Sue. Mrs. Jones has dementia and suffers from hypertension. She is also incontinent.



# Family Case Study #1

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## SUE'S COMPLAINTS

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"My mother has been here for 3 months and she's getting worse! I'm paying you a lot of money to keep her here and I expect her to improve. Instead, she's getting more and more forgetful. Today, she didn't even know where she used to live. And another thing.....the last few days when I've visited in the afternoon, my Mom has been very agitated. But I don't want you to put her on any drugs. She was never this bad before I brought her here!"



# Family Case Study #1

## Discussion Points:

First of all, what is going on here with Mother?

Second, what are you going to do with Sue?



# Family Case Study #2

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## FACTS

Mrs. Smith, who is somewhat confused, was placed in your facility two weeks ago. She has a son, Bob, and a daughter, Sally. They don't get along. Bob has the power of attorney for financial affairs.

# Family Case Study #2

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## FAMILY COMPLAINTS

Sally tells you that “there is absolutely no reason for my mother to be here. I’ve made arrangements to take her home with me tomorrow. The only reason my brother put her here was to make it easier to take her money.” Bob complains that Sally “likes to interfere and throw her weight around. If she tries to move Mom, I’m calling the cops!”



# Family Case Study #2

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## Discussion Points:

Who's in charge of Mrs. Smith's decisions?

What should the facility do if Sally comes to take her Mom?

Can Bob ban his sister from visiting?

# Family Case Study #3

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## FACTS

Mr. Smith has been living in your board and care for several months. His son, Mike, has flown in to see his father and talk to you about the unpaid bill. Mike holds the power of attorney for his dad.



# Family Case Study #3

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## MIKE's COMPLAINTS

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"I can't believe that Medicare hasn't paid my Dad's rent here! Why haven't you submitted a claim to them? After all, you are providing medical care here, so I'm sure it's covered by Medicare. By the way, I hope you're not looking at ME to pay the bills. I can barely make the payments on my house, yacht and brand new Mercedes. I'm sure I told you that I got laid off two months ago. It's a good thing my Dad has a government pension or I'd really be out of luck!"

# Family Case Study #3

## Discussion Points:

Does this sound like potential elder abuse?

Does Medicare pay for RCFE's?

What should you do now?





# Family Case Study #4

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## FACTS

Mrs. Davidson is a resident who lives in the Memory Care Unit in a large assisted living facility. Her family has placed beautiful pictures and expensive figurines in her room. A few confused residents often wander into her room and sometimes they'll take some of the items with them.

# Family Case Study #4

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## FAMILY COMPLAINTS

“Why do you let these people come in here and steal my Mom’s stuff? We paid good money for those items and they keep touching them and moving them. If this continues, we’ll have to move Mom out.”



# Family Case Study #4

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## Discussion Points:

Does this family need education about dementia?

What should be done with the figurines?

# Challenging Family Members

What if the family member becomes **angry**?

*1. Maintain your cool.*

Speak to the person in a calm, clear, even tone. Do not engage in a yelling match and do not match insults with the person.



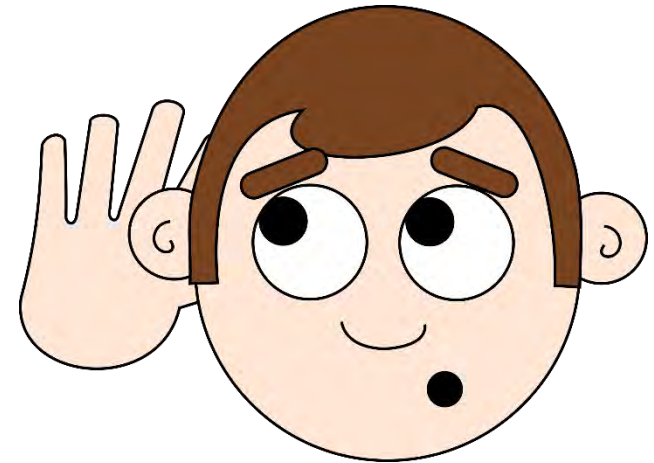


# Challenging Family Members (cont'd)

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## 2. *Listen.*

You know, they may have a good point! When you listen, reflect the other person's feelings. "What I hear is that you're angry about Caregiver Ann." Use non-defensive body language and use appropriate eye contact. Try to find out what the real problem is – it may not be what they're yelling about!!!



# Challenging Family Members (cont'd)

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## 3. *Give up your need to be right.*

Listen to the person's perspective, even if you do not agree. Do not attempt to force your perspective onto that person. You can agree to disagree..."sounds like you and I see things differently."



# Challenging Family Members (cont'd)

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## *4. Do not become defensive.*

Defensiveness usually leads to an attack, and that starts the attack/defend cycle. Take a break in the conversation, if necessary.

## *5. Realize that you may not come up with a resolution.*

But you may need to come up with a compromise...



# Other Tips

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- ❖ Communicate with the families and encourage them to do the same.
- ❖ Seek help from the Ombudsman if you need it.
- ❖ Change your own behavior. Do not sigh or complain when they need help. Do not rush to get them off the phone. Smile and listen to them.
- ❖ The family may need their feelings validated.
- ❖ Provide good quality of care.
- ❖ Do not over-promise and under-deliver!
- ❖ Be VERY clear before move-in that residents may fall and that you cannot guarantee that they will never fall!
- ❖ Feelings escalate during the hospice stage – ask your hospice provider for help.



**Understanding resident preferences is also an important part of establishing relationships with residents and family members.**

- Does your staff know the likes and dislikes of each resident?
- Do staff have the authority to do something about residents' preferences?
- Are staff members allowed time to sit with residents and have a meaningful conversation or do an activity together, such as eating lunch or joining them in an activity?
- What are some ways you have tried to understand resident and family needs and preferences in your facility?



# What if I suspect elder abuse?

YOU are a **mandated reporter**, along with all of your staff.

Types of abuse to be on the look-out for:

- Physical and mental abuse
- Financial abuse
- Abandonment
- Isolation





# Disclosure

How much can and should you tell families?

What is our legal obligation with POA's, Durable POA's, etc.?

What if the resident with dementia finds a new "friend"? Do we tell the family now?





# Conservators

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They can:

- ✓ decide where the person will live (they must notify the court when they move and they cannot move them out of state).
- ✓ be in charge of their food, health care, clothing and personal care.
- ✓ oversee their health care needs – they cannot give or deny consent for medical treatment if the person doesn't agree, unless the court gives them that exclusive right.



# Power of Attorney

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- "POA"
- The authorization to act on someone else's behalf in a legal or business matter.

# Durable Power of Attorney

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- ❖ An authorization to act on someone else's behalf if they become incapacitated.
- ❖ Can also be called a "*Health Care Power of Attorney*" - an advance directive which empowers the attorney-in-fact (proxy) to make health-care decisions for the grantor, up to and including terminating care and making decisions to keep a critically and terminally ill patient alive.



# Living Wills

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- ✎ A written statement of a person's health care and medical wishes
- ✎ Does not appoint another person to make health care decisions for them.



# Educating Families

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Many family members get frustrated with their loved ones, especially ones with Alzheimer's disease, because they don't "get" what they're doing.

Family involvement is very important in the care of the person with Alzheimer's disease, but many times the family is reluctant to participate.



# Educating Families (cont'd)

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You need to think before you speak to the families. For example, never tell the family that their mother needs “diapers” or a “bib”. This is very demeaning and creates a negative impression of the person with Alzheimer’s disease.

Do not talk about other residents in a negative way – the family may think that you speak the same way about *their* loved one!

# Educating Families (cont'd)

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Residents with Alzheimer's disease can have all types of moods and behavior issues.

This can be difficult for the family to understand because it may be totally different from their past personality!



# Educating Families (cont'd)

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**Dementia** may have symptoms including agitation, depression, psychosis delusions and hallucinations and the inability to recognize familiar faces.

**Alzheimer's** symptoms may include apathy, hallucinations and anxiety.

**Diabetes** may cause extreme fatigue and irritability.

**Pain** may cause sleep loss and irritability.

# Educating Families (cont'd)

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## **Resident negative emotions can be caused by:**

- The feeling of a loss of control, independence and ability.
- Feeling separated from family when moving to an assisted living community.
- Realizing that they are unable to live independently and may feel humiliated and embarrassed by this.



# Educating Families (cont'd)

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## Educational tools for families:

- “The Alzheimer’s Project” on HBO.com
- Leeza Gibbons has created a multi-DVD educational program titled “The Family Guide to Alzheimer’s Disease” which can be purchased on Amazon or through [www.lifeviewresources.com](http://www.lifeviewresources.com)
- Support groups (i.e., Alzheimer’s Association)



# Families and Respect (cont'd)

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It is important to remember:

1. Conflict is inevitable. We are re not making widgets - we are taking care of lives.
2. We all have the same goal – happy, healthy and safe residents.
3. We can all win by working together and compromising, when necessary.



# Families and Respect

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In conclusion, we have to remember to be patient with family members as they are experiencing a range of emotions.....but we deserve respect, also.

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# Sources

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Department of Social Services  
NurseJournal.com  
WebMD  
Nurse.org  
Healthcareers.com



# Conclusion

Assisted Living  
Education thanks  
you for attending  
this Course.

We look forward to  
seeing you again at  
another of our  
Courses!

