

A Communication Skills Module:

DEALING WITH FAMILY MEMBERS

©1998-2012

May be copied for use within each physical location that purchases this inservice.



Developing Top-Notch CNAs, One Inservice at a Time



A Communications Skills Module:

DEALING WITH FAMILY MEMBERS

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____.
Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Discuss how a family's history impacts how they deal with a loved one's illness.



Name at least four reasons why a client's family members may be stressed.



Describe how you would deal with overwhelmed, absent, argumentative or grieving family members.



Discuss how children are affected when a loved one is ill.



Explain how HIPAA rules affect your communication with family members.

THANK YOU!



Developing Top-Notch CNAs, One Inservice at a Time

Inside This Inservice:

Worrying about Loved Ones	2
The Wrong Expectations	3
Overwhelmed Families	4
Absent Families	5
Families that Argue	6
Grieving Families	7
Young Family Members	8
Communication Tips	9-10



© 2012 In the Know, Inc.
www.knowingmore.com
May be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited.

A Communications Skills Module: Dealing with Family Members

ALL IN THE FAMILY!

When you think about your own family, who comes to mind? You may picture your parents, brothers, sisters, children, spouse—or even your best friend or pet! Our society used to define “family” as only those people related by blood or marriage. Today, most people consider a family as a group of people who share a common bond.

As a nursing assistant, you will encounter all different types of families. Some families may get along well while others seem to argue all the time. Some never leave their loved one’s bedside and others never bother to show up. Keep in mind that every family you meet has its own “story” and each family member has his or her own “chapter” within that story. Your clients have their own place in their families. They are wives, husbands, children, parents, brothers, sisters and/or friends. Whatever their family history may be, *they bring it with them* when they become part of your health care organization.

If you’ve been an aide for a while, you’ve probably learned that dealing with family members can

be a challenging part of your job. Many times, you are meeting families under difficult circumstances—when a loved one is ill, elderly, disabled or dying. It can be very difficult for them to watch a loved one going through an illness. Please remember that part of caring for your clients is caring for their *families*.

Consider this:

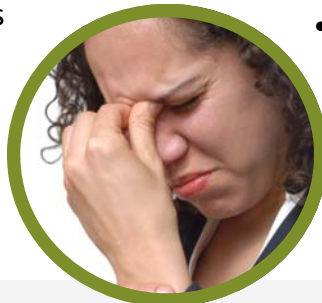
When asked to describe what they feel about a hospital stay, most families use the word “stress”. Even after discharge, many families are left with the burden of taking care of loved ones as they heal. During times of stress, families tend to fall back on old relationship patterns to help them cope. As a caregiver, you are in a unique position to offer words of comfort and support to everyone involved in your client’s health.

Throughout this inservice, you’ll read about some of the more common situations that occur when dealing with a client’s family—as well as some practical tips for how to handle those situations.

When a Loved One is in Poor Health

Having a relative whose health is poor, either suddenly or chronically, can be stressful for any family. Imagine these difficult situations:

- Your uncle has been battling Parkinson's disease for years, but now can no longer work. Your aunt has never had a job outside the home and doesn't know how they will pay the bills.
- Your mother can no longer live alone safely and must move to an assisted living facility. She *begs* you to let her move in with you instead.
- Your sister has been in a car accident and the doctors aren't sure if she will recover.
- Your eight-year-old niece has been diagnosed with leukemia. There are three other children in the family and the parents are having trouble holding it all together.



In addition, when relatives are coping with the poor health of a loved one, they may:

- *Worry* about how they are going to pay for their loved one's care.
- *Be terrified* that their loved one will be disfigured, disabled or even die.
- *Feel helpless* because their loved one's health is out of their control.
- *Be sleep-deprived* from taking care of their loved one...or from worrying.
- *Put off taking care of themselves* because they are too stressed over their loved one's health.
- *Have to deal with family members* who haven't been "in the picture" for a long time.
- *Be angry* about how their own lives will change because of their loved one's poor health.
- *Feel overwhelmed* by the health care system, including doctors, nurses, nursing assistants, therapists, tests, procedures and more!

Keep in mind that by the time you meet a client's family, they may have been stressed out for a long time. For example:

Your elderly client, Mrs. Williams, had a hip replacement and you are helping with her daily personal care. Her daughter, Evelyn, seems so irritated all the time and never has a kind word to say to anyone. You think to yourself: "*Boy, I would never want her for a relative!*" But, what you don't know is that, a year ago, Evelyn quit a job that she loved so that she could take care of her mother. She had to rearrange her home so that her mother could have a bedroom downstairs. Because Mrs. Williams has diabetes, Evelyn had to learn how to prepare meals according to a diabetic diet. Evelyn's husband hasn't been very supportive about her mother living with them, so there are some tensions in the marriage. She feels like her whole life has changed because of her mother's poor health. And, guess what? It has!

The most important key to dealing with your clients' relatives is to practice *empathy*—to put yourself in their shoes. If you stop and think about what may be going on in your clients' families, you'll find it easier to understand their emotional ups and downs.

The Family with the Wrong Expectations

As nurse aides, you provide a variety of client care functions. You assist your clients with meals, bathing, grooming, toileting and much more. Many of you are even a companion to your clients, especially if you are in the home setting. *In general, your role is to promote healing and/or optimum quality of life among your clients.*

Sometimes your role may be misinterpreted by family members. They may believe you should also be a *maid*. They may not understand that you are a professional who has been trained for a specific function.

For Example:

Mr. Brown is a home care client. He has been assigned a nurse aide to assist him while he recovers from surgery. He lives with his grown daughter and son-in-law. The nurse aide comes by for four hours in the morning to help Mr. Brown with bathing, grooming and preparing breakfast. Mr. Brown's daughter asks the nurse aide to wash clothes for the *entire* family. The nurse aide knows this is not a part of her assignment or plan of care.

If you were the nurse aide in this situation, how would you approach it? You may be tempted to just say, *"No, I'm not your maid."* But, remember, many family members may be *unaware* of the nature of your role. They may think of you as a helpful "personal assistant".



Have you ever found yourself performing tasks as a favor for your client that weren't part of your plan of care? How did that work out for you?

If this situation happens to you:

- Take it as an opportunity to *teach* the family about your job description. You may even want to provide them with a written copy of your care plan and/or job description. Tell them you must focus only on the tasks written out in your care plan—and that all your duties are meant to enhance *your client's* health and well being.
- Concentrate on the job you are there to do. Remember, if you allow yourself to do small "favors" for your families, they may continue to ask for more. Those small favors may blossom into large ones! For example:

Mr. Brown's daughter started out by asking the aide to wash the entire family's clothes. Next, she might ask the aide to wash all the *sheets*—followed by *making up all the beds!*
- If you begin to take on tasks outside of your care plan, you could find yourself losing focus on what's really important—your client. In addition, you'll make it tough for other aides who replace you at that client's home. So, stick to what your supervisor has assigned you to do and, right from the start, give family members a clear picture of your duties.

"Family is the most important thing in life. I look at it this way: One of these days I'll be in a hospital somewhere with four walls around me. And the only people who'll be with me will be my family." - Robert C. Byrd, U.S. Senator

The Overwhelmed Family

Approximately 34 million Americans serve as unpaid caregivers for other adults (such as an adult child caring for his or her elderly parent). Typically, these caregivers also work outside the home. It's no wonder that many of them end up with a chronic health problem of their own!

Most families are eager to do all they can for an ailing relative. They assist with every aspect of care, not realizing that they must take time for themselves as well. Many of the families with whom you are involved may be tired and overwhelmed, but feel *guilty* admitting it. Or, they may not even realize how overwhelmed they really are!

For Example:

Sarah has been taking care of her 80 year old mother. She has become a “parent” to her parent—making every important decision for her mother. When her mother has a stroke and is hospitalized, Sarah's stress level skyrockets. She feels guilty because she wasn't able to prevent the stroke. She is exhausted from caring for her mother night and day. And, because she is used to being “in charge” of her mother, she criticizes every move the nursing assistant makes. *Why?* It's probably because Sarah is afraid of losing control *and* of losing her mother!

Not all families are providing care for an ailing adult. Some have had their lives turned upside down caring for a *child* with cancer or other serious condition. **Let's face it:** most people expect to have to care for older relatives at some point, but they do *not* expect their children to get sick. Caring for a sick child is a difficult adjustment. Typically, parents believe they should take on *all* of the responsibility of the child's care.



As a nursing assistant, one of the most important functions you can perform for overwhelmed family members is to encourage them to *take a break*.

- If your client is stable, encourage family members to go home for a shower or a nap. Tell them you will keep an eye on their loved one and take care of any needs that arise. Have the family write down their contact information and tell them a nurse will call them if anything changes.
- If you work in a facility, make sure they have the telephone number for your floor or unit so they can call to check on their loved one.
- If you work in the home setting, encourage the family to step out while you are there. Maybe they could catch a movie, do some errands or pamper themselves with a trip to the salon. Tell them to take advantage of your presence as you will provide care for the client during your visit.
- Remind your families that their *own* health is just as important as their loved one's. Let them know that it is *normal* to feel stressed and overwhelmed and they shouldn't feel guilty. Eventually, keeping a watchful eye on a loved one around the clock wears down the strongest person! Family members need moments away to refresh themselves so they can continue to support and care for their loved one.

It's a fact: Stress and sleep deprivation have been linked to health problems such as obesity and high blood pressure, irritability, decreased productivity, and safety issues in the home, on the job, and on the road.

The Absent Family

Although some clients have a family who never leaves the bedside, there are those whose family members hardly visit at all. Have you ever worked with a client who never received a visit or even a telephone call from family? While this seems like a horrible situation, it may be part of that client's family history.

For Example:

- The only relative Mrs. Taylor has is her sister. They have not spoken in thirty years.
- Mr. Mitchell abandoned his children when they were quite young. They do not feel an emotional attachment to him now that he is old and needs care.
- Martha loves her mother but cannot stand to think of her as getting old and weak. She would rather remember her as young and vital, so she stays away when her mother gets sick.
- All of Mr. Hunt's children live two thousand miles away. They care about him but are unable to afford frequent visits.

There are countless more reasons *why* a client's family members may be absent. As a caregiver, it may be sad for you to realize that a client has no family contact, especially if he or she sees other people receiving visitors. But, remember that the reason why family members are absent is *your clients'* business. Your job is to help them handle how they react to the situation. Some of your clients may be tearful and quiet; others may try to cover up their sadness with anger and bitterness. No matter how your clients display their loneliness, try to be as patient and sensitive as possible.



Your role is to take an active interest in your clients *without* overstepping your professional boundaries. Ask them about their day. Talk to them about things they like to do or hobbies they enjoy. Get them to tell you about the type of work they do (or used to do). Show them you care about *who they are* and not just about performing duties for them. The key to maintaining your boundaries is to guard against sharing too much information about yourself. It is fine to reveal some details about your life, but do not discuss personal issues. This may cause your lonely client to develop an unhealthy emotional attachment to you—to think of you as a family member. Then, what happens if you quit your job or get transferred to another assignment? Your client will feel abandoned all over again.

If you work with families who call and write, but never visit, encourage them to send letters, photos or little gifts to their loved ones. Then, help your clients display these items in their rooms so they can see them daily. Sometimes, these visual reminders of their families will help them feel better.

If you speak to faraway family members, praise them for keeping in contact with their loved ones. They may feel a lot of guilt for being absent.

“People will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

- Bonnie Jean Wasmund

The Family That Can't Get Along

Have you ever witnessed a family argument during your client care? Families with a sick relative are stressed and tensions can run high. Each family member has his or her own opinion about the situation—and the larger the family, the more viewpoints there are. It's no wonder that tempers sometimes flare. Family arguments are difficult to watch and some may get so heated they result in police involvement! There are a number of reasons family members can "lose their cool"—many of which go back to that family's history.

For Example:

Mr. Watson has cancer and is on a machine that assists him with breathing. A surgeon believes he can operate and remove most of the cancer; however, there is a strong possibility that Mr. Watson won't make it out of the surgery alive. It is a risky surgery and Mr. Watson is already extremely weak and sick. Mr. Watson has two daughters. The older daughter, Marjorie, has always been the "responsible" one. For several years, she has been taking care of Mr. Watson's health and financial matters. The younger daughter, Beth, grew up as more of a "free spirit". Beth has always been very close to her father. Marjorie does not want to risk the surgery, while Beth believes her dad would want to take the chance if it means a possibility at life. Marjorie resents her sister for not helping her take care of their father. Beth believes she *has* helped by being there for him emotionally. They are now arguing loudly outside their father's hospital room and cannot come to a decision about their dad.



"You don't have to accept the invitation to get angry. Instead, practice forgiveness, empathy and encouragement."

- Dan Fallon

As you can see, a family's history can be *complicated*. And all those complications, fears and unresolved issues can raise their ugly head during stressful times, such as in the example you just read. As a caregiver, it is not your job to *solve* family arguments, but you are responsible for your client's safety and should be an advocate for your client. Your main concern should be that the conflict is taking place *in front of your client*.

Being a witness to family stress and/or fighting will *not* assist in the healing process. If an argument occurs between family members, encourage them to discuss the matter *outside of your client's earshot*. Tell the family that you understand they are stressed, but that the best way for them to help their loved one is to maintain a peaceful environment. If you work in a facility, you can also remind them that they need to lower their voices out of respect for all the patients or residents.

If tensions continue to rise, let your supervisor know about the situation immediately—whether you work in a facility or in a client's home. It may be necessary to get security involved (in a facility) or, you may need to leave the client's home in order to protect your own safety. Always make your supervisor aware of any arguments that you witness—even if they *seem to be resolved*—because, next time, the situation may escalate into something serious.

The Grieving Family

As a nursing assistant, you are probably quite familiar with the heartache that families experience when a loved one is ill. You've probably already witnessed family members in the midst of grieving for their loved one. While a death in the family causes anguish among those left behind, there are other reasons that families may be grieving. For example, family members may be grieving if your client:

- Receives a new diagnosis that will change his or her quality of life.
- Has taken a turn for the worse.
- Has a condition that is not going to improve.

CONSIDER THIS:

Mrs. Madison is a 50 year old woman who works at a busy law firm and has always been quite healthy. However, she has just been diagnosed with cancer and is at a facility for her first chemotherapy treatment. Her husband and 14-year-old son are with her. The nursing assistant, Karen, hears Mr. Madison repeating over and over to his wife *all* the possible side effects of the chemo. Karen also notices that the teenage son is pale, very quiet and doesn't seem to want to touch his mother.

A new diagnosis can cause initial shock and a period of grief in any person—especially if it is a serious diagnosis. These feelings of grief are an emotional response to a *loss*. Keep in mind that the loss doesn't have to mean death.

In the previous example, Mrs. Madison was a healthy woman, with a family and a busy career. Now, she has a disease which has become the main focus of the entire family.

Along with her husband and son, she will have to deal with the grief of losing her health.

If you are faced with a family that has suffered a loss of some kind, remember that grieving family members need comfort, reassurance and support. Grief can present itself in many ways. Your client's relatives may show their grief by being quiet and withdrawn, by becoming depressed and tearful or by feeling scared and angry at the world.



When working with grieving family members, you should:

- Remember that there is no right or wrong way to grieve. Grief is an emotional rollercoaster and everyone grieves differently. Avoid telling family members what they "should" be feeling or doing.
- Let families know that you are there to listen if they need to talk. (But, never *force* them to talk about their feelings.) If they want to talk, listen without interrupting or offering advice.
- Don't worry about saying the right thing. Being there to listen to the family is much more important than anything you might say.
- Remember that each family may have different spiritual or religious beliefs that help them get through the grieving process.
- Smile! It may seem insignificant, however, smiling is contagious and can easily brighten someone's day (no matter how tough a day it is).

Supporting Young Family Members

When a loved one is in poor health, children in the family can also become “victims” of the illness. If no one tells them what is happening, children tend to imagine the worst. And, they may believe that something *they* said or did caused their loved one to become ill. *For example:*

Five-year-old Billy gets mad after his grandfather scolds him. He says, *“I wish you would die, Grandpa!”* When his grandfather has a heart attack, Billy worries that it is all his fault.

Children need age-appropriate information about their loved one’s condition. Ideally, it should come from their parents or other relatives. However, during your client care, children may be full of questions about what you are doing for their loved one. When answering, use words and phrases that they will understand.

Stay away from medical jargon. For example, saying *“Oh, I’m just here to take your grandpa’s vitals”* might terrify a young child who thinks you are taking something important away from his grandfather! Instead, you might say, *“I’m here to take your grandfather’s temperature. Have you ever had your temperature taken?”* Chances are, most children have had that experience and remembering that it was a painless process should reassure them.

Older children probably have a better understanding of illness. If not, try to explain to them what is going on in your client’s body. Again, make sure you do not use medical language or too many big words. Treat them as important members of the family rather than overlooking them because of their age.

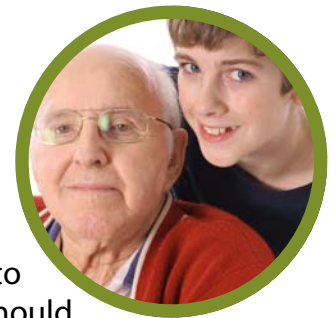
You can even let young kids be your helpers! Children love to feel needed. For example, if you are going to get your client water, let your young helper carry the pitcher.

When children visit, they can bring fun and excitement into your client’s life. Their presence may make your client smile and feel better. However, kids may not understand that their loved one needs to rest. Encourage them to be considerate by saying something like, *“Daddy is a little sick and needs his sleep. Letting him sleep will help his body feel better.”*

When you are providing client care, include any children in the family in your conversation. This will make them more comfortable and at ease. Even if you are not used to being around kids, you should have no trouble getting them talking. Simply ask them questions, such as:

- *How old are you?* (They love this one!)
- *What is your favorite TV show?*
- *What grade are you in?*

Make all of the questions centered on *them*. If the child has a question about your client, answer it the simplest way possible. However, if young family members ask you questions that are inappropriate for you to answer, tell the children to talk to their parents about it. You might also want to let your supervisor know that the children are seeking information. Your supervisor can discuss the issue with their parents.



Are You 'In the Know' About HIPAA?

It's impossible to work in health care today without hearing about *HIPAA*. These letters stand for the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct. This law sets up privacy rules to protect medical records and gives people more control over how their personal medical information is used—and to whom it can be given. A client must give written permission before any personal medical information can be released.

Being aware of HIPAA rules is very important when you deal with a client's family. You must know with whom you are allowed to share your client's information. Even though a person may be part of your client's family, he or she may *not* have been designated to know your client's health status. And, you should always be aware of your surroundings when speaking to other health care workers about your client. You never know who may be able to overhear your conversation.

For example:

John has been caring for Mr. Carter for several weeks. Mr. Carter's niece visits and asks John if her uncle's blood pressure is okay. John tells her that Mr. Carter's pressure has been high recently because Mr. Carter has been eating too many salty potato chips.

In this example, John probably broke confidentiality by discussing Mr. Carter's condition with his niece. And, to make it worse, John made *assumptions* about Mr. Carter since he can't know for sure that potato chips caused his client's high blood pressure.



When it comes to HIPAA, here are a few important things for you to remember:

- One of the best ways to keep from violating HIPAA rules is to avoid giving out information to *anyone* who is not the next of kin. You can ask your supervisor which family members are allowed to receive client updates or you can look in the client's chart to see who is allowed access to health information.
- Someday, you may even find yourself taking care of a high profile client or a celebrity—someone about whom reporters are interested. In these situations, refer *all* phone calls to your supervisor. Never verify that *any* client has been admitted to your facility or agency.
- Clients deserve privacy and their information should be kept confidential. If you find yourself in a room full of family members and you are unsure whether they all have access to your client's information, refer them to the nurse. Try saying, "*I'm sorry, I am not allowed to disclose information about my client. But, I will get the nurse and he/she can answer your questions.*"
- Keep in mind that there are fines of \$100 per violation of HIPAA rules. Fines can be as high as \$250,000, and prison sentences of up to 10 years for intentionally using or selling personal health information for personal gain or to harm someone.

What's the main thing to remember? If you find yourself unsure about revealing information about your client to friends or family, it's best not to say anything at all.

Putting It All Together

During your work as a nursing assistant, you will encounter all different types of families. Regardless of each family's history, it is important to accept them for who they are—and to treat them with patience, professionalism and respect. Keep in mind that their family history affects how they interact with you *and* with their loved one.

Here are some other tips to help you in your interactions:

- Always greet everyone in the room rather than focusing solely on your client. This helps each family member feel supported.
- Ask your client who their visitors are. For example, you can say, “Wow. You sure have a lot of people who care about you. Is this your family?” Once you are introduced, try to remember each person's name. Avoid calling family members “Honey” or “Sweetie”.
- Observe your client during interactions with visitors. Sometimes family visits can cause more stress than relief, especially if there is tension between family members. If your client seems stressed or tired, try asking quietly how he or she is feeling. If the client wants to rest, suggest that the family step out for a break or to get a breath of fresh air.
- Ask your nurse about any advance directives that your client may have in place, especially if your client is no longer able to make decisions. This helps you know who is in charge of the client's health care.
- Ask young family members who visit if they would like to draw or color. Keeping them occupied allows the adults in the room to



visit and have an enjoyable time. It also wins points for you among the kids!

- Help your clients surround themselves with family pictures and keepsakes. Hopefully, these personal items will bring back fond memories and invoke happy thoughts of loved ones near and far.
- Be patient with your client's entire family. As they adjust to their loved one's illness, they may experience a range of emotions such as anger, guilt, frustration and sadness. Sometimes, family members may take these emotions out on you. Don't take it personally. Continue to be polite and remind yourself how much they may be going through right now.
- As a nursing assistant, your job is to care for your clients—and to provide support and concern to their family members. If those family members lose their cool or are irritable with you for no reason, remember that you are the trained professional and you understand the stress that family is experiencing.
- If you are confronted with an uncomfortable or upsetting family situation, remember that *you are not alone*. Get the rest of your health care team involved. For example, your supervisor may have suggestions for dealing with a particular family member. If your workplace has a social worker, he or she may be able to lessen the family's stress. Or, perhaps the family would benefit from a visit by the chaplain.

What's the bottom line? Every time you show concern and support for a client's family members, you are also supporting your client!



Developing Top-Notch CNAs, One Inservice at a Time

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

A Communications Skills Module: Dealing with Family Members

Are you "In the Know" about dealing with family members? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. True or False

In times of stress, families tend to cope by falling back on old relationship patterns.

2. True or False

You should perform small favors for your client's family as a gesture to show you care.

3. The best time to encourage an overwhelmed family member to take a break is when:

- A. Your client's condition has worsened.
- B. Your client is stable and resting.
- C. You need a break from the family member.
- D. Your client is about to have a procedure.

4. True or False

You can help clients whose families do not visit by making them part of your family.

5. True or False

If your client's family is engaged in an argument in your client's room, you should ignore them and continue working.

6. True or False

When family members are grieving, you should let them know you are willing to listen if they need to talk.

7. True or False

If kept in the dark about their loved one's condition, children may believe that the illness is their fault.

8. True or False

HIPAA was created to protect the health information of your clients.

9. True or False

A client's family is whomever they believe it to be whether related or not.

10. True or False

It is appropriate to share your client's information with anyone who visits them.