Dealing With Difficult Family Situations

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NeuroRestorative’s COVID-19 Response

We are committed to protecting the health and safety of the individuals we serve, our staff, and the community. Our services are considered essential, and we are taking precautions to minimize disruption to services and keep those in our care and our team members safe. In some programs, that has meant innovating our service delivery model through Interactive Telehealth Services. We provide Interactive Telehealth Services throughout the country as an alternative to in-person services. Through Interactive Telehealth Services, we deliver the same high-quality supports as we would in-person, but in an interactive, virtual format that is HIPAA compliant and recognized by most healthcare plans and carriers.

You can learn more about our COVID-19 prevention and response plan at our Update Center by visiting neurorestorative.com.
The Taxing Issues Surrounding COVID Have Complicated Communication

- Healthcare Restrictions
- Staffing Shortages
- Heightened Anxiety For Everyone
Basic Tenets of Effective Communication

- Determination of learning styles and preferences of the listener
- Establishment of goals for the communication
- Establishment of an appropriate time and location for the communication
- Avoidance of technical jargon
- Solicitation of feedback
• Speakers sometimes do no say what they intend. Likewise, listeners do no always hear what is said.
• The age of the listener makes a difference
• The tone of communication does in fact, set the tone!
• Hope is good – but don’t put reality and high probability aside.
Beginnings of The Rehabilitation Process

• Let them tell their story – It’s important for both you and them.
• Ask how they are doing
• Give explicit, short term projections of what to expect
My Story

• You don’t know what it’s like
• You don’t understand
Prioritized Areas of Rehabilitation

Physical Functioning
Cognitive Functioning
Self Care Skills
Medical Stability
Behavioral Functioning
Communicative Functioning
Family Dynamics
Family crisis often provides the opportunity to move either toward greater family cohesion and mental health or family deterioration and emotional decay.

Kaplin
### Sequence of Family Reactions Following a Catastrophe

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief</td>
<td>They’re alive! Someone who knows what to do is in control and making decisions.</td>
</tr>
<tr>
<td>Anger</td>
<td>Someone else is making decisions which are rightfully mine. This never should have happened – it’s not fair.</td>
</tr>
<tr>
<td>Guilt</td>
<td>I could have prevented this. I never should have let others make important decisions.</td>
</tr>
<tr>
<td>Dependency</td>
<td>I admit, I really don’t know what to do. Somebody has to take this load off me.</td>
</tr>
</tbody>
</table>
They attempt to fight the trap of dependency by trying to regain mastery over the situation they are in.

They are most comfortable in dealing with personal issues. The family may seek control by being highly critical of staff in areas that normally fall within the role of parents.

The patient may seek control by being attention seeking, non-compliant or manipulative.
The Hard Truth

The need for re-gaining control is REAL!

What may appear to be petty complaining or ridiculous questions over nuisance issues is part of of necessary step – a step that can develop into a nightmare if not channeled properly.
Why does the family so avidly seek control?

No control over the traumatic event
No control over emergency & intensive care
No control over the drastic life changes
No control over the need for rehab
Family Training Guidelines

- Give Control
- Transition
- Direct
- Instruct
- Confront Tough Issues

Begin To Educate

Negotiate

Build Trust

Educate

Beginning Any Interaction With A Positive Focus Optimizes Receptivity

Footer
Factors Which Influence Crisis Resolution

Frye

The family’s experience with anxiety management and problem solving

The severity of the brain injury

The quality of education that the family receives during the crisis period
The first crucial step of education requires that the family understand both the general and specific consequences of the disability.

Denial may be present – the family may report progress where staff don’t. Later they may encourage the patient to pursue goals outside of his/her ability. This is a set up for emotional failure.
Persons under the stress of trauma hear poorly, remember little and process less.

O’Brien & Fralish

For a family of an individual with traumatic brain injury, the diagnosis does not likely conjure a recognizable frame of reference.
Concluding Guidelines For Steering Control in the RIGHT Direction

• Display sincere and genuine interest toward the family – you are asking a lot of them
• Really think about what you want to happen – do you want increased independence
• Always be upfront and honest – never lie to make someone happy
• Presented information should be clarified
• Sometimes families need to vent – let them
• Focus on assets
• Determine progressive steps which give the survivor and family back a sense of control
• Consistency and objectivity are easy to talk about – make a commitment to actually carry through
• In the long run the family CAN be a benefit or a burden – help them make the wise choice