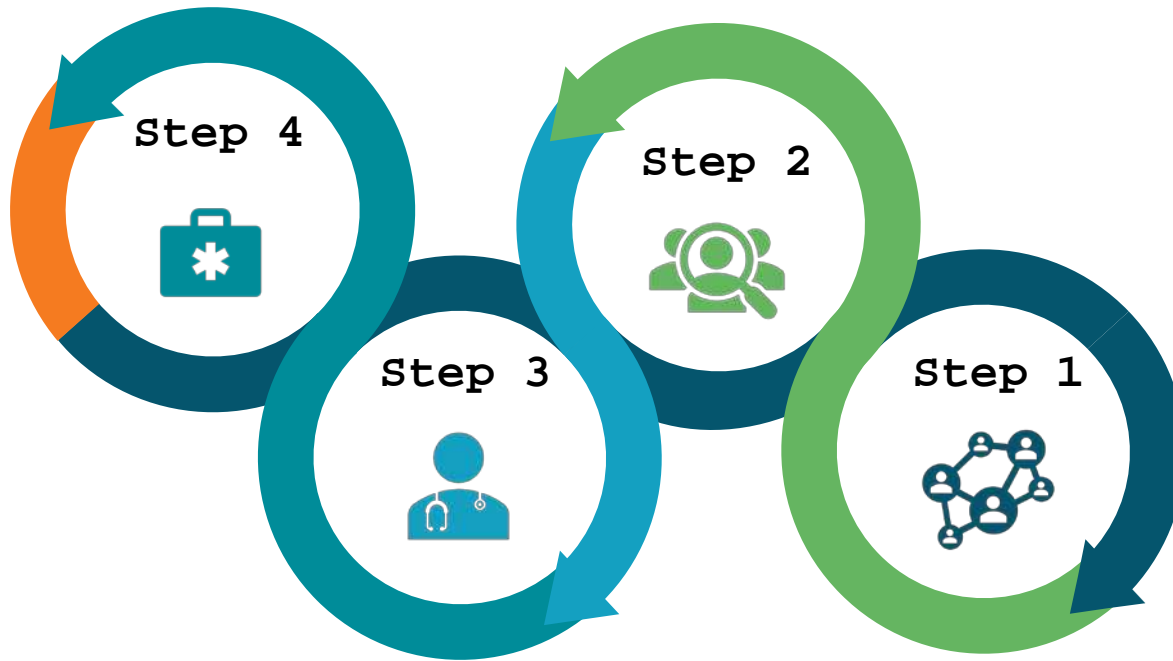




Bridging The Family Communication Gap

Striking a
BALANCE
CAREGIVER CONFERENCE

Bridging The Family Communication Gap



Step 1

Assemble a person centered and family-centered care conversation that incorporates collaborative strategies, and best practices to improving health outcomes and enhancing quality of life among you and your loved one.

Step 2

Identify when necessary to refocus the conversation, so that siblings and other relatives are guided to put their differences aside to focus on the care of your loved one.

Step 3

Provide tools that empower you to document your loved one's care preferences.

Step 4

These preference should be integrated as a part of the collaborative care plan and communicated with the healthcare team.

4 Key Considerations for Effective Communication



It is ultimately not about what you want or even what you think is best for your loved one. Your loved one's autonomy and safety supersedes your personal preferences.



"Honest communication is built on truth and integrity and upon respect of the one for the other."

- Benjamin E. Mays

Care Conversations: Compelling Statistics

- 🕒 60% say having important decision made up front is important, **yet 56% of individuals have not communicated their wishes to their family members or primary physician.**
- 🕒 80% want to talk to their doctor if they were seriously ill, **but only 7% have talked to their doctor** and nearly half of doctors feel unsure some or much of the time about what to say when discussing end-of-life care with patients².
- 🕒 82% say it is important to put your wishes in writing, **but only 23% have done so.**

¹The conversation project. (2016). Consider the facts. Retrieved from <http://theconversationproject.org/>

²The J. A. Hartford Foundation. (2016). HHPoll—“Conversation Stopper: What’s Preventing Physicians from Talking with Patients about End-of-Life and Advance Care Planning?” Retrieved from <http://www.jhartfound.org/news-events/news/advance-care-planning-poll>



Possible reasons why so Few Caregivers have had a Care Conversation

Not sure of how to broach the subject.

1

Afraid of overstepping boundaries.

2

Busy and just have not given the topic much thought.

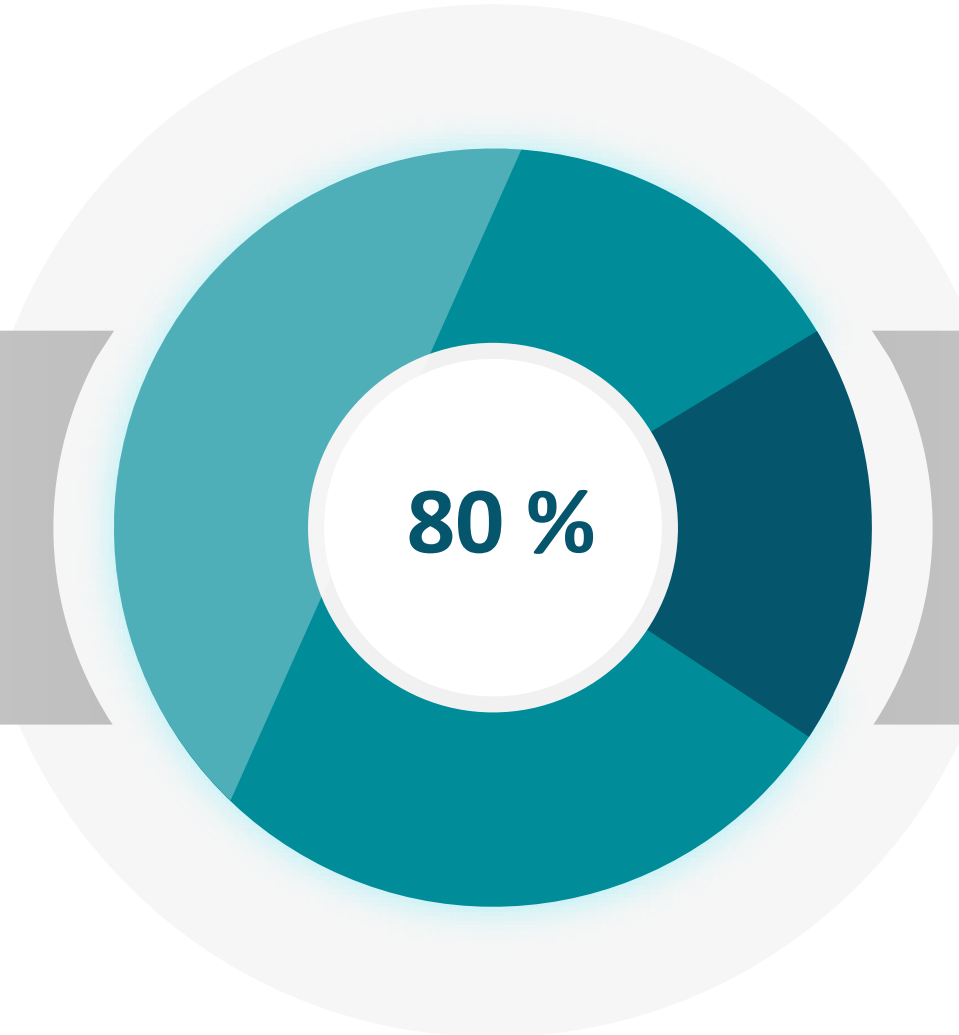
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3

Not aware that your loved one needs assistance.



Medical Crisis & Admission to Hospital Generally Prompt Care Conversations



80% of newly hospitalized elderly patients experience two to six care transitions within one year.

This is not the ideal time to have an important care conversation.

Barriers to Effective Communication Following a Medical Crisis-Caregiver's Concerns



Caregivers feel that health care providers could do a better job of engaging them in important conversations about care.



Caregivers perceived the lack of an organized process and surmise that it leads to poor quality care.



Communication and information sharing are often major challenges particularly for patients that require multidisciplinary care.



Family caregivers may not be able to initially recognize, or assume, the care responsibilities surrounding the transition between hospital and home.



The Role of Family Caregivers in Decision-Making Following a Medical Crisis

- ✓ Family caregivers' contributions to the care of their loved one unfold along on a spectrum where the readiness, willingness, and ability of both parties are often dynamic,
- ✓ Family caregivers have unique and potentially incongruent goals from those of their loved one,
- ✓ Family caregivers need encouragement to assert their role and identity,
- ✓ Family caregivers often assume the responsibility for sequencing of post-hospital care plan tasks and anticipating next steps.





Tips for Bridging the Communication Gap

Tip 1-

Gather accurate, relevant information

Tip 2-

Determine the level of concern warranted

Tip 3-

Review the facts and avoid personal biases



A background image showing an elderly woman with short grey hair and a younger woman with long blonde hair sitting at a wooden table. Both are smiling and holding white coffee cups. The image is slightly faded to allow text to be read over it.

Tip 4: Involve Siblings

Involving siblings in the conversation-planning process, including those who live at a distance, allows for equitable sharing of thoughts and ideas among siblings when an aging parent is sick. Communication is one of the most important elements in caring for an elderly or disabled loved one. If you begin with clear expectations and keep the lines of communication open, the chances for a successful outcome are greatly enhanced.

Diffusing Sibling Rivalry

Effective tips when diffusing sibling rivalry...

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Be a peacemaker

Listen to the needs of siblings with an open mind.



Suggest alternative solutions

The best answer might be to table the issue to allow time for alternative solutions.



Encourage a family meeting

Can we chat about this further?



Avoid volcanic confrontations in front of aging parents

Sibling rivalries can get out of control and are hurtful to all family members, especially aging parents.

Diffusing Sibling Rivalry Continued..

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Effective tips when diffusing sibling rivalry...



Let bygones be bygones

Some sibling rivalries spillover from childhood. “Bury the hatchet” by forgetting the past.



Seek professional services

If applicable, complete a Google/Bing search for the availability of local services, i.e., case managers, mediators, etc.



Utilize social media

Join groups on LinkedIn and network with healthcare stakeholders knowledgeable about sibling topics. Complete online research about sibling-related topics of interest to keep abreast of topics.



Tip 5 : Plan the Conversation

Tip 6 : Create a Positive Conversation



Tip 7- Be Aware of Differences in Communication Styles

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	Characteristics	How to Overcome
Assertive	May talk more than listen in an effort to control the conversation. May dominate the conversation.	Remind this person that each sibling wants to be heard and encourage him/her to make a sincere effort to listen respectfully to the perspectives of all involved.
Composed	Comes across as calm, cool, relaxed and friendly under pressure. May be skilled at silently disagreeing and acknowledging others' perspectives.	Use his/her skills to assist in creating a greater sense of being on a team and supporting one another.
Reserved	May not say much. May seem disinterested in the conversation.	Encourage this family member to participate in the conversation. Try asking open-ended questions so you are able to gain insight from his/her perspective.
Divertive	May choose a different position from the rest and attempt to get others to give in. May wait to say something after the conversation has moved on or bring up past events to distract.	Ask why he/she feels that way. It is important not to let dysfunction drive the decisions. Strive to bring all family members into the fold.
Argumentative	Can be rude, abusive, condescending or insulting in disagreements. May challenge or distract family members or not listen to them.	Slow things down and say nothing until the emotion passes.
Rational	Listens respectfully and acknowledges others. Is open and can repeat what was said.	If you do not have someone who acts in this capacity, it may be beneficial to reach out to a professional who could.
Absent	Family members may view the person who is unavailable for the discussion negatively.	Recognize that individuals cope with challenging circumstances differently. Make sure someone reaches out to this family member with an update of what was discussed.