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

The single most important approach to improve communication is to listen.

Every caregiving situation is unique—respect the exclusivity of your circumstances.

If your relationship with your loved one is already strained—creating an environment for open communication will likely be difficult but, it is possible.

Do not place pressure on yourself to have “the talk.” Conversations should be ongoing.

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 patients.

82% say it is important to put your wishes in writing, but only 23% have done so.


Possible reasons why so Few Caregivers have had a Care Conversation

1. Not sure of how to broach the subject.
2. Afraid of overstepping boundaries.
3. Busy and just have not given the topic much thought.
4. 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
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...

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..

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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<tr>
<th>Characteristic</th>
<th>How to Overcome</th>
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<tr>
<td>Assertive</td>
<td>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.</td>
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<tr>
<td>Composed</td>
<td>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.</td>
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<tr>
<td>Reserved</td>
<td>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.</td>
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<tr>
<td>Divertive</td>
<td>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.</td>
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<tr>
<td>Argumentative</td>
<td>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.</td>
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<tr>
<td>Rational</td>
<td>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.</td>
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<tr>
<td>Absent</td>
<td>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.</td>
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