



## Dealing with difficult families

CNAs will sometimes deal directly with family members, so they should always be prepared for that interaction. Families feel the stress and strain of admitting a loved one into a nursing home. This is a highly emotional time for everyone involved, so difficult families are not uncommon. It's important for CNAs to know how to react when a resident's family becomes difficult.

**Open and honest communication** with the family as soon as the resident is admitted will go a long way in achieving a long-lasting and positive family-facility relationship. Meeting family inquiries with **appropriate answers**, centering conversations on the **needs of the resident**, and assuring the family that **the staff is there to help** are ways that CNAs can maintain that positive relationship while reducing the threat of a potential lawsuit. By providing updates regarding how the resident is eating, socializing, and mobilizing, family members will not feel completely in the dark.

Have a good day of training, and stay tuned for next month's issue of **CNA Training Advisor**, which will cover abuse prevention.

## Improve with practice

CNAs must be prepared to answer questions and address specific concerns when dealing with difficult families. Role-playing exercises will make your CNAs more comfortable with this. Instruct one CNA to ask demanding questions (as a difficult family member would), which another CNA should answer in a polite and controlled fashion.

## PROGRAM PREP

### Program time

Approximately 30 minutes

### Learning objectives

Participants in this activity will learn how to:

- Properly and effectively interact with difficult families
- Avoid and remedy family-facility relationship conflicts
- Keep family members informed
- Recognize when a supervisor should get involved

### Preparation

- Review the material on pp. 2–4
- Duplicate the **CNA Professor** insert for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

### Method

1. Place a copy of **CNA Professor** and a pencil at each participant's seat
2. Conduct the questionnaire as a pretest or, if participants' reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers

## Tips and tools for CNA training

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## DEALING WITH DIFFICULT FAMILIES

Residents' families can become challenging for reasons that are as varied as the families themselves. Some are fearful, guilty, uncertain of the future, frustrated, or angry because of a previous experience with a healthcare professional.

CNAs are among the most visible frontline staff members. They interact with residents in the most intimate, consistent manner and often have the closest and most frequent contacts with residents' families.

It is quite possible that visitors who come to see a family member in a long-term care facility never see the physician treating their loved one if their visits don't coincide with the times that the physician is present. It's important that the facility arrange a time for the family to meet with the physician.

Studies have shown that most malpractice suits are brought on not because of a bad treatment outcome but because residents and their families feel that the medical staff either lied to or stonewalled them. Indeed, many have sought legal representation because they felt that the health professionals with whom they dealt showed no concern or warmth, wouldn't listen, wouldn't talk, or wouldn't answer questions.

### About the difficult family

As CNAs are visible and with the resident, they often are likely to take the brunt of a family's complaints and demands. CNAs may suffer from burnout, experience higher stress levels, feel threatened, or become defensive when continuously dealing with difficult families. CNAs should contact their supervisor if they witness a family member:

- Openly expressing hostility about admission to a facility
- Displaying or expressing hostility toward staff members
- Being critical of aspects of care provided
- Changing the resident's attending physician
- Requesting that the staff frequently call a physician
- Expecting or demanding preferential treatment
- Overreacting to instructions from staff members
- Visiting two or three times per day and during off-hours
- Insisting on new or unusual treatments
- Having numerous complaints
- Frequently asking to see the medical record
- Keeping a diary or photo album of the facility

### Don't miss your next issue!

If it's been more than six months since you purchased or renewed your subscription to **CNA Training Advisor**, be sure to check your envelope for your renewal notice or call customer service at 800/650-6787. Renew your subscription early to lock in the current price.



To avoid the type of conflict that can lead families to sue and CNAs to feel at the end of their rope, which can interfere with resident care, use the following strategies:

➤ **Promote open, honest communication with families right away.** From the minute family members enter your facility, they watch and listen to everything going on. What do they experience? What do they see or hear? Their first impressions are important. Therefore, if you see family members you do not recognize, introduce yourself and let them know who can answer any questions they might have. Tell them about your facility and what they can expect there.

Creating an open, honest, and respectful communication environment with families is your first line of defense against challenging, difficult behavior.

Establishing a rapport with someone—especially someone who may be hostile to begin with—is not an easy task. CNAs should consider the following tips to become proactive listeners:

- Everyone has two ears and one mouth. Develop the skills to listen without interrupting or forming judgments and conclusions. Accept what the family member is saying unconditionally.
- Sometimes the family member just wants to vent, so provide an atmosphere that's safe for venting.
- Never change the subject.
- Always focus on the issue, not the person.
- Identify the problem and empathize with the person.
- Maintain eye contact.
- Use open gestures to encourage the speaker to continue the conversation. For example, while listening, use head nods to confirm understanding.
- Never interrupt. The person who needs to vent must feel that what he or she is saying is too important to interrupt.
- Remember, always get a supervisor if the situation gets out of hand.

➤ **Meet family concerns with respect.** Be aware of staff members talking down or speaking in a judgmental way to residents or families. Residents and family members tend to remember such interactions for a long time. Therefore, as a CNA, ensure that you listen well and take residents and families seriously.

➤ **Keep family members up to date with crucial information and developments.** Imagine that the physician who was scheduled to see the resident is replaced at the last minute by a colleague. This situation is not explained to the resident's family. A complication arises during the exam. When the new physician speaks to the family, their first response is, "Who are you?" This type of oversight will quickly transform your communication environment from one that is open and honest to one that is blanketed in mistrust.

➤ **Meet family inquiries with appropriate answers.** Concerned loved ones seeking information about a resident can become

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agitated if their inquiries are met by vague responses, which might include:

- "I don't know."
- "She looks fine to me."
- "I was off yesterday; I don't know about that."
- "The doctor was updated."

When family members are given vague answers, it is usually because the person they are asking does not have the information. However, it is essential that CNAs be trained to treat each question as highly important. Be sure that they know where to refer family members or where to find the answers to questions.

Train CNAs to contact the appropriate person themselves or to develop a plan to get family members' questions answered in a timely manner. If it is necessary that they get back to the family member with an answer, ensure that CNAs give a time by which they will respond, and be sure that they always follow through with the time frame that they have given.

When family members ask questions that are too general, ensure that CNAs ask more specific questions to better understand what their concerns or questions are so they can give more appropriate and meaningful answers. CNAs who do not have the answer to an inquiry should let family members know that they will contact the person who would be more appropriate to answer their question. They should never leave a family member without a plan to obtain the answers to his or her questions.

Also, CNAs should know to refer complex inquiries to their supervisors. If the complex questions occur during evening shifts when certain supervisors are not in the facility, have staff members ask the family member to write down his or her name and phone number, as well as the nature of the question. Also, have them assure the family member that they will follow up within a reasonable time frame.

**Constructive conversations**

Many managers have found that taking an open and honest approach to communication with a resident's family allows for constructive conversations in which neither side feels defensive. Here are some tips for CNAs when speaking with difficult family members:

- **Center the conversation on the needs of the resident.** If the family questions the resident's care plan, direct their question to the supervisor. If they threaten to sue, a CNA should immediately contact a supervisor to handle the situation.
- **Assure them that you are there to help, not to take control.** To reduce the threat of a lawsuit, keep the lines of communication open. CNAs can always tell the family how the resident is socializing, transferring, eating, etc. Show empathy for their situation and suggest support groups or resources.
- **Empower them with knowledge.** Direct family members to resources for education, offer family or resident education, or provide resource materials. Any of these options will help them gain knowledge about the resident's condition and may help them formulate specific questions to ask the doctor.
- **Help them realize that they aren't alone.** Stay up to date about support groups that are available to families as resources, both within the facility and in the community. If possible,

**Questions? Comments? Ideas?**

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introduce families to mentors, such as other families that are experiencing the same challenges or have been a part of your facility for a while.

- **Make them part of the care process.** Instruct CNAs to suggest ways that families can offer assistance and feel like contributing members of the care team. Maybe they can read the morning newspaper or a book to the resident, discuss current events, assist with feeding or bathing, or offer words of encouragement during physical therapy.

### Provide quality family care

Use these strategies to provide quality family care:

- Encourage CNAs to take the lead by introducing themselves to a resident's family; giving family members an overview of personal care and how the resident is eating, socializing, ambulating, etc.; and asking the family whether they have any questions about the facility and the care of their loved one.
- Encourage CNAs to reassure families that someone will call them immediately if there are any changes in the resident's condition. If the resident's family prefers to call for updates, a CNA should speak to the supervisor and find out the best times to call to avoid shift changes, etc.
- Take a team approach to care. CNAs can ask families whether there is anyone they can call for support and offer the services of the facility social worker.

An admission to a long-term care facility affects not only the resident, but also his or her family members and friends, who often experience stress, guilt, or uncertainty. These feelings can manifest themselves as difficult behavior when a loved one is admitted. Once a CNA understands what is causing the family stress, he or she is in a better position to offer help.

### Concerns about information

Families are concerned about what is happening to their loved ones and how much information they will get. No one wants to feel ignored or left in the dark. Families feel the helplessness of losing control of the

resident's care and the frustration of not being able to provide the care themselves or ease their loved one's fear or pain.

At times, residents ask their families to take them home, or they ask, "Why did you bring me here?" They may ask about the status of their belongings or their homes. Family members may have a hard time telling a resident that his or her home was sold to pay the bills. Such pressures can cause extreme stress on relationships, and the resulting anger may be expressed toward the caregivers of the facility, especially CNAs, who are around the resident most.

Difficult families can be disruptive for your facility. Poor communication with a resident's family can lead to staff dissatisfaction, increased levels of stress for some staff members, and a heightened risk of a negative resident outcome.

If you don't take the time to examine your communication environment now, a lawyer may do it for you later. That's certainly not a road your facility wishes to go down. As a result, it's important for CNAs to build a trusting relationship with families. Family members generally measure fairness in the following ways:

- They get what they ask for
- They get what they ask for in a timely manner
- They get what they want, painlessly
- They receive ethical treatment
- They feel important
- Staff members keep promises
- Staff members treat family members' individual requests as unique
- Staff members place the family's best interests before those of the facility

To build trust, CNAs can do the following:

- Have frequent conversations. Initiate contact with the family member on a regular basis.
- Strive for openness.
- Show warmth and concern. Develop successful listening skills and apply them liberally.
- Never promise the unattainable.
- Demonstrate confidence.
- Partner with family members and strive to be a partner in the resident's care. ■

### Editorial Board

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*Mark the correct response.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Most malpractice suits involving resident care in SNFs are brought on because of a bad treatment outcome.
  - a. True
  - b. False
  
2. Because CNAs are often seen with the resident, they are the most likely staff members to take the brunt of a family's complaints and demands, and as a result may suffer from \_\_\_\_\_.
  - a. burnout
  - b. high levels of stress
  - c. feeling threatened
  - d. all of the above
  
3. CNAs should contact their supervisor if they witness a family member \_\_\_\_\_.
  - a. overreacting to instructions from staff members
  - b. visiting two or three times per day and during off-hours
  - c. both a & b
  - d. neither a or b
  
4. Which of the following is not an appropriate response to a family member's question regarding their loved one's care?
  - a. "I was off yesterday, so I'm not sure."
  - b. "I can answer that for you. Let's go next door and sit down."
  - c. "I don't know, but I can put you in touch with someone who does."
  - d. None of the above
  
5. Constructive conversations between a CNA and family members should center on \_\_\_\_\_.
  - a. the faults of the facility
  - b. the CNA's approach to care
  - c. the family members' attitude
  - d. the needs of the resident
  
6. When a family member asks a question that is too broad or general, a CNA should \_\_\_\_\_.
  - a. give a broad, general answer
  - b. not walk away from the conversation, but avoid responding altogether until the family member specifies his or her question
  - c. ask specific questions to better determine the family member's concerns so that a more accurate and meaningful answer can be provided
  - d. answer as best as he or she can
  
7. CNAs should assure difficult family members that they're there to help, not take control.
  - a. True
  - b. False
  
8. Family members should not become part of their loved one's care process because it is not beneficial to the resident or the facility.
  - a. True
  - b. False
  
9. Which of the following is not one of the ways that family members generally measure fairness?
  - a. They get what they asked for in a timely manner
  - b. Staff members keep promises
  - c. Staff members place the facility's best interests before those of the family
  - d. They feel important
  
10. Developing solid listening skills and applying them regularly is one way that CNAs can build trust with a difficult family.
  - a. True
  - b. False