Family Caregiver Module (30 minutes online)

Module Plan/Storyboard

Section 1: Pretest

no instructor responses here

Section 2: Introduction and Learning Outcomes

no instructor responses here

Section 3: Family Communication Patterns

Take a moment to consider your family's communication pattern.

1. Do you come from a **high family talk** or **low family talk** family? Why? Provide an example to support your assessment.
2. Do you come from a **high obligation** or **low obligation** family? Why? Provide an example to support your assessment.
3. What might be some communication challenges for you as a healthcare professional in interacting with each family type about issues facing one of their members?

[This should appear for students after they complete their personal reflection and assessment. This is kind of like an instructor response but not the same as the others…if that makes sense.]

SYNOPOSIS: When a family member is diagnosed with a serious illness, family communication patterns are highlighted by the illness crisis. Healthcare providers experience challenges with family caregivers that stem from the caregiver's family communication pattern. These challenges arise when family caregivers avoid talk about the disease and the future (low family talk), share strong feelings and cannot agree on a decision (high family talk), willfully exclude certain family members from decision-making (low obligation), and when patient and family hide their feelings from one another (high obligation). To support family caregivers through these challenges, you can learn more about the family caregiver's communication type and learn to meet their unique communication needs.

Section 4: Preview of the Four Family Caregiver Types

no instructor response

Section 5: The Manager Caregiver

1. How would you describe the family patterns for these two sisters (high or low talk; high or low obligation) and why?

2. Identify some of the manager caregiver characteristics Denice displays in the video.

3. How do the healthcare providers attempt to include both Denice and Ellen in the conversation?

4. What else could the healthcare providers do to ensure decisions are made in ways that honor process over swift decision-making?

——— Instructor responses ———

1. Both family talk and family obligation are high. Why? Both sisters are present for the family meeting and we see that Ellen supports Denice when she takes Denice's hand when the physician asks how they are doing. Denice also offers a comment that they are a close family that talks all the time.

2. Denice is heavily prepared. She did research and brings materials in to the meeting with her. She demonstrates high health literacy and uses medical terminology. She also stresses action over process: "We just need a plan to move on." And she minimizes the nurse's suggestion for addressing Ellen's concerns by taking control of the conversation to what she believes is best for her mother.

3. The nurse addresses Ellen specifically to invite her into the conversation. She asks Ellen what her concerns are. She suggests that food can be brought in for mother to smell and taste.

4. Because Denice dominates the conversation in ways that fail to regard Ellen's concerns and in spite of the doctor's and nurse's attempt to moderate, you should create a one-on-one opportunity for Ellen to express her concerns and ask questions.

Section 6: The Carrier Caregiver

1. How would you describe the family patterns (high or low talk; high or low obligation) for this caregiver and why?

2. What carrier caregiver characteristics does she display?

3. What might you say and do if you were on the healthcare team for this caregiver?

——— Instructor responses ———

1. Joyce has a low family talk, high obligation family pattern with her sister and parents. Family talk is low as no one in the family discusses what support Joyce may need as she helps her parents. Only her brother-in-law recognizes the enormity of her role, and even then, he focuses only on how they must keep her in this role! Family obligation is high as the family reinforces Joyce's role as family caregiver and are happy to have Joyce managing the care.

2. Joyce comfortably self-identifies as a caregiver ("I like being a caregiver") and is proud to be able to take on this role ("I have the luxury of the time"). Although she describes that her role as family caregiver "just fell to me" within her own family, she has prior family caregiving experience as she took care of her husband's mother at the end of her life. She also reveals that she is not able to talk about the stress of caregiving with family, so she worked with a therapist. Her experience with her husband's family ("His sister said that they would help, and that didn't work out"), as well as her own, suggests that Joyce has a hard time asking for help or allowing others to help.

3. It is important to tell Joyce that she is doing an excellent job as a caregiver. As a carrier caregiver, she works very hard to make sure she provides quality care. Provide emotional support and encouragement for the work she is doing and stress the importance of self-care. Encourage her to share her feelings about caregiving and how caregiving has impacted her life. Remind Joyce to do something for herself everyday, even something as small as a 15 minute walk outside.

Section 7: The Partner Caregiver

1. How would you describe the family patterns (high or low talk; high or low obligation) for this caregiver and why?

2. What partner caregiver characteristics does this caregiver display?

3. What might you say and do if you were on the healthcare team for this caregiver?

——— Instructor responses ———

1. Debbie is a Partner Caregiver, showing high family talk and low conformity. She and David have embraced his cancer diagnosis together by talking openly about his disease, side effects of treatment, and her stress. David is comfortable hearing how different her experience is following chemotherapy treatment, as low conformity patterns allow different perspectives, both good and bad, to be shared.

2. As a Partner Caregiver, Debbie talks about the negative aspects of caregiving in front of David ("I get tired of being a nag") and is not concerned about how this may hurt his feelings. She comfortably talks about how treatment side effects have caused changes in his personality and how these changes have resulted in conflict. Past conflicts are shared openly and resolution is emphasized. She is able to talk about almost any topic in front of him and identifies his confusion and paranoia as being the most challenging aspects of caregiving. Debbie also participates in co-managing David's medications, resting when he rests, and joins him for clinical visits.

3. Because the two of them openly discuss all aspects of David's disease, it is important to include Debbie in the process. It will be important to make sure she has what is needed, that support is offered to her, and that the team always meets with the two of them. Share as many resources as possible with Debbie so that she can share additional resources with other members of the family.

Section 8: The Lone Caregiver

1. How would you describe the family patterns (high or low talk; high or low obligation) for this caregiver and why?

2. What lone caregiver characteristics does this caregiver display?

3. What might you say and do if you were on the healthcare team for this caregiver?

——— *Instructor responses* ———

1. Keith and his in-laws have low family talk and low obligation communication patterns. Kai's adult children do not feel obligated to be part of his care and thus family members rarely talk about the disease with one another and refuse to talk with Keith. Conversations about Kai are essentially non-existent among family members.

2. Typical of a Lone Caregiver, Keith is alone in providing support to Kai. While Keith can talk to Kai about medical treatment, he is unable to talk to him about future decisions, the stress of caregiving, and his disappointment in his sibling-in-laws. Kai struggles with the family's lack of participation and inattention to Kai. Keith also has difficulty communicating with healthcare providers and does not ask providers to further explain medical treatments so that he can understand.

3. There is a language barrier for Keith that makes communication with the healthcare team difficult. Plus, Keith is struggling with no support from family members. Keith needs one-on-one support, someone who will listen and help him process the frustration over an absentee family. Keith needs information given in simple, clear terms, through pictures or videos, so that he can share it with Kai.

Section 9: Post-Test Assessment and Evaluation

No instructor responses but we do need to show if their answers are correct/incorrect.