



## Resident and Families Councils Resource for Navigating Challenging Conversations: A Webinar and Workshop offered by ILTCCABC.

### **How to prepare**

Think of a conversation you've been trying to have regarding your loved one's care.

Maybe you've tried and it went badly. Or you fear that talking will only make the situation worse. Still, you feel stuck, and you cannot continue to see the situation get worse.

What we will try to define are some of best practice strategies: a checklist of action items to think about before going into the conversation; some useful concepts to practice during the conversation; and some tips and suggestions to help you get started and stay focused

You'll notice one key theme throughout: **you have more influence and control than you think.**

Outline:

- 1. How To Prepare for the challenging conversation**
- 2. 4 Steps to reach effective outcomes**
- 3. Tips and suggestions**
- 4. Conversation openers**
- 5. Resources**

### **1. How to prepare:**

Before going into the conversation, ask yourself some questions:

- 1. What is your purpose for having the conversation? What do you hope to accomplish? What would be an ideal outcome?**

#### **Watch for hidden purposes.**

- You may think you have honorable goals, like never again seeing the current situation happen again to anyone else or having one employee singled out for their continued lapse in resident care.

However, stand outside yourself and see if you notice that your language is excessively critical or condescending.

You may think you want to support a positive outcome, but you end up building a barrier to communication and shutting down the recipient of your expressed concerns.

**Some purposes are more useful than others.**

- Work on yourself so that you enter the conversation with a purpose agreed upon by the two of you before you begin. Set a clear, realistic, and objective purpose for the conversation rather than aiming to "win" or vent. Work towards that agreed upon purpose that frames the entire conversation and sets mutual expectations.

**Set Ground Rules:** If the conversation becomes heated, it is acceptable to press pause and resume when everyone is calm

2. **What assumptions are you making about this person's intentions?** You may feel intimidated, ignored, disrespected, or marginalized, but be cautious about assuming that this was the speaker's intention. Impact does not necessarily equal intent.
3. **What "buttons" of yours are being pushed? Are you more emotional than the situation warrants?** Look at your personal history. Is it being triggered? Is something in the past going to overshadow the current conversation? Draft your key points so if you do get triggered you do not go off the rails. This conversation will take place, but you'll go into it knowing that some of the heightened emotional state has to do with you.
4. **How is your attitude toward the conversation influencing your perception of it?** If you think this is going to be horribly difficult, it probably will be. If you genuinely believe that whatever happens, some good will come of it, that will likely be the case.  
Try to adjust your attitude for maximum effectiveness. Also, **identify your emotions:** Pause and ask, "What am I feeling?" (e.g., fear, frustration) and understand why because these emotions will influence your tone in conversation delivery.
5. **Who is the "opposition"? Are they? What might they be thinking about this situation? Are they aware of the problem?** If so, how do you think they perceive it? What are their needs and fears? What solution do you think they would suggest? Begin to reframe the "opposition" as care team "solution finding" partners. They are employed for the common purpose of resident health and well being.
6. **What are your needs and fears?** Are there any common concerns? Could there be? This circles back to triggers and attitude but worth reminding about again for self discovery.
7. **How have you contributed to the problem?** How has the other person?

## 2. 4 Steps to reach Effective Outcomes

No matter how well the conversation begins, you will need to stay in charge of yourself, your purpose, and your emotional energy. Breathe, center, and continue to notice when you become off center—and choose to return or re-center. This is where your power lies. By choosing the calm, centered state, you will help your care team partner to be more centered, too.

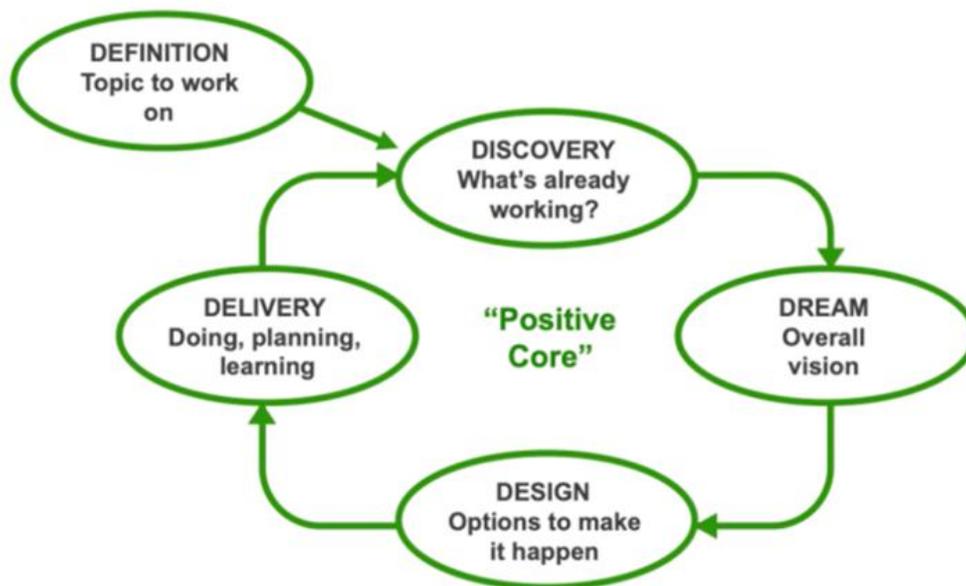
**Centering is not a step; centering is how you are as you take the steps.**

### Step #1: Inquiry

#### Appreciative Inquiry:

Cultivate an attitude of discovery and curiosity. Pretend you don't know anything (you really don't) and try to learn as much as possible about your care team partner and their point of view.

Find out how certain events affect the other person, and what values and priorities they have which either support or inhibit the topic you have jointly defined. Your want to move through all 5 steps.



#### Keystone Cause:

Well being of all stakeholders in long-term care – visual diagram

Let your care team partner talk until they're finished.

Use rounds. Take turns.

Don't interrupt except to acknowledge. Whatever you hear, don't take it personally. It's not about you. Try to learn as much as you can in this phase of the conversation. You'll get your turn, but don't rush things.

## **Step #2: Acknowledgment**

Acknowledgment means showing that you've heard and understood. Try to understand the other person so well you can make the argument for them. Then do it. Explain back to them what you think the goal is here. Your care team partner will not change unless they see that you see where they stand. Then they might. No guarantees.

Pivot away from:

Angry, frustrated, critical attitude

To:

Amiable, complimentary alliances

How can we help staff to resolve the issues so that their job is made easier in the long run?

Acknowledge whatever you can, including your own defensiveness if it comes up.

For example, in a disagreement with a clinical nurse lead, I said:

"I notice I'm becoming defensive, and I think it is because your voice just got louder. I just want to talk about this topic. I'm not trying to persuade you in either direction how to do what you do. I am just trying to help improve the situation by talking through it. I am hoping by doing so your team might find opportunity to improve the process not only for our residents but for your staff as well."

Acknowledgment can be difficult if we associate it with agreement. Keep them separate. My saying, "this sounds really important to you," doesn't mean I'm going to go along with your decision, but it does mean I have heard you.

## **Step #3: Advocacy**

When you sense your care team partner has expressed all their energy on the topic, it's your turn. What can you see from your perspective that they missed? Help clarify your position without minimizing theirs.

For example: "From what you've told me, I can see how you concluded that I'm overreacting. When I mentioned the issue of inconsistency in my father's daily care,

I am thinking about his well being. I don't mean to be a staff critic, though perhaps I sound like one. Maybe we can talk about how to address the basics of consistency in executing his care plan so the improved outcome for the resident (my father) is a common goal."

#### **Step #4: Problem-Solving**

Begin building solutions.

Brainstorming and continued inquiry are useful here. Ask your care team partner what they think might work. Whatever you hear, find something you like and build on it. If the conversation becomes adversarial, go back to inquiry. Asking for the other's point of view usually creates safety and encourages them to engage. If you have been successful in centering the conversation, adjusting your attitude, and engaging with inquiry and useful purpose, building sustainable solutions will be easy.

### **3. Tips and Suggestions**

- A successful outcome will depend on two things: how you are and what you say. How you are (centered, supportive, curious, problem-solving) will influence what you say.
- Acknowledge the emotional energy—yours and your care team partner—and direct it toward a useful purpose.
- Know and return to your purpose at difficult moments.
- Do not take verbal attacks personally. Help your care team partner come back to center.
- Do not assume your care team partner can see things from your point of view.
- Practice the conversation with a friend before holding the real one.
- Mentally practice the conversation. Envision the outcome for which you are hoping.

### **4. Conversation Openers**

Here are a few conversation openers our ILTCCABC family council members have used and shared with us. If this is coming from family council use "we" instead of "I". You may use this in an email, but it is most effective when you have your family council/senior leadership meeting in person.

- We have something we would like to discuss with you that we think will help us work together more effectively.

- We would like to talk about \_\_\_\_\_ with you, but first we'd like to get your point of view.
- We need your help with what just happened. Do you have a few minutes to talk?
- We need your help with something. Can we talk about it (soon)? If the person says, "Sure, let me get back to you," be sure to follow up.
- We think we have different perceptions about \_\_\_\_\_. We'd like to hear your thinking on this.
- We would like to talk about \_\_\_\_\_. We think we may have different ideas about how to \_\_\_\_\_.
- We would like to see if we might reach a better understanding about \_\_\_\_\_. We really want to hear your thoughts about this and share our perspective as well.
- We have noticed a recurring conversation (conflict, disagreement, problem) we seem to have. We'd like to talk about why that happens with the goal of moving through it.
- We would like to talk with you about some things our families have noticed over the last little while and brought to our attention. We have some observations and ideas we'd like to share with you. We'd be really interested in hearing your response.

## 5. Resources

From the Care Home: [WACARESFUND](#)

Family Councils of Ontario: [Family Council Resources](#)

Crucial Learning/Conversations: <https://cruciallearning.com/>

**Resource:** [How to Apply the Appreciative Inquiry Process \(Incl. 5 Tips\)](#)

[Conversations Worth Having](#), by Jackie Stavros and Cheri Torres

Appreciative Inquiry Summary:

<https://docs.google.com/document/d/1rjGfkUot9mm5VBSrBh7Pp0-jqHOzkJYz/edit?usp=sharing&rtpof=true&sd=true>

**We can do it ourselves** – holding people responsible for getting things done – feel

empowered – be confident [Journal of Aging Studies](#) [Volume 31](#), December 2014, Pages 45-53

“Small” things matter: Residents' involvement in practice improvements in long-term care facilities

## **About the Independent Long-Term Care Councils Association of BC - ILTCCABC**

[ILTCCABC](#) is a provincial association of family councils.

It supports its 5-member regional associations of family councils (one in each health authority). ILTCCABC serves both long-term care home operators and their resident and families starting or maintaining their self led councils.

We all have lived experience with long-term care homes, the LTC system, the [Residential Care Regulations](#), resident life in care, and their resident and/or family councils.