

Courtney Elder Law Associates



Dealing with the Dys/ func /shun'l and Di-vi-ded Family

Your Nice, Happy Family



The World As We Know It



Working With Families In Chaos



Family Communication – Not!



Too Much Communication



SOURCES OF FAMILY STRESS

External Events

Financial Stress



Guilt & Regret

Family Dynamics

SOURCES OF STRESS



Accidents and crazy drivers

Chronic health problems



CATASTROPHIC EVENT STRESSORS



■ Grief

- Loss of person
- Loss of relationship
- Loss of our own immortality



■ Helplessness

- Riots, demonstrations
- Terrorism
- Economy Breakdown
- Governmental Despair



CATASTROPHIC EVENT STRESSORS

■ Financial

- Loss of income
- Cost of medical care
- Cost of caregiving



■ Fear of unknown

- “Bump in the night”
- Uncharted territory

■ Regret - Guilt

Fear is only
temporary.
Regret lasts
forever!

FAMILY DYNAMICS



- Parent-child

- “Powdered butt” syndrome
- “My oldest daughter”

- Birth order

- “Little” sister

- Intergenerational

- “They just don’t understand”
- “They’re always moving too [slow / fast]”




FAMILY DYNAMICS


- Second families
 - Dad's "new wife"
- Geographic distance
 - "Sea gull relatives"
- Stages of grief
 - Denial · Anger · Bargaining
 - Depression · Acceptance



CONFLICT

- Litigious western civilization generally equates conflict with negative connotations.
 - Words associated with conflict such as anger, fear, hate, intimidation, and fighting reflect western thought of adversarial confrontation and represent a “zero sum” (win-lose) mindset.
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CONFLICT

- Alternative dispute resolution (ADR) approaches, such as mediation or “family meetings”, seek “win-win” outcomes, where all parties come to acknowledge their different points of view and are satisfied with the compromise agreement.
 - Try to direct statements and actions toward mutually beneficial outcomes and away from personal position (I, my, mine)
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FIVE MECHANISMS TO DEAL WITH CONFLICT


Blends of assertiveness with cooperation:

1. **Competition** - Might makes right - Samson approach
2. **Compromise** - Split the difference - Solomon approach
3. **Collaboration** - Two heads are better than one - four men with paralytic approach
4. **Avoidance** - Leave well enough alone – Jonah approach
5. **Accommodation** - Kill your enemies with kindness - Joseph approach

EIGHT WAYS TO RESOLVE CONFLICT



IMPROVING CONFLICT RESOLUTION SKILLS

- C** Creative problem-solving
 - O** Open-minded
 - M** Master emotions
 - M** Mirror what has been said
 - U** Use “I feel” rather than “you are” language
 - N** Non-inflammatory language
 - I** Interests rather than position
 - C** Common positives
 - A** Allow person to vent
 - T** Tough on problem, not the person
 - E** Empathetic listening
- 


GETTING OUTSIDE HELP



- Pastor
- Respected Friend
- Family Counselor
- Trained mediator
- Attorney

CONFLICT IN ALZHEIMER'S CAREGIVING FAMILIES

Shirley J. Semple, PhD., *The Gerontologist*, Vol. 32, No. 5, pp.648-655
(The Gerontological Society, 1992)

- Two-thirds of dementia patients cared for at home
 - Family support is important factor in delayed institutionalization
 - Strain between aging parents and child increases child's negative feelings re providing assistance
 - Family conflict may be potent stressor behind caregiver depression and anger of family toward patient
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CONFLICT IN ALZHEIMER'S CAREGIVING FAMILIES

Developed “Family Conflict Scales” – conflict around:

- Definitions of illness and care strategies
 - Type or level care needed; judgments re extent of impairment
- Family attitudes & actions toward PWD
 - Appropriateness of others' interactions, time spent with PWD, respect & sensitivity to PWD, “doing their share”
- Family attitudes & actions toward caregiver
 - Attitudes re caregiver's performance; disagreement re not calling/visiting/helping enough; not enough appreciation; unwanted advice

CONFLICT IN ALZHEIMER'S CAREGIVING FAMILIES

Only 55% of spousal caregivers reported any conflict

- Mostly with children

BUT - 82% of adult children reported conflict

- Mostly with siblings
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CONFLICT IN ALZHEIMER'S CAREGIVING FAMILIES

CONCLUSIONS:

- Conflict re attitudes & behavior toward Caregiver is most associated with DEPRESSION of caregiver
 - Reflected in negative self-evaluation, feeling of failure
- Conflict re attitudes & behavior toward PWD is most associated with ANGER
 - Other attitudes re proper treatment, etc. are a challenge to my expectations of what is right

PREDICTORS OF FAMILY CONFLICT AT THE END OF LIFE: THE EXPERIENCE OF SPOUSES AND ADULT CHILDREN OF PERSONS WITH LUNG CANCER


[Kramer, Betty J., PhD, MSSW, Kavanaugh, Melinda, MSW, Trentham-Dietz, Amy, MPH, and Yonker, James A., MS, Gastroenterology, 4/28/2010 (© 2010 AGA Institute) (<http://222.medscape.com/viewarticle/719126>)]

Definition of “Conflict”: interpersonal tension or struggle among two or more persons whose opinions, values, needs or expectations are opposing or incompatible

Summary: Significant predictors of family conflict include prior family conflict, race, communications constraints, and family members asserting control

PREDICTORS OF FAMILY CONFLICT AT THE END OF LIFE: THE EXPERIENCE OF SPOUSES AND ADULT CHILDREN OF PERSONS WITH LUNG CANCER

Common factors:

- 70% of persons with lung cancer 65+ years old
 - Families play important role in diagnosis and treatment decision-making
 - Symptoms of disease difficult to witness
 - High comorbidity of chronic aging conditions
 - Demands and challenges on family members are many
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PREDICTORS OF FAMILY CONFLICT AT THE END OF LIFE: THE EXPERIENCE OF SPOUSES AND ADULT CHILDREN OF PERSONS WITH LUNG CANCER

Three Domains Studied

- Family Context – prior relationships
 - National Comorbidity Survey: higher rates of family conflict and violence among younger, less educated, poorer female respondents, lower rates of conflict among non-Hispanic Whites compared to Hispanic and African-American respondents
 - Concluded conflict is higher among younger and African-American respondents (but noted the relatively small number of African-American respondents)

PREDICTORS OF FAMILY CONFLICT AT THE END OF LIFE: THE EXPERIENCE OF SPOUSES AND ADULT CHILDREN OF PERSONS WITH LUNG CANCER

Three Domains Studied (cont'd)

- Conditions
 - Patient's clinical care needs from declining health, and awareness of approaching death
 - Cited finding that doctors often failed to communicate clearly re intent of treatment and prognosis, and that most patients overestimated their probability of a cure

PREDICTORS OF FAMILY CONFLICT AT THE END OF LIFE: THE EXPERIENCE OF SPOUSES AND ADULT CHILDREN OF PERSONS WITH LUNG CANCER

Three Domains Studied (cont'd)

- Contributing Factors - “Intended or unintended interactions ... impelled by ... conditions” that contribute to family conflict
 - Death anxiety or emotional difficulty of accepting illness causes insensitive behavior (e.g. insisting on aggressive treatments not favored by others)
 - Asserting control (e.g. Dr. son changed meds w/o knowledge of father’s spouse or Dr.)
 - Ineffective communication among family members

THANK YOU

C E L A

Courtney Elder Law Associates

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FRASCOGNA COURTNEY, PLLC

- 4400 Old Canton Road ▪ Suite 220 ▪ Jackson, MS 39211
- Tel: 601-987-3000 ▪ Fax-601-987-3001
- www.ElderLawMS.com