

Caring for the Ages

A Joint Online Publication



May 4, 2026

Refocusing Response to Family Conflict

By Joanne Kaldy



Family dynamics are complicated; so, it is not uncommon for post-acute and long-term care (PALTC) facility residents and their families to have different opinions or perspectives. When these arise, the differences and conflicts can have a positive or negative impact on residents, families, and staff alike. There is no cookie-cutter approach to navigating these situations, but

teamwork and communication can be productive and, at times, even help heal strained relationships.

Triangulation Trouble

“One thing you really want to avoid is triangulation,” says Anna Fisher, PhD, a Nebraska-based clinician and educator. This happens when the resident or a family member involves a third person in the conflict to manipulate or influence them. “It is important for us to refrain from taking sides. We as providers want to stay neutral,” she notes. For instance, she suggests, if a resident complains that her daughter never visits, say, “It sounds hurtful that you feel you’re not being visited.” If the daughter says she visits frequently and her mom doesn’t appreciate it, say something like, “It can be frustrating not to feel recognized.”

Trying to offer solutions or excuses may seem like a well-meaning gesture. However, the person – whether the resident or a family member – may interpret that as taking sides or expressing criticism. For instance, if the resident says their daughter never visits, suggesting that she is probably just busy may sound to them like you are defending or making excuses for the daughter.

Dr. Fisher stresses, “Our role is to support both the resident’s well-being and the family relationship. We want to refocus on a shared goal – what makes the resident feel safe, connected, and supported. You want a team-based response, and the family is part of the team.”

Team members, including front-line staff, should be encouraged to talk to a supervisor if they feel like they are being pulled into a resident-family issue. This can be a perfect opportunity for conflict-resolution training; at the same time, leadership may get involved by arranging a care conference. “It is important for

staff to know where the boundaries are and have the communication skills to be supportive and validate people's emotions without appearing to take sides," says Dr. Fisher.

Cognition Can Complicate Conflict

Not surprisingly, dementia or other cognitive impairment can complicate and/or strain family relationships. A transition to an assisted living facility or skilled nursing facility can trigger conflicts and confusion. "Quite often, what we're seeing is an altered perception of reality. We need to become familiar with their world so we can help them," says Dr. Fisher. If they say that family is stealing from them or neglecting them, they likely believe it, even if it isn't true.

It is important to validate the resident's emotions and try to redirect them. Fisher stresses, "You're not trying to tell the difference between a truth or a 'non-truth.' You're responding to that person's altered perception of reality." She suggests, "You can get out a photo album and ask about photos and happy family memories." If they say that their family never visits, an appropriate response might be something like, "Let me check on that. Your family always talks about how much they love you. They shared that you used to care for foster dogs. That sounds interesting. Can you tell me about that?" This helps redirect the conversation to something positive while making the resident feel heard and validated.

Family Matters

Helping families navigate the situation should be another focus. Some education from staff about the nature of the resident's cognitive challenges is important; for instance, encouraging them to meet their loved one where they are and trying to understand their reality, despite it being altered. It may be tempting to correct them if they say "you never visit," but that may only anger and confuse them.

Chris Herman, MSW, senior associate – aging, National Association of Social Workers, says, "It's second nature for us to say, 'I was just here yesterday. Don't you remember?' But potentially shaming their loved one is the last thing families want to do." A more productive response, she suggests, might be something like, "Well, I'm really glad to be here today. I was missing you." Then, it might be possible to redirect the person by saying something like, "I was thinking about that time we went fishing and you caught that huge bass. We always had so much fun at that lake house!"

Family members also may be encouraged to take photos of themselves with their loved ones when they visit and display them in a digital frame or keep a journal of their visits in the resident's room, Ms. Herman says. They can use these to trigger conversations and reminisce about happy times. Families also need to understand that their loved one is expressing their emotions through their accusations or complaints. What they really may be saying is that they are lonely or scared. Identifying and addressing these underlying emotions can be comforting to the resident.

"Education is a really important piece of all this. We have something called the 'Family Council' that meets quarterly," says Heather Harris, LCSW, social services director at Louisiana-based Heritage Manor of Mandeville. It's important to validate the family's feelings and help them understand their loved one's feelings and perceptions, she suggests: "Sometimes family members don't want to visit anymore because it becomes such a time of tension and friction, and we want to help prevent this if we can."

“None of these strategies is foolproof, and something that works for one resident might not resonate with another,” Ms. Herman says, “but providing tangible suggestions that family members, friends, and staff could use to help the resident can be beneficial.”

Every Complaint Deserves Attention

Every resident’s concern or complaint should be promptly addressed. Toward this end, it is essential to have a process for addressing concerns and grievances, whether it is through the QAPI committee, a concern/grievance form or log, or other means. Organizational leaders should ensure that staff are educated about these processes and what they should do if a resident expresses a concern or complaint. Residents and families should also receive information about how any complaints or grievances are handled.

Value-Added Visits

Charles Crecelius, MD, PhD, CMD, says, “If there is an issue with the family, the social worker takes the lead, bringing in others – including the ombudsman and legal team as needed.” If it is a resident issue, often rooted in feeling abandoned after coming to the facility, then the family can be helped to develop strategies that enable the resident to feel more engaged and appreciated.

Sometimes, the timing of visits can affect how a resident feels about the visit. For instance, if visits interfere with favorite activities, events, or meals, they may be distracting and even unwelcome. Or if visits are too short or too long, they may cause frustration. If they occur in the evening, the resident may be sundowning and less able to receive the interaction positively.

Unfortunately, there will be instances where families cannot visit regularly or when family visits cause distress. Nancy Kusmaul, PhD, MSW, professor, University of Maryland School of Social Work. says, “It will be helpful to look for other ways to get residents’ needs for socialization met.” This may include arranging visitors from a community organization such as their church or students from an area school. Volunteers can be engaged to connect residents with common interests, such as arranging visits with a dog or participation in a book club or knitting group. In fact, she suggests that sometimes visits from people with whom the resident doesn’t have emotional ties can be more satisfying.

It Takes a Team

“The nursing staff and social worker are invaluable in these circumstances. Unless I’m 100% certain I know the truth, I always talk with the aide, the floor nurse, and the social worker, who are usually able to provide evidence one way or another. Even if I’m certain, these people should be aware of the situation to manage it appropriately, especially if it involves an exacerbation of psychiatric disease,” says Dr. Crecelius. He stresses that if there is a family issue, it’s important to then involve the administrator, the director of nursing (DON), and others as appropriate.

Ms. Kusmaul agrees, noting, “Having strong leadership, that is, the medical director, DON, administration, social worker, and others who support the team, is key to successfully addressing resident complaints and family-related issues, as well as preventing these situations from escalating.”

Joanne Kaldy is a freelance writer living in New Orleans, LA.