



Family Meeting #1 *Team Building*

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Most family members are completely unprepared for the caregiving experience. It can mean changing roles, unfamiliar responsibilities, and difficult emotions. This is complicated by the fact that each person comes to caregiving with different experiences, different concerns, and a unique set of emotions that will influence his/her behavior.

Recognizing that the family is a team being built of necessity, the most important first step is to ask family members if they are willing to join. Before they can make such a decision, the care partners need to have a conversation with all family members they wish to include. The goals of this meeting are to:

- familiarize family members with the situation as it is known.
- invite their participation while acknowledging their other responsibilities.
- assure them that their choices will be respected.
- create an honest and open environment of communication.

Family Meeting #1 is about buy-in. It determines who will be on the team. Subsequent meetings will address the how's, the what's, and the why's. First, you must know who's on your team.

Why is this meeting so important?

This meeting is the acknowledgement that a loved one's loss of independence impacts every family member in different ways. Reactions can range from

over involvement to helpfulness to anger or distancing. Assuring each person that their participation is a choice affirms that they are adults – not the children they once were. It says that each person is a valued family member regardless of that choice. And that can go a long way toward healing old hurts and building a collaborative team.

Timing for Family Meeting #1

Sooner is always better. Engaging family members early in the process can help to avoid potential disagreements and reduces the likelihood of the primary caregiver becoming overwhelmed.

It's important to note that the care receiver doesn't want to share his/her condition with the family, or the care partners "don't want to burden the children."

Caregiving typically becomes more labor intensive over time – not less. Coming to terms with a chronic condition may take the person and/or the primary caregiver time to adjust. Be patient. Be gently persuasive. Look for opportunities to show how a broader base of support can improve quality of life for the care partners.

Next Month: Family Meeting #2 – Building Blocks of Support

Questions? Comments? Let me know!

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