**BOX 9.3**  Eight Steps to Resolve Family Disagreements

1. **Stay calm.** When people are calm, they think much more clearly. Calmness is difficult to maintain when people call each other names, become sarcastic, or drag up past injustices. Do not try to solve problems when members are very angry.

2. **Express commitment to the relationship.** Arguments often leave people feeling like enemies rather than members of a caring family unit. It is important to defuse that by saying, “I love you. Let’s work together to work this problem out.”

3. **Identify areas of agreement or success.** Teach people to look for similarities in their viewpoint or find positive characteristics in the other person. Family members often get stuck on arguing about one small point and overlook that they agree on many other points.

4. **Identify the specific problem.** It is difficult to resolve problems when arguments keep escalating with the addition of more and more problems.

5. **Express the desired outcome.** Family members should clearly state what they want to happen so that everybody is clear about each other’s goals.

6. **Listen carefully to the other person’s concerns.** Each person needs to hear what the other is saying. If necessary, have them repeat the essence of what they heard to show that they understand. Problems cannot be solved if individuals are planning what they are going to say next, rather than listening carefully to what is being said to them.

7. **Seek solutions that benefit the relationship.** Teach family members to brainstorm possible solutions and how to look for ways to compromise and meet everyone’s needs.

8. **Assess the outcome.** Teach family members to analyze the solution before it is implemented. Has everyone felt respected and heard? Is everyone at least partially satisfied with the solution? If so, the conflict has probably been resolved successfully.

**GROUPS**

There are different kinds of groups with a variety of purposes. In your professional career, you most likely will have the opportunity to lead and participate in many different kinds of groups.

**Task Groups**

Task groups are designed to carry out a particular type of task and are product oriented. It is called a task group because its purpose is very specific. This kind of group usually meets once or just a few times and ends when the task is completed. The emphasis is on problem solving and decision making. Staff meetings, case conferences, and planning sessions are examples of task groups. Client task groups might plan and prepare a community meal or draw up a list of responsibilities and privileges for the clinical setting. The nurse’s role in the task group is to keep the group on task and to facilitate appropriate interaction.

**Psychoeducation Groups**

Psychoeducation groups teach members about a specific topic. Often, nurses are asked to provide clients and families with information on various topics. The nurse provides information and then elicits reactions and comments from the members. Knowledge about the disorder and treatment helps family members provide for the needs of the client, develop their own coping strategies, and develop a collaborative relationship with professionals and other families.

Psychoeducation includes information about the etiology, treatment, and prognosis of the mental disorder. Clients and families are taught stressors associated with relapse, how to set realistic expectations, stress management, communication skills, and problem-solving skills. When families’ educational needs are met, they have an increased ability to cope, understand, and deal with their loved one’s illness. (See chapter 7 for more information on psychoeducation.)

**Group Therapy**

Therapeutic groups provide support to the members as they work through their problems. **Group therapy** is a beneficial experience in which the group members and group therapist help people with psychological, cognitive, behavioral, or spiritual dysfunctions through a process of change. Groups can be held in an inpatient unit, an outpatient clinic, a community mental health center, or a variety of other settings.

Ballinger and Yalom (1995) also identified two concepts basic to group therapy: the group as a social microcosm and the here-and-now quality. **Social microcosm** refers to the concept that group members eventually behave in the therapy group in the same way they behave with their families.