

Family Assessment

I have interviewed a cohabiting family with extended family members. Their family name is D'Agostino. This family is a blended family unit, and they live with the mother's mother and half-brother. The father and mother in this family are currently cohabiting.

Family Composition:

Name / Initials	Gender / Age	Relationship to Children	Occupation	Education
J.D.	Male, 27	Father	Warehouse worker	High school diploma
H.V.	Female, 30	Mother, Step Mother	Retail assistant manager	High school diploma
A.R.D.	Female, 1	Daughter	N/A	N/A
L.D.	Male, 5	Son, Stepson	In school	Currently in school
J.D.	Male, 7	Son, Stepson	In school	Currently in school
M.A.	Male, 24	Maternal uncle	Student in college	Currently in college
M.R.	Female, 60	Maternal grandmother	Cook at assisted living facility	High school diploma

Their ethnic background is mixed with Italian and Dominican. Their religious identification is Catholic. After living under a pandemic for a year, many of the dynamics have changed within the family. They typically enjoy playing video games, such as Call of Duty, Among Us, and Roblox, and playing with each other. The parents are involved in their children's lives as much as they can be while also working around their work schedules. They are not as strict but will discipline their children as needed, especially when they are misbehaving which happens often. Their parenting style is a mix between authoritative and permissive. They have distinct roles and relationships with their children, but they are also somewhat lenient with them when it comes to letting some

things slide. Since the pandemic started from a year ago, they have been around each other more often than not, and at times, this can cause tension within the household.

Developmental Stage

This family's developmental stage is childbearing with an infant, a preschool child, and a school age child. The parents are currently cohabiting with the maternal grandmother and maternal uncle. The father had two sons prior to meeting his current girlfriend, the mother, and the parents share a daughter together, who is the half sister of the two boys. The two boys had voiced that all their needs are met by their parents, and the little girl seems to be very active and bonding well with both of them as well.

All the children seem to have been meeting the milestones as indicated. The two boys are in Piaget's preoperational stage of cognitive development, which is defined as thinking about things more symbolically, maturing language, developing memories, and creating imagination. They are in different psychosocial stages of development though. L.D., who is 5 years old, is currently in Erickson's stage of initiative versus guilt stage of psychosocial development. He is focused more about playing and exploring his interpersonal skills with other children, mainly his siblings. J.D., who is 7 years old, is in Erickson's stage of industry versus inferiority stage of psychosocial development. He had just joined school recently in the fall and has been developing his math and writing skills according to his mother. The infant is in Piaget's sensorimotor stage of cognitive development, which is characterized by repeating behaviors she enjoys, exploring her environment, and interacting with objects with intention. She enjoys playing with her brothers and parents when they are around as well as her toys that she has. She is also in Erickson's trust versus mistrust stage of psychosocial development due to the fact that she goes to her mother most of the time.

Environmental Data

This family lives in a single home in a quiet neighborhood on state road. Their mode of transportation is by car. They have a direct connection to the water supply that runs throughout the house. They have 2 dogs, 1 parakeet, and 1 tortoise that also live within the household. The parakeet and the tortoise have their respective living spaces and are out of reach from the children. The house is mainly safe as the doors and windows lock properly and baby safety devices are placed on cabinets and staircases.

Their social network is strictly within the family. The parents have friends they talk to, but nobody outside of the family comes into contact with the family within the home.

Functional Assessment / Family Structure

The family is more so disorganized and somewhat dysfunctional. Over the phone interview, I overheard the parents telling the kids to “stop this, don’t do that” often. The mother usually makes most of the decisions for the family. Depending on which parent is present at the home, the father or the mother makes the decisions and takes care of the children. Otherwise, the other family members, the maternal grandmother and uncle, take care of the children as well. The parents are attentive to their children and discipline when necessary. All the children seem to have all their needs met through their parents as they voiced their opinion prior.

Health History

For past medical history, the mother discussed for herself. The father’s past medical history is unknown as he was not present during the interview. She said that she has a history of hypertension, diabetes, and asthma. The children do not have any known allergies, but L.D. has some symptoms of attention deficit hyperactivity disorder (ADHD) but not properly diagnosed. The nutritional intake of the children depends on what they are given. The mother expressed that they eat mostly frozen dinners and take out, but the family also eats when the grandmother cooks for the family on occasion. Because of the COVID-19 pandemic, the children are unable to meet other children, so they have each other. They usually play with each other and are comfortable with one another, even with the age differences.

Family Coping Patterns

The family’s coping patterns are described to be disorganized. They are capable of expressing their feelings openly and abruptly. Their main stressors are money and related financial matters. When it comes to managing their children, they mainly get disciplined due to the fact that they are rowdy and tend to act out more frequently. When asked about how they actively cope with their problems, the mother said that they only bring attention to issues and concerns when they get too overwhelming. Many things have changed due to the pandemic, which brought them to only have and rely on each other.

Nursing Care Plan

Nursing Diagnosis:

Risk for Imbalanced Nutrition: Less than Body Requirements related to less frequent home-cooked meals and more frozen dinners and take-out

Expected Outcome:

The family will understand the education on healthy diet and proper nutrition within 1 hour of discussing alternative and healthier options.

Nursing Interventions with Rationales:

1. Assess the family's financial situation and income.
 - a. This intervention will let me know if their finances are the main issue in purchasing healthier options for the family. Finances can play a huge role in what is bought at the grocery store while balancing other things, such as rent and bills.
2. Assess the family's knowledge of a healthy diet and educate about proper nutrients that children need to grow healthily.
 - a. This intervention will gauge the amount of knowledge the family knows and help with how to navigate what needs to be improved. This will also allow a time to educate the family if the knowledge is insufficient.
3. Evaluate the health status of the children by using growth charts.
 - a. This intervention will express to me about how well the children are eating by assessing their height and weight comparing them to growth charts. Growth charts display the level of growth within a child and whether or not they are growing along a percentile growth curve.
4. Educate about healthy alternatives, such as healthy snack items and frozen dinners.
 - a. Having healthy options provided will incorporate the family's financial status as having snacks and frozen dinners are easy, simple to make, and time efficient. Purchasing produce and other ingredients can be difficult, especially when one's financial situation is compatible with being able to purchase such items with ease or consistency.

5. Collaborate with a social worker and case manager to help the family with other needs that may occur.
 - a. This intervention is collaborative with other people who are equipped with finding resources and manage a family's situation when it is necessary. Social workers and case managers work together to help create a better living situation and lifestyle for families who are in need of it.

Evaluation:

The family demonstrated understanding after 1 hour of discussing the education on healthy dieting and proper nutrition by expressing a need and willingness for change.