

## **The Graham Family Assessment**

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The family I decided to assess would be my aunt on my father's side. They are first time parents with a child of 8 years old. My aunt decided to take on her husband's last name of Graham. The family is currently composed of a 37 year old woman who has a college degree and is employed in the US postal service. A 43 year old man who also has his college degree and works as a substance abuse counselor. They have an 8 year old daughter who is in the 3rd grade. The structure of the family would be considered nuclear as they all reside in one household. They are of two different ethnic backgrounds: Jamaican and black american. However they both share a christian beliefs. In their spare free time, the family loves to do creative activities such as painting and camping outside in their backyard. At the start of their relationship, they decided to have my aunt to be a stay at home mother taking care of the child and other household duties. While the husband will work and provide for the family. According to Duvall's developmental theory, this family unit would be in the: family with school age children. My aunt met her husband at his job as she was delivering mail to his facility. As with any normal relationship, they quickly became friends then over the years started a relationship. Then had their daughter after marriage.

My aunt was born in New York and was one of 4 children in a single parent household. Her father was not around in her life so she made it a priority to find someone who held strong ideals of being a father, so her future children can have a life she did not get to experience. Her now husband was born in Jamaica in a similar situation, and wanted to find a wife after starting his career path. Due to internal complications, their daughter was born prematurely at 26 weeks. She had to stay in the NICU for an extended period of time until her condition was stable. As she grew older, she had a few disorders such as: ADHD, Genu Varum (bowleg), and Strabismus (cross eye). To help their child meet each developmental milestone, they have built a strong foundation by surrounding themselves with pediatricians, school tutors, support groups and physical therapy. They currently live in a home in an urban area in Queens, NY. They wanted to live in an area that has great transportation, quick access to the city, and close to other friends and family. Although they have their own car, they also frequently use public transportation to get around. Living in Queens, they primarily receive their water supply from Croton supplies. As of this moment they have no firearms, and have all medications stored in a cabinet that is not reachable by their daughter. The daughter uses a seatbelt when in their car at all times. They are

not participating in any community association activities at the moment. Social networks consist of their immediate family.

Both mother and father maintain a strong communication mindset. They avoid having outbursts during disagreements especially in front of their daughter. They both believe that it is important to show what a healthy relationship is and how to express their emotions in a respectful manner. Although their child has ADHD, they make sure to help her understand how important it is to remain attentive and respectful to others in social situations. Family decisions are important in each family dynamic. For this reason they practice making joint decisions when faced with any issues. They believe hearing both sides of each party provides the best ability to consider each outcome. They evenly distribute roles within the family especially, when taking care of their daughter. This method aims to meet the needs of each parent having time to bond with each other, individual bonding with their daughter, self-care, and preventing overwork. Family values are based around a christian foundation. Meaning that they place God first in their lives, and walk in the path according to his will. They emphasize practicing good will onto others, socializing with parents and children, and keeping a safe environment for discussion.

From multiple interactions with this family and through discussion, I believe that this family is exceptionally good at meeting their child's needs for affection and love. They have been committed to learning how to care for their daughter with ADHD from various support groups and resources. I have observed them creating multiple activities to interact with her and are patient when she has trouble remaining attentive or impulsive. They have been consistent in loving her as best as they can. Prior to the pandemic, they were able to have full access to resources and pay for any medical expenses for their child. However during the pandemic, they faced some difficulty due to the father being unable to work. To combat this, the mother resumed working at the postal service. They were able to find services that help with paying for groceries and transportation such as SNAP/WIC. Post pandemic, they were able to return to normalcy as they are both working and still nurturing their child. Both mother and father have no past medical history, this also extends to each of their family sides.

Although their daughter was born prematurely, she has no allergies, surgeries or hospitalizations after staying in the NICU. She had corrective measures to help with her bowlegs, and eyes. Assessing the daughter's nutritional needs, shows that meets the nutritional standards. She is at the normal weight and height for her age. They rarely eat outside food or junk food

except at special occasions such as birthdays or holidays. The parent's take turns preparing meals and at times include their child in cooking. As stated earlier, their daughter loves to paint and draw in her spare time. She regularly finds new things to draw and watches art tutorials to improve her skills. Her parents also encourage her to learn other languages such as Spanish and sign language, which she can adequately perform. Their daughter has friends in both her school and in her neighborhood. She has frequent play dates with her friends over the weekend. Her friends constantly ask for her so they can play together and she is able to keep long term friendships easily.

Regarding stressors, the mother spoke how it was difficult to see their child born prematurely. There was a period where she felt at fault and was depressed. This strained their relationship until the baby was released, she states "it felt as though all my worries were expelled when I was able to have her in my hands and I saw her eyes open." Since then they have both made great strides to become better for their daughter. "After the birth of my daughter, we knew that we have to find healthy coping skills. Especially being first time parents. We wanted to become role models for our daughter and be healthy for each other." As explained by both parents. They read books on coping in stressful situations and couples therapy. They have experienced positive outcomes by being more transparent to how they are feeling and often give each other space if they are angry. Their support system stems from their family, especially their grandparents who love seeing their children.

Reviewing the overall subjective information provided from the family and my assessments, an appropriate nursing diagnosis would be "Inability to make decisions with respect to taking appropriate health action due to conflicting opinions among family members". Although they stated that they make joint decisions when issues arise, they have also noted that their family often involve their own opinions regarding their child's health. Due to them being first time parents, they feel pressured to weigh their families opinions more than their own or doctor's advice. This can hinder their daughters development in the long term. The expected outcome: parents will focus their decision making regarding their child to the primary pediatrician and between them. The first intervention would be educating the parents on the importance of building a relationship with their pediatrician. Rationale: having a relationship with their doctor will provide them professional options to treat their child and signs to look out for. Second intervention: educate the mother on giving positive reinforcement for good deeds.

Rationale: children with ADHD often display frustration to complete tasks, it is important to reward good behaviors in order to lower the risk of frustration and encourage completion of daily tasks. Third intervention: educate the father on providing an environment that is non distracting.

Rationale: This is to ensure that the child is able to complete their daily tasks, and to not be hindered by external factors. Fourth intervention: offer family therapy resources. Rationale: offering therapy in a professional and safe setting will open opportunities to allow the parents to address the pressure they feel from incorporating their families opinions on their child.

Evaluation: Two weeks of seeing a family counselor, they were able to focus their priorities on their child with the aid of their pediatrician. The mother stated that she is slowly feeling the pressure to meet their parents expectations dissipate and is able to make her own decisions.