

The A Family Assessment

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The family that was assessed was that of my older cousin. Him and his fiancé recently had their first child. They chose not to disclose their last name but preferred I use the initial of their last name. From this point, they will be referred to as the A family. Their family is composed of my 36 year old male cousin, his 31 year old female fiancé, and their 3 year 6 month old son. The mother has her bachelor's degree in psychology and works as a Case Planner at an elementary school for the specially educated. The father has his bachelor's degree in engineering science and works as an audio/video engineer. Their son is currently in 3K. The structure of their family is considered to be nuclear, although they are not yet married (Ricci, 2021). They both have the same ethnic background, being Haitian. They identify as Catholic. For recreational activities, they enjoy playing basketball, meditating, and having fitness sessions as a family. My cousin stated that “everything is 50/50 but where one lacks the other picks up. Appointments work the same, I have more flexibility now in my schedule since I work for myself, so I am able to bring him to most of his appointments now and pick him up from school, before my fiancé did most of his appointment visits, but nonetheless tasks are balanced.”

The stage of development stage the A family is currently in, is the “Family with preschool children,” as per Duvall's developmental theory (p. 15). Both my cousin and his fiancé worked for the same company, Best Buy. He worked in the Home Theater Installation department, and she worked in Home Theater Sales. Their family history began like many others, both parents were friends, they dated, got engaged, and finally had their son. Their son has down syndrome and that puts a burden on the parents and changes the dynamics of their relationship while also effecting his development. At his current age of 3.5 years old, he is trying to master potty training and dressing himself. There are some aspects he can perform by alone like putting on his own pants, hat, shoes, and removing his clothes. At his age, children like him

can take from the ages of 2 to 7 years old and 3.5 to 8.5 years to master on average (p. 1825). These actions would take typical children between the ages of 16 to 42 months and 3.25 to 5 years to accomplish the same tasks. His parents are very active and engaged in his development, educationally and socially. His mother has a deep understanding of his developmental delays because she works in the educational system with developmentally delayed children. His father also goes above and beyond by taking him out and making sure that he socializes with other children who do and do not share his son's condition. They enrolled him in educational courses to make sure that he does not fall behind his educational developmental milestones. They also take extra time after work to participate in activities that help him study or have educate value.

The A family currently lives in a 2-bedroom apartment complex in the Bronx. This setting is considered to be urban and is relatively safe. Their main form of transportation includes Uber and public transportation like buses and trains. Their water supply is provided by the city of New York. They don't currently have a pet, mainly because their complex does not allow them to. In terms of safety precautions, they keep harmful substances like medications in appropriate locations like their cabinets, high away from the child's reach. They don't have any weapons that may put the child in danger. They also have designated locations in the apartment for the child to travel without fear of their son hurting himself. His parents did this by placing fencing to divide their apartment to designated "play areas." Whenever they travel, they make sure they use the appropriate car seat to ensure his safety. They also make sure that he is in clothing that is weather appropriate, like jackets and sweaters in the winter or shorts and lighter clothing in the summer. They currently are not a part of any community based associations. The A family's social network consists of mainly family members, who all may take some part in their son's care. The main proprietor is my aunt, who is the father's mother. There are also special

circumstances where they may allow him to be supervised by other family members, like myself when he was younger. They rarely leave him under the care of others for more than just the day. When they do leave him with others, they always make sure to provide his meals in advance, as well as a change of clothing and instructions on his feeding habits and sleep times. Other than family members, they have their son attend a school more suited for his needs. He attends GiGi's Playhouse Center for the Down Syndrome Community. There, he gets to socialize with his peers, and they teach him to perform activities while attempting to make sure he's meeting his developmental milestones.

Assessing their family as a unit is a vital role in attempting to predict how a child's development may be affected. By looking at multiple aspects, a nurse or a provider can get a better understanding of the family as a single patient. In terms of communication, they seem to air their grievances with each other appropriately. They don't show signs of outbursts at each other or argue in front of their child. They are perceptive to each other's opinions and take them into consideration. In terms of communication with their child, although he is not fully verbal yet, they encourage his speech development. Whenever the child shows signs of attempting to verbally communicate, they direct their attention towards him and try to feed him the rest of the word or correct him if he is struggling. Their decision making process is a joint one, because they both provide input on how they treat and raise their child. This includes their son's activities and nutrition. The distribution of roles and responsibilities seem to be shared evenly, not placing more of a burden on one parent. Their management of role responsibilities seems to greatly benefit their child's growth. The child as an individual patient has not fallen behind on any of his developmental milestones suited for his condition. The A family's values are also exceptional, although he has not reached an age where he is fully verbal, they emphasize good habits he may

perform with other children. Good habits include socializing with other children, sharing, not getting physical with others, and showing affection to others through the form of hugging. The A family have gone above and beyond to show their child love and affection while also being incredibly understanding of their son's condition. The mother at one point was depressed because she felt like it could have been her fault, but with counseling she was able to better deal with her emotions and the situation. An assessment of the A family's financial income shows that they meet not only their financial needs, but the need of their son as well. They are well above the adjusted poverty line for the state. Both parents are employed, and get paid well enough to support the extra education and medical needs their child requires.

The health history for the A family is unremarkable, with neither parent having any past surgeries nor chronic conditions. The mother had a normal vaginal birth and did not require an episiotomy or the use of tools. Their son was born with Down Syndrome, also known as trisomy 21, and had surgery for pyloric stenosis. There were no complications after his surgery and he was able to recover appropriately. None of the family members have allergies or other kinds of hospitalizations. An assessment of their child's nutrition shows that he is being fed appropriately. His parents don't feed him food high in trans fats or saturated fats, they cook most of his meals, and provide him with snacks that don't have a high sugar content. They perform regular activities with their child over the weekends, this includes playing basketball and attending local play centers for toddlers. The play center, coupled with the child's daycare, encompasses a large amount of his socialization he would get with his peers and children with his same condition. Their son shows appropriate behavior when interacting with other children, he does not show aggression or excessive apprehension when meeting new people either.

A thorough assessment of every family's coping patterns are vital in getting a clearer picture of how they deal with their issues. This is specially important in cases where there is a child or parent that suffers from a chronic or congenital condition. With their case, their long term stressor would be their child's disorder while their short term stressor would include "normal toddler reaction towards diaper change, (parental) fatigue, and (managing) hunger," as stated by the father. Their coping strategy seems to align with the passive acceptance method (p. 1168). This method includes distraction through the use of books or games for short term stressors. The family copes with their problems by discussing them with each other, and the parents seek professional assistance through the use of a therapist. Their support system is mainly composed of family, who seem to be helpful whenever the parents may need childcare.

In caring for the A family as a unit, the nursing diagnosis that would be most appropriate for their situation may be "Readiness for enhanced communication." This diagnosis was chosen because, although they are able to make decisions as a family unit, they are not always fully worked out with a conclusion. This is evidenced by the mother having some lingering feelings of stress related to her son's condition that she can not communicate with her finance. The interventions for the family would include referrals to specialists for both parents together, each parent individually, and the use of a speech pathologist for their son. Professional counseling through the form of a marriage counselor can aid the parents through big or small discrepancies they can't work through themselves. The introduction to a speech pathologist may aid their son in finding methods to improve his speech. Lastly, when, or if, the mother feels overwhelmed with the condition their son has, her psychologist can help her process her emotions and find methods to cope with her stress. The expected outcome is that their son's speech patterns will improve, and he will be able to verbalize at least 100 more words in 6 months. After 3 months of

counseling, the mother will begin to utilize coping methods when she is experiencing episodes of feeling overwhelmed. Finally, marriage counseling will help both parents air their grievances effectively so that there is a decrease in arguments after 15 sessions of counseling. After the follow-up evaluation of the A family, their son's learned roughly 75 new words in 7 months, the frequency of the parents arguing has gone down and they felt an improvement in their communication, and lastly the mother found an effective method for coping when she began feeling stress.

Works Cited

Ricci, S., Kyle, T., & Carman, S. (2021). Maternity and pediatric nursing (4th ed.).

Wolters Kluwer.