

Calgary family assessment model | case study



Chronic Health Challenge with Mrs. L

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This paper will discuss the components of the Calgary Family Assessment Model and bringing into context Mrs. P. L., whom two nursing students had the pleasure to interview. This paper will also explain Rolland's Chronic Family Life Cycle and how this framework links with Mrs. P. L as she is living with multiple sclerosis.

Calgary Family Assessment Model

According to Wright and Leahey (2009), " The Calgary Family Assessment Model (CFAM) is an integrated, multidimensional framework..." (p. 47). This model is widely used among nurses for assessing a family in the goal of resolving issues among the family. CFAM is composed of three major categories which include: structural, developmental, and functional. As a nursing student, CFAM was used for assessing Mrs. P. L. who holds the chronic illness of multiple sclerosis (MS).

Structural assessment

As stated in Wright and Leahey (2009), structural assessment is an important category of CFAM as it examines the structural component of the family. These structures can be more closely identified using the three aspects comprised of the internal structure, external structure, and context. To further understand the structure of P. L.'s family, a genogram was made of her family (Appendix A). According to Butler (2008), by viewing at least

three generation levels, genograms highlight the family in a broad manner, by showing the individual's ages, gender, and deaths, for example.

Wright and Leahey (2009) state that internal structure includes six subcategories which include: family composition, gender, sexual orientation, rank order, subsystems, and boundaries. P. L. was asked about her family composition. She answered that her family is composed of her husband whom she lives with, as well as her children who are adults now and live their own lives. When asked about who she would consider her family not related biologically, she responds that it would be her neighbour whom she gets along with quite well. According to P. L., she believes that family is love, understanding and composed of people who can talk with one another. As stated in Weigel (2008), the concept of family and what family means differs from person to person. With P. L., love and understanding are the most important components to her.

P. L. believes that a person is a person no matter which gender they are; we are all people and decide who we want to be. When it comes to the rank order of her children, she has three living children (boy aged 45, girl aged 40, and girl aged 36) and has had three miscarriages (P. L.'s Genogram, Appendix A). When P. L. is having tough times, her husband takes over and she also talks to him with problems she might face.

External structure is divided into extended family and larger systems (Wright & Leahey, 2009). When it comes to P. L.'s extended family, she mentions that she stays in close contact with one of her sisters by visiting at her house every Saturday. To stay in contact with her other siblings, she uses the

phone. She also told us that she had a girlfriend whom she was very close to, however, was diagnosed with MS at 43 years old and unfortunately passed away. She was paralyzed neck down and it was a sad moment for P. L. When it comes to P. L., she tells us she was diagnosed with MS at 37 years old and there was no need for adjustments. She also has Menière's disease; her last episode was three years ago, and Menière's does not affect her as much as MS does.

Contextual structure is the family background with includes ethnicity, race, social class, spirituality (or religion), and environment (Wright & Leahey, 2009). When asked about her ethnicity, she replies that she was never a cook, but when it comes to traditions, P. L. makes meat pies on the occasions. She also tells us that her mother taught her how to sew and as well passed on her tradition of reading to P. L. She emphasizes that she loves reading with passion.

With social class, P. L. mentions that she moved every three years with her family when she was younger because her father was in the military. Presently, she has been living in the same house for 35 years and says she has no issue or difficulties. She feels that she is in a safe environmental neighborhood. P. L. also says that she is a Catholic; she does not go to church, but prays every night. She loves God and thanks him before going to bed in wishing that nothing more will happen to her. She wishes to God to not get into car accidents as well.

Developmental assessment

Developmental assessment is the second category of the CFAM. Along with the structural assessment, this component is also essential as it explains the family's developmental life cycle (Wright & Leahy, 2009). Families progress through certain stages of development similar to Erik Erikson's Theory of the psychosocial developmental stages (Potter & Perry, 2014). There are six stages in the developmental life cycle according to the CFAM and it is clear that P. L. is in the last stage because she is now a grandmother and her children have left the household onto the building of their own lives.

Developmental assessment also includes tasks and attachments depending on the developmental stage the family is situated in.

P. L. is in the sixth stage of the developmental life cycle which is named "Families in Later Life" (Wright & Leahy, 2009). Looking back over her life, P. L. says that marriage gave her the most happiness along with her children being all grown up, healthy, and well in their skins. In addition, P. L. feels very fortunate that her MS is not presently severe. Need to add more

Functional assessment

According to Wright & Leahy (2009), functional assessment is the last major category of the CFAM. This component deals with how the individuals in the family deal with one another, known as interaction. The two basic aspects of family functioning include the instrumental and expressive. Instrumental functioning is about routine activities in daily living. For P. L.'s health, she tries to walk on the treadmill she owns for about five minutes daily. P. L. mentions that she hopes to shovel the snow until she passes away. Knitting,

crocheting, and cleaning the house are all things that P. L. loves doing and mentions in the interview many times how much she loves her house.

She does not like using her illness of MS as an excuse for certain symptoms, but as a precaution, she makes sure not to stand on her feet for too long (preventing postural hypotension). P. L. claims that she has no trouble performing activities of daily living (ADL) unless she is having an episode from the illness. She explains to us when she knows to take it easy. When she wakes up in the morning and sees the image of a cloud in her mind, this signifies her MS and it is a signal for her to be careful. This black imaginary cloud is the only barrier that can stop her from doing things. Last time she has seen this cloud was six months ago and last a couple hours.

She also mentions that she knows her left leg is not as strong as the right one, and takes appropriate measures. P. L. claims she has not been sleeping well, and could be due to her habit of drinking liquids before bed (not alcohol). Although she has not been sleeping well, in the morning she feels rested. (article, knows what to do, understand what she has to do) living with MS

As stated in Wright & Leahey (2009), there are nine aspects included in expressive functioning which were all covered during the interview (emotional, verbal, nonverbal, and circular communication, problem solving, roles, influence and power, beliefs, as well as alliances and coalitions). When asked how she would rank her emotional state, P. L. responded that she is easily bothered, and quite emotional. She is content with where children are at in their lives and is not worried about them. She says, “ No news is good

news". P. L. understands that she cannot hold her children on a string, and has to cut it at one point.

When it comes to verbal communication, she has trouble saying what bothers her, so she keeps it to herself. P. L. will not initiate communication because as a child she had no discussions with her parents. Her parents would always tell her to play outside, but her siblings were busy doing their own thing most of the time. Communication was nonexistent in her life as a child, and says she would lose herself deep into a book, and deal with her problems by herself. As mentioned earlier, she will not voice opinion and when asked if she would like to better her communication skills, she responded with a quick " yes".

She emails and calls her son and youngest daughter frequently. P. L.'s ways of showing happiness is to keep mentally active like going on the computer and playing games. This would be nonverbal communication. She tells us she is usually happy all the times unless something bothers her. In addition, she believes that her husband does not notice when she gets upset. She also admits that she does not find holding her emotions back lead to greater distress.

When it comes to circular communication, P. L. avoids conflict to refrain from confrontation. She refrains because she claims it helps her deal with the situation. As mentioned earlier, she has difficulty voicing her opinion and trouble vocalizing emotions which can be a difficult time for her when confronted. P. L. feels she will yell and get mad if she wants to voice her opinion and know that it does not help by yelling.

Her problem solving strategies include thinking and reflecting. She will think on what she feels and how she will say what she want to say. When conflict arises, she leaves someone else to problem solve and mentions that she has always been a good listener. When asked what her roles were in her family, she replied being a mother, teacher, listener, and friend.

When it comes to influence and power, she is asked what she feels her responsibilities are as a mother, grandmother, sister, and wife. She replies that her role as a mother was to teach her children to be individuals. As a grandmother, she felt she had a big influence on the grandchildren, and says that she had the same relationship with her grandkids as with her own children. As a sister, P. L. says that she is distant from many siblings, always felt like a loner and was bullied. As a wife, she tells us she has the same love for him than with anyone else.

What she believes since she has learned from being diagnosed with MS is that she was relieved; the doctors had put a label on it and they would take care of it, if something had to be done. The most helpful information she has found out about dealing with MS is looking in a medical book she owns, as well as the Internet and information sheets her daughter would print. She was happy that a name could be put on her condition so that she knew what it was that she was living with. In addition, she believes that her belief in God has helped her cope during difficult times and claims that God helps her do all the things she wants to do and gives her the opportunity to go about her day every day.

Lastly, she believes that her and her husband's message went across to the children. If there are arguments between family members, P. L.'s husband would be more likely to help resolve the issue or attempt to intervene. When asked if she thinks she has any influence on how close or distant her family is, she says that their love holds them together, and that it is carried on through the generations. She also enjoys that her family is in Cornwall, and that her children have their own lives.

Rolland's Conceptual Framework

As Rolland (1987) states, chronic illnesses can be categorized according to four key dimensions that have an impact on the family system: onset, course, outcome, and degree of incapacitation. It is important to understand Rolland's conceptual framework in order to identify where the person with a chronic illness is precisely situated on the two-dimensional matrix (Appendix B).

One must first understand the chronic illness. As mentioned earlier, P. L. suffers from multiple sclerosis. According to Hendrickson, Elms, and Shaw (2010), multiple sclerosis (MS) is a chronic disorder which 55, 000 to 75, 000 Canadians suffer from.

MS may affect vision, hearing, memory, balance and mobility. (Source: MS Society of Canada). There is an estimated 55, 000 to 75, 000 Canadians presently living with this disease (Source: PHAC).

? P. L. mentions that she will always be there for her children and the most important lesson taught that still remains, is to care for one another and everyone. ?

<http://www.phac-aspc.gc.ca/cd-mc/ms-sp/what-quest-eng.php>

<http://www.mssociety.ca>

Medical-Surgical Lewis book

Nurses and Families Wright book

Butler, J. F. (2008). The Family Diagram and Genogram: Comparisons and Contrasts. *American Journal Of Family Therapy*, 36(3), 169-180. doi: 10.1080/01926180701291055

Weigel 2008