

Friedman family assessment

Family



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FriedmanFamilyAssessment Friedman Family Assessment

A nursing assessment of a family is the basis of nursing interventions. Stanhope And Lancaster (2008) state, “ By using a systemic process, family problem areas are identified and family strengths are emphasized as the building blocks for interventions, and to facilitate family resiliency. (p. 567). This assessment will describe a family that finds themselves alone, after the death of their wife and mother, six months ago. For ML his wife, for CL his mother.

This small family of two graciously agreed to be a part of my assessment, they were interviewed together and separately, multiple times. “ Family refers to two or more individuals who depend on one another for emotional, physical, and/or financial support. ” (Stanhope & Lancaster, (2008) p. 554).
Family Assessment Mode/Identifying Data This family is a small family of two. ML is the father, and CL is the son. They live in a three bedroom home, owned by ML IN Valrico, Florida. ML is a 46-year-old male, and CL is a 16-year-old male. ML and CL lost their wife and mother six months ago to breast cancer.

They have both struggled ever since. ML is a welder and has worked for the same company for the past 20 years. After the death of his wife, he sold their home of twelve years and moved to Valrico, to “ start over”. ML works from 7am to 7pm Monday through Friday. ML works hard and provides nicely for his son. He is gone most of the day, and into the evening. ML works as much over-time as possible. He stated “ as long as I am working, I do not have to be home alone with my son, not because I do not love him, but because we both know what is missing”.

ML drinks beer on the weekends, he admits it is getting heavier since his wife has passed away. Most evenings he does not cook at home, instead he brings homefast foodor they eat frozen foods for dinner. Three months ago ML was diagnosed with Hypertension, Non-Insulin-Diabetes-Mellitus, Hyperlipidemia, AnxietyandDepression. He has started treatment just recently for Hypertension, Diabetes and Hyperlipidemia all with Po meds and diet. He stated, “ I do not need medications for the depression, my wife just died, who wouldn’t be depressed nd anxious”. CL is a 15-year-old boy, an only child, and lives with his father. CL has had a difficult time since his mother has died. ML and CL have no other family that lives close to them. Both of his grandparents live in New York, and are much older. CL states “ Dad is doing the best he can, I worry about him, and he just does not know what to do. He is sad all of the time, and I just try and stay away from him” CL is home alone a lot of the time, before and after school. His grades have suffered, he feels sad and depressed most of the time.

He has few friends since moving to this new home, and he isolates in front of the television or his Xbox. His diet is less than optimal, living on frozen and fast foods daily, other than the meals he gets at school, breakfast and lunch. CL has stated that “ he is scared and lonely” he has stated “ Dad and I do not talk, we both are too sad”. I believethat both ML and CL are afraid of their feelings, afraid of what will happen if they start to talk, and they may not know how to communicate with each other, especially about their feelings regarding the death of their wife and mother.

Both ML and CL have agreed to be my family for this assessment, they both admitted they needed help and that they are aware they need the help.

Better than that, they both want the help. Developmental Stage According to Stanhope and Lancaster (2008) Duvall's Developmental stages of the families " are based on the age of the eldest child" (p. 560). This family would fit into stage five. " Families with teenagers, oldest child 13-20 years old. Teenagers balance freedom with responsibility, establishing parent interests and careers.

Adolescents Parents focus on midlife marital and career issues, shift toward concern for older generation. Environmental Data This family lives in a three bedroom home, owned by ML, with 2 bathrooms, a family room and dining room. The house is clean, all appliances in good working order, I see no safety hazards, waste and garbage disposal is adequate. They have a nice back yard with a built in pool and patio, but it looks as though it has not been used. The family has just moved into this home, has lived there now for 3 months.

It looks like a house, not a home. They live in a modest neighborhood, nice area of Valrico, with good schools, and a strong community. The family does not know any neighbors nor have they tried to get to know their neighbors. They have no idea of community resources; basically, they go to work and school, and stay home the rest of the time. Complete social isolation. Family Structure There is a strong need for these two family members to communicate with each other about their feelings of grief; they need to support each other and to stop isolating.

They do not spend any time together, and when they are both home, they are in separate rooms. ML is very emotional when speaking about his wife and son, he feels he has failed his son, but does not know how to talk to him.

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CL is completely lost, not only is he dealing with the death of his mother, but he feels he has lost his father as well, along with the normal feelings of being a teenage boy. According to Stanhope and Lancaster (2008) “ The two primary functions of families in the twenty first century are relationships and healthcare functions” (p. 555).

This family is having difficulty with communicating, and sharing. They have lost a great deal and are not coping effectively Family Stress and Coping Currently the largest family stressor is anticipatory grieving on both family members. This leads to multiple stressors and ineffective coping mechanisms. The strength and glue that held this family together is gone. ML has turned to alcohol to deal with his stress, and CL has isolated deeper. This beautiful family is in a downward spiral. Coping mechanisms need to be addressed, along with interventions to help this family. Family Function

ML believes all he can do right now is to provide for CL in monetary actions, house him, feed him, clothe him, and make sure he goes to school. He wants to be and do more, he is just unsure how at this time, he feels by providing financial survival, that is all he can do right now. This family is not functioning, there will be more dysfunction if this family cannot get the help that is needed, their issues are not chronic nor are they terminal. They need time and loving intervention, by friends, resources in their community, and by each other. Priority Family Nursing Diagnosis 1) The first nursing diagnosis for this family is; Ineffective, Individual Coping related to inadequate opportunity and time to prepare for the stressors of losing a loved one, and situational crisis as evidenced by using ineffective coping strategies, having physical symptoms of stress, and manifestations of negative behaviors to

decrease stress. Family interventions will be to;* use effective coping strategies,* use behaviors toward self and others, *report decrease in physical symptoms of stress, *report increase in psychological and spiritual comfort,*seek help from a health care professional as appropriate.

Within four months after seeking professional help. (2) The second nursing diagnoses for this family is; Anticipatory Grieving related to the death of a significant family member as evidenced by lack of communicating and discussing their feelings, ineffective feelings of expression with feelings of guilt, fear, anger, and sadness, anxiety, changes in appetite, decrease energy and isolation, for both family members.

Family interventions will be to *Express appropriate feelings of guilt, fear, anger and sadness, with each other and self*Identify somatic distress associated with grief (anxiety, changes in appetite, insomnia, nightmares, decreased energy, and altered activity levels. Within four months of seeking professional treatment for both ML & CL. 3) The third nursing diagnosis for this family is; Altered Parenting related to deficient knowledge about parenting skills, poorcommunicationskills, depression, and sadness, and changes in family unit as evidenced by inappropriate measures to maintain a safe, nurturingenvironmentfor the child, lack of attentive, supportive parenting behavior, and lack of child supervision. Interventions for this family would be*t teach appropriate measures to develop a better, safer and nurturing home environment*acquire and display attentive, supportive parenting skills with positive adult behavior and positive and loving adult supervision.

Conclusion This paper was developed to provide a family assessment and prioritized nursing diagnosis. With the three main nursing diagnoses, nursing and family interventions were put in place. By using the Friedman Family Assessment, family challenges are recognized and the family strengths are highlighted as the ground work for interventions and foster family resilience. The assessment explored the family's developmental stage, structure, composition and stressors. With this data, a nurse is able to prioritize family nursing diagnosis and analyze appropriate nursing interventions to assist with the progression of each diagnosis.

According to Stanhope and Lancaster (2008) “ Healthy and vital families are essential to the world’s future because all family members are affected by what their families have invested in them or failed to provide for their growth and well being. (p. 550).

References Stanhope, M. , & Lancaster, J. (2012). Public health nursing: Population-centered health care in the community (8th ed.). Maryland Heights, MO: Elsevier Mosby. . Turnitin Originality Report Processed on 17-Apr-2012 1: 12 AM CDT ID: 242763557 Word Count: 1647 Similarity Index 5% Similarity by Source Internet Sources: 5% Publications: 0% Student Papers: N/A