Solution Manual for Child Health Nursing 3rd Edition by Bindler Cowen Shaw ISBN 0134624726 9780134624723

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CHAPTER 2

FAMILY-CENTERED CARE: THEORY AND APPLICATION

Resource Library

Student Resource Site

Audio Glossary

NCLEX Review

Critical Thinking: *The Nursing Process and Family-Centered Care; Identifying Family Support*

Care Plan: *Needs of the Adopted Child*

Media Links: *Adoption Resources, Family-Centered Care*

Media Link Applications

Videos and Animations: *Defining Family*

Pediatric Dosage Calculations

~~Image Library~~

Table 2–5 Eight-Stage Family Life Cycle

Box 2–4 Understanding of and Responses to Adoption by Children at Various Ages

Box 2–7 The Friedman Family Assessment Model (Short Form)

LEARNING OUTCOME 1

Design a nursing care plan for the child and family that integrates key concepts of family-

centered care.

CONCEPTS FOR LECTURE

1. Family-centered care is a philosophy of health care in which a mutually beneficial partnership develops between families and the nurse and other healthcare providers.

2. Family-centered care was developed when it was recognized that families had a significant role in positive outcomes for children in the hospital. Interventions related to family-centered care are increasingly used, and may include family assessments, parental presence during procedures, and caring for siblings of pediatric patients.

3. Families are encouraged to take an active role in child health care. Partnering with the family to plan care for children is essential for family-centered health care.

4. Nursing care plans need to be developed with the family to address issues and concerns of the family, child, and healthcare providers.

POWERPOINT LECTURE SLIDES

Family-Centered Care

- Definition

- History

- Rooming-in

Standard of Care

- Family role

- Partnership between family and healthcare

providers Elements of Family-Centered Care

- Family at the center

- Family–professional collaboration

- Family–professional communication

- Cultural diversity

- Coping differences and support

- Family-centered peer support

- Specialized services and support systems

- Holistic perspective of family-centered care

Nursing Practice Recommendations: Implementation of Family-Centered Care Nursing Care

Plan

- Developed with family

- Developed with child

- Addresses issues concerning child, family, and healthcare provider

SUGGESTIONS FOR CLASSROOM ACTIVITIES

Divide the class into several groups and have them assign roles as nurse, child, and family

mem-ber. Engage in active participation of developing a family-centered plan of care.

Have students investigate and report on the area hospital policy for family-centered care, includ-ing parental presence during procedures and visitation for children.

LEARNING OUTCOME 2

Compare the characteristics of different types of families.

CONCEPTS FOR LECTURE

1. Families exist in various types, both traditional and nontraditional. The various families con-tinue to expand in American society.

2. The traditional nuclear family consists of a husband and wife with biological children. No other family members reside in the house. One or both parents may work. The dual-career/dual-earner family, where both parents work, is now considered the norm for society.

4. Blended or reconstituted families include two parents and their children. With the increased divorce rate, it is more common for parents to remarry or cohabitate with another partner and to have a child or children of one or both of the adults in the house. An adopted or foster child of two parents also is considered a unit of a blended family.

5. Extended families exist when a parent or couple shares a residence and monetary responsibil-ity along with childrearing activities with another relative, such as a grandparent or aunt. The extended family is commonplace in some cultures.

6. Single-parent families occur when a mother or father is widowed, divorced, abandoned, or

separated.

7. The binuclear family is a postdivorce family in which both parents have remarried and the child has now become a member of two nuclear households.

8. The heterosexual cohabitating family is when the children live with the parents together out-side of marriage.

9. Gay and lesbian families involve two adults of the same sex who who live together as domestic partners with or without children, or a gay or lesbian single parent rearing a child.

POWERPOINT LECTURE SLIDES

Family Structure Varies

- Family picture very different in American society

- Types of families

  ° Nuclear

  ° Two-income nuclear

  ° Blended or reconstituted

  ° Extended

  ° Single-parent

  ° Binuclear

  ° Heterosexual cohabiting family

  ° Gay or lesbian

Assist the class in active discussion of the various types of families that are accounted for in the class. Direct the discussion to include similarities and differences of the various types of families as well as shared strengths and challenges.

SUGGESTIONS FOR CLINICAL ACTIVITIES

Identify and document family structures of patients under the students' care at the clinical site.

LEARNING OUTCOME 3

Analyze the impact of each of the four different parenting styles on child personality develop-ment.

CONCEPTS FOR LECTURE

1. The parents' role in the family is to socialize the child to become a member of society. Through leadership, children are guided to learn acceptable behaviors, beliefs, morals, and rituals to become responsible members of society. This occurs through parenting styles.

2. Authoritarian parents adhere to strict rules and punitive punishments, with limits and rules not open to discussion. Children with authoritarian parents do not develop the skills to exam-ine why a certain behavior is desirable or how their actions might influence others.

3. Authoritative parents use firm control to set limits but have an atmosphere of open discus-sion. Limits for behavior are clear and reasonable, but the child is encouraged to talk about why certain behaviors occurred and how the situations might be handled differently another time. Parents provide explanations about inappropriate behaviors at the child's level of un-

derstanding. Children with authoritative parents develop a sense of social responsibility because they converse about their responsibilities and approaches.

4. Permissive parents show a great deal of warmth, but set few limits or restraints on the child's behavior. Children are allowed to regulate their own behavior. Parents are so intent on showing unconditional love that they fail to perform some important parenting functions, and children do not learn socially accepted limits for behavior.

5. Indifferent parents display little or no interest in their children or in the role of parent. They do not demonstrate affection or approval. Children often develop destructive and delinquent behaviors.

POWERPOINT LECTURE SLIDES

Family Functioning

- Transition to parenthood

- Parental influences on the child

- Family size

- Sibling relationships

Parenting

- Definition

- Parenting styles

  ° Authoritarian

- ○ Authoritative

- ○ Permissive

- ○ Indifferent

SUGGESTIONS FOR CLASSROOM ACTIVITIES

Assign four groups in the class to each of the four parenting styles. Have each group do a presen-tation in an alternative format, such as a skit, to demonstrate the parenting style.

SUGGESTIONS FOR CLINICAL ACTIVITIES

Include in the paperwork for the students to assess the parenting style when appropriate over the semester.

LEARNING OUTCOME 4

Contrast the categories of family strengths that help families cope with stressors.

CONCEPTS FOR LECTURE

1. Positive family relationships are characterized by parent−child warmth and supportiveness, and these traits help buffer children from stress while promoting positive social and cognitive outcomes.

2. Specific strengths enable families to develop, adapt to change, and cope with challenges:

   Communication skills–the ability of family members to listen and discuss their concerns

   Shared family values and beliefs—the family's common perceptions of reality and willingness to have hope and to appreciate that change is possible

Intrafamily support—the provision of support and reinforcement by extended family members, as well as establishing an atmosphere of belonging

Self-care abilities—the family's ability to take responsibility for health problems and the demonstrated willingness of individual members to take good care of themselves

Problem-solving skills—the family's use of negotiation in problem solving, using everyday experiences as resources, and focusing on the present rather than past events or disappointments

POWERPOINT LECTURE SLIDES

Positive Family Relationships

- Parent–child warmth
- Supportiveness

Characteristics of Resilient Families

- Social competence (empathy, caring, cultural flexibility)
- Competent communication skills
- Problem-solving abilities (planning, help seeking, critical thinking)
- Maintaining flexibility during change while still maintaining commitment to family unit
- Having a sense of purpose and belief in a positive outcome
- Connectedness and supportive relationships outside the family

Family Strengths Helpful in Managing Stressors

- Communication skills

- Shared family values and beliefs

- Intrafamily support

- Self-care abilities

- Problem-solving skills

SUGGESTIONS FOR CLASSROOM ACTIVITIES

Assign students into groups. Have each group discuss a specific family strength and how its presence or absence in a family might affect the family's ability to access health care or work in partnership with healthcare providers.

SUGGESTIONS FOR CLINICAL ACTIVITIES

Have students observe parents' and children's communication with each other in the clinical setting. What communication behaviors did parents display that put children at ease? That facilitated partnership with the nurse? What communication behaviors impeded care?

LEARNING OUTCOME 5

Explain the effect of major family changes on children, including divorce, gaining a stepparent, being placed in foster care, and adoption.

CONCEPTS FOR LECTURE

1. Children are affected in many ways when the family breaks apart due to divorce, even if the divorce was preceded by many periods of stress and tension in the home. Many children be-

lieve they are at fault for the separation and divorce. The more changes they must make in the period immediately after the divorce, the more challenging is their adjustment. Children may express a wide range of behaviors.

2. The quality of the relationship between the divorced parents has an important impact on the future relationships their children have with them as adults. Children do better when both parents remain involved with their children and cooperate with each other after divorce.

3. A child who is faced with a stepparent may respond in a number of ways. The child may demonstrate ambivalence, divided loyalty, anger, or uncertainty. Changes to daily life, routines, and interactions with family alter the relationships and will require adjustments for the parent and child. The stepparent should try to establish a position different from the missing biological parent and not try to replace the biological parent.

4. Children in foster family situations are there for varying reasons. The goal of foster care is to ensure the safety and well-being of vulnerable children. Children placed in foster care often have more problems with social, emotional, and sometimes medical needs. The child should be given consistent love, attention, developmentally appropriate stimulation, and develop-mentally appropriate discipline.

5. The adopted child may vary in age from a newborn to an older child who is adopted from the foster care system. The adoptive parents assume all legal and financial responsibility for the child. Adoption is a legal relationship between a child and parent who are not biologically re-lated. Parents considering adoption should be prepared for, and understand, the child's poten-tial response.

POWERPOINT LECTURE SLIDES

Major Family Changes

- Divorce

- Stepparent

- Foster care

- Adoption

Divorce

- Affects children of different ages differently

- Stress on parents can result in inconsistent parenting styles

- Quality of relationship between the divorced parents impacts future relationships with their children

- Children do better when both parents remain involved with the children and cooperate with each other

- Adjust to habits and personality of the child

- Work to gain trust and acceptance

- Avoid competing with biological parents

- Discipline is a challenge without an established bond

Foster Care

- Foster parent role very demanding

- Funding, resources often inadequate

- Children's adjustment depends on stability of foster family and length of placement

- Children in foster care more likely to have compromised growth and development, mental health disorders

Adoption

- Families choose to adopt for different reasons

- Many families seek children from outside the United States

- Children already in the family need reassurance

- Older children being adopted must commit to new family relationship

SUGGESTIONS FOR CLASSROOM ACTIVITIES

Have the students work in groups of four, each assigned to the major family change topics. Ask each group to develop a plan of care that would focus on providing education to the parent and child involved in that situation, and then share the plan with the remainder of the class.

SUGGESTIONS FOR CLINICAL ACTIVITIES

Identify children who have or are going through the major family changes and have students discuss behaviors seen in the children or caregivers that are representative of the family change.

LEARNING OUTCOME 6

Review various family theories and apply them to the nursing process.

CONCEPTS FOR LECTURE

1. Family development refers to the dynamic changes that a family experiences over time, including changes within the family and in response to societal pressures. Developmental frameworks observe a family's progression over time by identifying specific typical stages in family life. There are predictable stages in the life cycle of every family, but they follow no rigid pattern.

2. Family systems theory evolved from "general systems theory," in which there is interaction between the components (family members) of the system (family) and between the system and the environment. The family is viewed as its own system that functions based on collabo-rations to meet the group's goals. The theory encourages healthcare providers to see the par-ents and child as equal members participating in the system.

3. Family stress theory is based on the idea that all individuals and families go through stress. The stressors cause a response from the family that may affect change within the family envi-ronment and among the members. Most families have developed coping strategies to deal with daily routine stressors. How families respond to the unexpected stressors is important in identifying potential resources to assist the family.

4. The resiliency model of family stress, adjustment, and adaptation is similar to the family stress theory. The resiliency model is used to help further identify why families respond in

differing ways to similar situations. After identification of the response, plans can be made to strengthen the capabilities of the family and help prepare for future unexpected stressors.

POWERPOINT LECTURE SLIDES

Family Development

- Changes over time

- Family life cycle (Table 2–5)

Family Systems Theory

- Definition

- Open family

- Closed family

Family Stress Theory

- Definition

- Routine stressor vs. nonroutine stressor vs. unexpected event

SUGGESTIONS FOR CLASSROOM ACTIVITIES

Use one family to demonstrate how each model for family theory can be applied.

SUGGESTIONS FOR CLINICAL ACTIVITIES

Assign the students to use each of the theory models to develop a nursing care plan for the

family.

LEARNING OUTCOME 7

Summarize the advantages of using a family assessment tool.

CONCEPTS FOR LECTURE

1. The family should be the central focus in care of children. Gathering accurate information about the family and family activities is imperative to assist in developing a family-centered plan of care. Taking time to complete a thorough assessment will help gather the necessary information.

2. Family assessment tools can be used to gather specific or general information. The tool is a template to be followed and to help provide information for planning purposes.

3. A genogram is used to incorporate information about family structure, family members' significant life events, health, and illness status over at least three generations. It is used most of-ten to focus on health history. Genograms are discussed further in depth in Chapter 4.

4. Family ecomaps illustrate the family's relationships and interactions with social networks in the community, enabling the nurse and other healthcare providers to visualize the family's social network.

5. Multiple family assessment tools can be utilized. Additional tools include the Family APGAR, Home Observation for Measurement of the Environment, the Friedman Family Assessment Model, and the Calgary Family Assessment Model. The healthcare provider should use the best tool to assess the needed information.

POWERPOINT LECTURE SLIDES

Family Assessment

- Assess family strengths and support mechanisms

- Identify coping strategies

- Determine and provide additional support

Family Assessment Tools

- Family assessment

  tools o Genogram

  o Ecomap

  o Family APGAR

  o HOME

  o Friedman Family Assessment Model

  o Calgary Family Assessment Model

- Utilization of family assessment tools

SUGGESTIONS FOR CLASSROOM ACTIVITIES

Assign students the task of completing one of the family assessment tools on their immediate family.

SUGGESTIONS FOR CLINICAL ACTIVITIES

Have the students complete a family assessment at least once over the clinical time period on one

of their patients.

LEARNING OUTCOME 8

Assemble a list of family support services that might be available in a community.

1. Family support in the community exists to help families in the rearing of healthy children. Current contemporary lifestyles have created new stress in the family dynamic, making it more difficult for families to meet the child's needs without community support.

2. Examples of family support services include the following: Head Start and Early Head Start, before- and after-school programs, school-based health services, play groups, social service programs, home visiting for families with high-risk children, job skill training, adult educa-tion, literacy programs, and crisis/respite care.

3. Family support services exist nationwide for some special circumstances, such as with adop-tion.

POWERPOINT LECTURE SLIDES

Community Family Support

- Head Start

- Early Head Start

- Before- and after-school programs

- School-based health services

- Play groups

- Social service programs

- Home visit for high-risk children

- Job skill training

- Adult education

- Literacy programs

- Crisis care

- Respite care

SUGGESTIONS FOR CLASSROOM ACTIVITIES

Allow students to explore ways the community is involved in assisting families of all types. Have students locate one community or national service organization and bring information about the organization to class. Collate the information and determine how many students identified the same organizations. Discuss the ease or difficulty encountered in locating assistance.

SUGGESTIONS FOR CLINICAL ACTIVITIES

Identify local community agencies and have the students do site visits to assess the support services offered by the agencies.