

Component	Key points for Components	Key points for Nsg Interventions	Data from the to Smith Family Case
1. Family Needs	<ul style="list-style-type: none"> • Identified by the family • Result from increased risk &/or inadequate resources. • Multiple levels: (Individual, subgroups, family unit, interaction with environment) • Time limited (temporary, short term. long term) • Bowen’s Family Systems Theory r/t internal communication (level of differentiation, triangles, anxiety) 	<ul style="list-style-type: none"> • Note that family systems are dynamic and ever changing. In crisis, changes can occur quickly. • Reassess as needed. 	<p>Complete each section;</p> <p><u>Individual Family Members</u> list each family member and identify their health issues at the individual level. John (43 yrs) Stress Mary (44 yrs) Renee (15 yrs) Jared (12 yrs) Leona (11 yrs) Tim (8 yrs)</p> <p><u>Interpersonal relationships between family members</u> List dyads and describe father-children mother-child grandparent-grand child child-child</p> <p><u>Family Needs: Check those that apply</u> emergency/safety growth and development coping with loss and illness dealing with external stressors inadequate resources disturbance in internal</p> <p><u>Interaction with community</u></p>
2. Family Style	<ul style="list-style-type: none"> • Two components (Internal family interactions, relationship to outside world) • Identifies how the family meet challenges and deal with others • DuVall’s Developmental Tasks Stage or modifications of theory. • von Bertalanfey Systems model with family resistance to change. 	<ul style="list-style-type: none"> • Determine family stage using lifestyle of poor, assess knowledge of current developmental demands, strategies to meet demands, and accomplishment success (Table 13-1 Family Life Cycle of the Poor) • Determine family style and principles for adjusting interactions (Table 12-3, Determining Family Style) • Choose appropriate actions according to family style (Table 12-4 Principles for Adjusting Interactions to Family Style) 	<p><u>Internal family interactions</u></p> <p><u>Relationship to outside world</u></p>

Source: Cooley, M. L., & Smith, C. L. (2005). Nursing process and families. In F. A. Mauer & C. M. Smith (Eds., 3rd edition), *Community/public health nursing practice* (pp. 290-320). St Louis: Elsevier Saunders.

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3. Family Strengths	<ul style="list-style-type: none"> • Positive traits that contribute to family health • Includes strengths and effects 	<ul style="list-style-type: none"> • Reframe family in positive focus • Identify strengths that can be used to be effective in making change • transfer use of strengths from one successful event to another issue 	<u>Noted family strengths</u>
4. Family Functioning	<ul style="list-style-type: none"> • Family resources and coping mechanisms to maintain family health. Includes: physical, emotional, interpersonal, and occupational health. 	<ul style="list-style-type: none"> • Tapia's (1972) model of family functioning classifies families by maturity level and functional independence. (Table 12-5 Criteria for Selection of Family Functioning) 	<u>Family Functioning Description</u>
5. Targets of Care	<ul style="list-style-type: none"> • The most functional and willing family member to change • Change in one family member will affect other family members 	<ul style="list-style-type: none"> • Ask family which members want to participate • Use crisis as a teachable opportunity • Identify family member that is most likely to make change. 	<u>Nurse Chosen Target of Care</u>
Nursing Contribution	Defines focus for self and family includes: Nurse values, beliefs and preferences in care approach; Nurse role including agency policies; and Nurse competency	<ul style="list-style-type: none"> • Be aware of nurse strengths, preferences, time, and resources • Choose area of focus • Consider referral as appropriate 	<u>Nurse and Agency Contributions/Limitations</u> Identify what can and can't be done
Priorities of Identified Health Needs	<ul style="list-style-type: none"> • Time and order classification of issues to be addressed • Address emergency and safety issues first • Negotiate with family priority order of needs • May reorder needs using Smith (1985) grouping in areas of normal growth and development, coping, external stressors, inadequate resources & support, disturbance in internal dynamics (Table 12-5 Criteria for Selection of Family Functioning) 	<ul style="list-style-type: none"> • Help the family regain sense of power and hope • Consider quick successes to set family in motion of problem-solving 	<u>Priority as agreed by family and nurse</u> Return to needs identified in first section and put in priority order.

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