Child Health Nursing 3rd edition Ball Test Bank

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Child Health Nursing, 3e Update **(Ball et al.)**
Chapter 2 Family-Centered Care: Theory and Applications

1) A seven-year-old client tells the nurse, "Grandpa, Mommy, Daddy, and my brother live at my house." The nurse identifies this family type as a(n):
1. extended family.
2. traditional nuclear family.
3. binuclear family.
4. heterosexual cohabitating family.
Answer: 1
Explanation: 1. An extended family contains a parent or a couple who share the house with their children and another adult relative.
2. The traditional nuclear family consists of both biological parents, the children, and no other relatives or persons living in the household.
3. A binuclear family includes divorced parents who have joint custody of their biological children; the children alternate spending varying amounts of time in the home of each parent.
4. A heterosexual cohabitating family consists of a heterosexual couple, with or without children, living together outside of marriage.
Page Ref: 33,34
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-2

2) During assessment of a child's biological family history, it is especially important that the nurse asking the mother for information uses the term "child's father" instead of "your husband" in the situation of a:
1. traditional nuclear family.
2. two-income nuclear family.
3. traditional extended family.
4. heterosexual cohabitating family.
Answer: 4
Explanation: 1. In the traditional nuclear family, the child's father is the same person as the mother's husband.
2. The two-income nuclear family consists of children living with both biological parents where both parents are employed. The child's father is the same person as the mother's husband.
3. In the traditional extended family, the child's father is the same person as the mother's husband. In this family group, there will be other adult relatives living as a member of the family.
4. The couple in a heterosexual cohabitating family is not married, so no husband exists; the nurse should be asking about the child's father.
Page Ref: 35
Cognitive Level: Analyzing
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-2

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3) The community health nurse is assessing several families for various strengths and needs in regard to afterschool and backup child care arrangements. The family type that typically will benefit most from this assessment and subsequent interventions is the:
1. traditional nuclear family.
2. extended family.
3. binuclear family.
4. single-parent family.
Answer: 4
Explanation: 1. The traditional nuclear family has two adults who can share in the care and nurturing of its children.
2. The extended family generally has two or more adults who can share in the care and nurturing of its children.
3. The binuclear family generally has at least two adults who can share in the care and nurturing of its children.
4. The single-parent family may lack social, emotional, and financial resources. Nursing considerations for such families should include referrals to options that will enable the parent to fulfill work commitments while providing the child with access to resources that can support the child's growth and development.
Page Ref: 34
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Planning
Learning Outcome: 2-2

4) The community health nurse is making an initial visit to a family. The most effective and efficient way for the nurse to assess the parenting style in use is to:
1. ask the parents "what rule is hardest for your child to obey?"
2. ask the children what happens when they break the rules.
3. ask the parents "how often do you hug or kiss your children?"
4. observe the parent interacting with the child for five minutes.
Answer: 2
Explanation: 1. Learning about rules is less helpful than an explanation of enforcement efforts and success.
2. Parental styles are assessed while the family explains how it handles situations that require limit setting.
3. Learning about how the parents express affection will not provide adequate information about parenting styles.
4. While under short term observation, parental behavior may not be accurate. A less complete picture of parenting style is obtained during a brief artificial observation.
Page Ref: 37-38
Cognitive Level: Analyzing
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-3

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5) The nurse is working on parenting skills with a group of mothers. Which style of parenting tends to produce adolescents who tend to be self-reliant and socially competent?
1. Authoritarian
2. Permissive
3. Indifferent
4. Authoritative
Answer: 4
Explanation: 1. Children in the authoritarian parenting family are denied the opportunity to develop some skills in the areas of self-direction, communication, and negotiation.
2. Under the permissive parenting style, children do not learn the socially acceptable limits of behaviors.
3. The indifferent parenting style results in children who often exhibit destructive behaviors and delinquency.
4. The authoritative parenting style results in positive outcomes for the behavior and learning of children. Nurses have observed that children from homes using this parental style more frequently have personalities manifesting self-reliance, self-control, and social competence. These parents should be praised for using the preferred approach.
Page Ref: 37
Cognitive Level: Analyzing
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Implementation
Learning Outcome: 2-3

6) A nurse is working with the mother of three children regarding parenting skills. The nurse demonstrates a strategy that uses reward to increase positive behavior. This strategy is called:
1. time-out.
2. experiencing consequences of misbehavior.
3. reasoning.
4. behavior modification.
Answer: 4
Explanation: 1. Time-out involves removing the child to an isolated, toy-free area for a short period of time to demonstrate that there are consequences for misbehavior.
2. Experiencing consequences allows the child to learn that misbehavior results in negative experiences, such as losing privileges.
3. Reasoning involves discussions about behaviors to help the child understand positive and negative behaviors.
4. Behavior modification reinforces good behavior by giving rewards for desired behaviors.
Page Ref: 39
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Implementation
Learning Outcome: 2-3

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7) A nurse is assigned to a child in a spica cast for a fractured femur suffered in an automobile accident. The child's teenage brother was driving the car, which was rendered undrivable. The nurse learns that the father was furloughed from his job three weeks ago, and that the mother has recently accepted a temporary waitress job. An appropriate diagnosis for this family is:
1. Interrupted Family Processes related to a child with significant disability requiring alteration in family functioning.
2. Risk for Caregiver Role Strain related to a child with a newly acquired disability and the associated financial burden.
3. Impaired Social Interaction (parent and child) related to the lack of family or respite support.
4. Compromised Family Coping related to multiple simultaneous stressors.
Answer: 4
Explanation: 1. The spica cast might require alteration in family functioning; however, the situation describes no signs and symptoms to indicate this. In addition, fractures generally are not considered a significant long-term disability.
2. The need for a spica cast is not considered a newly acquired disability. Nothing about the situation describes caregiver role strain.
3. Lack of family members and lack of respite support were not mentioned in the scenario.
4. The situation describes multiple changes, or stressors, in the family's situation that compromise family coping skills.
Page Ref: 46, 48, 50
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Diagnosis
Learning Outcome: 2-4

8) Several children arrived at the emergency department accompanied only by their fathers. The nurse knows that the father who legally may sign emergency medical consent for treatment is:
1. the non-biologic father from the heterosexual cohabitating family.
2. the divorced father from the binuclear family.
3. the divorced father when the single-parent mother has custody.
4. the stepfather from the blended or reconstituted family.
Answer: 2
Explanation: 1. The non-biologic father from the heterosexual cohabitating family does not have legal authority to seek emergency medical care for the child.
2. The divorced father from the binuclear family may sign informed consent because he has equal legal rights with the mother under joint custody arrangements.
3. When the single-parent mother has custody, the divorced non-biologic father does not have legal authority to seek emergency medical care for the child.
4. The non-biologic stepfather from the blended or reconstituted family does not have legal authority to seek emergency medical care for the child.
Page Ref: 34
Cognitive Level: Applying
Client Need: Safe and Effective Care Environment
Client Need Sub: Management of Care
Nurs/Int Con: Nursing Process: Planning
Learning Outcome: 2-5

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9) The camp nurse is assessing a group of children attending summer camp. Which child will be most likely to have problems perceiving a sense of belonging?
1. the child whose parents divorced recently
2. the child recently placed into foster care
3. the child whose mother remarried and who gained a stepparent recently
4. the child adopted as an infant
Answer: 2
Explanation: 1. Children whose parents divorce often fear abandonment.
2. Children in foster care are more likely to have problems perceiving a sense of belonging.
3. Children who gain a stepparent might have problems trusting the new parent.
4. Infants who are adopted at birth can have minimal problems with acceptance when parents follow pre-adoption counseling about disclosure.
Page Ref: 41
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-5

10) A new pediatric hospital will open soon. While planning nursing care, the hospital administration is considering two models of providing health care: family-focused care and family-centered care. The best example of a nursing action in the family-centered care approach would be when the nurse:
1. assumes the role of an expert professional to direct the health care.
2. encourages the parents to stay with, and comfort, the child during an invasive procedure.
3. assumes the role of a healthcare authority and intervenes for the child and family as a unit.
4. tells the family what must be done for the family's health.
Answer: 2
Explanation: 1. Directing care as a professional is an example of family-focused care. In family-focused care, the health care worker assumes the role of professional expert while missing the multiple contributions the family brings to the health care meeting.
2. Encouraging parents to be present during procedures exemplifies family-centered care. The benefit of employing the family-centered care philosophy is that priorities and needs, as seen by the family, are addressed as a partnership between family and nurse.
3. Intervening for the family as a health care authority is an example of family-focused care. In family-focused care, the health care worker assumes the role of professional expert while missing the multiple contributions the family brings to the health care meeting.
4. Telling the family what should be done is family-focused care. In family-focused care, the health care worker assumes the role of professional expert. Though a good way of providing pediatric health care, those participating in this type of care will miss contributions that the family brings to the health care meeting, as in family-centered care.
Page Ref: 50
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Planning
Learning Outcome: 2-6

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11) A nurse is working with the family of a pediatric client. The nurse is planning to obtain an accurate family assessment. The initial step would be to:
1. select the most relevant family assessment tool.
2. establish a trusting relationship with the family.
3. focus primarily on the mother, learning her greatest concern.
4. observe the family in the home setting, since this step always proves indispensable.
Answer: 2
Explanation: 1. There is benefit when the tool used matches the family's strengths and resources; however, selecting the most relevant family assessment tool is not the initial step in obtaining a family assessment.
2. Establishment of a trusting relationship between the family and the nurse is the essential preliminary step in obtaining an accurate family assessment.
3. Focusing primarily on the mother, while learning her greatest concern, is counterproductive and prevents the nurse from acknowledging multiple perceptions held by the family's members.
4. Observing the family in the home setting is recommended only in some cases.
Page Ref: 46-47
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-7

12) A nurse working in a family-centered hospital sees families at all stages of the family life cycle. Place each of the following families along the continuum of the family life cycle, beginning with the earliest stage and proceeding to the last stage.
Choice 1. The husband who retired from his job four years ago and has been widowed six months
Choice 2. Newlyweds
Choice 3. Family with three children, ages 17, 13, and 9
Choice 4. Family taking their first child home from the birth hospital
Choice 5. Family with grown children where both parents hold full time jobs
Choice 6. Family whose oldest child will start kindergarten next year and whose third child will be born shortly
Answer: 2,4,6,3,5,1
Explanation: 1. Stage VIII—Family in retirement and old age—this is the final stage of the family life cycle.
2. Stage I—Beginning family—his is the first stage of the family life cycle.
3. Stage V—Families with teenagers
4. Stage II—Childbearing family
5. Stage VII—Middle-aged parents
6. Stage III—Families with preschool children
Page Ref: 44-45
Cognitive Level: Analyzing
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-6

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13) A pediatric clinic serves several children who were adopted. The clinic nurse recognizes that the adopted child who is most likely to blame himself for being "given away" by the biologic parents is the:
1. adopted child entering high school.
2. child under three adopted as an infant.
3. preschooler whose skin color differs from the adopted parents.
4. child entering kindergarten.
Answer: 4
Explanation: 1. The adolescent often fantasizes about his biological parents.
2. This child does not understand adoption and doesn't recognize himself as different from his parents.
3. This child recognizes differences in appearance and enjoys hearing his adoption story.
4. The five-year-old child is most likely to shoulder the blame for being given up by the biologic parents.
Page Ref: 43
Cognitive Level: Analyzing
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-5

14) While performing a family assessment, the nurse identifies which symptoms associated with dysfunctional family coping strategies? Select all that apply.
1. Father acknowledges an addiction to alcohol.
2. The mother is a stay-at-home mother, and the father works two jobs to make ends meet.
3. The family has deep religious beliefs.
4. The father makes all decisions for the family, and the mother is compliant with the father's decisions.
5. Direct, open communication among family members is observed.
Answer: 1, 4
Explanation: 1. Drug and alcohol addictions are symptoms of dysfunctional coping strategies.
2. This is a family decision related to family finances and preferences. It is not a dysfunctional coping strategy.
3. Spiritual supports are associated with functioning coping.
4. This could be a symptom of extreme dominance and submission.
5. This is a functional coping strategy.
Page Ref: 45, 46
Cognitive Level: Analyzing
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-4

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15) As a component of the family assessment, the family assists the nurse in developing an ecomap. Prior to beginning the ecomap, the nurse explains that the ecomap:
1. provides information about the family structure, including family life events, health, and illness.
2. illustrates family relationships and interactions with community activities, including school, parental jobs, and children's activities.
3. is a short questionnaire of five questions that measures family growth, affection, and resolve.
4. is a family assessment consisting of three categories of information about the family's strengths and problems.
Answer: 2
Explanation: 1. Information of this type is called a genogram.
2. This is the description of the ecogram.
3. The five-item questionnaire measuring family growth, affection, resolve, adaptability, and partnership is a Family Apgar.
4. This describes a Calgary Family Assessment Model.
Page Ref: 47
Cognitive Level: Applying
Client Need: Psychosocial Integrity
Nurs/Int Con: Nursing Process: Assessment
Learning Outcome: 2-8

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CHAPTER 2

FAMILY-CENTERED CARE: THEORY AND APPLICATION

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 healthcare in which a mutually beneficial partnership develops between families, 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 healthcare. Partnering with the family to plan care for children is essential for family-centered healthcare.
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

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- 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

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

SUGGESTIONS FOR CLINICAL ACTIVITIES

Have students investigate and report on the area hospital policy for family-centered care, including 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 family types continue 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 adults in the house. An adopted or foster child

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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 responsibility 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 post-divorce 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 outside of marriage.
9. Gay and lesbian families involve two adults of the same sex 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

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- Single-parent
- Binuclear
- Heterosexual cohabiting family
- Gay or lesbian

SUGGESTIONS FOR CLASSROOM ACTIVITIES

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 development.

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 examine why a certain behavior is desirable or how their actions might influence others.

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3. Authoritative parents use firm control to set limits but have an atmosphere of open discussion. 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 understanding. 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 can 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

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- 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 presentation in an alternative format, such as a skit, to demonstrate the parenting style.

SUGGESTIONS FOR CLINICAL ACTIVITIES

Include in the paperwork for the students the task of assessing 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:

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- 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 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, seeking help, critical thinking)
- Maintaining flexibility during change while still maintaining commitment to family

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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 healthcare 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,

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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 believe 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 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 several 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 developmentally 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

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child. Adoption is a legal relationship between a child and parent who are not biologically related. Parents considering adoption should be prepared for, and understand, the child's potential response.

POWERPOINT LECTURE SLIDES

Major Family Changes

- Divorce
- Stepparent
- Foster care
- Adoption (Box 2-5)

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

Stepparents

- Adjust to habits and personality of the child
- Work to gain trust and acceptance

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- Avoid competing with biological parents
- Discipline is a challenge without an established bond

Foster Care

- Foster parent role very demanding
- Funding and 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 as well as 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, then share the plan with the remainder of the class.

SUGGESTIONS FOR CLINICAL ACTIVITIES

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Identify children who have or are going through 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 collaborations to meet the group's goals. The theory encourages healthcare providers to see the parents 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 environment 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

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identifying potential resources to assist the family.

4. The resiliency model of family stress, adjustment, and adaptation is like 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 2–3)

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

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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 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 often 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.

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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
  - Genogram
  - Ecomap
  - Family APGAR
  - HOME
  - Friedman Family Assessment Model
  - 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.

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SUGGESTIONS FOR CLINICAL ACTIVITIES

Have the students complete a family assessment on one of their patients at least once over the clinical period.

LEARNING OUTCOME 8

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

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1. Family support in the community exists to help families in the rearing of healthy children. 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 education, literacy programs, and crisis/respite care.
3. Family support services exist nationwide for some special circumstances, such as with adoption.

POWERPOINT LECTURE SLIDES

Community Family Support

- Head Start
- Early Head Start
- Before- and after-school programs

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- School-based health services
- Play groups
- Social service programs
- Home visiting 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 conduct site visits to assess the support services offered by the agencies.

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