

PARENTING: Growth-Promoting Relationship

DSM-IV

V61.20 Parent-child relational problem

Many parents are concerned about how to raise responsible children who have high self-esteem, demonstrate self-control, and display skills of cooperation and consideration of others. Most people believe that we somehow know how to “parent” instinctively. Usually, this attitude results in parenting the same way we were parented. However, it is clear that the traditional authoritarian or permissive methods of parenting create inner conflict for most parents, and praise, punishment, and rewards do not have the desired effects of positive relationships with children. Conflicts in the parent/child relationship can lead to dysfunctional/abusive relationship patterns. In addition, when children are experiencing mental health crises requiring therapeutic intervention, learning different ways of parenting becomes essential to developing positive relationships between parent and child. It is generally accepted that primary prevention activities (e.g., parenting classes, support for new parents) produce more functional families and are cost-effective for society over the long run.

ETIOLOGICAL THEORIES

Psychodynamics

Effective parenting is a learned skill and is not a set of instinctive behaviors. Parental roles are derived from many factors (e.g., the family of origin, family myths and scripts, parental skills, knowledge and level of differentiation, socioeconomic and cultural factors, and the marital relationship). Family interactional patterns develop in a predictable pattern over time. The family rules that develop out of these patterns can be functional or dysfunctional. Functional rules are workable and constructive, promoting the needs of all family members. Dysfunctional rules are contradictory, self-defeating, and destructive.

Biological

There is a genetic plan for the growth and development of the physical body. In the same way, there is a biological plan for intelligence that is genetically encoded within the individual and drives the child from within. At the same time, parents provide an anxiety-conditioned view of the world that conflicts with the child’s nature. Many of the problems of parenting are caused by people ignoring this plan of nature. When parental expectations of child behavior are inconsistent with the reality of a developmental stage (i.e., bladder/bowel training) conflicts arise that may result in dysfunctional parenting.

Family Dynamics

A family is seen as a natural social system, with its own set of rules, definition of roles, power structure, and methods of communicating, negotiating, and problem-solving that provides a means of dealing with the process of daily living. These family patterns are largely unconscious and set the emotional tone. These systems are multigenerational, with underlying family dynamics affecting all members in some way. These patterns may be functional or dysfunctional.

PARENT ASSESSMENT DATA BASE

Activity/Rest

Difficulty sleeping
Exhaustion

Ego Integrity

Broad range of feelings (e.g., calm to hysterical) may be noted

May display increasing tension and disorganization (e.g., anger, frustration, crying, depression); may repeat the same question over and over

Defense mechanisms (e.g., denial, rationalization, defensiveness, intellectualization, projection)

Multiple stress factors, changes in relationships

Feelings of helplessness, hopelessness, powerlessness

Food/Fluid

Difficulty eating, loss of appetite

Hygiene

General appearance of family members (neat or disheveled; clean or odious) may be indicators of coping ability, state of denial, presence of crisis

Neurosensory

Behavior: Upset, anxious, rapid speech or quiet and withdrawn; appropriate or inappropriate

Social Interactions

Family Genogram: Determine patterns between family members and generations and identify potential positive and negative dynamics

Family structure: May be traditional 2-parent, or single-parent (mother or father as head), blended (stepfamily), or other nontraditional structure

Lack of/limited support (presence of/geographic distance and degree of involvement of extended family)

Some family member(s) may not seem to be experiencing symptoms of stress or may possibly have changed their usual patterns of interacting

Varied socioeconomic/cultural factors (e.g., financial status, inclusion of extended family, family myths and beliefs, sense of community)

Multiple losses/crises (e.g., death, divorce, other separations, frequent relocation)

History of period of family disorganization often present

Child-rearing practices may be ineffective; dysfunctional/ineffective communication patterns present

History of child abuse/sexual abuse

NURSING PRIORITIES

1. Promote positive feelings about parenting abilities.
2. Involve parents in problem-solving solutions for current situation.
3. Provide assistance to enable family to develop skills to deal with present situation.
4. Facilitate learning of new parenting skills.

DISCHARGE GOALS

1. Parenting role, expectations, and responsibilities understood.
2. Aware of own strengths, individual needs, and methods/resources to meet them.
3. Demonstrates appropriate attachment/parenting behaviors.
4. Involved in activities directed at family growth.
5. Plan in place to meet needs after discharge.

NURSING DIAGNOSIS**PARENTING, altered, actual (or risk for)****May Be Related to:**

Lack of/ineffective role model; lack of support between or from significant other(s)

Interruption in bonding process

Lack of knowledge; unrealistic expectations for self, child, partner

Presence of stressors: recent crisis, financial, legal, household move, change in family structure

Physical/psychosocial/sexual abuse by nurturing figure

Lack of appropriate response of child to parent/parent to child

Possibly Evidenced by:

Frequent verbalization of disappointment in child; resentment toward child; inability to care for/discipline child

Lack of parental attachment behaviors (e.g., negative characterizations of child; lack of touching; inattention to child's needs)

Inappropriate or inconsistent discipline practices and/or caretaking behaviors

Growth and/or developmental lag in child

Presence of child abuse or abandonment

Desired Outcomes/Evaluation Criteria—

Verbalize realistic information and expectations of

Parent(s) Will:

parenting role and acceptance of situation.

Identify own needs, strengths, and methods/resources to meet them.

Demonstrate appropriate attachment **and effective parenting behaviors.**

ACTIONS/INTERVENTIONS**RATIONALE****Independent**

Determine existing situation and parental perception of the problems, noting presence of specific factors such as psychiatric/physical illness, disabilities of child or parent.

Identify developmental stage of the family (e.g., first child/new infant, school-age/adolescent children, stepfamily).

Determine cultural/religious influences on parenting expectations of self/child, sense of success/failure.

Identification of the individual factors will aid in focusing interventions and establishing a realistic plan of care.

These factors affect how family members view current problems and how they will solve them.

This information is crucial to helping the family to identify and develop a treatment plan that meets its needs.

Assess parenting skill level, considering intellectual, emotional, and physical strengths and limitations.

Note attachment behaviors between parent and child(ren), recognizing cultural background. Encourage the parent(s) to hold and spend time with the child, particularly the newborn/infant.

Observe interactions between parent(s) and child(ren).

Note presence/effectiveness of extended family/support systems.

Stress the positive aspects of the situation, maintaining a positive attitude toward the parents' capabilities and potential for improving.

Involve all members of the family in learning activities.

Provide specific information about limit-setting, time management, and conflict resolution.

Encourage parent(s) to identify positive outlets for meeting own needs (e.g., going to a movie or out to dinner). (Refer to ND: Self Esteem disturbance/Role Performance, altered.)

Discuss issues of stepparenting and ways to achieve positive relationships in a blended family. Refer to resources such as books, classes for stepfamilies.

Identifies areas of need for further education, skill training, and factors that might interfere with ability to assimilate new information.

Lack of eye contact and touching may indicate bonding problems. (Behaviors such as eye-to-eye contact, use of en face position, talking to the infant in a high-pitched voice are indicative of attachment behaviors in American culture but may not be appropriate in another culture.) Failure to bond effectively is thought to affect subsequent parent-child interaction.

Identifies relationships, communication skills, feelings about one another.

Provides role models for parent(s) to help them develop own style of parenting. **Note:** Role models may be negative and/or controlling.

Helping the parent(s) to feel accepting about self and individual capabilities will promote growth.

Learning new skills is enhanced when everyone is involved and interacting.

New information and skills can help manage parenting responsibilities more effectively.

Parent often believes it is "selfish" to do things for own self, that children are primary. However, parents are important, children are important, and the family is important. As a rule, when parents take care of themselves, they are better parents.

Blending two families can be a very demanding task and preconceived ideas can be counterproductive. Providing information can help people learn to negotiate and develop skills for living together in a new configuration.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

SELF ESTEEM, disturbance [specify]/ROLE PERFORMANCE, altered

View of self as "poor," ineffective parent(s)

Problems of child(ren), including psychiatric/physical illness of the child

Belief that seeking help is an admission of defeat/failure

Change in usual patterns/responsibility

Expressions of lack of information about parenting skills

Lack of follow-through of therapy; not keeping appointments; nonparticipation in therapy

Parent(s) Will:

Verbalize acceptance of selves as parents who are not perfect.

Verbalize understanding of role expectations/obligations.

**Desired Outcomes/Evaluation Criteria—
Parent(s) Will (cont.):**

Demonstrate personal growth as evidenced by seeking information, setting of realistic goals, and active participation in improving parent/child relationship.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess level of parent’s anxiety, and determine the parent’s perception and reality of the situation.

Identification of how family members view the situation and their role in what is happening is essential to the development of the plan of care. The difference between what is actually happening and individual perception can provide helpful clues to family problems and defense mechanisms.

Discuss parental perceptions of their skills and roles as parents. Give information as needs are identified.

Parent may see self as a “bad parent” when children have problems and do not live up to expectations of either the parents or society. **Note:** Information can be given and may be more readily accepted in casual learning environment.

Listen to expressions of concern about others’ reactions to child’s behavior/problems, sense of their control over self/situations.

Parent(s) may allow themselves to be influenced by “what others think” rather than establishing own actions, beliefs, and control.

Note previous and current level of adaptive behaviors/defense mechanisms.

Identifies positive/negative skills and establishes baseline for assisting parents to identify things they already do well and to learn new ways of parenting.

Encourage open discussion of situation/expression of feelings.

Helps individuals identify areas of concern, hear own ideas, and share with other members of the family.

Acknowledge and accept feelings of anger and hostility.

Parents may believe that expression of negative feelings is not acceptable. However, feelings are OK and are signals of something that needs to be acknowledged and dealt with.

Set limits on maladaptive behaviors and suggest alternative actions, such as hitting pillows, pounding a mattress, taking a walk.

Anger may be expressed by unacceptable actions such as hitting/breaking objects in the environment or in violence toward themselves or others.

Have parents identify positive behaviors they already use (e.g., positive I-messages, hugging one another, use of listening skills).

Improves feelings of self-worth and increases sense of self-esteem when parents recognize that they do have strengths on which to build/establish more positive family interactions.

Encourage individuals to become aware of own responsibility for dealing with what is happening.

Assist parent(s) to look at own role(s) as actor/reactor to what has been happening in the family.

Help parent(s) avoid comparisons with others.

Assist parents to learn therapeutic communication skills (e.g., I-messages, Active-listening.) Discuss the use of positive I-messages instead of praise.

Provide empathy, not sympathy.

Use positive words of encouragement for improvements noted.

Discuss inaccuracies in perception as they become apparent.

Collaborative

Encourage attendance at group therapy (family and multifamily), assertiveness training, and positive self-esteem classes.

Each person has control only over own self and cannot control or make another do anything.

May limit own options by reacting to situations rather than taking action to make things better.

Each family and the individuals involved have unique ways of dealing with own problems, and comparisons are usually used in a negative way to prove own lack of self-worth.

Improving skills for talking to others offers the opportunity to enhance relationships. Positive I-messages help the individual to develop own internal sense of self-worth, self-esteem.

Empathy is objective and communicates an understanding of the other's problems as viewed by that individual, promoting the "I-Thou" relationship. Sympathy is subjective and expresses concern for the nurse's own feelings.

Can help to reinforce development of positive coping behaviors.

Encourages parents to identify areas of needed action.

Learning new skills helps individuals develop an improved sense of self-worth.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

Desired Outcomes/Evaluation Criteria—

Parent(s) Will:

FAMILY PROCESSES, altered

Situational crisis of child/adolescent (e.g., illness/hospitalization, delinquency)

Maturational crisis (e.g., adolescence, midlife)

Expressions of confusion and difficulty coping with situation

Family system not meeting physical, emotional, and/or security needs of members

Difficulty accepting help, not dealing with traumatic experiences constructively

Parents not respecting each other's parenting practices

Express feelings appropriately.

Demonstrate individual involvement in problem-solving.

Verbalize understanding of child/family problems.

Take responsibility for own words/actions.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess family components, roles, dynamics, developmental stage (e.g., young/adolescent children, divorced with stepparents, children leaving home), and cultural influences.

Information is essential to development of plan of care.

Identify patterns of communication within family.

Helps establish areas of positive and negative patterns.

Determine boundaries within the family system.

Boundaries need to be clear so individual family members are free to be responsible for themselves.

Assess use of addictive substances by members of the family.

Alcoholism and other drug use may be a critical issue in the interacting of the family as well as in developing a treatment plan. **Note:** Individuals may be reluctant to share this information until they feel safe within the therapeutic relationship.

Identify patterns of communication between individual members and the family as a whole.

May be ineffective in accomplishing family tasks and may be maintaining the maladaptive behaviors/relationships.

Identify and encourage previously successful coping mechanisms.

Using these behaviors will be comfortable for the individual, and a sense of competence and assurance will be gained.

Acknowledge differences among family members with open dialogue about how these differences have been derived.

Conveys an acceptance of these differences among individuals and helps to look at how the differences can be used to facilitate the family process.

Identify effective parenting skills already being used and suggest new ways of handling difficult behaviors.

Allows the individual to realize that some of what has been done already has been helpful and assists in learning new skills to manage the situation in a more effective manner.

Encourage participation in role-reversal activities.

Helps to gain insight and understanding of the other person's feelings and point of view.

NURSING DIAGNOSIS

May Be Related to:

FAMILY COPING, ineffective: compromised/disabling

Individual preoccupation with own emotional conflicts and personal suffering/anxiety about the crisis

Temporary family disorganization; situational crisis

Exhausted supportive capacities of family members

Chronically unexpressed feelings of guilt, anger, etc.

Highly ambivalent family relationships

Arbitrary handling of a family's resistance, which solidifies defensiveness

Possibly Evidenced by:

Expressions of concern
Complaints about SO(s)' response to problem; expressions of despair about family reactions
Withdrawal and/or display of protective behavior; distortion of reality about problems; denial
Intolerance, agitation, depression, hostility, aggression
Neglecting relationships
Detrimental decisions/actions

Desired Outcomes/Evaluation Criteria—

Family Will:

Express more realistic expectations of themselves and situation.
Identify internal and external resources.
Interact with each other realistically and with understanding.
Participate in activities to promote improved coping.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Establish rapport with family members.

Identify premorbid behaviors and interactions.
Compare with current behaviors.

Note readiness of family to be involved in treatment.

Encourage communication, free expression of feelings without judgment.

Note other stressors having an impact on the family (e.g., financial, legal, physical illness).

Encourage questions, provide accurate information, involve family in treatment planning. (Refer to ND: Knowledge deficit.)

Reframe individual's negative statements when possible.

Encourage dealing with the problems in small increments.

Helps family members to feel comfortable and talk freely about the problems they are experiencing.

Necessary baseline to help establish treatment goals and measure progress. Family members may be withdrawn, angry, hostile, and ignoring each other (or one specific member).

Readiness and willingness are important for the success of therapy.

Promotes understanding of how others are feeling, perceiving what is happening.

May need assistance with these factors before the family can begin to deal with the issues at hand.

Personal involvement by client and family enhances learning and promotes cooperation with/success of therapy.

Provides a different way of looking at the problem/situation.

One moment at a time can seem more manageable than looking at the whole picture.

Collaborative

Refer to social services, support group, marriage counselor, community/spiritual resources as indicated.

Family may need additional help and support to resolve issues, incorporating new techniques and problem-solving.

NURSING DIAGNOSIS**May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—
Family Will:****FAMILY COPING: potential for growth**

Surfacing of self-actualization goals

Expressing interest in making contact with another person experiencing a similar situation

Moving in direction of health promoting/enriching lifestyle, auditing, negotiating therapy program, generally choosing experiences that optimize growth

Express willingness to look at own role in the situation.

Verbalize desire to change, and feelings of self-confidence, satisfaction with progress.

Identify/use resources appropriately.

ACTIONS/INTERVENTIONS**RATIONALE**

Independent

Determine situation and stage of growth family is experiencing. Note verbalizations of awareness of the growth, impact of the situation/crisis, and expressed interest in learning opportunity.

Listen to expressions of hope, planning, and so forth.

Discuss values/beliefs, note expression of change or “rethinking” of values.

Role-model/identify individual(s) for parent(s) to observe and be involved with.

Role-play new ways of interacting.

Encourage open communication within the family (no “family secrets”) and use of effective communication skills (e.g., I-messages, Active-listening).

Baseline data required to establish plan of assistance and measure progress/growth.

Acknowledgment by the nurse provides reinforcement of hopes and desires for positive change for the future.

Willingness to look at own values, discuss meanings, and make decisions about own beliefs is helpful to growth of family members.

Provides opportunity to learn new behaviors.

Allows client and family to “practice” how they will respond in stressful situations, in an effort to prevent future crises.

Open acceptance of a variety of feelings and attitudes is necessary for growth within the family system.

Assist individuals to learn new effective ways of dealing with feelings.

Collaborative

Identify with others who have had similar experiences (e.g., multifamily group therapy, support groups, stepfamily group).

Refer to educational resources (e.g., parenting classes, assertiveness training, headstart program).

Learning to identify and express feelings provides opportunity to act in different ways.

Sharing of experiences provides opportunities to develop empathy and understanding of parenting roles; helps family members realize others have same dilemmas.

Helps individuals to see how they and others solve problems, effectively or ineffectively, and provides role models and opportunities to learn new skills.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

Desired Outcomes/Evaluation Criteria—

Parents Will:

KNOWLEDGE deficit [LEARNING NEED] regarding parenting skills, developmental stages

Lack of information/unfamiliarity with resources about child growth and development; information misinterpretation

Ineffective parenting skills

Angry expressions about parenting role

Verbalization of problems in dealing with child(ren)

Statements of misconceptions about how to parent

Inappropriate or exaggerated behaviors (e.g., hostile, agitated, apathetic)

Participate in learning process/activities.

Assume responsibility for learning new parenting skills.

Identify stressors and actions to deal effectively with them.

Initiate necessary lifestyle changes.

ACTIONS/INTERVENTIONS

Independent

Determine level of knowledge of parenting skills and beliefs.

Note level of anxiety and signs of avoidance; cultural beliefs about parents and children; feelings about self as a parent.

RATIONALE

Individual needs are based on current information and/or beliefs and misconceptions.

Moderate to severe anxiety, level of self-esteem, cultural beliefs can interfere with desire/ability to learn new information.

Review information about developmental level of child(ren), expected maturational progression, and individual nature of process. Discuss parental expectations.

Provide information and help parent(s) learn new communication skills of Active-listening and declarative, responsive, preventive, and positive I-messages. Discuss conflict-resolution concepts of “who owns the problem,” problem-solving and resolving of value collisions.

Be aware of “teachable moments” that occur during interaction with the family and/or individual members.

Promote active participation in learning by the use of role-play, participant discussion, and other activities.

Provide positive reinforcement for attempts to learn new behaviors/communication skills.

Provide information about additional resources (e.g., books on related topics, tapes).

Refer to social workers, clergy, psychotherapy, and/or classes such as parent effectiveness and assertiveness training.

This knowledge helps parents to recognize and accept behavior related to growth process and promotes realistic individual expectations.

Learning new methods of interaction promotes improved relationships among family members and helps to resolve current situation/conflicts. Conflict is inevitable in relationships with others, and learning to understand the other person’s point of view and effective ways to deal with differences can strengthen and enhance the relationship between family members.

Taking advantage of opportunities as they present themselves can enhance the learning situation.

Learning is enhanced when the individual is actively engaged in the process.

Parent frequently feels guilty and critical of self when a child has difficulties, and positive feedback can help individual to be more realistic about own self, the child, and the situation.

Bibliotherapy can be a helpful adjunct to information given by other means as well as providing a continuation of learning in informal/home setting.

Additional resources may help with resolution of other, deeper problems/concerns (e.g., divorce, stepfamily issues).