**Family Assessment using the Calgary Family Assessment Model (CFAM)**

The Calgary Family Assessment Model (CFAM) is a guide which helps nurses compile and organize collected data to be used for the assessment of a specific family and assist them to address a certain health problem. The model integrates multidirectional frameworks which comprise of three main categories: structural, functional and developmental. Each of the above categories has been subdivided into smaller classes to determine the strengths and weaknesses of the family and their role in the community at large (Wright, & Leahey, 2015). The assessment results will help the nurse understand the perception and health status of the family, for better intervention and support despite any challenges that the family might be facing. This paper focuses on the utilization of the Calgary Family Assessment Model to assess a family whose one member is suffering from chronic kidney disease stage 5 secondary to diabetes, and offer healthcare support to the family.

The family of choice for this paper is Graham Family. It is a family of five, father 44 years of age, mother 42 years of age with three kids, two girls 15 and 21 years and a boy 18 years old. The main challenging facing this family is the stage 5 chronic kidney disease that the father was diagnosed with 3 years before the interview. The chronic illness developed secondary to diabetes. Stage 5 chronic kidney disease is the end-stage renal disease which means that the kidney can no longer function efficiently. This condition can only be managed through dialysis or a kidney transplant.

**Family Structure**

**Internal Structure**

Graham Family is a united middle-class family living in Texas. The parents had been married for 21 years by the time of the interview. The father D.K was working as a chiropractor before he was first diagnosed with kidney failure. The mother F.K runs a small boutique which does not pay off very well. Ever since D.K got ill, he couldn’t manage to go to work, and instead employed someone else in his chiropractic office, which is not paying as much as it used to.  However, he spends most of his time with the kids, as his wife works twice as hard to make ends meet. The two girls A.K and B.K, 15 and 21 years respectively are always close, more than friends. They do not spend as much time with their brother Y.K who was sent to boarding school to pursue music under scholarship in Boston. A.K is currently in junior high school while B.K just joined college. The family is friendly to their neighbors and are often active in most of the community services.

**External Structure**

Graham Family is quite distant to their extended family members. The maternal side comprises two generations. F.K was brought up by a single mother who is currently 67 years old, as her father died in a road accident at the age of 27 when she was only 2 years old. He left her mother pregnant with her younger sister who currently lives in Florida with her family of 3 and their mother. Ever since D.K got ill, F.K has never visited her family. Her mother and sister only visit during family celebrations, or when her husband is in the hospital. The paternal side is also made up of two generations. D.K had 2 brothers and 1 sister. His father died a year ago at the age of 76 from kidney failure. His older brother also died at the age 46, almost at the same time as a result of surgical complication while trying to donate a kidney for their father. His younger brother and sister are 38 and 36 years respectively, living in Boston. They are scared to death when it comes to supporting D.K survive his chronic illness.

**Context Assessment**

D.K is black American while his wife F.K is a white native American woman. They were both raised Catholic. They have raised their 2 daughters and their son along the same religious path. With regards to their social status, the family can be categorized under middle class. However, they are currently struggling with finances as most of their reduced income is being spent on the medications of the father. They live in a two-story house in Texas. The house is well structured with a small garden and a backyard for the kids to play. One of their kids is studying under full scholarship, leaving them with only two kids to educate.

**Family Developmental Stages**

Family structures are complex, following a variety of progressions such as psychological, cultural, biological and sociological progressions. The CFAM utilizes Carter and McGoldrick’s family life cycle model composed of six stages (Kaakinen, Coehlo, Steele, & Robinson, 2018):

1. Leaving home: single young adults.
2. The joining of families through marriage: the new couple.
3. Families with young children.
4. Families with adolescents.
5. Launching children and moving on.
6. Families in later life.

D.K and F.K were very young when they started their first stage of the life cycle, at 23 and 21 years old respectively. They were both in college, after graduating high school, when F.K realized that she was pregnant. They both decided to drop out of school so as to raise money for their kid. They moved through the second to the third stage of the life cycle at a very short time. D.K was employed by his chiropractic professor as a personal assistant due to his high grades. He later went back to finish the 2 years that was left and graduated while F.K was taking care of their baby girl. Not long after graduating, F.K gave birth to their second child and 3 years later, to the third. Currently, they are in the fourth stage, raising three adolescent kids. They have always advised their children to finish school before getting married.

**Figure 1: Family Genogram**

**1978                                                                            2017**

**P.K                 T.K.                                                T.D.K                     R.D.K**

**2017**

**N.K                                    F.K                     D.K                  HK                  GFK       TRK**

**A.K                   Y.K            B.K**

**Key:** Male

  Female

(Lorraine, & Maureen, 2016)

**Family Functional Status**

The CFAM describes this section as the assessment of the interaction of family members among themselves in addition to their general behavior around each other (Crain, 2017). This section has two parts:

Instrumental functioning: The operations of the family changed when D.K was diagnosed with chronic kidney failure. Initially, F.K was operating a small boutique half a day, from 2 p.m. to around 6 p.m. She would wake up, prepare breakfast and make sure that all the kids were properly sent off to school. D.K, on the other hand, would leave the house at 7.30 in the morning, and come back home at around the same time in the evening. Currently, F.K has to work very hard at the boutique and still make sure that she is at home in time to help with the house chores and take care of her husband.

Expressive functioning:It is divided into nine communication categories (Pender, et al., 2015).

* Emotional – The family is fond of one another with no emotional hard feelings.
* Verbal – All the family members are frequent verbally. Everyone always seems to have something to say, in a good way.
* Non-verbal – Growing closer each day has made the family understand each other’s body language even without words.
* Problem-solving – The family is independent, especially when it comes to solving family matters.
* Circular – the family usually distinguishes their communication.
* Roles – all members of the family have a role to play which they are well aware of.
* Beliefs – they have built a strong belief in Christianity.
* Influence and Power – the father and the mother are the main decision-makers in the family.
* Alliances and collations – the family is loved and adored by the neighbors as they always take active roles in community activities.

**Conclusion**

In conclusion, Graham Family is independent, functioning separately from the extended family. They handle most of their issues on their own. Both the parents have experienced traumatic encounters in the past, which has helped them cope with the current situation. Having the breadwinner of the family suffer from a chronic illness is quite depressing. This condition has separated them from their extended family, but they are still strong together as a family. They are also open to new interventions, prioritizing on the health and general wellness of their father. With this information, nurses will find it easier to work with the rest of the family member to help manage the critical condition of the father of the family.

**References**

Wright, L. M., & Leahey, M. (2015). *Nurses and families: A guide to family assessment and intervention*. Brantford, Ont: W. Ross MacDonald School Resource Services Library.

In Kaakinen, J. R., In Coehlo, D. P., In Steele, R., & In Robinson, M. (2018). *Family health care nursing: Theory, practice, and research*. Philadelphia: F.A. Davis.

Crain, William. (2017). *Theories of Development: Concepts and Applications*. S.L.: Routledge.

Pender, N. J., Murdaugh, C. L., Parsons, M. A., & Pearson. (2015). *Health promotion in nursing practice*. Boston [etc.: Pearson.

Lorraine, M. W., & Maureen, L. (November 01, 2016). Application of the Calgary Family Assessment and Intervention Models: Reflections on the Reciprocity Between the Personal and the Professional. *Journal of Family Nursing, 22,* 4, 450-459.