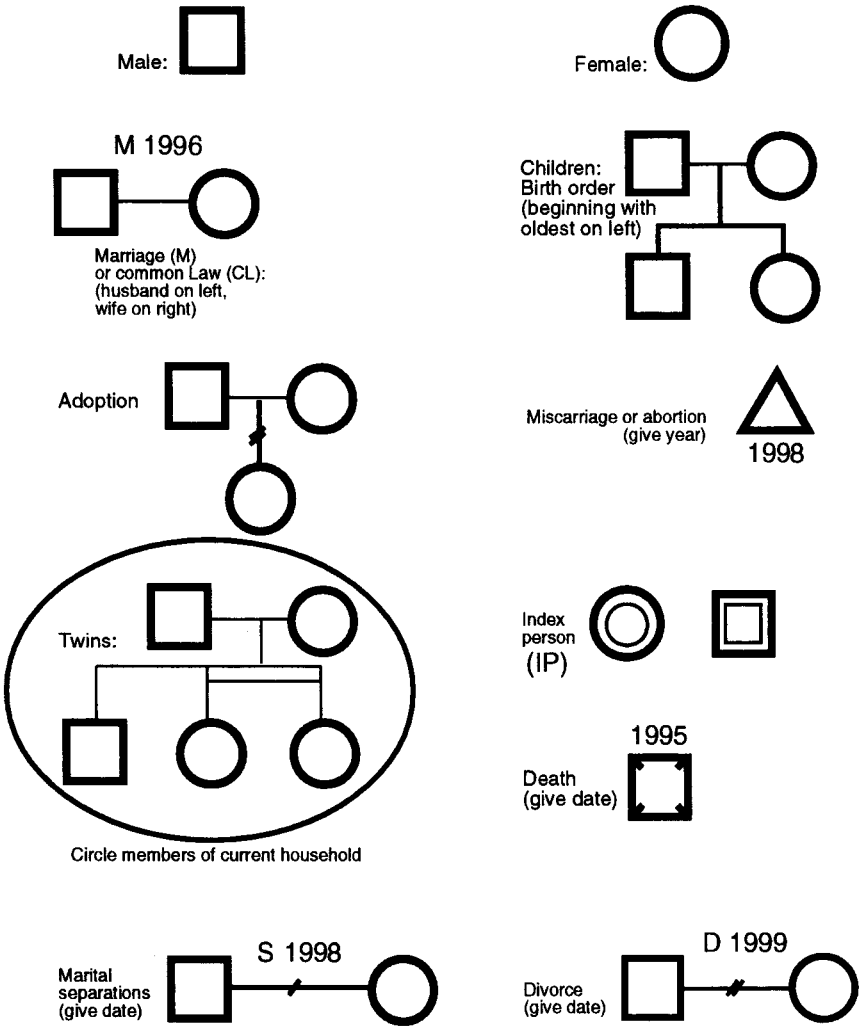

Figure 3–3. Symbols used in genograms.

How to Use a Genogram

At the beginning of the interview, the nurse engages the family by informing them that they will be having a conversation so that the nurse can gain an overview of who is in the family and their situation. The nurse can then use the structure of the genogram to discern the family's internal and external structures as well as context. Thus, the nurse gains an understanding of the family's composition and boundaries.

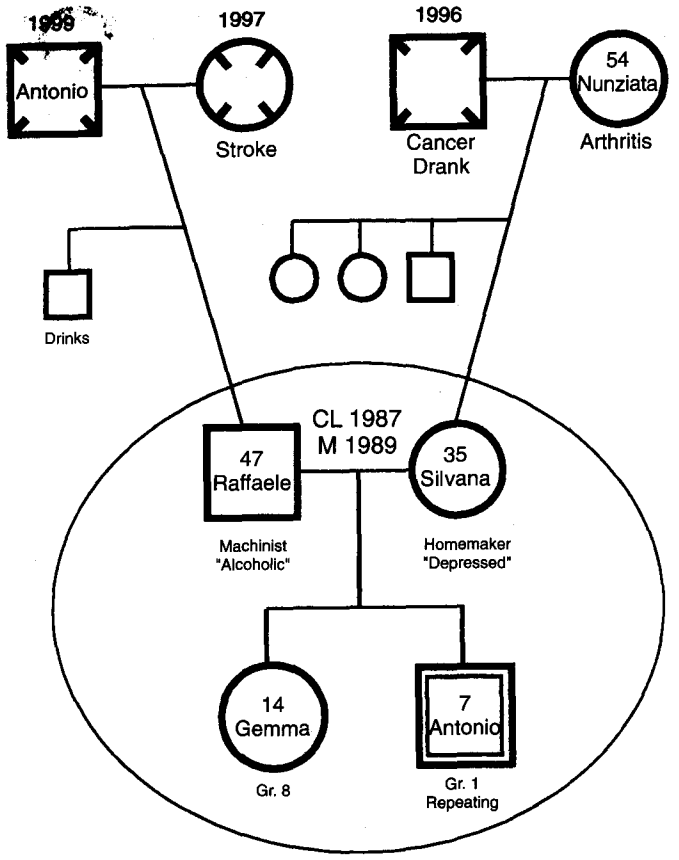

Figure 3–4. Sample genogram: The Lamensa family.

Initially, the nurse starts out with a blank sheet of paper and draws a line or circle for the first person in the family to whom a question is directed. Following is a sample interview with the Manuyag family.

Nurse: Elena, you said you were 23, and Matias, how old are you?
Matias: Thirty-four.
Nurse: How long have you been married?
Matias: This time or the first time?
Nurse: This time. And then the first time.
Matias: Just 2 years for Elena and me.
Nurse: And the first time?
Matias: Ten years for the first one.
Nurse: And Elena, have you been married before?

Elena: (*Laughs nervously*) I'm only 23.
Nurse: Sure, it's just that many people have lived together in common-law marriages or married when they were very young.
Elena: No. I lived with my parents till I met Matias.
Nurse: Do either of you have children from prior relationships? (*Turns to both* Matias and Elena)
Matias: Yes, I have two sons.
Elena: No.
Nurse: In addition to Teresita here (*Looks at infant on couch*), do the two of you have any other children?
Elena: Yes, there's Manandro.
Matias: Old stinko, you mean.
Nurse: Old stinko?
Matias: He isn't toilet trained yet.
Nurse: Oh, I see. And he's how old?
Elena: He's almost 3. I've been trying to train him since I knew I was pregnant with Teresita but he just doesn't seem to want to be trained.
Nurse: (*Nods*) Mm.
Matias: Yeah, old stinko!
Nurse: And Teresita is how many weeks now?
Elena: She'll be 21 days tomorrow (*Smiles at infant*).
Nurse: Does anyone else live with you?
Matias: No. Her parents live next door.

The nurse now has a rudimentary genogram of the Manuyag family (see Fig. 3–5) and has gathered information that may or may not be significant, depending on the way in which the family has responded to various events in the history of their family, such as:

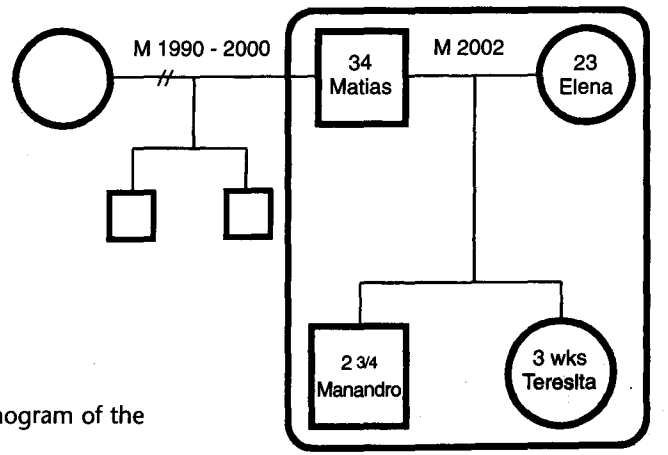

Figure 3–5. Genogram of the Manuyag family.

- Manandro was conceived before the marriage.
- Manandro is unaffectionately called "old stinko" by his father.
- Elena has been trying to toilet train Manandro since he was 24 months old.
- Elena lived with her family of origin before the marriage. They now live next door.
- Matias has been married before and has two other sons.

After inquiring about the nuclear family, the nurse can continue to inquire about the extended family. It is generally not very important to go into great detail about these relatives, but clinical judgment should prevail. If, for example, the grandparents are involved in the child's colostomy care, then a three-generational genogram should be constructed. On the other hand, if the child has a sprained wrist, then a two-generational genogram is sufficient. After questions have been asked about the husband's parents and siblings, the nurse should then inquire about the wife's family of origin. It is important for the nurse to gain an overview of the family structure without getting sidetracked or inundated by a large volume of information. Box 3–1 contains helpful hints for constructing genograms.

The same question format used for nuclear families is used for stepfamilies, with one exception. It is generally easier to ask one spouse about his or her previous relationships before going on to ask the other spouse about her or his relationships. This idea holds true especially in working with complex family situations involving multiple parenting figures and siblings. Again, it is unnecessary to gather specific information on all extended family members. It is useful to draw a circle around the current family members to distinguish between the various households. Usually it is easiest to indicate the year of a divorce rather than the number of years ago that it happened.

Figure 3–6 illustrates a sample genogram of a stepfamily. In this stepfamily, Michael age 35, has been living in a common-law marriage since 2003 with Melanie, age 33, who is a part-time waitress. Also in the household are Melanie's two children, Kathy, age 11, and Jacob, age 9, who is hyperactive and in a special class in grade 3. Michael married his first wife, Laura, in 1993. They were divorced in 1997. Michael and Laura had one son, who is now age 8. Michael is an only child. His father committed suicide in 2000. His mother

BOX 3–1

Helpful Hints for Constructing Genograms

- Determine priorities for genogram construction based on the family situation.
- A three-generational genogram may be useful when the child's health problem (physical or emotional) is influenced by or affects the third generation.

(Continued on following page)

- A brief two-generational genogram is generally most useful initially, especially for a family that has preventive health care needs (immunizations) or minor health concerns (sports injury). The nurse can always expand to the third generation if needed.
- Invite as many family members to the initial meeting or visit as possible to obtain each family member's view and to observe family interaction.
- Engage the family in an exercise to complete the genogram.
- Use the genogram to "break the ice," provide structure, and introduce purposeful conversation.
- Ask family members how an absent significant family member might answer a question.
- Avoid discussion that is hurtful or blameful, especially of absent family members.
- Take an interest in each family member and be sensitive to developmental differences.• Tailor questions to children's developmental stages so that they become active contributors.
- Notice children's nonverbal and verbal comments.
- If some members are shy or seem uninterested in participating directly (such as adolescents), ask other family members about them.
- Begin by asking "easy" questions of individuals followed by exploration of subsystems.
- Ask concrete, easy-to-answer questions of individuals (especially children) about ages, occupations, interests, health status, school grades, and teachers to increase their comfort levels.
- Move the discussion about individuals to subsystems to elicit family relational data. Inquire about parent-child or sibling relationships, depending on parenting concerns.
- With stepfamilies, ask questions about contact with the noncustodial parent, custody, the children's satisfaction with visits, and stepfamily relationships.
- Observe family interactions.
- During genogram construction, note the content (what is said) and the process (how it is said).
- Move from discussion about present family situation to questions about the extended family if it seems relevant (for example, "Are Ruhi's parents able to help with the baby's tracheostomy care? What about babysitting?")
- When discussing generations, the nurse may find it useful to ask about psychosocial family health history (for example, "Is there a history of alcohol abuse [or violence, learning problems, or mental illness] in your family?") Questions should be tailored to the family's particular area of concern rather than generic exploration.

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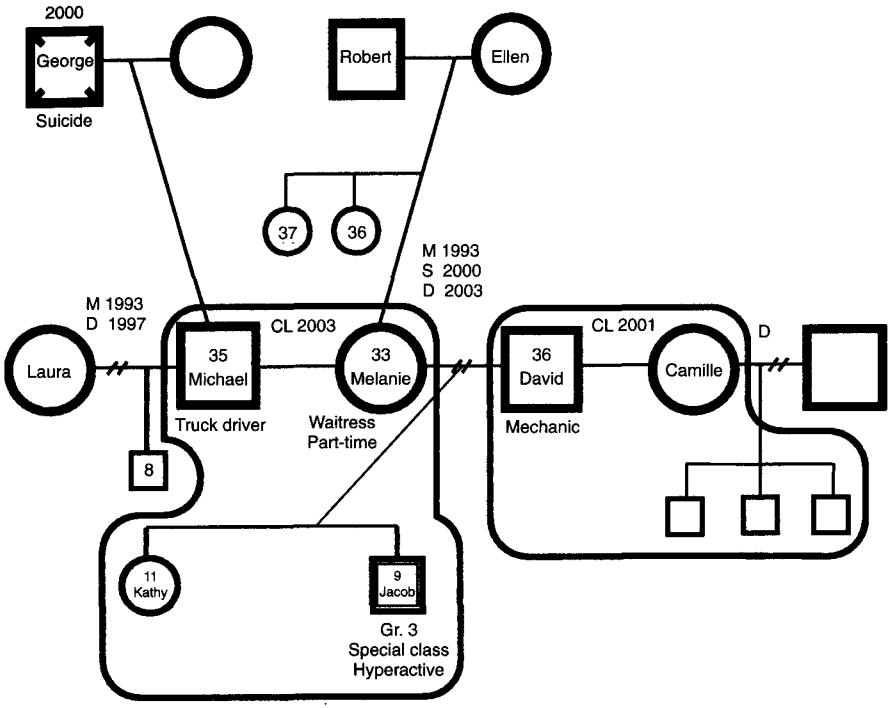

Figure 3–6. Sample genogram of a stepfamily.

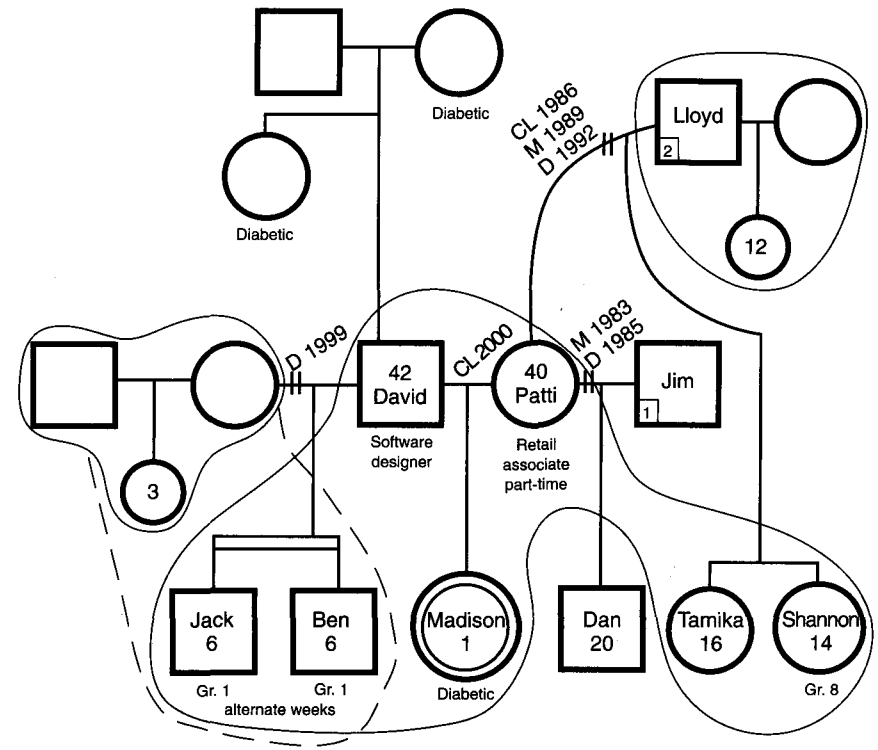

Figure 3–7. Sample genogram: Faris stepfamily.

is still alive. Melanie is the youngest of three daughters, and both of her parents are living. Melanie married David in 1993, separated in 2000, and divorced in 2003. David, age 36, is a mechanic who is presently living in a common-law marriage with Camille and her three sons.

There are no specific guidelines for drawing genograms illustrating complex stepfamily situations. Generally, however, what works best is for the nurse to start by gathering information about the immediate household. After this, the nurse draws each family's constellation. It can be useful to draw a circle around each separate household. Numbers can be used to indicate which is the first marriage, second, and so forth. Additional pertinent information such as children moving between two households can be written to the side of the genogram. It is important for the nurse to remember that the purpose of drawing the genogram is to obtain a visual overview of the family. The genogram is not meant to be an exact chart for genetics.

Perhaps a more typical stepfamily genogram is depicted in Figure 3–7. In this genogram, the Faris family is composed of David, 42, a software designer who has been living common-law since 2000 with Patti, age 40, a part-time retail associate. They have a daughter, Madison, age 1, who was recently diagnosed with diabetes. David's twin sons, Jack and Ben, age 6, spend alternate weeks at their mom's townhouse and at their dad's apartment. David was divorced in 1999; his former wife has a daughter, age 3. Patti has a son, Dan, age 20, by her first husband, Jim, who she divorced in 1985. Dan lives alone and works several part-time jobs in bars. Patti also has two other daughters: Tamika, age 16, who recently dropped out of school, and Shannon, age 14 and in grade 8. They are from her second marriage, to Lloyd, which ended in divorce in 1992. The teenage girls live with their mom and visit Lloyd and his family for 2 weeks most summers. The current health concern is Madison's diabetes and the current household consists of David, Patti, the three girls, and on alternate weeks the twins. David's mom has diabetes, as does his older sister.

Another sample family situation is the Fitzgerald-Kucewicz family, in which a child lives with the grandmother and her husband. The identified patient, 8-year-old Sophia Kucewicz, lives with her grandmother, 45-year-old Patricia Fitzgerald; Vincent, Patricia's common-law partner of 10 years; and Sophia's 19-year-old aunt, Susan. Patricia was previously married to Steven Fitzgerald for 14 years. Patricia and Steven had three children: 19-year-old Susan, 23-year-old Douglas, and 25-year-old Joan, who is Sophia's mother. Joan became pregnant with Sophia when she was 16. Sophia's father, Michael

Kucewicz, and her mother Joan had a brief relationship, through which she was conceived. Although Michael was aware of the pregnancy, he left the city shortly before Sophia was born, never meeting her. When Sophia was 2 years old, Joan had another child, Kayla, who subsequently went to live with her natural father when she was age 4. When Sophia was 2 1/2, her mother moved in with Ben, whom Sophia came to know as her father. Joan and Ben had difficulty providing a stable environment for Sophia and Kayla and, from time to time, moved in with Patricia and Vincent. Patricia reports that both Joan and Ben used drugs and alcohol and were often unemployed. Ben was physically and verbally abusive to Joan and, after a particularly frightening episode between Joan and Ben that took place in the basement of Patricia's home, she called the police. The child welfare department became involved, leading Patricia and Vincent to take guardianship of Sophia. Joan and Ben moved to a place of their own, agreeing to take Sophia every other weekend. The health concern for this family is Sophia's nightmares, especially after returning from visits to Joan and Ben's trailer.Figure 3–8 shows the Fitzgerald-Kucewicz family genogram.

Most families are extremely receptive to and interested in collaborating with the nurse to complete a genogram. For some, it is the first time that they have ever seen their family life pictured in this manner. Therefore, the nurse needs to be aware that the family may have a reaction to significant events. One family, for example, may express some sensitive material in a very blasé fashion. If divorce is common in their families of origin, they may not hesitate to discuss their several marriages and those of their siblings. On the other hand, a devout Catholic family may be exquisitely sensitive to seeing the nurse write the word "divorce."

Ecomap

As with the genogram, the primary value of the ecomap is in its visual impact. The purpose of the ecomap is to depict the family members' contact with larger systems. Hartman (1978) notes:

> The eco-map (sic) portrays an overview of the family in their situation; it pictures the important nurturant or conflict-laden connections between the family and the world. It demonstrates the flow of resources, or the lack of and deprivations. This mapping procedure highlights the nature of the interfaces and points to conflicts to be mediated, bridges to be built, and resources to be sought and mobilized. (p. 467)

Ecomaps shift the emphasis away from the historical genogram to the current functioning of the family and its environmental context. We agree with Hodge's (2000) assertion that by "concentrating on current systems that affect family functioning, the message is given that intergenerational deficits are not the primary area of concern" (p. 219). This focus on the present is an important message in our outcome-based health care climate.

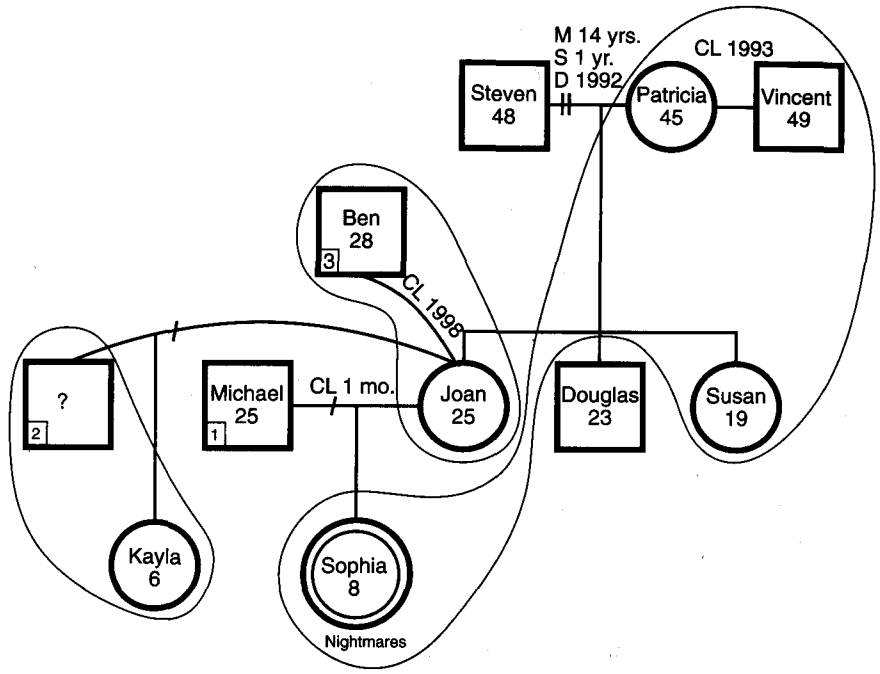

Figure 3–8. Fitzgerald-Kucewicz family genogram.

How to Use an Ecomap

As with the genogram, family members can actively participate in working on the ecomap during the assessment process.

The family genogram is placed in the center circle, labeled "Family or household." The outer circles represent significant people, agencies, or institutions in the family's context. The size of the circles is not important. Lines are drawn between the family and the outer circles to indicate the nature of the connections that exist. Straight lines indicate strong connections, dotted lines indicate tenuous connections, and slashed lines indicate stressful relations. The wider the line, the stronger the tie. Arrows can be drawn alongside the lines to indicate the flow of energy and resources. Additional circles may be drawn as necessary, depending on the number of significant contacts the family has.

An ecomap for the Lamensa family is illustrated in Figure 3–9. In this family, Raffaele, Silvana, Gemma, and Antonio are placed in the center circle. Raffaele has strong connections with his workplace, where he is foreman and a union representative. He has moderately strong bonds with his "drinking buddies." These relationships, however, are stressful for him. Silvana's connections are mainly with her mother and the health care system. She sees her family physician every week "for nerves" and sees a community health nurse

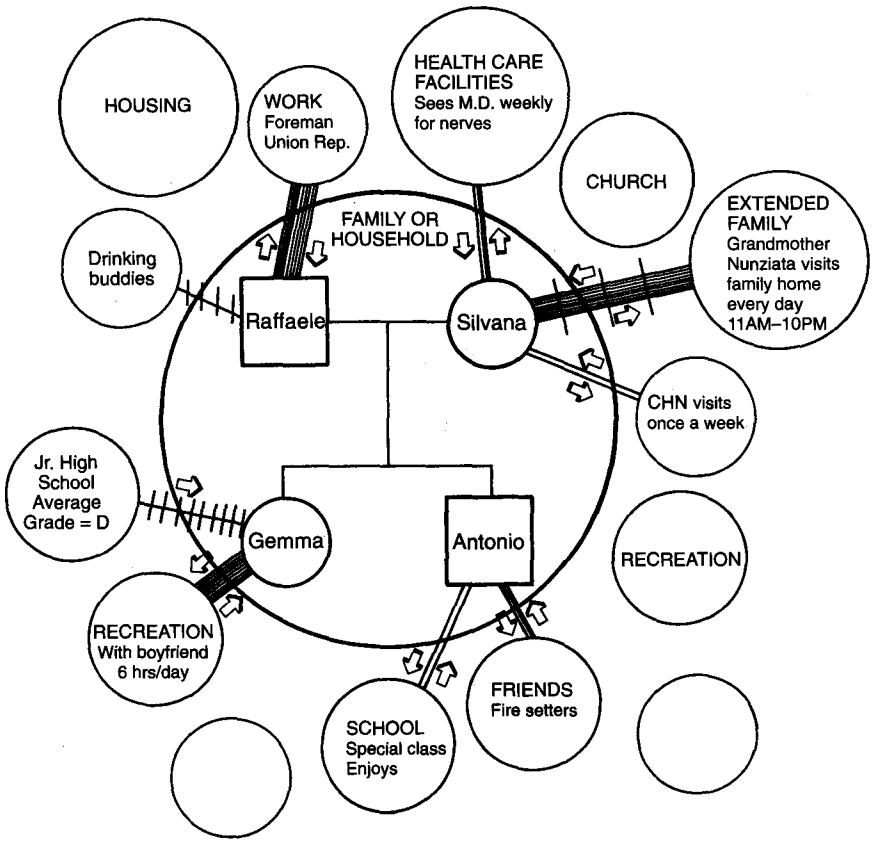

Figure 3–9. Lamensa family ecomap.

(CHN) once a week. Silvana's mother, Nunziata, visits Silvana every day from 11 AM to 10 PM. There is a strong connection between Silvana and her mother, but Silvana says she really "doesn't like Mom coming over so often." Antonio has a few friends, most of whom set fires. He is in a special class for his learning disability and enjoys both the teacher and the school. Gemma is in junior high school, where she maintains an average grade of D. She frequently does not attend school and, when she does attend, she participates little. She spends about 6 hours a day with her boyfriend.

When the CHN completed the ecomap with the Lamensa family, Mrs. Lamensa (Silvana) commented, "I seem to spend all my time with medical or health people." Mr. Lamensa (Raffaele) then said, "You're also so busy with your mother that you don't have time for anybody else." The nurse was able to use this information from the ecomap to discuss further with the family the types of relationships they wanted both with those inside their household and with those outside the immediate family.

BOX 3–2

Helpful Hints for Drawing Ecomaps

- Pose questions that explore the family's connections to other individuals or groups outside the family, such as:
  - What community agencies are you involved with now? Which are most and least helpful?
  - How would you describe your relationship with school staff?
  - How did you first become involved with Child Protective Services? What is the nature of your current relationship with them?

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In summary, the genogram and the ecomap can be used in *all* health care settings, especially in primary care, to increase the nurse's awareness of the whole family and the family's interactions with larger systems and their extended family. Box 3–2 gives helpful hints for drawing ecomaps.

Developmental Assessment

In addition to an understanding of the family structure, the nurse requires an understanding of the developmental life cycle for each family. Most nurses are familiar with the stages of child development and the literature in the area of adult development. Many are becoming interested in the burgeoning literature about development in the senior years, an interest that has been fostered by the aging of the baby boomers. But what of family development? It is more than the concurrent development at different phases of children, adults, and seniors who happen to call themselves "family." Carter and McGoldrick (1998) state that "families comprise people who have a shared history and a shared future" (p. 1). We concur with Falicov (1988) that "family development is an over-arching concept, referring to *all* transactional evolutionary processes connected with the growth of a family" (p. 13). Falicov (1988) writes:

> Although there is a regularity and internal logic to many of the processes subsumed under family development...each family is different precisely because each can be said to have its own developmental path, which evolves from all the different settings in which development takes place, including each family's construction of its past and present. (p. 13)

There is no single family developmental life cycle or model. This is especially evident as our population ages. "The natural sequential phases of old and new generations—the younger cohort's rise, the start of the older's