

are useful for families of children with any type of genetic disorder:

- Recognize multiple stressors, strains, and transitions in their lives (e.g., unmet family needs).
- Discuss and implement strategies for reducing family demands (e.g., setting priorities and reducing the number of outside activities family members are involved in).
- Identify and use individual, family, and community resources (e.g., humor, family flexibility, supportive extended family, respite care, local support groups, and Internet resources).
- Expand the range and efficacy of their coping strategies (e.g., increase the use of active strategies such as reframing, mobilize their ability to acquire and accept help, and decrease the use of passive appraisal).
- Encourage the use of an affirming style of family problem-solving communication (e.g., one that conveys support and caring and exerts a calming influence).

Some families do struggle after learning their child has a genetic disorder. Families may feel ashamed of a hereditary disorder and seek to blame their partner for transmitting a faulty gene or chromosome. Intra-familial strife, hostility, and marital or couple disharmony, sometimes to the point of family disintegration, can occur. Nurses should be alert for evidence of risk factors that indicate poor adjustment (e.g., child abuse, divorce, or other maladaptive behaviors). Referral to psychosocial professionals for crisis intervention may be necessary.

Review Questions

1. The nurse may be called upon to have knowledge about sex chromosome aneuploidies. In answering families' questions, the nurse can report:
 - a. "Some of the most common genetic disorders caused by sex chromosome aneuploidies are Klinefelter, XXY, triple X female, and Turner syndromes."
 - b. "Klinefelter syndrome is the most common of all sex chromosome aneuploidies, and mental development is normal in most cases."