

Family Health Strategy team's experience in the use of family approach tools

Experiência no uso das ferramentas de abordagem familiar por uma equipe da Estratégia Saúde da Família

Experiencia en el uso de herramientas de abordaje familiar por un equipo de Estrategia de Salud de la Familia

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Abstract

Problem: Intervention experience of a multidisciplinary team of the Family Health Strategy (ESF) through family approach tools. Among the problems identified in the case are the work overload of the index patient, diagnosis of autism spectrum disorder (ASD) in her children, husband's chronic alcoholism and hostile relationship within the family circle. **Method:** Descriptive and qualitative experience report. Developed by an ESF team in a family in the coverage area. Experience conducted in the second half of 2019. The tools applied were the genogram, ecomap, FIRO, PRACTICE and the family life cycle. The tools were chosen because of the index patient's frequent use of the ESF's services. **Results:** Through the application of the tools, the structures and ways of sharing family relationships, the health problems, the possible bonds identified and the stage in the life cycle were identified. As modes of intervention, the team proposed health care consultations, psychological assistance and qualified listening. In addition, through intersectional meetings, a school problem that affected the patient's health condition was solved. **Conclusion:** The application of the tools was an excellent method to carry out the study. It allowed a global view of the family, in addition to identifying weaknesses to be corrected or minimized, through interventions by the health team.

Keywords: Family health strategy; Primary health care; Family relations; Interdisciplinary placement.

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Resumo

Problema: Experiência da intervenção de uma equipe multiprofissional da Estratégia Saúde da Família (ESF) em uma família por meio das ferramentas de abordagem familiar. Entre os problemas identificados no caso estão a sobrecarga de trabalho da paciente índice, diagnóstico de Transtorno do Espectro Autista (TEA) nos filhos dela, etilismo crônico do esposo e relacionamento hostil no ciclo familiar. **Método:** Estudo descritivo, qualitativo, de relato de experiência, desenvolvido em uma família da área de abrangência da equipe da ESF no segundo semestre de 2019, escolhida em razão da hiperutilização do serviço pela paciente índice. As ferramentas aplicadas foram o genograma, ecomapa, *Fundamental Interpersonal Relations Outcome* (FIRO), *problem, roles, affect, communication, time in life, illness, coping with stress, environment/ecology* (PRACTICE) e ciclo de vida familiar. **Resultados:** Com a aplicação das ferramentas foram identificadas as estruturas e modos de compartilhamento das relações familiares, os problemas de saúde presentes, os possíveis vínculos identificados e o estágio no ciclo de vida. Como modos de intervenção, a equipe propôs consultas de cuidado em saúde, assistência psicológica e escutas qualificadas. Além disso, por meio de reuniões intersectoriais, foi solucionado o problema escolar que afetava a condição de saúde da paciente. **Conclusão:** A aplicação das ferramentas foi um excelente método para realizar o estudo, pois permitiu uma visão global da família, além de identificar fragilidades a serem corrigidas ou minimizadas com recurso a intervenções pela equipe de saúde.

Palavras-chave: Estratégia saúde da família; Atenção primária à saúde; Relações familiares; Práticas interdisciplinares.

Resumen

Problema: Experiencia de la intervención de un equipo multidisciplinario de la Estrategia Salud de la Familia (ESF) en una familia a través de herramientas de abordaje familiar. Entre los problemas identificados en el caso están la sobrecarga de trabajo de la paciente índice, diagnóstico de Trastorno del Espectro Autista (TEA) en sus hijos, alcoholismo crónico del marido y relación hostil dentro del ciclo familiar. **Método:** Estudio descriptivo, cualitativo de relato de experiencia desarrollado en una familia de la zona de cobertura del equipo de la ESF en el segundo semestre de 2019. Las herramientas aplicadas fueron el genograma, ecomapa, F.I.R.O., P.R.A.C.T.I.C.E. y el ciclo de vida familiar, elegido por la sobreutilización del paciente índice de los servicios de la ESF. **Resultados:** Mediante la aplicación de las herramientas se identificaron las estructuras y formas de compartir las relaciones familiares, los problemas de salud presentes, los posibles vínculos identificados y la etapa del ciclo de vida. Como modos de intervención, el equipo propuso la consulta de salud, la asistencia psicológica y la escucha cualificada. Además, a través de reuniones intersectoriales se solucionó un problema escolar que afectaba el estado de salud del paciente. **Conclusión:** La aplicación de las herramientas fue un método excelente para la realización del estudio, ya que permitió una visión global de la familia, además de identificar debilidades a ser corregidas o minimizadas, a través de intervenciones del equipo de salud.

Palabras clave: Estrategia de salud familiar; Atención primaria de salud; Relaciones familiares; Prácticas interdisciplinarias.

INTRODUCTION

The work of Family Health Strategy (ESF) teams in the family center involves techniques and tools that must be used to understand the health-disease process, in order to understand the experiences of its members, based on the local reality, to promote improving the quality of life of individuals and their health indicators.¹ For the ESF, the family must be understood integrally and in its social space, approaching its individuals in their socioeconomic and cultural context, and recognizing them as social subjects with autonomy, since it is in this context that interactions and conflicts occur that directly influence people's health.²

To work with families, there must be a certain understanding of their functioning and the periods that most of them may be going through. With this end in mind, one of the strategies is the use of family approach tools. The work tools used to study families are technologies that address relationships and come from psychology and sociology.^{3,4} They aim to form and strengthen relationships between professionals and families, favoring the understanding of the functioning of the individual and their relationships with family members and society.^{3,4}

Among the family approach tools, the most used in primary health care (PHC) are: genogram, ecomap, family life cycle, Fundamental Interpersonal Relations Orientation (FIRO) and problem, roles,

affect, communication, time in life, illness, coping with stress, environment/ecology (PRACTICE). They have the function of assisting in resolving conflicts, improving communication and coexistence between its members, enabling the survey of family problems and discussing the roles played by each member of the family, enabling everyone to express themselves individually about the problem faced.^{5,6}

Thus, this report describes the experience of a multidisciplinary team from the ESF regarding the application of family approach tools to carry out interventions with members of a family in their assigned area.

METHODS

Descriptive, qualitative, experience report study, developed by a multidisciplinary team from the ESF in a municipality in the north of Minas Gerais, Brazil. This work was approved by the Research Ethics Committee of the State University of Montes Claros (Unimontes), under Approval No. 572,244 of 2014. The participants signed an informed consent form, and fictitious names were used to guarantee the confidentiality and anonymity of the information and to preserve the identity of the participants.

The experience was gained during the second half of 2019 and began with the contact of the team, made up of nurses, dentists, psychologists and doctors, professionals from multidisciplinary residency programs in Family Health and Family and Community Medicine, with the family in this case. This was selected to carry out the approach due to the index patient's constant searches for nursing, medical and dental consultations at the Basic Health Unit (UBS). To conduct the case, the health professionals on the team carried out two home visits in addition to scheduling meetings with the index patient at the UBS itself. As for other family members, medical appointments were scheduled for the patient's husband and mother, opportune moments for the multidisciplinary team to explain the importance of the study using family approach tools. Data on the patient's family history and relationships were collected, according to reports from Júlia (index patient). This information was essential for the formulation of the genogram, ecomap and life cycles, in addition to serving as a basis for analysis and discussion by the multidisciplinary team of FIRO and PRACTICE. The meetings occurred every fortnight, during team matrixing, when professionals discussed and exchanged information about the case, in addition to agreeing on tasks among themselves to increase the bond with the family in question.

The combination and analysis of all tools were predictive for scheduling, with the consent of family members, the family conference. In addition to the application of the tools, talks during meetings with family members were transcribed in full to understand the complaints and situations reported by the professionals who are members of the team.

RESULTS AND DISCUSSION

The family is mononuclear, with three fixed members fixed in the household and one floating at the moment, who works in another city during the week and returns on weekends.

The index patient is Júlia, 29-year-old female resident of the ESF coverage area. The housewife frequently uses health services and is the caregiver for her children, one of whom has been diagnosed with autism spectrum disorder (ASD), and the other is in the process of being diagnosed. Júlia takes care of her children and mother and solves all problems related to them. Her mother is hearing

impaired and lives in a rural area of a municipality that is 148 km from where she lives. She has been married for ten years to Vítor, 34 years old, a driver, addicted to alcohol and who has already been admitted to a rehabilitation clinic for a year. He went about two years without drinking alcohol, and since the birth of his older son he started drinking again. Vítor has no defined religion and has no history of other health problems.

The couple has two children. Rafael is seven years old, autistic, student at the Association of Parents and Friends of the Exceptional (APAE) in the morning, and Marcos, two years and six months old, who has not yet developed speech, has a diagnostic hypothesis of autism and attends the Municipal Center for Early Childhood Education (CEMEI) in the afternoon.

Júlia is an only child. Her father disappeared shortly after she was born, and since then, she has not been heard from him. Dora, her mother, 64 years old, is a retired rural worker, has hearing and speech problems and lives with a sister in a rural area. Even though she lives in the countryside, Dora shows up promptly when her daughter needs help with the children. The index patient reports the desire to live with her mother or have her mother live nearby, but her husband has a conflicting and distant relationship with her mother-in-law and does not allow her frequent visits, which becomes an aggravating factor in the family. This family situation can be confirmed by Júlia's statements:

"My mother likes to help take care of the children, being close helps me take better care of her, but my husband doesn't allow her to come all the time, he says he doesn't like her, even though they haven't fought, when she's at home he gets aggressive with me."

"I rented a house for her to stay next to me, but because of financial conditions I couldn't afford the rent and she had to return to the rural area where we are from, and she is living with my aunt at the moment."

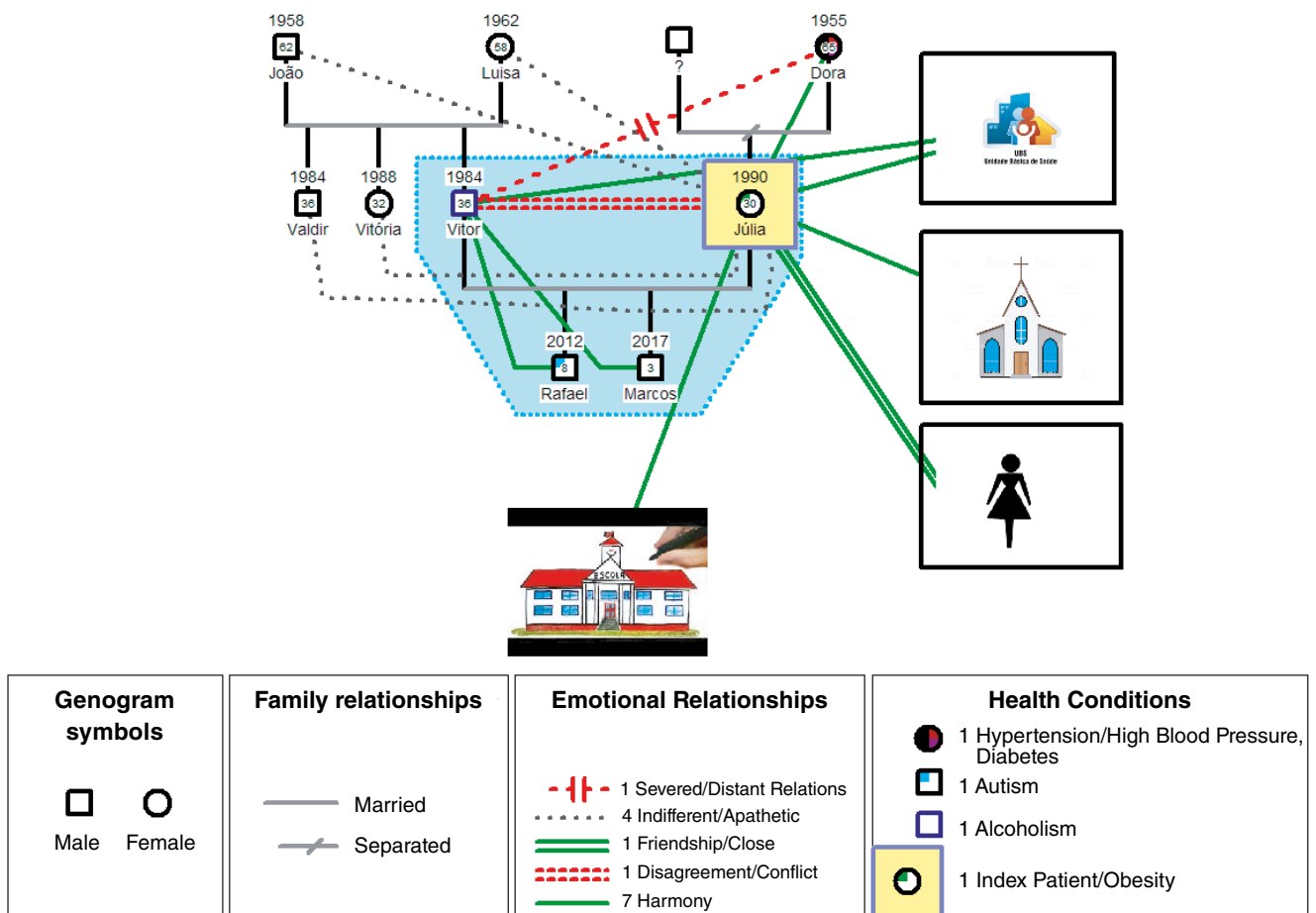
Júlia calls herself Catholic, but now and then attends an evangelical Baptist church, which is closer to her home. However, she has not been able to go to services, as she has no one to look after her children, and according to her, it is tiring to take them. She reports that she has no friends, she only has contact with a neighbor, with whom she does not talk about matters related to her personal life. She does not attend any groups and does not have a close relationship with her husband's family; although they have never fought, there is a distance with them because Vítor is an alcoholic and because his family does not help with the intervention. Vítor has a harmonious relationship with his children despite not helping to care for them, and a conflicting relationship with his wife, as she does not accept his addiction to alcoholic beverages and he does not accept treatment, causing family discomfort.

Members of three generations are observed establishing relationships with each other, some of which are harmonious and others conflicting within the family nucleus. The constitution of the nucleus can be observed in the genogram and the family relationship with the environment through the ecomap (Figure 1). With the representations elucidated in these tools, it is possible to observe how relationships within and outside the family influence the health-disease process of the index patient. The conflicting relationship with the husband, the distant relationship between the husband and his mother, in addition to the burden of caring for the children, who have health problems, and the lack of environments and people to socialize with were identified and raised as possible problems to be resolved in this case.

FIRO is a tool that aims to assess the feelings of family members in the experience of everyday relationships.⁷ It was applied to the family and involves the themes: inclusion, control and intimacy (Chart 1). Regarding this tool, the professionals realized that it was very important for the index patient to be able to express the feelings she experienced. Furthermore, through this tool, the team determined how situations influenced her mental health status.

During interviews with the family, the necessary information was collected to evaluate the family cycle using the PRACTICE tool, developed to manage difficult situations. This is focused on solving problems and should be applied in the form of a family conference,⁸ in addition to allowing a schematic approach to working with families.⁹ PRACTICE showed family problems and conflicts in a clear and organized way, facilitating the visualization of these conflicts and the management of their resolution (Chart 2).

The family life cycle provides an early view of problems. It is particularly useful in diagnosing undefined situations that make up 50% of attendances at health services.⁸ It also identifies two basic moments: whether the family is expanding or contracting, which can be normal or pathological.⁹ Regarding this tool, the family is in the “family with school-aged children” stage (Chart 3). The life cycle was essential for the



Source: prepared by the authors (2020).

Figure 1. Genogram and ecomap of the study family.

Chart 1. Data from the application of the Fundamental Interpersonal Relations Orientation in the study family.

Inclusion	Structure	<ul style="list-style-type: none"> – Júlia is worried about her husband's alcohol dependence and is overwhelmed with taking care of her children and home. – The children Rafael and Marcos go to different schools and go at different times, which means Júlia does not have some free time available to resolve her personal issues. – Júlia is going through a period of sadness because she is unable to live with her mother and keep her close.
	Connectivity	<ul style="list-style-type: none"> – Júlia has a conflicting relationship with her husband Vitor. – Vitor has a conflicting relationship with his mother-in-law Dora.
	Share mode	<ul style="list-style-type: none"> – The family is not in the habit of talking about conflicts; Júlia and Vitor only have a harmonious relationship with their children Rafael and Marcos.
Control	Júlia, the index patient, plays the role of head of the family because of her husband's omission, taking responsibility for taking care of the house, children and the financial aspect, as she is the holder of the benefit received by Rafael.	
Intimacy	Faced with concerns about her children's health problems, her mother's distance and her conflicting relationship with her husband, the index patient appears tearful and sad, in addition to experiencing personal neglect, developing obesity and inhibition.	

Source: prepared by the authors (2020).

Chart 2. Data from the application of the PRACTICE tool in the study family.

Practice	
P – Problems (Problem presented):	<ul style="list-style-type: none"> – Overload of the index patient as a caregiver for children, mother and husband – Conflict between Vitor and his mother-in-law Dora – Different school hours for the children, making it difficult for the index patient to have some free time – Husband of the index patient, Vitor, drug addict (chronic alcoholic)
R – Roles:	<ul style="list-style-type: none"> – Júlia, index patient, caregiver of the house, children, husband and mother, has been responsible for leading the family's actions for many years. – Rafael, older son, 7 years old, was diagnosed with autism and is dependent on his mother. – Marcos, younger son, 2 years and 6 months old, in the process of diagnosing his condition and is dependent on his mother. – Vitor, husband of the index patient, alcoholic, does not help take care of the family, plays an authoritative role with his wife, but is not concerned about her, does not help with the financial side of the house.
A – Affect:	<ul style="list-style-type: none"> – Júlia has a harmonious relationship with Rafael, Marcos and Dora, and a conflicting relation with Vitor. – Vitor has a disharmonious relationship with Dora and a harmonious relationship with Rafael and Marcos.
C – Communication:	<ul style="list-style-type: none"> – Dialogue occurs in the family's daily life, but not in a healthy way between Júlia and Vitor. The problem is exposed, but the dialogue is not effective.
T – Time in life cycle:	<ul style="list-style-type: none"> – The life cycle in which the family fits is that of those with school-age children.
I – Illness (past and present):	<ul style="list-style-type: none"> – The illnesses present in the family are: autism in Rafael and Marcos, chronic alcoholism in Vitor and affective disorder in Júlia (suggested by the psychologist).
C – Coping with stress:	<ul style="list-style-type: none"> – No strategies were identified for various problems faced by the family. However, the index patient seeks help from ESF to face some problems, and ESF is contributing positively to the family.
E – Ecology (Environment):	<ul style="list-style-type: none"> – The family has a positive bond with the ESF and the children's schools. The index patient attends once in a while an evangelical Baptist church, having a good connection and feeling mental relief, according to reports. No other links with external resources were identified.

Source: prepared by the authors (2020).

Chart 3. Stages of family life cycle.

Family life cycle stage	Tasks to be completed	Prevention topics
Family with school-aged children	<ul style="list-style-type: none"> – Easing the transition from home to school – Meet increasing demands of time and money – Maintain a couple relation 	<ul style="list-style-type: none"> – Provide information about the development of school-age children – Monitor academic performance and reinforce realistic positions on performance expectations – Suggest time management strategies – Encourage discussions with children about sexuality

Source: Wilson and Bader;¹⁰ da Silva and Santos.¹¹

team to direct the tasks to be performed by family members, useful in managing this case to improve coexistence in the family environment.

The family targeted by this study presents issues that draw attention and sensitize the team to develop in-depth work with reflections and management of interventions. The family approach is one of the principles proposed for PHC and refers to the health team's knowledge of family members and their health problems.¹²

ASD, present in the index patient's children, is a neurological development disorder, characterized by difficulties in communication and social interaction and the presence of repetitive or restricted behaviors and/or interests. These symptoms constitute the core of the disorder, but the severity of its presentation varies.¹³

Changes in the domains of social communication and language and repetitive behaviors between 12 and 24 months have been cited as early identification markers for autism. Clinical signs are already identified by most parents from the first year of life, but these children will often only be diagnosed at preschool or even school age.^{14,15} These were warnings that led Júlia to report some of Marcos' difficulties in a Growth and Development (CD) consultation at the ESF with the team nurse. During the treatment, it was found that the child had a delay in speech development, which led the professional to refer the child for a specialized consultation with a speech therapist. A multidisciplinary team then began searching for his diagnosis, and it was concluded in March 2020 by a neuropediatrician who saw him that the child had ASD.

Rafael has been diagnosed with ASD for a few years and, since then, has attended a school for patients with special needs, APAE, where he receives all the necessary interventions for his condition. Rafael's history made Júlia feel more confident and calmer about Marcos' diagnosis.

Vítor, Júlia's husband, is a chronic alcoholic, and this chemical dependence is considered a serious public health problem. Despite being considered a legal drug; alcohol imposes a considerable burden of undesirable harm on society. Alcoholism is a pathology that can be considered one of the most serious for humanity, as it affects not only the user, but everyone who lives directly or indirectly with it, causing serious consequences for people's development and for the quality of life and health of those who live with the problem. It is associated with accidents, traffic deaths, delinquency, violence and disruption and disorganization of interpersonal relationships, as well as family and emotional disagreements.^{16,17}

According to Júlia's reports, Vitor was already hospitalized for treatment in a rehabilitation clinic for a year, spending a long period without drinking alcohol, but started drinking again after Rafael's birth. Since then, he has been chronically using alcohol, which, in addition to being harmful to him, damages his family relationship, as it reduces his interaction with his children and causes strain on his marriage, which is confirmed by Júlia, who reports that she does not get close to him when he uses/abuses alcohol. Furthermore, this habit caused harm to the relationship with his parents and brother, which led to a distancing. These findings corroborate the study by Sena and collaborators,¹⁷ which reports that alcohol addiction affects a greater number of male individuals; the partner tries to maintain the union with her partner for family reasons, which involves children, moments of joy, the simple religious conception of the union, or even because she is a woman and seeks to maintain her dignity in society. However, children are the family members who become the main target of alcoholism because of living in a dysfunctional home, such as when their parents separate, or simply because they live with an alcoholic father.

In this context, it is emphasized that care must be aimed not only at the alcoholic, but at their entire family, and at others, in the person's daily context. However, what is observed today is that the family is seen only as an adjunct in the treatment of the alcoholic member, and not as an entity that needs care as much as they do.¹⁸

Regarding the problems faced by Júlia, which were reported and observed during visits to the family, a sad mood, discouragement, lack of personal care and the onset of obesity were observed. The patient reported crying easily and feeling hopeless about the future, which suggests an affective disorder, such as depression, anxiety or others. The diagnosis of an affective disorder with depressive mood requires the predominance of symptoms such as sadness, crying and feelings of hopelessness. The differential diagnosis is broad, in the sense of excluding not only mood disorders, such as major depression, bipolar disorder, dysthymia or others.¹⁹

The patient was medicated with sertraline by the team doctor in order to minimize the reported symptoms, underwent consultations for dental treatment and received the necessary guidance to restore oral health. She was also referred to psychology, where shared care was provided between the psychologist and the unit's dental surgeon, in order to guarantee the bond between the team and the patient, in addition to providing interprofessional care.

During the consultations, there were reports of other inconveniences, such as the difficulty of having a shift during the day to resolve personal matters, as the children studied at different times, which took up all of their time. As a way to minimize this discomfort experienced by Júlia, the team went to Marcos' school, where an intersectoral meeting was held with the director so that the team could explain the situation experienced by the mother. As a result, it was possible, with the help of the school management, to change shifts for Marcos, which made Júlia's routine easier, allowing her to have the mornings free to solve household chores and other personal demands. Júlia continues to undergo psychological support at UBS.

The factors experienced by the index patient led us to reflect on the existence of an overload as she is the caregiver responsible for her autistic children, her chronic alcoholic husband and also her mother who has hearing problems, is an older person, lives in a rural area and does not have a good relationship with her son-in-law, Vitor.

The task of caring for someone is usually added to other day-to-day activities. The caregiver becomes overwhelmed, as they often assume responsibility for care alone, in addition to the emotional weight of

the illness that disables and brings suffering to a loved one. Faced with this situation, it is common for the caregiver to experience physical fatigue, depression, abandonment of work, changes in marital and family life. The tension and fatigue suffered by the caregiver are harmful not only to them, but also to the entire family and the person being cared for.²⁰

Pegoraro and Caldana²¹ point out the need to provide care to caregivers and state that it is not uncommon for female caregivers to be affected by psychiatric problems. This is exactly the situation faced by the index patient, which mobilized the team's intervention in her care. With the application of family approach tools, it is possible to understand the relationship between members and with external environments and closely monitor situations that could disrupt it.⁶ The use of the tools in this study made it possible to understand in more depth the reality of the family and the index patient. Thus, it was possible to contribute to her personal organization so that it reflected positively on the family.

To monitor and evaluate the results of the interventions carried out, the Family Conference was scheduled and accepted by all family members, which positively reflects everyone's interest in contributing to the resolution of family conflicts. The Family Conference is a tool used in conflict situations in which the professional addresses issues of health, interaction and communication between family members.²² It is a previously planned meeting between family members, in which information sharing and of feelings, with the aim of changing some interactional patterns in the family.²³ However, because of the situation of the COVID-19 pandemic, which imploded during the intervention period, the conference was not carried out. The tool will be used later to address other problems discovered during the application of the family approach, to equally distribute activities within the family cycle and improve harmony and relationships between members.

There were few difficulties perceived by health professionals in the applicability of the tools, but it is interesting to highlight that there were some challenges. Among them, difficulty in meeting more with family members due to the COVID-19 pandemic and the routine of ESF professionals and the majority participation of the index patient in gathering information to build the tools.

The application of family approach tools is an excellent method for carrying out a family study, as it allows a global view of the index patient and the context in which he or she is inserted. Through this study, we note the importance of getting to know the family in depth, their conflicts, the perception of the health and illness process and emotional support, making it possible to recognize weaknesses to be corrected or minimized with interventions by the health care team, respecting the particularities of the family. The need to carry out more studies on a family approach is highlighted, as it is still an underutilized practice that enriches comprehensive care for families and their issues.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

AKSM: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft. ICL: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft. PMS: Conceptualization, Data curation, Formal analysis, Investigation, Methodology,

Writing – original draft. BQT: Methodology, Project administration, Supervision, Writing – review & editing. APRL: Methodology, Project administration, Supervision, Writing – review & editing. ST: Formal analysis, Methodology, Writing – review & editing.

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