REVISTA BRASILEIRA DE MEDICINA DE FAMÍLIA E COMUNIDADE
RBMFC

www.rbmfc.org.br
ISSN 2179-7994

Experience Report

Family approach within the scope of primary health care for patients in a vulnerable social context

Abordagem familiar no âmbito da atenção primária à saúde para paciente em contexto social vulnerável

Abordaje familiar en el ámbito de la atención primaria de salud para pacientes en contexto social vulnerable

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Abstract

Problem: To report a case study using family approach tools to assess the demands of a socially vulnerable family residing in the territory covered by the Family Health Strategy. **Methods:** This is a descriptive, exploratory study of qualitative nature, developed by primary health care (PHC) professionals. Six meetings were held in which semi-structured scripts and family approach tools were used (Genogram, Ecomap, Family Life Cycle, F.I.R.O, P.R.A.C.T.I.C.E and Family Conference). **Results:** The family studied, made up of five members, faces socioeconomic vulnerability, depending on social assistance. The family approach and the use of tools reveal challenges in communicating, controlling and coping with stress, justifying interventions to promote well-being through integration with social and health services. **Conclusions:** It is concluded that the use of family approach tools made it possible to analyze family relationships and interactions, resulting in the development of intervention proposals and the execution of specific actions that led to improvements for the participating family.

Keywords: Case reports; Family health; Comprehensive health care; Health vulnerability; Family relations.

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E-mail: danni18aguiar@gmail.com
Funding:
Not applicable.
CEP Report:
yes.
Informed Consent:
Not applicable.
Source:
Not commissioned.
Peer evaluation:
external.
Received on: 08/23/2025.
Approved on: 03/15/2026.
Associate Editor:
Claunara Schilling Mendonça

How to quote: Carmo DAB, Rodrigues ALS, Oliveira ACS, Moreira AR, Silva BHT, Antunes NT, et al. Abordagem familiar no âmbito da atenção primária à saúde para paciente em contexto social vulnerável. Rev Bras Med Fam Comunidade. 2026;21(48):4980. https://doi.org/10.5712/rbmfc21(48)4980

Resumo

Problema: Relatar um estudo de caso com o uso das ferramentas de abordagem familiar na avaliação das demandas de uma família em situação de vulnerabilidade social residente no território de abrangência da Estratégia Saúde da Família. **Métodos:** Trata-se de estudo descritivo, exploratório, de cunho qualitativo, desenvolvido por profissionais da Atenção Primária à Saúde (APS). Foram realizados seis encontros em que se utilizaram roteiros semiestruturados e ferramentas de abordagem familiar (genograma, ecomapa, ciclo de vida familiar, *Fundamental Interpersonal Relations Outcome* – FIRO, PRACTICE e Conferência Familiar). **Resultados:** A família estudada, composta por cinco membros, enfrenta vulnerabilidade socioeconômica, dependendo de auxílio social. A abordagem familiar e a utilização das ferramentas revelam desafios na comunicação, no controle e no enfrentamento do estresse, justificando intervenções para promover bem-estar por meio da integração com serviços sociais e de saúde. **Conclusões:** Conclui-se que o uso das ferramentas de abordagem familiar permitiu analisar as relações e interações familiares resultando na elaboração de propostas de intervenção e execução de ações específicas que levaram a melhorias para a família participante.

Palavras-chave: Estudo de caso; Saúde da família; Assistência integral à saúde; Vulnerabilidade em saúde; Relações familiares.

Resumen

Problema: Reportar un estudio de caso utilizando herramientas de enfoque familiar para evaluar las demandas de una familia socialmente vulnerable residente en el territorio cubierto por la Estrategia de Salud de la Familia. **Métodos:** se trata de un estudio descriptivo, exploratorio, cualitativo, desarrollado por profesionales de la Atención Primaria de Salud (APS). Se realizaron seis encuentros en los que se utilizaron guiones semiestructurados y herramientas de abordaje familiar (Genograma, Ecomapa, Ciclo de Vida Familiar, F.I.R.O, P.R.A.C.T.I.C.E y Conferencia Familiar)**. Resultados:** La familia estudiada, compuesta por cinco miembros, enfrenta vulnerabilidad socioeconómica, dependiendo de la asistencia social. El enfoque familiar y el uso de herramientas revelan desafíos en la comunicación, el control y el enfrentamiento del estrés, justificando intervenciones para promover el bienestar a través de la integración con los servicios sociales y de salud. **Conclusiones:** Se concluye que el uso de herramientas de abordaje familiar permitió analizar las relaciones e interacciones familiares, resultando en el desarrollo de propuestas de intervención y la ejecución de acciones específicas que condujeron a mejoras para la familia participante.

Palabras clave: Estudio de caso; Salud familiar; Atención integral de salud; Vulnerabilidad en salud; Relaciones familiares.

INTRODUCTION

The classic view of family, established by the Civil Code of 1916 and grounded in biological and marital ties, has gradually been replaced by new concepts[1]. The Federal Constitution of 1988 proposed new family models based on affective bonds and the idea of belonging among individuals[2]. Thus, the concept of family has been shaped over time in accordance with society's behavioral and structural changes[3].

However, regardless of the various family models, the legal system has sought to ensure protection for the different family units that exist[4], since the family is where individual experiences intertwine, creating a unique environment that shapes values, beliefs, and interpersonal relationships.

With the aim of ensuring comprehensive, universal, and free access to health services for all citizens, the Unified Health System (SUS)[2] was established. Despite social rights being guaranteed by law, about 7.7% of families in Brazil have limited access to material resources and social, economic, and cultural opportunities[5,6].

By considering the family as the center of care, SUS, through the Family Health Strategy (ESF), seeks to reorganize the care model and understand the family context by identifying its needs, vulnerabilities, and demands, aiming for care grounded in interdisciplinarity and comprehensiveness[7].

Family assessment tools are valuable instruments because they recognize the importance of family relationships in promoting health and provide a holistic understanding of the patient[8]. They involve the assessment and care of the individual and their family, as well as consideration of the social, economic,

and cultural context's influence on health and well-being. This perspective aims to understand family dynamics, available resources, and interactions among family members in order to promote more effective, patient-centered interventions[9].

In this context, this study aims to report a case study using family assessment tools to evaluate the needs of a family living in social vulnerability within the coverage area of the Family Health Strategy (ESF) in the municipality of Montes Claros, Minas Gerais, and to propose specific intervention strategies to strengthen comprehensive care and address the problems identified.

METHODS

This is a descriptive, exploratory, qualitative study conducted by Primary Health Care (PHC) professionals from October 2023 to March 2024 with a family within the coverage area of a Family Health Team (ESF) in the municipality of Montes Claros (Minas Gerais). It is also part of a research initiative on families within the Multiprofessional Residency Program in Family Health at the State University of Montes Claros (UNIMONTES), carried out by a health team made up of residents from nursing, dentistry, and psychology.

The family was selected for assessment due to frequent use of health services. Participation in this study occurred with formal consent, through signing the Informed Consent Form, and to preserve the patients' identities, real names were replaced with fictitious ones.

Information was obtained through individual interviews and a family conference held at the reference primary health care unit and during home visits. Six meetings were conducted using semi-structured guides and family assessment tools (genogram, ecomap, family life cycle, Fundamental Interpersonal Relations Orientation – FIRO, PRACTICE, and family conference). The data were then transcribed and subjected to qualitative analysis grounded in the literature.

This is an excerpt from the research project "Family Approach in Hub Teams of the Multiprofessional Residency in Family Health," approved by the Research Ethics Committee under opinion no. 572.244 on March 27, 2014.

RESULTS AND DISCUSSION

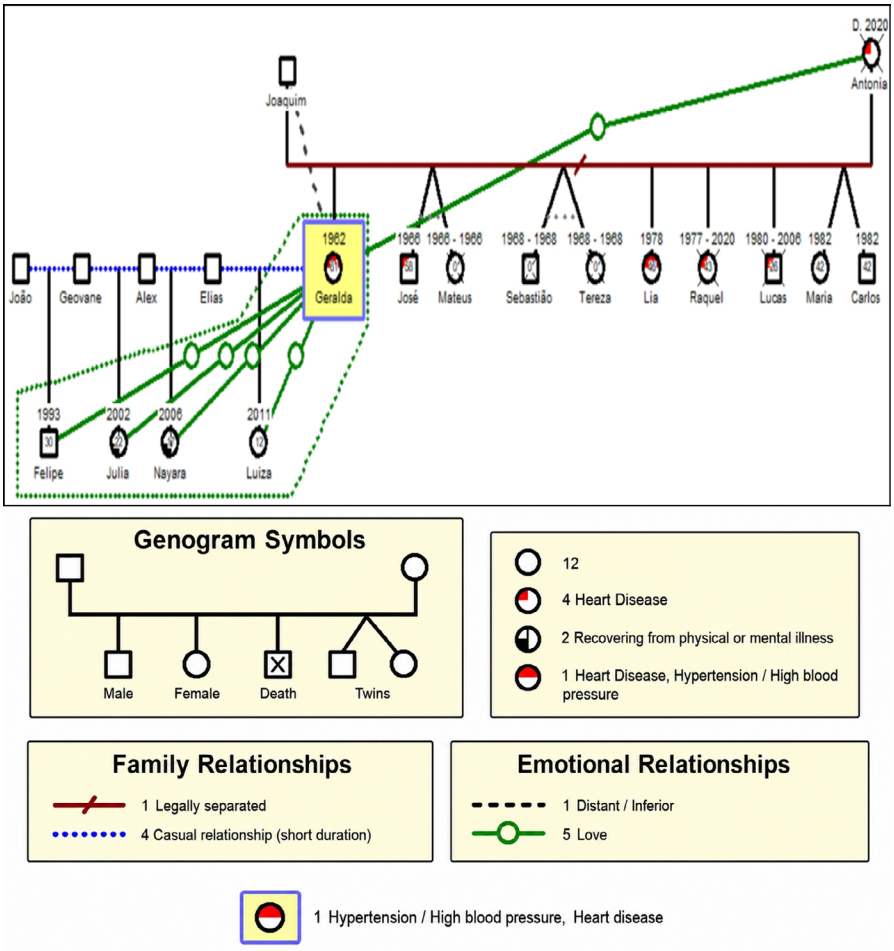
The family described in this study consists of five members who share a rented home. Geralda, the index patient, is 61 years old and has systemic arterial hypertension, heart disease (symptomatic moderate mitral insufficiency), glaucoma, prediabetes, and an anxiety disorder. She lives with her four children: Felipe (30), Juliana (22), Nayara (17), and Luisa (12).

Geralda has no ties to her extended family and did not live with relatives during her life; she was born in another state and, at age five, moved with her family to a town in the interior of Minas Gerais. After her parents divorced when she was eight, she began working in a family's home in the state capital, where she lived until she was twelve. During that time she sent money to support her mother and siblings. She later moved to Montes Claros. After becoming pregnant, she moved to another municipality for work, leaving her son in her mother's care and regularly sending money to the family.

To analyze family dynamics and highlight interpersonal and community relationships, the family assessment tools described in this study were applied; these made it possible to identify vulnerabilities

that need to be addressed and thus to develop intervention proposals and implement practical, effective actions in the family context[10,11].

The genogram is a tool used to identify the family structure and its relationships, clearly depicting repeating patterns, prevalent illnesses, and existing bonds[12]. Below is the systematized genogram of the family studied (Figure 1). Geralda has nine siblings, including three pairs of twins: Sebastião and Teresa died at birth, and Mateus, José's twin, died at eight months. Lucas died at 26 from a heart attack. Her sister Raquel died at 44 from heart failure, and her mother Antônia died in 2020 at age 77 from heart problems related to Chagas disease. Siblings José and Lia suffer from cardiovascular conditions.



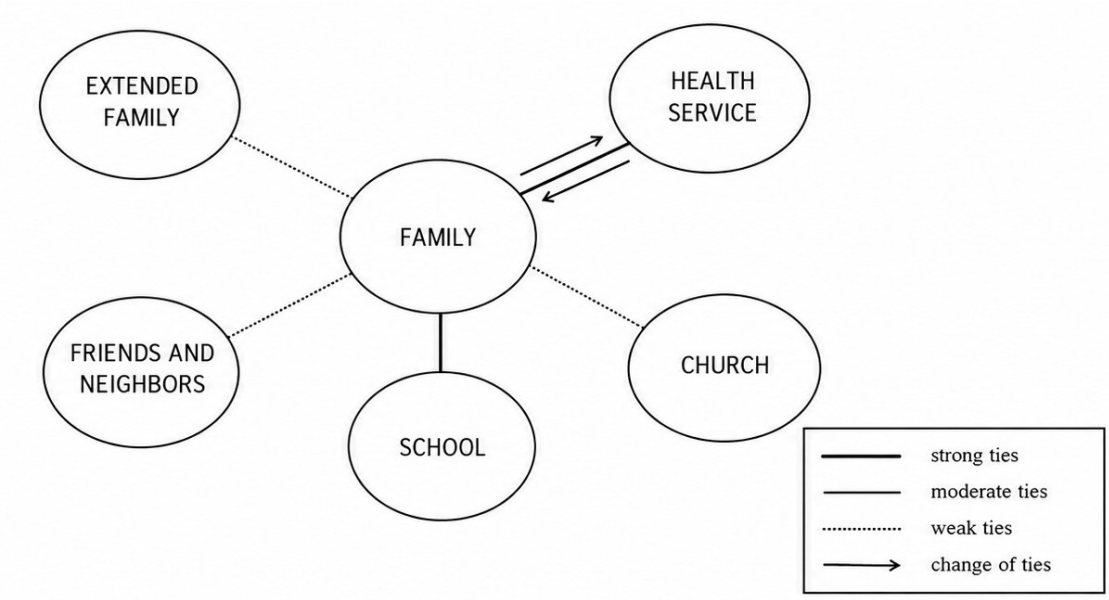
Source: Elaborated by the authors, 2024.
Figure 1. Geralda's family genogram.

Regarding Geralda's children: Felipe is attending college and doing a paid internship in his field; Julia has an anxiety disorder and reports frequent chest pain; Nayara experiences anxiety attacks, chest pain, and social interaction difficulties, which worsened after the COVID-19 pandemic and her maternal grandmother's death; and Luisa has frequent dizziness and chest pain. All were conceived in casual relationships and currently have little or no contact with their respective parents.

Regarding overall health, the genogram reveals a significant incidence of cardiovascular problems in the family. Currently, all four of her children report intense, constricting chest pain, previously diagnosed as anxiety disorder.

The family life-cycle tool classifies a family by developmental stages across time and generations, allowing visualization of situations that predispose to family dysfunction[13]. The family in this study occupies multiple stages simultaneously. Geralda must manage adolescent children developing their own identities, requiring a balanced approach to freedom and control. At the same time, her oldest son needs encouragement to become more autonomous and responsible for his choices, while the less mature children must cope with their mother's early-stage aging and her health problems[14].

The ecomap tool displays the relationships between the family, the community, and the family support network, revealing relevant information such as social ties, employment, neighborhood connections, and more[15]. From this perspective, the family has weak ties to neighbors, extended family, friends, and the church, which reduces their social interaction and support network. However, they have a moderate tie to the school and strong engagement with health services, as shown in the ecomap (Figure 2).



Source: Elaborated by the authors, 2024.Figure 2. Family ecomap.
Figure 2. Family ecomap.

The FIRO tool seeks to understand individual feelings toward the group in terms of inclusion, control, and intimacy[14]. The "inclusion" category addresses the sense of belonging and acceptance within the family nucleus. As reported in interviews, all members expressed a positive perception of inclusion.

In the "control" category, dominance is exerted partially by Geralda, and Felipe also seeks to exercise control. Juliana and Nayara demonstrate collaborative control, while Luisa, in early adolescence, exhibits reactive control.

Geralda and her children have a harmonious coexistence, but there is little sharing of individual feelings. The daughters show closer relationships compared with Felipe, who is reserved. Communication is limited among all family members, which needs improvement because effective family communication enables each member to feel fully integrated into the group, promotes harmony and mutual understanding, and helps strengthen family bonds[16].

The PRACTICE instrument (Chart 1) comprises eight categories: Presenting Problem, Roles and Structure, Affect, Communication, Times of the Life Cycle, Illness in the Family, Coping with Stress, and

Ecology[11]. They provide a comprehensive overview for conducting a holistic family assessment, identifying areas of need, and supporting the promotion of positive, sustainable changes in family functioning and overall well-being, as shown in Chart 1.

Chart 1. Description of the application of the PRACTICE tool to the family in the study.

P Presenting problem	• The patient has organic and mental health issues and is socially vulnerable. • Overload of the index patient. • Challenges of having children at different ages. • Fragile communication among family members.
R Roles and structure	• Geralda is the matriarch, responsible for providing most of the household's financial resources through paid domestic work. • Felipe contributes with part of the rent. • Juliana, Nayara, and Luiza contribute little to household chores.
A Affect	• Although somewhat distant, the family members have a harmonious coexistence. • Geralda expresses her distress due to the fear that worsening of her clinical conditions will leave her children unprotected. • The children contribute little to the patient's well-being.
C Communication	• Geralda, Nayara, Juliana, and Luiza have a reasonable level of interaction and communication with one another. • Felipe has a more reserved personality, with little communication with the other family members.
T Time of life cycle	• The family is experiencing several stages of the life cycle simultaneously, with children in early and late adolescence and in adulthood, while the matriarch is entering older age.
I Illness in the Family	• There is a prevalent history of heart conditions and anxiety disorders in the family.
C Coping with stress	• Geralda has difficulty seeking solutions that would help her organize the family arrangement and care for her own health. • The children cope with problems through emotional distancing.
E Ecology	• The family has weak ties with friends, extended family, neighbors, and the church, as well as a moderate connection with the school and a strong connection with the health service.

Source: Elaborated by the authors, 2024.

The family conference is a therapeutic tool that enables structured dialogue between family members and health professionals, helping to resolve difficulties. It allows providing necessary support, either within the Family Health Team or by referring them to other levels of care in the network[17,18].

Geralda, Juliana, Nayara, and Luisa agreed to participate in the conference. During the meeting, Geralda's current health condition and the main problems the team believed the family was facing were listed. Each family member was then heard regarding their perceptions of the problems described and, finally, given guidance.

When discussing Geralda's health, it was noted that her daughters had limited knowledge about hypertension. Since family involvement in the life of a chronically ill patient is important for managing the health-disease process[19], the health team clarified doubts and provided guidance on the importance of habit changes and a healthy lifestyle.

Communication within the family guides an individual's adaptation to society; otherwise, the family relationship becomes unsustainable, and social integration can fail[20]. Thus, the limited interaction among members and the rare leisure moments were addressed, and everyone agreed that communication is impaired. Consequently, a commitment was made to increase opportunities for family integration.

Another point addressed in the conference was the importance of seeking strong social ties in the community, since strengthening social bonds helps face life's challenges and contributes to individuals' physical and psychological well-being[21].

Regarding maternal overload, the importance of all members doing their share of household tasks—according to the division they established—was emphasized. However, the daughters expressed dissatisfaction with the high standard of quality their mother requires for domestic chores. Geralda explained why she maintains this stance. The team therefore suggested granting the daughters more autonomy in household tasks to support their personal development and relieve the mother's burden.

It is worth listing the gains achieved in care and health, such as coordination with the Social Assistance Reference Center (CRAS) to obtain an emergency basic food basket and inclusion in other social assistance programs; referrals to specialized services in the municipal health care network, including medical and dental consultations and psychological support; and requests for specific complementary exams.

In conclusion, the study highlighted the importance of understanding the patient and her social context by family health professionals to ensure comprehensive care and improve quality of life. The use of family assessment tools made it possible to analyze family relationships and interactions, resulting in the development of intervention proposals and implementation of specific actions to improve the family's health. Thus, the study met its stated objectives.

It should be emphasized that the problematic issues addressed by the health team are not resolved by the application of the tools reported here, as they require short- and medium-term follow-up.

CONFLICT OF INTERESTS

Nothing to report.

AUTHORS' CONTRIBUTIONS

DABC: Project administraion, Formal analysis, Concept, Data curatorship, Writing – first draft and editing, Investigation, Methodology, Funding, Resources, Software, Supervision, Validation, Visualization. ALSR: Project administration, Formal analysis, Concept, Data curatorship, Writing – first draft, Writing – review and editing, Investigation, Methodology, Funding, Resources, Software, Supervision, Validation, Visualization. ACSO: Project administration, Formal analysis, Concept, Data curatorship, Writing – first draft, Writing – review and editing, Investigation, Methodology, Funding, Resources, Software, Supervision, Validation, Visualization. ARM: Formal analysis, Concept, Data curatorship, Supervision, Validation, Visualization. BHTS: Formal analysis, Concept, Data curatorship, Supervision, Validation, Visualization. NAT: Formal analysis, Concept, Data curatorship, Writing – review and editing, Supervision, Validation, Visualization. ARSDB: Formal analysis, Concept, Data curatorship, Writing – review and editing, Supervision, Validation, Visualization.

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