

THE APPLICATION OF FAMILY APPROACH TOOLS IN A CASE OF PARAPLEGIA

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Abstract: Objective: To describe the experience of applying family-centered care tools to a family that recently underwent a change in its family context with the arrival of a member who is fully dependent on care, as well as the interventions performed. Methods: A descriptive-narrative, qualitative study was conducted in the second half of 2022 by the Family Health Strategy team located in the municipality of Taiobeiras, Minas Gerais, Brazil. The family was chosen based on the identified needs of one of its members, who had a recent history of hospitalization, was bedridden, paraplegic, and had a colostomy. The instruments used were: Genogram, Ecomap, Life Cycle, FIRO (Fundamental Interpersonal Relations Orientations), P.R.A.C.T.I.C.E., and Family Conference. Final considerations: The approach made it possible to understand the family holistically, monitor and facilitate appropriate treatment for the patient, as well as strengthen the bond between the Family Health Strategy and the users. The study proved essential, providing information that coincides with the users' experiences, also demonstrating the relevance of applying the tools, since this process reflects the evolution of the Brazilian health system, being indispensable in Primary Health Care for Families and Communities.

Keywords: Family Health Strategy, Life cycle stage, Health care.

INTRODUCTION

The Family Health Program (PSF), created in 1994 with the objective of restructuring primary care in the country, gradually gained ground, demonstrating its relevance and becoming

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the main strategy for modifying the care model and the entry point into the Unified Health System (SUS). In 2006, through the National Primary Care Policy (PNAB), it ceased to be a program, due to its provisional nature, and was renamed the Family Health Strategy (ESF) (PINTO; GIOVANELLA, 2018).

The incorporation of the family as the center of Primary Health Care is a priority condition, being presented as the main method of health reorganization (CHAPADEIRO et al., 2011) and considered a basic relational means, and should be seen as an investigative dimension for understanding how the subject lives with their real life context (NOBRE).et al.,(2015). The family approach is highlighted as an important health care strategy, as it makes it possible to identify weaknesses and limitations, understand the family structure, and comprehend how families organize themselves when facing illnesses, problems, and difficult situations (TAKENAKA; BAN, 2016).

Through the consolidated and longitudinal relationship between family health teams and the population assigned to the area, it is possible to obtain data that support information on family groups, making it possible to understand the particularities of each family, identify needs and carry out interventions when these become indispensable (BRASIL, 2011).

The family system exerts influence among its members as well as the community in which it is embedded. It is assumed that, through the study of the family, sufficient information can be obtained to understand the impacts on health-disease conditions and family interaction. To this end, it is necessary to apply family-based approach tools, such as: Genogram, Ecomap, Life Cycle, FIRO (Fundamental Interpersonal Relations Orientations), P.R.A.C.T.I.C.E., and Family Conference (JESUS).et al.,2020).

Given the above, this study aims to describe the experience of applying family-centered therapy tools in a family that recently underwent changes in its family context and routine. with the arrival of a member who is entirely dependent on care, as well as the interventions performed.



RESULTS AND DISCUSSION

Gabriel (35 years old), divorced, Retired, literate, paraplegic, ostomized, alcoholic and chronic smoker (currently abstinent). He was married to Luiza for 12 years, with whom he had three children: Laura, Liz, and Gael, aged 12, 8, and 6 respectively. After their marriage, he and Luiza sought better living conditions in the state of São Paulo; however, due to his abusive use of illicit drugs, the family lived in a state of conflict until the accident involving Gabriel. 4 years ago. In 2019, he returned with his family to the municipality of Taiobeiras, now completely dependent on care.

Gabriel uses controlled medications for continuous use, prescribed by his psychiatrist. These include: Bromazepam 6 mg (1 tablet at night); Valproic Acid 250 mg (1 tablet in the morning and 1 tablet at night); Neozine 100 mg (1 tablet in the morning and 1 tablet at night). Promethazine 25 mg (1 tablet in the morning and 1 tablet at night); Risperidone 2 mg (1 tablet at night) and Paroxetine 20 mg (1 tablet in the morning).

For four years, Luiza, Gabriel's ex-wife, was responsible for his full care while they lived together, and refrained from seeking help from family members and other members of the healthcare network. This led to a worsening of her already fragile health, which included chronic hypertension, spinal bone degeneration, incident dorsal spondylitis, and acute cholecystitis. She was awaiting her cholecystectomy surgery, which coincided with Gabriel's emergency hospitalization due to acute perforated abdomen. Realizing that both would need full care, Luiza asked Gabriel's closest relatives to take over his care. This resulted in the couple's divorce and a conflict with Maria (Gabriel's mother).

Currently, Luiza lives in a rented house with basic sanitation, which has seven rooms: two bedrooms, two bathrooms, a living room, a kitchen, and a service area. She is unemployed, with a current income of R\$ 600.00 (six hundred reais) from the Auxílio Brasil program, and is in the process of retiring. Even during her post-surgical recovery and despite all the fragilities of her health, she managed to fulfill her role as a mother, caring for her five minor children: Laura, Liz, and Gael, from her marriage to Gabriel; and Enzo and Théo, 18 and 16 years old respectively, from previous



relationships.

Maria (60 years old), divorced, mother of twelve children: Gabriel, Nilton, Davi, Pedro, Isac, Carla, Virna, Saú, Ana, Marco, Lói, and Elza. Living with Gabriel and Davi, she became responsible for their care; she is in the process of retiring due to lumbosciatica evidenced by Magnetic Resonance Imaging. She has recently finished taking Gabaneurin 300 mg (1 tablet in the morning and 1 tablet at night), maintaining pain relief with analgesic medications, such as dipyrrone, prescribed by her orthopedist.

Davi (38 years old), Gabriel's brother, single, retired, diagnosed with severe depression, lacks the mental capacity to make decisions, has no children, helps care for Gabriel, and his retirement pension allows him to cover part of the household expenses. He is currently taking Haloperidol 5 mg (1 tablet in the morning, 1 tablet before lunch, and 1 tablet at night), Risperidone 2 mg (1 tablet in the morning and 1 tablet at night); Biperiden 2 mg (1 tablet in the morning and 1 tablet before lunch); Carbolithium 300 mg (1 tablet before lunch); Neozine 25 mg (2 tablets in the morning and 2 tablets at night), provided daily by the Psychosocial Care Center (CAPS), where the morning dose is supervised and the others are self-administered.

Pedro (36 years old), Gabriel's brother, single, unemployed, lived with his mother and two siblings, and is currently hospitalized in a rehabilitation clinic in the state of São Paulo, referred by the CREAS of Taiobeiras, to protect Maria, in accordance with the elderly statute, preserving her psychological and physical integrity. He is a person with a disability (apparent, mental disorder), a drug addict with a history of hetero-aggression.

The family under study, consisting of Gabriel, Davi, Maria, and Pedro, lives in their own home, which has nine rooms: five bedrooms, two bathrooms, a living room, and a kitchen, without any adaptations for people with disabilities. The property is in very poor condition in terms of infrastructure and basic sanitation. Maria, the owner and Gabriel's mother, says she plans to sell the property and buy a smaller one in good living conditions so she can make the necessary adaptations.

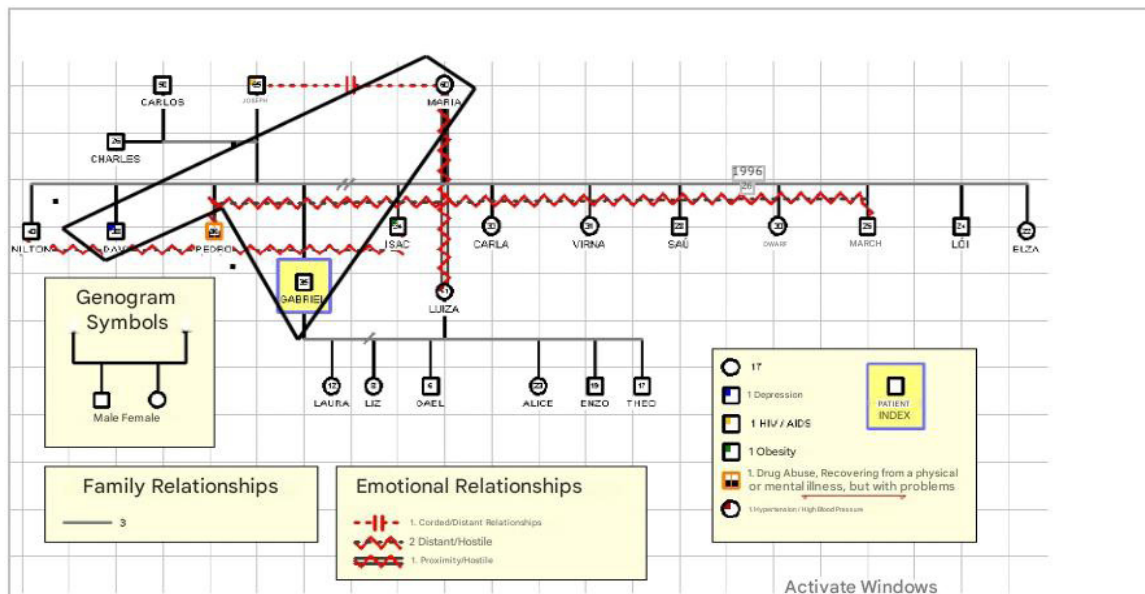
José is Maria's ex-husband and the father of her 12 children, including Gabriel, from whom



he divorced 19 years ago. He was recently diagnosed with Parkinson's disease and the human immunodeficiency virus (HIV). He is currently in a same-sex relationship with Carlos, who is Charles's father, and his relationship with his children, who do not live in the same municipality, is hampered due to the distance between them.

From the genogram (Figure 1), it is possible to observe the interpersonal relationships and family structure established by its members, represented by symbols that highlight information such as age, sex, occupation, comorbidities, and bonds (NASCIMENTO et al., 2014). Among most members of the studied family, the relationship is harmonious. Conflicts are observed between Luiza and Maria; between Pedro and Marco, due to Pedro's abusive use of illicit drugs; and between Nilton and Izac for undisclosed reasons. Gabriel has a distant relationship with Pedro, who is currently hospitalized in a rehabilitation clinic in São Paulo.

Figure 1: Genograma familiar



Source: Authors' own work, 2023.

Information derived from assessments of burden in the context of patient care makes it



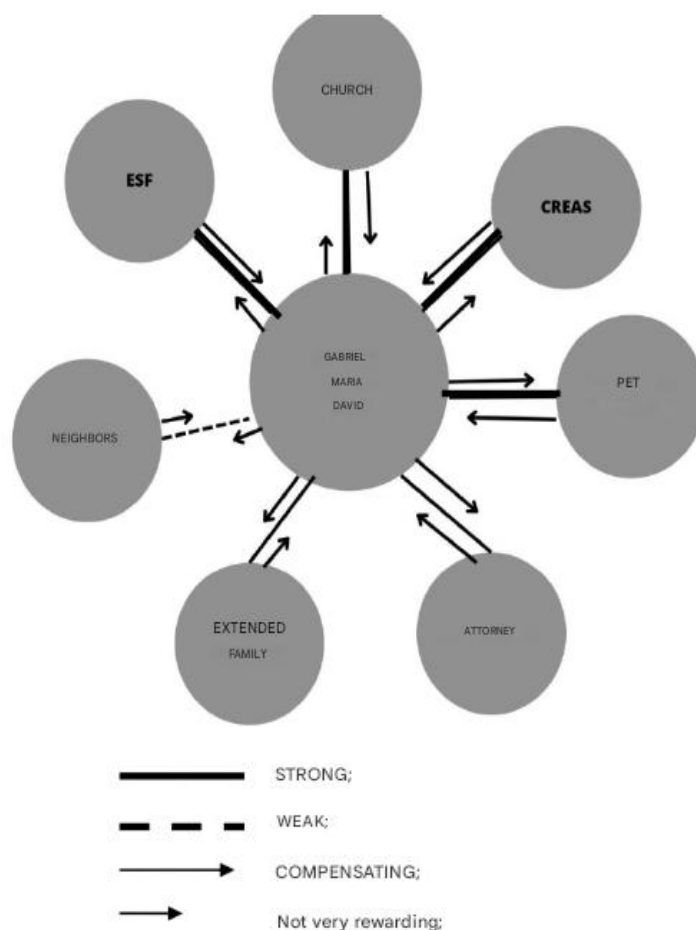
possible to measure the caregiver's perception of the role assumed, observing the bond between the caregiver and the dependent person (QUELUZ).al.,(2019). In this scenario, it is possible that Maria, as a consequence of all the activities performed for the index patient, may present complications in her health status, mental stress, and physical exhaustion. Therefore, it is essential that the Family Health Strategy (ESF) acts as a supporter of the well-being of both, and that Maria recognizes Gabriel's condition and becomes aware that this support network is not only for him (HENRIQUES; CABANA; MONTARROYOS, 2018).

Ecomapa

The ecomap, created in 1975 by educator and social worker Ann Hartmann, is a way of representing a family's personal and social ties with the environment and community where they live, contributing to the assessment of the social and support networks accessed by family members, as shown in Figure 2 (HARTMAN, 1978).



Figure 2: The familiar ecomap.



Source: Authors' own work, 2023.

It is possible to assess the social relationships built and the support network in which the family is embedded, as shown in Figure 2. A strong link with the Family Health Strategy (ESF) is observed, because it ensures the patient's access to health services and related networks. Continuous follow-up by the team facilitates the creation of bonds and trust, leading to more accurate and effective diagnoses and treatments (STARFIELD, 2004).

Furthermore, a strong link with the church is noticeable, which, in addition to providing religious support due to the difficulties faced by the family, makes donations of basic food baskets as a way to guarantee food security, contributing to coping with current difficulties. In this perspective,



Almeida et al. (2022) brings in his study the importance of working with and involving religiosity within the family, in relation to biopsychosocial aspects. Thus, the ESF can encourage the connection between the church so that the practice of spirituality becomes an increasingly effective point of support.

Regarding the Specialized Social Assistance Reference Center, the bond is strong due to the need for legal assistance and psychosocial support, according to Panisson et al. (2022), they emphasize the importance of CREAS as a facilitator of communication between the social assistance and health sectors, so that the person can develop their autonomy and be the protagonist of their care. In this way, the fact that CREAS fulfills its social role, guaranteeing the rights of Gabriel and his family, is explained.

Furthermore, it's worth emphasizing the family's relationship with the pet. This bond is considered strong by the family, making it interesting to discuss this relationship. Therefore, Santos et al. (2022) presents in its study the benefits linked to the bond developed between humans and animals, which contributes to physical and mental well-being, alleviating feelings of sadness. Regarding the other bonds with the lawyer, the extended family and the neighbors, a resistance was perceived from the members in going into details, hindering the understanding of the influence and the association of these links between the aforementioned people.

Family Life Cycle

Individuals and families have distinct life cycles. Their development occurs in a non-linear fashion, according to the events they experience, whether predictable or unpredictable, which mutually affects all those involved and thus shapes their future (CHAPADEIRO CA et al., 2011).

The first cycle is family as a starting point (CHAPADEIRO CA et al., 2011), evidenced by the recent separation of Gabriel and Luiza, making it necessary to renegotiate the marital relationship, based on the acceptance of both parties and possible changes in the family composition.



The second one is middle-aged families and the third aging families (CHAPADEIRO CA et al., 2011). The index patient's mother is in her aging phase, having new goals, needing to realign relationships such as the inclusion of her grandchildren, and planning her financial future through attempts at retirement. In addition, she also deals with Pedro's disability, who is hospitalized for rehabilitation.

F.I.R.O

The “fundamental guidelines in interpersonal relationships” –Fundamental Interpersonal Relations Orientations: (F.I.R.O) – seek to analyze the feelings of family members in everyday relationships (ANDRADE AS and GOMES RLR, 2018).

The application of the F.I.R.O. model was necessary following the transition of responsibility for the care of the index patient from Luiza to Maria, which resulted in changes to the daily routine and roles of family members. In the inclusion category, Gabriel feels that his role as manager and provider has not changed, with the only obstacle being his inability to move around. In the control category, Maria holds the dominant role, performing most of the personal and medication care with the help of Davi; however, Gabriel feels involved in family decision-making processes. Regarding the intimacy category, he has the freedom to express himself and has accepted the end of his marriage, although he misses his ex-wife and children with whom he maintains a good relationship.

The P.R.A.C.T.I.C.E. tool is used for family assessment, capable of identifying the main problem, facilitating its resolution through interventions relevant to the family's specific tribulations (BRATE ARSD, et al., 2016).



Table 1: P.R.A.C.T.I.C.E

P	Problem	The inability toGabriel It is the cause of existing conflicts.
R	Roles and structure	Maria takes on the roles of mother and caregiver for both children, in addition to managing household chores. Davi, despite being the financial provider, lacks autonomy in decision-making due to his mental state. Gabriel assists.for household maintenance.
A	Affect	Maria has a good relationship with Davi, while Gabriel has a strong and conflicted relationship with his mother.
C	Communication	It is noted that there is a deficiency among the members, however there is agreement on the decisions.
T	Time in life (tempo no life cycle)	Middle-aged family, with mother-grandmother, son-father-uncle-brother. In the process of transitioning from work to retirement and full pension contributions, with marital renegotiations.
I	Illness in family past and present(illnesses in the family)	Since Gabriel's arrival with his physical limitations, it has become evident that the family lacks the resources to handle the daily care needs of all its members.
C	Coping with stress	Family members are willing to resolve problems when faced with stressful difficulties.
AND	Environment/ecology	The mother has a good relationship with the Family Health Strategy (ESF) team and accepts assistance as needed based on the demands identified by the team. She receives visits from church members as an emotional support group. Gabriel receives visits from his ex-wife and their three children.

Source: Authors' own work, 2023.

The Individual Therapeutic Project (ITP) enables the production of interdisciplinary care, including the patient and caregiver, generating synergy among those involved. It is defined as a cluster of therapeutic proposals and behaviors designed for the individual or group, practiced in conjunction with the user and family members (BRASIL, 2008). When the team observed Maria and Davi's insecurity in providing basic care to Gabriel, the Family Health Strategy (ESF) together with the Home Health Care Program (Better at Home) developed a Personal Therapeutic Plan (PTS), guaranteeing him autonomy and safety.



Intervention

On October 24, 2022, Gabriel was admitted with acute perforated abdomen, resulting from constipation, which culminated in fecal impaction, requiring surgical intervention, exploratory laparotomy, which revealed an extensive sigmoid laceration. He underwent a left Hartmann hemicolectomy and remained hospitalized in the ICU, receiving antibiotic therapy via central venous access and right subclavian vein. He was discharged from the hospital on November 4, 2022, already using a colostomy bag and with several pressure sores.

After hospital discharge, the nurse, along with the community health worker and the nursing technician, conducted a home visit to assess the patient's condition and the context in which they were living. In the Family Health Strategy, the home visit is an activity that allows professionals to get closer to the local reality, enabling them to effectively understand the situations associated with the health-disease process, which involve social and economic variables, to help understand the way of life of individuals (GOULART et al, 2021).

Family support depends on a proper understanding of the biopsychosocial characteristics of its members. In this context, the family is considered the most significant dimension of the users' social environment (DIAS; LOPES, 2015). At the end of the visit, a municipal referral for colostomy bags was requested, along with assessment and measurements to order the necessary materials, as well as training for the family on how to care for this procedure. The ease of communication with family members clarified and highlighted the essential need for shared care with social services, the home care team, and the Family Health Support Center (NASF). In this sense, this clinical condition requires coordinated and multidisciplinary care from health services. This situation may be associated with the various needs of the ostomy patient, with a view to adapting to the new clinical condition (ARDIGO; LOVER, 2013).

With the goal of ensuring the user's autonomy and adaptation, it is the responsibility of



healthcare professionals to carry out educational actions, which include guidance on care in the pre-operative period and, above all, in the post-operative period, since the user and their family need information that enables them to care for the stoma at home. Implementing these strategies is essential for the user's rehabilitation and care at home. SILVA et al., 2017). It was understood through the assessment that the index patient's mother would assume the role of head of the household and caregiver, even exceeding her physical and mental limitations. This was democratically accepted within the family hierarchy.

On December 9, 2023, the Nurse, Pharmacist, Nursing Technician, and Community Health Agent, along with the multidisciplinary team from CREAS, held a family conference to define responsibility for Gabriel's care. The family conference is a strategy used in conflict resolution where professionals address health issues, interaction, and communication among family members. It is a pre-arranged meeting among family members where information and feelings are shared, aiming to change behavioral patterns among family members. Thus, through active listening, the family conference allows for clarifying questions, discussing feelings, and reducing existing psychosocial anxieties. It aims to resolve the doubts of users and family members, respect the autonomy of others, and provide opportunities for individuals to make their own decisions (SILVA). et al., 2018).

At the end of the family conference, it was agreed that Gabriel would remain under Maria's care, staying at home until his siblings coordinate with foster care facilities that meet his needs for institutionalization, or until the family must resort to hiring a caregiver.

Based on data obtained from the assessment and development of the Individualized Treatment Plan (ITP), guidelines were provided regarding Gabriel's care, including: changing his position every 2 hours, keeping the sheets clean and taut, removing feces from the colostomy bag whenever it reaches the indicated limit, maintaining good hygiene for the patient and the environment, keeping him hydrated and fed, and administering medications at prescribed times.

Following daily assessments, it became evident that the medication treatment used by the index patient was no longer having the expected effect; consequently, the multidisciplinary team



referred him to the CAPS (Psychosocial Care Center), where the psychiatrist, after evaluation, prescribed a new pharmacotherapy, with satisfactory results so far. In this sense, interprofessional work in health, based on collaborative practice, is presented as one of the most effective strategies to face the highly complex challenges of the health sector and the materialization of interdisciplinarity (PEDUZZI et al., 2013).

The pharmacist, together with Maria, reviewed all medications available in the home, providing guidance on their correct use at pre-established times. According to this study, this professional's role in the Family Health Strategy (ESF) includes dispensing medications and providing specialized pharmaceutical guidance, as well as home visits, matrix support to family health teams, individual or shared assistance, and participation in interdisciplinary health groups. In addition to managing medication, this professional assists in building healthcare for users, monitoring treatments, and contributing to the team's actions promoting health and quality of life (DIEL). et al., 2019).

Due to Maria's stress and anxiety, the primary care nurse referred her for psychological counseling. In this context, with the evolution of the Unified Health System, new actors have gained prominence in the health sector, among them the psychologist (SPINK; MATTA(2010). It is noteworthy that the process of insertion at this level of care has been accompanied by intense discussions, which indicate difficulties for psychology in the face of the reality of the Unified Health System, especially in the context of primary health care. A medical evaluation was also requested to provide a report proving the inability to perform work activities and the need for retirement.

Given the physical limitations of the index patient, it was necessary for the dentist to assess the oral region during a home visit, where deficiencies in hygiene were observed. Initially, a home visit by a dental hygienist was scheduled for deep cleaning of the teeth. Subsequently, a routine of consultations was defined for maintaining oral integrity and possible interventions. It is important to emphasize that, as an operational strategy, dentistry utilizes the ideological framework of the Family Health Strategy, that is, it aims to work through client registration, focusing on the family nucleus and basing itself on epidemiology as a decision-making strategy, guiding the principles of prioritization,



through a risk perspective. It also seeks to defend multidisciplinary work, incorporating the collective into the individual and prevention into cure, based on an understanding of the influence of social determinants in the health-disease process through humanized care. FARIAS; SAMPAIO, 2011).

At the end of the proposed and implemented interventions to date, Maria highlights Gabriel's clinical and mental improvement, feeling secure due to all the support from the team responsible for the interventions. It is worth remembering that Gabriel was completely unassisted by the Health Care Network while living with Luiza, who did not seek help or multidisciplinary care, which culminated in a serious condition with an imminent risk of death.

In this sense, knowledge about the family enables an evaluative parameter of the health needs of users and helps to reduce the chances of numerous negative outcomes, allowing for appropriate interventions. A family-centered approach requires changes in the practice of health teams and has been conducted through the Family Health Strategy since 1994, allowing for personalized actions over time through an understanding of the family structure (MACHADO; MENDES, 2012). This study reinforces the favorable possibilities that this approach brings to the effective care of families.

Final considerations

The application of family-centered therapy tools allowed for an understanding of the family and its unique characteristics, enabling a holistic view of the family being studied. This is a dysfunctional family, economically disadvantaged, with limited resources, at different stages of life, and with debilitating comorbidities. Despite some conflicting episodes most of the time, the family lives together harmoniously.

Even with the work carried out by the entire multidisciplinary team, including proposed interventions and referrals, the participants studied have chronic physical and mental limitations, making it important for continued care from qualified professionals.

This study demonstrates the relevance of applying these tools, as this process portrays the



evolution of the Brazilian health system, making visible the study of life and all its complexity and uniqueness, considering not only the disease but all the aspects that permeate it. The study proved essential, providing information that coincides with the users' experiences, being indispensable in planning actions designated to Primary Health Care for Families and Communities.

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