



FAMILY APPROACH IN PRIMARY CARE IN MENTAL HEALTH: EXPERIENCE REPORT

ABORDAGEM FAMILIAR NO CUIDADO PRIMÁRIO EM SAÚDE MENTAL: RELATO DE EXPERIÊNCIA

ENFOQUE FAMILIAR EN ATENCIÓN PRIMARIA EN SALUD MENTAL: RELATO DE EXPERIENCIA

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RESUMO

Objetivo: descrever a experiência de uma equipe multiprofissional da Estratégia Saúde da Família na atenção em saúde mental no âmbito da Atenção Primária à Saúde. **Método:** estudo do tipo descritivo e exploratório, conduzido no âmbito da Estratégia Saúde da Família no município de Montes Claros (MG), Brasil, no período de setembro de 2014 a fevereiro de 2015. Foram utilizadas as ferramentas de abordagem familiar: Genograma, ecomapa, F.I.R.O., P.R.A.C.T.I.C.E. e Ciclo de Vida Familiar. **Resultados:** compreendeu-se a dinâmica e o contexto de um grupo familiar e determinou-se o plano de cuidados para a família e a divisão de tarefas. **Conclusão:** Este estudo permitiu o conhecimento pela ESF da realidade de uma família, proporcionando assistência diferenciada de acordo à sua necessidade com a apropriação de ferramentas estratégicas. **Descritores:** Atenção à Saúde; Atenção Primária à Saúde; Estratégia Saúde da Família.

ABSTRACT

Objective: to describe the experience of a multiprofessional team from the Family Health Strategy in mental health care in Primary Health Care. **Method:** descriptive and exploratory study carried out within the scope of the Family Health Strategy in the municipality of Montes Claros (MG), Brazil, from September 2014 to February 2015. The family approach tools were used: Genogram, ecomap, F.I.R.O., P.R.A.C.T.I.C.E. and Family Life Cycle. **Results:** one understood the dynamics and the context of a family group and the plan of care for the family and division of tasks was determined. **Conclusion:** this study allowed the FHS to know the reality of a family, providing differentiated assistance according to their need with the appropriation of strategic tools. **Descriptors:** Health Care; Primary Health Care; Family Health Strategy.

RESUMEN

Objetivo: describir la experiencia de un equipo multidisciplinario de la Estrategia Salud de la Familia en el cuidado de la salud mental dentro de la atención primaria de salud. **Método:** estudio descriptivo y exploratorio, realizado bajo la Estrategia Salud de la Familia en la ciudad de Montes Claros (MG), Brasil, de septiembre 2014 hasta febrero 2015. Se utilizaron herramientas de la familia de aproximación: Genograma, ecomapa, F.I.R.O., P.R.A.C.T.I.C.A. y el ciclo de la vida familiar. **Resultados:** se entendió la dinámica y el contexto de un grupo familiar y se determinó el plan de atención a la familia y la división de tareas. **Conclusión:** este estudio permitió a la ESF conocer la realidad de una familia, proporcionando un servicio diferenciado de acuerdo a sus necesidades con la apropiación de las herramientas estratégicas. **Descriptor:** Atención a la Salud; Atención Primaria de Salud; Estrategia Salud de la Familia

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INTRODUCTION

Primary Care is the core of coordination of the entire health care network and its main gateway. It is developed with the highest level of decentralization and capillarity and, for being inserted within the community, it should preferably be the user's first contact with health services. For this to happen, the principles of equity, accessibility, universality, bonding, accountability, integral care, humanization, continuity of care and social participation must guide it.¹

Family Health started in 1994, and is understood as a reorientation strategy of the care model, operationalized through the implantation of multiprofessional teams in basic health units. It is a revitalizing project of the Unified Health System - SUS, conditioned by the historical evolution and organization of the health system in Brazil and represents a huge advance in policies. The link between Family Health Strategy (FHS) teams and the population enables achieving that progress, which allows increasing the resolution of their health problems.²

The Family Health Strategy (FHS) prioritizes the reorganization of basic care in Brazil, in accordance with the doctrinal and organizational principles of SUS. The operationalization of that strategy presupposes the sanitary accountability of a multiprofessional team over a given population residing in a territory, with emphasis on health promotion and popular participation. Nursing is a professional category belonging to the minimum FHS team.³

The practices performed by the FHS escape the purely curative character and extrapolate their actions in that sense. They understand the health-disease process in an extended way, have their activity centered in the families and include promotion and protection of health, prevention of diseases, diagnosis, treatment, rehabilitation and maintenance of health.⁴ Thus, the FHS team focuses on the family itself.

The family consists of people connected to each other for various reasons, having a kinship, a culture determining its structure, the types of connections and the interaction among its members. The family also has stages of development marked by particular events within it. In addition, its members occupy positions, performing individual tasks.⁵

In order to know the family context, health professionals need to use special techniques. Thus, family approach tools are important strategies to access those families. The most used family approach tools are the Genogram, ecomap, the Family Life Cycle, the F.I.R.O.

and the P.R.A.C.T.I.C.E. Moreover, the family conference can also be indicated as an optimal family intervention strategy.⁶

The justification for the present study is the importance of knowing the structure of a family group with people suffering from mental illness registered in the FHS, assessing its composition, the way members organize and interact with each other and with the environment, health problems, the risk situations, the patterns of vulnerability. That knowledge is essential to plan the health care for the family, and very important to acquire new knowledge about its lifestyle and social reality. In addition, the study will contribute to actions that improve social and family interaction, seeking a better quality of life.

The objective of this study is to describe the experience of a multiprofessional team of the Family Health Strategy in mental health care in Primary Health Care.

METHOD

A descriptive and exploratory study carried out within the scope of the Family Health Strategy, during the family situational diagnosis, by applying some family approach tools: Genogram, Ecomap, P.R.A.C.T.I.C.E., F.I.R.O., Family Life Cycle and Conference in the municipality of Montes Claros (MG), Brazil, from September 2014 to February 2015.

Since the study involves health service users, it will be presented with fictitious names to safeguard the confidentiality and ethical standards of the research, with the free and informed consent of all participants.

The data were collected with the favorable opinion of the Research Ethics Committee of Unimontes, number 572244/2014, and after obtaining the free and informed consent of the participants. It focused on the structural evaluation of the family (construction of the genogram, graphical representation of family members and their relationships, and ecomap). Those data were then analyzed in the light of the own systemic framework.

Structural evaluation comprises the structure of the family, the people who are part of it, the affective bond among the members and their context. Three aspects can be examined: internal elements (family composition, subsystems and boundaries), external elements (extended family and broader systems) and context (ethnicity, race, social class, religion and environment).⁷

The relationship with the family occurred during the process of territorialization of the FHS, when the team identified that dysfunctional family in the area of comprehensiveness. Since then, there have

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been 12 family visits, with the purpose of establishing a bond and then proposing interventions. It was possible, from the visits, to establish the family bond with the health team.

There were some home visits to apply the proposed family approach tools and a meeting with family members, especially for the Family Conference. One collected more information on the case with the daughters of the index patient, CAPS, CRAS and their neighbors.

CASE DESCRIPTION

Aphrodite, a 67-year-old widow, mother of eight, a smoker and an alcoholic since she was 18, lives with two of her children, Anteros (56 years old) and Eros (28 years old). She is responsible for their care, since Anteros was diagnosed with psychosis by the Psychosocial Care Center (CAPS) and Eros was born with a mental retardation. Besides those two sons, Aphrodite has only three more daughters, who are Minerva, Doris and Hesperia. During a home visit of the Family Health Team, the professionals observed that the residents of that residence suffer from psychic illness and live in conditions of social vulnerability, demanding from the FHS support, interventions and constant care.

Anteros, the first son, was born without evidence of mental suffering, had a family in adulthood. Nonetheless, he developed the psychosis after being shot in the head by a firearm Projectile, which it still lodged in his skull. The family formed by Anteros disintegrated; after the onset of psychosis, he went to live alone in a room in a subhuman situation. Due to social assistance, he returned to live with his mother, even though she refused to take responsibility for the care. His behavior is currently understood by extreme aggression, compromised personal and environment hygiene and lack of verbal communication. That form Anteros introduces himself to the world is a source of great inconvenience both for his mother as for their neighbors, who complain a lot because of the foul odor, coming from the feces, urine, food remains and cigarette butts scattered on his room. Due to the current impairment and severity of Anteros' clinical condition, he needs assistance in his personal care, despite being extremely resistant to it. Although he lives in the same house as his mother and brother, Anteros is restricted to a room that is located on the ground floor. Sporadically, Aphrodite cleans the Anteros' room and feeds him. The CAPS have accompanied him since

2002 and once a month he is taken there for medical care and hygiene.

Eros, the youngest son, has attended the Association of Parents and Friends of the Exceptional (APAE) since he was born due to the diagnosis of mental retardation. When he was seven years old, he stopped attending that institution, after a disagreement with an employee on the bus that transported him and, since then, he began to have difficulties leaving home, becoming more and more quiet until he completely stopped expressing any vocal verbalization. He currently has a quiet temperament, does not communicate verbally, but expresses understanding about what happens around him through gestures, gaze and smiles. He is very close to his mother and has a strong affective bond with her. The relationship with his brother Anteros is very tense, due to the jealousy that he feels of Aphrodite. For that reason, Anteros stays in a room facing the street in the house where they live.

The Reference Center in Social Assistance - CRAS accompanied the case of this family for five years, and, later, the Specialized Reference Center for Social Assistance - CREAS has assumed it, due to its complexity. The FHS team met with the CRAS professionals to discuss the case, and they said that they had done everything within their competence and ended the work with that family, passing on the complaints of abandonment of the incapacitated and negligence for CREAS.

Through difficulties presented by this family and well-established links with the professionals of the team, some interventions in order to minimize the problems they face were proposed.

From then on, home visits were carried out at the home of the index patient between September 2014 and March 2015, in which semi-structured interviews were applied based on the tools Genogram, F.I.R.O., P.R.A.C.T.I.C.E. and Family Life Cycle. The objective of using those instruments was to understand how the organization and family dynamics occur, so that the FHS team could devise strategies to intervene in the diverse needs presented by the case in question, calling for the expansion of clinical action.

As a way to approach and solve the conflicts found, the FHS team used the Family Conference in an attempt to improve the quality of life of the index patient and her two sons, since they are in extremely precarious and socially vulnerable situations and lack family support.

Home visits were also made to the index patient's daughters in order to establish a

bond and try to integrate them into the care plan of their mother and brothers.

The information collected had as main informants, besides the index patient, their daughters considered closer: Minerva, Dóris and Héspera. The four generations of the family were taken into account in the graphic mapping of the "family history and pattern". The first generation was characterized by the parents of the index patient, the information obtained was limited only in names and deaths, since there were no memories of Aphrodite and her daughters, since they did not have contact with their grandparents and the uncles are unknown.

◆ Genogram

Through the family group diagram, the genogram allows an internal structural evaluation. It consists of the graphical representation of information about the family, in which symbols and codes can be interpreted as a common language for those interested in viewing and monitoring family history and relationships among its members in at least three generations.⁸

In order to better understand the internal structure of the family, the genogram was elaborated (Figure 1), performed through a process that was beyond a simple interview, in which the information senses can be interfered by the questions. The knowledge of the real situation of the family happened through many conversations of the health team with the relatives and index user, fact that enabled leading to data according to the meaning that they had of each one.

The second generation portrays the patient index, Aphrodite, and the number of affective bonds related to her, totalling four unions. There was no lasting relationship, and Aphrodite ignored more expressive information on each case, as she was not happy to remember her past, and her sons and daughters had little contact with their fathers, who had already deceased when they were children.

The third generation represents the children of the index patient, totaling eighteen, being ten deceased by causes unknown to Aphrodite. Among the living children, those are located at the extremities of the third generation (Anteros and Eros).

Still in the third generation, Aphrodite's closest daughters are Minerva, Hesperia, and although Doris disagrees, considering Aphrodite difficult to receive her help in domestic duties and resented by her mother's mistrust, she has shown her willingness to help her when requested. The other daughters are not willing to help Aphrodite and there is no closeness between them.

In the fourth generation, the grandchildren of Aphrodite are mostly estranged, have no custom to visit her, only the children of Minerva and Doris see her when Aphrodite occasionally visits them. They give her no assistance.

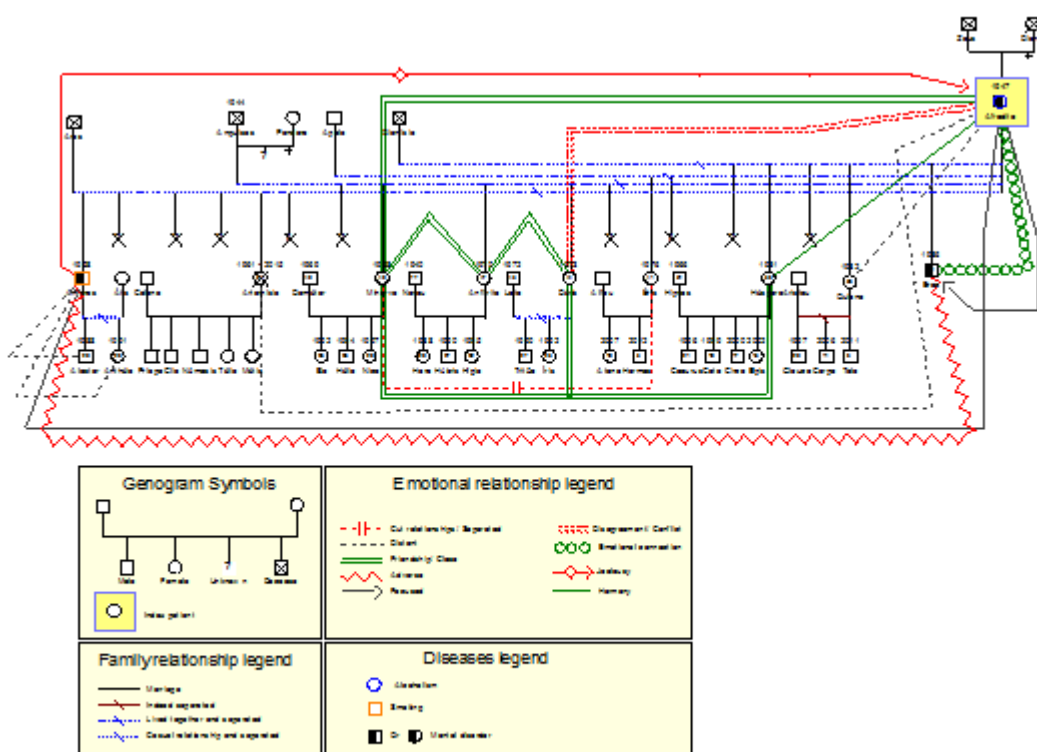


Figure 1. Genogram, Montes Claros (MG), Brazil, 2015.

◆ Ecomap

For an external structural evaluation, the ecomap is a diagram of the relationships between the family and the community, which contributes to evaluate the social networks and supports and their use by the family. It contains their contacts with people, institutions or groups. It represents the absence or presence of social, cultural and economic resources, of a certain moment of the family life cycle, with modification over time. A family that has few connections with the community needs greater investment of the health team in interventions that help in the search for more connections or stabilizations of the relationships.⁹

In the ecomap, family members are represented in the center of the circle. As for their social network, it appears in external circles and the lines indicate the type of connection with them.¹⁰

For the development evaluation, the ecomap was carried out and the links and relations of the patient and her relatives in society, represented in Figure 2, were analyzed. Analyzing the social relations of the

index patient and her relatives, there was a positive link to the CAPS and the FHS, where they receive help and follow-up on issues related to health care.

The places where leisure conditions are granted are restricted to the municipal park near the place where they live and to the bars where Aphrodite and Eros mainly frequent.

Although Aphrodite has a very extended family, she considers herself overburdened to take care of the two sons who also present mental disorder, reporting that she does not receive support from her daughters. At the same time, Aphrodite's daughters claim that she refuses to receive help from them.

Since Anteros present behaviors considered different by the society, the neighbors feel annoyed with the dirt that he does in the street, and with his constant presence in the middle of the street, at risk of being run over.

The relatives live in a commercial area, Aphrodite complains that Anteros has the habit of picking up food in the bakery for the dog that lives in his room and, due to this, the accounts of that establishment accumulate for her to pay, a situation considered conflicting.

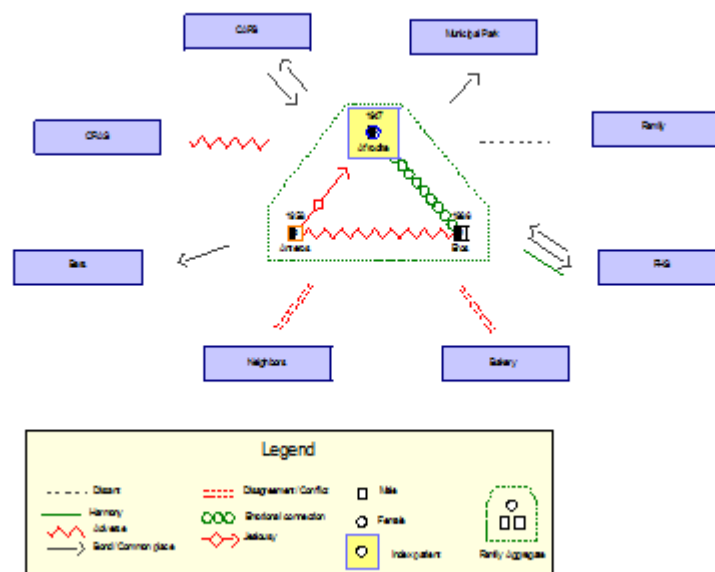


Figure 2. Ecomap. Montes Claros (MG), Brazil, 2015.

Aphrodite has aversion and resistance over CRAS, since it used to perform the follow-up of the family, but she expected a more resolute performance in the case of her son Anteros.

◆ P.R.A.C.T.I.C.E

Ela se refere ao acróstico das seguintes palavras originalmente em inglês: *problem, roles, affect, communication, time in life, illness, coping with stress, environment/ecology*. Em cada componente destes será analisado: P- *problem* - referente ao problema apresentado; R- *roles* - alusivo aos papéis de cada membro; A- *affect* -

representa o afeto, como a família o demonstra diante do problema apresentado; C- *communication* - informa qual o tipo de comunicação dentro da estrutura familiar; T- *time in life* - menciona em qual fase do ciclo de vida a família se encontra; I- *illness* - história de doença na família, passado e presente; C- *coping with stress* - como os membros da família enfrentam o estresse da vida; E- *environment/ecology* - quais os recursos que a família possui para enfrentar o problema em questão

The PRACTICE tool focuses on problem solving and includes an approach with several

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interfaces in which, there are the problems in the analyzed families. It was designed to be applied in situations that are more difficult. It is developed through family interviews and the approach can occur on several occasions.¹¹

It refers to the acrostic of the following words originally in English: problem, roles, affect, communication, time in life, illness, coping with stress, environment / ecology. In each component of these will be analyzed: P - problem - referring to the presented problem; R-roles - allusive to the roles of each member; A- affect - represents the affection, as the family shows it in the face of the presented problem; C- communication - informs the type of communication within the family structure; T time in life - mentions in which stage of the life cycle the family is; I- illness - history of illness in the family, past and present; C- coping with stress - how family members face the stress of life; E-environment/ecology - what resources does the family have to face the problem in question..¹⁵

P: Presented problems (*problems*)

Anteros and Eros present total dependence for basic and instrumental activities, which overwhelms Aphrodite.

R: Roles

Aphrodite cares for her sons Eros and Anteros. The mother also takes care of the housework, manages the economic part. The rest of the family contributes to some tasks.

A: Affect

Aphrodite feels tired and unmotivated given the problem, the others do not present significant reactions. Aphrodite and Eros have strong affective bonds with each other.

C: Communication

Satisfactory between Aphrodite and Eros, unsatisfactory among the brothers. Eros and Anteros are not aware of their actions, and it is sometimes difficult to understand their degree of communication.

T: Time in life

When we examine the family of Mrs. Aphrodite, we note that it may be framed in the last stage: An aging family facing a situation where the caregiver is overburdened.

I: Illness in the past and present (*illness*)

Aphrodite reports that she has always been the caregiver of Eros, and that situation has never been a cause for overload. From the moment that Anteros became dependent on care, difficult to carry out, the problem settled in the family.

C: Coping with stress

Aphrodite seeks support from the Family Health Team and her three closest daughters

Minerva, Hesperia and Doris. Their children do not show any kind of support search.

E: Ecology or Environment

The family resides in own house, does not have good relation with certain neighbors. Family has no defined religion. It has financial resources of two retirements of the sons with mental suffering.

◆ **F.I.R.O.**

FIRO is a model based on fundamental orientations in interpersonal relationships. It is applicable in cases where the interactions in the family can be categorized in the inclusion, control and intimacy dimensions, that is, the family can be studied as to their relations of power, communication and affection.¹²

• **Inclusion:**

With regard to inclusion, Aphrodite directs the way of caring for her sons and home, and is ahead of the family decisions.

Connectivity:

Aphrodite has a good relationship with her sons.

Share Modes:

The family has no leisure, does not meet properly.

• **Control:**

The predominant type of control is the dominant one exercised by the mother Aphrodite who represents the main control of the house, which influenced Eros (collaborative), but not Anteros (reactive).

• **Intimacy:**

As for Intimacy, Aphrodite and Eros have demonstrated good relationship with each other, Anteros is jealous of Eros. They have a distant relationship with other relatives.

◆ **Family life cycle**

The development category refers to the progressive transformation of family history during the phases of the life cycle: its history, the course of life, family growth, birth and death. This is divided into three subcategories: stages, tasks and links.⁶

The Life Cycle allows understanding the tasks that the family must fulfill to undergo transformations. It is important to emphasize that one cannot ignore the social, economic and political contexts and their impact on families, moving through different phases of the life cycle at each moment in history.¹³

The family was in the life cycle family of aging members, in the late stages of life. The family is at this stage, for they have no other prospect of family expansion.

According to the information obtained through the tools applied, it was possible to

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identify the problems presented in the family: Aphrodite's overload in relation to the care of the sons with mental suffering, and her lack of self-care. From this the multidisciplinary team, realizing the family's need, tried a greater contact with the rest of Aphrodite's family, in order to know her history and to divide the tasks of care of the brothers and household chores. Several agreements were made with family members regarding the proposed intervention in the family.

◆ Family Conference

The Family Conference is a tool for health professionals to support families, maximize interventions and, along with staff and users, promote a care plan. It is defined as a level of approach to families in conflict situations where they will address health and interaction/communication conditions among family members.

This intervention can only be successful if there are guarantees that the climate of communication among everyone is respected and if the professional is able to offer security, confidence and guidance that helps the family to express their concerns, emotions and to agree on an acceptable common future plan.^{14:70}

In the family conference held with the members of this case study, there were: the nuclear family (Aphrodite, Anteros and Eros), the three closest daughters (Minerva, Hesperia, Doris) and two grandchildren (Triton and Iris). The other daughters called for the meeting were not interested in it. The conference took place in a way to initially allow a reflective moment in the life situation of the household (Aphrodite, Anteros and Eros), so that the relatives themselves could conduct the meeting and discuss all the attempts made to collaborate in the living condition of Aphrodite. One understood that the daughters and grandchildren who were present at the meeting, that is, the closest ones showed concern about the life condition of Aphrodite, Anteros and Eros, besides expressing some interest in seeking a resolution for the case. They reported that they had always been willing to do so, yet they felt helpless because they did not have the necessary support to effect a change. However, since the Family Health Strategy Family Conference, Aphrodite's daughters and grandchildren report that they now feel supported by what they needed to think about a plan of care for the index patient and their brothers. That moment also provided a closer approximation between the members of the family and an understanding of the complexity

of the clinical pictures of Aphrodite, Anteros and Eros.

The use of the approach tools evidenced the main family problems, such as: the deficiency of self-care of the members, mainly of Anteros, work overload of Aphrodite in relation to the care with the family.

The family conference allowed the team to understand the family situation, their concerns, feelings, emotions, impasses, dynamics, structure, ties and functioning. During the meetings, it was possible to: delimit the purposes of the meetings, review the clinical situation, what they already know and what they understand about it; review the list of problems of the different participants; discuss the various options to solve the problems, considering the users' wishes; establish a therapeutic plan of care. Thus, the daughters organized themselves, divided the tasks and took responsibility to offer support to Aphrodite and their brothers. During the follow-up of the case, and after the family conference, there was already a resonance in the family of the proposed interventions: structural reform of the Aphrodite's residence as the initiative of her daughters, active participation of the daughters in the daily life of Aphrodite, and they accompany her in the consultations when she is not in a position to go alone.

During the conference, certain tasks were agreed to ease Aphrodite's overload: Doris would help with domestic care, do household cleaning at least once a week, and do laundry; Minerva would accompany Aphrodite in her medical appointments. Hesperus, for being the closest one, should supervise the use of her brothers' medications. In relation to the care of the brothers, they all would help. From then on, after the firmament of the abilities of each daughter, those daughters and one of her sons-in-law, decided to begin the reform of the house where Aphrodite lives. She is very excited about the change and tells the projects she dreams about doing in the house.

It was also clear that Aphrodite's daughters had already made some attempts to help and care for her mother, but she refused to receive that support because she did not agree to give up her retirement.

The nurse and the dentist were responsible for the monitoring of the case, because they were the people in whom the index patient created the greatest bond. They were given the task of following up the case, moving to the multiprofessional team that provides comprehensive care, offering emotional support and assistance, and evaluating

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whether the agreements signed with the family are being fulfilled.

FINAL REMARKS

The tools used to collect data for this study, Ecomap, Genogram, F.I.R.O., P.R.A.C.T.I.C.E., Life Cycle and Family Conference, allowed the best recognition of the biopsychosocial conditions of the family, as well as their cultural and behavioral aspects.

The data from this study provided a more critical view of the family profile, presenting the relationship among the members. From the Genogram, it became easier to understand the pathologies present in the family, evaluating their possible genetic origins. Through Ecomap, data were collected on the interactions of the family with their social environment, in addition to their internal and external links. The application of the tools provided better knowledge about the family, bonding and establishing a relationship of trust between family and health team.

Furthermore, a set of tasks for the daughters to perform can be arranged, and the FHS assistance service can be offered when necessary.

Based on the analysis of this family, it was possible to classify it as a group at risk in the area covered by the Family Health Team, since its members suffer from mental distress, being unable to exercise autonomy over their decisions and always need help and special care.

Therefore, the work with the family in question is in the process of continuity and transformation. The team will always evaluate and discuss the impact of the actions with the family, and the main instrument of care, the link between the health team and the family, will be acquired over time in order to achieve the determined actions, considering family health throughout its physical, psychic and social contexts.

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