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ORIGINAL ARTICLE

INTERDISCIPLINARY CARE FOR CHILDREN WITH AUTISM

ASSISTÊNCIA INTERDISCIPLINAR PRESTADA À CRIANÇA PORTADORA DE AUTISMO

ASISTENCIA INTERDISCIPLINARIA PARA NIÑOS CON AUTISMO

Amanda Ouriques de Gouveia[1], Priscilla Maria de Castro Silva[2], Elisângela Braga de Azevedo[3], Divanda Cruz Rocha[4], Juliana Jamaica Sousa da Silva[5], Roberta Costa Meira[6], Maria de Oliveira Ferreira Filha[7]

ABSTRACT

***Objectives*:** to investigate how the assistance to children with autism is conducted by an interdisciplinary team in a Center for Children's Psychosocial Care and to assess the main approaches used in practical assistance and the possibilities of rehabilitation of autistic children when there is early intervention. ***Method*:** analytical and descriptive research study with qualitative approach carried out in March 2011 in a Center for Children's Psychosocial Care in the city of Campina Grande - PB, with ten professionals who work in this service. Content Analysis technique of Bardin was used for the analysis of empiric material, structuring the results found by thematic categories. The research project has been approved by the Committee of Ethics in Research of the Center for Higher Education and Development – CESED, which issued a favorable opinion on 05/17/2011, according to CEP/CAAE Protocol – 005.0.405.000.11. ***Results*:** through the reports, it was observed that the work of the interdisciplinary and multi-professional team provided a better quality of life to children with autism. ***Conclusion*:** This research revealed that an early treatment, specialized, qualified and humanized promotes psychosocial rehabilitation and improvement in quality of life. ***Descriptors*:** mental health services; mental health; children's health; autism.

RESUMO

Objetivos: investigar como é conduzida a assistência a crianças portadoras de autismo, pela equipe interdisciplinar de um Centro de Atenção Psicossocial Infantil e avaliar as principais abordagens utilizadas na assistência prática e as possibilidades de reabilitação dessas crianças autistas quando há intervenção precoce. **Métodos**: estudo de investigação analítica e descritiva com abordagem qualitativa realizado em março de 2011 em um Centro de Atenção Psicossocial infantil no município de Campina Grande, PB, com dez profissionais que atuam no serviço. Para análise do material empírico foi utilizada a técnica de Análise de Conteúdo de Bardin, estruturando os resultados encontrados em categorias temáticas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa do Centro de Ensino Superior e Desenvolvimento - CESED que emitiu parecer favorável em 17/05/2011, segundo protocolo CEP/CAAE – 005.0.405.000.11. ***Resultados***: percebeu-se através dos relatos que o trabalho da equipe interdisciplinar e multiprofissional proporcionou uma melhor qualidade de vida aos portadores de autismo. ***Conclusão*:** evidenciou-se nesta investigação que um tratamento precoce, especializado, qualificado e humanizado promove reabilitação psicossocial e melhoria na qualidade de vida. ***Descritores*:** Serviços de saúde mental; Saúde mental; Saúde da criança; Autismo.

RESUMEN

***Objetivos*:** investigar cómo se lleva a cabo la asistencia para niños con autismo por un equipo interdisciplinario de un Centro de Atención Psicosocial Infantil y evaluar los principales enfoques utilizados en la atención práctica y las posibilidades de rehabilitación de esos niños autistas cuando hay intervención precoz. ***Método*:** estudio de investigación analítica y descriptiva con enfoque cualitativo realizado en marzo de 2011 en un Centro de Atención Psicosocial Infantil en el municipio de Campina Grande, PB, con diez profesionales que ejercen en ese servicio. Para el análisis del material empírico fue utilizada la técnica de Análisis de Contenido de Bardin, estructurando los resultados encontrados en categorías temáticas. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación del Centro de Enseñanza Superior y Desarrollo – CESED que emitió el dictamen favorable el 17/05/2011, de acuerdo con el protocolo CEP/CAAE – 005.0.405.000.11. ***Resultados*:** a través de los relatos se observó que el trabajo del equipo interdisciplinario y multiprofesional proporcionó una mejor calidad de vida a los niños autistas. ***Conclusión*:** en esta investigación se evidenció que un tratamiento precoz, especializado, calificado y humanizado fomenta la rehabilitación psicosocial y mejora la calidad de vida. ***Descriptores*:** servicios de salud mental; salud mental; salud del niño; autismo.

[1]Nurse. Graduated at College of Medical Science in Campina Grande/PB. Campina Grande (PB), Brazil. E-mail: mandinhaouriques@hotmail.com; [2]Nurse. Graduate student of the Graduate Program in Nursing at the Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. Teacher of the Department of Nursing at the Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: priscillamcs@hotmail.com; [3]Nurse. Doctoral candidate in Nursing of the Graduate Program at the State University of Paraíba/UFPB. Teacher of the Department of Nursing at the State University of Paraíba and College of Medical Sciences. João Pessoa (PB), Brazil. E-mail: elisaaz@terra.com.br; [4]Nurse. Specialist in Pediatrics and Childcare and Occupational Health Nursing. Teacher of the Department of Nursing at the State University of Paraíba and College of Medical Sciences. Participant in the study group of Community Mental Health. Campina Grande (PB), Brazil. E-mail: divandac@hotmail.com; [5]Student of the Department of Nursing of the College of Medical Sciences. Campina Grande (PB), Brazil. E-mail: julianajamaica@gmail.com; [6]Psychologist. Specialist in Health Psychology – Federal University of Rio Grande do Norte. Natal (RN), Brazil. E-mail: robertacmeira@hotmail.com; [7]Nurse. Doctor in Nursing at UFCE. IV Adjunt Teacher at Federal University of Paraíba/UFPB. Leader of the Studies and Research Group in Communitarian Mental Health. Works in Psychiatric Nursing. João Pessoa (PB), Brazil. E-mail: marfilha@yahoo.com

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INTRODUCTION

Autism is a behavioral syndrome with different etiologies, in which the process of child development is completely changed.[1] It can also be defined by changes present from very early ages, typically before the age of three years. It is always characterized by qualitative deviations in communication, social interaction and the use of imagination.[2]

According to the United Nations (UN), this disease reaches up to two million people in Brazil and 70 million worldwide. The UN established April 2nd as Autism Awareness Day. Autism can arise from the earliest days of life, but it is common for parents to report that the child went through a period of normality before symptoms appeared.[3]

Given the high complexity of autism, regarding individual losses and socialization, effective interventions are required of professionals from diverse areas, targeting not only the educational issue and socialization, but also effective therapeutic treatments.[4]

From this perspective, targeting the implementation of full care, professionals must act preferably in an interdisciplinary way, allowing an expanded focus on the problems. It is recommended the participation of physicians with experience in child care, psychologists, nurses, occupational therapists, speech pathologists, social workers, physical therapists, educators and nursing technicians, among others. It is important to highlight that the experience of working with the families should also be part of the team qualification.[5]

Especially in the families of children with autism, the absence of affective interaction and communication is often the greatest difficulty. The feelings of families about their children's disabilities are cyclical and can alternate between acceptance and denial, especially during changes of phases of the child.[6] To this end, sensitive professionals are necessary in order to take care of these relatives, so that they can learn to cope better with the difficulties of daily life.

The relevance of the study is justified since it is a disease difficult to diagnose, for being little known by parents and health professionals, because it does not have a defined etiology and there are no possibilities of cure so far. However, it is important to focus on the existence of treatment. In Brazil, treatments are ensured in the basic health care by Ordinance No 3,211, 12/20/07 constituting the Working Group for Attention to Autism in the Unified Health System (SUS) with the following assignments: draw up a diagnosis of the current situation for attention to children with autism in SUS network and propose measures for expanded access and care qualification offered in the health care network.[7]

Given this panorama, the purpose was to investigate how the assistance to children with autism is conducted by an interdisciplinary team in a Center for Children's Psychosocial Care and to assess the main approaches used in practical assistance and the possibilities of rehabilitation of these children when there is early intervention.

METHODOLOGICAL FRAMEWORK

This is an analytical and descriptive research with qualitative approach. The search scenario was the Center for Children's Psychosocial Care–Campinense Center for Early Hospitalization, also called CAPSinho–which serves children from birth until the age of 10 years with syndromes, cerebral palsy, hydrocephalus or any inconvenience that causes damage to the subjective constitution. The Center is located in the city of Campina Grande, state of Paraiba. This research was carried out in March 2011, through the use of interviews.

The sample was composed of ten professionals who work for this service. The following criteria for inclusion were considered: being linked to CAPSinho for at least one year as effective employee or service provider; working in any kind of therapeutic activity with autistic children; and participate voluntarily in the research signing an Informed Consent Form.

As an instrument for collecting empirical material, we used a semi-structured interview. The material was collected after institutional authorization and obtaining the Informed Consent Form from respondents. The interviews were recorded by Media Player 3, after providing relevant information of the research to the respondents.

In order to analyze the empirical material, the Content Analysis technique proposed by Bardin was used.[8] The results found were structured in thematic categories, which allowed us to critically understand the sense of the discourses and unveil hidden elements beyond the appearances of what was being communicated. The transcripts of the interviews were conducted on their literalness. In the presentation of the results, we used the narrative technique, which allowed the comparison of relevant meanings with the pertinent literature on the theme under study.

The study was developed according to the ethical aspects of the research, involving human subjects recommended by resolution 196/96 of the National Health Council. As the study comprehended human subjects, the research was submitted to the Committee of Ethics in Research of the Center for Higher Education and Development – CESED, which issued a favorable opinion on 05/17/2011, according to CEP/CAAE Protocol – 005.0.405.000.11.

RESULTS AND DISCUSSION

The empirical material was analyzed qualitatively by applying the Content Analysis technique proposed by Bardin[8], in which discourses were analyzed considering the thematic categories formulated from each question. In this context, when the professionals were questioned regarding the treatment of children: *Speak about your day-to-day at CAPSinho*, the following categories were defined:

● Interdisciplinary work / teamwork

Because it is an institution that carries out treatments with multi-professional teams, we observed that the professionals work in an interdisciplinarity approach, focusing on all specialties. This was observed in the following discourses:

> *[…] Work at CAPSinho develops by interdisciplinarity and the role of the physiotherapist is on the development and participation of group activities (reception workshop and therapeutic workshops), as well as in individual basis. (R 01)*
>
> *[…] Participating in team meetings, such as monthly supervisions with the other professionals of the service, in addition to the training courses offered by the Coordination of Mental Health, Municipal Secretariat of Health and Campina Grande City Hall. (R 04)*
>
> *[…] Studying hard is a need in order to understand and work with autistic children. Understanding the autism clinic is essential to guide the work with these children, so that working the singularity of each one of them, with an interdisciplinary perspective. (R 08)*

The process of teamwork qualifies the assistances. CAPSinho works with a composite treatment policy, in which practitioners develop similar roles; however, professionals take their specific assignments with a clear vision regarding their work thematic, since this communication only qualifies treatments for children suffering the pathology.

Interdisciplinarity is understood as a set of integrated and interrelated actions of professionals from different backgrounds regarding basic areas of knowledge. It allows some sort of interaction between two or more disciplines that intercommunicate, trying to bring their discourses together and aiming at a transfer of knowledge between them.[9] Communication between these disciplines enables an accurate diagnosis and effective treatment plans, because the junction of knowledge provides a satisfactory care plan.[5]

Complementing the idea above mentioned, the team of CAPSinho develops clinical activities expanded to care for children, and this procedure is shown as a tool for the production of care centered on children, including, in addition to the disease, the subjects in their contexts and collective sectors. Within this prospect of caring, objects of attention, means and purposes are expanded. This way, the goal is the relief of suffering, as well as the development of people's autonomy to deal with their problems and concrete conditions of life, through the prevalent use of light technologies and dialogue between patients and their families and healthcare team.[10]

● Work as reception / promotion and prevention of health

> *[…] Our work as physiotherapist at CAPSi occurs from reception, where users need to be listened to. (R 02)*
>
> *[…] I also carry out "reception-screening" of users who arrive at the service, these forwarded by several instances (school, guardianship council, PSF, health professionals among others). (R 09)*

Mental health care consists of a set of actions that acts both in an individual and collective perspective. It includes the reception with an attentive listening, promotion, prevention, diagnosis, treatment, rehabilitation and maintenance of health.[5]

In the daily life of mental health services, professionals must prioritize light technology as a tool to achieve the completeness and the humanization of care. This procedure can be grounded in the reception, dialogue, link, co-responsibility and active listening between the professional and the user of health services. In the meantime, completeness is present at the meeting, in conversation, in the attitude of the professional who seeks to prudently acknowledged, beyond the explicit demands, the citizens' needs regarding their health.[11]

It was also questioned to professionals: *Which workshops do you directly participate in with autistic children?*. From the replies obtained, the following categories arose:

● Playing workshop

The institution where the study took place does not work with closed diagnostic. All people with mental disorder are inserted in the same workshops to stimulate interaction between them. We can see it in the discourses below:

> *[…] All workshops there are children with autistic traits, because we do not divide the workshops according to the pathology, but by the needs of each child, aiming at a unique treatment. (R 10)*

> *[…] With the goals according to the therapeutic project of the children having the play, games and entertainment and the cardboard as therapeutic instrument for the development of children, whether social, cognitive or motor. (R 05)*

Treatment should be structured according to the needs and stages of children's lives. As autism is diagnosed still in childhood, its treatment has the speech therapy as a priority; social/language interaction that can be worked through playing workshops, special education and family support.[12]

Playing is one of the primary needs of children and it is feasible to be provided during any child treatment. Games are essential because children express their creativity, they can use their full personality and build the whole of their existence. Engaging in these activities puts children into action, removes them for a period of time from the function usually passive as recipients of a constant stream of "things" that are done to them.[13]

● Tales and singing workshop

Workshops have been one of the main instruments of care used by professionals who work in services which are substitutive of models in psychiatric hospitals. The discourses below reveal their fulfillment with autistic people:

> *[…] Tale and singing workshop working music and playful expression of stories. (R 01)*

> *[…] Singing workshops work the development of children. (R 07)*

Care of children with autism occurs from the construction of a primary relationship with the therapist. It is important that the child can be heard and seen, so that constructions that should have happened in the first years of life can be accomplished.[14]

In these services, early intervention is individualized. Professionals are challenged to compose care conducted from an Individual Therapeutic Project which considers the unique history of children, offering answers able to resize their life situation. Through the expansion of relationships and exchange spaces, therapeutic projects constitute themselves as an instrument for improving the conditions of life and regain autonomy.[15]

In order to achieve the objectives of this study, professionals responsible for the treatment of children were questioned: *In your opinion, does early intervention help to promote a better rehabilitation?.* The following category arose:

● Early intervention as a basis of treatment

> *[…] Early intervention is very important! The sooner psychic risk signs during childhood are detected, the bigger and better children's responses to an evolution of their situation are, as well as the participation and involvement of the family. (R 01)*

Early intervention is essential in order to start specialized educational intervention as soon as possible, providing a better quality of life with greater ease in achieving the expected results with the therapy. The sooner the treatment starts, the better the development and learning of the child will be.[16]

Continuing this investigative action, the following was questioned: *Is there a specific work with the family?.* The following category was developed:

● The importance of working with the family

> *[…] Their families are also assisted by participating in the family group that takes place every day in the service. Besides listening to this on the part of professionals, from participation in the commemorative dates (mother's day, father's day, for example), this moment is intended for them. And in the service there is the income generation workshop, where anyone interested can participate. (R 10)*

The feelings of families about their children's disabilities are cyclical and can alternate between acceptance and denial, especially during changes of phases of the child.[6] The experience of working with families should also be part of the team qualification.[5]

A true system of early intervention for children with autism should provide support resources that facilitate the awareness on services available, access to them and coordination. Thereby, it will be possible that families devote their attention and energy to more productive activities in terms of optimal patterns of family interaction. In addition, it is important to provide a set of social support

to the family, as for example a group of parents, family counseling service and mobilizing friends and community.[17]

Analyzing the professional, it was asked: *How do children react to treatment? is there a perspective of rehabilitation / cure for these autism frameworks?*

● Perspectives and advances in treatment

> *[…] When we see some exchange of glances of autistic children, even for a moment, it is considered a major advance, also when there is the desire for interaction with other people, the desire to take, to touch something which is very difficult for them it is as it their space was being invaded, and if there were no prospects for these children in developing, there wouldn't be so much investment in professionals. (R 02)*

> *[…] When the work is systematic we see many improvements and, when this demand for treatment is early (premature), we come to the high, this when autism is not installed. (R 05)*

According to the American Psychiatric Association[18], autistics feature a markedly abnormal development, damaging their social interaction. Another study[19] suggests that approximately two thirds of children with autism have a poor outcome (unable to live independently) and that perhaps only one third is able to achieve some degree of personal independence and self-sufficiency as adults. Among the formers, the majority may have a reasonable outcome (social, educational or vocational gains).

Gadia[20] states that dealing with autistic people requires a multidisciplinary intervention. The author affirms that the bases of treatment involve behavior modification techniques, educational or work programs and language/communication therapies. With this, it is possible to note that early intervention programs can make a major difference and produce significant and lasting benefits.

Among the questions of the study we asked: *How does family education can help a child with autism?*. We oberved the construction of the following category:

● Egalitarian/normative education

> *[…] Family education has to be the same for children "so called normal", due to rules and limits, it is important to create routines, but these do not have to be immutable and of course that the family has to be an agent of incentive and stimulus in order to give continuity to the treatment. (R 03)*

Families are simply a system of health for their members, a system by which they are part of a set of feelings, fears, values, beliefs, knowledge and practices that guide their actions for the promotion of their members' health and for the prevention and recovery with the treatment of the disease.[21]

Bosa[22] highlights that autism has impacted families, bringing an overload to caregivers, in particular mothers. According to studies, mothers of children with autism have a significantly high level of stress and depression.

Many times, because they are chronic users, health teams do not appreciate information dedicated to the caregiver family. Parents and health teams must have the same goal, the restoration of children's health.[23]

As to the following question: *How do we recognize that therapies offered are being effective?,* we structured the following category:

● Noticing the evolution of the framework through games/interaction

> *[…] Through early intervention in a timely manner, we can through games, make the children start interacting by glancing, and making themselves glanced, this is the first step for the child to interact in the family and society. (R 01)*

> *[…] By developments in the framework of children, when the stereotyped movements are reduced, when they are able to explore more the objects, feeling the urge to touch them, having a meaning in the game. (R 07)*

> *[…] When children are able to interact. (R 09)*

Therapies developed In the Center for Early Intervention are intended to qualify the lifestyles of children with autism. The goal is to improve the lives of people with mental disorders.[24]

Complementing the idea of the discourses above, the main objective of an early intervention program must be the development of communicative skills. In more general terms, it must focus on the increase of social and communicative skills, in a way that the child knows how to start the interactions. At the same time, it has to focus on the acquisition of non-symbolic means, as gestures and vocalizations to communicate intentions.[17]

Through the discourses of the professionals who participated in this research and studies published, we observed that CAPSinho of Campina Grande has qualified professionals with specific knowledge in the area of early intervention. This enables a gradual evolution to children with autism who are under treatment there.

FINAL CONSIDERATIONS

This study allowed observing that the work of the interdisciplinary and multidisciplinary team at the Center for Children's Psychosocial Care of the city of Campina Grande/ Paraíba/Brazil provided a better quality of life and a specialized, qualified and humanized treatment to children with autism. This has made the psychosocial rehabilitation possible and early intervention is the great responsible for these advances.

The results show that the professionals, who perform this service, work with a policy with which they develop similar roles. Although each professional takes a specific assignment in the care offered to patients, knowledge amalgamates in order to build an effective and decisive individual therapeutic project.

To that end, it was possible to observe that, among the activities that are being developed with autistic children, reception workshops, therapeutic group workshops, individual assistance, playful activities and educational activities for health promotion and prevention are highlighted. These activities are always carried out from a collective construction, so that children attend the workshop that best suits to their treatments.

It was also observed that the major purpose of the team that assists these children is to integrate them into society, with a view that the main feature of children with autism is the personal isolation. With this, the respondents affirmed that they were working with the aim of qualifying the clinical situation of children, so that integration could be effective and these children could be able to live as ordinary citizens. This is also a proposal of psychosocial rehabilitation.

However, given the weaknesses of research and dissemination on the topic, it was noticed that the increase in the number of diagnoses produced deficiencies in current literature. From this perspective, this research is expected to contribute to the dissemination of this pathology and consequently to help family members, as well as other professionals in order to extend their knowledge about it.

The dissemination above mentioned also promotes that possibilities of specialized and interdisciplinary assistance expand. It was found that, even with limitations, people with autism can be inserted in social spaces, provided that the professionals responsible for providing care give support and appropriate assistance both to children and their families.

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Corresponding Address

Elisangela Braga de Azevedo
Pedro Soares da Silva, 55 – Catolé
CEP: 58411-150 – Campina Grande (PB), Brazil