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Family approach as a tool for the Family Health Strategy

Abordagem familiar como ferramenta para atuação da Estratégia Saúde da Família

Enfoque familiar como herramienta para actuación de la Estrategia Salud de la Familia

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ABSTRACT

Objective: To describe the experience with the application of Family Approach Tools, together with a family registered and assisted by a Family Health Strategy (ESF) team, in a municipality in the north of Minas Gerais - Brazil. **Method:** This is a case report of the family study type, developed with a qualitative approach. Between September 2021 and March 2022, professionals from a Family Health Strategy carried out home visits in which Family Approach Tools were used, characteristics and demands were surveyed, and the family conference was held, resulting in the proposal of a Singular Therapeutic Project. **Results:** By applying the Genogram, FIRO, PRACTICE, APGAR, and Family Life Cycle tools, it is possible to promote a better understanding of the functioning of the index patient and their relationships with the family and the community. In this way, it became possible to draw up a joint plan between the family and health professionals. Furthermore, individual and collective intervention strategies were implemented, respecting their lifestyles and identities, based on actions that involve, for example, everything from diagnosis to prevention, health promotion, and treatment. **Final Considerations:** The study demonstrated that Family Approach Tools are essential for the humanized and comprehensive work of the Family Health Strategy team, strengthening the bond between professionals and the family. The work of professionals allowed a reorganization of family dynamics, promoting the division of responsibilities and adherence to treatments with continuous and holistic monitoring.

Descriptors: Primary Health Care; Family Health Strategy; Case Study; Family Relations.

RESUMO

Objetivo*: Descrever a experiência com a aplicação de Ferramentas de Abordagem Familiar, juntamente com uma família cadastrada e assistida por uma equipe da Estratégia de Saúde da Família (ESF), em um município do norte do estado de Minas Gerais – Brasil.* **Método:** *Trata-se de um relato de caso, do tipo estudo de família, desenvolvido com abordagem qualitativa. Entre setembro de 2021 e março de 2022, profissionais de uma Estratégia Saúde da Família realizaram visitas domiciliares, nas quais foram utilizadas Ferramentas de Abordagem Familiar, levantamento das características e demandas, e conferência familiar, resultando na proposta de um Projeto Terapêutico Singular.* **Resultados:** *Pela aplicabilidade das ferramentas Genograma, FIRO, PRACTICE, APGAR e Ciclo de Vida Familiar, pode-se promover uma melhor compreensão do funcionamento do paciente-índice e de suas relações com a família e a comunidade. Desta forma, tornou-se possível traçar um planejamento conjunto entre a*

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família e os profissionais da saúde. Ainda, realizaram-se estratégias de intervenção individuais e coletivas, respeitando seus estilos de vida e a suas identidades, a partir de ações que envolvem, por exemplo, desde o diagnóstico à prevenção, promoção em saúde e o tratamento. **Considerações Finais:** *O estudo demonstrou que as Ferramentas de Abordagem Familiar são essenciais para um trabalho humanizado e integral da equipe de Estratégia Saúde da Família, fortalecendo o vínculo entre profissionais e a família. A atuação dos profissionais permitiu uma reorganização da dinâmica familiar, promovendo a divisão de responsabilidades e a adesão aos tratamentos, com um acompanhamento contínuo e holístico.*

Descritores: *Atenção Primária à Saúde; Estratégia Saúde da Família; Estudo de Caso; Relações Familiares.*

RESUMEN

Objetivo: *Describir la experiencia con la aplicación de Herramientas de Enfoque Familiar, juntamente con una familia registrada y asistida por un equipo de la Estrategia de Salud de la Familia (ESF), en un municipio del norte del estado de Minas Gerais – Brasil.* **Método:** *Se trata de un informe de caso, del tipo estudio de familia, desarrollo con enfoque cualitativo. Entre septiembre de 2021 y marzo de 2022, profesionales de una Estrategia Salud de la Familia realizaron visitas domiciliarias, en las cuales fueron utilizadas Herramientas de Enfoque Familiar, búsqueda de las características y demandas, y conferencia familiar, resultando en la propuesta de un Proyecto Terapéutico Singular.* **Resultados:** *Por la aplicabilidad de las herramientas Genograma, FIRO, PRACTICE, APGAR y Ciclo de Vida Familiar, se puede promover una mejor comprensión del funcionamiento del paciente-índice y de sus relaciones con la familia y la comunidad. De esta forma, se hizo posible trazar un plan conjunto entre familia y los profesionales de salud. Aún, se realizan estrategias de intervención individuales y colectivas, respetando sus estilos de vida y sus identidades, a partir de acciones que involucran, por ejemplo, desde el diagnostico hasta la prevención, promoción de salud y el tratamiento.* **Consideraciones Finales:** *El estudio demostró que las Herramientas de Enfoque Familiar son esenciales para un trabajo humanizado e integral del equipo de Estrategia Salud de la Familia, fortaleciendo el vínculo entre profesionales y la familia. La actuación de los profesionales permitió una reorganización de la dinámica familiar, promoviendo la división de responsabilidades y la adhesión a los tratamientos, con un acompañamiento continuo y holístico.*

Descriptores: *Atención primaria de salud; Estrategia Salud de la Familia; Estudio de caso; Relaciones familiares.*

INTRODUCTION

The family is a constantly changing institution. It reflects the dynamism of society and its historical evolution. It is a social unit made up of individuals who share bonds and responsibilities. Thus, the family environment becomes a space for biological, emotional, collective and social care and development[1,2].

Family conceptions and formations are different from culture to culture and across time, influencing care and health practices. Social sciences such as anthropology and sociology analyze these variations. Contemporary family configurations, for example, present a diversity of arrangements, reflecting recent social and cultural changes. In addition, it contrasts to the “traditional model” of the nuclear family, which includes single-parent, homosexual, reconstituted, adoptive and intercultural families which are legally and socially recognized[3,4,5,6].

Some public policies - in areas such as social security, education and health - focus on the family. As mentioned before, new family configurations require an approach focusing on the diversity and particularities of each family arrangement, including in the area of health. Thus, the concept of family can impact the inclusion in protection and guarantee programs, such as the Bolsa Família Program[7], which transfers income to families living in poverty, and the Family Health Strategy (*Estratégia Saúde da Família* – ESF), which focuses on health[8].

Primary Health Care (*Atenção Primária à Saúde* – APS) is the entrance to the Brazilian Unified Public Health System (*Sistema Único de Saúde* – SUS) and users’ first point of contact. It is crucial for coordinating care, facilitating communication and the referral of patients within the Health Care Network (*Rede de Atenção à Saúde* – RAS), guaranteeing continuous and integrated care. In Brazil, APS is carried out by ESF teams in their respective territories, bringing the family itself to the center of their care[1,9,10,11,12].

In each family group, it is essential to know the dynamics and identify needs. This must be done in a manner that respects the individual and the collective, taking into account the specific characteristics of each member. In this way, family interaction can positively influence this process, reflecting the complex influences on health over time. For this reason, health professionals should consider the institution of the family as a partner in the care process[9].

With this information, professionals can offer the best care, strengthening bonds, improving quality of life and discussing care responsibilities between the service and the family. To do this, the ESF team can use various strategies, including the Family Approach Tools (*Ferramenta da Abordagem Familiar* – FAF). The aim is to strengthen

the relationship between professionals and families, improve understanding of family functioning and its interaction with support networks, services and the community[1].

The relevance of this study can therefore be seen in how these tools help to understand family dynamics and the environment in which they live, as well as strengthening the bond between health professionals and families. This promotes more humanized and comprehensive care, both individually (for each member) and collectively (for the whole family). The presentation and description of how it is used is also intended to serve as a reference for other professionals in practice within the ESF.

In this context, the aim of this study was to describe the experience of applying Family Approach Tools. For this description, we monitored a family registered and assisted by a Family Health Strategy (ESF) team in a municipality in the North of the state of Minas Gerais – Brazil.

METHOD

This is a report resulting from a descriptive case study focused on the family approach, especially in mental health care. This report focuses on the work of a Family Health Strategy (ESF) team and the applicability of Family Approach Tools (FAF), highlighting their impact on healthcare and on the life of a family registered in the team's catchment area, in the municipality of Montes Claros, in the north of Minas Gerais - Brazil. The main characteristics of this family include frequent use of the health system, emotional and behavioral problems, illnesses in the transitional stages of the life cycle, the presence of bedridden or terminally ill patients, and deaths in the family.

The research project supporting this study was approved by the Ethics and Research Committee of the State University of Montes Claros (MG), under substantiated opinion number 572.244/2014. All participants were informed about the objectives of the study and the possibility of quitting at any stage. The family's participation was entirely voluntary and occurred subsequent to their signing of a Free and Informed Consent Form (*Termo de Consentimento Livre e Esclarecido* – TCLE), which guaranteed the anonymity of the members represented by codenames assigned by the authors.

The families were selected through a convenience sample, using registration in the area covered by the ESF team responsible for the study as a criterion. Families without registration with the ESF team could not be included in this report. The family was identified when the ESF team contacted the index patient. Reception of the family's demands began with a mental health anamnesis, conducted by the team's dental surgeon. During this stage, the index patient reported feeling "tired, overwhelmed and discouraged with life". Listening to the patient was systematized using a semi-structured script used in the mental health anamnesis routine at the respective Basic Health Unit (*Unidade Básica de Saúde* – UBS).

Following the identification of the patient's and her family's needs, a matrix support meeting was held with psychologists from the ESF team to discuss the case. Based on the advice received, a home visit was scheduled to go deeper into the family's reports and begin health interventions, especially in mental health.

Family monitoring was intensified through home visits by professionals from the ESF team, including a nurse, a dental surgeon, a community health agent (*agente comunitário de saúde* – ACS) and a nursing technician. The information obtained from each visit were recorded in a field diary. In addition, the activities were documented, serving as material for the team's interpretation and reflection.

Home visits took place between September 2021 and March 2022, initially once a week and then every two weeks. During the home visits, information was collected through anamneses and reports from each family member, in order to understand the family dynamics and history. When necessary, appointments were scheduled and made at the UBS.

At each home visit, the Family Approach Tools (FAF) were used in addition to the anamneses. The FAFs were applied using specific forms, which allowed professionals to collect the information required for this study, which is presented later in this article.

The first home visit was aimed at introducing and proposing the study to the family, obtaining authorization and approval from all the members. Subsequent visits were dedicated to implementing the Family Approach Tools.

In this article, we highlight some of these tools, applied and evaluated according to their respective theoretical frameworks:

- Genogram[13]: The genogram integrates biomedical and psychosocial information about the family, making it possible to understand the individual in their family context, as well as the impact of this dynamic on their health. This tool is useful for identifying health problems, analyzing hereditary patterns of disease and behavior,

and providing a comprehensive and therapeutic view of the family.

- Family APGAR (Adaptation, Partnership, Growth, Affection and Resolution)([14]): It is a quick and effective tool to assess a family's functionality. Each of the five areas assessed (in the acronym described above) is scored. The total of these scores helps to determine the family's level of functionality, which can range from high dysfunction to good functionality.
- FIRO[15-22]: based on the Fundamental Interpersonal Relations Orientations, assesses the needs and feelings of family members. It helps to understand how the family deals with changes in the life cycle and assesses marital and family dysfunction, focusing on inclusion, control and intimacy.
- PRACTICE (Problem, Roles, Affect, Communication, Time in Life, Illness, Coping with stress, Environment/ecology)[15-22]: evaluates the functioning of families, based on the words of its acronym. It helps gather information, understand the problem and construct interventions aimed at resolving problems and conflicts.
- Family Li**fe Cycle**[15-22]: identifies the stages and phenomena experienced by the family (including the illnesses that may arise at each stage), characterizing the roles and tasks of each member.

After applying all the tools used to identify the family's characteristics and demands, the family was monitored through fortnightly visits. With the FAF completed and the problems identified analyzed, a Family Conference was conducted, which resulted in the proposal of a Single Therapeutic Plan (*Plano Terapêutico Singular* – PTS). During the phase mediated by the nurse and the dental surgeon of the ESF team, the characteristics and singularities of the family were presented, as well as the difficulties faced, the management of comorbidities and their potential, in addition to specific proposals for each situation in the area of health.

The Family Conference is an action plan which involves planning and directing care, with the active participation of all family members. The PTS aims to guarantee comprehensive care. To achieve this, it involves a comprehensive diagnosis, considering social, psychological, organic and clinical aspects[15-22].

RESULTS

Family Characterization

The characterization of the family, described below, was built on information collected through anamneses and by the application of each of the FAFs, following their respective methodological approaches.

The family is composed by the index patient Hortencia (37 years old), her three children - Margarida (20 years old), Narcisio (18 years old) and Magnolia (5 years old). Hortencia is the middle child of Mrs. Hera and Mr. Anturio (who died 8 years ago of acute myocardial infarction - AMI) and has two siblings, Amarilis, the eldest, and Geranio, the youngest.

During their teenage years, Hortencia and Lisianto had a relationship, resulting in the birth of their two children and then their separation. Years later, Hortencia began a relationship with Jacinto, resulting in their youngest child, but they also separated soon after. During their teenage years, Hortencia and Lisianto had a relationship, resulting in the birth of their two children and then their separation. Years later, Hortencia began a relationship with Jacinto, resulting in their youngest child, but soon separated.

Hortencia reported that her daughter, Margarida, had developed a severe congenital neurological disease: hydrocephalus. This illness left her totally dependent on special care from Hortencia. On the other hand, Lisanto, her father, did not share his daughter's care. Hortencia also mentioned the granting of the Continuous Cash Benefit (*Benefício de Prestação Continuada* – BPC), which came about as a result of her daughter's health condition. However, the benefit was later unfortunately suspended.

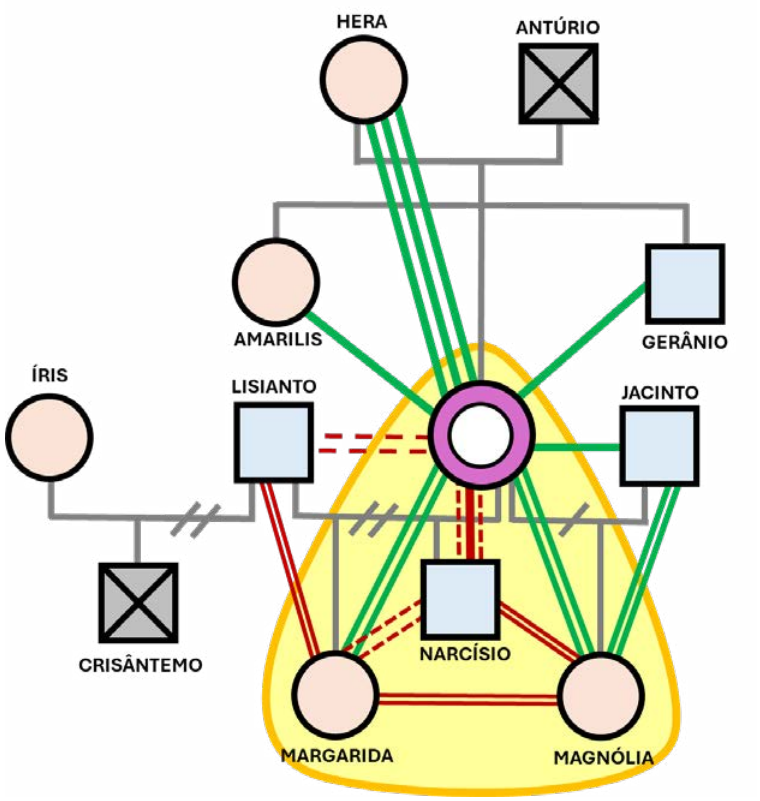
Narcisio, who was still a teenager and had already worked during high school under the Young Apprentice Programme (*Programa Jovem Aprendiz*) (established by Federal Law 10.097/00)23, started his career right after graduating from high school, where he was hired with a formal contract. This ended up being the reason for the suspension of the BPC that Hortencia was receiving for Margarida. Even though Narcisio is currently the only one in the family, he doesn't help with the household expenses.

Magnolia, the fruit of Hortencia and Jacinto's second relationship, is a very active child. Her guardianship is shared with her father, with whom she has a good relationship and bond.

The family has close contact with the children's school and church. They also have access to the community, the Family Health Strategy (ESF), the health academy, social services and pharmaceutical assistance. However,

the patient says she doesn't use these resources to improve her quality of life, even though she recognizes that they are available to her.

Figure 01 - Family Genogram, Minas Gerais - Brazil, 2022



Subtitles

	Index patient		**Marriage**		**Harmony**
	Man		**Divorce**		**Close**
	Woman		**Legal divorce**		**Very close**
	Death		**Children**		**Disagreements**
	Living together		**Close, but conflictual**		**Intense conflict**

NOTES: Index patient: 1. Hortencia, 37 years old; **2. Hera**: 66 years old, retired, systemic arterial hypertension (*hipertensão arterial sitêmica* – HAS); 3**. Anturio**: died 8 years ago, myocardial infarction (*infarto agudo do miocárdio* – IAM) and systemic arterial hypertension (*hipertensão arterial sitêmica* – HAS); **4. Amarilis**: 37 years old, does not work; **5. Geranio:** 33 years old, driver; **6. Iris**: 30 years old; **7. Lisianto**: 37 years old; **8. Jacinto**: 41 years old, truck driver; **9. Crisantemo**: Death at 08 years old, from dengue hemorrhagic fever; **10. Narcisio**: 18 years old, salesman; **11. Margarida**: 20 years old; Hydrocephalus; **12. Magnolia**: 05 years old, student.

APGAR and the Family Life Cycle

Understanding the functionality of the family is an essential component for the successful planning of health interventions. Thus, with the help of the APGAR family tool[14], we reflected on the satisfaction of each family member and observed dysfunction in the family. In terms of life cycles[15-22], the family has been categorized into two different

stages of development. By analyzing the family approach, it is possible to help the family to understand the tasks, as well as the transition between these stages (discussed later).

PRACTICE

By applying the PRACTICE tool[15-22], the aim is to gain a better understanding of the problem and gather information about it in order to design a more assertive family intervention (Chart I).

Chart I: Results of the application of the PRACTICE family approach tool, Minas Gerais, Brazil, 2022.

	Descriptor	Description
P	**Problems**	Margarida tem hidrocefalia; Hortencia está com sobrecarga devido a multitarefas; Narcisio não assume responsabilidades; Suspensão do BPC.
R	**Roles**	Margarida demands intense care, one of the main reasons for family conflict; Hortencia is responsible for all decisions in the family; Narcisio is the only one who has a paid job, but he doesn't help to support the household and doesn't accept the decisions imposed by his mother.
A	**Affection**	Hortencia has an affectionate relationship with Margarida and Magnolia; The relationship between Hortencia and her son Narcisio is conflictual; Hortencia verbalizes her desire to show her affection for her son, but he doesn't give her the space to do so; Narcisio is introspective; Narcisio has a disharmonious relationship with Margarida.
C	**Communication**	The whole family has difficulty communicating; They don't express their expectations and wishes effectively; and when they try, it usually results in an argument.
T	**Time in the life cycle**	Family with young children and teenagers.
I	**Past and present diseases**	Margarida has hydrocephalus; Hortencia suffers from anxiety; Narcisio believes that he has been psychologically damaged by the fact that, during his childhood, Margarida received most of the care. For this reason, he currently has a conflictual relationship between the siblings.
C	**Dealing with stress**	In situations of conflict, Hortencia is the one who guides the family in making decisions, because everyone's communication is dysfunctional, creating more stress and anxiety.
E	**Ecology or environment**	Hortencia's close relationship with Margarida and Magnolia's school; Hortencia abstains from resources such as church, neighbors, the health unit and social assistance; Narcisio maintains relationships with friends and work.

Source: Primary data, 2022.

FIRO

Using the FIRO tool[15-22], it is possible to interpret changes in the Family Life Cycle, marital and family dysfunctions, based on three pillars: Inclusion, Control and Intimacy. In relation to the family in this study, the application of this tool was observed:

a) Inclusion: The index patient is unemployed and her daily routine primarily involves caring for her daughters Magnolia and Margarida, and caring for her home. Margarida has no established activities due to her health condition, and only carries out basic household activities. The financial benefit provided by Margarida's health condition had been suspended, which, according to Hortencia, resulted from her son's employment. Narcisio works as an attendant in a mechanic's workshop, but he doesn't contribute financially to helping the family, even though he knows that the BPC has been suspended. Hortencia's mother, Mrs. Hera, helps financially with food and medicines. It is clear that there is no established division of tasks in the family, since Margarida is the patient who needs the most intense care, overwhelming the index patient.

b) Control: She is under the responsibility of the index patient, who calls herself a reactive person, as well as maintaining the desire to exercise the role of dominance. However, she also shows a desire to exercise collaborative control, sharing this with her son, Narcisio.

c) Intimacy: There was no evidence of how family members worked together in sharing their feelings, difficulties in expressing them or showing affection.

Family Conferencing and Singular Therapeutic Planning

At the Family Conference[15-22], the discussion about the division took place with a view to the other members of the family understanding the overload of tasks suffered by Hortencia, and thinking about a possible division of tasks. Therefore, it was established in the PTS that:

a) Their mother, grandmother and son Narcisio would look after Margarida and Magnolia;
b) Financial expenses would be shared between Hortencia and her son Narcisio;
c) Choose one day a week for family leisure activities;
d) Hortencia would choose a day of the week to have leisure activities with her friends;
e) Support for Hortencia in her ideas and dreams regarding entrepreneurship, as well as for her professional development.

Through the Social Assistance Reference Center (*Centro de Referência de Assistência Social* – CRAS), the family has access to Social Assistance services, with the function of preventing social risks and the occurrence of situations of vulnerability[24]. The ESF team made appointments for Hortencia and her family, based on the demands raised via e-mail. They also provided guidance, with the aim of strengthening family connections with the institution and developing potential for autonomy, as well as seeking Magnolia's rights to the BPC, which had been suspended.

Regarding to the Specialized Component of Pharmaceutical Assistance (*Componente Especializado de Assistência Farmacêutica* – CEAF), this is a strategy for accessing medicines within the context of the SUS, which aims to guarantee comprehensive care[25]. In order to obtain the medication for Margarida free of charge from the SUS, the ESF professionals developed a guide, outlining the processes and details, enabling Hortencia to return the medication.

According to the demands raised for the index patient, in addition to the opportunity to strengthen the relationship between the family and the health unit, medical and nursing appointments were scheduled with a particular focus on women's health. Her son Narcisio also received dental care. Furthermore, the other members of the family were also included in the ESF's services.

DISCUSSION

Family Approach Tools are essential in APS, with the function of knowing the members of families, their health problems, facilitating preventive measures and helping with what has been identified as needs and priorities[26].

It should be emphasized that the family problem in this case is complex and needs to be understood, taking into account the socioeconomic context and the time of the cycle experienced: the first level of care and problem-solving is the search for an answer within the individual and family's own resources. The family approach is therefore very important, especially in families with chronic illnesses, mental disorders, poor adherence to treatment and difficulties in defining roles[27].

The construction of the genogram allowed for a graphic representation of the family structure in this case – as well as the representation of the realities of other family groups, their members and the relationships between them. In addition, it allowed for risk assessment, prevention and the analysis of family problems, through which the dynamic structure that composes the family can be studied, planning what can be changed when necessary[28].

The family in this study has poor social connections with the community, highlighting the need for interventions by the team in order to improve their well-being and establish possibilities for relationships with their environment and network resources[29].

It is also important to highlight the role and importance of the Health Care Network (*Rede de Atenção à Saúde* – RAS), in collaboration with the ESF. The RAS aims to integrate and coordinate health services to better serve families, including in the mental health field. Through it, it is possible to access psychology, psychiatry, physiotherapy, speech therapy, occupational therapy and many other specialties and health services. This partnership promotes more effective and humanized care, addressing physical, social and emotional aspects, as well as strengthening family and social connections[30].

Parents often question their roles as caregivers and need new strategies for relationships with their children, since the old methods no longer work. This can lead to conflicts with children, challenging the beliefs of caregivers who are trying to maintain their authority. It is therefore understood that an open dialog between them facilitates the exchange of experiences and helps to clarify information from the external environment, as well as dealing with the physical and psychological transformations of this phase[31].

It is crucial to consider the excess of work and responsibilities within the family core, recognizing the importance of a balanced division of roles, as well as valuing the diversity of family arrangements. The work overload, multitasking and excessive responsibilities imposed on the index patient are a consequence of the difficulty in sharing roles within the family unit under study. The literature shows that women are seen as an essential element, without whom the family unit cannot survive. Despite the fact that reality presents a diversity of family arrangements, in the social world, the idealization of the traditional nuclear family model still persists, with the father being the provider and the mother the housewife – either full-time or part-time, taking care of the home, the children and the husband[32].

Today, in the family structure, women assume a position of authority, even when their husband or partner is present. As a result, a discussion about women as heads of the family is becoming more visible, with gender roles alternating inside the family[33].

Regarding the impact on the family caused by the presence of a chronic congenital disease, as described in this case, it can be seen that once the diagnosis and prognosis have been established, a state of suffering and diverse expectations are triggered in the child and/or adolescent and their entire family. It is possible to perceive profound transformations in their lives, not only because of the disease itself, but also because of its social, emotional, affective, cultural and spiritual repercussions[34].

Living with a chronic illness makes demands on the family's care and changes their routines, as they live under the intense anxiety of being responsible for a sick child who needs continuous attention – such as feeding, drug treatment and constant concern about their clinical condition.

It is important to emphasize that, in terms of the functionality of the family in the study, the APGAR tool was used to identify it as a dysfunctional family. Applying this tool allowed us to learn more about the individual and their social interaction within the family context, since a lack of family communication not only affects interaction between family members, but also interferes with solving problems, including health problems. In this context, health professionals should not work on health problems in isolation, but should learn more about family interaction during the process of diagnosis, planning and health intervention[36].

Through the Family Conference, in which Therapeutic Planning was discussed and thought out together – between professionals and the family – an important concept of Health Promotion, discussed in the Ottawa Charter, was put into practice. It is therefore explained as "*a process of empowering the community to work towards improving their quality of life and health, including greater participation in controlling this process*"[37].

In this way, Health Promotion is reflected in the family approach, by encouraging open dialog between family members and health professionals, searching for new care strategies. Furthermore, following what was recommended in Ottawa, it is clear that this is not exclusively the responsibility of the health sector, but of a collective, and of the whole community, aspiring to develop their personal skills[37].

FINAL CONSIDERATIONS

Therefore, the integration of the concepts of Collective Health and Health Promotion is considered essential for a more effective and humanized APS.

By studying and applying the Family Approach Tools, a number of interventions were made. This allowed the Family Health Strategy and Health Care Networks team to work closer with the index patient and her entire family, reinforcing the family's connection with the public health service.

It was observed that the Family Approach Tools are essential for a humanized, equitable and integral work, personalized and appropriate for each family that must be supported by the professionals who compose the ESF.

It was therefore clear that the health problems highlighted must take into account the fact that the individual is part of a family context. Consequently, it is necessary to involve everyone in the treatment of sick patients (family and support networks) in order to achieve better results, as well as the possibility of evaluating the individual disconnected from the family. Primary care professionals working in the context of family health must seek to get closer to the population, understanding people's life histories and their links with the community, increasing the resolution and accuracy of their actions. In this way, this study is relevant, becoming important and beneficial for both sides (family and professionals).

The professionals' work enabled the family to be reorganized by emphasizing the roles and functions of each member. They encouraged the division of tasks and responsibilities, adherence to treatment, the strengthening of affection between them and the establishment of public health services as an important support network.

By learning about the function, indication and application of each tool, the professionals were able to use them in their health service practice in a complementary way to health care.

The work with this family, therefore, does not end with the completion of this article, but continues in a process of monitoring and transformation, always considering care as something holistic and longitudinal, not just transversal, ensuring that health promotion is a continuous process.

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We would also like to thank the family who allowed us to monitor them for the purposes of writing this article and sharing the results. These studies will serve as a basis for similar cases.

CONFLICTS OF INTEREST

The authors declare that there are no potential conflicts of interest that could affect the impartiality of this scientific work.

CONTRIBUTIONS

Maria Luiza Silva Percídio and **Vivianny Carvalho Mendes de Macedo** contributed to the preparation and design of the study; acquisition, analysis and interpretation of data and writing and revision of the manuscript. **Pedro Henrique Gonçalves Ferreira** and **Anne Caroline Rodrigues Queiroz** contributed to the acquisition, analysis and interpretation of data and writing and revising the manuscript. **Pâmela Scarlatt Durães Oliveira** and **Cláudia Danyella Alves Leão Ribeiro** contributed to writing and revising the manuscript.

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