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STRATEGIES FOR EVALUATION AND INTERVENTION IN THE FAMILY OF CHILDREN AND ADOLESCENTS: INTEGRATIVE REVIEW OF THE LITERATURE

Estratégias de avaliação e intervenção nas famílias de crianças e adolescentes: revisão integrativa da literatura

Estratégias de avaliação e intervención na família de crianza y adolescente: revisão integrativa da literatura

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ABSTRACT

Objective: To identify evidence from the literature about the strategies of the family of the child and / or adolescent. **Method**: Integral review of the literature that sought to answer the question "What is the evidence of the literature about the strategies of evaluation to the family of the child and / or adolescent?" The research occurred in February 2017 in the databases PubMed; LILACS and Google Scholar Search Engine with uncontrolled descriptor: Empowerment; Systemic Theory and with those with controlled descriptors: Adolescent AND / OR Child; AND Family; AND Evaluation. After the analysis the data were synthesized and described. **Results**: Attention to the inclusion criteria were 25 studies that addressed eight instruments for assessing the family of the child and the adolescent. **Conclusion**: The instruments described can collaborate in the advanced nursing practice of family health.

Descriptors: Family; Family therapy; Theoretical models; Nursing.

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RESUMO

Objetivo: Identificar evidências na literatura sobre as estratégias de avaliação e intervenção em famílias de crianças e adolescentes. **Método**: Revisão integrativa da literatura que buscou responder à questão "Quais as evidências da literatura sobre as estratégias de avaliação à família da criança e ou adolescente?" A pesquisa ocorreu no mês de fevereiro de 2017 nas bases de dados PubMed; LILACS e no motor de busca do Scholar Google com o descritor não controlados: *Empowerment*; *Systemic Theory* e com os com o descritores controlados: *Adolescent AND/OR Child; AND Family; AND Evaluation*. Após a análise os dados foram sintetizados e descritos. **Resultados:** Atenderam aos critérios de inclusão 25 estudos que abordaram oito instrumentos de avaliação e ou intervenção na família da criança e ao adolescente. **Conclusão:** As estratégias de avaliação e ou intervenção na família podem ser ampliada com o uso de algum modelo de cuidado referenciado internacionamente.

Descritores: Família; Modelos teóricos; Enfermagem; Terapia familiar.

RESUMÉN

Objetivo: identificar evidencias de la literatura sobre las estrategias de la familia del niño y / o adolescente. **Método**: La investigación se realizó en el mes de febrero de 2017 en las bases de datos PubMed; LILACS y en el motor de búsqueda del Scholar Google con el descriptor no controlados: Empowerment; Y el sistema con los descriptores controlados: Adolescent AND / OR Child; AND Family; Y evaluación. Después del análisis, los datos se sintetizan y se describen. **Resultados**: atendieron a los criterios de inclusión 25 estudios que abordaron ocho instrumentos de evaluación a la familia del niño y al adolescente. **Conclusión**: los instrumentos descritos pueden colaborar en las prácti cas avanzadas de enfermería la salud de las familias.

Descriptores: Enfermeria; Familia; Modelos teóricos; Terapia familiar.

INTRODUCTION

The family is composed of two or more people, who get emotionally involved and have common goals, appreciating, in this perspective, not only people who share the same surname or blood, or living in the same house, but also groups that share the feeling of being in the family.[1] And because it is part of the life of all human beings and considering the different family arrangements, there is no single way to conceptualize the family, because the individual concepts existing in each culture are different. In nursing, some definitions used are as follows: "family is who its members say they are"[2] or "family is who cares with one another".[3]

Therefore, the family is the first universe of the social relationships of the child and/or adolescent, and in this way, it assumes the commitment to the well-being of its members,[4] legitimizing the need for the family's involvement in the care of its members. Considering the practice of nurses with families of children and adolescents, families must be respected and included in the care of their members.[5]

Considering the premise that nursing has a professional commitment and an ethical and moral obligation to involve families in health care[2] and that the activities of evaluating and intervening in the family are considered skills that should guide the conduct of generalist nurses when caring for families, the International Family Nursing Association recommends the use of assessment and intervention models.[6] Because it is up to the nurse "to demonstrate leadership skills and systemic thinking to ensure the quality of nursing care with families, while performing their activity and all contexts of action"[6] then denoting the specialized knowledge developed in family nursing practice.

In family nursing practice, interventions are therefore developed to transform reality and support the search for new ways to interact with the family, causing changes in cognitive, behavioral or affective domains.[2] Such knowledge strengthens nursing advanced practices, which are "nurses with specialized knowledge, the ability to make complex decisions and clinical skills to act guided by scientific evidence.[7]

For believing that nursing assessment and intervention in the family is a fundamental praxis for the development of family nursing, a *sine qua non* condition that it be based on scientific evidence and theoretical bases that guide assistance to families.[2] Considering the influence of the family in the bio-psycho-spiritual functioning of its members,[3] which significantly impacts on the disease and well-being of those involved, this theme presents itself as a gap in knowledge to strengthen family nursing practices. Bearing the aforementioned in mind, this study was performed to identify evidences from the literature concerning the assessment and intervention strategies towards the family of children and/or adolescents.

METHODS

It is an integrative literature review, which consists of systematic analysis and rigorous synthesis of research on a specific topic, with a descriptive analysis of the data. This method is commonly used when it is necessary to solve a clinical problem or the use of a certain concept. The choice of this method is due to the contributions it gives to evidence-based practice, provided by the synthesis of relevant results and worldwide recognition.[8]

The review was carried out according to the following steps: definition of the theme or questioning the integrative literature review; definition of the objective and keywords; development of the protocol (instrument for data collection) with the definition of the review question and search strategies; establishment of inclusion and exclusion criteria; selection of databases and sampling; extraction of information and organization of the database; definition of the method for the critical analysis of studies; evaluation of included studies; categorization of studies; interpretation and synthesis of results; and presentation of the integrative literature review.[8,9]

The research question was designed in order to try to solve a problem arising from nursing practice with families, revealing the need to identify "What are the literature evidences addressing the assessment strategies towards the family of children and/or adolescents?".

Two electronic databases were consulted, namely, the *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin-American and Caribbean

Literature in Health Sciences] and the National Library of Medicine (PubMed/MEDLINE), using the following controlled descriptors: Adolescent AND/OR Child; AND Family; AND Evaluation; and not controlled ones: Empowerment and Systemic Theory. Also, in gray literature through the Google Scholar, using the mentioned descriptors. Data collection took place in February 2017.

Limits for searching were introduced, and articles published between the years 2011 and 2016 were included in the review, considering studies conducted with human beings, published in the format of scientific articles, available in Portuguese, English, and Spanish, with free access.

The inclusion criteria were primary studies with humans, showing either qualitative or quantitative methodological approaches, published from 2011 to 2016, available in full, and answered the research question. Communication abstracts in congresses, news, letters to the editor, duplicate studies and those that did not address the proposed theme were excluded.

Data collection was carried out by two reviewers, and a third was consulted in case of doubts. A specific instrument was prepared, covering the following information: authors, year of publication, objective, design, level of evidence, population and main results. The duplicated articles were added to the database containing the largest number of studies. This organization made it possible to view the data in detail for further analysis.

The descriptive analysis of the data was performed from the reading of the titles and abstracts, as well as the reading in full of the selected articles. For the treatment of bibliographic data, there was justice, integrity, impartiality, and respect for the original authors of the publications that composed this study. The results were quantified, and the detailed reading allowed for a convergent synthesis of the themes explored in the literature. Based on this analysis, it was possible to build two categories, called "Family assessment and intervention instruments" and "Implications of family intervention strategies".

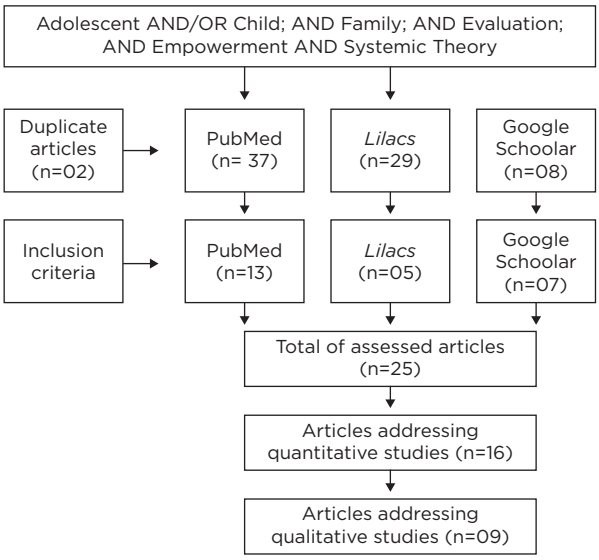
The level of evidence was classified as follows: Level 1 - meta-analysis of multiple controlled studies; Level 2 - individual study with experimental design; Level 3 - study with quasi-experimental design, as a study without randomization with a single pre- and post-test group, time series or control case; Level 4 - study with non-experimental design such as descriptive correlational and qualitative research or case studies; Level 5 - case report or data obtained systematically, with verifiable quality or program evaluation data; Level 6 - evidence derived from a single descriptive or qualitative study; Level 7 - opinion of respectable authorities based on clinical competence or opinion of expert committees, including interpretations of information not based on research.[10]

Part of this study was included to the thesis project of the first author who obtained the approval of the ethics committee of the Nursing School from the *Universidade Federal de Pelotas (UFPel)*, under the *Certificado de Apresentação para Apreciação Ética* (CAAE) [Certificate of Presentation for Ethical Appreciation] No. 68095317.3.0000.5316.

RESULTS AND DISCUSSION

By using the searching strategies 474 articles were identified, being 437 in the PubMed database, 29 in *LILACS* and eight in Google Scholar. After reading the titles and abstracts, 27 studies were selected for reading in full, of these, two were excluded because they were duplicated. The study sample comprised 25 articles,[11-35] of which 13 were found in PubMed, five in *LILACS* and seven in Google Scholar (**Figure 1**).

Figure 1 - Flowchart of the studies selection process. *Pelotas* city, *Rio Grande do Sul* State, 2018.



The object of study of the selected articles were families of children and/or adolescents; 14 studies with families of children in chronic conditions; performed by nursing, speech therapy, medicine, and psychology; 16 studies with a quantitative approach; nine studies with a qualitative approach. For 18 studies the level of evidence was three.

The use of eight assessment instruments in practice with families was evidenced, namely: "Pediatric quality of life inventory", "Family involvement rating scale", "Family empowerment scale", "General family functioning scale", "Family roles assessment scale", "PedsQLTM quality of life scale", "Assessment of strategies in family-effectiveness" and "Synthesis instrument for comprehensive evaluation". Considering the aforesaid, the last two mentioned were not adapted to be used with Brazilian families (**Table 1**).

Table 1 - Presentation of the studies' synthesis addressing the study location, the author's expertise area, the methodological approach, the classification of the level of evidence and the strategy of assessment and/or family intervention. 2018.

Study location	Area	Methodological approach	LE	Instruments
Brazil[11] Colombia[12] United States of America[13]	Nursing[11,12] Psychology[13]	Qualitative[11] Quantitative[12,13]	3[12,13] 6[11]	ASF-E[12]
Brazil[14] Colombia[15] Korea[16]	Nursing[14,15,] Medicine[16]	Qualitative[14] Quantitative[15,16]	3[15,16] 6[14]	ASF-E[15] PedsQLTM[16]
Brazil[17] United States of America[18,19,20] Poland[21,22]	Speech Therapy[17] Medicine[18, 21,22] Psychology[19,20]	Qualitative[18,19] Quantitative[17, 21,22]	3[17, 21,22] 6[18,19]	FIR [17] PedsQL [21,22]
Australia[23] Brazil[24, 25] Colombia[26] Finland[27] Iran[28] United Kingdom[29]	Nursing[23,24,25,26,27, 29] Medicine[28]	Quantitative[23,24,26,27,28] Qualitative[25,29]	3[23,24,26,27,28] 6[25,29]	PFCC-P [23] FES[27] PedsQLTM[28]
Colombia[30] Portugal[31,32]	Nursing[30,32] Psychology[31]	Quantitative[30,31,32]	3[30,31,32]	ASF-E[30] SICE[31] FRAS[32]
Brazil[33] Iran[34,35]	Nursing[3,34,35]	Quantitative[33,34,5]	3[33,34,35]	McMaster Family Assessment Device[33] PedsQL[35]

LE – Level of Evidence; ASF-E - Assessment of Strategies in Family-Effectiveness; PedsQL - Pediatric Quality of Life Inventory; PedsQLTM - Quality of life scale; FES - Family Empowerment Scale; SICE - Synthesis Instrument for Comprehensive Evaluation; FRAS – Family Roles Assessment Scale; PFCC-P - Perceptions of Family-Centered Care-Parents; FIR - Family Involvement Rating.

The results allowed the construction of two categories, called "Family assessment and intervention instruments" and "Implications of family intervention strategies".

Family assessment and intervention instruments

The assessment and intervention instruments used in the nursing practice of families with children and adolescents present possibilities for advances in approaching families.

Pediatric Quality of Life Inventory 4.0 - PedsQL

The quality of life inventory - PedsQL version 4.0 was developed in the United States of America to assess Health-Related Quality of Life (HRQOL) measures, aiming to use it with children and adolescents within the age group from five to 18 years old and for parents of children between two and 18 years of age.[36] This instrument has been validated for Brazilian Portuguese, using different versions for three age groups from 5 to 7, from 8 to 12 and from 13 to 18 years old.[37] It consists of a set generic scales applicable to healthy populations as well as populations with acute or chronic diseases. It contains 23 items and covers 5 dimensions: 1) physical dimension (eight items), 2) emotional dimension (five items), 3) social dimension (five items), and 4) school dimension (five items). It also has specific modules for certain pathologies, produced for clinical populations.[38]

Family Empowerment Scale (FES)

The family empowerment scale was developed in the United States of America[39] and adapted for use in Brazil.[40] It assesses two dimensions: the level of empowerment and how empowerment is expressed. At the 1st level: Empowerment: It occurs at three levels: Familiar: related to the management of parents in day-to-day situations; Care provided to the child; includes health care, health professionals and the active role of parents in seeking services; Community involvement: encompasses parental participation in politics, legislation, and community.

2nd level: How empowerment can be expressed: It occurs at three levels: Attitudes; Knowledge; Behaviors. The levels of empowerment are as follows: (a) militancy system; (b) knowledge; (c) competence and (d) self-efficacy. With five points, ranging from 1 (strongly disagree) to 5 (strongly agree).[39] The family empowerment scale consists of 34 items,

each can be scored on a Likert-type scale, with the answer options never (1), rarely (2), sometimes (3), often (4) and very often (5). Levels of parental empowerment are assessed on how it is expressed and how it translates into each of the phrases.

Perceptions of Family-Centered Care-Parents (PFCC-P) and Perceptions of Family-Centered Care-Staff (PFCC-S)

The instruments called Perceptions of Family-Centered Care-Parents (PFCC-P) and Perceptions of Family-Centered Care-Staff (PFCC-S)[41] were developed in Australia and adapted for use in Brazil.[42] This instrument consists of 20 questions distributed in three domains: respect, collaboration, and support. The respect domain includes six items that recognize the family's rights in the hospital. The collaboration domain reflects the recognition of the role of parents in the partnership for the care of their child and comprises nine items. The support domain includes five items related to the way health team professionals support the family. The answers to each question vary on a Likert scale with four options: never, sometimes, usually and always; scoring from 0 to 3.

Family Involvement Rating

The Family Involvement Rating instrument was developed in the United States to characterize the quality of family participation and involvement in the intervention process.[43] This was translated into Brazilian Portuguese as a family involvement rating scale.[17] In such version, the evaluation of each family receives a global weighting on a numerical scale from 1 to 5, which reflects their participation in the intervention.

Synthesis Instrument for Comprehensive Evaluation (SICE)

This instrument was deeloped in Portugal,[31] to organize and synthesize the information collected in the context of comprehensive assessment processes of families with children and young people in situations of psychosocial risk or danger (physical, psychological abuse, and neglect). No records of adaptation and or validation were found for use with Brazilian families. The following instruments form part of this: (a) the Parental Ability Assessment Synthesis Instrument, (b) the Family Dynamics Assessment Synthesis Instrument and Factors Affecting Parental Ability and (c) the Parental Ability Assessment Synthesis Instrument Environmental and Social Factors.[31]

General Family Functioning (McMaster Family Assessment Device)

This instrument was developed in the United States of America[44] to assess the general functioning of the family. The cross-cultural adaptation of the general family functioning scale, the McMaster Family Assessment Device subscale, for the Brazilian population.[33] The evaluation of the general family functioning includes 12 questions: It is difficult to plan family activities because there are disagreements; In times of crisis, they can seek help from each other; they cannot talk in the family about the sadness they feel; Each person is accepted for what he is; Avoid discussing fears or concerns; They show feelings for each other; There are bad feelings in the family; They feel accepted for what they are; they have difficulty making family decisions; They are capable of making decisions; they don't get along well. They trust each other. The answer options range from "I totally agree" to "I totally disagree" (1-5 points), with higher values meaning better overall family functioning.

Family Roles Assessment Scale (FRAS)

This instrument was developed in Portugal[32] to assess family roles. It has 74 Likert-type items ranging from 1 to 5 (Never, Rarely, Often, Always and Not applicable). The instrument covered two groups of questions. Group I: group of sociodemographic variables and group II: family roles variable.[32] No records of adaptation and or validation were found for use with Brazilian families.

The Assessment of Strategies in Family-Effectiveness (ASF-E)

The instrument named Assessment of Strategies in Family-Effectiveness (ASF-E) was developed in the United States to assess family effectiveness for clinical and research purposes. It uses systemic organization as a theoretical basis and is therefore considered appropriate for family assessment and family nursing interventions or research. This instrument is self-applicable, with 20 items which measure family processes, each with three indicators that were previously considered by the actor. Family effectiveness is considered high when the alternative chosen is number 3, medium family functionality is alternative 2 and low family functionality is alternative 1. The total value of the instrument is 60 points, being defined as effective families the scores between 54-60 points, below this score are considered families with a low level of effectiveness in family functionality.[45] This instrument is in the process of cross-cultural adaptation and validation for use with Brazilian families by the authors of the present study.

Implications of family intervention strategies

This category addresses the themes presented in the studies that did not use specific instruments as intervention strategies for the family. They addressed from the description of the experience of the disease by the child and his family and the changes caused in the family environment[14] to the development of a care proposal for family members of children with Chronic Kidney Disease (CKD) based on the difficulties faced at home.[11] Highlighting the participation of families in empowerment groups and their contributions to the care of children with CKD,[35] an activity that can increase the quality of life of children with CKD,[24] because the application of the family-centered empowerment model influences knowledge, attitudes and parents' self-efficacy in controlling and managing their child's disease.[34]

When carefully analyzing the different approaches described in the studies, it is highlighted that the care for the family of the child with CKD, which implies major changes in

family life, as its structure undergoes exhausting adaptations to face the disease[14] and this transition can provide the transformation in the care.[35]

The analyzed studies allowed to evidence different ways to evaluate and or intervene with the family of the child and/or adolescent, considering that there is no single model of approach to the family.[2] The International Family Nursing Association,[6] recommends the use of 15 world models for family assessment and intervention. Nonetheless, among the eight instruments used in the studies, only the Assessment of Strategies in Family-Effectiveness (ASF-E)[45] is recommended by it, the other models referenced by the IFNA are as follows: Calgary Family Assessment Model,[2] Calgary Family Intervention Model,[2] Illness Beliefs Model,[3] Family Empowerment Nursing Model,[46] Concentric Sphere Family Environment Model,[47] Family Health Model,[48] Family Health Conversations,[49] Friedman Family Assessment Model,[50] Family Life Skill Index,[51] McGill Model of Nursing,[52] Dynamic Model of Family Assessment and Intervention,[53] Strengths-Based Nursing (SBN),[54] Watanabe & Suzuki Family Assessment Model,[55] Trinity Model.[56]

It is noteworthy that despite the nursing approach towards the family be carried out based on evidence,[1,2] there is still a need for training nurses to work in advanced nursing practices and carry out the evaluation and intervention in different contexts of action with the implementation of a theoretical-based assessment and intervention model. Such a procedure should be encouraged with methodologies that lead to the learning of family care.[57]

FINAL CONSIDERATIONS

The results of searches in the literature allowed to know the strategies of evaluation and or intervention in the families of children and adolescents. The use of eight instruments of this practice was evidenced and two of these were not adapted to be used with Brazilian families, which can contribute to the family nursing practices.

The contribution of this study was to present the state of the art on the practices of assessment and intervention to the family concerning the care of children and adolescents. It is noteworthy that all the articles evaluated were intended to improve the relationship and or family participation and suggest the use of a caring model that provides such a condition, involving the professional with the family unit, which can be achieved in Brazil with the Nursing implementation of advanced practices.

The limitation of this study refers to the time limit established for the selection of articles (2011-2016), the use of publications with free access and the databases, which may have contributed to the low number of studies regarding this topic. Hence, it is estimated that by extending the search time to more than 10 years and including more databases, it would be possible to increase the number of articles for discussion.

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