Original Article

The family relationships with adolescents users of psychoactive substances: the parents' perception*

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ABSTRACT

The objective of this study is to discuss the experience of families caring for adolescents users of psychoactive substances, in the scope of its functioning. A qualitative descriptive study and the participants were the parents of adolescents drug users from a Psychosocial Attention Center for Alcohol and Drugs in the inner state of São Paulo. Semi-structured interviews were conducted and the data was analyzed using content analysis technique, thematic category. The results pointed that parents had difficulties in establishing an assertive dialogue with their sons and daughters, in developing a hierarchical role and in establishing limits for the adolescent. Such situations cause ambivalent feelings and negative emotions mobilizing them to search for support in the family, informational, religious and instrumental scope. It is concluded that care should involve the adolescent who consumes drugs and the family, considering the interactional, organizational and communicational aspects of the family collective.

Descriptors: Family Relations; Family; Adolescent; Substance-Related Disorders; Psychiatric Nursing.

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INTRODUCTION

Adolescence is a transitional phase of the vital cycle between the childhood and adult phases, permeated by biopsychosocial transformations[1-2]. This step is considered of highest motivational vulnerability to start experimenting alcoholic beverages[3] and other drugs by adolescents[4] because they are known as facilitators for disinhibition and socializing[3].

Studies identified a high prevalence of drug consumption among adolescents[5-6], and this consumption can trigger issues in family interactions and communications[5,7], for example, the adolescent lies to family members, physically hurts a family member and self-isolation from the family conviviality[7].

The investigations that explored the family context of adolescents consumers of psychoactive substances (PSs) deepened a little the knowledge about the impact of these substances in the family dynamic and functioning, and the family reaction when facing such situation[5-7]. Thus, to understand how family members (re)organize themselves in relation to hierarchical roles, communication, and expression of their emotions to care for this adolescent, may allow such depth. It can also provide aids to create prevention measures for PSs use and the many problems caused by their consumption.

From the perspective of the structural systemic theory, the family functioning is considered as involving relational processes between the family members and how they perform their functions[8]. To comprehend such process is crucial to help the family fulfill the caregiving role. Thus, this study objective was to discuss the experience of families that care for adolescents consumers of psychoactive substances, in the scope of their functioning.

METHOD

A qualitative and descriptive study with the family systemic structural perspective of Salvador Minuchin[9], who grounded the data collection and analysis.

The structural, systemic model comprehends the family as an open system, which members are in constant interaction and assume roles and functions to keep the dynamic stability of this system, considering the internal and external influences[9]. In this perspective, the chemical dependence is comprehended as a symptom with a function in the family dynamic, it regulates this system and denounces its difficulties[10]. Therefore, such adverse situation affects the familiar collective, that is affected by the sickening of one of its members, and the family tries to self (re)organize to care for the family member.

In the search process for functional stability, the family tries to re-establish the hierarchies and formulates definite limits in the within the family relationships; defines roles and functions of its components, establishes or dissolves the alliances or triangulations, expresses feelings and emotional interactions in the family context and searches for solutions of problems[9].

The study was conducted from July 2013 to August 2014, in four families, with parents of adolescents consumers of drugs enrolled and getting treatment in a Psychosocial Attention Center – alcohol and drugs (*Centro de Atenção Psicossocial – álcool e drogas* -CAPS ad) in the inner state of São Paulo/Brazil. Within the participants, only one family was constituted of father and mother, while in the other three, only the mother was the responsible member.

The health team of the respective service identified a total of seven families, but three families were not found after many trials by telephone contact and home visits. The inclusion criteria consisted of biological parents or not of adolescents, older than 18 years, in treatment, and that was in contact with the adolescent at least two times per week. The exclusion criterion was: parents who reported the abusive or dependent use of PSs. Most parents had a history of consuming multiple drugs, reducing the number of study participants. However, all families respecting the inclusion criteria were interviewed.

For data collection, the researchers conducted a semi-structured interview with each family, in their homes or at the CAPS ad. The interviews were audio recorded, and they consisted in characterizing the participants with personal and professional identification data, family configuration and the guiding question: "How is it for you to care of your son/daughter who uses drugs?". A genogram and ecomap of each family were also performed, to capture the family structure and its relational dynamic, as well as, the relationships between the family and community[11], apprehending the support network and social support.

For the analytical data processing, the content analysis technique was used, the thematic category of Bardin[12]. The interviews were transcribed and read many times in depth. The analysis units were the text cuts alphanumerically coded, in trail mode, with approach about the family functioning when caring for the son or daughter, such as hierarchical roles, relational processes and ways of communication, emergent feelings, and strategies to cope with the situation. The cuts were grouped according to the correlated themes, same semantical meaning, which the presence of recurrent appearing or implicit relevance could mean something to the chosen analytical objective[12]. The authors discussed the themes, and they reached consensus about the coding to reduce bias. These units were thematically regrouped in categories.

To treat the results, we conducted inferences and interpretations based on the structural, systemic theoretical concept.

The speeches were identified by the initials FI (Family Interview), followed by the sequential number of interviews and family relationship (M- mother and F – Father), as well as the numeral sequence of the speech. For example, FI1 – M3 (Family Interview number 1, referring to the Mother's speech number 3).

The data analysis provided the appearance of three categories: Facing communication difficulties within the family; Living with ambivalent feelings; Searching for family, community, and religious support.

The study respected the ethical aspects of the Resolution 466/12, and the Ethics in Research with Human Beings Committee approved it, according to protocol nº 219.412/2013 of 03/14/2013. The participants signed an Informed Consent Term.

RESULTS

Regarding the characterization of families, two of them were nucleus families (father, mother, and children), one had one a single parent (mother and children) and another rebuilt family (children, mother, and a new partner, not the adolescents' biological father). Parents' age groups varied from 35 to 52 years. Regarding occupation, one mother was a "housewife", another was a professional cleaner, two were domestic workers, and the paternal member was a collector of recyclable material.

The mother was the predominant member in the interviews, corroborating with the literature pointing the maternal figure as the most crucial member of the treatment[13].

Following, categories obtained in the analyses are presented.

Facing communication difficulties within the family

This category pointed the communication difficulty between parents and their children, justified by the absence of listening between both and the adolescents' decision making, without the parents' participation. The parents tried to assume the hierarchical authority role in establishing the limits in relation to the children and in the control of the situation, which was inadequate in their perception.

He [adolescent] doesn't hear us, he wants to do everything his way. Then, it gets harder (FI3-M1)
It has to be the way [name of the adolescent] wants. She wants right now, what interests her is what comes to her mind. [...] There is a boss in my house. What does she think? While I'm there, the house is mine and who has authority is me (FI4-F9).

The ineffective communication became evident when the parents found out the drugs consumption, and they could not dialogue with their children about the subject. Such impediments resulted in resonances in the emotional communication, impairing both to express and demonstrate affection, attention, love feelings. Such fact also triggered physical and affectionate distance between them.

Also because this ether spray is what she [adolescent] uses. I've got a glass at my house. Because she doesn't let us see anything. And she said: "Ah, you don't give me attention", but she doesn't allow me to get close to her, she doesn't let me caress her. She is a person who wants to be alone, she doesn't open up with us [...] She [adolescent] keeps everything to herself, she doesn't tell us anything (FI4-M8).

The dialogue difficulty can trigger the distancing of the child from the family and the approximation of external friendships to establish alliances.

Now, she [adolescent] doesn't want to be with us [family]. She prefers outside; the friends are more important. Even though you clarify..."you will have two or three support days outside". (FI4-F12).

Living with ambivalent feelings

This category emphasized ambivalent feelings and negative emotions expressed by the parents in the relational process between their children and the drug.

One of the mothers participating in this study experienced simultaneous feelings of guilt and not guilt when reflecting about the possible causes of her son's involvement with drugs, as she related such attitude with how he was raised and educated. At the same time that she questioned about possible mistakes in educating him, she believed that she neither her husband were responsible for the son's attitudes when she compared his attitudes with her older daughter.

There are times that we say: "No, we didn't do wrong [...] we didn't do anything wrong, because if it were our fault, our other daughter would also have gone on the same path" (FI1-M14).

The testimonial of another mother pointed the ambivalent feeling of forgiving or not forgiving the son who uses drugs, during the decision making about taking back or not the contact with him, who was in a rehabilitation institution for minor infractor adolescent. For her, such decision process required an intense emotional effort and created great suffering.

I don't know if I stayed two months or one month and a little without going there [rehabilitation institution for infractor adolescent] to see [adolescent's name]. I didn't go. You know, your heart asked you not to go. I cried and cried and cried. Then, one day, I said: "I'll go there to see [adolescent's name]". [...] God is putting in my heart that I should go there and forgive him, talk to him. I said: "I'm not going to forgive, because who forgives is God, isn't it? I am not God to forgive, I'll go talk to him"(FI2-M17).

Feelings of fear, frustration, failure, and impotence were stressed out by the parents and related to relapses experienced by the adolescent and the parent's wish to avoid them. In the parents' perception, the loss represented a feeling related to the child's involvement with drugs. The fear was associated with violence and death, contexts that the adolescent can be a victim, generating insecurity feelings in the parents.

There are times when he [adolescent] arrives, you note that he used. Waw! It gives a failing sensation, a feeling of frustration, of loss (FI1-M18).
Now, we have fear. That nowadays, because of one stupid rock, one little weed cigarette, today they are stabbing, taking life away like that, suddenly (FI4-F17).

The discovery of drugs by parents caused negative emotions, attitudes of physical aggressiveness and perplexity.

I found out when he [adolescent] went home [...] I looked in the backpack and I found drug. I hit him, I rubbed the drug on his face, everything. [...] I got the weed. [...] Ah, I was shocked. [...] I cried, I got angry. I stayed two days without sleep. (FI2-M1)

Searching for family, community and religious support

This category explored the resources used by parents in a trial to resolve the problems experienced.

For the parents of the same family, the cohesion between them was a strength to help the adolescent.

We [couple] stayed united [...] because it is one pulling the other, because if one falls everybody fall. We tried to get stronger to be able to help her [adolescent], right? Because alone she won't leave this (FI4-M5).
We got even stronger, not to break (FI4-F11).

The mutual support group was pointed as informational support, where the family had guidance in how to deal with the adolescent, to impose limits firmly and affectionate at the same time.

There at the Requiring Love (name of the group), they taught. We are listening to presentations [...] they say that at the same time that you call their attention, you will correct, you will say no, but with the other hand, you will caress, you will please (FI1-M19).

Families identified the religious support in the belief of a strength coming from God that helped them to persist and fight. The motivation and the supervisor role were related to the mothers' responsibility for having

children. The family members attended church and asked through prayers for the protection of their children when recognizing their human limitations, delegating the intervention responsibility to God.

I don't know, a strength appeared. We have to fight, right? [...] I put him [adolescent] in the world. It was after I've started going to church [...] sleep time, I pray a lot, I pray for the guardian angels of my two [sons] (FI2-M13).
It is what I do, I ask the Celestial Father, right? And I put it in His hands, because what we have done, we don't know anymore what to do. Only God. (FI4-M1).

The families recognized as support, the financial aid offered by family and church members, the church was recognized as a welcoming and assisting institution.

Like my mother-in-law. I help her. I'm not working [...] this month she is going to pay my rent. I go there, I do the dishes, I help her to fix a meal to go. [...] Now I'm going there to do a heavy cleaning in [name of a city in the inner state of São Paulo]. One helps the other, right? (FI2-M14).
It is church. There was a time that we barely made it, and the church saved us. "Look, we can't buy this medicine", they got our prescription, they bought it [...] They always helped us, welcomed us. (FI4-M14).

Other institutions recognized as support consisted of health equipment, as the CAPS ad.

It's the CAPS, right? The help from CAPS, right? (FI3-M7).

DISCUSSION

The present study pointed the dependence issue with psychoactive substances impacting the family functioning, it triggers difficulties in the communication process within the family, in the parent's experience with ambivalent feelings and negative emotions. In a trial to overcome and face such problems, the parents searched for support in the family, informational, religious and instrumental scopes.

The parents involved in this study recognized the difficulty in establishing an assertive dialogue with their children and developed a hierarchical role. It was perceived that the justification for such problem related to the poor behavior and the adolescent's confrontation with the parents. They try to manage the situation, becoming authoritarian, increasing the tension and conflict between them and the adolescent. Studies show that parents of adolescents consumers of PSs experienced situations where their children had threatening behaviors, involving intimidation or physical and verbal aggression[14-16].

In the systemic structural perspective, this complex family interaction, hierarchical power, and the establishment of limits within sub-systems (mother-son or father-daughter) are marked by interpersonal barriers regulating the relational pattern; they determine autonomy, the roles, rules and the hierarchy of their members[9].

Besides, the adolescence phase triggers physical, emotional and social transformations that can create internal and external conflicts, for example, with the family. In fact, the adolescent in this phase tries to achieve an individual and social identity, as well as, autonomy and family independence. As a consequence, the experimenting or consumption of psychoactive substances can be identified as a facilitating resource to reach such objectives, as pointed out by the literature[10]. However, in this study, the confrontation behavior between the adolescent and parents was intensified due to drug effects in the adolescent, for example, mood changes, loss of criticism and need to consume drugs, as well as the adolescence phase itself.

From the parents' perception, the difficulty of verbal and emotional communication created a distance of their children from the family environment, who searched for external support, many times being from friends who are drug users. The data corroborate the study when mentioning the anguish of mothers and fathers when their children disappeared for days or the approximation of friends who are drug users[14].

In the systemic structural view, such difficulties reported by parents can be reflections of the rigid barriers established within subsystems, triggering distant relational patterns, resulted from little verbal and non-verbal communication. Although such relationship mode creates autonomy and independency attitudes in their members, they keep themselves isolated, limiting the loving, affectionate and protecting proximity[9], factors perceived in the reports of our study. Therefore, it is desirable for the family to build explicit limits allowing the effective dialogue, determining flexible rules, allowing the individual autonomy and of a sub-system to guarantee support, love, and affection among members.

The parents participating in this study, in their parental exercise, when developing their tasks and roles of leaders, advisors, and educators, developed educational practices that permeated authority and authoritarianism. Such attitude, creating non-affectionate relationships between subsystems, also promoted the distancing from the children when requesting only obedience, according to scientific evidence[17].

This whole process of experience and coping by the families of this study triggered suffering, ambivalent feelings, and negative emotions, according to the second category.

The testimonial of one mother participant of this research pointed an ambivalent feeling in assuming the responsibility for her child's drug use, claiming self-negligence regarding his education, corroborating studies[15-16,18]. A study emphasizes that mothers of adolescents dependent of drugs perceive their children as an extension of their identity, that is, the well-being of these mothers is intrinsically connected to the success or failing situations of the young[19]. Studies point that guilt and self-guilt of parents due to drug use of their children are common feelings, justified by the parental inability in the educational process of their children[15-16,18,20-21].

The family did not know or recognize that the chemical dependency issue has a multifactorial etiology. From the systemic view, when there are unbalance situations in the family system, there is a tendency of members to demand the execution of functions and tasks of others, emerging claims of family complicity and inductive mechanisms to guilt[9] and self-blame.

To the mother participating in this study, the forgiving action was correlated to the Cristian feeling, which involves love, mercy, and compassion. But, such action required a great emotional effort from her as a human being, to abstract herself of negative feelings and judgments, that for her, only a Supreme being has such capacity, according to a study[22].

The parents involved in this study also reported expressed feelings of fear, nervousness, sadness, frustration, failure, and impotence.

The fear represented one of the expressed feelings more related by families who deal with drugs[16,18], primarily by involving uncertainty regarding the adolescent's future and safety.

Other feelings expressed by participating families involved the perplexity and negative emotions during the discovery of the drug use by a family member, corroborating the literature[15,18]. Such situations allow the reflection about the complex and profound experience of the family in the chemical dependency context. These

contradictory feelings involve the adolescent as well as the family, and leave them susceptible to the situations of conflict and physical, mental and emotional distress , as reported in our study.

In the coping process with the drug issue, the family members involved in this study mobilized themselves and searched for inter and externally support in relation to the family nucleus. Such resource can promote family cohesion, comprehended as a physical or emotional union among their members[23] and favor the harmonious functioning of the family and the strengthening of affectionate bonds within its members[22]. In this study, there was parental union to help the ill daughter and to keep the members strong.

In the systemic structural view, such attitude can be comprehended as an alliance between the conjugal subsystem in the functional focus; that is, there is a couple's union to strengthen and cope such adversities. However, it can be interpreted as a negative triangulation, that is, because of a relational conflict of difficult resolution between father and daughter or mother and daughter; one of the members search for a third person to share anguish and concerns, getting united (for example, among couples) and excluding the third (the addict adolescent). Therefore, this family mobilization can be characterized as mechanisms to keep the symptom, resist to change and maintain the functioning of the system within a usual pattern[9].

The parents participating in this study recognized other types of support, involving mutual health groups, health and religious institutions, and financial aid from the church. The literature points that parents have support in the informational dimension, such as advice and information about how to care for their children. In the emotional dimension, there is the involvement of affection, love, empathy, and respect offered by the family; while in the instrumental dimension, there is the financial support from the church or the availability of goods and services in the health network. Such factors result in emotional, behavioral and instrumental benefic effects to the ill person and/or family member, improving the quality of life of both[22]. The religious support refers to faith in a Supreme Being who promotes consolation and strength to deal with adverse events of life. The perception of having the Divine help creates protection and comfort, according to a study[24].

CONCLUSION

This investigation allowed to comprehend that parents of adolescents consumer of psychoactive drugs, of the referred CAPS ad, had difficulties to establish an assertive dialogue with their children, to develop a hierarchical role, as well as, to establish limits. Such situations created ambivalent feelings and negative emotions that mobilized them in the search for internal and external resources in relation to the family unit.

The study limitation was the participation of four families of adolescents, considering that most of them consumed drugs. Such fact demonstrated the priority to invest in prevention programs for PSs use involving the adolescent and his family context.

This study contributed to the nursing practice, subsidizing it for the care not only focused on the adolescent who uses drugs but in the family system, considering its interactional, organizational and communicational aspects.

REFERENCES

1. Linebarger JS, Ajayi TA, Jones BL. Adolescents and young adults with life-threatening illness: special considerations, transitions in care, and the role of pediatric palliative care. Pediatr Clin North Am [Internet]. 2014 [cited 2018 ago 27];61(4):785-96. Available from: https://doi.org/10.1016/j.pcl.2014.05.001.
2. Finan LJ, Schulz J, Gordon MS, Ohannessian CM. Parental problem drinking and adolescent externalizing behaviors: The mediating role of family functioning. J Adolesc [Internet]. 2015 [cited 2018 ago 27];43:100-10. Available from: https://doi.org/10.1016/j.adolescence.2015.05.001.
3. Atanázio EA, Santos JM, Dionísio LR, Silva J, Saldanha AAW. Vulnerabilidade ao uso do álcool: um estudo com adolescentes das redes pública e privada de ensino. SMAD. Revista Eletrônica Saúde Mental Álcool e Drogas [Internet]. 2013 [cited 2018 ago 27];9(1):11-7. Available from: https://doi.org/10.11606/issn.1806-6976.v9i1p11-17.
4. Marcon SR, Sene JO, Oliveira JRT. Contexto familiar e uso de drogas entre adolescentes em tratamento. SMAD. Revista Eletrônica Saúde Mental Álcool e Drogas [Internet]. 2015 [cited 2018 ago 27];11(3):122-8. Available from: https://doi.org/10.11606/issn.1806-6976.v11i3p122-128.
5. Rozin L, Zagonel IPS. Adolescentes que fazem uso nocivo/abusivo de álcool: percepção de risco e proteção para dependência. Rev. Eletr. Enf. [Internet]. 2013 [cited 2018 ago 27];15(3):687-95. Available from: https://doi.org/10.5216/ree.v15i3.19658.
6. United Nations Office on Drugs and Crime. World Drug Report 2015 (United Nations publication, Sales No. E.15.XI.6) [Internet]. Viena (AU): UNODC; 2015 [cited 2018 ago 27]. Available from: https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf.
7. Moura NA, Monteiro ARM, Freitas RJM. Adolescentes usuários de drogas (i)lícitas e práticas de violência. Rev enferm UFPE on line [Internet]. 2016 [cited 2018 ago 27];10(5):1685-93. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/13543/16313.
8. Walsh F. Fortalecendo a resiliência familiar. 1ª ed. São Paulo: Roca; 2005.
9. Minuchim S. Famílias: funcionamento e tratamento. 2ª ed. Porto Alegre: Artes Médicas; 1990.
10. Paz FM, Colossi PM. Aspectos da dinâmica da família com dependência química. Estud. psicol. (Natal) [Internet]. 2013 [cited 2018 ago 27];18(4):551-8. Available from: https://doi.org/10.1590/S1413-294X2013000400002.
11. Wright LM, Leahey M. Enfermeiras e famílias: um guia para avaliação e intervenção na família. 5ª ed. São Paulo: Roca; 2013.
12. Bardin L. Análise de conteúdo. 19ª ed. Portugal: Edições 70; 2011.
13. Azevedo CS, Silva RS. A importância da família no tratamento do dependente químico. Encontro: Revista de Psicologia [Internet]. 2013 [cited 2018 ago 27];16(25):151-62. Available from: http://www.pgsskroton.com.br/seer/index.php/renc/article/view/2439.
14. Choate PW. Adolescent alcoholism and drug addiction: the experience of parents. Behav Sci (Basel) [Internet]. 2015 [cited 2018 ago 27];5(4):461-76. Available from: https://doi.org/10.3390/bs5040461.
15. Groenewald C, Bhana A. "It was bad to see my [child] doing this": Mothers' experiences of living with adolescents with substance abuse problems. Int J Ment Health Addiction [Internet]. 2016 [cited 2018 ago 27];14:646-61. Available from: https://doi.org/10.1007/s11469-015-9605-7.
16. Asante KO, Lentoor AG. Use of crystal methamphetamine among male adolescents in Cape Town, South Africa: caregivers' experiences. Subst Abuse Treat Prev Policy [Internet]. 2017 [cited 2018 ago 27];12(1):18. Available from: https://doi.org/10.1186/s13011-017-0102-9.
17. Benchaya MC, Bisch NK, Moreira TC, Barros HMT. Non-authoritative parents and impact on drug use: the perception of adolescent children. J Pediatr (Rio J) [Internet]. 2011 [cited 2018 ago 27];87(3):238-44. Available from: https://doi.org/10.2223/JPED.2089.
18. Rusnáková M. Codependency of the Members of a Family of an Alcohol Addict. Procedia - Soc Behav Sci [Internet]. 2014 [cited 2018 ago 27];132:647-53. Available from: https://doi.org/10.1016/j.sbspro.2014.04.367.
19. Smith LM, Estegan A. Families Parenting adolescents with substance abuse—recovering the mother's voice. J Fam Nurs [Internet]. 2014 [cited 2018 ago 27];20(4):415-41. Available from: https://doi.org/10.1177/1074840714554397.
20. Teixeira LL, Batalla LS, Oliveira SM, Santos AM, Maagh SB. O cotidiano familiar após a descoberta do filho dependente químico. Rev enferm UFPE on line [Internet]. 2014 [cited 2018 ago 27];8(supl. 2):3629-46. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10104/10572.
21. Siqueira DF, Moreschi C, Backes DS, Terra MG, Soccol KLS, Mostardeiro SCTS. Percepção de familiares sobre a iniciação do uso de crack por adolescente. Cienc Cuid Saude [Internet]. 2015 [cited 2018 ago 27];14(1):948-54. Available from: https://doi.org/10.4025/cienccuidsaude.v14i1.23019.
22. Rodrigues JSM, Ferreira NMLA. Estrutura e funcionalidade da rede de apoio social do adulto com câncer. Acta Paul Enferm [Internet]. 2012 [cited 2018 ago 27];25(5):781-7. Available from: https://doi.org/10.1590/S0103-21002012000500021.
23. Silva PA, Silva MRS, Luz G. Interações protetoras em famílias de alcoolistas: bases para o trabalho de enfermagem. Rev. enferm. UERJ [Internet]. 2012 [cited 2018 ago 27];20(2):191-6. Available from: http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/4043.

24. Puggina ACG, Silva MJP. Religião/Espiritualidade como estratégia de enfrentamento de familiares de pacientes com desordem de consciência. Revista Saúde [Internet]. 2015 [cited 2018 ago 27];9(3-4):5-17. Available from: http://revistas.ung.br/index.php/saude/article/view/2136.