

# Autism Spectrum Disorder In Primary Care: The Role Of The Family Health Strategy

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## Abstract:

**Background:** A Autism Spectrum Disorder (ASD) is a complex neurobiological condition that affects communication, social interaction and behavior. The Family Health Strategy (FHS) plays a key role in primary care for ASD, enabling early identification, sensitive approaches, integration with specialized services, appropriate referrals, continuous follow-up and training of the health team.

**Materials and Methods:** This study adopted a qualitative approach through a literature review. Sources such as Google Scholar and the CAPES Journal Portal database were consulted. The thematic analysis of the results obtained allowed the identification of patterns and trends related to the performance of the FHS in ASD care

**Results:** The ESF plays a central role in the early detection of ASD, establishing links with families, promoting home visits and regular care. The person-centered approach and longitudinal follow-up contribute to the effectiveness of interventions. Integration with specialized services, appropriate referrals and training of the health team are key elements in providing comprehensive and personalized care. Raising awareness of inclusion and promoting intersectoral partnerships reinforce the humanized approach.

**Conclusion:** The FHS plays an essential role in primary care for ASD, positively impacting the prognosis and quality of life of people with ASD and their families. Early identification, sensitive approaches, integration with specialized services, appropriate referrals, continuous follow-up and training of the health team are key strategies for comprehensive care. FHS action not only optimizes clinical outcomes, but also promotes social inclusion and appreciation of diversity, contributing to a more aware and inclusive society

**Key Word:** Autism Spectrum Disorder (ASD); Family Health Strategy (FHS); Primary Health Care.

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## I. Introduction

Autism Spectrum Disorder (ASD) is a complex neurobiological condition characterized by heterogeneous patterns of difficulties in communication, social interaction, and behavior. As defined by the American Psychiatric Association (APA), ASD is a "neurodevelopmental disorder that emerges in the early stages of life and significantly affects social interaction, verbal and nonverbal communication, and behavioral repertoire" (APA, 2013). This definition encompasses the wide diversity of clinical manifestations observed in individuals within the autistic spectrum. This condition demands an interdisciplinary approach and specialized attention to understand the particularities of each individual with ASD.

The characteristics of ASD can vary significantly between affected individuals. It is common for people with ASD to experience difficulties in communication, both verbal and non-verbal, as well as repetitive patterns of behavior, such as stereotypies and restricted interests. Furthermore, social interaction can also be challenging for those living with ASD, with difficulties in making emotional connections and understanding the nuances of social communication (APA, 2013).

The presence of repetitive patterns and restricted interests is another hallmark of ASD. These patterns can manifest in stereotyped behaviors, repetition of specific activities, or attachment to objects. This behavioral rigidity can lead to difficulties in adapting to change and resistance to new situations (DAWSON et al., 2021). The diagnosis of ASD is made based on specific criteria established by diagnostic manuals, such as the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition). In order for an individual to be diagnosed with ASD, they must exhibit a set of symptoms that fit these criteria. Diagnosis requires a detailed assessment of the person's social, communication and behavioral skills, often performed by a multidisciplinary team of health professionals (FILÍPEK ET AL., 2000).

Importantly, the diagnosis of ASD can be a complex process, as characteristics and symptoms can vary widely among affected individuals. Furthermore, diagnosis often involves the exclusion of other conditions that may present with symptoms similar to ASD (MATSON & KOZLOWSKI, 2011).

In this context, primary health care plays a crucial role in the early identification and management of ASD. According to Dawson et al., 2010, "early detection and prompt initiation of intervention are key to optimizing outcomes and improving the quality of life of people with ASD". Through the joint work of primary care professionals, such as the Family Health Strategy (ESF), it is possible to identify early signs of ASD and refer patients for specialized evaluations.

The Family Health Strategy (FHS) is a primary health care model that seeks to promote comprehensive and quality care, focusing on prevention and health promotion. According to the Ministry of Health (2017), the FHS is defined as "a strategy for organizing primary care that aims to strengthen comprehensive family health care through the creation of bonds and teamwork". Its main objectives include bringing health services closer to communities, individual-centered care and the promotion of collective actions aimed at improving the health of the population. The ESF is based on the monitoring of groups of families by a multidisciplinary team of health professionals, which allows a more comprehensive and personalized approach. Through home visits and community activities, the FHS seeks to know the social and family context of patients, identify their needs and offer continuous support (BRASIL, 2017).

The Family Health Team (eSF) is a fundamental pillar of the ESF and is composed of professionals from various health areas. According to the Ministry of Health guidelines, this team should include at least one general practitioner or specialist in Family Health, one general practitioner or specialist in Family Health nurse, one nursing assistant or technician and community health agents. In addition, it is possible to include Oral Health professionals, such as a dental surgeon and an Oral Health assistant/technician (BRASIL, 2020). Family Health is one of the main strategies proposed by the Brazilian Ministry of Health to reorient the SUS care model, focusing on primary care. This approach aims to restructure services and guide professional practices in favor of health promotion, disease prevention, rehabilitation and improvement of the population's quality of life. It represents an innovative proposal in technical, political and administrative dimensions, based on the principles of Health Surveillance, inter and multidisciplinary and comprehensive care (BRASIL, 2020).

The expansion of the FHS was driven by the Basic Operational Standard (NOB-96), which decentralized resources and promoted the municipalization of health, providing guidelines for the allocation, application and control of the resources of the Primary Care Floor (PAB). This gave municipalities responsibility for management (COIMBRA et al., 2005).

The Family Health Strategy incorporates the principles of the Unified Health System (SUS) and is based on the Family Health Unit (USF). It seeks comprehensive and hierarchical care, aiming to understand the epidemiological and sociodemographic profile of families through the diagnosis of health of the assigned territory. The health teams, in turn, must establish the reference and counter-reference of services, providing progressive care, from the local level to the most specialized (BRASIL, 2020).

Territorialization and client enrollment are essential in the ESF, where each USF is responsible for a delimited territory and for the care of a specific population. It is recommended that each team be responsible for a maximum of 4000 people in the territory, which allows for more individualized and comprehensive care (PAIM, 2006).

The ESF values the work of the multiprofessional team, composed of professionals from different health areas, such as nurses, doctors, community health agents, among others. This composition aims at holistic approaches and more complete care, considering the diversity of health needs of the population served (BRASIL, 2020).

The ESF has a substitutive character, seeking a change in the care model, directing the focus to Health Surveillance. This approach values health promotion, disease prevention and rehabilitation, adopting a broader and preventive perspective in relation to the health care of families and communities (PAIM, 2006).

## **II. Material And Methods**

The methodology adopted in this study follows a qualitative approach, based on a literature review. The literature review plays a fundamental role in enabling the consolidation and analysis of relevant information from previous studies related to the research topic.

According to Minayo (2003), the literature review plays a crucial role in allowing the researcher to map existing knowledge and identify gaps or areas that need investigation. She points out that this step is essential for building a solid foundation for the development of new research and for contextualizing the results obtained.

In turn, Gil (2019) points out that the literature review not only provides access to relevant works and findings, but also contributes to the development of the researcher's critical thinking. He points out that the comparative analysis and synthesis of the information obtained through the literature review are crucial aspects for the elaboration of substantiated conclusions and for the advancement of knowledge in the area of study.

The choice of the qualitative approach is in line with the arguments of Minayo (2003), who emphasizes the importance of exploring and deeply understanding complex phenomena, such as the diagnosis and management of Autism Spectrum Disorder in primary care. This approach allows the detailed analysis of individual perspectives, social contexts and complex dynamics that influence health practices.

The target population of this study comprises health professionals, family members and patients who play crucial roles in the sphere of primary care for Autism Spectrum Disorder (ASD). The non-probability sampling approach is based on the recommendations of Bogdan and Biklen (1994) and Charmaz (2014), who emphasize the usefulness of this method in qualitative research. The intentional selection of scientific articles, reports and guidelines related to the Family Health Strategy and ASD in primary care allows an in-depth analysis of these materials.

Data collection will be conducted through research in sources such as Google Scholar and the CAPES Journal Portal database. Authors such as Denzin and Lincoln (2005) and Patton (2002) emphasize the importance of triangulating sources to ensure the robustness and validity of the data collected.

The methodological procedure of this study follows the guidelines of authors such as Creswell (2014) and Merriam (2009), who emphasize the need for a critical analysis of the selected studies. By thoroughly examining how the Family Health Strategy approaches diagnosis, referral and intervention for ASD, this study aims to contribute to a more complete and informed understanding.

The analysis of the collected data will be conducted following the guidelines of authors such as Miles and Huberman (2014) and Braun and Clarke (2006). This thematic qualitative approach will allow the identification of patterns, trends and nuances in the information obtained from the reviewed studies, adding value to the conclusions of this study.

## **III. Result and discussion**

### **Role of the FHS in comprehensive care for patients with ASD**

Role of the FHS is extremely relevant in the care of people with Autism Spectrum Disorder (ASD). By establishing a close bond with families, the FHS is able to identify early warning signs of ASD and refer suspected cases for specialized evaluation and diagnosis. This allows appropriate interventions to be initiated early, optimizing the development and quality of life of people with ASD (BARBOSA E PEREIRA, 2022).

The FHS also plays an essential role in the continuous follow-up of patients with ASD and their families. Through home visits and regular visits to the health unit, the FHS can offer emotional support, guidance and therapeutic interventions, aiming to promote the adaptation and development of social and communication skills of individuals with ASD (CUNHA and SÁ., 2013).

In addition, the FHS can play a key role in training health professionals to meet the needs of patients with ASD, aiming to promote a more sensitive and inclusive approach. Through training and continuous development programs, the FHS plays a crucial role in improving the care network and raising the quality of care provided to individuals with ASD (BRASIL, 2014).

The FHS is also responsible for articulating intersectoral actions, seeking the social inclusion and participation of people with ASD in the community. Through the establishment of partnerships with schools, rehabilitation centers and civil society organizations, the FHS can promote the insertion and continuous support to patients with ASD and their families, contributing to the improvement of their quality of life and well-being (BRASIL, 2014).

### **Early identification of ASD in primary care**

Early detection of early signs of difficulties enables the immediate implementation of extremely important interventions, since positive results in response to therapies are all the more significant the earlier they are initiated. The greater malleability of the anatomical and physiological structures of the brain during the first years of life and the fundamental role of childhood experiences in the functioning of neuronal connections and psychosocial formation make this period a sensitive and advantageous window for the application of interventions.

Thus, actions taken in the face of early indications of developmental problems that may be related to ASD in the future may be more effective and, therefore, should be prioritized by professionals. It is known that, for diagnostic purposes, the manifestations of the symptomatological picture must be present until the age of three (BRASIL, 2014).

The training of FHS professionals is an opportunity to improve the early detection of ASD. The provision of training and educational materials on ASD can increase professionals' awareness and ability to identify warning signs, enabling faster and more assertive referral for specialized evaluation (GOMES, 2017).

### **Integration of the FHS with other health services and specialized professionals**

The integration of the FHS with other health services and specialized professionals is essential to offer a comprehensive and multidisciplinary approach to ASD. Collaboration between FHS professionals, such as doctors, nurses and community health workers, with ASD specialists, such as psychologists, speech therapists and occupational therapists, allows for a more complete and personalized follow-up of ASD patients (BRASIL, 2014).

This integration can be facilitated through the establishment of referral protocols and the creation of support networks that connect the FHS to other specialized services and resources. Teamwork and effective communication among professionals are essential to ensure that patients with ASD receive the necessary support and interventions at different levels of health care (BRASIL, 2014).

In addition, the integration of the FHS with other health services and specialized professionals can strengthen referral and counter-referral, ensuring an adequate flow of patient referrals. The FHS should be able to establish partnerships with mental health services, diagnostic and rehabilitation centers, schools and other institutions that meet the specific needs of people with ASD (BRASIL, 2017).

Primary care for ASD faces challenges related to early identification and appropriate referral of patients. However, the FHS presents opportunities to empower professionals, promote collaboration between health services, and offer an integrated, person-centered approach to ASD. Overcoming these challenges and maximizing these opportunities can lead to more positive outcomes and a better quality of life for people with ASD and their families (NASCIMENTO et al, 2018).

### **Approaches and practices in the Family Health Strategy**

The approach of the Family Health Strategy (FHS) to families with children with Autism Spectrum Disorder (ASD) should be based on welcoming and active listening. Welcoming translates into the ability of health professionals to receive families in a warm and respectful way, creating a welcoming and safe environment to express their concerns and needs (BONFIM et al, 2023).

Active listening is another crucial aspect in the approach to families with children with ASD. FHS professionals should listen carefully to the demands, anxieties and experiences of families, seeking to understand their perspectives and expectations regarding the care of children with ASD. This empathic listening contributes to strengthening the bond between the health team and the family, as well as to identifying the child's specific needs (BRASIL, 2020).

### **Appropriate referrals and ongoing monitoring**

The FHS plays an important role in making appropriate referrals for specialized assessment and diagnosis in suspected cases of ASD. When identifying early signs of the condition, professionals should refer the child to a multidisciplinary team trained to perform a more detailed assessment and provide an accurate diagnosis (BRASIL, 2014).

In addition, the FHS should establish a continuous follow-up of children with ASD and their families. Regular follow-up allows monitoring the child's development, assessing the progress of interventions and identifying any additional needs for support and specialized services. The longitudinal approach also strengthens the bond between the health team and the family, enabling more personalized and effective care (BRASIL, 2014).

Educational actions and guidance to families is also an important practice in the FHS. Professionals should provide information about ASD, its characteristics and possible interventions, so that families are well informed and prepared to deal with the challenges associated with the condition. This educational approach empowers families to actively participate in the care and decision-making process (BRASIL, 2015).

Another relevant practice in the FHS is the provision of specific interventions and support for children with ASD and their families. These interventions may include behavioral therapies, speech therapy, occupational therapy, among others, adapted to the individual needs of each child. The FHS must act in an integrated manner with specialized health services to ensure that these families have access to adequate resources (BRASIL, 2020).

### **Capacity building of the health team in the FHS**

The training of the health team working in the Family Health Strategy (ESF) is extremely important to ensure a qualified and effective approach in the care of people with Autism Spectrum Disorder (ASD). The initial

training of professionals should include the acquisition of theoretical and practical knowledge about ASD, its characteristics, warning signs, assessment methods and possible interventions (BRASIL, 2015).

In addition, it is essential that the training of professionals includes a humanized approach centered on the person with ASD and their family. This involves the development of active listening skills, empathy, understanding of the specific needs of the person with ASD and a sensitive and inclusive attitude towards differences (BRASIL, 2020).

Continuing education is a key strategy to keep FHS professionals updated and trained to deal with ASD. Care practices and therapeutic approaches for ASD are constantly evolving, and it is important that professionals are up-to-date on evidence-based best practices (OLIVEIRA, 2021).

Continuing education can be carried out through courses, seminars, workshops and specific training activities on ASD and its therapeutic approaches. In addition, it is important to encourage the participation of professionals in scientific events and the exchange of knowledge with other professionals working in the field of ASD (OLIVEIRA, 2021).

The training of the health team in the FHS should include sensitization for the inclusion of people with ASD in the community. Professionals should be prepared to combat stigma and discrimination associated with ASD, promoting a culture of respect and appreciation of diversity (BRASIL, 2020).

#### **IV. Conclusion**

This literature review highlights the central role of the Family Health Strategy (FHS) in primary care for Autism Spectrum Disorder (ASD). Through early identification, sensitive approaches and practices, integration with specialized services, appropriate referrals, continuous follow-up and training of the health team, the FHS plays a crucial role in the comprehensive and multidisciplinary care of people with ASD and their families.

The focus on the person-centred approach, together with the collaboration between professionals from different areas and the promotion of intersectoral partnerships, strengthens individualized care oriented to the specific needs of each patient. Early identification and access to therapeutic interventions in the sensitive period of development can positively impact the prognosis and quality of life of people with ASD.

Continuous training of the health team in the FHS is essential to ensure a qualified, sensitive and inclusive approach. The commitment to fight stigma, promote social inclusion and value diversity contributes to a respectful and empowering care environment.

Ultimately, the role of the FHS in primary care for ASD not only optimizes clinical outcomes, but also promotes the dignity, well-being and full participation of people with ASD in society. The comprehensive and multidisciplinary approach of the FHS can be a key piece in building a more inclusive society that is aware of the needs of people with ASD.

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