

# The patient in the context of family. Family - centered services



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# Subjects of discussion

1. Family, summary, definitions
2. Evolution of family – historical perspectives
3. Variety of families
4. Types of family and family style intercommunication
5. Family' s functions
6. Marriage, present time. Divorce, consequences.
7. Family life cycle theory, stages of family life
8. Beyond the "family life cycle" approach
9. Family and disease, disease and family
10. Team work and family, multi-, inter-, transdisciplinary models. The collective empowering model.
11. Family-oriented, family-centered services.

# 1. Family, summary

- One of the most important functions of family medicine is a family assistance
- Anyone is born, grow, live, gets sick, heal or dies in family, his health is greatly influenced by family factors.
- The institutional concept of the family is central to all societies to their biological and social reproduction

# DEFINITIONS OF FAMILIES

- A group habitually sharing a common dwelling (**location** criterion)
- Relationship **by blood** or marriage (**kinship** criteria)
- Sharing of activities (**functional** criteria)

# Definitions of family

There are a variety of definitions of family.

- The family is a social group made up of individuals achieved through marriage who live together, have joint household, are bound by certain natural relationship- biological, psychological, moral and legal, and responsible for one another in the society.
- According to the WHO definition, a person or family is a group of people living together and related by blood, marriage or adoption.

# Definitions of family

- The definition will vary depending on the context and purpose ([Bogenschneider, 2006](#)).
- Existing definitions can be categorized in several ways:
  - **structural definitions** that specify family membership according to certain characteristics such as blood relationship, legal ties, or residence
  - **functional definitions** organized around core functions that family members perform, such as sharing economic resources and caring for the young, elderly, ill, and disabled.

## 2. Evolution of family, historical perspectives

- The word "family" (from Latin **famulus**: domestic slave) originally referred to **a group of slaves belonging to one man**, then, by extension, to all persons ruled by one man or descended from one man, and finally to all persons living together in a man's household, such as servants, wives, children, parents, grandparents, other close and distant relatives, friends, and permanent guests.
- Indeed, well through the Renaissance the word "family" was used to mean either a body of servants, or the retinue (suited) of a nobleman, or a group of people related by blood, or a group of people living together

- It was not until the 17th and 18th centuries that the last two of these meanings were combined to **describe a new social phenomenon:**
- **a small number of close relatives who lived by themselves under the same roof and who were also emotionally close to each other.**
- By the early 19th century this usage had virtually replaced the others, and since then **"family" has referred mostly to an intimate domestic group of parents and their children.**
- Thus, today the meaning of the word is both wider and narrower than it had been before



# Stage of family development

Family development, in historical aspect, is related to the development of law and jurisprudence.

- We could mention several historical steps in establishing family as a modern concept:
  - Primitive promiscuity
  - Punaluan family and a group family
  - Pairing family

# Primitive promiscuity

- In human sexual behavior, promiscuity refers to the practice of having many sexual partners in the absence of any commitment and **promiscuous** is a term applied to a person who has had sex with relatively many partners.
- Polygamy is distinguished from promiscuity in that the former refers to numerous romantic relationships, whether sexual or not, while the latter refers simply to sexual activity, **without there necessarily being any further connection between the individuals involved.**

# Punaluan “family” and a group marriage

## Modern definition of *PUNALUA*

- a group marriage formerly practiced in Hawaii in which **a group of brothers is married to a group of sisters** or in which the husbands are of the same kinship group (group de rudenie) and the wives are members of another kinship group
- ***Punaluan marriage*** is the next stage, was a **group marriage** between two or more brothers from one kin group and one or two sisters from another

# The pairing family

The first indications of pairing are found in families where **the husband has one primary wife**, the relationships also start to approach **monogamy**.

Property and economics begin to play a larger part in the family, as a pairing family had responsibility for the ownership of specific goods and property.

Polygamy is still common amongst men, but no longer amongst women since their fidelity would ensure the child's legitimacy.

- In most human societies, the family is the fundamental unit of sexual and social organization – largely through selected mating (imperechere) on the pattern of monogamy.
- Situation of **polygamy** – one man, usually powerful within the group, mating with several women
- And, more rarely, **polyandry** – one women mating with several men – have been recorded through history.

# The Pairing Family

- Women have a superior role in the family as keepers of the household and guardians of legitimacy.
- The pairing family is the form characteristic of barbarism,
- Group marriage is characteristic of savagery
- Monogamy is characteristic of civilization.

# Family at the twentieth century

- **Twentieth century** has progressed, and more particularly since the 1960s, **family structures and systems have become increasingly more complex and fluid.**
- **Sexual proclivities** (inclinatiile sexuale) plus flexibility and informality in the establishing and maintenance of relationships through the expression of individual preference **have led to this situation, as has the changing aspiration of women**
- **Economic and structural pressures** within the wider society over which individuals have little or no control have the potential to disrupt family life to no small degree.
- **Unemployment, residential mobility, and homelessness** are worthy of note.

### 3. VARIETY OF FAMILIES (I)

- Traditional nuclear (biologic parents, married or cohabiting)
- Reconstituted family (two families get together following divorce/separation)
- Complex (stepparent (parinte vitreg) with natural parent and his/her children or with mix or stepchildren and shared children from relationship)
- Widowed parent and children
- Divorced/separated lone parent plus her/his children
- Gay/lesbian parent (with or without partner, plus children – naturally or artificially conceived)



# VARIETY OF FAMILIES

- The “living together/living apart” model (unmarried parents sharing parenthood from two separate residences – sometimes the case with teenage parents)
- Single/lone parent (partner deserted or not acknowledged)
- Extended/three generation family (more usual in families of Asian or Afro-Caribbean origin)
- Commune (or mixed kith and kin – *cunoștinte și rude*)
- Household (two or more unrelated adults, with or without children).

# Conjugal (nuclear) family

- A "conjugal" family includes only the husband, the wife, and unmarried children who are not of age.

*Sociologists distinguish between*

- conjugal families (relatively independent of the children of the parents and of other families in general)
- nuclear families (which maintain relatively close ties with their kindred).

# Matrifocal family

- A "matrifocal" family consists of a mother and her children.
- Generally, these children are her biological offspring, although adoption of children is a practice in nearly every society.
- This kind of family is common where women have the resources to rear their children by themselves, or where men are more mobile than women.

# Extended family

- This term has two distinct meanings.
- **First**, it serves as a synonym of "consanguinal family" (consanguine means "of the same blood").
- **Second**, in societies dominated by the conjugal family, it refers to "kindred" (an egocentric network of relatives that extends beyond the domestic group) who do not belong to the conjugal family.
- These types refer to ideal or normative structures found in particular societies.
- Any society will exhibit some variation in the actual composition and conception of families

# Blended family

- The term *blended family* or *stepfamily* describes families with mixed parents: one or both parents remarried, bringing children of the former family into the new family.

# Traditional, non-traditional families

- Traditional *family* refers to "a middle class family with a bread-winning father and a stay-at-home mother, married to each other and raising their biological children"
- *Nontraditional* to exceptions from this rule

## 4. Types of family and family style intercommunication (L. Kuznetsov, Moldova)

### 1. Despotic type of family.

During her relationship stability is maintained by:

- **externalizing negative emotions**
- **distance communication style**
- **prescription**

Usually, **the "lead" father, demanding unquestioning obedience from everyone else.**

- **Relations conflicts**
- **Frustrating**
- **Isolation of the adolescents**
- **Family goals are established only according to the requirements and regulations "leader"!!!**

## 2. Family-bastion (stronghold).

- At the core of this family **are negative representations of aggression and dangerous intentions of all people outside.** This negative emotion sweeps over outsiders.
- **Both spouses shows egocentric behavior toward those outside their family,** very united and coordinated acting "against" external social environment.
- Meet families where a **parent** this is **very authoritarian,** and **another, on the contrary,** is too indulgent or excessive protects children.
- **Family atmosphere too severe** learning from a parent, combined with safeguarding the other, causing the **child confidence in themselves, lack of initiative.**



### 3. **Volcano family.**

- **Relationships in this family are very unstable**
- **At first glance, this family seems positive, but "rash" of anger, hatred, although tensions weaken, greatly complicates the overall condition of the family climate.**
- **Children bear the emotional high, become vulnerable, fearful, anxious and nervous**
- **The relationships observed all kinds of conflicts, but intensity and power clashes ranges from the trivial to the outbreak really "volcanic".**

4. **Family "Third is unnecessary."** In this type of family attachment style mutual communication between husbands and they have a special significance for them, **parents are regarded bonds as an obstacle to their personal happiness.**

**Relationships between parents and children are cold, distant.**

Parents always observes and highlights mistakes and shortcomings children. Disregarding their personality causes inferiority complex formation in children who later in adolescence, it creates difficulties in self-determination and social integration.

**Sometimes it can be "superfluous" Mother, father and daughter forming a coalition, sometimes it is "useless" father, mother forming a coalition with children.**

Conflicts prevailing relations of despair, fear and attraction.

## 5. Family with "idol".

- This teen is central person.
- Both parents behaving alterocentric exaggerated.
- Prevailing relations of guardianship and approval, often sacrifice from parents.
- Child develops in an atmosphere of "greenhouse" is selfish, can not be independent, self- critical and active. Conflicts prevailing relations of despair.

## 6. Family "asylum".

- Here prevailing style of communication open approval.
- *Relations are uneven: the collaboration combines with the tutorial, indifference, domination and confrontation.*
- **Educational moments differ by intensity**, duration, manner, form and content as **coming from a lot of people of different age and expertise** (from parents, grandparents, distant relatives or acquaintances), which is in the family for a while .
- You meet all kinds of conflicts.
- Children without consistency requirements are contradictory, learn to maneuver, lying or, on the contrary, become childish.

## 7. Family "theater".

- Such families keep their stability through theatrical lifestyle. **Family members play certain roles** or "mount" a "show" together, which allows them "staged" **welfare family relationships**.
- **In fact the education of children is left solely to the respective institutions - kindergarten school.**
- Contact with children is replaced by excessive purchasing of material goods (toys, clothes and so on).
- **Family members meet their formal obligations, interpersonal relationships varies from friendly to indifferent**, the desire to dominate the indifference.
- In dealing with **children**, approvals and disapprovals are fast and everything looks fast, missing unique requirements, so children develop, usually with certain character traits emphasized (**labile, hipertimic**, touch and so on).

8. **Liberal family** ( meets rarely)

- This prevailing **indifference relations style** clearances, **lack of cordiality and attachment.**
- Decisions are taken in disagreement prevails egocentrism.
- Family actions are scattered, uncoordinated.
- **Each family member has his life, not interested in the family atmosphere**, the atmosphere of uncertainty persists relations.
- **Children become introverted, isolated, often selfish, indifferent to other family members.**

**9. Family "equality"** is characterized by psychological balance, morally and materially.

- **Spouses have about the same intellectual level**, obligations and duties shall be balanced: both involved in the education of children and household management.
- **Decisions are taken to "counsel"** family prevails **harmonious relations, cooperation, a style focused on engaging all members in family matters.**
- The climate is warm, gracious.
- Frequent conflicts are constructive.
- Children develop normally have independence, creative spirit possesses, will.
- Adolescents from such families, in general, are prepared for family life, have not difficulties in professional and social empowerment.

## 10. **Patriarchal family.**

- Here dominating, usually the father (91%).
- This family is found mainly in rural areas, the traditional Moldova, where the head of household is male dominant but not aggressive and despotic, but rational and practical.
- **Decisions are taken unipersonal are not discussed, but are explained and justified.**
- Relations are stable, calm dominance prevails rigorous style routing.
- Behavior, order and strictness, once established in the family, respected by all its members.
- Husband and wife are one? **Whole, showing a sociocentric behavior focused on psychological subject "we"** that is transmitted from the head of the family and does not contradict the view partner.
- In such families, wives means of half- word or no words are compatible psychophysiological and moral.
- Strict principles and unique **children's education contributes to the formation of volitional personality, balanced and socially valuable.**



## **11.Romantic family.**

- **It's the kind of family where its members maintain relationships tender love and attachment to old age.**
- It is characterized by collaboration and harmoniously combined umbrella, style, centered on the joint work of family members.
- Have a constructive conflict behavior is based on representations socio-centric.
- Children develop harmoniously.

## 12. **Spiritual family.**

- This kind of family is **focused on the orientation of its members to spiritual values**, religion morality.
- They increased demands from self, family **predominates collaborative relationships based on mutual respect and understanding.**
- **Sometimes family members observed a dose of fanaticism in action.**
- Children develop harmoniously, are oriented towards spiritual values, are independent, creative, intelligent, but can be physically weaker.

## 5. Functions of family

The family has an important role in society, fulfilling several functions.

The main functions of the family are:

- economic,
- socializing
- solidarity
- sexual and reproductive

**Economic function** plays an important role by providing material, financial, family needs.

# Function of socialization

- **Socialization functions is translated as the level of education in order to uptake by children but also by other family members, attitudes, values, principles, patterns of behavior characteristic of a particular social group.**
- **The role of social function is to integrate into society person (child) by education taught at all levels such as: material, physical, psychological, moral and spiritual.**
- **This function has different levels of manifestation, from family to family depending of concern to a great or less extent on educating its members.**

# Solidarity function

- **Solidarity function is to ensure family unity and stability, involving the feelings of affection, respect, belonging to the family group, the members trust each other, the development of intimacy, of helping and supporting each over time.**
- **This function has a degree in increasingly poor showing today, as evidenced by increasing divorce rates, cohabitation relationships multiplication, the unmarried and single parents.**

# Sexual and reproductive functions

- **Sexual and reproductive functions contribute to mutual sexual satisfaction to both spouses and bringing up children.**
- **The two components of this function are treated differently depending on the family focusing either on sexual fulfillment in some families, while other families attaches great importance to bringing up children.**
- **Achieving this function depends on factors such as the degree of culture, had two partners, degree and type of education received by religious influences, desire and physical and psychological characteristics of both spouses.**
- **It was found that nowadays, in economically advanced societies, couples and families tend to focus increasingly more on affective sexual fulfillment at the expense of reproductive.**

# Social functions of family

The family performs some basic functions in society.

The nature of the relationships between family members, it appears and functions that it performs.

They may be more, but is limited to the following:

- emotional commitment, social and economic relations between spouses;
- childcare, elderly and relatives with disabilities;
- education and socialization of children and even parents;
- protection of family members;
- achieve basic individual needs, of each family member.

## 6. Evolution of family and its consequences

- **Some structures challenge the traditional, biological understanding of family** by equating it with “household” or “group”, **so denying its traditional kinship associations.**
- Primarily this situation has arisen from choices and changes concerning the couple relationship.
- For example, **more non married couples are rejecting marriage, and about one third of all children are born out of wedlock.**
- **More people are divorcing, and more than half of all divorces involve children.**
- **Almost three-quarters of all divorce petitions are filed by the women of the partnership.**



## Single-parent families

- Aside from divorce, **single parenthood can arise** from other sources, including desertion of a partner, or by never-married individuals choosing “go-it-alone” parenthood.
- **Unmarried teenagers, by opting for motherhood**, in some ways challenge norms relating to life stages accepted as practical through time.

# Influences of law on personal lifestyle choice (Could we change the situation?)

- **The law can influence people** in the choices they make in relation to family structure and in management of personal relationships.
  - no more distinction between legitimate and illegitimate children by deleting from registration all reference to the marital status of the parents.
  - tax/benefit system (in some way favored the single-parent family)
- **Traditional nuclear family currently is in danger** of becoming marginalized (lacking funds from governments, lack of other support).

- Almost half of all marriages are expected to end in divorce, and as part of growing fluidity in relational structures
- An increasing number of couples are opting to cohabit outside marriage ( NB! a lower level of commitment within cohabiting relationship compared with marriage)
- “Prenuptial contracts” mark out expectations of personal behavior within the relationship
- It appears that the optimism, confidence, and trust usually expected of those contemplating marriage are missing.

# Divorce

- Divorce is more common among those who **marry early** or who **cohabit prior to marriage**, among those with **lower educational** qualifications, **lower income** and lower status occupations.
- Divorce **in all group is rising**.

Factors facilitating the divorce:

- a liberalizing of **the law**
- the pressure – environmental and economic (**stress of unemployment**)
- growing personal **aspiration of women** and their material independence (ideological).

## Children' s experience of divorce

- Divorce affects all family members, but most – the children
- Aside from separation from a loved parent, in practical ways the parents divorce can mean many unwelcome changes for children (change of house, new school, friends, activities...)
- The impact of divorce is compared with the daily experience of tensions, perhaps violence – not enough research), but is clear that there are some disturbing aspects on children.
- On average, children of divorced parents are more likely to be sexually active at younger age, and more likely to become divorced themselves

## 7. The concept of life course

**Life course as a life cycles and life stages, *which describe the expected stages of development through maturity to decline.***

# Human life stages

The stages of human life history between birth and adulthood are:

- **infancy**
- **childhood**
- **juvenile**
- **adolescent**
- **adulthood** (reproduction, that includes assisting the reproduction of younger women, menopause)

# The juvenile stage

**The juvenile stage** is characterized by a deceleration in rate of growth in height and the slowest rate of growth since birth.

**The human juvenile stage begins at about 7 years old.**

**In girls, the juvenile period ends, on average, at about the age of 10, and 2 years before it usually ends in boys**

**The difference reflecting the earlier onset of adolescence in girls.**



# Human adolescence

- **Human adolescence is the stage of life when social and sexual maturation takes place.**
- Adolescence begins with **puberty**, or more technically with gonadarche, which is the final “on” of the on– off – on pattern of the gonadotrophin-releasing hormone (GnRH) pulse generator of the hypothalamus .
- The transition from the juvenile to the adolescent stage requires not only the renewed production of GnRH, but also its secretion from the hypothalamus in a specific frequency and amplitude of pulses.

# Adulthood

- **Prime adulthood and transition** – from 20 years old to end of child-bearing years:
  - homeostasis in physiology
  - behavior and cognition
  - menopause for women by age 50.
- **Old age and senescence** – from end of child-bearing years to death:
  - decline in the function of many body tissues or systems.

## According other authors

- After the cycle of growth and development in the first 20 years of life, the **Step or adult cycle**, prolonging the psychological development of man, extends to 65 years.
- **This cycle includes several stages:**
  - youth and sub stages
  - 25 to 35 years - early adult
  - 35 to 44 years - average adult phase
  - 45 to 54 years – extended adult step
  - (55 to 64 years). delayed adult step

# Life cycle (stages of family development)

## Typical set of stages in development :

- Courting couples,
- Couples without children,
- Childbearing families with children in the preschool years,
- Families with school-age children,
- Families with adolescent at home, families with adolescents beginning to evolve separate lives,
- Families with adult children and
- Families in retirement.

Family members face different challenges at different phases of the life cycle, with different expectations of self and others according to external demands and maturational and social demands for change and adaptation.

## 9. Family and disease, disease and family

### The impact of disease on family

- Serious illness or injury brings with it an inevitable distortion of family dynamics and fine equilibrium.
- The ability of the family to reorganize and reduce the stress, to provide a healthy environment for all members of the family and initiate the healing process, differs from one family to another

# Family impact on disease, the role of the family physician

Each member of the family, but especially family system entirely may influence the disease, the symptoms gradation, adaptation of the person suffering the disease and increase the degree of physical and psychological support.

Patient can not be blamed for illness and family members needed to attend family taking its tasks and waive any physical or mental effort during medical care.

## Family impact on disease course is influenced by a number of factors:

- **Social factor** is not negligible and it is generally accepted that certain **diseases are predominantly social**, and other important social component.
- **Family status** in the social hierarchy **may have an impact on disease and social facilities as provided by some health systems can assist the family in trouble.**

- **Cultural factors** may influence its attitude to family members toward his family doctor and health services.
- **Cultural factors** can influence the family doctor prescribed treatment compliance.
- **Traditional factors** (ethnic, religious, etc..) can influence positively or negatively impact on disease on family.
- Thus, we find the **refusal of families to address family doctor or to accept the proposed care resorting to folk, empirical treatment or waiting for miraculous cures**

# Impact of disease on families

- **Every practitioner knows that a disease of a family member has an impact on the whole family**
- **The disease is influenced by how family members are mobilized and adapts stress of illness and suffering**
- **In a judiciously organized **health system outpatient try to solve over 85% of acute and chronic illnesses.****

**Financial impact:** family can cover material involving patient care in their own home.

**Health insurance minimizing these costs for family**



## Usual impact

- family need to be able to organize so that they can provide separate space of the suffering
- providing basic needs of the patient during care needs: heat, light, proper ventilation etc.

- **Psychological impact** on family members is triggered once the doctor gives verdict disease.
- Stress related to disease severity, the probability of evolution, the prognosis chronic illnesses or infirmities dependencies that can lead to rupture leading to balance family and real crisis.
- Often the impact of the disease on family members can reflect on the family doctor.
- **Psychological stress can create difficulties in perception and reality causes illness and grief of family members may result in accusations against other family members**
- **Structural impact** of the disease on the family's natural for **shorter periods** (in acute) or **long time** (chronic diseases, disabilities).
- **The tasks of the suffering is taken by another member.** If the patient is the sole breadwinner with children, they must retrieve extended family members.

# Could be diminished the negative impact of disease?

- Impact of the disease on the family can be diminished by the actions of other family members, the family doctor can also help families identify deadlock situations and to focus its activities through knowledge of the rebalance familiar family.
- Methods used are: **good communication** - GP-patient-family-physician family members - family members, patient and family-members between them, a **compensatory adaptation** to the needs of the family with a sick person, making the necessary adjustments when the plan: **financial, organizational, structural and emotional**, family cohesion solid balance preexisting disease or disease won by a member to families in need.
- **Family solidarity** decreases the impact of the disease on the family, making it valid in dealing with the disease

# 10. Team working and family

## Multi- inter- and transdisciplinarity

These classifications are based on 2 features

- a) the collaboration between specialists and
- b) the degree of collaboration between specialists and family

**Multi-disciplinary team collaboration** – a model of service delivery in which team members from various disciplines work independently and decision-making is directed independently by each member via the pertinent discipline approach. (“elephant” consultation model).

# Interdisciplinary team collaboration

- ❑ **Interdisciplinary team collaboration** - a model of service delivery in which **team members from various disciplines work together**
- ❑ **Team members roles** as direct service providers, to **coordinate services** and in which **they have equal and shared input into decision-making.**
- ❑ **The implication of family in decision-making here is not enough good.**

# Transdisciplinary team collaboration

- ❑ **Trandisciplinary team** collaboration – a model of service delivery in which team members **from various disciplines work together in both direct\*** and **indirect\*** service roles, thereby requiring that some individuals change roles.
- ❑ Services are provided in a coordinated manner with equal and shared input into decision making from all involved team members.
- ❑ Family ???

# The collective empowering model

- **The collective empowering model** means that **all participants, family and specialists**, strengthening its capabilities and professionalism to get the best desired results and it requires the presence of three elements of the **collective consolidation**:
  - family
  - specialists
  - the environment or context in which it operates specialists and family.
- **This power is not monopolized, is based on partnership, which, too, has an enhanced role.**
- **In this model family has the central role**
- Other features of this model: access to resources, participation, community ecology change

# **11. Family-oriented, family- centred services.**

## **Principles of family-centered polices and practice**

**Family-centered polices and practices share the following 5 important features**

- 1. Families are considered experts in what helps and hurts them**
- 2. Families are indispensable, invaluable partners for policy makers, helping professional and advocates**
- 3. Families are not called, or treated as, dependent clients. Helping professionals and policy makers view families as equals, as citizens, with whom they collaborate and whom they empower**
- 4. Family-centered polices and practices promote family-to-family and community-based systems of care and mutual support**
- 5. Family-centered policies and practices promote democratization and gender equity.**



## Main concepts of family-centered care

1. Recognizing the family as central to and/or the constant in the patient's life and the patient's primary source of strength and support
2. Acknowledging that family bring expertise to both the individual care-giving level and the systems level
3. Recognizing that family-centered care is competency improve rather than weakness focused
4. Encouraging the development of true collaborative relations between families and health-care providers, and partnership
5. Facilitating family-to-family support and networking and providing services that provide emotional and financial support to meet the need of families.

# Conclusions

- **Family-centered theory forms that the foundation for delivery of health care services in a manner alternative to that provided by the existing biomedical model**
- **Many concepts and principles of family-centered theory have been transferred from child health to adult care practice.**

**THANKS FOR YOUR ATTENTION !**



# Selective bibliography

1. Ana Teixeira de Melo\* and Madalena Alarcão. Beyond the family life cycle: Understanding family development in the twenty-first century through complexity theories. Family Science, 2014, Vol. 5, No. 1, 52–59, <http://dx.doi.org/10.1080/19424620.2014.933743>
2. Catherine Jane Bottomley. The impact of disease on family members: A critical aspect of medical care. Journal of the Royal Society of Medicine (Impact Factor: 2.12). 05/2013; 106 (10).  
[https://www.researchgate.net/publication/239062054\\_The\\_impact\\_of\\_disease\\_on\\_family\\_members\\_A\\_critical\\_aspect\\_of\\_medical\\_care](https://www.researchgate.net/publication/239062054_The_impact_of_disease_on_family_members_A_critical_aspect_of_medical_care)
3. Cuznetov L. Tipuri de familie și stilul intercomunicării familiale. 2008. [http://www.prodidactica.md/viitor/viitor\\_rom/experiente\\_8.htm](http://www.prodidactica.md/viitor/viitor_rom/experiente_8.htm).
4. Cuznețov, Larisa. Curriculum Educația pentru familie.- Chișinău: Museum, 2004, 280 p.
5. Elena L. Bamm et al. Family-centered theory: origins, development, barriers and supports. Archives of Physical Medicine and Rehabilitation. Volume 89, issues 8, august 2008, pages 1618-1624.

5. Epley, Summers, Turnbull. Trends Impacting Public Policy Support for Caregiving Families. *Journal of Family Social Work*, 13(3), 2010.

<file:///C:/Users/User/Desktop/Family%20centered%20services.pdf>

6. Gillian King, Deborah Strachan, Michelle Tucker et al. The Application of a Transdisciplinary Model for Early Intervention Services. *Infants & Young Children* Vol. 22, No. 3, pp. 211–223.

[https://www.cdd.unm.edu/ecspd/portal/docs/tta/Apply%20of%20Transdisciplinary Model for EI.pdf](https://www.cdd.unm.edu/ecspd/portal/docs/tta/Apply%20of%20Transdisciplinary%20Model%20for%20EI.pdf)

7. Karen A. Kuhithau and al. Evidence for family-centered Care for children with special needs. *Academic Paediatrics*. Volume 11, Issues 2, April 2011, pages 136-143. d. *The Prog Health Sci* 2013, Vol 3, No 2. p 122-129.

8. Multidisciplinary, interdisciplinary, and transdisciplinary. Educational models and nursing education. Department of Nursing and Health Services Management, University of New England, College of Health Professions, Portland, Maine, USA. 2003 Jul-Aug; 24(4):186-8. School of Psychology, Roosevelt University, Chicago, Illinois, USA
9. Pamela Epleya, Jean Ann Summersb & Ann Turnbullb. Characteristics and Trends in Family-Centered Conceptualizations. pages 269-285. Journal of Family Social Work. Volume 13, Issue 3, 2010. Special Issue: Policy and Empirical Research for Family Support and Family Caregiving Across Disabilities.  
<http://www.tandfonline.com/doi/abs/10.1080/10522150903514017>
10. Polly Arango. Family-centered care. Academic Paediatrics. Volume 11, Issues 2, April 2011, pages 97-99.

11. Ślifirczyk A., Krajewska-Kułak E., Brayer A. The impact of the disease on functioning of a family with an autistic child
12. Ulanowsky, C. Family, the. Encyclopedia of applied ethics (second edition). Pages 272-284. Milton, UK.2011
13. Шапиро Б.Ю. Принципы, организация и содержание командной работы. [supporter.ru/docs/1019751479/integrative1.do](http://supporter.ru/docs/1019751479/integrative1.do)
14. К вопросу "о трансдисциплинарности" /Редактор: Мокий В.С.
2015. [http://www.anoitt.ru/cabdir/about\\_td.php](http://www.anoitt.ru/cabdir/about_td.php)