







Nurses' perceptions of the 15-minute interview in the care of families assisted in psychosocial care

Percepção de enfermeiros sobre a entrevista de 15 minutos no atendimento de famílias assistidas na atenção psicossocial

Percepción de enfermeros sobre la entrevista de 15 minutos a las familias en la atención psicosocial

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Abstract:

Objective: to identify which elements of the 15-minute interview were adopted by nurses in a Psychosocial Care Network in their practice with families after participating in a dissemination course. **Methods:** a qualitative study with a deductive approach, based on the evaluation model of complex interventions. Each participant conducted two interviews with families of individuals with mental disorders, using the key elements of the 15-minute interview, and completed a script about the applied elements. The interviews were analyzed using content analysis. **Results:** three interviews conducted by two nurses were analyzed. The key elements identified were: *Good manners, Therapeutic conversation, Building genograms and ecomaps, Therapeutic questioning, and Praising the family*. **Conclusion:** the nurses implemented the key elements of the 15-minute interview; however, knowledge implementation presented a challenge. Nevertheless, the technique proved to be a possible tool for assessing the family's participation process.

Keywords: Nursing; Family; Therapeutics; Interview; Mental Health Services.

Resumo:

Objetivo: identificar quais foram os elementos da entrevista de 15 minutos após participação em curso de difusão adotados por enfermeiros de uma Rede de Atenção Psicossocial em sua prática com famílias. **Método:** estudo qualitativo de abordagem dedutiva, fundamentado no modelo de avaliação de intervenções complexas. Cada participante conduziu duas entrevistas com famílias de portadores de transtorno mental, utilizando os elementos-chave da entrevista de 15 minutos, e preencheu um roteiro sobre elementos aplicados. As entrevistas foram interpretadas através da análise de conteúdo. **Resultados:** foram analisadas três entrevistas realizadas por dois enfermeiros; os elementos-chave levantados foram: *Boas maneiras, Conversa terapêutica, Construir genograma e ecomapa, Pergunta terapêutica, e Elogiar a família*. **Conclusão:** os enfermeiros implementaram os elementos-chave da entrevista de 15 minutos e verificou-se que a translação do conhecimento foi um desafio. Ao mesmo tempo a técnica se mostrou como possibilidade de avaliação no processo de participação da família.

Palavras-Chave: Enfermagem; Família; Terapêutica; Entrevista; Serviços de saúde mental.

Resumen:

Objetivo: identificar cuáles fueron los elementos de la entrevista de 15 minutos tras la participación en un curso de difusión adoptados por enfermeros de una Red de Atención Psicosocial en su práctica con las familias. **Método:** estudio cualitativo de enfoque deductivo, basado en el modelo de evaluación de intervenciones complejas. Cada participante realizó dos entrevistas con familias de personas con trastornos mentales, utilizando los elementos clave de la entrevista de 15 minutos, y completó un guion sobre los elementos aplicados. Las entrevistas se interpretaron mediante el análisis de contenido. **Resultados:** se analizaron tres entrevistas realizadas por dos enfermeros; los elementos clave identificados fueron: *buenos modales, conversación terapéutica, construcción de un genograma y un ecomapa, pregunta terapéutica y elogiar a la familia*. **Conclusión:** los enfermeros implementaron los elementos clave de la entrevista de 15 minutos y se verificó que la transferencia del conocimiento fue un desafío. Al mismo tiempo, la técnica se mostró como una posibilidad de evaluación en el proceso de participación de la familia.

Palabras clave: Enfermería; Familia; Terapéutica; Entrevista; Servicios de Salud Mental.

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INTRODUCTION

With the Psychiatric Reform, new ways of caring for and assisting people with mental disorders were developed in order to restore their citizenship, autonomy, and social reintegration. In this context, the family is understood as a key factor in the recovery of the ill family member and their inclusion in society¹⁻⁵.

Studies have shown that adopting a care model that includes the family as a unit of care reduces relapse rates and the need for new hospitalizations in people with schizophrenia⁶, improves communication and family relationships, and leads to a greater understanding by professionals of the impact of mental illness on the family^{7,8}. Therefore, it is up to professionals to provide conditions to maintain a healthy family nucleus^{2,9-11}.

Despite the evidence of the benefits of including the family in the care of people with severe mental disorders, this practice is still not routine in most mental health services in Brazil or internationally. Professionals need knowledge about family assessment and intervention models and opportunities to practice this knowledge with supervision². Thinking about overcoming these barriers, Wright and Leahey¹² proposed the 15-minute interview, based on the Calgary Family Assessment Model (CFAM) and the Calgary Family Intervention Model (CFIM). This model aims to provide a closer relationship between nurse and family through questions that encourage family members to be heard and to listen to one another, improving communication and facilitating problem-solving within the family system¹².

In different contexts, researchers have sought ways to prepare nurses to apply the 15-minute interview with families¹³⁻¹⁶. Studies highlight the advantages and disadvantages encountered by nurses when implementing the 15-minute interview in clinical practice, indicating that its effectiveness depends on organizational, training, and relational conditions. Among the most cited advantages are the development of communication and reflective skills, the strengthening of the therapeutic bond with families, and the appreciation of the subjective and relational dimension of care¹³⁻¹⁶. Nurses report that, even in brief consultations, the interview promotes qualified listening, recognition of family resources, and the formulation of more contextualized and family-centered interventions, contributing to a more humanized and systemic practice¹²⁻¹⁶.

Among the ways to assess the impact of implementing complex interventions, such as family intervention, it is important to verify whether the professional who received the training is able to apply the essential elements of the intervention, as well as to know whether the interventions were implemented as planned¹⁷. Thus, this research aims to identify which elements of the 15-minute interview, after participation in a dissemination course, were

adopted by nurses from a Psychosocial Care Network in their practice with families.

METHODS

Qualitative research that adopted the complex intervention evaluation model as a theoretical framework¹⁸. Complex interventions are understood as interventions that encompass several interacting components, and that also take into account factors such as the number of components interacting within the intervention, the behavioral difficulty required by those receiving or delivering the intervention, and the degree of flexibility or adaptation of the intervention allowed¹⁹.

Assessing whether an intervention has been implemented faithfully allows for a better understanding of whether an intervention works or not^{19,20}. This study was prepared respecting the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ).

The Vice-Rectorate for Culture and Extension of the Universidade de São Paulo offered an open and free Extension Course in Systemic Family Nursing, held at the Escola de Enfermagem de Ribeirão Preto (EERP-USP) in 2018, taught by a researcher specializing in the subject. The course aimed to train professionals from the Psychosocial Care Network (*Redes de Atenção Psicossocial* - RAPS) of the Regional Health Department XIII (*Departamento Regional de Saúde* - DRS XIII) for systemic family care. The course had a workload of 20 hours, consisting of 8 hours of theory and 12 hours of practice, covering the Calgary Family Assessment and Intervention Model proposed by Wright and Leahey¹² and the five key ingredients of the 15-minute family interview.

In general terms, the five key elements are¹²⁻¹⁶:

- *Good manners*: These are simple, kind gestures of politeness, respect, kindness, and welcoming to establish a good and trusting therapeutic relationship between nurse and family; the first step is a polite relationship. The simplest way to open up to the patient and family is to introduce oneself by name. Good manners have the effect of establishing trust among nurse, family, and patient;
- *Therapeutic conversation*: interventions that all nurses have and use, perhaps without realizing it. Conversation is therapeutic when it is related to the other person's concern and is intended to treat and alleviate suffering. Listening, showing compassion, offering praise, and giving information are parts of therapeutic conversation. Therapeutic conversation can help the family articulate their concerns more clearly, think differently about the problem, change their expectations, and discover their own solutions and preferences about what to do and how

to act;

- *Building the Genogram and Ecomap*: the genogram is a graphic representation of how different family members are biologically and legally related to each other across generations. The purpose of the genogram is to help better understand the family as a whole. It illustrates the age, sex, occupation or education, religion, ethnic origin, and current health status of each family member. As a way to complement the genogram, the ecomap provides essential information for the nurse in constructing the external family structure, which seeks to connect family members with the macrosystem, seeking social support and resources.

- *Therapeutic questioning*: also called systemic or interventional questions, these questions seek to encourage family members to express their beliefs, clarify their understanding of illness, and reflect on their current situation. They are directed towards explaining problems and relationships. Some basic themes should be addressed, such as expectations and challenges, family members' suffering, and current concerns. Therapeutic questions can include: "*Who in your family would you like to share information with?*"; "*How can we help you and your family in the current context (hospitalization, diagnosis, etc.)?*"; "*What has been most/least helpful to you in (context: hospitalization, diagnosis, etc.)?*"

- *Praising the family and individual members*: it is recommended that the nurse, in addition to offering support and guidance, praise positive behaviors and actions performed both within the family and individually. This praise acts as positive reinforcement in improving and interacting with members who are often unaware of their own strengths. Praise works best when it is given when observing changes in behavior and patterns that occur over time, and not in isolated episodes.

Thirty-two nurses participated, with a view to training them to assess and intervene with families from a systemic perspective. The course was part of a research project that aimed to implement the 15-minute interview in different contexts of nursing practice. The practical stage consisted of nurses conducting interviews with families in their work settings. These interviews were followed by a discussion supervised by the researcher, held later at a scheduled time with the nurses¹⁷.

For this research, the scripts completed during the interviews with families and the interviews conducted by them in their work environment were collected and analyzed. Access to this data was private, and only the research team had access to the data. Data collection took place between July and September 2020.

The interview aimed to train the conduct of interactions centered on the family system. The questions addressed the five key elements of the 15-minute interview: good manners,

therapeutic conversation, building the genogram and ecomap, therapeutic questioning, and praising the family. The first question asked the nurse to mention moments in the interview where they used the key element, such as: "*Mention moments from the interview where you practiced good manners.*" The researcher then located the moments mentioned in the transcribed interviews. The other questions in the script asked the nurse to evaluate each key element: "*What contribution did the key element make to your interview?*", "*What difficulty did you perceive in practicing the key element?*"

To ensure participant anonymity and organize the data analysis, the statements obtained during the interviews were identified by letters. The letter N was used to represent the nurse and the letter F to identify the participating family member. This coding was applied to all excerpts from the interviews and guided the grouping of statements, such as: good manners, therapeutic conversation, building the genogram and ecomap, therapeutic questions, and praising the family and members individually.

All the material was transcribed in full and read, highlighting the excerpts of the nurses' speech to identify the moments in which they believed they were using one of the key elements of the 15-minute interview. The identified excerpts were highlighted within a table in predefined categories from the five elements of the 15-minute interview. The answers to the other two questions, contribution and the difficulties in applying the key element, were transcribed and grouped according to similarities, and content analysis was used to interpret the collected data¹⁸.

The study was evaluated and approved by the Ethics Committee of the Escola de Enfermagem de Ribeirão Preto, under opinion number 3.117.169 and protocol CAAE number 82089817.6.0000.5393, in accordance with Resolution No. 466/12 on research involving human beings.

RESULTS

Three interviews conducted by two nurses, identified here as M and J, were analyzed. Nurse M conducted two interviews with the same family. The interviews were used because they contained complete information from the forms filled out by the nurses, indicating the use of key elements of the 15-minute interview and their contributions and difficulties during the interview.

1) Good Manners

In this regard, the following was observed: Nurse M, in the first interview with mother and daughter:

Good afternoon, I'm Nurse M., and I'm here with you today to talk a little about family. What is family, what is your family like? I'd like to know your names first, before we begin our consultation. What is your name? [Nurse M. interview 1]

In their assessment of the contribution of good manners to the development of the interview, the nurses wrote the following contributions:

The family understands the seriousness of my work and can revise expectations. [M. interview 1]

Building a good rapport through politeness is essential for the interview from the outset. [M. interview 2]

Good manners contributed to a respectful interaction with the patient and their mother, and fostered a positive response to their participation in the interview. [Nurse J.]

Regarding the perceived difficulties in applying good manners, the participants in this study reported:

Managing expectations without disrupting what is being said. [Nurse M., interview 1]

Building rapport with both interviewees, giving space for both to participate. Another difficulty was completing the entire process in 15 minutes. I believe this is not enough time for a first contact. The family wants to talk more... I'm afraid of being more direct and seeming like I'm trying to finish quickly. [Nurse M., interview 2]

I had doubts about what good manners practices actually are, and at the end of the interview I felt I hadn't practiced them effectively. [Nurse J.]

2) Therapeutic conversation

Excerpts from interviews reported as moments in which therapeutic conversation was practiced. Nurse J. talks with mother and son. The son has a mental disorder. The nurse explores the family's daily routine:

N - [...] *Do you like school? What's it like there?*

F [son] - *Ah, I can't say it's bad, I can't say it's good.*

N - *Is it?*

F [son] - *It's kind of, so-so.*

N - *So-so?*

F [son] - *Yes.*

N - *What's good, what's bad? So, let's think about it that way, right?*

F [son] - *The teachers, they're good. The people I have to study with are, they're very energetic, if I can say so.*

N - *Energetic? What does that mean, R.? What does it mean to be energetic like that? Explain it to me a little.*

F [son] - *It's that they, like, have a lot of freedom of speech.*

N - *I understand.* [Nurse J.]

Nurse M has a conversation with mother and daughter, exploring a bit about family structure:

N - ...*We talked a little bit with B. and I was reviewing the drawing we made [genogram] and I wanted to know more about M. I remember that when we made the first drawing, B. said that she raised M. alone, but does M. have a father, or not... I wanted to know a little bit, M., so we could understand a little bit about the dynamics of your family, what it's like.*

F [M.] - *Yes, I have a father who I met when I was 7 years old, I had little time with him.* [Nurse M. interview 1]

In their assessment of the contribution of therapeutic conversation to the development of the interview, the nurses wrote the following contributions:

Give the daughter space to speak, since she didn't talk much in the previous interview. [Nurse M. interview 1]

Allow the interview to take the participants' own course, prompting them to reflect on their own words. [Nurse M. interview 2]

I believe the therapeutic conversation was geared towards "encouraging" the patient's participation, as most of the questions were answered by the mother. In this sense, the therapeutic conversation could contribute to establishing a relationship of trust with both of them and also to obtaining more information about the patient. However, I was unable to continue the practice of therapeutic conversation, changing the subject with questions that would allow for the construction of the genogram and ecomap. [Nurse J.]

Regarding the perceived difficulties in applying therapeutic conversation, the participants in this study reported: *Dealing with some situations that were brought up [lover, fight over money] [Nurse M., interview 1], one of the participants talked more than the other and perhaps the problem she brought up does not reflect the family's problem but rather a personal issue [Nurse M., interview 2], the main difficulties in practicing therapeutic conversation were the lack of a report from the participants about a specific problem, which in my view would be related to the patient's diagnosis; and the concern with constructing the ecomap, which distracted my attention from the practice of therapeutic conversation [Nurse J.].*

3) Constructing the Genogram and Ecomap

Excerpts from the interviews are presented as key moments from which the genogram and ecomap are proposed to be constructed:

N - *I'm going to try to draw here, Mrs. L., what your family is like, you know those family trees that we... have you seen them? When you draw grandparents, and then the children, right, and everything else. So I'm going to build this drawing of your family on this paper, as you tell me. Have you ever done this before?*

N - *So, Mrs. L., are you married?*

F [L.] - *Yes.*

N - *Yes.*

F [L.] – *You live together, right?*

N – *Okay. You live together, you're married, right? You are... uh, let me see, there's a guide here to help me. And which one, R.'s father is...*

F [L.] – *No.*

N – *Then tell me the story, how is it?*

F [L.] – *I am, I separated from R.'s father when he was about five years old.*

N – *Five years old, okay. So here's the drawing of Mrs. L., I'll put it here, and so you had a relationship with R.'s father... [Nurse J.]*

N – *So I'm going to propose that we do a genogram of your family today. I'll explain a little bit about what this genogram is. We're going to make a drawing here of relatives, like, how many siblings do you have, B.? Do you have siblings or not, M., and see a little bit about what this family looks like on paper. So I'll start with B. How old are you?*

F [B.] – *Sixty-five.*

N – *Sixty-five. Do you have any illnesses, are you undergoing any treatment?*

F [B.] – *I have fibromyalgia [Nurse M. interview 2]*

N – *...I wanted to know a little bit, M., so we can understand a little bit about the dynamics of your family, how it is.*

F. [M.] – *Yes, I have a father I met when I was 7 years old, I didn't spend much time with him.*

F. [B.] – *Two months.*

F. [M.] – *I met a daughter of his, who he also had, whom he raised; actually, she was left at his house, and it seems that it was his mother who cared for the girl more than he did. [Nurse M. interview 1]*

In the assessment of the contribution of drawing the genogram and ecomap to the development of the interview, the nurses wrote the following contributions:

Getting to know the family better. This time, I didn't review the ecomap, but I brought up points discussed in the previous interview about it. [Nurse M., interview 1]

Understanding how family members see themselves in the family and community [strengths and weaknesses]. [Nurse M., interview 2]

The interview was focused, with questions aimed at constructing the genogram and ecomap. In my opinion, this allowed the interview to be guided by an objective not directly related to illness, diagnosis, symptoms, etc. [Nurse J.]

Regarding the perceived difficulties in drawing the genogram and ecomap, the participants in this study reported:

Place some members on the ecomap. [Nurse M. interview 1]

I think I should have gone into more detail about constructing the genogram; I left with some questions that I will ask in the next interview. [Nurse M. interview 2]

The first and only meeting with the participants limited the gathering of more information; lack of connection between interviewer and interviewees; characteristics of the environment where the interview was conducted, which contribute to a climate of distance between professional and patient. [Nurse J.]

4) Therapeutic questions

Excerpts from the interviews, reported as moments in which therapeutic questions were asked:

N - [...] *is a friend, so you don't have any friends that you, like, go out with, do things with? Or a female friend?*

F - *No.*

N - *No? And how do you feel about that?*

F - *I can't criticize too much, but I don't hate it either, I don't know, I'm very, I don't know, I feel discomfort.*

N - *You feel a certain discomfort?*

F - *Uh-huh.*

N - *I understand. But the discomfort is in relation to what?*

F - *Ah, I don't have much... normally I don't have much company.*

N - *I understand. So you feel this discomfort. And the fact that you don't have much company, what do you do? How do you react to that?*

F - *Ah, I feel totally okay, like, in my own world.*

N - *In yours?*

F - *Yes. [Nurse J.]*

It must be difficult, how do you feel about that?

You like to take care of people, how is it for you not to be able to take care of your family? How do you view your mother's suffering?

What is it like sewing with a dependent daughter? How do you think your sister feels about it? Let's consider that she is also suffering? [Nurse M. Interview 1]

It must be really difficult, how do you feel about it?

How do you view your daughter's suffering? [Nurse M. Interview 2]

In evaluating the contribution of therapeutic questions to the development of the interview, the nurses wrote the following contributions:

Family reflection on the problem presented. [Nurse M in both interviews]

Since this was a first and only meeting, the therapeutic questions helped to obtain more information about the family and its relationships, with the patient's participation. [Nurse J.]

Regarding the perceived difficulties in applying the therapeutic questions, the participants reported: I think that in this interview, the comments were very important and guided the course of the interview, even with some situations that I didn't know how to handle, I posed them as questions to the family and the interview flowed. [Nurse M., interview 1]

Give your daughter more space to speak as well. [Nurse M. interview 2]

I believe the main difficulty was the lack of connection between the professional and the interviewees. Therefore, the therapeutic questions did not promote reflection on behaviors and beliefs. [Nurse J.]

5) Praising the family and individual members

Excerpts from the interviews described as moments in which praise was given to the family and its members individually:

I didn't praise or value the mother's efforts. [Nurse J]

You are very strong, E., because you see things... you don't let the girl suffer. You make sacrifices so as not to hurt her...

[Nurse M. Interview 1]

What you are going through is not easy. This shows how strong you are being in relation to everything that is happening. [Nurse M. Interview 2]

In assessing the contribution of praising and valuing the efforts of family members in developing the interview, the nurses wrote the following contributions:

To give strength and encouragement to remain steadfast in the situation they are going through. [Nurse M. interview 1]

It increased the family's confidence. [Nurse M. interview 2]

Regarding the perceived difficulties in praising and valuing the efforts of family members during the interview, the participants described:

I had no difficulty. [Nurse M. interview 1]

I didn't praise the daughter because we focused on the mother's problem [Nurse M. interview 2]

I believe the main difficulties in praising and valuing the family's efforts were because I didn't know their story and because it was a first and only meeting. [Nurse J.]

DISCUSSION

A fundamental assumption of family nursing is that health and illness affect all family members in some way. The nurses who conducted the interviews analyzed in this study understood this concept when guiding families on the purpose of the interview.

The theoretical framework used during the course, known as "Family Systems Nursing", guides the nurse to conduct interactions with families through therapeutic conversations that invite curiosity and reflection from the family members themselves. Thus, helping the family find, in their reality, ways to promote and maintain the health of the entire group^{15,16}.

Regarding the element of Good Manners, it is observed that only nurse M. began her interviews by making an introduction to the family members, contextualizing what her interest is during the interview and inviting the family to reflect on them, on what they need, and the role of the family in the care of the group itself. Nurse J., however, does not make an introduction. The moment she mentioned in her script is the one in which she invites the family to the conversation; however, listening to the interview recorded by her, it is understood that

a prior introduction took place before the recording began.

The invitation made by nurse J. was important, as it tells both interviewees that they can both speak. Nurse J. also indicated that she applied good manners when one of the interviewees expressed a desire to change places. By using good manners, the nurses who participated in this study invited families to reflect on their role in the health of their members and promote an initial bond between nurse and family¹².

Both nurses recognize that the use of good manners was an essential factor for the interview, as it allows for the creation of bonds, as well as interaction between family members. Thus, the proposition of the item Good Manners is achieved: establishing this first relationship and generating trust in the interview participants and the nurse¹².

Regarding the difficulties in applying good manners, it is possible to observe that nurse M., at first, reports having difficulties due to the expectations she had regarding the interview and what should be said during it. In a second moment, the same nurse reports that she felt difficulty in creating a bond with the two family members who are participating in the interview. The nurse recognizes that creating a bond is a difficulty in the nurse-family relationship. One of the nurses points out the difficulty in relation to the interview time, however, according to Wright and Leahey¹², the 15-minute interview is a tool that improves as it is used in daily work and according to family demand.

In the Therapeutic Conversation element, the nurses present questions related to the family, inviting the participants to tell more about themselves and reflect on their relationships. Nurse J. explored the family's daily activities and the relationships its members had. Nurse M. sought to get to know all the elements of the family, in addition to including mother and daughter in the conversation and reflection that is raised by them.

Both nurses mention that, through therapeutic conversation, it was possible to create opportunities for all interview participants to speak, allowing them to express their answers to the question asked, and also to bring their own issues into the conversation and contribute to reflection. It is noted that Nurse J. stated that therapeutic conversation could contribute to establishing a relationship of trust with the interview participants, as well as being an opportunity to obtain more information from the patient. However, she did not continue the practice, moving on to other questions, demonstrating concern about the duration of the interview.

Through therapeutic conversation, it is possible to include all interview participants so that they have the opportunity to narrate their experiences, as well as share their reflections and decide together which problem or problems to prioritize for discussion^{12,21}.

One of the reports from Nurse M. was the difficulty related to one family member who spoke more than the other, meaning that the problem pointed out is not necessarily that of the family as a whole. This is a factor that can occur during interviews, especially in families that do not have a strong bond and dialogue, which is one of the assumptions for the 15-minute interview: to establish better communication within the family¹².

The two nurses began the interview with the family by proposing the construction of the genogram. The construction of the genogram also allowed for the construction of the family's history and its relationships. Only one nurse worked on the construction of the ecomap. Together, these tools are fundamental for getting to know the family, the members who live together, and the bonds that the family has. The genogram and ecomap are essential tools when it comes to the inclusion of families by nurses¹².

Nurse M. pointed out that the construction of the genogram and ecomap allowed her to perceive the family's strengths and weaknesses, a way to better understand that group. Nurse J. states that with the construction of the genogram and ecomap, the interview did not focus on the illness, diagnosis, and symptoms, but rather on the family as a whole.

As difficulties, in one of her interviews, Nurse M. highlights the superficiality in the construction of the genogram, which caused her to leave the interview with some doubts regarding the family configuration. In a second interview, M. reports difficulty in placing some members on the ecomap, which showed that difficulties can occur both when working superficially and more deeply in the construction of the genogram and ecomap. These difficulties can be overcome with the practice of genogram construction and understanding of the various family compositions¹².

Nurse J. raised as a difficulty the fact that it was the first contact between interviewer and interviewees, which caused a lack of connection, suggesting that this distance between interviewer and interviewee contributes to a impaired construction of the genogram and ecomap. Although the interviews were conducted within the context of the RAPS, establishing a rapport to address family issues was identified as a challenge. The genogram and ecomap are tools that help bring the nurse closer to the family and assist in creating a therapeutic bond.

It is observed that Nurse J. addressed aspects related to the ecomap, an instrument that represents the connections between the family and the external systems with which it interacts^{12,22}. Although she did not explicitly mention the use of this resource, it is possible that she mobilized elements of this tool when exploring the feelings of the ill family member in the face of relationship difficulties, an issue frequently observed in the context of mental illness. In turn, Nurse M. directed her attention to the perspective of another absent family member,

investigating what their possible feelings might be in the face of the situation experienced.

Both nurses highlight that the therapeutic questions helped the family reflect on the information and problems presented by the family. Nurse J. also reported that the use of such questions helped her obtain more information about the family, thus assisting in conducting the interview.

Similarly to other aspects observed in the interview, Nurse J. emphasized that her main difficulty was related to the lack of connection between the professional and the interviewees. The bond between the professional and the family is an essential tool for care and also a therapeutic resource, and should be recognized and encouraged at all stages of the interaction between nurse and family^{1,23}.

One study showed that a conversation based on the tools used during the 15-minute interview in nursing care for the family can favor the creation of a context conducive to change and contribute to the improvement of family functioning²⁴.

Nurse M. reported that, in one of her interviews, her main difficulty occurred when one of the family members expressed themselves more than the others, which resulted in a partial understanding of the family situation. In another interview, however, she stated that she had not encountered any difficulties; on the contrary, she observed that the therapeutic questions favored the fluidity of the dialogue. In this context, the act of encouraging and valuing the participants' statements is shown as a form of support, and can be understood as an authentic compliment, which contributes to strengthening the bond and to the continuity of the therapeutic interaction²⁴.

Only one nurse praised the family. It is noticeable that Nurse M., in both interviews, highlights the fact that the interviewees are strong for going through the whole situation. She recognizes their efforts and emphasizes them, thus providing positive reinforcement for this family. As a contribution, Nurse M. reports the encouragement given to the family, in addition to increased confidence, and thus demonstrates that the key element "Praising and valuing efforts" was achieved.

At another point, Nurse J. reports difficulty in using a key element of the 15-minute interview due to a lack of rapport, considering the time insufficient. However, it is possible to reinforce that the 15-minute meetings should be carried out as needed, as identified by the nurse. The tool is aimed at effective care in a short time, avoiding overloading the nurse in relation to the time dedicated to other tasks in their daily professional life. It is important to emphasize that the nurse applies the interview to families in their daily work environment^{12,24}.

The nurses participating in this study were able to incorporate all the central elements

of the 15-minute interview into practice, which enabled mutual listening among family members and promoted joint reflection on the issues discussed, as well as the shared search for solutions to the problems identified.

One study taught the family systems nursing model to primary health care nurses in the postpartum women segment. It was found that this approach is a tool that can facilitate the deepening of relationships between nurses and families in the context of the family health strategy²⁵.

CONCLUSION

The study results demonstrate that teaching the theoretical foundations and practical application of the 15-minute interview by nurses working in the RAPS constitutes an effective tool for including the family in care. The analysis of the interviews showed that the key elements of Family Systems Nursing were recognized and implemented, albeit at different levels of depth, reflecting both theoretical appropriation and the challenges of the care context.

A limitation of the study is the small number of participants, which restricts the generalization of the results. Despite these limitations, the findings point to relevant implications for mental health practice, indicating that the 15-minute interview contributes to strengthening qualified listening, empathy, and family-centered care, reaffirming the nurse as a facilitator of change in the family system. The results reinforce the importance of investing in the training and development of RAPS professionals, as well as expanding studies on the subject in different settings, in order to consolidate this approach as a strategy for comprehensive and family-centered care.

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