

**Appendix Table A: Family Engagement Skills Practiced During the FOPC Course**

Skill	Example
<b>Conducting a family-oriented clinical interview</b>	
<b>1. Initiating the clinical interview</b>	
<b>1.1 Initiating engagement</b>	
Greet the patient and any companions. Ask for the name of each companion.	"Can you tell me who is accompanying you today?"
Introduce yourself using a friendly or casual tone, if appropriate.	"I'm Dr . . ."
Guide the patient and family members into the room. Invite them to sit, creating space for everyone.	"Please, come in! We have room for everyone."
Inquire about the purpose of the companion's presence and reinforce their role.	"What brings you here with . . . ?"
<b>1.2 Eliciting the chief complaint</b>	
Ask about the main reason for the consultation, without interrupting.	"How can I assist you today?"
Probe for additional concerns or needs from both the patient and the family.	"Is there anything else you'd like to discuss in this consultation?"
Confirm understanding by summarizing the identified issues or needs.	"So, the issue that concerns you is . . ."
Agree on the topics to address in this session, prioritizing if needed.	"Let's focus on discussing . . ."
<b>2. Identifying problems and strengths</b>	
<b>2.1 Exploring principal concerns</b>	
Listen to the patient's stated problem attentively.	
Ask the companion if they would like to add further information.	"Is there anything else you'd like to add?"
Clarify information, periodically summarizing it.	"From what I'm hearing . . ."
Facilitate patient and companion responses through verbal and nonverbal cues.	"Do you agree?"
Observe body language and reactions between the patient and family.	Make eye contact, nod.
<b>2.2 Evaluating family context (when applicable)</b>	
Based on the reason for the consultation, prioritize areas of family functioning to explore.	"Can you tell me who lives with you?"
Explore previous successful or unsuccessful experiences in managing similar problems.	"How have you handled similar situations before?"

Explore the companion's role and other family members' involvement in addressing the issue.	"How do your family members support you in this?"
Assess how the issue affects the companion and other family members.	"Has this situation impacted family dynamics in any way?"
<b>2.3 Identifying individual, family, and community resources</b>	
Identify available resources such as family members, friends, and community services.	"You have many supportive family members, such as . . ."
<b>2.4 Addressing companion's identified needs (when applicable)</b>	
Confirm any concerns identified by the companion.	"I see you're concerned about . . ."
Together with the companion, outline possible steps to address their needs.	"Let's work together on addressing those needs."
<b>3. Developing a plan</b>	
Validate and acknowledge the patient's needs.	"It seems to me that you need . . ."
Discuss the patient's needs with the companion (if applicable).	"From what I hear, what [patient] may need is . . ."
Involve the family to provide support and address doubts or questions.	"Do you have any questions?"
<b>4. Promoting family support involvement</b>	
Reinforce the importance of family support.	"You play a vital role in supporting [patient]. How could you support in the treatment?"
<b>5. Closing the encounter</b>	
Summarize with the patient and companion the main points and the next steps.	"What do you think we should do next?"
Reinforce follow-up instructions and the importance of continuity of care.	"We'll see you at your next appointment to follow up."
<b>Structuring the interview</b>	
<b>1. Building the relationship</b>	
Use nonverbal communication (posture, gaze, tone of voice) to engage with the patient and family.	Establish eye contact with the patient or companion.
Show empathy and understanding toward the patient's and family's needs.	"It seems like you've been going through a lot."
Maintain a respectful tone, showing genuine concern for the patient's well-being.	"I can see this has been challenging for you."
<b>2. Providing a structured visit framework</b>	
Maintain a logical flow in the consultation.	
Explain each part of the consultation process.	
<b>Managing difficult situations</b>	
<b>1. Normalizing experience</b>	
Empathize and/or validate the problem or situation.	"I can see you're having difficulties with your teenage son, and I understand this is causing you concern."

	"I notice that you're facing challenges with your parents."
Contextualize the issue within the life cycle, individual development, or health behaviors.	"It is common for parents and children to experience distancing during adolescence."
Explain that it is typical to experience these issues in the given context.	"This occurs because children, in their process of maturation, seek more independence, and to do so, they begin to develop their own tastes and preferences."
Explain that the situation is normal and expected within the developmental dynamics of the family.	"It is common to experience tension between parents and children in this context."
Explore ways to address the problem without hindering the developmental tasks of the family dynamic.	"What do you think about finding new methods to reach agreements?" "How might both of you come to mutual consensus?"
<b>2. De-escalating family conflict</b>	
Identify signs of conflict.	Negative comments about others, increase in tone/volume of voice, agitation, or restlessness.
Intervene early by reflecting the signs of conflict and empathizing with both the patient and the family, acknowledging the potential for different perspectives or interpretations of the situation.	"I've noticed that your voice has increased in volume; how about we try to keep our tone lower?" "It seems like you have differing perceptions of what's happening, which is causing tension between you."
Invite the patient and family to express their perspectives, requesting that only one person speaks at a time and ensuring that each person listens to the other.	"I'd like to hear each of your perspectives on the situation (that is causing conflict). When one of you speaks, I'd like to ask the other to listen attentively."
Maintain composure.	Speak more slowly, lower the tone of voice, regulate breathing, avoid direct confrontation.
Reiterate the observation of conflict and establish a rule for the interaction.	"I can see that this topic is very contentious for both of you. I'd like us to avoid shouting and direct our communication solely to me."
Use nonconfrontational body language to reduce the intensity of the conflict.	Calm gestures with the hands.
Reinforce your role as a facilitator and mediator in the situation and emphasize the need for respectful communication.	"I am here to listen to both of you, but I cannot do so if you continue shouting." "I'm here to assist, but it seems that I'm not fully understanding you. Could you please clarify in a calmer manner?"
Focus on the safety of all participants, being prepared with immediate support resources in case of escalation.	Be aware of the location of security personnel or others who can intervene if de-escalation is unsuccessful.
Always prioritize the safety of individuals, clarify that high levels of aggression or violence will not be tolerated, and seek alternative solutions if necessary.	"I recognize that this conflict is particularly complex for you. It is also challenging for me to continue assisting under these circumstances. I'm concerned that we cannot proceed appropriately. If you wish us to continue, I need both of you to calm down so I can fully understand what is going on and determine how I can assist. I understand this is distressing, but if this is not possible, we will not be able to proceed, and I will need to find another professional who can better assist you."
<b>3. Responding to a family member overtaking the visit</b>	

Empathize and validate the family member's concern.	"I understand that you're worried about your son (or have significant information to share), but it is crucial for me to also hear his perspective so that I can better understand the situation and provide optimal care."
Use nonverbal communication to promote participation from both the patient and the family member.	Direct attention to both, focus on the person expected to contribute, use hand gestures to establish spaces for both individuals. Guide questions to one and then to the other as needed to ensure equal participation.
Use pauses and summarize the information gathered.	"So, based on what you have mentioned . . . and additionally, what you have stated . . ."
Provide structure to the consultation by establishing time limits and clear objectives.	"I understand there is a great deal I need to know. In this initial part, I would like to understand . . . Then we can move on to decide the main actions to take. Since we only have 20 minutes, how about we prioritize or narrow down the focus?"