Interventive Psychodiagnosis in a University Clinical Practice in Brazil: Managing Psychological Assessment and Intervention of Children in Underserved Populations

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Abstract
Childhood psychological problems and psychiatric disorders may impose long term care costs to individuals and society. In 2011, prevalence of one or more psychiatric disorders among children was 13.1% in Brazil. Considering that in 2015, there were 51653 children and adolescents enrolled in preschool and basic school in Santos, Brazil, there is an estimation of 6.766 children or adolescents that may present psychiatric disorders. According to the last demographic census carried out in 2010, 47,07% of Santos' population live on up to two minimum wage income, that is almost half the city population. Managing psychological assessment and intervention of children all in the same service and in a brief period of time, may reduce financial and time costs significantly. Universidade Paulista, a private university in Santos, requires Psychological students in their 6th and 7th terms to attend to a clinical practice internship, assessing and intervening in childhood psychological problems and psychiatric disorders. During each term, an average of 45 children and their parents are taken care of in the service. Interventive psychodiagnosis is adopted making use semi-structured interviews, diagnostic play sessions, questionnaires and projective, developmental and cognitive screening tests. Intervention is also developed since the active participation of children and families is taken into account for understanding and managing psychological issues. Orientation is also provided following the input provided by children and their parents. Interventive psychodiagnosis has been proved a useful tool for managing psychological assessment and intervention at a university clinical practice in Santos, Brazil, especially for underserved populations.

Keywords: Child Psychology, Psychodiagnosis, Healthcare Delivery

Introduction

Childhood psychiatric disorders usually persist through adolescence and adult life, and produce harmful impact and longstanding costs to individuals and society. These childhood psychiatric disorders commonly include anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, bipolar disorder, depression, eating disorders, and schizophrenia. Psychological problems include internalizing (withdrawn, somatic complaints without medical cause, emotionally reactive, anxious/depressed mood) and externalizing problems (attention problems, aggressive behavior) and other psychological difficulties (Achenbach & Rescorla, 2000).

Prevalence of psychiatric disorders and psychological problems in Brazil and in Santos

The Public Health System (SUS) in Brazil offers free treatment for children and adolescents with a psychiatric diagnosis through Center of Psychosocial Attention for the Child and Adolescent (CapsI). However, in Santos (seaside town in Brazil) there are four centers which provide treatment for about 2000 children and adolescents. In fact, these public centers receive all the families and their children with different kinds of psychological or psychiatric complaints and there is not a limitation on attendance. In 2011, prevalence of one or more psychiatric disorders among children was 13.1% in Brazil (Paula et al., 2015).

In 2015, there were 51653 children and adolescents enrolled in preschool and basic school in Santos (IBGE, 2015). Therefore there is an estimation of 6.766 children or adolescents that may present psychiatric disorders. Santos is a seaside city in the state of São Paulo with a population of 419.400 (IBGE, 2010). According to the last demographic census carried out in 2010, 47.07% of Santos' population live on up to two minimum wage income (IBGE, 2010).

In Brazil, accessible psychological assessment as well as treatment are challenges that must be overcome due to the prevalence of psychiatric disorders among children and adolescents and also high costs of treatment imposed to underserved populations. Managing psychological assessment and intervention of children all in the same service and in a brief period of time, may reduce financial and time costs significantly.

The experience of Universidade Paulista

Universidade Paulista, a private university in Santos, requires Psychological students in their 7th and 8th terms to attend to a clinical practice internship, assessing and intervening in childhood psychological problems and psychiatric disorders. This process involves the steps illustrated in Figure 1 as follows:

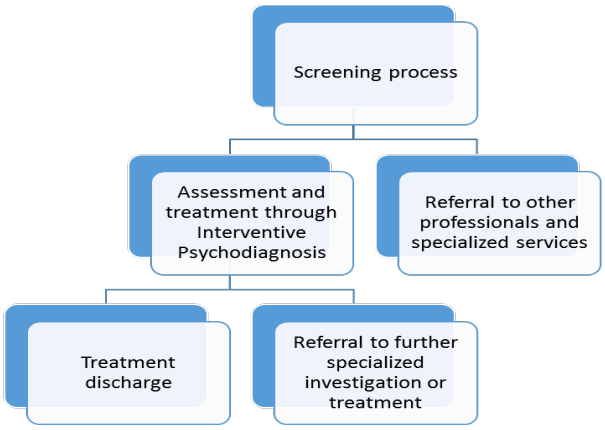

Figure 1: Steps of the interventive psychodiagnosis process at Universidade Paulista

In order to understand in which ways the Interventive Psychodiagnosis differentiates from the traditional model of Psychodiagnosis, it is important to compare those differences showed in Chart 1.

Chart 1: Differences between the two models of Psychodiagnosis

Traditional Psychodiagnosis	Interventive Psychodiagnosis
It has an investigative approach.	It is seen as a practice carried out by the psychologist in conjunction with children and their parents.
Use of psychological methods and tech**niques to understand problems,** for assessing, classifying and predicting the course of the case.	Children and their caregivers participate actively throughout the process once information given by them is extremely important to construct possible hypotheses that can be modified along the way.
Predetermined steps are established and are followed for confirming or not confirming previous hypotheses.	The active collaboration of patients and psychologists to observe, learn and comprehend the phenomena throughout the process is the foundation of the work. The psychodiagnostic process becomes in this perspective a collaborative and shared practice.
It has the aim of getting a description and deep and complete understanding of the patient's personality in order to explain the dynamics of the case based on the collected data (Barbieri et al., 2004).	It has the aim of providing a new understanding of what happens to the patient allowing him/her to have different, new and healthier ways of dealing with his difficulties.
It provides information which helps the psychiatrists on his/her decision on providing a diagnosis based on a ICD code. Therefore classification based on possible pathologies is pursued.	The psychologist–patient relationship is no longer a "vertical" one once the patient helps the psychologist to build a new understanding of his/her experiences (Ancona-Lopez, 2013).
The whole process is finished with the communication of the results given by the psychologist with no further discussion between psychologist and patient.	

Also, there are similarities and differences between the Traditional Psychodiagnosis and the Interventive one regarding how the assessment each one of the processes develops. In the traditional model, there is an initial interview with the patient in order to obtain information for the formulation of hypotheses for planning the use of a set of tests. Such hypotheses would be made through questions which direct the whole process. The procedures involve interviews, ludic observation, tests. Tests are used to investigate the previous hypotheses. They are used in a specific sequence, considering the aspect being evaluated by each one of them and also their anxiogenic-like effect. There is a feedback interview whose aim is to communicate to the patient what is going on with him/her in order to guide him/her on the best conduct to be followed. When referral is needed, there is the production of a comprehensive report sent to the next professional. In the Interventive model, there is not such a rigid set of steps to be followed, but instead, there are some aims that must be achieved using different techniques, some of them also used in the traditional proposal. Figure 2 shows the different moments of assessment in the Interventive psychodiagnosis that can be interchangeable except for the anamnesis and initial interviews with parents and children which must be the first moments of the whole process.

Figure 2: The interchangeable moments of the Interventive Psychoadiagnosis

In the first interviews with parents and children, the psychologist collects data to identify the concerns of the parents and possible difficulties and symptoms of the children. In the initial interview with the children, a playfulbox is offered to the

children for them to choose any toy and play. During play, the psychologist ought to observe the choice of toys and plays, motricity, creativity, symbolic abilities, frustration tolerance, adequation with reality. The school and home visit are meant to provide understanding of the children's living circumstances. In children's sessions some techniques such as collages, tests, ludic observation are used for investigation as well as intervention. Along the process, it is possible to give the parents a partial feedback on what is being observed and this is also an opportunity for the parents to contribute with the understanding of the process. Two important final steps take place in this modality of psychodiagnosis: feedback to children and feedback to parents. The feedback to parents is the moment when the psychologist discusses with parents how the work was developed and all the observations and conclusions that were drawn. The feedback to children is a very important part of the process once it allows the children to understand their symptoms and feelings involved in them including the resources they may count on to deal with those difficulties. To achieve this goal, the psychologist creates a storybook or game/toy using metaphoric narrative as a feedback tool in which he/she presents a synthesis of the psychodiagnostic process to the children.

The storybook must contain the following elements in the metaphoric narrative: children and their families' story, symptom, search for psychological help and the relationship with the psychologist, elucidation of the identification character's feelings, integration of different aspects observed during playtime, tests, visits etc.

At Universidade Paulista, in Santos, there was an average of 45 families and their children taken care of in the service in the years of 2014, 2015 and 2016. Half of this population was discharged at the end of the process once there was significant symptoms improvement or the families were referred to specialized professionals for further assessment and/or treatment. This was possible due to the comprehensive assessment carried out in the interventive psychodiagnostic process. Discharges or referrals for deepening or specializing the assessment or treatment represent success cases once they were possible due to the interventive psychodiagnostic process. At the end of the process, most of the families reported they were satisfied with the results achieved. Nevertheless, the other half of the families dropped out for various possible reasons such as: lack of financial resources for transportation to go to the university's clinic, difficulties to take time off work to attend psychological appointments among others that ought to be figured out and investigated.

Conclusion

Interventive psychodiagnosis can be an alternative for assessing and treating children and adolescents whose families do not have financial resources for attending private clinics or who fail to get free treatment at the public health services. Experiences such as the one described in this paper can provide scientific evidence for the elaboration and implementation of possible health public policies in which alternative assessment and treatment could be offered to underserved populations.

However, further research is necessary for explaining which reasons may lead families to abandon assessment/treatment. These data should also be taken into account when planning and implementing a health public policy for children, adolescents and their families.

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