Therapeutic Assessment in Infancy

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Abstract The Interventive Psychodiagnostic has revealed a practice that effectively embraces the contemporary demands of clinical psychology. Aiming to contribute to the recent research on this practice, this study presents the case report of a child being treated in a University’s Teaching Clinic. It is about a girl, eleven years old, who had high cholesterol difficult to stabilize. The genitor believed that this medical condition could be related to ‘emotional factors’ because her daughter had introversion, sadness and low self-esteem. 14 meetings including recreational and interventional individual observations and group sessions were conducted; sessions involving her mother and sister; school visit; personality assessment and guidance with the mother, since the father did not attend requests for interviews with the trainees. Interventions had a goal assist children and their families in finding new meanings for that medical condition, to enable the development of more effective behaviors of treatment adherence. Also, these interventions aims to enable changes in the way they deal with the limitations imposed by emotional disorders. At the end of the process therapeutic gains were observed towards decreased anxiety and distress by both the child and the mother facilitating adherence and better control of medical condition. It is concluded that the results showed the effectiveness of the use of Therapeutic Assessment in clinical psychology with children.

Keywords: psychodiagnosis, psychological interventions, psychology of childhood


1. Introduction

The characteristics of current psychological clinic are basically integrating aspects of investigation and intervention. This is the definition Therapeutic Assessment. This is a process conducted with the participation of the family. The cooperation of parents is very important to obtain a good result. This is because, when the complaint contains a child's behavior that reaches parents. We know it is not an easy job for parents take their children to the realization of a psychodiagnostic process.

For this reason, the psychologist must be very sensitive and at the same time, the aim of all involved in the process. On the other hand, parents must actively participate in the development of the child during the process of psychological intervention, they are invited to contribute with significant information on the life history and the medical history of the kid. Additionally, trainees guide parents to observe the daily life of their children during the process to realize if any significant change in behavior has occurred.

We believe it is not helpful that there is a vertical relationship, the psychologist is the "holder of knowledge," but rather, trainees must assist parents and children to build their knowledge together. All groups in which the child is a part are investigated to help understand broadly what is happening with the child: friends, school, family. The school, in particular, can also help by providing valuable information and getting important guidance on how to deal with this child.

This is because the traditional psychodiagnostic search for a diagnosis of the subject seeking to classify it as pathologies, from personality traits and specific factors, such as mental and other level. Already the process we undertake avoids classifications but aims to make interventions. It is a descriptive model that aims to understand how the child and his family appear to be emotionally during that period in which it does research.

According to Milner, this psychological intervention model:

"the suppression of symptoms is not the goal of the method, and when it occurs, should be carefully analyzed. In happy cases, this can replace a clinical practice psychotherapy that would extend months or years, residing around its social relevance." (MILNER, 1991)
This does not mean that this method replaces psychotherapy, but that this form of intervention may contribute to the therapeutic mode, now that everyone involved in the process are active participants.

Milner completes his thought writing that:

"It is therefore a promising method, which gives the patient the role of an active subject in the range of mental health itself, and which is part of the professional's belief in the human capacity for personal development." (MILNER, 1991)

In this sense, we present next a description of a psychodiagnosis process that has brought good results to transform the family’s, child’s and trainee’s way of life. We can say that we might learn from this rich experience.

Now, will be presented the case study of a nine-year-old girl who came from a school indication of the psychodiagnosis steps with her parents in a University’s teaching school.

2. The Psychodiagnostic in a School Clinic

Hybrid diagnostic is a psychological evaluation that seeks to understand the psychological functioning of an individual, focusing on the presence or absence of psychopathology. It is a process that uses techniques and psychological tests in order to identify and evaluate specific aspects that generate some psychological suffering for individuals (Cunha 2000).

According to Cunha (2000), the psycho comprises the following script: Reason for referral; description; evaluation plan; observation; clinical history; integration and data selection; dynamic understanding; discussion between the findings in the tests and the initial hypotheses; basis of diagnostic hypotheses and psychological reports.

At the school clinic attendances that occurred the inflow of customers is through referrals (school, medical, etc.) or by the child's parents. The psychodiagnostic process begins with an initial interview with the parents or guardians, then anamnesis, observation of children's play and application of tests, interviews with parents, feedback interview with the kids and with parents.

The sessions occur individually and in groups. During the sessions each child is accompanied by a pair of auxiliary. The working group favors the observation of children in contact with other children, then it is possible to analyze how social interaction occurs in that context.

2.1. Clinical Case - Anamnesis

The child accompanied in the psychodiagnostic process was served at the request of his mother. The mother reported that her child had high levels of cholesterol. The mothers' believed that the condition of his daughter would be related to 'emotional factors', because the child showed isolation and sadness. The child lived with your parents and had an apparently healthy twin sister. The mothers' said the child seemed to miss the affection and attention of the father. The man had health problems caused by alcohol and was increasingly less attentive to their children. The situation provoked quarrel between the couple and the affected child was anxious and worried.

At school this child was considered a good student and had average grades. However her sister had high grades. The mothers' said that is rigorous with the child in relation with school performance. The child studying full time, at night she did schoolwork, watched TV and played with her sister. On weekend she stayed at home. Sometimes the mothers' daughters took to the shopping center or to the house of some friends. As one of the girls have high levels of cholesterol, the mother controls the feeding this child, monitoring meals.

2.2. Procedure and Analysis

The psychodiagnostic process aims to understand the child by analyzing emotional aspects, personality, family and social dynamics. Over the 14 encounters the procedures performed included: playful observation sessions, individual and group intervention sessions involving the mother and the sister, school visit; personality assessment and guidance with the mother. The father did not attend the requests.

2.3. Understanding and Evaluation of the Case

During the play sessions and behavioral observation, the child showed adaptation to reality exposed in the psychodiagnostic process, good adaptation to the group, successful development of the therapeutic relationship and understanding and acceptance of instructions.

She has demonstrated the ability to distinguish the roles of everyone involved in the process, including her. The observation of child behavior during play sessions allowed us to identify the appropriate level of development in which it was behaviors.

We realized that the child was located in middle childhood (1932 apud Papalia, 2006). During this period the child is building your moral judgment. At this moment the child is now able to better deal with your emotions and empathize. It is a stage of self-definition, balance and it integrates various aspects of identity. The child begins to make judgments of themselves and others more realistic and conscious way.

In sessions with playful box the child choose the symbolic play. Played roles of mother, daughter and friend, characters inserted in a context of rules, daily and occasional duties and household chores. The actions of her play seemed to reflect the dynamics of her own home and occurred at most of the time in the kitchen environment. According to Efron (1986) in this age group (seven to eleven years) the child plays with, and assigns to assume roles that may represent the routine.

The authors state that this type of play is called personification and on stage of development can be expressed in different ways. Against the capacity of symbolization, the child related the situation of the game with experienced and contextualized aspects of your reality.

To assess the emotional state of the child's personality and the projective test was performed HTP- House-Tree-Person. According to Anastasi and Urbina (2000) projective tests allow the freedom and imagination of individuals and is expected to obtain knowledge of psychic functioning. It is expected that respondents to "project" your thought processes. Their needs, anxieties and characteristic conflicts (p.338).

In the drawings of the children identified these emotional characteristics: search for satisfaction in fantasy;
evidence of lack of affection at home (especially as the mother figure); satisfactory maturity; concern for the environment, stability / control and ability to delay gratification. Aspects related to feelings of insecurity, inadequacy and inferiority were identified in relation to the demands of the environment.

During play activities, we note that the focus of concern of the child was with his feeding. He often emphasized what were the foods most liked and many of these could not be part of your diet because of its high levels of cholesterol. However reported that he could not eat such foods, but liked the healthy food intake. At this point we realize conflicting emotions. The acceptance of your condition and control over their feelings seemed to be a way to please the other, accepting what was imposed.

Perceive the presence of feelings of anxiety and self requirement in children, mainly related to the interaction with the mother. The mothers' proved to be demanding in relation to nutrition and school performance of children. The child showed little assertiveness in some routine situations. He cares about the opinion of others and choosing discourses that promote better acceptance of the interlocutor.

The child reported an unusual fear for their age group; the fear of death as a result of high cholesterol. This belief generates distress and anxiety and could be linked to emotional factor that interferes on cholesterol level.

As regards the understanding aspects of the case that the parent was identified alarming meanings attributed to the medical condition of the children, including revealing inadequate and even misleading on that medical condition and treatment information. For this reason, it was exceedingly demanding, and bit contingent affectively, which contributed to the child had feelings of anxiety, insecurity, inadequacy and inferiority. It was observed that the focus of the child's suffering was referring to preoccupation with their health and nutrition, and even expressed fear of dying.

3. Conclusions

In the literature consulted several studies were found in which emotional factors such as stress appeared related to high cholesterol levels. In this sense, the interventions had a goal assist children and their families in search of new meanings for that medical condition, to allow the development of more effective behaviors and treatment adherence, especially changes in the way they deal with limitations imposed by such a framework.

Besides working with the child, successive orientations were conducted with the mothers', the same being encouraged to offer greater affective contingency and search, along with specialized professionals, information about the medical condition of the child. The main objective was that feeling also welcomed emotionally and reaching a more realistic understanding of the medical condition of the child. The mothers' alter its way of dealing with the child, encouraging adherence behaviors and promoting emotional acceptance. At the end of the process therapeutic gains were observed for the reduction of anxiety and distress by both the child and their mother's. It is concluded that the results showed the effectiveness of the use of Therapeutic Assessment in clinical psychology with children.

References