INTERVENTIVE PSYCHODIAGNOSIS: CHILD CARE AT THE SCHOOL CLINIC

PSICODIAGNÓSTICO INTERVENTIVO: ATENDIMENTO INFANTIL NA CLÍNICA ESCOLA

INTERVENTIVE PSYCHODIAGNOSIS: CHILD CARE AT THE SCHOOL CLINIC

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ABSTRACT

This article presents a case study of Interventive Psychodiagnosis conducted by two psychology interns with a 6-year-old child who was referred by the school due to difficulties with social interaction and learning. The assessment process consisted of eight sessions, including anamnesis with the mother, administration of standardized tests (HTP, WISC-IV, ETDAH-CRIAD), and playful activities designed to evaluate the child's cognitive, social, and emotional functioning. The results of the assessment suggested a diagnosis of Autism Spectrum Disorder (ASD) level 1 and Attention Deficit Hyperactivity Disorder (ADHD) moderate level. The article emphasizes the importance of incorporating playfulness into the assessment process, utilizing projective and psychometric instruments, and providing feedback to the child and family in a playful and engaging manner.

Keywords: Interventional Psychodiagnosis. Child. Playful. Psychological Assessment.

RESUMO

Este artigo relata a experiência de duas estagiárias de psicologia em um caso de Psicodiagnóstico Interventivo com uma criança de 6 anos, encaminhada pela escola com queixas de dificuldades de interação e aprendizagem. O processo de Psicodiagnóstico Interventivo foi realizado em 8 sessões e incluiu anamnese com a mãe, aplicação de testes (HTP, WISC-IV, ETDAH-CRIAD), atividades lúdicas e devolutivas com a criança e os pais. Os resultados indicaram um quadro sugestivo de Transtorno do Espectro Autista (TEA) nível 1 e Transtorno do Déficit de Atenção e Hiperatividade (TDAH) nível moderado. O artigo destaca a importância do lúdico no processo de avaliação infantil, a utilização de instrumentos projetivos e psicométricos, bem como a relevância da devolutiva de forma lúdica para a criança e a família.

Palavras-chave: Psicodiagnóstico Interventivo. Criança. Lúdico. Avaliação Psicológica.

RESUMEN

Este artículo relata la experiencia de dos practicantes de psicología en un caso de Psicodiagnóstico Intervencionista con un niño de 6 años, remitido por el colegio con quejas de dificultades de interacción y aprendizaje. El proceso de Psicodiagnóstico

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Intervencionista se realizó en 8 sesiones e incluyó anamnesis con la madre, aplicación de tests (HTP, WISC-IV, ETDAH-CRIAD), actividades lúdicas y de retroalimentación con el niño y los padres. Los resultados indicaron un cuadro sugestivo de Trastorno del Espectro Autista (TEA) nivel 1 y Trastorno por Déficit de Atención e Hiperactividad (TDAH) nivel moderado. El artículo destaca la importancia del juego en el proceso de evaluación infantil, el uso de instrumentos proyectivos y psicométricos, así como la relevancia del feedback lúdico para el niño y la familia.

Palabras clave: Psicodiagnóstico intervencionista. Niño. Juguetón. Evaluación psicológica.

INTRODUCTION

The Interventional Psychodiagnosis is an evaluative process with a collaborative, contextual and interventionist practice, that is, in addition to the psychological evaluation throughout the process, it also provides opportunities for interventions with the client, promoting a situation of partnership or cooperation, where the psychologist seeks to promote new possibilities of coping through feedback on the client's internal world, in the perspective of seeking new experiential meanings (Ancona-Lopez, 2014).

In this way, Interventional Psychodiagnosis values the client's personal experience, their perceptions and meanings, in addition to the results that the tests point to, avoiding classifying, pathologizing or inferring a static subject. The final results resulting from the interventional psychodiagnosis are a cut of a specific moment in the client's life, in a given space, highlighting a way of being in the world based on the meanings given by him (Ancona-Lopez, 2014).

In this context, Interventional Psychodiagnosis also helps the child in his maladaptive processes. Psychodiagnosis is a scientific evaluation process, limited in time (because it has a predetermined number of sessions to take place), which uses legalized psychological techniques and tests approved by the Federal Council of Psychology, to investigate, refute or confirm hypotheses of possible demands brought to the clinic. The evaluation plan is prepared based on anamnesis and initial hypotheses, which will define the instruments used in the evaluation process (Cunha, 2003).

Childhood is the first of the phases of human development and since birth, the child goes through many physical, cognitive, emotional and social changes, which if well accompanied by their caregivers, will provide a favorable development in all its dimensions. It is also at this stage that the child begins to organize his internal models of functioning, gradually building his representations of the *Self* from their interactions with the figures of attachment and immersion in the environment (Papalia, 2006; Mendes, 2021).

Providing a safe, affective and adaptive childhood, within the daily demands, both in the family and at school, or in other environments where the child belongs, is the challenge for caregivers, teachers and adults who deal with children in their daily lives. However, there are some individual demands that arise in the child development process that require more specialized help, since caregivers are not in any way familiar and able to help the child in this adaptive process (Reis, 2019).

These demands can be affective, cognitive, learning or social, and even if they are present in the family context, they are more felt when the child starts school life. Some of these demands, especially those of a cognitive and learning nature, are usually directed at

the request of the child's school, to a psychological evaluation, for a possible verification of a diagnostic hypothesis, and with the results, to better direct to an efficient intervention aimed at the child's well-being and its adaptation to the environments in which it is inserted (Cunha, 2006; Ancona-lopez, 2014; Reis, 2019).

Thus, this article exposes the experience of two interns of the undergraduate course in Psychology, in the discipline of internship in Interventional Psychodiagnosis of a private college in Fortaleza, Ceará. The care was directed to a child at the age of 6 years, male, referred by the school with the demand of difficulty in interaction and learning. The consultations took place in 8 sessions, distributed between anamnesis with the mother, intervention and evaluation of the child, with the application of tests, psychoeducation, feedback with the child and feedback with the parents, with possible referrals.

It is understood that the identification of learning deficits at preschool age facilitates the structuring of intervention programs that prioritize the child's well-being and development in a functional way. Any type of disorders at this stage can occur due to small failures in the child's psychological, social or cognitive development, impairing the child's adaptive capacity, which can lead to maladaptive dysfunctional behavior (Ancona-Lopez, 2014; Reis, 2019).

As the service for the Interventional Psychodiagnosis was directed to a 6-year-old child, the importance and need to work with play is understood, because through it it is offered a form of communication for children who may have difficulty expressing their feelings and thoughts verbally. Through play, the child is able to express his conflicts, desires and anxieties in a symbolic way, facilitating the diagnostic process. The use of toys and games helps to create a therapeutic bond between the psychologist and the child, promoting a safe and welcoming environment. Playing creates a space of trust where the child feels more comfortable to express himself and show himself as he is (Cunha, 2006; Ancona-Lopez, 2014).

In addition, the service in a Psychology clinic-school provided the opportunity to experience *praxis* in Psychology, a unique opportunity for students in the final phase of graduation, where, in a supervised way, the theoretical knowledge acquired throughout the course was applied. This practical experience plays a crucial role in the training of qualified, ethical professionals who are sensitive to the needs of patients and families, providing new ways to reduce suffering and open up new possibilities for interaction and development of the child.

METHODOLOGY

The entire process of Interventional Psychodiagnosis took place in 8 sessions, lasting 50 minutes, distributed in an anamnesis interview with the mother and completion of an AQ10 questionnaire. In the first session with the child, psychoeducation about emotions and HTP test took place. Two sessions of WISC-IV testing. Collage session, Hora Ludica session and application of the ETDAH-CriA scale. Feedback session with the child through feedback book and Skills Box and last feedback session with parents.

The evaluated, a 6-year-old boy, was referred by the school where he studies for care at the school clinic for a Psychodiagnosis with the demand for aggressive behaviors, socialization difficulties, restriction of interests, repetitive behavioral patterns, inattention and difficulty in following school tasks. The mother also confirmed in the anamnesis interview that the child had such behaviors in various environments besides school. The family sought the service through knowledge about the free care offered by the institution.

After an anamnesis interview with the child's mother, diagnostic hypotheses were raised, which would be confirmed or not throughout the evaluation process. The consultations took place weekly in the clinic-school office room, lasting 50 minutes each, totaling 8 sessions. The sessions were planned together with the supervisor, who after the consultations supervised how the care was conducted, points to improve and test corrections, aiming to deepen the understanding of the case and the development of appropriate therapeutic strategies.

The planning of the sessions was based on the theoretical knowledge acquired during the undergraduate training. The psychological evaluation included the application of instruments, in addition to clinical observations. The sessions were held in pairs allowed for greater interaction between the trainees, facilitating the application of the instruments and data collection. The information collected was recorded in the client's medical record.

The sessions were conducted in a dynamic and collaborative way, with the interaction of both trainees, depending on the need of the activity or test, always providing a second intervention option, because, depending on the child's mood, certain activities were conducted with greater difficulty, especially regarding the child's concentration and attention**,** with this, the child's mood was checked in all consultations.

RESULTS

Playfulness offers a form of communication for children who may have difficulty expressing their feelings and thoughts verbally. Through play, the child is able to express his inner conflicts, desires and anxieties in a symbolic way, facilitating the diagnostic

process. The use of toys and games helps to create a therapeutic bond between the psychologist and the child, promoting a safe and welcoming environment (Affonso, 2012).

Playing allows the psychologist to observe the child's psychic functioning, his capacity for symbolization, creativity, motor skills, tolerance to frustration and adaptation to reality. The playful activity or Game Time is not only a diagnostic instrument, but also a very important form of intervention within the process of interventional psychodiagnosis. The psychologist can use play to intervene and psychoeducate the child, offering new ways of dealing with problems and re-signifying children's experiences (Affonso, 2012; Ancona-Lopez, 2014).

Thus, in the process of interventional psychodiagnosis with the child, the ludic was prioritized to access the child world of the evaluated, at the same time that the understandings directed the diagnostic hypotheses.

In the first session, there was an anamnesis interview with the mother, where through a semi-structured interview, information about the child was gathered, from conception to that moment. It was also requested to fill out an autism spectrum screening questionnaire (AQ10). The questionnaire is a brief instrument that consists of 10 questions on some aspects such as social skills, communication, attention to detail, attention to routine changes, imagination. It is worth mentioning that the test-questionnaire does not provide a diagnosis of Autism Spectrum Disorder, but only indicates or suggests the presence of the spectrum in the child, requiring an evaluation with a neuropsychiatrist or neuropediatrician.

In the second session, the first meeting with the child took place where, through play, drawing and painting, the interns began to build the bond with the child. The Emotions Game was also used in order to verify the recognition of the evaluated about emotional expressiveness. During the session, a card game was used with faces expressing different emotions (joy, sadness, anger, fear, surprise). The child was invited to identify the emotion represented in each card and to describe a situation in which he had already felt that emotion. Then, a discussion was held about the different ways of expressing and dealing with each emotion, using the illustrations of the cards as support.

Emotions have an adaptive communication function and are linked to our societal system, since many of the emotional experiences and expressions have important roles in social interaction and communication, hence the relevance of evaluating how much the child is already aware of emotions and how he is already regulating his emotions and affections (Hofmann, 2024).

In the third session, the HTP test was applied to the child. The HTP test is a projective test that aims to assess the cognition, emotions and personality of the subject and the analysis is made considering the shape, structure, details and symbolism of the drawings. The HTP test showed that the child evaluated had a psychological profile characterized by social withdrawal, anxiety and difficulties in expressing emotions. The analysis of the drawings indicated formal rigidity, excessive concern with details and difficulty in establishing connections between the elements, suggesting a more rigid and concrete cognitive functioning. The human figure was represented in a small and isolated way, indicating low self-esteem and difficulties in interpersonal relationships. The presence of defensive elements, such as the emphasis on irrelevant details, suggests a defense mechanism against anxiety.

Also in this session, the Pot of Calm was made together with the child, a strategy for coping with anxiety and stress that helps in the management of emotions. The pot was used as a tool for self-calm, being presented as a strategy to deal with moments of agitation. The confection was made with a plastic pot, glue, glitter, food coloring and other small materials such as letters, stars and snowflakes.

Collage was the theme of the evaluative and interventional proposal of the fifth session. Collage as an evaluative proposal is allied to psychometric tests because it favors a more projective look at the subjectivity of the evaluated, where self-image, perception of internal conflicts, thoughts and feelings are expressed. The previously cut out figures are arranged randomly, chosen by the child and glued on colored A3 size sheets. Complementary material such as markers, colored pencils, crayons, as well as scissors (of various cutting models) and glue were offered. After the collage was completed, the child was asked to attribute meaning to each collage made. It is evaluated from the chosen figures, size, preferred theme, space on the sheet, location of the figures on the sheet, whether they are glued randomly or linked, whether they are agglutinated or spaced, whether cut-out figures were cut, complementary material used, how to use the glue, color of the A3 sheets for the collage and the posture of the evaluated in the making of the collage.

During the collage activity, the construction of a self-portrait and a family portrait was requested, but the participant showed difficulties in following the instructions and in remaining focused on the task. Agitation, anxiety, and difficulty in establishing connections between the elements of the collage were observed, which may indicate insecurity and difficulty in expressing feelings. The excessive organization of the elements in the collage, seeking a perfect framing, suggested the presence of obsessive characteristics. The

absence of elements that represented affections and interpersonal relationships reinforces the hypothesis of social withdrawal and difficulty in establishing bonds. After the collage, the child collaboratively filled out the ETDAH-CriAd self-assessment scale (2018), an instrument that evaluates Attention Deficit Hyperactivity Disorder, version for children and adolescents, where it was evidenced as a result that the child has significant difficulties related to hyperactivity and impulsivity, with an above-average score in this aspect. In addition, moderate attention difficulties were identified, which can interfere with their school performance and daily activities. The results of the questionnaire corroborate the information obtained in the interview with the mother and in the clinical observations, which point to difficulties in concentration, impulsivity and agitation.

In the sixth and seventh sessions, the WISC-IV test battery was applied. The WISC-IV is a recognized intelligence test that assesses the cognitive abilities of children and adolescents between the ages of 6 and 16. It identifies the areas of strength or deficits of the child's various cognitive abilities, which helps to favor the planning of teaching strategies and support for child and adolescent development. The test is made up of 15 subtests that measure different aspects of intelligence, including: Verbal Comprehension Skills (CVI), Perceptual Organization Skills (IOP), Processing Speed Skills (IVP), and Working Memory Skills (IMO).

The results of the WISC-IV indicated that the child has a heterogeneous cognitive profile. He demonstrates well-developed visuospatial skills, as evidenced by good performance in tasks involving the manipulation of objects and the resolution of visual problems. However, performance in tasks that require working memory and processing speed was below expectations for its age. This difficulty in keeping information in memory and performing tasks quickly may be related to complaints of difficulty concentrating and completing school tasks. In addition, the score on the verbal comprehension scale, although within the average, suggests that the child may have some difficulties in tasks that involve language, such as understanding complex instructions and expressing ideas.

The feedback to the child took place in the seventh session. After a careful analysis of the data collected, together with the supervising teacher of the school clinic and in the necessary theoretical appropriation, the diagnostic hypothesis of the picture suggestive of **ASD** - Autism Spectrum Disorder (F 84.0) **level 1** and **ADHD** - Attention Deficit Hyperactivity Disorder **Moderate** Level was validated(F.90.2). In view of the result, a feedback book was made for the child, where, with metaphors, the findings were explained in the language in which the child could understand.

The use of metaphors through the feedback book in interventional psychodiagnosis

gives the child the opportunity to appropriate the knowledge of himself, his conflicts, his history. Metaphors reach different levels of the psyche layer , as they favor the apprehension by analogies and visual images of a truth that is presented to the child, appropriate to his possibilities of understanding, as the story and the characters are chosen according to the correlations and analogies with the results of the psychodiagnosis. The feedback book contains significant aspects of the child's development, its interactions, the environment in which it is inserted, as well as the understanding of its symptoms. Thus, the way in which the results of the psychodiagnosis are transmitted to the child is extremely important (Ancona-Lopez, 2014).

Along with the preparation of the feedback book, a Skills Box was also offered to the child. The Skill Box consists of a playful box that contains a variety of materials and objects that can be used to stimulate the child's creativity, imagination, and cognitive development. These materials and objects were mentioned in the feedback book as therapeutic strategies so that the child had the opportunity to use in other spaces such as at home, at school, at church, etc., to self-regulate in moments of anxiety crises, stress and impulsive behaviors. Balloons, crayons, Rubik's cube, colored pencils, a USB flashlight, soap bubbles, stress ball, modeling clay, another mini calm pot, and a mood check thermometer were made available in the Skill Box.

The child's first contact with the feedback book and the Skill Box was one of surprise and curiosity. Throughout the feedback story, there was an initial estrangement on the part of the child, but little by little he recognized himself in the story as the main character and adhered to the context, internalizing the findings of the psychodiagnosis and appropriating the therapeutic materials of the Skill Box.

The eighth and last session was dedicated to the feedback of the child's psychological report to the parents. Although the anamnesis was carried out only with the mother, throughout the consultations she expressed the need and interest in the participation of the child's father in the feedback. It was considered important that he listened directly to all the technical information, giving greater credibility to what was presented. Initially, the child's positive points were presented, such as their development in the sessions and their efforts. Then, the difficulties were discussed, detailing the report referring to each activity developed and its performance. Strengths that should be strengthened and those that required greater attention were highlighted, such as issues related to attention and concentration.

After the feedback, the parents were offered the opportunity to listen together. They showed surprise at their son's development in several aspects, such as agility and

concentration in assembling cubes. They shared the family experience with the child, emphasizing their expressions, feelings and behaviors. They pointed out the expectation that the diagnostic results can guide interventions at school, improving the child's learning and general development. In addition, they shared a concern with a possible food selectivity, since the child has a preference for more pasty foods, as this information was mentioned only during the feedback, it was suggested to continue the observation, considering that this behavior may be related to the child's normal developmental phase, but that it may also be indicative of Autism Spectrum Disorder - ASD.

It was suggested that the parents refer the child to a neuropediatrician or neurologist for a more in-depth evaluation of the diagnostic findings and possible preparation of a medical report. It was explained that the medical report is an important document that summarizes the conclusions of the neuropediatrician or neurologist about the child's case, including information about the diagnosis, specific needs and treatment recommendations. This document can be used for presentation at school and thus direct a better specialized and appropriate follow-up. The child was also referred to psychotherapeutic counseling to work on his weaknesses and improve his cognitive and social skills.

CONCLUSION

The internship experience allowed us to realize that each individual has his or her own uniqueness. Each person has unique needs, contexts, and realities, demanding personalized approaches. Although theory is fundamental, clinical practice has provided the opportunity to apply knowledge in a concrete way, adapting to the complexities of the case.

In each session, the need to develop empathy and active listening skills was perceived, understanding that each detail, verbal or non-verbal, is fundamental for analysis and effective care. This practical experience provided the opportunity to develop essential skills for professional performance, such as the ability to establish an effective therapeutic relationship and to develop intervention strategies appropriate to each case.

When confronted with the patient's difficulties and challenges, it was verified the importance of developing a critical sense and constantly seeking new forms of intervention and strategic adaptive plans, according to what was observed, in each session, the child's demand and what was necessary to deepen the complaints that were presented in the anamnesis.

Supervision was fundamental for the development of critical thinking and for making more assertive decisions in the face of clinical demands. Through it, security and support were acquired to deal with the complexities of clinical practice, identifying strengths and

areas for improvement. The supervisor's weekly feedback was essential for professional growth, allowing her to overcome limitations and enhance skills.

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