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Child Intervening Psychodiagnosis as a Facilitator Tool in the Relationship and Learning Difficulties

Assis Letícia Ferreira de[1], Rodrigues Meire Elen dos Santos[1], Vieira Marina Tucunduva Bittencourt Porto[2], Nobre Thalita Lacerda[3,*]

[1]Undergraduate Degree in Psychology from UNIP
[2]Psychologist, Master in Education from Unisantos, PhD in Education from FEUSP. Specialist in Educational Psychology from PUCSP and School Psychology of USP
[3]PhD Clinical Psychology – Pontifical Catholic University of São Paulo (PUC/SP). Professor and supervisor at Catholic University of Santos – SP – Brazil and University Paulista – Santos – SP-Brazil
*Corresponding author: thalita_l@yahoo.com.br

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Abstract The Child Intervening Psychodiagnosis process is a scientific procedure, with limited duration, with purpose to understanding the dynamics of the patient and the family group. Although the area displays a vast bibliography, it was noticed a deficiency of research regarding the use of child intervening psychodiagnosis as facilitating tool in learning and relationship difficulties. There were 10 meetings, eight made in the school clinic, one school visit and one home visit, aiming at a better scope of the brought reports and a better understanding of the case. It was noticed during the consultations that S. had floating attention, and discrepancy in both communication and motor skills. In conclusion, there is a need for multidisciplinary care, however psychodiagnosis fulfill its role to clarify important points to the family and promote effective means of communication.

Keywords: *child, psychodiagnosis, relationship, learning, difficulties*

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1. Introduction

Understanding Psychodiagnosis is a scientific procedure, with limited duration, which has the purpose to achieve a more deep understanding of the dynamics of the patient and the family group. The theoretical model of child psychodiagnosis by Ocampo (2009) points out a path for its execution that starts by interviews with parents to make anamnesis, followed by the playfully time with the child, application of psychological tests (if necessary) and feedback interview. In the Ocampo's conception, interventions would be made only in the feedback interview, since over the completion of the Psychodiagnosis the psychologist would know the causes of the symptoms mentioned in the complaint and communicate then in the feedback interview.

Although so much of the theoretical background would provide concrete basis to conduct the study, it was noticed a deficiency of research in relation to the use of child interventional psychodiagnosis as facilitating tool in learning and relationship difficulties, especially with more impaired children from a neurological point of view.

It was found in some recent research the importance of a specialized intervention in the school setting and that, by Bossa (2007), some children do not have cognitive resources from maturation and development of the basic neurophysiological equipment that would enable better learning. By Llerena. et. al., (2000, 2006, 2007) apud in Pintor, Llerena and Costa (2012) we can claim that recent research in the branch of genetic confirm the lack of specialized services for the prevention, diagnosis and management of congenital deficiencies in Brazil, as well as dialogue between education and the health of people with disabilities are reflected through public policies that are precarious even in the 21st century.

With the patient in question 10 meetings were held, eight conducted at the Center for Applied Psychology at Universidade Paulista, one school visit and one home visit, to have a better view of the brought reports and consequently a better understanding of the case. The sessions took place in conjunction with the group of children who undergo through the same process, and began on September 26, 2012 with the patient S.

The main mother's complaint was the difficulty in communication because sometimes neither she could not understand him, which caused irritation at her husband, who did not understand the child's disability and became aggressive. At school this fact caused great problems both with schoolmates and teachers.

During the initial interview and anamnesis, which took place together, the mother reported that she had sought help upon a recommendation of school because S. did not

interact, sometimes not obey the teacher, and had aggressive behaviors with some specific classmate, in addiction to presenting large difficulty of attention and communication.

Because this, it was aimed to investigate the possible causes of S. difficulties, and what could be done to facilitate the relationship with others around him, as well as identify other treatment measures, which would work in conjunction with the psychodiagnosis in order to provide more effective results.

2. Development

2.1. Methodology

The methodological procedures adopted by researchers have been made through 10 meetings with a child of five years, divided into an initial interview / anamnesis, seven playfully observations and two home and school visits, which are part of the grid of the psychology clinic-school. Due to the child's difficulties, psychomotor activities were conducted in two meetings.

During the initial interview / anamnesis, the mother proved to be a simple person without many resources, but with great interest in understanding what was going on with her child, to be able to help him. She reported that she was living in her home with her husband, S., two daughters and her mother. Her speech showed high levels of religiosity, claiming that God had freed her and her family of many bad things. Because she was a drug user for many years, using lighter to heavier drugs like crack. She maintained a relationship with a HIV positive, and she said hadn't contracted the virus despite not using condoms during sex. She says that she held four blood transfusions, though she didn't know the reason of the medical procedures. She said she leaves off using drugs when she met her current husband and converted to the gospel, referring to her belief in Jesus at all times, in all her speeches. During the interview, the mother told us that S. had health problems when he has some-months old and also had to undergo a blood transfusion because he was malnourished and had a deep anemia, since she only breastfed him for medical advice. There is presence of domestic violence in her home. She claims to accept her husband's excuses, believing it to be driven by the effect of drugs, because, according to her, her husband is still marijuana user.

In the first playfully encounter, S. became shy and hid behind her mother, who accompanied him to the room where the other children were in. When we open the door, he simply forgot his mother, entered and scrambling a dominoes game of another child and has become interested in several toys. In fact, he was exploring everything, proved to be very active, and very uninhibited. He was made noises and sounds as if they were words, but nothing that we could understand. He showed to be interested in several games and in other children, but nothing was catching his attention for a long time. As a procedure around the end of the meeting, the children was informed that the time is up, and we all will need help store the toys, S. had some difficulties. He did not want to stop playing and it was necessary the intervention of the supervisor to he heard in. However, he did not seem to understand us or decided to ignore us. At this first meeting, it became a question as to a possible mild autism trait, so there was raised the need for referral to a specialist.

At the second meeting, when we meet S., he was playing in the waiting room. But, when he saw us, he came toward us, in a hurry to arrive at the room. When he entered there, he saw two twin children who already played together. He was seat next to them and looked for toys that interested him in the playfully box, but was soon called by one of the twins to play. S. joined the game, but did not follow the same goal, because when he was tried to communicate with other children, he was not understood. We noticed that he was losing interest in that play, even start to play alone amongst the two children. Who saw from afar thought they were playing together, but in fact there was no real interaction between them, only exchanged a few words and toys, each of which was in his own play. At the end of this meeting, S. has already proved more willing to cooperate to store toys, but at the time to talk to us, he was absent again and wandered around the room.

In the third gathering with S., we booked a room and allowed him to play only with us. It was surprising the S. aplomb. In our previous meetings, he refused to stay with us when we called him to talk to. His only interest was in playing with toys. But as we stand alone with him, we see that his distaste was not to us, but to stand still at the conversation time, which not seems to be interesting to him, or he did not understand the purpose of it. Whilst the playing, S. proved to be available, receptive, and he interacted the way he could, producing sounds, making gestures, including he drew, some scratching as motor discharge, not conceiving any specific form.

At the fourth meeting, S. brought back to join the other children, but he acted as the previous encounters, exploring the playfully box, did not interact with other children, for a moment he recognized and played with the same puppets of the previous week, but not established communication. When the parents pick their children up, we notice the presence of the father of S., and invited the three to join us in a private room, because we want to know their dynamics together. At first, the father proved highly anxious, wondering what is wrong with his son, and what he had to do to be "like other children" (sic) among other issues. Even asked if it could be something "that passes from father to son"(sic) justifying that he does not like studying and was illiterate. In this session, we saw that S. was overprotected by his mother, raising the hypothesis he has some psychomotor problem, which was to be investigated at the next meeting.

In the fifth and sixth meetings, we conducted psychomotor activities, in which was proposed that he cut figures. But, due to his difficulty, S. soon gave up this and chose figures that have cropped that we was selected as an option. He also presented difficulties to paste the pictures on the sheet. We indicate a drawing that S. would have to take a little girl till an ice cream by using a pencil trough a simplified labyrinth. We do not know if he did not understand the proposed activity or if it did not please him, because even talking and giving examples, S. just painted the drawing of girl and ice cream, leaving intact the maze. We ask him to do an exercise, which he should has cover, in four different ways, a dotted line until the end of the line. S. apparently understood it. He began to follow the

dotted line, but failed to follow the format indicated. We also ask him to paint a drawing of a little car which he had interest in, over the meetings. By painting it, S. did not follow any pattern, he used different colors, one on top of the other, and he did not respect the contours of the picture.

After, we took him a game in which he would have fit small blocks to build his home or castle. This was the activity that he had better performance, because he could stack the blocks and could assemble his castle, looking forms and model. Thus, it was that apparently hold his attention longer. S. never tired to mount and dismount his blocks. When we indicate the end of this activity to begin another, he baulked to dismantle his creation, making it slowly.

We gave him a medium ball to observe his aplomb and balance. He should play the ball from a hand to the other and, after, play it to one of the trainees. S. could not achieve success in any of the attempts, since he could not hold the ball when we played it to him, nor had a sense of direction, because he was aimed at one of the trainees and played the ball in another direction. S. seemed us to be able to dimension their members in relation to other persons, but not yet developed the absolute control over them, fact checked I the ball exercise and when he was hit his hand on the little blocks and unintentionally knocked they.

Regarding laterality, it seems us that he does not have this so defined, because he took the pen and pencil with his right hand and at other time he picks up it with the left hand. However, it can be influenced by the side where the trainees were in. We believe that the visit to his school will guide us on this matter.

In respect to the global motor coordination, we can identify some difficulties in the child to pick up and throw the ball, but we need more exercises that have greater joints articulations to accurately argue this fact.

The home visit was very important to identify how work the family dynamics and how they treat S. at home. He sleeps in the same bedroom as their parents, although the house has a personal space for him, which confirms the hypothesis that mother treats him like a big baby, and all the time she does everything for the child, depriving them of autonomy.

The school visit was also of great importance, the school seems to be doing a good job with S. Speaking to the teacher and the coordinator, they said he improved a lot after starting the psychodiagnosis process, as before was impossible to tell it. During lessons S. used to run away the room and run through the courtyard, mobilizing employees to look for him and convince him to return. They said they had been talking to him every day, and interaction with classmates also appeared to have some effect, as an example to be followed, especially about the times to leave or not leave the room.

In the feedback session, the mother showed herself anguished by the end of the process, but we tried to get to her security and comfort, even to continue the journey, emphasizing how important is to continue with other professionals that will assist in the development of the child. We referred the mother to the UNIP psychotherapy clinic, since we saw her difficulty to deal with S. It seems being quite tiring for her. Despite her difficult past and the conflicts with her husband, among other things that may be being badly elaborated, she promised to check for the availability of psychological support network in her city, because her husband will not like if she goes to psychotherapy in another city. And one other aggravating factor is that she has no one who cares S.

3. Results and Discussions

This research aims to study the psychodiagnosis as an assistant in the children development in their interactional context, also promote dialogue with professionals from other areas in order to provide an interdisciplinary service that meets the client on all your demands.

During the meetings, it was noted that S. had large gap in verbal communication, with both relatives and unknown people, main reason that motivated the educational institution to refer him. As for this difficulty, we realized that the mother has no initiative to stimulate the child to talk, since in any mention of a request, no words were needed, and the mother saw no reason to encourage him to talk. Another issue that became apparent in the complaint is the bad relationship with classmates and teachers, as a result of miscommunication.

Initially we believed that S. was a super active and uninhibited child, that would "force" the group to relate, but little by little we were noticing some behavior standards that caught our attention, as the floating concentration, difficulty in his speech, the format of face that minimally has something different in their features and we started thinking that maybe there was something physiological.

In the observations it was possible to identify impairments in social interaction and communication, which we believe it is that difficult its expression with the outside world. We was not perceive stereotyping and repetitive behaviors, although the toys are always the same, we believe to be related to the child interests.

The work with the speech therapist is very important for S., despite diagnosis, because a work to oral development will be necessary by virtue of the delay of his speech. While it was not done, there were attempts to establish some kind of communication with the kid, even if it is not defined, so that, in his time, he became to understand and internalize the words and meanings and in the future became to reproduce them. We, also, do not highlight the influence of defects and maintenance of the sucking habits that can lead to functional changes in the oral cavity, as S. even taking a bottle even five years old. This may further hinder speech development causing abnormal or adapted swallowing that triggers in a poor dental occlusion and delay or deficiency in the speech processes. (ARCOVERDE, 2001, p.13; Ferriolli, 2010, p 5.)

In order to confirm the hypotheses about the psychomotor delay, we decided to perform some activities that produce most effective evidence, such as “cut and paste, follow the dotted line, mounting blocks, plays with the ball and coloring pictures". Throughout the activities, we perceived not only the lack of coordination with fine movements, but highly floating attention, that would not let him stand in an activity for more than five minutes, because it stopped being interesting, making he simply abandon the job and seek other entertainment ways. Again it was clear that S. might need counseling to develop him

in this area, which can be stimulated even by the mother in the moments that they stay alone at home. Some actions that might help him in his self-consciousness and control of his own body were suggested, since the motor activities contributes to the overall development of the child and also establishes itself as support in learning processes and interaction, and the construction of thought. (ROSSI, 2011; ALMEIDA, CARVALHO and PAIVA, 2012; ALMEIDA and TAVARES, 2010). Thus, psychomotor was a great value element to contribute to a better understanding to the S. case, since the expression difficulties are sharp, and reportedly the mother, S. had difficulty to walk and perform other activities that involved the motor development

As to the results about the psychomotor activities, we realized that S. has a considerable global motor coordination, but less than the maturity of his age, which do not hinders him too much, about to harm him in his daily activities. As for his fine motor coordination, S. presents a great limitation to manipulate small objects. In other words, he has inadequate manual skills that need to be improved for a good development. S. recognizes the different parts of the objects, as in the case of building blocks, each of which contained a figure in determined face. While S. does not noticed it, assembled the figures at random, but after being instructed as to the correct side, pay attention to what had already been done and changed the side of the figures. What revealed the assimilation and accommodation mechanisms, even though they are little bit integrated.

So, the fact that S. be late in his development cannot be explained just organically (if really there is something organic, as for now it is only hypothesis, since this must be confirmed after a medical evaluation with an audiologist and a neurologist), because his relations, the stimulus and the environment can contribute or not contribute to the S. development and learning process.

The school visit made to enlarge the vision of S. routine was really enriching. We know the environment in which he spends most of his day. It was show a clean, organized, systematic place, that offers challenges, but in some points it needs improvement as any institution. We realize that the classroom is relatively populous for a single teacher, around 30 pupils aged between four and five years old. Some children, according to the teacher, appear to have problems as well, some in diction, others hardly talk and a child who uses hearing aids to help him in listening. Because the high number of children presents in the classroom, she cannot have special attention for one or other. It was found that S. has great difficulty in doing what is required in activities, he makes them any other way he thinks fit, which is hampering his development. S. seems to need a closer and continuous follow-up to his evolution. His classroom does not offer him these circumstances.

As the last part of the intervening psychodiagnosis process, we visit the home, where we could see that the mother, S., father, two sisters and him grandmother live in the house. The house was large and had a part in building, leaving the place little organized. We notice, during the visit, that S. is very spoiled, and when he was asked to do what they did not want, such as bathing or eating on time, for example, had a tantrum behaviors. It was found that the mother does not command respect for the children, and, most of the time, let S. do what he wanted, which reinforced their bad behavior, both at home and in other places. In addition to the lack of the mother's stimulation to the speech and behavior, it appeared that her mother likes to have him as a baby and helps him in simple activities that S. had a good performance. We believe that the mother uses S. to value herself, taking into account her past life history, in which she devaluates herself, and the absence in creating the eldest daughter, caused by her drug addiction. We realize that the mother has a tendency to overprotect S. Because this, we suggested the mother stimulates the pronunciation of the words and not guess what he wants, and encourage him to do things through positive reinforcement.

4. Conclusions

Throughout the process, we could confirm in our meetings the initial complaint about problems in diction and interaction with others around him. Several hypotheses was contemplated, which includes possible hearing problem; Asperger syndrome with some level of autism; neurological disturbs; changes in the oral cavity; disturbs caused by his mother uncontrolled use of drugs during pregnancy and / or psychomotor problems for lack of stimulation.

In the feedback session with the mother, the need to continue the process with other professionals was emphasized, where the child would have to undergo a neurological and phonoaudiological consultation, to get a correct understanding of the child's symptoms to a specific diagnosis, and be directed for the best treatment. The suggestions were apparently well accepted by the mother, who claims to have the interest to continue it.

It was recommended that parents do not take the authority of each other in front of children. Be firm with S. when they say something, and use a supportive stimulus whenever he presents a desired behavior. We indicated that family members stop telling S. certain things, like the party to him wants to go to school, because this kind of behavior takes away the family credibility as S. realizes that such facts never happen.

In addition to the referral of S. to health services, we suggest that the mother asked for psychotherapy to her, because we noticed her great need to share her problems and talk about she copes with the S. limitations, since she has no one to understand her needs.

Therefore, we believe that the child psychodiagnosis process was successful concerning that within expectations. Although there are great difficulties in child development, we recognize that there is great potential for, through appropriate methods, perform daily tasks with a greater chance of adequacy.

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