

ARTICLE

Survey on the Evasion Factors of a Psychology School Clinic

Bruno Henrique Maciel^{1*} Vanessa Fradique de Sousa¹ Fernanda Pessolo Rocha² Caroline de Oliveira Zago Rosa²

1. Clinical School of Psychology, Barão de Mauá University Center, Ribeirao Preto, Sao Paulo, Brazil

2. Department of Psychology, Barão de Mauá University Center, Ribeirao Preto, Sao Paulo, Brazil

ARTICLE INFO

Article history

Received: 3 September 2021

Revised: 24 September 2021

Accepted: 12 October 2021

Published Online: 20 October 2021

Keywords:

School clinic

Evasion

Psychology

ABSTRACT

The Psychology School Clinic enables the practice of internships in which students apply their theoretical knowledge in procedures made available free of charge by the university to the community. Through the characterization of the reasons for evasion of cases dismissed in 2019, it is proposed to identify the causes of the psychological services offered and, therefore, to outline possible parameters for discussion and adjustment for the given procedure. A descriptive survey of information collected from closed records was carried out. We surveyed 422 medical records that were closed in 2019, of which made it possible to identify the factors, namely: waiting time for care, telephone contact difficulties and the specificity of emotional demand. These results allowed for a better understanding of the served clientele and, therefore, it was possible to consider new strategies in an attempt to reduce the evasion rate of the service, as greater visibility of the device, reaching a larger population, as well as the propagation of good results. We emphasize the importance of the constant production of studies like this one, aiming, through the availability of data, to maintain the teaching process and improve service to the public.

1. Introduction

Psychology is the science that studies human behavior and mental processes, such as feelings, emotions and thoughts. The profession of psychologist was regulated in the Brazilian territory on August 27, 1962, through Federal Law n° 4.119 ^[1], which establishes the legal and civil criteria to perform it and guarantee its exercise under the competence of a graduate degree in psychology. The

forementioned law states that psychology courses must organize assistance services for those students, under the supervision of professors, practice which they were taught in the undergraduate disciplines.

Given the above, the Psychology School Clinic appears as a place that allows for internships, in which students must exercise and apply what they have learned in the theoretical disciplines. Concomitantly, the university makes available to the community the provision of free

**Corresponding Author:*

Bruno Henrique Maciel,

Clinical School of Psychology, Barão de Mauá University Center, Ribeirao Preto, Sao Paulo, Brazil;

Email: bruno.maciel@baraodemaua.br

DOI: <https://doi.org/10.30564/jpr.v3i4.3695>

Copyright © 2021 by the author(s). Published by Bilingual Publishing Co. This is an open access article under the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License. (<https://creativecommons.org/licenses/by-nc/4.0/>).

psychological care services. The School Clinic provides, on the ethical and didactic regulations, the documentation of supervised cases attended by students. Carefully filed records, which have a rich source of information for the development of quantitative research through documentary survey and data collection^[2].

The Psychologist's Code of Ethics^[3], specifically with regard to the development of research, provides, in article 16, that:

The psychologist, in carrying out studies, research and activities aimed at the production of knowledge and development of technologies: a) Will assess the risks involved, both by the procedures and by the dissemination of results, with the aim of protecting people, groups, organizations and communities involved; b) It will guarantee the voluntary nature of the participation of those involved, through free and informed consent, except in situations provided for specific legislation, and will respect the principles of this Code; c) It will guarantee the anonymity of people, groups or organizations, unless they have a clear interest; d) It will guarantee the access of people, groups or organizations to the results of research or studies, after its conclusion, whenever they so wish.

It is possible, through the medical records, information such as complaint, age, socioeconomic status, state in which the patient arrives for care, type of referral, as well as the possibility of quantitative analysis regarding the frequency of the public, permanence and psychosocial convergences. It is also possible, through the study of this model, to produce a qualitative discussion about the results of the procedures offered and the impact that the accessibility of care in the clinic-school provides to the community. Therefore, in view of the process of training students and community outreach services, vast research material is made available, which provides a rich contribution to the theoretical framework in the field of psychology.

The vast majority of care provided in clinic-schools of psychology covers the low-income population, enabling professionals and students to reflect on a socio-historical-political context and think about their ethical stance towards the society^[4]. The clinic-school allows for the junction between practice, teaching and research, and can symbolize the place of discoveries and questions in both the psychological and social areas^[5]. Traditional psychology is an area that has changed, as the model created ago does not reach the majority of society.

Through this study, it is intended to identify the main evasion factors of users of the school clinic. This theme has revealed a long discussion through academic articles, through which they opt for the terminology

“abandonment” of the therapeutic process, referring to the situation of interruption of treatment without any indication for such^[6].

The case of reductions leads to a decrease in productivity of the clinical team while the costs of therapeutic procedures increase^[7]. As a result, the community ends up not receiving the benefits of the treatment offered by institutions such as School Clinics. Dropout situations, which include the premature termination of care or patient desertion who did not start care, have shown a serious problem, according to the literature, with greater repercussion in patients with more severe clinical conditions, pointing out rates from 30 to 60% of evasion cases reported by community psychiatric services^[8]. Therefore, the frequency of this type of investigation proves to be essential for planning and creating strategies that enable the improvement of the service provided.

Each school clinic has its specificities and it is important to know the characteristics of the population served, as well as the reasons that lead to their dropout, aiming to contribute to the improvement of services that meet the needs of the clientele, as well as promote adjustments in the service in order to increase adherence. For this reason, in the proposed study, we aim to characterize the reasons for evasion of the clientele seen in 2019, in a clinical school of Psychology.

2. Methodology

The Clinical School of Psychology (CEP), in which this study took place, was inaugurated in 2013 and serves the population of the region of Ribeirao Preto in the state of Sao Paulo, offering the following types of care: psychotherapy, psychodiagnosis, vocational guidance and neuropsychological assessment. It also offers psychological on-call services, receiving emergency cases in which, through observation, evaluate the possibility of an external referral or brief stay under focal psychotherapy.

The registration process for the service occurs through the scheduling of screening of interested parties, as well as through the psychological duty, which provides free and daily care to the population, either through spontaneous search or referred cases. The Informed Consent Term is presented, in which a therapeutic contract gives permission to use information for the production of academic studies. After the service, the medical record containing the description of the patient's demand remains filed in the waiting list until the moment of the beginning of the service, which takes place through an initial contact and subsequent scheduling.

At the school clinic, it was enabled the development

of our study, through which, by analyzing the medical records of closed and archived patients, we aimed to outline the evasion factors of patients in the year 2019, in order to produce content that serves for other studies that corroborate with the theme, as well as the possibility of elaborating strategies to improve the service offered at the school clinic.

In this study, we developed a descriptive analysis^[9], through which information was collected from the disposal of 422 patients from ages 4 to 65 years old at the Clinical School of Psychology of Barão de Mauá University Center (CBM) in 2019. These records were closed and their consequent reasons for dismissal will be outlined during the discussion in order to obtain correlations for the development of considerations about needs and/or improvements to the services offered by similar institutions.

When the patient is disconnected from the service, the closing form (attached) is filled out, describing the reason for the dismissal, which are: discharge, withdrawal of the client, incompatibility of hours for care, if the patient is being cared for in another institution, change city, telephone contact difficulties and consecutive absences. It is worth noting that in this study we do not aim to discuss psychological demands, but peripheral information, such as age, modality and reason for disengagement from the process.

We emphasize that out of the 422, 98 medical records were dismissed due to discharge, thus going through the procedure offered at the clinic until its conclusion. Of the total number of cases, 180 consisted of the client's withdrawal as a reason for dismissal. In view of this, we considered the need to go deeper into the real reason for these withdrawals, so we contacted, through telephone calls, 180 cases from which we obtained better detailing of categories in line with the total number of medical records available for this study.

The comprehension of these data made it possible through the survey of the causes of dropouts, from which, through telephone contact, we deepened in order to obtain an exact picture for discussion. After collecting the data, we quantified it as a percentage for use in analysis and discussion.

The year 2019 was chosen for data collection, as it was the last year - until this study - in which the functioning of the school clinic completed its annual cycle with its standard procedures without changes. Thus, understanding the care provided by students in training, the triages by psychologists, the management of the sequence of patients available, as well as the closures made.

3. Results

Through the medical records analyzed for this study, we initially present the categorization of general data of volunteer patients from the year 2019, considering the following data: Age, gender, type of service and reasons for dismissal. Taking the 422 cases disconnected from the process offered by the School Clinic into account, we distinguished, based on the model of the human development cycle^[10], cases initially by age.

Table 1. Age of assisted cases.

Age of patients	The amount
Second Childhood (3 to 6 years old)	17
Third Childhood (7 to 11)	75
Adolescence (12 to 19)	124
Early adulthood (20 to 40)	146
Intermediate adult life (41 to 65)	60

We highlight in Table 1, the age of the patients seen, distinguished according to the human development cycle model (Papalia 2013). As described in the table, the sample includes 17 cases that fit into the period of early childhood (3 to 6 years); 75 cases in middle childhood (7 to 11); 124 of these configure the period of adolescence (12 to 19); 146 cases were in early adulthood (20 to 40) and 60 cases were in middle adulthood (41 to 65). From the total number of dismissed cases, we differentiated 239 female cases and 183 male cases.

Table 2. Categories of service modalities.

Modality	The amount
Psychoanalytic Psychotherapy	57
Behavioral psychotherapy	98
Cognitive Psychotherapy Compt.	39
Phenomenological Psychotherapy	32
Psychodiagnostic	90
Neuropsychological	17
Vocational Guidance	38
Did not initiate procedure	51

In Table 2, we categorize the types of care available at the School Clinic in question.

At modalities of care offered by the School Clinic, it is highlighted that 57 cases were treated in psychoanalytic psychotherapy; 98 cases by behavioral approach psychotherapy; 39 of the assisted cases undergoing cognitive behavioral psychotherapeutic care; 32 by

phenomenological psychotherapy; 90 cases started a psychodiagnostic process; 17 were turned off after starting a neuropsychological assessment; 38 of the cases joined for vocational guidance and 51 of the dismissed cases did not start care and had their records closed due to difficulties in contacting them by telephone.

The data collected in this study were outlined on the avoidance factors. The categorization, as well as its quantity, is presented in the table below.

Table 3. Categories of reasons for evasion of closed cases in 2019.

Evasion justification	Quantity	%
Delay to start service	3	1%
Health problems	4	1%
Did not like the intern	7	2%
Forwarded / Started private	27	6%
Discharge	98	23%
Changed city	9	2%
Absences	76	18%
Difficulty in phone contact	165	39%
Scheduling conflict	30	7%
Did not bring guardian	3	1%

According to the data in Table 3, we outline the dropout categories, covering cases that were disconnected from the procedures offered by the school clinic and their respective medical records filed.

Delay to start service

From the moment of triage or psychological duty, the patient is referred to one of the available waiting lines. However, the wait estimate becomes difficult, understanding that the flow of demand for care depends on the discharge or withdrawal of patients already in care. We found that 1% of patients stated that waiting for care was the reason for giving up.

Health problems

During the telephone contact process, 1% of patients reported being unable to continue with their sessions due to health complications, hospitalization or immobility.

Did not like the intern

It was noted that 2% of participants highlighted the complaint about the difficulty in establishing a therapeutic bond with the available intern. It was also noted that even though this number is small, the pretext deserves

considerable attention aimed at the adequacy and preparation expected of an intern for the service whose complaint is real.

Forwarded/Started private

In triage, 6% of patients, whose demand revealed a certain emergency, were referred to another service with availability. Among the referrals, the private psychotherapeutic care revealed to be a welcoming tool, which, when there is a financial provision, emerges as a preferable option.

Discharge

We do not consider discharge as a reason for evasion, but completion of the processes offered by School Clinic. Therefore, 23% of patients were discharged through either compliance with the 2-year length of stay in care; reduction or extinction of the symptom and revealing an improvement in the patient's quality of life, or completion of evaluation processes without findings that require permanence under psychological monitoring.

Changed city

It was noted that 2% of dropouts were due to a change in the patient from the city of Ribeirao Preto. Changes occurred while patients remained on hold for care.

Absences

It is noteworthy that the importance of attention to absence is elucidated in the first visit to the patient. Limiting two consecutive absences or three intercalated ones, so that the medical record is turned off. However, 18% of closed cases were due to absences in the care.

Difficulty in phone contact

39% of medical records were disconnected due to difficulty in contacting patients by telephone. According to established rules, contact attempts must be made four times, on different days and times. More than one telephone number is commonly requested, however, telephone changes frequently and the medical record is outdated, thus making it difficult to contact the patient to start or continue the therapeutic process.

Scheduling conflict

The school clinic works during business hours and on Saturdays in the morning, however 7% of patients find it difficult to adapt their schedules to those available for

appointments, such as outside of working hours proposed.

Did not bring guardian

On the other hand, 1% of the dismissed cases were due to the lack of documentation necessary for the admission of underage patients. It is a standard of the clinic the need for copies of documents of the person responsible and the patient with a photo and proven custody.

It can be identified with the survey of evasion factors, that the difficulty of contacting users by telephone was the main reason for the filing of medical records, the length of stay in the waiting list and the failure to update the record by patients can be considered factors that influence this result.

4. Discussion

The waiting period between the triage service and the start of treatment is directly related to the user's evasion of the service at clinical schools^[11]. Creating a method to increase users' awareness of the importance of keeping their records up to date can be a tool to reduce the rate of patients who are out of telephone contact.

It is important to know the economic, historical, social and cultural conditions in which the service user population is inserted^[12]. Another factor that may be correlated with the number of dismissals due to absence is the age group of users dismissed, as 49% of the sample used in the study is between 20 and 65 years old, an age group that is considered the most active in the labor market.

The age groups from 25 to 39 years old and 40 to 59 years old correspond to 77.9% of the contingent employed in the 4th trimester of 2019 in Brazil^[13]. One hypothesis for the user to be absent would be difficult in reconciling the work routine with the time required to go to the clinic and the duration of each service.

Over the years, psychology has established itself as a field of knowledge and practice strongly based on the clinical aspect. Although it is currently disseminated in several other sectors, such as social assistance, schools, organizations and the justice system, the clinic continues to occupy a relevant space in professional training.

School services in psychology are places that allow the development of the teaching, research and extension tripod, by enabling and providing services to the community, the training of future therapists, as well as the production of knowledge through research^[14].

It is important to highlight that the delay in receiving care in the public sector through its waiting lines points to the consequence of the great demand for psychological

care in the city. Patients with mild to moderate psychological distress end up waiting for follow-up at the institutions. With this, the provisions of the School Clinics reveal effective cooperation with mental health, providing dissolution of excesses in the waiting lines, and making it possible to reduce damage and support the quality of life for patients in distress and unable to pay for private care.

The second biggest reason for evasion in 2019 was the number of absences by the user during the semester in which the service was taking place. When the user is seen for the first time, the clinic's rules are clarified and a consent form is signed, which contains the information that two consecutive absences or three interleaved absences will cause the user to be disconnected.

The hypothesis to be considered as a possible motivator for treatment to dropout is the fact that, in some cases, the patient may experience difficulty in getting in touch with the issues that generate suffering, knowing more about themselves and verbalizing their anxieties. This can mobilize the patient to the point where he or she no longer wants to continue with the treatment^[15].

As explained in this article, the two categories with the greatest coverage were absences and difficulties in telephone contact. From the absences, it was revealed to the potential socioeconomic background, constituting, for the most part, patients whose age fits the pattern of occupied. School clinics that offer greater scope in their operation end up involving the dissolution of the hypothesis that economic occupation is the aggravating factor of this highlight. Dismissals due to difficulty in telephone contact represents a demand of greater importance for the institution, which can happen in the initial interview, in a triage or on-call. In the process when the volunteer patient enrolls in the waiting lists, they are already instructed on the importance of providing more than one contact phone, as well as updating the registration data in case of changes. As already mentioned, a possible method considered in an attempt to mitigate this data could be a greater highlight during the registration process, the importance and responsibility of the patient interested in keeping the School Clinic updated, perhaps emphasizing the consequent consequence of disconnections by the reason for contact changes.

5. Conclusions

The present study aimed to corroborate the attention focused on two important aspects, namely the attention to the psychological demand of the population of Ribeirao Preto and region, as well as the care with the clinical internship process during the graduation of psychology students. The analysis of problems involving these themes reveals the

validity when considering that lead to the aggravation of evasion by giving up on therapeutic procedures.

The result obtained denoted that the evasion of the 2019 cases both the lack of availability of the adult public, as well as their emotional barriers to proceed with the treatment. Although the difficulty of adherence due to internal obstacles sustains the individual portion of each patient, it is considered that the population's continued availability for treatment and notoriety of institutions such as the clinical school, either through the good results or popularity of the procedures offered, may results in a potential improvement in adherence and permanence of cases in care.

Other studies like this one also sought to distinguish factors of abandonment or low adherence of patients in psychological distress over the years. It is noted that the constant production of this type of analysis reveals to be a formidable tool for the continuous development of strategies to maintain the teaching processes and its consequent improvement in the service provided to the public. As explained in the introduction to this work, the device of the clinical schools represents a remarkable cooperation with mental health and service to the public in the region. Thus, the constant review of results on topics involving clinical schools, whether through the analysis of patient evasion or other problems, emerges as an intrinsic part of the support for academic training in psychology today and its impact on society.

Conflict of Interests

The authors declare that there is no conflict of interest regarding the publication of this article.

Funding

This research did not receive any external funding.

References

- [1] BRASIL. Lei 4.119, de 27 de agosto de 1962. Dispõe sobre os cursos de formação em psicologia e regulamenta a profissão de psicólogos. 1962. Disponível em: < http://www.planalto.gov.br/ccivil_03/leis/1950-1969/L4119.htm> Acesso em 03 fev.2019.
- [2] CHAMMAS, C; HERZBERG, E. Triagem estendida: serviço oferecido por uma clínica-escola de Psicologia. São Paulo, 2006.
- [3] CONSELHO FEDERAL DE PSICOLOGIA. Código de ética profissional do psicólogo. Brasília, DF, 2005. Disponível em: <https://site.cfp.org.br/wp-content/uploads/2012/07/codigo-de-etica-psicologia.pdf> Acesso em 14 jan.2019.
- [4] MERG, M, M, G. Características da clientela infantil em clínicas-escola (Dissertação de mestrado não-publicada). Pontifca Universidade Católica do Rio Grande do Sul, 2008.
- [5] CAMPEZATTO, P. V. M.; Nunes, M. L. T. Atendimento em clínicas-escola de psicologia da região metropolitana de Porto Alegre. Estudos de Psicologia (Campinas), v.24, n.3, p.363-374, 2007. Disponível em: <http://www.scielo.br/pdf/estpsi/v24n3/a08v24n3.pdf> Acesso em 14 jan.2019.
- [6] LHULLIER, A. C., NUNES, M. L. T. Uma aliança que se rompe. Psicologia Ciência e Profissão – Diálogos, v.1, s/n, p. 43-49,2004.
- [7] Kazdin, A. E., Holland, L. & Crowley, M. (1997). Family experience of barriers to treatment and premature termination from child therapy. Journal of Consulting and Clinical Psychology, 65(3), 453-463.
- [8] MELO, A. P. S.; GUIMARÃES, M. D. C. Factors associated with psychiatric treatment dropout in a mental health reference center. Revista Brasileira Psiquiatria, v. 27, n. 2, p. 113-118, 2005.
- [9] CERVO, Amado Luiz; BERVIAN; Pedro Alcino; SILVA, Roberto da. Metodologia científica. 6ª Ed. São Paulo: Pearson Prentice Hall, 2007.
- [10] PAPALIA, Diane E.; FELDMAN, Ruth Duskin (Co-lab). Desenvolvimento Humano 12ª ed. Porto Alegre: AMGH Editora, 2013.
- [11] Mantovani, C. C. P., Marturano, E. M., & Silves, E. F. de M. (2010). Abandono do atendimento em uma clínica-escola de psicologia infantil: variáveis associadas. Psicologia em Estudo, 15 (3), 527-535. DOI: 10.1590/s1413-73722010000300010.
- [12] Souza, Edvalda Ludmilla Cunha de, Barros Neta, Fernanda Teixeira de, & Vieira, Emanuel Meireles. (2012). Interface do plantão psicológico e as políticas de assistência socialInterface between psychological duty and a social welfare policies. Revista do NUFEN, 4(2), 71-82. Recuperado em 28 de agosto de 2021, de http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2175-25912012000200008&lng=pt&tlng=pt.
- [13] IBGE – INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. Pesquisa Nacional por Amostra de Domicílios Contínua Quarto trimestre de 2019. Rio de Janeiro: IBGE, 2020. Disponível em: https://biblioteca.ibge.gov.br/visualizacao/periodicos/2421/pnact_2019_4tri.pdf Acesso em: 29 agosto de 2021.
- [14] BRANDÃO et al. O Acolhimento no Contexto da Clínica-escola: uma Intervenção? Revista de Psicologia. [online]. V.1, p. 98-100. 2013.
- [15] Farias, I., Alves, S., & Vieira, C. (2020). O que (não) dizem as entrelinhas: Análise dos casos de abandono de uma clínica-escola em psicologia. Interação em Psicologia, 24(3). <http://dx.doi.org/10.5380/riep.v24i3.68058>.