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Psychodiagnosis on children and adolescents in institutional care: documentary study with psychological reports

Psicodiagnóstico com crianças e adolescentes em situação de acolhimento institucional: estudo documental com laudos psicológicos

Psicodiagnóstico con niños y adolescentes en acogida institucional: estudio documental con informes psicológicos

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This is a documentary qualitative study, carried out between 2011 and 2016 in a university-school service specialized in psychological evaluations in the state of Rio Grande do Sul, RS, Brazil. It aimed to describe the psychological evaluation process and particularities of the psychodiagnostic process of children and adolescents under institutional care. Nine psychological reports of patients aged 7 to 18 years were considered, all of which were interpreted through thematic analysis. The categorization of the data resulted in five themes: Assessment, Patient, Family, Cognitive Aspects and Socioemotional Aspects. It was observed in the psychological evaluation: difficulties in care required during the process, in the collection of past information, especially about family history and a high number of referrals. The psychologist is responsible for the effort to carry out an assessment that contemplates the child or adolescent in their particularities, adapting the process to their needs and trying their best to be fair in their opinion. Having been exposed to so many adverse conditions of life and health, since birth, generates significant negative impacts that require attentive, understanding and care.
Descriptors: Symptom assessment; User embracement; Child; Adolescent.

Estudo documental, com delineamento qualitativo, realizada entre 2011 a 2016 num serviço-escola universitário especializado em avaliações psicológicas do Rio Grande do Sul, com o objetivo de descrever o processo de avaliação psicológica e as particularidades do processo psicodiagnóstico de crianças e adolescentes em situação de acolhimento institucional. Considerou-se nove laudos psicológicos de pacientes de 7 a 18 anos, interpretados através de análise temática. A categorização dos dados resultou em cinco temas: *Avaliação, Paciente, Família, Aspectos Cognitivos* e *Aspectos Socioemocionais*. Observou-se na avaliação psicológica: dificuldades nos cuidados exigidos durante o processo, na coleta de informações pregressas em especial acerca do histórico familiar e, alto número de encaminhamentos. Ao psicólogo cabe o esforço de realizar avaliação que contemple a criança ou adolescente em suas particularidades, adaptando o processo as suas necessidades e tentando ao máximo ser justo em seu parecer. Ter sido exposto a tantas condições adversas de vida e saúde, desde o nascimento, gera impactos negativos significativos que requerem um olhar atento, de compreensão e de cuidado.
Descritores: Avaliação de sintomas; Acolhimento; Criança; Adolescente.

Estudio documental, con diseño cualitativo, realizado entre 2011 y 2016 en un servicio-escuela universitario especializado en evaluaciones psicológicas en Río Grande del Sur, RS, Brasil, con el objetivo de describir el proceso de evaluación psicológica y las particularidades del proceso psicodiagnóstico de niños y adolescentes en situación de acogida institucional. Se consideraron nueve informes psicológicos de pacientes de 7 a 18 años, interpretados mediante análisis temático. La categorización de los datos dio como resultado cinco temas: Evaluación, Paciente, Familia, Aspectos Cognitivos y Aspectos Socioemocionales. Se observó en la evaluación psicológica: dificultades en la atención requerida durante el proceso, en la recogida de informaciones previas especialmente sobre los antecedentes familiares y, alto número de derivaciones. El psicólogo es responsable del esfuerzo de realizar la evaluación que contemple al niño o adolescente en sus particularidades, adaptando el proceso a sus necesidades y tratando de ser lo más justo posible en su informe. Haber estado expuesto a tantas condiciones adversas de vida y salud desde el nacimiento genera importantes impactos negativos que requieren una mirada atenta, comprensión y cuidado.
Descriptores: Evaluación de sintomas; Acogimiento; Niño; Adolescente.

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INTRODUCTION

The insertion of children and adolescents in the context of institutional care takes place, most of the time, due to a reality marked by experiences of neglect and vulnerability[1]. The psychological assessment of children and adolescents in this context must be mindful of the situation's specificities. This implies the choice of assessment practices and techniques that are appropriate to the characteristics of the child's reality, as well as the proper planning of the assessment taking into account the possible challenges[2].

Institutional care is a temporary and exceptional protection measure, applied when the rights of children and adolescents are threatened or violated[3]. Among the main reasons for the implementation of protective measures are negligence, abandonment and drug addiction from parents or guardians[4]. The history of exposure to risk and situations of neglect experienced by children in institutional care is associated with negative outcomes in cognitive and socioemotional development, a higher incidence of mental health problems, and a tendency to develop unsafe attachment patterns[1,5] .

Children and adolescents under state care are usually referred to psychological care services, such as psychotherapy and psychological assessment, for treatment, prevention and promotion of mental health[6]. In the context of psychological assessment, the interview of anamnesis can demonstrate a first specificity in serving this audience, being an essential step to understand the demand of the case and substantiate hypotheses that will guide the assessment process[7].

The interview must be conducted with informants who have extensive knowledge about the child's initial development, as well as data on emotional and behavioral aspects, family and clinical history, school performance and daily routine. In the case of foster children, however, retrieving this information can be a challenge, since we often do not have access to the child's history before entering the institution. In addition, the institution's professionals may not bring in-depth data on aspects of the child's current routine, especially when there is greater staff turnover.

The psychological report is a document that usually circulates in judicial channels, and for this reason, it is important that it is written in a way that is sensitive to the specificities of the context, with a synthetic description of the psychological assessment, containing information about the referral, procedures, analysis of results, diagnosis or diagnostic hypothesis, prognosis and therapeutic indications[8].

The psychodiagnostic process of children and adolescents in institutional care is a complex task, which demands great sensitivity from the psychologist in face of the patient's peculiarities and their situation, showing a lack of studies that seek to understand how the assessment process. Thus, the objective of this study was to describe the psychological assessment process and the particularities of the psychodiagnostic process of children and adolescents in institutional care.

METHOD

This is a documentary study, with a qualitative outline, carried out in a university school service specialized in psychological assessments located in Rio Grande do Sul. All psychological reports of children and adolescents received between 2011 and 2016 were analyzed by students from undergraduate or graduate studies in Psychology, under supervision.

All documents followed the standards described in Resolution 007/2003 of the Conselho Federal de Psicologia (CFP)[9], which, at the time, regulated and instituted the Written Document Preparation Manual produced by the psychologist. Thus, such materials have as basic sections in their structure: identification, description of demand, procedures, analysis and conclusion[9]. In the service surveyed, the reports included three other aspects: clinical history of the patient, with data on the patient's initial development, history of medical and psychological care and

history of school difficulties; general impressions of the appraiser about the patient, such as attendance at sessions, engagement in the proposed tasks and bond with the appraiser; and, considerations regarding care, such as the need to adapt procedures due to some user limitation.

The researched institution is specialized in psychodiagnosis, neuropsychological assessment and assessment of specific functions, receiving referrals from schools, hospitals and health professionals such as doctors and speech therapists. The vast majority of cases referred to the service are children with learning difficulties and patients who arrive at the service while in state care.

Children's assessments usually last between 8 and 10 meetings and include anamnesis interview, game time session, application of quantitative and qualitative instruments, contact with health professionals who care for the patient and teachers, among other procedures[10-12].

Psychological reports are prepared for each assessment process, which are written by the evaluators responsible for the case. All documents are read by the supervisors before being handed over to patients and guardians during the return interview. After the assessment, a copy of each psychological report is stored at the institution along with the other materials of the case.

Thematic analysis[13] was used, which consists of a qualitative data perspective to identify, analyze, interpret and report patterns (themes) from qualitative data[14]. The approach was based on the codification and interpretation of the data of psychological reports regarding the assessment process of children and adolescents in a situation of institutional care. We opted for the inductive approach of thematic analysis, which seeks to establish themes from the data, not starting from the themes or categories described.

Among the Thematic Analysis approaches, the Reflexive type was used. This modality proposes a fluid and flexible coding, with a view to immersion and deep engagement in the data[15]. The thematic analysis process includes six stages, which will be described below according to what was developed in this study.

The first step consisted of familiarizing the data, through immersion in repeated readings of the data actively, looking for meanings and patterns. For this, at first, the team read the nine reports individually. Then, a report was read together to decide the best way to approach the materials, as well as refine the research question.

The second stage of the thematic analysis was the generation of initial codes, by coding interesting aspects of the data in a systematic way across the bank. Thus, the materials were divided between judges: two pairs were formed, with each pair reading and organizing four reports. The remaining report was organized by the fifth researcher and a member of another pair.

Each researcher individually read the materials and extracted succinct excerpts from the text that represented specific information. In the second stage of the thematic analysis, extracts relevant to each code were gathered. Therefore, each section of the reports was identified according to the nature of the information.

The individual reading and treatment of the data resulted in a set of vignettes that contained the content of the psychological report of each analyzed case. Then, an analysis was carried out between the pairs of judges in order to reach a consensus regarding the set of vignettes that best represented each case. The results of the treatment of data between judges were presented and discussed among the entire group of researchers for a second analysis of agreement regarding the selected vignettes.

The preliminary treatment of the data contributed to transform the content of the reports, presented in often different languages, in standardized terms. This thorough data processing process was also important to provide a good familiarization with the data and increase the internal validity of the research. After this procedure, the sets of vignettes of each case were added to the NVivo software version 11, originating the initial codes, which were later grouped

into sub-themes and themes using the same program. The procedure for classifying the vignettes into codes was carried out with at least two judges present.

Each vignette in the report was classified based on what its content expressed from the psychodiagnostic process. At this stage, coding generated data about the psychological assessment process, and no longer about individual cases. The vast majority of the vignettes (extracted from the reports) were coded in just one code. All codes were grouped into sub-themes, which were later grouped into themes - the latter will be reported in the article, in the results section. No subthemes have been placed on more than one major theme.

In the third stage of the thematic analysis, themes were sought. The entire process of classifying codes into subthemes, and subthemes into themes. After the categorizations, a thorough review of the content included in each major theme was carried out and, consequently, in the sub-themes and codes, which corresponded to the fourth stage of the thematic analysis, the review of the themes.

The fifth stage of the thematic analysis was to refine the details of each theme and generate clear definitions and names for each theme. In turn, the sixth stage comprised the preparation of the analysis report.

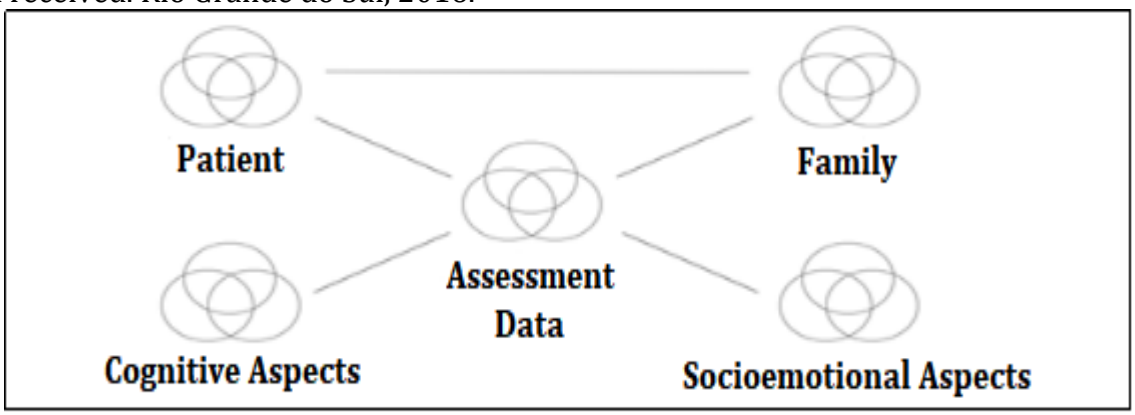
The use of psychological reports as a source of analysis was authorized by patients and guardians by signing the Informed Consent Form (ICF). This project is approved and duly registered on Plataforma Brasil by the Certificate of Presentation for Ethical Appreciation (CAAE) nº 06289912.9.0000.5334.

RESULTS

Nine reports were considered, of which the patients were aged between 7 and 18 years (M = 12.8 years; SD = 4.2), and resided in different institutional care services. The education of patients varied between the 1st year of elementary school and the 1st year of high school.

Five major themes were considered: (1) *Assessment*, which comprised information related to the psychodiagnostic process itself and its interfaces, such as duration of the assessment, patient behavior during consultations, conclusions and therapeutic indications; (2) *Patient*, set of aspects about the child or adolescent outside the context of the assessment; (3) *Family*, which integrated the data on the family's past and current condition of the individuals evaluated; (4) *Cognitive Aspects*, content related to the assessment of cognitive functions, school performance and functionality; (5) *Socioemotional Aspects*, which covered issues related to the assessment of behavior and emotional aspects. Figure 1 shows the list of themes.

Figure 1. Relationship between the themes identified in the thematic analysis of the reports of children received. Rio Grande do Sul, 2016.



Assessment

The Assessment theme encompassed general and specific information about the psychological assessment, such as characterizing the demand and impressions of the evaluators about the patients. It also included aspects from the assessment process, diagnoses and therapeutic indications.

Two forms of seeking psychological assessment were identified in the analyzed reports, which are spontaneous demand from the legal guardian (search without external indication from a professional or institution) in a document or referrals from psychologists linked to the institutions, in the other documents. The patients' companions during the psychodiagnosis were social educators or legal guardians. In most cases, the assessment process lasted around one and a half months, with the longest duration being four months.

In the cases usually attended at the school service, contacts were made, in addition to interviews with the main caregivers (usually family members), with professionals who care for patients in the educational and health contexts. As for contacts made with informants in the reports analyzed in this study, most anamnesis interviews were conducted with social educators or social workers. Contacts were also made with other professionals from the host institutions, such as psychologists, monitors, interns or affective godmothers. The analysis showed that in some cases interviews were conducted with a teacher, with a coordinator of a group of young people from the church and telephone contact with the biological mother of a patient.

The evaluators 'general impressions about the patients in the assessment encompassed issues such as attendance at the appointments, establishment of a bond, perception of the patients' difficulties and facilities and considerations about their response processes. It was observed that some patients did not attend the appointments at the agreed times, in addition to the occurrence of absences.

Other obstacles identified were difficulties in understanding anxiety and dispersion instructions in relation to the applied psychological tasks and instruments, as well as agitated and aggressive behaviors during assessment. On the other hand, positive aspects were highlighted in psychological documents, such as ease in establishing bonds between evaluators and patients, which is an important fact when considering a population with a history of bond disruptions. Patients were also described by the evaluators as willing, sociable and able to demonstrate feelings and emotions.

Regarding therapeutic indications presented in the assessment process, the large number of indications present in the reports was highlighted, covering various aspects of the patients' lives. As for the indications for intervention, patients were recommended to seek speech therapy, psychopedagogical, psychotherapeutic and school reinforcement assistance.

Still, some peculiar recommendations were identified, such as the stimulation of autonomy in free time, entering the job market and occupational therapy. As for the indications in the assessment scope, referrals to psychiatric, neurological, ophthalmological and general practitioner referrals were observed.

Regarding recommendations to those responsible, the importance of patients having support figures and the development of interpersonal relationships was included, with contact with the mother being indicated in one of the cases. Also, management strategies and positive reinforcement were suggested for caregivers, encouragement to perform daily tasks and exercise leisure activities.

The hypotheses raised and discarded regarding the cases, regarding the patients' cognitive and emotional aspects, diagnoses and suggested prognoses formed another subset of codes. From the diagnoses provided in the assessment process, it was found: Intellectual Disability and in one case of Oppositional-Defiant Disorder.

As for the cognitive aspects, it was possible to find three forms of exposure of the evaluators: those that defined which areas of cognition were impaired and which were

preserved, those that defined the patient's performance in relation to the mean, and those that related the cognitive difficulties with others aspects.

On the other hand, emotional aspects were divided between those that described positive emotional characteristics and skills of patients, those that described affective difficulties and those that related affective difficulties with other aspects. This type of closure of the assessment showed a concern with using a qualitative and subjective description of each case, not just attending to nosological diagnoses.

Among the prognoses indicated by the evaluators, the need for adequate stimulation was highlighted as one of the most important factors for healthy development and for improving the patients' condition. Indications of improvement of the patient were also observed. In only one of the cases was there a negative estimate regarding the possibility of the patient acquiring employment and independence in a short period of time, indicating probable instability with the imminent separation from his siblings.

Patient

This topic gathered information about the subject, such as gender, date of birth, education, current place of residence, birth order in relation to siblings, development data, health status and contact with specialists. It was observed that in one case there was no date or month of the patient's birth, only the year. Some had diagnoses that required special care, such as Intellectual Disability and myotonic disorder, hearing loss, vision loss due to congenital Toxoplasmosis and possible Fragile X Syndrome. Most of those evaluated, despite having a history of diseases, had little access to the necessary health care and stimulation before carrying out psychological assessments, either due to negligence of those responsible or waiting on public service waiting lists. Few patients were undergoing psychological counseling and one was waiting for a place to be seen. Also, some patients attended school reinforcement, and one had been removed from school due to behavioral problems.

Information about past residences, complaints, reasons for institutional care, previous adoption attempts, adaptation in the institution and the patient's perceptions of the family were also included. Among the reasons for state care, most of the patients were neglected from their parents, and parental death and extreme poverty were presented as reasons as well. In some cases, there was sexual abuse by the father or stepfather. As for the feelings towards the family, the assessment identified the desire of some patients to return to the family of origin, as well as ambiguous feelings of care and aggression towards the siblings.

Family

This topic gathered information about the patients' families, such as general characteristics and history of biological parents and siblings, and data about legal guardians. The information retrieved about the children's family referred to a family history of great vulnerability and neglect.

In relation to data on biological parents, issues such as alcohol and drug use and suspected use during pregnancy, death of biological parents, lack of contact with the father and history of the mother's psychiatric hospitalization were identified. In two cases, the mothers of patients were married at the age of ten, one having their first child at the age of 13 and the other at the age of 16, and in another situation there was a suspicion that the mother and sisters engaged in prostitution in front of the patient, in addition to forcing them to go begging.

Difficulty in recovering basic information about the family was perceived, such as the father's name, age of the parents and their professions. Given the specificities of the life of the child or adolescent in state care, information regarding the responsible person or legal institution was evidenced.

In this sense, the reports contained the identification of those who maintained the tutelage of the appraisee, such as affective godmothers. In most cases, patients had siblings who were also in institutional care, and many lived in the same institution.

Cognitive Aspects

The cognitive aspects theme grouped questions about complaints, assessment techniques, results and conclusions related to intelligence, language, executive functions, attention, memory and functionality. With regard to demands for assessment, all cases presented complaints of suspected intellectual disability or learning difficulties, impaired temporal orientation, difficulties in organizing and managing money, and little autonomy. The lack of independence was cited in several cases, related to losses in performing tasks alone or leaving home without being accompanied.

Regarding the techniques used to assess cognitive aspects, there was a predominance of the use of traditional intelligence tests, such as the Wechsler Scales, and non-verbal tests of intelligence, such as Raven's Progressive Matrices. It was possible to perceive that the most used technique to evaluate functionality was the interview, both with the teams of the host institutions and close people and with the patients themselves.

The results of the assessment regarding cognitive aspects showed patients' difficulties in performing tasks that mediate attention, memory and oral and written language. In some cases these losses were accompanied by a level of intelligence below the expected, indicating possible mild intellectual disability, although in other cases the children had an Intelligence Quotient (IQ) within the average score for their age group.

The functionality indicated difficulties for some patients to maintain conversations, to organize themselves in time and to carry out daily tasks independently. However, there were positive points regarding functionality, such as: fine motor skills, adequate body expression, autonomy in personal care and compliance with daily tasks.

Socioemotional Aspects

This theme brought together aspects of behavioral and emotional assessments. As for complaints and demands of a behavioral order, the analysis showed that they mostly referred to the characteristics of isolation, passivity and lack of initiative by patients to interact with other people, whether children or adults, difficulties in solving problems in a way dialogued, to follow rules and to tolerate frustrations, in addition to agitation and infantilized behaviors, aggressive behavior, with reports of physical and verbal aggression towards colleagues, teachers and affective sponsors.

Among the emotional complaints, there was a predominance of depressive symptoms, irritability, mood swings, fears, self-mutilation, emotional dullness and demotivation to learn to face challenges.

In relation to the instruments and techniques used to assess socioemotional aspects, the use of *Diagnostic Game Time* and graphic and pictorial projective techniques were identified, such as the *House-Tree-Person test* (H-T-P Test) and the *Children's Apperception Test* (CAT-THE). Other techniques used were family design, emotional symptom scales or personality traits, such as the Personality Traits Questionnaire for Children (PPTQ-C) and the Children's Depression Inventory (CDI).

The data from graphic projection techniques were organized in three ways in the psychological documents: (1) apparent description, such as *they refused to draw them [the siblings]*; (2) global assessment, such as *conflict content in drawings and responses to the survey*; and (3) reporting of the indicators that are listed in the instrument manual, such as *a characteristic of lack of warmth in the home*. The pictorial projective techniques occurred in the formats of global assessment (as happy outcomes) and report of the indicators listed in the instrument manual (as it presents stereotyped thinking).

DISCUSSION

The study pointed out that the assessment process with children in the context of institutional care was different from the usual processes of clinical psychodiagnosis in the investigated institution. In these, the evaluator is able to obtain information about the first years of life and the milestones of children's development through contact with the patients' parents[7].

The scarcity of data on the history of patients required the search for the greatest amount of information with different people who integrated the patient's life, such as social educators, psychologists, social workers and teachers. However, they could provide more accurate information only about the patient at the time of assessment or about what was in court documents, and little about the life history of the patients.

Possibly for this reason, the psychological documents used here for analysis presented an effort by the evaluators to describe family data, relationships with siblings, peers and professionals from the host institutions, detailing as much as possible routine aspects in the institution and about the reasons for institutional reception. Such procedures are in line with what is suggested by the area: when there is no contact with the parents for the anamnesis of children, it is necessary to try to rescue as much data as possible from the previous history and triangulate data from different informants[7]. It is important to consider complementary aspects of the patient's life that can help to overcome the lack of information about his pre- and perinatal history and developmental milestones.

It was also noted the focus on information that referred to a trajectory of difficulties and neglect. These findings showed the difficulty of accessing past information of children and adolescents in institutional care, with most of the data recovered on adverse situations experienced by patients. Still, the reasons given for the institutional care of children and adolescents in this study were similar to those indicated in other studies[16,17].

Based on the register of institutional reception of a Childhood and Youth Court in a region located in the interior of the state of São Paulo, the *use of alcohol and/or drugs by guardians* was mentioned as reasons that triggered institutional reception (90.2 %); followed by *neglect of parental figure* (68.3%), *neglect of basic care* (36.6%), *home in inadequate housing conditions* (31.7%) and *restriction of freedom of parents who served a restrictive penalty of rights* (31. 7%)[16]. Likewise, the National Council for the Public Prosecution[17] states that negligence, chemical dependency/alcoholism of parents and/or guardians, abandonment of parents and/or guardian, domestic violence and intrafamily sexual abuse are the most common causes of reception.

The losses suffered by these children and adolescents are many and made evident the reality to which they were exposed, be it social inequality, deprivation of basic health care and education, high failure rate and/or school dropout, fragile emotional bonds in the family, experiences of neglect, physical, psychological and sexual violence and abandonment[17]. Perhaps for this reason, due to the lack of access to basic health and education services, the evaluators highlighted several indications and therapeutic recommendations at the end of the assessment processes.

The high number of indications and recommendations for each case led to a reflection on their future effectiveness. Having been deprived of this care over the years, there seems to be a compensatory need, from which point onwards the child or adolescent can be met in all these basic needs. Thus, it would be as if the evaluators identified a repressed demand for various interventions and sought to fill an accumulated lack of specialized professional care, verifying the evaluators, lack of care and, therefore, indicating a large number of referrals to account for this feeling.

Such reflection finds support in the understanding that social issues sometimes end up being pathologized as mental illness. However, this is triggered by several factors, not necessarily related to the illness process itself1[8]. The mental health demands of foster children

arise from the institutionalization in their trajectories, in addition to that of their influences and previous experiences.

It is worth questioning, how much access is possible to all these services and referrals. Would it not be more effective, in terms of the possibility of meeting these demands, if more specific indications were made and directed to the most urgent needs?

It cannot be disregarded that, being in a situation of institutional reception, the attention received by professionals of host institution is shared with several other children and adolescents who are in the same situation, requiring professionals to prioritize each person's care according to urgency and seriousness. Many children and adolescents go on a real pilgrimage in search of specialties, thus forging a focused and disjointed intervention with a high potential for chronicity[18].

When returning the psychodiagnosis, it is suggested that the referrals be given a hierarchy in order of priority and that their need and feasibility be discussed with those responsible[19]. Each referral should be evaluated for its difficulties and benefits, including logistics, such as discussing possible schedules, transportation to the indicated services, benefits and expected actions of those responsible during interventions[20].

Such care guarantees a greater chance of adherence to the therapeutic indications suggested by the psychological assessment. In addition, there is a report of specific interventions for the population of children and adolescents in institutional care, aimed at promoting healthy development, and skills, with a positive impact and reducing the impact of some of the risk factors[17].

Interventions with this focus should be carried out by multiprofessional teams, including at least professionals in the field of psychology and social work. Being aware of opportunities for intervention of this type in the context of institutional care are important for the psychologist who performs psychological assessments, as a form of therapeutic indication more integrated to the needs of patients.

In the cognitive aspects described in the reports, children in a situation of deprivation, whether in the context of institutional care or in a negligent family environment, usually present a compromised performance in cognitive tasks, considering that they are subject to situations of risk and neglect in both contexts[21,22].

It was observed that non-verbal measures of intelligence assessment of children and adolescents received in the reports that composed this study were frequently used. It was hypothesized that these instruments have been used because they are less influenced by formal education[23].

Such care during the assessment showed that the circumstances and the life history of the patients were taken into account in the data collection, in order to bring the assessment process closer to the child's reality, seeking to identify their cognitive functioning according to their conditions of expression of skills. In addition, it is important to highlight the assessment of patients' functionality through the reporting of informants.

Considering the performance of children and adolescents in carrying out daily tasks, as perceived by institutional caregivers, it is possible to better understand their potential. This is necessary in all psychological assessments of people with cognitive complaints or learning disabilities, but it is essential in children who possibly have school impairments due to situations of vulnerability. In this regard, research has shown that children in foster care have greater school losses than those (even those with low income) who are not institutionalized[24].

The impacts of adversities experienced during development by children and adolescents in institutional care, such as extreme poverty, neglect, sexual abuse, loss of family and friendship bonds, among others, can have repercussions on both cognitive and affective developments[25].

Affective deprivations have an impact on the new relationships of interpersonal bonds in these individuals deprived of parental figures, of care and in a situation of institutional

welcome. Institutionalization itself causes intense suffering, which may not be understood initially by the child's psyche[19].

The experiences of affective losses generate, in the subjects, projective mechanisms, fantasies, such as annihilation, guilt, rejection, retaliation, idealization and de-idealization of the lost object, in addition to aggressiveness and repair and repetition of the situation of loss, and others[26]. In this study, such mechanisms were observed in the results of the projective graphic techniques described in the reports of psychological assessments, demonstrating some of the socio-emotional impacts arising from the experiences of vulnerability experienced.

There is a need to provide the child with an environment favorable to his emotional development and that promotes protection and shelter[27]. Even so, many professionals who work in institutional care institutions do not have adequate training to promote this development, due to the great demand, which ends up generating failures in the care and in the established bonds, making fundamental psychotherapeutic spaces to provide the child with the possibility to build new bonding relationships[25]. In line with this need, psychotherapeutic care was one of several therapeutic indications indicated by the analyzed reports.

CONCLUSION

This study sought to describe the psychological assessment process of children and adolescents in institutional care and to understand the particularities of the psychodiagnostic process in this context in a Psychology school service. Through the procedures used in the analysis of the reports, it was possible to observe specificities in these assessments, which should receive attention in future processes of serving this population.

Among the main findings, the analysis of psychological documents made it possible to understand the difficulties encountered by professionals who performed this type of care, as well as the care required during a psychological assessment process with this specific audience. The themes presented portray data and characteristics of psychodiagnosis with children and adolescents in foster care, although in the restricted universe of a single institution. This contribution is relevant, considering the scarcity of studies on the subject.

The study presented as a limitation the fact that it is a documentary research that analyzed the psychological reports of cases already completed, not allowing the analysis of the different stages of the psychodiagnostic process during its course. Future studies may propose designs that overcome these difficulties. Another suggestion would be to carry out research that would make comparisons between cases of patients being and not being institutionalized. In this way, it could be observed more clearly possible divergences that can be produced in the assessment processes according to this social reality.

It is necessary to emphasize that the results and interpretations raised refer to the specific reality of a university teaching institution, which has a large team of supervisors and is recognized for its practice and for the production of psychological assessments and very detailed documents. It is not intended here to assume that all psychological assessments with foster children and adolescents are carried out in the same way. Possibly some aspects are common to the experience of psychodiagnosis in other institutions or in private offices, but not its entirety. It will be useful if other forms of assessment and psychological documents with this population can be researched.

The evaluating psychologist is responsible for the effort to carry out an assessment that contemplates the child or adolescent in their particularities, adapting the process to their needs and trying their best to be fair in their opinion. Having been exposed to so many adverse conditions of life and health, since its birth, generates significant negative impacts that require a careful look, understanding and care of the professionals involved.

There are still few studies and research in this area, which makes it difficult for the evaluator to understand the psychological aspects involved, as well as how the process itself should occur, different from the usual assessment. The information presented here, and the

data used in the preparation of the analyzed reports, can serve as guidance for professionals who are going to carry out an assessment process in similar contexts.

Therefore, it is necessary to invest in building fairer conditions for psychological assessment with children and adolescents in institutional care, considering that many have already been deprived of conditions of justice and equality throughout their lives.

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