



Experience Report

PROBLEMATIZATION STRATEGY: EXPERIENCE REPORT IN THE CARE PROCESS COURSE IN PSYCHIATRIC NURSING

ESTRATÉGIA PROBLEMATIZADORA: RELATO DE EXPERIÊNCIA NA DISCIPLINA PROCESSO DE CUIDAR EM ENFERMAGEM PSIQUIÁTRICA

ESTRATEGIA PROBLEMATIZADORA: RELATO DE EXPERIENCIA EN LA DISCIPLINA PROCESO DE CUIDAR EN ENFERMERÍA PSIQUIÁTRICA

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One aimed to present an experience report about the use of the problematization strategy in the teaching of the course Care Process in Psychiatric Nursing offered in the undergraduate nursing course at the Universidade Estadual de Campinas. One adopted as the methodology of the study a non-systematic observation and assessment of the theoretical productions developed by the students in the first semester of 2012. One believes that the change in the education of nurses must follow a new paradigm that redirects the relationship between professionals and the community, and that directs health actions in order to meet the real needs of the population. Despite the difficulties identified, one concluded that the use of this learning strategy can bring advantages and contributions to the teaching of psychiatric nursing.

Descriptors: Problem-Based Learning; Education, Higher; Education, Nursing; Psychiatric Nursing.

Objetivou-se apresentar o relato de experiência sobre o uso da estratégia problematizadora no ensino da disciplina Processo de Cuidar em Enfermagem Psiquiátrica desenvolvida na graduação de Enfermagem da Universidade Estadual de Campinas. Adotou-se como método do estudo as observações assistemáticas e avaliações das produções teóricas desenvolvidas pelos alunos, no primeiro semestre de 2012. Entende-se que a mudança na educação dos enfermeiros deveria seguir um novo paradigma que reorienta as relações entre profissionais e comunidade, e que direcione as ações de saúde atendendo as reais necessidades da população. Apesar das dificuldades identificadas, verificou-se que a utilização desta estratégia de aprendizado pode trazer benefícios e contribuições ao ensino da enfermagem psiquiátrica.

Descritores: Aprendizagem Baseada em Problemas; Educação Superior; Educação em Enfermagem; Enfermagem Psiquiátrica.

El objetivo fue presentar el relato de experiencia acerca del uso de la estrategia problematizadora en la enseñanza de la disciplina Proceso de Cuidar en Enfermería Psiquiátrica desarrollada en la graduación en enfermería de la Universidad Estadual de Campinas, Brasil. Se adoptó como metodología del estudio las observaciones asistemáticas y evaluaciones de las producciones teóricas desarrolladas por alumnos del primer semestre de 2012. Se entiende que el cambio en la enseñanza de enfermería debe seguir un nuevo paradigma que reorienta las relaciones entre profesionales y comunidad, y que dirige las acciones de salud para las necesidades de la población. A pesar de las dificultades identificadas, se concluye que el uso de esta metodología puede traer ventajas y contribuciones a la enseñanza de la enfermería psiquiátrica.

Descriptores: Aprendizaje Basado en Problemas; Educación Superior; Educación en Enfermería; Enfermería Psiquiátrica.

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INTRODUCTION

It is increasingly common the use of teaching strategies that can outperform traditional or banking education⁽¹⁾ and place the student as a whole and active subject in his learning process, providing him a creative environment able to transform reality.

Teaching in the health area has given great importance to cognitive and technical aspects. Pedagogical practices for the training of nurses are not different, as they are still based on the traditional pedagogy and in the biomedical-technical model⁽²⁾. However, in Brazil, the implementation of the Psychiatric Reform (PR), the consolidation of the Unified Health System (Sistema Único de Saúde - SUS) and the implementation of the National Nursing Curriculum Guidelines (Diretrizes Curriculares Nacionais de Enfermagem - DCNE) have supported the break with the traditional model and encouraged the search for new pedagogies in the teaching of Psychiatric Nursing⁽³⁾.

Nurses, in their condition of educators, must overcome the classical processes of mere knowledge transfer, promoting reflection and decision of individuals in their care to decide on the adoption of healthy habits⁽⁴⁾.

The field of mental health involves the seizure of technical, theoretical, practical and also emotional knowledge⁽⁵⁾. It also includes the ability to deal with diversity and unpredictability of psychiatric cases, the search for the patient's autonomy and their social reintegration⁽⁶⁾. The assistance of professionals has been fragmented and disjointed⁽⁵⁾, marked by vigilance, by punitive character and by the prioritization of drug therapy, maintaining a culture of exclusion and social segregation. Teaching is based predominantly on the traditional model, educating professionals with little critical emphasis and disjointed of the current social transformations^(3,5).

The traditional approach to teaching/learning has difficulties in preparing adequately nurses to work in the field of psychiatric nursing, especially in training

professionals to act according to the new requirements of the PR⁽³⁾. In this banking model⁽¹⁾, teaching is transmitted in a one-way street, there is a vertical relationship between teacher and student, in which the first has the power to decide on the teaching process, and leads students to the objectives, who - many times - are influenced by the schools' and/or society's interests⁽²⁾. Here the student assumes the role of a mere storehouse of information, received and reproduced without questioning, they do not participate actively in the education process, in most cases, are just alienated agents repeating what was taught⁽⁷⁾. The method is teacher-centered, with an emphasis on content transmission⁽¹⁾.

There is a dichotomy between teaching and practice in mental health, damaging the development of the current national policies in this area. Hence the need to invest in training of professionals committed to the society and to their health problems, to articulate theory and practice, to develop critical thinking, knowledge and skills that meet the principles of SUS^(3,8). To meet this need, one needs to find strategies and pedagogical framework for teaching students to develop the research capacity, because nowadays, knowledge and technologies are produced quickly, requiring skills for searching, selecting and evaluating critically the information^(5,8-9).

The problematization has been applied as a teaching strategy, especially in the educational aspects of mental health care⁽¹⁰⁻¹¹⁾, which start in the following assumptions⁽¹²⁾: an individual knows something only when he transforms it and transforms himself in this process; solving a problem involves active participation and constant dialogue between student and teacher, making learning challenging and stimulating for the students; understanding a problem requires analytical view of the student, who, through theory reaches a provisional synthesis, the solutions to hypotheses and

the selection of the most viable solutions to perform transformative actions in praxis.

Liberating education (problematizing) is not an act of depositing or transferring knowledge, is a cognizant act in which the object to be known also mediates the cognizant subjects. In the absence of a situation, it becomes infeasible the dialogical relationship, essential to the process of teaching and learning. Thus, "one operates the overcoming that results in a new term: not anymore teacher's student, no longer student of the teacher, but teacher-learner with learner-educator"^(7:95).

The focus of learning in the use of the problematization strategy is in the practices and in the reality problems. This educational process is predominantly student-centered and aims to train more critical and reflective nurses, committed to their social role^(9,13). In health care, including in nursing, there is a tendency to use problematization as a strategy for nursing education. In this condition, the construction of knowledge occurs dynamically, through action-reflection-action, the new contents are associated with the students' prior knowledge, allowing the student to build his knowledge and be an active participant in the transformation of society⁽⁹⁾.

In the problematization strategy small groups are formed, in which students deal with different opinions, share knowledge and decisions, reflect together and individually⁽⁸⁾. The teacher's role is to facilitate the teaching-learning process, encouraging students to seek and understand information about reality, to take responsibility and autonomy for their learning, to base their actions scientifically and reflect on their practice^(8,13).

The teacher also helps students to deal with the conflicts inherent in the work context, the difficulties in mediating activities, respecting students and their opinions, considering their different learning paces. Therefore, in the liberating pedagogy, one draws a horizontal relationship with the students, in which prevails the authority of the teacher as a mediator in the

teaching and learning process, without resorting to authoritarianism^(1,8).

Thus, the approach between teaching and the professional nursing practice allows the student to have: significant learning experiences, active participation in the construction of knowledge, integration of theoretical and practical information, development of skills to seek information, and conduction of autonomous and responsible actions⁽¹³⁾.

We aim in this article to present the experience report on the use of problematization strategy in the teaching of the course Care Process in Psychiatric Nursing offered in the Nursing undergraduate course.

METHOD

Brief documentary report of the course Care Process in Psychiatric Nursing

In the period from 1996 to 2006, the way of teaching and the theoretical references adopted in the course Care Process in Psychiatric Nursing, offered at the Nursing college of the State University of Campinas (Universidade Estadual de Campinas-UNICAMP), fluctuated between maintaining traditional forms of teaching, with biological organic approaches and approaches centered in psychosocial rehabilitation - the latter already adapting itself to the guidelines promoted by the PR - and, more recently, in the teaching based on psychoanalytic concepts and in the theoretical reference of the therapeutic interpersonal relationship.

These antagonistic views in their theoretical and conceptual bases have coexisted over the years, sometimes by choice of the professionals who teach this course, sometimes because of the qualification and training of the teachers who follow a certain line. However, the theoretical contents, taught at certain times with the participation of all the teachers of the course, produced situations in which theoretical explanations varied radically according to a certain theoretical line. Even trying to discuss with students the

differences and the range of explanatory options of the phenomenon mental health/illness, these efforts often, in our experience, seemed more confusing than clarifying in the students' need for specific knowledge. In order to unify the theory, the course teachers chose to work with a single referential, being the psychoanalytic model, which had already been developed by part of the teachers, elected as a theoretical basis.

With this conceptual unification, still according to our experience, new questions followed, among them the diversity of specific training for each teacher, which initially could be minimized by conducting training courses in the psychotherapy line. However, during the course the teachers themselves observed that this measure was insufficient. They had interests in professional and personal development in various lines of approaches and different ways of doing and teaching psychiatric nursing.

Within this diversity, which constituted the discipline itself, there were rights and wrongs, and disagreements. We can say that, in this context, conceptual frameworks and ways of teaching/learning have always raised in teachers restlessness and discomfort in relation to our object and subject of

learning, which somehow has allowed, and allows the constant rethinking of this process.

Thus, teachers have developed a new way to meet the diverse theoretical and methodological aspirations of education in the course Care Process in Psychiatric Nursing, offered in the fifth semester of the undergraduate course, when each professor is responsible for teaching a class, there are no shifts, that is, each group stays with a teacher during the entire course and follows the theoretical/methodological line adopted by him.

Furthermore, the professor is responsible for the whole process, that is, teaching/learning strategy, theoretical and practical development and evaluation. In this perspective and context, in the specific group where the author develops the course, the problematization is considered relevant and appropriate to the aspirations and to the new curriculum perspectives disseminated nowadays (Chart 1). Specifically in this article one reports the experience of teaching with two groups of students, using as theoretical basis the reference of the humanistic therapeutic interpersonal relationship - non-directive.

Chart 1 - Structuring of the course Care Process in Psychiatric Nursing, according to the two groups of students who were the focus of this experience report. Campinas, SP, Brazil. 2012

Semester when it was offered	5 th semester (3 rd year of the course)
Prerequisite	Course: Mental Health in Nursing II (4 th semester)
Total Credit Hours	105 hours
Fraction Credit Hours	Theory - 45 hours Practical Activities - 60 hours
Number of professors	1 professor
Total number of students	12 students
Class groups	2 groups (average: 6 students per class)
Theoretical lines adopted	Therapeutic Interpersonal Relationship ⁽¹⁴⁾ - humanistic - non-directive ⁽¹⁵⁾ .
Overall goal of the course	Develop the care process in Psychiatric Nursing with individuals suffering from psychic origin compatible with traditional diagnostic classifications assisted in mental health services, based on theoretical, scientific and ethical principles.
Theoretical content developed	Clinical psychopathology notions, therapeutic interpersonal relationship (non-directive); systematization of psychiatric nursing care; pathology and psychiatric nursing notions; psychopharmacology notions; nurses' responsibilities, nursing psychiatric emergencies; nursing and approaches to psychosocial therapies.

Field's characterization of the course's practical activities

The practical activities of the two groups of students were conducted at the Back-up Center (BC) of the Health Service Dr Candido Ferreira, located in the District of Sousas (Campinas-SP). This unit consists of two spaces: the Crisis Care Center (CCC I and II) that attends acute patients in crisis, and the Center of Chemical Dependency Care (CCDC) that assists drug addicts.

The space of the CCC I and II offers 40 beds (15 for women and 25 for men), for a population of severe neurotics, psychotics and cases of co-morbidity, and 6 night beds (2 for women and 4 for men), which act as back-up to other mental health units when the patient needs a protected environment, but he returns to the origin as soon as the crisis period is stabilized. CCDC works with 15 beds targeted for drug users. The BC works with 4 reference mini-teams, each with medical professionals (clinical and psychiatric), nursing, psychology, occupational therapy, responsible for therapeutic individual projects (TIPs)⁽¹⁶⁾.

Specifically in the CCC areas, nursing staff professionals develop the nursing process, which has been implemented for a few years in the unit. In this case, we highlight the joint forms construction (Nursing History and Nursing Notes) by nursing professionals and students of this course during the implementation of the nursing process in the unit.

RESULTS AND DISCUSSION

The pedagogical proposal

In this course one used the teaching/learning strategy focused on problematization, following the theoretical humanistic non-directive reference. Specifically, on this strategy, one adopted the Maguerez Arc method, which contains five steps developed from reality or a piece of reality⁽¹²⁾: 1) Observation of reality - inclusion of students in the real scenario to identify

problems; 2) Key Points - delimitation of the major problems found in the practical field; 3) Theorizing - theoretical research of information for knowledge and deepening of the selected problem; 4) Solution assumptions - formulation of possible and viable solutions to the problem; 5) Application to reality - implementation of actions in the practical activity environment.

In order to better guide students in their studies, helping them to achieve the course's goals and contemplate the theoretical content proposed by it, one uses the systematization of nursing assistance in the theoretical realm and its application in the practical activities field.

In this problematizing education strategy, adopted in the course mentioned, problematization is developed with some adjustments, because one also uses lectures as a resource, which are given in four lectures of the syllabus. Each of them opens and addresses a theme module and all of the cover nursing care. The themes are: mental status assessment and psychopathology; psychiatric disorders notions; nursing care for substance dependents, and clinical psychopharmacology notions.

The student starts from the initial contact with reality, objective and subjective, from the patient and from the service. Each thematic module consists of an inaugural lecture, followed by an average of three to four practical activities, a moment of theorization (with text production) and a meeting, in line with the five steps of Maguerez Arc. Therefore, students in the practical field activities (through interviews and/or observation of the patient) elects problems or key points that raise questions, studies and seek to understand the patient, the thematic units of the assistance and thus, successively, according to their interests, skills and competence and in attention to the course objectives, which must be in accordance with the themes of each module.

In the problem-solving activities of each module, the professor takes a tutorial attitude and he can assist

students in the study and in the pursuit of theoretical and conceptual basis in the sources available in the library or in other instructional resources.

After the theory part (held in the library, with the presence of the tutor), there is a meeting, also understood as knowledge sharing, with delivery of text production by each of them. The meeting consists of a meeting with all the students in the group to share the knowledge researched in the literature and its possible connection with practice, using this system of case study or systematization, which is built in the development of theoretical practical activities.

The production of texts should include: the themes (problems) elected on the practical experience; the results studied by students on these themes, presenting them succinctly; the way of applying these contents in the student's practical experience in the field of practical activities, considering the systematization of nursing assistance in all stages; the references prioritizing primary sources of literature.

Theoretical and practical supervisions are carried out by the professor in the field of practical activity. The supervisions are individual and/or group to monitor the implementation of the theoretical content and possible adjustments in the care plan, and the student must put into practice the knowledge acquired in theory.

The course final paper in its theoretical and practical aspect includes the full report or the construction of a nursing care systematization plan in the care process in mental health, developed for the patient, chosen by each student, in all phases and based theoretically and scientifically as a teaching strategy adopted (Maguerez Arc).

Difficulties found in the development of the problem-solving strategy

Over the last five years, one realized through unsystematic observations and corrections of the theoretical productions built with the problematization strategy as described above, some difficulties in the

development of the course, such as: initial passivity; uniqueness in the adaptation student versus professor; dependence of knowledge taken from the Internet in non-scientific databases; teacher as a facilitator; few experiences using the problematization strategic in other courses of the curriculum and the difficulty of access to textbooks in the field of Psychiatric Nursing and Mental Health.

There is an initial passive attitude due to education based on banking teaching: when the active learning strategy is used with students who do not know this pedagogical practice, as in any new process, they go through a stage of recognition and adaptation. Because they are educated predominantly with traditional educational methods, each student has a pace for this pedagogical reconstruction, which is developed along the course. There are those with greater difficulty or resistance to the pedagogical discipline proposal, and they may not know how to deal with certain situations and problems⁽⁸⁾.

During the course we noticed this uniqueness in student's adaptation to the new format and method of study. The student, as well as the teacher (tutor) must also adapt himself to the difficulties faced and seek strategies and dynamics to promote change. In this way, one realizes the pedagogical practice as a constant feeding experience, built in the development of the course, since the problem-based education is based on a dialogical relationship between educator and student, which points to a joint learning through a process of emancipation and mutual growth⁽⁷⁾.

There is a high dependency of knowledge rescued from the internet ("fast-food" knowledge): it is emphasized that technological development in the area of information technology and social networks allowed greater access to information, whose offerings do not produce, often for those that have available capacity for discernment and critical of its quality and relevance. This process is also part of a pedagogical practice which

allows the freedom but also the responsibility for critical analysis of consumed and introjected knowledge.

In the course, one observed that the problematization strategy runs in crooked ways, full of obstacles, as knowledge is built by arduous and unremitting reading of several articles and books to answer, many times, a single question. However, the exercise of reading promotes for those who do it a dynamic and stimulating understanding of knowledge, because it is the search for an answer of a daily practice need. Thus, students are challenged to seek, develop and build knowledge that is useful to health services and/or communities, making pledges and taking responsibility for the social transformations⁽⁶⁾.

The teacher is recognized as a facilitator of learning and not as holder of all the knowledge, because in this pedagogical model the student is the main focus of the teaching-learning process, to the extent that he engages with activities, the practice environment, and especially assist the teacher in this change⁽¹³⁾. The tutorial approach adopted by the teacher influences the perception of the pedagogical activity by the student, at first strangely, as the reference source of knowledge is moved to a condition of active participation of the subject, in which the answers to the questions and doubts pervade quality and the ability to search, preparation and application of this knowledge to the student's own practice.

The student's questions, usually at the beginning or during the course, referring to the lack of theoretical classes in the banking model can be a "thermometer" for the student's adaptation to this way of teaching/learning. Likewise, in our experience, the perception on the part of the teacher-tutor of his status is essential to avoid biases, such as trying to regain a position of mere transmitter of knowledge, which is often worsened by the perception, false and immediate, that knowledge is produced and consumed instantly by the student, and not a dynamic, unique and procedural construction.

Another difficulty is the absence of a significant number of experiences in other courses using this strategy, because the institutions maintain a curriculum with isolated educational actions, in which each teacher works with their particular conception of pedagogic practice, breaking the education and the professional's performance⁽²⁾. A priori there is no obligation in the use of this strategy for all the courses, as a form of developing the student's education, but we believe that the discontinuity in the way that the student becomes familiar not only with the course content, but also with the concepts and ideologies impregnated in each way of teaching can also be considered a challenge.

If on one hand it brings adaptation difficulties of the student to the news, on the other hand it puts it in a situation that allows one to have a critical evaluation, according to their own evaluative tools, on the use of learning methods. This promotes an important building in the sense of training of the students themselves, within a nature of free will and choices for their lives, on ways to develop their studies and improvements.

Another challenge relates to the student's difficulty to access basic books of the specialty which disfavors the quality of vocational training and the success of problematization strategy. We believe that investments are necessary in the educational institutions in physical structure and material resources, without which the educational practice can become repetitive and unexciting⁽⁶⁾. One realized that gradually new volumes are added to the library collection, mainly of specialized books in the field of Psychiatric Nursing and Mental Health. We believe that the popularization of digital media to access the information, having as an icon the Internet, especially scientific journals with free downloads of articles, is a huge breakthrough for the democratization of knowledge and the development of education and research. However we believe that access to a library, in a university or not, which presents an updated collection, and as complete as possible is a

stimulus to students to develop their search skills and human interaction.

FINAL CONSIDERATIONS

The course Care Process in Psychiatric Nursing has been developed in this format for the fifth consecutive year, being restructured and updated every year, according to an evaluation carried out by the students themselves, with the professor (tutor). One realizes that the use of the problematization strategy, adapted to the reality of teaching in the area of Psychiatric Nursing and Mental Health, has been a challenge, but it has also been promoting with students a sense of freedom and greater responsibility with their own learning.

Some difficulties are still felt, as initial passivity; uniqueness in the adaptation student versus teacher; dependence of knowledge rescued from the Internet in non-scientific databases; teacher as a facilitator; few experiences using the problematization strategy in other subjects of the curriculum and the difficulty of access to textbooks in the field of Psychiatric Nursing and Mental Health.

One realized that with creativity and political-pedagogical organization, the problematizing method can bring benefits and contributions to the teaching of psychiatric nursing, such as greater student's autonomy in the pursuit of knowledge and greater accountability for the process of teaching and learning.

One reiterates that because it is an observational experience report, structured instruments were not used and validated for this purpose, which constitutes a limitation of this study. One believes that further systematic research should be conducted, which can add more knowledge to the subject.

COLLABORATIONS

Sobral FR contributed to the conception, writing and formatting of the article for submission. Campos CJG

contributed to the conception, writing and final approval of the version to be published.

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