

POSSIBILITIES OF PROFESSIONAL PERFORMANCE OF THE PSYCHOLOGIST IN THE PRIMARY HEALTH CARE CONTEXT

Possibilidades de atuação profissional do psicólogo no âmbito da atenção básica em saúde

Posibilidades de actuación profesional del psicólogo en el ámbito de la atención básica de salud

Review Article

ABSTRACT

Objective: This study aimed at identifying, within the scientific evidence, the activities that characterize the psychologist's performance in the Primary Health Care context. **Methods:** This is a systematic review, carried out between August and December 2015, in accordance with PRISMA protocol guidelines. "Psychology", "Performance" and "Primary Health Care" were used as descriptors in the Virtual Health Library. Direct search using the keywords "Psychology in Primary Health Care" was the strategy adopted in the databases SciELO, LILACS and Index Psi Technical-Scientific Journals. The eligibility criteria were: a) publishing vehicles: indexed journals; b) publishing period: 2010-2014; c) language: Portuguese, English or Spanish; d) study type: empirical studies, experience reports, case studies; e) methodological quality: researches that precisely define their participants, instruments, procedures and study type. The search for articles was conducted following a thorough analysis of the abstracts of the retrieved researches, consisting in a search for studies related to the psychologist's performance in the Primary Health Care context and that met the previously established eligibility criteria. **Results:** A total of 107 articles was initially found but, after reading the abstracts, the number reached a total of 11, whose full texts were read. The data indicated the emergence of two broader forms of psychologist's performance within the Primary Health Care: performance in the Family Health Strategy and as a professional of the Family Health Support Center. **Conclusion:** Despite the several daily challenges, it is noticeable the implementation of practices that take into account the aspects related to the subjectivity, as well as the social, historical, economic, political and cultural aspects.

Descriptors: Psychology; Acting out; Primary Health Care.

RESUMO

Objetivo: O presente trabalho objetivou identificar, nas evidências científicas, as atividades que caracterizam a atuação do psicólogo no contexto da Atenção Básica de Saúde. **Métodos:** Trata-se de uma revisão sistemática, realizada entre os meses de agosto a dezembro de 2015, de acordo com as diretrizes do protocolo PRISMA. Foram utilizados os descritores "Psicologia", "Atuação" e "Atenção Básica" na Biblioteca Virtual de Saúde. Adotou-se como estratégia a busca direta, utilizando as palavras-chave "Psicologia na Atenção Básica" nas bases de dados SciELO, LILACS e Index Psi Periódicos Técnico-Científicos. Os critérios de elegibilidade foram: a) veículo de publicação: periódicos indexados; b) período de publicação: 2010-2014; c) idiomas: português, inglês ou espanhol; d) modalidade da produção: estudos empíricos, relatos de experiências, estudos de casos; e) qualidade metodológica: pesquisas que definissem precisamente quais eram seus participantes, instrumentos, procedimentos e tipo de estudo. A busca pelos artigos ocorreu a partir de uma análise minuciosa dos resumos das pesquisas encontradas, consistindo numa procura de estudos relacionados à atuação do psicólogo na Atenção Básica e que se enquadrassem nos critérios de elegibilidade previamente determinados. **Resultados:** A princípio, encontrou-

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se um total de 107 artigos, contudo, após a leitura dos resumos, chegou-se ao total de 11, os quais foram lidos completamente. Os dados indicaram o aparecimento de duas formas mais amplas de atuação do psicólogo na Atenção Básica: atuação na Estratégia de Saúde da Família e como profissional do Núcleo de Apoio à Saúde da Família. **Conclusão:** Apesar dos inúmeros desafios cotidianos, é perceptível a concretização de práticas que levem em consideração tanto aspectos referentes à subjetividade quanto sócio-histórico-econômico-político-culturais.

Descritores: Psicologia; Atuação, Psicologia; Atenção Primária à Saúde.

RESUMEN

Objetivo: El objetivo del presente trabajo fue identificar en las evidencias científicas las actividades que caracterizan la actuación del psicólogo en el contexto de la Atención Básica de Salud. **Métodos:** Se trata de una revisión sistemática realizada entre los meses de agosto y diciembre de 2015 según las directrices del protocolo PRISMA. Se utilizó los descriptores “Psicología”, “Actuación” y “Atención Básica” en la Biblioteca Virtual de Salud. Se adoptó la búsqueda directa como estrategia utilizando las palabras-clave “Psicología de la Atención Básica” en las bases de datos SciELO, LILACS y el Index Psi Periódicos Técnico-Científicos. Los criterios de elegibilidad fueron: a) el modo de publicación: periódicos indexados; b) el período de publicación: 2010-2014; c) los idiomas: portugués, inglés o español; d) la modalidad de la producción: estudios empíricos, relatos de experiencias, estudios de casos; e) la calidad metodológica: investigaciones que definieron sus participantes, instrumentos, procedimientos y el tipo del estudio con precisión. La búsqueda de los artículos se dio a partir de un análisis minucioso de los resúmenes de las investigaciones encontradas a través de una búsqueda de estudios relacionados a la actuación del psicólogo de la Atención Básica y que se encuadraran con los criterios de elegibilidad determinados previamente. **Resultados:** En principio se encontró un total de 107 artículos, sin embargo, después de la lectura de los resúmenes fueron elegidos 11 artículos de los cuales se realizó la lectura completa. Los datos indicaron dos formas amplias de actuación del psicólogo de la Atención Básica: la actuación en la Estrategia de Salud de la Familia y como profesional del Núcleo de Apoyo a la Salud de la Familia. **Conclusión:** Aunque haya inúmeros desafíos del cotidiano es perceptible la concretización de prácticas que consideran los aspectos de la subjetividad y los socio-histórico-económico-político-culturales.

Descritores: Psicología; Actuación (Psicología); Atención Primaria de Salud.

INTRODUCTION

The Primary Health Care (PHC) can be understood as a set of practices covering the promotion and maintenance of health, social diagnosis, disease prevention, harm reduction,

treatment and rehabilitation of the most common physical/mental/emotional conditions, with main objectives: to be the users' gateway to the public health system, develop actions on a territorial basis, act on the community's most frequent problems, and develop a comprehensive care that impact on the health status of people and on the health determinants and conditioning factors of communities⁽¹⁾.

This level of attention presents a series of specific attributes, having as the main ones: provision of first-contact services; assumption of longitudinal responsibility over the user; consideration of the context and family dynamics; ensuring a comprehensive care; knowledge of the health and illness status of the enrolled population; and recognition of the different needs of population groups, as well as their ethnic, racial and cultural characteristics⁽²⁾.

In the Brazilian reality, the PHC has been operationalized through the Family Health Strategy⁽³⁾ (FHS), by means of the Family Health Teams (FHT), whose basic composition includes a general practitioner, a nurse, one or two nursing technicians, a dentist and an oral health assistant, an oral health technician, four to six community health workers and, in some cases, such as in the states of São Paulo and Rio Grande do Sul, the FHT also includes some optional professionals, such as a psychologist and/or a social worker.

In order to provide specialized technical support to the professionals in the FHT and in PHC teams assisting specific populations (street clinical offices, riparian and fluvial teams), the Family Health Support Centers (*Núcleos de Apoio à Saúde da Família - NASF*) were created. The professionals composing these teams must share health practices and knowledge, seeking to assist in the management or resolution of clinical and health problems, as well as adding practices, in PHC, to broaden its scope of offerings. Some of the professionals who might become part of this team are: social worker, physical educator, occupational therapist, psychologist, among others⁽⁴⁾.

Regarding the psychologists, their performance should be based on the production of multiple forms of care, with a distinguishing look and respect for the users' cultural and subjective diversity, without letting themselves become “enslaved” by “mechanized” rituals. Historically, however, psychologists have worked in the context of Public Health disregarding all these aspects. In this sense, the importance of understanding how the psychologists have been performing within the ABS stands out, given that, in the daily life of many of these professionals, the principles that guide this level of care are not always taken into account⁽⁵⁾.

Thus, assuming all the aspects discussed so far, this study aimed to identify, in the scientific evidence, the activities that characterize the psychologist's performance in the context of primary health care.

METHODS

The work in question is a systematic review, which can be understood as a thorough synthesis of all researches related to a specific theme. This type of study has as general principles the exhaustive search for the studies to be analyzed, the selection justified by explicit inclusion and exclusion criteria, assessment of the methodological quality, and the quantification and subsequent analysis of data originated in the studies⁽⁶⁾.

The search was carried out between August and December 2015, taking as prerequisites for conducting the review the ones defined by the PRISMA protocol recommendations. This can be understood as a set of 27 items that assist the investigators in the process of preparing systematic review through specific instructions for title, abstract, methods, results, financial support, among and other information⁽⁷⁾.

Regarding the procedures adopted, firstly, as a way to enable scientific validity to the search performed, the keywords “Psychology” were used, “Performance” and “Primary Care” were used as descriptors in the Virtual Health Library (VHL). These descriptors have also been translated into Spanish and English. Then, a direct search was performed in the databases SciELO, LILACS and Index Psi Technical-Scientific Journals, using the keywords “Psychology in Primary Care” as a guiding element of research.

A series of eligibility criteria was later listed as definers for analysis of the researches, which were: publishing vehicle (indexed journals); publishing period (between years 2010 and 2014); language (Portuguese, English or Spanish); study type (empirical studies, experience reports and/or case studies); methodological quality (researches that precisely define their participants, instruments, procedures and study type). This search was conducted following a thorough analysis of the abstracts of the retrieved researches, consisting in a search for studies related to the psychologist’s performance in the Primary Health Care context and that met the previously established eligibility criteria.

These procedures were performed by two of the authors of this research, separately at first, with an afterwards confrontation of each other’s data, then followed by a consensus between them concerning the articles to be included and excluded from the analysis.

RESULTS

Characterization of the studies

From the search performed (n=107), 67 studies were identified in LILACS, 24 in SciELO and 16 in Index Psi

Technical-Scientific Journals, whose abstracts were read in detail. Selection was then defined according to the inclusion-exclusion criteria, resulting in a total of 11 studies^(1,8-17). These were analyzed from two detailed readings on each text: the first one for recognition, and a second one in order to identify the activities that characterize psychologist’s performance within the Primary Health Care (PHC).

The studies used in this analysis can be visualized in Chart I, along with a brief description of its objectives, methods and main results.

Of these articles, four are proposed to study the psychologist’s performance in the FHS, four aim to describe the experience with apprenticeships in Public Health, and three aim to describe the psychologist’s experience in NASF. As regards the types of study, seven are experience reports, three are empirical studies and one is a case study. In these studies, data collection was performed with use of the following instruments: semi-structured interview (3 studies), therapeutic group (2), thematic workshops (1), family medical records (1), genogram of users (1), guiding script for data collection (1) and operating group (1).

Thematic analysis

The articles were divided into two thematic categories, mutually exclusive: (i) activities in the FHS, and (ii) activities in NASF. For each of them, it was calculated the frequency of actions taken by psychology professionals, whether graduates or undergraduate students.

DISCUSSION

Activities developed in the FHS

As the actions of the first thematic area are organized, the actions to be developed by the psychologist in the FHS emerge, namely: recognition of the covered territory; group activities with the enrolled population; individualized therapeutic actions; technical and educational support and assistance to the health team; teamwork planning of actions to be carried out; preceptorship and consulting role.

The literature suggests that the actions to be undertaken by the professionals who make up the FHT, regardless of their specific field of education should be: definition of the territory of operation; health care in accordance with the social, historical, political, economic and cultural needs of the population; actions prioritizing risks groups and risks factors of clinical, behavioural, food and/or environmental origin; user embracement; comprehensive care in care; activities in community spaces; educational activities; participation in management processes and in the local planning of health and home care⁽¹⁸⁾.

Chart I - Characterization of the articles included in the review. Piauí, 2015.

Author/Year	Objectives	Methodology adopted	Main results
Archanjo Schraiber ⁽⁶⁾ (2012)	Study the psychologist's performance in Primary Health Care Units (PHC).	Type of Study: Qualitative. Participants: 17 psychologists working in primary health care. Instruments: Semistructured interview.	Opting for the public service: Employment and financial stability; family influence; wish to be devoted to the area and opportunity. Performance in PHC: Brief Clinic Psychotherapy; home visit; marital support; community activities; educational groups.
Couto, Schimith and Da lbe Illo-Araujo ⁽⁹⁾ (2013)	Describe and analyze the psychological intervention group experience.	Type of study: Apprenticeship experience report. Participants: Overweight, obese, diabetic and/or hypertensive individuals. Instruments: Weekly thematic workshops.	Actions performed: Team meetings; group of teenagers, obese, diabetic and/or hypertensive individuals; community action; home visit; meeting at the CRAS and psychological assistance. Activities carried out in the workshops: Making picture frames; search for balance in interpersonal relationships and in life; stimulus to the understanding by the participants of the act of eating and self-awareness actions.
Gorayeb, Borges and Oliveira ⁽⁸⁾ (2012)	Describe psychologists's experience in NASE.	Type of study: Experience report. Participants: Psychologists working in the Professional Training Program in Health Promotion in the Community. Procedures: Evaluation of needs in a population to be served and development of an operational plan.	Recognition of the territory covered by the NASE: Identification of the housing conditions and social equipment present. Team Support group interventions (objectives): Development of social, affective and cognitive skills; division and organization of work; better interpersonal relationship among the professionals; more assertive communication and assistance in monitoring of some families. Actions with the community: home visits, consultations with individuals (user embracement) family and group coordinations.
Hemel and Drehmer ⁽¹⁰⁾ (2013)	Understand how women who have received psychological counseling experience domestic violence.	Type of study: Experience report. Participants: 4 women. Instruments: Family medical records, descriptive reports of appointments and genogram of the users.	Main findings: Violence was not the main reason for seeking psychological care, but some cases were revealed during the treatment, all of the intra-family type, with onset in childhood. The absence of a subjective meaning of the experience of violence and the horizontality of violence in life were observed. The main subjective repercussion was the perpetuation of violence in current relationships.
Koda et al. ⁽¹¹⁾ (2012)	Provide the CHWs with a space for reflection	Type of study: Experience report. Participants: 15 CHW. Instruments: Weekly Operative Group.	Themes of the CHW's reports: Importance of the CHW figure; work overload; lack of institutional support for the actions directed at the population; emotional distress; self-disqualification; anxiety and insecurity in the relationship with the community. Most discussed issues in the group: Admission contract forms; existence of more than one FHT in the same unit and difference in management practices; internal antagonisms and difficulties with the population and the Health Secretariat. Acting with the group: mediation groups; group dynamics; relaxation activities and personal care
Leite, Andrade and Bost ⁽¹²⁾ (2013)	Analyze Psychology integration and performance within primary care.	Type of study: Qualitative. Participants: 6 psychologists working in a NASE. Instruments: Observation and semi-structured interview.	The role of psychology in NASE: Marital support, development of therapeutic projects with the FHT, home visits; health education with groups; training in mental health and psychological emergency duty. NASE in the health network: Unprecedented and challenging strategy; changes in the curriculum of the Psychology graduate course; health network fragmentation; lack of training of FHS and NASEF teams; issues related to intersectoral and participatory planning. The challenges of interdisciplinarity in primary care: Understand how the NASE/FHT support relationship develops; verticalized relations; centrality of the doctor figure; individualized professional practice and theoretical unpreparedness.
Medeiros, Braga-Campos and Moreira ⁽¹⁵⁾ (2014)	Report interdisciplinary experience between Nutrition and Psychology in Primary Care and Medium Complexity level of SUS.	Type of study: Experience report. Data sources: Students' field diaries. Analysis of the material: superficial and thorough reading.	Common actions: the territory mapping; identification and observation of the service dynamics; participation in team meetings; identification of cases to be monitored in households; development of Singular Therapeutic Project for users; observation and insertion in collective actions of health education.
Morin and Hadler ⁽¹⁴⁾ (2013)	Find possibilities of intervention in women with depression.	Type of Study: Experience report. Participants: 30 women.	Themes discussed in the meetings: Difficulty in conquering dreams and fulfilling wishes; acting out the conflicts of the real woman and women's protagonism.
Nepomuceno and Brandão ⁽¹⁵⁾ (2011)	Investigate the contributions of psychologists in the FHS.	Study Type: Exploratory and ethnographic field research. Participants: 4 resident psychologists in different MRFH programs. Instruments: Open questionnaires and field diary.	Psychology and SUS: Advances in health policy; establishment of mechanisms for participation and social control; appropriation of the public policies theme; theoretical discussion and practical exercise in interdisciplinary working processes; reflection on the SUS principles and its historical context; expansion and renewal of clinical practice; discussion of and engagement in social and political issues, and development of the field of community psychology and work with groups. Psychology and FHS: Implementation of changes in the health care model in Brazil; enrolled clientele; territorialization and work in multiprofessional team; promotion of new health practices; facilitation of working experience in various contexts; actions of embracement and support to mental health; home visits; participation in household developmental spaces; continuing education activities with the FHT and counseling in social projects.
Ramos and Pro ⁽¹⁶⁾ (2010)	Offer a therapeutic space for users after discharge from psychiatric institutions.	Type of study: Experience and intervention report. Participants: 4 mental health service users. Instruments: Night shifts for subject workers; screening and mental health groups.	Results achieved with the group: Increased capacity of analysis and intervention towards health and psychological needs; enhanced contact of users with their own experience and with internal/emotional and external/community resources; social reintegration for isolated individuals; protagonism in life, consolidation of autonomy and interruption of exclusion; less dependence on drugs; building interpersonal bonds.
Sundfeldt ⁽¹⁷⁾ (2010)	Monitor the NASE team, the flow of discourses and practices, as well as understand the challenge faced by the teams and the bond with the community.	Study Type: Experience Report. Instruments: participant observation and field recording.	Activities performed: monthly and weekly meetings with the FHT; continuous contact with CHWs and other professionals of the FHT.

CHW: Community Health Worker; CRAS: Reference Center for Social Assistance (*Centro de Referência em Assistência Social*); FHS: Family Health Strategy; FHT: Family Health Team; MRFH: Multidisciplinary Residency in Family Health; SUS: Unified Health System (*Sistema Único de Saúde*); NASE: Family Health Support Center (*Núcleo de Apoio à Saúde da Família*); PHU: Primary Health Care Units.

Even though the psychologist is not yet established in the Family Health Team, one can learn through the analyzed articles, that, when present in this context, as in some situations such as in Sao Paulo and Rio Grande do Sul, this professional manages to perform actions that are consistent with the work principles of the PHC. These, as mentioned above, are defined as the first contact, longitudinality, comprehensiveness, health network arrangement, guidance to the community, family-based practices, and cultural competence⁽²⁾.

An interesting aspect to be noticed is the emergence of matrix supporting activity. This is an organizational arrangement that enables the provision of specialized technical support for the teams responsible for the development of primary health care. These activities are carried out in the form of accountability for the cases and might be performed through joint discussions of cases, joint interventions with families and communities, joint consultations, in addition to supervision and training. In the field of mental health, they are usually developed by NASF and the Center for Psychosocial Care (*Centro de Atenção Psicossocial - CAPS*)⁽¹⁹⁾.

An evident setback in the psychologists' trajectory in the FHS is the demand to perform individual listening, regardless of where their practice occur, when in reality, this is a technical demand for each and every health professional. Thus, the psychologists often end up accomplishing this task in their daily work; a proof of such reality is the appearance of the following activities during the analysis: psychological emergency duty and psychological counseling (psychotherapy)⁽²⁰⁾.

On these aspects, one can say that the inclusion of psychologists in the context of Public Health does not seem to have led to a shift in the theoretical and practical models that underlie their actions (still grounded in the Liberal Clinical Psychology), which creates some difficulties in the accomplishment of new practices that are directed at the social production of health and citizenship and committed to the psychosocial well-being of individuals⁽⁵⁾.

Activities carried out in NASF

As the activities of the second main theme were systematized, the following activities appeared, from the analysis of the articles, as likely to be developed by psychologists in the context of NASF: recognition of the covered territory; action planning with the FHT; actions for user embracement; group activities; family care; technical and educational support and , assistance to the FHTs; and employment of other network strategies such as the Social Assistance Unified System (*Sistema Único de Assistência Social - SUAS*).

In this sense, from the reading of the axes that were found, one can realize that the individualized clinical care is not enough to meet the actual demand for the services assisted by NASF, since this interventional mode does not generate a social transformation. Thus, the psychologists should increasingly reconfigure their practice and become a “facilitator” by aligning their actions to the political-ideological foundations of the current health system^(5,21).

Therefore, the psychologist's performance in this context, as well as other professionals' practice, should be oriented by eight guidelines – interdisciplinarity, intersectoriality, territorialization, integrality, permanent health education, humanization, social control and health promotion – and their activities may be developed in eight strategic areas: physical activity/body practices; complementary and integrative practices; rehabilitation; food and nutrition; mental health; social service; health of children, adolescents and youth; women's health and pharmaceutical assistance⁽²²⁾.

According to governmental booklets, the support offered by NASF may occur, for instance, through joint consultations between the psychologist and the FHT doctor, or through consultations with the psychiatrist, previously agreed with the Family Health Team as part of the therapeutic plan of a particular user. Therefore, the activities to be developed may include actions undertaken only by the NASF professionals, by these together with the related teams, or else by the FHT professionals solely, after some specialized technical support⁽⁴⁾.

This specialized technical support can also occur by means of the matritial support, perhaps the activity most commonly performed by the psychologist in this context. However, despite its guiding role for those working in health care, often many of the professionals perform this activity in a very limited way, mainly through the mere referral of cases, which, by itself, does not generate a technical support to the FHT⁽¹¹⁾.

Finally, another important aspect to be highlighted refers to the coordination of the health care network, which still faces major challenges to take this role. Among the “critical nodes” pointed to explain this reality, some stand out, such as: the lack of institutional policy directed to the strengthening of Primary Care; the social representation of communities on this issue; the lack of social legitimacy; the restricted view of managers, who sometimes tend to understand it in a selective way, besides the lack of qualified resources for a *modus faciendi* of this strategy, resulting in a remarkable shortage of support and logistics devices that enhance innovation practices, the user embracement and their bonds in the primary care⁽²³⁾.

CONCLUSION

The scientific evidence of the last five years (2010-2014) address with much relevance the psychologist's performance in the context of Primary Health Care, as it was noticeable the implementation of practices that take into account both the micropolitical aspects related to subjectivity, and the macro-structural aspects alluding to the social, historical, economic, political and cultural aspects.

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