

## Short Communications

### Proposal for a psychological clinical history in the care of child and adolescent patients

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#### RESUMEN

A través de un enfoque dialógico, el presente ensayo tiene como objetivo general presentar a la comunidad científica una propuesta de historia clínica psicológica en el proceso de atención a pacientes infantiles y adolescentes; a través del método constructivo-interpretativo y se fundamenta en el paradigma hermenéutico. Se tiene en cuenta la historia clínica pediátrica actual para estructurar la nueva propuesta; todo ello en busca de una integración epistémica de las opiniones pediátricas y psicológicas, reflejadas en el apartado de diagnóstico psicopediátrico.

#### SUMMARY

Through a dialogic approach, the current essay's general objective is to present to the scientific community a proposal for a psychological clinical history in the process of caring for child and adolescent patients; through the constructive-interpretive method and is based on the hermeneutic paradigm. The current pediatric clinical history is taken into account to structure the new proposal; all in search of an epistemic integration of pediatric and psychological opinions, reflected in the psychopediatric diagnosis section.

**Keywords:** psychological clinical history, clinical psychology, child, adolescent

## INTRODUCTION

### **Dynamics in the process of care for child and adolescent patients.**

The process of psychological consultation<sup>1-4</sup> in favor of child and adolescent patients can be very dynamic and enriching, since the clinical psychologist needs to mediate with the caregiver who represents the minor in the process of psychological help; This health professional has to know if the guardian uses the infant as a spearhead for his conflicts or if the minor or adolescent really needs specialized help. It is necessary to clarify that despite the above, the clinical psychologist must have the caregiver of the child and adolescent as an ally in the help process; because if not, it removes the infant from the interconsultation or will make psychotherapeutic sessions difficult<sup>5-8</sup>.

In these professional relationships, a double interview (with the guardian and infant) is urgently needed in unison in search of correlation of data, which can shed light on a reliable diagnosis regarding the well-being of the infant; Furthermore, these exchanges can reveal realities that affect the patient's behavior. All this information is reflected in medical records as a scientific, educational and statistical means that records the health condition of a given subject over a period of time.

Empathy and anamnesis<sup>9-11</sup> are vital in the first moments of the interconsultation, and it is necessary that the patient's mother be the one to carry the infant since she is the one who has the most control over the pre, peri and postnatal period of the minor or adolescent, and this information verticalizes the evaluation process and facilitates an accurate diagnosis; where all of the above is reflected in the pediatric clinical history.

The objective of this study is to present to the scientific community a proposal for a psychological clinical history in the process of caring for child and adolescent patients, using the constructive-interpretive method and its platform is the hermeneutic paradigm.

### **The current basic pediatric clinical history<sup>12-15</sup>**

Pediatric professionals when evaluating an infant, after the interview with the caregiver, observation and physical examination of the minor; they review the patient's medical history to check their psychomotor

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development. At the same time, they take into account the diagnoses issued by other specialists who have been able to evaluate the infant; these experts take into account the following structure.

General patient information
Family pathological history
Personal pathological history (prenatal, perinatal y postnatal)
Feeding system
Vaccination
Psychomotor development
Dentition
Previous income
General physical examination
Evolution of growth and development
Family functioning
Diagnostic impression
Behavior to follow

The previous structure of the pediatric clinical history would be a cultural loan to the clinical psychologist, facilitating the collection of data and re-consultations with the patient, where it allows this health professional to assess the evolution or regression of the child-adolescent subject in the process psychological help. It is essential to take into account the somatic condition of the infant to assess its psychological development, in addition to its social developmental situation<sup>16,17</sup>; all of the above in search of an epistemic integration that is capable of representing the current psychosomatic condition of the child and adolescent patient; reflected in the psychological clinical history.

In the bibliographic reviews, it has been possible to verify few epistemic contributions on a psychological clinical history; In turn, the theoretical contributions of psychological clinical history in children and adolescents are unlikely. The clinical psychologist in the execution of his expertise relies on the pediatric clinical history model when writing a report on a minor, taking the previous structure as a starting point.

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General patient information
Personal pathological history (prenatal, perinatal y postnatal)
Family pathological history
Reason for consultation
History of current illness
Psychomotor development
Self-validism
Family sphere
Student sphere
Clinical interview
Symptoms (psychosomatic)
Psychopediatric diagnosis (epistemic integration between pediatric and psychological diagnosis)
Example: <ol style="list-style-type: none"><li>1. Schoolchild with intellectual disability due to the etiology of iron deficiency anemia in the prenatal period.</li><li>2. Adolescent with behavioral disorders due to stroke.</li></ol> Schoolchild with delay in psychological development due to etiology of agenesis of the corpus callosum.
Behavior to follow: <ol style="list-style-type: none"><li>1. Psychological guidance to the minor fel tutor.</li><li>2. Specify the psychotherapeutic modality.</li></ol> Determine the period of consultations.

## Conclusions

Taking into account the epistemological bias of clinical psychology in relation to a clinical history that reflects the expertise of this psychology professional, a model of psychological clinical history is proposed to the scientific community in the process of caring for child and adolescent patients. And what is interesting in this work is the epistemic integration of psychological and pediatric diagnoses, reflected in

the psychopediatric diagnostic section. Where psychological science would gain autonomy and the care practices of the clinical psychologist in favor of infants would be enriched.

### Conflicts of interest

The authors declare that they have no conflicts of interest.

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