

Original article



Professional competencies in the psychological care of children and adolescents in hospital services and ambulatory care: qualitative analysis of field experiences

Competencias profesionales en la atención psicológica de niños, niñas y adolescentes en contextos hospitalarios y ambulatorios: un análisis cualitativo de experiencias de campo

Competências profissionais no atendimento psicológico de crianças e adolescentes em hospital e ambulatório: análise qualitativa de experiências de campo

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ABSTRACT | INTRODUCTION: Psychological care for children and adolescents depends on the development of specific professional competencies and the correct theoretical and technical adaptation to different contexts, such as hospital services and ambulatory care. **OBJECTIVE:** The study aims to describe the professional competencies in the psychological care of children and adolescents in hospital services and ambulatory care, through a qualitative analysis of reports of professional training experiences. **METHOD:** This is a qualitative study using participant observation, documentary consultation and dialogue (with patients and supervisors), which were recorded in a field diary. These narratives were analyzed in categories, defined based on criteria of relevance, exhaustiveness, exclusivity and precision. A data extraction protocol was developed, based on the description of professional skills, containing: a) objective facts (verbal and nonverbal behaviors observed); environmental elements; available instruments; b) clinical impressions of the care (dialogue). **RESULTS:** In the fundamental competencies, ethical practice and knowledge of child development were mobilized in both contexts, with a special focus on the demands of the childhood-adulthood transition and chronic mental health problems. Interdisciplinary collaboration was rare in the hospital and non-existent in the ambulatory care. In the functional competencies, clinical formulation occurs in a non-systematic manner in both contexts; intervention is guided by a theoretical approach in the ambulatory care and limited to the hospital context. **CONCLUSIONS:** Despite the limitations of the study, the findings indicate that professional training would benefit from the increase in interdisciplinary collaboration practices, as well as training in adapting techniques to each environment. In professional practice, there is a lack of structuring of intervention strategies that minimize the trajectories of the development of mental health diagnoses, especially for chronic, less debilitating disorders.

KEYWORDS: Professional Competencies. Psychologists. Hospital Services. Ambulatory Care. Children. Adolescents.



RESUMEN | INTRODUCCIÓN: La atención psicológica a niños, niñas y adolescentes depende del desarrollo de competencias profesionales específicas y de una adecuada articulación teórico-técnica con los distintos contextos, como el hospitalario y el ambulatorio. **OBJETIVO:** El estudio tiene como objetivo describir las competencias profesionales en la atención psicológica de niños, niñas y adolescentes en los contextos hospitalario y ambulatorio, a partir de un análisis cualitativo de relatos de experiencias de formación profesional. **MÉTODO:** Se trata de un estudio cualitativo con uso de observación participante, consulta documental e interlocución (con personas atendidas y supervisores), que fueron registradas en un diario de campo. Estas narrativas fueron analizadas a partir de categorías definidas con base en criterios de relevancia, exhaustividad, exclusividad y precisión. Se elaboró un protocolo de extracción de datos basado en la descripción de competencias profesionales, que incluyó: a) hechos objetivos (comportamientos verbales y no verbales observados), elementos del entorno e instrumentos disponibles; b) impresiones clínicas de las atenciones (interlocución). **RESULTADOS:** En las competencias fundamentales, la práctica ética y el conocimiento del desarrollo infantil fueron movilizados en ambos contextos, con un enfoque especial en las demandas relacionadas con la transición de la infancia a la vida adulta y con los problemas crónicos en salud mental. La colaboración interdisciplinaria fue esporádica en el hospital e inexistente en el ámbito ambulatorio. En cuanto a las competencias funcionales, la formulación clínica se realiza de manera no sistemática en ambos contextos; la intervención, por su parte, se orienta por el enfoque teórico en el ámbito ambulatorio y se encuentra limitada por el contexto en el hospital. **CONCLUSIONES:** A pesar de las limitaciones del estudio, los hallazgos indican que la formación profesional se beneficiaría del fortalecimiento de prácticas de colaboración interdisciplinaria, así como del entrenamiento en la adaptación de técnicas a cada entorno. En la práctica profesional, se identifica una carencia en la estructuración de estrategias de intervención que minimicen trayectorias de desarrollo hacia diagnósticos en salud mental, especialmente en el caso de trastornos crónicos menos incapacitantes.

PALABRAS CLAVE: Competencias Profesionales. Psicólogos. Servicios Hospitalarios. Atención Ambulatoria. Niño. Adolescentes.

RESUMO | INTRODUÇÃO: O atendimento psicológico a crianças e adolescentes depende do desenvolvimento de competências profissionais específicas, e correta adequação teórico-técnica aos diversos contextos, como o hospitalar e ambulatorial. **OBJETIVO:** O estudo tem como objetivo descrever as competências profissionais do atendimento psicológico de crianças e adolescentes nos contextos hospitalar e ambulatorial, em uma análise qualitativa de relatos de experiência de formação profissional. **MÉTODO:** Trata-se de um estudo qualitativo com emprego de observação participante, consulta documental e interlocução (com atendidos e supervisores), que foram registradas em diário de campo, sendo estas narrativas analisadas em categorias, definidas com base em critérios de relevância, exaustividade, exclusividade e precisão. Foi elaborado um protocolo de extração de dados, com base na descrição das competências profissionais, contendo: a) fatos objetivos (comportamentos verbais e não verbais observados); elementos ambientais; instrumentos disponíveis; b) impressões clínicas dos atendimentos (interlocução). **RESULTADOS:** Nas competências fundamentais, a prática ética e o conhecimento do desenvolvimento infantil foram mobilizados em ambos os contextos, com especial enfoque para demandas de transição infância-vida adulta e problemas crônicos em saúde mental. A colaboração interdisciplinar foi esporádica no hospital, e inexistente no ambulatório. Nas competências funcionais, a formulação clínica ocorre de modo não-sistematizado nos dois contextos; já a intervenção é orientada por abordagem teórica no ambulatório, e limitada ao contexto no hospital. **CONCLUSÕES:** Apesar das limitações do estudo, os achados indicam que a formação profissional seria beneficiada pelo incremento de práticas de colaboração interdisciplinar, bem como do treino de adaptação de técnicas para cada ambiente. Na prática profissional há carência de estruturação de estratégias de intervenções que minimizem as trajetórias do desenvolvimento de diagnósticos em saúde mental, principalmente para aqueles transtornos crônicos, menos debilitantes.

PALAVRAS-CHAVE: Competências Profissionais. Psicólogos. Serviços Hospitalares. Cuidados Ambulatoriais. Criança. Adolescente.

Introduction

Psychological care for children and adolescents in hospital and outpatient settings requires professionals to apply specific knowledge and techniques (Peters-Corbett et al., 2023; Salló, 2022). Due to the complexity of clinical presentations and the scope of the field, procedures for handling challenging situations are not always fully outlined in manuals or reference guides for practical decision-making (Rios & Marques, 2021; World Health Organization [WHO] & United Nations Children's Fund [UNICEF], 2024). One of the challenges in these work settings involves the professional's ability to identify which competencies must be developed during their training in order to subsequently promote the mental health of the population they serve.

Professional competencies are generally understood as the knowledge, skills, abilities, and other attributes that enable a person to perform effectively according to defined standards of professional practice (International Association of Applied Psychology [IAAP] & International Union of Psychological Science [IUPsyS], 2016). These competencies are embedded within work processes and are linked to the needs of the subjects (objectives), the conditions to be transformed (objects), and the means that enable the execution of work (Bastos et al., 2022). This is a field shaped by different theoretical perspectives. For example, one approach emphasizes the role of professionals in using their knowledge and attitudes to solve problems and generate results through

cooperative actions within their working environment (Le Boterf, 2003; Zarifian, 2003). Another paradigm highlights the capacity to act and make adjustments in situated activity, rather than simply performing mechanical tasks (Clot, 2010). There is also the cube-shaped geometric model (Rodolfa et al., 2005, as cited in Cuéllar-Flores et al., 2022), which proposes twelve core and functional competencies. The core competencies provide the foundation for later acquisition of functional competencies, which in turn refer to the basic functions expected to be carried out by psychologists in their everyday professional practice. The lack of consensus, therefore, leaves open the question of which curricular structures and training frameworks are most compatible with the psychological care activities conducted with children and adolescents in hospitals and outpatient clinics.

Among the aforementioned competencies — which involve not only the possession of individual knowledge but also its contextual mobilization (Zarifian, 2003) — it can be observed that regulatory frameworks (both national and international) for professional psychology training define that knowledge and skills must be developed to support prevention, diagnosis, and treatment of cognitive, emotional, developmental, behavioral, social, and family conditions in children and adolescents (American Psychological Association [APA], 2019; Conselho Federal de Psicologia [CFP], 2019; Resolução CNE/CES nº 1, 2023). However, in practice, and considering the specificities of hospital and outpatient settings, there remains a lack of clarity regarding how these professional competencies are effectively activated and made feasible in the course of action. For instance, in psychological assessment, the ultimate goal is the formulation of a clinical case to guide decision-making. In outpatient settings, this may depend on adequately understanding the origins and maintaining factors of the condition under analysis (Aragão et al., 2024; Srinath et al., 2019). In contrast, in hospital settings, factors related to child health — such as coping with acute and chronic illnesses, clinical and medical procedures, and hospitalizations, among others (Salló, 2022)

— may require the professional to act in response to unexpected events (Le Boterf, 2003; Zarifian, 2003).

The analysis of professional competencies in psychological care for children and adolescents in hospitals and outpatient clinics thus has a practical utility in describing the methods of practice that distinguish these work settings in terms of procedures, as well as forms of uni- and interdisciplinary interventions that integrate different perspectives and areas of knowledge (Finch et al., 2012). Moreover, such descriptions have a direct impact on professional training and on how students in training are evaluated in the skills they are developing. Although assessment practices do exist — such as knowledge tests or supervisor rankings — they are often conducted in a non-systematic or unstructured manner (Resolução CNE/CES nº 1, 2023). Therefore, a refined description of competencies could benefit not only professional practice but also address an existing gap in psychology education and training.

Given the diversity of psychological practices across pediatric healthcare settings, this study addresses the need to better understand how professional competencies are applied in outpatient versus hospital contexts. Despite the growing importance of psychological care in these areas, there is a lack of comparative analyses that clearly outline the specific knowledge, skills, and attitudes required in each setting. This gap limits the ability to develop targeted training and service improvements. Understanding these differences can improve the quality and accessibility of psychological care, ultimately benefiting the well-being of children, adolescents, and their families. Therefore, this study aims to describe the professional competencies in the psychological care of children and adolescents in hospital services and ambulatory care, through a qualitative analysis of reports of professional training experiences. The research question guiding this analysis is: What are the differences and similarities in the professional competencies required for providing psychological care in outpatient versus hospital pediatric settings?

Method

Design

This is a qualitative, observational, and interventional study grounded in an autoethnographic case study approach. The study draws on the first author's professional experiences in two psychological services for children and adolescents: one hospital-based and one outpatient-based (Mussi et al., 2021).

Setting

The study was conducted in a public general hospital with approximately 500 medium- and high-complexity beds and in a psychological outpatient clinic, established as a teaching-service unit. Both settings are affiliated with a Brazilian public university, located in a city in the interior of the State of Minas Gerais, whose resident population is seven hundred thousand inhabitants.

The first researcher was integrated into both contexts — hospital and outpatient services — as part of a professional internship, which takes 420 hours of practical activities (210 hours in each field). Psychological service was provided to children, adolescents (aged 4 to 17 years), and caregivers. The characterization of these psychological services is detailed in Table 1.

Table 1. Characterization of Psychological Care Practices for Children and Adolescents

	Hospital Context	Outpatient Context
Procedure	Active search was performed after reviewing the patient's medical records or via medical referral. Most of the sessions occurred only with the caregiver, due to the patient's physical limitations.	Cognitive Behavioral Therapy (CBT), conducted in pairs of therapists, two cases per pair, with task division between individual sessions with the child/adolescent and their caregiver.
Main Demands	Familiarization with the environment; emotional dysregulation; crying episodes; avoidant behaviors; sexual violence; preparation for invasive procedures; health complications due to behavioral problems in chronic diseases; emotional and physical exhaustion of caregivers.	School complaints; maladaptive behaviors; impaired social skills; lowered mood/affect; presence of unexpected temperament; family dynamic issues.

Source: the authors (2024).

Ethics

This study is in accordance with Resolution No. 510, dated April 7, 2016 (2016), of the Conselho Nacional de Saúde – CNS (Brazilian National Health Council). Specifically, Article 1, Sole Paragraph, item V states that research based on databases containing aggregated information, with no possibility of individual identification, is exempt from registration and evaluation by the CEP/CONEP system. Therefore, ethical approval was not required for this study.

Nevertheless, all ethical precautions were taken to ensure participant confidentiality and data protection. Personal identifiers were removed or masked to preserve anonymity, and no identifying information is presented in the results or supporting documentation. The cases were documented and analyzed using anonymized clinical notes, and all data were handled in secure, access-restricted environments. Furthermore, informed consent for psychological care and for the possible use of anonymized clinical data for educational and research purposes

was obtained from legal guardians at the time-of-service provision, in accordance with institutional guidelines for supervised clinical training settings. Participants' rights to privacy, confidentiality, and non-retaliation were fully respected throughout the research process.

Processes for ensuring rigour

The qualitative rigour has been described by Koch (2006, cited in [Crowe & Manuel, 2024](#)) in these aspects:

- Credibility, that is, the description of how the analysis was undertaken and by whom: data were collected from August 2022 to February 2023 by the first author. The material involved psychological care experiences, with documentation available in clinical records and supervision notes. The use of autoethnography is justified by the reflective, immersive, and experiential nature of the data, which includes personal notes, clinical plans, supervision records, multidisciplinary team meeting summaries, and theoretical study materials. This method provides both narrative depth and analytical insight while acknowledging the subjectivity of the researcher.

- Transferability: to provide sufficient detail of context provided to enable the reader to assess similarities to their practice area.

(1) from sample to population: the psychological services provided in hospital and outpatient settings were predominantly offered to individuals from low socioeconomic backgrounds, originating from nuclear families in the aforementioned macro-region. These services were delivered in the post-COVID-19 pandemic period, at a time when social distancing regulations were no longer in effect. The first author, serving as a psychology intern, conducted the sessions and participated in interdisciplinary discussions under the supervision of a licensed psychologist with expertise in both clinical practice and student mentorship. All professional training activities were guided by a faculty member accredited by the higher education institution.

(2) ideas, concepts, and theories: the theoretical framework encompasses conceptual paradigms related to professional competencies in psychology; theories of human development; psychological techniques for working with children and adolescents; health psychology; and public policies in mental health.

(3) case-to-case: an effort was made to describe facts — whether objective or behavioral — and to establish transfer reasoning, that is, the relationship between these facts and broader theoretical frameworks, with the aim of indicating the generalizability of the proposition.

- Dependability: The themes and levels of analysis were defined as follows, along with their respective justifications in terms of the overarching research question. A structured research form was developed based on the description of professional competencies in psychological services for children and adolescents (American Board of Clinical Child and Adolescent Psychology [[ABCCAP](#)], 2024; Rodolfa et al., 2005, as cited in [Cuéllar-Flores et al., 2022](#)). Initially, sixteen competencies were identified and organized into two primary categories: foundational competencies and functional competencies.

A subsequent systematic search in the Cochrane Library using the terms “competences” and “Clinical Child and Adolescent Psychology” yielded twelve systematic reviews, of which eleven emphasized various intervention models. These findings informed the refinement and narrowing of competencies to six key domains, deemed both theoretically grounded and clinically relevant.

The research protocol included a matrix to document each competency across the two care settings. For each setting (hospital and outpatient), the first author recorded: a) Objective facts (e.g., observed verbal and non-verbal behaviors, environmental elements, available tools); b) Clinical impressions developed during or after sessions.

The variables collected included demand characteristics, assessment methods, intervention techniques, and observed outcomes of psychological practice. These were organized under the following competency framework:

a) Foundational competencies

a.1) Ethical and legal standards: Implementation of ethical principles and understanding of legal issues related to professional activities with children, adolescents, and their families, both individually and in groups or organizational settings.

a.2) Interdisciplinary systems: Skills to effectively participate in interdisciplinary collaboration, grounded in a comprehensive practical knowledge of diverse perspectives, professional standards, and contributions across different contexts and systems involving children, adolescents, and their families.

a.3) Evidence-based practice: Competence to incorporate evidence-based practices into clinical activities, along with other functional skills. This also includes knowledge of the available literature and its limitations, ensuring continuous updates on topics relevant to practice. Additionally, it encompasses the ability to explain a logical decision-making process to patients.

a.4) Scientific knowledge about developmental psychology and typical development: In-depth understanding of developmental milestones and stages, covering social, cognitive, emotional, behavioral, and physical domains. Furthermore, knowledge of typical developmental challenges in childhood, adolescence, young adulthood, and middle adulthood, given that clinical psychologists frequently work with children and their caregivers.

b) Functional competencies

b.1) Assessment competence: This competency encompasses conducting assessments, diagnoses, and clinical formulations related to the issues and capabilities of individuals (children and their families), groups, and/or organizations. It also involves: a deep understanding and skills related to typical and atypical development; the manifestation of psychopathology in accordance with developmental stages; psychopathological disorders as defined by major classification systems, and functional and contextual analysis.

b.2) Intervention competence: This competency involves the knowledge and skills to initiate psychological and psychotherapeutic treatments for a broad range of disorders and psychopathological issues affecting health across all ages and in various healthcare contexts. It includes the ability to: select an appropriate intervention based on an accurate diagnosis and/or functional assessment; implement the intervention effectively; and make necessary modifications to the intervention plan as required.

Data collection

Following legal authorizations, and within the scope of delegated tasks, psychological service was provided to children, adolescents and caregivers by the first author. These procedures were supervised by a trained professional, with the completion of protocols specific to both services. The first researcher has maintained records within the research protocol, documenting information about the sessions, therapeutic plans, supervision notes, team meeting summaries, and theoretical study notes.

Inclusion criteria involved psychological care experiences provided by the first author, with documentation available in clinical records and supervision notes, and involving patients aged 4 to 17 years. Cases without sufficient documentation or with incomplete follow-up were excluded. The data were organized by setting (hospital and outpatient).

Data analysis

A content analysis strategy was selected, focusing on both manifest and contextual meanings (Laville & Dionne, 1999). Categories of analysis were derived from the data, guided by existing theoretical models on professional competencies in child and adolescent psychology. These categories were evaluated based on five criteria: (a) Relevance, (b) Exhaustiveness, (c) Limited number, (d) Precision, and (e) Mutual exclusivity. The operationalization of these categories aligned with professional competency frameworks from Rodolfa et al. (2005, as cited in Cuéllar-Flores et al., 2022), the American Board of Clinical Child and Adolescent Psychology (ABCCAP, 2024). Two independent researchers reviewed the proposed categories and engaged in cross-validation. A process of data triangulation was employed by integrating information from therapeutic plans, supervision records, and team discussions. Discrepancies were resolved by consensus to ensure reliability. The categorization was iterative, with refinements made in response to thematic saturation and feedback from peer reviewers.

The information documented in the research form was analyzed to identify similarities and differences in both environments, aiming to gain a deeper understanding of the psychologist's competencies in each context. Additionally, issues relevant to patient service, including the techniques and intervention strategies used, were identified. These elements were integrated with the theory of professional competencies for psychological service of children and adolescents.

Results

The comparative analysis of professional competencies for psychologists working with children and adolescents in hospital and outpatient settings produced a board composed of integrated knowledge and relations with the work process (Figure 1). The following categories, organized into foundational and functional competencies, reflect not only descriptive findings but also interpretative insights grounded in theoretical models and professional literature (ABCCAP, 2024; Cuéllar-Flores et al., 2022; Rodolfa et al., 2005, as cited in Cuéllar-Flores et al., 2022)

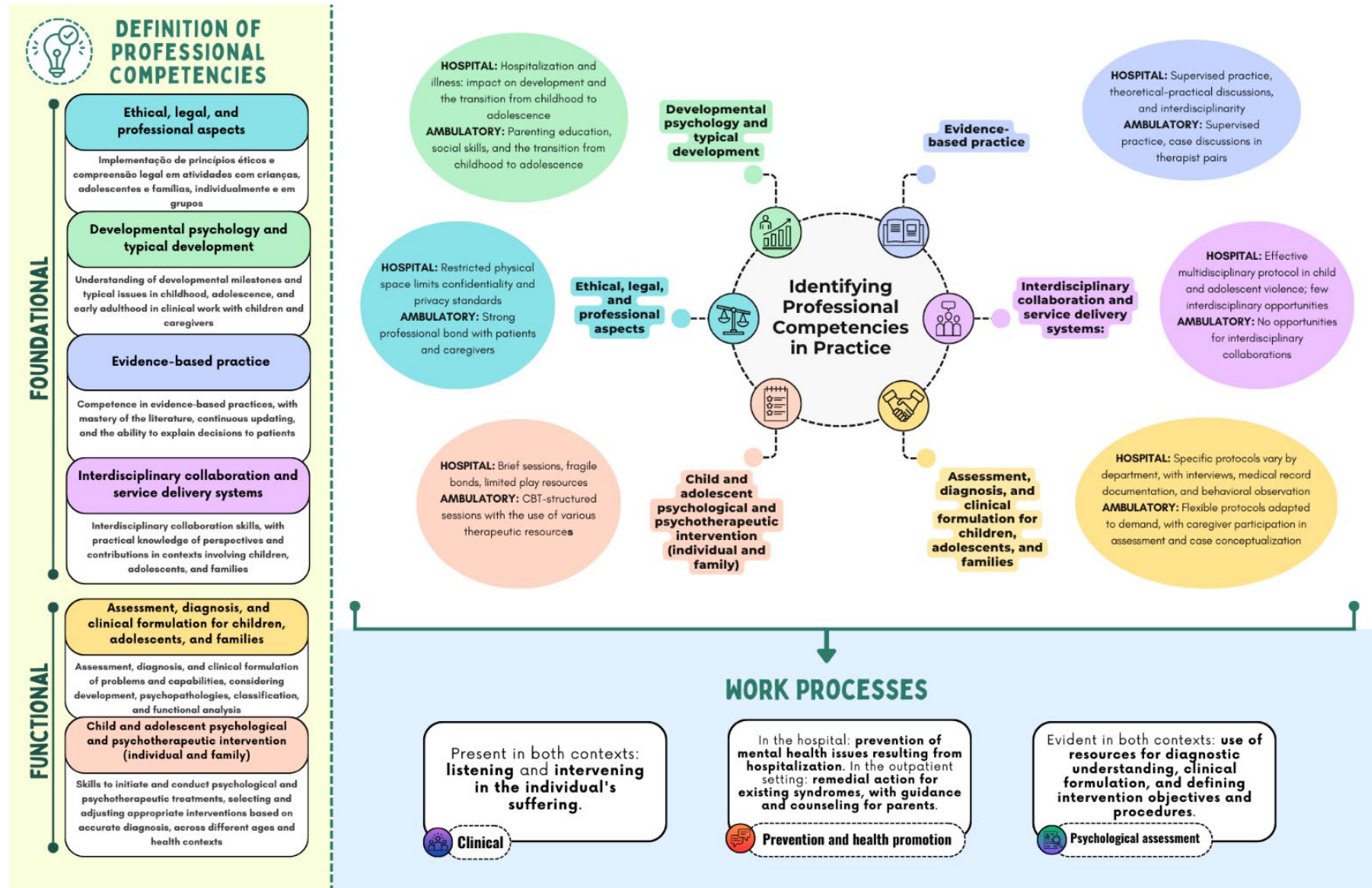
a) Foundational competencies

a.1) Ethical, legal, and professional aspects

In the hospital setting, the lack of spaces exclusively dedicated to Psychology and the presence of shared rooms hinder the ability to conduct private sessions, compromising necessary confidentiality. Additionally, consulting with caregivers of institutionalized children is challenging, as these individuals often lack full knowledge of the patient's life history due to the nature of their volunteer roles. These conditions require professionals to display competencies in upholding ethical standards and maintaining confidentiality and professional secrecy, core elements of ethical practice (Resolução CFP nº 10/2005, 2005). Supervision activities reinforced specific competencies, such as handling cases of sexual violence, aligned with the ethical-legal protocols outlined in the literature.

In the outpatient setting, the socioeconomic vulnerabilities of the clients are pivotal in shaping therapeutic goals and ethical boundaries. The professional must exercise ethical sensitivity, as defined by Rodolfa et al. (2005, as cited in Cuéllar-Flores et al., 2022) particularly in cases involving dual relationships and therapeutic boundaries with caregivers. Establishing informed consent through prior meetings with caregivers ensures adherence to ethical norms and is essential to professional conduct in child and adolescent care.

Figure 1. Comparative analysis of professional competencies for psychological services to children and adolescents in hospital and outpatient settings



Source: the authors (2024).

Note: figure created with Canva.

a.2) Interdisciplinary systems

In the hospital, team meetings were sporadic, particularly in the pediatric unit, where communication occurred primarily during ICU shift changes. Multidisciplinary collaboration was limited but became crucial in complex clinical scenarios such as sexual abuse cases and psychiatric crises, reflecting a context-dependent application of interdisciplinary competencies. The interactions described mirror the functional domain of “interprofessional collaboration” defined by [ABCCAP](#) (2024), highlighting the challenges of systemic integration in acute-care settings.

In the outpatient setting, despite fewer structured interdisciplinary meetings, professionals engaged with school systems and medical services when required. These exchanges, though informal, demonstrate the flexibility and adaptability of psychological competencies in coordinating care across systems — a dimension emphasized by [Cuéllar-Flores et al. \(2022\)](#) as crucial for holistic child mental health services.

a.3) Evidence-based practice

In both settings, evidence-based practice was supported through supervision, literature review, and reflective practice. In the hospital, pre- and post-session discussions guided by supervisors incorporated CBT principles tailored to acute medical contexts, such as preoperative anxiety and medical trauma. This aligns with the competency of “clinical integration of scientific knowledge,” as outlined by Rodolfa et al. (2005, as cited in [Cuéllar-Flores et al., 2022](#)).

In the outpatient setting, the regular peer supervision model and access to theoretical frameworks such as Schema Therapy (ST), ACT, and CFT enhanced cognitive conceptualizations of cases. These competencies reflect the integration of empirical literature with clinical reasoning, fulfilling the triadic model of evidence-based practice (clinical expertise, best research evidence, and patient values).

a.4) Scientific knowledge about developmental psychology and typical development

In both settings, the application of developmental psychology knowledge was evident. In the hospital, acute stress reactions were interpreted within the context of developmental milestones and disruptions. In the outpatient setting, parenting interventions and psychoeducation addressed developmental tasks and maladaptive patterns, supporting the use of developmental theories as a framework for both assessment and intervention.

These findings align with the “scientific knowledge” domain of foundational competencies described by [ABCCAP](#) (2024), reinforcing the role of developmentally informed care in both prevention and treatment.

b) Functional competencies

b.1) Assessment

In the hospital, assessment protocols were adapted for critical care environments, focusing on both child and caregiver needs. Despite some limitations due to the lack of medical training, psychological formulation was supported by reading clinical charts and supervision input. This reflects the necessity of contextualized assessment skills, incorporating both standardized procedures and dynamic formulation.

In the outpatient setting, a multi-stage intake process allowed comprehensive understanding of family dynamics and presenting problems. The professional was required to demonstrate formulation competence by synthesizing data from interviews, screening tools, and clinical observation — practices grounded in evidence-based assessment literature.

b.2) Intervention

In the Pediatric Emergency Room, brief psychotherapy dominated due to the transient nature of patient contact. Strategies included the use of play-based tools and structured activities, which reflect the adaptation

of intervention models like CBT to short-term, high-pressure environments. However, the efficacy of these interventions depended on engagement and institutional support.

In contrast, the outpatient setting enabled sustained therapeutic processes, allowing the application of structured CBT protocols and incorporation of tools like the Problem Box and Session Journal. These practices support the competency of tailoring interventions to the client's developmental stage and sociocultural background, aligning with models described in [Cuéllar-Flores et al. \(2022\)](#) and [ABCCAP \(2024\)](#).

Discussion

The study aimed to describe the professional competencies involved in psychological care for children and adolescents in hospital and outpatient settings, based on a qualitative analysis of professional training experience reports. The first author's records of professional experiences were qualitatively analyzed using six competencies as an analytical framework.

The analysis indicated that, within the foundational competencies, theoretical grounding — achieved through case discussions and academic literature — supported clinical practice concerning both typical and atypical developmental issues in both care settings. In this study, such curricular training was the sole source of evidence-based practice (Resolução CNE/CES nº 1, 2023).

Interdisciplinary collaboration was relatively feasible in the hospital context, while in the outpatient setting, it occurred only in theoretical discussions. Ethical and professional conduct was essential in both settings; however, upholding professional standards proved more challenging in the hospital environment.

Regarding the functional competencies, both settings required professionals to develop knowledge, skills, and methodologies for analyzing and synthesizing psychological data to support case formulation. In general, this process took place in a non-systematic manner.

Conversely, psychological interventions in the outpatient setting were more strongly guided by theoretical models, whereas in the hospital setting, they were limited by contextual constraints — such as space availability and time for care.

Contributions of psychological competencies analysis to mental health and developmental outcomes in children and adolescents

The concern with developing competencies among psychologists working with children and adolescents in hospital and outpatient settings is closely linked to increased awareness of the importance of optimizing mental health and developmental trajectories for this population ([WHO, 2022](#)). Enhancing training can lead to more effective, efficient, and equitable service delivery. For example, one of the aspects discussed in this study relates to the scarcity of interdisciplinary collaboration. It is possible to infer that this difficulty in articulating work with other professionals stems from a historical legacy in healthcare that has traditionally been hierarchical (focused on productivity). The expectation is that this model of care will be replaced by one that prioritizes partnerships between the team, patient, and caregivers. Thus, services based on a horizontal approach strengthens the bond between the professional and the individual receiving service, promoting more continuous and effective work ([CFP, 2019](#)).

The integration of specialized services (hospital and outpatient) with basic health assistance requires that the psychology professional aligns their actions with those of other professionals and jointly develops and monitors, together with the patients, plans for managing difficulties in the biopsychosocial sphere, particularly in chronic mental health contexts. Among the strategies to make this a reality, the sharing of resources between professionals (e.g., physical resources, as well as assessment methods and intervention strategies) stands out. In this perspective, the team truly works as a unit, rather than performing individualized tasks added together ([Reiter et al., 2018](#)). The work with the multidisciplinary team focuses on offering psychological support in situations related to the best care strategies, considering each patient's particularities.

The goal is to transform the view of a patient limited to a diagnosis, seeing them instead as a person with a unique life history, emotions, and social context. Furthermore, there is active participation in the multidisciplinary work process, ensuring the comprehensiveness of care through activities such as welcoming, developing the Singular Therapeutic Project (PTS), follow-up visits, reassessments, family meetings, and shared discharges. This approach allows for expanded care aimed at continuity, autonomy, and patient protagonism in the process (CFP, 2019).

A direct outcome of improving interdisciplinary collaboration in pediatric psychology is the development of clear collaboration protocols, in which the team develops mutual understanding of each professional's roles and responsibilities, ensuring that patient care is provided in an integrated manner, respecting the specificities of each area of expertise (Bastos et al., 2022; Salló, 2022). Thus, the psychologist can promote integration between clinical practice and management in the hospital setting, being essential not only in clinical practice, although this is the most common, but also as a facilitator of communication within the team (CFP, 2019).

Regarding the perspective of changes in developmental and mental health outcomes for children and adolescents, the analysis of functional competencies related to intervention indicated that in both settings of the investigation – hospital and outpatient – there is a need for training techniques and adaptation of these practices to the specificities of each environment. In the outpatient setting, psychologists have the opportunity to establish deep, lasting therapeutic bonds with patients. This environment allows for continuous monitoring, where regular sessions facilitate the development of a relationship of trust and collaboration over time. Therapeutic plans are formulated and adjusted as necessary, providing a personalized approach tailored to the individual needs of patients. In this context, parental guidance and family involvement are crucial to treatment success, as changes in

children's and adolescents' behaviors are often linked to family dynamics and the home environment. The use of Cognitive Behavioral Therapy (CBT) and other therapeutic techniques, such as art therapy and session diaries, enables more consistent monitoring, facilitating tracking of the patient's progress over time. However, the reduced frequency of sessions (weekly) and cancellations may pose a challenge to treatment continuity, requiring the psychologist to efficiently manage time and the expectations of patients and their caregivers.

In contrast, in the hospital environment, the therapeutic bond tends to be shorter and focused on the health-illness axis. Psychologists need to quickly establish a connection with patients/caregivers to offer immediate and effective interventions in critical situations. Interactions are generally more intense but of shorter duration, requiring skills to create a safe and trusting environment within a limited timeframe. These limitations to the psychologist's work are traditionally known in the hospital setting (Kidd & Styron, 2020). As a result, it is difficult to establish a therapeutic alliance in the framework of theoretical models used in outpatient therapies (Dobson & Mastikhina, 2015), but the use of psychological techniques can facilitate mutual understanding and the sharing of thoughts and emotions during consultations. Interventions in the hospital setting must consider the emotional well-being of both patients and caregivers, as hospitalization can significantly impact family dynamics. Acceptance and Commitment Therapy (ACT), a contextual third-wave therapy with a scientific basis, has shown effectiveness in managing psychological distress in hospitalized patients, fostering more positive adaptation to health conditions and strengthening internal resources for coping with challenges (Cameoka & Seidl, 2024). Additionally, training in the field involves enhancing attention to an individual's personal experience and behaviors, in order to understand how these aspects may influence their health outcomes (Palermo et al., 2014).

How does the perspective of working processes make the analysis of professional competencies in psychological service for children and adolescents feasible?

Since the functional competencies selected for analysis permeate the psychological practice in assessment and intervention tasks, it is pertinent to adopt the perspective of working processes for analyzing the results. It can be considered that several work processes are associated with both the hospital and outpatient settings. The most evident to mention concerns clinical processes, i.e., when there is a need for listening and intervention in the individual's suffering. Linked to this process, and also cutting across both hospital and outpatient settings, is the psychological assessment process. This process concentrates competencies related to the use of resources for diagnostic understanding (Bastos et al., 2022). Clinical formulation, which involves integrating the information collected during the assessment to develop a treatment plan, is an essential competency in both contexts. In outpatient settings, clinical formulation is often accompanied by a detailed case conceptualization, allowing for a structured therapeutic approach and the definition of clear intervention goals. In the hospital, formulation may be more immediate and adaptive, reflecting the need for quick responses to patients' critical conditions. What is lacking in both analyzed contexts is the structuring of the process. Gaps in initial training, which are often generalist and theoretical; scarcity and difficult access to instruments seem to be justifications related to issues with this professional competency in both contexts (Oliveira et al., 2022).

The working processes of prevention and promotion seem more present in the hospital context, considering the prevention of mental health issues in children resulting from hospitalization. Thus, the work should go beyond treating the current illness, including actions for prevention and health

promotion through multi-professional interventions and guidance (CFP, 2019). On the other hand, in the outpatient setting, the action is remedial for existing syndromes. Due to this characteristic, the processes of guidance and counseling were particularly evident in outpatient practice, especially in guiding parents on ongoing diagnoses and treatments (Bastos et al., 2022). In both contexts, to implement prevention and promotion actions in mental health, the professional must have a clear and thorough understanding of the structure of the healthcare system, available services, and professional ethics, as these elements significantly impact users' access to service and healthcare assistance, as well as the effectiveness in resolving the problems they face. Furthermore, it is important to consider the guidelines for psychological record-keeping, situations requiring mandatory reporting, and the expanded network of services that integrates the community (CFP, 2019).

Regarding mental health promotion and prevention processes, the contexts analyzed do not formally have strategies to promote interventions that minimize the development trajectories of mental health diagnoses, especially for chronic, less debilitating disorders. Although the proposed interventions aim at controlling risk factors and maximizing protective factors, there is no formal evaluation process that could indicate individuals showing signs below, yet close to, clinical parameters for the manifestation of disorders. Based on this evaluation, the professional's role would be to implement preventive interventions to avoid the need for specific interventions in the developmental trajectory of the pathology. For example, parental training for mild externalizing behavioral manifestations may minimize future needs and the burden of specific therapies for oppositional defiant disorder and comorbidities. Similarly, there is no operationalization between the services provided and the existing community resources to minimize social exclusion and economic inequity, which are known risk factors for mental health conditions (Arango et al., 2018).

Science in the scope of professional competencies in psychological care for children and adolescents

Although science is an inherent characteristic of the professional competencies of psychologists working with children and adolescents in hospitals and outpatient settings, this study identifies difficulties in translating theoretical principles into practical action. Even though the work routine requires consulting theoretical references, this does not genuinely indicate the actual implementation of evidence-based practice (Palermo et al., 2014; Peters-Corbett, 2023). To effectively apply scientific knowledge in practice, both contexts should allocate space in their work processes for: identifying the level and nature of the evidence; the application context; and the method for facilitating the process. Therefore, it is clear that, for this implementation, organizational-level interventions would be necessary, as well as overcoming individual barriers, such as negative attitudes or the clinician's inadequate knowledge of evidence-based practice (Peters-Corbett, 2023).

The second level of implementing evidence-based practice involves analyzing the context of application. At this point, it is observed that in the hospital setting, the uniqueness of the demands and context complicates the search for evidence that forms the basis of practice. For example, the anxiety experienced by a child during hospitalization, in relation to the expectation of separation from their parents due to treatment, is of a different psychological nature from the anxiety a child may face in an outpatient setting (Salló, 2022). The unique nature of some experiences and contexts requires clinicians to seek and use evidence on the topic but to implement a scientific procedure of adaptation and testing for what needed to be adjusted.

Considering that this study mentions elements of practical action in pediatric psychology at the basic training level (prior to graduation), it can be concluded that the elements of the competency set related to science for this level of education have been addressed (Palermo et al., 2014). Among the anchor behaviors of this training level, the ability to analyze data and draw conclusions from studies, conduct reviews with methodological rigor in seeking references, among others, were demonstrated.

Final considerations

The study discussed the complex relationship between the professional competencies of psychologists and mental health outcomes for children and adolescents. In this context, interdisciplinary collaboration is a key element for effective interventions in both hospital and outpatient settings. However, the foundational structure of the organizational system linking health, social, and educational services must operate effectively. The work processes related to clinical practice, as well as mental health promotion and prevention for the target population, seem to depend on both individual and structural investments in science, particularly in the investigation of psychological phenomena and their interfaces with contextual aspects of risk and protection in development.

It is important to highlight the methodological limitations of this study. Given its exploratory and formative nature, the use of a single observer may introduce observer bias, and the absence of triangulation limits the robustness of the data interpretation. Furthermore, the heterogeneity of hospital and outpatient contexts poses challenges to generalizing findings beyond the specific settings studied. The interpretations presented are grounded in the data collected but must be understood within the boundaries of this methodological scope.

Although the study identifies potential contributions to the structuring of psychologists' work processes, it also points to the need for deeper and more extensive investigations into the topic. This includes the contextual variability of institutions, their organizational cultures, and the diversity of service delivery models across different health systems. Future research should consider these contextual differences to develop more generalizable and theoretically grounded frameworks.

The theoretical implications of this study must also be viewed through a lens of appropriate limitation. While the findings suggest relevant insights for clinical practice and interdisciplinary collaboration, the validity of these insights remains exploratory and should not be interpreted as definitive or universally generalizable. The study's contribution lies in offering a formative understanding of psychological competencies in pediatric settings, opening avenues for theoretical development grounded in practice.

The findings of this study may provide insights for health managers, as well as professional organizations, regarding the structuring of work processes in which psychologists are involved, particularly in providing care for children and adolescents, addressing issues such as the transition from childhood to adulthood, and managing chronic mental health problems. Similarly, the study calls for a discussion on strengthening interdisciplinary collaboration, especially in the integration between specialized services and primary care.

Authors contributions

The authors state that they made substantial contributions to the work in terms of the study's conception or design; the acquisition, analysis, or interpretation of data; and the drafting or critical revision of content for important intellectual merit. All authors approved the final version for publication and agree to take public responsibility for all aspects of the study.

Competing interest

No financial, legal, or political conflicts involving third parties (government bodies, companies, private foundations, etc.) were declared for any aspect of the submitted work, including but not limited to grants and funding, advisory-board participation, study design, manuscript preparation, or statistical analysis.

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