ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 08, Issue, 05, pp.20382-20385, May, 2018

ORIGINAL RESEARCH ARTICLE OPEN ACCESS

PSYCHOLOGY AT CRAS: AN INTERDISCIPLINARY PRACTICE

[1]Camila Santos de Melo and *[2]Elisabete Agrela de Andrade

[1]Psychology Under Graduation Student at the Adventist University of São Paulo (UNASP), Brazil
[2]Professor and researcher of the Master Program in Health Promotion and Psychologyundergraduation at the Adventist University of São Paulo (UNASP), Brazil

ARTICLE INFO

Article History:

Received 17th February, 2018
Received in revised form
24th March, 2018
Accepted 20th April, 2018
Published online 28th May, 2018

Key Words:

Social Service,
Health Promotion

ABSTRACT

The present work aimed to reflect on the experience of a psychology student in a Social Assistance Reference Center, in order to identify the participation of the psychologist in the CRAS interface. In addition to the bibliographic review, an observation visit and documentary analysis were performed as study methodology. From the results found, it was noted that the theoretical references show the importance of the interface between psychology and social service. However, the reality found shows that there is a gap between theory and everyday practice. This partnership still needs to be fostered both in the work of the institution and in the academic discourse, thus contributing to the adequate service of the user.

Copyright © 2018, Camila Santos de Melo and Elisabete Agrela de Andrade. *This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.*

Citation: Camila Santos de Melo and Elisabete Agrela de Andrade, 2018. "Psychology at CRAS: an interdisciplinary practice", *International Journal of Development Research*, 8, (05), 20382-20385.

INTRODUCTION

When presenting the Social Assistance Reference Center (CRAS), its guidelines, operationalization and the psychologist's work within the service, the importance of this professional's work in the functioning of the Single Social Assistance System (SUAS) is discussed. The theoretical and legal frameworks reinforce the importance of the psychologist in the research proposal, as seen in the official primer of the Center for Technical Reference in Psychology and Public Policy (CREPOP, 2007). With the purpose of knowing this field of action and understanding the role of the psychology professional from the experience visited, it was noticed that there is a fertile field for his work that has not yet been explored, and, if valued with the team, can contribute to the quality of life of SUAS users.

DEVELOPMENT

Interface between SUAS and SUS: With democratization becoming one of the principles of the Federal Constitution of 1988, to realize rights related to freedom, well-being, equality, Justice, development and social security (MACEDO *et al.,* 2011). These rights contributed to the development of the social welfare service in Brazil, materialized through the Organic Law of Social Assistance (LOAS) in 1993, with the aim of ensuring the rights of citizens. With the implementation of LOAS, the SUAS was regulated. In this way, SUAS became matrix, territorial and intersectoral (QUINONERO, *et al.,* 2013, page 48). Between the end of 1980 and the beginning of the 1990s, just as SUAS established principles of protection, prevention and recovery (CAVALCANTE and RIBEIRO, 2012, p.1462), the Unified Health System (SUS) was implemented with for to promote, protect, recover and rehabilitate the health of individuals and the community (PAIM, 2009, p.14). Both systems connect important principles for the promotion of the subject's health (CREPOP, 2007, p.12). In this sense, the interface between these two systems is understood in an intersectorial dialogue within the public policies, providing social rights and health care for human specificities (SILVA and RODRIGUES, 2010). In the same period, especially from the last two decades, the field of Public Health began to be influenced by the idea of Health Promotion. The valorization of the concept of health promotion rescued the expanded conception of the health disease binomial (BUSS, 2000), affirming health as a social production, valuing socioeconomic determinants more

****Corresponding author:* Elisabete Agrela de Andrade,**
Professor and researcher of the Master Program in Health Promotion and Psychology under graduation at the Adventist University of São Paulo (UNASP), Brazil.

intensely, instigating political commitment and fostering social transformations (Sicoli and Nascimento, 2003, p. In this sense, it has become one of the main axes of reordering in the field of health, strengthening the idea of empowerment of subjects and groups, launching a broader view, involving the environment, from a local and global perspective, as well as incorporating elements physical, psychological and social (Czeresnia, 1999, p.5). Health promotion strategies, by their nature, require an intersectoral approach, since in recognizing the organism as a complex and biopsychosocial being, the ways of acting on it must go through or emphasize the transformation of living conditions in a global way (Sicoli and Birth, 2003). This was a speech legitimized in Ottawa in 1986, since the First International Conference on Health Promotion, which raised the idea of health as a quality of life, resulting from a complex process, consisting of factors such as food, social justice, ecosystem, income and education. Proving this way, what promotion is beyond the health sector (Brazil, 2002). Thus, for the implementation of Health Promotion, the cooperation of several sectors and the articulation of governmental actions, such as legislation, tax system, fiscal measures, education, housing, social assistance, work, food, urban planning, are necessary. Health conditions that are beyond individuals or groups (Sicoli and Nascimento, 2003). In this sense, intersectoriality is in agreement with both systems (SUS and SUAS), which bring with them strong principles of collective health, allowing the professional greater flexibility and expansion in their way of acting in the instances of the systems referred to primary, secondary and (Crepop, 2007). This movement allows for a restructuring of the understanding of health throughout the country, allowing its deconstruction, which in the past was considered as an absence of disease, to a biopsychosocial dimension of being (Silva and Corgozinho, 2011).

Operation of CRAS

Rethinking SUAS, a unified public policy was established through the decentralization and organization of services of the socio-welfare network, being shared by the union, state, federal district and municipalities, together with civil society (Cavalcante and Ribeiro, 2012). The system is systematized from two instances related to social protection, which are, Basic and special social protection. In basic care, there is the Reference Center for Social Assistance (CRAS) and special attention, the Specialized Referral Center for Social Assistance (Creas) (Crepop, 2007). The CRAS is a gateway to social services, serving as an equipment for the identification, registration and referral of the subject to other sectors (Macedo *et al.,* 2011). The service also has the function of offering programs and workshops geared to income generations and projects for families in situations of vulnerability, acting in a preventive way (Silva and Corgozinho, 2011). It focuses on the family and on developing potential and strengthening family and community ties, which protects and contributes to the empowerment of society under its conditions (Cavalcante and Ribeiro, 2012). For the adequate functioning of a CRAS, according to the predisposed in the Basic Operational Norm of Human Resources (NOBRH) of SUAS, a minimum reference team working in the CRAS must be composed according to the size of the municipality (Brazil, 2009a). Thus, in municipalities of Small Porte 1, with up to 2,500 families referenced, must have, 2 Technicians of higher level, being a Social Assistant and another, preferably, Psychologist. 2 mid-level technicians. For Municipalities of Small Porte 2, with up to 3,500 families referenced, they must compose, 3 Technicians of higher level, being two Social Assistants and, preferably, 1 Psychologist. 3 Technicians of medium level. For municipalities of medium, large, metropolis and Federal District - Every 5,000 families referenced, must contain 4 Technicians of higher level, being two Social Assistants, 1 Psychologist and a professional that articulate with SUAS. 4 Technicians of medium level. SUAS's NOBRH also recommends having a coordinator with a higher technical level, effective public servant of the municipality or Federal District who has experience with community work, projects and social assistance services, to compose the reference team (Brazil, 2009a, p 19). The main services offered by CRAS are: Protection and Integral Assistance to the Family (PAIF). Coexistence and Strengthening of Links Service (SCFV) and the Basic Social Protection Service in the House. These services guarantee the improvement of the quality of life of the population in situations of socioeconomic fragility and social rights (Calvacante and Ribeiro, 2012).

Among the programs mentioned, PAIF is one of the main benefits and activities of CRAS. Created by SUAS and offered by CRAS, PAIF is developed through social actions focused on the family (Crepop, 2007). This program helps families to have greater access to their rights and public power, so as to be able to materialize their protection and prevention capacities and that of their family members through family guidance that deals with circumstances of frailty (BRAZIL, 2009a). Another PAIF service operates in the groups of production and solidarity economy and generation of work and income, as professional workshops that bring the family, income generation and dignity, promoting a socio-family protagonism and thus causing a decrease in the incidence of risks in this environment (Magalhães, SILVA, Oliveira, 2011). With due operational standards, CRAS must meet at least three main requirements in order to be effective. Since the institution is a public unit that offers PAIF and also offers the management of the territory of basic social protection, the first requirement of the CRAS with the PAIF is focused on the active search (Crepop, 2007).

With active teams, the active search is done with specialized professionals who promote strategies that CRAS need to play in order for actions to become more proactive, advancing with more agility, since the active search is not only in the visitation of the families, but in the accurate data from the population that generate information useful for socio-assistance and intersectoral functions (Brazil, 2009a). According to the official documents of SUAS, in order for CRAS to be aware of the functioning of other sectors, the second requirement is in the knowledge of other areas of public policy, such as the Coexistence and Strengthening Service (SCFV). Through this, there must be the possibility of forming networks to share information that subsidize the actions of each sector, thus forming a system that benefits, in a comprehensive way, the population. Another requirement is in the dialogue itself with the intersectoriality, in order to function fully as a care network (Crepop, 2007). Understanding CRAS as an essential service of the basic protection proposal of SUAS, and an important part of the chain of health promotion proposed by the social security tripod. It is necessary for the psychologist to know its place within this state device, the limits and scope of this proposal and the relation with the object of study of his profession (Silva and Corgozinho, 2011).

In this context, integrality is present in this context, generating the need to join the psychology professional to the professional network of CRAS (OLIVEIRA *et al.,* 2014, p.105). Thus, the contribution of the psychologist favors the strengthening of both the social assistance network and health (Macedo *et al.,* 2011).

Psychologist's performance in CRAS

The psychologist must work within the principles that guide practice in the CRAS, among them, are interdisciplinary activities that improve the actions shared with other professionals, improving the quality of the service provided, according to the municipal and territorial reality, based on its aspects political, social, cultural and economic, cooperating with the implementation of public policies (Crepop, 2007). With the dimensions that SUAS encompasses, the psychology professional fits the CRAS profile, within the PAIF methodological guidelines, becoming a facilitator of multidisciplinary and intersectorial communication, strengthening the social support network (Silva and Corgozinho, 2011). In addition, the psychologist can be part of the steering team, composed of professionals specialized in community work, which has a character in the active search and aiming at preventing social risks to referenced families in a situation of vulnerability. This work is also suitable for the collection of necessary and reliable information that can collaborate in multidisciplinary and intersectoral work, in order to bring improvements to the quality of the service provided to the population (Koelzer, Backes, Zanella, 2014).

Another function of the psychologist is to develop actions that the population requires to serve in the institutional and community space (Crepop, 2007). In this work, proposals and activities related to the social movements of racial, religious, gender, generational, sexual orientation, social classes, socio-cultural segments and the other services already mentioned in this discussion are involved (Macedo *et al.,* 2011). With the interdisciplinary action, the psychologist attends children to the elderly, being individual, with an emergency, group or family group, always prioritizing the collective work. All actions must be multidisciplinary, aiming at networking to generate greater health promotion to the population. From these perspectives, the psychologist's role must be psychosocial (Crepop, 2007). The actions and programs developed by this professional have, in their nature, prevention and health promotion, social and psychosocial reception, social care for the elderly, generational and intergenerational socio-educational programs, in order to empower families for a future productive insertion (Silva and Corgozinho, 2011). Thus, courses and workshops on handicrafts, cutting and sewing, industrial sewing and basic cooking are encouraged, for example. In relation to the program of income transfer, family grant, citizen income, young action, pro-young, benefit of continued provision for the elderly and disabled (Brazil, 2009b). In order for these actions to carry out, it is necessary for the psychologist to know how to aggregate constitutional values of SUS such as universality, equality, completeness, decentralization, regionalization, social control, intersectoriality and social participation (Scarcelli, Junqueira, 2011). (eg, territorial constituencies, territoriality, centrality in socio-familial matricity, security, prevention of social vulnerability risks through income transfer programs and monitoring of individuals and families) (Macedo *et al.,* 2011) of the main challenges and objectives for the psychologist to be consolidated as essential in this environment. In this case, their participation should focus on the promotion of the autonomy of the subject, empowerment, social participation, strengthening of family bonds, emancipatory actions (Santos, Quintanilha and Araújo, 2010), giving the individual the recognition of their good and quality of life (Scarcelli and Junqueira, 2011, 355). Through this, it is possible to connect concepts of health promotion with those of social service, making psychology practice in this new scenario (Oliveira *et al.,* 2014).

Conclusion

The study shows that the characteristics of the work of psychology are connected with those of social work in favor of the health of the subjects. According to Cavalcante and Ribeiro (2012) and Paim (2009), health promotion actions are geared towards a holistic conception and to encourage social participation, intersectoriality, sustainability, equity, and empowerment of the subject. For this reason, the work of the psychologist in CRAS may be effective. According to the theoretical references, because the psychologist (a) is able, through the health promotion strategy, to connect his / her function with the guidelines of the SUAS, the participation of this professional in the service contributes to materialize the integrality proposal (Oliveira *et al.,* 2014). In the case of integral action, the strengthening of the social service network, as well as health and other sectors that participate in the integrality of being, such as education and justice, for example, are favored. Thus, it is possible to find a greater relevance of the psychologist in the subject-oriented service (Macedo *et al.,* 2011). Like integrality, intersectoriality is a strong principle found in SUAS and developed by CRAS, as well as in health promotion. This idea contributes so that the psychologist can facilitate his / her service with the sectorial support, allowing the insertion of health in this communication (Silva and Corgozinho, 2011).

In this sense, the psychologist (a) can bring important contributions to the CRAS, especially with regard to communication, and can be leveraged among institutional vehicles. In terms of interdisciplinarity, the work of psychology improves actions shared with other professionals, according to the municipal and territorial reality, based on political, social, cultural and economic aspects, to cooperate with the execution of public policies (Crepop, 2007). According to Cavalcante and Ribeiro (2012), in the main services offered by CRAS, such as PAIF and SCFV, there may be weaknesses with the absence of a psychologist, reducing the holistic view and interdisciplinary. Thus, orientation to the family, access to rights and materialization of abilities are left to those who are expected (MacedO *et al.,* 2011). As quoted by Silva and Corgozinho (2011), the psychologist (a) fits the CRAS profile, as it is within the PAIF methodological guidelines. Therefore, KOELZER *et al.* (2014) points out that the relevance of the psychologist within the steering team contributes to the prevention of social risks to referenced and vulnerable families, and can collaborate in multidisciplinary and intersectorial work, in order to bring improvements to the quality of the service provided to the population. With the presence of the psychology professional in CRAS, the support to the staff and the users of the service strengthens, not overloading the service and promoting better quality of life for its users and professionals. During graduation in psychology, little is discussed about the insertion of the psychologist in the

social service. it is a field of work still unknown to the students. During academic extension, there is little emphasis on professional practice beyond the clinic, so the student leaves the university with the prospect of encapsulated acting, and when faced with reality, realizes that this clinic is not enough, having to relax to get into other fields. Given the prioritization of clinical performance, the issue of public policies becomes deficient. With this, the psychologist enters the service without theoretical support and is unable to carry out its space with the teams where it is inserted. Generating a new challenge: that of connecting the theoretical studies with the practice of the various sectors. It is therefore necessary to add to the future professions of psychology, theoretical and practical support on how the psychologist positions and acts in front of the service performed in the CRAS. By encouraging students to become interested in the service, students can find their space by empowering themselves and promoting quality action for users and for service. In view of the need to reorient the service to other SUAS support vehicles, it is considered that psychology could offer important contributions in helping the population of a service, especially in a region of high social vulnerability, very lacking services that go towards promotion of health and quality of life.

REFERENCES

Basic Operational Standard of Human Resources of ITS. NOB-RH / SUAS. Ministry of Social Development. National Secretariatof Social Assistance. Brasília, 2009a.

Buss, P. M. 2000. Health promotion and quality of life. Science & Collective Health, v. 5, n.1, p. 163-177.

Cavalcante, P. and Ribeiro, B. B. 2012. The single system of social assistance: results of the implementation of the policy in the Brazilian municipalities. PublicAdministration, v. 46, n. 6, p. 1459-77, PAIM, J. S. O que é o SUS**.** Rio de Janeiro: Editora Fiocruz. 2009. 93 p.

Czeresnia, D. 1999. The concept of health and the difference between prevention and promotion. Cadernos de Saúde Pública, v. 15, n. 4, p. 701-709.

Koelzer, L. P., Backes, M. S. and Zanella, A. V. 2014. Psychology and CRAS: reflections from an internship experience. General: *Interinstitutional Review of Psychology,* v. 7, n. 1, p. 132-139.

Letter from ottawa, Brazil. Ministryof Health. Ministryof Health, Health PolicySecretariat, Health Promotion Project - Brasília, 2002. Silva, J. V., Corgozinho, J. P. Atuação do psicólogo, suas/cras e psicologia social comunitária: possíveis articulações. *Psicologia &Sociedade*, v.23, n. spe, p. 12-21, 2011.

Macedo, J. P., Sousa, A. P., Carvalho, D. M., Magalhães, M. A., Sousa, F. M. S. and Dimenstein, M. 2011. The Brazilian psychologist at SUAS: how many are we and where are we? Psychology in Study, v. 16, n. 3, p. 479-489,

Magalhães, S. S., Silva, V. O. and Oliveira, J. A. 2011. The challenge of strengthening the family and community ties in the crash of Álvares Machado and RegenteFeijó. Integrated Seminar, v. 5, n. 5, p 1-25.

Oliveira, I. F., Andrade, N. L. O., Nascimento, M.N.W., Araújo, R. L., Coelho-lima, F. and Amorim, K. M. O. 2014. Psychologists' performance in the crash of the interior of the rn. *Psychology & Society*. V. 26, n. 2, p. 103-122.

Quinonero, C. G., Ishikawa, C.T., Nascimento, R.C.J. and Mantovan, R.A. 2013. Principles and guidelines of Social Assistance: from LOAS to NOB SUAS. The Social in question, v. 17, n. 30, p. 47-69.

Santos, K. L., Quintanilha, B. C. and Araújo, M. D. 2010. The performance of the psychologist in the promotion of health. Psychology: *Theory and Practice*, v. 12, n. 1, p. 181-196.

Scarcelli, I.R., and Junqueira, V. 2011. The sus as a challenge in psychology. Psychology: *Science and Profession,* v.31, n. 2, p, 340-357.

Sicoli, J.L. and Nascimento, P. R. 2003. Health promotion: conceptions, principles and operationalization. Comunic, Health, *Educ,* v. 7, n. 12, p. 101-22.

Silva, K.L. and Rodrigues, A.T. 2010. Intersectoral actions for health promotion in family health strategy: experience challenges and possibilities. *Rev Bras Enferm*, v. 63, n. 5, p. 762-9

Technical Guidelines: Specialized Reference Center for Social Assistance - CREAS. Ministry of Social Development and Fight against Hunger. Brasília, 2009b.

Technical Reference Center for Psychologists and Public Policies (Crepop) Technical Reference for Psychologist (A) In the Cras / Suas / Federal Council of Psychology (CFP). Brasília, 2007.

****