Texto & Contexto - Enfermagem
ISSN: 0104-0707
ISSN: 1980-265X
Universidade Federal de Santa Catarina, Programa de Pós Graduação em Enfermagem

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Texto & Contexto - Enfermagem, vol. 28, e20180161, 2019
Universidade Federal de Santa Catarina, Programa de Pós Graduação em Enfermagem

DOI: https://doi.org/10.1590/1980-265X-TCE-2018-0161

Available in: https://www.redalyc.org/articulo.oa?id=71465278149

Original Article

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GROUP TECHNOLOGY IN PSYCHOSOCIAL CARE: A DIALOGUE BETWEEN ACTION-RESEARCH AND PERMANENT HEALTH EDUCATION

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ABSTRACT

Objective: to discuss the process of Permanent Health Education conducted with professionals working in Psychosocial Care Centers, on using Group Technology in psychosocial care.
Method: this is an action-research where 66 workers from 29 mental health services in a Midwestern Brazilian using Maguerez Arch as data collect strategy. Data was presented according to the chronology of the gathering meetings and discussed from Freire's conception of problematizing education.
Results: the participants identified "the lack of knowledge about what group dynamics is and how to use it properly" as a problem to be addressed, having the following as causes: low adherence of users to group activities; poor worker competence in conducting and planning therapeutic groups; little theoretical mastery on group dynamics; inadequate handling of silence and group techniques. The following themes were chosen for theorization: motivation, participation, communication, planning, group structuring and coordination, use of techniques and group experiences. In the action phase, the participants built 16 proposals for interventions, 13 related to the construction of learning spaces and three to the reorganization of group service practices.
Conclusion: using the action-research method in this process of Permanent Health Education allowed workers and their teams to exercise critical analysis on working with groups, as well as to become aware on the restrictive aspects of this practice, which led them to find more effective ways for using group technology in mental health care.

DESCRIPTORS: Mental health. Illicit drugs. Permanent education. Mental health services. Health professionals.

HOW CITED: Nunes FC, Caixeta CC, Pinho ES, Souza ACS, Barbosa MA. Group technology in psychosocial care: a dialogue between action-research and permanent health education. Texto Contexto Enferm [Internet]. 2019 [cited YEAR MONTH DAY]; 28:e20180161. Available from: http://dx.doi.org/10.1590/1980-265X-TCE-2018-0161

A TECNOLOGIA GRUPAL NO CUIDADO PSICOSSOCIAL: UM DIÁLOGO ENTRE PESQUISA-AÇÃO E EDUCAÇÃO PERMANENTE EM SAÚDE

RESUMO

Objetivo: discutir o processo de Educação Permanente em Saúde realizado com profissionais que atuam em Centros de Atenção Psicossocial, sobre o uso da Tecnologia Grupal no cuidado psicossocial.
Método: pesquisa-ação da qual participaram 66 trabalhadores de 29 serviços de saúde mental do Centro-oeste brasileiro, utilizando o Arco de Maguerez como estratégia de coleta de dados. Os dados foram apresentados conforme a cronologia dos encontros de coleta e discutidos a partir da concepção freireana de educação problematizadora.
Resultados: os participantes identificaram como problema a ser trabalhado "a falta de conhecimento a respeito do que é a dinâmica de grupo e como utilizá-la adequadamente" tendo como causas: baixa adesão dos usuários às atividades grupais; pouca competência dos trabalhadores na condução e planejamento dos grupos terapêuticos; pouco domínio teórico sobre dinâmica dos grupo; manejo inadequado do silêncio e das técnicas de grupo. Elegeu-se como temas para teorização: motivação, participação, comunicação, planejamento, estruturação e coordenação de grupos, uso de técnicas e vivências grupais. Na fase da ação os participantes construíram 16 propostas de intervenções, sendo 13 relacionadas à construção de espaços de aprendizado e três de reorganização das práticas grupais do serviço.
Conclusão: utilizar o método da pesquisa-ação neste pocesso de Educação Permanente em Saúde oportunizou aos trabalhadores e suas equipes o exercício da análise crítica do trabalho com grupos bem como a tomada de consciência dos aspectos restritivos desta prática, o que os impulsionou a encontrar modos mais efetivos de utilização da tecnologia grupal no cuidado em saúde mental.

DESCRITORES: Saúde mental. Drogas ilícitas. Educação permanente. Serviços de saúde mental. Profissionais da saúde.

LA TECNOLOGÍA GRUPAL EN EL CUIDADO PSICOSOCIAL: UN DIÁLOGO ENTRE LA INVESTIGACIÓN-ACCIÓN Y UNA EDUCACIÓN PERMANENTE EN SALUD

RESUMEN

Objetivo: discutir el proceso de Educación Permanente en Salud realizado con profesionales que se desempeñan en Centros de Atención Psicosocial, con respecto al uso de la Tecnología Grupal en el cuidado psicosocial.
Método: investigación-acción en la que participaron 66 trabajadores de 29 servicios de salud mental de la región centro oeste de Brasil, donde se utilizó el Arco de Maguerez como estrategia para recolectar los datos. Se presentaron los datos según la cronología de las reuniones de recopilación y se discutieron los mismos a partir de la concepción freiriana de la educación problematizadora.
Resultados: los participantes identificaron como un problema por resolver "la falta de conocimiento con respecto a lo que es la dinámica de grupo y cómo utilizarla adecuadamente", con las siguientes causas: poca adhesión de los usuarios a las actividades grupales; poca competencia de los trabajadores en la conducción y planificación de grupos terapéuticos; escaso dominio teórico sobre la dinámica de grupo; manejo inadecuado del silencio y de las técnicas de grupo. Se eligieron los siguientes temas para la teorización: motivación, participación, comunicación, planificación, estructuración y coordinación de grupos, uso de técnicas y vivencias grupales. En la etapa de acción, los participantes elaboraron 16 propuestas de intervenciones, de las cuales 13 estuvieron relacionadas con la construcción de espacios de aprendizaje y tres con la reorganización de las prácticas grupales del servicio.
Conclusión: utilizar el método de la investigación-acción en este proceso de Educación Permanente en Salud permitió a los trabajadores y sus equipos hacer uso del análisis crítico del trabajo con grupos, al igual que tomar conciencia sobre los aspectos restrictivos de esta práctica, lo que los impulsó a encontrar modos más efectivos para utilizar la tecnología grupal en el cuidado relacionado con la salud mental.

DESCRIPTORES: Salud mental. Drogas ilícitas. Educación permanente. Servicios de salud mental. Profesionales de la salud.

INTRODUCTION

The Psychiatric Reform (PR) in Brazil defends the rights of people with mental disorders and problems arising from the abuse of alcohol and other drugs, to ensure free and humanized treatment, aiming at citizenship, autonomy, quality of life and social reintegration.[1–2] From the PR emerges the model of psychosocial attention based on the conception that the health-mental illness process is multi-determined, resulting from a complex and inseparable set of biological, psychological, social, cultural, spiritual and economic determinations and conditions. Therefore, this requires interdisciplinary and intersectoral attention in order to achieve health promotion and prevention, user reintegration and rehabilitation.[1,3]

The psychosocial model is transformed into the provision of services within the Unified Health System (Sistema Único de Saúde, SUS) through the Psychosocial Care Network (PSCN) for people with mental suffering or disorders and needs arising from using crack, alcohol and other drugs The Psychosocial Care Centers (PSCCs) are PSCN's strategic services with multi-professional teams.[4–5]

The orientation from the Ministry of Health is that the assistance provided in the PSCCs must involve individual care; group care; care at therapeutic workshops; home visits; family care; and community activities for integrating the mentally ill into the community.[4] Therapeutic groups and workshops are PSCC's priority care offerings, often functioning as organizing elements for the daily mental health care services.[6]

It is noteworthy that using group therapy has significant results in mental health care, positively affecting physical dimensions, anxiety and insomnia, social functions and depression,[7–8] besides being a powerful space for creating bonding among people in psychic distress that need to be socially reinserted.[6]

Research on evaluating PSCC III of the state of São Paulo points out that the need to incorporate quality group practices in these services is urgent, so that it may be possible to extrapolate the logic of individual consultation and thus strengthen the psychosocial model.[9]

Research conducted on mental health care services including Community Mental Health Centers and Hospitals in Norway revealed that only 50% of the professionals conducting groups had formal group therapy training, suggesting the need for qualifying this development with quality and safety in mental health services.[10]

It is understood that the competence to use group technology is essential for the professionals working in outpatient mental health services like PSCCs, primary care services and other PSCN components. However, a research conducted in Goiás indicates that few SUS mental health service workers have training and preparation for coordinating and leading groups and teams.[11–12]

The requirement for competence and the lack of qualification of the professionals to work with groups motivated the Mental Health Management (MHM) of the Goiás State Health Department to develop, in partnership with the Nursing School of the Federal University of Goiás, a process of Permanent Health Education (PHE), conducted through the action-research referred to as "Mental Health, Alcohol and other Drugs and The Use of Group Technology".

Group technology is herein defined as applying the set of theories, instruments, methods and techniques of the group dynamics field in various contexts, such as: health care, people management, teaching and research.

PHE is an educational process, which is dedicated to analyzing and modifying the daily work, through creating collective spaces for reflection and learning production from the challenges identified by the teams. It seeks to understand the concepts of health and disease that determine care and management, performed in the service through the relationships among users, workers and managers. PHE is based on the problematic and significant education developed by Paulo Freire

throughout his work.[13] Performing group PHE is a powerful care tool, because through teamwork, sharing of knowledge and ongoing discussion of clinical practices, the possibilities for improvement will be benefitting the psychosocial care quality throughout the health network.[14]

Such being the case, this article aims to discuss the process of Permanent Health Education conducted with professionals working in Psychosocial Care Centers on using Group Technology in psychosocial care.

METHOD

Action-research is based on the fact that the researchers need to live and immerse themselves in the reality of the subjects involved in the problem so that together, in a process of collective, cooperative and participatory learning, they build solutions that may come to change the investigated context.[15–16] It is cyclic and follows the following operational steps:[15–18] 1) data collect – the time when the field is explored to recognize the reality where one intends to intervene; 2) reality diagnosis – starting from the categorization and analysis of the collected data for collective problems' identification, one seeks to answer what is the current situation of the group and what is to be achieved with the group; 3) action – after the diagnosis has been defined, an action plan is elaborated with alternative solutions that may come to reduce the distance between the desired situation and the identified problem-situation; and 4) evaluation – after the actions have been taken and the results obtained, a new diagnosis is made about the remaining gaps in the reality. The action-research method was adopted due to the urgent need to critically analyze the care reality of the researched services in order to produce a dynamic situational diagnosis capable of supporting a concrete action of change and improvement of mental health care.

This research took place in the context of the Psychosocial Care Network of a Midwestern State of Brazil, which consists of multiple services of the Unified Health System, organized in complexity levels for the care of people with mental suffering or disorder and with needs arising from using crack, alcohol and other drugs. Considering that the PSCCs are the strategic services of this network, as they are specialized, outpatient, daily care, open, territorialized and community-based units, 29 PSCCs from 23 different municipalities were invited to take part in this study. The inclusion criteria for the subjects were: being a professional in the technical team of the service in professional exercise at the time of data collect; being nominated by the PSCC staff to take part; acting as coordinator for therapeutic groups at the PSCC; having the consent of the service coordinator; and having the consent of the health manager of the municipality.

Given the above-outlined criteria, 66 PSCCs workers participated initially, of which 21 completed the entire investigation. These were the following areas of activity for the participants: psychology, social work, nursing, occupational therapy, pedagogy, physical education, and physiotherapy and harm reduction. A convenience sample was chosen based on the intentional choice of services and professionals significantly active in the Goiás PSCN, based on the criterion of qualitative and social representativeness of the action-research.[18]

The investigation was conducted by a team of four researchers, two psychologists (techniques of the Mental Health Management) and two nurses (members of the RECUID group - Interdisciplinary Mental Health Research and Intervention Research Group of UFG), all trained in coordinating groups and in mental health. The study participants were divided into two subgroups of 33 people to facilitate the performance of the operational data collect steps, each subgroup being coordinated by a pair of a psychologist and a nurse.

Data collect took place from February to September 2016, through ten problem-solving workshops with 8 hours each, on previously scheduled dates, totaling 80 hours of meetings and 40 hours of theorizing and dispersing activities. The workshops were recorded in audio, photography

and field diary of the researchers. Throughout the research process, the participants were invited to produce weekly reports on group activities developed in their professional practice with groups and emailed to the researchers.

Maguerez Arch (MA) was elected as problematizing strategy for data collect workshops, given the profound alignment of this PHE tool with the action-research method. MA follows five moments: 1) observing the reality; 2) presenting key points and critical nodes; 3) theorization; 4) constructing the solution hypothesis; 5) applying the solution hypothesis to reality.[19–20]

It is understood that both action-research and the MA are aligned with the proposed movements in the PHE processes which call on workers and their teams to perform a critical analysis of their work processes and their reality performance, for facing a concrete problem and a collectively planned action, seeking to improve care and management practices.[18–19,21]

The results will be herein submitted according to the chronology on data collect meetings held according to the Action-Research and MA steps and discussed from the Freire's conception of problematizing education.

RESULTS

Critical reality observation and problem recognition

The research proposal, the study objectives, its methodology, the research team, date, time and place of the face-to-face meetings were submitted in the first meeting with the participants, and the Free and Informed Consent Form was read and signed, and the other consents requested in the study inclusion criteria were collected. Then, the contract of coexistence and work was built up, which governed the whole group process for interaction among the participants and enabled the raising of expectations about the investigation.

In the second meeting the group technique referred to as "Train Trip" was used, which consisted of six workstations, with one question each: the participants traveled through them answering them according to their professional experience and previous knowledge. The questions were the following: "What is a group for you?", "What is not a group for you?", "What fears and challenges do I have in leading groups?", "What drives group practice and what helps you?", "What do you have to be, know, or have to lead groups?" and "What restricts and hinders group practice?" The answers were submitted at the end of the trip, in a movement of reflection and recognition.

In order to know more about the reality of each professional in the context of group activities, a short questionnaire was delivered that should be answered by the worker with their PSCC team, in order to identify and describe which group actions were developed in the service; to raise the driving and restrictive factors of the practice with groups and to investigate the theoretical foundation that supported this work modality.

In the third meeting, the content produced by the group of workers in the "Train trip" technique, as well as the answers of the questionnaires that brought indications of the difficulties in conducting the groups, was returned to the groups on a large panel. The participants grouped the difficulties by similarity of meaning and content into the following categories: difficulties related to the users; difficulties related to the professionals and difficulties in the work process and service structure. Given the number and diversity of encountered difficulties, it was necessary to prioritize the one where the group had the desire and governance to make an investment for change. Workers were asked to rate the difficulties based on the following color scheme: green for light, yellow for moderate and red for the most urgent. It was agreed with the group that the work would be dedicated to the difficulties with the largest amount of red signs.

Observation of reality prompted the participants to problematize their practice. Initially, the workers blamed the service, the limitations of the physical room and the users for not performing, poor adherence and lack of success in the groups. By categorizing and reflecting the hindering factors, they became aware that there is an important relationship between the inadequate functioning of groups and the difficulties of professionals in leading groups, due to the lack of practical and conceptual mastery of what the therapeutic groups are and what they are for.

At the end of the third meeting, the workers listed the lack of knowledge about what group dynamics is and how to properly use it in care for mental health, alcohol and other drugs as a priority problem to be addressed.

Understanding the causes and consequences of the problem

In the fourth meeting, the identification of the possible determinants and consequences of the problem prioritized by the group began, as well as the definition of the aspects that needed to be understood and studied to obtain answers and solutions.[19]

Workers were then invited to discuss and role-play a daily situation that illustrated the lack of knowledge about group dynamics and the use of group technology. After the staging, the group was prompted to reflect on the following guiding question: What were the causal factors of the staged difficulties?

They unveiled the following as causes: low adherence of users to group activities; poor workers competence in conducting and planning therapeutic groups; weak criteria for making up and planning the therapeutic groups; little theoretical domain regarding group dynamics; inadequate management of silence in groups; inappropriate choice and use of group techniques.

Given such identified factors, the workers elected the following themes for theorization: motivation and participation in the group, role of group coordinator, group planning and structuring, group dynamics, group techniques and experiences, and group communication. It is emphasized how relevant it is that the themes for theorizing are determined by the workers because, when the theoretical content is vertically and arbitrarily determined by the Management, or by the University or by the Ministry of Health, it does not reverberate in the professional; it does not produce a behavioral change in practice.

The theorizing challenge

Both action-research and the MA determine that to exercise theorizing in the learning process to build up solutions is the responsibility and initiative of the participants and not just of the coordination of the research or PHE process. This is justified because the theory brought by the workers represents the exact measure of their needs and potentialities, encouraging the group to seek what it wants to know allows it to access what makes sense to it facing the problem.[19] Thus, from the key points determining the problem three theorizing meetings took place.

For preparing this stage, scenes reported by the participants were used as a provocation strategy and, from them, “case studies” were constructed, for the theoretical search. The slogan of the activity was: “As a group look at the problem situation you are receiving, identify which conceptual aspect you are addressing, do the theoretical pursuit and present it in the most creative, original, experiential and participatory way possible.”

In processing the presentations of the fifth meeting, feelings of anxiety and anguish in preparing the theoretical presentation, difficulties in finding authors that addressed the themes, as well as disarticulation and lack of planning of the work subgroups in the construction of the task were verbalized.

Thus, it was emphasized that active PHE methodologies work through the learning autonomy of the workers, who need movement, participation and cooperation with the group.

Movement of workers in the individual theoretical search was noted. In order to generate self-criticism, it was questioned whether the individualistic way in which they worked in the revealed theorizing activity, to some extent, was the way they were acting in mental health services.

The sixth meeting began with work on the competence concept. Workers were asked to write which knowledge, skills and attitudes characterize a good group coordinator. Then each professional was asked to assess which of the listed characteristics they already had, which needed to be refined, and which were missing, thus measuring how far they were from the "ideal coordinator" of groups.

In evaluating the theorizing moments, workers stressed the contribution of theory to practice, that the presentations were rich in content, and that the strategy of using the group scenes of services for theorizing allowed to understand the theory more clearly.

As a preparatory task for the seventh meeting, the participants were responsible for elaborating questions about the worked on aspects that addressed unanswered questions about group dynamics and the use of group technology. The questions substantiated the speech of four invited professors who are reference professionals in group themes. Bringing in subject matter experts validated the theoretical construction that the workers had accessed and ensured clarity in understanding what was studied.

Building and planning a solution to the problem

At the eighth and ninth meetings, equipped with the theory, participants were invited to look again at the problem of lack of knowledge about what group dynamics is and how to properly use it in mental health care, alcohol and other drugs and, through the 5W and 2H action plan roadmap, think and build solution hypotheses for their workplaces and teams.

Grouped by services, they reflected and answered the following questions: What - What should be done? Why – Why should it be done? Who – Who will be the responsible person? Where – Where will the action be performed? When – When will the action be performed? How – How should the action be performed? How much – How much will the action cost? At the second meeting, the previously prepared action plans were submitted for the refinement and organization of the thought interventions.

In evaluating the exercise on building up solution-related hypotheses, the workers came into contact with the challenge of mobilizing the management and involving the professional team in qualification actions and service organization.

Application of solution hypotheses

The application of the solution hypotheses to reality occurred during the data collect dispersion period (a period of approximately 60 days). During this time the students were virtually accompanied by the researchers through the video conferencing application and text chatting on their mobile phones.

In the experimental phase of the solution hypothesis, 16 intervention proposals were built up, among which 13 related to the construction of collective learning rooms and three to reorganizing the group practices of the service. Collective learning actions focused on training regarding the role of the coordinator and group planning. Of these, one intervention invested in team development in terms of strengthening interpersonal relationships. Two of the three interventions to reorganize the group practices of the services invested in implementing the co-coordination scheme of the therapeutic groups and one in implementing a group for the care of alcohol and other drug users.

The tenth and last face-to-face data collect meeting took place during a seminar open to the community, where the immediate results obtained in each service from the interventions provoked by

the research “Mental health, alcohol and other drugs and the use of group technology” were disclosed. We then had 120 enrolled people, who were able to attend two conferences and three workshops on the group’s use and management, as well as a presentation moment for poster work modality.

DISCUSSION

The initial moment of the whole PHE process proposes to the workers, through problematization, a critical analysis of the reality where they are inserted, to get to know it deeply and to reach the conscience of what keeps it, what composes it and what needs to be worked on, modified and improved.[19] Awareness is the starting point for the journey going from learning to awareness and transformative action. The more aware people are, the more empowered they are to denounce what is challenging and problematic in their reality and seek its positive transformation.[22]

The critical, participatory, conscious and experiential reflection on the concrete reality was able to provoke a commitment to action and a desire for change among the workers who experienced it. To acknowledge that they work in the therapeutic groups performed in the services without a critical evaluation of the work process and without theoretical backing mobilized in the workers the feeling of anguish while it challenged them to seek new ways of thinking and doing. An effective teaching-learning process from the problematizing perspective makes it essential to recognize the experiences and value the knowledge of those involved in this process.[23]

The action-reflection-action movement produced is called *Praxis*.[24] To achieve this, it is necessary to have the intentionality to transform reality, which is only possible through a conscious exercise of reflection.[19] The construction of the problem situation evidenced the professionals’ discomfort regarding the limit-situation of the mechanical practice of using the group as a therapeutic tool without its theoretical and conceptual domain.[24]

Many professionals reported the lack of academic training to work with groups in mental health care context. This is added to the fact that they have been selected through open competitions, accreditation or by simplified selection process, recruitment strategies that often prioritize the knowledge acquired at the University almost always through a banking education.

When they entered the PSCN services they came across care practices that they do not know and do not master but do perform. In an accommodation movement, they said they learned by observing who does it in practice and acknowledged that they do not seek critical reflection or theoretical knowledge, and thus fall into theory that is dissociated from practice.[25–26]

To be valid and meaningful, the actions of the PHE must necessarily be preceded by a reflection of the professionals about themselves, their care practice and their concrete working conditions.[24–26] This is only possible through active and problematizing learning methodologies such as the MA.

A feature of problematizing learning[22] is to have the student as a subject and not as an object of education itself. Thus, making the professionals responsible for the theoretical search led to their involvement with the learning process, a movement that was a determining factor for transforming the mental health services involved in the study. Despite generating positive change movements, the theoretical search generated anxiety and anguish in the workers and, in some cases, it was the reason for not continuing to participate in the research.

Co-responsibilization of the participants allowed the construction of their own knowledge: the workers theorized content that gave them new sense and meanings to the work processes with therapeutic groups, and placed them in an active position to deeply reflect the reality to be transformed.[27] Problematizing learning demands of the one who learns the movement to meet the learning that is being deemed necessary. Throughout the process, the team of researchers adopted a posture of provoking dialog, since it was known that reciting to the participants theoretical and prescriptive

knowledge about group dynamics would be a violating element. The intention was to dialog with the workers about their theoretical view and about the understanding on group technology.

The conceptual foray into group dynamics has enabled workers to broaden their initial perceptions, making it clearer when, how, and in what way group dynamics may come to be used for mental health care. This movement enhanced the process on reality awareness and transformation, allowing the participants to distance themselves from common sense and approaching the elaborated critical knowledge.

The PHE process herein discussed was built through an intense investment in group dynamics and in the involvement of the research participants. Thus, through the face-to-face meetings it was possible to configure a collective and respectful environment of dialog, exchange of experiences and knowledge among the workers. Spaces such as those can transform and humanize working relationships, soften the most distressing professional processes, and even contribute to the search for team solutions.[27]

Most of the professionals involved in this PHE action had precarious and fragile employment relationships such as service contracts, temporary contracts, commissioned positions arising from political appointments, and a minority was made of effective employees and people employed by winning a contest. This fact marks a relationship between workers and managers marked by the central power inequality characteristic of the dichotomy between oppressor and oppressed discussed by Paulo Freire.[22]

The oppressed and exploited professionals, in their rights of workers, reported how risky it is to assume the role of a denouncer for a reality of inadequate care and management and of an announcer for a proposal to make group practice and teamwork in the context of mental health, alcohol and drugs. Many doubted their capacity for transformation and, in a self-deflating movement, gave up the qualification. It is no coincidence that at this stage of the course there was a significant number of dropouts, as those who found themselves without governability to change the context abandoned the training process.[22]

It must be acknowledged that the participants in this study are inserted in a concrete reality of exploitation that affects the thinking and the desire of the worker by demanding the repetitive and mechanistic labor dimension, with no possibility for dismantling the hegemonic liberal-private labor-related logic. Thus, it is emphasized that the investment made in permanent education was able to produce effects, and even in the dynamics of the productive sphere, to provoke changes.[28]

Some workers reported on insecurity feelings; however, most showed a desire and purpose to pass on the knowledge gained in the course to the rest of their work teams in the PSCCs. This fact was intensely valued by the team of research tutors given that, despite recognizing in their concrete reality situations that could limit them, they have undertaken the position of a transforming engine for this context.[22]

The training actions carried out replicated the MA methodology and group techniques, a fact that evidences the identification of the participants with the learning strategy, effectiveness in changing reality and credibility in the learning process experienced throughout the course. Dialog is by itself creative and re-creative, and is only possible when there is critical, true, and participatory thinking from those involved.[22] We emphasize the need to build up collective spaces for learning and exchange, where genuine and respectful team communication takes place.

The MA is an important methodology for problematizing teaching-learning-research issues. The action research stages aligned with the MA stages subsidize the walk through the reality of mental health services, considering the determinants of the context under study, its limits, and even instrumentalized the participants in the theoretical and practical aspects to reach the listed solutions and that are applicable to the reality, which legitimizes the intentionality of this intervention research.

Using the action-research aligned with the MA allowed for the active participation of professionals throughout the study and made it possible to become aware of their conflicting situations, a facilitating condition for facing difficulties.

It is noteworthy that the applicability of methodologies under this nature requires preparation, especially by the researchers, in the management of techniques and procedures necessary for the success of the project to be obtained. The participants are expected to be willing to look at proposals that require involvement, given that the movement and attitude of the actors depend on the action of each one that is strengthened in the collective action. Commitment with the process occurs when they recognize themselves as the main protagonists of the outlined trajectory.

The action-research method brought an important feedback movement from practice to research and from research to practice, becoming an extremely rich experience, resulting in good results for professional practice in the academic sphere as well as in the health care setting for mental health, alcohol and other drugs.

Using the action-research combined with the MA and with the methodology of experiential learning through group techniques and experiences has provided a safe space for a critical and liberating dialog. A place where there were no absolute ignorant people, no absolute sages, but health workers who sought to know more in communion.

The whole training process herein described took place through the experience of group dynamics and dialogicity, so as to give the participants the opportunity to experiment with the discussed concepts and theories. Paulo Freire defends the idea that “nobody educates anyone, nobody educates oneself, men educate themselves in communion, mediated by the world”. [22:95]

The limitations of this study are the expressive number of disqualifications from participation throughout the process because the survey began with 66 workers and only 21 completed all collect stages. This may have occurred due to the extensive data collection workload (120 total hours), but also due to the withdrawal of logistical, financial and institutional support from managers of some municipalities to participants who suffered from interruption of accommodation, food and transportation along the investigation. It is also worth highlighting that, by choosing an action-research as a study method, the research team took a risk with regard to workers’ permanence, because in this type of investigation participation is always the result of cooperative and relational investment that is made among the involved actors, in order to motivate and encourage them to complete the entire investigative trajectory.

CONCLUSION

The interrelationship between theory and practice was a hallmark of the PHE process herein described. Reality problematization challenged the participants to find answers on how to use group dynamics for mental health care more effectively and efficiently.

The PHE performed positively reoriented the work processes with therapeutic groups in the participating services because it was a concrete reflection-action-reflection exercise that produced knowledge and creative transformation of the reality.

By becoming aware of the restrictive aspects of practice with therapeutic groups, each worker can gradually change their conduct and optimize their role as a group coordinator in the psychosocial care context. In addition, new groups have emerged with unprecedented organizational and planning configurations.

The PHE process was built up according to the participants’ demands in a convergent way to the action-research methodology guidelines which state that all research actions must be negotiated among the process actors, so that research and action objectives are also aligned and complementary.

After each face-to-face instance, the research team met to evaluate the experience and plan the next meeting. This procedural construction movement was pedagogically evidenced to the participants, since one of the restrictive factors submitted by them was the difficulty of previous planning. This mode of conduct reinforces the theory of group dynamics and action-research in relation to the imperative fact that planning must meet the needs of the group rather than those of the coordinators and researchers.

The adopted action-research method, as well as the data collect strategy through the MA, demanded from the research team an intense movement of respect for each participant's time and knowledge, as everyone had much to share and learn. Throughout the process, the autonomy of each worker was encouraged for them to believe in their power to do, create and transform. Everyone involved in this PHE process was changed by the experience of learning and transforming each other.

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NOTES

ORIGIN OF THE ARTICLE

Article extracted from the dissertation - Mental Health, Alcohol and Other Drugs and The Use of Group Technology, which will be presented to the *Programa de Pós-Graduação Ciências da* Saúde, *Universidade Federal de Goiás*, in 2020.

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FUNDING INFORMATION

Public Call No. 012/2013, Research Program for the SUS: Shared Management in Health - PPSUS/GO - FAPEG/MS/CNPq.

ETHICS COMMITTEE IN RESEARCH

Approved by the Research Ethics Committee of the *Universidade Federal de Goiás*, protocol No. 821.767, Certificate of Presentation for Ethical Assessment n. 33417714.2.0000.5083

CONFLICT OF INTERESTS

No any conflict of interest

HISTORICAL

Received: May 8, 2018
Approved: December 18, 2018

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