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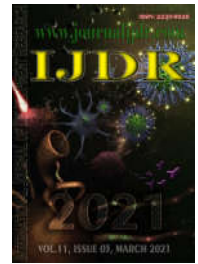
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ANXIETY STATES IN A SIMULATED ENVIRONMENT: A STUDY WITH PSYCHOLOGISTS IN TRAINING

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ABSTRACT

The use of simulation in the teaching-learning process contributes significantly to professional practice, thus, the general objective of this study is to analyze the characteristics of anxiety in psychology students who participated acting as psychologists in the simulation environment. For that reason, semi-structured interviews were conducted that demonstrated that simulation, besides giving autonomy and contributing to the development of professional skills, also proved to be a viable tool for coping with anxiety states.

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INTRODUCTION

Simulation is an active methodology within the teaching-learning process that expands the conditions of the student to create autonomy to solve problems and develop competences aiming at their academic and professional growth. As well as case studies, project methods, scientific research and problem-based learning, simulation is an example of an active methodology that allows students to be protagonists in the process of building their knowledge using challenges related to professional practice. Berbel (2011) proposed a reflection between the use of active methodologies and the promotion of the student's autonomy, since these methodologies can arouse curiosity and stimulate the decision-making process. To expand the reflection on the use of active methodologies and professional training, Pinto et al. (2012) pointed out that one of the major questions and concerns of theoreticians and professionals in the field of higher education is whether universities have really trained professionals to act in the labor market with competence and autonomy. Simulation in the academic environment, in addition to contributing to the development of autonomy and competencies within the teaching-learning process, can also be used by teachers as

an academic exam to assess students in activities that involve practical skills. The Objective Structured Clinical Examinations (OSCE) is an assessment model in a simulation environment that allows teachers to assess students' clinical performance, including communication and other practical skills that are difficult to identify with the traditional assessment model. According to Sheen et al. (2015) the OSCE was first described by Harden and Gleeson (1979), being characterized as an evaluation format that requires candidates to rotate the circuit of stations designed to mimic clinical scenarios with specific tasks. Thus, the simulation presents itself as a possibility to build and reconstruct knowledge and a new practical possibility to evaluate students for a more efficient professional performance. However, this practice commonly involves challenging and favorable situations for the manifestation of anxiety in students. According to the APA (American Psychiatry Association - 2014), anxiety consists of anticipating a future threat, being more often associated with muscle tension and permanent vigilance in preparation for a danger, combined with cautious or avoidance behaviors. Anxiety is a state of discomfort, physical and/or psychological, which can vary in intensity depending on personal characteristics or the situation experienced by the individual. It can present itself in an adaptive and constructive way as part of human development in the face of changes and threatening situations, provisionally in stressful situations or even in a harmful way causing significant damage and/or suffering.

According to Moore and Fine (1992), their intensity and duration may vary and can manifest themselves psychologically and physiologically; such feelings can appear simultaneously or alone. In studies on anxiety symptoms, physical and psychological symptoms are recorded. Physical symptoms include: headache, muscle pain, pain or burning in the stomach, tachycardia, dizziness, tingling or anesthesia, sweating, tremors, shortness of breath, feeling of asphyxiation or suffocation, nausea or abdominal discomfort, waves of heat or chills, chest pain or discomfort. Among the psychological symptoms, the following stand out: anguish, tension, worry, nervousness, irritation, difficulty in relaxing, difficulty in concentrating, feeling of loss of control, feeling strange within one's self, a once familiar environment feeling unfamiliar, fear of having a heart attack, fear of dying and fear of going crazy. (DALGALARRONDO, 2008; APA, 2014). Since the simulation can cause anxiety states with physical and/or psychological symptoms in the students, it is necessary to know and analyze the main anxiety symptoms experienced by them and what are the strategies to deal with and alleviate these discomforts in order to make the simulation process in the academic environment more pleasant and constructive. Barros et al. (2003) point out two ways to reduce the level of anxiety: one is to deal directly with the situation, solving the problem and trying to overcome obstacles, and the other is to escape from threats and create strategies, such as real or imaginary defenses that can minimize its impact.

In this perspective, the general objective of the present work is to analyze the characteristics of anxiety in psychology students who participated acting as a psychologist in the simulation environment. As for the specific objectives, they are: to raise the main anxiety symptoms in individuals in stressful situations; identify anxiety symptoms (physical and psychological) most common in psychology students who participated acting as a psychologist in the simulation environment; and raise anxiety management strategies compatible with the academic environment. The present article makes an important contribution for psychology students to know some anxiety characteristics common in the simulation environment and management strategies so that they can participate in the process in a less anxiogenic, more effective and pleasant way. In addition, it contributes to teachers who use simulation in the academic environment, with the perspective of working with students to regulate possible anxious states. Therefore, the expectation is that this work will contribute to the more effective use of active methodologies in the teaching-learning process and, consequently, to obtain the training of psychologists more apt to work in the labor market.

METHODS

For the preparation of this article, research of an applied nature was carried out in order to generate knowledge for practice within the academic area. It is characterized as an exploratory research with literature review, through the reading of books and scientific articles, in addition to mixed field research (quantitative and qualitative) with data collection and analysis using semi-structured interviews and a table with a list of symptoms and scale of intensity. Regarding data collection, mixed field research was used so that from the interaction between quantitative and qualitative techniques, better analytical possibilities were obtained. According to Paranhos et al. (2016) the fundamental advantage of integrating techniques is to maximize the amount of information incorporated into the research design, favoring its improvement and raising the quality of the conclusions of the work.

In order to obtain qualitative data, four open questions were asked, and later, discourse analysis was used to present the data.

[...] discourse analysis is the name given to a variety of different approaches in the study of texts, developed from different theoretical traditions and different treatments in different disciplines [...]. (BAUER AND GASKELL, 2002, p. 244).

Quantitative data, on the other hand, was obtained using tables with a list of anxiety symptoms, the basis of which was elaborated from DSM-5 (APA, 2014) and Dalgarrondo (2008), as shown in Table 1. The analysis of quantitative data was constituted operationally from the ordering and quantification of data in tables and final analysis. To complete Table 1, previously, the student answered the following question: "Did you feel any of the anxiety traits listed in the table below when you acted as a psychologist in the simulation environment? If so, classify each anxiety trait experienced as mild (1), moderate (2) or intense (3)". It is important to note that the participants were free to mark the number of traits they wanted, that is, many of the interviewees scored more than one anxiety trait. Data collection was carried out from 09/04/2018 to 06/15/2018 and the participants' consent was obtained through a Free and Informed Consent Form (ICF).

Table 1. Psychological and physical traits of anxiety

Anxiety Traits: Psychological	Anxiety Traits: Physical
<input type="checkbox"/> Anguish	<input type="checkbox"/> Headache
<input type="checkbox"/> Tension	<input type="checkbox"/> Muscle aches
<input type="checkbox"/> Concern	<input type="checkbox"/> Pain or burning in the stomach
<input type="checkbox"/> Nervousness	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Irritation	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Difficulty relaxing	<input type="checkbox"/> Tingling or anesthesia
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Sweating
<input type="checkbox"/> Feeling of loss of control	<input type="checkbox"/> Tremors
<input type="checkbox"/> Feeling strange within one's self	<input type="checkbox"/> Feeling of shortness of breath
<input type="checkbox"/> A once familiar environment feeling unfamiliar	<input type="checkbox"/> Feeling of asphyxiation or suffocation
<input type="checkbox"/> Fear of having a heart attack	<input type="checkbox"/> Nausea or abdominal discomfort
<input type="checkbox"/> Fear of dying	<input type="checkbox"/> Heat waves or chills
<input type="checkbox"/> Fear of going crazy	<input type="checkbox"/> Chest pain or discomfort

Source: Own elaboration.

Chart 1. Characteristics of the participants

• Average age: twenty-three years;
• Thirteen are female;
• Eight males;
• One respondent from the third semester;
• One respondent from the fifth semester;
• One respondent from the sixth semester;
• Ten respondents from the seventh semester;
• An interviewee from the eighth semester;
• Six respondents from the ninth semester;
• One respondent from the tenth semester;
• All research participants acted as a psychologist in a simulation environment during their academic training.

Source: Own elaboration.

PRESENTATION AND DATA ANALYSIS

Twenty-one undergraduate psychology students from a university located in the city of Salvador, Bahia, Brazil participated in the interviews. The main characteristics of the participants are shown in Chart 1.

QUANTITATIVE ANALYSIS

At first, a quantitative analysis of the data obtained was made, a more objective and accurate analysis, using the tables marked by the interviewees as described below. Table 2 shows thirteen psychological traits related to anxiety and their respective number of appointments. Of the twenty-one students interviewed, nineteen reported feeling "nervousness" when they acted as a psychologist in a simulation environment; eighteen students said they felt "tension"; sixteen said they felt "concerned"; twelve said they felt "difficulty relaxing"; eight felt "anguish" and seven felt "difficulty concentrating". The symptoms of "feeling of loss of control" and "a once familiar environment feeling unfamiliar" were also marked. Five of the other items on the list were not mentioned by any of the interviewees: "irritation", "feeling strange within one's self", "fear of having a heart attack", "fear of dying" and "fear of going crazy". The participants were free to mark the number of symptoms they wanted,

that is, many of the interviewees marked more than one psychological symptom related to acting in the simulation environment. Of the thirteen psychological items listed, an average of four items scored per student was obtained, with the highest number of appointments in the same interview of seven items and the lowest one appointment.

Table 2. Psychological traits related to anxiety.

Psychological traits of anxiety	Number of appointments
Anguish	8
Tension	18
Concern	16
Nervousness	19
Irritation	0
Difficulty relaxing	12
Difficulty concentrating	7
Feeling of loss of control	4
Feeling strange within one's self	0
A once familiar environment feeling unfamiliar	3
Fear of having a heart attack	0
Fear of dying	0
Fear of going crazy	0

Source: Own elaboration.

Table 3 shows the intensity scale for each marked psychological item (mild/moderate/intense). Proportionally, the symptom "concern" was more intense than the others. Most markings considered each symptom to be "moderate". Table 4 shows thirteen physical traits related to anxiety and the number of appointments. Of the twenty-one students interviewed, twelve reported having felt "tachycardia" when they acted as a psychologist in a simulation environment and the same number of students noted that they felt "sweating"; nine students claimed to have "tremors"; four had "headache"; three said they felt "stomach pain or burning"; three felt "muscle aches"; one claimed to have had a "feeling of shortness of breath" and one student claimed to have experienced "heat waves or chills". The other items on the list were not mentioned by any of the interviewees: "dizziness", "tingling or anesthesia", "feeling of asphyxiation or suffocation", "nausea or abdominal discomfort" and "chest pain or discomfort".

Table 3. Intensity scale for each psychological trait

Psychological traits of anxiety	Number of appointments	Light (1)	Moderate (2)	Intense (3)
Anguish	8	2	6	0
Tension	18	1	12	5
Concern	16	1	6	9
Nervousness	19	2	9	8
Irritation	0	-	-	-
Difficulty relaxing	12	2	7	3
Difficulty concentrating	7	2	4	1
Feeling of loss of control	4	3	1	-
Feeling strange within one's self	0	-	-	-
A once familiar environment feeling unfamiliar	3	1	2	-
Fear of having a heart attack	0	-	-	-
Fear of dying	0	-	-	-
Fear of going crazy	0	-	-	-

Source: Own elaboration.

As well as the psychological traits, the participants were free to mark the number of symptoms they wanted. Of the thirteen items listed, an average of two physical items scored per student was obtained, with the highest number of scores in the same five-item interview. Unlike the psychological symptoms table, in which all participants scored at least one of the symptoms in the table, there were five interviews in which no physical symptoms were mentioned. Thus, psychological symptoms were more present in the simulation environment than physical symptoms. Table 5 shows the intensity scale for each marked physical item. The table shows a greater number of characterizations such as "mild" and "moderate" than "intense"; only the symptom "sweating" showed more "intense" markings than the other two options.

Table 4. Physical traits related to anxiety

Physical traits of anxiety	Number of appointments
Headache	4
Muscle aches	3
Stomach pain or burning	3
Tachycardia	12
Dizziness	0
Tingling or anesthesia	0
Sweating	12
Tremors	9
Feeling of shortness of breath	1
Feeling of asphyxiation or suffocation	0
Nausea or abdominal discomfort	0
Heat waves or chills	1
Chest pain or discomfort	0

Source: Own elaboration.

QUALITATIVE ANALYSIS

After the quantitative analysis, a qualitative analysis of the data obtained was made, through discourse analysis. For Bauer and Gaskell (2002) discourse analysts see all discourse as a social practice and at the same time that they examine the way language is used, they are sensitive to what is not said, demanding an improved awareness of trends and social contexts, political and cultural issues to which the speeches refer. Considering the academic environment, a record of society and, above all, a space that prepares individuals for other social environments, it is believed that discourse analysis will bring an important contribution on social influences on students' anxious behaviors. Four open-ended questions were presented in the questionnaire, which are shown in Chart 2. In the first question, of the twenty-one participants, eleven of them acted as a psychologist once and ten acted more than once, five of which acted three times. In the second question, it was registered that sixteen students participated voluntarily as a psychologist and the other five students participated by lot or at the request of the teacher. Therefore, a significant number of students volunteered, showing their interest in participating in the simulation.

In the third question, all participants reported feeling some degree of anxiety when they participated in the simulation environment. Of the eleven participants who acted only once as a psychologist, ten had a high level of anxiety and one had a low level of anxiety. Of the ten students who participated more than once acting, all reported having felt some degree of anxiety in at least one of the times that they acted. The following speeches regarding this question were recorded:

"The first time I felt anxious, but the other times much less. I felt an anxiety related to the experience of the new." (Participant 1)

"The first time, yes. But at other times it was quiet." (Participant 2)

"Yes. The feeling of being evaluated gives me the feeling of anxiety." (Participant 3)

"Yes. It is because of the looks that I am afraid of making mistakes." (Participant 4)

"I acted three times and felt more anxious the second time because of the theme that was the selection process." (Participant 5)

The speeches of Participants 1 and 2 lead us to think that the anxiety felt was related to the fear of experiencing new experiences. These speeches suggest that anxiety tends to decrease with the increase of practices as a psychologist in a simulation environment. The speeches of Participants 3 and 4 lead us to think that the anxiety felt was related to the fear of being reproved or rejected by another person, concern with the impression it will cause and the judgment of the other, which can be characterized as a social fear. In these cases, the impression made, and the opinion of others seemed to be very important for the participants. In a study by Baptista et al. (2005) social fears appear in early adolescence, a time of greater individualization, separation from parents and insertion in groups.

Table 5. Intensity scale for each physical trait

Physical traits of anxiety	Number of appointments	Light (1)	Moderate (2)	Intense (3)
Headache	4	2	2	-
Muscle aches	3	2	1	-
Stomach pain or burning	3	1	1	1
Tachycardia	12	6	5	1
Dizziness	0	-	-	-
Tingling or anesthesia	0	-	-	-
Sweating	12	4	3	5
Tremors	9	4	3	2
Feeling of shortness of breath	1	-	1	-
Feeling of asphyxiation or suffocation	0	-	-	-
Nausea or abdominal discomfort	0	-	-	-
Heat waves or chills	1	-	1	-
Chest pain or discomfort	0	-	-	-

Source: Own elaboration.

Chart 2. Open questions to participants.

1.	How many times have you participated acting as a psychologist in the simulation environment?
2.	Did you participate as a psychologist voluntarily?
3.	Did you feel anxious when you participated in the acting simulation environment?
4.	Did you feel other anxiety traits that are not in the table? Which ones?

Participant 5's discourse can also be directly related to fear due to topics that the participant is not sure about or just as the discourse of Participants 1 and 2 may be associated with fear of the new. According to APA (2014) fear is the emotional response to an imminent real or perceived threat other than anxiety is the anticipation of a future threat. Schoen and Vitale (2012) state that fear is a primary emotion, present since birth, an adaptive reaction and can be an expression of anxiety related to unconscious fantasies and defenses against it. For Santos (2003), even though it is a basic emotion, fears are also socially constructed, based on the descriptions previously exposed. For the author "when we learn a term to designate an emotion, we learn according to the linguistic game in which that feeling is classified, according to the rules and standards of a given culture" (SANTOS, 2003, p. 50). In this perspective, fears in the academic environment can be social constructions influenced by a traditional education process in which students maintain a passive posture, assessments are strongly linked to a classificatory function, the content is only passed on by the teacher and little active methodologies are used. In the fourth question, three anxiety symptoms were registered by three participants in addition to those listed in the table: "dry mouth", "shaky voice at the beginning of work" and "feeling of anxiety causing a full bladder".

The word "anxiety trait" was used to apply the questionnaire, however the data collected brings a reflection on whether the anxiety symptoms are associated with an anxiety state or are individual anxiety traits. It is believed that the results obtained mention, for the most part, a "state" of anxiety, since, in studies on anxiety, different concepts can be found, as pointed out by Gama et al. (2008):

state-anxiety, referring to a transient emotional state, characterized by subjective feelings of tension that may vary in intensity over time, and trait anxiety, which refers to a relatively stable personal disposition to respond with anxiety to stressful situations and a tendency to perceive a greater number of situations as threatening (v. 30, p. 20).

It is worth mentioning that the speeches collected from Participants 3 and 4 may be associated with individual anxious traits. It is believed that students with high levels of trait anxiety also tend to have high levels of anxiety states, however the data collected are insufficient for such an analysis.

Anxiety management strategies in a simulation environment: In addition to the observations generated by the quantitative data, in which, for the most part, the physical symptoms related to anxiety

were characterized by the students as "mild" and "moderate" and the psychological symptoms in the majority were characterized as "moderate", suggested if some anxiety management strategies in the academic environment in order to favor the teaching-learning process. Several psychological approaches use anxiety reduction techniques, some of which are compatible with the simulation environment. Therefore, they follow some anxiety management techniques compatible with the simulation process and its possibilities for use in academic practice:

Psychoeducation: before conducting the simulations, evaluative or not, teachers can create a dialogue where the student can clearly and objectively perceive the importance of the simulation environment in view of their professional development. In addition, they can present possible coping strategies. Diaphragmatic Breathing: breathe deeply and slowly several times, preferably through the diaphragm. CO₂ Reuptake: breathe slowly into the palms of your hands (one over the other in the shape of a cup); exhale and inhale the air several times without taking your mouth out of your hands. Progressive Muscle Relaxation Technique: involves tension and then relaxation of several sets of muscles. Each muscle group should be tensioned for approximately ten seconds, paying attention to the sensations in the tense muscles. Afterwards, you should relax your muscles quickly and pay attention to the contrasts between feelings of tension and relaxation. Then do the same with the next muscle group (WILLHELM, ANDRETTA & UNGARETTI, 2015 apud JACOBSEN, 1938). Cognitive Techniques: thinking about a mental image that causes discomfort in the simulation environment. Imagine the details, the people and the dialogues. When viewing a scene, it is possible to explore many alternatives, to demystify what is normally conceived as a "catastrophe" and to verify real conditions of confrontation. De-catastrophizing can be done by asking yourself "what is the worst that can happen while you are acting as a psychologist in the simulation environment?". One can imagine the results, thinking and planning an intervention between the "psychologist" with their "client", modifying behaviors and interventions, creating favorable situations and transforming a worrying situation into a successful performance.

Other techniques can be thought of especially for students who have already acted in the simulation and want to control anxiety for a next performance, for example, the Technique of dialogue (Empty Chair) that deals with a dialogue with ourselves in which on one side it finds a situation that causes discomfort and the other's desire to face the situation. The techniques can be done in groups or individually, preferably with the presence of a psychologist to assist and/or guide as

necessary. In academic practice, groups of students can be thought of before simulations to psycho-educate them on active methodologies and anxiety management strategies and, if necessary, organize groups moments before simulation using techniques. In addition to the techniques presented above, there are other resources such as group dynamics, art therapy (drawing, scrap, clay, painting, collage...), body techniques, music, among others. Each person has their own degree of anxiety and for each one the ways of dealing with and facing moments of anxiety may present themselves in a different and particular way.

FINAL CONSIDERATIONS

This work demonstrated the importance of using active methodologies, especially simulation, within the academic environment, since, in addition to giving autonomy and contributing to the development of professional skills, it still proved to be a viable tool for handling and coping with states of anxiety. It is worth mentioning that anxiety as part of human and academic development tends to be beneficial, but when it becomes an obstacle, it is necessary to think about management strategies in order to favor the development of skills in the context of professional training. Knowing how to deal with anxiety can be considered an important self-care practice not only for acting in the simulation environment, but also for the entire academic training process, for positive performance in the job market and for more assertive behaviors throughout life. There was great interest from students in participating in the simulation, recognizing the importance of the practice for their professional growth. It was also found that anxiety states tend to decrease with the participation of students in the simulations, being, therefore, a tool that needs to be worked and applied regularly in professional training. Finally, stimulating the use of the simulation environment goes beyond the teaching-learning process, it also includes ethical issues, maturity, self-care and care for others, since enabling error in a controlled environment is to favor the chances of success in acting with real patients, users and/or clients.

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