



Psychologists' perception of professional training and care for people with pain

Percepção de psicólogos da formação profissional e atendimento a pessoas com dor

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ABSTRACT

BACKGROUND AND OBJECTIVES: Pain is a phenomenon with biopsychosocial dimensions, therefore it requires specialized knowledge, and represents one of the demands on the Psychologist who works in the health area. This study aims to understand the aspects related to the training and practice of the psychologist in the treatment of people with chronic pain.

METHODS: This is an exploratory and descriptive field of research of a qualitative nature. For data collection, a questionnaire applied online through Google Forms was used. Ten psychologists who work in the clinical area participated in the research. This is a convenience sample. Quantitative data were analyzed using descriptive statistics, while qualitative contents were analyzed through content analysis. **RESULTS:** Psychologists reported a lack of curricular components related to pain in undergraduate courses. Most participants had taken specialized courses in this area of activity. Participants reported that the motivation to work in the area involves the complexity of the phenomenon, the acquisition of knowledge from other areas and the achievement of positive results in the care provided. In the context of treatment, the psychologist's main role is to contribute to the patient's understanding of some aspects of pain, assist in the development of coping strategies and in the management of symptoms associated with this condition. Among the interventions offered, the psychologist uses relaxation techniques, which helps the patient to identify aspects that contribute to pain, restructures dysfunctional beliefs and contributes to the development of more effective strategies to reduce pain and physical disability, as well as the stress associated with this condition. **CONCLUSION:** Given the prevalence of chronic pain in the population, the results found suggest that it is necessary to think about ways to include this content in undergraduate courses. On the other hand, although we have a small number of professionals working in this area, this practice seems to be effective, and the professionals are satisfied with their performance.

KEYWORDS: Chronic pain, Curriculum, Psychology.

RESUMO

JUSTIFICATIVA E OBJETIVOS: A dor é um fenômeno com dimensões biopsicossociais, por isto demanda um conhecimento especializado, sendo uma das demandas do psicólogo que atua na área da saúde. Esta pesquisa visou compreender os aspectos referentes a formação do psicólogo para o tratamento da pessoa com dor crônica. **MÉTODOS:** Trata-se de uma pesquisa de campo exploratória e descritiva de natureza qualitativa. Para a coleta de dados foi utilizado um questionário aplicado de maneira online através do *Google Forms*. Participaram da pesquisa 10 psicólogos que atuam na área clínica, que foram selecionados por critério de conveniência. Os dados quantitativos foram analisados mediante estatística descritiva e, já os conteúdos qualitativos foram analisados através da análise de conteúdo. **RESULTADOS:** Os psicólogos referem perceber uma carência de componentes curriculares relacionado à dor na graduação. A maioria dos participantes realizou cursos de especialização nesta área de atuação. Os participantes relataram que a motivação para atuar na área envolve a complexidade do fenômeno, a aquisição de conhecimentos de outras áreas e a obtenção de resultados positivos nos atendimentos. No contexto de tratamento, o psicólogo percebe-se com um papel importante na equipe multidisciplinar, contribuindo direta e indiretamente para o tratamento a partir do desenvolvimento de estratégias de enfrentamento e no manejo dos sintomas associados a esta condição. Dentre as intervenções relatadas, foram mencionadas técnicas de relaxamento, que auxilia o paciente a identificar aspectos que contribuam para a dor, reestrutura crenças disfuncionais e contribui para o desenvolvimento de estratégias mais efetivas para reduzir a dor e a incapacidade física, bem como o estresse associado a esta condição. **CONCLUSÃO:** Dada a prevalência da dor crônica na população, os resultados sugerem que é necessário pensar formas de inserção deste conteúdo na graduação. Por outro lado embora tenhamos um número reduzido de profissionais que atuam nesta área, esta prática parece ser efetiva e os profissionais satisfeitos com sua atuação.

DESCRIPTORES: Currículo, Dor crônica, Psicologia.

HIGHLIGHTS

- The curriculum of undergraduate psychology courses lacks specific content on pain
- The deficit during undergraduate studies contributes to the lack of knowledge among professionals about the possibilities for psychologists to work in this area
- Psychologists who work with chronic pain report having to seek further training on this subject in specialization courses, with significant gains in the effectiveness of treatment and psychological monitoring of patients

INTRODUCTION

Pain is an unpleasant sensory and emotional experience associated with an actual or potential injury, or described in such terms¹. In 2020, the International Association for the Study of Pain (IASP) revised its definition of pain to incorporate more elements that create the unique experience of this phenomenon, expanding the importance of the psychosocial dimensions of pain². Pain is a multifactorial process whose sensation and perception vary significantly between individuals. This variability is influenced by biological, psychological and social factors³. In this context, patients with pain should be treated considering these various dimensions, in a multidisciplinary approach that includes the psychologist.

Although pain is a very prevalent problem, many health professionals lack adequate knowledge on the subject, and this can have a negative impact on the availability and effectiveness of treatment with psychologists⁴. Two studies illustrate this situation. The first investigated the level of knowledge of health professionals about pain and analgesia, concluding that it is insufficient or reduced⁵. The second study, carried out at a private medical faculty in Maranhão, showed that 61% of students did not know how to define palliative care⁶. This data is worrying, as it reflects the lack of adequate training, which impacts on the diagnosis and treatment of people living with chronic pain. Given the lack of training in pain in the health field during undergraduate studies, many professionals who intend to work in this area seek this training in specializations in pain⁷.

In undergraduate psychology courses, teaching about pain is even more limited, especially when considering the need for content that links theory and practice and encourages critical and interdisciplinary action, capable of responding to the complex psychosocial demands of this field⁸. The lack of specific content in undergraduate psychology courses can have negative consequences for the quality of care provided to patients suffering from chronic pain, leading to difficulties in identifying and comprehending the patient's pain and compromising the quality of treatment. Several aspects contribute to this scenario, including the lack of specific courses on the subject and the inadequacy of public health policies related to pain management⁹.

All health professionals inevitably see patients who are affected by pain. However, curricula often prioritize certain areas to the detriment of others, such as the field of pain, which reinforces the need for its more comprehensive inclusion in schools. Therefore, a review of curricula is essential to ensure adequate training in understanding, diagnosing and treating pain^{10,11}.

It is crucial for psychology professionals to be familiar with theoretical aspects and interventions based on empirical evidence in order to provide effective treatment for patients in pain. There is a proposal for curricular guidelines on pain for undergraduate and postgraduate psychology students in Brazil¹¹. According to this document, training in pain for psychologists should address at a minimum level the following aspects:

1. The multidimensional nature of pain;
2. Multidimensional assessment of pain;
3. Interventions and pain management;
4. Research and ethical aspects.

These guidelines include topics such as defining and classifying pain, assessing its sensory, affective, cognitive and social dimensions, contemplating interdisciplinary interventions and adherence, palliative care and the rights of pain patients, among others¹¹.

Psychologists play an essential role in the care of individuals with pain, offering a place that is not only welcoming, but also validates and expresses experiences that will help create coping strategies. Factors relating to pain management need to be connected to the patients' own reports, experiences and emotional aspects from the moment of diagnosis, through the course and evolution of the pain, thus contributing to more effective treatment and active patient participation^{12,13}.

The objective of the psychotherapy process is not to eliminate pain, but to reduce physical and emotional discomfort by developing functional beliefs and deconstructing dysfunctional beliefs, as well as reducing symptoms of anxiety, depression and stress, ultimately helping to reduce physical and functional disability¹³.

In this context, one of the possibilities for psychologists is to carry out a proper psychological assessment, thus helping to elucidate the presence of various aspects in psychological phenomena and to support interventions^{14,15}. This assessment process can include tests, inventories, scales and interviews, applied as required.

Another important aspect is to work on the patient's psychoeducation. This intervention consists of providing the patient with adequate information about their clinical condition, the course of the disease, treatment possibilities, as well as pharmacological and non-pharmacological treatment strategies. This type of intervention can contribute to patient autonomy, promoting self-awareness of pain, prevention, awareness and adherence to treatment. Although the objectives of psychological interventions and the techniques used can vary greatly between professionals^{11,13}, their approach must, in addition to the specificities of each patient, be centered on the evidence in the literature of the mediating and moderating factors of pain, physical incapacity and psychological suffering.

Given the countless possibilities for theoretical and epistemological training, the wide variety of techniques and the lack of training, as well as the small number of psychologists working in this area, the objective of the present study was to understand psychologists' perceptions of their training and the role of psychologists in caring for people with chronic pain.

METHODS

This study adopted an exploratory and descriptive research approach of a qualitative nature in order to understand the participants' perceptions¹⁶. The purpose of exploratory and descriptive research is to explore a phenomenon or object of study without inferring its causes or consequences^{17,18}.

Ten clinical psychologists working in this field in Brazil took part in the study. The inclusion criterion was being registered with the Regional Psychology Council and being available to take part. This was a convenience sample, and according to the literature in studies of this nature, it is not necessary to have a very large number of subjects, as the data tends to become saturated after 10 participants¹⁹.

The participating psychologists were given information about the research and were invited to take part through an invitation made on two social networking groups of psychologists associated with the Brazilian Society for the Study of Pain (SBED - *Sociedade Brasileira para o Estudo da Dor*) or who work in this area.

Data was collected through an online questionnaire using Google Forms. The questionnaire contained 16 questions, 12 open and 4 closed. The closed answer options were answered by “yes” or “no”, “insufficient”, “reasonable”, “good”, “excellent” or answered on a Likert scale from zero to ten. The open-ended answers allowed for detailed descriptions, with no defined character limit.

Quantitative data was categorized and grouped according to the frequency of responses²⁰. Bardin's content analysis²¹ was used to analyze the qualitative data. It was carried out in three stages: Pre-Analysis, Categorization and Interpretation of the results, following a logical approach that relates the propositions analysed to others already accepted as true²².

The present study was submitted to and approved by the Research Ethics Committee (opinion 6.802.625) and was carried out in accordance with the ethical precepts recommended for research with human beings. After submitting the article, the participants received an e-mail containing this material.

RESULTS

The study sample consisted of 10 participants living in the central-west, southeast and south regions. Seven of the 10 participants had postgraduate degrees in pain. The sample included five female and five male participants. These professionals see an average of 15 patients a week with chronic pain.

Construction of categories and subcategories

Data analysis resulted in four categories and nine subcategories, as shown in Table 1.

The contents of the research participants' speeches were represented by “P”, meaning psychologist, followed by a number from 1 to 10, assigned to each research participant.

Psychologist training category

The first subcategory that emerged concerns *Undergraduate training* and refers to the importance of content on pain while still an undergraduate. However, the absence of this content in most undergraduate courses is confirmed. Among the participants, eight did not take any courses on pain during their undergraduate studies. On the other hand, seven participants believe it is important to have contact with this content during their undergraduate studies.

The second subcategory, *Additional training*, reflects the search for knowledge about pain after graduation. In this sense, seven participants reported having completed a postgraduate course in the field of pain. Of these, five rated their knowledge of pain as good.

The subcategory *Relevant training content for working in this area* covers content related to pain treatment that is considered relevant by psychologists and should be included in their training. It was possible to see that mastery of content such as those described by P10: “rapport, interview techniques, interdisciplinary work” are relevant to many professionals. That can be observed in the words of P6, who points out that knowledge of the “biopsychosocial model, more essential aspects of the neurophysiology of pain, psychoeducation in pain, more basic intervention strategies in the psychology of pain” are fundamental to understanding pain. P3 also highlights “coping strategies, relaxation techniques and cognitive behavioral techniques for managing and reframing thoughts and attitudes, and use of specific scales”.

In the *Motivation to work in the area* category, it was possible to see different aspects that motivate professionals. P1 said that what motivates him is “the results”, while for P2 it is “the complexity, given that it is not possible to treat chronic pain without a broad knowledge of different areas and the possibility of working as part of a team”, and for P7, what motivates a psychology professional to work with chronic pain is “contributing to the well-being and relief of the suffering of another human being.” Thus, as described by the participants, the motivating factors for working in this area are the possibility of achieving good results and the acquisition of knowledge in various areas.

Interventions carried out category

In this category, a subcategory identified concerns the *Psychologist's role* in the treatment of pain. In P6's view, the psychologist should “help the person to have a more active life, identify their main values, recognize the main current challenges and look for viable alternatives to face the obstacles of pain”. For P2, “knowledge in the area of pain can help at all stages of treatment, from helping the patient to find a specialist doctor to behavior change processes”. These reports highlight the role of the psychologist both in direct support for the patient and in mediation and referral to health professionals in other areas. The role of psychologist is also to help patients comprehend the aspects that can contribute to pain and physical disability,

Table 1. Description of categories and subcategories.

Categories	Subcategories
Psychologist training	Undergraduate training
	Additional training
	Relevant training content for working in this area
Motivation to work in the area	
Interventions carried out	Psychologist's role
	Techniques and strategies
	Teamwork
	Expected results
Challenges and obstacles	Obstacles to accessing treatment
	Challenges in treatment

their values and beliefs, to face the challenges that pain brings, as well as to promote behavioral changes that are necessary for a better quality of life^{3,13,23}.

Also in this subcategory, many participants described some aspects to be worked on or the main activities carried out by these professionals. For P8, “listening, intervention” are essential aspects of the process. And the activities to be carried out are such as those described by P3: “monitoring, guidance, psychoeducation in terms of coping strategies; relaxation techniques; reframing thoughts/attitudes; monitoring using specific scales,” and one can also seek to “better comprehend the associated suffering”, as described by P4.

The subcategory *Techniques and strategies* refer to the importance of psychological assessment in the treatment of pain and which techniques and instruments are most used in this process. When the participants were asked about the importance of this practice, on a scale of zero to ten on importance, eight participants gave it a 10, reflecting its essential role in psychological interventions in patients with chronic pain. Through psychological assessment, a practice based on scientific methods and using different resources, it is possible to identify elements that are contributing to, maintaining or modulating pain¹⁵⁻²⁹. With the assessment, it will then be possible to determine the path of treatment and decision-making during the course of psychotherapy. This can be seen in P2’s statement that “Psychological assessment, application of scales and instruments, verification of distorted beliefs, skills training, symptom management...” can be used as psychological techniques and strategies in the treatment of chronic pain.

Another strategy mentioned by the participants was psychoeducation. This intervention consists of providing the patient with information that allows them to better understand their disease, the mechanisms of activation and the importance of developing more active strategies in treatment. In this sense, P7 explains that “one of the techniques used is psychoeducation in treatment”. Psychoeducation has emerged in recent years as an effective practice carried out by various health professionals with good results in changing behavior^{13,30}.

The last subcategory, *Expected results*, describes the main results expected by the psychotherapist. For P10, “coping must be positive, pain must not be the center of their life, the patient must be minimally able to develop their professional and/or daily life activities, the results and objectives are organized on a case-by-case basis together with the patient, responding to their expectations”, while P1 highlights that it is the “improvement in quality of life”, as well as for P2 who describes that “pain should not be a hindering factor for the patient to live”.

Challenges and obstacles category

This category has two subcategories. In the first, *Obstacles to accessing treatment*, five participants cited the high financial cost as an obstacle to access to treatment, followed by a lack of knowledge among psychology professionals about how to treat patients with chronic pain, mentioned by some psychologists.

This can be seen in the words of P3: “cost of the psychologist session; difficulty in finding a psychologist who knows the minimum about chronic pain”.

The other emerging subcategory deals with *Challenges in treatment* and reflects the deadlocks and challenges that can occur during a psychological intervention. Of particular note are the lack of support and interdisciplinary treatment, as mentioned by P8, and patient characteristics such as catastrophizing of pain, unrealistic expectations and low adherence, mentioned by P2 and P9. P2 also adds “low qualification of professionals involved”.

DISCUSSION

The psychology curriculum guidelines described in Art. 10 of CNE/CES Resolution No. 1 describe the curricular emphases for the Psychology course, incorporating a set of processes, namely the prevention process, health and well-being promotion processes, clinical processes, among others²⁵. Taking this into account, it is clear that, although the health-disease process is covered in various subjects, what is observed in practice is the lack of subjects and/or content related to pain, as well as palliative care. If, on the one hand, this is understandable, since pain is a specific subject, it should at least be introduced to students during their undergraduate studies.

This lack of knowledge about pain in undergraduate courses can have a negative effect on interest in the subject. Several reasons contribute to this scenario, including the lack of specific subjects on the subject in undergraduate courses and the inadequacy of public health policies related to pain management⁸. Thus, the absence of these subjects can compromise the quality and effectiveness of care. It is therefore necessary for future psychology professionals to be minimally prepared to deal with patients with acute or chronic pain, taking into account all the aspects described above¹¹.

Faced with this scenario, the Brazilian Society for the Study of Pain suggests that the creation of pain leagues can make up for this lack of contact with pain-related content during undergraduate studies, and encourages the creation of these leagues as important for raising students’ awareness of this subject, which can also be a motivating factor for seeking more knowledge and understanding of the subject²⁵.

The perceived deficit in training during graduation is overcome through specialization courses. This also happens in other areas such as psychological assessment, for example. The curricular guidelines advocate addressing some content but, in general, the curricula are generalist²⁶ and it is argued that specialization courses in psychological assessment should not make up for this deficiency, but rather deepen previously acquired knowledge²⁷. According to a reference author¹⁰, the undergraduate curriculum at some universities prioritizes some subjects to the detriment of others, which always creates a deficit in some area of training. Because of this, newly graduated professionals feel the need to seek specializations to make up for specific deficits. Fortunately, pain specialization courses have been available in Brazil for more than a decade.

In view of the multidimensional nature of pain, it is necessary for professionals who are willing to work in this area to have a vast knowledge, which should include biological aspects such as pain mechanisms, pathophysiology, as well as pharmacological and non-pharmacological techniques. Associated with this knowledge, a comprehension of the theory and techniques of cognitive-behavioral therapy can help manage the stress and challenges imposed by pain, helping to change thoughts and attitudes that sustain pain intensity, functional capacity and stress, among other aspects^{13,23}.

As for the category that deals with motivation to work in the field, results showed that motivation is influenced by various factors. When it is an internal influence, it makes the individual act, so it needs to be related to specific situations²⁸, such as the participants' statements, when they mention that results, teamwork and contributing to the well-being of patients are pointed out as the main motivating factors.

With regard to the category of interventions carried out in the treatment of people living with pain, there is evidence that the primary aim of the therapy process is not to eliminate the pain, but to help manage the symptoms, which may even result in a reduction in discomfort and the use of drugs, contributing to the development of the patient's self-efficacy, encouraging them to carry out day-to-day activities, with the aim of increasing their functional capacity¹³⁻²⁷. To a certain extent, the description of the psychologist's role given by the participants is in line with the specialized literature.

It was also possible to identify other forms of intervention in this category, such as relaxation, techniques for working on dysfunctional beliefs and comprehension of the disease. Relaxation aims to reduce anxiety and pain, and progressive relaxation is a technique often used in pain treatment^{13,23}. Nevertheless, there are different relaxation techniques, and it is up to the professional to identify the one best suited to the patient's needs and style.

Among the psychotherapeutic approaches for patients with pain, cognitive-behavioral therapy stands out. One of its objectives is to promote changes in dysfunctional beliefs and behaviors, relaxation and meditation practices and the activation of reinforcers³⁰. These aspects can help manage pain, reduce its intensity, increase functional capacity and reduce suffering^{11,13}, which may explain why many professionals prefer this theoretical approach.

Still in this category, regarding the results of the interventions, psychotherapy gained visibility as an important proposal when thinking about comprehensive care for chronic pain. When participants received psychological support, they began to recognize the psychological, emotional and family factors that influenced the intensity of their pain, as well as the life experiences and traumas that impacted their conditions, resulting in a better quality of life¹³⁻²⁷.

As far as the obstacles and challenges category is concerned, considering that pain patients have to pay for drugs and other treatments, it is important to think about ways of guaranteeing access to psychotherapy, whether through social value propositions, group interventions or those paid for by health insurance schemes^{13,30}. Although the high cost of treating patients with pain is an aspect to be considered, it is possible to hypothesize that the results or benefits of this treatment are still not so clear to patients and other health professionals.

It is possible to identify a wide range of factors that can hinder evolution in treatment. Although these aspects may appear as challenges in treatment, it is common for the psychologist to work on these elements with the patient during the therapeutic process. Offering psychological support to family members who accompany the patient's pain process could also help with treatment and has been an aspect discussed in the literature that refers to the need to expand intervention on the social dimensions of pain¹⁴. It is possible to understand that interdisciplinary treatment, together with family support and treatment by a psychologist, is essential for the most effective management of pain and its associated factors.

Limitations of the study

Although this study has limitations due to its convenience sample and because of the small number of participants, which are common characteristics of the qualitative method, it is an unprecedented study that investigates this professional category in terms of the training and work of psychologists in caring for patients with pain. Its findings provide information that helps to rethink professional training and the psychologist's work with this population and demand, and may motivate future research with other professionals working in this area.

It is necessary to improve training on pain in the health area, especially in psychology, where there is a deficit in teaching this subject. Specialization has stood out as the main means of training in this area. The inclusion of pain in Health Psychology courses and the creation of interdisciplinary leagues are also important strategies, although they were not mentioned much by the participants.

CONCLUSION

Most of the participants had no contact with the content on pain during their undergraduate studies, making it necessary to seek specialization in the area. The importance of training that includes biological, psychological and social aspects, as well as mastery of theories and techniques that are effective in understanding and intervening in pain, was described as a determining factor for effective action. Participants recognize the need for active participation in treatment with a focus on welcoming, validating and managing the psychological aspects that influence pain. Psychologists' motivation to work in this field involves the perception of good results and the possibility of multidisciplinary work. Psychologists recognized their importance in the multidisciplinary team, contributing directly and indirectly to treatment. Among the obstacles and challenges, communication between the team seems to be the main aspect, as well as the small number of psychologists working in the area.

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AUTHORS' CONTRIBUTIONS

Priscielle da Cunha: Data Collection, Research, Writing - Preparation of the Original
Paula Maiara Palermo: Data Collection, Research, Writing - Preparation of the Original
Jamir Sardá Júnior: Project Management, Methodology,
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