

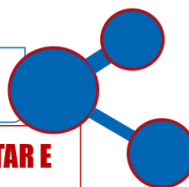


ESCOLA DE
CIÊNCIAS DA SAÚDE

Modelos de rede em psicopatologia e comorbidade

GRUPO DE PESQUISA

AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL



MELHOR
PÓS-GRADUAÇÃO
DO BRASIL
AVALIAÇÃO QUADRIENAL DA CAPES

PSICOLOGIA
Nota 6
Excelência Internacional

Prof. Dr. Wagner de Lara Machado
PPG Psicologia
wagner.machado@pucrs.br

- Psicólogo (ULBRA)
- Mestre e Doutor em Psicologia (UFRGS)
- Estágio de Pós-doutorado (UFRGS)
- Professor do PPG Psicologia da PUCRS (Nota 6 CAPES)
- Grupo de pesquisa:

Avaliação em Bem-estar e Saúde Mental (ABES)



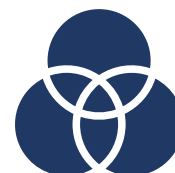


GRUPO DE PESQUISA

**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**



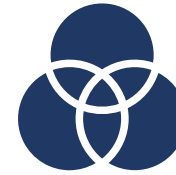
Construção e validade de
medidas



Preditores e correlatos

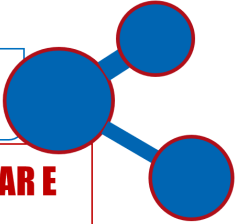


Métodos inovadores



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**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**



Carla Adriana da Silva Villwock

- ✓ Doutoranda
- ✓ Áreas de interesse:
 - ✓ Psicologia Clínica
 - ✓ Psicologia da Saúde
 - ✓ Psicopatologia
 - ✓ Comportamento Suicida e Automutilação
 - ✓ Intervenções Psicoterápicas



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**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**

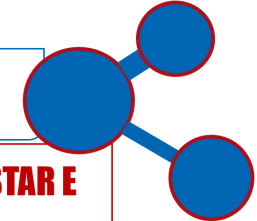
Marcela Alves Sanseverino

- ✓ Doutoranda
- ✓ Áreas de interesse:
 - ✓ Esquizotipia
 - ✓ Saúde mental
 - ✓ Psicopatologia
 - ✓ Felicidade e bem-estar
 - ✓ Atividade física



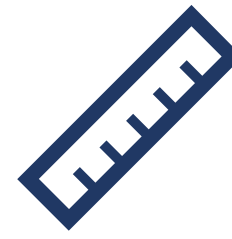
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**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**



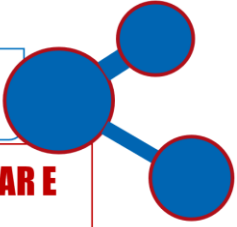
Nicolas de Oliveira Cardoso

- ✓ Doutorando
- ✓ Áreas de interesse:
 - ✓ RS e metanálises
 - ✓ Coping
 - ✓ Estigma
 - ✓ Suicídio
 - ✓ Intervenções Tecnológicas
 - ✓ Jogos Eletrônicos e Reserva Cognitiva
 - ✓ E-health e M-health
 - ✓ Machine e deep learning



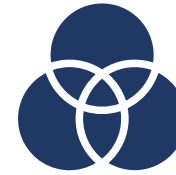
GRUPO DE PESQUISA

**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**



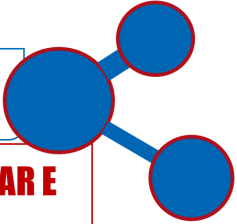
Rosário Sunde

- ✓ Doutorando
- ✓ Áreas de interesse:
 - ✓ Psicologia Clínica
 - ✓ Comportamento suicida
 - ✓ Validação de instrumentos



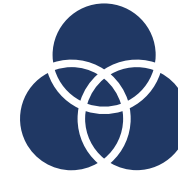
GRUPO DE PESQUISA

**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**



Juliana N. Weide

- ✓ Mestranda
- ✓ Áreas de interesse:
 - ✓ Psicologia da Saúde
 - ✓ Psicologia Hospitalar
 - ✓ Psico-oncologia
 - ✓ Corregulação emocional e comportamental



GRUPO DE PESQUISA

**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**

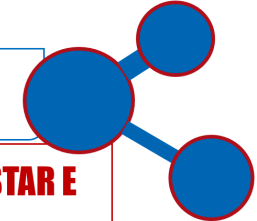
Rafaela Cassol da Cunha

- ✓ Mestranda
- ✓ Áreas de interesse:
 - ✓ Psicologia da Saúde
 - ✓ Avaliação e intervenção hospitalar
 - ✓ Doenças crônicas (DPOC)
 - ✓ Cuidados paliativos
 - ✓ Bem-estar



GRUPO DE PESQUISA

**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**



Gustavo Rafael Marchionatti Broch – IC

- ✓ Áreas de interesse:
 - ✓ Suicídio
 - ✓ Desenvolvimento
 - ✓ Inteligência Artificial e M-health



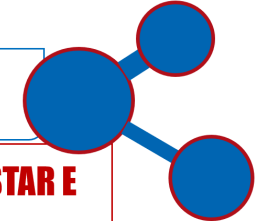
Luciana Villa Verde Castilhos – IC

- ✓ Áreas de interesse:
 - ✓ Psicologia da Saúde e Hospitalar
 - ✓ Psico-oncologia
 - ✓ Cuidados paliativos



GRUPO DE PESQUISA

**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**



Bernard Paz – IC

- ✓ Áreas de interesse:
 - ✓ Suicídio
 - ✓ Correlatos sociais do sofrimento psicológico



Gabriel Paz – IC

- ✓ Áreas de interesse:
 - ✓ Suicídio
 - ✓ Correlatos sociais do sofrimento psicológico



Monique Cristielle S. da Silva – IC

- ✓ Áreas de interesse:
 - ✓ Esquizotipia positiva
 - ✓ Saúde mental

Análise de rede aplicada à psicometria e a avaliação psicológica



Sacha Epskamp

Assistant Professor in Psychological Methods and Psychometrics at the University of Amsterdam

Wagner de Lara Machado

Pontifícia Universidade Católica de Campinas

João Ricardo Nickenig Vissoci

Faculdade Ingá e Duke University

Sacha Epskamp

Universiteit van Amsterdam



João Vissoci

Pesquisador na divisão de Emergency Medicine do departamento de Cirurgia, e na divisão Duke Global Neurosurgery and Neuroscience (DGNN) do departamento de Neurocirurgia, na Duke University

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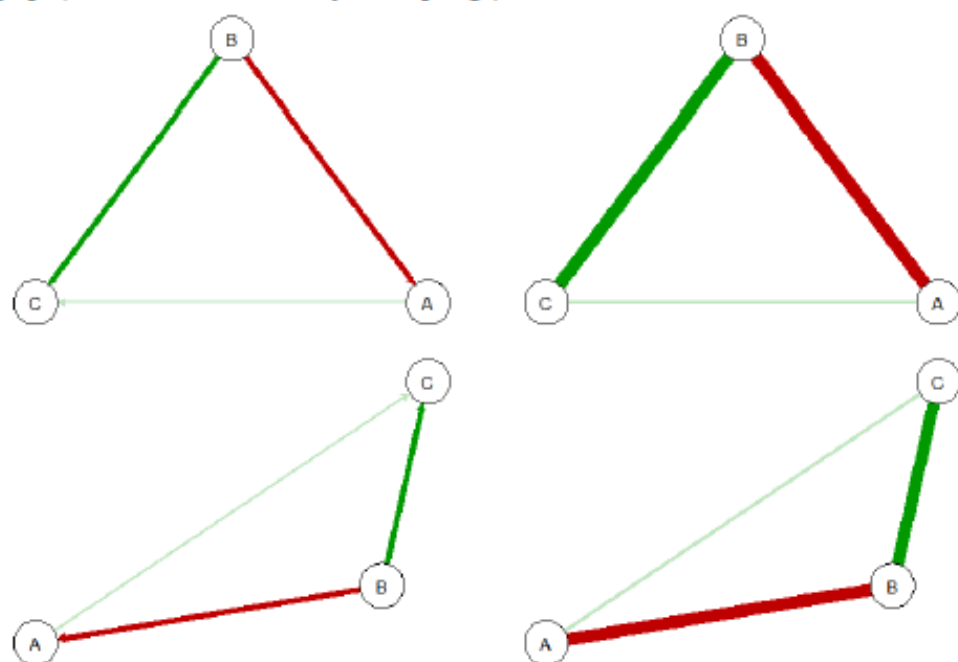


Figura 5. Redes ponderadas, direcionais e não-direcionais, sem (acima) e com (abaixo) o emprego do algoritmo de posicionamento.

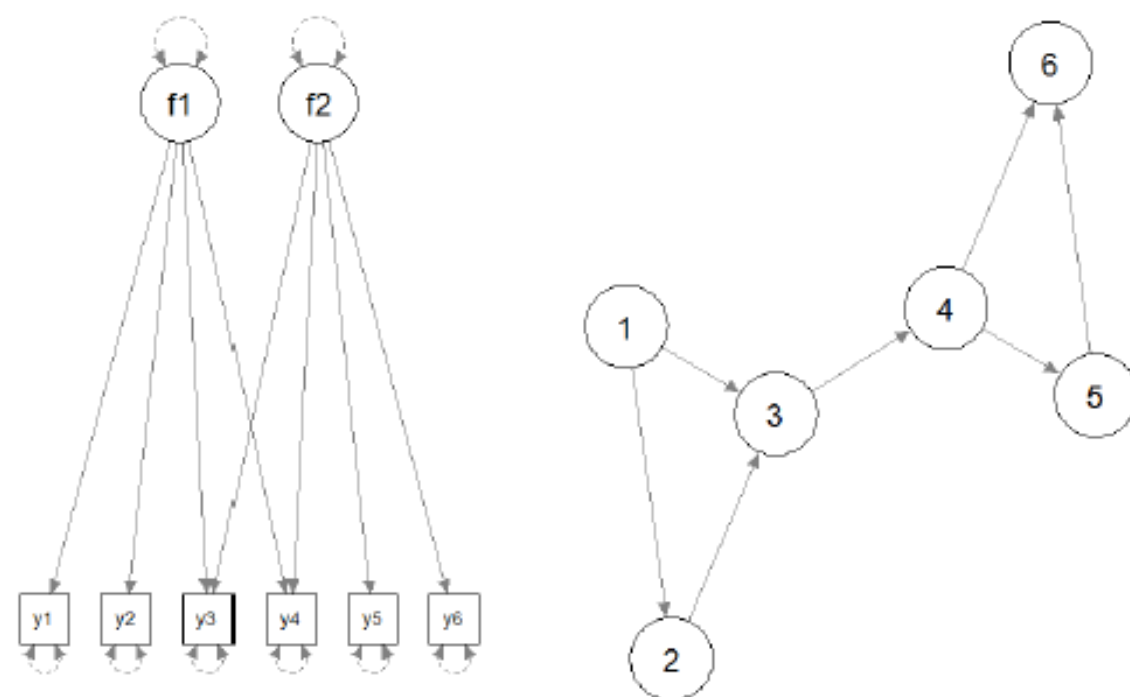


Figura 13. Modelo de traço latente (esquerda) e de rede (direita) da comorbidade.

Positive Mental Health Scale: Validation of the *Mental Health Continuum – Short Form*

Wagner de Lara Machado – Pontifícia Universidade Católica de Campinas, Campinas, São Paulo, Brasil

Denise Ruschel Bandeira – Universidade Federal do Rio Grande do Sul, Porto Alegre, Brasil

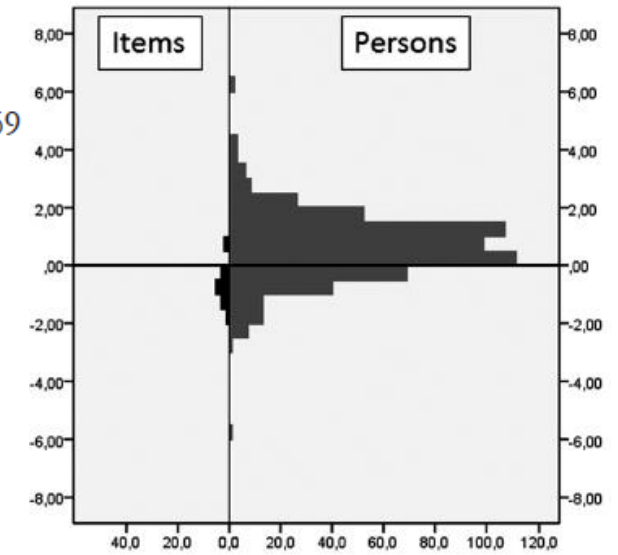


Figure 1. Map of items and persons. The vertical axis indicates the scale in logits. The distribution was obtained by fixing the contrary measure so the mean would be equal to zero.

Table 2

Item Factor Loadings and Reliability Measures of the MHC-SF in the Bifactor Model

Item (summarized content)	Factor loading			
	General factor	EWB	SWB	PWB
1 – Happy	.70	.65		
2 – Interested	.78	.32		
3 – Satisfied	.78	.36		
4 – Contribute to society	.69		.07	
5 – Belong to community	.67		.23	
6 – Society is becoming a better place	.62		.63	
7 – People are good	.62		.41	
8 – Way society works makes sense	.57		.56	
9 – Likes own personality	.79			.21
10 – Manages responsibility well	.70			.19
11 – Relationships with others	.72			.24
12 – Grow and become a better person	.62			.39
13 – Confident to express own ideas	.68			.52
14 – Life has direction or meaning	.83			.12
Average extracted variance	.49	.22	.19	.10
Composite reliability	.93	.43	.47	.34

Note. EWB = emotional well-being, SWB = social well-being, PWB = psychological well-being.

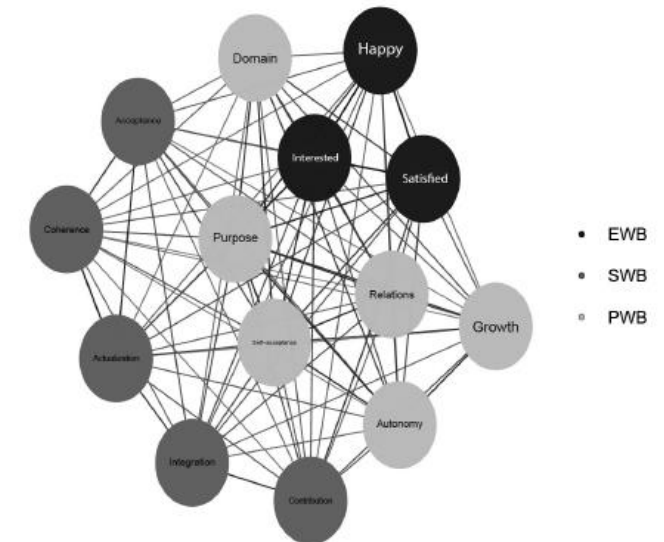
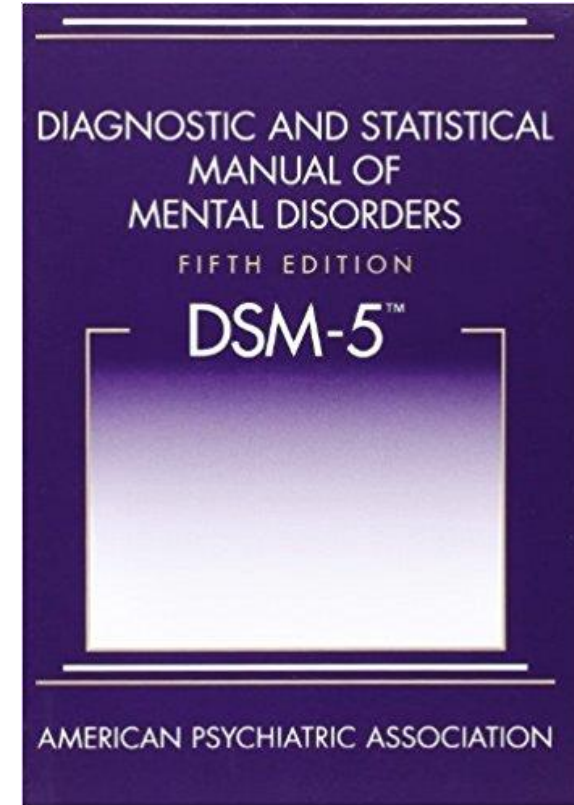


Figure 2. Network of positive mental health indicators. The covariance structure indicates that the MHC-SF items are strongly associated with the others, resulting in a dense component. The items in the emotional (EWB), social (SWB) and psychological (PWB) well-being subscales exhibit moderate to strong crossed associations. Purpose in life and self-acceptance are the central nodes of the system, meaning that they are more strongly associated with the remainder of the items. The stronger line represents the correlation between “happy” and “satisfied” ($r_{1,3} = .78$); the fainter line represents the correlation between “relations” and “coherence” ($r_{8,11} = .35$).

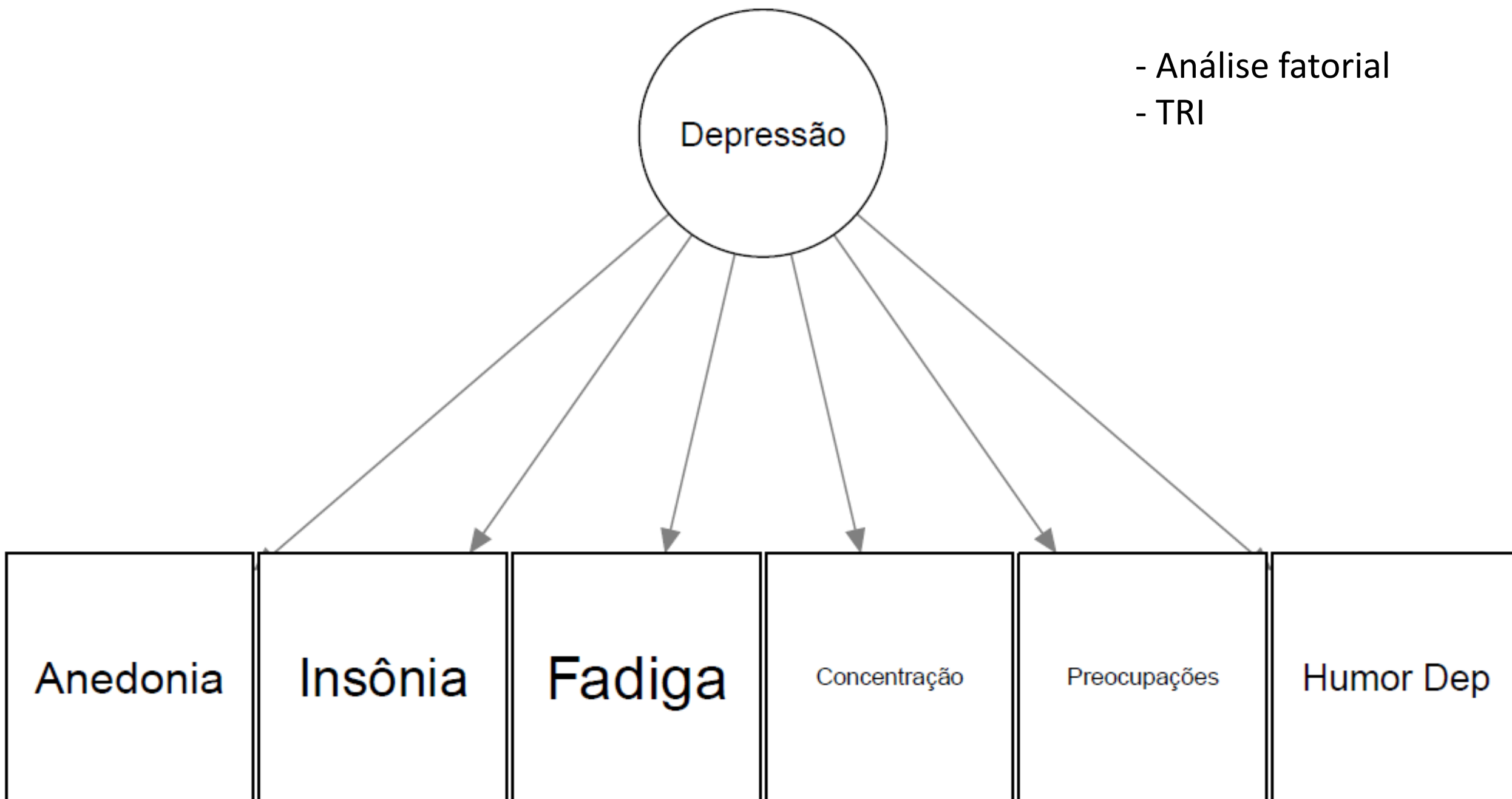
Avaliação em saúde mental: traços latentes e redes

- **Transtorno depressivo maior:**

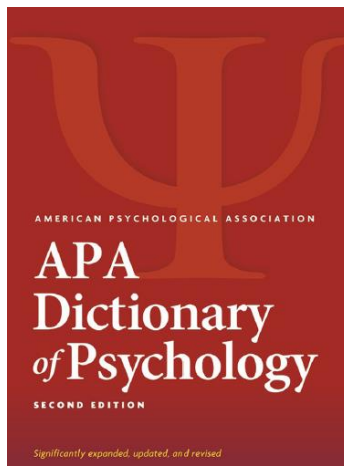
- Humor deprimido
- Diminuição do interesse ou prazer
- Perda ou ganho significativo de peso
- Insônia ou hipersonia
- Agitação ou retardo psicomotor
- Fadiga ou perda de energia
- Sentimentos de inutilidade ou culpa
- Capacidade diminuída para pensar ou se concentrar
- Pensamentos recorrentes de morte



- Análise fatorial
- TRI



Depressão: variável latente



- **latent variable:** a *theoretical entity or construct* that is used to explain one or more manifest variables. *Latent variables cannot be directly observed or measured* but rather are approximated through various *measures presumed to assess part of the given construct*. [...] Participants' responses could then be analyzed to *identify patterns of interrelationships from which the values of the latent variable of [...] are inferred*. Also called **latent construct**; **latent factor**. See also factor analysis; structural equation modeling.

Measuring Depression Over Time . . . or not? Lack of Unidimensionality and Longitudinal Measurement Invariance in Four Common Rating Scales of Depression

Eiko I. Fried
University of Leuven

Claudia D. van Borkulo
University of Groningen and University of Amsterdam

Sacha Epskamp
University of Amsterdam

Robert A. Schoevers
University of Groningen

Francis Tuerlinckx
University of Leuven

Denny Borsboom
University of Amsterdam

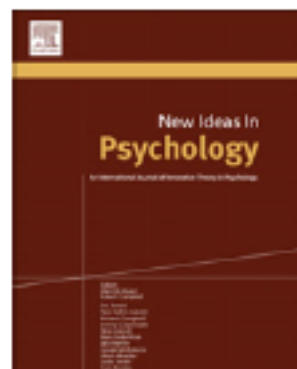


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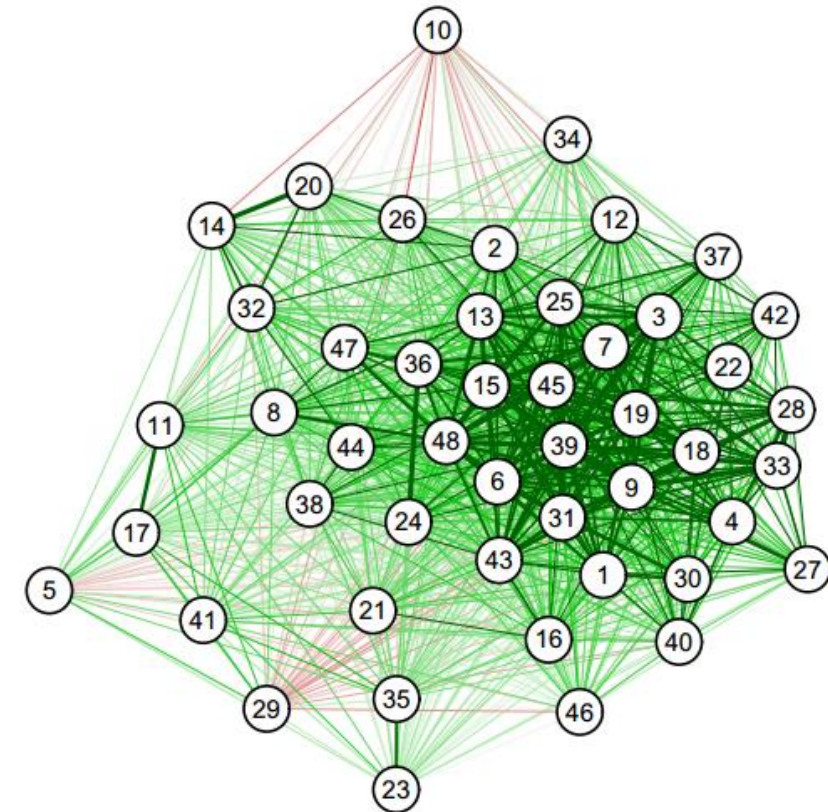
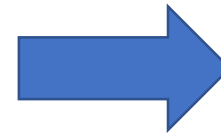
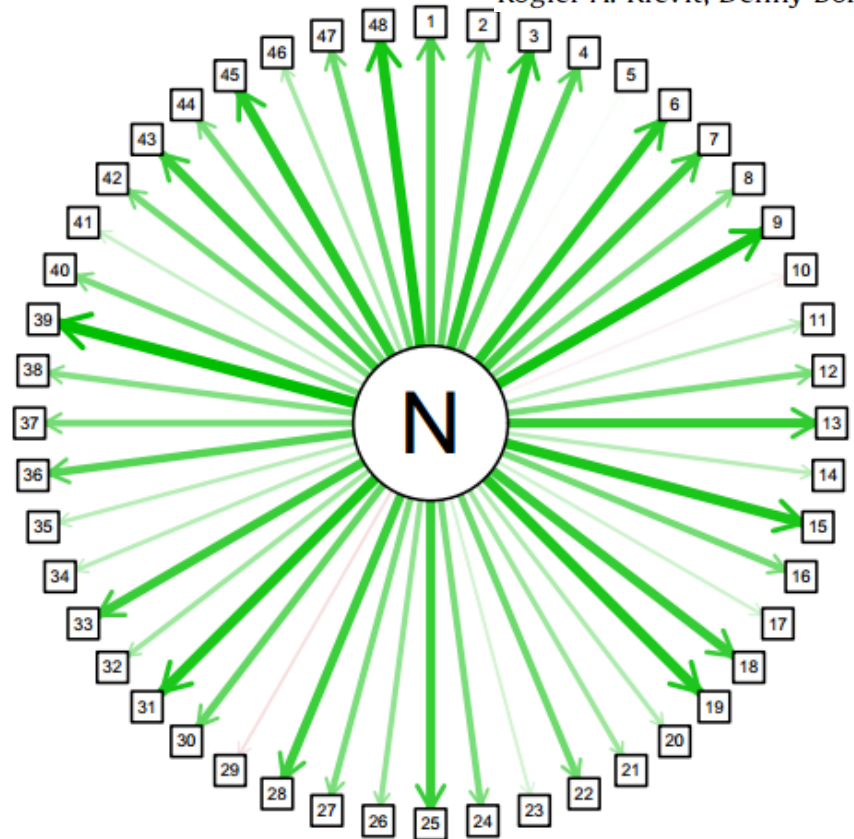


Deconstructing the construct: A network perspective on psychological phenomena

Verena D. Schmittmann, Angélique O.J. Cramer, Lourens J. Waldorp, Sacha Epskamp, Rogier A. Kievit, Denny Borsboom*

Deconstructing the construct: A network perspective on psychological phenomena

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Fig. 6. The best fitting confirmative time series model of the following five constituents of depression: tiredness; concentration difficulties (*concentration*); self-content; sad mood; pleasure in current activity (*activity*).

Psychometric Perspectives on Diagnostic Systems



1102

Journal of Clinical Psychology, September 2008

Denny Borsboom

University of Amsterdam

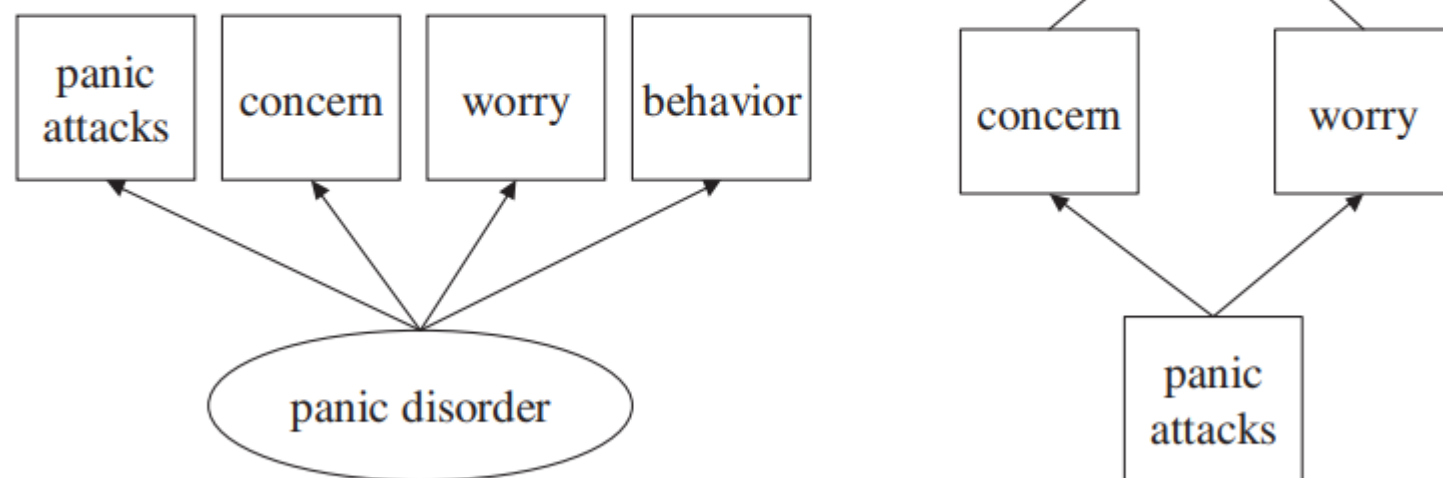
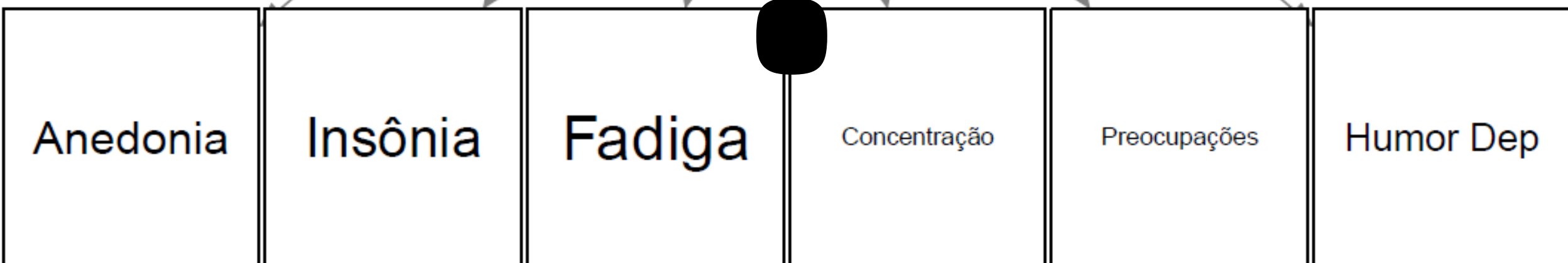
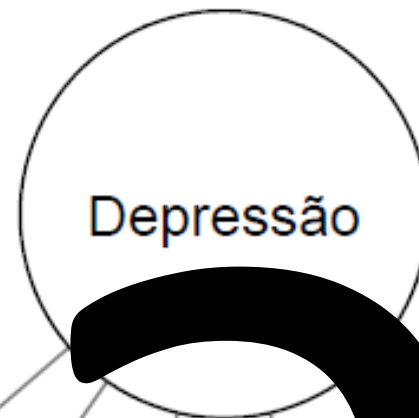
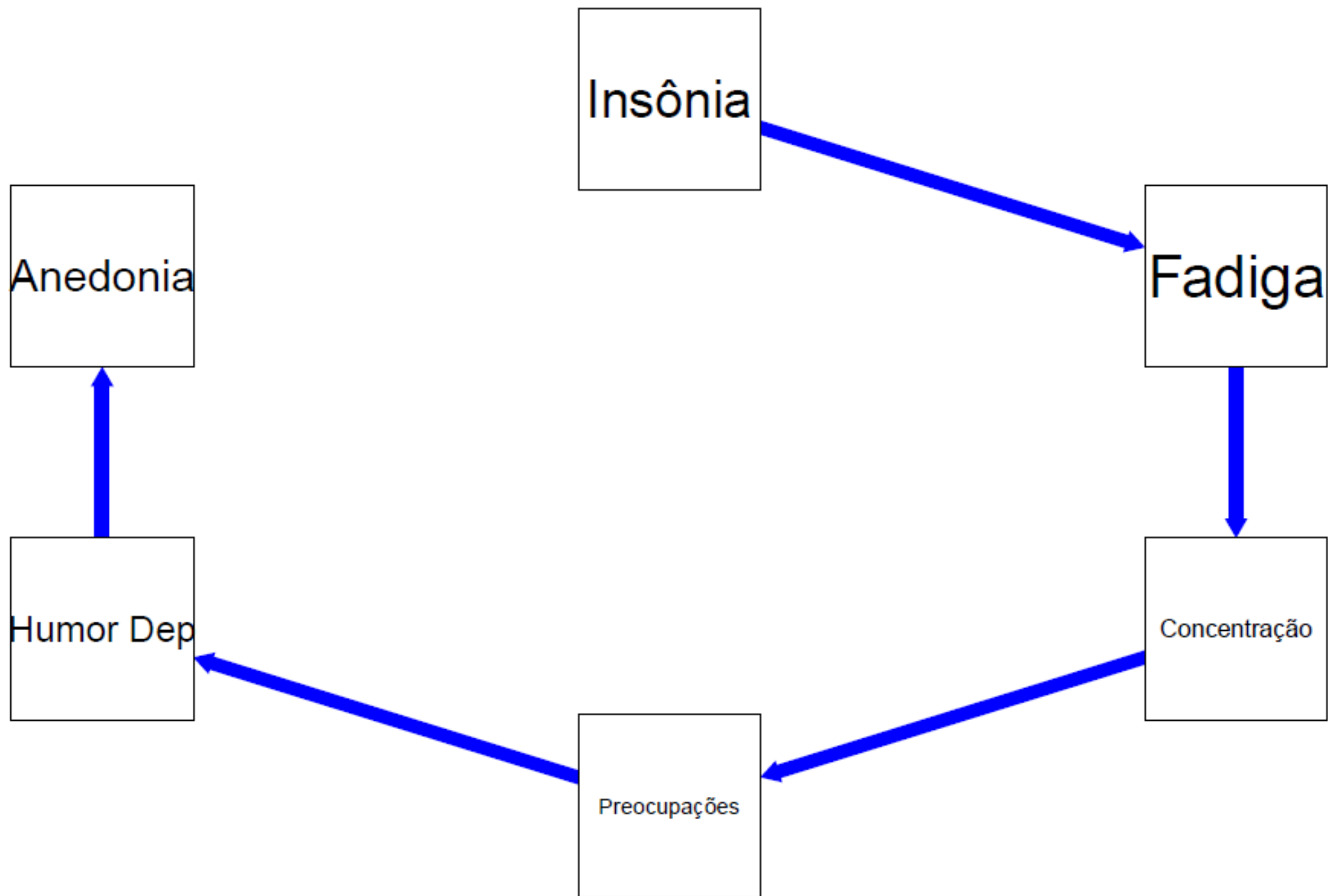


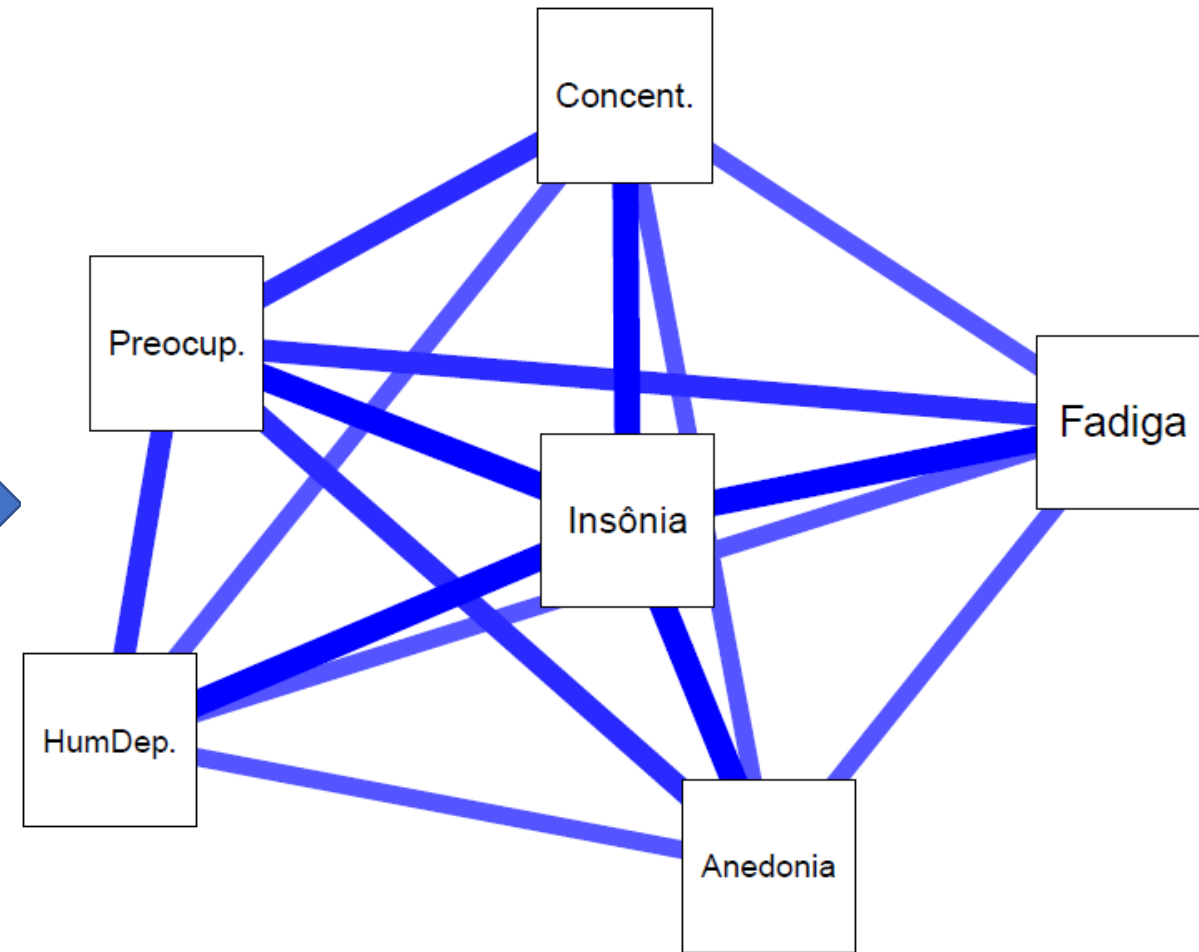
Figure 1. The left panel shows the relation between panic disorder and its symptoms from a latent variable modeling point of view. The right panel shows a representation of these symptoms as a causal system.





Depressão: estrutura e dinâmica de um sistema

▲	Insônia ▲	Fadiga ▲	Concent. ▲	Preocup. ▲	HumDep. ▲	Anedonia ▲
Insônia	1.0	0.6	0.6	0.6	0.6	0.6
Fadiga	0.6	1.0	0.4	0.5	0.4	0.4
Concent.	0.6	0.4	1.0	0.5	0.4	0.4
Preocup.	0.6	0.5	0.5	1.0	0.5	0.5
HumDep.	0.6	0.4	0.4	0.5	1.0	0.4
Anedonia	0.6	0.4	0.4	0.5	0.4	1.0



“Reductionism, as a paradigm, is expired, and complexity, as a field, is tired. Data-based mathematical models of complex systems are offering a fresh perspective, rapidly developing into a new discipline: network science.”

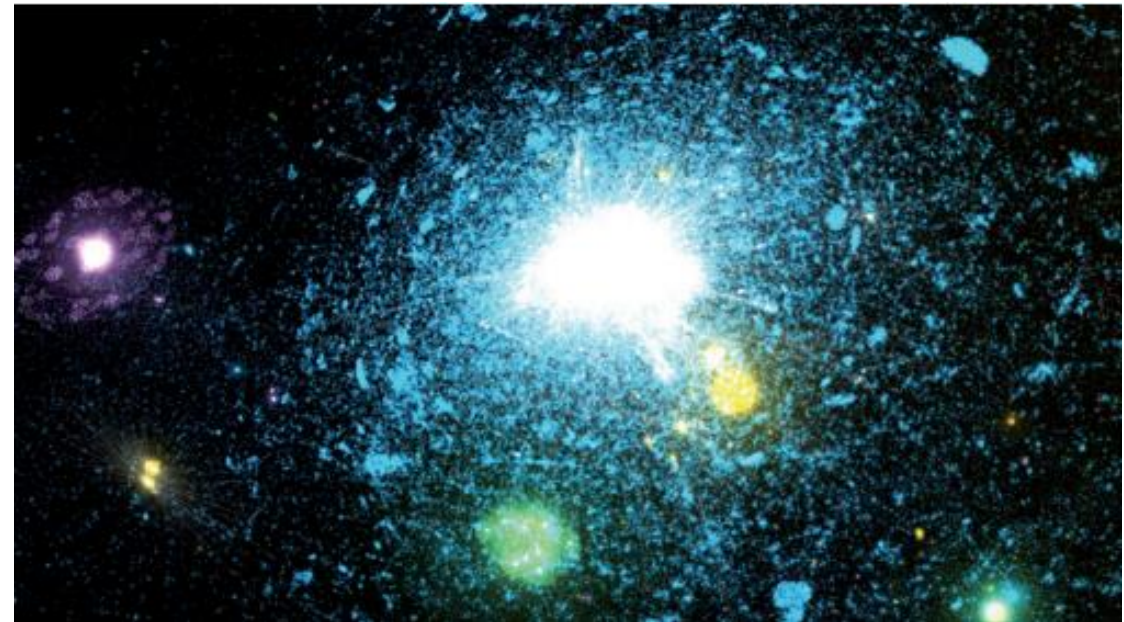
NATURE PHYSICS | COMMENTARY

The network takeover

Albert-László Barabási

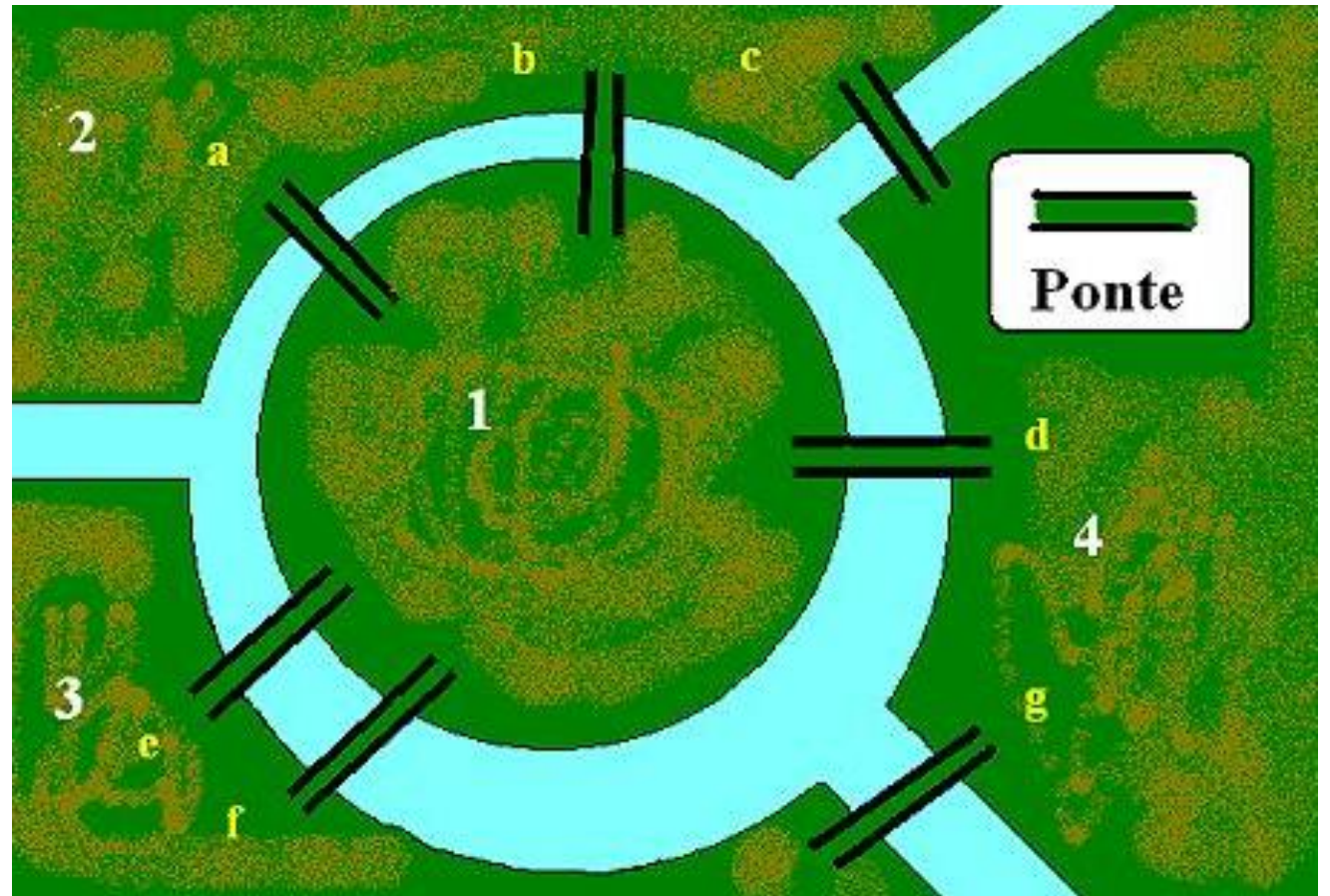
Nature Physics **8**, 14–16 (2012) | doi:10.1038/nphys2188

Published online 22 December 2011



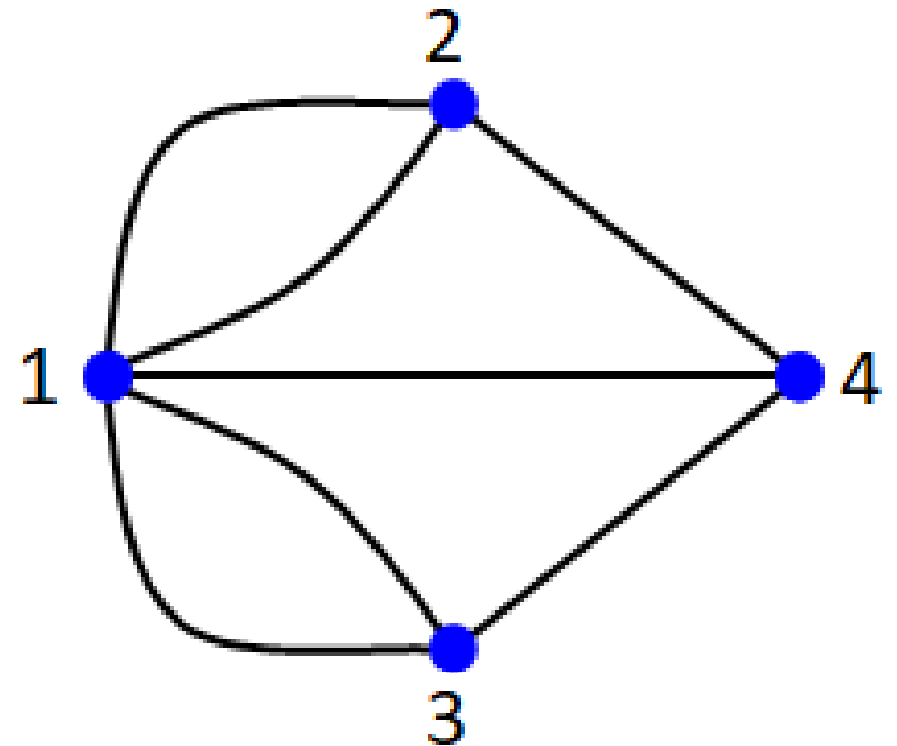
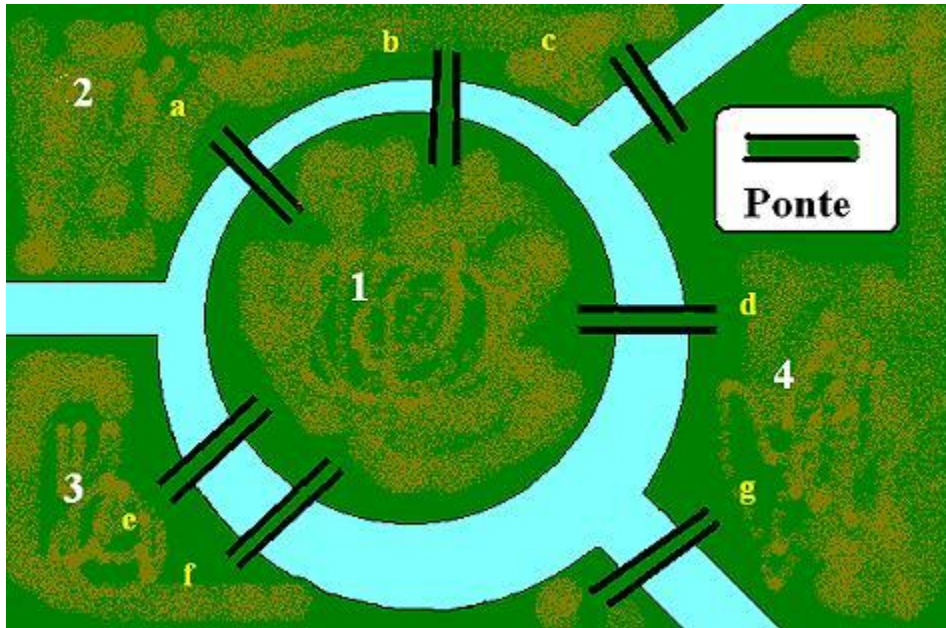
Teoria dos grafos

- O problema das pontes de Königsberg
- Discutia-se nas ruas da cidade a possibilidade de atravessar todas as pontes sem repetir nenhuma



Teoria dos grafos

- Havia uma lenda popular sobre a possibilidade de resolução, quando Leonhard Euler , em 1736, provou que não existia caminho que possibilitasse tais restrições.



- Topologia

Article

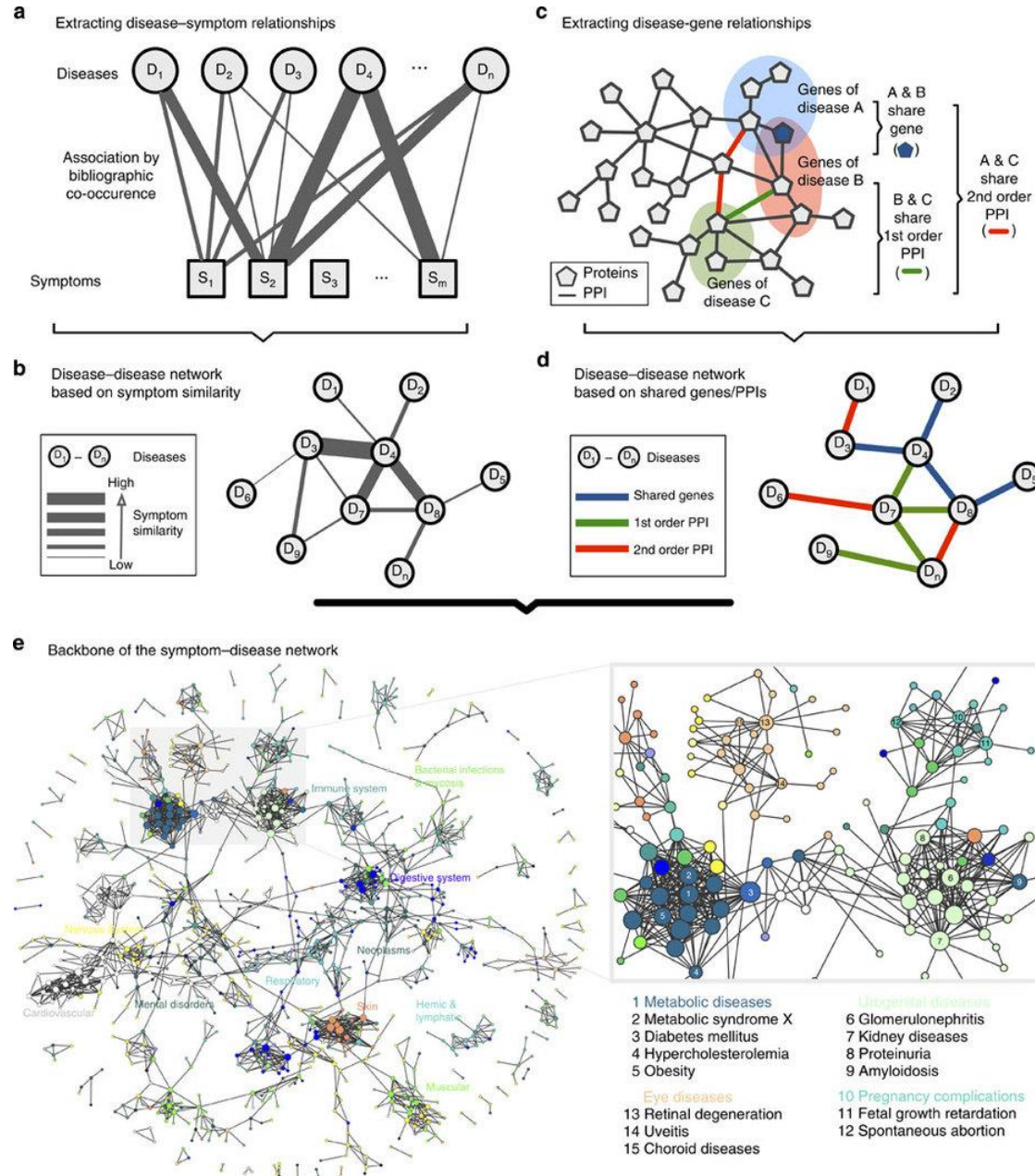
Human symptoms–disease network

XueZhong Zhou✉, Jörg Menche, Albert-László Barabási & Amitabh Sharma✉

Nature Communications 5,
Article number: 4212 (2014)
doi:10.1038/ncomms5212

Received: 07 November 2013
Accepted: 27 May 2014
Published online: 26 June 2014

We extracted **7,109,429** (about 35.5% in over twenty million records) PubMed bibliographic records with one or more disease/symptom terms in the MeSH metadata field (see Methods), yielding a total of 4,442 disease terms and 322 symptom terms



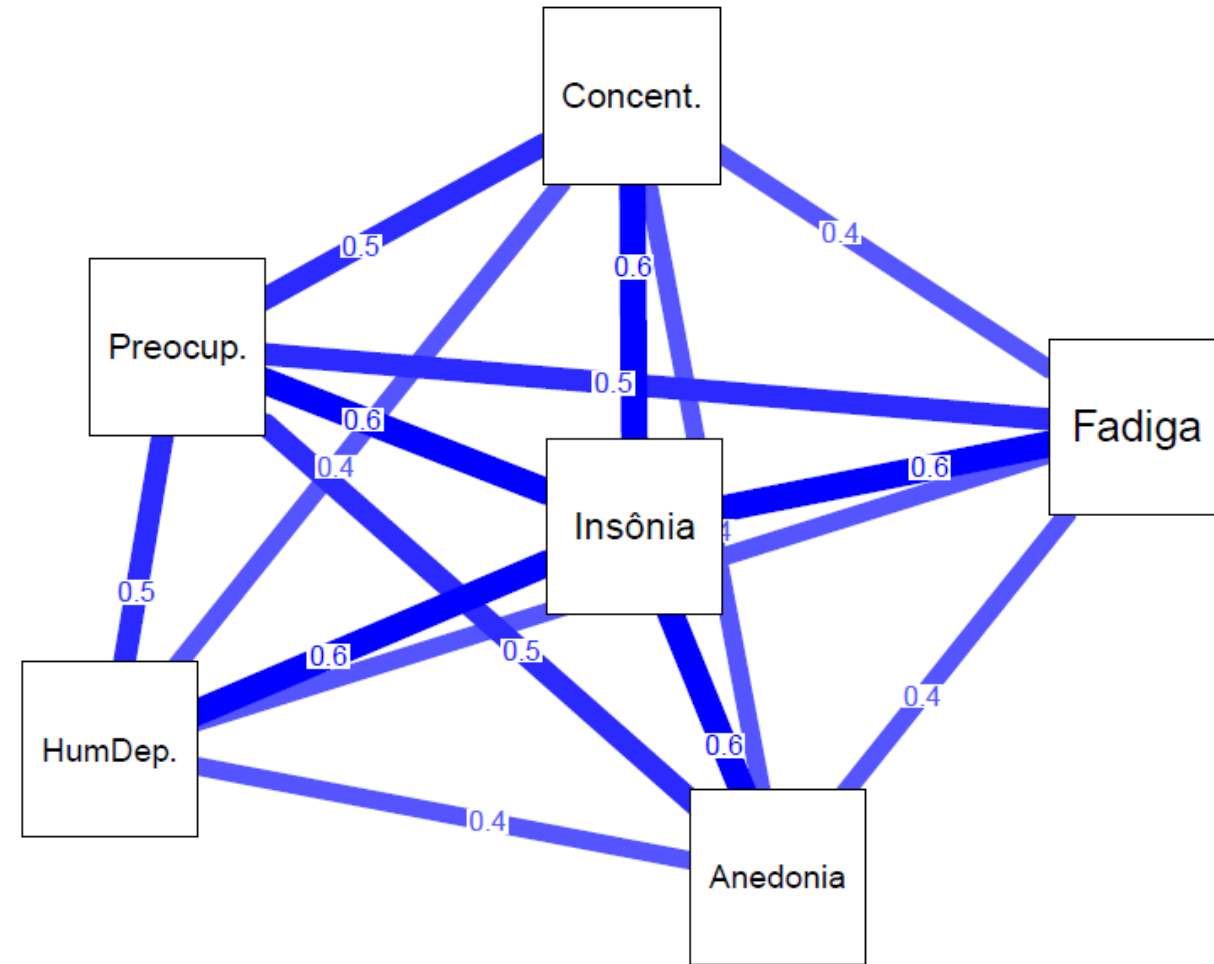
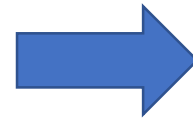
O que é uma rede?

- Vértices (nodos) e arestas (linhas)
- Nodos representam variáveis
- As linhas representam a relação entre os nodos



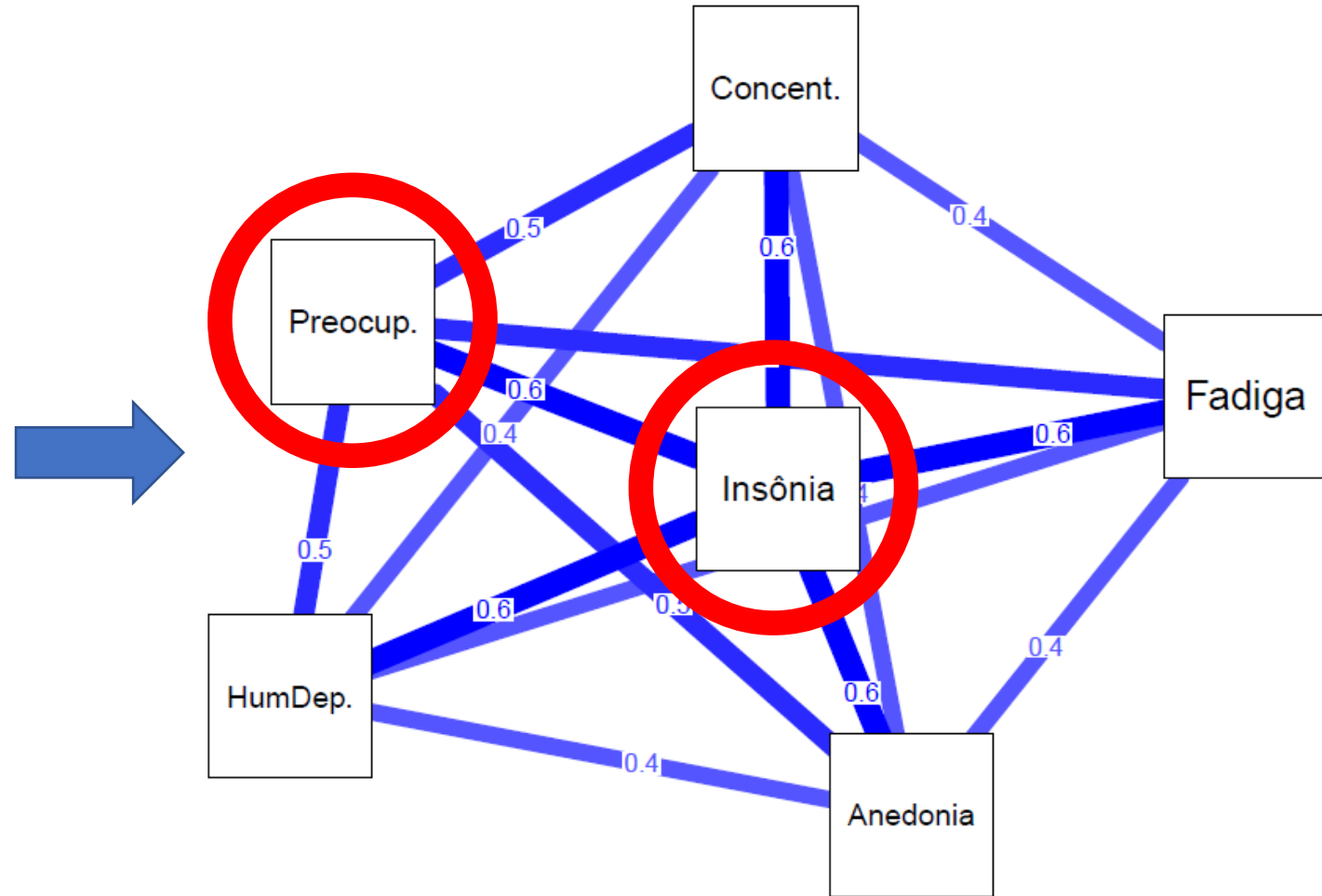
Depressão: estrutura e dinâmica de um sistema

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HumDep.	0.6	0.4	0.4	0.5	1.0	0.4
Anedonia	0.6	0.4	0.4	0.5	0.4	1.0

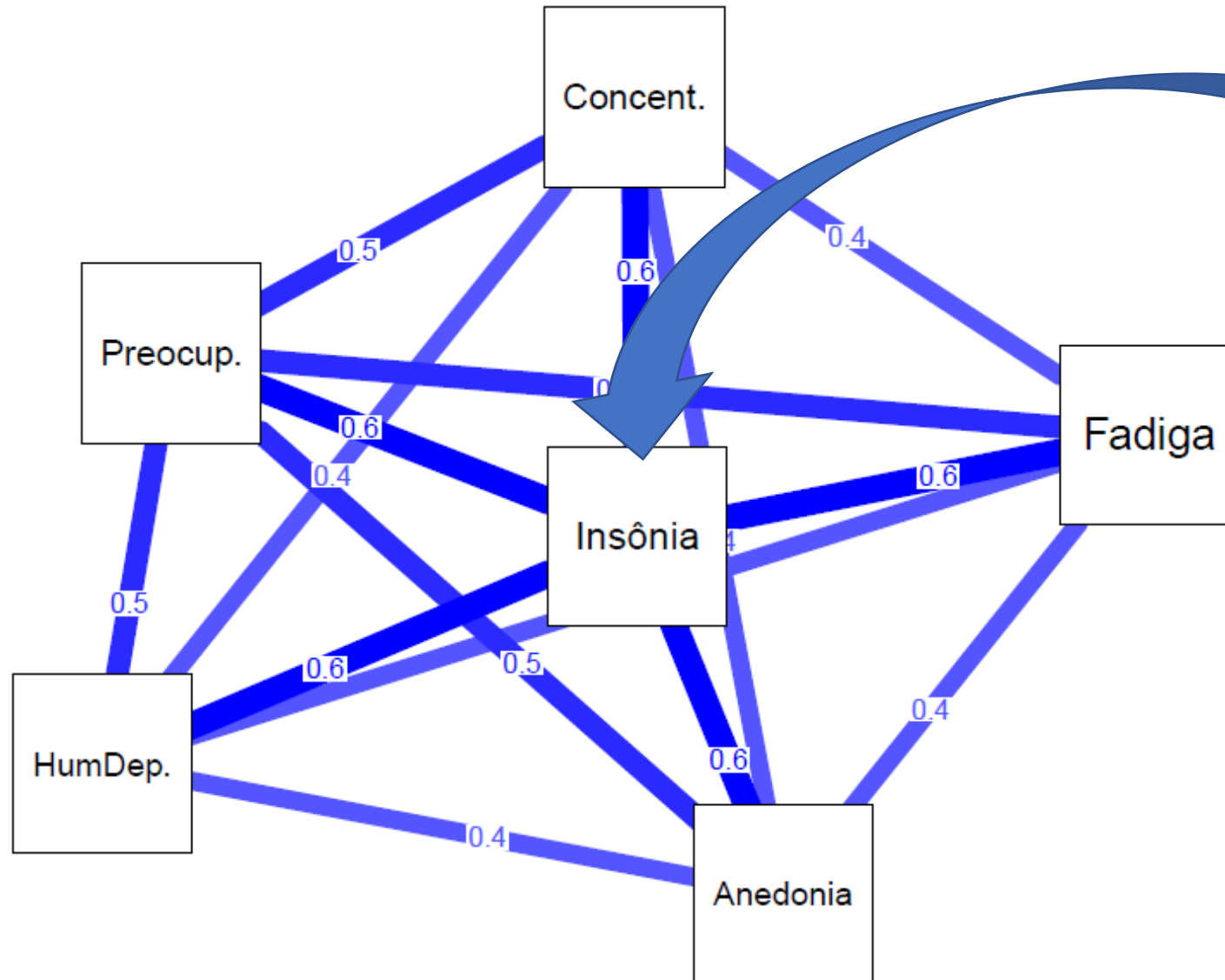


Depressão: estrutura e dinâmica de um sistema

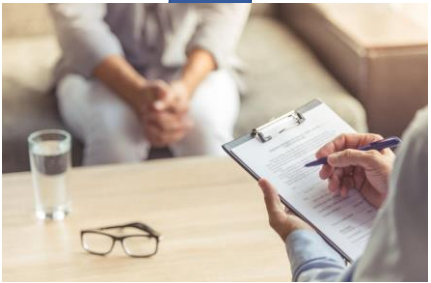
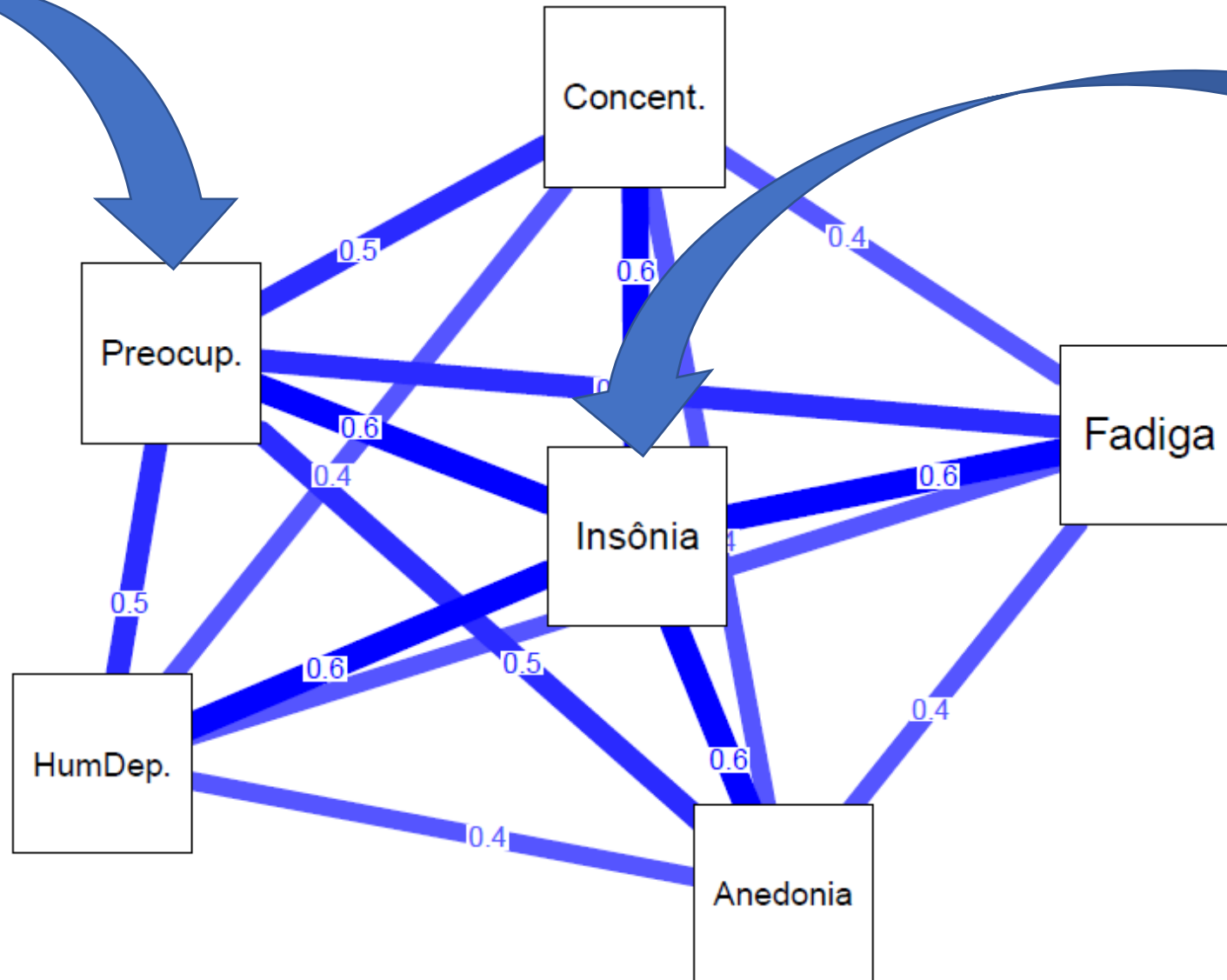
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Anedonia	0.6	0.4	0.4	0.5	0.4	1.0

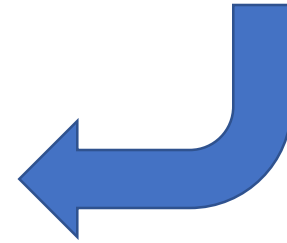
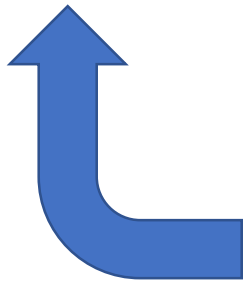
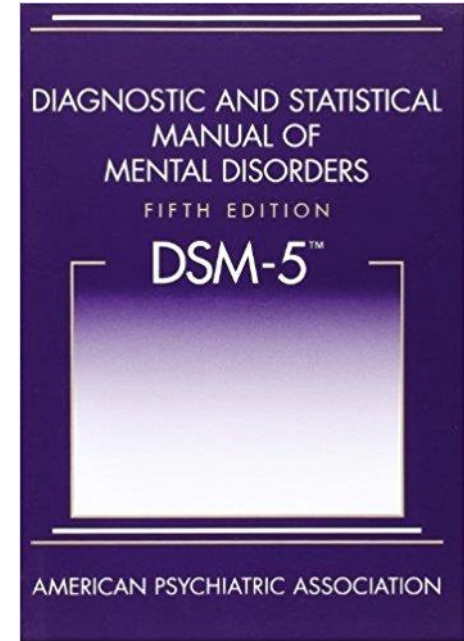


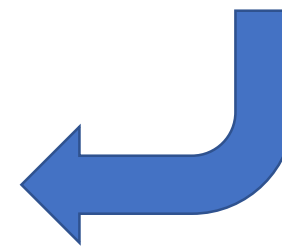
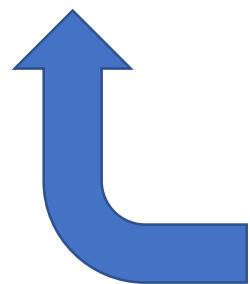
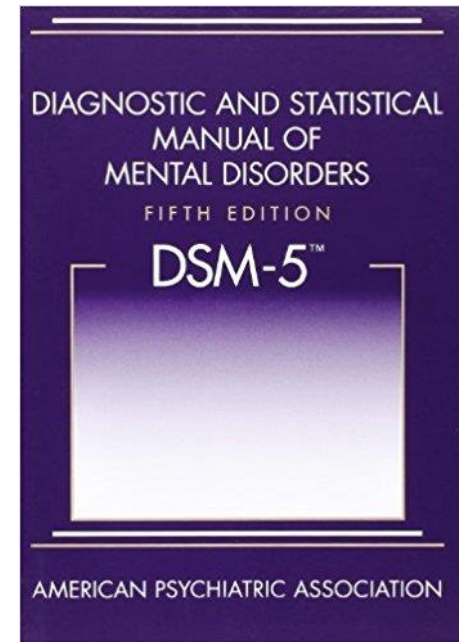
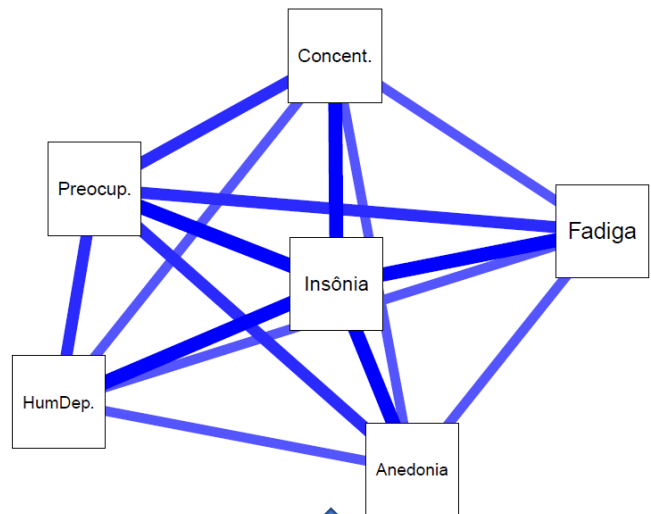
Depressão: estrutura e dinâmica de um sistema



Depressão: estrutura e dinâmica de um sistema







Mapping the manuals of madness: Comparing the ICD-10 and DSM-IV-TR using a network approach

PIA TIO,¹ SACHA EPSKAMP,¹ ARJEN NOORDHOF² & DENNY BORSBOOM¹



- Disorders of infancy, childhood, and adolescence
- Delirium, dementia, and other cognitive disorders
- Mental disorders due to a medical condition
- Substance-related disorders
- Schizophrenia and other psychotic disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders
- Dissociative disorders
- Sexual and gender identity disorders
- Eating disorders
- Sleep disorders
- Habit and impulse disorders
- Adjustment disorders
- Personality disorders
- Enduring personality change
- Symptom is featured equally in multiple classes

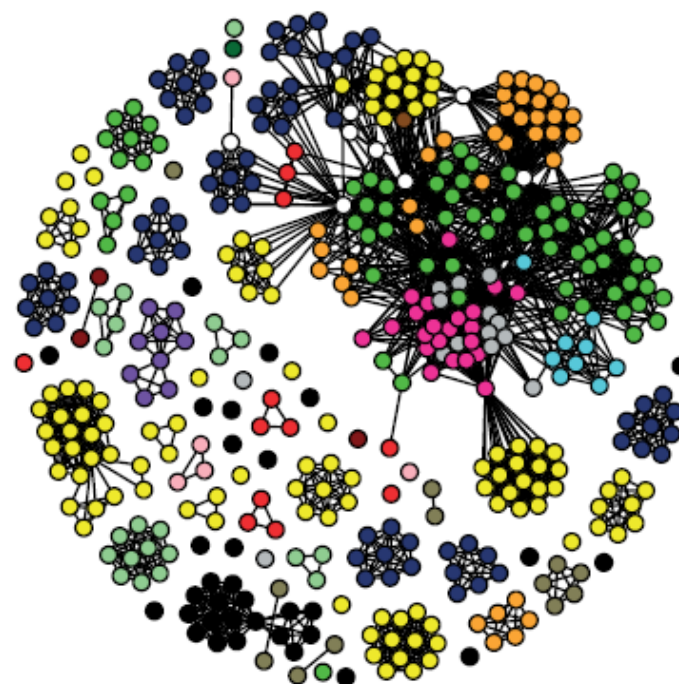
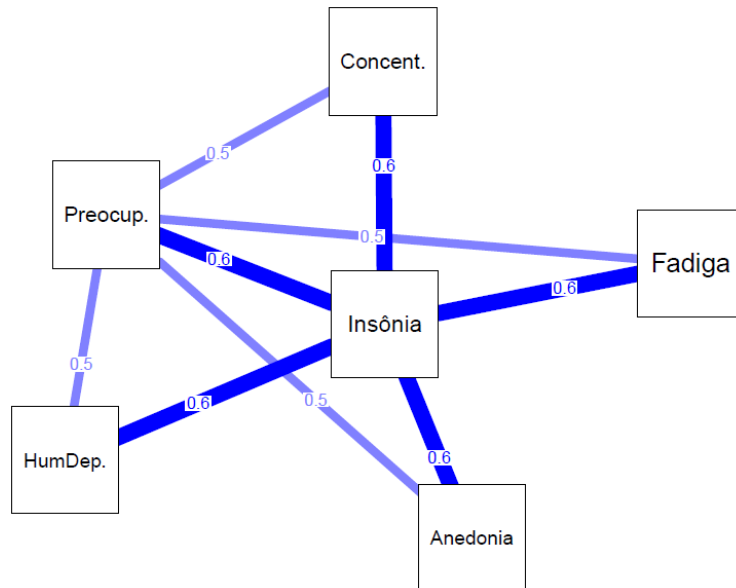


Table 2. Top 10 criteria with the highest degree for ICD-10 and DSM-IV-TR network

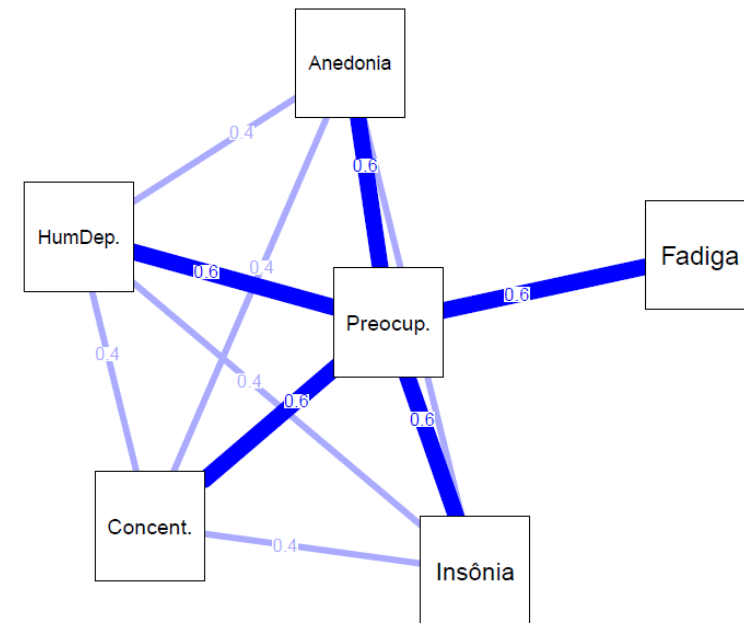
	ICD-10	DSM-IV-TR
1	Insomnia ¹	Insomnia ¹
2	Irritability ¹	Psychomotor agitation
3	Apathy	Psychomotor retardation ¹
4	Difficulty in concentrating ¹	Depressed
5	Nausea	Accelerated heart rate
6	Emotional liability	Distractibility
7	Sweating ¹	Irritability ¹
8	Chest pain	Anxiety and Hypersomnia
9	Restless sleep	Sweating ¹ and Weight loss
10	Psychomotor retardation ¹	Difficulty in concentrating ¹ and Hallucinations/illusions

¹Criteria that occur in the top 10 of both networks. Places 8 through 10 in the DSM-IV-TR hold multiple symptoms.

Paciente A



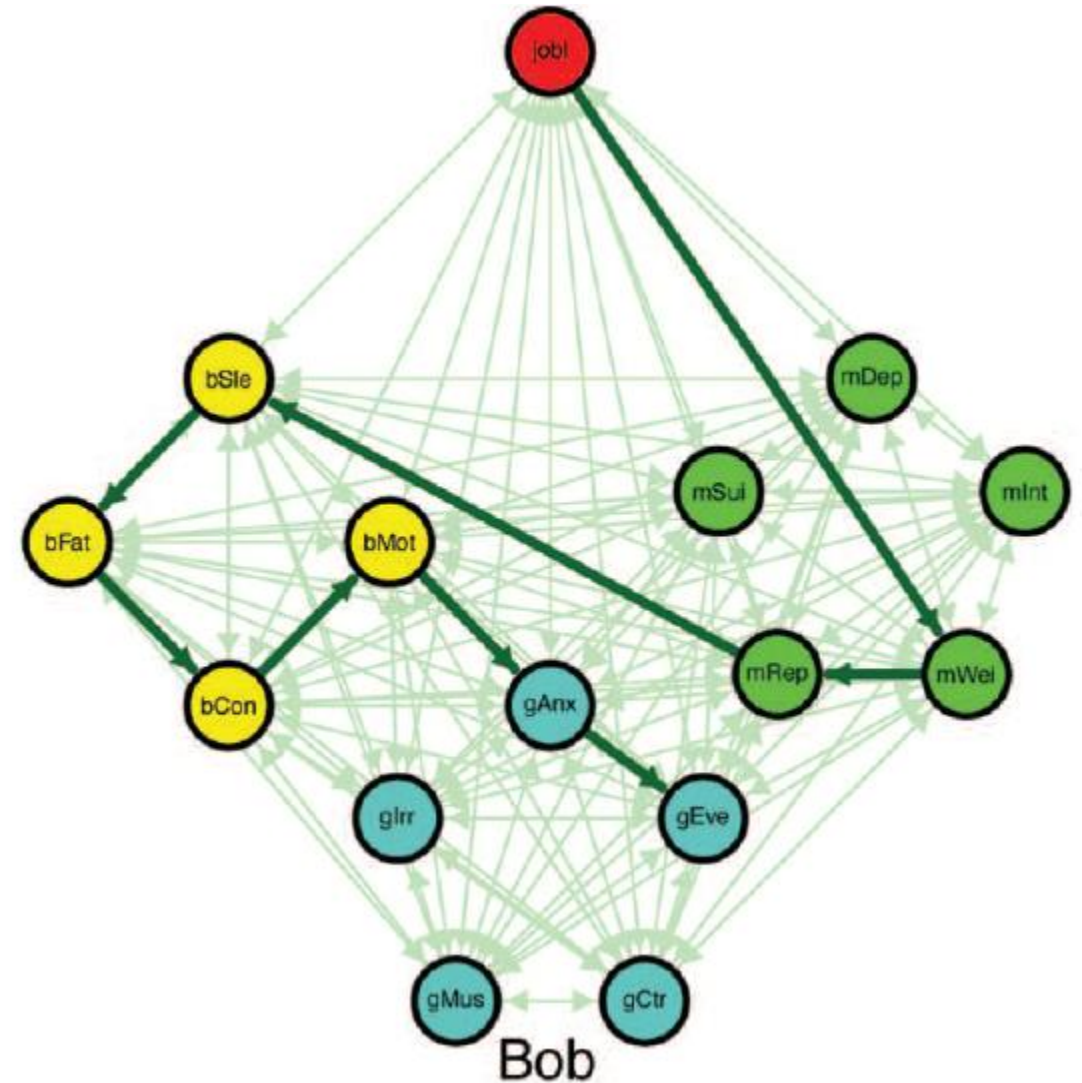
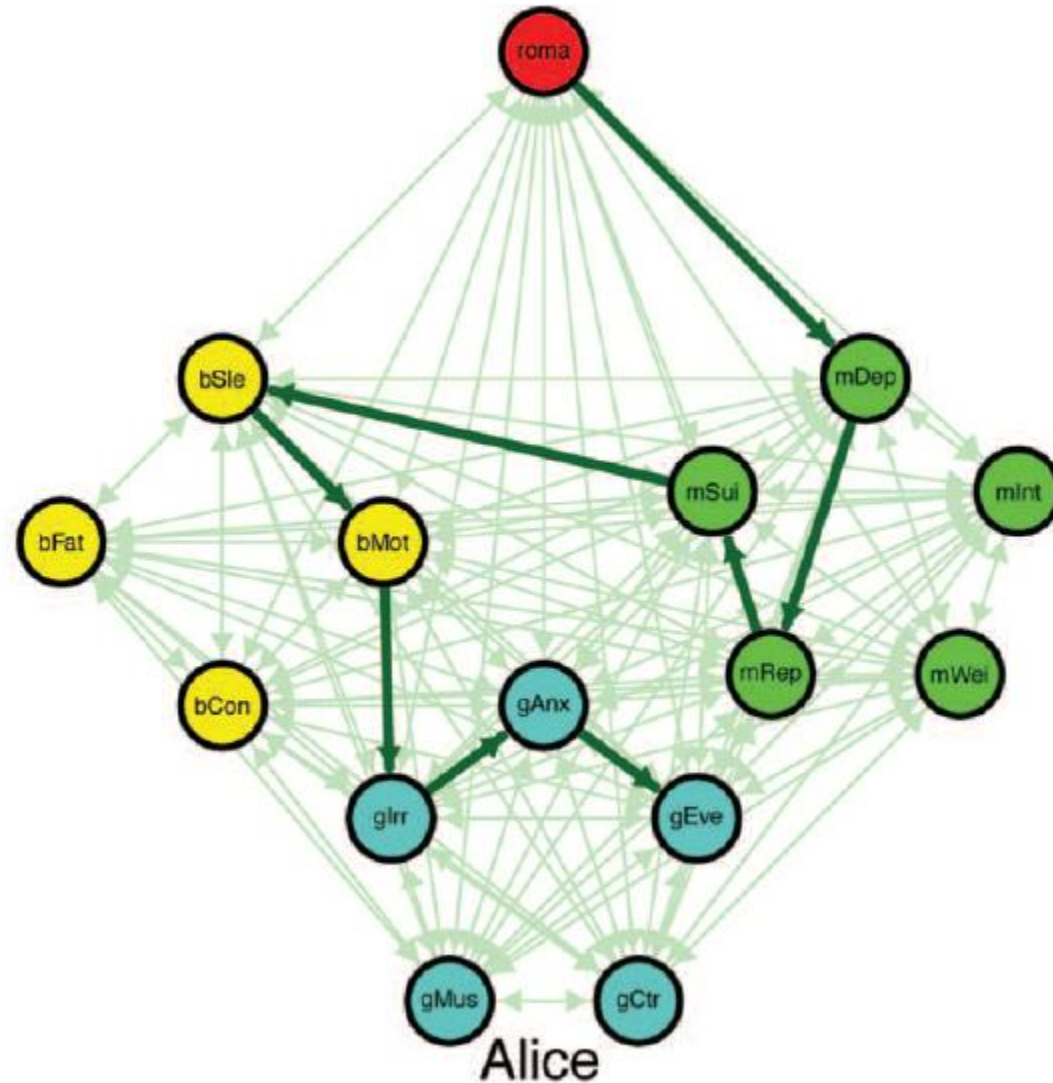
Paciente B



The Small World of Psychopathology

Denny Borsboom*, Angélique O. J. Cramer, Verena D. Schmittmann, Sacha Epskamp, Lourens J. Waldorp

Department



A network theory of mental disorders

Denny Borsboom

Department of Psychology, University of Amsterdam, Amsterdam 1018 XA, The Netherlands

Complexity, Chaos and Catastrophe: Modeling Psychopathology as a Dynamic System

Jolanda J. Kossakowski

Angélique O. J. Cramer

Network Analysis: An Integrative Approach to the Structure of Psychopathology

Denny Borsboom and Angélique O.J. Cramer

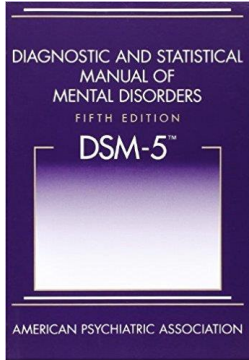
y of Amsterdam, Amsterdam 1018 XA, The Netherlands;

Clinical Neuropsychiatry (2016) 13, 4/5, 68-76

MENTAL DISORDERS AS COMPLEX NETWORKS:
AN INTRODUCTION AND OVERVIEW OF A NETWORK APPROACH TO PSYCHOPATHOLOGY*

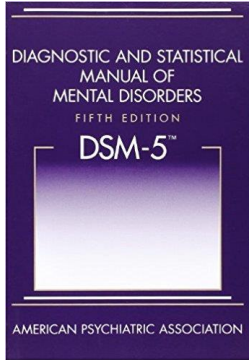
Michèle B. Nuijten, Marie K. Deserno, Angélique O. J. Cramer, Denny Borsboom

Comorbidade: uma perspectiva de rede



ANSIEDADE	DEPRESSÃO
ANSIEDADE PREOCUPAÇÃO	HUMOR DEPRIMIDO
IRRITABILIDADE	ANEDONIA
TENSÃO MUSCULAR	ALTERAÇÕES DE PESO
ALTERAÇÕES NO SONO	ALTERAÇÕES NO SONO
PROBLEMAS DE CONCENTRAÇÃO	PROBLEMAS CONCENTRAÇÃO
AGITAÇÃO	AGITAÇÃO
FADIGA	FADIGA

Comorbidade: uma perspectiva de rede



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AGITAÇÃO	AGITAÇÃO
FADIGA	FADIGA

Comorbidity: A network perspective

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<http://sites.google.com/site/borsboomdenny/dennyborsboom>

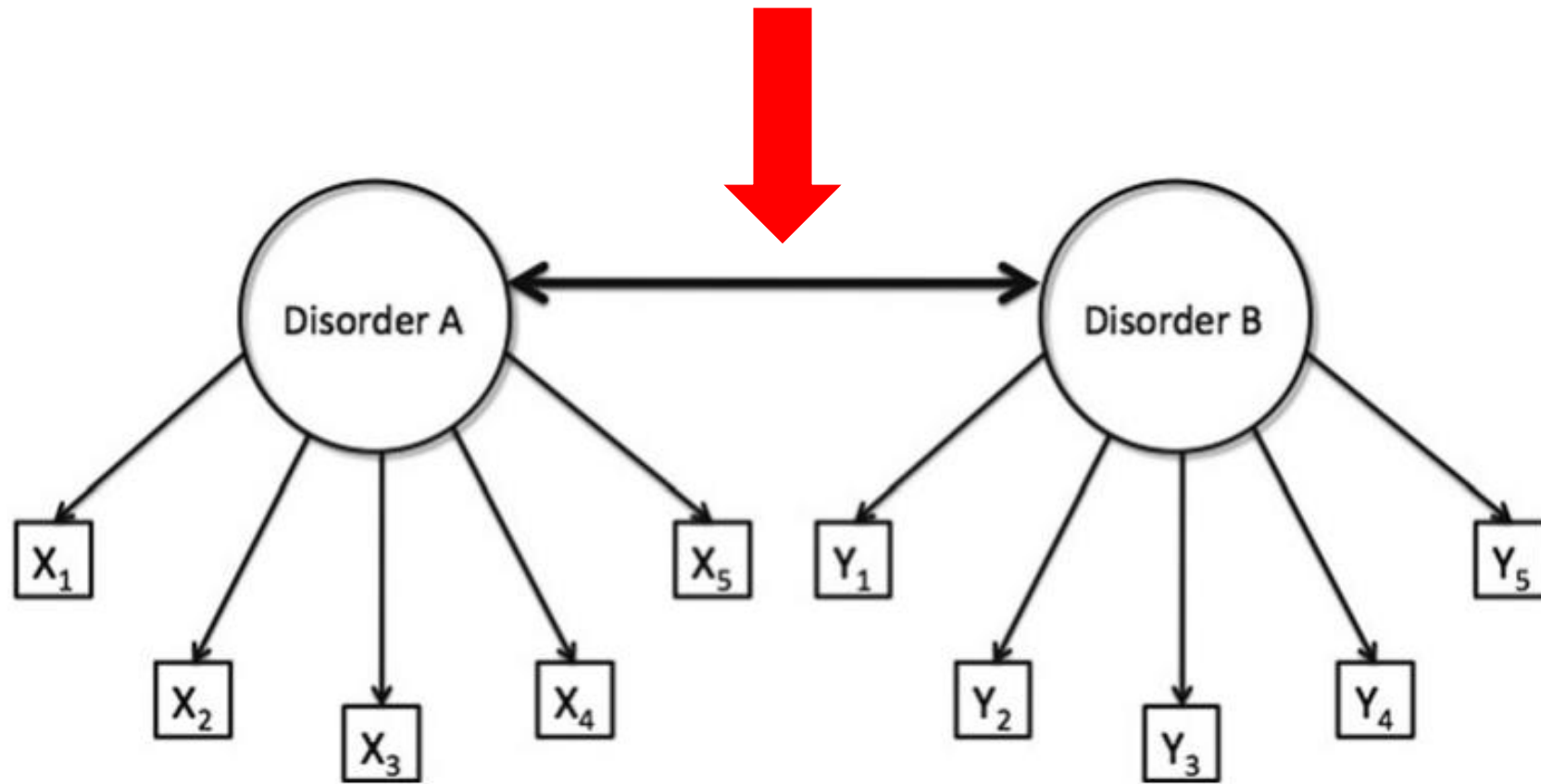
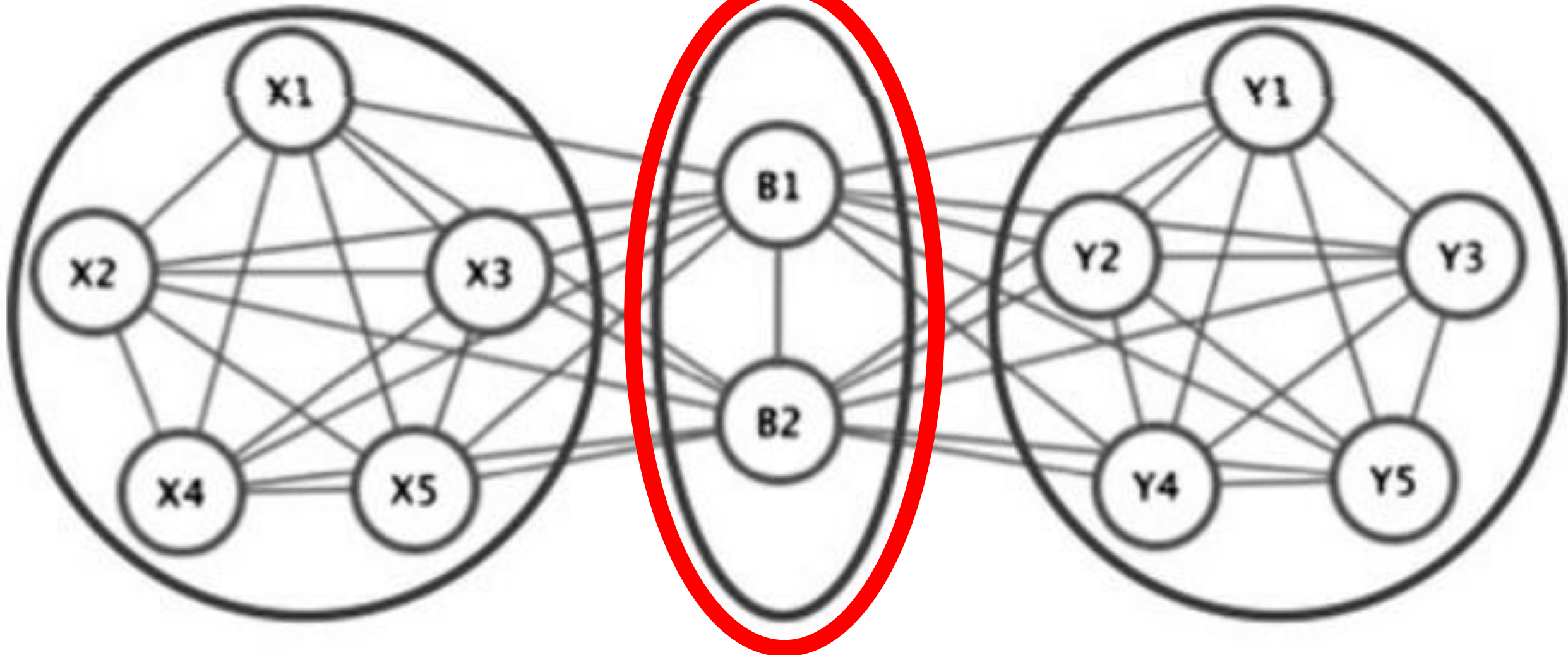


Figure 1. A model of comorbidity between disorders A and B, under the standard assumptions of latent variable modeling. The *circles* represent the disorders (i.e., latent variables) and the *rectangles* represent the observable core symptoms of those disorders (i.e., $X_1 - X_5$ for disorder A, and $Y_1 - Y_5$ for disorder B). In this model, comorbidity is viewed as a correlation between the latent variables, visualized by the *thick bidirectional edge* between disorders A and B.



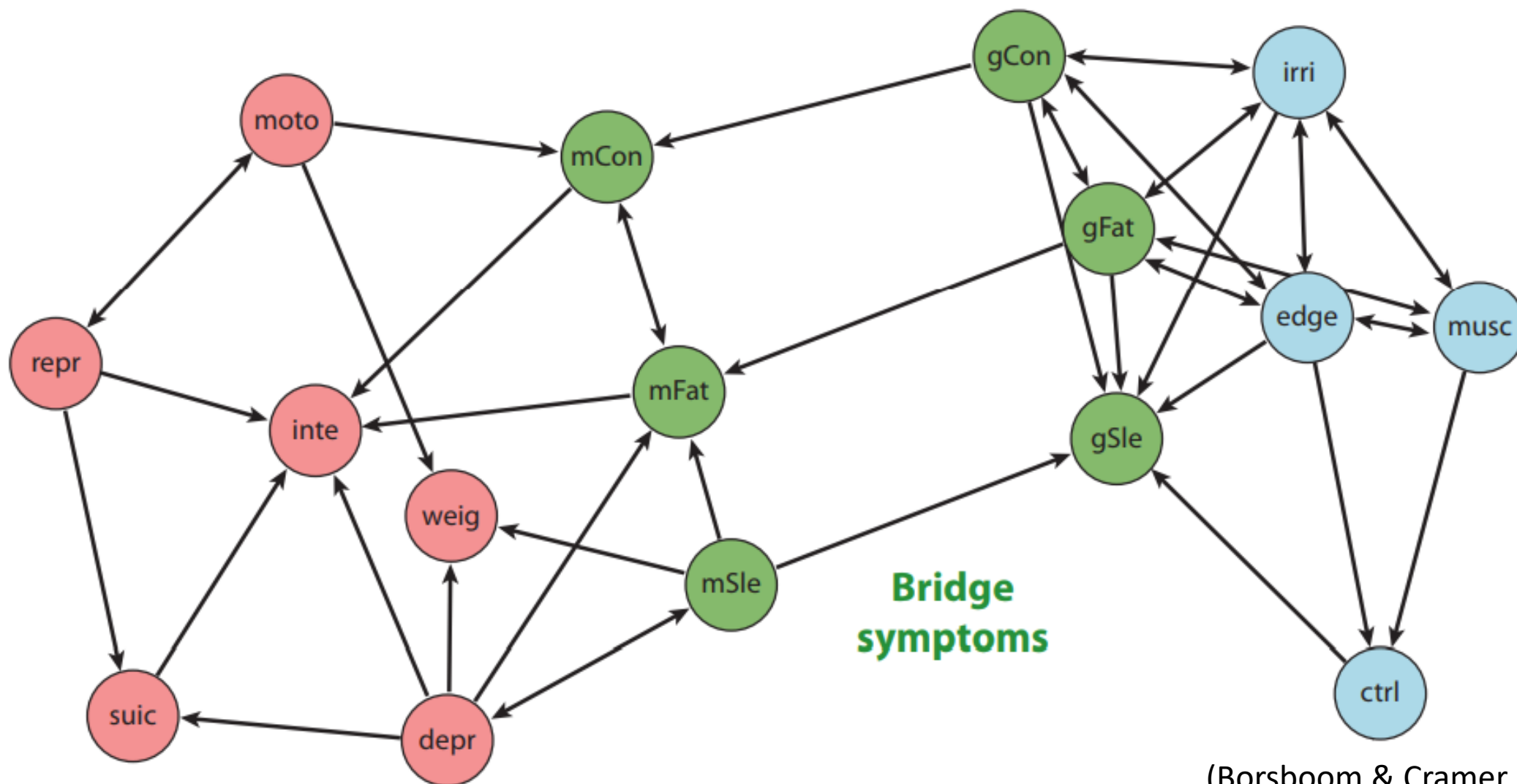
Disorder A

Bridge
symptoms

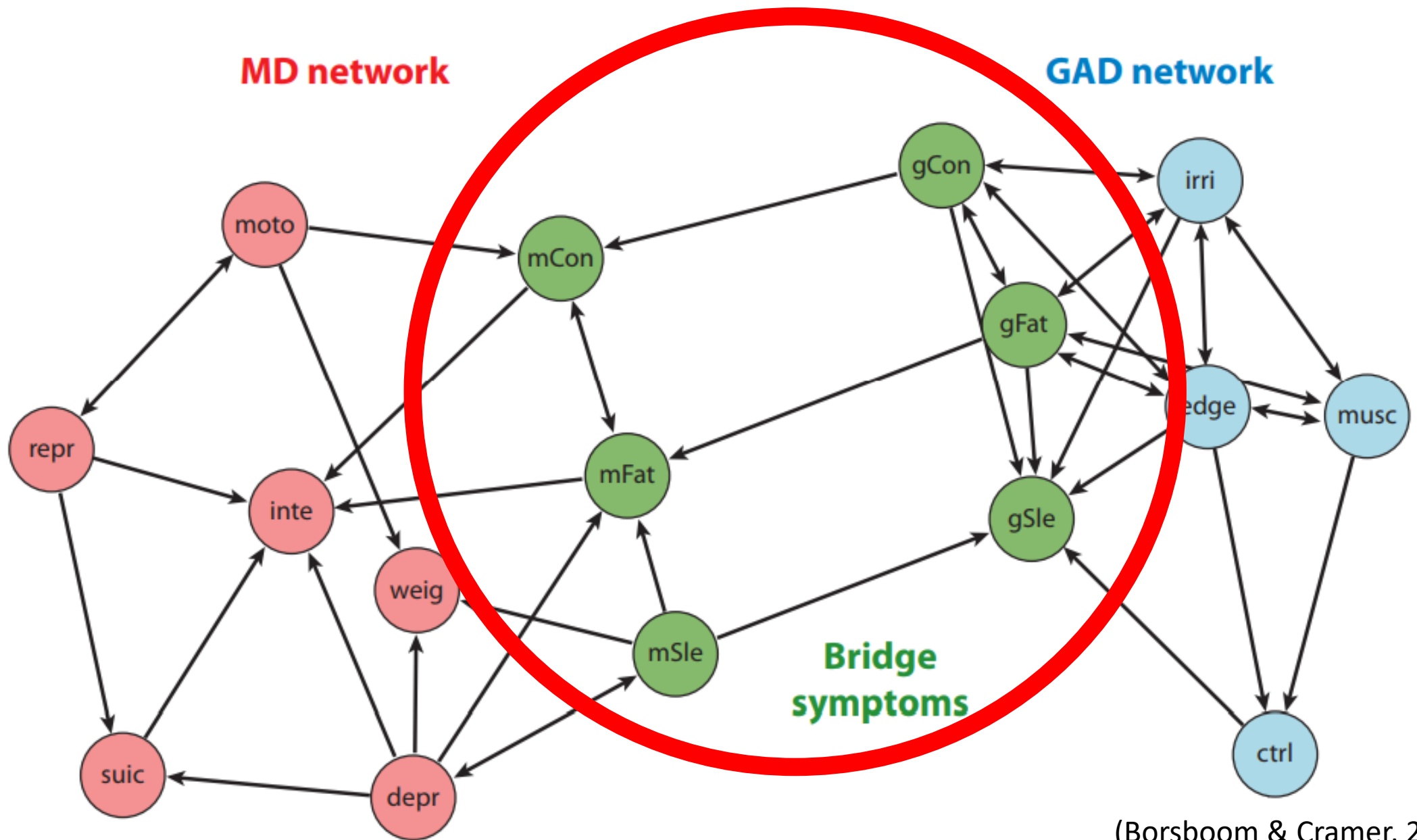
Disorder B

MD network

GAD network



(Borsboom & Cramer, 2013)



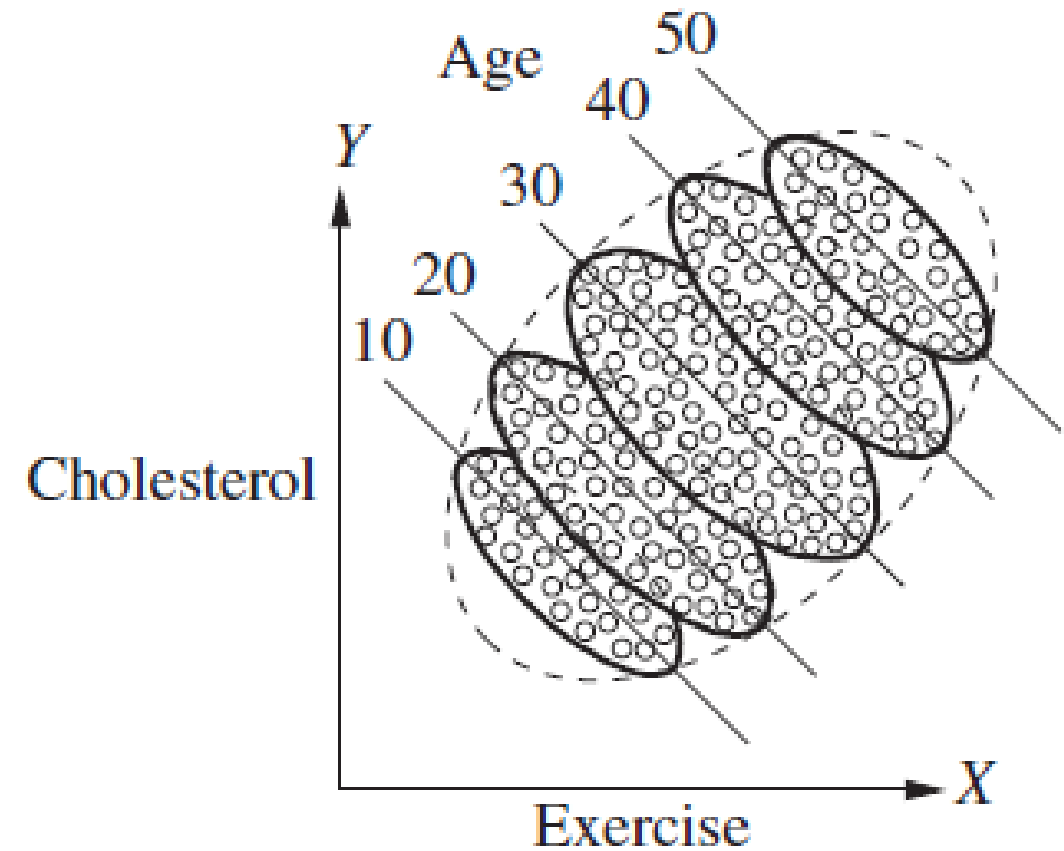
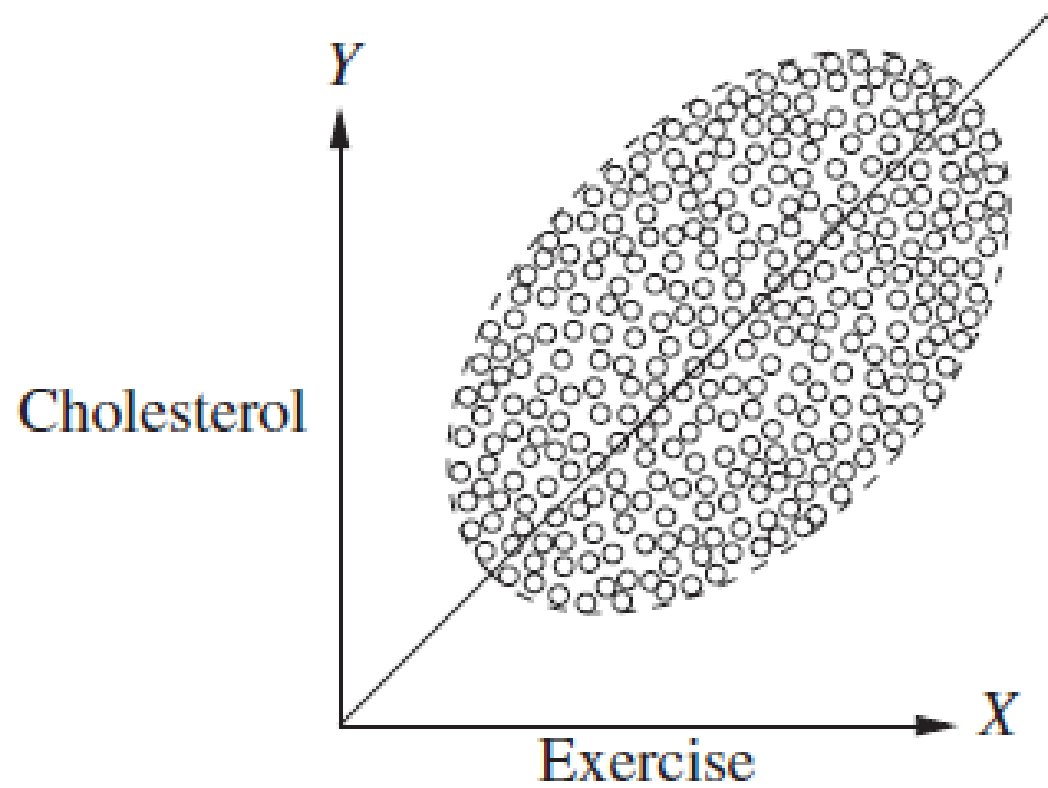
(Borsboom & Cramer, 2013)

Perguntas:

- Como aplicar o conhecimento de um sistema estimado a partir de um grupo em um indivíduo?
- Como determinar qual sintoma causa outro?

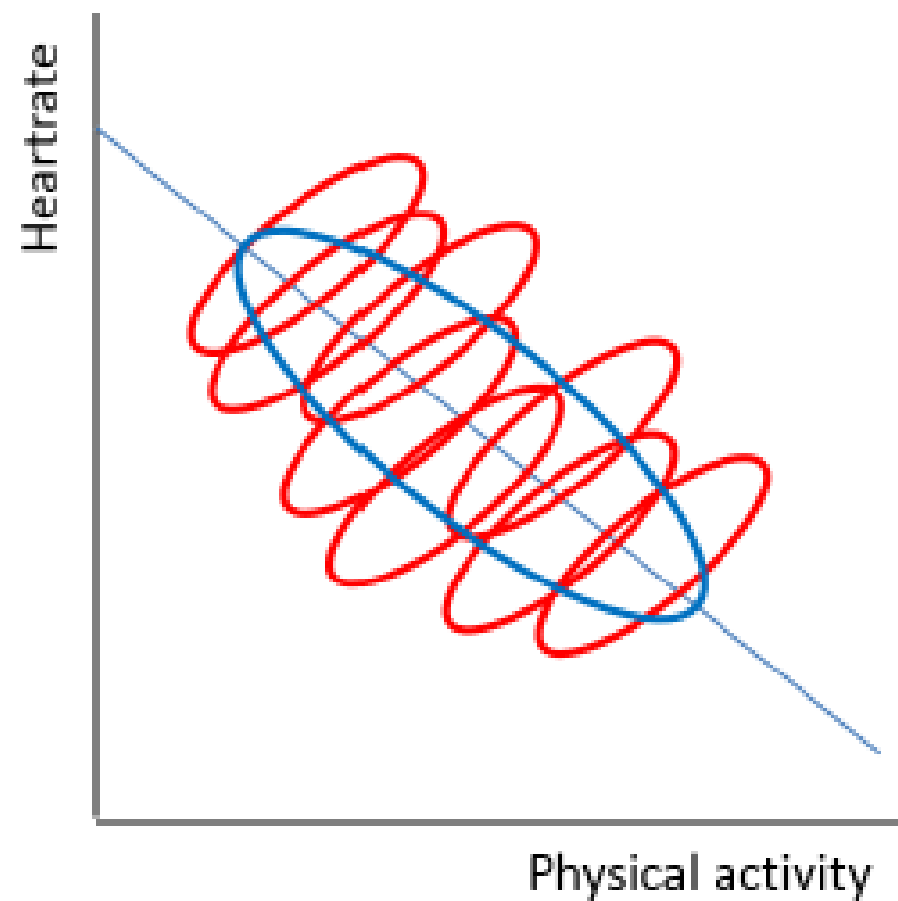
Modelos e indivíduos

- Algumas inferências sobre indivíduos são incorretamente deduzidas a partir de informações sobre grupos (grandes amostras)
- Falácia ecológica (https://en.wikipedia.org/wiki/Ecological_fallacy)

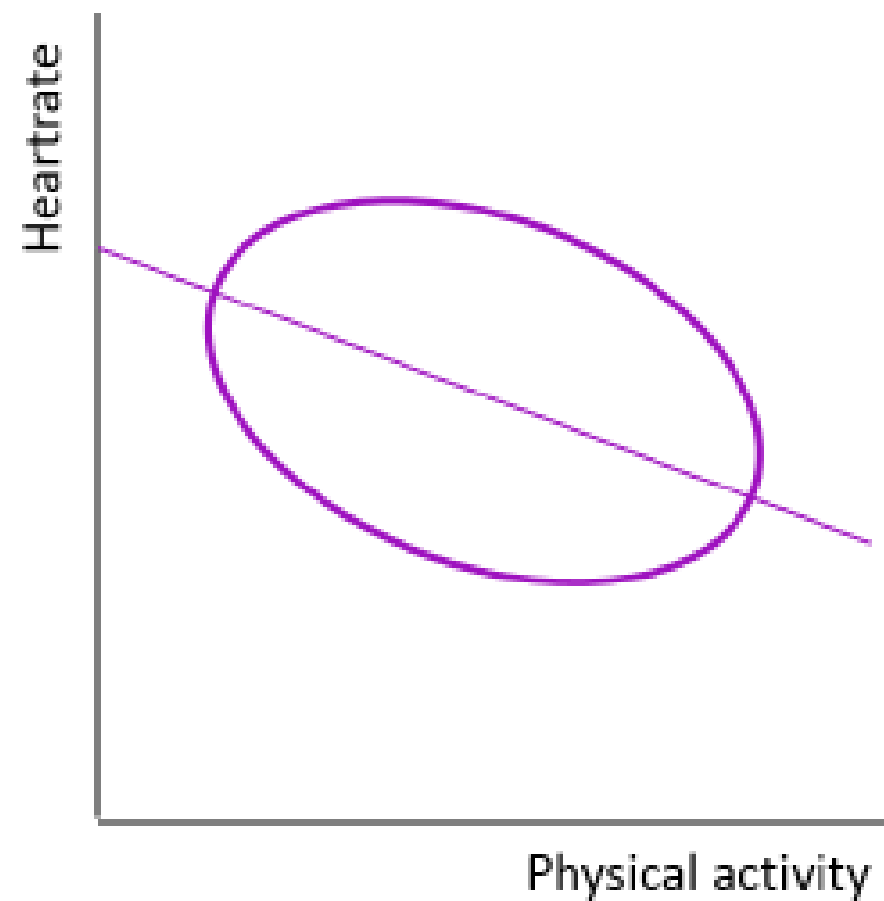


Paradoxo de Simpson (Pearl, Glymour & Jewell, 2016)

Within-person and between-person



Cross-sectional



(Hamaker, 2017)

Modelos e indivíduos

- **Ergodicidade**
(https://pt.wikipedia.org/wiki/Teoria_erg%C3%B3dica)
- Variações na estrutura de medida
- Big-Five: estrutura diferente quando observada variabilidade intraindividual

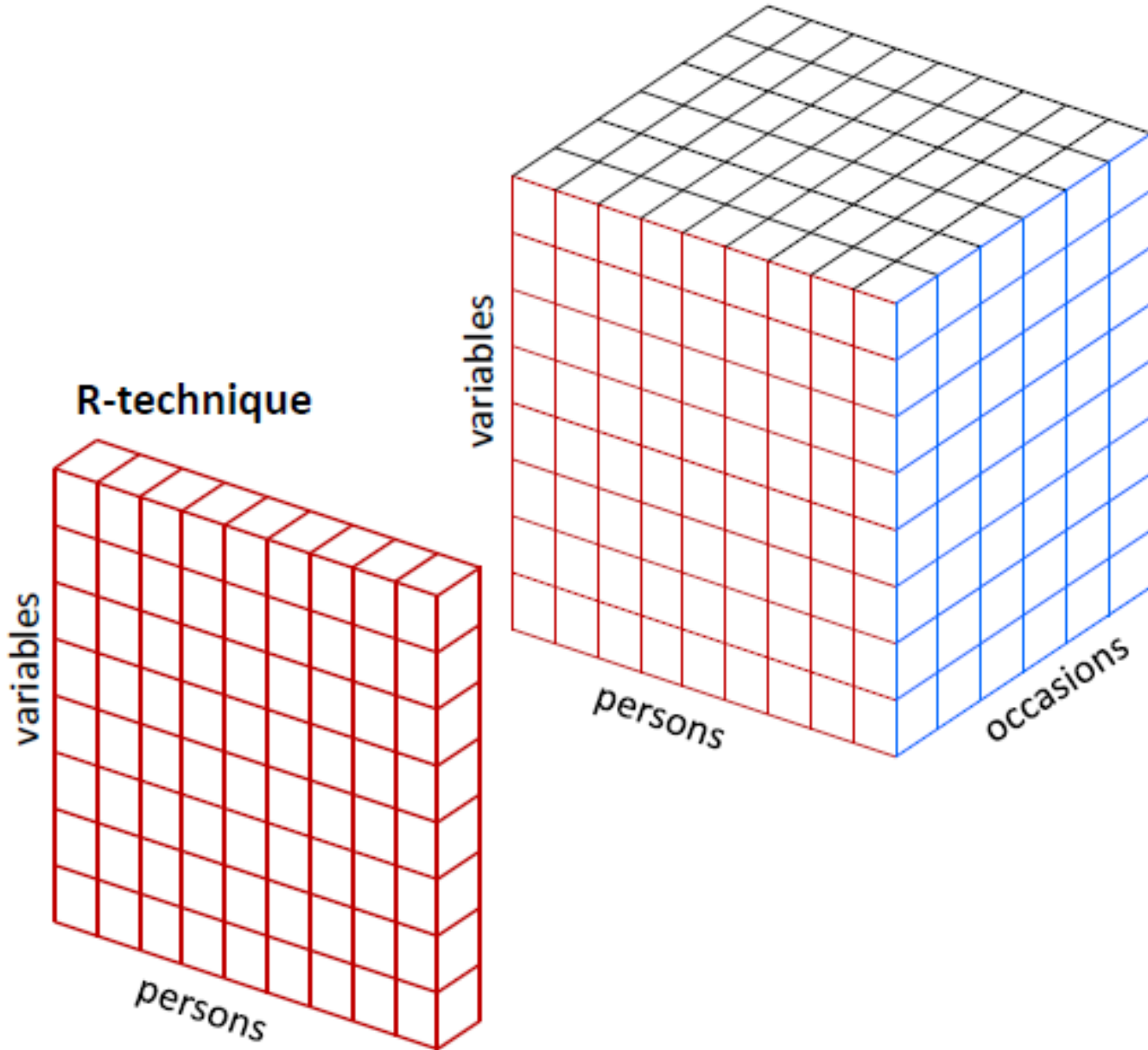
MEASUREMENT, 2(4), 201–218
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FOCUS ARTICLE

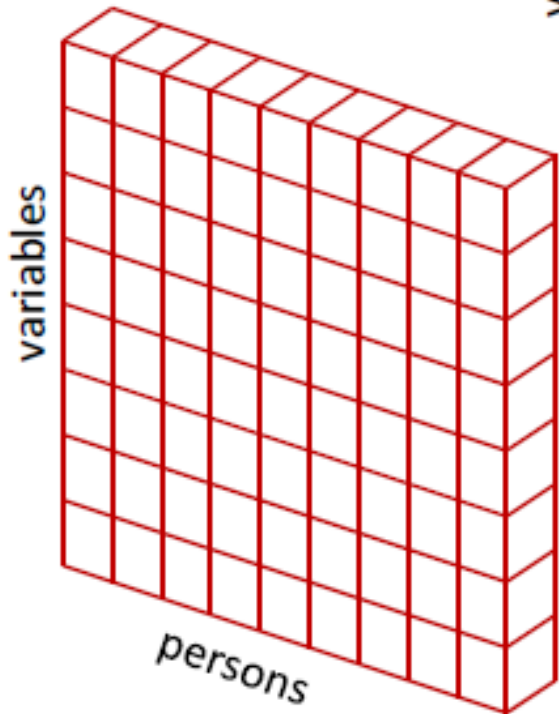
A Manifesto on Psychology as Idiographic Science: Bringing the Person Back Into Scientific Psychology, This Time Forever

Peter C. M. Molenaar

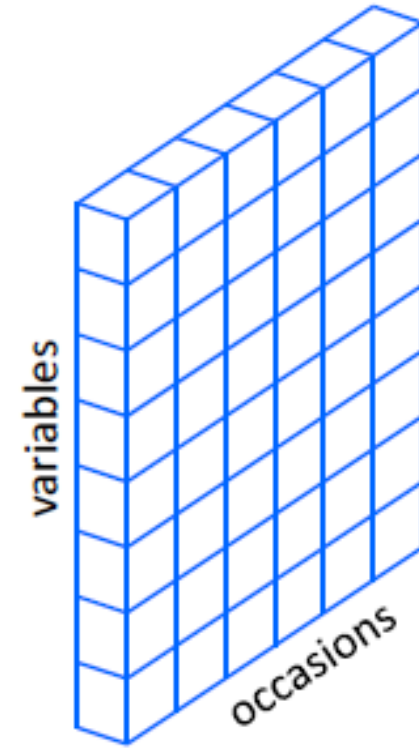
Cattell's databox



R-technique



P-technique

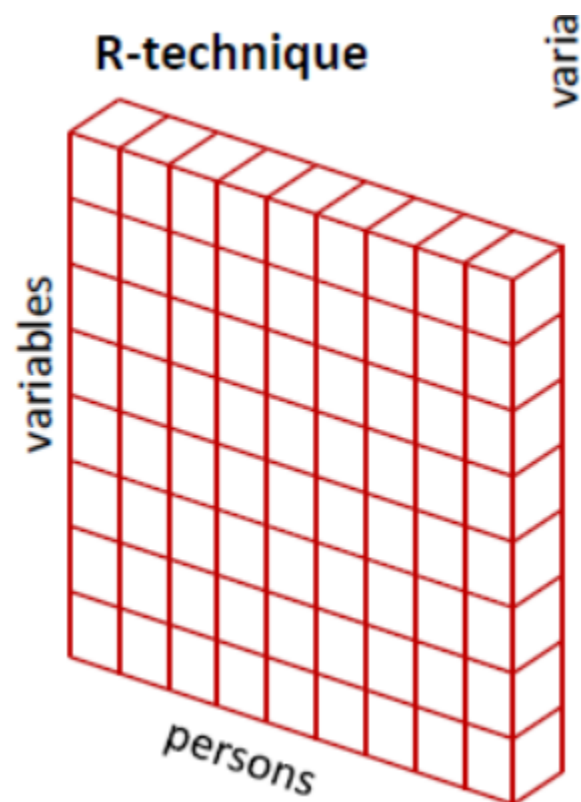


(Hamaker, 2017)

Spearman and the origin and development of factor analysis

D. J. Bartholomew†

London School of Economics and Political Science, Houghton Street, London WC2A 2AE, UK



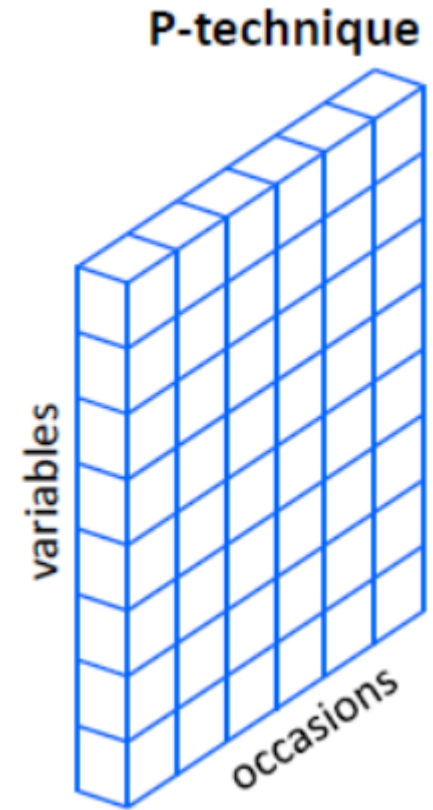
DECEMBER, 1947
PSYCHOMETRIKA—VOL. 12, NO. 4

P-TECHNIQUE DEMONSTRATED IN DETERMINING PSYCHO-
PHYSIOLOGICAL SOURCE TRAITS IN A
NORMAL INDIVIDUAL

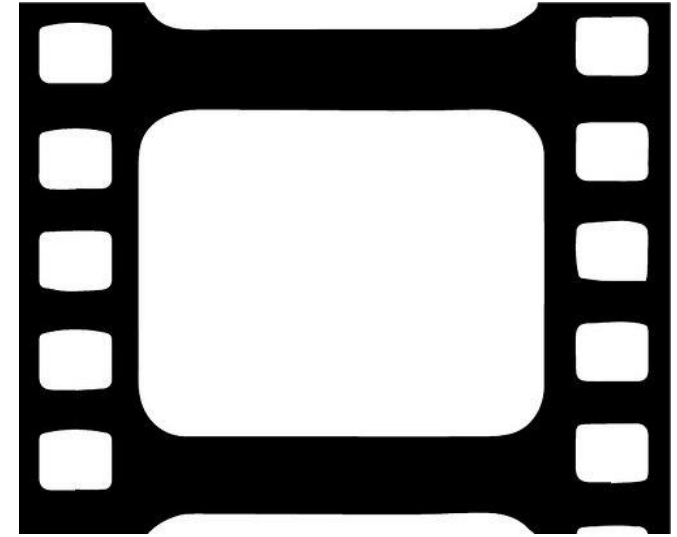
R. B. CATTELL, A. K. S. CATTELL, AND R. M. RHYMER
UNIVERSITY OF ILLINOIS



- Wundt
- $N = 1$
- Introspecção e replicações



Estudos transversais



Séries temporais



Thoughts of ending your life

0 1 2 3 4

Crying easily

0 1 2 3 4

Feelings of being trapped or caught

0 1 2 3 4

Blaming yourself for things

0 1 2 3 4

(Epskamp, 2017)

Transversal →

Subject	Time	Item 1	Item 2	Item 3
Subject 1	Time 1	2	2	4
Subject 2	Time 1	4	1	2
Subject 3	Time 1	1	3	0

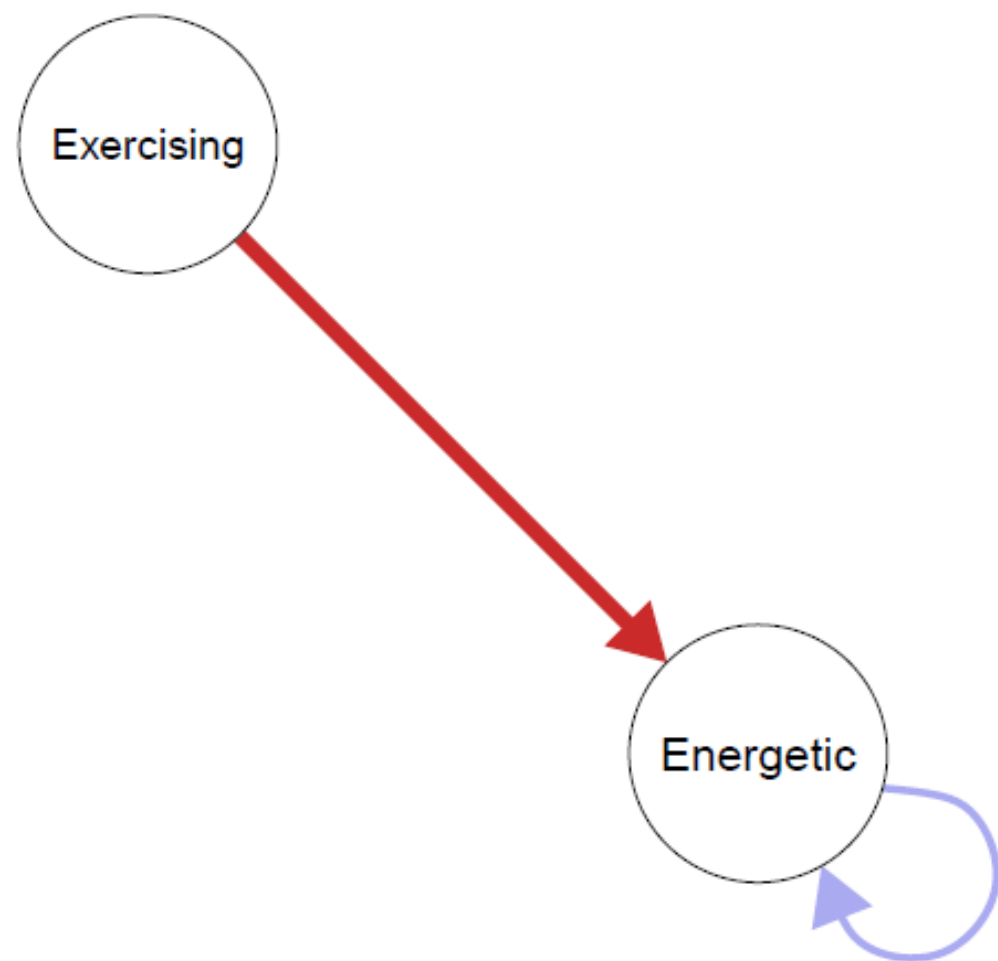
Série temporal N = 1 →

Subject	Time	Item 1	Item 2	Item 3
Subject 1	Time 1	2	2	4
Subject 1	Time 2	2	4	4
Subject 1	Time 3	1	4	3

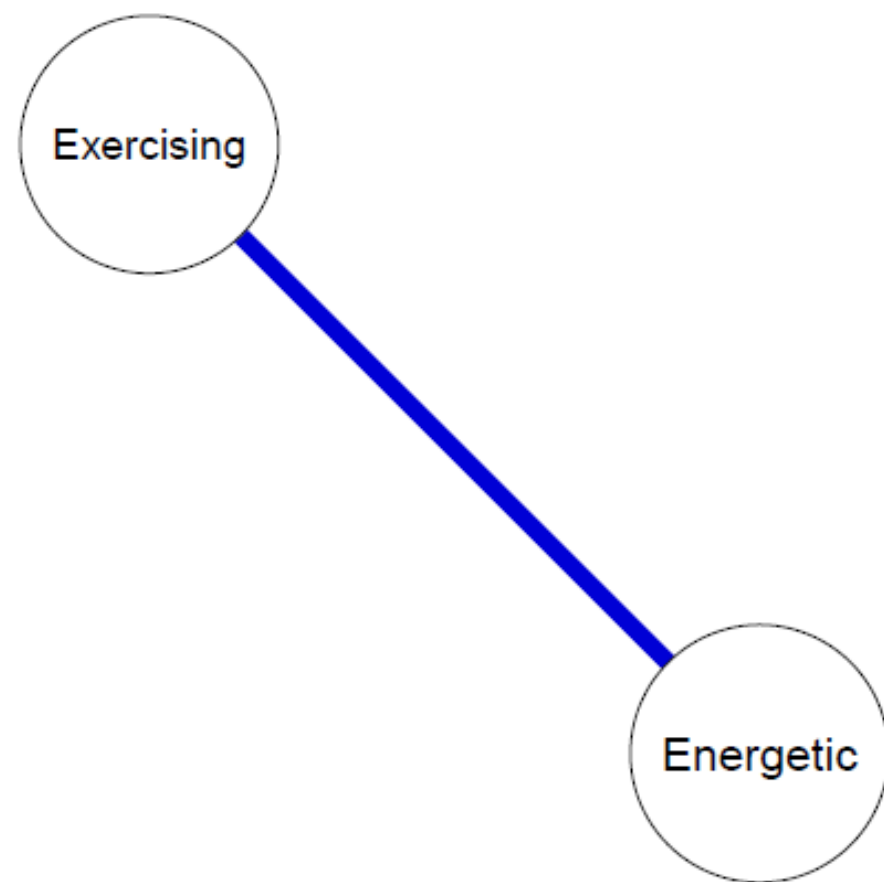
Série temporal N > 1 →

Subject	Time	Item 1	Item 2	Item 3
Subject 1	Time 1	2	2	4
Subject 1	Time 2	2	4	4
Subject 1	Time 3	1	4	3
Subject 2	Time 1	4	1	2
Subject 2	Time 2	3	1	2
Subject 2	Time 3	3	2	1
Subject 3	Time 1	1	3	0
Subject 3	Time 2	4	0	1
Subject 3	Time 3	0	3	3

Temporal network



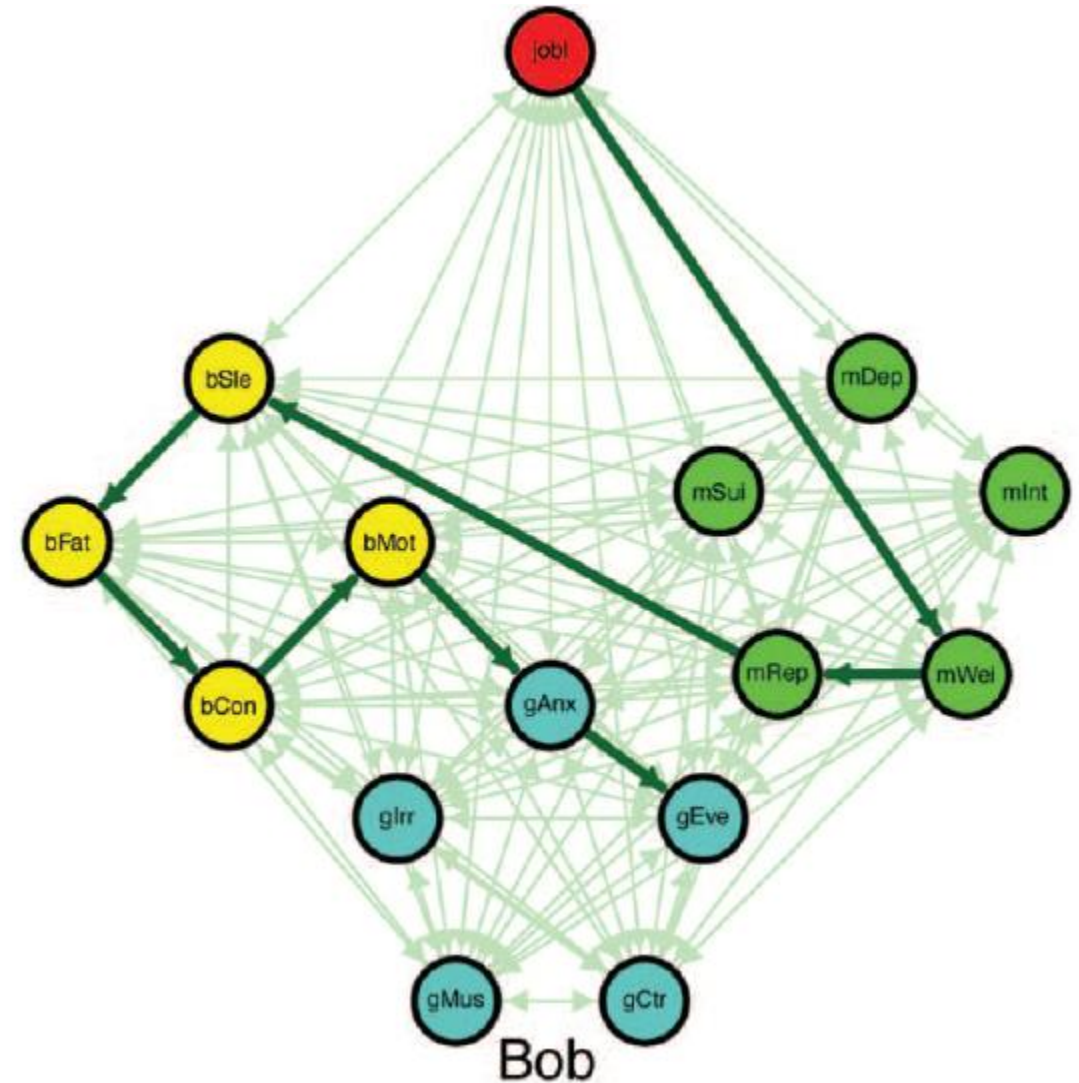
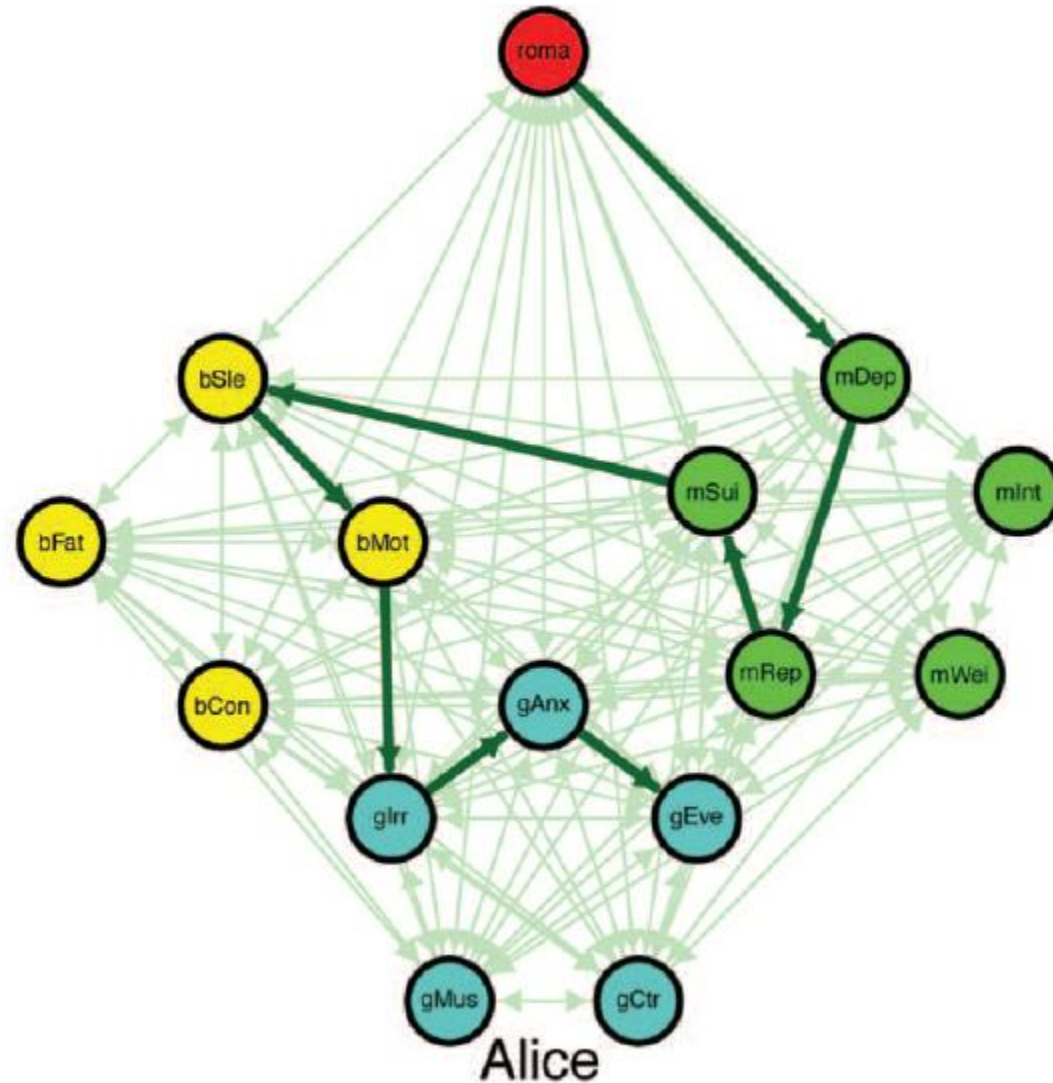
Contemporaneous network



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Department



Considerações finais:

- Os modelos de redes representam ferramentas úteis para a compreensão da psicopatologia e da comorbidade
- A avaliação dinâmica pode tornar intervenções mais efetivas e personalizadas
- Permite a transição entre os níveis nomotético e idiográfico na prática clínica e de pesquisa



GRUPO DE PESQUISA

**AVALIAÇÃO EM BEM-ESTAR E
SAÚDE MENTAL**

Muito obrigado!!!

**Modelos de rede em psicopatologia e
comorbidade**

Prof. Dr. Wagner de Lara Machado
wagner.machado@pucrs.br