



# **Giacomo Cusmano Psychotherapeutic Community**

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## **SERVICE CHARTER**

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## 1.0 THE STRUCTURE

The facility is registered in the Register of Auxiliary Bodies of the Lazio Region and falls within the "therapeutic-rehabilitative" bracket registered with D.G.R. no. 1647/94 of 09/09/1994, affiliated with the ASL RM 4 resolution no. 748 of 16/06/1993 and accredited by the Lazio Region with Decree of the Commissioner ad acta U00446 of 30.10.2013 amended with DCA no. U00379 of 29/08/2017 for residential care and rehabilitation for people in a state of dependence, Therapeutic-Rehabilitative intervention area in residential form.

**Type of user:** People in a state of pathological dependence

**Places:** **48 places in total**, 6 of which are reserved for alternative measures to detention and/or house arrest. Specifically:

- 16 places for the short therapy program "OFF SIDE"
- 32 places for the classic program "PSYCHOTHERAPEUTIC COMMUNITY"

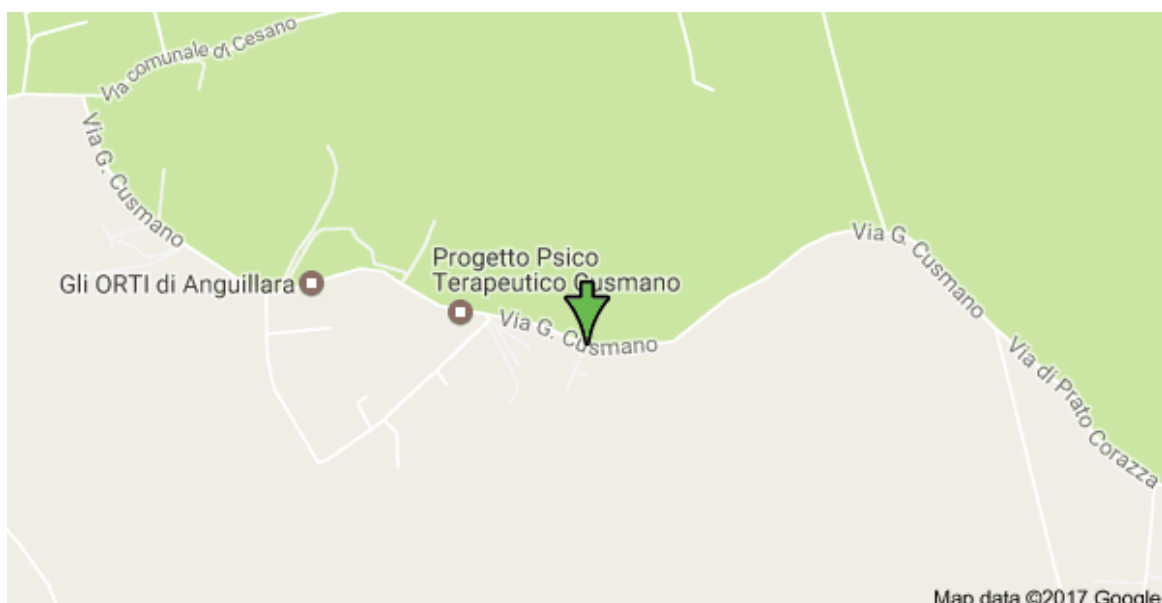
**Daily fee:** € 65,00

The facilities are part of a national circuit of Therapeutic Communities and are part of the FICT (Italian Federation of Therapeutic Communities). This network allows us to be present in the area as a reception, care and support center for discomfort from pathological addictions and as a center for the prevention of deviant behavior.

### HOW TO GET THERE FROM ROME:

**By train:** from St. Ostiense to Cesano station

**By car:** junction a. exit Cassia Veientana dir. Viterbo with exit at Cesano





## **2.0 PRINCIPLES AND VALUES THAT INSPIRE THE SERVICE**

### **2.1 Mission**

The G. Cusmano Psychotherapeutic Community was founded by the Female Congregation of the "Sisters Servants of the Poor", founded in Palermo in 1880. From the very beginning, the Institute has pursued goals of Assistance and Charity, ordered according to the spirit of the Founder, the "Blessed Giacomo Cusmano". In the spirit of this constant tradition, the Institute makes its contribution available in the fight against drug addiction, since in the victims of every social problem, the Founder accustomed the Servants of the Poor to recognize marginalized and offended persons in their dignity as children of God and as members of Society. The aim is to provide assistance, through a team of specialized professionals, to people who have problems of pathological addictions, with a view to psycho-social rehabilitation both for the users themselves and for their families. The philosophy of intervention starts from a deep analysis of addiction to arrive at the construction of a valid rehabilitation program.

### **2.2 Vision**

The staff of the Community is made up of a multi-specialized team, present 24 hours a day, and offers each patient an individualized socio-rehabilitation project. Since its inception, the Community programme has been subject to external analytical group supervision. The phenomenon of addictions, as an expression of a way of dealing with one's own personal world and the external world, offers the opportunity to reflect on the different theories with which one tries to interpret the problem. The service is offered according to national and regional regulations and in full integration with public facilities. A constant effort to adapt to modern social and health means and techniques, to the problems related to addictions, is the common denominator of the vision of the "G. Cusmano" Psychotherapeutic Community, which is committed to respecting the rights of the person and avoiding forms of constraint, guaranteeing the voluntary permanence in the therapeutic path.

### **2.3 Values**

The main purpose of the Community is the recovery of the individual from addiction to drugs, alcohol and pathological gambling, aspiring to a qualitatively constructive life. The action is to accompany the person towards the discovery of his qualities and towards the creation of existential values for the conquest of his freedom and greater self-esteem.

With this in mind and in accordance with the principles and spirit of the Congregation from which it was born, the Cusmano Community pursues the following values:

- solidarity;
- sharing suffering and experiencing marginalization;
- self-help;
- respect for the person in his physical, mental and moral integrity.



### 3.0 QUALITY OF SERVICE

In order to guarantee a high level of quality of services, the Giacomo Cusmano Psychotherapeutic Community has adopted a quality management system in accordance with the international standard ISO 9001. The QMS was formalized with the first issue of the Quality Manual on 07.11.2017. The adoption of a quality management system allows it to demonstrate its ability to regularly provide a service that complies with the Users' requirements and the current applicable requirements and to increase customer satisfaction through continuous improvement processes.

The Community has set up tools to assess the satisfaction of users and their families, through satisfaction questionnaires and the evaluation of individual parameters to measure the effectiveness of the individual therapeutic program.

The Cusmano Community has also adopted an organizational model pursuant to Legislative Decree 231/01 and has appointed a Supervisory Body in order to ensure the correct implementation of the established rules.

The processing of personal data of which the Giacomo Cusmano Psychotherapeutic Community is the owner, takes place in accordance with EU Regulation 2016/679 and the national legislation on the subject in force.

#### 3.1 Quality Policy and Objectives

The Giacomo Cusmano Psychotherapeutic Community supports the fundamental rights of the person; it believes and operates in respect of his physical, psychological and moral integrity, without any form of constraint, operating on the real needs of the people who rely on the Program.

The essential objective is to offer patients a quality service, through an efficient organization, managed by qualified, motivated and capable staff, aimed at achieving levels of excellence in terms of punctuality, courtesy, professional ability.

To this end, it intends to pursue the following strategic objectives, which are the basis of its Quality policy:

- satisfaction of the needs of customers (patients and their families)
- centrality on the quality and effectiveness of the psychotherapeutic project and personalized programs;
- compliance with current regulations;
- prevention and troubleshooting;
- continuous improvement of therapeutic processes and tools.

The evaluation of the quality perceived by patients is the most effective indicator of the validity of choices. Therefore, all patient observations and complaints are a valuable tool for the continuous improvement of the level of services provided.

Starting from the commitment of the Management and with the responsibilities of each one, the Quality Management System has as its purpose "orientation to the patient" and to the context of the organization, through the following objectives:



- increase patient and family satisfaction. The Management is actively committed to continuous improvement, so that the services are increasingly satisfactory for Users, families and other interested parties;
- properly understand the expectations of patients and stakeholders and translate them into information to be disseminated within our Community and in our documents. The management undertakes to listen to their voice and to take appropriate action in relation to reports and suggestions received;
- improve the organizational structure and the consolidation of business processes aimed at providing the service;
- Improve the professionalism and motivation of human resources:

Since each Collaborator is a fundamental resource for the achievement of the Organization's goals and for the satisfaction of customer requirements, he/she undertakes to:

- select human resources according to competence requirements;
  - provide training opportunities to enhance the wealth of knowledge, technical skills and individual and collective skills;
  - communicate to all human resources involved in the work, the importance of customer satisfaction
- Maintain, improve and upgrade infrastructure. The Management is committed to making available and maintaining the facilities, tools and equipment in order to ensure the best possible response to the needs of guests and the adequacy of technological innovation.
  - Improve communication to the outside world for the benefit of potential patients;
  - Improve internal communication and the corporate climate;
  - Achieve and maintain UNI EN ISO 9001 certification.

In order to achieve these objectives, the Management considers it essential that the Quality Policy is communicated and understood within the organization and to this end undertakes to:

- present it to all staff through dissemination on the Quality Bulletin Board and annual meeting held by the Management
- promote education and training activities regarding the applicable requirements of the UNI EN ISO 9001:15 standard and ensure the full implementation of what is described in this Quality Management Manual;
- involve staff, at all levels, for discussion, proposals and checks to improve the quality of the organization;
- make the quality policy available to interested parties.

The specific objectives will be defined annually by the Management and disseminated to all employees.

This Quality Policy is subject to at least annual review by the Management to ensure its continued suitability.



## 4.0 THERAPEUTIC PROGRAM AND INTERVENTION TOOLS

There are two therapeutic pathways. The first, called "**Psychotherapeutic Community**", refers to the traditional program from which the Community comes to life and has a duration of **18-24 months** (overall the program lasts about 30 months, of which 18 in residential phase and 12 in non-residential mode), the second program is called "**Off Side**" and has a duration of **8-10 months**.

The methods of access are the same, through sending ASL bodies. The same objectives are pursued in both treatment programmes. The protocol of the therapeutic instruments used contains both similar and different therapeutic activities, depending on the two programs.

The main objectives of the therapeutic pathways can be summarized in the following points:

- Psycho-physical recovery of the person;
- Adaptation to the rhythms of daily life (sleep/wakefulness, personal and environmental hygiene, respect for the rules of coexistence and common areas);
- Redevelopment of the project area (what can I do);
- Analysis and verification of behaviors implemented in coexistence with others;
- Recovery of fundamental values for life, such as respect, responsibility and honesty; <sup>[1]</sup><sub>[SEP]</sub>
- Acquisition of behavioural skills, knowledge of oneself and one's emotional sphere;
- Attainment of a state of maturity, autonomy and redesign of one's life;
- Reintegration into the social and work environment;
- Definition of one's legal and judicial situation in case of particular cases.

### 4.1 Program of the "Psychotherapeutic Community"

The phases of the therapeutic path for the *Psychotherapeutic Community* program are as follows:

- *Pre-reception interviews*
- *Residential reception*
- *Residential Therapeutic Community*
- *Residential Social Reintegration*
- *Non-Residential Social Reintegration*

#### 4.1.1 Demand analysis and pre-reception interviews

Our Center welcomes the questions of those who intend to undertake a therapeutic program, carrying out a cycle of preliminary interviews with them in order to evaluate the real motivations.



Together with the first interviews, telephone contacts are provided with the sending SERDs and meetings with the applicant's family members, in order to know, where possible, the context to which the interested party belongs and build a network of services to refer to in order to formulate an effective therapeutic project.

The pre-entry interviews are carried out by our operators both at the headquarters and at the penitentiary institutes of the region, to assess the real motivation of those prisoners with pathological addiction problems who intend to serve an alternative sentence at the Therapeutic Community.

**Essential prerogatives to be accepted into the program are:**

- Have the willingness to make a change in your lifestyle.
- Have ceased drug use or at least started a "methadone scaling" program with their membership SERD

**4.1.2 Reception phase**

Placement in reception is the first phase of the residential therapeutic program and begins with the entry into the facility after the conclusion of the preliminary interviews, in agreement with the SERD to which the patient belongs, which formalizes the authorization for the therapeutic program.

Entry into the Therapeutic program signs:

- 1) a covenant of acceptance of rules and regulations by the user;
- 2) the collection of anamnestic information that is processed according to the principles of fairness, transparency and protection of confidentiality. The interested party signs the consent to the processing of personal data pursuant to European Regulation 2016/679.
- 3) The subscription of sensitive data according to the regulations in force.
- 4) The signing of the consent to the personalized therapeutic program.

From the moment of entry, the user is required to subscribe to and comply with the "rules and rules of conduct" within the Facility. The intervention begins with the structuring of an observation and design grid for future work, using the following tools:

- Therapeutic Guidance and Motivation Groups
- Writing a personal medical history
- Genogram of the family of origin
- Therapeutic meetings with family members
- Writing a personal profile
- Test : MMPI
- Family support meetings.

There are also moments of recreational activities to encourage group cohesion and attachment to the host





structure. In particular, sports activities are carried out; cultural trips outside the Community and cultural seminars inside. After an initial period of detachment, families are reserved a midweek space, where they can spend hours together with their loved ones inside the structure. Prior to these visits, family members carry out therapeutic meetings with the caregivers of their loved ones.

#### ***4.1.3 Therapeutic Community Phase***

The therapeutic program in which the user is placed after the Reception phase, proposes the continuation of compliance with the same rules and behavioral rules encountered in the previous phase, while the therapeutic intervention is developed on the basis of the personal characteristics of the subject, in which the priority is given by respect for the individuality of the user and at the same time by his inclusion in the therapeutic groups and in any other activity of the Structure.

The prerogative of the intervention is the recognition of the person through empathetic understanding, free from judgment and prejudice. Everyone is given concrete support and the opportunity to get to know each other through living in the "here and now".

In this central phase of the process, the user undergoes a demanding therapeutic work through groups and individual interviews and everything contributes to the revisiting of his or her personal history. The preparatory groups are: Groups for the review of individual experience; Knowledge Group; Dixit Groups; Family affectivity group; partner affectivity group; Dream and Photography Group; Guided Fantasy; Trauma interventions with EMDR and life line group.

In addition to the above, other weekly groups on emotionality allow an in-depth knowledge of one's own emotionality and a better management of it.

The Mindfulness technique is carried out every week and gradually helps to get in better contact with oneself, to know one's emotions and not to be dominated by thoughts, learning to use them correctly.

The protocol of the relapse prevention groups are carried out in conjunction with the first W.E.

Very important in this phase is the therapeutic participation of the families who are asked to participate in meetings scheduled by the Facility, with the operators and their loved ones. Families are also supported and informed about the problems related to pathological addictions, through seminars.

Both therapeutic programs make use of the collaboration of the Narcotics Anonymous groups, hosted by the structure on a fortnightly basis.

#### ***4.1.4 School Space***

In the structure there is a Teacher in charge of Public Education for basic school preparation and recovery, for learning the basics of a foreign language and for the continuation of higher studies. The "school space" was inaugurated in April 2016 to allow guests who wish to do so to enrich their general culture, or obtain elementary, middle or high school diplomas. A full-time teacher, designated by the Ministry of



Education, was thus seconded to the community as suitable to follow this project, as he has already carried out similar experiences in other structures in the past. Many young people, to date, have enthusiastically seized this opportunity and every year some obtain compulsory school and also high school diplomas and start specialized training courses or university studies.

The school space is open to all phases of the program and also to both types of therapeutic path.

Other opportunities that represent stimuli for knowledge and cultural deepening are offered from time to time to all guests and staff of the Structure. The Community is the "heart" of the program for the organization of internal events and for the representation of the Community externally.

#### **4.1.5 Residential Social Reintegration**

You reach this stage after you have done all the psychological work you did in the previous phase. In this period, the intervention is aimed at the gradual reintegration of users into their social and affective context. In some ways, this represents the most delicate phase of the whole process, as the subject begins to experience his own change, facing the difficulty of a personal reality, both internal and external, from which he has been absent for a long time.

More than ever in this phase, teamwork is crucial through the following tools:

##### **a. Compare, Support & Sharing Groups**

- Planning and verification of your individual project.
- Groups with family members and individuals from their own socio-cultural context, included in their own life project
- Relapse Prevention Groups
- Acquisition of self-awareness (use of mindfulness)

##### **b. Monitoring of the level of awareness and maturity achieved, in particular with respect to the following parameters**

- Ability to carry on meaningful interpersonal relationships
- Capacity for self-affirmation
- decision-making and design skills, in full autonomy
- Integration into the work and social context.

#### **4.1.6 Non-residential social reintegration**

All users who have reached the end of the program and who have to make a "detachment" from the structure, are followed and monitored from the beginning of this process of transition from a condition of "protection" such as residence, to one of autonomous management of their life.

The transition to non-residential life normally takes place after the user has entered the world of work. Once the transition to the outside world has taken place, the opportunity to take advantage of psychological



support is offered, through individual support interviews and through participation in "ad oc" groups, first fortnightly and then monthly to monitor the maintenance of the correct lifestyle over time. In this way, people can be supported in the final phase of the programme and helped to achieve effective social reintegration.

#### **4.2 Psychotherapeutic PROGRAM "OFFSIDE"**

After 25 years of activity, the Giacomo Cusmano Community has embarked on a process of renewal in line with new knowledge about the phenomenon of pathological addictions and the related changes that have occurred in recent years, where the type of user appears increasingly complex and problematic. Over the years, in fact, both the methods of use and the drugs and types of addictions in general have changed; Therefore, even the scientific approach of the experts has undergone a requalification and a greater commitment to study.

In addition to maintaining a traditional residential program, which in turn has been restructured in its methodology, the Cusmano Community has decided to diversify the intervention on Pathological Addictions, flanking a program based on a short residential that has been inspired by theoretical assumptions with proven scientific and clinical evidence. The "Offside" program takes place in another accredited facility.

The project is aimed at people with "Addiction Disorder and Substance-Related Addictions" and aims to be a bridge between outpatient treatments and traditional residential treatments.

Recent discoveries on the importance of brain neuroplasticity are the objective demonstration that a therapeutic context can make possible new learnings, new paths, new cognitive schemes.

The criteria for treatment and inclusion in the Offside therapeutic program are based on current national and regional regulations, in full integration with the programs of public facilities.

The programme is carried out by implementing the following modes of intervention:

- Motivational and evaluation interviews of the personological profile, preparatory to taking charge;
- Diagnosis of status, through a multidimensional assessment with diagnostic interviews (psychological and psychiatric), semi-structured interviews, psychometric assessment of cognitive functioning, personological profile and concomitant psychopathological dimensions;
- Functional analysis to increase the level of awareness on the role and significance of pathological addiction and/or compulsive behavior in the person's life system;
- Analysis and decoding of behaviors and relational style according to the cognitive-behavioral and systemic-relational paradigm;
- Management of common life and everyday life (learning rules, schedules, discipline in general);
- Structuring of groups specifically oriented to work on specific areas related to addiction disorder (emotion management, Social Skills Training, Assertive Training, etc.);



- Expressive psychological therapies and restitution to the user of what has emerged, as the result of the emotional and cognitive stimuli received from the group context.
- Mindfulness Protocol;
- Ergo-therapy and sports activities;
  - Collaborations with sending institutions for the monitoring of the therapeutic process and the verification of the achievement of the objectives;
  - Relapse Prevention. Training, through Functional Analysis, in the recognition of situations at risk of relapse and internal and external triggers, as well as in the development of coping skills to cope with adversity;
  - Inclusion of self-help groups according to the Minnesota Model, with Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) for continuity of care, which continues even at the end of the residential pathway, aimed at maintaining sobriety through peer support, which has proven in clinical practice to be an effective and easy-to-implement tool;
  - Periodic therapeutic meetings with families and meetings with users and their family group;
  - Various preparatory groups aimed at the path of knowledge of one's own affective history
  - During discharge, proposals and prescriptions for the continuation of the therapeutic pathway, considering all the dimensions involved (psychological, physical and social);
  - Trauma Interventions through EMDR and Life Line

### **4.3 Support and Work with Families**

A therapeutic activity is planned to support families through organized meetings and periodic seminars in which the rules for behavior within the structure are made known. Therapeutic meetings with families and the drafting of the Genogram are planned, to allow the work team a more in-depth knowledge of family dynamics.

Support is provided to multi-problem families in order to prevent all risk factors for the success of the therapeutic project.

## **5.0 THERAPEUTIC PROTOCOL**

The psychological and expressive therapies, individual and group, presented in the two therapeutic paths, aim to support and give back to the user what emerged from the emotional and cognitive stimuli received from the group context. The use of group therapy provides the necessary stimuli to achieve short, medium and long-term goals.

Ergo-therapy activities allow patients to use and fulfill the rhythms and commitments of everyday life, becoming therapeutic as well. Sports activities and therapeutic outings offer playful, recreational moments and verification of the changes made. After a certain period, there will be checks w.e. every 15 days or so, one-day therapeutic outings in groups of two/three users, to visit places and cultural environments and trips organized by the Facility for the whole group of users.



At the end of the therapeutic program, the work team carries out the discharge by formulating proposals and prescriptions for the continuation of the path, taking into account all the dimensions faced during the treatment: psychological, physical, affective and social.

### **5.1 Relapse Prevention Groups**

The relapse prevention path, consisting of 9 preparatory modules, aims to lead the user to the recognition of situations at risk of relapse and internal and external triggers, as well as to the development of coping skills to cope with adversity. These groups, in association with the Mindfulness technique, prepares the person to be able to "stop" in the face of situations at risk of relapse in the use of substances and at the same time teaches to have a greater perception of one's body, sensations and thoughts, depriving of energy, those considered negative. The prevention groups take place weekly and represent the fulcrum of the program, also connecting to all the psychological work that everyone does on their emotions, getting to know them in depth and learning to control their impulsive reactions, which are sometimes the cause of "relapses"

### **5.2 At Mindfulness**

Mindfulness has recently been included among the therapeutic activities of both programs, the traditional longer duration and the shorter. It is a discipline that is opening up new paradigms and spaces for psychobodily care and for the understanding of the human experience in its entirety. The spread of this practice has brought new meanings to the concept of awareness and therefore new practices for self-care, new perceptions of one's own way of being and intersubjectivity.

Mindfulness is applied from the beginning of the rehabilitation process to help the user increase their awareness, which contributes to changing the way of thinking and in the value system in order to achieve important changes at an emotional and behavioral level.

### **5.3 I gruppi Dixit**

They are groups carried out with visual tools that stimulate the imagination and the projection of feelings, in order to lead users to express through play techniques, important contents of their emotional experience and therefore to tell their story and some particularly important phases of their lives. They are carried out in both Therapeutic Programs.

### **5.4 Self-help groups**

The inclusion of self-help groups according to the Minnesota Model, with Gamblers Anonymous (GA) and Narcotics Anonymous (NA) are intended to offer continuity of care, which continues even at the end of the residential pathway, aimed at maintaining sobriety through a peer support network, which has proven in clinical practice to be an effective and easy-to-implement tool. These groups are also available for both Properties.

### **5.5 Emotional Groups**

They are groups that allow you to express your emotions and feelings that occur in certain situations of daily life and in particular in contact with others. They are groups that help to get to know each other in the



relational aspect and consequently to correct incorrect and inadequate ways of approaching or relating to each other. They are carried out weekly for the duration of the route.

## 5.6 The Life Line and EMDR

They are techniques that help the user to process traumatic events in their emotional life with the aim of bringing out the affects linked to them and identifying new behavioral responses to be implemented.

## 5.7 Recreational, sports and recreational activities

Both therapeutic paths give great importance to recreational, recreational and sporting activities, both indoor and outdoor. In fact, there are trips to the lake and football matches. Inside the facilities there are gyms equipped for daily sports practice and football fields for matches between internal users and tournaments with outsiders.

## 6.0 METHODS OF ACCESS, PERMANENCE AND RESIGNATION

For both programmes, the procedures for access, permanence and resignation are the same:

❖ **Access:** Admission takes place after preliminary interviews with the operators of our center in agreement with the sending SERD.

For detainees, interviews are carried out by one of our educators at the penitentiary institutions of Lazio. After assessing the real motivation for carrying out the therapeutic program, the documentation certifying the availability of entry by the community is delivered. This availability is reserved only for detainees in the care of Social Services (art. 94/T.U.).

Once the necessary requirements for admission have been met, the user is placed on a waiting list. Admissions are made from Monday to Friday. At the time of entry, communication is given to the SERD to which the user belongs, with which the Facility collaborates and communicates throughout the user's therapeutic progress. The same happens with the Social Service and the Surveillance Court, in the case of the entry of subjects sent under the social custody regime, by the judicial authorities. Upon entry, important personal data and clinical information, including current drug therapies, are collected and placed in a personal record. Each user signs a daily attendance register and all the therapeutic activities in which he participates are noted in his medical record.

❖ **Permanence:** The times and methods of stay in the program, the phases to be followed and the therapy to be faced are agreed between the user and the person in charge of the service who has the task of disclosing to the other operators who make up the work team. At the end of the residential period of stay, the subject is presented with some hypotheses of conclusion that vary according to the results achieved and the overall evaluations by the Staff. Progress made during the therapeutic program and the achievement of the goals are periodically monitored in team meetings.

❖ **Discharge:** Discharge occurs when the objectives expressed in the individual program are considered to have been achieved and are evaluated by the head of the facility, in agreement with the therapeutic referent,



the therapeutic team and the sending institution.

Early resignation and any requests for revocation of alternative measures may take place in the following cases:

- **introduction** and/or consumption of narcotics, alcohol and psychotropic drugs, within the facility;
- **have exercised** verbal or physical violence and threats;
- unjustified removal from the seat;
- **acts** of serious self-harm;
- **refusal** to accept and participate in the proposed therapeutic program.

The expulsion is always agreed upon by the team and decided by the person in charge, who communicates the reasons directly to the user, the family and the sending Service. In the event that the user wishes to interrupt the program, the freedom to decide will be left, but a more suitable alternative and appropriate steps will also be agreed with the sending SERD, if necessary.

If, after leaving, the user has a change of mind, a new entry will be created, always in agreement with the reference SERD. New evaluation interviews will be carried out to highlight the elements of crisis that had led the user to abandon the therapeutic pathway.

## 7.0 PROFESSIONALS

The work team is made up of specialized professionals: Psychologists and Psychotherapists, Professional Educators, Social Worker, Technical Operators and Social Health Workers, Supervising Psychiatrist. The entire professional team periodically participates in training and refresher courses, proposed both by the SERD coordination to which they belong and proposed by the internal coordination of the Community.

Each user is followed by the entire therapeutic team, but is also entrusted to a reference operator, who must evaluate their progress; the drafting and verification of short- and long-term objectives; up-to-date documentation is necessary for the various areas of intervention of the person, periodic evaluation of the therapeutic progress; maintaining contact with the family and social and health services.

All persons working in the facility are required to maintain professional secrecy. It is forbidden to report the personal situations of users outside the conventional areas, nor to release information to others, including relatives, without first initiating a consultation with the interested party and his/her therapeutic referent.

***The top management of the organization is represented by:***

- **Sr. Marthe Mputu Kabatusuila : GENERAL DIRECTION and LEGAL DELEGATE**
- **Dr. Stefania Chiappara: PSYCHOANALYTIC PSYCHOTHERAPIST AND HEAD OF THE PRESIDUM**



- **Dr. Annalisa Pilia: SYSTEMIC-RELATIONAL PSYCHOTHERAPIST AND THERAPEUTIC COORDINATOR of the structures**

## **8.0 RESIDENTIAL REGULATIONS**

All those who intend to follow the Therapeutic-Rehabilitation program must first read, approve and subsequently comply with the internal regulations, so that unequivocal and non-discriminatory behaviors are implemented between the different users and their families.

The rules that make up this regulation serve to help the person with problems of pathological behavior and substance addiction, to abandon dysfunctional behavioral patterns in the social context and to ensure the acquisition of a new value system.

### **FAMILY VISITS**

Family visits are scheduled after the patient's stabilization period, which is expected after approximately one month of stay. In the first visit, there is a meeting with the patient's educator and psychologist. On this occasion, behavioural modalities functional to the therapeutic context are also suggested. It is also a first opportunity to learn about the relationship in the family system.