



REDISCOVERING A VIEW OF POSSIBILITIES: RE-SOCIALIZATION PRACTICES OFFERED BY THE PSYCHOSOCIAL CARE CENTER

REDESCOBRINDO UM PANORAMA DE POSSIBILIDADES: PRÁTICAS DE RESSOCIALIZAÇÃO OFERECIDAS PELO CENTRO DE ATENÇÃO PSICOSSOCIAL

REDESCUBRIENDO UN PANORAMA DE POSIBILIDADES: PRÁCTICAS DE RESOCIALIZACIÓN OFRECIDAS POR EL CENTRO DE ATENCIÓN PSICOSOCIAL

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ABSTRACT

Objective: to analyze the re-socialization and rehabilitation practices developed in the Psychosocial Care Center (CAPS). **Method:** a descriptive, qualitative study, developed with the 17 participants, involving professionals and users, based on two semi - structured interview scripts, analyzed using the Content Analysis technique. **Results:** the development of the therapeutic practices happens effectively and there is a care of the professionals even in front of the difficulties, to carry them out with mastery. It was possible to identify that the users who participated frequently in the activities, presented positive changes in their behavior, especially with regard to re-socialization. **Conclusion:** the therapeutic practices had positive repercussions, since there was an improvement in the condition of the users in the case of self-esteem, quality of life and reduction of the number of seizures. **Descriptors:** Mental Health; Mental Health Services; Mental Health Assistance.

RESUMO

Objetivo: analisar as práticas de ressocialização e reabilitação desenvolvidas no Centro de Atenção Psicossocial (CAPS). **Método:** estudo descritivo, de abordagem qualitativa, desenvolvido com 17 participantes, envolvendo profissionais e usuários, a partir de dois roteiros de entrevista semiestruturados, analisados a partir da técnica de Análise de Conteúdo. **Resultados:** o desenvolvimento das práticas terapêuticas acontece efetivamente e há um cuidado dos profissionais mesmo frente às dificuldades, para realizá-las com maestria. Foi possível identificar que os usuários que participavam com frequência das atividades, apresentaram mudanças positivas em seu comportamento, sobretudo, no que diz respeito à ressocialização. **Conclusão:** as práticas terapêuticas repercutiram de modo positivo, pois se constatou melhora na condição dos usuários em se tratando da autoestima, da qualidade de vida e na redução do número de crises. **Descritores:** Saúde Mental; Serviços de Saúde Mental; Assistência à Saúde Mental.

RESUMEN

Objetivo: analizar las prácticas de resocialización y rehabilitación desarrollados en el Centro de Atención Psicossocial (CAPS). **Método:** estudio descriptivo, de enfoque cualitativo, desarrollado con 17 participantes, involucrando a profesionales y usuarios, de dos guiones de entrevistas semi estructuradas, analizadas con la técnica de Análisis de Contenido. **Resultados:** el desarrollo de prácticas terapéuticas ocurre eficazmente y hay un cuidado de los profesionales incluso ante las dificultades, para hacerla con maestría. Fue posible identificar a los usuarios que participaban con frecuencia de las actividades, presentaron cambios positivos en su comportamiento, especialmente con respecto a la resocialización. **Conclusión:** las prácticas terapéuticas repercutieron positivamente, pues si constató mejoría en la condición de los usuarios con respecto a la autoestima, a la calidad de vida y reducción del número de crisis. **Descriptores:** Salud Mental; Servicios de Salud Mental; Atención a la Salud Mental.

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INTRODUCTION

Working with mental health is a challenging choice, given its great complexity in that it articulates innumerable areas of interaction, varying from the renewal of services to the type of assistance received, from work relations to adherence to new knowledge, technologies and methodologies. It is perceived that the art of knowing how to deal with the other in its cerebral potentialities, outside the constructed standards, is still a reality permeated by traps and subjectivities.¹

For a long time, people with psychic suffering had their care connected to the asylum model, where treatment was limited to long-term hospitalizations, aiming at the patient's remoteness from their family and social environment.²⁻⁴

In this perspective, when it comes to the health sector, particularly mental health, practices are becoming more and more transformative, that have been driven by the Psychiatric Reform (PR) movements, contributing to re-dimension the approaches to psychic disorders. One achievement conquered with the advent of these changes is the creation of substitutive services to mental health institutions that work to transform the model of mental health care by assigning a human and social focus to this clientele, offering subsidies capable of giving new meaning to experiences of exclusion, marginality and chronification of the disease.¹

With the Psychiatric Reform, the rights of people in mental suffering have been respected, since those are now protected by law and are treated in a more humanized way, safe and exempt from of ill-treatment and exclusion, gradually, undoing the idea of thinking of how "the other" can be marginalized and excluded from their society. In this new type of service, the model of mental health care is obtained through the community foundation, and the Psychosocial Attention Center (CAPS) is the most efficient and effective device.⁴

Thus, the practices developed by the CAPS cover a range of activities and dynamics with diversity, these being thought, evaluated and discussed by all the professionals that compose the service, from the manager, technical staff, family, users and community.⁵

The process of psychosocial rehabilitation defended in the CAPS proposal is to carry out actions and activities that the users and their family will privilege, taking into account their aspirations, longings and subjectivities, as

well as the valuation of collective participation. In this way, the way in which users are welcomed and their individualized therapeutic project, based and built according to the health/illness needs and the social reality presented, considering the inherent dimensions of individual and collective care.⁶

Thus, the goal of Nursing in the CAPS is not the clinical or medication intervention, but, rather the commitment to the daily quality of life of the users of the service. There are different types of therapeutic modalities used in mental health services, ranging from leisure activities for reducing irritability and anxiety, increasing self-esteem, memory and social reintegration.^{7,9}

The collective and therapeutic practices offered by the CAPS are numerous, such as: therapeutic workshops, outings to the CAPS, celebrations of holidays, artistic activities such as dance and music, music workshops, theater and dance, crafts, among others. The nurse should consider the individual preferences of each user, allowing them to think about what activities they want and need to engage or are curious about.

In this sense, it is praiseworthy that such practices are constantly evaluated in order to identify their therapeutic reach. It is necessary for these strategies to arouse interest and affinity, in order to attract users to become involved and to become participatory in this process and for such approaches to truly make sense, differing from traditional practices, since traditional therapies, such as Psychopharmacotherapy, serve to effectively control the symptoms presented by people with mental disorders, but they are not enough to maintain this stabilization.⁷

Thus, the approaches used to re-socialize these individuals, considered as non-traditional, are not only present as a means of assisting in the maintenance and control of crises, but also offer, the bearer of mental suffering, the opportunity to re-signify behaviors and attitudes, rebuilding and rediscovering themselves daily.

In terms of job satisfaction in relation to the work environment, it is understood that the existing resources and conditions, as well as the provision of services to the population involved, also need to be satisfactory. Evaluating the work process of these professionals, evidencing challenges and potentialities, is relevant for the better development of re-socialization practices aimed at these users, considering that the difficulties and facilities found for the execution of these actions have a direct

impact on the therapeutic process of the users inserted in these spaces and positive reinforcement for greater commitment and involvement on the part of these professionals.

From this perspective, based on the psychosocial model, this research, has as an objective, to analyze the re-socialization and rehabilitation practices developed in the Psychosocial Care Center (CAPS).

MÉTHOD

It is a field research of an exploratory and descriptive nature, where the qualitative approach was used.⁸ It was developed in the Sebastião Paulo de Sousa CAPS, located in the municipality of Cuité (PB), Brazil, precisely located in Rua Sebastião Buriti, s/n, downtown. The empirical material was collected in the months of February, March and April 2016.

The sample consisted of 17 interviewees, involving professionals and users of CAPS who voluntarily accepted, to participate in the study. The participants were chosen according to the inclusion and exclusion criteria, being represented by four professionals who worked in the service and 13 users, according to the following inclusion criteria: Professionals - Professionals of both sexes and over eighteen years of age; professionals with at least six months of service in said service; professionals who develop re-socialization and rehabilitation practices according to the calendar of activities of the CAPS; Users - Users who have been accompanied by the service for at least four months; Users who, during the monitoring period have participated assiduously in the practices offered by the service. Professionals and users under the age of eighteen were excluded from the survey; Professionals who perform functions not included in the practices directed to the users; Users with low adherence to practices offered by CAPS.

For the collection of the empirical material, two semi-structured interview scripts were used to facilitate the progress of the research and to subsidize the information apprehension. At the time, the Free and Informed Consent Form (FICF) was also presented, where the employee's signature was requested in order to formalize the acceptability of the participant in voluntarily participating in the study.

The researcher also used a recorder that was willing and discreetly positioned not to inhibit the responses and narratives of the interviewees to carry out the research. The

interviews were fully transcribed for later analysis and presentation.

In the analysis phase of the empirical material, the Thematic Content Analysis technique was used.¹⁰ Thus, the analysis proceeded using the following steps: Pre-analysis: composed of elements such as floating reading, consisting of a first contact with the interviews. At this stage, the researcher raises the first hypotheses, which may or may not be confirmed in the course of the process; the *Exploitation of the material* that is described as a long step, in which the coding process is performed according to previously determined rules - categorization and, finally, the *Treatment of Results*, representing the moment in which the analysis and discussion of the data are processed observed in the steps taken.

This study respected the ethical precepts related to the norms contained in Resolution 466/12 of the National Health Council.¹¹ Being a research involving human beings, this research was appreciated by a Research Ethics Committee to be initiated subsequently. Inherent to the collection of empirical material.

This study was approved by the Research Ethics Committee of the University Hospital of Campina Grande under the number of the Presentation Certificate for Ethical Assessment (CAAE) 40302314.5.0000.5182.

RESULTS AND DISCUSSION

♦ The CAPS and its therapeutic framework: uncovering the practices

The therapeutic workshops were defined, according to the Ministry of Health (MH) through Decree 189 of 11/19/1991, as activities carried out in groups of socialization, expressiveness and insertion, representing actions that promote the exercise of citizenship, the expression of freedom and coexistence, also allowing the user to project their internal and external conflicts, using artistic activities, insofar as the perspective of reinsertion and the psychosocial rehabilitation of these users works.¹²

The Ministry of Health defined as therapeutic workshops, expression workshops that cover plastic (painting, clay, drawing), corporal (theater and dance), verbal (poetry, reading, short stories, lyrics), musical and theatrical artistic activities. These workshops are activities that happen regularly and are designed to bring users closer to the culture space of their neighborhood and/or city. Since these activities denote what each user's

conscience says, in their study, it was decided to use them initially, so that a more specific investigation of each case could be carried out afterwards.¹³

For the investigation of these activities of arts and culture, it is important to consider art and culture as being two points of the same movement, where inventiveness and tradition stand out. Art is understood as the intensity of the creative aspects and these characterize the production of the work; indissociation between life and art; And the link between clinical and artistic practice, which mobilizes the creativity of the human.¹³

It is important that these therapeutic practices are developed in the collective and occur on a daily basis, each day being performed by a professional with a different specialty and dealing with different themes, to privilege the integrality of the user. It is important that the service has a diversified schedule of actions, workshops, manuals, a variety of materials and are available, as well as garden activities, literacy activities, and workshops with families.

These practices are developed with the intention of enabling the user to find a space where they can be recognized, while also recognizing their companions. These strategies are known as "conviviality" and among these, we can highlight: Good morning, Caps! And the Wheels of Conversations.¹⁵

Through these re-socialization practices, professionals dynamically stimulate, the interaction between users, rescuing everyday problems. In this perspective, the participants of the research brought significant contents when the following question was launched: **"What psychosocial practices are aimed at the users that are developed in this service?"**.

El try to find things that you like and that are important to know a little of them. I make a round of conversations about what is happening in Brazil, work "bulimia", I work with human rights and so we are going to keep them informed. (P1)

We have expressive activities like music activities, which the pedagogue does with karaoke. We do theater activities, body activities. (P2)

The P1 professional mention, in their speech, the development of conversational wheels with users as a useful strategy in obtaining information about each of them, corroborating with the idea that some activities are developed in the CAPS in order to enable the user to find a space where they can recognize themselves, be recognized and know the world in which they live. Thus, the

service came to redirect new forms of treatment and to abolish models of attention attributed to mental health in the early days, thus completing new care practices for the users.¹⁵

From these therapeutic practices, users are offered pleasant activities for them and for those who perform them, providing a way for professionals to follow the evolution of these individuals. Thus, in their lines, the professionals explain that, despite all the difficulties and not having a specific professional (clerical), the activities are developed in an innovative and dynamic way, as follows:

A We try to make dynamics. After I work the whole week on a subject, I do activities to really know if they have learned, and if they have not learned I will come back again, I will, I will do activities until they learn. (P1)

Regardless of any challenge, I develop many physical activities, walking activities, something that works for women, like body practices. (P2)When I'm with them, I like to play games, gymkhana's ... I like to work on motricity, to make them move, because many have difficulties. (P3)

In their statements, professionals mention being willing to develop various types of practices, regardless of the difficulties they encounter, since they seek to diversify the therapeutic range of actions offered by the service. The different ways of working as a group have been growing and attracting the attention of the professionals, demanding their training, as well as expressing their fears and longings, the user becomes aware of the daily life of others and through some testimony and / or comment, one can start a healthy discussion where everyone participating in the practice in question will benefit.

In the following statements, some types of practices developed by professionals working in the CAPS are verified, and the tools used to carry them out:

I always go on this path of pedagogical activities or motricity, games or some activity that favors resocialization ... (P3)

)In commemorative dates, when they have the festivities, we always do something. Now, for example, I'm working on Easter for them to do the Holy Supper, they're going to have a little choir as well. (P1)

The practices offered by the CAPS favor the integral care, so that the subjectivity of each user is rescued, thus creating new communication channels, using expressive activities such as music, dance, games and

theater for the better development and re-socialization of users.⁶

The activities developed by the CAPS professionals can be expressive (corporal, verbal, artistic and / or musical), generating income (offering the user activities that can later serve as a source of income) and / or literacy (offered to those who were still not inserted in the literate world).

Thus, the psychosocial care model argues that the practices offered by the CAPS should leave the exclusive model of medicalization and hospitalization of patients, placing the user in the role of protagonist of their treatment, having the family and a broader group of people as fundamental agents of their care. Thus, it is necessary to use these therapeutic workshops to value subjective aspects of users, making them clearer, contributing to the exteriorization of fears and problems, facilitating their adaptation to reality, their reintegration into the social environment and diminishing and/or removing symptoms.⁶

When the action triggers (trans) formation: influences of the practices developed in CAPS

This category addresses users' accounts of the influences these practices have had on their lives, what they have learned, and what they think about the way in which such practices are instrumentalized.

When asked the following question: **"Did you notice any changes in your life after you started to participate in the activities offered by CAPS? "**, the users interviewed revealed::

I noticed a 100% change. I lived desperately like a madman in my house, no one looked at me, but now that I'm here, I'm friends with everyone, respect everyone. (U1)

It changed a lot, it's because like I said, at home I get a health problem, you know? But when I get here, I get better. (U3)

Before I did not know many people, but now I am friends with many people. I like to dance, to act, to go to school ... (U4) (U4)

In the speeches above, users make it clear that CAPS has contributed to transform some aspects of their lives, reinforcing the usefulness of the practices and therapeutic approaches developed in the service, also highlighting characteristics that have substantiated the social reintegration of these subjects. The changes happen because a bond of trust is established between professionals and users, strengthening them to create links with other people that are not necessarily inserted in the CAPS.¹⁸

Such therapeutic practices are not just interactive actions, where users share interpersonal actions, but they use these spaces to share emotions, knowledge, meaning in a language of mutual understanding, where everyone speaks about themselves and takes an interest in the testimony of the other, making it so, inwardly, these stories are compared, putting into practice the learning with each one of them. In other words, the re-socialization of the users participating in this process begins within the service itself with the other users and this encourages them to take initiative to also create ties in their community.¹⁸

Based on these ideas, it is fundamental that professionals continuously evaluate the evolution of users and the effectiveness of these practices in the daily lives of those who benefit from them. Ideally, the CAPS technical team should meet at least once a week to carry out the evaluation of its activities, review of pipelines, discussion of cases, establishment of routines and standardization.¹³

During the interviews, the patients were questioned about what they thought of the practices developed, since they were elaborated taking into consideration the psychic disorders presented by the users. The following sections highlight the opinions of users:

For me, the workshops here are wonderful, because before it took me a long time to do my things right, and then from here, now I get more organized. (U1)

After I came here, I started to have a lot of fun. I developed so much, I became smarter, I learned more about things. (U3)

After I started attending CAPS, I started to enjoy drawing, painting, writing ... I started to talk more with people. (U6)

The above statements reveal the satisfaction that the users feel in relation to their experiences in the CAPS, besides the transformations that occur after being accompanied by that service. The psychosocial care model encourages users to feel supported, valued, and use encounters with professionals as spaces for self-expression and relief from everyday tensions.¹⁹

It is evident that care in mental health in the form of CAPS has, as a prerogative the reception, protection, guidance in a humanized way, with the professionals accepting the subjectivity of each of them, be it social or spiritual.²⁰ In this perspective, the users, when experiencing conflicting and challenging situations, based on their

participation in the CAPS practice framework, end up establishing lasting and identification bonds, insofar as they feel respected and included, as shown in the following sections:

I spent my time only crying at home asking my father to come and get me to die too. But after I started coming to CAPS, I have lots of friends and really cool friends. (U6)
Now I talk to people, to others ... Before, I was quieter, now, I started to be happier, happier, because I started to make many friends on the street. (U8)

The CAPS, acting as a segment responsible for inserting the user into the community, works on human dimensions and potentials that are often not known by the individual in mental suffering, since, when diagnosed, there is often fragmentation of links with people that were part of the context of this individual. This service acts as a network of solidarity and support, making it possible, according to the will and the commitment of the users, to reinvent those ties that have been broken and that are indispensable to the success of the therapeutic process.¹⁹ Following the interviews, the users were also asked about what learning they got in the therapeutic practices developed and what they took to their day to day. Starting from this questioning, the following answers were revealed:

Today I do several things. I make drawings of things from the sea, crafts, earrings, I chat. (U1)
I learned many things for my life ... I learned something that I did not do ... These daily activities, for example. And today I study and work. (U6)
I have learned many things, good things ... I learned to be more educated, more understanding, I learned to talk. (U8)

The practice of these therapeutic workshops has led the users to take an interest in the proposals worked on in the service, making them want to demonstrate with satisfaction the work that they develop and the improvement of their picture. In the meantime, mention should be made of the I CAPS Expo, held during the collection period of the empirical material, at the market of the municipality of Cuité. On the occasion, the picture frames made by them with newspapers were exposed; the making of mosaics using beans, maize and rice grains; drawings; as well as the result of the theater workshop, where a piece was presented that was allusive to the fight against drugs.

It is noticeable that CAPS, through its practices, operates in the lives of users, since all evolution becomes a step forward in the journey towards the reintegration of these subjects in front of their "self" and the people

that surround them. These users, through their settings, reveal changes in their lives from the moment they begin to develop the practices, expressing that they now manage to control aggression, balance, and solitude and feel motivated to transform their lives.²¹

In this perspective, the change is triggered because, for the user, the links that were often limited to CAPS users and professionals themselves, after starting to participate in re-socialization practices, these subjects feel more confident and encouraged to create new bonds and new opportunities, beyond the linearity of the service.²⁰ The following statements reinforce many of the changes that have occurred in the lives of these users:

Today I know how to do arts. I know how to make picture frames, crafts. (U11)
I learned to read better. The last time I read a book was in 2012. Today, I already read several and in the past I was ashamed, now I'm losing this shame. (U12)

O The above speeches mention that the importance that users give to the practices offered by the CAPS, be they of craftsmanship or literacy, is remarkable, and that these provide the harmony of these individuals with their interior. The human being is a being of participation, because it was born to live in the community, to work and to establish group relations. Therefore, all of the activities administered by CAPS managers fit those individuals who are experiencing the problems and who need an effective therapy, engaging in all the activities offered.²¹

♦ Difficulties and facilities related to the operationalization of the practices developed in CAPS

With regard to the challenges faced by professionals to operationalize the re-socialization practices developed in the CAPS on the screen, they revealed considerable contents, from the following questioning **"What challenges do you face to propose and apply these practices and how do you deal with them ? "**

The main challenge I have is related to prejudice. The people came here, very frightened, they were very afraid to come to us because they thought they were going crazy, because they thought all sorts of nonsense that is common sense. (P4)
The biggest challenges we encounter is the issue of these workshops, because we try to bring workshops that can give a course and it is very difficult. (P2)

For the interviewee P4, a great challenge encountered in daily dealings with psychic suffering is the prejudice that users still suffer. This audience represents, for some people, who, when they enter into crisis,

become dangerous, threatening, aggressive, violent and capable of arousing fear. And the CAPS, in this context, provides ways to approach mental suffering, without using aggression, without needing hospitalization, considering the user as a participant in their treatment.²¹

Another difficulty is related to budgetary issues, which has made it impossible to hire qualified professionals to develop specific practices, since this demand requires a high investment, as expressed in the following section:

The amount charged by office workers is very high and unfortunately we cannot pay because the money we receive cannot cover it. (P1)

When dealing with the difficulties encountered by professionals to perform therapeutic practices, the absence of clerical staff has greatly hindered the development of a work where the user can use the knowledge and experience offered for the generation of some income. However, in the absence of the clerk, professionals use creativity and innovate in practices, considering their abilities and possibilities, adapting the routine of the service to the needs of users and the community. Thus, the professionals demonstrate how much they dedicate themselves to the service, recognizing the importance of such practices for the users, emphasizing that even in the difficulty, they try to develop a good work.

Thus, the practices developed in the CAPS release the emotions of the users, facilitating their communication and interaction with the community, as well as attenuating negative feelings such as fear and sadness.¹⁸

Professionals were also questioned about the facilities found to operationalize the practices, the following question was addressed: **"What facilities do you find to plan and operationalize the resocialization and rehabilitation practices offered by CAPS?"**, the following answers were obtained:

The main facility I see is that we can work very well as a team because there is a predictability of our actions. (P4)

We work hard together, because we do not do anything, that the team is not involved in. And also those who come from outside as a volunteer or trainee, we seek to involve. So, today, the greatest achievement we have is working with the team that is always united. (P2)

The facilities that we find, are that we sit down and plan everything, so, we have a lot of work, because one is giving an opinion and we are putting together ideas. One gives an idea, another gives another, and, in the end we assemble everything. (P3)

Além do trabalho unificado da equipe que compõe o CAPS, existe também uma forte relação desses profissionais com outras instâncias administrativas do município, o que facilita o trabalho, em concordância com os trechos que seguem:

As well as the difficulties encountered, the facilities revealed by the professionals for the operationalization of such practices had a single result: teamwork. For an effective job, the team needs to be motivated, working together and although it goes through several moments, being more difficult and/or easier, if there is no interaction of the team, the work will not be well resolved.²²

When a team works together and united, the user receives quality assistance, causing him to be treated in its entirety, involving social, emotional, affective and biological relationships.²²⁻²³

A 2004 study, in the city of São Paulo reveals that, in addition to the motivation these professionals have for working with people in psychic distress, of the tightly knit team, they also work by feeling emotionally and affectively rewarded.⁶

Besides the unified work of the team that makes up the CAPS, there is also a strong relationship of these professionals with other administrative instances of the municipality, which facilitates the work, in agreement with the following sections:

The ease of talking to management, the secretary of Health, and the mayor helps a lot in our work. (P4)

We try to take the users for walks and the city hall provides resources, in addition to the bus. This contact is very easy. (P1)

CAPS alone cannot open new doors for its users, requiring integration with other competent bodies. The interviews show that this is a facility found by the CAPS de Cuité / PB, because there is a dialogue between management spheres, improving the quality of care and offering opportunities for reintegration in other settings.^{22,24}

We take users out of the service a lot. And this greatly facilitates our job of re-entering users (P1)

We also have the facility to develop extra wall activities, which is that we leave here from within the territory from where we are to take them to the market, to the UFCG, to the beach. (P2)

It is verified, therefore, that the work in the CAPS covers internal and external practices to the institution, aimed at the users of the service, together with their families and the team.

In this way, it is identified that the subjects that are part of these services, when

they are sometimes marked by the difficulty of reestablishing links with their reality, with the social and still lack adequate care, require that the re-socialization practices made available by the institution are important allies in the approaches aimed at reinserting them socially, reinforcing them as differentiated instruments of mental health care.⁶

CONCLUSION

It is notable that the Psychiatric Reform represented a historical landmark in the area of mental health, since it transformed the focus of hospital-centered treatment and began to consider people in psychic suffering as human beings, regardless of their problem.

The CAPS came from the perspective of re-dimensioning the approaches to the mentally disordered person, since, in addition to being open-door services, professionals recognize the users in their singularities, going beyond psychotherapy, inserting, in the care, new therapeutic practices that arose with the purpose of working the health-disease process in an attractive, playful and therapeutic way.

The therapeutic practices performed in the on-screen service have positive repercussions, since it was possible to perceive the improvement in the condition of the users, in the case of self-esteem, quality of life, the occurrence of crises that became less frequent, besides having diverse learning opportunities.

In this study, it was possible to verify the effectiveness of such practices in relation to the evolution in the treatment of the subjects, as well as the creation of affective bonds between professional-user, besides strengthening the conviviality and the friendship between them. It can also be identified that, for the effectiveness of these practices, there are some setbacks and difficulties, which demonstrate the team's overcoming, startling and commitment to the operationalization of these therapeutic activities.

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