



GOOD PRACTICES

Partner: Skill Up

Practice's title: **EMOTIONS AT WORK – prisoners and
psychiatric patients tell their stories**

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1- BACKGROUND AND SCOPE

1.1 Background

Where does the practice come from? What is the context in which the practice was created and experimented first?

"Emozioni all'Opera" involved 5 users of the Il Camaleonte Psychiatric Day Centre of the Sacra Famiglia (people with psychiatric disorders and mild mental retardation) and 25 inmates of the Milan-Opera prison.

The project was an extraordinary experience, where inmates and patients laid bare their difficulties, sufferings and limitations and found themselves united by the desire for authentic relationships, true friendships and deep sharing. "Emozioni all'Opera: umanità, relazioni e libertà" (Emotions at the Opera: humanity, relationships and freedom) was staged in October 2023 in the Milan prison of Opera.

The project was conceived and wanted by the Fondazione Sacra Famiglia (Cesano Boscone, Milan), which welcomes, assists, cares for and accompanies children, adults and the elderly who suffer from complex or severe physical, psychic and social frailties or disabilities, with a quality of life project, guaranteeing access to the therapies and support necessary to ensure the best possible well-being. The areas of activity are: acquired disabilities, congenital disabilities, psychiatric and behavioural disorders (including autism), neurodegenerative diseases and problems related to the elderly.

The Fondazione Sacra Famiglia offers a wide range of health/hospital and habilitation/rehabilitation services to which are added activities aimed at ensuring social inclusion, such as the one in question.

1.2 Main subject

What is the main subject at the heart of the practice? What are the themes developed in the practice?

Set up in 2018, the project, the only one of its kind in Italy, brings five day centre guests, accompanied by three educators, inside the prison every fortnight to carry out recreational activities, exchanges and emotional exchanges with 20 male inmates.

The benefits, also therapeutic, that the two groups, both engaged in a path of recovery and re-approach to social, relational and professional life, have found are important. The soul of the project is encapsulated in the messages, recited in chorus by the inmates and patients of the day centre: "We are not our crime, you are not your disease"; "our punishment differentiates us, our suffering unites us": the prison sentence and the cage of mental illness.

Two different, harsh, difficult realities that can only be sustained together, through contact and relationship. Both parties live as recluses, some physically, some trapped in their own psychic disorder. And they share the burden of social stigma: some are called 'crazy', others delinquent.

The project managed to find a way to give space to all the emotions that each of them carries inside. Space that has, at the end of the meetings, become a stage. The final show, made up of songs, videos, stage performances, poems and open-hearted stories, took place in the presence of the Foundation's specialists, educators, operators, volunteers and family members.

1.3 Target

What's the intended target group of the practice? Are there primary and secondary beneficiaries? (eg.: other teachers as primary beneficiaries and adult learners as secondary beneficiaries, or viceversa).

The main target of the practice described are trainers, tutors and educators.

2- OUTLINE OF THE PRACTICE

2.1 Description

Please describe the activities contained in the practice. If possible, try to divide them in Learning Units. Also, define how long the training practice will last (1 to 4 hours).

During the course of an entire year, inmates and patients met twice a week for approximately two consecutive hours. In total, inmates and psychiatric patients shared more than 80 hours together.

During the meetings, recreational activities and workshops dedicated to discussion and sharing were held. The meetings - coordinated by Barbara Migliavacca, manager of the centre Il Camaleonte, and Giovanna Musco, contact person of the association In Opera - focused on the participants' reflection and confrontation on their own human journey, the concept of freedom, and the perception of the 'social stigma' that unfortunately in our society often affects both prisoners and people with psychiatric pathologies.

The output of the meetings was the **event Emozioni all'Opera**, during which the inmates, together with the guests of the psychiatric day care centre Il Camaleonte of the Fondazione Sacra Famiglia, family members and operators, took to the stage to give their testimonies with performances, readings and videos.

2.2 Aim/goal

Please describe the aim(s) and goal(s) of the practice: what are the objectives that the practice wants to reach?

The objectives achieved through the meetings, the organisation of the performance and the final realisation of the event were:

- Learning to coordinate one's instincts and actions (Self-control)
- Learning to manage one's emotions, behaviour and relationships
- Learning to know themselves, their own behaviour and that of others better

- - Communicating with others more effectively, increasing interpersonal skills
- - Developing balanced and constructive behaviour.

2.3 Learning Outcomes

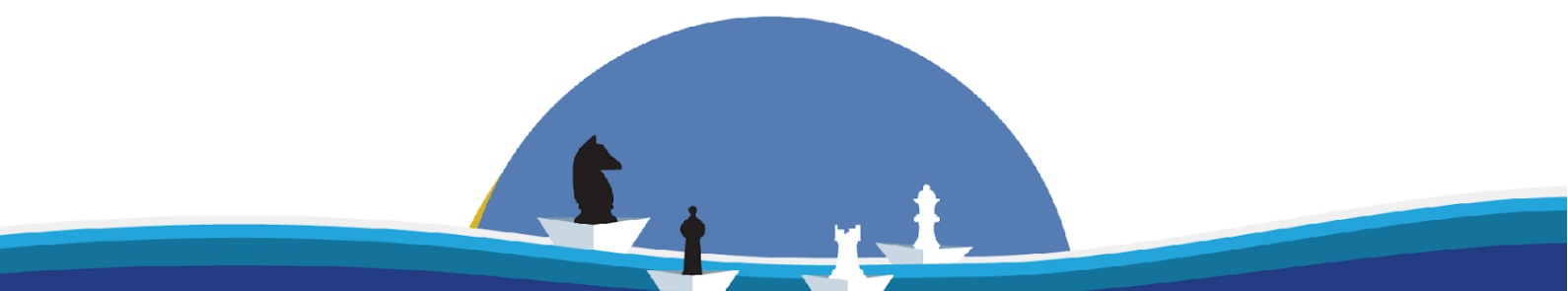
What learning outcomes are expected from the practice in order to consider it successful? What will the participant learn? How will the training help their behavioural competences?

The Emotions at the Opera project was a success that went far beyond the expectations of its creators. The outsiders had expected to see 'criminal-faced' guys and grey suits from the movies, the inmates do not hide the fact that they had almost assumed they would have to defend themselves against people who were 'agitated, irrational' or, on the contrary, drowsy because of psychotropic drugs. In reality, beyond the initial prejudices, the project was a true path of reflection, learning and rediscovery of the self.

Both inmates and patients got involved, opened up, gave advice, and managed to control the sometimes torrential eruption of strong emotions and memories that were difficult to put into words.

There were no misunderstandings, no conflicts, but each learned to respect the other, learned to listen patiently, to take a step back to make room for the other's fragility, to manage emotional states that, in other contexts, would have been more difficult to control.

Prisoners and patients have learnt to live with others, to create bonds and maintain relationships and this will give them many more opportunities in present and especially future activities.



2.4 Training Approach

What kind of training/teaching methodology is implemented in this practice? Is there a literature/bibliography (not mandatory)?

Active participation in society requires social skills to deal effectively with different situations, be they personal, family or social. In mental disorders, social skills are poorly developed and may decline after years of imprisonment. Social Skill Training encompasses a range of interventions aimed at acquiring and training over time the **social skills** needed in interpersonal situations to communicate with others appropriately and effectively in two areas: in the area of affective relationships and in the area of social relationships (R.P. Liberman, *The Recovery from Disability. Manuale di Riabilitazione Psichiatrica*, Fioriti, 2012).

The **Recovery principle** that Liberman first spoke of in 2005, and which the Foundation endorses, is precisely that of placing the person at the centre of the treatment project, in all its facets, not just contemplating their pathology.

Recovery is a conceptual construct according to which, using the current range of effective treatments, it is possible to empower patients so that they can live reasonably normal lives in their community context: working, learning, relating to family and friends, and enjoying longer periods of well-being. Liberman and his collaborators made progress in developing psychosocial and behavioural treatments for effective rehabilitation.

In both psychiatric hospitals and mental health centres, they designed, field-tested, researched and empirically validated techniques that were useful and effective in improving patients' social and role functioning. Social Skill Training, behavioural family therapy and social learning therapy were among the techniques that emerged from their work. By disseminating and adapting the new interventions to meet the needs of a wide range of patients - inpatients and outpatients, patients in judicial psychiatric hospitals and prisons, patients with developmental disorders as well as patients with severe mental illness - they were able to demonstrate that professionals working in traditional therapeutic and community settings could successfully apply the new techniques.

As evidenced by the enthusiasm, fatigue, but also great satisfaction that the inmates and the entire community of the psychiatric day centre experienced with the initiative, it is precisely the therapeutic approach, which contemplates the experience of 'normality' and the 'usefulness' of the individual, that is one of the fundamental building blocks to encourage the strengthening of the 'healthy' sides of the mind and take away space from the 'sides' most affected by pathology.

The Foundation's guests who took part are five men with neurosis, schizophrenia, personality disorder or obsessive-compulsive disorder: people who often suffer from mania, delusional and persecutory thoughts, which sometimes even prevent them from reaching the Day Centre, which, together with the Foundation's psychiatric residential facility, represents a fundamental point of reference for the territory for the accompaniment and therapeutic recovery that patients need.

In spite of some initial hesitations due to the novelty of the Emozioni All'Opera project, almost all the participants managed to find within the prison and in the confrontation with the inmates, not only a familiar and safe ground to confront their own fragility and self-perception, but also the opportunity to become themselves 'volunteers' in someone else's recovery process. A valuable result and aspect, that of the enhancement of the human being through the development of those skills needed to cope with everyday life.



3- TOOLS

Which tools and materials are necessary for this practice to be implemented/to be successful?

- Use of flipchart or audiovisual material
- Group work
- Role playing/simulation
- Discussion of problem situations
- Self-monitoring sheets or diary where you can write down situations in which you found yourself in difficulties and thus encourage a self-assessment of one's relational style

A number of exercises were carried out to develop speaking and listening skills, including:

- **useless chatting exercise:** this is done by three people, one person talks, the second person shows interest (interest is a social reinforcer), the third person observes their non-verbal behaviour and gives feedback at the end of the conversation (what they did well, what they suggest to do to improve performance). Each participant in turn covers one of the three roles. The content of the conversation should be trivial and irrelevant.
- **listening round exercise:** group listening supports the ability to listen to our interlocutor. It requires attention for a correct understanding of what is being communicated. In the exercise, a participant tells something to his/her neighbour. When he/she has finished, the neighbour has to repeat what he/she has just been told then, in turn, he/she will tell something to his/her neighbour and so on, without adding personal evaluations or interpretations.

4- OBSERVATIONS

This space can be used for all comments and observations, including what you couldn't fit in the previous sections of the template.

One of the most important moments of the project was when people who are deprived of physical freedom were able to make day care patients understand what it means to live, to know and to lose their freedom.

Emotional competences developed with the practice: Self-control.