



SERVICES CHARTER

2018



RESIDENTIAL EATING DISORDER TREATMENT
CENTER
(CTRP)
AND PROTECT APARTMENT

SILESIA

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MISSION

Careful observation of social, family and work systems. Recognition and definition of the new needs generated by Silesia and active participation in the process of change. The interventions are carried out through the work of qualified personnel who work with professionalism, flexibility and sustainability. Multidisciplinary. Integration. Henry Ford wrote: "Coming together is a beginning, staying together is progress, working together is a success." All of this, combined with passion and dedication, trace the structural lines of Silesia.

WHO WE ARE

The Silesia residential center, founded in 2000, is an Accredited Structure, for patients affected by Eating Disorders.

It is located in Vicenza, in a large and welcoming structure, a few kilometers from the city center, and in a convenient and accessible location for public transportation.

The team is composed by psychiatrist, general practitioner, psychotherapist, psychologist, professional educator, dietician, social assistant, social health worker, who collaborate in an integrated and multidisciplinary intervention.

In community, they are hosted maximum of 11 clients.

Silesia is authorized by activities in the Italian SSN and also collaborates with the Public Administration, according to the agreements contracted with the individual Operative Units for the eating disorders located in the territory.

THE THERAPEUTIC PROJECT

The therapeutic project envisages providing guests with psychiatric assistance, with constant medical counselling, a weekly individual and group psychotherapy session, dietician counselling, creative and expressive workshops.

For each client is defined an individualised educational project (**PEI**), which allows the concrete experimentation of the skills of daily management, to face problems and make decisions, to organise their free time, to take care of themselves. For the supervision and accompaniment in achieving these objectives, a tutor is added to each user, ie a reference educator.

The educational projects are constantly checked and adapted to new conditions, allowing to structure dynamic and flexible therapeutic projects.

The therapeutic and educational programming specifically include:

- The management of the house and its spaces
 - Cooking activities and food expenditure management
 - The organisation of the newspaper
 - Psychotherapeutic interventions
 - psychotherapy groups
 - Educational, artistic and occupational activities
 - Expressive laboratories
 - outdoor experience
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- Family counselling

Main goals:

The Main Target of PEI is to make experience, in safety conditions, about social experience, work, study and free time, checking the skills of the personal capacity for self-management and autonomy that contribute to the construction of a self-image alternative to the one based on the disorder.

Develop a Self that is not organised around the eating disorder, but based on the realistic construction of one's own personal value.

The C.T.R.P. "Silesia" is characterized by a deep respect for the individuality of the person, far from pre-constructed and impersonal theoretical positions and methodologies; maintains constant attention to the needs and existential peculiarities of each user. In seeking to respond in a complete and efficient manner to the various care pathways, particular attention is paid, in addition to the constant verification of the treatment methods implemented, to the research and identification of paths that encourage introspection, creativity, and personal growth.

To whom it is addressed:

In Silesia are welcomed patients with a diagnostic classification of "Eating Behavior Disorder" according to the current clinical classifications recognized by the International Scientific Community.

The criteria for admission into a structure are shown below:

1. stabilized psycho-physiopathological conditions;
2. eating behavior not in the acute phase;
3. valid motivation to the treatment;
4. absence of toxifilic behavior;
5. understanding of the proposed treatment path;
6. consent to respect for shared community rules;

ACCESS MODE

In the Silesia Community, the acceptance of a new user occurs following an indication of the Referent (case Manager) of the case of the Sending Service, which evaluates clinical indications, opportunities and specific possibilities for the patient.

Documents required before admission:

- Insertion Resolution in the Community by the Notifying Body
- Health Card
- Clinical report on the patient, including psychological classification and internist, drawn up by the Sending Service.

In case of availability for new insertions, the process (**iter**) is started, it includes:

- First Clinical Evaluation by the community manager with the patient
- Colloquy of the community manager with the patient's family
- Interview of the clinical referent and with the patient and family members

Admission:

At the time of reception, each user is assigned a psychologist-psychotherapist and a reference educator.

The period of direct observation lasts two weeks, during this period the real psychopathophysiological conditions are verified, the ability to adapt to the existing existential

dimension, the concrete possibility of implementing the PEI designed specifically for the user, the presence of factors disturbing and / or risk that could make it difficult to continue the stay in the community of the subject. First of all this period of mutual knowledge and focus on the community path, no permits, exits, visits are foreseen.

The therapeutic and educational project is developed for each client by the team, in the sharing of strategies and interventions.

The therapeutic program for each client is to verified together with the reference managers of the Inviante Service and provides for the possibility of receiving visits to the doctors, psychiatrists, psychologists and local reference staff.

For patients coming from other regions or nationality, the assessment interviews are also possible by telephone or Skype.

PROPOSED SERVICES

■ Clinical Area

- _ Diagnostic evaluation
- _ Psychiatric evaluation
- _ Psychiatric consultation
- _ Diet advice
- _ Supportive and motivational psychotherapeutic interventions
- _ Expressive psychotherapy: individual and group
- _ Psychoeducational groups
- _ Family talks

■ Educational area

PSYCHO-EDUCATIONAL EVALUATION

- _ Tutoring educational talks
- _ Kitchen activities and management of food expenditure
- _ Management of the house and its spaces
- _ Educational, artistic and occupational activities
- _ Mountain therapy

■ Laboratories

EXAMPLES

_ Theater laboratory

_ Yoga laboratory

_ Leather laboratory

(With the craft activity the talents hidden in each one are recovered)

_ Horticultural Therapy (rehabilitation method which is part of the so-called occupational therapies)

SUPPORTING AND PSYCHO-EDUCATIONAL INTERVENTIONS WITH FAMILIES

For a global take-over, the therapeutic journey involves an active involvement of the family nucleus of belonging, through interviews of psycho-pedagogical support and possible family therapeutic pathways. If it is useful or necessary, exploratory work and support are also important to other pre-existing relationships to the entrance to the community.

TIME ORGANIZATION IN THE CENTER

Time within the community is marked by therapy, work, educational, cultural and recreational activities.

Guests are required to participate in all educational / therapeutic proposals so that everyone has the opportunity to experiment in different activities, to acquire new skills and to face and manage situations that are sometimes experienced as problems. The normal management of the house is carried out by the guests, through a shift of tasks, with the supervision of the educators.

In addition to therapeutic and expressive activities, group outings are planned (participation depends on the phase of the rehabilitation process), with visits to museums, film clubs and off-site summer excursions, scheduled and prepared in the spring and summer months. Audit exits are planned that will be planned and organized according to the phase of the path, the stability achieved and the objectives to be pursued

MULTIDISCIPLINARY EQUIPE

The specific training and experience of a team that has worked for years with people affected by Eating Disorders, has allowed to experiment and model an effective and flexible intervention method: M.I.M., acronym of Integrated Multidisciplinary Model.

At the operative level, the model allows to design specific rehabilitation paths for each case, integrating all the different skills available.

Professional roles

- CTRP Manager: psychologist-psychotherapist
 - Clinical contact: psychologist-psychotherapist
 - CTRP Coordinator: educator
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- Psychiatrist doctor
 - Psychologist Psychotherapist
 - Dietitian
 - Doctor of general medicine
 - Professional Educators
 - Social worker
 - Professional Nurse
 - Social health operator

THE COMMUNITY - RIGHTS AND DUTIES

- In the community the user will remain free to choose. No coercive attitudes are permitted that harm the freedom of the individual, neither through forms of physical or psychological violence and no forms of isolation are permitted.
- The user has the right to be assisted and cared for with care and attention, respecting human dignity and his own moral, political and religious convictions.
- You have the right to obtain detailed information regarding the services and the service.

- He / she has the right to obtain complete and comprehensible information from the staff responsible for the diagnosis of the disease, the proposed therapy and the relative prognosis.
- Has the right to be informed about the possibility of investigations and alternative treatments, also to be performed in other structures.
- You have the right to lodge complaints and be informed about their outcome. • Has the right to comply with the smoking ban.
 - He has the right to be treated as a user of a service that deserves him, without being forced to ask favoritism for better performances.
- Has the right to objective equality regarding differences in culture, economic condition, age, language, nationality.
- Has the right to adequate assistance. Charter of services Users' duties
- The user is obliged to respect the Individualized Therapeutic Project agreed at the entrance and to participate in the proposed activities (with the exclusion of psychotherapeutic activities)
 - The user is obliged to have a disciplined, dignified behavior and be sincere, loyal and honest.
 - The user is required to behave responsibly in respect and understanding of the other guests.
 - It is forbidden to introduce and use drugs, drugs not prescribed and alcohol, as well as weapons, cutting or other objects designed to damage personal safety.
 - It is forbidden to introduce, own and / or use mobile phones in the Community without the express authorization of the responsible person.
 - The user is obliged to collaborate with the staff for the success of the therapies practiced and to participate (except as stated above), unless otherwise decided by the therapeutic responsible.
 - In any case, acts of verbal or physical aggression by or towards anyone, operators or users are forbidden, under penalty of immediate interruption of the relationship and suspension of the user.
 - It is in any case forbidden to the user to move away from the structures without prior authorization from the head of the office.
 - The audio, video or photographic recording of users, community activities and structures is forbidden, unless otherwise authorized by the Director or acting.

Commitments for relatives

- The relatives undertake to collaborate with the operators in enforcing the rules, following the indications of the same (in particular avoiding the distribution of cigarettes, money, mobile phones, drugs, etc. without having made arrangements with the staff)
- The violation of these rules may cause restrictive measures against them, up to the ban on visits.

CTRP SILESIA - QUALITY

The administration provides a quality service that achieves with:

- the professional skills and collaboration of the staff who respond to the needs of users;
- the coordination of the various figures in the realization of the therapeutic project;
- suitable structures that comply with current safety regulations;
- collection of informed consent of patients residing in the Structure;
- processing of personal data according to the current Privacy Law.

Factors and quality standards

- Permanent supervision of the team by an external consultant.
- Specialized supervision on clinical cases. • Specific training and permanent updating of all staff.
- Promotion and support for evaluative activities and improvement of service delivery processes and services.
- Distribution to users of information sheets on how to access and provide services. • Simplification of entry procedures.
- Transparency in the selection mode for admission. • Internal and external communication system, on paper and / or computerized support to guarantee the quality and confidentiality of information, also for the purposes of the protection of personal data.
- Definition of policies and strategies aimed at guaranteeing the respect of users' rights, in relation to the humanization of services, the personalization of care, the protection of privacy and the production of the information necessary for accessing and using the service.
- Implementation of the verification of the efficiency and effectiveness of the interventions.

- Monitoring and measurement of processes and results against pre-established objectives.

Service Card

The Administration identifies the quality factors in reference to the environmental and organizational conditions and informs the user respect:

- schedules and methods of service delivery;
- staff members;
- the number of residents and the capacity of the structure;
- to the average number of operators / users;
- the size of the rooms with indication of their destination;
- the number, size and equipment of the toilets with indication of the existence of specific installations for users with psycho-physical disadvantage;
- to the existence of architectural barriers;
- to the evacuation plan of the building;
- to the risk assessment plan

Environmental conditions

The community is based in a structure adapted to structural standards, as per D.P.R. 14.01.1997; in particular, Silesia guarantees compliance with the gas, hydraulic and electrical systems, the full application of Legislative Decree 81/2008, the correct disposal of ordinary and special waste, cleaning and comfort. In relation to the regulations in force, specifically Legislative Decree 196/03 and Legislative Decree 81/2008, Silesia has taken measures consequent to the required requirements. With reference to Legislative Decree 196/03, an operating procedure was adopted in the management of sensitive data which, in addition to respecting the privacy of all the persons involved in the projects, provides for the management of all the information in a protected manner and the delegation of management. same as sensitive data to identified and reliable persons and invested with formal responsibility.

All documentation relating to consent to the processing of personal data of users entered, is stored in the personal folder and in special protected directory, resident on the server and managed through special computer programs.

Personal and sensitive data are not subject to dissemination and are kept according to the minimum measures provided for by art. 33 of Legislative Decree 196/03 directly and internally by Linte Social Cooperative.

The 2016/679 EU Regulation, known as **GDPR 679/2016** (*General Data Protection Regulation*) concerning the protection of individuals with regard to the processing and free circulation of personal data, is applied from 25 May 2018.

Guests are informed about the following:

- the processing to which personal data will be submitted (provided by filling in the form at the entrance or on other occasions) is necessary in order to fulfill the institutional and statutory purposes of the Linte Social Cooperative. The data in question refer to what is required by the personal file filled in at the time of entry with an operator and are summarized below and subdivided into mandatory data and sensitive data.
- The treatment will be carried out mainly with computerized and telematic systems, and partially with manual methods.
- The treatment is carried out directly by the Linte Social Cooperative.
- The data provided will not be transmitted in any case to the outside and will not be disclosed but communicated, only if necessary and subject to authorization, to organizations operating with the same aims of the Linte Social Cooperative, in the definition of the rehabilitation program: ASL Companies and each its relevant service (Hospitals, Doctors, Social Services, etc.).

EVALUATION BY USERS ON THE QUALITY OF THE SERVICE

A collector is available in the Community for the reporting, also anonymously, of observations, proposals and reports of any inefficiency, which are periodically assessed by the specifically identified body.

In order to better meet the expectations of users, questionnaires given to users are prepared every year.

INSTITUTE OF THE COMPLAINT

Any expression of dissatisfaction or eventual reporting of disservices can be reported, even verbally, at the Offices of the Cooperative in Via dell'Oreficiera 30 / p - Vicenza (VI). The written complaint can be submitted directly by the user or sent by fax or e-mail.

The Community is obliged to give a written reply about the complaint within thirty days of receipt of the complaint, communicating the actions taken on the matter.

MECHANISMS OF PROTECTION AND VERIFICATION

The Directorate of Linte Social Cooperative:

- receives comments, objections and complaints in any form submitted by individual users, Associations or recognized organizations that represent them.
- provides immediate response to the reports and complaints that arise immediately; prepares the preliminary activity.
- verifies the commitments, adjusts and organizes, annually checking the improvement of the quality of services and the implementation of the standards.
- adopts actions to correct and improve performance and identifies the monitoring system indicators and provides quality system certifications.
- implements the monitoring of the efficiency and effectiveness of the control and evaluation systems.