PSYCHOLOGY IN HEALTH INSTITUTIONS: INTERVENTIONS IN THE PSYCHOSOCIAL CARE CENTER FOR ALCOHOL AND DRUGS

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ABSTRACT

This chapter aims to present the practical experiences carried out by the interns of the 9th/10th period of the Psychology course at the Federal University of Rondônia Foundation (UNIR). The internship experience was carried out at the Psychosocial Care Center for Alcohol and Drugs (CAPS ad) in the municipality of Porto Velho in Rondônia, from March to July 2022, and aimed to insert psychotherapists in training to complement the mandatory workload of the psychology course, as well as to promote their professional improvement in the context of health institutions. Psychological care, reception, screening, evaluations and participation in therapeutic groups were carried out. And at the end, the benefits of interventions for the users of the system were observed, as well as the contribution of the practices in the training of psychology professionals.

Keywords: Collective Health. Mental health. Psychology. Host.

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INTRODUCTION

THE SUS SERVICE AND PRESENTATION OF CAPS AD

The concept of health, as well as the practices, strategies and knowledge that result from such understanding, have undergone numerous changes throughout history in the world and also in the Brazilian context. At first, with the emergence of Modern Medicine and the attempt to explain human suffering, it was a concept that was linked to disease or the absence of disease and the search for explanations in organic causes. However, throughout the 1970s, several attempts at conceptualization emerged that aimed to understand health as a broader concept that would result in broader practices that were integrated with other sectors of society (Arantes et al., 2008).

From 1948 onwards, with the creation of the World Health Organization (WHO), health began to be conceptualized as a complete state of physical, mental and social well-being, and is now a broader concept that has generated important changes in the view of the health/disease process, mobilizing interdisciplinary knowledge and intersectoral practices (Arantes et al., 2008). Based on this new vision and also with the process of redemocratization in Brazil, the SUS emerged in 1988 in the Brazilian constitution, from the moment it is said that Health is a duty of the state and a right of all, in article 196. However, health was only really assumed by the system with Law Number 8.080 of September 19, 1990 (Brasil, 1990).

From this law, health promotion would now have a character of change in the living conditions of the population in the political, economic and social spheres, which can be achieved based on the principles and objectives of the SUS, which are: the reduction of risks to diseases and injuries; the guarantee of social participation in the construction of the service; guarantee of universal and equal access to all; practices based on interdisciplinary knowledge and multiprofessional work; actions based on in the real needs of all; vertical and horizontal sectoral network system; and among other characteristics that contemplate the Unified Health System in Brazil (Brasil, 1990).

Taking into account the need for the SUS to offer an integrated, articulated and effective network of mental health services at the different points of care, and the need to expand and diversify its services to assist people with suffering or mental disorders, including those with needs resulting from the use of alcohol and other drugs, it was resolved in Law No. 10,216, Article 1. than:

> "The Psychosocial Care Network is hereby established, whose purpose is the creation, expansion and articulation of health care points for people with suffering or mental disorders, including those with needs resulting from the use of crack, alcohol and other drugs, in the
> scope of the Unified Health System (SUS)." (Brasil, 2011, p.59)

The Psychosocial Care Centers (CAPS) were installed in Brazil in the 1980s and were regulated through Ordinance MS 224/92, with the objective of offering territorial-based care and being a substitute service to hospitals, providing intensive care to people in psychological suffering. The Psychosocial Care Center (CAPS) is now considered a strategic service, articulating and organizing a care network focused on various instances of a territory that includes Primary Care. (Chiavatti, 2011, p. 2.)

As the CAPS are services that had their implementation regularized in 2001, it is relevant to analyze their forms of articulation and the externalization of their practices in the sense of leaving their structural spaces to work with the community, a space that includes health services, individuals, their social and solidarity networks. These care devices were designed as a structure aligned with the principles that guide the other health services linked to the Unified Health System (SUS). (Chiavatti, 2011, p. 2).

They must act by rescuing the potential of the territory around them, have their own institution, inserted in public management, seek to ensure access, integrality and problem-solving capacity in the care provided, welcoming a clientele with mental disorders and their respective families by a multiprofessional team. Primary care networks are understood as a communication of actions and services that can be transformed and reinvented roles and territorialities, which are fundamental for the constitution and operation of different forms of care. This network articulation breaks with the concept of centrality of care, that is, it offers dynamism and flexibility to services, in order to generate better care results (Chiavatti, 2011, p. 2.).

The National Primary Care Policy had Family Health as a priority strategy for expansion and consolidation, which includes care for people with mental disorders. There were changes in the SUS in 2011 with the establishment of the Health Care Networks strategy, with the Psychosocial Care Network (CAPS) as one of the priorities. In 2002, the Ministry of Health regulated the operation of the Psychosocial Care Centers through Ordinance No. 336/GM/MS. CAPS are differentiated as CAPS I, which serve territories with a maximum of 50 thousand inhabitants, CAPS II serves territories with a maximum of 50 thousand inhabitants, CAPS III operate in territories with more than 200 thousand inhabitants, including 24-hour and weekend care, CAPSi serves children and adolescents in territories with more than 200 thousand inhabitants, being able to extend its service until 9 pm and CAPSad focus on serving adults who use alcohol and other drugs, in cities with more than 200,000 inhabitants, and may have a third shift until 9 pm.

The CAPS ad are spaces for the reception of patients with mental disorders, in non-hospital treatment. Its function is to provide psychological and medical assistance, reintegrating alcoholic and chemically dependent patients back into society (Brasil, 2011). About the CAPS ad Porto Velho-RO, it is a Psychosocial Care Center for alcohol and other

drugs, with a public from 17 years old, constituted in an outpatient service of daily care, from Monday to Friday from 8 am to 6 pm. It is an open-door service, that is, the user can come freely in search of assistance or through a referral from other institutions.

It should be clarified that the CAPS ad is aimed at people with intense mental suffering, and behavioral changes due to alcohol and drug abuse. Thus, the institution has a multiprofessional technical team, and develops: Activity and Individual Care; Attendance in Operational Teams; Social Support Activities; Attendance in Therapeutic Workshops; Home Visits; and Family Care. In cases of crises that characterize a psychotic break, where the patient may pose an imminent risk to himself or others, he should be referred to urgent and emergency care at the João Paulo II Emergency Hospital.

The CAPS ad is located at Avenida Guaporé with Vieira Caúla, 3929, Agenor de Carvalho neighborhood, containing: reception for scheduling patients, clinical and psychiatric medical offices, nursing, psychologists and social assistance. The CAPS ad professionals leave about 10 patients scheduled per week with the available professionals (general practitioner, psychologists, nurses, psychiatrists and social worker) and another 12 vacancies for spontaneous demand. Currently, the multidisciplinary team of the CAPS ad in Porto Velho is composed of three psychologists, six nurses, a psychiatrist, three general practitioners, two social workers and four nursing technicians, in addition to professionals in the functions of management, two administrative, outsourced and security guards.

GATEWAY: RECEPTION, SCREENINGS AND EVALUATIONS

Regarding individual care, the first step to be completed when the individual arrives at the CAPS ad is the reception. According to the Ministry of Health (2006), welcoming consists of going beyond a structurally comfortable place, it is an attitude of inclusion and approximation. In this context, upon arriving at the CAPS ad, the individual is welcomed by a member of the team, who has the responsibility to transmit empathy, attention and care. Welcoming is a posture that the professional must take throughout the process of any type of care. In addition, user embracement is not something that only the professional should consider, but for the service itself, according to Alexandre et.al (2019) user embracement should be conceived by the services as a process in continuous construction, based on the needs of users and on the analysis, by professionals and managers, of the work processes, so that a relationship of commitment is established between the teams and the health services, aiming at the effectiveness of the system in network.

In this first stage of welcoming the individual by the institution, screening is also carried out, which, according to Gaspodini and Buaes (2014), has as its main objectives: to establish an initial understanding of the suffering presented by the person, elaboration of diagnostic hypotheses and choice of a better referral, also according to the authors, at this

moment, the person can present not only the reasons why they sought the service, as well as the very hypotheses about the reasons for their suffering. It should be noted that the screening process is limited in time (maximum fifty minutes) and is an investigative process. In our practice at this institution, as the patient brought relevant aspects, the triage form was filled out.

According to Penna, Faria and Rezende (2014), user embracement differs from the triage process precisely because it is not limited to a specific moment of care for health service users, but is necessary throughout the process in any service. In addition to this distinction, Cândido et. al. (2015), also point out that while the term triage is characterized as selecting, separating and choosing, referring to the pathological and urgent classification of care; The term welcoming is configured as a singular way of receiving, understanding and relating to people who seek a certain community health service. At CAPS ad, the welcoming attitude persisted in all the care provided, while screening was used when the individual entered the institution or used the service, but was absent for at least 6 months.

In addition to this process, after reception and screening are carried out, the professional conducts the mental health interview, usually carried out by the nurse. This interview includes data such as: frequency with which the drug is used by the user, history of physical and mental illnesses in the family, suicidal ideation and attempt, sexual intercourse with or without condoms, withdrawal symptoms, more detailed description, if applicable, of the symptoms presented in the screening, among others. The structure of the screening interview and mental health interview is established in the municipal protocol of the mental health care network, the last update is from 2018 and is still in force. At this point, the professional, having evaluated the case, if he considers it necessary, immediately refers the patient to the clinical doctor, if time is available, and later instructs him to schedule a return at the reception for evaluation by the psychiatrist, if necessary, presents results of exams and psychological care.

Some individuals did not understand the reason for being in the place due to the fact that many had been brought by family members and were still in the process of accepting dependence, others just did not fit the profile of users, that is, they did not abuse any substance. In the case of the second example, the screening is carried out, but the professional in charge, together with other members of the team, prepares a referral to another responsible institution, attaches the screening form and delivers it to the patient with the appropriate instructions.

INTERDISCIPLINARITY AT CAPS

Over the years, it has been possible to observe significant changes in mental health care practices, which were mainly due to the expansion of health and disease constructs in

the scientific environment (Arantes et al., 2008). This has resulted in more integrative practices that involve a broader team of health professionals and more diverse institutions with a community character that see the individual as an active and collaborative being in the process in a horizontal relationship, with health professionals being those who are appropriated from technical and scientific knowledge and the patient being the one who has knowledge and autonomy over himself (Almeida; Malagris, 2011). The interdisciplinary perspective encompasses a set of technical knowledge from various areas that aim to explain the process of health and disease taking into account biological, psychic and social variables, requiring the understanding and union of knowledge present in the different disciplines that deal with human health and generating the need for communication among health professionals in a multidisciplinary work (Almeida; Malagris, 2011).

This work is based on infra-legal legislation, as provided for in Article 2, items IV, V and VI, of Ordinance No. 3,088 of December 23, 2011, which addresses the guidelines for the operation of the Psychosocial Care Network.

> "IV - guarantee of access and quality of services, offering comprehensive care and multiprofessional assistance, under the interdisciplinary logic; V - humanized care centered on people's needs; VI - diversification of care strategies" (BRASIL, 2011, p. 59).

Regarding the interdisciplinarity observed at CAPS ad, it takes place through a broad team of professionals, composed of psychologists, nurses, a psychiatrist, physicians, social workers, nursing technicians, administrative technicians, outsourced employees (cleaning and kitchen) and security guards. It is known that according to Ordinance No. 336, of February 19, 2002, professionals with higher education in occupational therapy and pedagogy would also be necessary (BRASIL, 2011), but due to infrastructure and lack of investments, these are professionals who are not present in the CAPS ad of Porto Velho.

Multiprofessional follow-up begins with the user's arrival at the institution, which can be done voluntarily and by referrals. The registration is carried out, followed by the stages of initial interview and reception (carried out by the nurses) and the screenings (carried out by the nurses and nursing technicians). Welcoming is commonly performed by nurses, but it can also be done by psychologists or other professionals with higher education who are available. This is an important step to verify if the patient has demands that fit the CAPS ad specification and make possible referrals.

The first appointment made after this initial step is with the general practitioner, responsible for reviewing the patient's health conditions, evaluating comorbidities, requesting necessary tests and prescribing medications that can optimize treatment. Given the needs of each user, referrals are made to other professionals, such as: psychologists,

responsible for assessing the need for psychological follow-up and carrying out this follow-up; social workers, responsible for analyzing, elaborating and executing plans that make patients' policies and social rights accessible; and the psychiatrist, responsible for the treatment of psychiatric diseases and comorbidities related to the use of psychoactive substances (SPA).

After evaluating these professionals, it is possible to carry out a diagnostic hypothesis and the construction of the Individual Therapeutic Plan for the patient, with the types of care he will need to receive (individual or group) and the frequency (intensive, semi-intensive, and non-intensive), which must be done jointly by the health team. All these steps are provided for in the CAPS Manual "Mental Health in the SUS: The Psychosocial Care Centers" of the Ministry of Health (Brasil, 2004). However, in practice, due to CAPS ad not having the appropriate structure for an estimated population of 548,952 inhabitants (IBGE, 2021) in Porto Velho, it is not always possible to carry out this work in a more in-depth way, given the overload of the demand that arrives at the institution.

This reality ends up hindering communication between professionals on a daily basis, who usually have access to the evolution of cases through medical records, where the records of each professional are present. The medical records organize the information in chronological order of referrals and care provided at the institution. There is all the patient's information collected in the initial interview, reception and screening, in addition to having medical records, reports, drug treatments indicated by the CAPS ad doctors and evolution of the case since its arrival, recorded by the psychologist who performs the psychological care and also by the social workers, in cases where this follow-up was necessary.

METHOD

The method used in this work is the experience report through the practices carried out at Caps ad in the city of Porto Velho, Rondônia. The practice took place from March to July 2022 and aimed at the academic and professional development of psychology students, as well as to promote effective interventions for users of the system who are undergoing treatment for substance use.

DEVELOPMENT

AN EXPERIENCE REPORT

It is necessary to present a report experienced by one of the interns about how the joint work of the psychologist and the social worker were fundamental for the treatment of one of the service users. One of the patients, who was dependent on alcohol and who was

homeless, spent the whole day at CAPS ad. However, at nightfall, with the closure of the institution, he had nowhere to go. Faced with this reality, the psychologist responsible for her care met with the social worker in an attempt to find alternatives to change the patient's situation, and discovered that he had the right to a family inheritance.

When the necessary procedures were carried out to guarantee the right to inheritance, the patient was able to rent an apartment and is working autonomously and, as a result, was better able to remain in treatment. Today he is abstinent from alcohol use and continues treatment at CAPS ad for relapse prevention. This change was only possible due to the interdisciplinary dialogue between the professional who listened to the individual's afflictions and the social worker, who was available to seek ways to guarantee access to their rights.

In summary, this topic highlights the importance of thinking about and discussing the reality of public health institutions, especially in relation to their multidisciplinary team. It is a joint work that must be done thinking about meeting the real needs of patients, taking into account their physical, psychic and social aspects. Many of these users are in vulnerable conditions and with fragile relationships due to the social stigma surrounding chemical dependence, which can end up hindering access to the service and their subsequent permanence in treatment. That is why it is important to strengthen the patient's ties with the institution and its professionals, given that the effectiveness of the treatment for the patient depends on their adherence.

However, despite the lack of structural resources, the high demand that arrives at the service and the lack of sufficient professionals to serve the population, it was notorious to observe with practice that many of the professionals are committed to offering a quality service, despite the overload generated by the high demand. Therefore, the psychologist, as a professional who has a social responsibility, must remain in constant improvement and study, developing research, activities and educational events for the community, as well as actively participating in discussions in political spaces with the objective of transforming and building strategies to cope with these health problems with the population.

PSYCHOLOGICAL CARE: A NEW LOOK

To understand how psychological care works at CAPS ad, it is important to take into account that the performance of all professionals who are within the institution is based on legislation that includes the Federal Constitution – Articles 196 to 200 that deals with access to health actions and services, Organic Health Law – Law 8.080/90, Decree 7,508 of 2011 that updates what has already been proposed, Law 10,216 of April 6, 2001, which

provides for the protection and rights of people with mental disorders, Ordinance No. 3,088 of December 23, 2011 that establishes the Psychosocial Care Network and Ordinance No. 336, of February 19, 2002. It is important to consider this, because the first orientation we received to start working at the institution was to familiarize ourselves with the current legislation.

The second assumption presented was that the psychological care provided in the organization, despite its individual character, is not an isolated work, as it implies a therapeutic planning produced by a multiprofessional team. In other words, it was important to stimulate the user-CAPS ad bond and not only the user-therapist bond. Therefore, five interns from our home institution and one intern from another college were able to open their own schedule of psychological care, in which there were times available to assist up to 4 service users per day. On alternating days (each on a different day of the week), due to the lack of physical space for everyone to work at the same time, we carried out individual and family consultations. This treatment modality is indicated for users who need instrumentalized and individual listening, who have difficulties working on some issues in a group, or who do not yet have the profile to participate in therapeutic groups (Teixeira, 2021).

The initial orientation we received on the functioning of psychological care follows the technical reference for the performance of psychologists in the CAPS of the Federal Council of Psychology, that the work aims to provide a place for subjective organization and restoration in the course of the formation of autonomy. Thus, based on the reflection of its constitutional aspects and the challenges it has faced throughout life, it seeks to help the patient in this change of behavior based on freedom and responsibility (CFP, 2013).

In addition to what was guided by the institution's professionals, we can include in the treatments what we focus on in preparation for the internship and during supervisions. In this way, it was possible to bridge the gap between theory and practice, starting from the theoretical basis of Health Psychology, the ecological approach of Urie Bronfenbrenner and putting into practice the techniques learned from Social Skills Training – HRT and coping. That said, the objective of the present work is not to elucidate everything that has been learned from these references, but below we will highlight the most relevant points of them in our practice and what we can observe most frequently in the environment.

First, Health Psychology is characterized by the curiosity to understand how the person understands his health condition or disease, privately and in a social environment, that is, "it is the application of psychological knowledge and techniques to health, diseases and health care, aiming at the promotion and maintenance of health and the prevention of

disease" (Almeida; Malagris, p. 191, 2011). In practice, according to Almeida and Malagris (2011), the clinical health psychologist brings together clinical and health knowledge, evaluating and treating people who have difficulties in adapting to the experience of the disease they are facing.

The highlight of our work at CAPS ad in this regard was the application, frequently used during consultations, of Motivational Interviewing, which includes four principles: collaboration, acceptance, compassion and evocation of motivation (Figlie, 2013) and Relapse Prevention, which encourages the patient to recover from a lapse and return to abstinence and develops skills for the management of lapse (Marlatt, 2009). These interventions are related to Health Psychology due to their character of promoting adaptability in the subject to modify their perception of the health experience and the focus on prevention, promotion and maintenance of health.

Second, Urie Bronfenbrenner's ecological approach explains human development broadly by considering four mutually dependent aspects, called the PPCT model: "person, process, context, and time." Briefly, according to this model, we must analyze the patterns and behavioral changes of the subject over time (person), social interactions (process), the global environment (context) and the history of the events that occurred and how this affected the individual (time) (Martins; Szymanski, 2004). It was important for our work at CAPS ad to use this broad model of human development, as it made it possible to consider as many variables as possible that took into account the history of acquisition of substance abuse behavior, since by understanding how the user developed and dealt with internal and environmental events, it was feasible to plan and apply more idiosyncratic and effective interventions.

Third, the Social Skills Training (HST) aims to solve impairments in social performance and enable more appropriate social encounters, using clinical and instructive tools (Bolsoni-Silva, 2002). The tools most used by us, at CAPS ad, follow the model of Feitosa's internship program (2020): psychoeducation, heuristics, behavioral rehearsal, paraphrase, homework, instructions, differential reinforcement by feedback and modeling. Although it was difficult to apply a planned procedure session by session due to the unpredictable nature of the demands expressed, it was possible through the techniques of the HST to intervene in an idiosyncratic way, covering the promotion of autonomy, social reintegration and the overcoming of the stigma of the use of psychotropic drugs.

To complete, coping consists of evaluating how the individual behaves in the face of stressful situations and modeling more adaptive behaviors that promote well-being, this technique can be very effective in the treatment of chemical dependency, since most of the

strategies that this audience uses to deal with stress:

> "They provide temporary relief, but tend to be maladaptive for the longterm. [...] Alcohol or other substances hide stress, but they do nothing to end it. These behaviors are maladaptive because they do not directly confront the stressor and are likely to worsen the situation (Straub, 2002, p. 109).

It is concluded that the theoretical preparation, which mainly covered the basis of Health Psychology, Urie Bronfenbrenner's ecological approach, Social Skills Training – HRT and coping enabled a new look at the service user. This connection between theory and practice was essential for knowledge to be really learned, as it was important, as we provided a treatment model that was different from what was being applied.

THERAPEUTIC GROUPS: PRODUCTION OF BONDS AND SUBJECTIVITY

Therapeutic groups are care modalities that are part of the care activities for patients at CAPS ad with disorders resulting from the use and dependence of psychoactive substances. It also fits into the group activities of care, group psychotherapy, operative groups, social support activities, therapeutic workshops, among others (Brasil, 2002). Therapeutic groups are regulated by ordinances n. 224/1992 and 336/2002, being one of the main therapeutic resources for action in the context of treatment adherence and relapse prevention (Bourguignon; Gaumarães; Siqueira, 2010).

In the context of the therapeutic groups, the participating public includes not only the patients of the CAPS ad, but also their families and companions, thus contributing toa better integration of the social actors involved in the treatment of chemical dependence and consequently a better progress of the treatment (Bielemann et al., 2009). In addition, assistance aimed at the family through specific therapeutic groups for the family or the participation of the family in mixed therapeutic groups is of paramount importance, because, according to Alves *et al.* (p. 85, 2015), "the responsibility for care, shared between professionals, users and family members, results in a more humanized care for patients and in a less painful coexistence at home".

Therapeutic groups can be considered laboratories of social life, microcosms where it is possible to produce subjectivity and also to establish bonds that would not be possible to exist in another context (Pacheco and Ziegelmann, 2008). And, it is through the strengthening of this bond between professionals, users, family and community, that it is possible to establish an action that allows the reception and quality listening focused on the difficulties and strategies to cope with the chemical dependence that the subjects bring during the meetings.

Still in the context of therapeutic groups, turning to the CAPS ad of the municipality

of Porto Velho, during the period of action observed, the modality of therapeutic groups was offered on different days of the week and times, with specific objectives and approaches, namely: Overcoming Group, on Wednesdays; Relapse Prevention Group, on Thursdays; Starting Again Group, on Fridays and the Family Group, also on Fridays. Most of the therapeutic groups of the CAPS ad of Porto Velho have a mixed character, and service users and their family members and/or companions can participate, however, the Family Group is a group exclusively focused on assisting the family members of the patients of the service. In addition to the therapeutic groups, there were also therapeutic workshops aimed at the community and users of CAPS ad, such as the Memory Workshop, Guitar Workshop and Cine ad.

Overcoming Group

Among the list of therapeutic groups offered by CAPS ad, there is the Overcoming Group, attended by users and their families. The group has a variation in the number of participants, ranging from 7 to 14, with a noticeable drop after the return of face-to-face activities after the pandemic period of 2020-2021. The group activity began well before the meeting, through telephone calls made by the group's mediators and volunteers, with a motivational character, with the aim of increasing the chances of the participants attending the group.

The group's progress was usually divided into three moments: welcoming; sharing and listening; and group dynamics. The first moment involved stretching or relaxation activities to help participants focus on the present moment. During the reception, the mediators also established the rules and objectives of the group, explaining the importance of confidentiality, non-judgment, and respectful listening to the other's speech. The second moment aimed at sharing experiences among the participants, in which the participants presented themselves and freely reported their difficulties in the face of treatment, strategies to deal with their difficulties, questions or themes that they thought were important to share during the meeting. It is a moment that provided the exchange of experiences, being important because the participants strengthened themselves, identified their weaknesses and observed new ways of coping with chemical dependence based on the other's speech. The third moment consisted of carrying out a dynamic or activity that had the objective of arousing reflections and/or having a motivational character for the participants. It was observed that it was possible to use art, through music, as a motivating tool, because in some meetings, there was the sharing of songs that had affinity with the prominent theme raised by the group in that meeting.

Among the main difficulties reported among the participants were: difficulty dealing with money (willingness to use money to buy drugs); self-sabotage; Relapses; difficulty in identifying emotional triggers; irritability; estrangement from family and friends; lack of hope and difficulty in decision-making. During the meetings, when the participants raised broad questions or themes, the mediators used psychoeducation to elucidate strategies to deal with these situations raised, so that the participants could also contribute and learn together.

Start Again Group

Another therapeutic group offered by CAPS ad is Começar de Novo, a group attended only by service users whose focus is on the theme of relapse prevention. About 5 to 10 users participate in the group, with 3/4 being those who attend every week, while the others vary. This topic will deal more specifically with two meetings, which were held by two interns at the request of the nurse responsible for the group. He requested that one of the three pillars of relapse prevention, the development of social skills (the other two being awareness of the problem and lifestyle changes), be worked with patients.

The group was divided into three moments: Presentation, where the group's objectives and the rules of participation (confidentiality and respectful and non-judgmental listening) were explained; Exhibition of the theme; Relaxation dynamics; and a time for sharing. Considering that time would be short to develop something more in-depth within the theme, it was decided that in the first meeting a psychoeducation would be carried out with the concept of social skills and, in the second, the concepts of passivity, aggressiveness and socially skilled response would be worked on, as well as to carry out a relaxation dynamic with a focus on the present moment.

The concept used in the group was that social skills are a class of behaviors accepted by the culture that have beneficial consequences for the interlocutor, the group and the community. These are skills that help the individual to deal with the different situations in their life more effectively and with less chance of having losses, increasing their social competence and promoting quality in their relationships. (LEME et al., 2016). This concept was presented in a didactic way with the use of several everyday examples. And at the end, in the sharing, users were able to connect their experiences with the discussions made. This was also done in the second meeting, where the classes of passivity, aggressiveness and socially skilled response were discussed, highlighting the importance of analyzing the context, considering that a behavior can have different meanings when it occurs in different situations.

It was not possible to carry out a more in-depth social skills training (HST) due to time constraints, but it is worth noting that HST allows the individual to learn how to deal more effectively with high-risk situations, those that impose a threat and hinder self-control (self-efficacy), and that increase the chance of a lapse or relapse. These situations are the main focus of work in relapse prevention, which aims to recognize and avoid them when necessary and possible, as well as to teach the individual to deal effectively with them in ways other than consuming the substances (Juerman, 2013).

In summary, therapeutic groups are capable of allowing the strengthening of bonds between participants, professionals and family members. In the group experiences, many expressed their gratitude to the CAPS ad and used their colleagues in the group as motivational factors to persist in the treatment. Attitudes of welcome and respect were noticeable among the participants, who even after a report of relapse, managed to help their colleague find motivation and strength to move on from this phase. Thus, it is possible to reflect on the impacts that a therapeutic group has on the individual experiences of the participants, with the group being a propeller of bonds, motivation, exchanges and empathy, framing itself as an essential tool for the humanization of the treatment and strengthening of its community character.

FINAL CONSIDERATIONS

In view of what has been exposed in the previous sections, it is relevant to address in this last section of the chapter the process of insertion of the interns in the CAPS ad, as well as the facilities and challenges encountered along the way, reflections generated in practice with patients and lessons learned. These were unique experiences that generated significant learning and that can benefit future interns who will enter this context of work in health institutions, more specifically in CAPS ad.

Like any beginning in a new practice, the feeling was one of enthusiasm, but also of apprehension, especially with the way we would be received and integrated into the service, given the reality that space was limited and there were interns from other institutions. At this first moment, the question arose as to how much we could benefit and also contribute, since the number of rooms for care was limited. In general, there was a consensus among us that we were well received and welcomed by the professionals (observed through invitations to participate more actively in therapeutic groups and statements that our presence there was important), which facilitated our integration with the patients as well.

To start the CAPS ad treatment, the patient, who uses alcohol or other drugs, must

contact the services specifying their demand and treatment goals. Many times we witness patients asking, at the reception, how it works to start care and we observe that it is practical to register and schedule appointments. We also noticed the great demand of people dependent on the use of common cigarettes (tobacco), but the CAPS ad of Porto Velho no longer offers this service and many of them do not know which institution provides this specific treatment and the CAPS ad assumes this role of clarifying.

In relation to the therapeutic and medical process, we noticed a large evasion of users and this is observed in the number of medical records in the archive room, in this room are stored medical records of patients who do not attend the CAPS ad for more than one year, that is, medical records of patients who abandon treatment. We believe that some intervention measures aimed at the permanence of the user in the treatment are necessary, but we understand that there are many difficulties in this process. Before our insertion in the institution, we thought that welcoming was the first step in the process to establish a good bond with the patient; Screening was carried out after welcoming, being a more superficial process to answer specific questions; and the evaluation was restricted to the professional.

In short, welcoming worked as an empathetic and attentive posture of the professionals and interns throughout the process and type of care, not only with the institution's users, but also with family members and other people who accompanied the patients, or sought information. Screening, on the other hand, as it is a more investigative process and a specific step, as the person brought relevant aspects, the screening form was filled out. When the person did not abuse any substance, he was referred with the proper instructions to the responsible institution. And when he filled out the user profile, he went through the mental health interview and was referred to be evaluated, according to the need, by a general practitioner, psychiatrist, psychologist, nurse and/or social worker from CAPS ad.

In advance we knew that there was a multidisciplinary team in the institution and we thought that each one worked solely and exclusively in their area. However, the professionals of the team carried out beyond the activities of their field of activity. During the period in which we stayed at CAPS ad, we did not actually see interdisciplinary practice, the planning and execution of the Individual Therapeutic Plan (ITP), for example, but we did see and even participate a few times in informal dialogues with professionals about some cases, as well as in some palliative interventions done in an interdisciplinary way with some patients in a more serious condition. It is worth mentioning that due to infrastructure and lack of investments, there were no occupational therapy and pedagogy professionals in the

institutional team. Despite this, the high demand that arrives at the service and the lack of enough professionals to serve the population, we observe the commitment of many to offer a quality service.

At first we did not consider the possibility of being inserted in the institution's agenda and attending individually, however, the psychologist raised it for those who were interested in this type of experience and when we realized the demand some of us were willing. Thus, among the referrals made to the psychologists of the CAPS ad, some patients were also scheduled and attended individually by us. Psychological care worked as an aid to the patient in changing behavior based on freedom and responsibility, as well as support for psychological issues and in the understanding of health and disease conditions.

Evidence that the work was well done was in the phrases said by the patients such as "when I come here to the CAPS I feel safe, as if I am preparing to face the week" and "I would like to always perform this breathing and relaxation technique at the beginning of the service, I feel much better when I do it". The experiences we had with the therapeutic groups Overcoming and Starting Again took place on Wednesdays and Fridays, respectively. In these groups, we can perceive a space for reflection where listening and speaking add value to the treatment process, because in addition to sharing experiences, users hear about experiences that can positively influence their individual processes. as well as understanding their difficulties with a more technical and directed view told by psychology and nursing professionals. In addition, we understand that attending therapeutic groups strengthens the permanence and continuity in the treatment, as pointed out by one of the patients: "coming here every Friday strengthens me, it's the day I feel the most desire to drink. That's why I know I have to be and come here to overcome this" and "understanding that it's not just me who goes through this situation makes me see that we are vulnerable to any situation, but we have the opportunity to change".

As in any and all institutions, we face difficulties in carrying out the groups. The first of them is in relation to the Overcoming group, we noticed the lack of better planning of the meetings, with new work methodologies and central themes, which could be improved with better communication from the team of professionals (psychology, nursing and social work). The second is the lack of application of technologies for group management, such as the replacement of printed attendance lists by digital lists, contributing to the saving of paper sheets and the ease of filing the number of sheets produced.

It is concluded that the objectives with the insertion were met, as well as the fulfillment of the mandatory workload and consequent professional improvement of the interns. The incorporation of psychotherapists in training at CAPS ad played a role of great

relevance for the proper execution of the weekly demands of users who need psychological care, as well as the help in other activities carried out by Psychology professionals and other areas in the institution.

Finally, we consider it relevant to include here a reflection on the concepts of health, disease, normality and abnormality, as well as the practices linked to them, which have changed throughout history, which has directly impacted the way people with mental illnesses are treated. For reflection , the short story "The Alienist", by Machado de Assis, which was published between October 1881 and March 1882 and portrays the story of the doctor Doctor Simão Bacamarte, trained in Europe, who returned to Brazil while still in the colonial times with the intention of building a Casa de Orates (as the asylums/asylums were called) in the city of Itaguaí.

The construction of the Green House, as it was called by the Alienist, would serve to study madness, classify it into degrees, unravel its causes and discover a "universal remedy". And in this attempt to find a cure for all those he judged as malfits and madmen, almost everyone in the city ended up being hospitalized, due to the lack of clear limits to classify who suffered or did not suffer from "madness" and what treatment they needed. This was also due to the lack of dialogue with other professionals and not even with patients and their families about what they understood by madness and how they could be actively participating in this "cure" process.

Machado's work reflects the values of society at the time where the doctor's discourse was valued to the detriment of the discourse of patients and families, who could do nothing to prevent their hospitalization or question the professional's position. This led to the lack of efficacy of the interventions and the low adherence of patients to the treatment, as it was a relationship based on hierarchy, where the Alienist occupied the place of knowledge, the holder of knowledge and the one who applied the treatment tools, while the patients were seen through their pathology, having a passive role in the process.

Over the years, it has been possible to observe significant changes in mental health care practices due to the public policies applied in the anti-asylum struggle, with the CAPS being one of the greatest symbols of this change. This has resulted in institutions with more integrative practices that involve a broader team of health professionals, such as the one found in the Psychosocial Care Center for Alcohol and Other Drugs (CAPS ad), which seek to see the individual as an active being in the process, in a horizontal relationship, without punitive judgments, with health professionals being those who are appropriated from technical and scientific knowledge and the patient being those who have knowledge and autonomy about himself, being an active and collaborative subject in the health/disease

process. In this way, the institution demonstrates its effectiveness in mental health treatments on a daily basis, without the need to isolate the patient from society and without turning a blind eye to the social problem of drug use.

In summary, the reading of this tale highlights the importance of thinking and discussing in our reality, the influence of culture, both of the professional and the patient, on the notion of health, disease and adherence to treatment, so that it is possible to obtain good therapeutic results.

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