

# Perceptions of adolescents' family members about therapeutic workshops in a child psychosocial care center



*Percepções de familiares de adolescentes sobre oficinas terapêuticas em um centro de atenção psicossocial infantil*

*Percepciones de familiares de adolescentes sobre talleres terapéuticos en un centro de atención psicossocial infantil*

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## ABSTRACT

**Objective:** To learn the perceptions of adolescents' family members about therapeutic workshops in a Child Psychosocial Care Center (CAPSi).

**Methods:** A qualitative, descriptive study conducted in 2013 in Santa Catarina, comprising 18 family members of adolescents being cared for in a CAPSi. Information was gathered through interviews construed based on content analysis.

**Results:** Two themes were identified: (un)awareness about therapeutic workshops and recognition of therapy workshops. Nine family members were not familiar to the activities carried out in therapeutic workshops, whereas the other nine ones said these involve games, cooking, behavior, reading, music, beauty, craft and painting. Therapeutic aspects were highlighted, such as improved self-esteem of adolescents, behavior and coexistence. However, some families perceived no changes. The development of income-generating projects was suggested.

**Conclusions:** Therapeutic workshops nurture social living spaces, health education and social, psychological and pedagogical support. However, family members are hardly included.

**Keywords:** Family. Adolescent. Mental health. Community mental health services.

## RESUMO

**Objetivo:** Conhecer as percepções de familiares de adolescentes sobre oficinas terapêuticas em um Centro de Atenção Psicossocial Infantil.

**Métodos:** Pesquisa qualitativa, descritiva, desenvolvida em 2013, em Santa Catarina, com 18 familiares de adolescentes em acompanhamento no CAPSi. As entrevistas realizadas foram interpretadas a partir da análise de conteúdo.

**Resultados:** Identificaram-se duas categorias: o desconhecimento sobre as oficinas terapêuticas e o reconhecimento da ação terapêutica das oficinas. Nove familiares desconheciam as atividades realizadas nas oficinas, enquanto os outros nove referiram as conhecerem. Destacaram-se aspectos terapêuticos, como a melhora da autoestima dos adolescentes, dos comportamentos e da convivência. Todavia, alguns familiares não perceberam mudanças.

**Conclusões:** As oficinas terapêuticas oportunizam espaço de convivência, educação em saúde e suporte social, psicológico e pedagógico. Ressalta-se a importância da inclusão dos familiares no serviço para o cuidado efetivo. Este estudo pode contribuir para a reflexão sobre as práticas das oficinas terapêuticas na Enfermagem, em serviços de saúde mental.

**Palavras-chave:** Família. Adolescente. Saúde mental. Serviços comunitários de saúde mental.

## RESUMEN

**Objetivo:** Conocer las percepciones de familiares de adolescentes sobre talleres terapéuticos en un Centro de Atención Psicossocial Infantil.

**Métodos:** Investigación cualitativa, descriptiva, desarrollada en 2013, en Santa Catarina, con 18 familiares de adolescentes en seguimiento en CAPSi. Entrevistas interpretadas según análisis de contenido.

**Resultados:** Se identificaron dos categorías: el (des)conocimiento sobre talleres terapéuticos y el reconocimiento de la terapia de los talleres. Nueve familiares desconocían las actividades realizadas en los talleres, mientras que los otros nueve refirieron conocerlas. Se destacaron aspectos terapéuticos, como mejora del autoestima de los adolescentes, de sus conductas y la convivencia. Sin embargo, algunos familiares no notaron cambios.

**Conclusiones:** Los talleres terapéuticos ofrecen espacio de convivencia, educación en salud y soporte social, psicológico y pedagógico. Se destaca la importancia de inclusión de familiares en el servicio para el cuidado efectivo. El estudio puede contribuir a reflexionar sobre prácticas de talleres terapéuticos en Enfermería en salud mental.

**Palabras clave:** Familia; Adolescente; Salud Mental; Servicios Comunitarios de Salud Mental.

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## ■ INTRODUCTION

Psychosocial Care Centers (CAPS, as per their acronym in Portuguese) are a service that stands for leading the mental health care model away from the asylum-centered, and towards the psychosocial aspect. Its assumptions highlight care to subjects in psychic suffering as well as psychosocial rehabilitation to promote citizenship, the highest autonomy degree as possible, and social interaction<sup>(1-3)</sup>.

Child Psychosocial Care Centers (CAPSi, as per their acronym in Portuguese) are a modality of CAPS that renders services to children and adolescents with serious and persistent mental disorders, and those abusing crack cocaine, alcohol and other drugs. It is an open and community-based service recommended for municipalities or regions with population of more than 150 thousand inhabitants<sup>(4)</sup>.

Therapeutic workshops are one of the treatment strategies offered in the CAPSi, serving as an important tool of resocialization and individual and collective insertion since it promotes collective work, acting and thinking following the logic of respect to diversity, subjectivity and incentive to individuals' capacity<sup>(5)</sup>.

In this context family members are important elements because they are informants for the work developed in the therapeutic workshops. As such, those involved in the care process must be given voice considering that they become collaborators and multipliers of the experiences and could cooperate with care provided by the nursing and health teams in the light of health care contextualization and comprehensiveness.

Hence, it is important to learn about the perception of CAPSi users' family members about the treatment delivered in that service, paying attention to the demands for health care to enhance humanized care in line with the objectives of the Psychiatric Reform, notably regarding the (re)construction of practices oriented to the actual needs of users.

In this light, interaction with the family of individuals with mental disorders is perceived as crucial for care in nursing practice because it builds links with individuals cared for and their families, which facilitates understanding their needs and helping them<sup>(6)</sup>.

Therefore, this study is relevant because it could assist mental health professionals, notably nurses, to qualify the care offered through therapeutic workshops in the sense of being, knowing and doing in a creative and cozy way to facilitate mental health promotion.

The Brazilian scientific production about CAPS has increased in the last few years, mainly from 2001 onwards after the enactment of the Law on Psychiatric Reform and

the governmental incentives to implement alternate services in mental health care<sup>(7)</sup>. Studies on the different aspects of the CAPS are important to maximize the inputs to consolidate the Psychiatric Reform. However, the literature still lacks studies in these settings focused on therapeutic workshops. There are reports of experiences related to therapeutic workshops in Alcohol and other Drugs Psychosocial Care Centers (CAPS Ad)<sup>(8)</sup>, dance workshops and activities related to health education in therapeutic workshops developed in Psychosocial Care Centers II (CAPS II)<sup>(9,10)</sup> and workshops of fairy tales in CAPSi<sup>(11)</sup>. However, there are few publications from current field research about therapeutic workshops in these services<sup>(5)</sup> and, among these, we have not found any study developed in CAPSi. Thus, the aim of this study is to contribute towards enhancing this topic.

Based on the aforementioned the guiding question of this study was elaborated: What are the perceptions of adolescents' family members about therapeutic workshops in a CAPSi? Hence, the following objective was selected: learn about the perceptions of adolescents' family members about therapeutic workshops in a CAPSi.

## ■ METHODS

A qualitative, descriptive study was carried out from July to August 2013 in a CAPSi in Santa Catarina.

In the study setting, therapeutic workshops bear as objectives: provide open room to the plurality of daily life with expression about topics like love relationships, friendships, work, sexuality, family, leisure, culture and health; enable health interventions based on the establishment of links, artistic production and the subjects' discourses; monitor the development of clinical cases observing what users perceive about the treatment received and the CAPS; and, provide the search for existential sense and satisfaction through relationships with a group, with culture and arts, offering choices<sup>(8)</sup>. Generally speaking, these can be expressive, generate income, literacy and beauty<sup>(9,12-13)</sup>.

The participation of adolescents in therapeutic workshops varies according to individual therapeutic projects. Each CAPSi user has a project with a set of services that consider their uniqueness, customizing activities to be performed based on their needs. An interdisciplinary team builds each therapeutic project jointly with the adolescents and re-evaluates them on a weekly basis.

This study comprises family members of adolescents being cared for at the studied CAPSi and who met the following inclusion criteria: being of legal age, being responsible for the adolescent's care, regardless if relative by blood or not; and being a family member of an adolescent

participating in one or more therapeutic workshops for two months or more. The exclusion criteria were as follows: missing cognitive conditions to answer the interview questions and/or having a communication impairment.

To select the study participants, the CAPSi responsible officer firstly provided a report with the name of all service users who attended therapeutic workshops during the data collection period, totaling 48 users. Adolescent users were those in the age group considered in the Brazilian Statute of the Child and Adolescent (from 10 to 18 years old) and who had participated in therapeutic workshops for at least two months. The family members responsible for these adolescents were contacted by telephone to learn about the study and be invited to participate. Of the 25 family members contacted, 18 have accepted to participate in the study. An individual interview in a restrict room in CAPSi was carried out according to the family member's availability of time and date.

Interviews were recorded using a digital device, and followed a semi-structured interview script made up of an identification question and open-ended questions: In which therapeutic workshops does your son/daughter/relative participate? What is your opinion about the role played by therapeutic workshops in the treatment of your son/daughter/relative?

Later, interviews were transcribed to be further analyzed. Information was interpreted following the thematic content analysis steps in three stages: pre-analysis; exploration of material; and, treatment of results / interference / interpretation<sup>(14)</sup>.

The information gathered was exhaustively read during pre-analysis and the material was pre-organized to provide a general view on what participants said and on particularities. The material exploration was aimed to understand the relevance of the speeches by each family member, classify core ideas and organize these in categories. When handling with results / interference / interpretation an interpretative summary of both emerging categories was designed to allow dialogue between the participants' speeches, the study objective and theoretical foundation<sup>(14)</sup>.

The research process followed the ethical procedures defined in Resolution 466/12 by the National Health Council referring to research with human beings. The research project was approved by the Research Ethics Committee of the Santa Catarina State University (UDESC), under protocol no. 335574.

Participants signed a free and informed consent form, were informed about the volunteer nature of their participation and that they could withdraw their consent at any time, as well as about the minimum risks involved.

They were also informed that their names would not be disclosed and they would be identified by the letter "F" followed by a number, thus preserving anonymity.

## ■ RESULTS AND DISCUSSION

The study comprised 18 family members as follows: 10 mothers, 4 grandmothers, 2 stepmothers, 1 caregiver and 1 uncle aged from 19 to 67 years. Level of education ranged from incomplete elementary school to incomplete high school education. Most of the mothers and stepmothers were housewives. The four grandmothers were retired and contributed with the family maintenance. Fathers were the main providers of family income, which ranged from one to three minimum wages.

The findings from interviews with participants were pooled into two categories that expressed the perceptions of adolescents' family members about therapeutic workshops in the CAPSi: 1) (Un)awareness about therapeutic workshops; and, 2) Recognition of the workshops' therapeutics. Each category is described as follows, with the participants' discourses and the discussion enhanced with the literature explored.

### (Un)awareness about the therapeutic workshops

Nine (50%) of the family members participating in the study stated to know the functionality, organization and development of therapeutic workshops offered in the CAPSi. Some said the service users are the ones to tell them about these treatment modalities. Participants referred to game, cooking, reading, music, beauty, handicraft and painting workshops, as shown in the speeches below:

*He participates mainly by playing soccer; he plays a lot, likes scoring goals and they also read to him because he doesn't want to study hard at school. He likes painting a lot; he painted on canvas, brought it home to show us, it was really beautiful, it is now in my living room. (F1)*

*She participates in music, games, painting, handicraft, embroidery, a lot of workshops. (F17)*

*Behavior workshops and also participates in other tasks; he paints, draws, also plays board games; that's what I know he does. (F3)*

*On Tuesdays she participates in the behavior workshop. (F14)*

*She participates in handicraft and beauty workshops, and takes cooking classes. (F4)*

*By now he goes on Tuesdays, and he brings his paintings. (F5)*

*She talks to the psychologist and embroiders. (F10)*

*Films, games of behaving. (F13)*

These speeches show that family members are aware or partially aware about the activities developed in therapeutic workshops. They do not seem to be alone in their path for the recovery of their children because they feel the results on the difficulties faced on their everyday lives. However, they do not make clear statements about hospitality, participation in planning, if they give opinions about activities, or whether they have a voice and are heard by health professionals.

Therapeutic workshops should try to develop the exercise of citizenship among users, adjusted to the concept of rehabilitation, and also build inclusion practices while respecting diversity, subjectivity and the capacity of each individual. Every rehabilitation activity should be part of systematic work equipped with techniques to ensure a way of sharing knowledge. Workshops recover creation, social life, subjective flexibility and should serve as a means for new discoveries about the self and the world<sup>(15)</sup>. Activities are developed under the guidance of one or more professionals and should be scheduled considering the interest and need of participants, as well as the conditions required to carry them out<sup>(9)</sup>.

The remainder nine (50%) participants expressed to be unaware about the therapeutic workshops their family members participated in the CAPSi. They blamed the service for the lack of information about this therapeutic offer and also the difficulty of getting acquainted to and better monitor the treatment of their family members due to other duties they were tasked with in their everyday lives. The following speeches illustrate this:

*Look, in fact we don't really know what they do in these workshops, because I work and have no time to go there and check. (F11)*

*I don't know, they didn't tell me. (F12)*

*I'm not sure. (F8)*

*I do not know. His grandma goes with him in this thing. (F7)*

In psychosocial care, families are considered to be a core social player in the care of individuals in psychic suffering. They are an important factor for the socialization and social insertion of these individuals. The family members' presence is crucial and defines the scope of action of the service<sup>(16)</sup>. However, the participants' speeches showed above corroborate the result of studies showing that mental health care practices in alternative services still face difficulties related to the inclusion and/or participation of the users' families<sup>(2)</sup>.

This could hinder, for example, multiprofessional work including the family as primary caregiver of its members and, therefore, source of important information to the user's therapeutic project. Families are also the object of mental care because they need guidance about the mental health and disease process and the treatment offered to the service users<sup>(2)</sup>.

Family members that participated in a study performed in a CAPSi in the state of Paraná alleged they did not receive due attention to learn about the users' treatment, nor received psychological support and guidance about the disease. They say they would like to be closer to the multiprofessional team to clarify how intrafamily relationships take place and the user's behavior at home, what they believe would help the individual's care and the promotion of a better life with the family<sup>(2)</sup>.

This statement shows that building CAPSi and mental health therapeutic infrastructures are not enough. This area demands effective changes, notably investments in health professionals in the light of improving the form of care delivered to individuals with mental disorders, idealized and built by different players in their daily lives, as provided for by the Unified Health System (SUS, as per its acronym in Portuguese).

In this sense, professionals should include family members in the therapeutic projects of CAPS users aiming both at changing their behaviors towards activities that facilitate sharing, and to the acquisition of knowledge about mental health, psychic suffering and the family-user relationship<sup>(16)</sup>. Moreover, nurses may also establish preventive care in mental health focusing on the service users' family members<sup>(2)</sup>.

## **Recognition of the workshops' therapeutics**

Some participants emphasized that since their family members started being treated in the CAPSi, there were positive changes on the adolescents' behavior. They highlighted that workshops enable emotional manifestations, teach and help coping with everyday problems, improve

self-esteem, communication, resourcefulness, willingness to perform daily activities, calm the users down and, above all, contribute to life in family and school.

*He really suffers at school because he is fat and, then, he is the clown of the class and here in the workshops he sees some people like him, his way of being, teach him to confront his schoolmates, cope with and even solve these problems. These workshops are most useful because even I can get along better with him, understand what he thinks about all these things, because I've gone with him to the meetings and workshops with psychologists, and everything is much easier at home also. (F3)*

*He didn't want to help me even washing a dish, because I work all day long [...] he didn't make his bed. Now he even organizes his wardrobe [...] he talks to me, watches TV, some days ago we watched a game together here in the community, he behaved himself, we talked, he is much better now. (F11)*

*He is much better behaved, because since six, seven months ago I talk to him and he doesn't shout me back [...] he now obeys a little [...], at school even his teacher said he is more obedient, I'm quite happy about him. (F1)*

*Workshops are always good because you develop, feel more relaxed, you can talk with different people and open your mind, because it's hard when you have problems but no one to talk with. (F6)*

*He is another guy, gets home calmer, [...] more peaceful, talks like a person with us, he is really good. (F18)*

*I think it's good in here, they helped my son a lot, he's more careful, he's no longer so outrageous. (F9)*

Similar data were found in a study performed with family members of people in psychic suffering and who describe the CAPS' work as satisfactory and making them happy for having their family members being treated in such alternative services<sup>(17)</sup>. The results of that study are in line with those of another research that found that families' life with individuals in psychic suffering before the CAPS care was unbearable, with consistent discussions and fights. This situation improved after treatment at the CAPS<sup>(16)</sup>.

During a study, CAPS users emphasized the relevance of participating in therapeutic workshops for treatment. They pointed out several activities in therapeutic workshops that could serve as a tool to help reorganizing their lives<sup>(11)</sup>.

Therapeutic workshops make CAPS services pleasant and, in addition to treatment, promote socialization among participants and development of activities like in the beauty and cooking workshops. Besides their therapeutic nature, these workshops encourage users to develop these actions not only in the CAPS, but also at their homes, contributing to their everyday empowerment<sup>(11)</sup>.

A family member said that therapeutic workshops take up their son's time, preventing him from using drugs.

*I like it because he is busy here, he is not looking for drugs. (F2)*

This speech leads to thinking over the possibility of a drug treatment not limited to fighting or abolishing these substances from the users' lives, but by contributing with situations to avoid contact with them. As such, offering spaces that allow individuals to occupy their time with options that assign a different sense to their lives, that could build awareness about their decisions, mainly about new life realities, is of utmost relevance.

Expanding this reflection, we should take a look on the nest of vulnerabilities in which adolescents and their families may be involved, which should be recognized by health professionals and users themselves regarding their capacities and/or limitations, regardless if individual, social or programmatic.

Ayres<sup>(18)</sup> explains that individual vulnerabilities are related to the information about a given subject and the willingness towards using such information on their behalf. Social vulnerabilities are associated with social scenarios and contexts, availability of and access to educational resources, communications, political decisions, among others. Programmatic vulnerabilities involve health policies and programs made available to individuals, access to health services, commitment and management by professionals towards solving problems.

In the familiar context, therapeutic workshops have contributed as a social and programmatic response to the world of drugs as these open spaces for dialogue, social life and discussion help them to cope with the problem.

Another aspect that could be observed in this study was that some parents or tutors perceive therapeutic workshops in different ways regarding drugs and other practices. They suggested performing more attractive activities for youth, mainly for psychoactive substance users, to move them away from drugs or teach them something different like, for example, music or some physical activity that could contribute to reduce their family life's heavy load.



*I believe workshops could offer something more attractive to addicted youth so they quit doing drugs and could get rid of drugs through the work they do in there, in the CAPS. (F4)*

*I would like them to teach something different, [...] music, because I know this is something he loves, he always wanted to learn playing guitar, but if he could also take physical education and exercises I guess he could get thinner faster, if he did something like running or fighting something like capoeira, something that made him lose weight faster so he didn't suffer that much. (F3)*

These speeches show there are countless expectations in relation to workshops that point out the importance of planning these according to users' and their family members' interest. Users and family members should be heard, should voice out their demands, according to their daily lives and uniqueness. Thus, the workshops could provide continuity to actions at their homes or even supplement other activities in the same line to affect their lives, providing stronger sense to these.

The perception conceived by family members regarding therapeutic workshops is that these are important tools of resocialization and psychosocial rehabilitation; nonetheless, they highlight the importance of innovating and diversifying these activities in the scope of mental health<sup>(17)</sup>.

The issues above show how important these spaces are to facilitate not only interactions and resocialization, but also to promote dialogues that enable individuals' leading roles to empower them for their autonomy, critical awareness about their life realities, thus learning to deal with and reduce damages related to health, individual or collective problems.

According to some participants their family members have not changed after the CAPSi treatment; however, in these events adolescents had recently joined the service.

*Look, with all that happened over the years I have followed her, because she was born at my home and stayed here, I think it's a hard task, because she takes medicines, with medicines we hardly control her when she is irritated, well, very complex, so I see no improvement. (F15)*

*By now it solved nothing, he is the same thing, the same way, aggressive, he has no patience, we always have to say yes to him, we can't say no, all he asks we have to say yes, if we say no he gets mad. [...] many times he glared me to jump over me, and I glared him because I won't show fear or he will end up by beating me, at any time, but*

*that's what I said, he's here for two months and nothing changed, everything is just the same. (F12)*

*Workshops have not changed him, he is still a rebel, he goes out and comes back late, sometimes I can't even handle him because of his mother, a prostitute, and his father is in prison. In prison because he used to take minors to a night club, and all that involves him, he always thinks about it and is really outraged. (F16)*

Mental health workshops can be considered to be therapeutic when they provide the service users with a forum of speech, expression and hospitality. They should bear an expanded view on clinics that does not repeat old asylum-centered relationships. Workshops must enable users to express themselves and seek for autonomy, citizenship and new relationships between subjects and groups, serving as clinical and political tools<sup>(8)</sup>.

One could say that professionals leading the workshops' activities cooperate with users in the building of lifestyles. However, just like in any other work, workshops have limitations. Many times users do not feel at home to disclose their experiences and feelings to the group, leading to the need for keeping alternative individual care. Difficulties also come about when bonds are weak, when there is no trust in professionals, in other participants or in the self. The entry, exit or return of each participant to the workshops show features of their bonds with the CAPS and professionals, also expressing the singularities of the treatment stage of each individual and their life situation. Treatment surely is not unambiguous and simple. Time and individual choices can vary. Participation in workshops comprises many users, but is not the only option for all<sup>(8)</sup>.

Another remark made by some family members regards the need for a project on income generation that allow for inserting adolescents in the labor market.

*I wanted him to learn doing something, auto electrical repairs, woodwork, something like that, [...] I languish to maintain the house alone, if he helped me, learned some profession, it would be much better, because soon he will get better, will want to get married, have a girlfriend, then it's better if he has a profession. (F11)*

*He had to be more engaged with work, he will, if we work together, he will be able to change. (F16)*

The speeches above are associated with the socio-economic conditions surrounding them, since most of the participants had low education level and wages. Thus, if their

children or family members earned some income through an income generation project, they could help maintaining their homes.

In the current mental health policy of the Ministry of Health, one of the CAPS' objectives is the social reinsertion of users through access to job. Therapeutic workshops could include income generation workshops that allow users, through their skills, to generate income by performing a specific activity, like carpentry, cooking, sales, sewing, photography, bijoux, candle manufacturing, handicraft in general, among others<sup>(9,12-13)</sup>. Moreover, the CAPS should work to promote community life and users' empowerment, coordinating the resources existing in the network like, for instance, labor cooperatives, schools, businesses<sup>(4)</sup>.

In the mental health care context, labor is perceived as a resource of production and exchange of merchandises and feelings, rather than just a therapeutic tool. Nowadays, moving towards the psychiatric reform principles and deconstruction of the asylum-centered model, we have tried to promote interventions in the field of reconstructing the identity of individuals and finding their individuality using labor. In this light, it is relevant to highlight the importance of brainstorming and actions that invest in the training of future professionals and to foster the development of practices aimed at implementing or consolidating innovative actions<sup>(14,19)</sup>.

A study carried out in São Paulo brought experiences from income generation and/or cooperatives workshops in the mental health context. It identified several activities developed by participants like carpentry, mosaic, sewing, graphic work, vegetable garden, sawmill, cooking and nutrition, stained glass, candles, sheep farming, civil construction, digital inclusion and video. Based on the experiences surveyed, the authors pointed out a huge potential in the Brazilian reality, reinforcing even more the commitment towards continuity and investment in actions that enable practices of insertion into the labor market, income generation and social inclusion<sup>(19)</sup>.

## ■ CONCLUSION

The family members' speeches showed their perceptions about therapeutic workshops in relation to their relevance to the treatment of their family member. As observed, workshops stand for care technologies that contribute to enhance social and family lives, reduce damages and association with drug abuse, and stabilize and reduce crises.

On the other hand, findings also showed family members that were not familiar with the therapeutic workshops developed by adolescents in the CAPSi. It is worth men-

tioning the importance for family members and/or tutors to be acquainted with the users' treatment, since it could highly contribute to its success.

Therefore, this study contributed to learning that therapeutic workshops allow the coordination and consolidation of the Psychiatric Reform policy on deinstitutionalization. However, health professionals are recommended to try to aggregate family members when developing therapeutic workshops, based on the concept of understanding context-related and systemic realities surrounding individuals with mental disorders to promote mental health care in line with their life realities.

This study is expected to show ways for nursing professionals to care for adolescents with mental disorders, warning them that, when planning activities in the CAPSi – mainly those in therapeutic workshops – they should give voice to family members, engaging them in care actions.

A limitation of the study is that only the CAPSi users' family members were interviewed. Adolescents, nurses and other health professionals were not studied. Further research is recommended, focused on these audiences, and approaching the same topic to get familiar with their realities.

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