



Erasmus+

## **Intellectual Output 3**

### **Compendium for practitioners**

**Project title: CHANGING YOUTHstories Mapping risks, diagnosing needs and modelling multimodal intervention towards personal growth and social inclusion of young people in difficult situation**

**Compiled by:** Fundația Județeană pentru Tineret Timiș (FITT)

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Eughenia scs – onlus

Eurosucces Consulting

The Athenian Institute of Anthropos (AIA),



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# **Intellectual Output 3**

## **Compendium for practitioners**

### **1. Project presentation**

#### **CHANGING YOUTHstories Mapping risks, diagnosing needs and modelling multimodal intervention towards personal growth and social inclusion of young people in difficult situation**

Our proposal aims to foster personal growth, to increase social inclusion and to facilitate professional insertion of young people from at risk groups, by designing and piloting a framework for case-based diagnose and multimodal intervention that scaffolds the EMPOWERMENT, PARTICIPATION and ACTIVE CITIZENSHIP of these YOUNG PERSONS.

The objectives we set indicate the attention given and the resources we allot to all the systems and actors playing a part in the lives of youth at risk:

Ob.1 configure the SYSTEMIC EXPERTS TEAMS/SETs and bring in the youth at risk target groups in order to interrogate all for data to become baseline documentation for project

Ob. 2 design and pilot the methodology, processes, instruments and resources for case-based diagnose and for multimodal intervention to support personal growth, social inclusion and professional insertion of youth at risk

Ob. 3 enable and guide the youth workers, DIRECT INTERVENTION TEAMS/DITs to develop expertise and confidence in using panoramic diagnose and multimodal intervention to design personal projects for the young people they work with

Ob. 4 start up 'the social cooperative structure' as framework of intervention and support for the young people and their personal project of 'recovery' after diagnose

Ob. 5 empower, guide and support young people at risk participating in the project along the diagnostic and intervention route proposed to them

Ob. 6 collect all data that documents the experiences & lessons learnt during the project and, drawing on these, make recommendation for public-private partnership

Throughout the project the main focus and attention is placed around 50 YOUNG PEOPLE that are in aggregated difficult and at-risk situations. For us DISADVANTAGED YOUTH is a large category, covering various types of situations that negatively influence individuals' life chances to lead normal lives, to be employable and to realize their potential - migrants/refugees, young people that experienced dropout, or/and with an oppositional behaviour, and/or convicted for a, and/or those who experienced drug addiction. As our approach is systemic and multilevel, we speak of deep, qualitative, holistic engagement with these youth coming from 4 countries.

The methodology we propose encompasses panoramic diagnose and multimodal intervention of each case involving a young person that needs a personalized 'recovery' project, so STAFF WORKING WITH YOUTH FROM DISADVANTAGED GROUPS are important actors; they need a relevant frame, procedures and instruments that support quality case-based interventions and personalized engagement with young people, also training that enables them to function as self-confident practitioners, so we target 75 youth workers from 4 countries, that will gain competences and apply them within 50 DITs.

In addition, we also engage 100 parents, as they are an important resources and potential leverage elements in understanding the context of young people at risk and in drawing their route towards social inclusion.

As the responsibility to influence the design and implementation of public policies and community practices that create and support the social, entrepreneurial and economic frames for youth at risk inclusion and insertion is a shared responsibility, we will reach, through multiplier events, 176 social partners.

The main steps we propose towards meeting our objectives are:

# SETs constituted and interactions for their harmonization done;

# young people to be engaged in the project identified, dialogues with them initiated and their first series of stories taped

# framework, mechanisms, instruments, for diagnose & intervention developed by SETs

# DITs created, their members trained and enabled

# DITs work case by case, their work documented

# young people diagnosed, an intervention project proposed to them, they are engaged in remedial work in social entrepreneurial protected structures and other protected real-life contexts

# documentation and data collected problematized and recommendation done

The outputs that document and sustain the changes in the lives of young people and the new approach and environment we propose for contributing to the EMPOWERMENT, PARTICIPATION and ACTIVE CITIZENSHIP of YOUTH AT RISK are:

IO1 Stories of myself

IO2 Markers of panoramic diagnose and multimodal intervention. Handbook

IO3 Case-study compendium for practitioners

IO4 Start up. Entrepreneurial framework for social inclusion work and professional insertion

IO5 Chronicles of success

## **2. Each partner presentation**

### *Buzias Educational Center*

Starting with the year 2001, the rehabilitation centers went under(suffered) a large process of transformation regarding both the quality of custody, of scholastic education, and the content of moral and social rehab programs.

Among the similar institutions, Buzias Educational Center brings something new on a nationwide scale – its internal structure creates the premises of a change from a custodial institution in an educational community which will emphasize not the traditional isolation but the juvenile's protection and rehabilitation in a secure environment with educational values.

Buzias Center allows the rehabilitation of the juvenile offenders from the west side of our country, as close as possible to their families and their community where they will continue living. This is possible by involving their families in the behavioral restructuring activities and by the ongoing efforts of social reinsertion made even after these kids is set free.

Buzias Educational Center is a medium type security and its functional structure gives to all our juvenile offenders the chance to exercise different activities in an open environment among (alongside) youngsters of the same age, thus ensuring a gradual reinsertion in the community.

The teenagers program is dedicated to rehabilitation activities, aiming the social reinsertion, activities that were developed upon seven areas of interest (health education, knowledge and cultural activities, occupational and expression activities, recreational and sport related activities, hobby, moral and civic education, activities regarding developing personal autonomy).

Based upon the measures taken by the board of General Directorate of Penitentiaries, the construction of our center had begun on August 1st 2002, and was finalized after aprox. 1 year. Thus, on September 1st 2003, the Buzias Center for Juvenile Offenders was established by the decision no.2578/C of the Romanian Ministry of Justice.

The institution is situated in the city of Buzias, in the western part of Romania , aprox. 34 km from the city of Timisoara, in a resort reach in mineral waters used on a large scale in the treatment of cardiovascular diseases.



With a unique architecture in the Romanian penitentiary system, the center has 19 buildings that house youngsters, scholastic and professional development related activities, the mass hall, kitchens, library, clubs, sport facilities, a housing facility for the visiting parents, administrative and other facilities.

During June 2004 the center has started its activity, having in youngsters from 13 provinces, who were sent by the justice courts in our custody.

The overall capacity of this center is 120 places. The four custodial buildings are built in a duplex type system each wing having 5 rooms with 3 or four places, its own sanitation facilities, thus ensuring a familial climate where the individuality and intimacy of each person is respected.

### **Legislative frame**

Against the young offenders, Romanian penal law stipulates that educational measures can be taken such as an imposed custody in a rehabilitation center for juvenile offenders.

The Romanian Penal Code stipulates this educational measure aims at an educational restructuring of the young offender, whom is given the possibility of learning and professional training according to his own practical abilities.

The youngster will be in the Center's custody up to 3 years, and halfway to punishment, with the recommendation given by the Educational Council formed by the specialists from our Center, the Judicial Court that condemned him can set him free.

Buzias Center activates as an institution according to the Decision 545 from 1972 which stipulates the legal frame of the educational measure of imposed custody.

The entire activity in our Center takes place according to all the other international documents regarding the young offenders that were ratified by Romania, such as:

- UN Convention regarding children rights.
- The Set of Minimal Rules of UN Regarding the Administration of Justice for Young Offenders-Beijing Rules.
- The UN Rules Regarding the Protection of Incarcerated Juveniles.
- The Convention Against Torture, Inhumane or Decadent Treatments.
- European Set of Incarceration Rules.

## **Staff**

### **Dr. Alina Oana Zamoșteanu**

Psychologist, PhD in forensic psychology, Psychotherapist in Family Systemic Approach, Associate Professor at the Faculty of Psychology (Tibiscus University of Timisoara) holder of the Psychocriminology course – among others – within a master degree program. Works also as a psychologist for the Centrul de Reeducare Buzias. She was member in working groups aiming the improvement of young offender's personal development, therefore she is one of the authors of psychological programs for young offenders. Moreover, her area of interest reflects the children right, therefore she was one of the Romania representatives at the Committee on the Rights of the Child (Geneve, 2009). She held multiple training courses (i.e. to experts in the forensic field for the Akershus Universitetssykehus HF, Lorenskog, Norway "Psychological Intervention in the Forensic Field") and has published numerous studies in the field of forensic psychology (e.g. "E-learning and Use of Computer in the Forensic Field", 2009).

### **Florin Serpe - Director of CRB**

Psychological counsellor – psychologist, with a vast experience in the field of juvenile offenders' rehabilitation. Works for more than 16 years in the penitentiary system. Held for more than 2 years the position of deputy director of the National Administration of Penitentiary which gave him the opportunity to be one of the promoters of policies regarding young offenders, especially with regards to educative and psychological intervention. Promoter of the Probation System in Romania, master degree in Offenders' social rehabilitation.

### **Marina Valdora Simonetti**

She is one of the promoter of young offender social inclusion through employability, since she was involved starting from 2004 in all working-teams at the national level aiming to develop programs and strategies for offender's integration. She is also author of educational programs for minors and she organises different activities with minors inside and outside the institution. Social Worker, master in Offenders' social rehabilitation and social education, practical stage supervisor for the students of the Faculty of Social Work (West University, Timisoara), chief of Education and Psycho-Social Assistance Department of the Centrul de Reeducare Buzias. Trainer for conflict negotiation. She was also member in different committees for policy makers with regards to young offenders.

### **Mărioara Bilba**

Educator and trained in special pedagogy for youth at risk. She contributed to creating educative programs for young offenders. Her programs are considered as best practice at the national level. She is very active in the field of social inclusion through a large variety of projects and activities organized, involving not only young offenders, but also community. She is responsible to maintain and develop a network, involving stakeholders from society, active on the labour market, in order to reduce the gap between offenders and society and to facilitate the social reintegration, preventing the relapse.

CE Buzias coordinated the project given its proof of expertise in EU projects. Moreover, was responsible with the development of O5 (based on extensive experience in working with youth and youth parents and having a certified family systemic psychotherapist expert), organised E4 and was actively involved in the Case-based multimodal intervention, bringing one of the target group youth's layer - youth experiencing delinquency and also involved, as target group, staff working with youth in order to consolidate at the institutional level the two experts teams - SYSTEMIC EXPERTS TEAM (SET) and DIRECT INTERVENTION TEAM (DIT).

### *FITT*

Timis County Youth Foundation (FITT) is an umbrella organization for youth NGOs in the west part of Romania. With more than 31 Youth NGO members and 24 years old FITT is the most important and old youth NGO in this part of the country.

Programs and activities implemented by FITT range from social programs for disadvantaged young people to cultural programs, active citizenship and policy development (local and national level).

FITT, in itself, is a model of democratic behavior, being administrated by a General Assembly made of all the youth NGOs in Timis County (West part of Romania).

FITT has in possession the Timisoara Youth House (patrimony evaluated at approx. 3 million EURO) with facilities like: seminar rooms, cinema, spectacle room, hotel, restaurant, art-music club, gym and pub.

The Youth House is the main place where different local NGOs meet and develop events for young people, we are activating as a real youth centre.

FITT is member of the National Youth Council of Romania (CTR) and also member in the National Network of youth foundations from Romania.

Transversal activities are taking place (policy development, advocacy at local and national level) and specific activities which are divided in two main categories: working with/for youth NOGs & informal groups of young people and working with/for youth in general.

- **Programs for youth NGOs:** Capacity building, marketing, management, project management, project writing, PR, Teambuilding etc.
- **Programs for youth:** Cultural programs: Ballet, dance (street dance, breakdance, tango etc.); Theatre groups and theatre spectacles; Art exhibitions and working groups; Concerts.
- **Social programs**

Integrated Community Centre for Youth is involved primarily in supporting youth initiatives in integrated services targeted on young people in difficult situations (unemployed, rural etc.)

- **Entrepreneurship**

Cooperating with local and national authorities to empower youth to access special programs and facilities for young entrepreneurs.

- **Sports**

Capoeira, Tai chi, Aerobic, Tae-Bo classes Responsible for this partnership are youth workers with experience in project designing, facilitating, coordinating and training, both at local and international levels. Their competencies will be used in order to prepare the group for this inter-cultural experience, to share all the useful information, and moreover, to contribute at the follow-up of the project, dissemination, visibility and exploitation of the results.

## **Staff**

**Mihai Adrian Vilcea** is the president of FITT, and he is coordinating all the activities in the youth and educational area. He holds a BA diploma in Educational Sciences, specialized in Pedagogy, awarded by the West University of Timisoara. In 2012 he graduated the MA programme” Management for Educational Organizations” awarded by the same university.

Also, he is a professional trainer since 2009, facilitating and developing educational programs mainly for youth and adults.

**Bogdan Petru Crișan** is the Vice President of FITT, and he is responsible for the Technical Department, and also overwatches the activity of the Foundation. He has experience in working with young people for years, being the Vice President and President of the Student's Organization in the West University of Timisoara.

**Dragos Samoilă** is graphic designer, he works with young people for almost 3 years now, being involved in voluntary projects in student organizations and developing skills and competences in the field of using digital tools. He also hosts training for young people to improve their skills and how to use digital tools in their work with young people.

**Vlad Dan Cherecheș** is the person responsible for everything regarding youth policies and the position of FITT in the decision-making process of youth policies in Romania. His experience in this field comes from actively fighting for student's rights for several years now, being the president of one of the biggest student's organizations in Timisoara and also being, for 2 consecutive years, elected as the president of The National Alliance of Students Organizations in Romania.

**Aida Onica** is responsible for the international projects, most of them Erasmus+ projects, as FITT hosts several youth exchanges and training courses throughout the whole year and also hosting an EVS project. We are continuously looking to improve our international activity, by developing our international network of partner organizations. She has experience in the field of implementing local projects, but also Erasmus+ projects at different NGO's.

**Maria Train** works as Foreign Relations Expert and previously she was a volunteer in our organization. Her main responsibilities are to communicate with actors and stakeholders outside the organization. She has also coordinated different local funding projects and helped in the implementation of Erasmus+ projects. She has a deep interest in international relations as she graduated in Political Sciences.

FITT coordinated O1 and O3, organized E2 and was actively involved in the Case-based multimodal intervention, bringing one of the target group youth's layer - youth experiencing dropout and also involved staff working with youth in order to consolidate the institutional level the two experts teams - SYSTEMIC EXPERTS TEAM (SET) and DIRECT INTERVENTION TEAM (DIT).

The Eughenia cooperative was authorized by the Municipality of Bitonto and registered in the Regional Book of facilities and services for children, of the Province of Bari, the socio-educational diurnal center was started in 2003, recording a gradual increase of its attendance. The service is intended for children aged between 6 and 18 years, sent by the Social Services and/or by the territorial competent juvenile Court, to protect them by situations of social risk, to give an answer to those uncomfortable family situations in which problems arise, such as: educational inadequacies, risks of protection detriment, deficiency in the response to children needs, parental irresponsibility and school leavers. The Center operates through the provision of Individualized Educational Plans (IEP) for each child and a psycho-educational work aimed at families in order to support parental empowerment paths.

The minors integrated are engaged, since the end of school until the evening, in didactic activities and manual workshops aimed at favoring the development of creativity, awareness of one's abilities and expressive communication. In addition, workshops of introspective nature or education to legality, to prevent and contrast micro crime and to ensure the minor spaces where he can be heard, supported and accompanied during his growth. The Eughenia cooperative also follows the families of minors with targeted interventions of psychological and educational support. The cooperative has a great experience in the management of projects and structures for minors and families in difficulty, the cooperative deals with the area of hardship, marginalization and child offense.

Since 2007 to date, the Cooperative manages a Home Care Educational Service (ADE), The Domestic Assistance and Education Service within the areas of Bitonto and Palo del Colle. Such service has the purpose of working within the family for the building or construction of the parental role, through actions aimed at enforcing family skills in terms of growth and care of children, avoiding their placement in residential structures.

Since 2008, the Cooperative manages the Tutelage Service towards minors of Roma ethnicity, in order to reduce the rate of school leavings and marginalization in such peoples and to raise awareness for education and work values. The service earned a merit certificate by the Republic prosecutor office at the Juvenile Court of Bari and allowed the cooperative Eughenia to associate to UNAR (National anti-racism office) for the adoption of strategies and action to contrast racial discrimination and xenophobia phenomena. In 2012 the Tutelage Service adhered the project COM. IN. ROM Italia - Puglia intended to create territorial networks and to increase operators' skills on the phenomenon of Romas.

In 2010, the Cooperative Eughenia participated and won an Expression of interests for the territorial area of Bitonto and Palo del Colle for the management of a socio-educational experimental diurnal center for minors who ran into the penal area or who are at a strong risk of deviance. The diurnal center for minors of the penal area is the first on a national level and experimental of semi residential paths for minors who undergo penal procedures. Precious collaborations and interactions are held with Juvenile Penal Justice Institutions, such as the Juvenile Justice Center, the Juvenile Social Services Office of the Ministry, the Juvenile Court, as well as the territorial competent Social Services, the Service for Drug addiction (for the prevention of use and abuse of drugs) and different Universities and Education Bodies. A precious collaboration is represented by staff enabled the penal mediation and registered at the Italian Association of Family Mediators that allowed a more effective service.

Since 2012, in order to improve the services offered to families, a family mediation service was introduced and run by qualified professionals in order to facilitate a reorganization of the family through communication and negotiation, the development of personal and family resources, in order to avoid the fracture of the family system. In addition, the cooperative Eughenia, in the context of interventions for children in the penal circuit, has introduced a service of Penal Mediation. Starting from the concept of restorative Justice and the need to enhance the role of the victim, the mediation aims to empower the offender on the one hand and gives voice to the suffering of the victim on the other. In this way, mediation represents a form of psychological reparation.

During the years 2013/2014 Eughenia has managed, with the help of experts, projects inside elementary schools of Bitonto, within the project PON (National Operative Plan) OBJECTIVE F: "Promoting school success, equal opportunities and social inclusion" ACTION 3: "Development of networks against school leavings" The distinctive character of the projects was to promote regional experiences able, thanks to specific partnerships, to foster innovation, invent and test it, evaluate its effectiveness, and repropose it as a model for reuse.

On November 2013, it was approved by the European Commission - Department of Justice, the "ALTERNATIVE TRACKS - integrated approach to minor offenders and their families", which was applied by the Cooperative Eughenia in the Call for Projects 2013 of the European Programme "Criminal Justice".

On January 2015 it was approved by the European Commission- Department of Justice- "ReWIND: Rehabilitation Way in New Directions", which was applied by the Cooperative Eughenia in the Call for Projects 2014 of the JUST/2014/JDRUG/AG/DRUG Programme of

the European Union dealing with the prevention and rehabilitation of minors offenders who use or abuse drugs.

Since September 2016 the Cooperative Eughenia is Italian partner in the Project “Changing Youthstories, Mapping Risks, Diagnosing Needs And Modelling Multimodal Intervention Towards Personal Growth And Social Inclusion Of Young People In Difficult Situations”, in the Call for Projects 2016 of the European Programme “Erasmus Plus”

Since September 2017 the Cooperative Eughenia is partner in the Project “e/I-Motion: Unconventional Community Networks And Learning In Support Of Marginalised Youth Integration” in the Call for Projects 2017 of the European Programme “Erasmus Plus”.

### **Staff**

**Dr Michele Bulzis** – coordinator

Education and training: degree in Law.

Work experiences: honorary judge of the juvenile court of Bari, with pluriannual experience in coordinating social services for minor offenders and at risk of deviance, project manager of several projects funded with public programs.

**Giuseppina Antonaci**, coordinator, project manager with full experience in managing funded project.

Education and training: Degree in Art History, Master in marketing and Communication, Specialization in Management of sustainable Development and in Project Cycle management

Work experiences: Coordinator of 3 GRU learning partnerships, 1 Gru SVP, 2 Leo Mobility PLM, 1 Criminal justice project, 2 Erasmus Plus KA2.

**Jonida Sheremeti**, financial manager, responsible for the administrative and financial administration and reporting.

Education and training: Master post degree in international business and economic co-operation (Bari, 2006/07); International Cooperation (KFD- Foundation, 2004/05); Internship in Department of finance and control (Tirana, 2003).

Work Experience: Financial Manager and responsible for financial reporting of public funded projects; developer of European projects in several regional, national and Eu programs



Eughenia coordinated O4 and organised E3. Moreover, was actively involved in the Case-based multimodal intervention, bringing one of the target group youth's layer - youth experiencing deviance, such as oppositional and aggressive behaviour and also will involve staff working with youth in order to consolidate at the institutional level the two experts teams - SYSTEMIC EXPERTS TEAM (SET) and DIRECT INTERVENTION TEAM (DIT).

### *Eurosuccess*

Eurosuccess Consulting, through a dynamic team of young scientists provides a comprehensive package of services addressing the needs of modern Cyprus enterprises especially on matters like innovation and technology. EUROSUCCESS identified, from the initial steps of its operations, the need for creating links between the Cyprus economy and the wider European market and put great emphasis on the exploitation of the potentials created by the accession of Cyprus in the European Union.

Today EUROSUCCESS offers a variety of services to the Public, as well as the Private sector of Cyprus. It has also started to actively participate in international schemes, through a well-established network of partners abroad, based on the intense past experience of its founder.

EUROSUCCESS aims to a constant improvement of its offered services, as well the development of its team which will give the opportunity to enhance its scientific sector of expertise.

Eurosuccess Consulting is a Consulting & Training organization active in the field of project management, training & consulting as well as advice & guidance to the target groups (young people) of the proposed project.

The main aspects as regards to the participation of Eurosuccess in the project are: (1) previous experience in transnational projects and transnational cooperation, (2) expertise in the areas required and level of competence on it (Education & Training; Entrepreneurial training:), (3) access to the direct (youth experiencing drug addiction) and indirect target groups (research, dissemination, exploitation):

(1) Experience in LLP projects ensures that Eurosuccess is aware of the high-quality standards expected and the particular characteristics and benefits that can be obtained through the project implementation.

(2) The expertise and level of competencies required for the successful completion of the project tasks. This includes knowledge about the topics covered. Eurosuccess is active in the project areas, as well as is in co-operation with schools, universities and higher education sector. Moreover, Eurosuccess has the necessary resources to disseminate the project results among national and international partners. It actively participates in international projects and international schemes, through a well-established network of partners abroad. Eurosuccess is in position to undertake part in each project step, test the project results and carry out evaluation and valorisation activities.

(3) Eurosuccess has already established a network among the direct and indirect target groups of the project. This will give the opportunity to the Organization to develop and test the project products with the direct access to the end-users (youth and staff) as well as stakeholders (Ministry of Education, schools, public authorities, training agencies, not-for-profit organizations etc) throughout the project implementation.

### **Staff**

**Giorgos Giorgakis** has graduated from the European University Cyprus, with a Master Degree (MBA) in Business Administration in July 2008. He has been preparing, managing and implementing more than 7 National and 9 EU (LLP, FP etc) Research Projects since 2006. He has also been preparing and implementing various applications in regards to National and EU funding schemes for SMEs and physical entities so as to create and/or develop their business operations or innovative ideas and bring them to life. In addition, he has been actively involved in preparing and implementing various Public tenders especially in regards to HR Development, Management and Consulting.

**Katerina Markidou** studied sociology at the Panteion University of Social and Political Sciences, specializing in forensic issues, crime prevention, drug abuse (laws and policies), development sociology, sociology of education and juvenile delinquency. She also selected to specialize in Statistics and technical methods and social research during her studies. She has been actively involved in preparing and implementing funding schemes and other opportunities for SMEs and Organizations, mainly in regards to Human Resource development and training, through research and innovating programs.

Eurosuccess has been collaborating with Agia Skepi (Centre for youth that experienced drug addiction) for the last years, in various sectors and activities. With the actively involvement of the personnel of the Center as well as its community, Eurosuccess has managed

to develop and implement materials and tools regarding the development of the soft and hard competencies, the communication skills and methods between the participants and the workers of the centre, the efficient reintegration of the participants into the society, providing them valuable tools etc. Both Eurosucces and the Centre experts implemented the proposed project, nationally, in the best possible quality, ensuring the effective delivery of its philosophy and outputs as well as its usage after the end of the project (sustainability). Eurosucces was co-leader for O4 and was responsible with E5, the most extensive multiplier event. Moreover, it involved youth experiencing drug addiction as target group along with staff working with youth and set up the two experts teams within the organisation - SYSTEMIC EXPERTS TEAM (SET) and DIRECT INTERVENTION TEAM (DIT).

*Athenian Institute of Anthropolos (AIA)*

The Athenian Institute of Anthropolos (AIA), founded in 1963 by systemic pioneers, George and Vasso Vassiliou, was the first centre to practise Family Therapy in all of Europe. Since then it has been functioning as a Centre for Research, Training and the Development of Applications in the Behavioural Social Sciences. This institute functions as a collective interdisciplinary transcultural effort that has developed and is applying the "Systemic – Dialectic, Multi-level, Multi-focal Approach" in promoting the functioning of individuals and their systems in an ever-changing world.

The Anthropolos Institute brought into this project its expertise on systemic training of parents and teachers developing the necessary skills for their role, in today's changing European reality, and on the training of mental health professionals who work with individuals, couples and families, along with its therapeutic and its research experience on group, childhood, couple and family dynamics, and sociocultural change.

More specifically the Anthropolos Institute is long standing, well established in training which develops inner emotional awareness, dialogue and reflection, promoting identity development, self-confidence and self-direction.

In the last 52 years, the Anthropolos Institute has established, and for many years now applied, a model of experiential training for parents and their children, teachers and mental health professionals through which knowledge in family or group dynamics is acquired, skills in collaborative relations are developed and dysfunctional behaviors are prevented.

Community intervention programs and policy making have been central to the work of this Institute, focusing on prevention and supporting social networks, transforming closed

institutions for marginalized children/adolescents to open community services, and facilitating social integration of minorities and problem families. Particularly during this period of socioeconomic crisis, the Anthropos Institute has developed community programs on the national level that foster the development of skills in resilience for parents and their children/adolescents with specific regards to migrant's families and refugees.

In the last 52 years the Anthropos team systemically trained many generations of psychiatrists, psychologists, social workers, doctors, teachers, practitioners and policy makers in health, community and education, in collaboration with private and state institutions, universities, ministries, and organizations in Greece, Europe and North America. The weekly agenda at the Institute includes Individual, Couple, Family and Group Therapy, Organizational Consultation, Research, Supervision and Training.

The training program is fully experiential in nature with the central goal being to enhance the cognitive-emotional growth of the participant. Along with training in theory, techniques and therapeutic skills, the trainee is involved in activities such as didactic group therapy, family of origin–genogram exploration and family reconstruction.

The Anthropos Institute keeps in constant dialogue with leaders in the systemic field, participating and coordinating National and International Events, collaborative research and policy efforts and publications contributing to the advancement of theory and practice. This includes the publication and joint editorship of the long-standing European scientific journal: “The European Journal of Therapy, Consultation and Training”.

The Anthropos associates have explored and published on ‘Subjective Culture’ and Group Processes as important organizers of human interaction in families and broader systems, particularly in the European region of the Balkans. Its research is based on the conceptualization of the individual as an outcome of relational patterns in his/her family, within the context of three generations and the multi-level processes in one's social milieu and wider culture.

In its structure there is no beneficiaries and for the needs of the implementation of the project proceed to a selection between the existing structures working with youth at risk (focusing on immigrants) in order to choose the most appropriate ones to participate with its youth to the Project.

In order to select these Structures, AIA proceed a number of presentations to 5 structures in Greece and finally select 3 of them, namely:

**-Society for the Care of Minors & Youth Center (SMAN) ([www.SMANn-athens.org](http://www.SMANn-athens.org))**

**-Babel Day Center ([babel@syn-eirmos.gr](mailto:babel@syn-eirmos.gr))**

**-Accommodation Scheme for Asylum Seekers** implemented by Athens Development and Destination Management Agency (ADDMA) - Municipality of Athens ([www.developathens.gr/en](http://www.developathens.gr/en))

### **Babel Day Care Centre**

The **Babel Day Care Centre** is a mental health unit which aims to serve the mental health needs of immigrants residing in Athens. The following services are provided by Babel:

- Diagnosis, treatment and psychosocial rehabilitation for mental disorders. Continuing care and follow up of people with mental disorders
- Day care services
- Personalised escort services for the support of those attending other services
- Counseling for individuals, families, groups and organisations
- Public awareness campaigns on mental health issues
- Sensitisation of key persons and organisations to the specific issues or difficulties associated with the mental health needs and problems of immigrants.

The Centre provides its services at individual, family and community levels. Babel's staff Psychiatrist, Psychologists, Social Workers, Sociologist, Health visitors, Nurses, Administrative staff The Centre is open every weekday from 9:00 till 17:00 and on Thursdays until 19:00. The Centre is supervised by the Mental Health Department of Ministry of Health and Social Solidarity. It was established in the context of actions undertaken by the “Syn-eirmos” NGO and forms part of the Programme “Psychargos”.

### **Structure of the DIT**

The Direct Intervention Team that was created in BABEL Day Care Centre for working with refugees and migrants with mental health problems, is constituted by three mental health professionals:

1. The person in charge for all projects concerning children and adolescents is Ms Margarita Karevella. Her main responsibility is the Unicef Programm for the assessment of needs, interventions and psychosocial support of newcomers children and adolescents along with their families. She is a Ph.D psychologist and group analyst, and has been working in Babel for three years.

2. Ms Ourania Kyrka has been working in Babel for two years and is a member of the team working in the Unicef programm. She is a psychologist, group analyst and art-therapist. Her duties are the development and fascilitation of group therapy for women and

adolescents. She is also supervising case management in cooperation with other actors (NGOs, etc.) and provides psychotherapy to families, children and adolescents.

**3.** Ms Christina Iosifidou is psychologist MA, Msc and is a member of the Unicef-programm team for the past two years. Her main expertise is working with children with developmental problems. Her main duties are: organising and facilitating therapy groups for adolescents, supervising case management in cooperation with other actors and providing psychotherapy to families, children and adolescents.

### **Society for the Care of Minors and Youth**

The **Society for the Care of Minors and Youth** was founded in 1924 with the aim of supporting unaccompanied minor refugees coming from Asia Minor. Over time, the accommodation needs of foreign minor refugees multiplied and nowadays we are supporting 17 unaccompanied teenager refugees between 12-18 years of age. The District Attorney for Minors transfers to us the children from refugee camps, and sometimes even from off the street! We provide shelter, food, psychological support, legal coverage and we assist in uniting them with their families in Europe and America. All this is carried out with the help of 7 workers ( 2 social workers, 1 project manager, 1 psychologist, 2 night guards/care takers, 1 cook/cleaner). The guesthouse expenses so far have been covered by sponsoring and donations from our friends, members and other donors. However, due to the economic recession in Greece, this funding has become more and more scarce.

The association is managed by 7 volunteers/members of the Board of Trustees who are elected every 3 years by the General Assembly of its members.

To accomplish our goal to support our young protégés when they reach adulthood and have to leave the guest house, with the help of a private funding program, we converted our second property into a guest house for young adults between 18 and 22 years of age. It has the capacity to accommodate 18 individuals and is run by 4 workers (1 social worker, 2 guards, 1 cook/cleaner). The name of this association was changed to Association for the Care of Minors and Young Adults

### **Structure of the DIT**

The Direct Intervention Team that was created in SMAN for working with young refugees and migrants, is constituted by three professionals:

- 1.Dimitra Pitsiani, social worker
- 2.Dimitra Adamantidou, project manager
- 3.Marios Karamanos, psychologist

### **Accommodation Scheme for Asylum Seekers implemented by Athens Development and Destination Management Agency (ADDMA)**

As a step forward to handle the refugee crisis, Municipality of Athens through Athens Development & Destination Management Agency start running the Accommodation and Services Scheme for Asylum Seekers as part of ESTIA (Emergency Support to Integration & Accommodation) since March 2016.

The Accommodation and Services Scheme for Asylum Seekers has contracted 320 apartments in Athens with a total capacity of 1820 places. Currently, 312 apartments are occupied by 1601 beneficiaries (PoCs), covering a large part of Athens and neighboring municipalities. Almost half of the PoCs are of Syrian origin followed by those coming from Afghanistan. An important number also are originating from Iraq and African Countries.

Beneficiaries who enter the Accommodation Scheme Program have always been referred by UNHCR. Vulnerability rate is the main factor taken under consideration in order to transfer PoCs from sites to apartments. As a consequence, the majority of PoCs who are assigned to the Program face serious medical issues including disabilities, mental disorders, severe chronic diseases etc. Other aspects of vulnerability may be: single parent families, victims of torture, SGBV cases, victims of trafficking etc.

The Scheme's framework constitutes by groups which are managed by 3-member teams. Each group is consisting of 1 Social Scientist, 1 Accommodation Supervisor and 1 Interpreter.

The case management focuses on psychosocial interventions and connecting with public services referred to education, health care, employability and community engagement.

Beneficiaries' integration in Greek society gradually becomes a quite stimulating and essential side project for the scheme.

#### Structure of the DIT

The Direct Intervention Team that was created in ADDMA for working with young refugees and migrants, is constituted by the following professionals:

1. Ms Silia Kalogeropoulou (social scientist)
2. Mr Dimitris Papagalanis (Accommodation Supervisor)
3. Ms. Eirini Arapantoni (social scientist)
4. Mr Konstantinos Mathioudakis (Accommodation Supervisor)
5. Amgad Faikh (cultural mediator/interpreter)
6. Mr Konstantinos Kokoras (social scientist)
7. Ms Olia Kindyli (Accommodation Supervisor)
8. Mr *Mohamad Najar* (*cultural mediator/ interpreter*)
9. Ms Ioanna Mpoutsaki (social scientist)
10. Mr Antonis Argyrou (Accommodation Supervisor)
11. Ms Alice Malouhi (*cultural mediator/ interpreter*)



### **3. The structure of the project**

#### **First year of implementation**

The kick-off meeting was held in Romania (P1, as coordinator, responsible), in the second month of implementation (November 14/15<sup>th</sup> 2016). The meeting focused on setting the management plan, project milestones, internal monitoring plan, etc., as well as preparing C1 mobility.

Then a training meeting took place in Athens, Greece (March 18<sup>th</sup> – 27<sup>th</sup> 2017) where the staff involved in the project had practical workshops on systemic therapy and skills development to work with individuals, groups, families and broader human systems.

Soon after, IO1 – stories of myself was drafted, which is a collection of stories that reflect personal difficult experiences and tries to sketch possible solutions. O1 is used as awareness raising resource for youth at risk. The 5 core themes for the stories are based on the critical risk factors identified by the project partners and are the following:

1. migrants/refugees and the difficulties encountered, as well as risk factors (such as bullying)
2. school drop-out
3. aggressive behavior
4. breaking the law
5. drug addiction

The second transnational meeting was held in Greece (responsible P5), in the 6-th month of project implementation (July 4/5<sup>th</sup> 2017). The meeting focused on the results achieved by that date: the SYSTEMIC EXPERTS TEAMS and transfer of expertise for DIRECT INTERVENTION TEAMS.

Following this meeting, IO2 was created - Markers of panoramic diagnose and multimodal intervention. A Handbook. The Handbook is the main training and working instrument for the practitioners in the DITs – the youth workers teams working directly with the young people and it envisages simultaneously the domains targeted by the interventions: education, therapy, psychosocial support, family support, labor market insertion and risk behavior (including personal development) and draws on the specific expertise of the experts in these areas, within the SYSTEMIC EXPERTS TEAMS - SET.

The next intellectual output was put together, IO3 - Case-study compendium for practitioners. Diagnosis, intervention, testimonials. It enables and guides the youth workers DIRECT INTERVENTION TEAMS/DIT to develop expertise and confidence using the panoramic diagnose and multimodal intervention to design personal projects for members of the target groups and the young people they work with.

The third project meeting was held in Italy (responsible P4), in the 12 month of project implementation (October 1-4<sup>th</sup> 2017). The meeting focused on the INTERVENTION conducted in each partner institution and supervision leaded by P5. Potential risk was analysed and solutions were proposed. The stage of the outputs' development was analyzed.

#### Second year of implementation

A blended mobility for youth was organized in Italy (May 16-20<sup>th</sup> 2018), which provided the participants with knowledge and practical skills in social entrepreneurship.

The experiences gained during the blended mobility, concretized into IO4 - *Start up. Entrepreneurial framework for social inclusion work and professional insertion* which creates and starts up 'the social cooperative structure' as framework of intervention and support for the young people at risk diagnosed having a personal project of 'recovery' after diagnose and support.

IO5 - Chronicles of success, the last output of the project empowers, guides and supports the young people at risk participating in the project along the diagnostic and intervention route proposed to them through the project and creates the opportunities for these young people to reflect on their experiences and personal/professional growth. IO5 is a positive story telling - log covering journey towards solutions & 'recovery', curative and preventive instruments.

The forth project meeting was organized in Cyprus (June 27-28<sup>th</sup> 2018). The meeting focused on preparing the FINAL CONFERENCE, with the involvement of all partners and the FINAL REPORT.

## 4. The presentation of the cases

### *a. CE Buzias contribution*

#### **Case 1**

The young man comes from a legal relationship and he has a little sister too. He says that his material situation was good, both him and his parents were working in a material factory from Turnu Magurele. Currently the parents of the interned person are working in England to gain money so the young could pay the damages established by sentence. He is involved in a relationship for almost a year, stating that he is in good relations both with the girl and her parents.

#### **The rehab plan**

**Therapeutical programs:** cognitive-behavioural, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
- the enhancement of both abilities to manage his life and his abilities to adapt to different situations

The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, schools competitions

The activities and the programs presented have different stages, covering the entire custodial period. Every stage has its own objectives and specific developments.

**A. The adaptation period** is mandatory, covers 21 days and consists of the following:

- receiving the juvenile offender and a briefing covering the basics (interior rules, visiting the center), medical examinations.

- observation – collecting significant information regarding his history, identifying the psychological-behavioral profile, juvenile's interests and motivations.

- evaluating juvenile's personality and filling his personal development file which will be the basis for the personalized intervention plan.

**B. Intervention itself** - when the youngster participates actively in different planned programs and activities, while the inter-disciplinary team monitors his evolution, through intermediary evaluations, analyzing his progress and the quality of his accumulations.

The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalized intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

**C. The preliberation period** is mandatory and it started 3 months before setting the teenager free. In this time the youngster was included in specific programs aiming his preparation for the social, family, professional and school reinsertion. He also has facilities contacting social reinsertion and assistance agencies, unemployment agencies and local community representatives.

The educators and the social worker informs the juvenile about their possibilities:

1. To contact the social reinsertion and assistance agency
2. To be included after they are set free in vocational counseling programs, helping them finding a job or continuing his studies.

During the execution of the educational measure he has been sustained by the family and had a proper behavior, which led to his release at half of the punishment.

## **Case 2**

He comes from a consensual union relationship. He was raised by his paternal grandfather until he was 6 then he has been institutionalized. After he turned 18 he went in England with some relatives and settling there. He is in formal relations with his mother and he is not keeping touch with his father. He has 8 brothers, 7 are on paternal line, he does not know

them. Married since 2014, he has a 3 years old daughter. He worked sporadically in England, he is financial sustained by his relatives. During the internment has received moral support keeping in touch by the phone with his mother.

### **The rehab plan**

**Educational programs** that include instruction programs, professional development programs, behavioral altering.

This program follows some objectives such as:

- understanding the gravity of his offence.
- the assimilation of values, principles, habits that will allow the ex-convicted youngsters to make fair and honest future life choices.
- developing the feeling of personal value

The assimilation of peaceful solutions for expression and conflict management.

The teachers involved in the scholastic education come from the public educational system, and all the plans and the programs which form the basis of the educational process are in accordance with the demands imposed by the public system of education.

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
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- observation – collecting significant information regarding his history, identifying the psychological-behavioral profile, juvenile's interests and motivations.

- evaluating juvenile's personality and filling his personal development file which will be the basis for the personalized intervention plan.

**B. Intervention itself** - when the youngster participates actively in different planned programs and activities, while the inter-disciplinary team monitors his evolution, through intermediary evaluations, analyzing his progress and the quality of his accumulations.

The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalized intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

**C. The preliberation period** is mandatory and it will start 3 months before setting the teenager free.

### **Case 3**

The young man comes from a legally established family being raised by his both parents. He has a brother and a sister from another relationship of his mother. He is in a relationship with a girl younger than him and he claims that both his parents and hers agree their relationship. He admits that in his group of friends are people with antisocial behavior. The youngster attended school until 9th grade, but he abandoned school, after working day laborer in constructions with his father. During the internment he was keeping in touch by the phone with his family and by receiving visits.

### **The rehab plan**

**Educational programs** that include instruction programs, professional development programs, behavioral altering.

This program follows some objectives such as:

- understanding the gravity of his offence.
- the assimilation of values, principles, habits that will allow the ex-convicted youngsters to make fair and honest future life choices.
- developing the feeling of personal value

The assimilation of peaceful solutions for expression and conflict management.

The teachers involved in the scholastic education come from the public educational system, and all the plans and the programs which form the basis of the educational process are in accordance with the demands imposed by the public system of education.

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
- the enhancement of both abilities to manage his life and his abilities to adapt to different situations

The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, schools competitions

The activities and the programs presented have different stages, covering the entire custodial period. Every stage has its own objectives and specific developments.

**A. The adaptation period** is mandatory and it covers 21 days and consists of the following:

- receiving the juvenile offender and a briefing covering the basics (interior rules, visiting the center), medical examinations.
- observation – collecting significant information regarding his history, identifying the psychological-behavioral profile, juvenile's interests and motivations.
- evaluating juvenile's personality and filling his personal development file which will be the basis for the personalized intervention plan.

**B. Intervention itself** - when the youngster participates actively in different planned programs and activities, while the inter-disciplinary team monitors his evolution, through intermediary evaluations, analyzing his progress and the quality of his accumulations.

The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalized intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

**C. The preliberation period** is mandatory and it started 3 months before setting the teenager free. In this time the youngster was included in specific programs aiming his preparation for the social, family, professional and school reinsertion. He also has facilities contacting social reinsertion and assistance agencies, unemployment agencies and local community representatives.

During the execution of the educational measure he has been sustained by the family and had a proper behavior, which led to his release at half of the punishment.

#### **Case 4**

The young woman comes from a disorganized family, her parents being separated when she was 10 years old, because of domestic violence. The girl, together with the two brothers are raised by her mother and keep the connection sporadically with their father.

She has a modest financial situation, the family is living in a rented studio and the only income is bringing by her mother. During the internment, she maintained the relation with her social environment by the phone and by receiving visits.

#### **The rehab plan**

**Educational program** that include instruction programs, professional development programs, behavioral altering.

This program follows some objectives such as:

- understanding the gravity of his offence.
- the assimilation of values, principles, habits that will allow the ex-convicted youngsters to make fair and honest future life choices.
- developing the feeling of personal value

The assimilation of peaceful solutions for expression and conflict management.

The teachers involved in the scholastic education come from the public educational system, and all the plans and the programs which form the basis of the educational process are in accordance with the demands imposed by the public system of education.

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
- the enhancement of both abilities to manage his life and his abilities to adapt to different situations



The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, school competitions

The activities and the programs presented have different stages, covering the entire custodial period. Every stage has its own objectives and specific developments.

**A. The adaptation period** is mandatory and it covers 21 days and consists of the following:

- receiving the juvenile offender and a briefing covering the basics (interior rules, visiting the center), medical examinations.
- observation – collecting significant information regarding her history, identifying the psychological-behavioral profile, juvenile's interests and motivations.
- evaluating juvenile's personality and filling her personal development file which will be the basis for the personalized intervention plan.

**B. Intervention itself** - when the youngster participates actively in different planned programs and activities, while the inter-disciplinary team monitors her evolution, through intermediary evaluations, analyzing her progress and the quality of her accumulations.

The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalized intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

**C. The preliberation period** started 3 months before setting the teenager free. In this time the youngster was included in specific programs aiming his preparation for the social, family, professional and school reinsertion. She also has facilities contacting social reinsertion and assistance agencies, unemployment agencies and local community representatives.

The educators and the social worker informs the juvenile about their possibility

- 1.to contact the social reinsertion and assistance agency
- 2.to be included after they are set free in vocational counseling programs, helping them finding a job or continuing his studies.

During the execution of the educational measure she has been sustained by the family and had a proper behavior, which led to his release at half of the punishment.

## **Case 5**

The young girl comes from a legal relationship, but her parents got divorced. Due to often family disputes, the minor left home and she got rent. She claims that she is in good relations with her mother, sister and her boyfriend family but with her father do not keep in touch. Before admission, she was living in Germany with her boyfriend.

## **The rehab plan**

**Educational programs** that include instruction programs, professional development programs, behavioral altering.

This program follows some objectives such as:

- understanding the gravity of his offence.
- the assimilation of values, principles, habits that will allow the ex-convicted youngsters to make fair and honest future life choices.
- developing the feeling of personal value

The assimilation of peaceful solutions for expression and conflict management.

The teachers involved in the scholastic education come from the public educational system, and all the plans and the programs which form the basis of the educational process are in accordance with the demands imposed by the public system of education.

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
- the enhancement of both abilities to manage his life and his abilities to adapt to different situations

The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, school competitions

**A. The adaptation period** is mandatory and it covers 21 days and consists of the following:

- receiving the juvenile offender and a briefing covering the basics (interior rules, visiting the center), medical examinations.

- observation – collecting significant information regarding her history, identifying the psychological-behavioral profile, juvenile's interests and motivations.

- evaluating juvenile's personality and filling her personal development file which will be the basis for the personalized intervention plan.

**B. Intervention itself** - when the youngster participates actively in different planned programs and activities, while the inter-disciplinary team monitors her evolution, through intermediary evaluations, analyzing his progress and the quality of his accumulations.

The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalized intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

**C. The preliberation period will** start 3 months before setting the teenager free.

## **Case 6**

The minor comes from a legal relationship, being raised by his both parents. He sustains that he is in good relations with both parents. Parental control a little bit permissive. He claims that his family have a very good material situation, both parents achieving stable income.

Educational programs that include instruction programs, professional development programs, behavioral altering.

This program follows some objectives such as:

- understanding the gravity of his offence.
- the assimilation of values, principles, habits that will allow the ex-convicted youngsters to make fair and honest future life choices.
- developing the feeling of personal value

The assimilation of peaceful solutions for expression and conflict management.

The teachers involved in the scholastic education come from the public educational system, and all the plans and the programs which form the basis of the educational process are in accordance with the demands imposed by the public system of education.

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)

- the enhancement of both abilities to manage his life and his abilities to adapt to different situations

The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, school competitions

The activities and the programs presented have different stages, covering the entire custodial period. Every stage has its own objectives and specific developments.

**A. The adaptation period** covers 21 days and consists of the following:

- receiving the juvenile offender and a briefing covering the basics (interior rules, visiting the center), medical examinations.
- observation – collecting significant information regarding his history, identifying the psychological-behavioral profile, juvenile's interests and motivations.
- evaluating juvenile's personality and filling his personal development file which will be the basis for the personalized intervention plan.

**B. Intervention itself** - when the youngster participates actively in different planned programs and activities, while the inter-disciplinary team monitors his evolution, through intermediary evaluations, analyzing his progress and the quality of his accumulations.

The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalized intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

**C. The preliberation period will** start 3 months before setting the teenager free.

## **Case 7**

He comes from a mono parental family, being raised by his mother since he had 1 year old. Poor parental control, the minor claims that from 13 years old he left often home because of his arguments with his mother. Now, their relationship is tense. Before his admission in center, the minor benefited for a measure of protection in a placement center during one month. He is in a consensual union for a month. He debuted in criminal behavior at 13 years old. During the internment, the minor wasn't visited by his legal representative and neither by his family members. The placement measure was

revoked, and his mother doesn't want to be contacted by her son. The youngster claims that he is in good relations with one of his sisters which lives in Italy.

### **The rehab plan**

**Educational programs** that include instruction programs, professional development programs, behavioral altering.

This program follows some objectives such as:

- understanding the gravity of his offence.
- the assimilation of values, principles, habits that will allow the ex-convicted youngsters to make fair and honest future life choices.
- developing the feeling of personal value

The assimilation of peaceful solutions for expression and conflict management.

The teachers involved in the scholastic education come from the public educational system, and all the plans and the programs which form the basis of the educational process are in accordance with the demands imposed by the public system of education.

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
- the enhancement of both abilities to manage his life and his abilities to adapt to different situations

The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, school competitions

The activities and the programs presented have different stages, covering the entire custodial period. Every stage has its own objectives and specific developments.

**A. The adaptation period** covers 21 days and consists of the following:

- receiving the juvenile offender and a briefing covering the basics (interior rules, visiting the center), medical examinations.

- observation – collecting significant information regarding his history, identifying the psychological-behavioral profile, juvenile's interests and motivations.

- evaluating juvenile's personality and filling his personal development file which will be the basis for the personalized intervention plan.

**B. Intervention itself** - when the youngster participates actively in different planned programs and activities, while the inter-disciplinary team monitors his evolution, through intermediary evaluations, analysing his progress and the quality of his accumulations.

The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalised intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

During the execution of the educational measure the teenager has kept in touch with his sister online at the recommendation of the social worker.

**C. The preliberation period will** start 3 months before setting the teenager free.

## **Case 8**

The minor comes from a consensual union relationship, she was raised by her paternal grandmother until she was 8 years old, after which she moved to her paternal relatives, which she considers that are her parents. She doesn't keep in touch with her mother, and her father executes a deprivation of liberty measure in Craiova-Pelendava Penitentiary. Before her admission, she was living with her uncle and aunt in a house belonging to Town Hall. The income is modest, her aunt is obtaining money by selling different objects in fairs and her uncle has a disability pension.

### **The rehab plan**

**Educational programs** that include instruction programs, professional development programs, behavioral altering.

This program follows some objectives such as:

- understanding the gravity of his offence.
- the assimilation of values, principles, habits that will allow the ex-convicted youngsters to make fair and honest future life choices.
- developing the feeling of personal value

The assimilation of peaceful solutions for expression and conflict management.

The teachers involved in the scholastic education come from the public educational system, and all the plans and the programs which form the basis of the educational process are in accordance with the demands imposed by the public system of education.

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
- the enhancement of both abilities to manage his life and his abilities to adapt to different situations

The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, school competitions

The activities and the programs presented have different stages, covering the entire custodial period. Every stage has its own objectives and specific developments.

**A. The adaptation period** covers 21 days and consists of the following:

- receiving the juvenile offender and a briefing covering the basics (interior rules, visiting the center), medical examinations.
- observation – collecting significant information regarding his history, identifying the psychological-behavioral profile, juvenile's interests and motivations.
- evaluating juvenile's personality and filling his personal development file which will be the basis for the personalized intervention plan.

**B. Intervention itself** - when the youngster participates actively in different planned programs and activities, while the inter-disciplinary team monitors his evolution, through intermediary evaluations, analyzing his progress and the quality of his accumulations.

The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalized intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

**C. The preliberation period** will start 3 months before setting the teenager free.

## Case 9

The young man come from a legal relationship being the only kid. He affirms good relationships with his family members. The material situation is modest, the family income being set up by his mother salary and his father illness pension. The youngster sustain that he has provided occasionally work in the village to contribute to family income.

### **The rehab plan**

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
- the enhancement of both abilities to manage his life and his abilities to adapt to different situations

The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, school competitions.

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**C. The preliberation period** is mandatory and it started 3 months before setting the teenager free. In this time the youngster was included in specific programs aiming his preparation for the social, family, professional and school reinsertion. He also has facilities contacting social reinsertion and assistance agencies, unemployment agencies and local community representatives.

The educators and the social worker informs the juvenile about their possibility

- 1.to contact the social reinsertion and assistance agency
- 2.to be included after they are set free in vocational counseling programs, helping them finding a job or continuing his studies.

During the execution of the educational measure he has been sustained by the family and had a proper behavior, which led to his release at half of the punishment

### **Case 10**

He comes from a mono parental family, he never known his biological father. He was raised by his mother until 14 years old, then he was institutionalized in different placement centers. His mother passed away in 2014. He had a brother who passed away in 2007. He completed 3 classes. The minor has benefited from measure of special protection in different institutions in Hunedoara District and Timisoara. He wasn't visited and he not kept in touch with his support environment.

**Educational programs** that include instruction programs, professional development programs, behavioral altering.

This program follows some objectives such as:

- understanding the gravity of his offence.
- the assimilation of values, principles, habits that will allow the ex-convicted youngsters to make fair and honest future life choices.
- developing the feeling of personal value

The assimilation of peaceful solutions for expression and conflict management.

The teachers involved in the scholastic education come from the public educational system, and all the plans and the programs which form the basis of the educational process are in accordance with the demands imposed by the public system of education.

**Therapeutical programs:** cognitive-behavioral, nondirective, occupational therapy, art-therapy

These programs have as primary objectives:

- reorganizing the emotional awareness within the daily experience
- the enhancement and the restructuring of the inter-personal relations
- the understanding and the recognition of his own personality conflicts (disharmonics)
- the enhancement of both abilities to manage his life and his abilities to adapt to different situations

The educational programs include social rehab activities developed within community: different visits in parks, exhibitions, museums, public institutions, shops, movies, theaters, sport events, school camps, trips, cultural events, school competitions.

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The inter-disciplinary team meets on a weekly basis to discuss youngster's evolution, to establish if the personalized intervention plan is adequate enough and to adjust it in accordance with his needs and self enhancement possibilities.

**C. The preliberation period** will start 3 months before setting the teenager free.

**Implications & conclusions:**

Before leaving the center each youngster would have undertake an evaluation which can prove to be an useful tool for the post penal asistance. This evaluation contains data regarding youngster's expectations before beeing set free, his future plans and an identification of all the helping factors for a sucesful social rehab, and also a identification of all the social risky situations plus some recommendations for the social assistance and reinsertion agency where he lives.

Buzias Educational Center collaborates permanently with the social reinsertion and assistance agencies, having with them an active partnership developing activities that will facilitate juveniles' social reinsertion

- planning the execution of the imposed custody sentence..
- mediating the youngsters and their families in those situations when the ties were broken, or the comunication is weak.
- liberation preparation

### **Testimonials - from the young persons**

“When I’ve arrived in the center, it didn’t seem to be very bad, because I had a completely different picture illustrating the place where I was supposed to arrive. I was scared and I thought that everything is was over, I did not know what to do. At the beginning it was harder for me to get used to the program and with the food. It didn’t took too much, I understood the situation, but the constant pain that I felt at first and throughout the punishment is due to the fact that I am away from my family, talking to them with the limit and seeing them quite rarely. Here it is not very bad, but it is not good either, the conditions are good and the personal that work here helps us as good as they can, but these things do not really value when you are away from your loved ones. Although I got here I took the opportunity and learned a lot of things that could help me in the future and I’ve got a chance to see with other eyes where I was wrong, how could I have prevent and I consider the most important lesson I received it was that true friends do not get you away from your family, if they give you something, they do it honestly, not to ask for anything else in return. The best advice I can give everyone is to listen to their parents no matter if the situation is favorable or not, because they are the only people who love us unconditionally”.

“This was a lesson for me that made me understood how important is not to listen to the others, that you have to be careful on how are you choosing your friends. I would like to send a message to those who do not know what it is like to be locked up, not to do what you want, to stay here against your will, to feel the need to communicate with somebody, but not to have with whom, to write your thoughts on a paper instead .. I would like to send them a message: this educational center, this place where I am in this moment is different from outside life, here is a life and outside is a totally different life and because of that I would like to send the message that is not a good idea to have friends which are not good for you, do not go to all sorts of places, the best thing is to avoid conflictual situations .... the worst thing to lose your youth ...the most beautiful years of the closed life here... as I did”.

“ Starting from the moment when I have arrived in this center I started to become more independent and not always being supported by my family, my parents. Next year, I would like to start a Faculty in Bucharest, Kineto-therapy; I would like to keep closer to me the right persons and to forget this dark scenario where I am in this moment. I would like to send a message to the guys that are in the situation of having bad company (friends): to take care of what they are doing because you will never know when somebody will come and will tell that you did something wrong and you have to be punished for that. You will never know how much you will pay for that until the moment when you will be behind the bars or somewhere else....”

### **Roles and relationships within SET's and DITs**

For a realistic reintegration of each juvenile offender in the community our specialists work with specialist from the following institutions, which have responsibilities in the living area of each juvenile:

**Probation** in criminal law is a period of supervision over an offender, ordered by the court instead of serving time in prison. Probation also includes supervision of those conditionally released from prison on parole , in our cases the teenagers release at half of the punishment. An offender on probation is ordered to follow certain conditions set forth by the court, often under the supervision of a probation officer. During the period of probation an offender faces the threat of being incarcerated if found breaking the rules set by the court or probation officer. The relationship between SET and DIT is based on a very good collaboration,

in particular with Timis Probation Service, which means there are weekly meetings to discuss youngster's evolution.

**Child protection services** - are a set of usually government-run services designed to protect children and young people who are underage and to encourage family stability. The relationship between SET and DIT is based on a very good collaboration, in particular with The General Directorate for Social Assistance and Child Protection Timis, which means there are weekly meetings to discuss youngster's evolution.

**Social services next to local community** - There are different departments in social services to support varying needs. There is an adult social services department, which provides services to the elderly and working age adults who have learning difficulties, physical or mental health problems, or addictions.

**Non-governmental and governmental organization** that have activities in post penal assistance or can offer support to people after leaving the educational center. We held regular meetings in order the intervention of the specialists to be accomplished.

Given that our minors and juvenile offenders came from all over the country, we have faced difficulties regarding the functioning of SETs and DITs, because in some cases it is impossible to meet face to face. Therefore we maintain a permanent contact in writing.

*b. FITT contribution*

**Case 1 – M.**

The teenager comes from a family where one of the parents (the mother) is working abroad. He had a rough childhood, coming from a poor family with fewer opportunities. At the moment he is a student in the high-school. Due to the fact that he has a younger sister, he was enrolled in the same class with her (the age difference is 1 year) He has been going through some medical problems, which led to his behavior. At the moment he is involved in different volunteering activities which are aimed at increasing his social and personal skills.

**Activities:**

- 1. Therapeutical aspects:** cognitive-behavioural, occupational therapy – developed by the psychologist in our team

The educational program included activities developed within the community and within his group of colleagues: non-formal activities developed together with the project team and non-formal activities developed by himself, to serve as an example for his peers

- 2. Intervention** – he participated in several activities with his peers, activities aimed at increasing his self-esteem and self-awareness.

The team has weekly meetings with the youngster and between themselves. They also developed a personalized educational plan for him. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

- 3. Current situation:**

The youngster is involved in volunteering activities, serving as an example to his peers. The level of depression has been reduced and he started confronting his personal issues. At the moment, he is involved in a NGO working with social obstacles.

**Case 2 – C.**

The teenager comes from a family where one of the parents (the mother) is working abroad (same family as Case 1). She had a rough childhood, coming from a poor family with fewer opportunities. At the moment she is a student in the high-school. She has a strong personality but due to her past situation, she developed self-esteem issues and lacks reality projection.

### **Activities:**

- 1. Therapeutic aspects:** cognitive-behavioural, occupational therapy, solution focused therapy – developed by the psychologist in our team

The educational program included activities developed within the community and within her group of colleagues: non-formal activities developed together with the project team and non-formal activities developed by herself, to serve as an example for her peers.

One-up messages (domineering moves) suggest a movement toward dominance in the exchange (for example, questions that demand a specific answer; taking the floor by overlapping; orders).

- One-down messages (submissive moves) indicate a movement towards being controlled by seeking or accepting dominance of others (for example, providing a specific answer that was requested; questions that seek a supportive response; obeying an order).

- One-across messages (neutralizing moves) are those which neither move towards control nor towards being controlled, therefore neutralizing control and having a levelling effect (for example, statements of continuance, non-committal responses to questions, filler phrases).

- 2. Intervention** – she participated in several activities with her peers, activities aimed at increasing her self-esteem and decreased anti-social behavior.

The team had weekly meetings with the youngster and between themselves. They also developed a personalized educational plan for her. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

- 3. Current situation:**

She is involved in volunteering activities, serving as an example to her peers. At the moment, she is involved in a NGO as a logistic coordinator.

### **Case 3 – A.**

He was born with disabilities and was a very difficult case in his school years due to the fact that he was bullied a lot and this affected his educational performances. He has a very

difficult childhood, being always between hospitals and school. At the moment he is a student in the university, but his depression level is very high. He is emotionally addicted to his mother.

### **Activities:**

- 1. Therapeutical aspects:** cognitive-behavioural, occupational therapy, solution focused therapy – developed by the psychologist in our team

The educational program included activities developed within the community and within his group of colleagues: non-formal activities developed together with the project team and non-formal activities developed by himself, to decrease the level of depression and emotional addiction

One-up messages (domineering moves) suggest a movement toward dominance in the exchange (for example, questions that demand a specific answer; taking the floor by overlapping; orders).

- One-down messages (submissive moves) indicate a movement towards being controlled by seeking or accepting dominance of others (for example, providing a specific answer that was requested; questions that seek a supportive response; obeying an order).

- One-across messages (neutralizing moves) are those which neither move towards control nor towards being controlled, therefore neutralizing control and having a levelling effect (for example, statements of continuance, non-committal responses to questions, filler phrases).

- 2. Intervention** – he participated in several volunteering activities inside our team, activities aimed at decreasing his depression level and his emotional addiction.

The team had weekly meetings with him and between themselves. They also developed a personalized intervention plan for him. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

- 3. Current situation:**

He is involved in volunteering activities and other empowering activities, in order to work with his depression and his emotional addiction. At the moment, he is involved in an ngo as a communication officer.

### **Case 4 – R**

He comes from a family with 3 children and he is very introverted due to the fact that he is the youngest child. He was also a victim of bullying in his primary, secondary and high-



school and this lead to some of his current personality traits. His family is very religious and does not accept medical interventions of any kind. It was difficult to make him part of the project, due to the fact that he was ashamed of what his family would say.

### **Activities:**

- 1. Therapeutical aspects:** self-esteem activities, cognitive-behavioural, occupational therapy, solution focused therapy – developed by the psychologist in our team, implemented together with the youth workers

The educational program included activities developed within the community and within his group of colleagues: non-formal activities developed together with the project team and non-formal activities were implemented in order to raise his self-esteem

One of the activities that he liked the most is:

#### *Five Senses Mindfulness Exercise*

Stressed out? Can't stop worrying or thinking about something? Can't focus? Feeling upset? Sometimes we feel like we're caught up in a tornado of thoughts and emotions. The exercise below is a quick and easy method for feeling more centered on a tough day. It's also great to practice at times when you're not as stressed so you know exactly how to use it when you need it the most.

If begin to notice thoughts coming into your mind, that is COMPLETELY normal. Our brains are designed to think but we can learn to refocus our attention. Take this as an opportunity to be kind to yourself and not judge. Just notice that you are having thoughts, then, redirect your attention back to the present moment.

1. Sit in a comfortable upright position with your feet planted flat on the ground. Rest your hands on your thighs or on your desk.

2. Notice your breathe. No need to breathe in any particular way. Just bring attention to each part of the breath- the inhale, exhale, and space in between.

3. Bring awareness to each of your 5 senses. One at a time, for about one minute each. The point here is to focus on the present moment and how each sense is being activated in that moment. The order in which you pay attention to each sense does not matter.

Hear: Begin to notice all of the sounds around you. Try not to judge the sounds- just notice them. They are not good or bad, they just are. Sounds might be internal, like breathing or digestion. Sounds might be close by or more distant like the sound of traffic. Are you now hearing more than you were before you started? You may begin to notice subtle sounds you did not hear before. Can you hear them now?

Smell: Now shift your attention to notice the smells of your environment. Maybe you smell food. You might become aware of the smell of trees or plants if you are outside. You might notice the smell of books or paper. Sometimes closing your eyes can help sharpen your attention.

See: Observe your surrounding and notice the colors, shapes and textures. If you really look, you may notice things that have gone unnoticed.

Taste: You can do this one even if you have food in your mouth. You may notice an aftertaste of a previous drink or meal. You can just notice your tongue in your mouth, your saliva, and your breath as you exhale. We have tastes in our mouth that often go unnoticed. You can run your tongue over your teeth and cheeks to help you become more aware.

Touch: Last one. Bring your attention to the sensations of skin contact with your chair, clothing, and feet on the floor. You can notice the pressure between your feet and the floor or your body and the chair. You can observe temperature like the warmth or coolness of your hands or feet. You might take time to feel the textures that you noticed by sight a moment ago. You can feel several objects on your desk to fully focus your attention on the present.

When finished, pause to notice how your body feels in this moment. Compare how you feel now with how you felt 5 minutes ago- what has changed? Try this exercise next time you're feeling overwhelmed. This can be useful to use before a test or speech, too!

- 2. Intervention** – he participated in several activities, activities aimed at increasing his self-esteem and self-awareness.

The team had weekly meetings with him and between themselves. They also developed a personalized educational plan for him. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

### **3. Current situation:**

He is involved in a small entrepreneurship business, using his IT skills and learning how to work and function in a team.

### **Case 5 – Ca.**

He was one of the most difficult cases that was involved in the project. He has a drug addiction past and he also had strong medical problems. He comes from a very poor family and he was the biggest challenge. Due to his drug and medical problems, he had developed an attention disorder. It was challenging to get him involved in some of the activities due to the fact that he loses his attention very fast.

#### **Activities:**

- 1. Therapeutical aspects:** attention concentration, restlessness, impulsivity, solution focused therapy – developed by the psychologist in our team

The educational program included activities developed within the community and within his group of friends: non-formal activities developed together with the project team and non-formal activities aimed at increasing his attention and concentration capacity.

The activities were aimed at avoiding chaotic settings, letting him guide us through his personal process of learning.

- 2. Intervention** – his intervention plan was developed in several stages. First, we worked with him at an individual level, in order to discover together his skills and abilities in order to be able to use them in the future. the second level was related to integrating him in a group and develop his learning process in a different environment

The team had weekly meetings with him and between themselves. They also developed a personalized educational plan for him. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

- 3. Current situation:**

He is studying and working in the same time, while working with his attention deficit. He is part of several volunteering groups and is getting involved in different logistical activities.

### **Case 6 – Al.**

She comes from the rural area, from a mono-parental family. The only parent she has is working abroad and she was raised by her grandparents. This had a strong impact on her personality and she developed a strong stress disorder, combined with panic attacks. This situation has made her have difficulties in school and was close to drop out of the school. She is a shy person and needs constant reassuring.

### **Activities:**

- 1. Therapeutical aspects:** cognitive-behavioural, stress reduction, overcoming panic attacks – developed by the psychologist in our team

The educational program included activities developed within the community and within her group of colleagues: non-formal activities developed together with the project team and non-formal activities developed by herself, to serve as an example for her peers.

The individual activities that were implemented with her were based on a holistic approach (body, heart, mind) and they were done at different levels. The approach was based more on one-on-one therapy, due to the fact that she cannot function properly inside a group.

We had a systemic approach and the results started to appear after a while. The relation that was developed between her and the members of the team was a strong one, and as a result, her panic attacks and the level of anxiety have decreased.

- 2. Intervention** – she participated in several activities with the project team, activities aimed at increasing her self-esteem and decreased her anxiety level.

The team had weekly meetings with her and between themselves. They also developed a personalized educational plan for her. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

- 3. Current situation:**

At the moment she is still studying in high-school and she is involved in different charity campaigns. She has fewer panic attacks and her anxiety level dropped.

### **Case 7 – Ci**

She was one of the youngest persons that were involved in the activities of the project. She is 15 and she has some serious complexes. Due to the fact that she is not as tall as the other

youngsters her age, she developed a serious complex and feels unworthy very often. She lacks the will to develop her personal and educational background and she easily gets distracted. Her family is not very supportive and she is often the victim of bullying.

### **Activities:**

- 1. Therapeutical aspects:** overly-aggressive tendencies, domineering social behavior—developed by the psychologist in our team

The educational program included activities developed within the community and within her group of colleagues: non-formal activities developed together with the project team and non-formal activities developed by herself, to serve as an example for her peers and, in this way, to reduce the level of her complex.

The activities included aspects like:

- Looking at some of the positive benefits of being shorter
- Shorter people tend to be able to more easily gain muscle and thus often appear stockier and so more imposing as a result despite what they lack in height.
- As someone smaller she will have a lower center of gravity and she will be better able to keep under the radar as a dark horse.
- Shorter individuals are also often more agile and have better reflexes

- 2. Intervention** – she participated in several activities with her peers, activities aimed at increasing her self-esteem and decreased anti-social behavior.

The team had weekly meetings with the youngster and between themselves. They also developed a personalized educational plan for her. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

- 3. Current situation:**

She is currently more involved in school activities, both formal and non-formal. She is also more talkative and self-aware.

### **Case 8 – D.**

The teenager comes from a large family, being the only one who is still in school. His relation with his parents is a destructive one, due to the fact that they live in a disadvantaged

rural area and his access to education was very difficult. He presents frequent episodes of shutting down, severe depression and suicidal thoughts. At the moment he is studying at a vocational high-school and there are still weekly meetings between some of the members of the team and him

### **Activities:**

- 1. Therapeutical aspects:** cognitive-behavioural, behaviors and reoccurring thoughts, Aggressive thoughts towards others or self – developed by the psychologist in our team

The educational program included activities developed for him were developed through several stages. There was a therapeutically approach and an educational approach. The therapeutically one was based on working with him at an individual level, in order to overcome his obsessive-compulsive disorder. The educational approach refers to working with him inside a group and including him in group-oriented activities.

- 2. Intervention** – He participated in several activities with, activities aimed at increasing his control and decreased anti-social behavior. The intervention was also focused on developing his communication skills and identifying his vocational future.

His situation has as a cause physical trauma from his childhood. He was beaten a lot of times while being a child.

The team had weekly meetings with the youngster and between themselves. They also developed a personalized educational plan for him. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

### **3. Current situation:**

He is studying in a vocational high-school and his level of depression and self-harm has decreased. As mentioned above, he still has weekly meetings with some members of the project team.

### **Case 9 – M.**

She comes from a middle-class family, this being one of our surprises, since we considered that teenagers which are at risk of school drop-out come from a disadvantages background. She had some traumas in her childhood and lack the ability to focus on more than one task at a time. She has a very strong personality and sometimes she is bullying the others without realizing it.

### **Activities:**

- 1. Therapeutical aspects:** behavior therapy, social skills training, support groups – developed by the psychologist in our team

The educational program included activities developed within the community and within her group of colleagues: non-formal activities developed together with the project team and non-formal activities developed by herself, to serve as an example for her peers.

- 2. Intervention** – she participated in several activities with her peers, activities aimed at increasing her self-esteem and decreased anti-social behavior.

The team had weekly meetings with the youngster and between themselves. They also developed a personalized educational plan for her. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

*Behavioral interventions for home and school used:*

*Build a schedule-* Set the same routine every day. Try to make sure that waking up, bedtime, homework, and even playtime is done at consistent times. Post the schedule in a visible place. If a change must be made, make it as far in advance as possible.

*Organize everyday items* - Make sure that clothing, backpacks, school supplies, and play items all have a designated, clearly marked space.

*Use homework and notebook organizers* - Stress the importance of writing down assignments and bringing home anything needed to complete homework.

*Use positive reinforcement-* Children with ADHD often receive criticism from authority figures. Then they start to expect it. If they get only negative feedback without ever hearing positive things about themselves, they'll start to think of themselves as bad.

### **3. Curent situation:**

She is involved studying in high-school and she is involved in different in volunteering activities, serving as an example to her peers.

### **Case 10 – D.**

She comes from a disrupted family, being raised by her grandparents. She lives in the rural area, 10 km's away from the town where she goes to school. She has attention problems and a high anxiety level. At the moment she is studying in the high-school, but often finds it difficult to commute and to pay attention at the activities in class.

#### **Activities:**

1. **Therapeutical aspects:** cognitive behavioral therapy, post traumatic approach, social anxiety therapy – developed by the psychologist in our team

The educational program included activities developed within the community and within her group of colleagues: non-formal activities developed together with the project team and non-formal activities developed together with her:

Thought challenging—also known as cognitive restructuring—is a process in which you challenge the negative thinking patterns that contribute to your anxiety, replacing them with more positive, realistic thoughts. This involves three steps:

Identifying your negative thoughts. With anxiety disorders, situations are perceived as more dangerous than they really are. To someone with a germ phobia, for example, shaking another person's hand can seem life threatening. Although you may easily see that this is an irrational fear, identifying your own irrational, scary thoughts can be very difficult. One strategy is to ask yourself what you were thinking when you started feeling anxious. Your therapist will help you with this step.

Challenging your negative thoughts. In the second step, your therapist will teach you how to evaluate your anxiety-provoking thoughts. This involves questioning the evidence for your frightening thoughts, analyzing unhelpful beliefs, and testing out the reality of negative predictions. Strategies for challenging negative thoughts include conducting experiments, weighing the pros and cons of worrying or avoiding the thing you fear, and determining the realistic chances that what you're anxious about will actually happen.

Replacing negative thoughts with realistic thoughts. Once you've identified the irrational predictions and negative distortions in your anxious thoughts, you can replace them with new thoughts that are more accurate and positive. Your therapist may also help you come up with realistic, calming statements you can say to yourself when you're facing or anticipating a situation that normally sends your anxiety levels soaring.



2. **Intervention** – the intervention was focused on decreasing the following aspects:
- Panic, fear and uneasiness
  - Sleep problems
  - Not being able to stay calm and still

The team had weekly meetings with the youngster and between themselves. They also developed a personalized educational plan for her. The intervention had two dimensions. Individual dimension and group dimension, due to the fact that the team was comprised of 3 youth workers, a psychologist and a social worker.

3. **Current situation:**

She has improved her anxiety level when facing new situations and she started being more involved in different social activities.

**Roles and relationships within SET's and DITs**

The staff from FITT responsible for the coordination of the project and the implementation of SETs and DITs activity is listed below:

Gheorghe Petruș

Lorena Smarandache

Alina Ignea

Mirela Arsenie

Rendo Bot

They have been involved in the project only until February 2018 the latest, for personal reasons and starting with March 2018 Maria Train took over the activity, being helped by Gheorghe Petruș.

c. *Eughenia contribution*

**CASE N. 1 alias FRANCESCA**

*Hi I'm Francesca and I am 16.*

*I live in my family in a town of the South of Italy. I committed many mistakes in the past and only now I am aware of them. My life has changed since I entered for the first time into the Juvenile Court for a penal hearing. Well yes, even if I am so young, I already must face some trials. I have begun a personal recovery and I began to study again.*

*Eughenia has been looking after me for more than a year*

**Case selection**

Eughenia has engaged with the girl thanks to Juvenile Court in Bari that has recommended Francesca to our diurnal center. The minors are connected with *socio-educational experimental diurnal center for minors who ran into the penal area* because it can give them an educational, psycho-social, rehabilitative specialized service. This kind of center is specific for minors who ran into penal area or who are at risk of deviance.

Eughenia has chosen to work with this kind of guys because of projects done in social and educational settings. In this particular case, Eughenia can work with Francesca thanks to an educational proposal that involves the family and all the Institutions.

**Current situation**

Francesca is going on with the probation, the educational and psychological support in our diurnal center. She has been directed to cosmetologist career, she has begun working and her family and the social services too are helping her into the way to become independent. Francesca is volunteering with children that have social and Juvenile Penal Social Service. Francesca's mother is engaged in her educational project too.

**Profile**

Francesca is 16 years old and she comes from a suburb of Bitonto, where there are not so much services. Her family is broken up and it has considerable economic hardship. Her social and cultural background is very deprived, she has attended to the violence in her family.

When Francesca was a child she never had bearings. She went to school in an irregular way and later she didn't go any more. As a child she was marginalized and she lived in states

of abandonment and loneliness. Francesca had faced the violence in her family and the carelessness of education. She had been part of a gang and had lived a minor criminality experience and later the penal trial. During the adolescence Francesca had a bad reception of herself about her body and her ability relating adults and peers too.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Francesca has a complex personality; it is marked out by a closing and a mistrust regarding adults and her environment. The girl has not a medical diagnosis by public authority. Francesca seems an independent girl, efficient in some care tasks (she looks after her youngest sister and works as baby sitter with her little cousin) but she is resistant towards other people too, for this reason she needs a continuous psychological help. Francesca lives as an adult: her father is absent and the girl has a dual relationship with her mother swaying between love and hate. Francesca lived domestic violence and for long time of her childhood she felt anger against herself and other people.

From the starting diagnosis done by our center, stiffness and low flexibility have appeared about cognitive, emotional and social area; these traits justify her transgressive and deviant experience. In this first time it was not simple pinpointing caring aims because of Francesca's personal lack of motivation to changing. These goals will be achieved later.

In the emotional level there is a difficult identifying and telling her emotions: in the family sensitivity and emotionally were nonexistent, as result Francesca now is not empathy. In the relationships Francesca can't bond with others and reveals a determined and sure nature; in the same time Francesca is a fragile girl who doesn't like her physical aspect.

When Francesca came first time in our center she looked like apathetic and unmotivated, without interests, aims or projects. After our interventions and the psychological help her abilities, her competences and her skills had risen and her cognitive and emotional maturity too. The aims were designed to advance her awareness in respect to her personal abilities and her independence. Thanks to educational and therapeutic supports, essential interventions on her self-esteem have been reached with a great social and interpersonal dimension too.

The educational team of our diurnal center aimed this diagnosis thanks to continuous observation of participation of Francesca to educational practices, psychological individual conversation and group of words. The educational job with the minor is been fundamental: during educational relationship her personal nature came out, helping her anger. The persistent

psychological conversations, asked by Francesca again, have been useful to getting self-esteem back, realizing and recognizing her emotions and coming in contact with them. The process of past elaboration have considered middle-long terms, the results are satisfying to this day. Francesca is continuing her plan at our diurnal center.

The signs/markers that led to the diagnosis

- Hesitant and averse behavior to relationship
- Closing and aggressive conduct
- Deviant and no social manner
- Expressions of apathy interchanged with anger and aggressive moments
- Expressions of feelings of worthlessness and low personal and social esteem
- Self-valuation as unfit being up against a conflict unless violence with
- Self-valuation as unfit being up against frustration

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- easily influenced by a leader or group
- default and school dropout
- socialization difficulties, highlight a lack of attention educational and affective
- aggression and tendency to prevarication
- instability, impulsivity, fragility, opposition to the adult
- deviance
- Abandonment or school failure
- Prejudice, marginalization, bullying, cyberbullying
- Social and educational exclusion
- group provocation and aggression tendency
- deviant group identified as protective
- disvalue of social and legal rules
- familiarity with delinquency and crime
- territories with a high risk of deviance

GOOD PRACTICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- educational and psychological support and accompaniment

- reinforce self-esteem and empowerment
- Educational tutoring and school support
- Educational and informative laboratories on legality
- enhance school inclusion projects
- identification and strengthening of peer education groups
- education projects on legality and training investment
- strengthen social networks
- greater employment and training opportunities

**B. Are there similarities or notable differences?**

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

**C. How could the checklists help you identify these young people at risk?**

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist are helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

**Presentation of proposed intervention**

For Francesca we have designed an individual educational intervention to strengthening self-esteem, getting her skills back. The action has sketched her deviant status and probation out. A primary intervention was a therapeutic one: a psychological support important and decisive for the process of development and independence. Thanks to the interventions by the Juvenile Court and the Juvenile Social Services, Francesca is more aware of her deviant behavior and thanks to this we can work on measurable and gradual aims (school, job, continuous psycho-educational support). Francesca's educational plan was programmed on the legality, helping the minor getting her skills and her personal wellness back.

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.

What objectives did you set?

- value of esteem: feeling of self-esteem;
- education to self-control: ability controlling own self and own instincts;
- developing expectation and optimistic prospects: ability seeking aims and changing;
- promoting emotional development and molding empathy;
- developing social interactions: ability relating with other people;
- starting job and management of relationships with adults;
- promotion of personal wellness;
- regulation of emotional field and management of the relationships-communications

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of

users, changing particular interventions on specific needs in the Individualized Educational Plan (I.E.P):

- Analysis of the request by the sending (Juvenile Social Services, Juvenile Court, Child Psychiatry, Territorial Social Services).
- Presentation of the written documents about the status of the minor to include.
- Presentation of the case to the inner team coordinator and to team too to examine the admission ways.
- Health documents request, actions from Court, residency permit, various authorizations
- Meeting with the Service sending and the coordinator of the diurnal center developing the IEP.
- Arrangement of places and modality to greet new user and meet his family.
- Welcome user in the different educational and rehabilitative places, educational contract with user and his family, first meeting of the minor and his family with the educators, psychologists and other users.
- Case history activity: enrollment of the personal, social, educational, psychological, health and background data. Collection of data about the minor, his family, his background. Pinpointing significant data for the educational and rehabilitative plan, observation (direct and indirect) achieving an analysis of the personal nature referring to: body characteristic, awareness, communication, emotions, social, relationship, educational setting, family/ school/ therapeutic/educative environment
- Identifying educational, psychological and care needs. Analyzing and considering the data in team. Evaluating the abilities and personal bonds that can promote or obstruct the development of autonomies and aims of the minor. Pinpointing priority educational needs.
- Taking charge and care activity: starting a significant relationship of communication and active listening with the user. Going along and supporting the minor in the educational plan (purpose- project- management- valuation). Going along the user during his important, acute and evolutionary moments (motivational support). Going along the minor in the plan of skills acquisition and conquests about relational, communicative and emotional field (self-esteem support). Making a professional network (community, school) caring care of him in and out of diurnal center.
- Defining educational aims, outcome markers, the ways and the checking timetable, explaining and sharing the plan (educational-pedagogical, therapeutic-rehabilitation,

minor justice plan) with all the members team; describing the activities program, the actions (timetable, modalities, instruments, resources) and the process markers; starting activities in collaboration with territorial formal and informal resources; supervising and adjusting the educational and psycho-therapeutic plan.

- Verifying the evolution and the interpersonal, familiar, educational and change. Estimating of the evolutions and the regressions, measurement of autonomy and personal wellness, social system results in middle-long term.

## **Case 2 alias Fabrizio**

*Hi, I'm Fabrizio and I am a boy of almost 15.*

*I'm attending the first year of high school and I've had a past marked by a profound frustration and sufferance because of reasons related to my family of origin.*

*I am a reserved and very pessimist person and when I was little I felt misunderstood and excluded. I reacted by kicking anyone who passed along my way.*

*My eyes have seen too much violence.*

*Eughenia has been following me for 6 years.*

### **Presentation of case context and selection**

Eughenia has engaged with the boy thanks to territorial social service and to the Jovenile Court in Bari. The first reason why Eughenia met Fabrizio was for an educational and psychological support and for a preventive intervention about disadvantage and deviance.

Eughenia has chosen to work with this kind of guys because of projects done in social and educational settings. In this particular case, Eughenia can work with Fabrizio thanks to an educational proposal that involves the family and all the Institutions. Eughenia is doing with Fabrizio, his school and his family a preventive educational project.

## **Current situation**

The boy was included in the center with his bother to reinforce their relationship. With his mother and his brother, Fabrizio is helped in the psychological and pedagogic side. Now he is going to high school and he loves playing football with his team. Fabrizio is working on his violence stories. The school is a good way to improve his integration with his peers, he likes go to school and now he can stay and relate with adults.

The mother of Fabrizio is being helped to become a better parent. The boy goes to a football school, this is a good occasion for him to develop self-esteem, to work with his peers



and approve social rules. The minor is checked by Juvenile Court and by Territory Social Service.

### **Profile**

Fabrizio is 15 years old and his family is broken up. At the beginning he lived with all his family, later he went to live with his mother in another house whereas his brother went to paternal grandmother house. He lives in a suburb of the city.

The boy has attended to fights and domestic violence between his parents. He had a hard childhood because of his father who was alcoholic and no had care of him. Nobody helped him with the study and for a short time he left school without realizing from adults. He suffered because of the separation from his father and his brother and this neglect has aroused a sense of lock and unsuitableness. For this reason the Territory Social Service and the Juvenile Court have recommended Fabrizio to help him with school and his family.

Fabrizio has faced the domestic violence effects, the guilts, the low self-esteem and the unrestrained and unexpected anger. He had not a suitable paternal figure, he had no educational bearings. His mother was fragile and she can't immediately oppose to an alcoholic husband. When their parents broke up Fabrizio had the possibility to go out from a hard violence but consequentially had suffered for the separation from his brother. Eughenia helped Fabrizio realizing his anger and his guilt thanks to psycho-pedagogic support. The mother has been helped too, improving her parental responsibilities.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Fabrizio comes from a broken up family with domestic violence experiences. His father was alcoholic and his mother can't conduct an educational role. Partents are split and they have several difficulties in the familiar relationship management. Fabrizio and his brother have attended to this situation, suffering the domestic violence from the father to the mother. Due to these aspects, Fabrizio lives a psycho-social discomfort about dysfunctional adjustment and depressive and mournful inclination. According to the markers, Fabrizio's diagnosis is a social maladjustment with depressive traits, anxiety status and hidden anger. The disadvantage and the family situation have weighed on Fabrizio's identity, accentuating depressive traits and emotional closing. His familiar condition glance on social one; due to this, Fabrizio lives a detachment closer to deviance and criminality.

Fabrizio seems without a theoretical superstructure and sometimes he seems moving in the time and in the space in an unprepared way, in dangerous situations that he can't recognize; as result Fabrizio reacts with closing behavior or summary involvement, underestimating the effects of his manners.

According to the markers, Fabrizio's diagnosis is a social maladjustment and a antisocial behavior. The poverty condition, the heavy carelessness has had a repercussion on Fabrizio's nature in a deviant and summary way.

The educational team of our diurnal center has reached to this diagnosis through continuous observation of Fabrizio's participation to the educational activities, psychological conversation. In this long period of direct and indirect observation Fabrizio has acted some particular reactions and manners out, inside and outside the center: these have revealed his lack of motivation, depressive, closing and distrustful status. Usually who attends violence can execute violent manners in order to save bonds with the aggressive parent and to delude himself about a power and a control sense; in that way Fabrizio has reached guilt. The boy has revealed mistrust and inhibition feelings in his important relationships with peers and adult too.

His intolerant behavior, the anxiety status, his social redemption research, the depressive traits, the hidden anger, etc...are some of the markers that have allowed us designing a diagnosis and an I.E.P.

The educational and therapeutic work has been essential: during educational relationship the personality's characteristic have come out. The elaborating process of the child experiences needs middle-long term; the results are great to this day. Fabrizio begun schooling and training plan.

#### **The signs/markers that led to the diagnosis**

- Inclination manipulating and abusing peers and adults relationships.
- Loss of benchmark figures and non-recognition of educational figures
- Seductive and abusing manner against other guys, youngest in particular
- Inclination to sexualized and forced behaviors
- Inclination bullying in a passive way and good manipulating skill
- Depressive manners, alternation between egocentricity and low self-esteem
- Difficulties modulating emotions, anger in particular.
- Schooling choices ambivalence and professional orientation
- Self-esteem as unfit resolving a conflict without violence
- Self-esteem as unfit resolving frustration situations

## Practicalities of using the Handbook / O2 and the checklists in it

A. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- socialization difficulties, highlight a lack of attention
- educational and affective
- aggression and tendency to prevarication
- inability to control impulses, poor ability to tolerate
- conflict, denial, ambivalence or manipulation of the Authority
- difficulty in interpersonal and group interaction
- emotional vulnerability
- need for listening and regularization of relationships
- behavioral ambivalence
- Depressive traits
- Parenting at risk (loss of rights on minors, assignment of social services, removal of children, ..)
- negligence and lack of attention, and / or abandoned to oneself
- social transgression
- hygienic sanitary negligence or excessive maniacal care
- conflict, denial, ambivalence or manipulation of the Authority
- difficulty in interpersonal and group interaction
- emotional vulnerability
- Assisted and direct violence on children
- Lack of rules and educational authority
- Severe neglect and emotional abuse
- Unemployment and severe poverty
- Lack of a reference family and social network, solitude

GOOD PRACTICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- and social autonomy
- reinforce self-esteem and empowerment
- Educational tutoring and school support
- Experiment with professional activities
- Educate the group's positivity as a resource
- Enhance active listening and discussion
- Strengthening resilience (breeding, educational, emotional, recognition, love)

- greater employment and training opportunities
- to explore the territory and stimulate interests
- greater external participation against illegality

**B. Are there similarities or notable differences?**

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

**C. How could the checklists help you identify these young people at risk?**

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist are helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

### **Presentation of proposed intervention**

In Fabrizio's case an individual intervention was employed based on the prevention of violent behaviors and relationships between woman and man. The psychological treatment has helped Fabrizio elaborating his child trauma due to the violence he has attended. As result Fabrizio reports anxiety, depressive status, low self-esteem, self-control and development of cognitive and emotional skills. The work with the minor is aimed at schooling rescue and

socializing among good family's members (grandmother, brother and mother), in order to contrast educational and dysfunctional models lived in the childhood.

The educational plan, in its total, is been set on violent behaviors prevention and on a good educational support regards rescue of a good communication, a relationship with himself and with the systems closer to him.

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.

It is important for us give value and describe the behaviors and the dynamics of each minor, so it is necessary be busy with interactions, communications, relationships existing among the several systems of each minor. The educational and therapeutic process for our guys is a complex system. The minor is in the middle of different systems and with them he can have a direct or indirect interaction that can have a different intensity depending on membership level about affinity, needs and emotions that are involved.

The prospective of social inclusion is another key factor in which various actors (family, school, job, Juvenile Court) have taken part; moreover the orientation to autonomy, to school and to job are been educational planning markers and converting experiences.

**What objectives did you set?**

- deviance prevention
- psychological support
- developing expectation and optimistic prospects: ability seeking aims and changing
- regulation of emotional field and management of the relationships-communications.
- value of esteem: feeling of self-esteem
- recovery schooling and teaching methodology

- promoting emotional development and molding empathy;
- developing social interactions: ability relating with other people
- anxiety and phobia management
- legality education
- trust relationship management among educational figures in the family

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of users, changing particular interventions on specific needs in the Individualised Educational Plan (I.E.P). (see the Action plan section described at Case 1, page 58)

### **Case 3 alias Giulio**

*Hi I'm Giulio and I am 15.*

*I live with my parents, my sister and my brother, who went out of prison.*

*I feel a strong apprehension. I tend to isolate very often. I have no interest for school and this year I have allowed to be involved in various belligerent situations to be accepted.*

*I feel to have an impact on my parents who say to give me rules but actually I am free to manage and rule myself. I know I am committing many mistakes!*

### **Case selection**

Eughenia has engaged with the boy thanks to Juvenile Penal Justice Institution and to Jovenile Court in Bari that have recommended him to our diurnal center. The minors are connected with socio-educational experimental diurnal center for minors who ran into the penal area because it can give them an educational, psycho-social, rehabilitative specialized service.

Eughenia has choosen to work with this kind of guys because of projects done in social and educational settings. In this particular case, Eughenia can work with Giulio thanks to an educational proposal that involves the family and all the Institutions.

### **Current situation**

Giulio lives with his parents. The territorial social service has chosen involving him in our diurnal center “Baloo” because of the poverty of the family, the deviant parents and the

educational unsuitableness of Giulio. The Juvenile Court verifies the parental tasks. Giulio has never studied in a continual way and this style has depreciated his idea of school. He comes to our diurnal center and he is helped with psychological and educational support. Thanks to us he has resumed going to school. Giulio's parents are helped too, improving their parental responsibilities.

### **Profile**

Giulio has a copious, multi problematic and deviant family. They live in a suburb that is famous for its criminal elements in Bitonto. Many of members of Giulio's family have been in jail, his parents, his brother and his sister in particular way. Their background is linked with local mafia.

Giulio's parents have a hard-criminal background; they have never looked after their children neither in their educational tasks nor in their scholastic life. In the past, territorial social service tried including the minors in a community but without results. The educational poverty did not allow encouraging sensitivity and awareness in the minors. For this reason, Giulio has grown up in a shy and introvert way. He always prefers stay isolated and it is not simple for him socialized with his peers. Giulio doesn't like go to school and according his family instruction is not an important element for life: the mother is illiterate.

Giulio has experienced a hard carelessness. He is inclined to isolate himself and he has an emotional close regarding his peers and the adults. He usually shows anger and aggression. His parents did not give him any social rules and the boy did not live any significant and educational experiences. These lacks have caused personal insecurity and cultural disinterest.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Giulio has a fragile personality, with a serious emotional limit and a relational vulnerability. He has a low self-esteem, a lacking capacity of concentration and a collective decrease of the more complex cognitive performance. His family is very problematic and deviant in many of fields. It has an economic disadvantage and a worse social and cultural poverty. Giulio is shy and introvert, he scares social judgment and he is not apt to interpersonal relationship. According to the markers, Giulio's diagnosis is, liked with familiar dysfunctions, depressive traits and generalized anxiety. The disadvantage condition with a poor background has weighed on his personality as depression and low self-esteem.

The educational team of our diurnal center has reached this diagnosis through continuous observation of Giulio's participation to the educational activities, psychological conversation. In this long period of direct and indirect observation Giulio has acted some particular reactions and manners out, inside and outside the center: these have revealed his fragility and his tendency to engaging with others but, in the other hand, his inability keeping alive bonds and effective communications.

At the beginning Giulio showed deviant traits, in a clumsy and extemporaneous way, without a real criminal personality, then he revealed generalized anxious traits, social closing, expressive and communicative difficulties; these markers that have allowed us designing a diagnosis and a I.E.P.

The educational and therapeutic work was essential: during educational relationship the personality's characteristic have come out. The elaborating process of the child experiences needs middle-long term; the results are great to this day. Giulio begun his independence thanks his work.

**What were the signs/markers that led to the diagnosis:**

- Unequal behavior or alternation of opposed manners.
- Depressive manners, alternation between egocentricity and low self-esteem
- Difficulties modulating emotions
- Unruly nutrition, lack of appetite or extreme hunger
- Deviance and transgression without structure of criminal mind
- Personal and relational closing
- Difficulty in socializing
- Generalized anxiety
- Self-esteem as unfit resolving a conflict without violence
- Self-esteem as unfit resolving frustration situations.

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

**MARKERS:**

- socialization difficulties, highlight a lack of attention
- educational and affective
- aggression and tendency to prevarication
- inability to control impulses, poor ability to tolerate



- rules
- personal, family and social distress
- group provocation and aggression tendency
- deviant group identified as protective
- disvalue of social and legal rules
- adult behavior
- Poor self-esteem or excessive narcissism
- Depressive traits
- Parenting at risk (loss of rights on minors, assignment of social services, removal of children, ..)
- Assisted and direct violence on children
- Reports for crimes and denunciation
- Severe neglect and emotional abuse
- Lack of a reference family and social network, solitude
- Abandonment or school failure
- Poor participation in school life by parents
- Prejudice, marginalization, bullying, cyber bullying
- ease
- deviant group identified as protective
- weak or non-existent Community ties
- weak assessment of prevention interventions

## GOOD PRATICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- and social autonomy
- Experiment with professional activities
- Educate the group's positivity as a resource
- Enhance active listening and discussion
- Strengthening resilience (breeding, educational, emotional, recognition, love)
- greater employment and training opportunities
- Adopt appropriate strategies for educational, social and family needs
- Use cultural mediators, training feedbaks, experiential laboratories
- Support individual and group learning
- Promote learning based on the emotional-emotional dimension

### **B. Are there similarities or notable differences?**

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

### C. How could the checklists help you identify these young people at risk?

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist are helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

### **Presentation of proposed intervention**

In Giulio's case too is been employed an educational individual intervention based on the development of legality, the creations of trusted and safe bonds with adults contrasting his family deviant experience. Giulio's plan considers several interventions on the territory as schooling and sport and playful activities, improving socialization and relationships with peers and adults too.

The first step was the therapeutic intervention, an essential and decisive psychological support in order to elaborating the neglecting experience.

The educational plan, in its total, is been set on deviance prevention and on therapeutic dimension regards the rescue of a good communication, a relationship with himself and with the systems closer to him

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.

What objectives did you set?

- developing expectation and optimistic prospects: ability seeking aims and changing
- regulation of emotional field and management of the relationships-communications.
- value of esteem: feeling of self-esteem
- handling anxiety
- promoting emotional development and molding empathy;
- developing social interactions: ability relating with other people;
- starting job and management of relationships with adults;
- promotion of personal wellness
- Education to legality
- schooling and training
- socializing

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of users, changing particular interventions on specific needs in the Individualised Educational Plan (I.E.P). (see the Action plan section described at Case 1, page 58)

### **Case 4 alias Remo**

*Hi I'm Remo and I am 18. I live with my family. I've grown up in the streets and nobody has ever looked after me.*

*My parents have committed crimes since ever and I've grown with the idea that if money lacks, food must be obtained in other ways.*

*Now, I'm in the penal circuit too because I've followed my parents steps and I use drugs.*

*Eughenia has been looking after me for 7 months*

### **Case selection**

Eughenia has engaged with the boy thanks to Jovenile Court in Bari that have recommended him to our diurnal center. The minors are connected with socio-educational experimental diurnal center for minors who ran into the penal area because it can give them an educational, psycho-social, rehabilitative specialized service.

Eughenia has chosen to work with this kind of guys because of projects done in social and educational settings. In this particular case, Eughenia can work with Remo thanks to an educational proposal that involves the family and all the Institutions

Through a robbery Remo benefitted from probation by Juvenile Court. In the first time it seemed good solution for him but with time Remo had difficulties keeping his obligation and carried on using cannabis, for this reason his probation has been revoked by Juvenile court. Eughenia recommended a residential arrangement in a community as best solution for the boy. When Remo was with us he attended a training course as pizza maker and started working. Unfortunately during this time Remo has been involved in criminal affairs that compromised his rehabilitation. Remo has been released by our diurnal center and now he is continuing his penal trial helped by Juvenile Social Service.

### **Profile**

Remo has a hardly deviant family, liked with local mafia. His background is connected to local trafficking, theft and blackmails.

Remo's mother, father and brother had been involved in illicit activities, they spent time in jail and Remo too has been dragged in the robberies and in the penal trial. Right off his childhood, Remo has lived deviant experiences due to his family. He has not been adequately cared and his education is neglected. Remo has used cannabis early in the age and he became addicted. When he came to our diurnal center was brought to Serd for clinical and psychological inspections.

### **Current situation**

The minor has faced a complex childhood without educational and cultural bearings; for this reason, he never had a strong relationship with friends and teachers. During the sporadic

participations to the lessons Remo had bully manners abusing and mugging his mates. Remo's parents never gave him social rules.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Remo has a fragile personality, with a low tone mood and several difficulties in affective relationship. He has a low self-esteem, a lacking capacity of concentration and a collective decrease of the more complex cognitive performance. He lives a sense of pessimism, light forms of susceptibilities and closing, a guilt and maybe he is not aware about his sexual identity.

His family is very problematic and deviant in many of fields. It has an economic disadvantage and a worse social and cultural poverty. The family has never been a benchmark for Remo, the minor has spent a lot of his life on street with none that can help him understanding the right and the evil and teaching him legality.

Remo seems without a theoretical superstructure and sometimes he seems moving in the time and in the space in a unprepared way, in dangerous situations that he can't recognize; as result Remo reacts with closing behavior or summary involvement, underestimating the effects of his manners.

According to the markers, Remo's diagnosis is a social maladjustment and a antisocial behavior. The poverty condition, the heavy carelessness has had a repercussion on Remo's nature in a deviant and summary way.

The educational team of our diurnal center has reached to this diagnosis through continuous observation of Remo's participation to the educational activities, psychological conversation. In this long period of direct and indirect observation Remo has acted some particular reactions and manners out, inside and outside the center: these have revealed his fragility and, in the other hand, his tendency bonding in an opportunistic way, depreciating the other people to achieve his aims. The intimacy with the deviance and the criminality has put him in dangerous and risk several times in a unaware way.

The lack of a poised and peaceful family, able to give him love, education and control, has begeted Remo feeling mistrust and inhibition in the his important relationships.

His deviant and disorganized behavior, his no planning and his freewheeling, without bonding or having a personal project, are some of the markers that have allowed us designing a diagnosis and a I.E.P.

The educational and therapeutic work is been essential: during educational relationship the personality's characteristic have come out. The elaborating process of the child experiences needs middle-long term; the results are great to this day. Remo is been begun to his independence thanks his work.

**What were the signs/markers that led to the diagnosis**

- Unequal behavior or alternation of opposed manners.
- Depressive manners, alternation between egocentricity and low self-esteem
- Difficulties modulating emotions
- Unruly nutrition, lack of appetite or extreme hunger;
- Deviance and trasgression without structure of criminal mind
- Usually inclination staying in conflictual situations
- Self-esteem as unfit resolving a conflict without violence
- Self-esteem as unfit resolving frustration situations.

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

**MARKERS:**

- easily influenced by a leader or groupbasso legame familiare e violenza familiar
- socialization difficulties, highlight a lack of attention
- educational and affective
- aggression and tendency to prevarication
- inability to control impulses, poor ability to tolerate rules
- personal, family and social distress
- group provocation and aggression tendency
- deviant group identified as protective
- disvalue of social and legal rules
- adultized behavior
- Poor self-esteem or excessive narcissism
- Depressive traits
- Parenting at risk (loss of rights on minors, assignment of social services, removal of children, ..)
- Assisted and direct violence on children

- Reports for crimes and denunciation
- Severe neglect and emotional abuse
- Lack of a reference family and social network, solitude
- Abandonment or school failure
- Poor participation in school life by parents
- Prejudice, marginalization, bullying, cyberbullying
- deviant group identified as protective
- weak or non-existent Community ties
- weak assessment of prevention interventions

## GOOD PRATICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- and social autonomy
- Experiment with professional activities
- Educate the group's positivity as a resource
- Enhance active listening and discussion
- Strengthening resilience (breeding, educational, emotional, recognition, love, ..)
- greater employment and training opportunities

### **B. Are there similarities or notable differences?**

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

### **C. how could the checklists help you identify these young people at risk?**

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist are helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

### **Presentation of proposed intervention**

In the Remo's case too is been employed an educational individual intervention based on the development of legality, the creations of trusted and safe bonds with adults contrasting his family deviant exeprience. The intervention bases on the disadvantage status and the probation. The first step was the therapeutic intervention, an essential and decisive psychological support in order to elaborating the neglecting experience. The interventions by Juvenile Court and the Juvenile Social Services have made Remo more awareness about his deviant manners and this point has allowed to us working on measurable and gradual aims (school, job, continuous psycho-educational support).

The educational plan, in its total, is been set on critical review of deviant experience and on therapeutic dimension regards the rescue of a good communication, a relationship with himself and with the systems closer to him.

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.



What objectives did you set?

- education to self-control: ability controlling own self and own instincts
- developing expectation and optimistic prospects: ability seeking aims and changing
- regulation of emotional field and management of the relationships-communications
- value of esteem: feeling of self-esteem
- elaboration neglecting and loss
- promoting emotional development and molding empathy
- developing social interactions: ability relating with other people
- starting job and management of relationships with adults
- promotion of personal wellness
- Education to legality
- promotion social and professional relationships development

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of users, changing particular interventions on specific needs in the Individualized Educational Plan (I.E.P). (see the Action plan section described at Case 1, page 58)

### **Case 5 alias Jacopo**

*Hi I am Iacopo and I am 15.*

*I live with my family. My parents mock me in front of my friends. I am often bullied but I think that my mother authorises the bullies to treat me disrespectfully. She doesn't see in my the potential that other adults see in me. I commit many mistakes and often I feel sad, distressed and disappointed by the others and by myself.*

*Eugenia has been looking after me for almost 2 years.*

### **Case selection**

Eugenia has engaged with the boy thanks to Territorial Social Service and to Juvenile Court in Bari. The minors included in the diurnal center “Baloo”, usually have dangerous status

and for this reason they have to be protected. The diurnal center offers to them a specific service about their education, psyche and their schooling

Eughenia has chosen to work with this kind of guys because of projects done in social and educational settings. When a minor is included in our center, an a professional team thinks an a personal project up and a tutor is chosen for each one.

### **Current situation**

Jacopo has several occupations to do daily inside diurnal center. In regards to improve the relationship with his peers, Jacopo has sporting activities; he is shy and he often is a victim of bullies, in family too Jacopo is scoffed cause of his quiet nature. At school Jacopo has oppositive manners; he does not feel accepted and is not integrated. The reason why Jacopo is been inserted in our diurnal center is concern his psychological and pedagogic needs. Our aim is adding value to his makings and raising his self-esteem. Jacopo has an excellent gift to painting. The boy is checked by Juvenile Court and by Territory Social Service, his mother is involved in this educational project.

### **Profile**

Jacopo is 15 years old and comes from a suburb without services. His family is crumbled and multi problematic. His father has criminal records and he has left the family. His unaided mother is without economic help and for this reason she has illegally occupied an apartment.

Jacopo has a deeply upset family. In his childhood Jacopo was never been taken care by his parents with hygienical, healthcare and educational point of view. The parents have few attended in Jacopo's life, the father has early left the family and he never has taken care of his son; the mother mistreated the minor. Jacopo has never been helped with school and he never had an educative and cultural support. All the family background is weak and several members have been involved in criminal jobs.

Jacopo has a low self-esteem. There are depressive moments alternating to violent ones aimed to himself or to other people. For a period of his life, Jacopo was been conditioned by addict gangs and the risk being involved in criminal jobs was very high. However Jacopo has never taken direct part to criminal business. The boy is inclined to run away from significant relationship and he has problems putting his trust in someone else. Thanks to the social service Jacopo has been engaged in a preventive project in our diurnal center "Baloo".

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Jacopo comes from a broken up family without any kind of educational benchmark. The parents are split, the father left the family and Jacopo lived mistreatments that have devalued the minor. Jacopo is shy and introvert, he lives a psycho-social discomfort about dysfunctional adjustment and depressive inclination; several times he feels as a victim. Jacopo has had a bad school experience, there he was been bullying and his family couldn't support and protect him.

According to the markers, Jacopo's diagnosis is a social maladjustment with depressive traits, anxiety status and hidden anger. The disadvantage and the family situation have weighed on Jacopo's identity, accentuating depressive traits and emotional closing. His familiar condition glance on social one; due to this, Jacopo lives a low social reactivity and anxiety.

The educational team of our diurnal center has reached to this diagnosis through continuous observation of Jacopo's participation to the educational activities, psychological conversation. In this long period of direct and indirect observation Jacopo has acted some particular reactions and manners out, inside and outside the center: these have revealed his demotivational, depressive, closing and distrustful status. The abuses he lived, have defined a heavy guilt and a depression as closing and victimism.

The boy has revealed mistrust and inhibition feelings in his important relationships with peers and adult too.

His intolerant behavior, the anxiety status, his social redemption research, the depressive traits, the hidden anger, etc...are some of the markers that have allowed us designing a diagnosis and an I.E.P.

The educational and therapeutic work is been essential: during educational relationship the personality's characteristic have come out. The elaborating process of the child experiences needs middle-long term; the results are great to this day. Jacopo is been begun schooling and training plan.

What were the signs/markers that led to the diagnosis:

- Inclination manipulating and abusing peers and adults relationships
- psycho-educational support
- Loss of benchmark figures and non-recognition of educational figures

- Seductive and abusing manner against other guys, youngest in particular
- Inclination to sexualized and forced behaviors
- Depressive manners, alternation between egocentricity and low self-esteem
- Difficulties modulating emotions, anger in particular.
- Schooling choices ambivalence and professional orientation
- Self-esteem as unfit resolving a conflict without violence
- Self-esteem as unfit resolving frustration situations

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- socialization difficulties, highlight a lack of attention
- educational and affective
- inability to control impulses, poor ability to tolerate
- difficulty in interpersonal and group interaction
- emotional vulnerability
- need for listening and regularization of relationships
- behavioral ambivalence
- Depressive traits
- Parenting at risk (loss of rights on minors, assignment of social services, removal of children, ..)
- negligence and lack of attention, and / or abandoned to oneself
- social transgression
- difficulty in interpersonal and group interaction
- emotional vulnerability
- Assisted and direct violence on children
- Lack of rules and educational authority
- Severe neglect and emotional abuse
- Unemployment and severe poverty
- Lack of a reference family and social network, solitude

GOOD PRATICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- and social autonomy
- reinforce self-esteem and empowerment
- Educational tutoring and school support

- Experiment with professional activities
- Educate the group's positivity as a resource
- Enhance active listening and discussion
- Strengthening resilience (breeding, educational, emotional, recognition, love..)
- greater employment and training opportunities
- opportunities for social inclusion
- greater recognition of the values of solidarity

**B. are there similarities or notable differences?**

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

**C. how could the checklists help you identify these young people at risk?**

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

**Presentation of proposed intervention**

In Jacopo's case it has employed an individual intervention based on the prevention of violent behaviors and relationships between woman and man. The psychological treatment has

helped Jacopo elaborating his child trauma due to the violence he has attended. As result Jacopo reports anxiety, depressive status, low self-esteem, relational difficulties and bad emotional management. The work with the minor is aimed at educational rescue and valorizing his cognitive and emotional skills.

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.

What objectives did you set?

- deviance prevention
- psychological support
- developing expectation and optimistic prospects: ability seeking aims and changing
- regulation of emotional field and management of the relationships-communications.
- value of esteem: feeling of self-esteem
- recovery schooling and teaching methodology
- promoting emotional development and molding empathy;
- developing social interactions: ability relating with other people
- anxiety and phobia management
- legality education
- trust relationship management among educational figures in the family

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of

users, changing particular interventions on specific needs in the Individualized Educational Plan (I.E.P). (see The action plan section described at Case 1, page 58)

### **Case 6 alias Ivan**

*Hi I'm Ivan, I am 14 and I live with my family.*

*I have been thrown out from school for my aggressive behaviour.*

*I have been sent to a facility and thanks to the help of some educators I've begun an awareness path of my dysfunctional behaviours.*

*I felt welcome and understood. I've started again to study and I've accomplished middle school license privately.*

*Eugenia has been following me for 6 months.*

### **Case selection**

Eugenia has engaged with the boy thanks to Territorial Social Service and to Juvenile Court in Bari. The minors included in the diurnal center "Baloo", usually have dangerous status and for this reason they have to be protected. The diurnal center offers to them a specific service about their education, psyche and their schooling.

Eugenia has chosen to work with this kind of guys because of projects done in social and educational settings. When a minor is included in our center, a professional team thinks and a personal project up and a tutor is chosen for each one.

### **Current situation**

Ivan discloses a social anxiety with a scholastic phobia, he shows hard efforts in his adapting and relational skills, and sometimes depressing features are present. Due to these aspects Ivan adopts contrary and aggressive behavior at school. As a result of his bad conduct Ivan is been several time expelled from school. In our center Ivan has a personal program of psychological, educational and scholastic support. Ivan finished junior high school and now he is attending a training course in construction industry. In spite of an improvement of his manners, Ivan has not achieved passing purposes about his independence and his self-esteem.

Ivan is being verifying by Juvenile Court and territorial Social Service, his parents too are being involving in Ivan's educational plan.

### **Profile**

Ivan is 15 years old and come from an outlying zone of Bitonto where there are no services. His family has heavy economic problems e they freewheel through life thanks odd jobs and welfare payments.

The family has a low cultural and economic level. The shortage of the economic stability has caused a kind of value and educational poverty. Due to its educational inability the family has few partaken during Ivan's childhood. The parents didn't fulfill an authoritative role and all the background is defective, some relatives had been in jail with larcenies.

Ivan lived an unhappy and neglected childhood. Because of family's financial difficulties the boy suffered depressing effects, the primary needs are been denied for him. He lived anxiously all the family's problems and sometimes he was witness of domestic violence between his parents. Ivan totally left school because of his including difficulties that had caused anxiety and phobia. In this way Ivan had no opportunities meeting his peers and adults too, as result Ivan prefers staying apart, shutting in his muteness, intensifying his contrary and aggressive manners.

Ivan had come in contact with criminal gangs but thanks his relational difficulties he was not reputed able enough in that business. Thanks to the social service Ivan has been engaged in a preventive cultural and educational project in our diurnal center "Baloo".

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Ivan has a fragile personality, immature about emotions, with a low self-esteem and a insufficient endurance to frustration. The minor can't identify his personal skills and resources. Ivan feels a social anxiety with a specific school phobia; he has difficulties into adjustment and relational ability and sometimes aggressive and depressive traits come out.

According to child neuropsychiatry, Ivan suffers school phobia and oppositive-provocative disturb. School phobia is not just the difficult going to school but is anxiety and depression too; the phobia stresses Ivan and his family very much and it interferes with



emotional and social development; phobia is a long term factor of risk about Ivan's future sanity.

According to the markers, Ivan's diagnosis is an evident generalized anxiety. The boy has social anxiety through school phobia, he has difficulties into adjustment and relational ability and sometimes depressive traits come out and for these reasons he plays out aggressive and opposite manners.

The educational team has worked on the diagnosis determinate from child neuropsychiatry about the therapy.

Several behavioral and relational markers have come out thanks to observation, the educational practices analysis, psychological conversation and supervision by child neuropsychiatry. These markers are the reason of Ivan's school phobia, his generalized anxiety and his opposite-provocative manners.

Ivan has revealed a dysfunctional adjustment into peers relationships and regards adult figures. His emotional vulnerability features dual behaviors tending to aggression. Regarding to school Ivan feels anxiety and anguish and interchanges depressive with responsive behaviors. Aggressive and provocative manners are been executed at the diurnal center and at school too, for this reason Ivan is been several times expelled. His parents split and family conflicting relationships are another confirm of the diagnosis. The minor refuses school and prefers being punished than go there; in the more serious cases Ivan menaces suicide or put in act self and other harm.

What were the signs/markers that led to the diagnosis

- Hesitant and averse behavior to relationship
- Closing and aggressive conduct
- Deviant and no social manner
- Expressions of apathy interchanged with anger and aggressive moments
- Expressions of feelings of worthlessness and low personal and social esteem
- Self-valuation as unfit being up against a conflict unless violence with
- Self-valuation as unfit being up against frustration

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. how did the checklists (that we will have in O2) relate to your specific case?

## MARKERS:

- socialization difficulties, highlight a lack of attention
- educational and affective
- aggression and tendency to prevarication
- inability to control impulses, poor ability to tolerate rules
- personal, family and social distress
- group provocation and aggression tendency
- deviant group identified as protective
- disvalue of social and legal rules
- adultized behavior
- Poor self-esteem or excessive narcissism
- Depressive traits
- Parenting at risk (loss of rights on minors, assignment of social services, removal of children, ..)
- Assisted and direct violence on children
- Reports for crimes and denunciation
- Severe neglect and emotional abuse
- Lack of a reference family and social network, solitude
- Abandonment or school failure
- Poor participation in school life by parents
- Prejudice, marginalization, bullying, cyberbullying
- deviant group identified as protective
- weak or non-existent Community ties
- weak assessment of prevention interventions

## GOOD PRATICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- and social autonomy
- Experiment with professional activities
- Educate the group's positivity as a resource
- Enhance active listening and discussion
- Strengthening resilience (breeding, educational, emotional, recognition, love, ..)
- greater employment and training opportunities

B. how could the checklists help you identify these young people at risk?

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

C. Are there similarities or notable differences?

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist are helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

### **Presentation of proposed intervention**

In this specific case it has employed a cognitive behavioral therapy. The intervention is been very effective for anxiety disorder; in the literature there are a lot of data available compared with the supervised studies. Specifically, the cognitive behavioral treatment bases on conservation factors emerging with functional analysis; this therapy is useful with guys that reject school. More generally the intervention is individualized, it provides for several steps and procedures; the educators of diurnal center, the parents and school are involved in this graduated plan. In the first phase a psycho educational relationship is been modeled between educators and Ivan; this step is been useful first of all understanding anxiety nature and its course, than identifying dysfunctional thoughts (regarding himself, events, activities, separation from the attachment figure) to whom encourage a cognitive, relational and emotional renovation.

The educational plan, in its total, is been set on critical review of deviant experience and on therapeutic dimension regards the rescue of a good communication, a relationship with himself and with the systems closer to him.

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of users, changing particular interventions on specific needs in the Individualised Educational Plan (I.E.P). (see The action plan section described at Case 1, page 58)

### **Case 7 alias Nando**

*“Hi I’m Nando. I am 14 and I live with my family.*

*I’m enrolled at the first year of high school but I’ve never been attended it.*

*I cannot bear studying. I love countryside and animals.*

*I have few interests and I can’t stand others making too complicated discourses so I react speaking up and using dialect to draw attention on me.*

*Actually, sometimes I prefer to isolate and staying on my own.*

*Eugenia has been looking after me for more than a year”.*

### **Case selection**

Eugenia has engaged with the boy thanks to Territorial Social Service and to Juvenile Court in Bari. The minors included in the diurnal center “Baloo”, usually have dangerous status and for this reason they have to be protected. The diurnal center offers to them a specific service about their education, psyche and their schooling.

Eugenia has chosen to work with this kind of guys because of projects done in social and educational settings. When a minor is included in our center, a professional team thinks an a personal project up and a tutor is chosen for each one.

### **Current situation**

Nando didn’t go to school and spent his time in the street. He has been included in pinpointed educational activities and interventions that are intended to interiorize common

social rules, in so doing he could develop his unspoken capacities and begin an educational path.

Nowadays Nando likes come to our diurnal center and he is improving his status: he has consistently returned to study, he takes care of pets and garden too. In these two fields he can express his best. The family takes part in a dual way to minor's plan. Nando is being verifying by Juvenile Court and territorial Social Service, his parents too are being involving in Nando's educational plan.

### **Profile**

Nando is 14 years old and come from a criminal zone of the city. His family too is involved in local criminality. The cultural and social level of this family is very low profile and school is not considered as an essential element by them. The members of the family live a formal relationship based on resistance instead of love.

The minor lives in a poor and illegal family contest. The parents have a dysfunctional approach about emotional and educational side; moreover they are unable to give social rules to their sons. Due to the social and economic family's status, Nando couldn't develop his cognitive and emotional skills. In his childhood Nando usually was left alone in the countryside just with his animals. The territorial Social Service forced the family to take the minor school. With barely Nando has been successful in his junior high school license. Nando spent a lot of time on the street without benchmark; none took care of pass on the importance of school as a socializing and educational way. Nando's childhood was been hard also thanks to his father detention and the daily illegal condition which he looked at.

Nando lived a heavy childhood because of his parent's negligence. He is disinterested going to school and having relationships.

He always lives the difficulty adapting to social and educational contexts, as result he prefers staying by his self and rejecting any kind of confidence with peers and adults. The criminal family background has led to live with anxiety his father estrangements and has caused discouragement and depression moments. The lack of educational figures in his life has allowed his isolation and his mistrust regarding adults. Thanks to the social service Ivan has been engaged in a preventive cultural and educational project in our diurnal center "Baloo".

## **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Nando comes from a poor family. This indigence has generated in the minor psycho-social discomfort regarding the adjustment and deviance inclination.

According to the markers, Nando's diagnosis is a social maladjustment and an antisocial behavior. This disadvantage with a poor background have weighed on his depressive traits and his dual attraction between deviant manners and his own and social emancipation.

The educational team of our diurnal center has reached to this diagnosis through continuous observation of Nando's participation to the educational activities, psychological conversation. In this long period of direct and indirect observation Nando has acted some particular reactions and manners out, inside and outside the center: these have revealed has disadvantage status and in the same time an undefined criminal situation.

His familiarity with crime and deviance has presented him with important choices, as result his ambivalence come out in a hostile way. The deviant family experience has made Nando feel mistrust and inhibition in his important relationships.

His deviant and disorganized behavior, his social redemption research, the depressive traits, etc...are some of the markers that have allowed us designing a diagnosis and an I.E.P.

The educational and therapeutic work is been essential: during educational relationship the personality's characteristic have come out. The elaborating process of the child experiences needs middle-long term; the results are great to this day. Nando is been begun to schooling and training.

**What were the signs/markers that led to the diagnosis**

- Inclination manipulating and abusing peers and adults relationships.
- Loss of benchmark figures and non-recognition of educational figures
- Bullying
- Depressive manners, alternation between egocentricity and low self-esteem
- Difficulties modulating emotions, anger in particular.
- Deviance and transgression without structure of criminal mind
- Schooling choices ambivalence and professional orientation
- Self-esteem as unfit resolving a conflict without violence
- Self-esteem as unfit resolving frustration situations

## Practicalities of using the Handbook / O2 and the checklists in it

A. how did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- socialization difficulties, highlight a lack of attention
- educational and affective
- aggression and tendency to prevarication
- inability to control impulses, poor ability to tolerate
- conflict, denial, ambivalence or manipulation of the Authority
- difficulty in interpersonal and group interaction
- emotional vulnerability
- need for listening and regularization of relationships
- behavioral ambivalence
- Depressive traits
- Parenting at risk (loss of rights on minors, assignment of social services, removal of children, ..)
- Assisted and direct violence on children
- Reports for crimes and denunciation
- Severe neglect and emotional abuse
- Lack of a reference family and social network, solitude
- Abandonment or school failure
- Poor participation in school life by parents
- Prejudice, marginalization, bullying, cyberbullying
- Lack reference and social network, solitude
- deviant group identified as protective
- weak or non-existent Community ties
- weak assessment of prevention interventions

GOOD PRATICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- and social autonomy
- Educational tutoring and school support
- Experiment with professional activities
- Educate the group's positivity as a resource
- Enhance active listening and discussion
- Strengthening resilience (breeding, educational, emotional, recognition, love, ..)
- greater employment and training opportunities

- to explore the territory and stimulate interests
- greater external participation against illegality

#### **B. Are there similarities or notable differences?**

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

#### **C. How could the checklists help you identify these young people at risk?**

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

### **Presentation of proposed intervention**

In Nando's case too is been employed an educational individual intervention based on the development of legality, the creations of trusted and safe bonds with adults contrasting his family deviant experience. The intervention has been deeply educative and the therapeutic presence is been a useful instrument for psychological support, emotional management, depressive traits, self-control and development of cognitive and emotional abilities. The boy is been guided to schooling and training, he is been involved in a territorial socialization plan and in educational and social relationships. The educational plan, in its total, is been set on critical



review of deviant experience and on good educational support regards the rescue of a good communication, a relationship with himself and with the systems closer to him.

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.

What objectives did you set?

- promotion a critical sense about deviant plans
- parental support improving an educational management
- developing expectation and optimistic prospects: ability seeking aims and changing
- regulation of emotional field and management of the relationships-communications.
- value of esteem: feeling of self-esteem
- recovery schooling and teaching methodology
- promoting emotional development and molding empathy;
- developing social interactions: ability relating with other people;\_
- starting job and management of relationships with adults;
- promotion of personal wellness
- Education to legality
- promotion social and professional relationships
- development of ability and skills in social and professional fields

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of

users, changing particular interventions on specific needs in the Individualized Educational Plan (I.E.P). (see The action plan section described at Case 1, page 58)

### **Case 8 alias Paola**

*Hi, I'm Paola and I'm 19. I was born in a village in the Ukrainian countryside. Since I was very young I was taken away from my mom. I was about one or two years old when my house became an institute.*

*I've changed many of them. When I was 11, I came to Italy and eventually I had a new family. However, today I've have abandoned and rejected by them too.*

*I also must face a penal trial....*

*Eughenia has been looking after me for 6 months”.*

### **Case selection**

Eughenia has engaged with the girl thanks to Jouvenile Court in Bari that has recommended Paola to our diurnal center. The minors are connected with socio-educational experimental diurnal center for minors who ran into the penal area because it can give them an educational, psycho-social, rehabilitative specialized service. This kind of center is specific for minors who ran into penal area or who are at risk of deviance.

Eughenia has chosen to work with this kind of guys because of projects done in social and educational settings. In this particular case, Eughenia can work with Paola thanks to an educational proposal that involves the family and all the Institutions.

### **Current situation**

The girl is doing probation a tour diurnal center with an educational and psychological support. Paola stole in a shop and then she can get a probation by the Juvenile Court in our diurnal center Chiccolino. Here the educators have worked in a psycho-social-educational way, studying a personal detox program for Paola and helping her diving in her emotional life. Paola graduated and nowadays is working as a salesgirl. Paola is being verifying by Juvenile Court and territorial Social Service and her parents are being involving in her educational plan.

### **Profile**

Paola is 19 years old and her family has a good social, economic and cultural lifestyle. She comes from Belarus and the parents adopted her when she was 11.

When Paola was in Belarus she lived in an orphanage. During her adolescence some misunderstanding born between her parents about the different educational system used with the girl. As result the parents uncoupled for a period and Paola lived emotional destabilizations, leaving home without agreement and leading her parents reporting her disappearance to police. It was in that period that Paola stole in a shop.

The lack of a real family during Paola's childhood has allowed a flaw in emotional area. The orphanage didn't permit her developing confidence with the people cared her; moreover usually Paola looked after youngest children. During the adoption period Paola revealed good feedbacks regard the parents and their relationship was great. The gap came in order to the break of her parents: Paola has lived a unease and a relational need again. As result Paola became violent and aggressive, she stole and began using cannabis. These experiences scarred Paola during adolescence. Following to the penal trial and the sensation of negative opinion of her parents about her behaviors, Paola left school and her emotions developing depressing aspects.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

When Paola was inserted in our center she looked like a girl with a drift mood, she seemed apathetic, with a fragile, complex and sometimes dual personality. For a long time the relational dynamics of Paola had been focused on an agreement research, she needed approval and compassion from other people a usually she attained them by seductive ways. Although Paola says being able to be independent, she needs someone, she looks for a relationship but often she can't manage it and lives the bond in a summary way.

Paola showed herself not real in the relationship and usually she manipulated; this behavior has denoted her mistrust about her social and familiar relationships. She is often suspicious and closing, she tells of herself as a victim in situations always endured and never caused by her. Paola has disclosed a low critical consideration level and she unfits communicating in a suitable way according situations and needs.

These aspects seem linked to her past neglecting experience, to the adults that came in succession for years in her life. The continuous changing of adult benchmarks has not allowed none kind of attachment with any specific figure care.

When she was 11 years old an Italian couple adopted her but soon the parents split up because of a bad relational and parental management; due to this Paola has had an unbalance that gave rise to interior anger and to a transgressive and deviant manner. This is the reason why she stole and started abusing drugs.

Analyzing specifically the social and relational history of Paola, it is clear that all these aspects set important forewords for a fragile personality, emotionally vulnerable.

The developing aims aspire to propose her awareness regarding her abilities and her independence. Paola is very smart and is been begun to school, to job and to an important educational and therapeutic support. The family experience is still dual but now her capability and determination are helping her having a growth fitting her age.

According the indicators appeared by the observation and the analysis, the diagnosis for the girl is a mood upset with a bonds disorganization, an impulsivity traits due to her experience in betrayal of first trusting relationship and an unspoken anger degenerated in self and other harm.

The educational team of our diurnal center has reached to this diagnosis through continuous observation of Paola's participation to the educational activities, psychological conversation, group of words, the work supporting parents and the familiar therapy. In this long period of direct and indirect observation Paola has acted some particular reactions and manners out, inside and outside the center: these have revealed her fragility. The lack of calm and her closing have facilitated a structure setting that can accept her anger, expressing freely her emotions, frustrations and conflicts.

The educational and therapeutic work is been essential: during educational relationship the personality's characteristic have come out. The elaborating process of the past needs middle-long term and the result are great to this day. Paola is continuing her plan in our diurnal center and she is working.

What were the signs/markers that led to the diagnosis

- Inclination manipulating and abusing peers and adults relationships
- psycho-educational support
- Loss of benchmark figures and non-recognition of educational figures

- Seductive and abusing manner against other guys, youngest in particular
- Inclination to sexualized and forced behaviors
- Depressive manners, alternation between egocentricity and low self-esteem
- Difficulties modulating emotions, anger in particular.
- Schooling choices ambivalence and professional orientation
- Self-esteem as unfit resolving a conflict without violence
- Self-esteem as unfit resolving frustration situations

## **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

### **MARKERS:**

- easily influenced by a leader or groupbasso legame familiare e violenza familiar
- default and school dropout
- socialization difficulties, highlight a lack of attention educational and affective
- aggression and tendency to prevarication
- instability, impulsivity, fragility, opposition to the adult
- deviance
- Abandonment or school failure
- Prejudice, marginalization, bullying, cyberbullying
- Social and educational exclusion
- group provocation and aggression tendency
- deviant group identified as protective
- disvalue of social and legal rules
- familiarity with delinquency and crime
- territories with a high risk of deviance

### **GOOD PRATICES**

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- educational and psychological support and accompaniment
- reinforce self-esteem and empowerment
- Educational tutoring and school support
- Educational and informative laboratories on legality
- enhance school inclusion projects
- identification and strengthening of peer education groups
- education projects on legality and training investment
- strengthen social networks

- greater employment and training opportunities

B. are there similarities or notable differences?

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

C. how could the checklists help you identify these young people at risk?

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

### **Presentation of proposed intervention**

Also in the case of Paola, an individualized educational intervention was strongly based on the development of self-esteem and bonds of trust with the adult figures and on the experience of adoptive failure. The intervention was also set on the status of juvenile delinquency and on the project to test.

A priority intervention was the therapeutic one, an important and decisive psychological support for the development of the abandonment trauma and the sense of loss. The need to rediscover its origins in Belarus has also emerged in the last period. The intervention of the Court and the social service of juvenile justice has made the girl more aware of her deviant behavior, this awareness has allowed us to work on measurable and gradual objectives (schooling, professional start-up, constant psycho-educational support).

The educational project as a whole has been set both on the critical revision of the deviant experience and on the therapeutic dimension with respect to the experience of post-adoption, reunification of family relationships, personal and social autonomy and economic independence through work.

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.

It is important for us give value and describe the behaviors and the dynamics of each minor, so it is necessary be busy with interactions, communications, relationships existing among the several systems of each minor. The educational and therapeutic process for our guys is a complex system. The minor is in the middle of different systems and with them he can have a direct or indirect interaction that can have a different intensity depending on membership level about affinity, needs and emotions that are involved.

The prospective of social inclusion is another key factor in which various actors (family, school, job, Juvenile Court) have taken part; moreover the orientation to autonomy, to school and to job are been educational planning markers and converting experiences.

What objectives did you set?

- enhancement of self-esteem: feeling of personal value;

- self-control education: ability to control oneself and one's own impulses;
- processing of abandonment and loss
- to encourage the development of emotion and develop empathy
- development of the capacity for social interaction: ability to relate with others.
- professional start-up and management of relations with adults
- promotion of individual well-being
- promotion of social and professional relations
- development of skills, abilities and skills in the social and professional field
- support and support for the family relationship
- regulation of the emotional sphere and management of the relationship-communication

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of users, changing particular interventions on specific needs in the Individualised Educational Plan (I.E.P). (see the action plan section described at Case 1, page 58)

### **Case 9 alias Massimo**

*“Hi I’m Massimo and I am 15. I live in a numerous family.*

*My mother is always seeking for a job to sustain the whole family. My father has lived in jail for long time. I’ve never loved school. I have never known how to manage my distress, and every time something annoyed me I acted with violence and aggression. I am convinced that only in this way you can be the strongest.*

*Probably, there is another way to be with the others, but until now I’ve known only this.*

*Eughenia has been looking after me for 5 years”.*

### **Case selection**

Eughenia has engaged with the boy thanks to Jouvenile Court in Bari that has recommended Massimo to our diurnal center. The minors are connected with socio-educational experimental diurnal center for minors who ran into the penal area because it can give them an educational, psycho-social, rehabilitative specialized service. This kind of center is specific for minors who ran into penal area or who are at risk of deviance.

Eughenia has chosen to work with this kind of guys because of projects done in social and educational settings. In this particular case, Eughenia can work with Massimo thanks to an educational proposal that involves the family and all the Institutions.



## **Current situation**

Eughenia looks after Massimo since many years, working in regards to preventing violence and deviance. The educators are executing a plan to being Massimo aware of his violent and aggressive manners. The minor is being helped with his school tasks and is completing a term his studies. In the social respect Massimo is making progress in leaps and bounds: he takes actively part in all the workshops. The minor's family is involved in the plan improving its duties.

## **Profile**

Massimo is 15 years old and comes from a criminal zone of the city. His family too is involved in local criminality. The cultural and social level of this family has a low profile and the educational investment doesn't fit.

Massimo has a multi-problematic family, his father has criminal records and he has been in jail several times. The mother has not a good educational ability

Massimo lived a heavy childhood caused by insufficient parental abilities: the father were in jail when Massimo was child and his mother has neglected the boy, as result the minor has had to idealize a paternal figure in a deviant context. Massimo's childhood is been lived in the social assistants offices, without a fixed benchmark.

Since Massimo was a child he has had a bully behavior, masking his vulnerability and his victim conditions. The minor has serious educational and emotional lacks, for these reasons Massimo has revealed difficulties adapting himself in social and educational circumstances and so he has executed contrary manners against his peers and the adults. Due to his family experiences, Massimo lives anxiously the relationships, suffering insecurity with depressive aspects.

## **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Massimo has an appropriate body for his age but, in the other hand, he has a childhood and irresponsible personality, not used to plan and to consider the consequences of his acts. This difficulty comes out in the normative and structured contests as school. Sometimes Massimo can recognize his dysfunctional acts but he can't control them and his ager.

According social life, Massimo means well bonding but his will matching people crashes with his inability to management a conflict or a different opinion. The boy can't run this frustration and for this reason he bullies.

According to the markers, Massimo's diagnosis is a social maladjustment and an antisocial behavior. This disadvantage with a poor background have weighed on his depressive traits and his dual attraction between deviant manners and his own and social emancipation.

The educational team of our diurnal center has reached to this diagnosis through continuous observation of Massimo's participation to the educational activities, psychological conversation. In this long period of direct and indirect observation Massimo has acted some particular reactions and manners out, inside and outside the center: these have revealed hos disadvantage status and in the same time an undefined criminal situation.

His familiarity with crime and deviance has presented him with important choises, as result his ambivalence come out in a hostile way. The deviant family experience has begeted Massimo feeling mistrust and inhibition in the his important relationships.

His deviant and disorganized behavior, his continuous seesawing between legality and illegality, will going to school and then not go, etc... are some of the markers that have allowed us designing a diagnosis and a I.E.P.

The educational and therapeutic work is been essential: during educational relationship the personality's characteristic have come out. The elaborating process of the child experiences needs middle-long term; the results are great to this day. Massimo is been begun to his independence thanks his work.

**What were the signs/markers that led to the diagnosis**

- Unequal behavior or alternation of opposed manners.
- Depressive manners, alternation between egocentricity and low self-esteem
- Difficulties modulating emotions, anger in particular.
- Deviance and transgression without structure of criminal mind
- Schooling choices ambivalence and professional orientation
- Self-esteem as unfit resolving a conflict without violence
- Self-esteem as unfit resolving frustration situations.

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

## MARKERS:

- socialization difficulties, highlight a lack of attention
- educational and affective
- aggression and tendency to prevarication
- inability to control impulses, poor ability to tolerate rules
- personal, family and social distress
- group provocation and aggression tendency
- deviant group identified as protective
- disvalue of social and legal rules
- adultized behavior
- Poor self-esteem or excessive narcissism
- Depressive traits
- Parenting at risk (loss of rights on minors, assignment of social services, removal of children, ..)
- Assisted and direct violence on children
- Reports for crimes and denunciation
- Severe neglect and emotional abuse
- Lack of a reference family and social network, solitude
- Abandonment or school failure
- Poor participation in school life by parents
- Prejudice, marginalization, bullying, cyberbullying
- ease
- deviant group identified as protective
- weak or non-existent Community ties
- weak assessment of prevention interventions

## GOOD PRATICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- and social autonomy
- Educational tutoring and school support
- Experiment with professional activities
- Educate the group's positivity as a resource
- Enhance active listening and discussion
- Strengthening resilience (breeding, educational, emotional, recognition, love, ..)
- greater employment and training opportunities

B. are there similarities or notable differences?

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

C. how could the checklists help you identify these young people at risk?

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

### **Presentation of proposed intervention**

In Massimo's case too is been employed an educational individual intervention based on the development of legality, the creations of trusted and safe bonds with adults contrasting his family deviant experience. The intervention has been deeply educative and the therapeutic presence is been a useful instrument for psychological support, emotional management, depressive traits, self-control and development of cognitive and emotional abilities. The educational plan, in its total, is been set on critical review of deviant experience and on good educational support regards the rescue of a good communication, a relationship with himself and with the systems closer to him.

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.

It is important for us give value and describe the behaviors and the dynamics of each minor, so it is necessary be busy with interactions, communications, relationships existing among the several systems of each minor. The educational and therapeutic process for our guys is a complex system. The minor is in the middle of different systems and with them he can have a direct or indirect interaction that can have a different intensity depending on membership level about affinity, needs and emotions that are involved.

The prospective of social inclusion is another key factor in which various actors (family, school, job, Juvenile Court) have taken part; moreover the orientation to autonomy, to school and to job are been educational planning markers and converting experiences.

What objectives did you set?

- education to self-control: ability controlling own self and own instincts
- developing expectation and optimistic prospects: ability seeking aims and changing
- regulation of emotional field and management of the relationships-communications
- value of esteem: feeling of self-esteem
- recovery schooling and teaching methodology
- promoting emotional development and molding empathy
- developing social interactions: ability relating with other people
- starting job and management of relationships with adults
- promotion of personal wellness
- Education to legality
- promotion social and professional relationships
- development of ability and skills in social and professional fields

## **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of users, changing particular interventions on specific needs in the Individualised Educational Plan (I.E.P). (see the action plan section described at Case 1, page 58)

## **Case 10 alias Vittorio**

*“Hi I am Vittorio and I am 17.*

*I live in a little town with my parents. I’ve finished the second year of high school. I am a willing person and I like to stay at school. I have a special needs teacher who is not always at school. In those cases, the school becomes difficult to me.*

*I am quite reserved and sometimes I am bullied.*

*I do not respond with violence but others’ oppression fill me with rage. My way to let this emotion out is to answer with many bad words...*

*Eughenia has been looking after me for more than 5 years ”.*

## **Case selection**

Eughenia has engaged with the boy thanks to Territorial Social Service in the course of a specific project aiming for Roma children and their family integration. The minors included in the diurnal center “Baloo”, usually have dangerous status and for this reason they have to be protected. The diurnal center offers to them a specific service about their education, psyche and their schooling.

Eughenia has chosen to work with this kind of guys because of projects done in social, intercultural and educational settings. When a minor is included in our center, an a professional team thinks an a personal project up and a tutor is chosen for each one.

## **Current situation**

Vittorio is a Roma boy and he attends our diurnal center since many years. His educators are working in order to supporting his instruction: Vittorio is enrolled at high school. Moreover,

his plan provides for prevention and social inclusion, curbing the risk of deviance. Vittorio likes taking part in all workshops done at the diurnal center, he is in a football team and he is helped with a psychological support too. During this year Vittorio has learned being independent in his daily tasks (relationships, personal care, school). Vittorio's plan aims to his complete social integration. Eugenia works with the family too in order to improving parental competences and their cultural integration. The territorial social service supervises the status of the minor.

### **Profile**

Vittorio is 17 years old and he lives with his copious family in a encampment in the countryside near Bitonto. They come from Romania and they stay in Bitonto since many years.

The reason why Vittorio is part of our diurnal center is because of his school absence in order to begging at the corner streets or near shops and churches, harrying people and shopkeepers. He lived this lifestyle as he was child, he never went to school and he endured many physical and psychological risks due to the mendicancy.

When Vittorio was a child he never had fitting cares and instruction so he now has serious cognitive and emotional difficulties.

In the past he has took care of his 5 youngest brothers and sisters in order to help his mother. In the matter of cultural integration Vittorio has suffered the prejudice as Roma boy; as result he now has a low self-esteem and sometimes he uses aggressive and violent manners as safeguard o responding to injuries.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

Vittorio is 17 years old and he lives with his copious family in a encampment in the countryside near Bitonto. They come from Romania and they stay in Bitonto since many years. When he was a child he lived begging life and he endured many physical and psychological risks due to the mendicancy. According to the markers, Vittorio's diagnosis is a social maladjustment and mistreatment. The poverty and the carelessness has weighed on Vittorio's personality as deviance risk.

The educational team of our diurnal center has reached to this diagnosis through continuous observation of Vittorio's participation to the educational activities, psychological

conversation. In this long period of direct and indirect observation Vittorio has acted some particular reactions and manners out, inside and outside the center: these have revealed his disadvantage status and in the same time his will of redemption through schooling.

The educational and therapeutic work is been essential: during educational relationship the personality's characteristic have come out. The elaborating process of the child experiences needs middle-long term; the results are great to this day. Vittorio is been begun to schooling and training.

**What were the signs/markers that led to the diagnosis**

- Unequal behavior or alternation of opposed manners.
- Depressive manners, alternation between egocentricity and low self-esteem
- Inclination to isolation
- bullying
- Deviance and transgression without structure of criminal mind
- Usually inclination staying in conflictual situations
- Self-esteem as unfit resolving a conflict without violence
- Self-esteem as unfit resolving frustration situations.

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

**MARKERS:**

- socialization difficulties, highlight a lack of attention
- educational and affective
- aggression and tendency to prevarication
- inability to control impulses, poor ability to tolerate rules
- personal, family and social distress
- group provocation and aggression tendency
- deviant group identified as protective
- disvalue of social and legal rules
- adultized behavior
- Poor self-esteem or excessive narcissism
- Depressive traits
- Parenting at risk (loss of rights on minors, assignment of social services, removal of children, ..)
- Assisted and direct violence on children



- Reports for crimes and denunciation
- Severe neglect and emotional abuse
- Lack of a reference family and social network, solitude
- Abandonment or school failure
- Poor participation in school life by parents
- Prejudice, marginalization, bullying, cyberbullying
- deviant group identified as protective
- weak or non-existent Community ties
- weak assessment of prevention interventions

## GOOD PRATICES

- processing of traumas experienced or unfavorable experiences
- recognize and manage the emotions, the frustration of the conflict
- and social autonomy
- Good management of conflicts with families
- Turning knowledge into know-how (skills)
- Training the future citizen without discrimination
- Experiment with professional activities
- Educate the group's positivity as a resource
- Enhance active listening and discussion
- Strengthening resilience (breeding, educational, emotional, recognition, love, ..)
- greater employment and training opportunities

### **B.** are there similarities or notable differences?

There are some similarities with the regular markers used by educational team in the diurnal center: the function of indicators is important because it promotes a total estimate of several intervention areas and it facilitates the summary in the complexity of the cases.

### **C.** how could the checklists help you identify these young people at risk?

The checking lists help identifying markers of reference for those youngsters in deviance risk because they orient the observation and the analysis in a complete way (personal, familiar, educational, social level), giving fact-finding and practical shades to having the best set of a diagnosis.

Moreover, the functionality of the indicators helps educators and psychologist having psycho-pedagogic benchmarks, referring to disadvantage behaviors, deviance and

marginalization. The markers are a great deepening instrument, they encourage a better observation for the purpose of the intervention, modulating, depending on each specific case, the most fitting and the most functional action for the change.

The psychologist helped considering the therapeutic intervention in a systemic view. Thanks to these instruments and markers, this view can include several social actions and psycho-educational interventions for a shared, curative, dynamic and converting logic.

The checking lists become an essential base on which refer to, the good professional motivation that helps pinpointing new markers. In this way it is possible generate best educational and psychological practices.

### **Presentation of proposed intervention**

In Vittorio's case too is been employed an educational individual intervention based on the development of legality. The intervention has been deeply educative and the therapeutic presence is been a useful instrument for psychological support. The educational plan, in its total, is been set on critical review of begging experience, on deviance, on social relationship regards judgment and cultural and ethnic prejudice.

The method that we have used is the systemic-relational type. The several systems observed (individual, familiar and social) take account of the evolution and the change comparably the minor and her relation to the contexts.

The intervention and the approach that have been used, have taken account of the starting diagnosis considering the evolution, the development and the progression.

The observation and the planning intent of the communication and the personal growth have had a great success, as the adaptation to change (self-regulation), the self-management and auto-support.

Other perspectives in methodological terms are the learning valuations and the communicational and behavioral changes in reference to the different systems and conditions.

It is important for us give value and describe the behaviors and the dynamics of each minor, so it is necessary be busy with interactions, communications, relationships existing among the several systems of each minor. The educational and therapeutic process for our guys is a complex system. The minor is in the middle of different systems and with them he can have a direct or indirect interaction that can have a different intensity depending on membership level about affinity, needs and emotions that are involved.

The prospective of social inclusion is another key factor in which various actors (family, school, job, Juvenile Court) have taken part; moreover the orientation to autonomy, to school and to job are been educational planning markers and converting experiences.

What objectives did you set?

- education to tolerance and active citizenship
- education to self-control: ability controlling own self and own instincts;
- developing expectation and optimistic prospects: ability seeking aims and changing
- regulation of emotional field and management of the relationships-communications.
- value of esteem: feeling of self-esteem
- handling anxiety
- promoting emotional development and molding empathy;
- developing social interactions: ability relating with other people;
- starting job and management of relationships with adults;
- promotion of personal wellness
- Education to legality
- educational to difference and integration

### **The action plan**

The action plan offered for each intervention (educational, social, therapeutic) to minors in our Diurnal Centers (the penal one and the prevention to deviance risk one) is used for all of users, changing particular interventions on specific needs in the Individualised Educational Plan (I.E.P). (see the action plan section described at Case 1, page 58)

### **Synopsis of remedial process based on proposed intervention:**

A. What did you accomplish?

It produced a repair process, through not only a punitive system, but above all the analysis of the new educational needs of teenagers. New social responsibility education systems have been produced. The family, the school, the territories have been more present offering opportunity to make relational experiences to the boys.

A model of specific educational and psychological intervention for the boys of the penal area has been realized.

A model of preventive intervention was created with an interdisciplinary methodology. For every boy a repair and care path was made. The strategy has social inclusion at all levels. The stronger social networks have facilitated the educational routes of transformation and change.

**B. Did you meet your objectives?**

Given the deviant context of the city and how young people are involved in child crime, good results have been achieved in terms of qualitative and quantitative objectives. Our Centers and Services have achieved goals of prevention and care of young people who are strongly at risk of deviance.

Important goals have also been achieved with boys and girls undergoing criminal prosecution.

A social and institutional network of prevention, treatment and educational and health care has been created. A virtuous and synergic system has been created between families, schools and specialized services for minors.

**Implications & conclusions**

**A. advice based on the case**

With respect to our experience we feel like giving the following suggestions:

1. Active participation of boys and families in individualized planning;
2. Protagonism of boys and girls in educational choices and good awareness of the educational and social path good management of the unexpected and critical issues;
3. be open to the territory and work on the stereotypes and social prejudices of the minor of deviance and crime;

4. Invest more and better in preventing crime and juvenile distress. Intervening in schools and families, making them an active part of the care project;
5. not consider conditions of conflict and transgression (use of cannabis, temporary removal from the center, ...) as absolute indicators of failure and failure of an educational or therapeutic project, but factors to work on;
6. Consider the temporal factor as an element of change and transformation and of the processing of suffering experiences;
7. supervision of operators as a protective factor to avoid burnout;
8. To better distribute the level of responsibility among all the protagonists of the educational project. It involves everyone with a role and an educational task to complete.

#### B. Lessons you learned from it

From the experience of working with children of boy's deviance we have learned that always every case is different and on the other special, in short, the suggestions we can give are:

1. Always consider the potential of the boy and have no form of prejudice and stereotypes. Doing a job, at the same time, individual and social does not let more and more value a space of communication and relationship open to social experiences and meaningful relationships.
2. Never be judging against the stories of the boys, often tragic and brutal stories. accompany the children to a gradual awareness of their situation even if painful, but true, from which one can start to change one's personal and social condition;
3. Never be disheartened and accompany the boys to the experience of change and transformation.
4. Facilitate educational processes also in difficulty and conflict, offering valid alternatives responding to their need for care
5. Enhance and strengthen the proximity networks (families, friendship, school) institutions (social service, court, health services) to help recognize these networks as resources.
6. To favor a gradual autonomy in the experimentation of social networks and the development of personal and social skills, abilities and competences.

### C. Conclusions

This is an extraordinary job, taking care of these boys and girls gives us the opportunity to take care of ourselves as operators. The analysis of cases and the methodology used made us think further about the responsibility we have as social workers. The individual cases have made us review all the work that is done and how important it is to work in teams and with the territory. Every boy has experienced the sense of change; he has gone beyond the Center, finding a human dimension. Many young people have found work and are starting to experiment in economic autonomy.

Many boys pass by our Center, but each of them has helped us to change, to see things differently. From a methodological point of view, using the systemic relational model there has been a great deal of bias, not only in the psychological but also in the educational perspective.

### **Testimonials**

The experience of training in Greece on the systemic relational model has been a very important experience. The relapse of training was much appreciated by the SET and by the boys themselves.

The dynamism and in work of relationships in micro and macro systems have allowed a wider vision of the educational project. Working with a systemic approach has meant rediscovering the personal and social ties and patterns that each of us carries with us.

The transfer of information and knowledge from the DIT to the SET and then to the boys has had its importance in terms of transmission of skills, which have been reviewed, changed and transformed.

The boys have learned to be involved and included in complex paths. We noticed how the boys opened up and we participated with attention and curiosity to the different activities. The boys had more space in their designs, they felt more aware of their project.

The same operators have had positive responses in accompanying the boys in their autonomy and rediscovery of some links taken for granted, family and school, in particular.

### **Roles and relationships within SET's and DITs**

### 1. How were the people chosen?

People have been identified through a selection within the cooperative. Many operators participated, all motivated by the project experience. After a selection, some professionals have been identified with particular characteristics (motivation, skills, and experience).

### 2. How did they work together?

The professionals worked together with a series of indications and advice. There were moments of common formation (SET and DIT), an exchange of experiences that led to a formative wealth. There was a great collaboration among the operators in all phases of the project. The experience of the transition from the DIT to the SET was a crucial moment, the state was, beyond a moment of in-depth knowledge, also a space for comparison and greater knowledge among the operators themselves. All the operators are intrigued and have expressed their interest in the experience of the training experience with a systemic perspective.

The construction of stories, the role of the boys, the interviews, the videos, were only moments when I allowed myself to experiment with new working methods. This experience has reinforced many professional aspects.

### 3. Difficulties faced regarding the functioning of SETs and DITs

There were no difficulties; it was an important opportunity to work together on working methods, on the aims of social work and on the systemic approach. The meeting between DIT and SET represented a very important moment of confrontation, rich in contents.

*d. Eurosuccess contribution*

**CASE N. 1 Maria**

*I am Maria 22 years old today. I started using substances since I was 16 out of curiosity and because I had the need to belong to a group of people who were also using substances. My dependence led me to break the law to secure my dose and my lawlessness has led me to Jail where I am being held for 2,5 years.*

**Case selection**

Maria was sentenced to 4 years imprisonment for burglaries. After a short period of adapting she was approached by the Mental Health Services of the Prison Department with the goal of motivating her and integrating her into educational and treatment programs.

Choosing Maria was based on the one hand on the criteria for selecting young people who would take part in the project, that is substance users, while at the same time the selection was made based on the will that these young people and specially Maria showed to find help through psycho-educational programs to recover from their addiction.

**Current situation**

Maria is one step away from her release from prison and through her participation in the psycho-educational programs she has been clean of substances for more than a year now. She has been educated on several subjects and has acquired skills and certifications which will help her reintegration into society.

**Profile**

Maria comes from a village from the province of Limassol in Cyprus from a family of average socioeconomic class.

Her relationship with her parents is described from a relative young age as harmonious whereas it develops into confrontational because of the explosive temper she displayed when she was using substances. Even though she did not abandon school, while she was an excellent student after starting to use substances she just about managed to obtain her school certificate.



According to Maria, despite their problems her parents always tried to provide her with everything a child needs. In general, she never faced financial difficulties or violence in her family. She did however face violence at the age of 16 when due to her use of substances she was integrated into a group of young users who involved her in burglaries, robberies and other offensive behavior.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

From a psychological point of view Maria does not display any active psychopathology. She does however display intense anxiety signs as well as emotional depression and strong anger towards the system and society.

The experiences she has lived through have made her into a person who is afraid to trust others easily and express her feelings. Despite the fact that she has remained for a long time without use of substances she continues to be vulnerable especially from an emotional point of view.

As soon as she was placed in prison she was characterized by indifference and lack of interest in anything. Gradually, by being motivated she began to show interest in learning and started to be motivated to go on with her life.

Maria was assessed by the Mental Health Services of the Prison Department who helped her and who continue to help her as far as her psychological side is concerned. On the other hand, her integration into the educational programs and the assessment of her educational needs evidence emerged which showed her lack of motivation. Thus, a plan of psycho-educational action was jointly planned which will help her develop the skills, abilities but also to recover from use.

The signs/markers that led to the diagnosis

- Deficits in the Psyche – Identity deficiency
- Lack of positive role models
- Difficulties in interpersonal relationships
- Low self esteem
- Difficulty in controlling impulses –impulsivity
- Low tolerance to stress and cancellations
- Feelings of despair and impasse

- Lack of ambition for the future

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- Communication difficulties between family members
- Low socioeconomic situation/social marginalization/ unemployment
- Lack of support / control
- Positive attitudes, awareness of the use of substances
- Use of substances by friends/ company
- Delinquent behavior in peer group
- Positive image of the use of substances by peers

GOOD PRACTICES

- Development through psycho-educational tools of Individual skills and basic life skills so that Maria can be empowered in
  - decision making
  - dealing with problems
  - managing emotions, stress (anger etc.)
  - Critical thinking
  - creative thinking
  - positive assertion
  - communication skills
  - positive view of oneself and self-value
- Through Mary's agreement for recovery from addiction she is provided with knowledge regarding the consequences of the use of substances
- Provision of Emotional support
- Development of skills for resolving her family ties
- Offering of opportunities for creative activities in her spare time

B. Are there similarities or notable differences?

There are certain similarities with the usual indicators that are used by the educational and the psycho-therapeutic team in the Prisons.

C. How could the checklists help you identify these young people at risk?

The factors indicated in the checklist are particularly helpful since they face the individual as a bio-psychosocial being controlling and attributing importance to the individual, social, biological, psychological, scholastic and other factors of the individuals' life. At every element of his life the individual faces danger factors and for each danger the correct good practices can be followed via the checklist to address and help the individual.

**Presentation of proposed intervention**

A plan of psycho-educational intervention was designed for Maria with the goal of her psychological empowerment as well as the development of her skills on learning as well as a social level. Special emphasis was given on stimulating her self- esteem, managing her anxiety and integrating her in an open detoxification program from substances within prison limits. At the same time, she was given motives for participating in prison entertainment groups such as the dance team so as to develop her sociability and cooperative skills within a group.

As part of the implementation of the program the systemic dialectic approach was implemented on a psychological therapeutic level as well as on an educational level.

Different systems were taken into consideration such as family, social, scholastic and these were the basis of the design of the intervention plan based on the systemic dialectic approach.

Through the analysis of Marias' life systems emerged her psychological and educational needs and the goals were set for satisfying these needs.

Objectives

- Information on the impact of use and the ways to deal with it through individual and team psycho-education.
- Psychological support and motivation for discontinuation of use and change of way of life.
- Individual psychotherapy.

- Personal development and adoption of a new and creative way of life which does not include the use of substances
- Cultivation of skills for more effective dealing with and solving problems and difficulties, skills for the creation of healthy relationships and the improvement of communication within the family.
- Strengthening of self-esteem and taking on personal responsibility.
- Reconnection with educational and professional life in combination with the disengagement from illegal actions.
- Goal setting for career guidance.

### **The action plan**

Since 2015 the Administration of the Prison Department is making a serious effort so that the prison system of Cyprus and by extension the prison institution can be developed, upgraded and become a role model institution among the other European countries.

These efforts seem to be particularly effective and this fact is noted through the exchange of records from our participation in different European forums concerning prisons, as well as from reports of international committees.

Among the many changes achieved is the investment made by the Management of the Prison Department in the Education of prisoners while special emphasis has been given to the education of the young prisoners adhering to and fully applying European and other Prison Rules to a point where the handling of and the practices implemented are much more than the rules require.

From the moment of his admission to a prison a young prisoner is dealt with in a special way since we are dealing with a very sensitive case for which the goal of the institution should be correction through programs of educational, social, psychological and pedagogic character.

After being received a delinquent prisoner goes through a specialized interview at the office of receipts and dismissals. This interview is of particular importance since it is decisive for the course that the prisoner will follow within the institution with the goal of his correction, education, his physical and Mental Health.

The interview is held by specially trained individuals who have been trained by Mental Health Service providers as well as specialized trainers from abroad.

The goal of the interview is to record the largest possible amount of useful information of the personality as well as the needs of the newly admitted prisoner so that he can consequently be referred to the whole chain of officers who staff the prison institution and for

every member of this chain to perform his own interventions having in mind as the ultimate purpose the best possible benefit to the prisoner.

### 1. Goal Setting

The programs implemented (Psychological and Educational) develop and materialize determined and differentiated approaches so that they can better respond to the needs of special sub-groups such as teenagers, female teenagers, individuals with psychiatric disorders and ethnic minorities.

Specifically:

- The programs are adapted according to gender, age, culture.
- Professionals gain the required specialization depending on the needs of the specific sub-groups.

### 2. Assessment of the individual

The assessment targets the detection of the problems and needs of the individual, and therefore comprises a major component of the therapeutic design. Depending on the type of service and the case of each individual the assessment can be either of initial status or more comprehensive:

#### a) Initial assessment

It is the assessment of the first request; it includes the completion of the «Treatment Request» and provides the start of motivation. The initial assessment is short and includes information about:

- motivation for access to and participation in therapy
- the profile of substance use
- the health situation
- the dangerous behavior
- the delinquent behavior
- the history of citations to therapeutic or other services.

The goal of the initial assessment is to also detect the initial request which will be turned into a request for help.

### b) Comprehensive assessment

The comprehensive assessment begins when the therapeutic request has been created. Its main goal is to detect the gravity and nature of the problems and needs and to define the most appropriate type of intervention for the given individual.

The assessment covers the following main areas:

- Physical health situation
- Mental health situation
- Professional/financial situation (employment and housing)
- Educational needs (Literacy Skills and Professional Skills)
- Use of drugs and alcohol
- Legal situation (criminal record, prison sentences)
- Family history related to use of substances
- Family / social relationships (social functionality)
- Previous participation in therapy
- Motivation for access and participation in therapy

As a result of the assessment, Psychological as well as Educational choices for structured interventions can be offered to the individual.

### 3. Therapeutic commitment and containment in treatment

The commitment of the individuals regarding therapy, including maintenance therapy and their containment for a sufficient time period are key factors for the achievement of improved results in the case of users of addictive substances.

The best practice regarding the commitment and containment in therapy includes:

- Fast integration into a program: Fast integration after the first contact with a service is related to a smaller percentage of premature abandonment. In the cases where it is not possible to organize a fast integration in therapy, intensive management of the incident must be secured with the provision of psychological, educational and social support and support in other health issues until the start of therapy.

- Reinforcement of motives: Every time the individual requests therapy, preparation is required in order to face the worries, reflections and possible false ideas and information has to

be provided regarding the therapy process. At this stage the individuals benefit from the intervention for reinforcing motives.

- Active participation of the individual: The active contribution of the individual in the therapeutic process is an essential ingredient for his commitment to therapy.

- Intensive continuous support and empathy on behalf of the professionals: For effective commitment to therapy the relationship between the individual and the professionals plays an important role. Positive, empathetic approaches of professionals to the individual with substance addiction have the best results regarding the improvement of commitment.

- Receptiveness and flexibility of the program: The programs that meet the wider needs of the individual as an entity, have proved more effective, while the existence of receptiveness and flexibility in the therapeutic programs encourages the participation in therapy and improves the results.

#### 4. Monitoring and assessment of the therapeutic program

The monitoring and assessment of the therapeutic services offered are part of the assurance of the quality of a program. Consequently, the therapeutic programs should have established systems and processes that would allow their assessment according to their efficiency and effectiveness.

Specifically:

- The assessment is done with periodicity that would allow one to reach safe conclusions.

- Assessment is done through the collection of data that are based on weighted tools.

- The collection of data is also done via a unified recording and documentation system which functions on a national level and covers governmental as well as nongovernmental services.

- There are three main types of assessments of the therapeutic programs: Assessment of

a) the planning b) the process and c) the result.

The persons responsible for the programs proceed with the assessment of planning when programming a program and to move forward accordingly with the assessment of the process and the assessment of the result.

a) Assessment of planning: It concerns the stage at which a program is formed and designed. It's about the phase during which the selection of goals and methods is made and the assessment of this phase depicts the process and the definition of the problem and the final target group. Included In this phase is also the assessment of the psychological, educational and social needs for the application of a program as well as the valuation of the available means.

b) Assessment of the process: it covers the application of the process as well as the reactions of the participants. It describes how and whether or not a program was applied, if the planning of the program was successful and if the team that was determined as the target was approached. The assessment refers also to the quality of the program, given the fact that with the assessment of the process all the information regarding its success or failure is concentrated.

c) Assessment of the result: It deals with the impact of a program, it examines whether the program really succeeded in its pursued objectives and consequently whether a program is worth continuing, adapting or deserting. Given the fact that the planning of the assessment of the result affects the quality of the results to a considerable extent, it certainly has to be done before the start of the program.

## **CASE N. 2 Panayiotis**

*My name is Panayiotis and I am now 30 years old. 'I always had everything I ever wanted. Money, job, women. While I was doing drugs, I met Katerina and we had an affair. She too did it occasionally. Two years later she got pregnant... And I really wanted a child... I was living my 'dream': That everything is ok; I don't have a problem that my business was doing well. In December of 2010 everything changed. We were running out of money... Everything I earned was for drugs. One day when I was penniless our daughter got sick. I went to my dad and threatened him (once more) to give me money or I would hurt him. He gave me 50 euro. I had to get my kid 2 boxes of medicine. I got her one and the rest I gave to drugs.*

### **Case selection**



Panayiotis was sentenced to 8 years in prison for drug trafficking. Though he was a chronic user of hard drugs he addressed the units of the Prison for help so as to detox and get the necessary skills to support himself and his daughter.

The choice was based on one hand on the criteria of choosing young people who were drug users and who would participate on the project while at the same time the choice was made based on the will that these young people and specifically Panayiotis showed in ordered to get help through the psycho educational programs to detox from doing drugs.

### **Current situation**

Panayiotis is currently serving the fourth year of his sentence and for the past 2 years he has been attending consistently psycho educational programs and his ultimate goal is to gradually fully detox and acquire skills which will help him start over his life. He attends the open rehabilitation program, participates in educational classes while also occupying himself with constructions and handcrafts inside the prison which yield some economic benefits that help him support himself and his family.

### **Profile**

Panayiotis is from Nicosia from a lower-class family.

Panayiotis was adopted and his step parents faced financial issues while their educational level was particularly low. His step father faced alcoholism issues whilst domestic violence was a part of his daily life during his childhood. He left school at 16 and worked as a car technician which for quite some time rendered him financial independence up until the time he began doing drugs.

According to Panayiotis, his childhood was traumatic having been adopted at the age of 8 years old from a family which faced serious problems of prevailing domestic violence while his step father was facing serious alcoholism problems. At school he was stigmatized and rejected which led him to dropping out of school and have an active professional life from a young age. His professional career was successful whereas he began using drugs out of his need to overcome his childhood traumas. Through his use he met his wife who was also using and together they had a child which was significantly neglected due to their drug abuse. His partner disappeared and the child was cared by Panayiotis and his step sister. Following a difficult

financial conjuncture and while he was already an addict he transferred drugs from abroad to ensure his dose and to pay back his debts up until his arrest and sentence to imprisonment.

### **Description of diagnosis results**

Information about the young person from the therapeutic point of view:

From a psychological point of view, Panayiotis faces strong anxiety and depression signs due to chronic drug use. Socially, he has been excluded both from his relatives and friends and his only support is his step sister and step mother. He shows intense reaction signs against the system and society which he considers responsible for everything that has happened to him. Despite the fact that he has enough skills to be professionally proficient he has intense signs of illiteracy which prevent him from developing those skills.

Panayiotis was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help him in regards to his psychological aspect. Through his accession to the educational programs and the evaluation of his educational needs the data that resulted demonstrated the lack of motivation he presented. Therefore, a joined psycho educational action plan was designed to help him develop the skills, abilities and also detox from using drugs.

Additionally, due to his daughter's existence, the social services of the Department of Prison have been involved throughout the process.

The signs/markers that led to the diagnosis:

- Mental deficiencies – Deficient identity
- Lack of positive role models
- Difficulty in interpersonal relationships
- Unstable mental functions
- Low self-esteem
- Difficulty to control impulses - Impulsiveness
- Search for emotional stimuli
- Low anxiety and cancellation tolerance
- Despair and stalemate feeling
- Positive attitude and perception for the use of drugs
- Lack of ambitions for the future
- Existential dementia (lack of principles and values)
- Emotional neglect or abuse
- Low socioeconomic situation / social marginalization / unemployment

- Lack of support / control
- Positive attitude, perception for the use of drugs
- Parents who use drugs
- School failure
- Negative / deficient school psychosocial climate
- Bad integration in school life / truancy
- Bullying / Stigmatisation/ marginalization

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

#### **MARKERS:**

- Deficient socialization
- Attitude and perceptions that allow or support the use of drugs
- Poverty, criminality
- Social exclusion / marginalization / positive attitude, perception for the use of drugs
- Friends / Peers using drugs
- Infringing attitude in peer group
- Positive image for the use of drugs from peers
- Mental deficiencies–Deficient Identity
- Lack of positive role models
- Difficulties in interpersonal relationships
- Unstable mental functions
- Low self esteem
- Difficulty to control impulses - Impulsiveness
- Emotional neglect or abuse

#### **GOOD PRACTICES**

- Development through psycho educational tools of his individual skills and basic life skills so that Panayiotis will be more empowered to:
  - Make decisions
  - Face problems
  - Manage emotions, stress (anger etc)
  - Critical thought
  - Creative thought
  - Positive assertion
  - Communication skills
  - Positive self-image and self-value
  - Development of his parental role

- By agreeing to detox, Panayiotis is educated as to the consequences of drug use:

- Provision of emotional support
- Development of skills for smoothing family bonds
- Offered opportunities to spend his free time creatively

**B. Are there similarities or notable differences?**

There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

**C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful as they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual, social, biological, psychological, school and other factors in the individual's life. In each element of his/her life, the individual faces danger factors and for each danger they can follow the corresponding good practises through the checklist to deal and help the individual.

### **Presentation of proposed intervention**

For Panayiotis, a psycho educational intervention plan was designed whose target was to both empower him psychologically as well as the development of his learning and social skills. There was a particular emphasis on boosting his self-esteem, managing his anxiety, and his induction to an open rehab program within the prison facilities. At the same time, he was given motivation to take part in entertainment groups in the prison like the dance group so as to develop his socialisation as well as his cooperation skills within a group. There was a particular emphasis in reinforcing his parental role through parental skills development tools.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level.

The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach.

Through the analysis of his life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

### Objectives

- Through the individual and group psycho educational briefing on the consequences of drug use and the ways to tackle it.
- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.
- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation.

**The action plan** (please refer to the Action plan described at the first case, page 120)

### CASE N. 3 Nicolas

*My name is Nicolas and I am now 27 years old. Ever since I was 19 years old I have been using cannabis daily and that changed my life completely towards the worse. Everything was destroyed, my job, my dreams, my ambitions. Every day of my life was a day of daily stress and nerves, fighting with my family and friends. My only friend was drug use. I made many mistakes which I am still paying to this day. I want to put an end to all of these.*

### Case selection

Nicolas was sentenced to 4 years in Prison for drug possession. Following his incarceration, he early on expressed his need to detox and be actively involved in activities which would activate and motivate him again.

The choice was based on one hand on the criteria of choosing young people who would participate in the project, meaning drug users, while at the same time the choice was made based on their will, and especially Nicolas, to get help through the psycho educational programs to detox from drugs. At the same time, his immediate personal demand to be involved in psycho educational activities and tools was a major factor in choosing him.

### **Current situation**

Nicolas is in the final stage before his release and is fully detoxified. He works during the day and returns to prison to sleep, and very soon he will be released. He feels ready to start his life over while he also feels the urge to contribute in his own way in the prevention of drug use by talking to other young people for his experience so as to set an example to be avoided of himself and his situation. By making the most of the rehabilitation program he was offered as well as the education he received within the prison, he is today in position to create –as is his will to do so- his own business following his release.

### **Profile**

Nicolas is from a village in the Limassol district in Cyprus. He comes from a broken family of a low socioeconomic situation and is the older of the 2 children in the family.

Since 2005, due to health problems, Nicolas was not working and was receiving financial aid from the Social Welfare Services. His father, who was descended from England, left them when Nicolas was 3 years old. He has ever since cut all contacts with them. The younger brother, aged 25, is unemployed and a receiver of financial aid from the government. The brothers had a difficult childhood, since they were exclusively cared by their mother who was working daily for many hours and as a result they were not properly guided and supported emotionally.

According to Nicolas his childhood was difficult since the family lacked structure, whilst his mother was not able to commit herself to them due to the many hours she had to work.

Nicolas had to drop out of school after the 3<sup>rd</sup> grade of high school due to the financial difficulties his family faced. He worked as a carpenter to help with the family's income. At the age of 19 years old, following the completion of his military service he was not working while at the same time he begun using cannabis daily. In 2012, he was involved in a serious car accident and was left to face severe health problems. His youth, his psychological issues and other health problems he and his mother face cause anxiety and emotional distress. According to Nicolas his childhood was difficult since the family was not properly structured and his mother could not dedicate herself to the children due to the many hours she had to work.

### **Description of diagnosis results**

Information about the young person from the therapeutic point of view:

From a psychological perspective, Nicolas is dealing with intense signs of emotional fatigue, stress and insecurity. At first, he was skeptical and not ready to trust people.

Nicolas was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help him in regards to his psychological aspect. Through his accession to the educational programs and the evaluation of his educational needs the data that resulted demonstrated the lack of motivation he presented. Therefore, a joined psycho educational action plan was designed to help him develop the skills, abilities and also detox from using drugs.

The signs/markers that led to the diagnosis:

- Mental deficiencies – Deficient identity
- Lack of positive role models
- Difficulty in interpersonal relationships
- Unstable mental functions
- Low self-esteem
- Low anxiety and cancellation tolerance
- Lack of ambitions for the future
- Low socioeconomic situation / social marginalization / unemployment
- Lack of support / control
- Failure at school
- Negative / deficient school psychosocial climate
- Bad integration in school life / truancy

## Practicalities of using the Handbook / O2 and the checklists in it

B. How did the checklists (that we will have in O2) relate to your specific case?

### MARKERS:

- Deficient socialization
- Poverty, criminality
- Social exclusion / marginalization / positive attitude, perception for the use of drugs
- Friends / Peers using drugs
- Infringing attitude in peer group
- Positive image for the use of drugs from peers
- Lack of positive role models
- Low self esteem
- Difficulty to control impulses - Impulsiveness

### GOOD PRACTICES

- Development through psycho educational tools of his individual skills and basic life skills so that Nicolas will be more empowered to:
  - make decisions
  - face problems
  - manage emotions, stress (anger etc.)
  - Critical thought
  - Creative thought
  - Positive assertion
  - Communication skills
  - Positive self-image and self-value
- By agreeing to detox, Nicolas is educated as to the consequences of drug use:
  - Provision of emotional support
  - Development of skills for smoothing family bonds
  - Offered opportunities to spend his free time creatively
  - Financial, social, educational and entertaining opportunities in the community
  - Supportive Community
  - Messages against using drugs to the community

**B.** Are there any similarities or notable differences?



There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

**C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful since they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual, social, biological, psychological, school and other factors in each person's life. In each element of his/her life, the individual faces danger factors and for each factor, by using the checklist, the relevant good practices can be followed to deal and assist the individual.

**Presentation of proposed intervention**

For Nicolas, a psycho educational intervention plan was designed, whose target was both to empower him psychologically as well as develop his skills both on an educational as well as a social level. There was a particular emphasis in boosting his self-confidence, managing his anxiety and his induction in an open rehabilitation program within the prison space. At the same time, he was motivated to take part in entertainment groups of the prison like the dance team so as to develop his sociability and his cooperation skills within the team context.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level.

The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach.

Through the analysis of his life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

**Objectives**

- Through the individual and group psycho educational briefing on the consequences of drug use and the ways to tackle it.
- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.

- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self-esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation.

**The action plan** (please refer to the Action plan described at the first case, page 120)

#### **CASE N. 4 Elena**

*My name is Elena, and I am 28 years old. I began doing drugs since I was 15, my parents being almost always absent from home because of their jobs. Cannabis was at first my companion, and a way out of my problems. At some point I went deeper and began using cocaine. I had a relationship with someone who drove me to dealing drugs. Without realizing it, I found myself in a hell that drove me to prison. Despite my misfortune I feel lucky and I hope I can get away from all of these.*

#### **Case selection**

Elena was convicted to 6 years in prison for possession and drug trafficking. Following a small adjustment period, she was approached by the Educational and Mental Health Services of Prison Department so as to motivate and admit her to the education and therapy programs. She was admitted to a closed rehabilitation program which she gave up but later on came to realize that drugs would take her nowhere and asked on her own to be admitted to psycho educational programs for detox.

The choice was based on one hand on the criteria of choosing young people who would participate in the project, meaning drug users, while at the same time the choice was made based on their will, and especially Elena, to get help through the psycho educational programs to detox from drugs. At the same time, the fact that she made several unsuccessful efforts to detox was an additional challenge so as to apply a new type of effort through the psycho educational tools as well as her employment within the prison.

## **Current situation**

Elena is one step before her release and through her participation in the psycho educational programs she has been clean for more than one year. She was trained in various subjects and has acquired skills and certifications which can help her reintegrate in society.

### **Profile**

Elena is from a village in the Limassol District in Cyprus from a high socioeconomic class family of financial prosperity and prestige.

Her relationship with her parents is described as being distant from a young age, while she herself feels that she never received any parental affection and love since her parents were continuously absent in professional and other engagements. They on the other hand felt that they provided everything through their money and could not realize her need for parental affection. Elena went to a private school with classmates of the same social background and during her last year of school her grades were significantly low due to drug use.

According to Elena, despite the problems in their relationship, her parents had always been trying to provide her everything a child needs. Overall, she did not face financial problems but she felt strongly the lack of parent care and attention. She herself loves, cares and feels more attached towards her grandmother rather than her own parents. Her financial prosperity drew many times people close to her who pretended to be her friends but instead drove her to drugs and destruction.

### **Description of diagnosis results**

Information about the young person from the therapeutic point of view:

From a psychological perspective Elena does not present any active psychopathology. She does however present signs of intense anger against the system, society and her parents.

Her life's experiences turned her into a person who does not trust easily and cannot express her emotions. Despite the fact that she has not been using drugs for quite a while she still feels vulnerable, mostly emotionally.

At the beginning of her incarceration she was apathetic and lacked interest for anything. Slowly she was motivated and got interested to learn and move on with her life.

Elena was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help her in regards to her psychological aspect. Through her accession to the educational programs and the evaluation of her educational needs the data that resulted demonstrated the lack of motivation she presented. Therefore, a joined psycho educational action plan was designed to help her develop the skills, abilities and also detox from using drugs.

The signs/markers that led to the diagnosis

- Mental deficiencies – Deficient identity
- Lack of positive role models
- Difficulty in interpersonal relationships
- Low self-esteem
- Difficult to control impulses – Impulsiveness
- Low anxiety and cancellation tolerance
- Feeling of despair and impasse
- Lack of ambitions for the future

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- Difficult to communicate amongst the family members
- Lack of support / control
- Positive attitude, perception for the use of drugs
- Drug use by friends / peers
- Infringing attitude in peer group
- Positive image for the use of drugs from peers

GOOD PRACTICES

- Development through psycho educational tools of his individual skills and basic life skills so that Elena will be more empowered to:
  - make decisions

- face problems
  - manage emotions, stress (anger etc)
  - Critical thought
  - Creative thought
  - Positive assertion
  - Communication skills
  - Positive self-image and self-value
- By agreeing to detox, Elena is educated as to the consequences of drug use:
    - Provision of emotional support
    - Development of skills for smoothing family bonds
    - Offered opportunities to spend her free time creatively

**B. Are there similarities or notable differences?**

There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

**C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful since they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual, social, biological, psychological, school and other factors in each person's life. In each element of his/her life, the individual faces danger factors and for each factor, by using the checklist, the relevant good practices can be followed to deal and assist the individual.

**Presentation of proposed intervention**

For Elena, a psycho educational intervention plan was designed, whose target was both to empower her psychologically as well as develop her skills both on an educational as well as a social level. There was a particular emphasis in boosting her self confidence, managing her anxiety and her induction in an open rehabilitation program within the prison space. At the same time, she was motivated to take part in entertainment groups of the prison like the dance team so as to develop her sociability and her cooperation skills within the team context.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level.

The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach.

Through the analysis of her life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

#### Objectives

- Through the individual and group psychoeducational briefing on the consequences of drug use and the ways to tackle it.
- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.
- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation.

**The action plan** (please refer to the Action plan described at the first case, page 120)

#### CASE N. 5 Constantina

*My name is Constantina and I am 25 years old. I began using cannabis the way these things normally begin, in a teen group. We went to concerts, stayed out until late downtown, smoked a cigarette... I then got hooked there, met kids and my husband who was already using heroine, and when I finished school I went from occasional cannabis and pill use to my new course. I was 17 and I had just finished High School when I tried cocaine for the first time and ever since it was my regular drink.*

#### Case selection

Constantina was sentenced to 3 years in prison for drug possession. Upon her incarceration she expressed her need to detox and be actively involved in activities that would

activate and mobilize her again. Her motive was the fact that her husband was imprisoned with her and together they decided to detox and try to change their lives.

The choice was based on one hand on the criteria of choosing young people who would participate in the project, meaning drug users, while at the same time the choice was made based on their will, and especially Constantina, to get help through the psycho educational programs to detox from drugs. At the same time, her immediate personal request to be involved in activities and psycho education tools was an important factor in choosing her as well as the fact that she and her husband wanted to support each other in their struggle to detox.

### **Current situation**

Constantina is in her first year in prison and has for the past 6 months began her induction to the rehabilitation program that operates within the prison as well as her admission to the psycho educational and professional expertise programs. Her initial bad psychological state has improved significantly.

### **Profile**

Constantina is from a village in Nicosia, Cyprus and comes from a family of low socioeconomic status. Her parents divorced when she was still very young. She grew up with her grandmother while her mother was a drug user.

Despite the fact that Constantina did in fact not know parental love, she received affection and love from her grandmother whom she loves deeply and who supports her through her effort for detox. She had a difficult childhood especially financially. Her teen years were intense and lacked boundaries which led her to an uncontrolled delinquent behaviour as well as her introduction to peer groups of drug users.

According to Constantina her childhood was difficult especially financially even though she considers that she received a lot of love from her grandmother who did her best to protect her. From the young age of 17 she found herself in the world of drugs where she experienced the emotions of joy and sadness intensely. She considers that she came very close to death while at the same time she was on a path she could not escape since both she and her husband went deep in to the world of drugs.

### **Description of diagnosis results**

From a psychological perspective, Constantina is dealing with intense depression, anxiety and insecurity signs. She appears distrustful towards people while the withdraw and drug use signs are obvious. From a social perspective her only support is her grandmother who is very old and cannot support her.

Constantina was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help her in regards to her psychological aspect. Through her accession to the educational programs and the evaluation of her educational needs the data that resulted demonstrated the lack of motivation she presented. Therefore, a joined psycho educational action plan was designed to help her develop the skills, abilities and also detox from using drugs. At the same time, through this effort the goal is to reverse her distrust towards the system and social institutions.

#### **The signs/markers that led to the diagnosis**

- Mental deficiencies – Deficient identity
- Lack of positive role models
- Difficulty in interpersonal relationships
- Unstable mental functions
- Low self-esteem
- Low anxiety and cancellation tolerance
- Lack of ambitions for the future
- Low socioeconomic situation / social marginalization / unemployment
- Lack of support / control
- Failure at school
- Negative / deficient school psychosocial climate
- Bad integration in school life / truancy
- Positive attitude, perception on drug use
- Parents who are drug users

#### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

##### **MARKERS:**

- Deficient socialization



- Poverty, criminality
- Social exclusion / marginalization / positive attitude, perception for the use of drugs
- Friends / Peers using drugs
- Infringing attitude in peer group
- Positive image for the use of drugs from peers
- Lack of positive role models
- Low self esteem
- Difficulty to control impulses - Impulsiveness
- Emotional neglect or abuse

## GOOD PRACTICES

- Development through psycho educational tools of her individual skills and basic life skills so that Constantina will be more empowered to:
  - make decisions
  - face problems
  - manage emotions, stress (anger etc.)
  - Critical thought
  - Creative thought
  - Positive assertion
  - Communication skills
  - Positive self-image and self-value
  - Emotional support
  - Positive expectations from parents
  - Clear rules/ goals/ boundaries
- Family adequacy: ability to resolve conflicts, make decisions, face problems
- School
- By agreeing to detox, Constantina is educated as to the consequences of drug use:
  - Provision of emotional support
  - Development of skills for smoothing family bonds
  - Offered opportunities to spend her free time creatively
  - Financial, social, educational and entertaining opportunities in the community
  - Opportunities for creative pastime in her free time
  - Supportive Community
  - Messages against using drugs to the community

- Mental resilience
- Negative attitude towards drugs
- Existence of a principle and value system

**B. Are there similarities or notable differences?**

There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

**C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful since they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual, social, biological, psychological, school and other factors in each person's life. In each element of his/her life, the individual faces danger factors and for each factor, by using the checklist, the relevant good practices can be followed to deal and assist the individual.

**Presentation of proposed intervention**

For Constantina, a psycho educational intervention plan was designed, whose target was both to empower her psychologically as well as develop her skills both on an educational as well as a social level. There was a particular emphasis in boosting her self-confidence, managing her anxiety and her induction in an open rehabilitation program within the prison space. At the same time, she was motivated to take part in entertainment groups of the prison like the dance team so as to develop her sociability and her cooperation skills within the team context.

At the same time the mutual support from her husband and the possibility of mutual meetings supports both of them.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level.

The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach.

Through the analysis of her life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

### Objectives

Through the individual and group psychoeducational briefing on the consequences of drug use and the ways to tackle it:

- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.
- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation.
- Special interventions, including the prevention of relapse and developing motives.
- Other interventions for reducing the damage e.g. Psychoeducation
- Alternative or entertaining activities
- Scheduling of post-treatment care

**The action plan** (please refer to the Action plan described at the first case, page 120)

### CASE N. 6 George

*My name is George and I was a chronic drug user. Because of them I am today in prison. Drugs ruined my life. Inside the prison I found support and was able to stop using them. I was living a lie... I thought that I was the clever one... all lies and just a fake world.*

### Case selection

George was sentenced to 5 years in prison for possessing and using drugs. Upon his incarceration he tried very hard to overcome his addiction. He joined the rehabilitation program, in educational programs and entertaining activities programs.

The choice was based on one hand on the criteria of choosing young people who would participate in the project, meaning drug users, while at the same time the choice was made based on their will, and especially George, to get help through the psycho educational programs to detox from drugs. At the same time, his immediate personal demand to be involved in psycho educational activities and tools was a major factor in choosing him. Additionally, for the specific project he strongly demanded to participate, as he himself stated that he wants to contribute in changing the lives of other young addicts.

### **Current situation**

George has 2 more years to serve until his release. For the past year he has been clean from substances while he continues to attend the rehabilitation program in the prison. Additionally, he observes psycho educational programs, works within the prison while his relationships with his family and his 4-year-old child have been smoothed over. Today he is position, and he wishes to, create his own business following his release.

### **Profile**

George is from a village in Limassol, Cyprus and comes from a structured family. Just prior to his arrest he had a child which is a very important support for him as well as a one of the most important motives that gave him the will to enter the programs and change his life.

George narrates his childhood as ideal for a child. He had no particular problems and his family was always there for him. He did not face any problems that would justify in any way his involvement with drugs. As he himself stated, his involvement was inexcusable.

According to George, his childhood was ideal. During his last school years, his grades were low due to learning difficulties he presented. At this point, instead of being supported by his school environment and his teachers, he was targeted. During this time, he sought to be part of a peer group who faced similar problems due to his need to belong in a place where he would be accepted. There his behaviour started to change to the worse, he skipped school and by the time he joined the army he began drug use which in itself led to drug possession and trafficking as a way to ensure he does.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

From a psychological perspective, George is unable to express his emotions and is afraid to trust people.

George was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help him in regards to his psychological aspect. Through his accession to the educational programs and the evaluation of his educational needs the data that resulted demonstrated the lack of motivation he presented. Therefore, a joined psycho educational action plan was designed to help him develop the skills, abilities and also detox from using drugs.

**The signs/markers that led to the diagnosis**

- Mental deficiencies – Deficient identity
- Difficulty in interpersonal relationships
- Low self-esteem
- Low anxiety and cancellation tolerance
- Failure at school
- Negative / deficient school psychosocial climate
- Bad integration in school life / truancy

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

**MARKERS:**

- Deficient socialization
- Friends / Peers using drugs
- Infringing attitude in peer group
- Positive image for the use of drugs from peers
- Low self esteem
- Difficulty to control impulses - Impulsiveness

**GOOD PRACTICES**

- Development through psycho educational tools of his individual skills and basic life skills so that George will be more empowered to:
  - make decisions
  - face problems
  - manage emotions, stress (anger etc.)
  - Critical thought
  - Creative thought
  - Positive assertion
  - Communication skills
  - Positive self-image and self-value
  - Reinforcement of parental role
- By agreeing to detox, George is educated as to the consequences of drug use:
  - Provision of emotional support
  - Development of skills for smoothing family bonds
  - Offered opportunities to spend his free time creatively
  - Financial, social, educational and entertaining opportunities in the community
  - Chance for creative activities during his free time
  - Supportive Community
  - Messages against using drugs to the community

**B. Are there similarities or notable differences?**

There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

**C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful since they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual, social, biological, psychological, school and other factors in each person's life. In each element of his/her life, the individual faces danger factors and for each factor, by using the checklist, the relevant good practices can be followed to deal and assist the individual.

**Presentation of proposed intervention**

For George, a psycho educational intervention plan was designed, whose target was both to empower him psychologically as well as develop his skills both on an educational as

well as a social level. There was a particular emphasis in boosting his self-confidence, managing his anxiety and his induction in an open rehabilitation program within the prison space. At the same time, he was motivated to take part in entertainment groups of the prison like the dance team so as to develop his sociability and his cooperation skills within the team context.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level.

The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach.

Through the analysis of his life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

#### Objectives

- Through the individual and group psychoeducational briefing on the consequences of drug use and the ways to tackle it.
- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.
- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self-esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation.

**The action plan** (please refer to the Action plan described at the first case, page 120)

#### **CASE N. 7 Demetris**

*The prison, the courts and the warrants. The fact that I believed that I deserved a better life than the one with drugs. My dreams to have a friend, to be loved and have a family. All these led me to rehabilitation. I could see that I was losing everything: myself, my family, my dignity and I kept falling in a cliff which I kept digging every time I reached its bottom and even*

*though I knew that I was being led to destruction I could not help myself, I felt quilt until the point where I gave up, I did not want to fight for something better, I tried to commit suicide three times until I finally admitted that I needed professional help.*

### **Case selection**

Demetris is only 20 years old. This is the 3<sup>rd</sup> time he is incarcerated for multiple burglaries and thefts which he committed to get his dose. Following a mobilization of the prison services he was convinced to be admitted in a program and start trying to change his life.

The choice was based on one hand on the criteria of choosing young people who would participate in the project, meaning drug users, while at the same time the choice was made based on their will, and especially Demetris, to get help through the psycho educational programs to detox from drugs. On the other hand, his youth and the fact that he has already been incarcerated 3 times gave motive both to Demetris and to the services to give him special attention.

### **Current situation**

Demetris has 2 more years in prison until his release. For the past year he has been participating in a rehabilitation program while he continues to attend the detox program in the prison. Additionally, he attends psycho educational programs, works inside the prison while the relationship with his family is still problematic to non-existent.

### **Profile**

Demetris is from Ammochostos, and from the age of 15 he presented delinquent behavior and took part in burglaries and thefts with the purpose to obtain his dose. For these actions he has already been incarcerated 3 times.

Demetris does not recall to have a carefree childhood. Since he was 14 years old he has been using drugs consistently and is actively involved in delinquent behaviour and illegal actions. His friends have always been older even though he never felt them as caring people but as people who wanted to take advantage of him.

According to Demetris he faced abandonment from a young age since his parents were not there for him when he presented delinquent behaviour at a young age. His old fashioned parents felt it was right to kick him out of the house when he started using drugs, a fact that according to him, led him even deeper to drug use.



### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

From a psychological aspect, Demetris presents active psychopathology as a result of drug use. He shows intense signs of stress as well as emotional decadence and intense anger against the system and society.

The experiences he had turned him into a person who is afraid to trust easily and express his emotions. Despite the fact that he has not been using drugs for quite a while he is still vulnerable mainly emotionally.

This time he was imprisoned, he was characterized by his apathy and lack of interest. Slowly by mobilizing him, he began being interested in learning and started having motives again to continue his life.

Nicolas was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help him in regards to his psychological aspect. Through his accession to the educational programs and the evaluation of his educational needs the data that resulted demonstrated the lack of motivation he presented. Therefore, a joined psycho educational action plan was designed to help him develop the skills, abilities and also detox from using drugs while at the same time he was admitted to the rehabilitation program and is receiving medical treatment.

The signs/markers that led to the diagnosis

- Mental deficiencies – Deficient identity
- Lack of positive role models
- Difficulty in interpersonal relationships
- Low self-esteem
- Difficulty to control impulses - Impulsiveness
- Low anxiety and cancellation tolerance
- Feeling of despair and impasse
- Lack of ambitions for the future

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- Deficient socialization
- Friends / Peers using drugs
- Infringing attitude in peer group
- Positive image for the use of drugs from peers
- Low self-esteem
- Difficulty to control impulses - Impulsiveness

## GOOD PRACTICES

- Development through psycho educational tools of his individual skills and basic life skills so that Demetris will be more empowered to:
  - make decisions
  - face problems
  - manage emotions, stress (anger etc.)
  - Critical thought
  - Creative thought
  - Positive assertion
  - Communication skills
  - Positive self-image and self-value
  - Reinforcement of parental role
- By agreeing to detox, Demetris is educated as to the consequences of drug use:
  - Provision of emotional support
  - Development of skills for smoothing family bonds
  - Offered opportunities to spend his free time creatively
  - Financial, social, educational and entertaining opportunities in the community
  - Chance for creative activities during his free time
  - Supportive Community
  - Messages against using drugs to the community

### **B. Are there similarities or notable differences?**

There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

### **C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful since they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual,

social, biological, psychological, school and other factors in each person's life. In each element of his/her life, the individual faces danger factors and for each factor, by using the checklist, the relevant good practices can be followed to deal and assist the individual.

### **Presentation of proposed intervention**

For Demetris, a psycho educational intervention plan was designed, whose target was both to empower him psychologically as well as develop his skills both on an educational as well as a social level. There was a particular emphasis in boosting his self-confidence, managing his anxiety and his induction in an open rehabilitation program within the prison space. At the same time, he was motivated to take part in entertainment groups of the prison like the dance team so as to develop his sociability and his cooperation skills within the team context.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level.

The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach.

Through the analysis of his life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

#### **Objectives**

- Through the individual and group psycho educational briefing on the consequences of drug use and the ways to tackle it.
- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.
- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self-esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation

**The action plan** (please refer to the Action plan described at the first case, page 120)

### **CASE N. 8 Kyriakos**

*The prison, the courts and the warrants. The fact that I believed that I deserved a better life than the one with drugs. My dreams to have a friend, to be loved and have a family. All these led me to rehabilitation. I could see that I was losing everything: myself, my family, my dignity and I kept falling in a cliff which I kept digging every time I reached its bottom and even though I knew that I was being led to destruction I could not help myself, I felt quilt until the point where I gave up, I did not want to fight for something better, I tried to commit suicide three times until I finally admitted that I needed professional help.*

#### **Case selection**

Kyriakos is only 20 years old. This is the 3<sup>rd</sup> time he is incarcerated for multiple burglaries and thefts which he committed to get his dose. Following a mobilization of the prison services he was convinced to be admitted in a program and start trying to change his life.

The choice was based on one hand on the criteria of choosing young people who would participate in the project, meaning drug users, while at the same time the choice was made based on their will, and especially Kyriakos, to get help through the psycho educational programs to detox from drugs. On the other hand, his youth and the fact that he has already been incarcerated 3 times gave motive both to Kyriakos and to the services to give him special attention.

#### **Current situation**

Kyriakos has 2 more years in prison until his release. For the past year he has been participating in a rehabilitation program while he continues to attend the detox program in the prison. Additionally, he attends psycho educational programs, works inside the prison while the relationship with his family is still problematic to non-existent.

#### **Profile**

Kyriakos is from Ammochostos, and from the age of 15 he presented delinquent behavior, and took part in burglaries and thefts with the purpose to obtain his dose. For these actions he has already been incarcerated 3 times.

Kyriakos does not recall to have a carefree childhood. Since he was 14 years old he has been using drugs consistently and is actively involved in delinquent behaviour and illegal actions. His friends have always been older even though he never felt them as caring people but as people who wanted to take advantage of him.

According to Kyriakos he faced abandonment from a young age since his parents were not there for him when he presented delinquent behaviour at a young age. His old fashioned parents felt it was right to kick him out of the house when he started using drugs, a fact that according to him, led him even deeper to drug use.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

From a psychological aspect, Kyriakos presents active psychopathology as a result of drug use. He shows intense signs of stress as well as emotional decadence and intense anger against the system and society.

The experiences he had turned him into a person who is afraid to trust easily and express his emotions. Despite the fact that he has not been using drugs for quite a while he is still vulnerable mainly emotionally.

This time he was imprisoned, he was characterized by his apathy and lack of interest. Slowly by mobilizing him, he began being interested in learning and started having motives again to continue his life.

Kyriakos was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help him in regards to his psychological aspect. Through his accession to the educational programs and the evaluation of his educational needs the data that resulted demonstrated the lack of motivation he presented. Therefore, a joined psycho educational action plan was designed to help him develop the skills, abilities and also detox from using drugs while at the same time he was admitted to the rehabilitation program and is receiving medical treatment.

The signs/markers that led to the diagnosis

- Mental deficiencies – Deficient identity
- Lack of positive role models
- Difficulty in interpersonal relationships
- Low self-esteem
- Difficulty to control impulses - Impulsiveness
- Low anxiety and cancellation tolerance
- Feeling of despair and impasse
- Lack of ambitions for the future

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- Deficient socialization
- Friends / Peers using drugs
- Infringing attitude in peer group
- Positive image for the use of drugs from peers
- Low self-esteem
- Difficulty to control impulses - Impulsiveness

GOOD PRACTICES

- Development through psycho educational tools of his individual skills and basic life skills so that Kyriakos will be more empowered to:
  - make decisions
  - face problems
  - manage emotions, stress (anger etc.)
  - Critical thought
  - Creative thought
  - Positive assertion
  - Communication skills
  - Positive self-image and self-value
  - Reinforcement of parental role

By agreeing to detox, Kyriakos is educated as to the consequences of drug use:

- Provision of emotional support
- Development of skills for smoothing family bonds
- Offered opportunities to spend his free time creatively
- Financial, social, educational and entertaining opportunities in the community
- Chance for creative activities during his free time
- Supportive Community
- Messages against using drugs to the community

**B. Are there similarities or notable differences?**

There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

**C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful since they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual, social, biological, psychological, school and other factors in each person's life. In each element of his/her life, the individual faces danger factors and for each factor, by using the checklist, the relevant good practices can be followed to deal and assist the individual.

**Presentation of proposed intervention**

For Kyriakos, a psycho educational intervention plan was designed, whose target was both to empower him psychologically as well as develop his skills both on an educational as well as a social level. There was a particular emphasis in boosting his self-confidence, managing his anxiety and his induction in an open rehabilitation program within the prison space. At the same time, he was motivated to take part in entertainment groups of the prison like the dance team so as to develop his sociability and his cooperation skills within the team context.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level.

The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach.

Through the analysis of his life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

### Objectives

- Through the individual and group psychoeducational briefing on the consequences of drug use and the ways to tackle it.
- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.
- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self-esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation

**The action plan** (please refer to the Action plan described at the first case, page 120)

II.

### **CASE N. 9 Vasilis**

*My name is Vasilis and I am 26 years old today. I began using drugs when I was in my 20's while studying. My parents would send me money for my studies and I would use them for drugs. I hurried back from my studies a living dead. I did not stop drug use when I came back to Cyprus. Today I am in prison. Maybe this was a gift from God for me. I found the will and help to quit. I can now dream.*

### **Case selection**

Vasilis was convicted to 3 years in prison for possession and trafficking. Following a small period of adjustment, he was approached by the Education and Mental Health Services of the Prison Department so as to motivate and admit him to education and treatment programs.



He was admitted to the rehabilitation program which he gave up 2 times but later on came to realize that it was his only way out.

The choice was based on one hand on the criteria of choosing young people who would participate in the project, meaning drug users, while at the same time the choice was made based on their will, and especially Nicolas, to get help through the psycho educational programs to detox from drugs. At the same time, the fact that he had attempted multiple times to detox unsuccessfully, was an additional challenge for the application of a new type of attempt through the psycho educational tools as well as the action of employment in the prison.

### **Current situation**

Vasilis is one step before his release and through his participation in the psycho educational programs he has been drug free for more than a year. He has been trained in various issues and has acquired skills and certifications that will help him reintegrate in society.

### **Profile**

Vasilis is from a village from Larnaca, Cyprus from a wealthy family of a high socioeconomic class.

His relationship with his parents is described as very good from a young age. His parents did their best to provide him with everything that a parent should provide their child. He was loved, supported, well of financially and sent to the best schools.

According to Vasilis his life up until his 20s was ideal. A love disappointment during his studies led him at first to alcohol, then to cannabis and later on to hard drugs. Before he knew he was on a road of no return. He would lie to his parents, destroyed them financially while his college years which are the best years in a person's life were hell.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

From a psychological aspect Vasilis does not present any active psychopathology. He does however present intense signs of depression and anger against himself whom he considers responsible for everything that has happened to him.

Vasilis was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help him in regards to his psychological aspect. Through his accession to the educational programs and the evaluation of his educational needs the data that resulted demonstrated the lack of motivation he presented. Therefore, a joined psychoeducational action plan was designed to help him develop the skills, abilities and also detox from using drugs.

The signs/markers that led to the diagnosis:

- Mental deficiencies – Deficient identity
- Difficulty in interpersonal relationships
- Unstable mental functions
- Low self-esteem
- Difficulty in controlling impulses – Impulsiveness
- Seek for emotional stimuli
- Low anxiety and cancellation tolerance
- Feeling of despair and impasse

### **Practicalities of using the Handbook / O2 and the checklists in it**

A. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- Difficulty in interpersonal relationships
- Unstable mental functions
- Low self-esteem
- Difficulty in controlling impulses – Impulsiveness
- Emotional neglect or abuse

GOOD PRACTICES

- Development through psychoeducational tools of his individual skills and basic life skills so that Vasilis will be more empowered to:
  - make decisions
  - face problems
  - manage emotions, stress (anger etc.)
  - Critical thought
  - Creative thought
  - Positive assertion

- Communication skills
  - Positive self-image and self-value
- By agreeing to detox, Vasilis is educated as to the consequences of drug use:
    - Provision of emotional support
    - Development of skills for smoothing family bonds
    - Offered opportunities to spend his free time creatively

**B. Are there similarities or notable differences?**

There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

**C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful since they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual, social, biological, psychological, school and other factors in each person's life. In each element of his/her life, the individual faces danger factors and for each factor, by using the checklist, the relevant good practices can be followed to deal and assist the individual.

**Presentation of proposed intervention**

For Vasilis, a psycho educational intervention plan was designed, whose target was both to empower him psychologically as well as develop his skills both on an educational as well as a social level. There was a particular emphasis in boosting his self-confidence, managing his anxiety and his induction in an open rehabilitation program within the prison space. At the same time, he was motivated to take part in entertainment groups of the prison like the dance team so as to develop his sociability and his cooperation skills within the team context.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level.

The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach.

Through the analysis of his life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

#### Objectives

- Through the individual and group psycho educational briefing on the consequences of drug use and the ways to tackle it.
- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.
- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self-esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation.

**The action plan** (please refer to the Action plan described at the first case, page 120)

#### CASE N. 10 Andreas

*I never want to see my life in this state again. I was humiliated in my surroundings, I ruined my family and their peace, watched them despair because no matter how many times they tried to help me I couldn't stop. I lied to them. I was on my own, had no money for drugs, I began stealing from everywhere I could get my hands on and I was humiliated. I felt useless. I was on my own, all of my dear friends kept their distance from me, wherever I went they avoided me.*

#### Case selection

Andreas was convicted in 3 years in prison for burglaries and thefts related to his addiction so as to ensure his dose. Following a small adjustment period, he was approached by the Education and Mental Health Services of the Prison Department so as to motivate and admit him to the education and treatment programs.

The choice was based on one hand on the criteria of choosing young people who would participate in the project, meaning drug users, while at the same time the choice was made based on their will, and especially Andreas, to get help through the psycho educational programs to detox from drugs. At the same time the fact that despite his addiction he was a person who still had dreams for the future led us to offer him the chance to make those dreams come true.

### **Current situation**

Andreas was released while he was fully detoxed and having started a distant learning program while he was in the prison. Today he has a small business of car care on his own while at the same time he expects to be able to help young people rehabilitate once he gets his psychology degree.

### **Profile**

Andreas is from a village in Nicosia, Cyprus from a middle class socioeconomic family with no troubled relationships.

The relationship with his parents is described as being very good from a young age whereas on their behalf his parents tried to provide him everything that 2 good parents could. They gave him love, support and had dreams for his future.

According to Andreas, everyone's dreams were shattered when drugs entered his life which led him to social exclusion, made his parents be ashamed of him and to be on the verge of despair because despite their attempts he never stopped using drugs. Additionally, drug use and the burglaries he committed put him and his family in trouble and adventures daily.

### **Description of diagnosis results**

information about the young person from the therapeutic point of view:

From a psychological aspect, Andreas did not present any active psychopathology. He did present though, intense depression and anger signs against himself whom he blames for everything that has happened to him. He also felt intense anger and despair against the system and society which he considers to be responsible to a great degree for the situation he was in.

Andreas was evaluated from the Mental Health Services of the Department of Prison which helped and continue to help him in regards to his psychological aspect. Through his

accession to the educational programs and the evaluation of his educational needs the data that resulted demonstrated the lack of motivation he presented. Therefore, a joined psychoeducational action plan was designed to help him develop the skills, abilities and also detox from using drugs.

The signs/markers that led to the diagnosis:

- Mental deficiencies – Deficient identity
- Difficulty in interpersonal relationships
- Unstable mental functions
- Low self-esteem
- Difficulty to control impulses – Impulsiveness
- Search for emotional stimuli
- Low anxiety and cancellation tolerance
- Despair and impasse feeling

### **Practicalities of using the Handbook / O2 and the checklists in it**

B. How did the checklists (that we will have in O2) relate to your specific case?

MARKERS:

- Difficulty in interpersonal relationships
- Unstable mental functions
- Low self-esteem
- Difficulty to control impulses – Impulsiveness
- Emotional neglect or abuse

GOOD PRACTICES

- Development through psychoeducational tools of his individual skills and basic life skills so that Andreas will be more empowered to:
  - make decisions
  - face problems

- manage emotions, stress (anger etc.)
  - Critical thought
  - Creative thought
  - Positive assertion
  - Communication skills
  - Positive self-image and self-value
- By agreeing to detox, Andreas is educated as to the consequences of drug use:
    - Provision of emotional support
    - Development of skills for smoothing family bonds
    - Offered opportunities to spend his free time creatively

**B. Are there similarities or notable differences?**

There are certain similarities with the usual indicators used by the educational and psychotherapeutic group in the Prison.

**C. How could the checklists help you identify these young people at risk?**

The factors recorded on the checklist are particularly helpful since they deal with the individual as a biopsychosocial being by checking and attributing meaning to the individual, social, biological, psychological, school and other factors in each person's life. In each element of his/her life, the individual faces danger factors and for each factor, by using the checklist, the relevant good practices can be followed to deal and assist the individual.

**Presentation of proposed intervention**

For Andreas, a psycho educational intervention plan was designed, whose target was both to empower him psychologically as well as develop his skills both on an educational as well as a social level. There was a particular emphasis in boosting his self-confidence, managing his anxiety and his induction in an open rehabilitation program within the prison space. At the same time, he was motivated to take part in entertainment groups of the prison like the dance team so as to develop his sociability and his cooperation skills within the team context. Additionally, he was given the chance to study Psychology by distant learning and excel up until his 3<sup>rd</sup> year which he attended while he was in prison.

Within the program's implementation context, the systematic dialectic approach was applied, on both a therapeutic psychological as well as an educational level. The various systems were taken into account, family, social and school ones, and based on those the intervention plan was designed on the systematic dialectic approach. Through the analysis of his life's systems, the psychological and educational needs emerged and targets were set to fulfill those needs.

### Objectives

- Through the individual and group psychoeducational briefing on the consequences of drug use and the ways to tackle it.
- Psychological support and motivation to stop using and change of lifestyle.
- Individual psychotherapy.
- Personal development and adopting a new and creative way of life that does not include drug use.
- Cultivate skills to more effectively deal with and resolve problems and difficulties, skills to create healthy relationships and improve communication within the family
- Boosting of self-esteem and taking personal responsibility.
- Reconnect with his educational and professional life combined to disengaging from criminal activities.
- Target setting for professional orientation.

**The action plan** (please refer to the Action plan described at the first case, page 120)



*e. Anthropos contribution*

*BABEL*

**Presentation of case context and selection**

*The young people, supported by BABEL, who were included in the CYS project and cooperated with the DIT and the SET of this Program, are the following 2: Ra and Mo.*

**Case 1 (BABEL) - Ra**

1. How did you get in contact with this young person?

Ra was referred to BABEL DCC by another cooperating/”fellow” NGO. This network of NGOs was created in order to provide more holistic and successful services to migrants and refugees. The goals of this multiagent approach/network with the specialization of each actor is to cover more needs as well as to promote self-motivation by the development of social skills etc. The reason for his referral was the fact that he is an unaccompanied minor, lacking a network of support and an intense feeling of helplessness. After discussing his case, the group of mental health professionals decided to suggest to him to participate in the group of beneficiaries of “Changing Youth Stories” project. His psychotherapist presented and explained to him the aims of the project and its whole rationale. Finally, she introduced him to the SET of BABEL who got right into explaining to him the project and making the interview, almost at the same time.

2. How and why did you choose to work with this young person?

The reasons for choosing Ra were his age (18 at that time), the fact that he can speak English which enables him to participate more energetically in the whole process, and that he has a great need for connecting with peers and getting support for his difficulties. The aim of his participation was the reframing of his life story (changing of his life’s narrative) and his overall empowerment.

3. Current situation of the young person

Ra was already in a regular therapeutic process with DIT Ms Christina Iosifidou when the cooperation of CYS with BABEL DCC was launched. During that time, having fled from Bangladesh after the death of his parents and leaving his sister there, he was staying in a SMANII flat with a few of his countrymen. He was looking for a job in order to find a better place to stay.

In the first months after his arrival in Greece Ra had to deal with major difficulties in communication, since he didn't speak neither greek or english. By making good use of the network of available services and the internet, he managed to learn to speak english in a very good level. At the same time, during his introduction to CYS project he managed to register in greek public school. This way his ability of understanding Greek became gradually bigger. Although he wishes to stay in Greece, since he strongly believes that he will get a job eventually, he is really concerned about the uncertainty of his future.

In the past two years Ra managed to be accomodated in a flat by an NGO , despite the fact that he had already become an adult and he is male (young men are considered the least vulnerable group of refugees). The resticted time limit that usually is given in these cases doesn't help him feel relieved, which is something he clearly states in his semi-structured interview. At the same time, Ra managed to get a job in a restaurant , but he is still looking for something better. Currently he is still attending Greek classes and has a job, as well as a small social network of friends. Nevertheless, he doesn't feel that these are his own accomplishments, so he still has a low self-esteem and is really afraid that he is not going to make it in the future.

Through his participation in CYS project, the creation of a more holistic support programm was created, which did not focus only to psychotherapy. He didn't hesitate to share with the DIT and SET team some of his concerns and his difficulties. The CYS team of professionals are trying to develop new narratives of Ra's life story. His commitment to his therapy sessions is not so strong , part because of his increased working hours. Nevertheless, he still remains motivated and functional in his daily life.

## **Case 2 (BABEL) - Mo.**

### **1. How did you get in contact with this young person?**

Mo was referred to Babel Day Care Center by the network of actors (NGOs, etc.) with whom Babel cooperates in order to provide more holistic and successful services to migrants and refugees. The goals of this multiagent approach/network with the specialization of each actor is to cover more needs as well as to promote self-motivation by the development of social skills etc. The reason for his referral was the complex difficulties that he was facing, both regarding his social and his family network of support. The group of mental health professionals, after discussing it, they decided to suggest to MO to participate in the group of beneficiaries of "Changing Youth Stories" project.

### **2. How and why did you choose to work with this young person?**

More specifically, the reasons for choosing Mo were that he is in the age-range of the project, he speaks English which enables him to participate more energetically in the whole process, and that he has been through many adversities in the past. Although he is still struggling with some of these problems, he has developed a lot of skills that help him overcome them and it will be very useful to share them in a peer group. He has shared his wish to be a member of a peer group and meet new people who will probably offer him new opportunities. Based on all these, his psychotherapist presented and explained to him the aims of the project and its whole rationale. She also gave him the necessary instructions for the Interview of IO1. Finally, she introduced him to the SET of BABEL who clarified things that remained not so clear to him and since then he has been cooperating with her as well.

### 3. Current situation of the young person

Mo was already in a regular therapeutic process with DIT Ms Kyrka when the cooperation of CYS with BABEL DCC started. During that time he was staying with his family (parents and one sister) in Shisto Refugee Camp. They had left Afghanistan in order to avoid the difficulties Mo was facing due to his Iranian origin. Mo, after some months in Greece while he was feeling totally unmotivated to do anything, started learning English and Greek, mostly through everyday life in the Camp. By learning these two languages and the fact that he is speaking Farsi (his mother tongue) helped him to start working voluntarily as an interpreter in various NGOs in the Camp. Participating actively in a joined effort of providing support to other members of his community, empowered and motivated him significantly. In the same context, Mo had already started participating in activist groups for refugee-rights that were created in the Camp.

At the same time he still wanted to go to another European country in order to have better educational opportunities and living conditions. His family's dynamics were quite confrontational, mainly due to his mother's and his sister's resignation and his subsequent taking over a number of new duties, mostly in relation with his skills in Greek and English. At that time an effort to register him in greek public school/educational system) was taking place by the staff of the municipality. This effort was succesful but after a few months Mo felt that most of the things he was taught was already familiar to him, so he decided to stop attending classes and to try to find a job.

During the project Mo changed his residence. His family and him were provided accomodation in a flat downtown Athens. There, Mo had better access to certain public services and less contact and support by the people living in the Camp. More specifically he lost his

contact with the Open Community Centre which was giving to him the opportunity to participate in certain activities, and has been a place of reference for the refugee community there. On the other hand, the group of SETs and DITs managed to become a place of reference , a nucleus for support for the rest of the people. Thanks to all this networking due to CYS project, Mo participated in a training for interpreters, organised by another NGO fellow to Babel, in order to have better access to work. This has to do partly with accomplished success and effectiveness of Babel, which derives from good networking and effective communication and sharing of info among the other actors (NGOs etc.)

Currently, although Mo would prefer to live in Canada , he is still trying to get to another European country. He is still looking for a job as an interpreter. The unstable sociopolitical context in relation with the uncertain legal status of most refugees in Greece, including himself, makes the development of new more functional communication ways/channels within the family, more difficult. His cooperation with the project was steady, although it was difficult for him to have another look at his life story and talk about it. He prefers to make plans for the future and to set new goals. In this process , by connecting more with the group of CYS as well as with other groups of youth at risk, his interaction skills became much stronger and started feeling the normalisation of his difficulties. His cooperation with BABEL goes through various fluctuations. The feelings of not being able to meet several basic needs of the beneficiaries which goes beyond the role of an MH professional, as well as the difficulties of working with this population itself were supported by the project-team, by regular group meetings/discussions and the sharing of difficulties etc.

### *ADDMA*

#### ***Presentation of case context and selection***

*The young people, supported by the “Accommodation and Services Scheme for Asylum Seekers ADDMA - City of Athens” Program, who were included in the CYS project and cooperated with the DIT and the SET of this Program, are the following 6: Gr, Ne, Ni, Fa, Za, Ma.*

#### **Case 3 (ADDMA) - Gr**

1. How did you get in contact with this young person?

The inclusion of each beneficiary in the Program “Accommodation and Services Scheme for Asylum Seekers ADDMA - City of Athens”, is done through a referral process from UNHCR. The basic criterion for each one’s inclusion is the level of his/her vulnerability, which is assessed by UNHCR.

G is a 20-yr. old young woman from Congo who is registered as “single” through a hosting program and lives along with another 3 women of the same nationality. She arrived in Greece in November 2016 and since March 2017 she is hosted in the Housing Program for Asylum Seekers. She speaks Lingala and French.

G was born with sickle cell disease, a very rare and dangerous disease that has affected many aspects of her life.

The group of professionals that support her are Ms Silia Kalogeropoulou (social scientist) and Mr Dimitris Papagalanis (Accommodation Supervisor).

After discussing her case with the DIT and SET of CYS project, it was suggested to her that she could be part of the youth group of CYS. Her support group of professionals made a thorough presentation of the whole project (framework, aims, etc.) and described the form of the Interview (IO1). She agreed to participate and a new meeting was scheduled, where her video-interview took place.

## 2. How and why did you choose to work with this young person?

G was chosen because she has the right age for the youth group of CYS project (20 yr. old) and she has gone through many severe adversities from the moment she was born.

Through her social intake, G has mentioned that people who suffer from chronic diseases or die from them are considered as a “sorcerer”, which is stigmatizing within their communities. Her father abandoned both her and her mother when G was 3 months of age, since he believed that his spouse was responsible for their daughter’s disease and as such she was also stigmatized as being a “witch”. G met with doctors who explained to her, her own health condition, as well as with local shamans who attempted to cure her. When her mother died (2014), she joined a monastery belonging to the Catholic Church. Once again, they also tried to cure her but with no success, so they helped her to leave and go to Turkey. There she lived with a family, however, G claims that they were exploiting her as she was living as a prisoner, so she tried to escape. Through a smuggling/ trafficking network she managed to get to Greece in 2016 and since then she is an asylum seeker.

Although she is still facing a lot of difficulties, she seems to have developed a lot of coping mechanisms and she is getting support in order to be empowered and more autonomous. G is a young woman that wants to share with other young people her life experience, that's why it was suggested to her to participate in the project.

### 3. Current situation of the young person

Initially, the main interventions were focused on linking G with the secondary health care system in order to have access to health care for her own chronic disease. Assistance was given mainly in the form of coordinating her medical appointments and escorting her to those. Gradually, and after G got familiar with the health care system, she felt safe enough to manage and go to her own appointments, which in return strengthened her ability to become autonomous.

As mentioned, G is a young girl who was supported by the Catholic Church. Once she settled in the city, an effort was made to make her be able to create her own supporting networks, and she did exploit that to her own benefit. She got in touch with the religious community, something that helped her significantly, also through her involvement in activities related to mainly to language learning. She is also well connected with people from her country of origin, but also Greek people, which makes her feel safety and enhances her functionality. She also participates in several activities suggested by the program, like educational seminars that enhance capacity building.

G also participated in an activity organized by the Housing Program for Asylum Seekers, "Listen to my story". It involved the live narrative, which exist in all cultures as an educational mean, but also as a way of entertaining but also memory keeping and contributes to overturning stereotypes and prejudices. This activity gave G an opportunity to reformulate her story so far, through presenting who she is, her life experiences and her dreams regarding the future.

Finally, G is currently pregnant and is focusing on issues of her upcoming maternity. Her wish is to be granted asylum in Greece and be able to find a job.

### **Case 4 (ADDMA) - Ne**

#### 1. How did you get in contact with this young person?

The inclusion of each beneficiary in the Program "Accommodation and Services Scheme for Asylum Seekers ADDMA - City of Athens", is done through a referral process

from UNHCR. The basic criterion for each one's inclusion is the level of his/her vulnerability, which is assessed by UNHCR.

He entered Greece in October 2016 and, since April 2017, he is hosted with his mother in an apartment in central Athens, through the Housing Program for Asylum Seekers. He is a 25 yr. old young man who speaks Arabic and English. The group of professionals that supports his family is Ms. Eirini Arapantoni (social scientist), Mr Konstantinos Mathioudakis (Accommodation Supervisor) and Amgad Faikh (cultural mediator/interpreter)

After discussing his case with the DIT and SET of CYS project, it was suggested to him that he could be part of the youth group of CYS. His support group of professionals made a thorough presentation of the whole project (framework, aims, etc.) and described the form of the Interview (IO1). He agreed to participate and a new meeting was scheduled, where his video-interview took place.

## 2. How and why did you choose to work with this young person?

Ne was chosen to participate because he has the right age (24 yr.old) for the target group of the CYS project and because he has gone through a lot of adversities , discrimination and dangers not only in his country of origin but also in the hosting country. Based on his social story, Ne is an only child; his father has died and he has come to Greece in October 2016 along with his mother. Ne has left Syria due to the war, but also because he wanted to live in a community where he would feel safe in expressing his sexual identity. He is homosexual and this has made both his journey and his stay in the reception centres very difficult due to discriminatory/ racist behaviour on behalf of his own country. His mother does not wish to remain in Greece and he also wishes to travel eventually to Great Britain.

This is a young man who is very motivated and informed on issues related to gender identity and human rights. Based on all the above and after discussing it with the SET and DIT, it was suggested to him to participate in the CYS project , as this -sharing his life experience- would be very empowering both for him and for other young people.

## 3. Current situation of the young person

The first encounters with N were very productive as he had very clear requests in regards to his skill development and his contact with the community.

Accordingly, this was something that was supported and enhanced by the people working with him and led to the creation of a network of people sharing similar experiences and dreams for the future. N is one of the founding member of the LGBTQI+ refugee community, through which a series of activities are organized aiming at connecting with the wider part of the society, asserting integration rights, solidarity and support in matters of racism, violence and abuse.

N also participated in an activity organized by the Housing Program for Asylum Seekers, "Listen to my story". It involved the live narrative, which exist in all cultures as an educational mean, but also as a way of entertaining but also memory keeping and contributes to overturning stereotypes and prejudices. This activity gave N an opportunity to reformulate his story so far, through presenting who he is, his life experiences and his dreams regarding the future.

Since the beginning, N has expressed his desire to join the educational system and study. The team of professional working with him focused on skills development programs but also broader education programs. One of the most important achievements was getting a scholarship from the American College of Greece – "DEREE", for English and Sociology courses. He completed these courses with regular attendance, assignments, exam to which he excelled. As a result, he gained a four-years fellowship scholarship in a field of his own interest. He eventually opted for Field Media and he will start the program in September 2018.

N is currently participating in a project by Storydoc and the Housing Program for Asylum Seekers, which concerns the creation of short films focusing on the social integration of refugees and immigrants.

N is also deeply aware in regards to all aspects of the situation of migrants in Greece and he has worked voluntarily for some time as a Arabic-English interpreter in various organizations that are active in the field. He also worked as an interpreter for interviews with the British newspaper "The Guardian".

N is a young man highly motivated for personal growth and who has learned how to use his experiences so far in order for him to feel safe and accomplish his goals for the future.

### **Case 5 (ADDMA) - *Ni***

1. How did you get in contact with this young person?



The inclusion of each young beneficiary in the Program “Accommodation and Services Scheme for Asylum Seekers ADDMA - City of Athens”, is done through a referral process from UNHCR. The basic criterion for each one’s inclusion is the level of his/her vulnerability, which is assessed by UNHCR.

NI is a young girl from Syria, with origins from Palestine. She arrived in Greece in August 2016 and is hosted in an apartment in the Housing Program for Asylum Seekers along with her family which consists of her father, her mother and 5 siblings. NI is the oldest child. The family was granted the right to relocation; however, they chose to seek asylum in Greece.

The group of professionals that support her are Mr Konstantinos Kokoras (social scientist) Ms Olia Kindyli (Accommodation Supervisor) and Mr *Mohamad Najjar* (*cultural mediator/ interpreter*).

After discussing her case with the DIT and SET of CYS project, it was suggested to her that she could be part of the youth group of CYS. Her support group of professionals made a thorough presentation of the whole project (framework, aims, etc.) and described the form of the Interview (IO1). She agreed to participate and a new meeting was scheduled, where her video-interview took place.

## 2. How and why did you choose to work with this young person?

Ni was chosen because she has the right age for the youth group of CYS project (20 yr. old) and she has gone through major difficulties and dangers due to her refugee status.

Based on her social history, Ni and her family fled Palestine due to the very difficult political situation and the very difficult living conditions for Palestinian people. They settled down in Syria, where her parents found jobs and the children attended school. But, due to recent war in Syria, they had to flee the country and become refugees again. So, they came to Greece.

They stayed for a few months in Lesvos, under very difficult living conditions. Due to her youngest brother’s serious health condition, they were transferred and accommodated in Athens. During the time they were on the island, Ni tried to flee to Germany, hoping that she would be able to study there, and, on the same time to reunite with her family (family reunification request). By going to Germany, she thought that she could also help her brother get better healthcare, since Germany has a very organized National Healthcare System. But she didn’t make it through the borders. Greek Police arrested her and she spent a few months in prison (Korydallos state prison in Athens) until she had her trial. All this experience was very

traumatic, since she had to stay for a long time away from her family in extremely difficult conditions (incarcerated).

Ni was very much affected by all these adversities. That was probably the reason it took her a lot of time to express any wish related to her personal development and a contact with people of her age. By getting a lot of support by the group of professionals both as an individual and as member of her family helped her focus on herself and start making dreams for the future again. Ni is a young woman who wants to get connected with other young people. That's why everyone supporting her believed that she will make the most out of the CYS project. And they were right!

### 3. Current situation of the young person

This family is very united, where each of its members supports and takes care of another. They are in connection with many organizations and the Palestinian community. Due to NI's younger brother who suffers from a serious chronic disease, initial interventions were focused on finding the appropriate support for his health care.

For NI it is crucial to be able to study in order to find a job, as having to leave the school due to war is a painful memory. She loves reading and writing and it seems that her parents are supporting her in that.

Following a few months after NI came to Greece with her family, she tried to leave for Germany with the hope that there she would be able to study and at the same time be reunited with her family. She also believed that this would also help her younger brother to get better health care from the German healthcare system. Unfortunately, she was arrested by the Greek police when trying to cross the borders. She spent a few months in Korydallos prison until her case was adjudged and left free. This experience was quite traumatic for her as she spent a long time away from her family in a place with very difficult living conditions.

In the process, NI managed to feel strong again and to feel as a young woman who has the ability to overcome difficulties and to act autonomously. So, she started participating in several activities that would help to become more connected with the Greek society and use her own interests at her advantage. The group that supported her linked her with the private school Alexander the Great to attend Greek classes for free. She passed the first year successfully and she moved on to the second one. This helped her a great deal as she significantly improved her knowledge in Greek.

NI also wanted to get involved with activities related to art and more specifically with painting. The group that supported her put her in touch with a Day Centre of migrant and refugee women. This center offers daily activities such as those of painting, physical exercise, language course, women's empowerment and motivation groups. NI was very pleased with this center as she participated in several activities while creating new relationships with other women of her own age.

At present, NI is trying to figure out what she would like to do in order for us to find the most appropriate framework for her to continue making the best out of her potential and possibilities. For her, family is of great value and she would like to create her own in the future.

#### **Case 6 (ADDMA) - Ma**

##### **1. How did you get in contact with this young person?**

The inclusion of each young beneficiary in the Program "Accommodation and Services Scheme for Asylum Seekers ADDMA - City of Athens", is done through a referral process from UNHCR. The basic criterion for each one's inclusion is the level of his/her vulnerability, which is assessed by UNHCR.

Ma is a 20 yr.-old man from Syria, with origins from Palestine. He arrived in Greece in August 2016 and is hosted in an apartment in the Housing Program for Asylum Seekers along with his family which consists of his father, his mother and 5 siblings. Ma is the second child in order (and brother of Ni). The family was granted the right to relocation; however, they chose to seek asylum in Greece.

The group of professionals that support him are Mr Konstantinos Kokoras (social scientist) Ms Olia Kindyli (Accommodation Supervisor) and Mr *Mohamad Najar (cultural mediator/ interpreter)*.

After discussing his case with the DIT and SET of CYS project, it was suggested to him to be part of the youth group of CYS. His support group of professionals made a thorough presentation to him of the whole project (framework, aims, etc.) and described the form of the Interview (IO1). He agreed to participate and a new meeting was scheduled, where his video-interview took place.

##### **2. How and why did you choose to work with this young person?**

*Ma was chosen for the same reasons with his sister, Ni. More specifically, based on his family history, Ma and his family fled Palestine due to the very difficult political situation and*

the very difficult living conditions for Palestinian people. They settled down in Syria, where her parents found jobs and the children attended school. But, due to recent war in Syria, they had to flee the country and become refugees again. So , they came to Greece.

They stayed for a few months in Lesvos, under very difficult living conditions. Due to his youngest brother's serious health condition, they were transferred and accommodated in Athens. During that period Ma had to deal with very serious legal issues. He was accused as a main suspect in a criminal case (a man was stabbed during a fight in a café. Ma, wearing same color jacket with the offender, was walking in the same area at that specific time. Finally, he was not identified as the offender by the witnesses and the charges were dropped in court. But, he got a restraining order and has to appear in the closest police department once a month.

All these difficulties that started from his country of origin and continue until now (in the hosting country) have affected Ma tremendously in an emotional level. The support he got from his family, his friends as well as the group of professionals helped him a lot to go through them, both in emotional and in practical level (e.g. getting legal aid for the criminal charges he was facing). After discussing his case with the DIT and SET of CYS project, him taking part in the youth group of CYS was considered to be a very good way of reframing his life story so far and a way to empower him further.

### 3. Current situation of the young person

This family is very united, where each of its members supports and takes care of another. They are in connection with many organizations and the Palestinian community. This helped him a lot to get all the necessary help about his legal issue, by getting a lot of useful information and get connected with relevant actors and organizations.

Ma at first was only focused to every issue related to the criminal case he was involved. He was feeling very angry and ill-treated by Greek Justice System. His supporting group of professionals tried to explore other needs of his, beyond legal aid, in order to provide him a chance to participate in activities that are related with different fields, such as education, etc.

Ma wanted to learn Greek and English in order to be able to find a job in Greece. So, he was referred to a private school where free Greek classes for refugees were organized. Ma finished successfully the first year and passed to the second year of studies. This class helped him a lot to improve his skills in Greek language. At the same time, after finishing this program, he was registered in a Technical High-School which he still attends. Ma was also interested in

Photography , so he started taking lessons in a voluntary photography class organized by the Palestinian Community in Athens.

This way, Ma gradually started to invest in creative activities that give him pleasure and help him make the most out of his potential. He has created a lot of relationships with young people of his age. And most important, these young people are not only members of the refugee community. So, this promotes his networking with the Greek community as well, and his overall inclusion in this new context.

Ma is described by his family as a mature and well organized young man. During all this period he has been getting support by the Accommodation Programm, he had to process a lot of traumatic experiences and negative feelings. Gradually, he managed to start dreaming again and make plans for the future. He is dreaming of how to develop himself further and feel happy and full of hope again...

#### **Case 7 (ADDMA) - Fa**

##### **1. How did you get in contact with this young person?**

The inclusion of each young beneficiary in the Program “Accommodation and Services Scheme for Asylum Seekers ADDMA - City of Athens”, is done through a referral process from UNHCR. The basic criterion for each one’s inclusion is the level of his/her vulnerability, which is assessed by UNHCR.

F is 22 yr. old and comes from Syria. She arrived in Greece in September 2017 and has been accommodated through the Program since November 2017. The group of professionals that support her are Ms Ioanna Mpoutsaki (social scientist), Mr Antonis Argyrou (Accommodation Supervisor) and Ms Alice Malouhi (cultural mediator/ interpreter).

After discussing his case with the DIT and SET of CYS project, it was suggested to her to be part of the youth group of CYS. Her support group of professionals made a thorough presentation of the whole project (framework, aims, etc.) to her and she agreed to participate.

##### **2. How and why did you choose to work with this young person?**

Fa was chosen because she has the right age for the youth group of CYS project (20 yr. old) and she has gone through and is still facing major difficulties. At the same time a variety of interventions are taking place in order to further empower her. In this context, it was

suggested to her to participate in this project in order to be more able to connect with people of her age.

### 3. Current situation of the young person

Fa is a young woman who fled Syria due to her very serious health condition of her mother. They are accommodated in a flat downtown Athens with another woman -flat mate from Morocco. After getting into the Accommodation Program, a big emphasis was given to the connection with the National Health System in order for her mother to have the necessary regular medical care. Her mother needs to get to the hospital 3 times per week for kidney treatment, escorted by Fa. The initial focus was in getting F to be more familiar with national health system, so as to feel more safe as far as her mother's medical care is concerned. She is the person that supports her mother, after all. At the same time, this situation puts an enormous load on her, so she wishes not to be the only person responsible for her mother's care. This will create some space for her to invest on things that she is really interested in.

She has expressed the wish to get professionally into sewing, which was something that the group of professionals support her took into consideration. They came in touch with a country man of hers who has his own tailor shop in the same neighborhood she is currently staying. She started working there daily as a trainee, which is something that affected her positively in many ways. First of all, she is learning a trade which she really likes and wants to develop in the future. She also can make some money, which helps a lot the current financial situation of her family. Through her daily interaction at the shop, she has managed to improve her skills in Greek and at the same time she has got in touch with a lot of countrymen who live in Greece for years. This is a living example of successful integration for her, as well as a network of support which helps her with her daily life.

Fa was encouraged to start attending Greek classes, which she did going to work at the same time. This has very good results for her communication skills in Greece. Attendings this class, organized by an organization that provides educational services to refugees and is situated downtown Athens, helped her to socialize more and make friends. It also helped her to get more information about various skill development and vocational guidance programs that take place for the support of refugees.

To sum up, Fa despite all the difficult issues concerning her mother's health condition that she has to take care of in daily basis, has managed to make some space for herself and the

things that she is interested in. She wishes to stay in Greece with her mother and find a job, so as to be able to study in the university.

### **Case 8 (ADDMA) - Zahra**

#### **1. How did you get in contact with this young person?**

The inclusion of each young beneficiary in the Program “Accommodation and Services Scheme for Asylum Seekers ADDMA - City of Athens”, is done through a referral process from UNHCR. The basic criterion for each one’s inclusion is the level of his/her vulnerability, which is assessed by UNHCR.

Z is 18 yr. old and comes from Afghanistan. She arrived in Greece in May 2017 and got accommodation with her mother and her youngest brother (13-year-old) through the Accommodation program in August 2017. The group of professionals that support her are Ms Ioanna Mpoutsaki (social scientist), Mr Antonis Argyrou (Accommodation Supervisor) and a *cultural mediator/ interpreter*.

After discussing his case with the DIT and SET of CYS project, it was suggested to her to be part of the youth group of CYS. Her support group of professionals made a thorough presentation of the whole project (framework, aims, etc.) to her and she agreed to participate.

#### **2. How and why did you choose to work with this young person?**

*Za was chosen* because she has the right age for the youth group of CYS project (18 yr. old) and because she is a young woman who faces a lot of severe difficulties in her daily life. Her mother is blind and she is under psychiatric treatment and medication. Her father died in Afghanistan when she was 8 years old. Za has been taking care of her mother, as the latter needs full support due to her disability. In this context, it was suggested to her to participate in this project on one hand, in order to be more able to connect with people of her age. On the other hand, as a way to decrease the enormous load of responsibilities she has been under all this time.

#### **3. Current situation of the young person**

Za came to Greece from Afghanistan with her family, because they had been threatened and persecuted by the Taliban. They stayed for some months in a Refugee Camp on the island of Lesbos (point of entrance), where the living conditions were extremely hard, especially for

a blind person as her mother. At the same time, the living conditions and the adversities of their journey that they had been through, caused certain mental health problems to her mother for which she needed psychiatric care. Due to all these facts, it was considered necessary to transfer them to Athens and refer them to the Accommodation Program of the Municipality of Athens. They were accommodated in a flat with another woman of the same country and her daughter.

Entering the Program , the biggest focus was given to the medical care of her mother, in order to have all the necessary medical referrals made for examinations/tests and all the medical certificates provided. At the same time, during all this process, ZA is the main accompanying person and care giver, which stops her of doing things that she is really interested in. Both herself and her mother were referred to Program's psychologist to get all the support they could have in order to be as much independent as possible.

The team of professionals that supports them managed to register her youngest brother to the closest public elementary school , which fortunately has an integration-class for children with learning or/and social difficulties. Za , due to her age could not register in any structure of formal education . This made her very sad because she wanted so much to get back to school. So, the team linked her with other actors (NGOs, etc.) that have programs of informal and non-formal education, in order to attend classes of Greek and English. The responsibility of her mother's health condition was the reason that she missed a lot of classes, which resulted to be difficult for her to follow the rest of the class.

Za's wish is a way to be found that it is no longer her own duty to carry through with her mother's medical needs and with taking care of everything at home. Due to this, she has no free time left to do her homework or hang out with her friends. Her mother's referral to an organization that supports patients with severe diseases including taking care of their medical appointments and their transfer and escort to them, was really helpful. This way Za was dismissed from some of her duties and she was able to register to Vocational Highschool, which she still attends. She is also very interested in music and painting. Concerning to that , she made the most out of it by taking part in an NGO that organizes this kind of art-groups around Athens.

The combination of all these skills has led to an important enhancement of her skills, thoughts and feelings, as well as her eagerness to go to school next morning! Za has managed to make some friends with her persistent request and visit the network where she can express emotionally herself with. Meanwhile, her growing independence and the decrease of her duties, is one of the things that was being discussed in a higher level and with her mother. She is being



supported in a way that she can decrease the dosage by herself. Going to the toilet has also become painful for her. She is so well supported that she can do her daily routine at home by her own, and can decrease or increase the dosage of the meds.

Finally, Za is a girl that has been through a lot of adversities. She tries to find her own place in this new reality and does things that will make her proud of. She wants to travel to Germany with her family. There used to be a lot of relatives from this side of his family there. She thinks that she will get more support as far as her mother is concerned. Not only that, she thinks that she has more opportunities for finding a job there.

### *SMAN*

#### **Presentation of case context and selection**

The young people, supported by SMAN, who were included in the CYS project and cooperated with the DIT and the SET of this Program, are the following 2: J and N.

#### **Case 9 (SMAN) - J.**

Nationality:	Pakistani
Gender:	Male
Age:	18 years old
Spoken language:	Pakistani & Greek
Legal status:	Asylum seeker (Greece)

#### **1. How did you get in contact with this young person?**

J was introduced to the **Society for the Care of Minors** at the age of 12 (in 2012) and remained at the centre till he reached adulthood in 2018.

#### **2. How and why did you choose to work with this young person?**

The reasons for choosing J were his age (17 at that time), the fact that he can speak both Greek and English which enables him to participate very energetically in the whole process.

From the start, it was established that he didn't have any supportive context on behalf of his family in Pakistan, despite the death of his mother, who according to him was the only stable presence for him. Very early on of his stay at the centre, he was followed up and taken care of by the organization with continuous sessions and daily supervision and was referred to a child psychologist for the smooth integration in the centre. Over the course of time, he was fully accustomed to the day-to-day life of the centre, he participated in extracurricular activities (robotics, photography, football) and established relationships both with children in structure and with peers from the wider region, thus outlining his future in Greece.

### 3. Current situation of the young person

From the beginning of 2017, and while the minor was 17 years old, the stability of the system in which J was living started to change. The minor began to show more often his need to prepare himself for the upcoming transition from adolescence to adulthood. At that moment the approach of the team working with J shifted methodically in order to adapt it to his needs.

As with every child in such a situation, transition into adulthood is not the only concern. In addition, the process of integration and adaptation to a new living context is significantly energy-intensive but also time-consuming. Both J and us as a system that is interacting and interrelating with one another, we started to examine all these issues that J himself would have to face. It is worth mentioning that our work has a central axis of action components and aspects related to education and professional growth and not only those related to the future. At the same time, our attention was also focused on issues related to J's personality, such as his autonomy, maturity decision-making and self-image.

Before I begin to chronologically present J's progress, it is worth noting that J passed through several stages, accompanied by several emotional fluctuations and as one can easily understand this sequence has not always been on the upward trend. In addition, it is obvious now that the system which has supported J and still does, has not been left intact and unaffected by J's development and changes. I would also like to note that although the action and the approach of the structure always aims at the best interests of the child, there are times when this has a double effect. While on the one hand a safety net can be formed around the child, which

can give him a fertile ground to develop and develop the possibilities on the other hand, there is always the risk of stalling it, leading it to inaction, thus making its autonomy and becoming an adult more dysfunctional.

Starting out, at the beginning of the 2016-2017 school year, J suggested that we enrol him in a night school because he thought he would be able to spend the mornings with some other activities just as useful. Respecting the rationale behind his decision, we proceeded to enrol him in a night school. Over time, we understood that his orientation towards the night school was more related to the fact that his friends were also in this school. However, we felt that even so he was winning things. In particular, we noticed that J had a strong motivation to attend the lessons. Also, his socialization and the establishment of close relationships with individuals of his own choice served beneficial in many aspects of his personality. In short, it was the first step of de-institutionalization and the first sense of belonging to a group that he had created himself and in which he was a key member also. At that point, noting his progress in regards to learning the language we invited him to visit a non-formal education structure. So, J started to visit a non-formal education program twice a week, which eventually further strengthened the learning of the Greek language. The whole educational program had apparently very interesting influences on J's daily life. He became more talkative and seemed to improve his self-image and self-confidence by overcoming the language barrier. On our side we tried to support him indirectly by "planting" the idea of interpretation as a future professional rehabilitation. More specifically, we began to use him as an interpreter for communicating with the rest of the children from Pakistan. In fact, we were also having role playing sessions of the interpretation process for us as structure and for J. He seemed to enjoy this a lot, and so we continued to create even stricter professional contexts during the role playing. This ability did not remain only within our structure. J began to visit a self-organized a shelter for refugees in the Exarchia area, offering interpretation services and participating in various recreational and educational activities.

Gradually and while time passed, J began to touch with greater eagerness and acceptability the issue of adulthood and what that implied. At times he seemed quite anxious, while others he was particularly certain and mobilized. On our side, what was crucial was J's sense of autonomy and his perception of his own future. Accordingly, we started with small and everyday steps to drive him closer and closer to acquiring the skills necessary for establishing a life unbound to such a structure. For example, learning the basic knowledge of cooking, keeping his own personal program of activities and obligations without our reminders

(he started waking up on his own and writing in his personal diary what he has planned to do each day). But also, the process of initiating documents / accounts to a tax office, bank, etc. by himself.

Finally, the main indication that J has entered a path of full integration and assimilation into the social fabric outside the guest house is the fact that already in the early days of his maturity he has applied for an interpreter's position in METAdrasi. He has followed a 10 days long seminar and from 40 participants he was able to apply for a position as an interpreter. Additionally, he has managed to combine his work almost daily without leaving the night school, while on several weekends he is following the METAdrasi in mission outside Athens. In the current period, he is preparing to move out of the guest house (for minors) to one of the UNHCR's semi-autonomous residences.

#### **Case 10 (SMAN) - N.**

Nationality:	Afghan
Gender:	Male
Age:	18 years old
Spoken language:	Farsi, Urdu and English
Legal status:	Asylum seeker (Greece)

#### **1. How did you get in contact with this young person?**

N was hosted **in Society for the Care of Minors ("SMAN")** Youth Shelter from 2/9/2016 until 1/12/2017 and left right after he became an adult. He is still a beneficiary of SMAN, being hosted in the young men's shelter of the organization until the present moment.

#### **2. How and why did you choose to work with this young person?**

The reasons for choosing N were his age (18 at that time), the fact that he can speak both Greek and English which enables him to participate very energetically in the whole process.

N arrived in Greece aiming exclusively to reunificate with his sister who lives with her family in Sweden as an asylum seeker too. His father had been abducted one year before N entered Greece and his mother is a very troubled old woman living in very difficult conditions. So, lacking support totally from his family in Afghanistan, N, in agreement with his mother made his only goal to live with his sister in Sweden.

These plans of his made it very difficult for him to adjust to the daily life of the Shelter and create relationships with the other teenagers. So, the shelter's staff decided to try to put him in a process of personal development which would reframe his stay in Greece as a preparatory phase for his next steps in Europe. In other words, to help him get accustomed with the western/European culture and life style on the one hand, and on the other hand to provide him with as many skills as possible, making the most out of his potential. This way, N few months after entering SMAN shelter, got interested in computers and started dreaming of studying computer science and maybe even getting a job in this field in Sweden.

### 3. Current situation of the young person

His first rejection of his family reunification request in Sweden, unfortunately, didn't take long. N, a very insecure person who gets disappointed quite easily, withdrew and closed into himself. He started feeling very afraid that he will never make it to live with his sister. This fear made him feel even weaker. But by getting all possible support from the people of the shelter, he began to realize that he could make the most out of his longer stay in Greece, by getting various kinds of education as well as by believing more in himself. A process, which eventually will lead to him overall empowerment.

Right after that, he joined the "Robotics" team (a unique, innovative educational program in which youth of SMAN were already participating) and attended a Coding seminar. He managed to become one of the best students of the Intercultural High School he was attending, and the most favorite of his teachers and the school principal. He also started to learn English. He participated in an Introductory Seminar for Cultural Mediation- Interpretation. N began to see himself evolving very fast, which gave him a lot of self-confidence and optimism. Of course, it took a lot of sessions with the professionals of his support-team to get to that point.

This also led to increasing feelings of trust towards the staff of the shelter and the willing to connect with every one of them personally. But this also led to the development of an excessive attachment with some of the staff. A characteristic example of that was his increasing hanging out at the social worker's office, even when it was very busy. Another example of this "unhealthy" attachment was the midnight calls the staff, asking them questions not emergency at all (like, what to respond to the girl I am chatting with on FB, etc.)

So, the plan of his psychosocial support was modified and focused more to his independency. At that time some unexpected bad news arrived. The files for his second Family Reunification Request had not been sent yet to Sweden, due to a mistake done by the Asylum Service officers. This meant that his plans were going 1,5-2 years later, without even knowing if they were to come true anyway. This made him feel very sad. At that point, a decision among the staff was taken: they wouldn't try to approach him giving him false hope. A potential second rejection -the final one, too- would devastate him and would make him lose all his trust towards them. The focus of his support was on his further empowerment as well as to express his negative feelings about this turn out of things.

Within a month, N saw his life changing dramatically in very positive ways. He became 18. He realized that living with his sister would make him her "protector/guardian" (she was living alone, without her husband, raising three young children by herself). This role would most probably be a very strong obstacle for his dreams of studying computer. So, he began to look at that unexpected delay of his files as a sign for thinking again of his future in a different perspective. He applied and was immediately accepted to a refugee-educational program called "From Camp to Campus" , in the American College of "DEREE" (in Athens). He was transferred to the Young Men's shelter of the organization, which made him quickly very detached from the social workers (with which he had created the aforementioned unhealthy attachment). He even started to work as a volunteer interpreter in Refugee Shelters around Athens, using Urdu, Farsi and English.

Currently he is working as a cultural mediator in the Ecumenical Refugee Program (ERP), an organization that manages family reunification cases of unaccompanied minors (!).

Now, he is the one that gives helps and support to young people who face a similar challenge than his own, some time before. He often uses his own case as an example to these boys.

Very recently, he said to some of the staff of SMAN that if Sweden this time accepts his request, he will not go!

## 5. Conclusion

This compendium was designed as a tool for youth workers and practitioners to help and guide them in their activity with young people in different risk situations: migrants/refugees, young people that experienced dropout, or/and with an oppositional behavior, and/or convicted, and/or those who experienced drug addiction etc.

As we could see, each partner contributed to the creation of the material by presenting 10 cases they have encountered and worked with during this project. The result is a compendium of 50 diagnosed cases, which are mostly successful stories, due to the fact that the staff involved used a systemic and multilevel approach in their engagement with the young people coming from 4 countries.

The overall aim of the present project is to foster personal growth, to increase social inclusion and to facilitate professional insertion of young people from risk groups, by designing and piloting a framework for case-based diagnose and multimodal intervention that scaffolds the empowerment, participation and active citizenship of the young persons involved.

The experience of each partner shows that each case is unique and different, therefore has to be dealt in a special designed manner. Additionally, for those who love the activity of youth workers and/or social operators or those who are already working in this field or those who are simply interested in this topic, this compendium will represent a model of good practices and will help them develop themselves as operators.

The partners who have contributed to the creation of this compendium are listed below:

4. C.E. Buziaș (Romania) - project coordinator
5. Fundația Județeană pentru Tineret Timiș (FITT - Romania) – IO3 coordinator
6. Eughenia scs – onlus (Italy) - contributor
7. Eurosuccess Consulting (Cyprus) – contributor
8. Athenian Institute of Anthropos (AIA Greece) - contributor