Therapeutic residences and everyday life clinic: occupational therapy contributions

As residências terapêuticas e a clínica do cotidiano: contribuições da terapia ocupacional

EXPERIENCE REPORT

Sabrina Helena Ferigato[1], Maria Luisa Gazabin Simões Ballarin[2], Taís Quevedo Marcolino[3], Sandrina Kelen Indiani[4]

http://dx.doi.org/10.11606/issn.2238-6149.v27i1p80-87

Ferigato SH, Ballarim MLG, Marcolino TQ, Indiani SK. Therapeutic residences and everyday life clinic: occupational therapy contributions. Rev Ter Ocup Univ São Paulo. 2016 Jan.-Apr.;27(1):80-7.

ABSTRACT: The purpose of this experience report is the practice of the Occupational Therapy at the Therapeutic Residences. We aim to systematize this practice from the description and analysis of the work of occupational therapists in these services. For this, we start from the appreciation of the experience level of occupational therapists linked to Therapeutic Residential Services and the approximation of their records. These records were written as field journal and later analyzed. For data analysis, we used the field journal evaluation method proposed by Lourau, starting from the theoretical framework of the Psychosocial Clinic, Institutional Analysis and everyday life references proposed in the Occupational Therapy. As a result, we will present the systematization of the practice of the occupational therapy in residential services from 4 plans: (1) interventions at home; (2) interventions with residents; (3) actions in the territory and in the community; (4) actions with the work team and the intersectoral network. These plans, when interrelated in the discussion and final remarks, point out the power that the particularities of the occupational therapy center can bring to the actions developed in the residential therapeutic services, especially regarding the psychosocial approach with emphasis on everyday life and deinstitutionalization processes.

KEYWORDS: Home care services; Occupational therapy; Deinstitutionalization; Activities of daily living.

Ferigato SH, Ballarim MLG, Marcolino TQ, Indiani SK. As residências terapêuticas e a clínica do cotidiano: contribuições da terapia ocupacional. Rev Ter Ocup Univ São Paulo. 2016 jan.-abr.;27(1):80-7.

RESUMO: O objeto desse relato de experiência é a atuação da Terapia Ocupacional junto às Residências Terapêuticas. Temos como objetivo a sistematização dessa atuação a partir da descrição e análise do trabalho de terapeutas ocupacionais nestes serviços. Para isso, partimos da valorização da dimensão da experiência de terapeutas ocupacionais vinculados a Serviços Residenciais Terapêuticos e a aproximação de seus registros. Esses registros foram construídos como diários de campo e posteriormente analisados. Para a análise de dados utilizamos o método de avaliação de diários de campo, proposto por Lourau, partindo do referencial teórico da Clínica Psicossocial, da Análise Institucional e referencias do cotidiano propostos na Terapia Ocupacional. Como resultados, apresentaremos a sistematização da atuação da terapia ocupacional em serviços residenciais a partir de 4 planos: (1) intervenções na casa; (2) intervenções junto aos moradores; (3) ações no território e na comunidade; (4) ações junto à equipe de trabalho e à rede intersetorial. Esses planos, quando articulados na discussão e considerações finais, apontam para a potência que as especificidades do núcleo da terapia ocupacional podem trazer para as ações realizadas nos serviços residenciais terapêuticos, especialmente no se refere à abordagem psicossocial com ênfase no cotidiano e nos processos de desisntitucionalização.

DESCRITORES: Serviços de assistência domiciliar; Terapia ocupacional; Desinstitucionalização; Atividades cotidianas.

1.Federal University of São Carlos (UFSCar). Department of Occupational Therapy. E-mail: sabrinaferigato@gmail.com
2. Pontifical Catholic University of Campinas (PUCCamp). School of Occupational Therapy. E-mail: awballarin@uol.com.br
3. Federal University of São Carlos (UFSCar). Department of Occupational Therapy. E-mail: taisquevedo@gmail.com
4. Dr. Cândido Ferreira Health Service. E-mail: san.indiani@gmail.com
Correspondence address: Department of Physiotherapy and Occupational Therapy/UFSCar. Rodovia Washington Luís, s/n - Jardim Guanabara, São Carlos - SP, Brazil. 13565-905.

INTRODUCTION

This document aims to discuss the actions developed by occupational therapists in the Therapeutic Residences (TR) or Therapeutic Residential Services (TRS), using the theoretical frameworks of the Psychosocial Clinic, Institutional Analysis and Everyday Life References in the Occupational Therapy in the context of the Psychiatric reform.

In this context, it is important to address the substitute units seeking to consolidate a new health care way, such as Psychosocial Care Centers (CAPS), Community Centers, Income Generation Workshops, Mental Health Wards in General Hospital, and Therapeutic Residences.

To Yasui[1], the Psychiatric Reform is a civilizing process, a complex social process, which has produced deep ruptures with hegemonic models of care, in addition to new paradigms in the relationship with madness, whether in the epistemological, technical and supportive, legal-political and sociocultural fields. The deinstitutionalization process of inpatients of psychiatric hospitals was one of its greatest challenges, which is still present to this day.

In this context, Therapeutic Residences were and are key strategies to reduce long-stay beds and overcome the chronic condition of residents of psychiatric hospitals, whether through the support that this device provides to ensure their stay outside the hospital, or through the difficulty found in family reintegration efforts of institutionalized users[2]. This strategy was endorsed by the coordination of the National Policy on Mental Health at the time of establishment of the Psychosocial Care Network (RAPS), laid down in accordance with Ordinance GM/MS No. 3088/2011.

The RAPS, in addition to a supportive model of care, envisions a new political and institutional setting of health, which aims to strengthen itself through the establishment and strengthening of full-time care networks. Based on the principles of the Psychiatric Reform, it includes practices and knowledge of assertion of human rights, of the guarantee of freedom and autonomy, of the exercise of civic consciousness, of the equity and social inclusion; aiming to consolidate substitutive practices to asylum's model.

One of the main components of the RAPS is the Deinstitutionalization Strategies,

> consisting of initiatives aimed at ensuring that people with mental disorders [...] in case of long-term hospitalization, the full-time care through substitutive strategies, in view of the guarantee of rights to the promotion of autonomy and the exercise of civic consciousness (p. 11)[3].

Currently, the Therapeutic Residences, along with the *Volta para Casa* [Back Home] Program, are as the main "deinstitutionalization strategies" of the Brazilian Psychosocial Care Network.

Even before this equipment formally integrated SUS by Ordinance/GM No. 106 in 2000, some experiences of homes for people with mental disorders have already been described since the late 1980s. Such homes were established in independent houses, initially called sheltering homes, protected boarding houses or assisted housing[4,5].

Over three decades, this equipment has undergone transformations in relation to its relevance and scope[6]. In 2011, there were more than 4000 residents placed in 625 homes existing in all national territory[3].

The expansion of CAPS, the deactivation of psychiatric beds and allocation of federal financial resources in community strategies appear as relevant factors in the expansion of the TR network in all national territory[3].

According to the Ministry of Health, we can define the therapeutic residences as "homes located in the urban area, established to meet the housing needs presented by people with severe mental disorders, institutionalized or not" (s.n)[7].

However, if a Therapeutic Residence is a resource produced to accommodate the housing needs of people with mental disorders who have no other possibilities to live in a home, what is exactly working with the appropriation of the residential area as housing? How can we contribute to the effectiveness of this process?

Faced with issues like these and from the experience lived by occupational therapists, members of an interdisciplinary team in a CAPS III in the city of Campinas, state of São Paulo, Brazil, we seek to systematize the actions in occupational therapy conducted in this process. We understand that although it is a local experience, aspects worked here are capable of application in other fields like this in the national context.

We understand the importance of interdisciplinary construction of care processes carried out on these resources, as we affirm that this is not a legacy of any disciplinary core, but rather a constitutional approach to the field of Mental Health. However, since this is an extremely close care of the occupational therapy center by addressing a clinic that is built in a privileged space of everyday life construction, we will seek to reflect on the construction

of this profession in this equipment and glimpse contributions to the health mental field arising from what is specific to us.

REFLECTIONS ON HOUSING, EVERYDAY LIFE AND OCCUPATIONAL THERAPY

The concept of everyday life has been historically discussed by various disciplines such as Social Sciences, Philosophy and Social Psychology. Occupational Therapy, in the last two decades, also began to contribute to these discussions, seeking to investigate a practical use of this concept[8,9,10,11,12].

Generally speaking, we can say that everyday life can be understood as "the real praxis core, where the production and reproduction movement of social relations is carried out, where the production of the human being, in the course of its historical development, occurs" (p.43)[13].

Galheigo[12] discusses the incorporation of the concept of everyday life in occupational therapy as overcoming the training logic of daily life activities and practice for the construction of the individual's senses to their daily life activities, thus including subjective, cultural, social aspects, and the social-historical context in which the therapeutic process occurs.

It is in the constant movement between individual and social, that Benetton[9] suggests that the personal creativity of our target individuals, experienced/built/discovered in relation to the occupational therapist and activities, can fill the space and daily time, in the sense it can be its possession.

Daily life, so much more than a "current" concept for occupational therapy, brings us the challenge, in any field, to provide a means for collectives and target individuals of our interventions to design their life, and build a new value system that allows them to be, to do, and to have a social relationship in their own way[14].

Thus, by recovering Kujawski's reflections[15], everyday life involves processes that enable the achievement of personal projects, as it familiarizes us with what is around us, with people and things, providing us with some stability and direction to predict the future. These processes and the supposed security provided by everyday life can be perceived in constitutive moments of the life cycle articulation: work, talk, walk, eat, dwell, and live.

We understand that, dwelling, central action when we think TRs, positions itself as something "essential to life" (p.43)[15], as a possibility to be only for oneself, without subjecting so strongly to what comes from outside, to use time and space in the way someone wants to, but which will be in crisis if the dwelling becomes "narrow functionalization" (p.45)[15]. Thus, dwelling should not be captured by regulatory standards, but rather should produce new senses and contours, specific in each context, for each individual or group of dwellers.

Therefore, discussing aspects of such care, taking everyday life and its construction as its focus, is proposing a clinic that intervenes in a sphere of life of the individual, which includes living in an existential territory and the way how we inhabit the world, from its simplest to the most complex aspects.

Studies discussing the practice of occupational therapy in TRSs[16,17,18] point out, on the one hand, the need for evaluation of these services, and the need for investigations that lead to the improvement of theoretical and practical strategies related to this field; and on the other hand, the emergency of interventions related to increased autonomy, greater appropriation of the house spaces and territory by dwellers.

Thus, we intend to contribute to the improvement of these strategies, discussing the construction of occupational therapy actions in these areas taking into account the overcoming of the asylum logic.

METHODOLOGY

The explanations on the TRs and the contributions of Occupational Therapy in this scenario can be described from multiple perspectives; however, in this work, we chose to discuss them considering the dimension of the experience, i.e. the dimension of the everyday clinic that is produced in these services in relation to the theoretical productions on the theme.

In our point of view, experience is what we suffer, what happens to us, what we are concerned; the experience is an encounter, a relationship with something you try, you taste, and that from it something is produced, created[19].

So, the construction herein presented occurs from the analysis of records made for a period of one year (November 2010 – December 2011) in a field journal that worked as a notebook of communication between occupational therapists who worked in the implementation and monitoring of two Therapeutic Residences in the city of Campinas, state of São Paulo, Brazil, and tried some ways to intervene.

Each of the homes had a total of six residents. These houses were accompanied by an interdisciplinary team of a CAPS-III, comprising the Mental Health Network of the city.

Among the members who were monitoring the home, we had two occupational therapists, which were technical references of Therapeutic Residences, as well as two occupational therapists providing therapeutic assistance to these houses in weekly visits.

The interventions of occupational therapists in the home, as well as their perceptions, were recorded in the so-called "field journal", constituting itself as a space of note, evaluation, communication and exchange among occupational therapists working in the TRS.

Those journals were filled out weekly, to register interventions with individual subjects, with the group of residents, issues for other therapists, personal impressions, perceptions, records of procedures and intervention techniques carried out in the home were recorded. The journals' authors are also the authors of this article. The institution where these journals were prepared authorized their use, but they were not identified to protect the identity of users and workers.

The analysis methodology of journals used for the production of this document reflects on the daily proposition of the Institutional Analysis[20,21], from the functionalist method of analysis of institutional journals. According to Lourau[20], this method of data analysis consisted of the merger of the following movements: the survey of the observed data; and impressions and perceptions of the people in charge of the field journal, which finally are interwoven with technical and theoretical constructions.

The use of the field journal was traditionally constituted as a research tool, but recent Brazilian studies have shown its effectiveness also as a tool for management, teaching and registration/reflections of the clinical practice[22]. For this reason, we chose to use this method for the production of data and analysis that support this experience report lived in the psychosocial clinic.

Since the preparation of these journals was not initially intended to a scholarly research, but rather to the clinical practice, excerpts from the journal were not revealed, nor made available in the written composition of the text, which occurred from the correlations between theoretical concepts and the systematization of contents of field journals. This systematization was made in four interrelated moments: (1) reading of the field journals; (2) analysis of the production of occupational therapists; (3) categorization of the actions of occupational therapists in intervention plans; and (4) development of the writing.

RESULTS

To systematize the actions of occupational therapists who contribute to the work in Therapeutic Residences, we identified four intervention plans:

Interventions in the living home and space

The interventions in the home began from the time of its choice. The records of professionals indicated the care to ensure the participation of residents in the property site selection process, purchase of appliances and furniture, as well as the routine organization - key elements in the effectiveness of a deinstitutionalization process. These interventions were based on the stimulus to the appropriation of the space and of all that is contained in it, as something that belongs to you by law, which was built by you, and which is different from something "given", which belongs to institutions.

The care not to institutionalize the home space was another important element. We understand that a TR will not be, at any time, a home like any other, by the nature characterizing it and making it possible, however, it should also not be like a *setting* of common work like other health services.

It requires that employees of the institutions that accompany care home residents to take a new position. So, taking attitudes as simple as: "knocking on the door", "asking for permission", and including decorative items made by the dwellers contributed to avoid its institutionalization. All professionals working there had recommendations to seek to avoid traditional technical procedures (such as those performed in health institutions), as well as organizations controlling rigidly the time and household chores, distancing themselves from institutionalizing practices within the "living space", which would need to be different, as much as possible, from the "treatment" spaces. This experience is linked not only to a physical space, but to a home, which appears as a power to reconstruction processes and update of new subjectivation processes.

The interventions occurred with a view to the appropriation of people in relation to that space, i.e., people who have a place and can have their stuff in it, their subjectivity.

Interventions with individuals and group of residents

In the rehabilitation process, experienced from the daily life of each resident, more than the conquest of new skills or insertions in the pragmatic world, we verified the

construction of substantial rights of each one, the insertion in a relational world in which each is an active agent.

The circulation of emotions, values and the effective transformation occurred in the dynamics of the home and collective spaces of circulation of residents are noticeable in each intervention. In this context, "The rehabilitation's commitment becomes in fact, with the development of life, in the sense of being social, in everyday plot" (p. 45)[10].

Starting by the composition of the group that will inhabit a same TRS, we emphasize that it should be different from a mere grouping of people. The records showed that the most positive results occurred when they took into account the uniqueness of each resident, affinities, choices and common interests, from the selection to the consolidation of a group of residents.

Within the space of the home, it was possible to monitor the residents in their daily activities, seeking to promote the dialogue between the dwellers to qualify the mutual coexistence, mediate conflicts, build home's management strategies and division of household responsibilities together with residents, collaboratively develop deals that guided the possibilities and limits of each one and of the group.

Outside the home space, the occupational therapist used to perform activities for the appropriation of the territory and the establishment of new social ties in the community and the city. This task is common in the practice of the profession and has major approaches with the practice of Therapeutic Follow-ups (TF) conducted traditionally in the field of Mental Health.

Such outside activities included teaching a resident to take a bus, performing banking procedures, shopping at the supermarket, creating neighborhood bonds, participating in the neighborhood's activities. All these activities require the work of a number of objective and subjective elements inherent in their own experience and which represent a big challenge for most people with mental disorders, especially those who have had their lives crossed by long stays in closed institutions.

We were before practices of educational, cultural, therapeutic and socially-inclusive actions that allow the individuals to take care of themselves, knowing their way of doing activities and relating to themselves and the world.

Interventions with the territory and community

Enabling the appropriation of the space and territory as social inclusion is an essential element in the everyday clinical, but it includes the work with stigmas, prejudices and difficulties to relate to people with mental disorders. The interventions of this nature happened through activities involving the circulation in urban areas of the neighborhood and the achievement of activities with the community in general.

In situations of relationship conflicts, the mediation by professionals was often necessary, with the care of deconstructing stigmas and, at the same time, not producing practices of infantilization of users.

Activities such as walking around the neighborhood were unique for each resident, from their needs and desires, in a movement that, often, occurred by professional stimulation, neighbors or residents, with invitations to participate in public events, etc. and other times for specific needs, such as health care and satisfaction of desires.

Thus, the Basic Health Unit, churches, schools, cultural and living centers, supermarkets, drugstores, butchers, bakeries, beauty salons, began to be frequented by the residents of the home, taking their madness to other territories, bringing a new world to their everyday life.

We seek to understand the territory, not only as the home neighborhood of the individual, but as the set of social, cultural, political and economic references that drawing the frame of the everyday life, life project, the insertion in the world[23].

Therefore, this is the construction of new social responses to madness. The possibility of returning to attend different spaces in the city, implies the return (or a new beginning) to the urban scene, extrapolating the personal gains of each resident and breaking into the social life.

So, intervening in the territory together with TR's residents was an intervention built up in the relationship exchanges with the neighborhood, with the local merchants, with the urban space, thus operating the real possibility of transformation of the fantasy and the stigma related to madness.

Interventions with the interdisciplinary and intersectoral team

For the effectiveness of this construction, occupational therapists together with other professionals worked in different contexts, in permanent education processes with the team of caregivers for coping with the psychosocial rehabilitation process, in the team meetings, clinical and institutional supervisions, housing and training commissions.

To work in TRs, health professionals are invited to try the powers and limits of the Psychiatric Reform in its radicalism. It is possible to identify major psychosocial

transformations from small gestures to projects of large change, from the sharing of coffee to the insertion in work activities.

These changes could not come true without the partnership with professionals from other sectors, such as Social Assistance, Education and Culture.

These partnerships were essential for achievements with the residents, such as educational and cultural inclusion processes and, for achievement of continued provision benefits and inclusion at work.

This implies a position of technical intervention in occupational therapy that integrates with an ethical and political dimension of health care practices, a commitment to the creation of new opportunities for social interaction for all, with the renewal of society's responses, leading to a concrete transformation of reality, even with the many challenges of this scenario.

DISCUSSION

When we articulate each of the possible intervention plans mentioned above, it is clear that interventions in the individual, collective, or territorial scope, inside or outside the health sector, are characterized as actions of the mental health field, not exclusively of the occupational therapy center. However, it is also explicit that these different plans are crossed by a cross-sectional plan, which is one of the main objects of the occupational therapy – the plan of daily life: of people, groups of users or workers, home, work procedures, territory everydayness. Singular and plural daily lives confronting and/or making up all the time.

In this sense, the TRs are far from constituting themselves as magic solutions for the deinstitutionalization of former asylum patients, since, difficulties and possibilities present themselves in its construction process, in the daily life, in the plot of the interwoven relationships to the events, especially when we refer to daily lives that need to be (re)constructed in spatial, affective and socio-cultural terms[24]. In situations like this, we could identify that the occupational therapy can provide so many contributions from the particularities of its core, which historically discusses the inclusion and exclusion processes through concrete transformations in daily life of individual and collective subjects.

Thinking about intervention plans in TRS from daily life allows us to identify, in the micropolitical plan of the care in occupational therapy and of the psychosocial care, the exclusionary and psychiatric logics which tend to persevere. Likewise, we can identify and enable new ways of living and thinking the relationship with madness. This is equivalent to thinking about "deinstitutionalization as activation of the inventive force of life"[25].

FINAL CONSIDERATIONS

The general purpose of this work was to build a critical reflection on the role of the occupational therapist in TRSs. We have identified that this process must necessarily include the work with the challenges of living and inhabiting a territory.

For this, we initially contextualized the TRSs under the Psychiatric Reform scope, situating the occupational therapist as a member of an interdisciplinary team, and the Occupational Therapy as a core that contributes to build up this innovative practice of social inclusion. Especially by involving a clinic that opens a lot of spaces so that the 'new' may arise, it is a clinic that is either closer to everyday life construction (taking into account the disempowerment of this process initiated by the asylum) or closer to its expansion[10].

From the analysis of this experience, we have identified four plans of interventions that occupational therapists can develop to increase the power of TRSs and their residents: interventions in the house, with the residents, the territory and the community, and together with the interdisciplinary and intersectoral team. These four plans are crossed by the everydayness of institutions, individuals, groups, collectives, work processes and territories.

We consider that, for any case suitable for a TR, the construction of an indication and careful follow-up are required, always taking care not to reproduce psychiatric or overly paternalistic practices. In addition, although we believe in the effectiveness of these services, we understand that the "dwelling" process as well as the discharge out of the mental hospital is not something simple and internalized easily by these users, future residents of homes. This factor concerns the individual and collective issues of extreme complexity that need to be routinely and gently worked, and the training of an occupational therapist is consistent in that direction.

We seek to present some characteristics considered relevant to the strengthening and therapeutic efficacy of these services, with a view, not to exhaust the subject, but rather, of instigating the construction of creative practices around this clinic, always under renovation, always in constant motion and creation.

REFERENCES

1. Yasui S. Rupturas e encontros: desafios da reforma psiquiátrica brasileira. Rio de Janeiro: Editora Fiocruz; 2010.
2. Furtado JP. Avaliação da situação atual dos serviços residenciais terapêuticos existentes no SUS. Ciênc Saúde Coletiva. 2006;11(3):785-95. http://dx.doi.org/10.1590/S1413-81232006000300026.
3. Brasil. Ministério da Saúde. Portal da Política Nacional de Saúde Mental. Portaria n. 3.088 de 23 de dezembro de 2011. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html
4. Palladini PCN. Dois anos e meio de lar abrigado no Juqueri. Arq Saúde Ment Estado São Paulo. 1987;46:62-6.
5. Guimarães J, Saeki T. Janelas do Santa Tereza: estudo do processo de reabilitação psicossocial do Hospital Psiquiátrico de Ribeirão Preto. Hist Ciênc Saúde-Manguinhos. 2001;8(2):357-74. http://dx.doi.org/10.1590/S0104-59702001000300004.
6. Suiyamara RCB, Rolim MA, Colvero LA. Serviços residenciais terapêuticos em saúde mental: uma proposta que busca resgatar a subjetividade dos sujeitos? Saúde Soc. 2007;16(3):102-10. http://dx.doi.org/10.1590/S0104-12902007000300010.
7. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Residências terapêuticas: o que são, para que servem. Brasília: Ministério da Saúde; 2004. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/120.pdf.
8. Almeida MA. Pessoa portadora de deficiência física em seu cotidiano: reflexo e reflexões sobre a reabilitação. 1993 [Dissertação]. São Paulo: Universidade de São Paulo, Instituto de Psicologia; 1993.
9. Benetton J. Encontro do sentido do cotidiano na terapia ocupacional para a construção de significados. Rev CETO. 2010;13(13):32-9. Disponível em: http://www.ceto.pro.br/revistas/12/12-06.pdf.
10. Castro ED, Lima EA, Brunello MIB. Atividades humanas e Terapia ocupacional. In: Terapia Ocupacional no Brasil: fundamentos e perspectivas. São Paulo: Plexus Editora; 2001. p.41-62.
11. Francisco BR. Terapia ocupacional. 2a ed. Campinas: Papirus; 2003.
12. Galheigo SM. O Cotidiano na terapia ocupacional: cultura, subjetividade e contexto histórico-social. Rev Ter Ocup Univ São Paulo. 2003;14(3)104-109. http://dx.doi.org/10.11606/issn.2238-6149.v14i3p104-109.
13. Lima S. Participação social no cotidiano. 5a ed. São Paulo: Cortez; 1993.
14. Benetton J, Marcolino TQ. As atividades no método terapia ocupacional dinâmica. Cad Ter Ocup UFSCar. 2013;21(3):645-652. http://dx.doi.org/10.4322/cto.2013.067.
15. Kujawski GM. A crise do século XX. São Paulo: Ática; 1988.
16. Trava BU, Ballarin MLGS. Serviço residencial terapêutico: uma perspectiva frente ao processo de desinstitucionalização. Rev UNIVAP. 2006;13:23-5. Disponível em: http://www.inicepg.univap.br/cd/INIC_2006/inic/inic/03/INIC0001280ok.pdf.
17. Mângia EF, Ricci EC. Pensando o habitar. Rev Ter Ocup Univ São Paulo. 2011;22(2):182-90. http://dx.doi.org/10.11606/issn.2238-6149.v22i2p182-190.
18. Mângia EF, Rosa CA. Desinstitucionalização e serviços residenciais terapêuticos. Rev Ter Ocup Univ São Paulo. 2002;13(2):71-7. http://dx.doi.org/10.11606/issn.2238-6149.v13i2p71-77.
19. Bondía JL. Notas sobre a experiência e o saber da experiência. Rev Bras Educ (Rio de Janeiro). 2002;19(1):19-28.
20. Lourau R. Processamento de texto. [A do livro]. Altoé S. Rene Lourau: analista institucional em tempo integral. São Paulo: Hucitec; 2004.
21. Hess R. Momento do diário e o diário do momento. Tempos, narrativas e ficções: a invenção de si. Porto Alegre: PUC-RS; 2006.
22. Pezzato LM, L'abbate S. O uso de diários como ferramenta de intervenção da análise institucional: potencializando reflexões no cotidiano da saúde bucal coletiva. Physis Rev Saúde Coletiva. 2011;21(4):1297-314. http://dx.doi.org/10.1590/S0103-73312011000400008.
23. Delgado PG, et al. Rede, Território, e Atenção Psicossocial – informações demográficas e sócio-econômicas sobre as regiões atendidas pelos CAPS de campo Grande e Santa Cruz – Relatório preliminar 1. Rio de Janeiro: IFB/IMASJM; 1997.
24. Gaudencio MMP, Silva TL, Martiniano CS. Uma delicada ponte entre o passado e o presente: percepções do cuidar elaboradas pelos moradores de Residências Terapêuticas. In: Silveira MF, Santos Junior HPO, organizadores.

Residências terapêuticas: Pesquisa e Prática nos processos de desisntitucionalização. Campinas Grande: EDUEPB; 2011. Disponível em: http://books.scielo.org/id/pgwpg/12.

25. Romagnoli RC, Paulon SM, Amorim AKDMA, Dimenstein M. Por uma clínica da resistência. Interface Comunic Saúde Educ. 2009;13(30):199-207. http://www.scielo.br/pdf/icse/v13n30/v13n30a16.pdf.

Article received on: 05.15.15
Article approved on: 03.30.16