

COMMUNITY “LA TEMPESTA” – SERVICE CHARTER

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1) Community presentation

Who we are

“La Tempesta” is a non-profit association (Onlus) founded in 1985 and made up of professional psychologists, social workers, professional educators and support staff. Its statutory purposes are the treatment, care and rehabilitation of people with addictions to narcotic and psychotropic substances (alcohol, drugs, medications, food) who require therapeutic intervention and psycho-social support in residential facilities.

By Regional Government Resolution (D.G.R.) no. 841 of 01/03/1996, it is registered in the Register of Auxiliary Bodies established by the Friuli Venezia Giulia Region pursuant to art. 116 of the Consolidated Act on narcotic and psychotropic substances, prevention, care and rehabilitation of drug dependency conditions (Presidential Decree 9 October 1990, no. 309). Since 2019 it has held full accreditation for residential rehabilitation treatment for addictions, with 1 bed for the high-intensity service and 14 beds for the medium–high intensity service.

General objectives and theoretical references

“Psycho-social care in the ‘La Tempesta’ Therapeutic Community is understood as the reconstruction and reclaiming of a difficult history and of a possible future that takes it into account. Recovering from drug addiction, through a community-based psychotherapeutic and socio-educational experience, means being and becoming oneself. A necessary premise is self-knowledge: starting from who one is today, exploring who one was yesterday and imagining who one could be tomorrow, with the aim of being enabled to plan one’s destiny as an adult.” (Cancrini)

Patients who seek admission to a therapeutic community have often lost all hope, feel overwhelmed by problems they consider enormous, and do not understand their nature or solution. They therefore need to know that those who take them into care understand the difficulties they face, believe in them as human beings, have hope for change, and can help them break free from the addiction mechanism—essentially a vicious circle that becomes compulsive substance use, trapping the person and leaving them dependent and hopeless.

The request for being taken into care is global, because these are people who cannot be helped on an outpatient basis: they are unable to stay away from substances that prevent them from undertaking a psychological and rehabilitative therapy. (Correale) They need an institution that protects them and takes full responsibility for them and their problems.

Taking someone into care is an assumption of responsibility primarily by the institution, the team and the therapists, with the aims of:

- establishing a relationship with the patient that can be used as the context for the therapeutic process;
- accompanying them through the course of treatment and “redeeming” them from the pathological vicious-circle functioning in which they feel trapped;
- fostering healthy ego resources, abandoning identifications with pathological aspects of parental figures or their socio-family context;
- rehabilitating the patient to work, sport, study, etc., with consistency, commitment and self-assessment ability; revitalising the potential space (Winnicott).

The final objective of the therapeutic intervention is that the person becomes consciously aware of their real problems and difficulties, as well as their potential, in order to take their life back into their own hands.

Fundamental principles

The “La Tempesta” Community refers to the following fundamental principles (Prime Minister’s Decree – D.P.C.M. 19 May 1995):

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- **Equality and impartiality.** Equal treatment is ensured without distinctions of ethnicity, sex, language, religion, political opinions, etc. At the same time, the therapeutic pathway is tailored to each patient’s specific needs.
- **Continuity.** Continuity of care is ensured for the period agreed with the patient as per the Therapeutic Contract. In exceptional cases, early discharge or extensions are possible, agreed with the patient, family and referring service. In cases of serious violations of the Internal Regulations or Therapeutic Contract, the Management—having informed the family and the referring service—assesses whether to interrupt or immediately conclude treatment, proceeding with removal from the facility.
- **Right to choose.** The patient, after considering the opinion of the Ser.T. team and the Community, may choose between the Therapeutic Community and the Orientation Community.
- **Participation.** Patients are active members within the Community. Each week they take part in a meeting aimed at organising and reviewing the educational activities set out by the therapeutic programme, presenting a report on the previous week with proposals, requests and critical issues. Each patient is involved in defining the objectives of their Individual Therapeutic Rehabilitation Programme. Patients and families may submit suggestions and reports to Management. A dedicated complaints box is located in the office/secretariat.
- **Efficiency and effectiveness.** Community staff work professionally and with the aim of achieving the objectives of the individual and community therapeutic programmes, taking account of the available material and economic resources.

Types of patients

“La Tempesta” is a residential service with medium–high protection, intended for people with drug addiction, alcohol addiction or medication dependence who require intensive and specialist psychotherapeutic and/or psychopharmacological management. It admits men and women, adults and preferably without criminal/legal obligations. Admissions as an alternative to prison are not generally envisaged, although particular cases compatible with the planned period may be evaluated.

In the Orientation Community, people taking methadone (max 80 mg) or Suboxone may be admitted, with a tapering plan agreed in advance with the referring Ser.T.

2) Information on facilities and services provided

The facilities

The Association offers two types of residential pathway, with different objectives and timelines. Some joint comparison moments are organised for patients of both communities: the weekly organisational/review meeting and the community assembly with facility managers. Practical, sports, cultural and recreational activities are carried out together by all patients.

Therapeutic Community

The community premises are located in a farmhouse surrounded by cultivated land and sports fields, including two hectares of vegetable gardens, flower greenhouses, a small gym and a stable for donkeys. At the entrance is the office/secretariat; from there, to the left is the Management office and to the right the community areas, suitable for a maximum of 15 patients on two floors. On the ground floor there are: common room (TV room), library, dining room, kitchen, laundry room and a bathroom. The common room has a TV, a computer station and armchairs; the community assembly and organisational meeting are held here, and in the evening users watch films together. The library offers a wide selection of books (loanable) and videotapes. The dining room is spacious, with two tables (one for Therapeutic Community patients and one for Orientation Community patients) and a table football game. The kitchen is equipped to meet the needs of the whole community. Upstairs are the bedrooms and bathrooms; rooms are twin rooms with wardrobes, lamps and bedside tables; bathrooms are shared.

Residential care lasts **18 to 24 months**, unless individual projects are previously agreed with the therapeutic team and the reference Ser.T. A three-month initial trial period is provided.

The methodology includes: individual, group and community psychotherapeutic interventions; socio-educational interventions; and psychiatric intervention every two weeks. Monthly meetings are held for family members with patients and community managers, as well as a group led by a psychotherapist exclusively for family members.

Fees are set by the Friuli Venezia Giulia Region for regional Health Service Authorities. For out-of-region patients, the amount is agreed with the respective Ser.T. Private patients are also admitted.

Staff and team

The Therapeutic Community is run by the "La Tempesta" Onlus Association through its statutory bodies: President, Board of Directors and Members' Assembly. The organisational structure comprises Management, therapeutic team, educators, support workers, external psychotherapists and teachers.

President/Management coordinates, plans and manages the Community; coordinates the team; drafts the Community Therapeutic Programme; prepares reports; signs agreements; liaises with Ser.T. and other external bodies. It also oversees each patient's pathway: assesses admission requests, conducts interviews with patients and family contacts, signs trial and final contracts, evaluates suitability for the programme and determines discharges.

Therapeutic team (a psychologist/psychotherapist, a social worker and a professional educator) meets weekly to ensure continuity and appropriateness of work through shared planning (community organisation and individual/group/assembly interventions). For each user it develops the therapeutic programme, observes, guides and interprets the course.

Community staff include: professional educators, a registered nurse, a non-professional night worker, cook, bookkeeper, agronomist and volunteer. Educators manage the daily relationship with patients and support them in activities aimed at meeting the objectives in the Individual Therapeutic Rehabilitation Project, focusing on presence, acceptance, active listening, understanding and strengthening work, behavioural, cognitive and relational skills. The nurse collects medical history, coordinates required tests with the GP, manages care needs, sets pharmacological treatments with the psychiatrist, performs urine tests for opiates, and liaises with relevant health services. The night worker ensures overnight safety. The agronomist organises floriculture and horticulture activities, teaching cultivation stages and greenhouse plant care.

External collaborators include four psychotherapists, one psychiatrist, a GP and a physical education teacher. Psychotherapists conduct individual sessions and a therapeutic group weekly and meet monthly with the team. The psychiatrist is available every two weeks; the GP visits monthly; the gym teacher runs sessions twice weekly. Cultural activities may involve other teachers (art workshop, history course, etc.) funded by specific projects; trainees/students may also be hosted.

Services and delivery methods

- **Multidimensional diagnostic assessment.** After a referral from the Ser.T., the Community team assesses possible admission through five interviews: two psychological interviews, a social history, a family interview, and an interview presenting community therapeutic work methods plus a facility visit. Admission depends on a positive assessment, considering the applicant's and referring service's views.
- **Admission of patients with drug or alcohol addiction:**
 1. not using substances of abuse at the time of admission;
 2. undergoing pharmacological treatment with agonists or substitute symptomatic medications.

Adults of any gender, without criminal obligations, are admitted. Admission with family members includes signing the therapeutic contract (acceptance of the Therapeutic Programme and Internal Regulations), signing privacy documentation, copying IDs, acceptance of required medical tests, recording substitution therapy indicated by the referring Ser.T. psychiatrist, handing in any medications brought, opening social/medical records and accounting, completing personal/family data forms, depositing personal cash quota, and luggage check by the educator on duty.

- **Residential therapeutic rehabilitation treatment** includes: an individualised programme (with user, family, referring services and potentially other bodies involved); application of community life rules for therapeutic purposes; structured individual and group psychotherapy weekly (by external psychotherapists); socio-rehabilitative and psycho-educational interventions (tutoring) aimed at autonomy; practical skills activities (house management, flowers/vegetables cultivation, carpentry) guided by educators; expressive/manual/motor activities and cultural/sports activities (physical education, art, music, cultural groups, English/philosophy/history courses, visits to exhibitions/museums/sites, theatre, concerts, films, mountain excursions); clinical/medical care management; and collaboration with formal social networks and services.
- **Discharge at the end of the programme** includes review of the pathway, preparation of a reintegration project, short returns to the home context for reintegration goals (e.g., job or housing search), and discharge at the contract end date, with a final report and conclusion letter sent to services.

Admission pathway and phases

Admission steps:

1. initial phone contact;
2. multidimensional assessment interviews;
3. signing the therapeutic contract.

The first phone contact is an initial exchange of information (calls to Management Monday–Friday 9:00–13:00). The Community provides general information on the two pathways (Therapeutic Community and Orientation Community) and the assessment process, and completes a “First phone call form.” The caller may be the person, a family member or another service professional. Management invites the person to contact their reference Ser.T. to prepare a residential therapeutic programme; the local Health Service then sends the admission request, enabling payment by the National Health Service. Alternatively, the person may be admitted as a private patient and pay the fee in full.

After the assessment interviews (five in total), the person has one week to decide whether to enter and which pathway to choose. If admission is approved by the team and the referring service agrees, an entry date is set.

Entry: signing the **trial therapeutic contract** (Annex 1), lasting 2–3 months, with a trial/observation period. Acceptance implies carrying out the Community Therapeutic Programme and complying with the Internal Regulations (for both patients and family contacts). After the trial period, a review is conducted; if favourable and the patient is motivated, the parties sign the **final therapeutic contract** (Annex 2), lasting 22 months, consisting of residential therapeutic treatment for the patient and a discussion/processing process for the family contact person. If the person chooses the Orientation pathway, the trial contract lasts six months.

Intake (case management)

Once admission is confirmed and the trial contract is signed, the therapeutic team prepares an Individualised Therapeutic Rehabilitation Programme for each person, aimed at psychophysical balance and autonomy through tapering and physical recovery, agreed with the user, family, referring services and possibly other bodies (objectives, timelines, activities, people involved).

Treatment

The pathway is individualised, based on each guest's needs and resources, with shared objectives set out in the Individual Therapeutic Rehabilitation Project. The setting is defined by the Community Therapeutic Programme and the signed contract. The programme aims to create a supportive environment (Winnicott) where the patient faces difficulties related to the external world (daily management) and the internal world.

During the programme, the patient is supported by staff—especially the **tutor**, chosen by the patient (with Management) from among the Community educators after the trial period. The tutor is a reference figure who guides daily activities, listens, understands difficulties, encourages improvement and strengthens skills. Management oversees and coordinates activities and ensures community life remains within the limits set by the Contract and Internal Regulations.

About three months before the end of the contract, the patient writes a progress review; the team evaluates it and provides feedback. Together they define external goals (abstinence, housing, work, family relationships) and draw up a social/family/housing/employment reintegration plan.

Coordination with services and reviews

Contacts are maintained with the referring Ser.D. through meetings or updates, sending interim reports if needed, and drafting a final report at the end of treatment. The Ser.D. of the person's residence periodically verifies progress and agrees any changes to the programme if required.

Discharge

Discharge occurs on the date set in the therapeutic contract, previously agreed between the Community, reference Ser.T., patient and family. Early discharge or extensions are possible in exceptional cases. Before discharge there is a final verification of the pathway and evaluation of objectives achieved; at discharge a final report and a letter closing the residential stay are produced and sent to the services.

3) Quality standards, commitments and improvement plans

Quality standards

"La Tempesta" identifies the following quality factors in community therapeutic intervention:

- accessibility, functionality and comfort of the environments;
- timeliness, punctuality and regularity in service delivery;
- simplicity of procedures;
- comprehensibility, completeness and clarity of information;
- professional and human capacities of staff.

For each factor, indicators are identified and a reference standard is defined that Management and staff undertake to meet. Examples include: clear external/internal signage; internal parking; availability of bathrooms (including accessibility), kitchen, common room, interview room and waiting room; certified lighting and heating systems; timeframes (e.g., within 1 week from first phone contact to first assessment interview; within 2 weeks from last assessment interview to entry; within 2–3 months from entry to signing

the final contract); minimal waiting times; and regularity of interviews (e.g., weekly psychological/psychotherapeutic/educational; monthly psychosocial).

For information clarity/completeness, specific indicators are included in the user satisfaction questionnaire, and the reference standard is achieving the maximum score (5/5) for those items (e.g., information on the pathway, rules, contract explanation, privacy safeguards, therapy updates, access to one's medical record).

Tools to verify compliance with standards

Quality requires ongoing measurement and comparison against standards. The Community uses:

- checklists and structural/environmental regulations;
- user satisfaction questionnaire;
- staff satisfaction questionnaire;
- complaints and suggestions.

Commitments and programmes

The Association undertakes to offer a high-quality service based on the defined standards, ensuring professionalism and tailored interventions. After initial performance measurement and comparison, the Community will establish improvement programmes to enhance service quality.

4) Safeguards and review mechanisms

Complaints

Patients and families may submit reports/complaints to Management in writing (anonymously or not) by placing them in the dedicated box in the office/secretariat. Management will consider the feedback to improve the service. Patients may also share observations during the community assembly, in weekly meeting forms, through family or via the Ser.T.

User satisfaction questionnaire

A user satisfaction questionnaire is completed once a year, anonymously, with space for advice and suggestions. Management uses responses to adjust or redefine the service offering to ensure the best possible quality.

Staff satisfaction questionnaire

A staff questionnaire is also provided. Since staff have a central role in community intervention, adequate working conditions are necessary to ensure an effective global approach; the questionnaire evaluates staff satisfaction with these conditions.

5) Contacts

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It is possible to contact the managers, Dr. Alessandro Sartori (psychologist and psychotherapist) and educator Francesca Carbone, from 9:00 to 13:00, Monday to Friday.

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