



MODEL APPROACH TO RAISE THE INMATES' SOCIO- EMOTIONAL SKILLS

Restoring emotional and psychological well-being in and beyond prisons

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JESSHEIM
VIDEREGÅENDE SKOLE



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1. INTRODUCTION AND THEORETICAL FRAMEWORK

1.1 MULTIDIMENSIONAL DEFINITION OF HEALTH AND PSYCHOLOGICAL WELL-BEING

Health is defined, by the World Health Organization (WHO), in 1948¹, as: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".

Furthermore: "a state of well-being in which the individual realizes their own abilities, is able to cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to the community in which they live".

Thus, health is the foundation of a person's well-being and the ability of the community to function properly. Well-being includes awareness, the ability to manage stress, productivity, and active participation in the community.

When Urie Bronfenbrenner proposed the systemic ecological paradigm (1979²), new perspectives arose for scientists regarding how to approach human development. This paradigm impacts how scientists analyze the interplay between the inner state of the self, relations with peers, family and community and the influences of different environments (up to the economic and political structures) in the individual development and well-being.

Well-being, thus, started to be conceptualized as multidimensional (Halleröd, B., & Seldén, D., 2013³; Chakravarty, 2017⁴; Sarriera J. C., & Bedin, L. M., 2017⁵). Scientists agreed that it's crucial to examine the factors that impact the overall well-being, including one's own biological, emotional, material, social, spiritual and cultural dimensions.

The multi-factor approach ensures an holistic understanding of the interconnection of all the aspects that we take into consideration when examining the quality of life and psychological health of an individual.

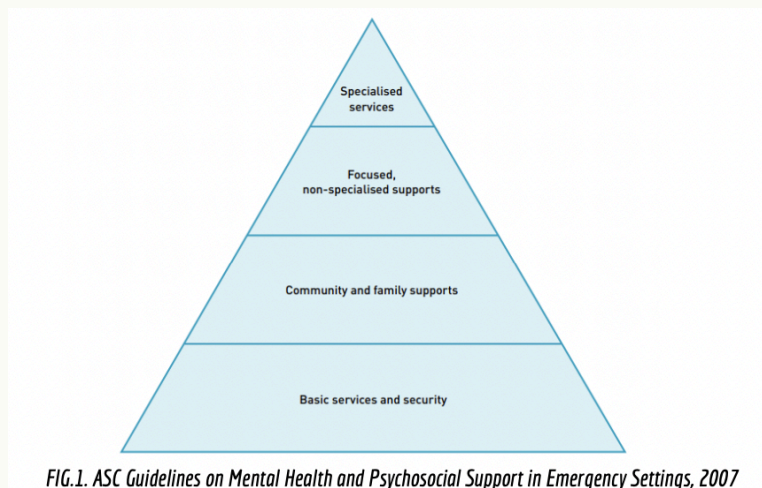
This approach is useful to assess the general levels of individual well-being.

When one area (for example, 'material') is compromised and a person is experiencing difficulties in his job or in his accommodation, if all the other areas present a good/high level of well-being, he will maintain a good overall wellbeing.

If many areas of the person's life (for ex: material, social, biological...) are negatively affected at the same time, he will experience many difficulties and a greater impact on his well-being.

Thus, in times of crisis and multiple difficulties in life dimensions, holistic care becomes extremely important to create a scale of needs and plan interventions.

This is why we present, in fig.1, the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007⁶), because they can be an extremely useful framework of reference when we work in complex situations.



The IASC pyramid intervention (2007) is a widely adopted model for organizing mental health and psychosocial support in emergencies. It consists of four levels of support:

- Level 1: Basic services and security— protection, dignity, and access to essential needs;
- Level 2: Community and family supports— strengthening social cohesion and community mechanisms;
- Level 3: Focused psychosocial support— targeted, non-specialized individual or group interventions for those struggling beyond basic support;
- Level 4: Specialized services— clinical and highly specialized interventions for severe cases.

These levels are designed to be implemented concurrently, with each representing different but overlapping and complementary needs of individuals and communities.

The aim of the pyramid is to provide a responsive, inclusive support system that enables movement between levels as needs change.

It is also useful to organize the work between different professional figures: depending on the setting, the interventions can be carried out by operators, volunteers, social workers, doctors, psychologists, psychiatrists and so on. The pyramid provides a clear framework to organize the support and clarify roles and levels of intervention.

1.2 PSYCHOLOGICAL WELL-BEING IN PRISON CONTEXT

In the context of prison and incarceration, the need for complex multidimensional frameworks becomes even more important.

From a psychological perspective, imprisonment is a destabilizing event that forces a negotiation of roles and contexts, impacts the individual identity, by forcing an adaptation to the new institution and can lead to changes in an individual's emotional, cognitive, and

behavioral aspects.

Goffman (1978)⁷ deeply analyzes the processes that affect the person upon entry into the prison institution. He assumes that the individual comes from a set of previous experiences that have allowed him to construct a tolerable concept of the self.

However, entering in a total institution, entails an immediate loss of defensive mechanisms to cope with the social degradation that comes with conviction. This is the moment when radical change begins in the individual's personality and belief system. Material loss, degradation, and humiliation become the individual's measure of himself.

Therefore, entering a prison is undoubtedly traumatic and often we can encounter the term of "entrance syndromes" to describe the difficult states associated with the new condition (Piperno, 1989⁸).

Talking about psychological effects of incarceration, new inmates often experience panic attacks, generalized anxiety disorder, psychomotor agitation, confusional attacks, anhedonia, adjustment disorders of an anxious or depressive nature, but also delusional and psychotic events (Mencacci and Loi, 2002⁹).

Generally, the prevalence of mental health problems in prisons has been three to five times higher than the general population. Prisoners are more likely to have psychosis and major depression, and about ten times more likely to have antisocial personality disorder, than the general population. People who are incarcerated who have untreated mental health disorders are at increased risk of self-harm and suicide attempts, mortality, and recidivism (Fazel & Danesh, 2002; Emilian et al., 2005¹⁰).

1.3 RISK AND PROTECTIVE FACTORS

Psychological well-being in prisons is foundational to mental health, rehabilitation success and reducing reoffending.

It requires a holistic approach, addressing individual psychological needs, social relationships, safe environments, systemic support for both inmates and staff.

Psychological well-being in prisoners is a vital determinant of overall health, yet prisoners often exhibit low levels of well-being due to their vulnerable status.

In prison, in fact, well-being is strongly threatened by different risk factors (Jensen; 2024¹¹), such as confinement or prolonged isolation, overcrowding, lack of resources and meaningful activities, rigid routines, exposure to violence or victimization, cognitive and emotional vulnerabilities, high levels of stress, anxiety, depression, and trauma symptoms.

At the same time, well-being can be fostered by protective factors, such as opportunities for activities, skill development, training, physical exercise, support networks, perceived social support and sense of belonging, psychological resilience and self-acceptance; access to trauma-informed care and mental health interventions; safe and supportive prison climate

and relationships with staff (Jensen, 2024). It's important to underline that also the prison staff is subjected to risk and protective factors for their well-being, given the difficulties of their job (James, L., & Todak, N., 2018)¹².

To conclude, in this first chapter we provided a theoretical framework to better understand the importance of socio-ecological multidimensional concepts of well-being, providing specific focus on this topic in the prison environment. We underlined the need for integrated strategies that involve the individual, the social relationships and the environment in the promotion of health. In this guide, we will present Approdi's model of care and treatment, discussing the possibility to experiment social and non-verbal interventions in prisons to facilitate the development of key socio-emotional skills (such as emotional awareness, regulation, empathy, and interpersonal connection) in inmates and staff, to boost psychological well-being.

- 1 World Health Organization (1948). *Summary Reports on Proceedings Minutes and Final Acts of the International Health Conference held in New York from 19 June to 22 July 1946*. World Health Organization, available from: <https://apps.who.int/iris/handle/10665/85573>
- 2 Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.
- 3 Halleröd, B., & Seldén, D. (2013). The multi-dimensional characteristics of wellbeing: How different aspects of wellbeing interact and do not interact with each other. *Social indicators research*, 113(3), 807-825.
- 4 Chakravarty, S. R. (2017). *Analyzing multidimensional well-being: A quantitative approach*. John Wiley & Sons.
- 5 Sarriera, J. C., & Bedin, L. M. (2017). A multidimensional approach to well-being. In *Psychosocial well-being of children and adolescents in Latin America: Evidence-based Interventions* (pp. 3-26). Cham: Springer International Publishing.
- 6 fig. 1. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007, IASC Reference Group on Mental Health And Psychosocial Support in Emergency Settings
- 7 Goffman, E. (1978). *Asylums, le istituzioni totali: i meccanismi dell'esclusione e della violenza*, Einaudi, Torino (p.44)
- 8 Piperno, A. (1989). *La prisonizzazione: teoria e ricerca*. Trattato di Criminologia, Medicina Criminologica e Psichiatria Forense: Carcere e trattamento. Milano: Giuffrè editore, 57-68.
- 9 Mencacci, C., & Loi, M. (2002). Il problema delle patologie mentali in carcere.
- 10 Emilian, C., Al-Juffali, N., & Fazel, S. (2025). Prevalence of severe mental illness among people in prison across 43 countries: a systematic review and meta-analysis. *The Lancet Public Health*, 10(2), e97-e110.
- 11 Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys. *The lancet*, 359(9306), 545-550.
- 11 Jensen, C. F. (2024). *Risk, Protection and Mental Health Among Incarcerated People*. Graduate Theses and Dissertations Retrieved from <https://scholarworks.uark.edu/etd/5238>
- 12 James, L., & Todak, N. (2018). Prison employment and post-traumatic stress disorder: Risk and protective factors. *American journal of industrial medicine*, 61(9), 725-732.

2. TRIPHASIC MODEL OF INTERVENTION

Approdi's association specifically focuses on the treatment of post-traumatic stress disorder (PTSD) and Complex PTSD in the population of migrants and refugees in Italy.

Thus, in this chapter, we will present the specific model of intervention that we apply.

The standard treatment for traumatic conditions is the so-called triphasic model.

The first to advance the idea of creating a systematic, phase-oriented treatment of post-traumatic stress was the neurologist and psychologist Pierre Janet (1859-1947), often regarded as the father of modern psychotraumatology.

The idea of a phase oriented model, was further developed and pursued by many other clinicians (Herman, 1997¹³, International society for the study of trauma and dissociation 2011¹⁴, Van Der Hart et al., 2006¹⁵) and thus it became the standard for treating PTSD and dissociative disorders.

Although clinicians use slightly different terms in their theorization, the three phases generally include: stabilization and safety, narrative phase, and rehabilitation and reintegration phase.

Since highly traumatic events are not normally stored in declarative memory, they are not initially accessible in words, but instead they remain in the form of neurovegetative alarm signals, strong neurophysiological alterations and it is therefore essential to start the work on stabilizing the body that feels constantly under threat (Van der Kolk, 2003)¹⁶.

The advantages of this model are: the possibility to create a sense of safety in the present, starting the healing in the traumatized body and reconnecting with the body; graduality, personalization of treatment; the possibility to develop emotional, cognitive and behavioural resources, for the individual's present and future.

Here follows a description of the three phases in detail.

PHASE 1: RESTORE – SYMPTOM REDUCTION AND STABILIZATION (“I AM SAFE”)

The goal of this phase is to create a sense of safety and emotional stabilization, by amplifying the individual's window of tolerance (Siegel, 1999¹⁷) reaching different levels of mastery:

- stabilization in the body: grounding exercises, relaxation, physical activity to activate the body when ipo-aroused and to release tension when iper-aroused, attention to basic needs (food, medical care, etc..),
- relations with other people: regulate one's own activation in interaction with others, support groups; creation of a social network.

- reaching self-regulation: when the person is able to be in contact and in dialogue with him/herself and can self-contain and modulate his/her own activation.

The window of tolerance is a simple graphic tool (Siegel, 1999) to help understand the reactions of the body and the brain and one's own physiological arousal fluctuation as well as the arousal of others.

The arousal in neuropsychology is the state of physiological and psychological alertness, readiness and responsiveness to stimuli. In daily life, our arousal level fluctuates within an optimal range. This range is the space of the window of tolerance, marked by the upper and lower limit of the window. The fluctuations can happen many times every day, with their intensity and frequency depending on the stimuli. Inside the window of tolerance, we have our optimal arousal zone. When external or internal events are too intense, when we experience too many stressors, our arousal fluctuation can go outside the boundaries of the window of tolerance, exiting the stage of optimal arousal, in the Hyperarousal or the Hypoarousal zone. In these places, we cannot process events as we do inside our window, with coping mechanisms, but our body activates automatic responses: we can experience a flight or fight reaction (hyperarousal) or a freezing/collapse reaction (hypoarousal), to cope with extreme danger. In these states it is difficult, if not impossible, to ask for help or try to regulate ourselves. With repeated and extreme trauma, the window narrows and small triggers, similar to the traumatic events, can activate the body and brain in the hyper/ipoaroused states. This graphic representation can help us to identify what is happening in our window, what are our triggers, and how we can gradually cope with stressors, stabilizing the body, the connection with others and with ourself to widen the window again.

PHASE 2: RISE – STORYTELLING AND REPROCESSING (“I AM HERE”)

The goal of this phase is to facilitate the narration of traumatic experiences through non-verbal tools and image-based storytelling.

In this phase, after adequate stabilization, the work allows to explore the individual's memory and personal story, allowing to reconnect and put into words what was previously inexpressible and was somehow 're-lived' in the body, through alarm signals, intrusive symptoms, and avoidance.

The ability to recount one's own experience in a safe setting helps the person separate the present from the past, to reconsider traumatic memories as part of their life story that can be inserted into a coherent chronological narrative. By retracing one's own history, the person is also able to recover his/her own resources and positive experiences that are often lost in difficult life events.

Some of the techniques used in this phase, to facilitate narration, are: narrative approach using images; selecting and sequencing images, guided storytelling of events (before, during, after trauma/journey/detention), individual or group sessions with active listening by the facilitator.

PHASE 3: RESTART – INTEGRATION AND REINTEGRATION (“I AM BUILDING MY FUTURE”)

The goal of this phase is to integrate the different parts of one’s story and thus strengthen personal agency and self-esteem and prepare for social reintegration.

With greater awareness of one’s own story, the person can orient him/herself to the future, developing his/her life plans, knowing better his/her own resources and coping strategies to manage stress and difficulties.

Some of the techniques used in this phase are: personal and reintegration goal planning, future-oriented storytelling.

WHY THE TRIPHASIC MODEL IN PRISON CONTEXT?

The phase oriented model is very flexible. In fact, Approdi uses it with the specific population of migrants and refugees, adapting the framework to the need of our transcultural and multidisciplinary setting.

Generally, It is a model that can be useful with people that experience traumatic and severe stressful events. As we stated previously, incarceration can be regarded as a highly traumatic event, so we want to experiment if the use of images and non verbal narrative tools can be helpful to work in this context, in build socio-emotional skills.

13 Herman, J. (1997). Trauma and recovery. New York: Basic Books.

14 International Society for the Study of Trauma and Dissociation. (2011). Guidelines for Treating Dissociative Identity Disorder in Adults, Third Revision. *Journal of Trauma & Dissociation*, 12(2), 115–187.
<https://doi.org/10.1080/15299732.2011.537247>

15 van der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. W. W. Norton & Company.

16 Van Der Kolk, B. (2003). The body keeps the score. *Trauma*, 2(50), 1–21.

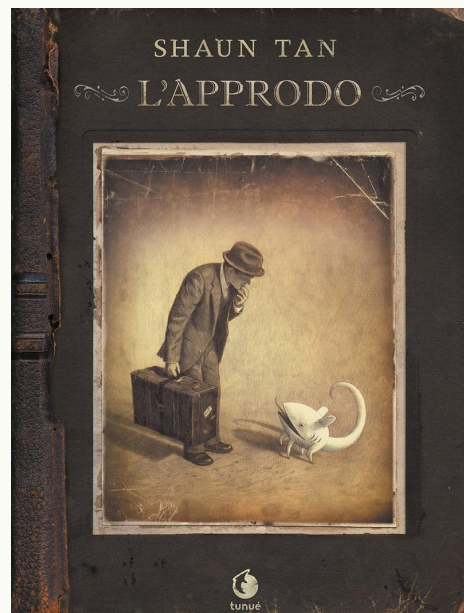
17 Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. Guilford Press.

3. PRACTICAL IMAGE-BASED APPROACH: APPRODI METHOD – THE ARRIVAL

Approdi specifically provides psychosocial support and psychotherapy for migrants and refugees that often experienced traumatic events.

With extreme trauma, memory can be 'suspended': traumatic events can be so intense that the person is unable to process it and store it in the explicit, verbal memory. The person cannot initially talk about what he/she went through, but he/she relives the event in the body, when activated by triggers, as if the traumatic event is happening again in the present moment. Thus, after proper stabilization of symptoms, Approdi developed a method that uses images to gradually narrate one's own story, to access implicit memory and be able to recall what previously could not be narrated, but only relived in its terrible emotional, cognitive and somatic expression. So the image works as a channel to facilitate the expression of what was initially unspeakable, allowing the person to reconnect with his own story, to integrate past, present and future, strengthening his sense of identity.

The aim of this chapter is to describe how this method works. In fact, the process of narration through images and other non verbal tools can be a useful framework of reference, to adapt specifically to the contest in which we will be working for our WP3 piloting.



The Approdi Method stands out as a distinctive image-based projective technique that employs highly evocative, wordless images by graphic novels like Shuan Tan, *The Arrival*¹⁸.

The method enables individuals to engage in personal storytelling and emotional exploration by selecting, organizing, and narrating their life experiences through images.

Offering a safe and structured framework, this method helps access and process emotionally intense memories and aspects of identity. By combining projective methods with narrative therapy and visual arts, the Approdi Method provides an innovative pathway for emotional healing and self-reflection, making it especially effective in social and rehabilitative environments.

3.1 THE ROLE OF SILENT BOOKS

Silent books, such as *The Arrival*, represent a unique genre that uses rich, visual storytelling without words. Their universal visual language allows everyone to engage, imagine, and dream. These wordless stories can range from simple to complex narratives, pushing creative and artistic boundaries.

Such books offer comfort and security, letting the individuals that are looking at the images evoke dreams, memories, imagination and thoughts, momentarily escaping hardships and share experiences of their inner world.

Shaun Tan, author of *The Arrival*, describes the target, role and power of the silent books in the following words:

“Who are my books for? They are for as many different people as possible. I just trust that we all have something extremely valuable in common: an unpredictable imagination... As a creator, you provide a little architecture, build some imaginary walls, add a few furnishings, then wait for an anonymous visitor to arrive: should they accept the invitation, any real meaning can only come from their own hearts and minds... The reader is not so much the recipient of ideas; they are a conversationalist, enjoying a language that transcends the ordinary boundaries of daily chit-chat. All we need to do as creators and readers sitting together in the imaginary guest room is look at things and wonder about them openly”.

(Shaun Tan, 2014, p.13–14)¹⁹.

3.2 THE NARRATIVE APPROACH

Storytelling through images helps reconstruct life meanings and envision future possibilities. Transforming experiences into narratives allows individuals to organize emotions and thoughts, increasing awareness, while moving at a personal pace.

The presence of a trusted, actively listening facilitator or listener is crucial to maximize positive outcomes and minimize difficulties.

Images provide a protective space that separates the narrator emotionally and physically from painful memories, reducing trauma intensity by confining these memories visually and temporally. The listener is a witness, a guide and supporter. She/he must practice active listening and there has to be a trusting relationship with the protagonist.

3.3 THE USE OF IMAGES

The use of images allows us to approach the distressing memories in a safe space. The images act as an external box, where the person can talk about the events without feeling them in the present moment.

Images strongly recall intimate and personal moments, while putting a physical and emotional distance between the narrator and the image itself.

In this way, difficult events are confined into the images: images create a distance in space and time between the past and the present. The recalling of memories is not perceived as dangerous and the narrator can feel a sense of safety in the “here and now”.

Reorganizing the chronological events helps people to feel a “safety present”, putting a distance between the “here and now” and what happened in the past. Therefore, it helps reduce the arousal alarm state and the sense of fear.



3.4 WHY “THE ARRIVAL”

A man leaves his wife and child in a poor town, seeking something better in an unknown land on the other side of a large ocean. He soon finds himself in a confusing city of strange customs, remarkable animals, curious floating objects and unreadable languages. With nothing but a suitcase and a handful of money, he must find a place to live, food to eat and some form of work. He is helped along the way by sympathetic strangers, each with their own unspoken narrative: stories of struggle and survival in a world of unfathomable violence, chaos and hope.

Most important for our objective, *The Arrival* book represents a silent book with highly evocative images. The absence of words, the choice of colors, and what the images themselves represent creates a space for imagination and expression.



3.5 DESCRIPTION OF APPRODI'S METHOD

Participants choose images that reflect important moments in their life experiences, whether before, during, or after traumatic events. These images are then arranged into a chronological story. This helps to organize time, reconnect fragmented memories and strengthen their sense of identity. Using the images as prompts, participants share their personal stories, supported by guiding questions and active listening from a facilitator who carefully monitors emotional responses without imposing or directing the narrative.

PROCESS

- Participants select images that represent key moments in their lives (before, during, and after traumatic events).
- They arrange these images into a narrative sequence, which helps provide temporal structure, reconnect events, and reinforce their sense of self.
- Participants tell their stories using the images as a catalyst, with support from guiding questions and active listening.
- The facilitator closely observes emotional activation levels and supports the process with sensitivity, without forcing or rushing the narrative.

OBJECTIVES

- Create emotional distance from difficult memories by using images as an "external container."
- Lower anxiety that is linked to remembering traumatic events, providing a safer space for storytelling.
- Foster connection between memory, feelings, and one's integrated sense of self.
- Recollect individual's positive experiences, strengths and resources

INSTRUCTIONS

- One or more copies of *The Arrival* are needed.
- Participants select images to illustrate their life stories, organizing them chronologically on a surface.
- The facilitator guides gently, without rushing; the participant controls the storytelling process.
- This activity works both individually and in groups, with group settings adding complexity and richness.
- Facilitators should be familiar with the tool and comfortable with gradual implementation.

HELPFUL TIPS FOR FACILITATORS

- Explain the purpose and process clearly.
- Allow freedom in image choice and time spent.
- Provide attentive, non-judgmental listening.
- Encourage reflection using thoughtful questions about emotions and sensations during image selection and storytelling.
- If unfinished, continue in subsequent sessions.
- Ensure group members share if comfortable.

This method demonstrates how image-based storytelling, with care and preparation, can be successfully adapted both to therapeutic and social environments, facilitating emotional healing, identity reconstruction, and safe communication. For illustration, a video example is available here: https://www.youtube.com/watch?time_continue=1&v=gncxRN2e_A4

18 Tan, Shaun. 2007. *The Arrival*.

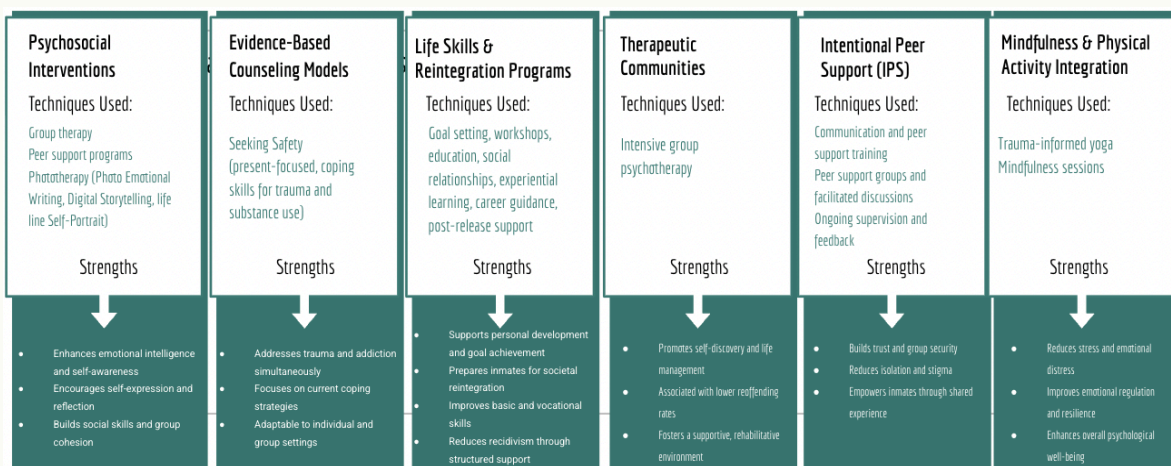
19 Tan, S. Foreword. In *Visual Journeys through Wordless Narratives: An International Inquiry with Immigrant Children and the Arrival*; Arizpe, E., Colomer, T., Martínez-Roldán, C., Eds.; Bloomsbury Academic: London, UK; New York, NY, USA, 2014.

4. EXAMPLES OF ADDITIONAL TECHNIQUES

From the international research on additional practices conducted within the framework of the project (fig.2), a variety of innovative techniques have emerged. These techniques have been evaluated for their potential to enhance and complement our baseline model.

The approaches identified emphasize holistic support for emotional and psychological well-being, particularly targeting vulnerable populations such as inmates.

fig.2



By integrating these methods, we aim to enrich our model with diverse, evidence-based strategies that address emotional expression, social connection, and resilience-building. This inclusive approach ensures our interventions are adaptable, person-centered, and capable of fostering meaningful restoration of mental health and facilitating successful reintegration into society.

Some examples of the techniques are:

- **Art therapy:** Drawing, collage, working with materials, music, dance (individual or group). It is a creative approach that uses non verbal techniques with the aim of facilitating self-expression and emotional processing.
- **Mindfulness and body-based activities:** Yoga, breathing exercises, body training. These activities have been successfully integrated into therapeutic interventions to support emotional regulation and stress reduction, and it can be a useful tool to create a safer environment and help inmates reconnect with their bodies and emotions, and can promote inner strengths and stability.



- Phototherapy: Emotional writing on photos, life line with self-portrait, digital storytelling. As an intervention, it promotes the use of images and personal photographs, and it is particularly useful for fostering the exploration of emotions, identity, and relationships.
- Peer support and debriefing groups: mutual support, role playing, peer sharing. This method emphasizes relational connection and empowerment through shared experience. These groups can be useful for multiple factors, like fostering trust and emotional safety, encouraging open dialogue, building community, reducing isolation, and supporting mental health. Challenges might include group stability, but consistent mentoring and clear group rules help maintain effectiveness.
- Affirmation cards and projective tools: creative use of evocative materials. They help access the area of emotions and feelings in an imaginative way, so they can help to express vulnerabilities and strengths creatively, fostering self-reflection and emotional exploration.

5. OPERATIONAL GUIDELINES FOR THE PILOTING SESSIONS

The aim of this guide is to present how non-verbal techniques can be useful in both individual and group settings to facilitate the process of sharing life experiences and difficulties.

As it is a very delicate process, it requires specific preparation, professional competence, and group supervision.

Narration using non-verbal tools and projective techniques can also be explored in the prison context, given the inherent difficulty in verbally expressing and describing the challenges inmates face.

The suggested approach should be regarded as a flexible foundation and guideline on how to conduct the piloting sessions aimed at improving socio-emotional skills.

Instead of conducting focus groups with direct questions, we aim to experiment with a more creative approach with different techniques.

5.1 PILOTING PHASE – GENERAL DESCRIPTION

The piloting phase will focus on the topic of 'Improving socio-emotional skills'.

The recommendation is to have three main sessions per module, each lasting approximately one and a half to two hours. This duration can be adjusted to better fit the specific context and the needs of the participants.

Regarding the overall duration of this pilot phase, it is suggested to span it ideally scheduling one session per week, in order to assure continuity and not rush the inner work of elaboration of this module.

In fact, this pacing allows participants enough time to reflect on and process what they've experienced, supporting a gradual and meaningful learning.

Each project partner is encouraged to enrich and adapt the sessions by drawing on their own expertise.

For example, you might choose to include music-based activities, various artistic exercises, or a mix of group and individual work—whatever best fits your participants and setting.

However, the core three-phase structure of the module should be maintained, with visual storytelling at the heart of the experience, as this is a powerful tool for emotional expression and connection.

The main goal is to support participants in developing key socio-emotional skills—including emotional awareness, regulation, empathy, and interpersonal connection—through the engaging and accessible method of visual storytelling within a safe and supportive environment. It is in fact important to strike the right balance between gently challenging the participants and safeguarding their emotional well-being, so everyone feels supported and safe as they develop their socio-emotional skills.

Special attention: The setting must be “safe”: participants need to feel free and to know that they can pause at any moment, and are never forced to recount painful events. Always monitor emotional activation levels and adapt the activities to the needs of the group/individual.

5.2 PRACTICAL TIPS FOR FACILITATORS

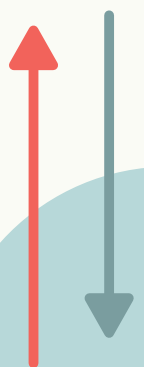
- Create a calm, welcoming environment;
- Clear description of the piloting;
- Encourage voluntary participation and respect personal boundaries;
- Maintain strict confidentiality;
- Model empathy and non-judgmental respect;
- Be flexible and ready to adapt activities in response to participants’ emotional states;
- Observe verbal and non-verbal cues; check in privately if someone is distressed.

5.3 PILOTING PHASE: PRACTICAL INDICATION FOR SESSIONS ON IMPROVING SOCIO-EMOTIONAL SKILLS

- Recommended number of sessions: 3 main sessions, each lasting about 1.5–2 hours, adjustable depending on context and participant needs;
- Pilot phase duration: Recommended total duration is 3 to 5 weeks, with one session per week.

CONTENTS OF THE 3 SESSIONS:

- 1st session: creating a safe environment, use of ice breakers, presenting the conductors and participants of the target group;
- 2nd session: ‘build a story’: by using the suggestion of Appodi’s work or by creating new sets of images and non verbal tools, the aim is to facilitate the process of narrating one’s own story. This process will help to foster first



person perspective and personal agency, self reflection, thanks to the experience and group feedback, enhancing protective factors and individual resources;

- 3rd session: discussion about the piloting: sharing feedback from the participants. Reflecting on what emerged from the previous sessions, what are individual and group socio-emotional resources and coping strategies to face difficulties.

5.4 HOW TO EVALUATE THE IMPACT?

To evaluate the impact of the piloting sessions it is important to prepare a report after each session that captures key observations and reflections. Each report should begin with an overview of the session's activities and structure, providing a clear summary of what took place during the session. Notes should be made on attendance, how actively participants took part, their willingness to engage, and any emotional cues, both verbal and non-verbal, that were evident during the session.

Maintaining a safe emotional environment is a top priority, so the report should also reflect whether participants felt safe and supported, document any signs of distress, and describe how facilitators handled such situations. Facilitators should also note any challenges encountered during the session and describe any adaptations made to better meet the needs of the group or individuals. Including participant feedback is crucial, as it helps to understand the participants' experience, what they found helpful, and suggestions they might have.

Additionally, facilitators' reflections on what worked well and where improvements could offer valuable insights for ongoing development.

Throughout the evaluation process, confidentiality must be strictly maintained, and participants' emotional well-being should always come first. It is critical not to pressure participants into sharing more than they are comfortable with, and the environment must remain supportive at all times.

5.5 TEMPLATE OF THE FIRST MODULE OF 'IMPROVING SOCIO-EMOTIONAL SKILLS'

Session Number	Objectives	Activities & Methods	Expected Outcomes
1-Safe Environment	- Establish safety. - Set expectations and rules for interaction. - Begin social connection and group cohesion.	- Icebreaker activities - Presentation of conductors, participants and the module. - Setting group agreements for confidentiality and respect.	- Emphasize voluntary participation. - Create calm, welcoming space.



2- Build a Story

- Facilitate narration of personal stories using non-verbal tools.
- Foster emotional awareness and agency
- Encourage creative expression beyond words.

- Use of visual storytelling tools
- Group or individual artistic activities.

- Enhanced self-expression and emotional processing.
- Increase in personal and socio-emotional resources awareness.
- Encourage non-verbal, projective techniques.

3- Resources

- Share feedback on the experience.
- Reflect on individual and group socio-emotional skills developed.
- Discuss potential applications beyond the sessions.

- Group discussion,
- Use non-verbal feedback tools if needed.
- Facilitate sharing of insights and feelings about the process.

- Consolidated insight on socio-emotional growth.
- Identification of group and individual resources.
- Feedback for session improvement.



6. RESTART CARD GAME

METHODOLOGY

- **The game has 70 cards:** enough variety, but not overwhelming.
- The cards can serve as '**story prompts**': someone chooses a card that symbolises their departure, another for the journey, another for arrival or dreams for the future.
- Five different categories are created:
 - **Beginning** (family, home, a house, a village, a tree)
 - **Journey** (boat, bus, mountains, sea, suitcases, passport, key)
 - **Obstacles** (fence, wall, storm, dark forest)
 - **Encounters** (hands, group of people, marketplace)
 - **Future** (sun, garden, book, school, children playing)

These are the **70 card themes and symbols**, divided into five thematic clusters.

The clusters are: **Beginning, journey, loss, encounter, future, with five extra cards representing universal symbols**. Each cluster of cards can have a different colour scheme, making it possible to ask the target group to pick one card from each cluster.

These themes are linked to the work packages of the RESTART project: RISE, RESTORE and RESTART.

The cards are deliberately open, poetic and not too literal, so people can interpret them in their own way.



ORIGIN / BEGINNING (10 CARDS)

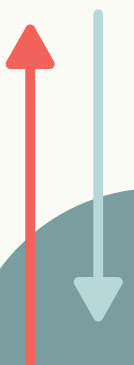
- | | |
|------------------------------|---|
| 1. A house with an open door | 6. A blackboard or book |
| 2. A tree with deep roots | 7. A market square with stalls |
| 3. A village on a hill | 8. A field with crops |
| 4. A family in silhouette | 9. A chair at a table (empty or occupied) |
| 5. A key in a hand | 10. A fire pit/ circle of light |

JOURNEY / TRANSITION / RISE (15 CARDS)

- | | |
|--|---|
| 11. A suitcase on the ground | 19. A dark tunnel with light at the end |
| 12. A passport or document (abstract representation) | 20. A mountain path or winding road |
| 13. A bus departing | 21. A storm with wind and rain |
| 14. A boat at sea | 22. A night with stars and moon |
| 15. A train track disappearing into the horizon | 23. A compass or map |
| 16. A road with footprints on it | 24. A border fence/gate |
| 17. A bird in flight | 25. A hand holding another hand along the way |
| 18. A bridge over water | |

OBSTACLES / LOSS / RESTORE (15 CARDS)

- | | |
|----------------------|----------------------------|
| 26. A wall of stones | 27. Broken glass or mirror |
|----------------------|----------------------------|





- 28. An abandoned toy doll
- 29. A door that is closed
- 30. A flash of lightning in the sky
- 31. An eye with a tear
- 32. A split road (moment of choice)
- 33. An empty pair of shoes

- 34. A mask (anonymous / identity)
- 35. A clock without hands
- 36. A shadow figure
- 37. A city in smoke or fog
- 38. A chain or lock
- 39. A hand that lets go
- 40. A birdcage (open or closed)

ENCOUNTERS / SUPPORT (10 CARDS)

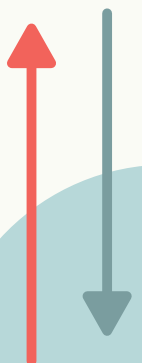
- 41. Two hands holding each other tightly
- 42. A group of people in a circle
- 43. A child and an adult holding hands
- 44. A door being opened from the inside
- 45. A shared meal (bread, fruit)

- 46. A book being shared
- 47. A smile (stylised)
- 48. An open field with children playing
- 49. A knot being tied (connection)
- 50. A lamp spreading light

FUTURE / HOPE / RESTART(15 CARDS)

- 51. A sunrise
- 52. A garden in bloom
- 53. A bird flying out of a cage
- 54. A school building or open book
- 55. A sturdy bridge
- 56. A village where people build together
- 57. A rainbow
- 58. A child flying a kite

- 59. A boat that reaches the harbour safely
- 60. A tree sprouting new leaves
- 61. A key turning in a lock
- 62. A dancing figure
- 63. An open window with curtains blowing in the wind
- 64. A road stretching towards the horizon
- 65. A group of people singing or making music together





SYMBOLS (5 CARDS)

- | | |
|--|--|
| <p>66. A circle within a circle (cycles, repetition, wholeness)</p> <p>67. A spiral (development, journey inwards or outwards)</p> | <p>68. An open hand (giving, receiving)</p> <p>69. A blank canvas or sheet of paper</p> <p>70. A lighthouse spreading light</p> |
|--|--|



