



INV Training itinerary

Use of the Self-Observation Protocol

Reporting format – ITALIAN group

BRIEF INTRODUCTION OF THE ITALIAN TESTING GROUP

According to the project, the Italian testing group consists of all the selected professionals who work closely with people with severe Down syndrome or other intellectual disability. Most of them have previously taken part both in the phase of the national focus groups and national training on the Pedagogical Model proposed by the project.

From the beginning of the project until the testing phase a large span has passed (almost one year and a half) and this is the main reason why the number and the quality of participation of the professionals has changed.

More in detail:

- 27 professionals have attended the national focus groups (Rome, Bergamo and Bari)
- 29 professionals have attended the national training (Rome), 22 of them had already been involved in the focus groups
- right now 23 professionals have filled in, signed and given back to AIPD the testing protocol, but only 21 professionals are submitting regularly the self-observation protocol every two weeks.

What is happened to the remaining professionals? Two of them, unfortunately, have lost their job and are waiting for a new work placement; four professionals are still working in the same place, but they follow new groups of people with Down syndrome and no people with severe disorders (according with the Pedagogical Model criteria which define a person as "severe") are included. Finally, two professionals complain about the lack of time for filling in the protocol, even if they have ensured and still ensure their participation.

FREQUENCY

Has the Protocol been filled regularly? How frequently?

The Italian test has started the 17th of March, three weeks after the national training, a necessary span in order to give the professionals enough time to read, study and get familiar with the Pedagogical Model. The mandate was to fill in one protocol per week and to send the trainer two protocols every two weeks.

At the beginning, Each professional has received:

- 1) slides presented during the training
- 2) mailing list of the components of Italian testing group
- 3) help desk contact (trainer)
- 4) agenda of the testing, with the deadlines for the fortnightly submission of the protocols (Table 1)
- 5) self-observation protocol (empty)
- 6) an example on how to fill in the self-observation protocol.

During the testing, through a mailing list, each professional receives a reminder for the submission by the trainer.

As shown by the table below (Table 2), which resumes the test monitoring until the 12nd of May, there is a great number of protocols submitted at the beginning and an important decreasing between the third and the fourth delivery, strongly linked with Easter holidays and other Italian festivities, which occurred on 25th of April and the 1st of May. This is to say that a lot of services were closed and/or professionals were on holidays and they couldn't meet the person with disability selected for the testing.

Another aspect which has negatively influenced the commitment of the professionals, is linked to the time necessary to fill in with accuracy the protocol, more than expected. Some professionals have underlined that the "protocol" is a new task in addition to the daily work, too heavy to be accomplished.

On the other part those who have submitted regularly have expressed their happiness for having a sort of "time to think" and elaborate what happens during their heavy daily job.

So far 23 professionals are participating in the testing. At the fourth deadline for submitting the self-observation protocol, they have delivered on average 5 self observation-protocols each.

11. MARIA CARMINE	OMBRATO	2	1	0	1														
12. MARIA GIOVANNA	SCHIRONE	2	2	0	0														
13. MARIA TERESA	MORELLO	2	1	0	1														
14. MATTIA	BENASSI																		
15. MONICA	LUNARDI	2	2	0															
16. PAOLA	BAGGI	2	1	0	2														
17. RAFFAELLA	TRAMONTOZZI	2	2	2	2														
18. ROSSELLA CASANOVA	BORCA	2	1	0	1														
19. SABRINA	DI MARCO																		
20. SALVATORE	GRAZIANO	1																	
21. SARA	METELLI	1	0	0	1														
22. VALERIA	ACERRA	2	2	0	1														
23. VERONICA	MARGIOTTA CASALUCI	2	2	2	1														
TOTAL		39	24	10	17	0	90												

* Yellow lines stand for self-observation protocols which are expected to be delivered.

ACCURACY

Has the Protocol been filled in with accuracy (recording, analysis of own feelings and theoretical reference points in the evaluation)?

Most protocols have been completed carefully and they show a first attempt of a deep reflection on the relation. Thus, almost all the Protocols received have been filled in with accuracy, taking into account differences related to the various narrative styles and a propensity for writing.

The only isolated case of protocols written with superficiality (schematic responses, repetitive and non-exhaustive) has been discussed with the applicant, explaining how to effectively use the tool and stressing the importance of the contents.

Critical points concerning accuracy can be noticed in four areas, as follows:

1. *Recording the event*, difficulties were encountered in:
 - a. finding a meaningful event, “what can be defined as an event?” or “how much structured it has to be?” are among frequent questions by participants;
 - b. going beyond the description of the difficulties. At the beginning an event was usually confused with something related with difficulties or with the failure of the professional or the person with disability or both;

- c. reporting just facts, avoiding any form of interpretation or personal opinion. The result is a mix of fact and previous interpretation of the fact.
- 2. *Analysis of one's own feelings*, many difficulties in the accuracy of the answer are related with the distinction between the emotion felt at that moment of the happening of the event and emotions still felt at the moment of writing. This distinction is very important in order to reflect on the interventions of the professionals. The emotions you feel when a meaningful event happens inevitably affect the way you act. For instance, if you have been afraid because the other might get hurt, probably your intervention has been focused on trying to avoid this possibility and perhaps you lost sight of other possibilities for intervention. Another example: if you were hungered because the person had not complied with a rule established, you may have lost sight of the possibility of searching (together with the other) the reason for this behaviour and so you have not considered the possibility or opportunity to make an exception, and so on.
- 3. *The evaluation* is usually limited to "explain" the event only with the characteristics of the person with Ds. Some difficulties arise in carrying out a wider evaluation, including:
 - a. if the event is an unusual behavior of the person with Ds → the reasons that may have caused it, for instance personal reasons (emotions, feelings) or related to the context of the service (change of a program, the arrival of a new person)
 - b. if the event involves a positive result, but unexpected by the person, such as a demonstration of skills never discovered before → trying to understand why those capabilities or the potential of the person with Ds have never been caught before
 - c. about the intervention of the professional → figure out if it was an element of routine or if the professional has expressed in a new way his/her way of coping.
- 4. *Theoretical reference points*, what comes to light is that usually the professional is not used to reflect on the theoretical reference points and the fundamental values considered to be guiding his/her judgment. Theory and practice seem to be separated.

Were there any differences in the accuracy with time passing?

By the second deadline for submission of protocols, all participants have received a personalized feedback on how to proceed in completing the protocol of self-observation. After these comments, participants showed greater accuracy in compiling it, although some critical points related to the expression of the emotions still remain.

EVENTS RECORDED

What type of events were reported in the Protocol?

The events reported cover a wide range of situations.

TYPE OF EVENTS	EXAMPLES
<p>The fear of the professionals that takes over everything</p>	<p>The person with Ds intentionally hides to make a joke and the operator thinks he left</p> <p>The professional prevents the person with sD who was making a choice or a proposal. The professional draws hasty conclusions, because of previous similar experiences</p>
<p>More or less strange routines, however dysfunctional</p>	<p>The person with Ds who wears sunglasses at night to emulate his/her older brother.</p>
<p>People with severe Ds experience difficulties in integrating theory and practice in their everyday life.</p>	<p>The person with Ds refuses to take off his coat, even if dripping with sweat despite the very hot day, because the calendar had not yet marked the beginning of spring.</p>
<p>Immobility: the person with sD is impassive to any request or escapes from any task</p>	<p>A girl with Ds, after a quarrel in the family, arrives at the day care center, attached to her handbag, and stops in a corner and holds steady.</p> <p>In a sheltered workshop a guy with Ds discusses with a colleague, hits him with the stapler and stops working.</p> <p>During a stroll, the person with Ds goes beyond the group and, despite numerous reminders, doesn't come back to the group.</p>

<p>The surprise factor</p>	<p>In a sheltered workshop, a girl with Ds has been given the task to complete a frame. She makes a mistake and corrects it by herself without the intervention of the professional.</p> <p>A guy with Ds takes the initiative for the first time to tidy the workbench and offers a help to another person who has evident difficulties.</p>
<p>The difficulty, for the person Ds, in decoding the message, or the difficulty of abstract thinking sometimes makes it difficult for him/her to understand irony and joking</p>	<p>A person with Ds does not understand the joking tone between two people. He is offended, gets angry and beats them.</p>

RESULTS

Is it possible to deduce from the protocols an effort to focus on the educational relationship?

So far, it would be foolhardy to categorically answer this question. According to the protocols delivered, it is possible to deduce an approach to focus on the educational relationship. In particular, this occurred as a result of personalized feedback provided to each professional.

Here it is an example that shows the gradual approach of a professional to the educational relationship: *"This event is connected to the first axiom of the educational relationship, the relation is a behavioral space. In fact, I believe that on one hand there is the mental map of XX strongly influenced by his/her family, who - for better or for worse - has set its own organization based on the needs of the child. On the other hand there is the mental map of the professional who thinks it is better to set limits for the person with disabilities, especially when others are involved. The meaning of the educational process is situated in the tension between these two maps. [...] I think it is very difficult at times to hold together the pieces of the puzzle and in certain situations you may lose sight of the needs of the person with disability because of external pressures, the overlap of events and swiftness. Sometimes also the bias or*

personal history can pollute the assessment that the professional can have in a given episode and the subsequent educational intervention”.

Do you see a critical reflection regarding the vision of the professionals about the person, with his/her abilities, resources and needs?

In order to answer this question, it is necessary to make a distinction related to the outcome of the event narrated: if the event is successful or not. To success means that the intervention of the professional allows a change in the behavior of the person with Ds in the direction desired by the professional. An event that is not successful, instead, doesn't allow to think the change because the professional loses faith, finding him/herself always absorbed in the same situations.

In the case where the event has a negative result, professionals generally distanced themselves from launching a reflection which also includes the other. Resources and needs of others seem to remain in the background, while the frustration of the professional is clear, thus he/she needs to control everything so that the mistake will not happen again.

What follows is an emblematic case:

"I learned that I must understand in advance the answer. I must realize it in advance in order not to give to the other the possibility to give me back a negative response, which I could hardly change. It is better to pretend not to see instead of intervening and then having to take a step back".

A positive event, often, sees the professional inclined to a more detailed analysis of the event, taking into account abilities, resources and needs of the person with Ds.

Do the items related to the routine challenged?

Not so often. As already explained, one of the difficulties encountered by professionals is to figure out and distinguish if their intervention was an element of routine or if the professional has expressed in a new way his/her way of coping.

Can you say that as a whole the Pedagogical model has been comprehended?

At this point of the testing it is difficult to say, especially with so few protocols, that the whole model Pedagogical has been comprehended. Overall, it can be said that there is an approach

to the model and an elaboration of the content that gradually begins to take into account the emotional sphere.

In some cases, the completion of the protocol seems to be a task, rather than a challenge for their daily work.

STAFF MEETINGS

Which types of event have been declared as important to discuss during staff meetings?

What follows are the most common arguments discussed in the staff meetings:

- Telling of the event
- Reaction and emotions of the professional
- Reaction and emotions of the person with disability
- Possible interventions and strategies suggested by other staff members
- Understand when you should intervene and when you should be able to wait
- The frustration you feel when you see a long and hard educational work vanish with only one episode.