



INV Training itinerary

Use of the Self-Observation Protocol Reporting format – ITALIAN group

BRIEF INTRODUCTION OF THE ITALIAN TESTING GROUP –

What has (not) changed from the first Italian trainer report

According to the first Italian trainer report 23 professionals have filled in, signed and give back to AIPD the testing protocol, but only **21** professionals are still submitting more or less regularly the self-observation protocol not every two weeks, but when they “have time”. This means that the two professionals who complained about the lack of time for filling in the protocols, even if they have ensured their participation, they have not delivered any protocol at all. But, they still ensure their “virtual” participation.

FREQUENCY

Has the Protocol been filled regularly? How frequently?

As shown by the table below (Table 2), which resume the testing monitoring until the 7th of July, there is a great number of protocols submitted at the beginning and an important decreasing moving ahead with the testing.

In the first Italian trainer report, AIPD has already analyzed the protocols received between the third and the fourth delivery: the decrease was strongly linked with Easter holidays and other Italian festivities occurred on 25th of April and the 1st of May because a lot of services were closed and/or professionals on holidays and they couldn't meet the person with disability chosen for the testing.

Despite a lot of reminders for the submission of the protocols, in May and June the number of protocols delivered was even lower than the previous period. Trying to answer for account, we have to consider that a lot of AIPD projects last until the second week of June. This means that there is a lot of work before the end of the activities and, after the end, there professionals can't meet the person with severe Ds any more.

Another aspect came out strikingly: the "protocol" is a new task in addition to the daily work, too heavy to accomplished. This feature has still influenced negatively the commitment of the professionals because the time necessary to fill in with accuracy the protocol is more than expected.

So far **21** professionals are participating in the testing. At the eighth deadline for submitting the self-observation protocol, they have delivered on average **6** self observation-protocols each.

Table 1. TESTING AGENDA OF THE ITALIAN GROUP



Table 2. TESTING MONITORING until 12nd of May – ITALIAN GROUP

NAME	SURNAME	31/03/ 2014	14/04/ 2014	28/04/ 2014	12/05/ 2014	26/05/ 2014	09/06/ 2014	23/06/ 2014	07/07/ 2014	21/07/ 2014	11/08/ 2014	08/09/ 2014	22/09/ 2014	
1. DANIELA	INFANTE	1	0	0	1	1	1	1	0					
2. DANIELE	FICO	4	2	0	1	2	0	0	0					
3. DANIELE	PAVENTI	2	1	0	1	0	0	0	0					
4. DARIO	GERMINARIO	2	1	1	0	1	1	0	0					
5. DORIANA	PAGLIALUNGA	2	2	0	1	1	1	0	0					
6. ELISA	MANTOVANI	2	2	2	2	0	0	0	0					
7. IRENE	VOLPI	2	0	1	0	0	0	0	0					
8. LINDA	GEMMATI	2	1	2	0	2	1	1	0					
9. MARA	MAZZOTTI	1	1	0	2	0	0	0	0					
10. MARIA CARMELA	DEL POMO	1	0	0	0	1	0	0	0					
11. MARIA CARMINE	OMBRATO	2	1	0	1	1	0	0	0					
12. MARIA GIOVANNA	SCHIRONE	2	2	0	0	0	0	0	0					
13. MARIA TERESA	MORELLO	2	1	0	1	0	0	0	0					
14. MATTIA	BENASSI													
15. MONICA	LUNARDI	2	2	0	0	0	0	0	0					
16. PAOLA	BAGGI	2	1	0	2	1	0	0	0					
17. RAFFAELLA	TRAMONTOZZI	2	2	2	2	2	2	2						
18. ROSSELLA CASANOVA	BORCA	2	1	0	1	2	1	0	0					
19. SABRINA	DI MARCO													
20. SALVATORE	GRAZIANO	2	1	0	0	0	0	0						
21. SARA	METELLI	1	0	0	1	0	1	1	0					
22. VALERIA	ACERRA	2	2	0	1	1	0	0	0					
23. VERONICA	MARGIOTTA CASALUCI	2	2	2	1	1	1	0	1					
TOTAL		40	25	10	18	16	9	5	1	0	0	0	0	124

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

Blue lines stand for 2 professionals who, if contacted, still confirm their participation in the project, even if they have not delivered any protocol yet.

ACCURACY

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

Most protocols (more than first Italian trainer report) have been completed carefully and they show the commitment of the professionals in “stressing” a deeply 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 crucial point of the difficulty encountered in the analysis of one's own feelings still remains:

- sometimes professionals hide / confuse their emotions with the emotions of the person with severe Down syndrome, this happens because it is easier to face "with others" instead of with "one self"
- other difficulties in the accuracy of the answer are still related with the distinction between the emotion felt at that moment of the happening of the event and emotions still felt in the moment of writing.

Also theoretical reference points are difficult to catch, sometimes the theory of the Model and the practice of the Model seem to be separated, even if the intervention of the professional fitting with the Model. Thus the difficulty is in the conscious reflection on what the professional considers to be guiding his/her judgment.

Were there any differences in the accuracy with time passing?

As explained, participants showed greater accuracy in compiling protocols, although some critical points related to the expression of the emotions and in explaining the theoretical reference points still remain.

EVENTS RECORDED

What type of events were reported in the Protocol?

The events reported cover a wide range of situations. All of them are about situations that occur in a context of activities proposed by project, both in informal and formal learning situations.

Just to give an example we can resume the events reported in the following three categories:

- episodes in which the person with severe Ds shows aggressive without apparent reason
- episodes in which the person with severe Ds catch the attention of the professional, making something new
- episodes in which the person with severe Ds and professional don't understand each other
- episodes in which the person with severe Ds take the initiative to do something without any suggestion by others.

RESULTS

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

According to the new protocols delivered , it is possible to deduce a stronger effort to focus on the educational relationship. The answers to the question "lesson learned" are usually focused on the relationship. An example: *"we must be able to remain calm in all circumstances, because keeping calm and without being overwhelmed by fear, we can spread on the other serenity to deal with certain events"*.

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

According with the new protocols, professionals are more accurate to a more detailed analysis of the event, taking into account abilities, resources and needs of the person with Ds. One protocol, for instance, describe an episode in which the person with Ds ask to the professional to cook a course. In the analysis the professional

I believe that St. already when he asked me to stand in the kitchen sperimentere wanted to do what he had seen. Often in the kitchen activities smart kids prepare yourself a meal following the recipe. This makes them feel great, capable of knowing how to do it yourself; precisely this awareness (triggered by the fact that everyone at the table then make compliments) encourages them to do more and better. I believe that St. just wanted to experience this feeling; wanted to be "rewarded" for what he had done; wanted to hear "good, you've done a good job." He wanted to feel LEG just like everyone else.

I gave S. I 'opportunity to prove myself and prove that he can do it.

"A 'assumption of responsibility'" her that allowed him to feel like a smart guy. I think this has been put to the test is a milestone in its development process.

Do the items related to the routine challenged?

In some cases it is possible to see that professionals are more accurate in analyzing if their intervention is an element of routine or if they have expressed in a new way their way of coping.

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

At this point it is possible to say that:

- the approach of the professionals to the model and the elaboration of the content take into account the emotional sphere,
- the most part of professionals use technical jargon proposed by the model, for instance: *“here the famous **interrupted gesture** was repeated twice!”*, or *“without raising my voice, but firmly communicating my displeasure I showed an attitude of **understanding** and not of **demonization**”*.

But, still remain the feeling that 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
- The surprise you feel when you can reap the rewards of a long and hard educational work