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Viviana LANGHER^{1*}, Stefania CATAUDELLA^{**}

Valentina PIRRÒ*, Marianna D'ANGELI*

Università di Roma – Dipartimento di Psicologia

Dinamica e Clinica Sapienza*

Università di Cagliari – Dipartimento di Psicologia^{**}

THE EFFORTS OF A MULTIDISCIPLINARY APPROACH IN THE REHABILITATION INSTITUTE FOR DEAF CHILDREN: A PSYCHOSOCIAL INTERVENTION AIMED AT BREAKING THE PATTERN OF STALLED PRODUCTIVITY²

The multidisciplinary approach for the treatment of hearing impaired children presented the work group with several tasks: the group had to integrate different competences and techniques, to share common treatment goals, to manage relational dynamics with the children and their parents, and to explore the families' expectancies. These efforts may create stressful conditions for the work group and, consequently, might negatively affect the quality of the intervention to be carried out.

Our aim was to illustrate a psychosocial analysis performed in a religious Institute for hearing impaired children, intended to break the pattern of the Institute's stalled productivity, to avoid inefficient and fragmented treatments, to prevent unelaborated relational dynamics among the staff members and between the staff and the children's families.

By means of the Content Analysis of semi-structured interviews administered to staff-members and families we have analyzed the quality of the teamwork, the relational arrangements towards the families and local services (25 interviews with 5 staff members); the

¹ E-mail: viviana.langher@uniroma1.it

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family-Institute relationship and the family's representation and satisfaction of the Institute (7 interviews with 13 hearing impaired parents and non-hearing impaired parents). The institute activity seemed to be more characterized by the maintenance of the relationship with the families per se, rather than oriented to productive goals. The non hearing impaired parents seemed to be more satisfied than the hearing-impaired parents, possibly because the former are more prepared to receive the Institute's help.

The stalled productivity can only be overcome by the elaboration of those relational/emotional dynamics which prevent staff members and children's parents from focusing on productive goals. The staff-members' training should be improved in order to develop specific competences, to perform an integrated, multidisciplinary approach in treatments, to negotiate with the families, and share the work program and treatment objectives with them.

Key words: *hearing impaired children, multidisciplinary approach, work group, psychosocial intervention, family-staff relationship*

INTRODUCTION

The incidence of childhood deafness in Western countries ranges from 1-3 cases in every thousand babies per year. In Italy, about 1500-2000 children are born each year with hearing loss. Roughly, half of these suffer from severe or profound hearing loss (www.airs.it). As pointed out by Marscharck (1993), there are many factors that determine the variability and the problems related to hearing impairment: the cause of deafness (congenital or acquired); its accurate and early diagnosis; the quality and the degree of hearing loss; the presence of other associated damages, such as being born to parents who have hearing loss as well; the quality and the type of education available to them, and the possibility of benefitting from early prosthetic or rehabilitative intervention.

The impact of disability on the family is essential to the hearing impaired child's development (Zanobini, Usai 2005). The parents' reactions to the birth of a deaf child depend on various factors (Brown et al., 1988; Harris 1994; Harrold et al., 1992). Several studies highlight

the diverse consequences of the birth of a deaf child, specifically when it occurs in a family with hearing impaired parents as opposed to a family with hearing parents, the latter consisting 90-95% of the cases (Bidoli, Ochse, 2008). The insufficient responsiveness of the deaf child would be frustrating for the hearing parents, resulting in perceived rejection (Marschark 1993; Lederberg, Golbach, 2002). Parents can feel inadequate as a result of the limitations of their communicative strategy, thus failing to sustain their children's oral language acquisition, which consequently causes a general delay in language development and a higher individual variability than in hearing children. Several authors (Caselli et al., 1994; Spahn et al., 2003) recognized less communicative problems within the mother-child dyads when both of them are hearing impaired, because of their higher probability of establishing an early communication through the visual-gestural channel as well, which however does not adequately support language development. Furth's analysis (1993) underlined that, provided the deaf subjects have not achieved a satisfactory level of oral language, they are faced with the task difficulties related to the symbolic logic, i.e. abstraction, which operates through cultural symbols, not immediately connected to concrete experiences (Furth 1993; Greco, Zatelli, 1996; Mayberry 2002; Caselli et al., 2006). We can assert that language acquisition is the main obstacle for deaf children and every respective rehabilitation method generally adopted gave way to different strategies that recover and promote the development of deaf children's communication skills.

The debate on educational and rehabilitation methods has been historically focused on the conflict between oral language and sign language (Mason, Ewoldt, 1996; Baker, 1997; Livingston, 1997; Tolar et al., 2008). Since the International Congress in Milan in 1880, the oral method in speech therapy (Maragna, 2008) has mostly been used in Italy. In the past twenty years, Italy has also started to take into consideration other methods: bimodal or mixed method, verbal-tonal method, bilingual education, use of information technology (Mayer, Akamatsu, 1999; Robinshaw 1995; Zanobini, Usai, 2005). To date, no program providing a concrete set of principles and standards for bilingual education has been established either in Europe or in the United States (Geeslin, 2007).

For a long time, the interventions dealing with deafness favored a medical-rehabilitative approach, which focuses primarily on the acoustic deficits and majorly takes the medical diagnosis into account, barely considering the adaptation of the person within the family and the society (Carli, Paniccia, 2003). Only recently has research advancements (Icf, International Classification of Functioning, disability and Health, 2001; Icf-Cy International Classification of Functionin, Disability, and Health for Children and Youth, 2007) redefined the 'problem' of disabled people as being in the social environment and not in the impairment itself (Radermacher et al., 2010). This allowed the spread of a new approach that considers the deaf person as a whole, and places language development in a broader context. Consequently, the interventions dealing with deaf children tend to favor a multidisciplinary approach that allows to have a more defined, integrated and global view of the needs expressed by the person, avoiding fragmented technical treatments independent of one another. The goal of teamwork is to achieve the best approach for the hearing impaired child, according to a detailed work plan, based on the integration of professional skills. Effectiveness indicators consists not simply of the result of the individual professional's work (output), but the lasting effects on the child (outcome) (Enderby, John, 1999; Gravelle et al., 2003; Abidin, 2007; Hollinsworth, 2008).

It is crucial to understand that team work is not the simple result of individual performances. The work group is a physical and mental domain in which each member has an emotional relationship with the other members while performing a task and working towards a target: the rational reason for people to work together. These two dimensions, relation and task (Bion, 1961) are not antithetical, but inextricably linked in concrete and specific forms that are related to the achievement of common objectives. Due to this reason, the group task is to develop and negotiate a unified set of goals, values, roles, and operational procedures, and to solidify productive working relationships among the members in order for the group to focus most of its energy on goal achievement and task accomplishment. Interpersonal relationships among work group members are important, along with the relationship between the work group and the organization in which it operates, as well as the relationship

between the organization and its context are important as well, according to a paradigm of individual-context (Carli, Paniccia, 2003). This model, based on the bi-logical theory of the mind (Matte Blanco, 1975), the „logical“ and the „unconscious“ ways are the two modes of being of the mind, constantly interacting. The emotions are no longer considered as the individual response to environmental stimuli, neither is it a disturbing factor in the achievement of productive goals. The emotions, enrooted to the cognitive, rational, logical mind, are the way manner the unconscious mind simplifies the relationships between individuals and the organizational context, allowing a rapid symbolization of the contexts one lives in, generating stable strategies (so called „local cultures“, Carli, Paniccia, 2002) necessary to the individuals' adaptation to their context, including the management of critical events, or sudden unexpected changes. The analysis and the elaboration of the emotions shared by the members of a given organization in a state of stalled productivity, including the defensive role of the emotions in maintaining the stall, allows the recovery of the capacity to plan work (Paniccia, 1989), or, the organization members' ability of the members to adjust the organization's productivity goals.

Considering the individual characteristics of each of its members, a group that works in the field of education/rehabilitation of disabled children, while nurturing the child's well-being and pursuing the objective of improving his/her quality of life, is inevitably exposed to several profound emotional implications which, when not elaborated, could become substantial negative factors for the quality of the productive behaviour of the group through the acting out of emotional dynamics: the expectation to recover the damage, guilt feelings for being healthy, the feeling of impotence, or, on the contrary, the sense of omnipotence in reducing the damage, the antagonism with the child's family in playing the role of the good caregiver– attributing to the counterpart, the role of the bad caregiver–, the fantasy of salvation, not to mention one's own projection of profound personal conflicts on the child.

Furthermore, technical and organizational problems can be encountered within the work groups, negatively affecting its ability in achieving its productive goals, managing possible relational conflicts, decision-making processes, expressed or latent disagreements among

the members, because of the complexity of the multidisciplinary interventions aimed at the treatment of the hearing impaired children, which implies the cooperation of different professionals who are dissimilar persons as well, on top of the need to integrate their diverse expertise.

When a work group is not able to achieve its productive goal, which is the very reason for their existence, this gives rise to emotional dynamics aimed at compensating for the lack of productivity. This leads the work group to lose sight of the common goal, where each group member carries out his/her own work independently of each other and the personal, emotional, implicit objective takes the place of the shared, explicit, defined productive goal (Kaneklin, 2010, 2001; Carli & Paniccia 2003). These are generally the conditions which require a psychosocial intervention in order to re-establish the functionality of the work group, and its productivity in terms of product/service to be delivered.

The aim of this work is precisely to illustrate a psychosocial intervention requested by the Director of a religious Institute for deaf children whose purpose was to offer hearing impaired children a multidisciplinary service (educational, rehabilitative, supportive, recreational, vocational). The Institute Manager and staff, in terms of both internal functioning (quality and adequacy of the work group) and external orientation (completeness and fulfilment of the service delivered) were stalled.

The Rehabilitation Institute of Deaf Children

The Institute is located in Sicily, a disadvantaged region in Southern Italy. It currently accommodates a total of 18 deaf/profoundly deaf children/boys: 11 residents and 7 partial residents, aged between 5 and 19. They attend preschool, elementary school, junior and senior high school and vocational training courses. The Institute hosts a public school attended by the residents, together with non-hearing impaired and non-disabled children.

The Institute staff is made up of a religious manager and an educational – rehabilitating staff (learning support teacher/coordinator, speech therapist, psychomotor therapist, sign language

interpreter, educators) and provides speech therapy, psychomotor activities, recreational and educational activities aimed at the development of the children's personality, their language acquisition/improvement, and the development of their social competence. However, at the time when we started the consultation, a definition of the intervention objectives shared between the institute staff-members and the families was lacking. Some interviews with the director and a duration period of field observation showed that the families of the hearing impaired children were not clearly involved in the creation of the educational/rehabilitative project, nor given sufficient explanation of the criteria adopted to assess its efficacy.

The staff members carried out their work independently of one another. Furthermore, no staff meetings aimed at discussing the cases were carried on, leaving information exchange among staff members regarding the children to occur mostly informally and unsystematically. Even the staff members' relationship with the parents was informal, and there was no specific staff member serving as their point of reference. The Institute was supposed to collaborate with the local health and social services, but again this relationship was not systematical, it was rather extemporary.

For quite some time the Institute was one of the reference points in Sicily for the education and rehabilitation of deaf children. During the last ten years, there was a remarkable decline in registrations, from 80 registered children/boys in 2001 to 18 children/boys today. The Director of the Institute attributed the decrease in registrations to the scarce quality of the work carried out by the team, which in his opinion, helped to create a bad image of the Institute. We were asked to train the professionals, in other words to improve their knowledge in rehabilitation methods for deaf children, thus expecting to improve the Institute's quality and hopefully to increase the number of registered children/boys. We negotiated this request with the Director, considering it unrealistic that the decrease in registrations be simply attributed to the Institute's possibly bad reputation, which to date is the only one available in the region for hearing impaired children. Other factors, such as the decrease of hearing loss in the neonatal population, a greater accessibility of early cochlear implants, a more inclusive attitude – each or all of these factors could have

pushed the families of hearing impaired children to choose different services, rather than an old-fashioned religious Institute for the education/rehabilitation of their children. However, it was clear that the Institute had great potential in terms of structures (classrooms, recreational spaces, refectory and dormitory), human resources (teachers, psychomotor and speech therapists, educators, interpreters, as well as volunteers giving their support), economic resources (being a well-known religious Institute, it could benefit from charity). For all these reasons, we have agreed with the Director to analyze the local culture of the Institute with the aim to understand, and to elaborate together with the staff members, the emotional dynamics that prevented the achievement of such productive goals. Coherently with these theoretical and methodological principles we were oriented to gather the specific knowledge of the characteristics, the needs and the resources of the individuals, the staff as a group, and the whole organization asking for our intervention (Van Vlaenderen, 2001), especially focusing on the emotional and cognitive asset of the staff, between the staff and the families of the hosted children, as well as on the relationship with local health and social services.

METHOD

Two semi-structured interviews were conducted. The first one, addressed to the staff, aimed to detect the intervention strategies, the teamwork quality, the relational arrangements inside the Institute and outside of it (towards families, territorial services). The interviews were conducted by 5 professionals (speech therapist, sign language interpreter, psychomotor therapist, educator, learning support teacher/coordinator) on 5 different children/young boys hosted by the Institute (2 living in and 3 partly resident), totalling 25 interviews. The second interview was directed to the families with the aim to detect the family-Institute relations and the family's representation of the Institute. It was conducted on 13 individuals (5 pairs of parents of whom 2 were hearing-impaired and 3 hearing, 1 consisted of hearing-impaired father, hearing grandmother and a hearing widow), totalling

7 interviews. We have used the services of a sign language interpreter in the interviews with deaf families.

The interviews, conducted by two psychologists, randomly assigned to the recruited subjects, were wholly recorded, integrally transcribed, encoded and analyzed through the content analysis technique with the purpose of understanding the *emotional meaning* of the text, i.e. „the communicative – emotional function of a text, independently of its coherent sense, even if integrated with it“ (Carli, Paniccia, 2000).

We have performed two text analyses for the interviews with the staff. The first one aimed at evaluating the accuracy and the completeness of the information provided by the staff members. The text of the interview was divided into units of analysis corresponding to a complete answer provided by the staff member. Five categories, not mutually exclusive, were identified to elaborate the text of each interview (see below, Table 1).

Table 1 – Categories of text analysis regarding the interviews administered to the staff members: completeness and quality of the information

CATEGORIES	Definitions
	The staff member reports/does not report information on:
Information on the child/boy	Child/boy's entry and stay in the Institute; cause of deafness; physical and psychological current conditions and past ones; quality of the child/boy's relational context.
Information about the family	Family characteristics from a psychological and social perspective; changes occurred in the family after the child/boy's entry in the Institute; actual resources (cultural, economical, relational, emotional) in the family
Family-Institute relationship	Type, quantity and quality of the contacts between the children's families and the Institute; quality of the family-Institute relationship.
Work methodology	How the staff member plans his/her work with the child/boy; availability to modify his/her plan according to necessity.
Staff member network	Type and quality of the relationships with other staff members, with the family, with the school attended by the child/boy and with the social and health services taking care of him.

The reported answers were divided in General, Specific, Exhaustive. In the „staff members-network“ area (relationship among staff members, staff members-family, staff members-school, staff members-services) some answers were further divided in Planned, Impromptu, Formal, and Informal.

The second content's analysis was the same for staff members and families interviews. Twelve categories for the staff members (see below, Table 2) and 10 categories for the parents (see Table 3), in both cases not mutually exclusive, were identified. The staff members categories were meant to explore the professionals' emotional – unconscious thought about their function in the Institute and the relational settlement among members, Institute guests and families. The analysis of the interviews addressed to the families was aimed at identifying the relational family-Institute settlement and the families' representation of the Institute.

Table 2 – Categories of text analysis regarding the interviews administered to the staff members: relational/emotional (unconscious) dynamics among the staff members and between the staff members and the children's parents/caregivers

12 CATEGORIES	Definitions
1. Delegation	The staff member gives up his/her own personal authority or responsibility to somebody else (colleagues or manager, or child's caregiver).
2. Familism	The relationships between staff members and parents/caregivers and among staff members are based on emotional/affective bonds; the expertise and the achievement of a target are in the background.
3. Control	The staff member has an unspoken sense of power and authority towards the parents/caregivers; she/he feels authorized, without negotiating the aims and the modalities of the intervention addressed to the child with them, to repeatedly check on the parents/caregivers appealing to the child/boy's benefit.
4. Claim	The staff member has an unspoken sense of power to claim his/her own rights on the child/boy based on an emotional role she/he plays, i.e. the parental one, with clearly no anchorage to his/her rational organizational function.

12 CATEGORIES	Definitions
5. Exploration	The staff member has the knowledge and/or the will to explore the family context of the child/boy, including its relational dynamics, and the child/boy-Institute relationships.
6. Auxiliary function	The staff member is available to temporarily assume the parental functions <u>only after</u> explicit and unequivocal negotiation and agreement with the child's caregiver.
7. Substitute function	The staff member acts out, without recognizing it, the parental functions <u>without</u> explicit and unequivocal negotiation and agreement with the child's caregiver.
8. Planning	The staff member affirms to base his/her work strategy on the identification of the intervention's principles, on the choice of adequate instruments and techniques, within a logical and rational framework, in a perspective of development and improvement of the child's resources.
9. Fulfilment	The staff member fulfils his/her obligations at work without any kind of integration between his/her own work and the other colleagues' one.
10. Affiliation	The staff member has the unconscious sensation of being emotionally safe 'inside', and emotionally in danger 'outside' (for instance, she/he feels secure in managing the relationships with the colleagues, and threatened when involved in the relationships with the social services).
11. Blaming	The staff member attributes the responsibility of the lack of improvements in the child/boy to the family without analyzing the possible responsibility of the staff's work
12. Individualist perspective	The staff member tends to ascribe th failure of the intervention to personal and/or behavioural characteristics of the child, thus avoiding to consider the need for a more precise and elaborated knowledge regarding the dynamics characterising the staff member-child/boy relationship.

Table 3 – Categories of text analysis regarding the interviews administered to the families: relational/emotional (unconscious) dynamics towards the staff members and the Institute

10 CATEGORIES	Principles
1. Delegation	The parent/caregiver gives up refers tasks of own personal authority or responsibility to the Institute staff, as a whole or to some specific professional tasks of own personal authority or responsibility.
2. Familism	The relationships between staff members and parents/caregivers are based on emotional/affective bonds; the staff's expertise and the achievement of a target are in the background.
3. Control	The parent/caregiver has an unspoken sense of power and authority towards the staff members; she/he feels authorized, aside from negotiating the aims and the modalities of the intervention addressed to the child with the staff, to repeatedly check on the staff members appealing to the child/boy's benefit
4. Claim	The parent/caregiver consider himself/herself in the position to demand services that the Institute is not supposed to provide
5. Exploration	The parents/caregivers can explain the reason why they have chosen the Institute for the treatment of their child, they can talk about their own notion on the aims to be reached, as well as about the activities and services provided by the Institute since the moment of the child's registration in the Institute; the child's condition is checked before and during the period spent in the Institute.
6. Compliance	The parents/caregivers patronize the Institute's initiatives and actions aimed at the child's benefit, such as the conditions of not being committed, of not tackling conflicts and not assuming responsibility.
7. Complaint	The parents/caregivers express their disappointment and discontent affirming, directly or in a veiled manner, that the child's problems are not sufficiently recognized or are underestimated, or, that their expectations have not been totally satisfied. The complaint can be addressed to the Institute, to specific professionals, or to other subjects (social and health services, school, medical personnel).
8. Powerlessness	The parents/caregivers have a sense of inefficiency in relation to their child's condition. They state, directly or in a veiled manner, their incapacity to undertake effective actions to handle the child's situation.

10 CATEGORIES Principles

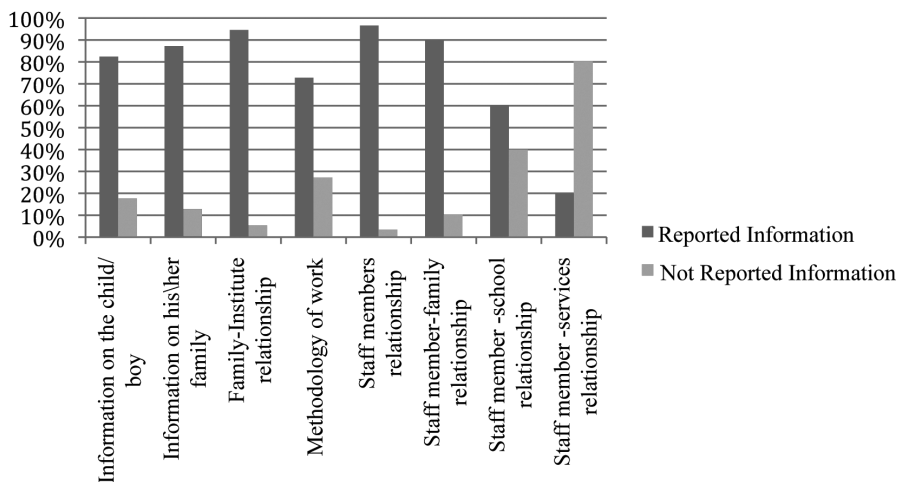
9. Collaboration	The parents/caregivers explicitly affirm their availability to change their behaviour according to the suggestions given by the staff members.
10. Satisfaction	The parents/caregivers recognize the effectiveness of the Institute's intervention on their child. It may not mean that they express a complex idea regarding their satisfaction – a simple „yes, I am satisfied“ serves this purpose.

The text of the interviews was divided into units of analysis corresponding to periods, complex discourse units formed by several simple sentences combined into one meaningful structure, the final part utilizing these punctuation marks: full stop (.), exclamation mark (!), question mark (?)]

RESULTS

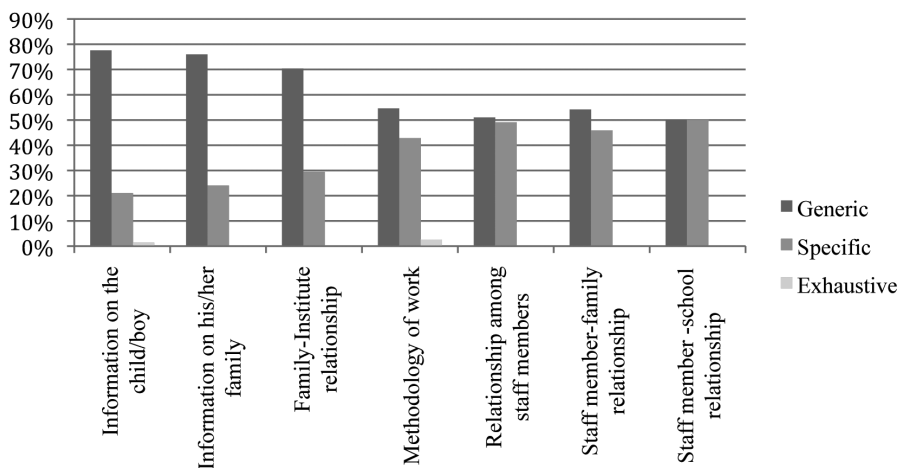
In the first analysis two independent encoders analyzed a part of the text corresponding to a fifth of the interviews and they showed a 77% concordance regarding reported and unreported information, and 80% concordance regarding the completeness of the reported information.

Graphic 1 shows how the staff members reported the information during the interview in relation to the investigated areas. The only area in which the staff members did not provide information is the one related to the „staff member-service“ relationship (only 20% of the reported answers), that is rare and occasional.



Graphic 1 – Analysis of the interviews administered to the staff members regarding the amount of reported information

Furthermore, the reported information, as shown in Graphic 2, had a mainly „generic“ quality.



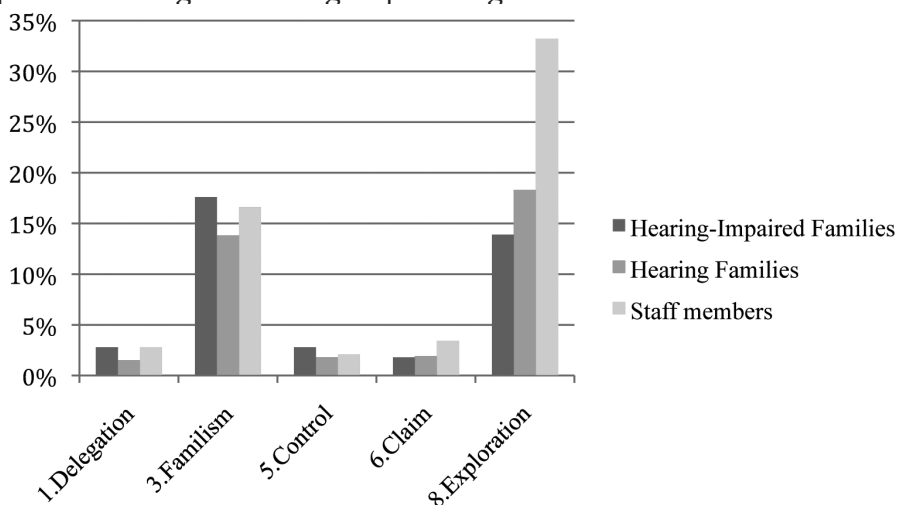
Graphic 2 – Analysis of the interviews administered to the staff members regarding the completeness of the reported information

In relation to the first 3 categories (information on the child, information on the family, family-Institute relationship) it came out that the staff members have some information on the child/boy (82.4%), on his/her family (87.2%) and on the family-Institute

relationship (94.6%) at their disposal; but, at the same time, this information was generic and unelaborated (77.6% for the first category, 76% for the second, 70.4% for the third). Concerning the „methodology of work“ category, in 72.8% of the reported information, 54.6% of this was generic and only 2.6% was exhaustive. The last investigated area, „staff members’ network“ showed how, although a network existed among the staff members for the case discussion(96.6%), between staff members and family (89.9%), between staff members and school (60.2%), it was basically informal and occasional.

In the second text analysis two independent encoders analyzed a part of the text corresponding to 20% of the text of the interviews both of the staff members and of the families, showing 82% concordance for the staff interviews and 95% for the families’ interviews. Hearing Families (parents with no hearing impairment) and Hearing-Impaired Families (parents with hearing impairment) interviews were processed independently because the presence of the sign language interpreter inevitably influenced the text of the interview.

As we can see in Graphic 3, analyzing the categories common both to staff members and families (hearing and hearing impaired) (Delegation, Familism, Control, Claim, Exploration), a very similar pattern among the three groups emerged.

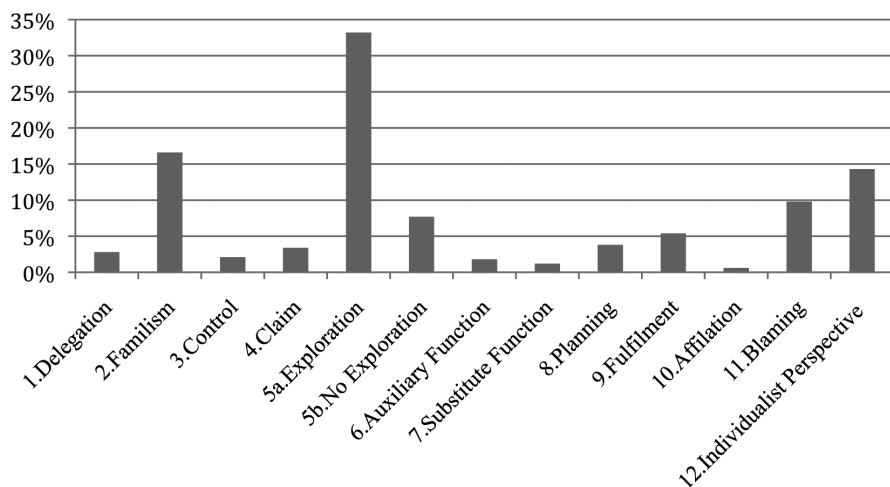


Graphic 3 – Analysis of the categories common to the interviews administered to the staff members, to the hearing families and to the hearing-impaired families

This pattern was confirmed even while analyzing staff members and families' interviews separately (Graphic 4, 5, 6).

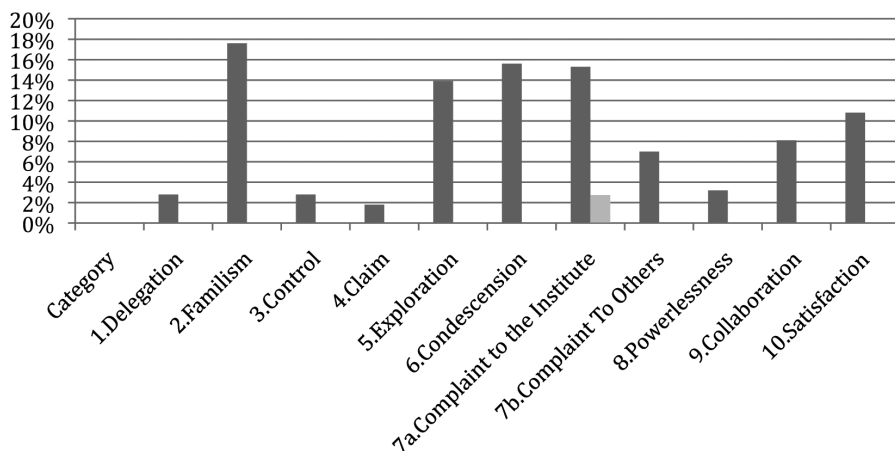
The incidence of Exploration (33.2% staff members, 13.9% hearing impaired families, 18.3% hearing families, the more extended category in each group), imply some attitude and/or desire to know the child, his/her familiar context as well as the relational dynamics in the Institute (as for the staff members); the activities and services provided by the Institute, awareness about the reasons why the children were enrolled in the Institute, their situation before and during the period spent in the Institute (as for the families). However, the relationship between families and staff members seems based mainly on emotional dynamics, as the considerable incidence of Familism shows (16.6% staff members, 17.6% hearing-impaired impairment families, 13.8% hearing families). The incidence of the Claim and the Control dimensions seems less relevant.

Analyzing the staff members' interviews, as for their specific categories (Graphic 4), the Individualist Perspective (14.3%) and Blaming (9.8%) are the most represented ones, the first one showing that the staff members were not inclined to consider the contextual variables in the intervention with the children, the second one suggesting an attitude to blame the families for the scarce results eventually occurred. The Fulfilment dimension (5.4%) allows to hypothesize that the staff members sometimes approached the interventions focusing on the technical abilities, but fragmented and independent from each other. Control, Auxiliary Function, Substitute Function, Affiliation, Claim seem less relevant in the text.



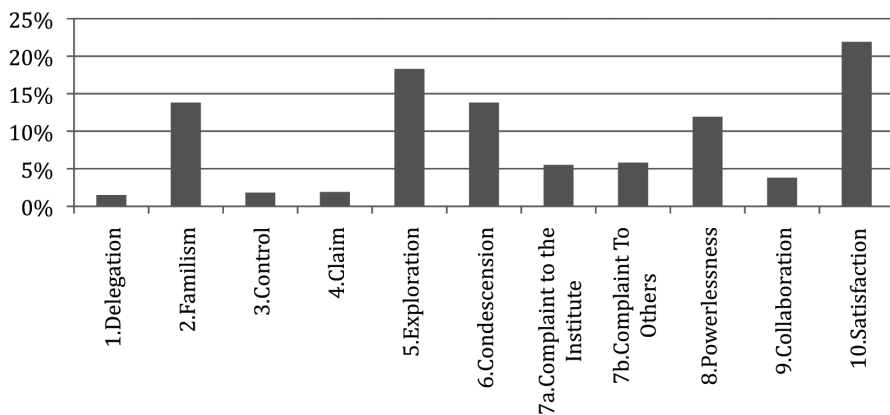
Graphic 4 – Analysis of the categories of the interviews administered to the staff members regarding the intervention models and the relational patterns

As for the hearing-impaired families (Graphic 5), the most represented categories in the text are: *Condescension* (15,6% of the text), and *Satisfaction* (10,8%). The families defined themselves as satisfied with the intervention but at the same time, condescending, thus displaying a passive role, and a position of conformation, directed to the maintenance of the *status quo*. It seems that they always show themselves grateful for the services provided by the Institute. The *Complaint dimension* (15,3%) is due only to one out of every three families (not relevant for the others, 2,7% of the text), as pointed by the red column, therefore, the percentage related to this family has been taken into account separately.



Graphic 5 – Analysis of the categories of the interviews administered to the Hearing- Impaired Families

As for the Hearing families, Graphic 6 shows a similar pattern (Satisfaction, 21.9%; Condensation 13.8%), but for the Powerlessness dimension (11.9%) that in this case shows a higher percentage. Also, the hearing families seemed to be satisfied and condensing, but at the same time they experienced a higher level of Powerlessness.



Graphic 6 – Analysis of the categories of the interviews administered to the Hearing Families

DISCUSSION

As the first result of our analysis we found that, coherently with a familistic dimension, the staff members-families relationship is quite self-referential, aimed at the maintenance of the relationship itself, and is not characterized by productive goals. Thus, it is possible that the staff members' and families' exploration attitude would not be defined by specific objectives, neither would it be defined by a common work planning. There has not been a phase of negotiation which allowed the shared construction and explanation of the intervention objectives between the families and the staff members (Fantini et al., 2008). In this manner, the unexplored user's expectations are not taken into account in the verification process of the results of the staff work, neither were disconfirmed when the expectations were unrealistic. The familistic attitude that defines the relationship between staff members and families is present among staff members as well. They have a representation of the work grounded on relational dynamics and individual technical expertise. The integration of competences does not seem to be the core in the staff members' work. As shown by the Individualistic Perspective, they assume, implicitly or explicitly, a perspective of individual change (Carli, 2001); they are inclined to ascribe the failure of the intervention with the child to the family and to personal and/or the child's behavioural characteristics. We hypothesize that this perspective is related to a defensive attitude in which the staff members do not appear to assume their responsibility for the lack of improvements in the child: they in part blame the child, (Individualistic Perspective) and in part the family, as shown by the incidence of the Blaming dimension.

As we have seen, the families, declare themselves satisfied with the intervention carried out by the Institute on their child although they show a passive position of acceptance, as shown by the adaptation's position represented by the Condescension dimension. Even if families declare themselves satisfied, the incidence of the Condescension dimension can suggest that this satisfaction is perceived at a general and superficial level and it is not linked to specific elements. It may be that parents are satisfied with the fact of having found an Institute that can help them to deal with their child's problems. The resulting

situation shows satisfied and compliant parents and accomplishing professionals with no specific work planning, even if in both cases it appears to be the will or the inclination to know each other, which are however aimed at maintaining the relationship itself, and not oriented towards the development of productive goals, as demonstrated by the low percentage of the Planning dimension.

The hearing families seem to be more satisfied than the hearing-impaired families, but this higher satisfaction could be due to the fact that they are, as literature suggests (Lederberg, Golbach, 2002), weaker, frustrated and prone to receive the Institute's help. In fact, the interaction between hearing families and hearing-impaired child is problematic compared to the interaction between hearing-impaired families and hearing-impaired child where the environment is more prepared to host the child: in the first case, the child is significantly diverse (Maragna S., 2008).

CONCLUSION

The goal of our study was to understand the quality of the relationship staff members-families with respect to the intervention process in order to analyze whether a correspondence exists between the families' expectations and the staff members'. Our analysis led us to conclude that the familistic asset we have analyzed had the maintenance of the relationship between staff members and families *per se* without work planning as the only result. We hypothesized that this kind of asset in the long run could become problematic, possibly causing failure of the relationship. We consider that this relationship problem between staff members and families depended on the lack of negotiation which would allow a deeper reciprocal awareness, and the shared construction and explanation of the intervention objectives. Basically, the staff did not adopt a multidisciplinary approach which would allow a more defined, integrated and global view of the needs expressed by the person. The staff work was characterized by fragmented and independent actions, self-referenced. On the contrary, the negotiation of the intervention with the families (but also, on a wider perspective, with the schools, the social and the health services

as well) and the explicit work plan sharing including its objectives would be the basic condition to with which to continue an outcome-oriented intervention.

We believe that the staff members need to develop a specific competence in the negotiation with the families, definitely oriented towards the child/boy's needs. We also believe that the staff members need to implement new ways of working within the work group, promoting the integration of professional and individual differences, enhancing the resources of the group. An integration of different competences is possible only by recognizing the diversity of purposes and methods, and sharing common aims instead of individual approaches. It is important to point out that no overt conflicts emerged among the staff members, which implies some capacity to manage professional relationships. This attitude is to be considered a resource which only needs to be improved with other motivational components, for example, an adequate attention towards the customer.

An interesting element, not directly emerging from the interviews but useful for future management, is represented by the fact that the hearing parents, although declaring themselves as helpless, did not consider themselves as possible beneficiaries of the intervention, as well as the fact that the staff members did not consider the families as potential targets of the Institute services, and the possibility of having new families as clients. As remarked by the literature (Harris, 1987), the families differ from one another by the way they face their own child's disability. Recognizing the differences and considering the family as the protagonist of an adaptation process and as a meaningful reference for the child – which she/he obviously *is* – means to include the family in the intervention process benefitting from its potential in psychological and material supports, and in the activation of all remaining resources within the child. Involving the family signifies, ultimately, elaborating on the relationship with it, negotiating an explicit agreement on objectives with it, effectiveness criteria, expectations, listening to what they have to say, and asking them what they themselves are not able to communicate.

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MULTIDISCIPLINARNI PRISTUP U REHABILITACIJI GLUVE DECE: PSIHOSOCIJALNA INTERVENCIJA U CILJU POBOLJŠANJA PRODUKTIVNOSTI

Viviana Langher*, Stefania Cataudella**, Valentina Pirrò*,
Marianna D'Angeli*

*Univerzitet Sapienza u Rimu - Odeljenje za psihodinamsku i kliničku psihologiju**
*Univerzitet u Kaljariju – Odsek za psihologiju***

Sažetak

Multidisciplinarni pristup tretmanu dece oštećenog sluha postavlja pred stručni tim mnoge izazove: članovi tima treba da integrišu različite kompetencije i pristupe u radu, da dele zajedničke ciljeve tretmana, da upravljaju dinamikom odnosa između dece i njihovih roditelja i da ispituju očekivanja porodične zajednice. Za članove tima navedeni zadaci mogu biti veoma stresogeni što, posledično, može imati negativan uticaj na kvalitet planiranog tretmana.

U ovom radu je dat primer psihosocijalne analize koja je sprovedena u verskom Institutu za decu oštećenog sluha. Cilj ovog postupka je da razreši pat-poziciju u radu Instituta, da izbegne neefikasne i parcijalizovane oblike tretmana, da predupredi pojavu neraščišćene relacije dinamike između zaposlenih, kao i između osoblja i članova porodice.

Sadržinskom analizom semistrukturisanih intervju sa zaposlenima i članovima porodice obuhvaćeni su: kvalitet timskog rada; relacioni dogovori sa članovima porodica i servisima lokalne zajednice (25 intervju sa 5 članova osoblja); odnosi između porodice i Instituta, način na koji porodica sagledava rad Instituta i stepen zadovoljstva tim radom (7 intervju sa 13 roditelja oštećenog sluha i čujućih roditelja).

Po svemu sudeći, aktivnost Instituta je više usmerena ka održavanju odnosa sa porodicom, nego ka produktivnim ciljevima. Čujućim roditeljima su zadovoljniji radom Instituta od roditelja oštećenog sluha, verovatno zbog toga što su spremniji da prihvate pomoć koju im Institut nudi.

Izlazak iz pat-pozicije može se prevazići samo detaljnom razradom svih onih relaciono-emocionalnih dinamičkih odnosa koji i os-

oblju i roditeljima onemogućavaju fokusiranje na produktivne ciljeve. Potrebno je poboljšati obuku zaposlenih u pravcu razvoja specifičnih kompetencija; realizacije integrisanog, multidisciplinarnog pristupa u tretmanu; ostvarivanja dogovora sa porodicama i saradnje u definisanju programa rada i ciljeva tretmana.

Ključne reči: deca sa oštećenim sluhom, multidisciplinarni pristup, radna grupa, psihosocijalna intervencija, odnos porodica-osoblje

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