Course for mandatory updating, 1999

"in practice"
Operator– Service – Context – User:
seeking ways for reciprocal value-giving

In accord with the programme, during the Course for mandatory updating "**in pratica**", the participants drew up a series of "**recommendations to ourselves**".

Given that the primary aim of the Course was to maintain and reinforce a direct and concrete relationship between training and work, we believe it useful to make known the results of this process of reflection to all our colleagues.

It should be remembered that 34 operators participated in the course, which concluded on March 12-13. The operators were broken down as follows:
* 12 from the Dept. of Mental Health (DMH) of the ASS n. 1 "Triestina"
* 3 from the SERT (Substance Abuse Treatment Centre) of the ASS n. 1 "Triestina"
* 4 from the Districts of the ASS n. 1 "Triestina"
* 2 from the Head Offices of the ASS n.1 "Triestina"
* 4 from the DMH of the Gorizia-Monfalcone ASL
* 3 from the DMH of the Siena ASL
* 4 from the DMH of the Udine ASL
* 2 from the "Agenzia Sociale" Co-operative of Trieste.

It should also be remembered that these "recommendations" were the result of:
* reflection and debate on the theoretical contributions offered;
* the experience of an "internship" which each operator carried out in the Service of another participant and the elaboration of what was observed, together with the support of a tutor;
* discussion and summing-up in the small groups.

In particular, work was carried out in 6 small groups, with tutors, in order to draw up the recommendations concerning the relationship between "the autonomy and responsibility of the individual and job organisation".

With the material produced as our starting point (material which was discussed on the last day of the 1999 modules with the contribution of Franca Basaglia Ongaro) we divided the recommendations into major thematic areas in order to improve their readability and circulation. These areas were:
1. Work style (individual)
2. The équipe and the work in équipe
3. General operational indications on organisation
4. Attitudes towards the demand/patient
5. Training
6. General reflections (concepts, philosophy, attitudes).

"Recommendations to ourselves"

Notes for reading:
a) the "recommendations" which are not separated by spacing from those which follow come from the same small group;
b) some recommendations could also be included in other thematic areas;
c) despite the attempt to remain faithful to the title ("in practice"), some recommendations concern "principles".

Work-style (individual):

- As regards the therapeutic project, we must begin with the idea that our function is to help the other person draw forth their own therapeutic project. Often there is the risk that, in already having our own idea of a project for that individual, we either take their place or convince them to subscribe to our own ideas for them.
  In order to avoid this happening, it is necessary to learn how to listen, to work in the here and now, to go beyond the given, beyond appearance, and to respect the times of the process of the individual, which are often different from our own.
  It is therefore necessary to have an inter-personal relationship, and this is true for the relationship between operator and user as well as between director/manager and operator.
  In fact, in the latter case, both parties need to ask themselves more often whether a given request made by the other member in this relationship has meaning, without immediately giving it a negative connotation due to an evaluation based on roles.

- We should eliminate the pessimistic tendency which often distinguishes us as operators and enter into a perspective of the possibility for change (one can change things).
  This willingness to change can help us to see things differently.
- One should work on things that *can* be done, not on things that are impossible to realise or on things which are lacking.
- Activate a policy of "one step at a time", essentially thinking positively.
  Small variations can lead to developments which were previously thought to be impossible (one thing leads to another)
- Failure is not a tragedy; instead it allows you to adjust your project while it is still in progress.
- Our daily work must not be guided by a sort of conviction based on faith (this is how things are done and that's it!). We must accept the fact that our interventions take place in a dimension of the widest possible search for solutions, in order to provide the best possible response for the individual.
- Activate all possible contributions, while keeping in mind that the relationship with the person making the request is a relationship between individuals, and therefore neither immutable or static, and that within this relationship it is personal dignity which is at stake, both that of the operator as well as of the user.

- Saying NO means not giving a response?
  Sometimes knowing how to say no still means taking responsibility for the request and the individual, if we explain the reason for our refusal and if we, in any case, accompany the person to other services or institutions or help them find the responses/resources in themselves or their context.

- During discussions, we begin with direct experiences and end up generalising.
- The important thing is to find a "third pole" which can be a new resource/participant in the therapeutic process (for example: ask for help from an observer outside of the Service, involve another service, look to the school, workplace, athletic or sports association, etc.).
- There must be the awareness that we create dependence, that is: the way in which we respond inevitably structures the demand and therefore we must not rigidify responses (which can also be temporary, provisional) or institutionalise ourselves.
- Key operator: this can become a cage in which you are required (especially if you are inexperienced or without strong motivation) to do a series of things. To avoid this, it is necessary to be able to attribute value (especially with regards to managing roles) to individual operators, perceiving and putting into circulation, within the work process, moral, human and subjective capacities, as well as those which are strictly professional This supports the operator's autonomy and capacity to be enterprising.

The équipe and working in èquipe:

With regards to the **Work Group**, it is important to**:**
- Involve the different professional roles in a direct knowledge (on-site) of the various situations;
- Activate the professional competencies and resources (of persons, the community, the service);
- Share the "routine" (those tasks which must be performed on a daily basis);
- See to it that collaboration exists for certain situations (that people are able to help each other to do the unexpected) = flexibility in performing one's own work.

The **conditions** necessary in order for the above to occur are:
- Being able to create an **atmosphere** of sharing within the work group in which each person feels free to express their opinions and judgements. In this way, conflict is experienced as an occasion for confrontation and growth, and not of divisiveness or rupture;
- Having available the **space and time** for the confrontation between different professional and personal points of view, in order **to plan and replan**;

The question of **power:**
- Work groups – when they are firmly based on dealing with the user's real situation and his context, and his relationship with the service, are **training groups for the use of power**;
- Power is acquired within the group based on the **knowledge and sharing** of situations (of the user, context, service);
- The person's needs, and the situations and circumstances of his life should **always, and in any case, be reported** and presented within the work group: in this way, it helps the group – it helps the persons within the group – to know and to share;
- The more one knows and shares about a given situation, the more strength one has (**less "burn-out"**).

- Our strength must be the work in équipe, which should be structured, not as a pyramid, but in a circular way in order to encourage the circulation of information, knowledge, know-how, and in order to encourage confrontation among operators.
- It is fundamental to work diligently towards creating an atmosphere of solidarity among the staff of operators, in order to permit the objective verification of the work of the individual operators. And this, in turn, is obtained through the constructive criticism of the results obtained from real actions which have been taken.
- Certainly, in a public service it is impossible to ignore the fact that a hierarchy exists; professional roles should not be denied, but it is imperative that the distance between forms of knowledge (and thus between forms of power) be reduced.
- The job organisation permits you to act and carry out a programme. Of course, the ways in which this work is performed is of great importance.

- <u>Working in équipe</u>: we must remember that the équipe is not a guarantee in itself – in the sense that the équipe may re-affirm institutional needs at the moment that it rigidifies in the sub-division of roles and competencies. In fact, the èquipe is not the sum of persons and professional abilities, but the interaction between diverse subjective realities that – beyond the need to control their own specific area – combine their own specific natures and tools with the common goal of permitting the other, the user, to put together his own project. We must be aware of the fact that we operate within a dialectic, that there is a dialectic between the individual and the group and that it is not always possible to share or agree upon everything. In this regard, it is important to talk about the group, and the meaning of working together. But this discussion must go beyond merely talking about the work in itself, which often has little to do with the *meaning* of such work. We need to be aware that we are within a process and therefore in movement. This means that the new, the criticism which comes from outside can be an opportunity for change, can help us to see our own points of view and work-styles differently, elements which we perhaps tend to codify and immobilise, thereby inhibiting the production of new knowledge and practices. In this sense, it is also important to attribute value to new persons within the group, without making them feel "castrated" in the role of the last to arrive.
- When and how to respond to user needs?
  Each of us feels alone in the face of the infinite requests made by users, and with resources which are not always adequate. Given this situation, we recommend working according to priorities. The choice of these priorities, however, must be made TOGETHER with the other members of the équipe. This signifies reducing anxiety and the sense of inadequacy which each of us experiences and, at the same time, allows us to explain the reasons for our choices. The RESPONSIBILITY for choices is thereby also shared (taking into account, of course, the different levels of institutional and professional responsibility).
- What are the tools and means which facilitate our work in this sense?
  WORKING BY PRIORITY: this does not mean abandoning or forgetting about others, but instead applying resources in a different way. For example, every operational unit of the SerT. (Substance Abuse Service) has a lengthy monthly meeting in order to examine the current status of all users. On each occasion, priority situations are monitored and identified, while interventions for the remaining users are also agreed upon. This permits both the best use possible of available resources and therapeutic continuity.
  WORKING ON PROJECTS: these are created by all of the operators. They enhance and give value to single, specific aspects without creating a division

between "general operators" and managers or co-ordinators. These latter functions are not performed "in the abstract" nor are they removed from the daily work. Eliminating this separation is the responsibility of both managers and co-ordinators, as well as the operators.

LISTENING: not only to users, but also to colleagues, even if they are the "last to arrive", because there is always the need to be open to UNDERSTANDING (understanding together). Too many prejudices at times prevent the équipe from being strong. Each member protects himself against an open/dialectical encounter with the others.

INSTITUTIONAL TIES (legal, regulatory, resources): these can become a resource if we learn to use them, instead of merely bearing with them. This "bond" is the limit before which we must present our actions, choices and behaviour.

- Therapeutic projects and programmes must not be decided only by the doctor or service director. This is felt very strongly by many operators who come from situations outside of the Trieste psychiatric services.
- It is necessary to work with the institutions in order to reduce the time require for bureaucracy which slows down the realisation of therapeutic programmes.

General operational indications on organisation:

- Where necessary, de-stigmatise the admissions structure, seen as a mere place for treating the illness. Attention must also be given to creating opportunities by moving beyond the strict, specific connotation: ie. with permeability, accessibility, openness, transparency and the ability to "pass through" the various levels and sectors of the Services.
- Strong idea: a place where you meet the person. Do not create stigma through the choice of the place of encounter, but use places within the individual's own context.
- To act **within** the context, understood as the community, in order to modify the "culture" which results in "illness/diversity" being distanced or excluded from it.
- The service must expand to the network of operational services and the context in which both the service and the network of services move and operate..

Attitudes towards the demand/patient:

The relationship with the user:
- **Reciprocal** encounter/discovery represents a **resource**
- The person who turns to the service for help must be seen within his/her **context**
- The relationship with the user must not be **privatised:** (1) to avoid the risk of dependency (which, even though it may not appear so, is reciprocal!) (2) to avoid the risk that this becomes an excuse for not responding to others
- Give attention to the **"very bottom of the ladder"**, maintaining the capacity to take a chance on and invest in the most difficult situations or in those situations where it seems that nothing more can be done.

- The operator-user relationship must not be an exclusive one and must not be privatised, but should be expanded to include other operators
- The issue of the request for help must always be kept open, that is: am I doing the right thing? Should I keep doing what I'm doing?

Training:

- There was the recognition that a common language was being created during the Course
- We (also) RECOMMEND that the "internship" during the training Course be continued by creating periodic "apprenticeships" which are transversal and based on the "exchange" of operators. We believe this to be fundamental aspect and one which is very important for the growth of the operators, and thus of the services themselves.

General recommendations (concepts, philosphy, attitudes):

- We must be careful not to give pre-fabricated responses.
  Often we give them due to our own insecurity, in order to deal with our own anxiety and need to respond, and due also to the difficulty of remaining within or supporting a situation of conflict. An immediate response often only creates dependence instead of awareness and autonomy.
  Of course, the immediate gratification of needs is part of the current dominant culture.
- Roles and responsibilities: as regards the subject of roles/responsibilities, it is our view that these are not only not given in a predefined manner, but that – based on our mandate for care understood as "taking care of" – we must remain in our role by going beyond that role and the competencies/responsibilities which are strictly connected to it.
  We must continually allow ourselves to "extend ourselves" and "go beyond", based precisely on what the other person brings me, expresses, asks. And every so often we must ask ourselves to what extent we fix ourselves in our roles for no other reason than to not assume responsibility.
- We must remember that when we blame the institution for all the things that go wrong or don't work, we sometimes forget that we are the institution and that by our every act we can either sustain and perpetuate it, or change it.

- Change the word "user" because it indicates an unchanging reality, and substitute it with "person" which has been used for thousands of years and evokes a constantly changing reality.
- Consider the person who uses the Service not as a scheme – a pre-established label – but as the sum of peculiarities/particularities (diversity as richness).
- Overcome the distance which exists between "us and them" (we, the operators and they, the users).
- Being operators at all levels does not make one "immune" to the "contamination" of distress – suffering – illness, or the possibility of becoming a Service user.
- Precisely because our work is directed at the person, we must take into account that the therapeutic programme does not succeed or function in the time period which has been allotted or programmed. This fact, during a period of "privatisation" of the public health services (the health services required to manage themselves according to private business criteria) will open up many contradictions.

- Group reflection and group work, together with the evaluation of programmes/goals, must take into account the actual experience of the operators who will implement these programmes in order to avoid: the depletion of energy – work overload – an inadequate "shouldering of the burden" – resulting finally in "burn-out".
- If, at the level of discourse – SERVICE – USER – CONTEXT – appear as separate entities, in reality they are all an integral part of the context, with all that follows from it.
- To work in a such a way so as not to always and exclusively respond in a manner that tends to "medicalise" requests that can have other solutions. Both "birth" (giving birth) and "aging" (the elderly) have become "problems" to which one responds, in the great majority of cases, by distancing the person from the context and through medicalisation.

- The recognition and awareness that we are operators in a community, and not on a hospital ward.
- Not only the problem of the person who causes disturbance, but also taking into account the complexity of the hidden areas of marginality and discrimination.