

## Chapter #20

### TRAINING PROGRAMS BASED ON REFLECTIVE STRATEGIES IN THE CONTEXT OF MDVI

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#### **ABSTRACT**

MDVI children acquire and develop communication skills based on their specific features and usually they need a large amount of time to learn how to employ different systems of communication to express a need and have an impact on other people or on the environment. In this context, a Consortium of 3 universities, 4 special schools, one NGO and one IT company have addressed the need of a professional training in communication abilities of the specialists working with MDVI children in an Erasmus+ European project called PrECIVIM. A training program has been created, based on common experiences, reflective strategies, and different components. The results of the training program are presented in terms of the data regarding the number of responses registered in the reflective logs (RL), the analysis of the professionals' reflections on their interventions, the number of professionals who at the end of the training program began to use the RL to record data about MDVI children's communication skills and to acknowledge teamwork with specific feedback from the intervention sessions. The training program has emphasized the need of trainers and partners who offer constructive feedback and who implement reflective strategies in the intervention process regarding communication with MDVI children.

*Keywords:* training programs, MDVI, reflective-based strategies.

#### **1. INTRODUCTION**

The Erasmus+ PrECIVIM (Promoting Effective Communication for Individuals with a Vision Impairment and Multiple Disabilities) project had two major contributions within the Consortium which consisted of 3 universities, 4 special schools, one NGO and an IT company: the first one to develop a training program for the professionals working with MDVI (multiple disabilities with a visual impairment) children and the second one to apply this training followed by supervision and analysis of the impact on the professionals. The training program was created having in mind the challenges reported by different studies (Siegel-Causey & Bashinski, 1997; Mitha, Whiting, & Scammell, 2009; Boers, Janssen, Minnaert, & Ruijsenaars, 2013; Pletsch, 2015; Safak, Yilmaz, Demiryurek, & Dogus, 2016; Tuomi, Kykyri, Aro, & Laitila, 2021) regarding communication between professionals (educators, teachers, therapists, psychologists) and MDVI children. The program would focus on training professionals regarding assessment and teaching communication skills to MDVI children. Within the training program the reflective-based strategies were an approach implemented with the use of the reflective-logs. Using the reflective logs, the professionals would write in a reflective manner about their teaching activities and intervention programs with the MDVI children.

## 2. BACKGROUND

The use of reflective writing by a professional determines the development of a deep learning style, by understanding the process rather than memorizing facts (Powell, Vlachopoulos, & Shaw, 2017). Reflective writing is linked to personal development and self-awareness, therefore many practitioners who begin using reflective writing may confront themselves with a resistance about writing down their thoughts and feelings, so that they need to employ strategies to overcome different personal obstacles (Wright, 2018). Reflective writing can guide the process of understanding the implications of multiple disabilities on the intervention, interaction and on the relationship that individuals develop with professionals.

Reflective writing can also be used to identify different attitudes, behaviours, reactions, and thoughts that the specialists may have and may not be aware of (Bager-Charleston, 2019). It addresses the idea of looking back to one's own activity and writing down the steps of the actions and the factors that determine the decisions. In this view the specialists will easily and immediately gain a perspective of the employed strategies and personal feedback. So, while a participant was writing back his/her activity, the aim of the training program was to guide him/her to constantly observe and analyse the process (alternatives which may come to mind, different angles of interpretation of a behaviour or of an intention of communication from the MDVI child).

Reflective thinking addresses relating, experimenting, exploring, and connecting theory and practice (McCarthy, 2011; Helyer, 2015). Specialists working with MDVI children are required to develop the ability to do reflective thinking as it is an important skill for learning, changing perspective or transformation (Bell, Kelton, McDonagh, Mladenovic, & Morrison, 2011). Research on training procedures in the educational field has shown some of the most used instruments and methods of assessing reflective thinking: reflective logs (Hubbs & Brand, 2010; Sedhu, Lee, & Choy, 2013), checklists and interviews (Lee, 2005), questionnaires (Choy & Oo, 2012; Choy, Sedhu, & Lee, 2019).

Effective professional development is an on-going process which includes training, practice, and feedback, provides sufficient time for the trainee to deepen knowledge, but also allows follow-up support (Darling-Hammond, Hylar, & Gardner, 2017). When engaging in a professional development program, the specialists working with MDVI children should develop different sets of skills to support the evaluation and the intervention regarding the communication process. Among the professional responsibilities highlighted by a training program, the participants should learn to make a reflection about their own teaching, create documents and resources adapted to the needs of the MDVI child, use communication strategies with the child's family, engage in the professional community, and pursue general professional development (Rudiyati, Sukinah, & Rahmawati, 2019). Even though reflective practices are always encouraged, sometimes the trainer must select a range of different techniques and strategies to teach the reflection process itself, for there are professionals who are not prepared to reflect or have never done it (Kreber & Castleden 2009, Coulson & Harvey, 2013).

Based on these literature acknowledgments, the three partner universities in the PrECIVIM project have created a training program for the professionals working in the four special schools and in the NGO, which were also project partners. The reflective-based strategies presented above were described in the manual, discussed at the onsite group trainings, exercised during the online supervision and emphasized within the reflective logs.

### **3. METHOD**

#### **3.1. Profile of the professionals**

A group of 21 professionals working with MDVI children were the beneficiaries of the training programme conducted by three experienced trainers from a Romanian university (European project partner) on a time frame of 6 months. All 21 professionals were working with MDVI children in an NGO from a partner country of the Consortium. They were special education teachers, speech pathologists, psychologists, caregivers, educators, and therapists. They were part of the training group following a selection in their NGO as a European project partner. The requirement of the project for this selection was that the professionals are involved in educational and rehabilitation programs for children with MDVI.

The professionals' profile was as follows: 17 women and 4 men; 13 professionals with an experience between 0-5 years and 8 professionals with 6 to 10 years of experience; 7 were special education teachers, 4 occupational therapists, 3 caregivers, 3 psychologists, 2 educators and 2 speech and language therapists.

#### **3.2. Profile of the trainers**

The trainers were three members of the project from a Romanian university which was one of the European Partners in PrECIVIM. All of them had a PhD in Psychology, over 20 years of experience in special education and over 10 years of experience in training professionals in assessing and teaching communication skills to children with special educational needs. Two of the trainers had a vast experience in the education of children with MDVI and the third one in education of children with disabilities.

#### **3.3. Objectives of the training program**

The first objective was to present the training manual created particularly for this project. The manual presented strategies and methods which can be used in assessing and teaching communication skills to MDVI children.

The second objective was to implement the onsite group training during which the professionals could apply some of the strategies and methods from the manual and enrich their knowledge and understanding of assessing and teaching communication skills to MDVI children.

The third objective was to conduct online supervision sessions with the professionals from the onsite training. The sessions would focus on case studies of the professionals working with MDVI students and aimed (a) to follow the way the information from the manual and the onsite training was used in the case studies and (b) to give an opportunity to the participants to share their experiences, challenges, outcomes, successes with the other participants in the group while also receiving group-feedback and feedback from the trainer.

The fourth objective was to individually guide and assess each professional from the group by giving feedback to their written individual reflective logs delivered by e-mail.

### **4. PROCEDURE**

The first component of the programme that has been delivered to the participants was the training manual – meant for individual study and reflection.

The second component was the onsite group training. This has been delivered by one of the university trainers in a modular way on a 3-days session.

The next component was the presentation of the reflective logs. They were delivered individually via e-mail to all the participants of the onsite training. The reflective logs consisted in the presentation of a case study.

Each case study had to be described in the reflective log in terms of: the communication profile of the beneficiary, the preparation steps for the intervention plan (assessment tools, materials, long and short-term objectives, strategies and techniques), the description of the intervention (strategies, resources, challenges), reflection on the observation techniques that they have used during the intervention and finally a self-reflection section (challenges, progress, feelings about the relationship with the beneficiary, improved aspects in their strategies, etc.).

The reflective logs were completed by the participants and sent to two university trainers who then provided individual feedback on each case. During a 6-month period, the participants have each completed between 3 and 4 reflective logs.

The fourth training component consisted of the online group supervision sessions. They were introduced after the participants started to get familiar with the reflection logs. The trainer of the online group sessions was the same one who conducted the onsite training session.

## **5. RESULTS**

The results of the reflection-based strategies used in the training programme will be presented by addressing each training component. The reflection-based strategies were as follows: questions and introspective techniques addressed to the professionals by the trainers, reflective self-analysis of the professionals regarding their intervention plans for the MDVI children, written reflections of the specialists about their professional development.

The training manual which was delivered to the professionals for individual learning promoted reflection-based strategies through the specific communication approaches used with MDVI children: routine based strategies, communication diaries, field notes, checklists, video recordings, audio recordings, discussions with the multidisciplinary team, meeting notes with the multidisciplinary team, self-assessment activities, use of the educational environment, following the child's initiatives, co-creative communication. The manual encompasses the findings from literature and structures the main methods.

All the professionals have indicated that they found in the manual reflection-based assignments, tasks and examples that have guided them through their learning process. The chapters of the training manual were designed to support the specialists in their learning process about communication strategies and resources for the children with MDVI and also to offer these professionals the opportunity to plan supervised specific interventions for the MDVI children in their praxis (Argyropoulos et al., 2020).

The manual was created as a tool which professionals can turn to for alternatives and reflective analysis. Table 1 presents the methods that were mostly used by the participants in terms of communication approaches.

Table 1.

*The use of communication methods based on reflective strategies from the training manual.*

Communication method	No of participants (total N=21)	Percentage
Use of the educational environment	18	85,71%
Routine based strategies	18	85,71%
Discussions with the multidisciplinary team	17	80,95%
Meeting notes with the multidisciplinary team	14	66,66%
Communication diaries	11	52,38%
Following the child's initiatives	10	47,61%
Field notes and check lists	7	33,33%
Self-assessment activities	5	23,8%
Video and audio recordings	3	14,28%

The onsite training promoted reflection strategies by acknowledging the importance and the sense of belonging to a multidisciplinary team and by listing possible challenges and solutions to different problems when working with MDVI children. The reflective perspective was encouraged during the onsite training by questions and introspective techniques: *What did you do? How did you feel? What solutions did you find? How can you do better?* The reflective strategies were also stimulated by different case studies discussions. These were meant to prepare the participants for a correct and complete presentation of their working cases in the next phase – reflective logs.

The online supervision sessions highlighted very well the reflection process of the participants by encouraging them to share their professional strategies regarding the MDVI children. Table 2 presents the focus questions of the online group supervision sessions.

Table 2.

*Focus questions on the online group supervision sessions.*

No.	Reflective questions for the professionals
1.	How do you see the intervention?
2.	What do you feel about the MDVI child you are currently working with?
3.	How does your relationship with the MDVI child shift each session?
4.	What are the main challenges that you face in this intervention with the MDVI child?
5.	How do you deal with the family of the MDVI child?
6.	What can the other members of your team bring to your experience?
7.	How do you value the multidisciplinary team perspective?
8.	What different approaches have you learnt from other professionals?
9.	What coping mechanisms have you found for the unexpected events in the MDVI child's behaviour?
10.	What new interpretations or new developments can you share regarding the intervention?

The reflective logs were the final component of the training programme and in this section, we are going to present what a reflective perspective focuses on in this type of individual assessment and supervision tool. As previously stated, the reflective logs were an individual written task comprised of an analysis of a current working case that the specialist decided to share with his/her mentor and supervisor via e-mail.

The reflective logs were considered the most insightful instrument of professional growth because it contributed to the development of the professionals' reflective skills, and it gained value as it was supported by strong feedback on the intensity of reflection that they have achieved. These reflective logs were used in the Erasmus+ PrECIVIM project as an individual evaluation and supervision tool. They were implemented for 6 months during the most active professional engagement of the participants.

The reflective logs were strongly connected with all the other training components of this professional development program, as stated above, and offered the possibility of a refined understanding of the communication process with the MDVI child as the process was internalized by each professional through their own experiences.

At the end of the 6-month period, many of the professionals have already made new intervention plans or had a new or better vision on how to improve their intervention, their relationship with the MDVI child, and so on, as illustrated in Table 3.

The reflective logs gave participants the possibility to reflect on their own intervention by acknowledging the objectives they have achieved, stating how they managed challenging behaviours, recognising, and naming their feelings about the intervention and finally revealing what has changed in their professional development (relationship with the child, a better understanding of the child, higher acceptance/ tolerance of the child's opinions, and so on).

The reflective logs had a very important component: the feedback section filled in by the trainer. The feedback allowed the specialists to reflect further by comparing it to their own thoughts as well as to the opinions of the other team members. All the interventions have been improved during the 6 months of the unfolding of the reflective logs and the contribution of these reflective logs to the personal growth of each professional was stated in the final comments of their reflection logs. This kind of individual process has ensured for the professionals the specific significance of the communication development in the context of MDVI children where the diversity of the needs and abilities is so great.

*Table 3.*

*Professionals' reflections about self-development as registered in the reflection logs (RL).*

<b>Type of reflection</b>	<b>Participants responding in RL 1* Total N=21</b>	<b>Participants responding in RL 2** Total N=21</b>	<b>Participants responding in RL 3*** Total N=21</b>	<b>Gain indicator**** at the end of the program</b>
I will use the reflecting log as a tool for recording data and building teamwork	3	9	12	3
I feel much more confident and secure about my intervention	10	11	13	0,3

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I feel that my intervention is now more appropriate and focused	16	16	16	0
I feel much more tolerance and/ or acceptance toward the MDVI child I am working with	5	8	9	0,8
I feel that the relationship between me and the MDVI child has been improved	3	10	11	2,66

\*RL 1 (reflective log no. 1) has been completed after 2 months of the training programme.

\*\*RL 2 has been completed after 4 months of the training programme.

\*\*\*RL 3 has been completed after 6 months of the training programme.

\*\*\*\*The gain indicator measures the profit of self-development regarding a certain type of reflection from the first reflective log to the last one. The formula for the gain indicator is:

$(P3/P1) - 1$ ; where P3 represents the number of participants acknowledging that type of reflection in the RL3 and P1 represents the number of participants acknowledging that type of reflection in the RL1.

As presented in Table 3, there were some immediate benefits after the first two components of the training programme (the manual and the onsite training) in terms of adjusting the intervention to the needs of the MDVI child. 16 out of 21 specialists have stated that studying the training manual, acknowledging the specific communication strategies, planning the intervention and observing their relationship with the MDVI child as he/she is making steps toward the short-term objectives have given the professionals the feeling that their intervention is now more appropriate and focused.

This type of reflection was written in the logs in multiple ways as this self-reflection question was asked in an open manner: *How do you feel about what you have learnt? How do you intend to use the data which occurred from the action and observation phase in order to improve or move on to your next interventions?*

Some examples of the responses which were registered under the tag: *I feel that my intervention is now more appropriate and focused* are presented in Table 4.

Table 4.  
*Professionals' responses on self-reflection analysis of their intervention.*

The intervention helped me to proceed with my objectives for the student. The communication diaries were used in a more systematic way.
This procedure reminded me that we should have small and clear objectives each time.
I'll use the data to improve the intervention in order for him to communicate better with his environment.

I feel that I need to be prepared to re-think an activity and practice it tirelessly with the student. I think this procedure is really helpful in that manner.
The data we gather will be used to determine whether our intervention is successful and what has to be corrected, so that the results will be the best possible.
This data will help to improve the design of the next interventions since it will be easier to assess the level of communication of the student. So, the choice of the intervention methodology will also be more appropriate and focused.
I feel it helps me become more structured and organized.

This type of reflection was constant in all three important steps of the reflection logs which means that the training program has reached its objective in terms of identifying and observing the use of the communication strategies needed for each specific MDVI case.

A second type of reflection which also had a constant presence in all the 3 steps of the reflective logs was: *I feel much more confident and secure about my intervention*. This was a very positive and encouraging feedback for the training programme. Some of the answers in the reflective logs that were registered in this category are presented below in Table 5:

*Table 5.  
Professionals' responses regarding confidence with their interventions.*

The information, the suggestion and the methodology proposed make me feel safer about my decisions.
I feel more prepared to interact with the student
I feel more prepared and flexible to change
I feel confident and think I can continue with my next objective
I am very satisfied
I feel more confident and thankful for this training trip
I feel prepared and safe to interact with the student, but I am always alert that her reactions may be unsafe for other trainees or that these reactions may trigger other trainees too.
The feedback given by an external trainer make me feel more confident.

The other 3 types of reflections presented in Table 3 illustrate that the programme had an impact on the way the participants began to use their knowledge as they became more aware of their new skills through the continuous feedback from the mentors – either in the online group supervision sessions or in the reflective logs.

There was an increasing number of specialists from the first to the last reflective logs who began to use this type of instrument to record their data and build a strong team of specialists with real-time feedback from different interventions.

## 6. DISCUSSION

The implications of the training of the professionals refer mainly to the increased competencies that were developed through the analysis of the reflective logs and the feed-back that was given after each intervention of the teachers and professionals. According to studies (Bain, Mills, Ballantyne, & Packer, 2002; Coulson & Harvey, 2013) the feedback given by the trainers to their trainee should also be combined with issue-related questions which challenge critical thinking. In this sense, the training program implemented in the PrECIVIM project represents an original contribution in the field of



MDVI children's education by using the reflective log as an evaluation and supervision instrument of the interventions of the professionals. This aspect is also grounded in the literature where the reflective logs are defined as describing experiences and critically reassessing the activities, thus achieving a higher level of understanding (Powell et al., 2017; Walker, Cooke, Henderson, & Creedy, 2013; Urdang, 2010).

Throughout the training, professionals became aware of their own knowledge and skills and how to interpret situations and observations within assessment and intervention and the process of taking decisions regarding development of communication skills in children with MDVI.

The concept of the training program can be replicated to other educational contexts and in-service trainings of teachers and professionals. The use of reflective logs and reflective writing represent efficient modalities for teachers and professionals to note down their observations and evaluations and use self-reflection analysis to understand not only the process of communication and communication skills in children with MDVI, but also the understanding of the consequences of their interventions.

## 7. CONCLUSION

The Erasmus+ PrECIVIM project has emphasized most of all the need to have trainers and partners with a constructive opinion and feedback. The professional development program highlights the importance of using reflective-based strategies to develop competences of teachers regarding intervention and interaction MDVI children. The use of reflective logs should be considered part of the intervention process because they provide valuable information about the development of communication skills in MDVI children as there is a great resource for evaluating the consequences of intervention decisions regarding methods, form of communication, evaluation and time and resource management. The evaluation and intervention practices need to be continuously perfected and reflected upon and specialists working with MDVI children should always convert their reflections into actions, but also their reflections into actions.

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