

«A project for rehabilitation and education for visually impaired youth with comorbidities (psychiatric, neurobiological and behavioral disorders)»

Ascoli Piceno, Italy  
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## REGIONAL INSTITUTE RITTMAYER FOR THE BLIND

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# Regional Institute Rittmeyer for the Blind

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Connecting to 2023 training activities, during the last months, Rittmeyer Institute started a renewal process linked to the areas of competence of the main services provided to our clients, leading to the definition of No. 3 main areas:

1. Area of health and social care services
2. Area of rehabilitation and education services
3. Area of training center services

The **'Area of health and social care services'** is mainly related to the support of our older clients and offers social and health support as well as home based services.

The **'Area of rehabilitation and education services'** main goals are the Residential and Semi-Residential socio-educational service and the Visual Rehabilitation Centre.

The **'Area of training center services'** is in charge of internal staff training and coordination and implementation of vocational training paths for visually impaired people.

## Regional Institute Rittmeyer for the Blind

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In addition to this new challenge at organizational level, in recent months some youngsters with visual impairments with some comorbidities (such as Autism) entered in in Rittmeyer Institut.

As we all know, nowadays most children and youngster with visual impairments are also with some other congenital conditions, such as motor and/or sensorial disabilities.

This is why one of the main new developments of Rittmeyer's staff is to understand how to effectively tailor educational support and how to integrate the personal needs of each individual into the context of the already established group of people who have been living inside Rittmeyer Institute.

This is why we would like to explain the family's choice to trust Rittmeyer Institute for the support of visually impaired youngsters with complex disabilities.

# Regional Institute Rittmeyer for the Blind

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Rittmeyer Institute's rehabilitation and education project for visually impaired youngsters with comorbidities is focused on combining theoretical and practical knowledge in the field of visual impairments as well as cognitive disorders.

The project we are introducing aims to promote maximum inclusion in community life of each guest, taking into account their peculiarities and needs.

Rehabilitation services and training courses are based on the vocational and educational training for the professionals involved through the Peer Education methodologies, practices and tools to share a collaborative and person-centered approach involving family members, educators, and health professionals with the final goal of complete inclusion.

# The peer education - I

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In most of the prevention literature, **peer education** is defined as “*the teaching or sharing of information about health, values and behavior by members of the same age and with a similar social status*”. Sciacca J. P. (1987)

This educational strategy leverages the influence of peers within a group, in terms of attitudes, behavior and social skills.

Peers are also perceived as credible subjects in conveying a message, be it related to health or even deviant behavior.

The peer education pathway requires several moments of conception, planning and discussion with the institution and its operators, with the guests who will take part in it, with the various external professionals involved and with the family context of each individual precisely because the pathway itself envisages several moments of co-construction.

# The peer education - II

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## Peer education in a residential context

At this moment, Rittmeyer Institute is handling several situations of youngsters with psychiatric disabilities, in particular autism, a case of Prader-Willi syndrome, but also self-harm and depression. Our role is to seek coordination with mental health services, primarily for the management, on one hand, of everyday life and, on the other hand, of unforeseeable episodes of aggression towards things and people. Several training meetings have been organized, using the peer education method, to train all the professionals involved, with the aim of sharing possible good practices.

Our clients share their lives with the caregivers in an all-round way and the caregivers have to manage and cope together with the different phases of the day, the most difficult moments from a physical, psychological and health point of view as well as the most emotionally positive ones.

Lives that are constantly changing over the years and that can therefore only be supported through constant chain training, an ongoing training.

## The peer education - III

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The specific cases discussed so far focus on young guests of the Institute who, in addition to various visual impairments, are affected by other pathologies.

In relation to the reception of these guests, the importance of an educational strategy that not only involved all the operators in the same way, but also conveyed in the most efficient way possible those messages that allow the acquisition of appropriate tools and methods for each individual guest, emerged more clearly.

The work carried out on them specifically included several stages:

1. Identification of the working group (tutor and peer educators)
2. Scheduling of working group meetings
3. Meeting management
4. Design with the peers

# 1. Identification of the working group

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At the basis there is the identification of all the subjects to be involved:

- the professionals who work for each client: health and social workers (OSS), educators, animators, physiotherapists, nurses, psychotherapist, doctors (specifically, ophthalmologist) etc.,
- the family of origin,
- the external professionals who are in charge of the young person or who have been in charge of him/her in the past.



## 2. Scheduling of working group meetings - I

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The training meetings with external professionals and the family are scheduled to gather as much information as possible and to work on the general objectives of the individual educational project.

Meetings are then organized with the Rittmeyer professionals.

The setting up of a functional setting to create new learning possibilities based on freedom, trust and acceptance of thoughts and feelings between members proved to be fundamental.

### 3. Scheduling of working group meetings - II

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Meetings with professionals take place in parallel with the entrance of individual guests inside Rittmeyer Institute.

There are two main occasions:

1. Discussion on correct information: during this meeting we take good note of the importance of providing correct information on health and social issues.
2. In-depth scientific discussion on the topic: which may involve experts such as doctors (specifically specialist doctors of the different pathologies), psychologists, social workers or others.

## 4. Design with the peers

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It concerns the design with the peers of the intervention that they themselves will conduct.

1. The peer group develops the planning of the actions to be proposed starting from the tools tested during the training;
2. Experimentation with the client takes place, where together with the trainer feedback is gathered, before experimenting independently;
3. The peer meeting takes place;
4. Trainer and Peer meet again for a review, evaluation of the experience, which will serve as meta-learning and feedback on the experience itself. The core of the Peer experience is precisely sharing. The operators, once trained, will be able to tell what they have learnt, in their own way, to other collaborators, thus establishing a virtuous movement of sharing knowledge and health messages, which always takes place in a pro-active manner. Thanks to moments of re-elaboration together with the peer tutor of the concepts to be shared with peers, learning is enriched, becoming more effective for those who will have to share and receive it.

# The peer education

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Throughout this transition, however, the supervision of an expert professional (Tutor) is fundamental.

The professional must be active and present, must be able to move from a central role in the first phase of training to a more secure background role in the second phase, going on to be a point of reference for the Peers, stimulating ideas and reflections, while also leaving wide space for creativity and new ways of sharing the chosen concepts.

Peer education is a methodology that makes possible to leverage the social dimension of learning, conveying health messages and teaching of life skills suitable for shaping and strengthening a sense of individual and collective effectiveness.

# The peer educator

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***"The authenticity of the peer educator consists  
in the possibility of questioning himself in a welcoming environment,  
where he is urged to search for meanings and implications of lifestyles and choices,  
his strength lies in proposing to his peers,  
with new languages,  
credible and non-stereotyped roles,  
a reflection on the motivations of life choices".***

Michelini S. (2020)

## Case n.1 – K.M.

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Boy of 18 years old, affected by autism, accepted into Rittmeyer Institute upon the decision of the judge. In this case, the family is present, with some specific visits during the week To organize this new living setting, three professionals visited the day care center he was attending in order to have a direct exchange concerning methodologies put in place by the educational team that was following him.

At a later stage, interviews with the parents began, who gave all the tools they put in place to manage the boy's critical moments. The opportunities to meet with them are still frequent.

This information was collected and discussed together with the team, which having in the meantime gotten to know and work with boy. The team verified different techniques for managing the situation K. is living, and from this starting point shared strategies that go on till today to serve the goals of the individualized education plan.

This training is constantly being updated through sharing among all professionals.

## Case n.2 – K.D.

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Boy of 16 years old, affected by autism, was accepted into Rittmeyer Institute upon the decision of the judge. In this case, the family is present, with some specific visits during the week.

Before admission, three professionals went visiting the residential centre where he was previously living and met the professionals working with him. They were then given directions useful for the development of the individualized education plan.

Again, peer education played a crucial role: information concerning the strategies that could be realized to achieve the greatest possible autonomy for the boy was limited; so, it had to be built up *in itinere* and through the release of shared health information at the beginning. The discussion upon the different activities exploited by the professionals in the Institute is still going on.

## Case n.3 – T.A.

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Boy of 21 years old, affected by Prader – Willi syndrome. Before his admission, several meetings were held with a large number of professionals who were in charge of the boy and with the family, which turns out to be still very present and plays, albeit from outside, a fundamental role in the boy's education journey within the residence.

The meetings with the professional in this case lasted hours, as those held afterwards with the complete team involved inside Rittmeyer Institute.

The activities were then based on processing and integrating information from professionals in relation to the individual case histories presented. What emerged was the sharing of strategies implemented by individuals as a support to other colleagues who had not yet found the appropriate way for working with the boy. It became apparent that it was crucial for the boy's well-being to be able to maintain a common approach among professionals.



## Conclusion

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The Peer Education training methodology is to be considered as the most functional one, especially in such specific case histories such as those presented.

The smooth functioning of the work team allows useful information to be shared for a constantly improving education pathway. It also makes possible to highlight how, following basic fundamental knowledge, good practice can be a functional channel of continuous training when an appropriate context of sharing is structured.

Peer education also plays a crucial role among the guests, who, through sharing the information, learned (and are still learning) to be able to find appropriate strategies for successful inclusion of the new clients.

# Regional Institute Rittmeyer for the Blind

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*Thank you for your attention!*

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