



# Promoting self-determination in disability: reflective practice for future educators

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## Abstract

Regarding people with intellectual disabilities, self-determination can be defined as the capability to be a primary causal agent in one's life, making choices and decisions regarding one's quality of life free from undue external influence or interference.

In Italy, degree courses in education sciences prepare future educators who can work, among others, with people with disabilities of all ages. In the third and final year of the course, students must engage in a curricular traineeship in the field.

Students enrolled in the degree course in Education Sciences at the University of Ferrara, during their traineeship experience, participate in two group supervision meetings moderated by a professor. Before the meeting, each of them must write and share a reflection on lived experience in the course virtual Classroom. Three types of contributions are possible: simple observation, description of a good practice, and description of a critical incident.

Analyzing critical incidents is a training strategy that helps people clarify their beliefs and understand, through comparison with different perspectives, the value assumptions that guide their own and others' behaviors. During the supervision meeting, the group analyzes critical incidents starting from three key questions: What is the main problem? Who should take charge of this problem? What could/should be done?

The paper, starting from analyzing some critical incidents narrated by the trainees, shows how to restructure conservative thought into transformative thought and action, promoting the self-determination of people with intellectual disabilities at different stages of life.

Thinking of people with disabilities as capable of self-determination is the first step in building conditions favorable to self-determination itself. Reflective practice can significantly impact achieving this goal.

**Keywords:** intellectual disability, self-determination, educator, quality of life, traineeship



## **1. Introduction**

In Italy, bachelor's degree courses in education sciences prepare future educators who can work, among others, within public and private organizations (day and residential centers, associations, cooperatives, schools) with people with disabilities of all ages. In the third and final year of the course, a curricular traineeship in the field is required.

Students enrolled in the degree course in Education Sciences at the University of Ferrara, during their traineeship experience, participate in at least two supervision meetings in small groups (max 15 people) moderated by a professor. Before the meeting, each of them must write and share a reflection on lived experience in the course virtual Classroom. Three types of contributions are possible: simple observation, description of a good practice, and description of a critical incident.

This paper focuses on the students' critical incidents concerning self-determination in disability.



### **The self-determination construct**

“[...] Recognizing the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices [...]

[...] Considering that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them [...] (United Nations, 2006, Preamble).

[...] The principles of the present Convention shall be:

Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons [...]” (United Nations, 2006, Article 3).

Self-determination is an aspect of absolute importance in every person's life, and for this reason it must not only be safeguarded, but also taught and developed as far as possible. In this paragraph, the construct of self-determination will be outlined at a theoretical level, showing how it assumes a central role in determining people's quality of life, even when they have significant disabilities. Then, some operational strategies for monitoring, evaluating, and developing self-determination in people with intellectual disabilities will be mentioned.

The scientific literature has proposed various definitions of self-determination in the educational field. Among these are differences, but a common aspect emerges, namely that implementing self-determined behaviors is a complex process, and that people with intellectual disabilities often do not have the necessary preparation, nor the support, to carry it out in all its aspects.

One of the first definitions is that of Deci and Ryan (1985), according to which self-determination is the ability to make choices and control one's life. Intrinsic motivation to satisfy the basic human needs for autonomy, competence, and relatedness is a crucial driver of self-determined behavior. The self-determination theory proposes that the degree to which any of these three psychological needs is supported/unsupported within a social context will have a robust positive/negative impact on the person's wellbeing (Ryan & Deci, 2000).

Referring specifically to people with intellectual disabilities, the research group coordinated by Wehmeyer has defined self-determination as the capability to be a primary causal agent in one's life, making choices and decisions regarding one's quality of life free from undue external influence or interference (Wehmeyer & Metzler, 1995; Wehmeyer et al., 1996; Wehmeyer & Garner, 2003; Wehmeyer et al., 2003). Primary causal agents can “cause” things to happen in their lives and act toward goals to create the changes they desire. Self-determination means choosing in order to shape one's own future. When people's goals, preferences, and interests are respected and supported, their quality of life also increases.

Wehmeyer and colleagues have cleared the field of some potential misunderstandings. The first is the idea that self-determination means independent performance and absolute control. This idea is incorrect. Human beings are constitutively interdependent, and the fact that they support each other does not necessarily mean that they do not control their actions. The second misconception to be cleared consists of believing that the outcome of a self-determined action is surely a successful experience. This is also untrue. Sometimes, decisions are made that, even if well thought-out, turn out to be wrong. It is also misleading to consider



self-sufficiency and self-determination as synonyms, as this would exclude all people with disabilities who need support to achieve their goals. Self-determination is often equated solely with ability or opportunity, but this, too, is a mistake because it depends on the skills, opportunities, and the presence of adequate support. It is necessary to consider both the personal dimension, such as the abilities and skills necessary for the individual to act in a self-determined manner, and the environmental dimension, which consists of the opportunities offered by the context and the supports, particularly educational and rehabilitation programs. Finally, it is not enough to choose to be self-determined. It is also important to have self-awareness, define one's own goals, and be able to decide and solve problems.

Starting from Wehmeyer's definition, Cottini (2016) presents some strategies to promote self-determination in people with intellectual disabilities and autism. The keywords around which he articulates his proposal are: listening, choice, vision, decisions, self-regulation, opportunities, and support.

Each of these concepts refers to specific actions to be put into practice by the educators:

- investigate personal interests and motivations (listening);
- teaching how to make choices and express them (choice);
- define goals and try to achieve them (vision);
- develop even simple forms of divergent and conditional thinking (decisions);
- guide and evaluate one's learning (self-regulation);
- properly organize the support environment and policy (opportunities and supports).

Translating these guidelines into practice is very demanding for those in an educational role, and for people with disabilities. Constancy, perseverance, and time are required, and for this reason, the work on these aspects should start from early childhood and continue throughout the life span. It would also be crucial that not only educators but all the people who interact daily with people with disabilities and autism be trained on the subject of self-determination to guarantee them more opportunities to develop the necessary skills. Self-determination must be promoted despite the difficulties that may arise.

## **2. Purpose/objectives**

The paper, starting from the analysis of critical incidents narrated by the trainees, proposes a reflection on how to foster educational practices to promote the self-determination of people with intellectual disabilities at different stages of life.

As described in the introduction, students enrolled in the degree course in Education Sciences at the University of Ferrara, during their traineeship experience, take part in group supervision meetings, for which they previously share a reflection alternatively in the form of a simple observation, description of good practice, or critical incident. This paper considers only the third type of reflection for analysis.



During the supervision meetings, the group analyzes critical incidents starting from three key questions: What is the main problem? Who should take charge of the problem? What could/should be done?

In this process, some crucial aspects of educational work are explored: the importance of becoming aware of the mechanisms, often unconscious, that generate institutional and/authoritarian responses, the fundamental role of reflection on experience and practices, the need to educate in a relational perspective, always taking a stand in favor of human rights, justice, and self-determination.

Through the discussion of concrete cases, future educators are accompanied step by step developing the skills essential for the analysis, interpretation, and management of situations that arise in educational contexts.

### **3. Methods**

The project described in this paper falls within the framework of action research, first theorized by Kurt Lewin (1946), that provides for the investigation to be conducted on the field based on close collaboration between researchers and practitioners.

The action research strategy is based on the constructivist principle, according to which subjects elaborate knowledge through practice and problem solving, in everyday circumstances that require attention, when “the thought stumbles and stops” (Sorzio, 2019, p. 144). We can therefore speak of “experiential knowledge” (Mortari, 2007, p. 210) or of “situational knowledge”<sup>1</sup> (Sorzio, 2019, p. 151).

Ultimately, action research is aimed at generating improvement and change in the context in which it is implemented.

The roots of the action research approach can be found in Dewey’s thought and its criticism of the traditional separation of knowledge and action (1938). The philosopher hoped that the extension of experimental inquiry to social practice would lead to an integration of science and practice: in his view, knowledge implies not only the adaptation of the organism to the environmental conditions under external pressures, but also the active modification of the environment itself to adapt it to one’s needs and desires in the most effective way possible. In the interaction between organisms and the environment, they are both constantly changing: knowledge implies the modification of the known reality.

Any reference to action research must also acknowledge Freire’s work (1970), in which learning is described as developing critical awareness of one’s social reality through reflection and action. “Conscientization” concerns the relationship between the subject and the world. When the human being lives in the world being subject only to its constraints, his conscience is in a state defined as “intransitive”: the state of oppression - material, spiritual, psychological, cognitive - is such as to prevent any transformative interplay with reality. While being “in” the world is the condition of every living being, being “with” the world is a

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<sup>1</sup> Author’s translations from Italian into English.

specific human condition that implies being able to establish processes of exchange and reciprocal influence with others and with the reality in which we live. In order to be with the world, it is necessary to develop critical transitive consciousness. While natural transitive consciousness tends to explain contradictions and problems uncritically, adopting routine and standardized ways of thinking, transitive critical consciousness, on the contrary, seeks explanations that are also scientifically valid, goes beyond the boundaries of conformism, reveals contradictions, and sees problems as opportunities to build new knowledge. The passage from natural transitive consciousness to critical transitive consciousness can only occur through education. Critical awareness must be taught, but certainly not through the transmission of conceptions, ideas, and attitudes in a way that would still be depositary. The Portuguese educator brings an alternative "problematizing" and "dialogical" perspective in education, according to which knowledge is a problem for the person who has to build it, a question to be addressed critically, not alone, but through dialogue between those who teach and those who learn. In the dialogue, different types of knowledge are dialectically compared: the predominantly theoretical ones come into contact with the practical ones to produce new knowledge.

### **3.1 The critical incident technique**

The analysis of critical incidents (Flanagan, 1954) is a training strategy that helps people to clarify their assumptions and to understand, through comparison with different perspectives, the value assumptions that guide their own and others' behaviors. The method was first used in the 50s to observe and identify factors responsible for success and failure in the training of pilots. Since then, it has been further developed and applied to various contexts in management, services, and social sciences.

The term "critical incident" or "critical episode" refers to "non-ordinary events and issues that produce a moment of surprise, disorientation, criticality" (Fabbri & Romano, 2017, p. 153). The request to share an event that happened in one's own experience "is within everyone's reach" and manages to avoid "the risk of slipping into the conventional definitions of pedagogical discourse" (Mortari, 2003, p. 120). The discussion must occur in small groups, where it is easier to agree to submit one's thinking and action to the others' critical scrutiny. The group chooses which topics to investigate in depth. The interaction stimulates deep reflection when "the conversation on the critical incident takes the form of an incessant problematization of each interpretation to the event provided by the participants" (Mortari, 2003, p. 119)<sup>2</sup>.

### **3.2 The sample**

In the academic years 2021-2022 and 2022-2023, eighty supervision meetings were organized for which more than 1,500 reflections were collected. About 800 of these are in the form of critical incidents. Out of approximately 300 critical incidents concerning, in general,

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<sup>2</sup> Author's translation from Italian into English.

disability, 70 can be reconducted to the theme of self-determination and will be the object of the analysis developed in this paper.

#### 4. Results/findings and discussions

The following table summarizes the situations described by the trainees as critical incidents. The left column shows the behavior considered critical. The number in the right column indicates how many reflections each behavior can be traced to.

*Table 1: Analysis of critical incidents*

<b>What (behavior)</b>	<b>Who and where</b>	<b>Frequency</b>
To require a person with a disability to use unnecessary means of physical restraint	Healthcare social workers and educators in a day center for adults with intellectual disabilities	1
Not to recognize a person with a disability's need to dress nicely	Healthcare social workers and educators in a day center for adults with intellectual disabilities	1
To consider a person with a disability incapable of understanding	Educators in nursery schools, preeschool educators and teachers, and educators in day centers for adults with disabilities	9
To do only what is needed to avoid a person with a disability's crisis and problematic behaviors	Educators in nursery schools	5
Not to give a person with a disability the possibility to choose between multiple alternatives even though it is possible	Educators in nursery schools and educators in day centers for adults with disabilities	4
To let a child with a disability always play alone because "he is incapable of interacting with others"	Educators in nursery schools and preeschool educators	5
To tolerate sexual harassment from a person with a disability because "he does not realize what he is doing"	Healthcare social workers and educators in a day center for adults with intellectual disabilities	1
To label a child with a disability as problematic, hoping that he does not come to nursery school	Educators in nursery schools	3
To treat a child with a disability as "the mascot" of the group and stimulate only caring behaviors in peers	Educators in nursery schools	3
To overprotect a person with a disability, preventing them from having essential experiences for their	Healthcare social workers and educators in day centers for adults with intellectual	5

autonomy	disabilities, educators in nursery schools, educators and teachers at school	
To substitute for a person with a disability in order to carry out an activity more rapidly	Trainee at a day center for adults with Down syndrome, educators in nursery schools	5
To expect a person with a disability to immediately become autonomous without accompanying them	Educator and trainee in an association offering services for people with disabilities and their families, educators in day centers for adults with intellectual disabilities	3
To deceive a person with a disability in order to avoid his problematic behaviors	Healthcare social workers and educators in residential centers for older people with disabilities	2
To underestimate the potential of a person with a disability	Educators in nursery schools, educators, and teachers at school	6
To consider people with a specific disability (e.g., Down's syndrome) as all the same without seeing the uniqueness of each person	Trainees and educators in a residential center for adults with disabilities	1
To be discouraged and accept that the parents of a child do not undertake a diagnostic procedure	Educators in nursery schools	4
To believe that the person with a disability has no duties, but only rights and therefore have low expectations	Educators and/or teachers at school	3
To be embarrassed or to avoid talking about love and sex with people with disabilities	Healthcare social workers and educators in a residential center or day centers for people with disabilities	3
To have a static vision and not be able to imagine the possible improvements in the autonomy of a person with disabilities	Educators in nursery school and preschool	2
To satisfy all the whims of a child with disabilities to avoid problematic behaviors	Educators in nursery schools	3
To feel pity, or annoyance, or intolerance for a person with a disability	Trainees and educators in a nursery school	1

As described above, before the supervision meetings all participants are asked to read the reflections written by their classmates carefully. During the meeting, the analysis of the author’s proposed critical incident is discussed with the group. The moderator leaves the participants free to express themselves and intervenes to ask further questions, solicit





reflections on aspects that might have not been grasped, and elaborate on connections between theory and practice.

For each critical incident, the discussion focuses on three key questions: What is the problem being narrated? Who should take charge of this problem? What could/should be done?

When faced with problematic situations, education professionals must be supported by two forms of rationality: heuristic-reflective and critical-emancipatory. The first guides the professional in investigating the experience to build the necessary knowledge to interpret and manage it. The second makes the professional an agent of transformation and change. For this to happen, it is necessary to develop awareness and the ability to recognize the conditioning and distortive elements that prevent educational action from adequately responding to the people’s actual needs (Striano, 2002).

Therefore, the crucial aspect is to solicit in future educators the use of critical-emancipatory rationality to bring positive changes in their contexts. In this specific case, the goal is to foster, in them and the environments in which their traineeships take place, ways of thinking and consequent behaviors that favor the self-determination of people with disabilities.

The examples below show how, through shared reflection, a conservative thought can be re-structured into a transformative thought and action fostering self-determination.

Table 2: Discussion of a critical incident (1)

<b>Critical incident 1 – The useless belt</b>	
<p><i>Where: Residential center for older people with disabilities</i></p> <p><i>“There is an English-speaking 90-year-old gentleman in a wheelchair with a fixing belt as a restraint measure. He is remarkably intolerant, always trying to take it off, and sometimes he screams. He cannot communicate his discomfort differently due to his language barrier.</i></p> <p><i>Last week, the physiotherapist entered the facility and, seeing the situation, wondered if the gentleman could walk and if the belt was still useful.</i></p> <p><i>We tried to lift him together and found that he could walk with little support.</i></p> <p><i>He sat with me in the activity room for almost two hours without trying</i></p>	<p><b>Conservative thought</b></p>
	<p><b>What is the problem?</b> An older man who has to wear a restraint belt shows intolerance and problematic behaviors.</p> <p><b>Who should take charge of the problem?</b> The man has to accept the restraint measure that has been adopted for his good and in order to avoid accidents.</p> <p><b>What could/should be done?</b> Firmly reiterate that the Health Directorate decides the measures for the good of the patient and therefore they must be implemented without exception. The facility’s personnel have to respect the decisions made by their superiors and the man’s family will.</p>
	<p><b>Transformative thought</b></p>
	<p><b>What is the problem?</b> An older man is forced to wear a restraint belt, which limits his movements and is no longer</p>

<p><i>to run away, so there was not any danger either.</i></p> <p><i>At the end of the day, unfortunately, we had to make him sit back on the wheelchair. We put the belt in front as a restraint because the staff of the residential center is required to implement the measures decided by the Health Directorate. Furthermore, the man’s relatives feel better knowing he cannot move alone because otherwise, he might put himself in danger” (Sara, trainee, May 2023).</i></p>	<p>necessary because the Health Directorate of the facility has not reviewed his situation nor updated the measures to be implemented.</p> <p><b>Who should take charge of the problem?</b></p> <p>The educators and the health care social workers of the facility who interact daily with the man, as well as the medical and paramedical staff who monitor his situation, must re-evaluate the measures to promote the person's autonomy as much as possible.</p> <p><b>What could/should be done?</b></p> <p>Since the man can walk and sit on his own and there are no more dangers for him, it is possible to gradually remove the belt to allow him to move, exercise his independence and improve his life quality.</p> <p>The facility staff must question the decisions taken by their superiors if the latter are not functional to the wellbeing and promotion of the patient's autonomy and self-determination.</p>
<p><b>Follow up</b></p>	
<p>The trainee, the educators and health care social workers took action to ensure that the Health Directorate review the measures. The following week, the physiotherapist removed the belt and the man’s behavior changed:</p> <p><i>“[...] before, he was very restless, spoke only in English, and wandered around the corridors a lot insistently asking to have the restraint removed. Now that the belt has been removed, he moves independently, gets up and lies on the bed by himself, appears cheerful, and interacts more with us even in Italian. He takes part in some of the activities and seems very peaceful”.</i></p>	

Table 3: Discussion of a critical incident (2)

<b>Critical incident 2 – Orange juice for breakfast</b>	
<p><i>Where: Residential center for adults with intellectual disabilities</i></p> <p><i>“In the center are residents with intellectual disabilities who cannot communicate verbally. There is a weekly routine, with flexibility to meet their different needs. Tuesday is ‘cafeteria day’: we take them to the cafeteria inside the facility for breakfast so they can practice using money to pay for their orders. Yesterday, when I accompanied the group, I realized that the educators</i></p>	<p><b>Conservative thought</b></p> <p><b>What is the problem?</b></p> <p>The people with intellectual disabilities at the center cannot express themselves verbally, and therefore sometimes it may be difficult for them to communicate their preferences.</p> <p><b>Who should take charge of the problem?</b></p> <p>The educators can facilitate the process since they know the center residents and their preferences.</p> <p><b>What could/should be done?</b></p> <p>The educators can choose for the people with disabilities who cannot express their preferences verbally.</p>

<p><i>ordered cappuccino for everyone: they believe it is their favorite drink. But we should not assume that they all want it every Tuesday. For example, I love cappuccino, but this does not mean I will always order cappuccino! One day, I might want orange juice instead” (Marcella, trainee, February 2023).</i></p>	<p>The educators must make decisions in the interest of the center residents.</p>
	<p><b>Transformative thought</b></p> <p><b>What is the problem?</b> The people with intellectual disabilities at the center cannot express themselves verbally; therefore, it is necessary to find alternative ways to allow them to communicate.</p> <p><b>Who should take charge of the problem?</b> Educators have the responsibility to support the center residents in achieving self-determination. Center residents must push themselves as much as possible to succeed.</p> <p><b>What could/should be done?</b> Educators must try all possible ways to help each resident communicate their preferences. Visual strategies are a viable option. The educators must create the conditions for the residents to develop their ability to express preferences and make choices.</p>
<p><b>Follow up</b></p> <p><i>“After reflecting on the importance of making choices for self-determination, I came up with an idea. I proposed to create a menu with photographs of the various possible breakfast orders. The educators seemed happy and entrusted me with following this project. I believe that self-determination, even in little things, is fundamental. From a situation in which I was initially only an observer, I became actively involved. I believe this is a good start from which as many good ideas could follow for the wellbeing of the people. Furthermore, going to the cafeteria together is a moment of happiness and an occasion to socialize ... with or without words”.</i></p>	

Table 4: Discussion of a critical incident (3)

<p><b>Critical incident 3 – At the supermarket</b></p>	
<p><i>Where: day center for adults with Down syndrome</i></p> <p><i>“My role is to support the center educators during the workshops on autonomy that have a different theme every month. One day I accompanied two men to the supermarket to do their food shopping for the weekend. We did not know each other very well. Matteo and Marco are quite autonomous, so my presence was supposed to be more of a moral support than a real help. However, it was noon, and we were in a small supermarket with narrow aisles and very crowded; the boys were finding it difficult</i></p>	<p><b>Conservative thought</b></p>
	<p><b>What is the problem?</b> Two people with Down syndrome take a long time to shop at the supermarket; because of this, the whole group might be unable to respect the daily program of activities.</p> <p><b>Who should take charge of the problem?</b> The trainee has taken the responsibility to accompany them, and must ensure that the daily program of activities is respected.</p>



<p><i>to move between the shelves and around the counters. I felt overwhelmed by the responsibility of being there alone for the first time with them and by the concern of being too late and unable to respect the day's activity program, I asked them to give me the shopping list and I started to 'direct' their moves. They accepted my indications without resistance, and I tried to speed things up. Once we arrived at the cash desk, I saw Matteo awkward with the payment, and I gave him a hand. Then, I put all the shopping in the bags instead of letting them do it. All I had in mind was to respect the schedule” (Alice, trainee, October 2022).</i></p>	<p><b>What could/should be done?</b>                  The trainee has made the right decision to intervene to speed things up so that the task could be completed in time. The day program is made for the good of people with disabilities who must carry out all activities to learn autonomy.</p>
	<p><b>Transformative thought</b></p>
	<p><b>What is the problem?</b>                  Two people with Down syndrome take a long time to shop at the supermarket. The trainee decides that it is necessary to speed things up to respect the day’s activity program.</p> <p><b>Who should take charge of the problem?</b>                  The trainee should have let Matteo and Marco do their shopping. The task required a longer time than expected, but the priority was to enable them to exercise their autonomy, even if this implied a change in the plans.</p> <p><b>What could/should be done?</b>                  Let people take the time necessary to carry out activities without putting pressure on them. The daily program must be flexible to create the conditions for people to exercise their autonomy and ability to make choices.</p>
<p><b>Follow up</b></p>	
<p>The trainee's behavior was due to her anxiety (crowded supermarket, queues, impatient people waiting, plans for the day not respected).  <i>“I should have kept in mind that shopping at the supermarket was not simply buying food; rather it was an important exercise for Marco and Matteo on their way to autonomy and self-determination. On the contrary, I made them more dependent on me. I could not read my state of mind at that moment and the influence that the crowded context had on it. It should have stopped for a moment to look at the situation with the right lenses, and I should have had more confidence in the two men and their ability to perform tasks independently”.</i></p> <p>After discussing with the group, the trainee appears more aware that not always programs can be respected; sometimes external factors intervene, and it is necessary to distinguish what can and must be controlled from what is beyond our control, maintaining priorities clear. The first is creating the right conditions for people to develop autonomy and self-determination.</p>	



Table 5: Discussion of a critical incident (4)

<b>Critical incident 4 – Sexual harassment</b>	
<p>Where: day center for adults with severe intellectual disabilities</p> <p><i>“At the center there is an elderly man who tends to touch the breasts of the health care social workers and educators. I noticed that some of them ignore it. I asked for explanations, and they replied that the man does not know what he is doing and that they had had to get used to his harassment because he does not understand and there is nothing they can do”</i> (Maria, trainee, September 2022).</p>	<p><b>Conservative thought</b></p>
	<p><b>What is the problem?</b> An older man with a severe intellectual disability harasses female staff at the day center. He cannot understand that this is not a socially accepted behavior.</p> <p><b>Who should take charge of this problem?</b> No one can take charge of and solve the problem because the man cannot decide how to behave.</p> <p><b>What could/should be done?</b> The educators should not get upset; they should turn a blind eye: after all, the man is like a child. People with severe intellectual disabilities cannot understand right or wrong; therefore we must tolerate their wrong behaviors because they cannot act differently.</p>
	<p><b>Transformative thought</b></p>
	<p><b>What is the problem?</b> An older man with a severe intellectual disability harasses female staff at the day center. It is necessary to communicate with him so that he understands that his behavior is not correct because it hurts other people.</p> <p><b>Who should take charge of the problem?</b> The center staff must be responsible for communicating with the man to help him adopt more appropriate and respectful behaviors towards others.</p> <p><b>What could/should be done?</b> The harassed ladies must react firmly by letting the man know he must not touch their breasts. People with severe intellectual disabilities can understand right or wrong if appropriately supported and learn to be with others respectfully.</p>
<p><b>Follow up</b></p> <p>The group discusses the critical incident and concludes that this is also a matter of self-determination.</p> <p>It is important that educators manage to overcome their embarrassment and the wrong preconception that a man with a severe intellectual disability cannot understand other people’s feelings and needs. Suppose the educators relate to the man explaining that he cannot touch their breasts: in that case they are creating the conditions for him to establish positive relationships with them and, in general, with others. After denying him the possibility of touching their breast, it is fair to offer him an alternative: <i>“you can hold my</i></p>	

*hand*", for example, to avoid breaking communication.

## 5. Conclusion/implications/recommendations

At the level of culture, policies, and practices, still too often persists the belief that people with intellectual disabilities cannot in any way make decisions, have and express opinions, actively participate, and significantly contribute to society. For a long time, it was believed, and still essentially today, that only others (parents, assistants, services) can represent their requests and needs.

People with intellectual disabilities encounter barriers and obstacles in being fully recognized in their dimension as human beings who, like all others, go through the various stages of development until they become adults in all respects. This can decisively influence their lives, up to extremes of segregation, exclusion, and vulnerability. A key point for reversing this process lies precisely in the concept of self-determination, the right of all people to make choices and decisions about their lives, representing an essential component of the quality of life. Self-determination means having the possibility of being causal agents of one's existence.

Scientific evidence shows that people with disabilities are less self-determined than those without disabilities, not only due to their condition but also because of the lack of opportunities to make decisions and choices. Research indicates that it is necessary to support, from an early age, the development of self-determination skills of people with intellectual disabilities by providing them with the suitable environments, experiences, and support to fully apply and use these skills (Lepri, 2016).

Furthermore, a person with disability who can express preferences, make choices, be autonomous thanks to the necessary support, and relate to others on the basis of equality and mutual respect will most probably be "represented" by others as much as will perceive himself as an adult with rights and duties (Farr & Moscovici, 1989; Cottini, 2021): the same rights and duties that all human beings have (UN, 2006). In this perspective, supporting people with disabilities towards self-determination assumes utmost importance for constructing an inclusive society.

Thinking of people with disabilities as capable of self-determination is fundamental for an educator. It is the first step in building conditions favorable to self-determination itself. As shown in the above examples, reflective practice can significantly impact achieving this goal.



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