THE ROLE OF SUPPORT ADMINISTRATION: A STUDY ON CRITICAL INCIDENTS

INES TESTONI
University of Padova, Italy
University of Haifa, Israel

SARA POMPELE
University of Padova – Italy

DANIELE VENTURINI
Social Healthcare Unitary Authority n.9, Region of Veneto, Italy

GLORIA ZANCA
Lawyer of the Court of Verona, Italy
law office “Studio Zanca”.

ANDREA MARIA MACCARINI
University of Padova, Italy

ABSTRACT

This qualitative study examines evidence of practice for “support administration” (SAd) in Italy. Using the framework of the critical incident technique, the textual analysis surveyed the experience of three lawyers, to highlight the difficulties of this role from the psychological and social areas. The reports of 48 cases, collected thanks to the interaction with three Italian lawyers who work as support administrators (SAds) in Verona (Italy), were processed through thematic analysis, which evidenced specific problems inherent to beneficiaries, their relatives and professionals. The discussion on the role of SA and a comparison with other forms of legal protection of vulnerable people in Europe is presented. Some hypotheses on the strategies which could improve the efficacy of this professional intervention are discussed.

Key words: support administration; Critical Incident Technique; Social service; Vulnerable people

Points for Practitioners:

- The need for a proper form of guardianship that can enhance beneficiaries' needs and self-determination, especially for mentally ill people who live inside dysfunctional families, is still a relevant issue in most Countries
- In Italy support administration (SAd) can be considered one of the best possibilities for vulnerable adults, but this form of guardianship still presents many critical issues that prevent it from fully achieve the maximum level of support and freedom beneficiaries deserve
- The main problem concerning SAd is lack of a proper training for those who become support administrators (SAds) (especially concerning their relationship with mentally ill beneficiaries) and the fact that this institution is still too isolated from other services (both social and healthcare ones)
- A possible solution could be to improve the cooperation between SAds and other institutions, while at the same time more actively including other important professional figures (social sorkers and psychologists) in the organization of this institution, so that they can offer their skills to SAds and help them interact with particularly complicated situations
- These insights could also provide few positive inputs to reflect upon the delicate and fundamental issue of guardianship for vulnerable adults even outside the specific Italian situation, since the need for a more flexible and empowering support is deeply felt on an international level

INTRODUCTION

The need to provide a functional way to manage and protect vulnerable people (especially people with mental disabilities) is a fundamental necessity that regards, indeed, all Western Countries (Bolin, 2007; Drew et al., 2011).

The majority of them present therefore some forms of legal support for particularly vulnerable people with some common elements and other aspects which, on the contrary, differ from state to state, on the basis of the principle each Country adopts to protect fragile people, especially disabled and mentally ill ones.

However, sometimes the differences springs from the public desire to protect society from these individuals as well, instead of focusing on their rights to live a dignified and empowered life, as literature have highlighted (Hewitt, 2008; Salzman, 2011; Sherman, 1980). There can therefore be some forms of guardianship that are more flexible and open and others that are much stricter.

As regards specifically Italy, support administration (SAd) is one of those forms of legal guardianship, and it was introduced in the Italian juridical system by law n. 6/2004, to support those who totally or partially lack autonomy in their everyday life, through temporary or permanent support interventions (Art. 1).

The support administrators (SAds) are nominated, after a formal request by those who are legitimately entitled, by the tutelary judge, who usually prefers to nominate a relative, while if this is not possible, a volunteer or a professional (often a lawyer) is appointed (Court of Genova, 2014).

Before the introduction of this dispositive, two forms of legal protection were (and still are) possible: plenary or limited guardianship. The main difference between them and SAd is that the latter primarily aims to support fragile people without restricting their autonomy, while enhancing their own resilience, will and desires as much as possible, according to both principles of subsidiarity (Aßländer, 2018) and empowerment (East, 2016). As a result, many jurists emphasized the need to abrogate the previous Institutes (Cendon, 2007; Pappalettere, 2005).

In Italy, since 2004, the number of SAds has been growing steadily (Devis, 2017), and some important problems have emerged, especially regarding relational skills. In fact, this role requires specific communicative abilities in order to effectively manage the psychosocial problems of these people.

The present research was aimed at considering this issue, exploring the unfavorable experiences that SAds may encounter in their work. More specifically, we wanted to analyze the adverse episodes through the Critical Incident Technique (CIT) (Flanagan, 1954; Zamperini, Paoloni, & Testoni, 2015), which could undermine this professional role. In the psychological field, CIT has been widely used over the years, especially concerning the relationships with people having psychiatric disabilities, in order to explore the experiences of professionals (Debyser et al., 2018; Duxbury, 2002; Lindwall, Boussaid, Kulzer, & Wigerblad, 2012), and of psychologists (Plutchik, Conte, &Karasu, 1994).

Moreover, CIT can be considered a valid method to detect issues also in the area of SAd, considering the high frequency of mentally ill beneficiaries who need this specific support (Tribunale di Genova, 2014).

The following sections will provide a summary of the main literature findings in the field of SAd, a comparision of SAd with other European institutions that also aim to protect frail adults, an illustration of the methodology and methods followed by this research, a description of its participants, and of the main results emerged from it. Finally, a discussion and a critical review of the findings will be provided.

LITERATURE REVIEW

The Challenges of Taking Care for Mentally Vulnerable Adults

Taking care for vulnerable adults, in particular for those who are psychologically and cognitive impaired, can represent an intense challenge even for those professionals who are properly trained for it. There are many studies on this topic, which allowed to highlight how the socio-sanitary professionals-mentally ill patients relationship is no easy matter and it could also make the professional, in the worst cases, experience high levels of distress, compassion fatigue and even burnout, especially if one's relationship with the colleagues is not positive enough, if the person doesn't have a reliable social network that could give him/her support or if the working environment is poorly organized, with no supervisions activities and lack of a proper training (Acker, 2011).

As regards in particular Social Workers, many researches confirmed the high risk of stress and burnout among those who support mentally ill people (Lloyd, King, & Chenoweth, 2002; Acker, 2009), especially for the younger, less experienced of them who lack a proper experience in the field (Acker, 1999).

The same was proved by other studies concerning healthcare professionals (Edwards, Burnard, Coyle, Fothergill, & Hannigan, 2000; Rössler, 2012), one of those conducted specifically in the Italian context (Volpe, Luciano, Palumbo, Sampogna, Del Vecchio, & Fiorillo, 2014).

A study even highlighted how burnout and stress levels were practically the same among all types of mentally ill people's caregivers, regardless of their role (relatives or professionals) (Angermeyer, Bull, Bernert, Dietrich, & Kopf, 2006).

Few researchers also proved that a more proper training, focused on the practical challenges of supporting a mentally ill person would decrease professionals' levels of stress and burnout (Pines & Maslach, 1978; Ewers, Bradshaw, McGovern, & Ewers, 2001).

It is therefore legitimate to believe that a legal guardian or a SAd, appointed to support a mentally vulnerable adult in his/her everyday decisions, whose role does not require any specific training, might encounter even more serious and delicate issues. Even though this is an important topic, very few studies have been conducted in this specific field both in Italy and Europe, but the few which are actually available in literature describe some specific and severe critical issues. However, the general legal framework in which the main forms of juridical protection for vulnerable adults are located will be described, in order to better understand these institutes.

The European Context

As regards specifically guardianship in Europe, the different institutes, including the Italian Support Administration, can be compared to one another thanks to: the UN's Convention on the Rights of Persons with Disabilities (2006), ratified by the European Commission in 2010, which affirms the right of equality for everybody (Art. 12-13); the 10 Council of Europe's Recommendations (1991); the Charter of Fundamental Rights of the European Union (especially articles n. 1, 3, 20, 21, 26, 34, 35, 41, 47) that recognize the needs of disabled people and their legal protection through the principles of equality, subsidiarity, dignity, integrity, right to health, and social integration.

However, there are some important differences among European Countries. In fact, Austria and Germany have decided to maintain just one legal institute led by a very flexible legal administrator, while Italy, France and Spain maintained also some more coercive institutes, aimed at restricting freedom for the most severe and complex cases. Another important difference is the implementation of the protection measure under those situations in which there is a possible relative who can actually take care of beneficiaries: Austria and Germany tend to exclude the interference of the judge, since the presence of someone who can actually assist the person is considered sufficient; France and even Italy leave the possibility for a legal intervention; England and France provide directions regarding the implementation of SAd. The other countries leave to the judge a wide range of possibilities.

The Italian Context: Support Administration

As regards, instead, the Italian context more specifically, and Support Administration in particular, its origin is linked to the Italian law n. 180/1978, inherent to the "Voluntary and mandatory sanitary assessment and treatments", internationally known as the "Basaglia law" (Bongiorno, 2013; Fusar-Poli et al., 2011), whose involvement was in the abolition of mental hospitals, to promote the integration of mentally ill people in the society. After this change, these patients have been cured and cared for inside the society, then particular needs for further legal protection emerged (Cendon, 2005). Since SAd is considered an 'ideal prosecution of law n. 180' created to guarantee protection and support for vulnerable people, while respecting their freedom and dignity', its application requires the complete and deep understanding of a beneficiary's intimate, psychological, social and relational needs, and not only the management of his/her heritage or of some legal matters.

This is particularly important considering that, generally, the majority of those who are the beneficiaries of SAd present indeed some kind of rather serious psychiatric illness, and requires therefore an extremely attentive and sensible support, as highlighted by an important study conducted in Italy in 2014 by the Court of Genova.

The study monitored all SAds activated from 2004 to

2014 in all the Italian Country, showing that among the entirety of the beneficiaries the 46,06% was affected by psychophysical problems (among which Alzheimer's syndrome was included) and the 35,27% was affected exclusively by psychiatric illnesses, as opposed to the remaining 14,15% of those who presented only physical problems and the 4,15% of those who obtained a SAd's protection for other reasons (for example, advanced age and no relatives who could assist them) (Court of Genova, 2014).

Considering the high frequency of SAd's beneficiaries who are affected by psychiatric illnesses, it therefore appears as even more evident how delicate and extremely important the SAd's role is, and how carefully we should pay attention at who is appointed for this position.

Critical Issues in the Application of Legal Guardianship for Adults in Europe

Even though in Europe the legal protection of vulnerable adults is properly regulated by each Country law, its concrete application presents some problems already highlighted by qualitative research. In the European context, a qualitative study conducted by FRA (European Union Agency for Fundamental Rights) in 2012, for example, comparing the conditions of beneficiaries in 9 European Countries (Bulgaria, France, Germany, Greece, Hungary, Latvia, Romania, Sweden and the United Kingdom) offered some valuable insights concerning the concrete experiences of vulnerable people involved in legal guardianship, allowing an uncommon point of view on the matter. More specifically, the focus was on the direct experiences of vulnerable people with intellectual and psychological disabilities, investigating their thoughts and feelings through semi-structured interviews. The study is particularly relevant since it allowed to highlight some important criticalities, common to all the 9 Countries involved, that threaten the well-being of vulnerable people. In particular, some of the issues that were more frequently reported by participants concerned the excessive restriction of their freedom and activities (sometimes even the smallest ones like deciding what to eat), the fact that their guardians did not dedicate enough time to build a strong personal relationship with them and appeared too distant and unsympathetic, and the discomfort arising from loss of control over their personal finances.

Another fundamental critical issue was also represented by the fact that many participants admitted that they knew very little concerning their guardian's role and powers and concerning the laws that regulated their relationship. The research, therefore, underlined a still complex situation in most European Countries, were the concrete conditions of vulnerable people, especially those with intellectual and psychological disabilities, are not as satisfactory as they could be. Similar results were obtained by another research in the UK (Wilson, 2017) which conducted a systematic review of 9 studies concerning adult guardianship. The review highlighted that some common critical issues emerged from the studies, especially the fact that sometimes the experience of guardianship was perceived as disempowering and distressing by both guardians and beneficiaries, and the fact that, as the previous study highlighted, the majority of beneficiaries did not have a precise and correct knowledge of the guardianship system and of their guardian's role.

Criticalities in the Italian Support Administration

Similarly to the broader European context, many difficulties in the current application of SAd in Italy are emerging. Even though, indeed, not many researches have been conducted in this field, those which have actually been realized highlighted some meaningful problems, that are still present after 15 years from the introduction of the SAd institution and cannot be ignored.

For example, a study conducted in 2010 (De Stefano & Ghirlanda) highlighted first of all a considerably frequent difficulty in the SAds' relationship with their beneficiaries' family, who often mistrusts the SAd, especially when he/she has to organize and manage the beneficiary's financial situation since this could raise serious concerns regarding the SAd's integrity and good faith, even though his/her activity is always monitored by a judge.

Another fundamental critical issue emerged from the study concerned the lack of proper training for SAds, especially in the field of psychology and social relationships, since there are no specific requirements to become a SAd. This is a very important issue, especially because many SAd's beneficiaries live in very precarious conditions, present severe mental illnesses and cognitive deficits, and live in a very problematic social and familiar environment. A lack of proper training can, in these situations, make it very difficult, if not impossible, for the SAd to deal with his/her beneficiary's needs, requests, crisis and demands.

Another critical issue, according to the researchers, was a serious lack of proper cooperation from other professionals, which raises strong feelings of isolation and helplessness in the SAds.

These findings were later confirmed by subsequent researches, for example, a study conducted in 2012 by the Italian association VOLABO, that offers support to SAds and their beneficiaries, showed that among the main critical issues experienced by SAds were indeed difficulties in the relationship with both the beneficiaries' family members and with other professionals and local socio-sanitary services. In this regard, the SAds who took part in the research stressed the need to provide exhaustive information and a proper education concerning the SAds figure and role to all those who might need one either for them or for a relative and those who might need to cooperate with one in the exercise of their role, in order to facilitate their cooperation with the

SAd. Analogous results were obtained by another study (Comitato d'Intesa & Sportello Amministratore di Sostegno, 2014), which highlighted in particular the many difficulties encountered by SAds in the relationship with other professionals and with the beneficiaries' relatives again. The critical issue concerning a complicated relationship with the beneficiaries' relatives was later confirmed also by another study (Bonomo, 2015).

Summarizing, the main critical issues that clearly emerged from the available literature in the SAd field concern a significant lack of proper training for those who are about to become a SAd, and some intense conflicts and misunderstandings between this role, their beneficiaries' relatives, other professionals and institutions.

This qualitative study has been developed in order to investigate the nature and structure of the difficulties that SAds may encounter in their work, by analyzing their direct point of view, in order to produce new insights into longstanding concerns in this field and also spur new substantive research. The fundamental research key is that SAd lawyers have problems that could be better managed with psychological competencies and with a worthier collaboration with social services. The aim is to offer guidance and support, thanks to the research findings, to the SAds in the Italian context, and even to other legal guardians in the broader European and International context, since the main concerns and criticalities in the juridical protection of mentally vulnerable adults are universal and could therefore benefit from very similar solutions to the ones suggested for SAd specifically.

THE RESEARCH

Methodology

As has already been pointed out, there is still a significant lack of studies, both in Italy and in other

Countries, concerning SAd and other forms of guardianship, therefore, the preferred methodology to better explore this area was a qualitative research approach, since such a methodology allows to conduct initial inquiries over a broad and complex topic, offering insights over some pressing matters.

Another reason which determined the necessity to follow a qualitative methodology was the desire to explore as in depth as possible the participants' point of view, through a faithful and articulated description of their difficulties as they narrated them themselves. A qualitative methodology allows to do just that, since it offers a direct insight into a person's perceptions, emotions and ways of perceiving the world.

More specifically, the study was realized following the concept of Critical Incidents, theorized for the first time by the psychologist John C. Flanagan (1954).

A Critical Incident can be defined as an episode, of great cognitive and emotional impact and which could leave a mark on the person who experiences it, that is lived by a professional during the exercise of his/her role.

By collecting and analyzing Critical Incidents it is possible to develop broader and more general categories of critical issues that are common inside a specific role, as, in this case, the SAd's one.

The analysis of the Critical Incidents was conducted through a research based on written documental material, that is, on the written reports, compiled by the SAds who took part in the study and describing the kind of support activity they realized for each of their beneficiaries, potential critical issues included.

Participants' Recruitment

In particular, 3 SAds took part in the study, 2 females and 1 male, all three of them lawyers working in Verona, a city in the North of Italy.

The participants were recruited with the help of a lawyer, also a SAd, who is active in the field and already professionally knew the researchers and was particularly enthusiast to help contacting other colleagues for the study. Following the names and contacts of SAds who could be interested in the research, provided by the lawyer, 10 legal offices were reached, firstly by e-mail and later by phone call. Three of them were particularly interested in the study and offered gladly their support.

A face to face conversation was then conducted with the three lawyers in their office, in order to fully describe the research objectives and methods and to settle on the way the research would have been carried out (deciding in advance the approximately amount of time necessary, setting appointments etc).

Cases Sampling

The total number of cases managed by the three SAds was 150.

Due to time and organizational constraints, since the report reading and primal analysis was conducted inside their own studies, the participants could not provide all their cases to the researchers, so 85 of them were collected in total, among which 48 were later selected for an in depth, final analysis (22 from the first SAd, 19 from the second SAd, 8 from the third one). The inclusion criteria were the presentation of the cases as critical, the description of the situation as complex, and the completeness of the reported data (beneficiaries' health and their economic and family situations). Therefore, from the starting 85 reports provided us by the participants, the selection excluded all the ones that were incomplete or lacked significant information concerning each beneficiary's situation. Since it was more convenient for the participants to provide the cases they were actually still managing (so that it was easier for them to fetch all the documents and reports needed), many of the cases that could actually be examined were the most recent ones. Thus, the first step in the selection was the elimination of the reports that were too recent, generally under the participants management for less than a year, since they could not possibly offer a history of years of support for each beneficiary nor an exhaustive description of their beneficiaries' condition.

A secondary and last step was to eliminate the reports that, even if not too recent, still presented no sign of critical incidents whatsoever, and could not therefore offer insights concerning the critical issues experienced by SAds in their everyday activity.

Each case provided involved a single beneficiary: 25 males and 23 females, with a mean age of 67 (23 to 98), and an average age of 6 years under SA. The main vulnerabilities were: psychological problems (schizophrenia, depression, anxiety–33%), cognitive disabilities (13%); psychosocial disadvantages caused by pathological families (4%); neurodegenerative diseases (13%), severe physical illnesses (cardiovascular diseases, cancer – 20%); drug and alcohol addiction (13%); advanced age (4%). The duration covered almost 3 years (2015 to 2018). Data collection was conducted in each SAd's studio, from December 2017 to April 2018.

Analysis Procedures

All the finally chosen reports (48) were carefully read and important information regarding critical situations was transcribed verbatim, while other relevant but not directly concerning Critical Incidents information (for example descriptions of a beneficiary's financial situation) was transcribed too, but in the form of a summary, in order to enable the researchers to understand the general frame in which a beneficiary lived and his/her SAd operated, but without the need to possess it verbatim, since the narratives of critical situations were the real focus of the study.

All the pieces of information linked to a single case were later merged together in a written text which contained both the summarized parts and the verbatim ones, in the precise order they appeared in the SAds' reports. These texts were later deeply and carefully analysed following the methodology of the qualitative research in social sciences (Camic, Rhodes, & Yardley, 2003) and based on the principles of Thematic Analysis (Braun & Clarke, 2014; Testoni, Iacona, Fusina, Floriani, et al. 2018). To develop a conceptual framework for understanding how SAds experienced and made meaning of their job experiences, thematic analysis allowed the researchers to see patterns in the dataset and how they relate and connect.

In particular, starting from a single critical episode narrated in one of the 48 cases, a conceptual label that could describe its salient aspects was identified while, subsequently, all the conceptual labels assigned to each kind of critical issue emerged from the reports were compared, so that they could be assembled and organized in broader categories that were able to describe and include more general phenomena.

For example, from the single, initial labels "rude beneficiary" and "untraceable beneficiary", the broader category "non-cooperation/deliberate obstacle from the beneficiaries" was built.

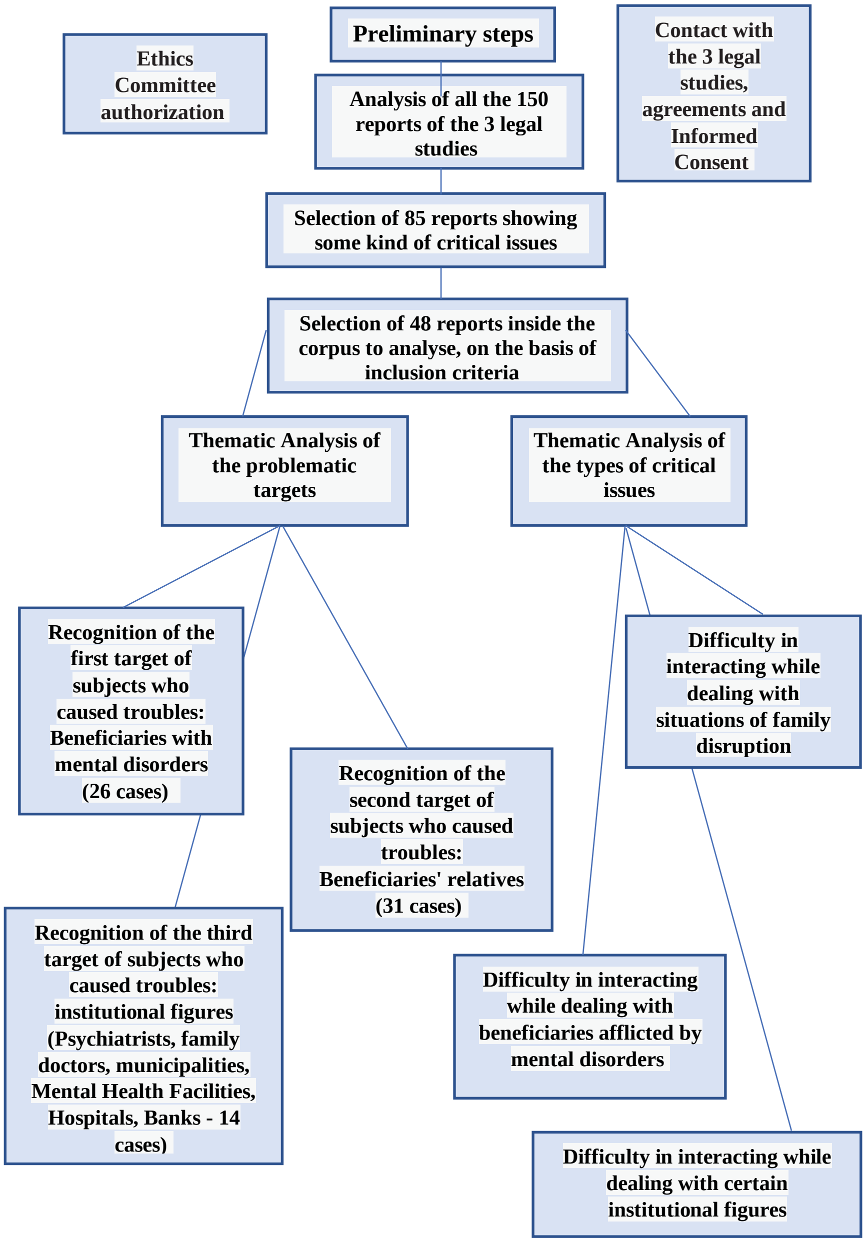
To find the appropriate categories, a partially theory-driven process was followed, on the basis of previous researches in this field (De Stefano & Ghirlanda, 2010; VOLABO, 2012) which allowed the researchers to be able to predict some of the issues that would likely have emerged from the narratives. However, since very few researches have been conducted in this field specifically concerning the critical issues experienced by SAds, it was not possible to rely only on a deductive, top-down kind of approach, therefore, many categories only became clear as the analysis progressed, following a more inductive, bottom-up approach

(Pope, Zeibland, & Mays, 2000; Testoni, Ghellar, Rodelli, De Cataldo, &Zamperini, 2017), which allowed to highlight in the narratives new kinds of critical issues that did not appear in the previous researches but still remained very frequent in the experiences of these participants (for example, the many difficulties concerning the SAds' relationship with their beneficiaries did not emerge from any previous work and yet, as it will be better described in the results section of this paper, they appeared so frequently and explicitly in the reports of this study that it was necessary to create a new category of critical issues just for them: "Problems with beneficiaries").

The information corpus was processed following the six typical main phases of Thematic Analysis: preparatory organization, generation of categories or themes, coding data, testing emerging understanding, searching for alternative explanations, and writing up the report (Marshall & Rossman, 1999; Testoni, Russotto, Zamperini, & De Leo, 2018). The analysis was conducted with the support of the software *Atlas.ti* (Muhr, 1991), which is specifically designed to offer a reliable help in the qualitative, concept analysis of written material.

The research followed the APA Ethical Principles of Psychologists and Code of Conduct and the principles of the Declaration of Helsinki. The three lawyers were at first contacted by e-mails and phone calls followed by face-to – face meetings. The research aims and methodology were presented, and the informed consent was obtained. The study was approved by the Padova University Ethics Committee for Experimentation. Figure 1 presents the main phases of the research design and its development.

Figure 1:
Main phases of the research design and its development



RESULTS

Three main areas of semantic prevalence emerged, indicating specific criticalities: ‘Criticalities with beneficiaries’; ‘Facing family problems’; ‘Facing difficulties while dealing with other professionals and institutions.’

First Semantic Prevalence Area: Criticalities with Beneficiaries

The relationships with beneficiaries were quite difficult, as highlighted by several statements in the reports, illustrating clearly their refusal and depreciating attitudes toward SAds. The severity of their arrogant behavior oscillated from a mild non-cooperation to an active, sometimes, verbally violent and threatening behavior endured by SAds.

This was particularly emphasized in cases of mentally ill persons or individuals with a cognitive impairment, whose descriptions form the most important part of the research corpus (57%). An emblematic representation of this is for example case n.15, in which the beneficiary was a drug addict afflicted by intellectual disability. In describing the situation, the SAd who supported him wrote:

> *‘The beneficiary presents a very long history of addiction, with some deep and serious existential consequences. Unfortunately, the beneficiary categorically refuses any kind of cooperation. […] The SAd therefore could not create the necessary relationship of trust with the beneficiary.’*

Another example is case 16, which involved another beneficiary afflicted by intellectual disability, who was described by her SAd as follows:

> *'The beneficiary does not want to be helped and does not cooperate. The SAd still could not manage to contact her, she lives in a hotel with her daughter and since they change them very frequently it is very difficult for the Sad to find out where they are and speak to them.*
> *Moreover, it seems that a proper services net on the sanitary field is missing, so that it is really difficult to start an adequate project to take care of the mental illness the woman suffers of'*.

In the analyzed cases, the theme of the beneficiaries' psychological and cognitive impairment appeared as central in their relationship with the SAds and has therefore been carefully followed and explored by the researchers. The SAds' reports strongly suggested a possible causal link between the beneficiaries' altered mental state and their difficulty in properly relate to their SAd, and the very SAds' words tend to stress this. In case 43, for example, the SAd explicitly indicated in her report that the beneficiary's severe anxious-depressive syndrome and consequent addiction to benzodiazepine clouded her ability to recognize her difficult economic situation, as well as her mental one, and to cooperate with the SAd in order to adjust it:

> *'The beneficiary, because of the psychiatric illness that has always afflicted her, doesn't yet understand the serious economic situation she has created in her recent past, and she insists on maintaining a lifestyle that is not sustainable in relation to her financial resources.*
> *She keeps her relatives at distance, especially her brother, and she is not objective concerning her life condition.'*

The beneficiaries' mental state was than described by the SAds as a strongly negative factor in their relationship with them, since it prevented the beneficiaries to share a common representation of reality and a clear understanding of their situation and needs, ultimately becoming an obstacle to their SAd. Another example is given by case 20, in which the SAd described the complications in the relationship with a depressed beneficiary, suffering from paranoid disorders as well. In describing her the SAd writes:

> *'The beneficiary does not accept anyone's help, not even from the SAd in the latest period. She diminishes her behavioral problems and refuses any kind of therapy.'*

The SAd also clearly highlighted how the beneficiary's mental illness had a strong negative impact in clouding her judgment over her own condition, and how this made her unable to properly understand even the SAd's role and purpose, which in turn made her unwilling to cooperate with her:

> *'She seems not to completely understand even the role of the SAd. In her moments of clearness of mind, she believes the SAd to be a sort of court-appointed attorney for her legal defense against other people and she does not accept any kind of suggestion, not even for a short-term planning'* [Case 20].

In another case, the number 36, this same concept, even if not directly stated by the SAd, could still be implicitly grasped by the general presentation of the beneficiary's, a man affected by paranoid schizophrenia and seriously addicted to alcohol, very complicated situation:

> *'The beneficiary has been manifesting for many months some serious symptoms of maladjustment, continuously asking for money, and he admits that he restarted drinking. He does not intend to make contact with the Services for Alcoholics in order to*

> *receive a support intervention, even a pharmacological one, even though the SAd has many times urged him to do so, and therefore the management of his economic situation is extremely difficult because of his constant requests for money. […]*
> *The beneficiary behaves really badly toward his SAd and he does not intend to cooperate in the management of his modest heritage […]. He lives alone but he is not able to take care of himself, he spends his entire pension in alcoholic beverages, and he laments loneliness. He calls daily […] in order to speak with someone.'.*

The very last quoted lines *'…he laments loneliness. He calls daily in order to speak with someone'* can indeed offer a partially different view of the beneficiary, whom is presented as a very difficult person to manage by the SAd, but, at the same time, explicitly asked for help and support because of his intense psychological pain and loneliness. Although a proper causal link between the beneficiary's uncooperative behavior and his mental suffering cannot be proved by such a quotation, it still offers an interesting point of view on the situation, and on the impact that the beneficiaries' mental condition can have on their relationship with the SAds.

Sometimes, indeed, the significant issue of the beneficiaries' mental state took the form of a concrete request for help, since they suffered so much and felt so alone that they asked their SAds for a psychological kind of support, which however became particularly burdensome for the SAds themselves since none of them had ever received some kind of training in the psychological and relational field, being them all lawyers. Case 1 provides a clear example of these situations, which put the SAds in the extremely difficult moral position of not being able to offer the proper kind of support their beneficiaries asked for:

> *‘The beneficiary suffers from diagnosed paranoid schizophrenia and presents a moderate-to-severe cognitive decline.*
> *Avulsed from reality, living in his own world, he finds it very difficult to establish positive relationships with others and to manage his economic resources. […]*
> *The beneficiary often arrives at the SAd’s office without an appointment when he is experiencing some particularly difficult moments and the Sad therefore contacts him frequently in order to reassure him and to know how he is feeling.’*

Something really similar happened in case 2, of a beneficiary addicted to alcohol and psychopharmaceuticals, who had been declared 100% invalid, and concerning whom the SAd stressed that she *‘spends a lot of time providing him with moral and psychological assistance’* since he *‘often calls the office to vent his sadness’*.

The difficulty to properly deal with psychologically or cognitive impaired beneficiaries and support them, identified by the SAds, worsened by their lack of training in this field, made some situations hugely unmanageable, creating critical incidents which put the SAds at risk, made them question their role and their helpfulness and sometimes even strongly consider the possibility to abandon the case, as happened in the already mentioned case 36:

> *‘The beneficiary behaves very badly towards his SAd and he does not intend to cooperate especially concerning the management of his modest heritage, he has many debts and he refuses any intervention from the Services for Alcoholics and from the social worker […]. If this situation will continue, the SAd will be forced to renounce his role.’*

An analogous situation is described in case 14, concerning a very young beneficiary (23 years old), who presented some serious behavioral problems:

> *‘The family dynamics are very conflictual and extremely dysfunctional, even though the beneficiary denies it. The complex condition of his family has been known to the Social Services since 1994 (the year the beneficiary was born). […] The beneficiary’s family has always been strongly problematic, because of the serious conditions of social, cultural and economic poverty.’*

The Sad narrated that she found it particularly difficult to establish a positive relationship with her beneficiary, and described her perplexity concerning the possibility to continue her role. She also explicitly expressed her desire to receive the professional opinion of other professional figures, of social workers in particular, since they are better experienced in dealing with these complex situations:

> *‘Despite the very intense efforts made by the SAd, no intervention could be developed with the beneficiary. […] however, the SAd cannot actually tell whether the beneficiary’s behavior is caused by some kind of mental disease or determined by his own lucid will. […] The SAd requests the involvement of the Judge, in order to assess whether it is wise or not to maintain this protective measure, to ask the competent Social Service to provide a report regarding the beneficiary as complete as possible, also including the supports that the Service itself can offer.’*

Second Semantic Prevalence Area: Facing Family Problems

The field of family relationships was the second most evident problematic area since they too created problems to the SAds at many levels.

Unlike the previous semantic area, this one had already been highlighted by other studies in this field, and therefore the researchers explored the collected data with this category in mind, which was indeed confirmed by the participants' reports. Just like the beneficiaries, many times their relatives too appeared as more or less absent, non-cooperative and even hostile towards the SAd, as is explicitly stressed in case 7:

> *'The beneficiary's daughter shows a very contradictive behavior towards her mother and the SAd. […] She changes her mind way too easily, making it very difficult for the SAd to relate to her. […] The SAd underlines the extreme unwillingness of the beneficiary's daughter to cooperate, she has always wanted to impose her own desires, and she even threatened to press charges if the SAd didn't indulge her own will. For example, she once threatened the SAd because she was not willing to deliver her some flowers for the cemetery, during the Easter week and on the day and at the specific hour she requested.'*

These beneficiaries' families were indeed particularly problematic, and the very choice of a professional SAd instead of a relative for the role is indeed proof that there was not a sufficiently strong social and family network to support the beneficiary, since a relative is generally the preferred choice for the Judge. Because of the intense and complicated relational issues present in these families, the SAds' role was even more difficult, since, as has been previously highlighted as well as recognized by other studies in this field, they received no proper training to manage this. Case 28 allows to better understand this issue:

> *‘The beneficiary’s son causes many problems because he insists on interfere, in a very uncoordinated way, in the SAd’s practices to manage his mother’s financial situation. […] The son’s overwhelming and sometimes aggressive behavior continues, concerning every aspect of his mother guardianship […]. The beneficiary’s son, who supports the entire family, is in fact a severely disabled man, and yet he sustains the weight of the entire family [...]. The son's behavior has always been “questionable”, since he can't agree on a decision in favor of his mother and since he acts in a way that actually prevents her proper care.’*

In this case, the SAd reported her frustration because of the obstacles posed by her beneficiary’s son, describing his behavior as ‘questionable’, even though she clearly recognized few lines before that he was too a *‘severely disabled man’*, and this can help understand how difficult it could be for a SAd to manage some complicated family situations, especially in those cases in which the beneficiaries’ relatives are mentally impaired too.

Moreover, similarly to what could happen with the beneficiaries, sometimes the SAds’ relationship with their beneficiaries’ family was made even more difficult by the fact that even the relatives themselves showed an insufficient understanding of their role, as is described in case 3:

> *'Since the SAd explained to the lady that her role is not that of “indulging her financial requests” and that she is not the beneficiary's caregiver, a lot of tension started to rise that led to continuous phone calls and complaints from the lady herself, all of which was revealed to be specious and unfounded, and to very contradictory behaviors that aimed to*

> *cause discomfort to the studio, and not to grant the beneficiary's well-being. […]*
> *The beneficiary's daughter has a very hostile behavior toward the SAd, she refuses any kind of cooperation, changes her mind constantly, she denies the content of the conversations she has with the SAd, she even denies the activity fulfilled by the SAd, and she even asked her to sign a contract that would be against the law.'*

Later on, the SAd wrote that the lady's behavior causes *'a waste of time and energy that could instead be dedicated to the beneficiary.'*

The fact that the SAd described as a 'waste of time and energy' her efforts conducted in order to deal with the beneficiary's daughter can help understand how the SAds' general tendency was not to consider the whole context in which the beneficiaries lived, not realizing that investing time and efforts in resolving some issues with the beneficiaries' family members could actually indirectly help significantly the beneficiaries' wellbeing itself.

Frequently, the simple presence of strong conflicts inside the family was enough to become a significant obstacle, as in case 40:

> *'The SAd had to deal a lot with the beneficiary's relatives, because of the strong conflict between them, organizing meetings in his office, calling them and writing to them. The SAd tried to mediate in order to grant a better assistance to the beneficiary, however, no will to reconcile and cooperate was present among the family members.'*

Sometimes these conflicts had an intense negative impact on the beneficiary, indirectly preventing him/her from properly cooperating with the SAd, as case 18 exemplifies. The case is of a very old man (94 years old), described by the SAd as with ‘a mind not completely clear’, who had been living in a very problematic family, alone, since his wife was terminally ill and was admitted into a hospital, with his son and daughter, who were both mentally ill persons and constantly vexed him:

> *‘Both the beneficiary’s children offend and humiliate their father and they threaten him in order to extort him the little money he has thanks to his pension. Sometimes the daughter encourages her brother to beat their father. In such situations the beneficiary takes refuge in the cellar, where the daughter decided to permanently relegate him.’*

In such a serious and distressing living condition, the beneficiary contacted the SAd more to receive comfort than for a real necessity, and this seriously jeopardized the SAd’s activity, since the beneficiary was so focused on his distress that he did not followed the SAd’s lead and only asked for consolation and understanding:

> *‘It is very difficult to fulfill the SAd role, because the beneficiary contacts the writer at his discretion and only to “blow off steam”. He considers the SAd his personal social worker. Unfortunately, the beneficiary’s refusal of the SAd’s proper role nullifies every SAd’s effort.’*

The extreme difficulty to conciliate one’s role of support for the beneficiary with the broader problematic family contexts in which the beneficiary lived, could sometimes elicit such intense feelings of frustration and demoralization in the SAds that they might, as happened in the case of strong misunderstandings with the beneficiaries, have seriously considered the possibility to renounce to their role, as described in case 23:

> *‘The beneficiary’s sister does not cooperate properly with the SAd. […]. The beneficiary’s*

> *residential and assistance situation is linked to his sister's willingness, and she never provided the documents needed to organize the management of the beneficiary's necessities, even though she seems ready to do so when she speaks with the SAd. The SAd leaves therefore his role to another colleague in order to assess whether this case might have a different outcome or the measure should be closed given the impossibility to carry out its own objectives, or even, perhaps, it is not necessary at all since the beneficiary's sister is actually carrying out the same tasks even without a juridical recognized role.'*

Third Semantic Prevalence Area: Facing Difficulties while Dealing with other Professionals and Institutions

The third area, just like the second one, presents a category of criticalities that had already somehow emerged from previous researches in the field, and was therefore strongly confirmed by the participants.

Specifically, the third area of semantic prevalence concerns critical incidents which occurred also with institutions and professionals involved with the beneficiaries, because of significant lack of cooperation and dysfunctional communications, as reported in case 11:

> *'On the 23rd of January 2015, the SAd received an information from the Social Services director concerning a Local Multidimensional Assessment Unit (LMAU) fixed for the day after, in order to assess the possibility of transferring the beneficiary to a different facility. […]. Puzzled by the unreasonable request, the SAd expressed her absolutely negative opinion, specifying that it is first of all necessary to take the beneficiary's will, her progresses inside the structure where she currently is, and the evolution of her pathology into consideration, and also specifying that NOTHING had been told the*

> *SAd concerning this, despite the meeting that had taken place only a month before!'*.

Since it is a relatively new juridical figure, the SAd is indeed still not properly considered by other professionals and finds it very difficult to be included in the traditional healthcare and social services networks.

Sometimes the SAd's opinion concerning a beneficiary's sanitary situation was not taken into account by other healthcare professionals, as described in case 6, in which the SAd found it extremely difficult to activate an LMAU (Local Multidimensional Assessment Unit) in order to assess the beneficiary's needs:

> *'The very first obstacle to overcome was convincing the family doctor to activate the LMAU. The SAd could obtain a meeting with the doctor only after constant requests and reminders.*
> *The SAd had to keep a close eye on both the family doctor and Doctor R., in charge of the LMAU itself, so that the activity indicated by the LMAU itself could be executed.'*

Something similar happened in case 35:

> *'Some LMAU sessions have been fixed by the healthcare district, but they've been ineffective since both the Service for Substance Addiction and the Psychiatric Service don't see the management of the beneficiary as being under their responsibility, a decision with which the SAd disagrees, given the psychiatric problems and the substance addiction that the beneficiary presents.'*

In all these cases, the situation that caused tensions between the SAds and other professionals was a Local Multidimensional Assessment Unit (LMAU), which is a multi-professional evaluation of particularly complex cases that enables a confrontation among different kinds of professionals (Psychiatrists, Psychologists, Social Workers etc.), with the aim to reach a common solution, the best possible for the patient involved.

However, these situations also entail the possibility of misunderstandings among the parts, since sometimes it could still be particularly difficult to properly conciliate every single point of view and recognize the other professionals' value and contribution, as happened to the SAds who described the previous cases. They were in fact either not considered an essential element in the beneficiaries' life, so they were not properly informed of the LMAU, almost excluded, or their opinion concerning the necessity of an LMAU was only taken into account after many requests. Even when an LMAU was activated and the SAd could be an active part of it, his/her opinions and points of view concerning the beneficiary's needs were most of the times not properly considered.

Therefore, when these serious criticalities emerged in the relationship with other institutions and professionals, the SAds faced a sharp sense of isolation, since they had to deal with some grave conditions and urgent needs of their beneficiaries alone, in the distressing situation of having to watch their beneficiary living in precarious conditions and being unable to help, as is describe in case 39:

> *'The SAd reports the beneficiary's serious condition of marginalization and of lack of social assistance. He lives by his sister's house, but he'll soon have to leave it; both the municipality of B., were the beneficiary actually lives, and the one of D., were he has his residence refused any kind of support.*
>
> *His age (78 years) and his serious disability require on the contrary an immediate economic contribution for his admission inside a social structure.'*

Because of the grave situation and the complete lack of support from the municipalities, this beneficiary lived in terrible conditions, alone, with his physical and psychological health at serious risk, as narrated by the SAd:

> *'The beneficiary was once found in the streets, fasting, semi clothed and his clothes, which were*

> *really dirty since he is incontinent, were unsuitable to spend the night outside. He was in an extremely state of prostration and of physical and psychological sufferance.*
> *Almost completely deaf, with sight problems and difficult in deambulation, he was crying, and he said that he did not have a home anymore and that he felt lonely.'*

Lastly, even concerning the cooperation with other professionals or institutions, exactly as sometimes happened with the beneficiaries and their relatives, an unclear perception of what the SAd's role actually consisted of could determine a lack of trust and proper cooperation, leading to a strong experience of frustration for the SAd, as described in case 12:

> *'The activity carried out by the studio (by both the SAd herself and her secretary) has been really intense since both the beneficiary and the professionals of the facility in which he is institutionalized have misinterpreted the SAd's role: according to them, a SAd should be available 7 days a week and 24 hours a day, he/she should control the beneficiary's misbehaviors (which is the doctors' job) and he/she should grant his financial requests, as for example the purchase of a television and a new phone, regardless of the resources available.'*

DISCUSSION

From the data analysis, three prevalent thematic areas emerged, where critical incidents appeared, undermining the SAds' identity role. In the first and second one, almost all the reports described many relational difficulties that emerged with respect to the negative behavior of beneficiaries towards the SAd, especially when they had psychiatric diagnoses or had been living in a very precarious, unstable and conflictual family. The requests of pathological people and families were portrayed as being too difficult, since they required psychological competences which did not belong to the strictly legal sphere.

In particular, linked to this issue, an important sub-theme that emerged here, as narrated in case 1 and, partly, in case 36 (*'[The beneficiary] laments loneliness. He calls daily […] in order to speak with someone.'*), was the intense need of psychological support that many beneficiaries, especially during acute phases of their mental disorders, poured on their SAds, requesting a kind of attention that completely floored the SAds themselves.

Despite trying to sustain their beneficiaries, the participants, indeed, most of the times, perceived themselves as actually useless, experiencing strong feelings of impotence, since they had absolutely no experience or knowledge that could allow them to manage such delicate situations. This left the beneficiaries' needs unsatisfied and, in turn, contributed to worsen the relationship with the SAds, since they felt somehow betrayed and neglected by them, and made them unable to focus on the other SAd's actions that required their cooperation.

A similar criticality was found by another research which considered the European context (Fra, 2012), and highlighted the frequent feeling of lack of empathy from legal guardians experienced by some beneficiaries.

More generally, the communicative difficulties characterized all the relationships denounced, for example, through the concepts of 'scarce cooperation', 'absence', 'obstruction', and 'misunderstanding'. The difficulties created critical incidents, as in case 36, where the SAd seriously thought about withdrawing from his role, because the psychopathology of the beneficiary made the relationship unsustainable.

The major criticality was therefore linked to the beneficiaries' mental and cognitive vulnerabilities that compromised a shared representation of reality and respect for the rules, and, at the same time, made it really difficult, if not impossible, for the SAds to deal with these beneficiaries (the majority of them indeed), since the SAds received no specific psychological and social training before filling this delicate role.

The significant SAds' inability to properly deal with seriously disabled beneficiaries could actually badly affect the beneficiaries' possibility to receive the proper kind of assistance they need, as noted above, with the concrete risk of living a half-life, with a support that is not quite enough to really realize their full potential. The importance of a correct approach to the support of disabled people is indeed fundamental in order to allow one's empowerment, as other researches have already highlighted, especially concerning the healthcare field (Hayes & Hannold, 2007).

Furthermore, when the beneficiary's problems were intertwined with psychopathological families, as delineated in the second prevalent semantic area, SAds underlined their lack of competence even more, because their professional training did not prepare them to properly understand and manage this kind of situations, which were definitely too complicated, from a social and relational point of view, to be managed by people with a rather strict legal training. As described in case 28, the SAd reported stressful complications in the relationship with one son, describing his behavior as 'questionable'. However, the SAd was aware of the fact that the son himself was mentally impaired which made him not fully responsible for his actions. The scarce competencies on the implications of psychopathological conditions were an important obstacle in their work, because the management of relationships with this kind of vulnerable people requires specific abilities. Then, their juridical competence results in ineffective actions, which do not respond to the needs of these people, particularly when the management of family requests presupposes the solution of important intra-familiar relational dysfunctions.

In dealing with these complicated families, another huge problem, which could be considered a collateral factor that contributed to the lack of cooperation between the SAd and the beneficiary's family, was represented by the fact that even some relatives did not fully understand what specific role the SAd had, a problem that has already been highlighted by other researches, both in the Italian context (Bonomo, 2015; CISAS, 2014*;* De Stefano & Ghirlanda, 2010, pp. 92-99; VOLABO, 2012), and in a broader European one (FRA, 2012; Wilson, 2017). As narrated in case 3, many times the SAds' role was misunderstood, and the relatives actively tried to impose actions and decisions to them.

All this inevitably created critical incidents leading to serious misunderstandings and worsened the already difficult cooperation between the families and the SAds, jeopardizing the SAd's professional identity even, since the participants frequently reported puzzlement and frustration, that even culminated in a deep feeling of inadequacy concerning the value and the utility of their work and, sometimes, in a dire will to withdraw from the role itself.

Since the SAd aims to protect and develop all aspects of the beneficiaries' lives, a deep and profitable cooperation with other Institutes is fundamental for this form of guardianship, so that SAds might joins forces with other socio-sanitary services in order to offer the best possible protection and support vulnerable people need and deserve.

However, as emerged in the third semantic area, SAds' relationships with other institutes and professionals were often not that simple, in fact, a serious lack of cooperation and of a proper, effective communication was frequently reported, with a consequent sense of deep isolation experienced by SAds, as noted by other researchers too, Italian (De Stefano & Ghirlanda, 2010, pp. 92-99; Larobina, 2013) and European (Wilson, 2017).

This had a particularly serious impact on the SAds, since the lack of cooperation from other professionals or institutions did not offer them the proper guidance which could have allowed them to solve their worries and uncertainties concerning their relationships with both their beneficiaries and their beneficiaries' families, especially in dealing with psychologically and sociologically complicated situations, hugely worsening their already burdensome condition.

This was in turn worsened again by the fact that sometimes, as narrated in case 12, the SAd's role was unclear even to some public health professionals, causing further damage to the SAd – professionals/institutions relationship, exactly as happened when the SAd's role was not fully understood by either the beneficiaries or their relatives.

Again, these situations caused strong feelings of frustration and impotence in the SAds, slowing down their activities sometimes even for long periods and having, ultimately, some serious repercussions on the beneficiary's well-being too.

Unable to find an adequate support in other professionals or institutions, the SAds felt compelled to report their struggles to the judge, the only figure that could effectively offer them guidance. However, not all the judges are competent in the psychosocial area, which makes them unable to offer the best solution to this kind of challenges. This means that probably the recourse to the judge might have been functional to the professional SAd's self-protection. In this regard, it is important to underline that the language of the reports was entirely statutory. It was really different from the clinical diaries of psychologists and from the logbook of the social workers. In these latter registers, the narrations are mostly in first person, and accurately indicate the actions and their effects, in order to analyze the transformation of the relational process on the basis of a strategy adopted.

On the contrary, in the SAds' reports, the statements were always impersonal, and the subject is indicated as ‘the SAd’, respecting the formal rules of the juridical language. This means that the texts seem to be useful only for further legal actions, rather than for planning interventions in the pursuit of ameliorative aims.

If the pivot of the SAd is the principle of dignity and freedom that makes it so innovative compared to the much stricter institutions of plenary and limited guardianship, it still appears inapplicable in the everyday practice, because SAd should not necessarily be a juridical technician, but a competent professional regarding the most important needs of the beneficiaries (Cendon, 2008). This means that an expert SAd in the juridical field is certainly desirable to deal with complex economic issues, but not necessarily in those situations in which there are existential personal problems. Conversely, in the majority of these cases, the beneficiaries actually faced serious personal (both psychological and social) issues.

The only alternative could therefore be the one offered by the close collaboration between different social operators who possess psychosocial skills and experience in different fields: lawyers, social workers and psychologists.

Such a cooperation could improve the actual situation in many ways.

First of all, as this is the most pressing matter, it could offer a proper training for the SAds, especially, as noted above, in the psychosocial field, so that they could understand better their beneficiaries and their beneficiaries’ relatives who live in psychologically and socially complicated conditions, they could feel much more confident in their skills and in their ability to offer a broader, more empathetic and effective support to their beneficiaries.

On the other hand, however, it could also provide a stronger cooperation between the SAds and other institutions in the territory, by acting as a sort of mediator, finally reducing the sense of terrible isolation experienced by SAds.

Lastly, a more integrated presence of other professionals such as psychologists and social workers could also help spreading more adequate and precise knowledge concerning the SAd's role itself, eliminating the still frequent misunderstandings.

Based on these results, apparently, there is still a long way to go for a better integration and cooperation in this area by these figures. At the moment, the only professional figure that appears to actually cooperate with SAds is the social worker, as described in the report of cases 6 and 18, where it has been made explicit that sometimes the beneficiaries could prefer an approach different from the one a lawyer can offer. In almost all the reports, participants even explicitly expressed the need to more actively cooperate with this professional figure that was considered much more capable of managing the difficulties of these people and families. Without a systematic and efficacious support of psychologists and social workers, the critical issues encountered by SAds in their practice cannot be resolved (CISAS, 2014; VOLABO, 2012). Figure 2 illustrates the main issues of the three areas of semantic prevalence.

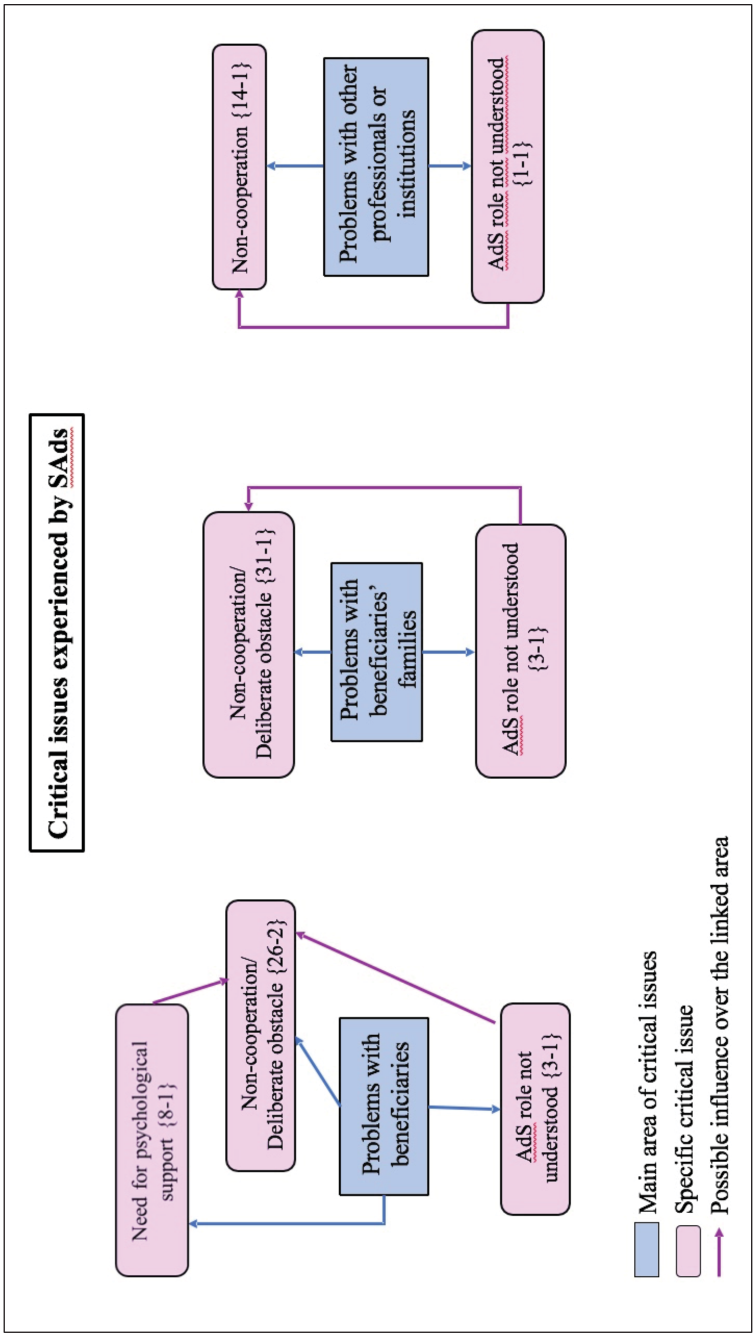

Critical issues experienced by SAds
Need for psychological support {8-1}
Non-cooperation/ Deliberate obstacle {26-2}
Problems with beneficiaries
AdS role not understood {3-1}
Non-cooperation/ Deliberate obstacle {31-1}
Problems with beneficiaries' families
AdS role not understood {3-1}
Non-cooperation {14-1}
Problems with other professionals or institutions
AdS role not understood {1-1}
Main area of critical issues
Specific critical issue
Possible influence over the linked area

Figure 2

THEORETICAL AND PRACTICAL IMPLICATIONS

Results evidence that SAds should cooperate better with other professionals and institutions, and should improve their psychological competencies, in order to enhance their ability in the management of difficult situations. At the same time, it would also be fundamental to start an adequate and precise information campaign concerning SAd itself, addressed to the entire community, and especially to potential beneficiaries, their families, and to public health professionals, in order to resolve the still present misunderstandings concerning this institution. Lastly, since SAd is actually present in many other Western Countries, even with some differences, and since many SAd's concrete criticalities are analogous to the ones emerging from other European forms of legal guardianship, so that the need for a more flexible and empowering support is deeply felt also on an international level (FRA, 2012; Wilson, 2017), the insights offered by the present research could also provide few positive inputs to reflect upon this delicate and fundamental issue even outside the specific Italian situation.

LIMITATIONS AND FUTURE PERSPECTIVES

This research has several limitations. The first one is to have considered the reports of only three SAds. It may therefore be useful in the future to extend this analysis at the national level, in order to be able to collect many more testimony that could offer some more generalizable results.

Another limitation of the research is the fact that the only point of view explored was the one of SAds who were lawyers. Even though lawyers represent the majority of professional SAds, it would still be very interesting to explore the point of view of other categories of SAds as well, both professionals (especially SAds who are Social Workers or Psychologists) and those who are instead relatives of their beneficiaries.

This could offer a new and more articulated perspective over the matter. It would be particularly useful to compare the critical incidents emerged from this study with the ones reported by other SAds' categories, in order to determine whether the different professional training each category received does actually make a difference in the way SAds manage issues with their beneficiaries, especially with the more psychologically and socially problematic ones.

Finally, still to gain a broader perspective, it would be very interesting, if and whenever possible, to explore also the beneficiaries' and their relatives' point of view, in order to highlight the critical issues of the SAd institution from all possible perspectives and to activate more and more practical, precise and effective solutions.

CONCLUSION

The study highlighted many critical difficulties encountered by its participants, which can be easily understood in the light of their professional training that makes them particularly competent regarding economical and juridical matters, but at the same time, does not give them competencies inherent to psychological and social problems. In fact, the most important critical incidents occurred during contact with mentally ill or cognitive impaired beneficiaries and with highly dysfunctional family networks.

However, it clearly appeared that the relationships with other institutions and professionals were scarce and less useful, while a better collaboration with social services could be really helpful.

It is evident that the cooperative network among professionals who work with fragile persons in Italy is still in need of an efficacious organization, this could be competently offered by the social services. In fact, despite social workers seem to be partially working in this area already, psychologist resulted in an absolute absence: never mentioned.

A final note can be useful for the further discussions in this field. Indeed, the social work managers could administer all the professional figures involved in the support of the beneficiaries, as well as provide answer to the most complicated professional needs of SAds, prospecting them the planning of psychosocial interventions, according to objectives aimed at ensuring the greatest possible well-being for these frail people and their families. This role could integrate and harmonize the activities of different professionals, managing a shared project and the instruments for the pursuit of the objectives as indicated by the law and the European policies.

DISCLOSURE OF INTEREST

The authors report no conflict of interest.

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