

RESPOND SAFELY TO A CRITICAL SITUATION FACILITATOR GUIDE



Using the AID Approach

PRIOR TO RUNNING THIS SESSION

i What to do

💬 What to say

i Content warning

This session deals with a difficult topic and the content could be distressing for some people. Before you run this session, think about who will be attending and consider:

- Based on their past experiences could this content trigger an emotional response for them?
- Which of the provided scenarios may be more appropriate for your group?
- Has everyone in the group had an experience of being involved in a critical situation?
- Are you familiar with the employee assistance/counselling services available in your workplace to support staff who may become distressed?

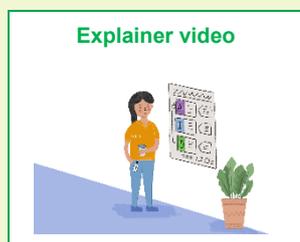
You may need to be flexible in how you deliver this training to be mindful of the experiences of the people attending.

RUNNING THIS SESSION

i Key information

This session:

- outlines an approach, focussed on safety and person-centred care, for de-escalating critical situations
- can be completed in one 30-minute session or two 15-minute sessions
- can be repeated on multiple occasions using different scenarios
- consists of:



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You will need:

- tablet or computer connected to internet with a screen viewable by all in the group (e.g. projector for a larger group)
- pens and paper for participant use and *optional* whiteboard or butcher's paper
- printed or digital copy of the AID Approach poster

i The **learning objectives** for this session are for participants to:

- Improve their knowledge and understanding about how to de-escalate critical situations.
- Learn about the AID Approach as a tool for responding to critical situations involving people living with dementia.
- Build confidence in their ability to respond to a critical situation by applying the AID Approach to their daily practice – both individually and within a team.

Introduction [1 Min]

i Introduce the session and explain what will be covered.



In this session we will look at how to safely resolve critical situations involving a person living with dementia, where there is an immediate risk of physical and/or mental injury. Sometimes, despite our best efforts, the intensity of a person's built-up stress is critical, and the situation needs to be safely de-escalated.

Critical situations often involve several different people. We'll learn about an approach we can use regardless of whether we are the only person present or there are multiple people available to assist. We will view common scenarios you may have experienced and then do some group activities to understand how we might address each of these scenarios to give the best chance of a positive outcome for everyone involved.

Let's begin by taking a minute or two to reflect on your own experience.

Reflection [2 mins]

i To help staff get into the right mindset, do a brief reflection using the questions below as prompts. To manage time, you may opt for participants not to share their thoughts out loud.



Think about a time you have been involved in a situation where people's emotions and behaviours are heightened. It might have happened at work or outside work, for example it might have been a road rage incident.

- Think about how you felt. Did you feel equipped to cope? Did you feel competent and confident or fearful?
- Think about who was there. Were you alone or did you have other people to call on for help?
- Think about what you did. What did and didn't help?

Video 1: Introducing the AID Approach [6 mins]

 We are now going to watch a short video which will explain an approach called AID. The AID approach can help us decide how to respond when de-escalating a critical situation.

i Play **Video 1: Understanding the AID Approach**



Activity 1: Understanding the AID Approach [7 mins]

i Lead a short group discussion to develop a shared understanding about the AID Approach. To manage time, we recommend you work through 2-3 of the suggested questions from the *Assess*, *Investigate* and *Do Something* sections below. Set a timer to help you stay on schedule. You might like to write the responses on a whiteboard.

During the discussion ensure the AID Approach poster is visible to everyone – either on a shared screen or as a hard copy (download from the toolkit web page).

 Now that we've heard about the AID Approach, let's work together to develop a shared understanding of what this approach means in our workplace. As we work through the approach you will become more familiar with what to do and what de-escalation can look like.

ASSESS

| Suggested discussion prompts | Possible answers |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What should you do first? | Pause. Step back physically and emotionally. Calm yourself down by taking a deep breath |
| How do you decide the level of risk? What is low, medium and high risk? | Use workplace policy for a risk assessment tool – or refer to the DTA sample provided* |
| When assessing the situation what is important to remember about the person? | The symptoms of dementia or chronic illness means the person's vision, hearing and ability to verbalise may be affected. Their emotions may be very intense, and rational thinking may not be possible. |
| What could be relevant about the context and back story for a person? | Use your knowledge about the person's background and preferences from their behaviour support plan, TOP5, Sunflower chart,* etc. |
| How would you assess your own ability to handle the situation? | Consider your past experiences, current emotional state and confidence. |

| Suggested discussion prompts | Possible answers |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What does AID Leader mean? | Person who takes the lead, assigns roles and makes decisions about the best way to respond to the situation. |
| How do you decide who the AID Leader is? | First one on scene? Use designated workplace roles? Person most trusted by the person living with dementia? |
| Is attempting to resolve the situation appropriate? | Generally, the sooner you intervene the easier the situation is to de-escalate. However, you need to consider if this could cause the situation to escalate further. It may be best to remain at a safe distance to watch and listen and give the person time. |
| Is exiting the situation because you feel unsafe an option? | Yes. It is OK to exit and seek additional help if you feel unsafe. Getting extra help such as emergency services could also be appropriate. Refer to your workplace policy. |

INVESTIGATE

| Key discussion points | Possible answers |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How would you approach calmly? | Position yourself for safety with an exit behind you. Approach slowly and maintain a safe distance - i.e., arm's length away in case person hits out. Make sure they can see you before you speak. Use a calm voice and open body language. |
| What does open body language look like? | Open palms, shoulders and stance, body at a slight angle from the person, incline your head slightly. Avoid slouching, frowning and folded arms. |
| Can you give me an example of how you might interrupt the situation with a name and greeting? | Use their preferred name. Speak slowly and calmly, with a friendly tone. Only one person speaks to the person. |
| Why is the person's reaction to your interruption important? | Their response will help you decide your next steps in 'Do Something'. Watch to see whether they: <ul style="list-style-type: none"> • make eye contact with you, • respond to your greeting and engage with you, • ignore your greeting and are angry or further distressed. |

DO SOMETHING

| Key discussion points | Possible answers |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Can you give an example of validating someone's emotions? | "I understand that you are upset" "How can I help you?". Avoid making accusations e.g. "You can't do that", disagreeing, arguing or telling them how they should feel. Note: dealing with emotions first reduces risk of further escalation. Validating emotions does not mean that you agree with them, instead you are acknowledging their feelings. |
| What might an offer of help sound like? | "How can I help you?", "Let me see if I can do something about that for you", "Would that be okay with you?" Ask a question and then listen to the answer. |
| How could you respond? | <ul style="list-style-type: none"> • Respond to what the person wants if practicable. • If known, use strategies that work for them (e.g. TOP5,* behaviour support plan, Sunflower chart). • Attend to immediate needs (e.g first aid, pain medication, glasses, hearing aids). • Support and re-direct as appropriate e.g. offer a drink, offer to take them to a different place such as somewhere quieter. |

| Key discussion points | Possible answers |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> Try and identify any unmet needs. |
| How would you decide what roles staff play? How would you work as a team? | <p>Consider staff expertise and experience.</p> <p>Note: Once an AID Leader is assigned, it is important they are given respect to lead the process – unless they request another team member takes over.</p> |
| Why should the number of people in the area be reduced if possible? | <p>Too many people crowding around can be viewed as threatening and cause further escalation. Also - additional people may make comments and interfere with the approach taken by the AID Leader.</p> |
| What happens when what you do doesn't work? | <p>If your action is not successful return to A and reassess. The AID Approach is circular. It may take some time to find the response that helps a person in distress.</p> |
| Can every situation be de-escalated by staff? | <p>Not all situations can be resolved by you. Sometimes it is appropriate to get extra help.</p> |
| When, why and how would you involve security personnel or emergency services? | <p>Refer to workplace policy to get clear details about the level of risk that would trigger this, and which staff members would be responsible for calling emergency services.</p> |
| What should de-briefing about the situation involve? | <ul style="list-style-type: none"> Everyone involved needs to be supported (AID Leader, other staff, residents, or visitors). The de-briefing process may require more than one check-in – in the short, medium and long term. Professional support may also be available for staff affected by the situation. Refer to workplace policies. |
| What needs to be reported? | <p>Follow workplace reporting guidelines.</p> |

* See resource list on final page for weblinks

Sum up



Today we looked at an approach you can use to respond to a critical situation. In the next part of this training, we learn how to apply the AID Approach in your practice.

END OF PART 1 If you are splitting this topic into two sessions stop here. We recommend you complete Part 2 within a week to ensure knowledge is retained from Part 1.

PART 2 If you are resuming this session from the previous day (or week) recap by briefly talking through the AID Approach poster. Ensure everyone can see the poster.

Video 2: Potential scenarios [2-3mins]

Now that we have an understanding about the AID Approach, let's look at a scenario you may experience. We will watch a short video to set the scene and then complete a group activity where we apply the AID Approach to help achieve a positive outcome for everyone involved.

i Choose from these three scenarios. For each scenario play the video and then complete Activity 2. Complete one or all the scenarios depending on the time you have available.

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| <p>Sara enters Philip's room uninvited and lies on his bed. This upsets him and he shouts at her. 1</p>  | <p>Albert is vocalising loudly one night angering Stanley who enters his room ready for a fight. 2</p>  | <p>Astrid's usual community carer is away and she resists care from new carer Josh. 3</p>  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Activity 2: Applying the AID Approach [7mins]

Let's discuss how we might use the AID Approach to address the scenario we just watched. You can also draw on your own experiences when answering the questions.

i Lead a group discussion about how to apply the AID Approach to the scenario you just watched. Choose 2-3 of the provided guiding questions from the *Assess*, *Investigate* and *Do Something* sections below. You might like to write the responses on a whiteboard or butcher's paper.

To help participants with recalling the key points raised in the scenario, display the **summary image** that appears at the end of each video.

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| <p>1</p> <p>Sara's story</p> <p>Critical situation</p> <ul style="list-style-type: none"> • Sara enters Philip's room uninvited and lies on his bed. • This upsets Philip and he shouts at her. • Philip is angry and shouts at Sara. • Sara is upset and leaves the room.  | <p>2</p> <p>Albert's story</p> <p>Critical situation</p> <ul style="list-style-type: none"> • Albert is vocalising loudly one night. • This angers Stanley who enters his room ready for a fight. • Stanley is angry and shouts at Albert. • Albert is scared and leaves the room.  | <p>3</p> <p>Astrid's story</p> <p>Critical situation</p> <ul style="list-style-type: none"> • Astrid's usual community carer is away. • She resists care from new carer Josh. • Josh is angry and shouts at Astrid. • Astrid is upset and leaves the room.  |
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ASSESS

| Guiding questions | Things to consider |
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| Is there anything you know about the person/people that might be relevant, such as any physical, cognitive, environmental or psychological and emotional factors? | Think about the background of the people in the scenario. Is there something about them or their past experiences which can help explain what is happening? |
| What is the level of risk in this situation? | Refer to your workplace's risk guidelines or the risk matrix resource DTA has provided. |
| Who might be best as the AID Leader? | It might not necessarily be the first staff member on the scene. Consider who has the best rapport with the person. |
| Who else is available to assist? | Consider not just other care staff but staff in other roles (e.g. kitchen staff), other residents, family etc. |

INVESTIGATE

| Guiding questions | Things to consider + some examples |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How should the AID Leader approach the person/s? | Open stance and body language, staying in line of sight, how much space should they allow between themselves and the resident/s |
| What could the AID Leader say to interrupt? | Using a calm voice say a friendly greeting using their preferred name Scenario 1: "Hello Philip" Scenario 2: "Good evening, Albert and Stanley" Scenario 3: "Lovely to meet you Astrid, my name is Josh" |
| How would their reaction to the interruption affect the AID Leader's response? | Consider what to do next if the interruption goes well and the person stops what they are doing and listens to what you are saying versus what to do if they ignore you and their behaviour escalates. |

DO SOMETHING

| Guiding questions | Things to consider + some examples |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How would you validate the person's emotion? | Using a calm voice say for example. Scenario 1: "Philip I can see you are annoyed. Let me help Sara get back to her room." Scenario 2: "Stanley - this is frustrating for you, isn't it? Please take a step back from Albert." Scenario 3: "Astrid, I see you are upset. Iris asked me to help you today." |
| Is there anything you know about the person that could help you decide what to do? | Is there something the person likes which might help re-direct them? Would suggesting the person does that with you potentially help? Scenario 1: Sara likes walking in the garden. Scenario 2: Albert is comforted by a simulated dog. He also likes music. Scenario 3: Astrid prefers personal care from Iris, but she worked as a counsellor - so sitting with someone and talking could be familiar to her. Astrid also enjoys being in her garden. |
| What do you think the people in the scenario should do? | How would you assign roles? What should each person do? For example, is it necessary for others to be moved away, if so who should do this? |
| What should the AID Leader do | There are no correct answers, but some possible ideas are: |

| Guiding questions | Things to consider + some examples |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Scenario 1: Reassure Sara that she is safe. Re-direct her to doing something that she enjoys such as walking in the garden.</p> <p>Scenario 2: Ask Albert to take a seat next to his dog while you direct Stanley to leave the room with Amira's help. Reassure Albert that you will check his chest once Stanley has gone.</p> <p>Scenario 3: Reassure Astrid that she is safe and you won't make her do anything she doesn't want to do. Try to re-direct. Perhaps ask if Peter could make you both a cup of tea, and you sit down (at a safe distance) and talk with her, or ask her to show you the flowers you noticed in her garden.</p> |
| If there was more than one resident involved, who do you think should be approached first? | Consider who is at the most risk of being harmed. Who is causing the situation to escalate? If there are multiple staff available, the AID Leader might ask someone else to attend to the other resident/s. |
| Could anything in the environment be changed to make the situation less overwhelming? | Could the environment be too noisy, too bright, too hot or too cold? |
| What should the AID Leader do if their involvement makes things worse? | Go back to Assess. Step back, watch and listen. Adopt a different approach such as getting another person to respond instead? |

DEBRIEF

| Guiding questions | Things to consider + some examples |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What would be important to consider in the debrief about this situation once it is resolved? | Identify which people might have been most affected by the situation including the resident/s, staff, and family. How would you share the things that worked and didn't work with others in your workplace. |
| Were things done that may have unnecessarily escalated the situation further? | Did anyone get too close? Move too quickly? Say something that might have made things worse? |
| Is there anything that could be done to prevent this happening again? | Could you identify an underlying cause of the escalation? |

Activity 3: Using the AID Approach in our workplace [4mins]

i Wrap up responses and lead a brief discussion based on the following questions.

-  What things can we take away from this exercise and use in our daily practice?
- How can our workplace better share information about the people we care for – to help us know their preferences for these critical situations?
- Are there any changes we need to make for this approach to work in our workplace?
- What can we do as a group to facilitate these changes?
- How should we debrief after a critical situation?
- How can we debrief with any residents who were involved?
- How can we ensure we communicate effectively with one another e.g. staff handovers?

Take-home messages [1 min]

i End the session with take-home messages.

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 - A person-centred approach is important for effective de-escalation.
 - The way you communicate is important – have an open body stance, give the other person plenty of space, keep your language simple, use a positive tone, reduce distractions, and listen and respond to the person.
 - Working as a team is important. Assign an AID Leader and remember roles can be dynamic.
 - Every person and situation is different. The same approach won't always work.
 - Sometimes, despite your best efforts, the situation can't be resolved and you may need to call in outside help, such as emergency services.
 - Always document and de-brief after an incident and share your learnings with others.
 - Practice, practice, practice to embed the skills.

FOLLOW-UP

i Reinforce learning in a week or two by having the same group of staff reflect on this session. For example:

- Have there been any recent situations requiring de-escalation? Did they use the AID Approach? What worked and what didn't work? How were roles assigned?
- How can we incorporate the tools we use to record a person's preferences (e.g., behaviour support plan, Top5) in our approach to critical situations?
- Have staff noticed any changes in how they approach critical situations having completed the training session? Encourage the sharing of experiences and outcomes.
- What did you learn through de-briefing after a critical situation?
- Reinforce learning by running the session again using a different scenario or workshop a situation experienced in practice.
- Review the risk assessment tool used in your workplace.
- Complete the toolkit topics – Ken's story and Robby's Story - to improve understanding about how the ABC tool can be used to investigate triggers and avoid stress building up for a person living with dementia.

FOR MORE INFORMATION

Resources available from DTA website

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| <p>AID Approach Poster [PDF]</p> | <p>Risk assessment matrix [PDF]</p> | <p>ABC poster [PDF]</p> |
| <p>Changed behaviour quick reference cards and lanyard checklist cards [web page]</p> | <p>Learn more about changed behaviour by completing a DTA online course. [web page]</p> | |

Tools to learn more about the person and share the information

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| <p>Sunflower chart [PDF] Agency for Clinical Innovation, NSW</p> | <p>Top 5 [web page] NSW Clinical Excellence Commission</p> <p>TOP 5 model</p> <ul style="list-style-type: none"> T Talk to the Carer O Obtain the information P Personalise the care 5 5 strategies developed | <p>This is me [PDF] Alzheimer's Society (UK)</p> | <p>One-page profile [web page] Helen Sanderson Associates</p> |
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