Against violence in elderly care

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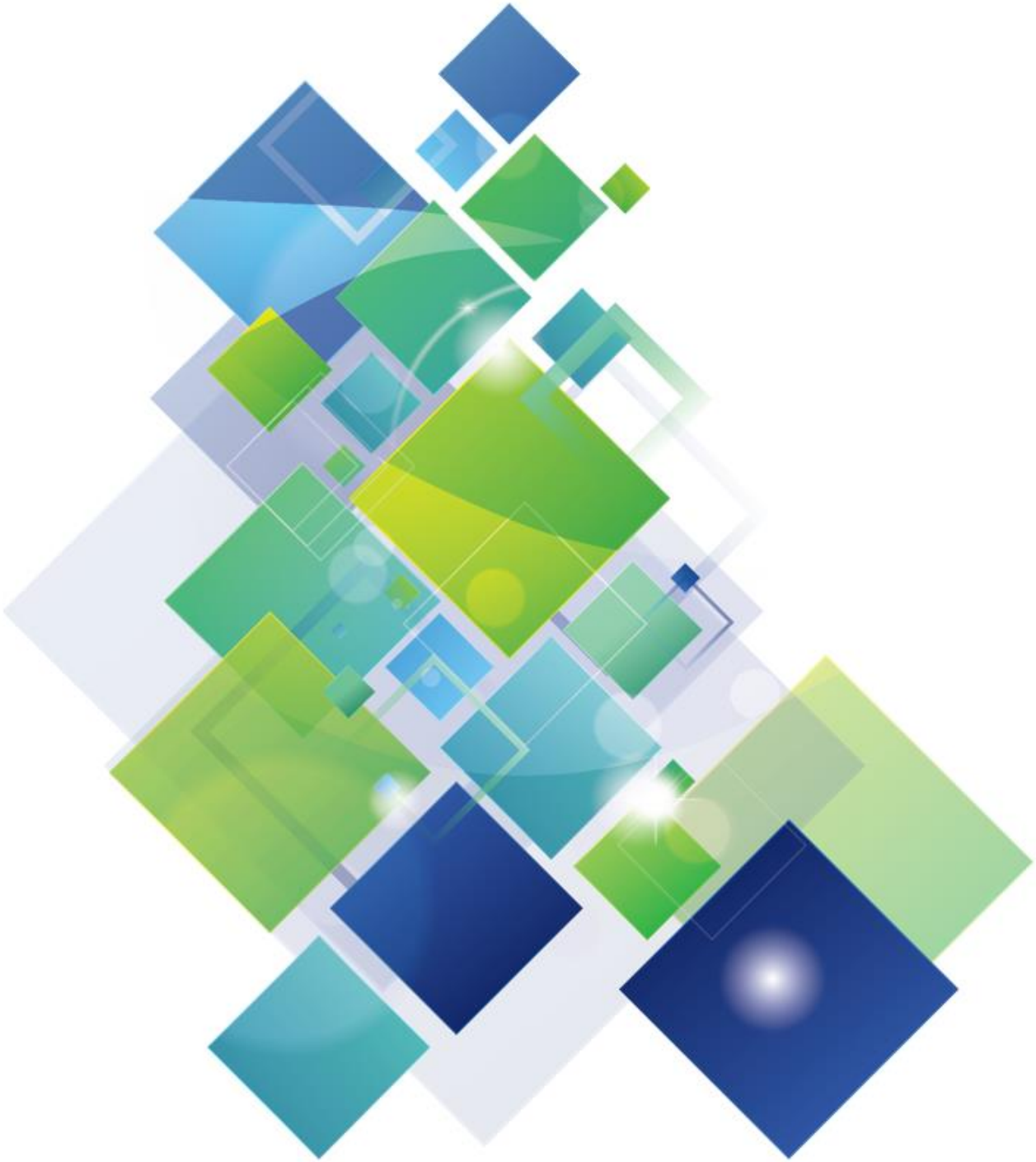


Public

PROFILE OF TRAINEES

The group of trainees was made up of **11 people** from 5 different nursing homes:

- 1 gerontologist psychologist
- 2 care managers
- 6 care givers
- 2 care givers without diploma

A few of them had already followed a training on elder abuse.

PROFILE OF TRAINEES

The trainees appreciated that the group was heterogeneous with different functions.

This configuration made it possible to:

- share their professional experiences, good practices
- become aware of situations experienced by their colleagues
- complete their skills
- reassure themselves by realizing that their colleagues were facing the same situations of violence
- better understand each other's feelings
- discover new ways of working
- get them out of their daily professional environment

PROFILE OF TRAINER

The trainer selected for this training project is Brigitte NOTON.

She is a healthcare manager with solid professional experience in the healthcare and elderly sectors **for 35 years**:

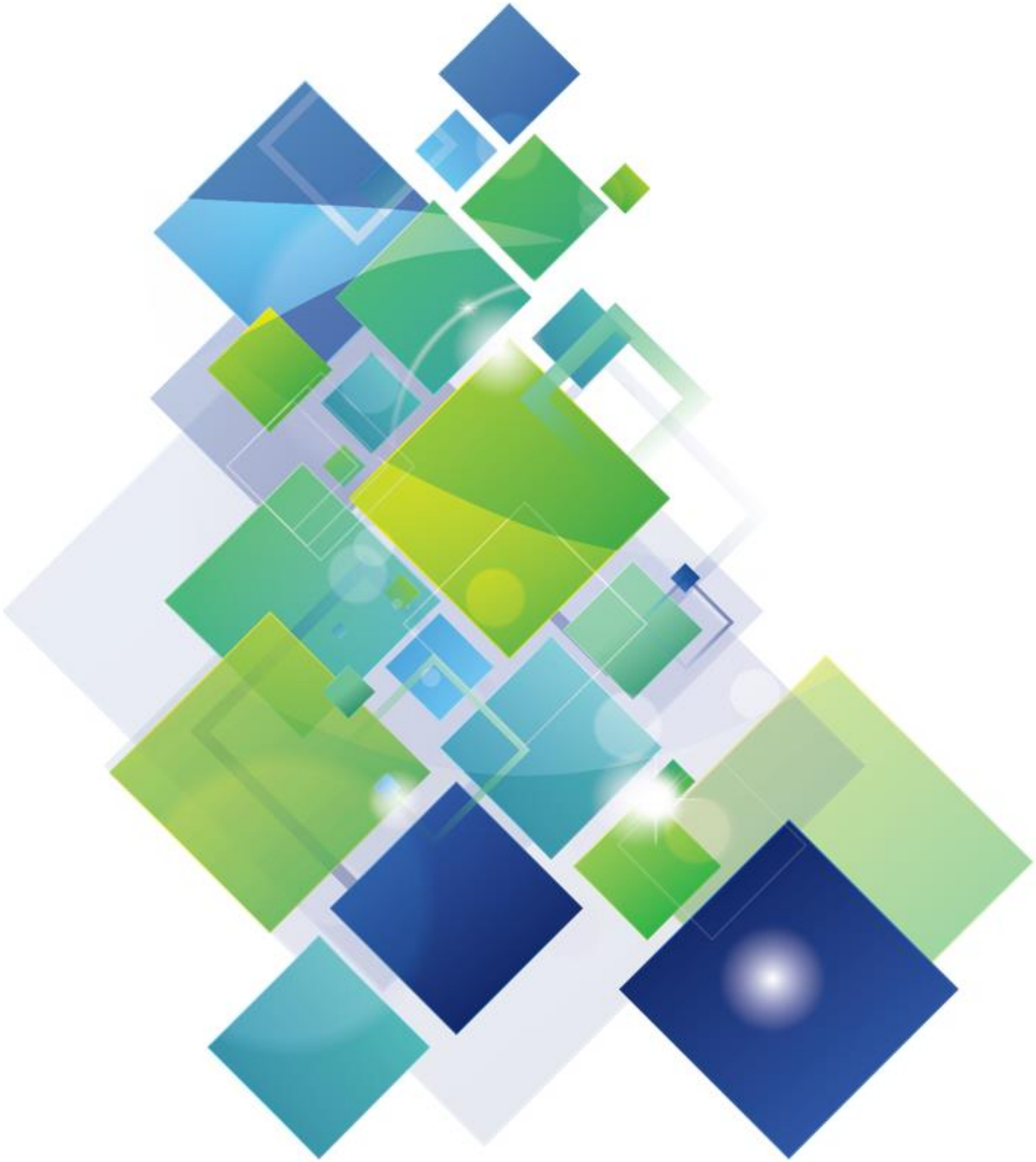
- care manager in nursing homes
- healthcare manager in hospitals specialising in psychiatry and gerontology
- manager in an emergency service
- coordinator manager in a health network
- Teacher in a nursing institute

PROFIL OF TRAINER

Facing situations of caregivers’ burn-out and the elderly persons' malaise, she has specialized since 3 years in non-medicinal and alternative approaches to strengthen the well-being of people such as reflexology, aromatherapy, sensory and body stimulation.

Her assets for this project:

- practical experience as a care manager
- experience of violent situations (especially in psychiatry)
- knowledge of the field (nursing homes, hospitals, at home)
- skills in elderly care and ageing
- skills in interpersonal communication and emotional regulation
- pedagogic skills



Training content / acquired skills

THEME OF VIOLENCE

At the beginning, the trainees were disturbed by the term violence which has a very **negative connotation** for them = intentional acts of violence by caregivers towards elderly persons.

Violence is **trivialized or taboo** in their facilities: they accept violence (=resignation because no feedback on reported situations) or are in denial (=have become accustomed to these situations); ignorance of protocols about situations of violence; very few exchanges in best practices about this theme…

The main sources of violence for them

- Elderly persons = agitation, aggressiveness, violence linked to dementia pathologies
- Relatives = They are often in denial and do not accept their parent's loss of autonomy / difficulties in integrating them into care practices, either too present or absent
- Between colleagues = a lot of discomfort in the work which leads to aggressiveness
- Professionals = lack of knowledge about the elderly person which leads to inappropriate behaviors

THEME OF VIOLENCE

Questions related to the theme / Needs identified by trainees at the start of training:

- *What are the types of violence?*
- *Is violence always a voluntary act?*
- *Does being negligent mean being violent?*
- *How to handle violent situations in team?*
- *How to anticipate violent situations?*
- *How to guarantee the safety of the elderly while respecting their rights and freedoms in a process preventing abuse ?*
- *How to regulate stress facing situations that do not depend on us in order not to be aggressive towards the others?*

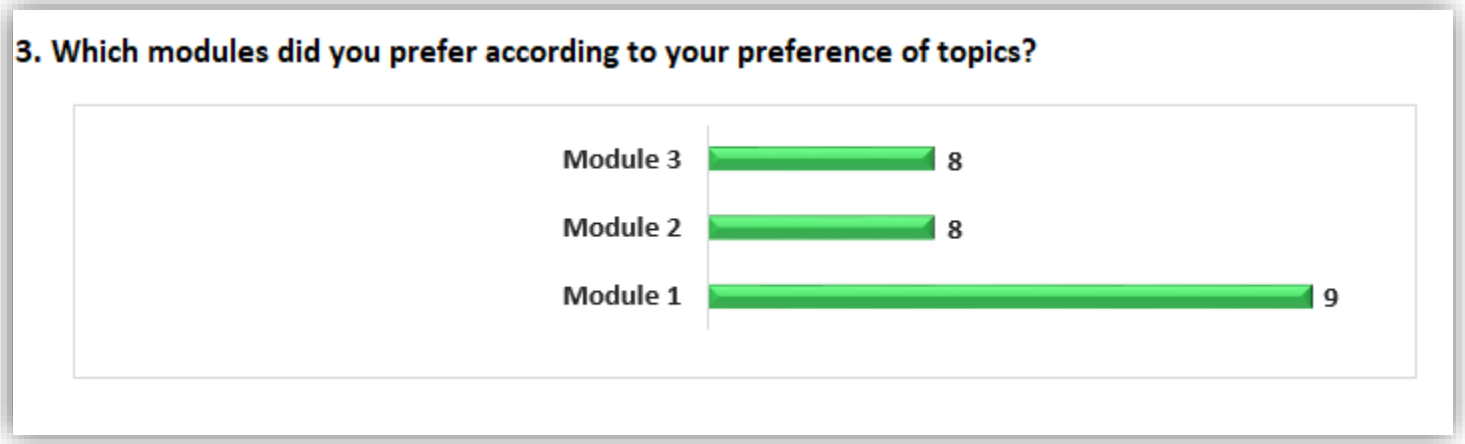
THEME OF VIOLENCE

- *How to know if a situation is acceptable or not? For example, in the case of an aggressive behaviour due to a dementia pathology. Or if the relatives are aggressive because they suffer morally seeing their parent in loss of autonomy ? Where to place the cursor?*
- *In a situation of aggressiveness between relatives and the elderly person, how to conciliate respect for privacy and prevention of the risk of violence?*
- *Are there specific protocols to deal with violence?*
- *How to break our routine to avoid inappropriate behaviors?*
- *Can the staff be considered responsible in the event of individual violence?*
- *Can we regulate all forms of violence?*
- *What are the conditions for intervening in the event of acute violence?*

MODULES AND TOPICS

All training modules interested trainees according to the assessment questionnaires following the face-to-face training *(base: 10 trainees because 1 trainee absent during module 3 due to an accident at work).*

The training program has been considered as very complete and easily transposable into daily practices, with a slice preference for module 1 which allowed to set the framework of violence and to better understand the aims of the training course.



MODULES AND TOPICS

Regarding **module 1**, the 2 themes that were preferred are **the basic notions of violence** and **the manifestations of violence**.

Highlights :

- The sociometric scale to identify violent situations daily and their frequency
- Forms of aggression and violence in facilities
- Recognition of risky situations, warning signs of abuse, signs of increased tension, trigger factors for aggression…
- Supports of risk assessment

MODULES AND TOPICS

Findings and up-skilling :

- Most of the trainees did not realize that they were confronted with a lot of violent situations in their practices. The sociometric scale and the self-assessment work made it possible to identify the different forms of violence, their frequency and level of intensity.
- Some trainees were shocked by certain types of abuse described in the module related to lack of care or intimate assaults. This module allowed them to know all the forms of abuse and to become aware that there are negligent behaviors towards the elderly persons.
- They know the charters of rights and freedoms of the elderly but have very few discussions on the valuation of rights in best practices. This module provided concrete examples for respecting human rights.
- The trainees say they are not aware of specific protocols in their facilities about the management of violence. They were able to work on assessment tools allowing them to better assess the risks of violence on a daily basis.

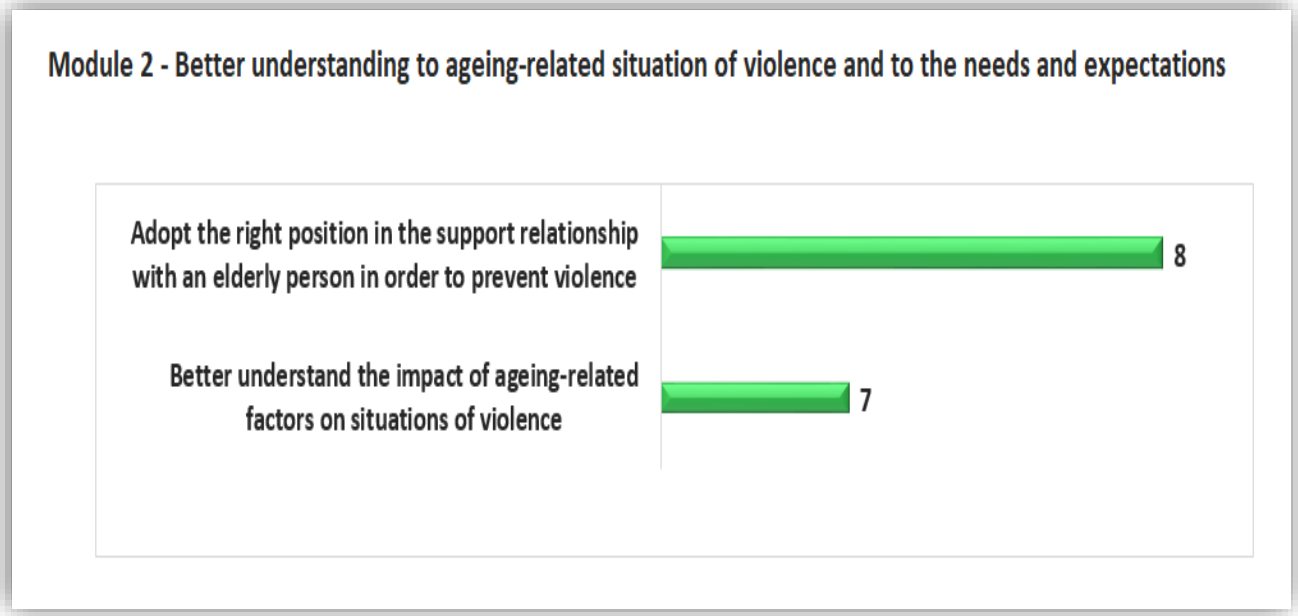
MODULES AND TOPICS

Trainees' comments on this module:

- deepen the topic on violence between colleagues, which can be very common, for example between day and night staff, between job profiles, permanent or temporary staff, different personalities…
- define with the management acceptable or unacceptable situations in their care home / systematically train the management before the staff to define a course of action. Some managers are not trained and misinterpret situations.
- train all staff (and relatives) with this basic module so that behaviors change and training is effective.
- resituate the role and duties of all stakeholders and their responsibilities.

MODULES AND TOPICS

Regarding **module 2**, the 2 themes were most appreciated.



Highlights :

- Knowledge of the neurodegenerative disorders
- The analysis of real needs and expectations with the compass method
- The concepts of consent and assent
- The helping and supportive relationship
- The methods of helpful and facilitative communication with the elderly person

MODULES AND TOPICS

Findings and up-skilling :

- A large number of trainees have been trained with the ageing simulator and therefore knew the alterations related to normal ageing. The trainer focused more on behavioral disorders related to different neurodegenerative pathologies.
- The trainees did not know the concepts of consent and assent. They do not check the consent of the elderly person in the acts of accompaniment and care, which sometimes generates situations of opposition. The trainer carried out role plays in order to obtain the consent of an elderly person or the assent of a person with cognitive disorders.
- The concept of a helping relationship according to Carl Rogers was unknown to them even if they knew the concepts of empathy and active listening. The limited time to wash the elderly alters their quality of presence. Role plays were made to be more person-centered and congruent according to the person-centered methodology.

MODULES AND TOPICS

Findings and up-skilling :

- Many trainees have access to the personalized project of the elderly person but do not consult it. They care for the elderly person, his/her relatives without knowing their biography, his/her health situation, his/her wishes, tastes, hobbies... So the questioning method has been extensively tested so that the trainees could know the person’s biography, his/her needs and expectations, personalize the helping relationship and the care.
- Most of the trainees always use the same mode of communication without adapting it to the abilities of understanding of the elderly, which generates a lot of frustrations and misunderstandings. They experimented different communication methods adapted to elderly persons like reformulation techniques, Naomi Feil's Validation, the approach using looking talking and touching according to GINESTE-MARESCOTTI’s Humanitude® methodology, Augmented Alternative Communication (AAC), …
- The analysis of people's needs was a real problem for most of the trainees leading to poorly assessed needs and therefore to situations of violence, opposition or aggressiveness. Practical exercises were carried out with the compass tool to analyze and check the needs of a violent elderly person or an aggressive relative or an aggressive colleague (list of the person’s aspirations and needs; verification and prioritisation of needs and aspirations; joint preparation of the consent agreement; review of the consent agreement).

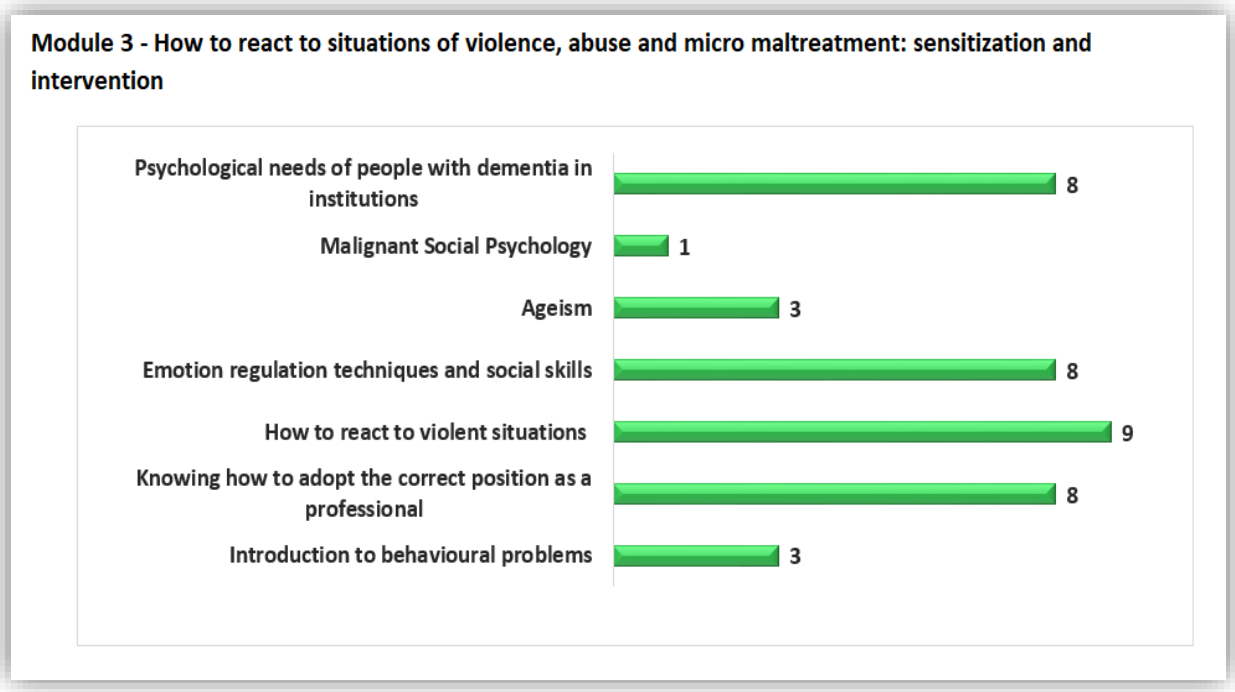
MODULES AND TOPICS

Trainees' comments on this module:

- Focus more on neurodegenerative pathologies than on psychiatric pathologies to lighten the module
- Summarize more the guidelines of best practices or offer a more playful pedagogy = difficult to transpose into their practices
- Integrate the ageing simulator for trainees who do not know it in order to better understand the consequences of ageing on the person
- Insist more on appropriate behavior to handle aggression between residents
- Have more methods to integrate relatives in care while setting limits for them

MODULES AND TOPICS

Regarding **module 3**, the 4 themes that were most appreciated are **techniques for knowing how to react to violent situations, emotion regulation techniques and social skills, knowledge of psychological needs** and **knowing how to adopt the correct position as a professional**



Highlights :

- Knowledge of automatisms that generate conflicting situations
- Communication techniques adapted to people with dementia according to the behavioral disorder observed
- Attitudes and methods that help to resolve conflicts as the non violent communication
- Knowledge of relaxation techniques, emotions regulation

MODULES AND TOPICS

Findings and up-skilling :

- Some trainees admit they sometimes behave inappropriately towards residents, relatives due to routine: familiarities, cognitive bias, automatisms in the relationship, attitudes of trivialization, infantilization, lack of consideration... The trainer worked on role plays to raise awareness and to adapt their behavior.
- Being able to handle violent situations linked to behavioral disorders remains the main problem for trainees. According to them, the pathologies are very diverse and complex in nursing homes with some similar disorders. In addition to module 2, they integrated concrete guidelines adapted to each behavioral disorder of the person with dementia.
- Trainees say they are very stressed on a daily base and have difficulties regulating it, which leads to situations of violence towards the elderly, relatives and colleagues. They were able to experiment some emotions regulation and relaxation techniques from the module, such as deep breathing, muscle relaxation, thought regulation.

MODULES AND TOPICS

Findings and up-skilling :

- Carers face many difficulties in the relationship with relatives. They appreciated knowing the procedure for intervening in a conflict, strategies to deploy, using techniques from non-violent, assertive communication and self-regulation to manage crisis situations.
- Emotional skills remain difficult to acquire for some trainees. However, the training allowed them to better understand that each person has his/her own frame of reference, to be more tolerant and to be able to be in the shoes of the aggressive person.

MODULES AND TOPICS

Trainees' comments on this module:

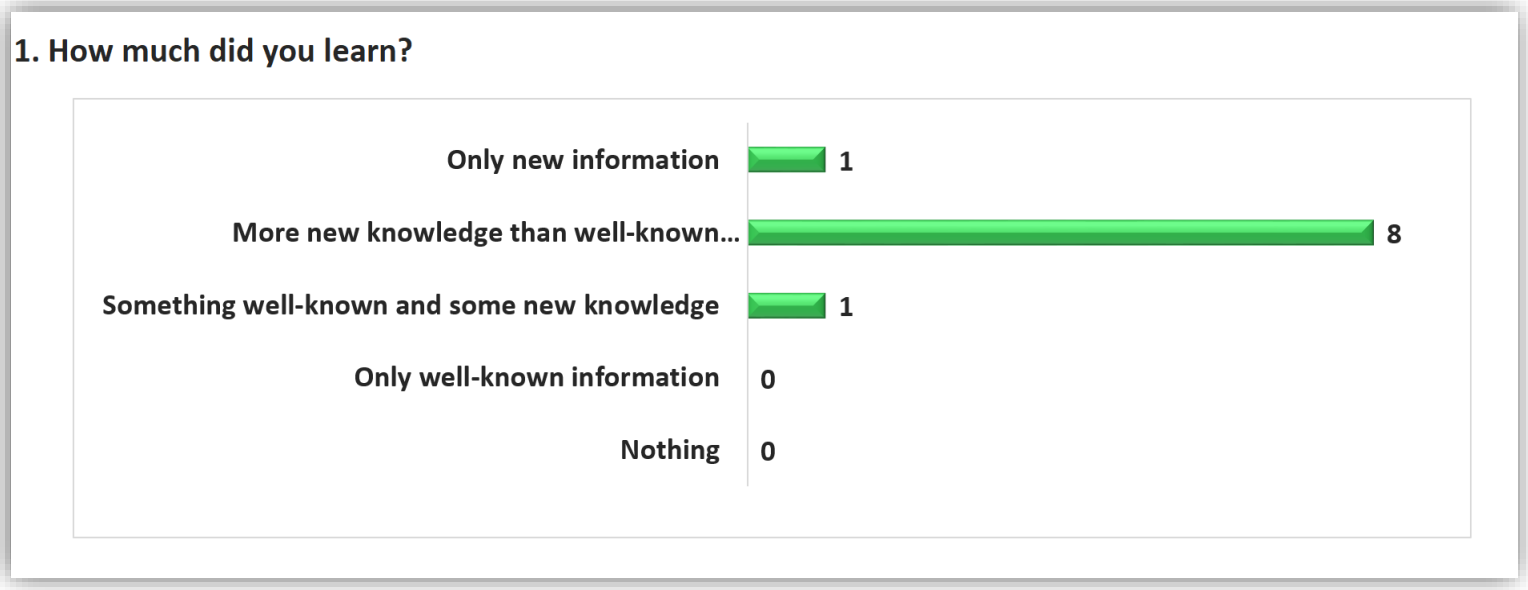
- The concept of malignant psychology and the Kitwood model are too complex and theoretical for trainees
- In France, the notion of affectivity is less developed. Some positive attitudes related to the needs of people with dementia are difficult to transpose = a lot of turnover in the services / risk of attachment and moral suffering
- Certain redundancies with modules 1 and 2, in particular on needs analysis, communication, person-centred care, abuse
- Difficulties with the notion of ageism
- Develop a part on the mechanisms of stress
- Plan the module in 1 + 1 days to start experimenting with certain emotion regulation techniques and adapt them with the trainer

ACQUIRED SKILLS

Most of the trainees feel that they have acquired **more new knowledge than well-known information (8 trainees)**.

The psychologist already had a good basic knowledge while an unqualified caregiver only acquired new knowledge. Another caregiver already had knowledge because she is following a course to become a nurse.

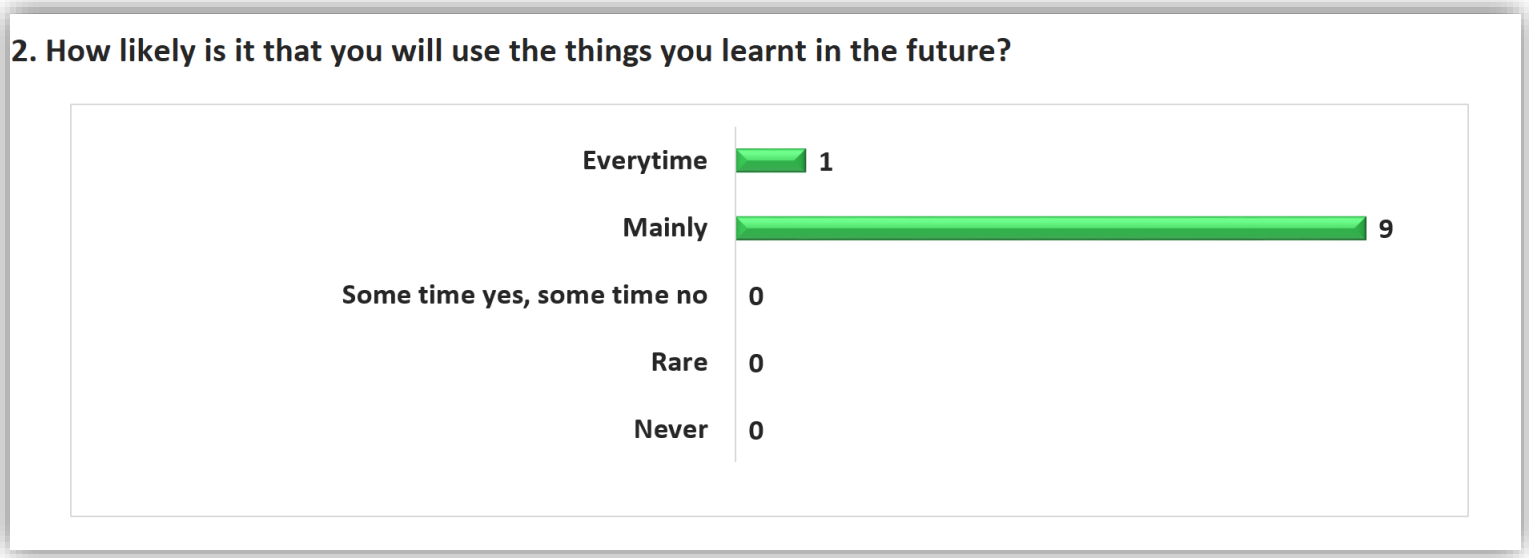
It should be noticed that the 2 care managers consider that they have acquired a lot of new knowledge.



ACQUIRED SKILLS

All trainees consider that they will be able to integrate the knowledge acquired into their practices.

Some of them have already changed their practices between modules.



ACQUIRED SKILLS

Examples of knowledge they applied:

- Analysis of needs and expectations with the compass tool trying to seek a consent agreement in the care relationship
- The method of questioning to better detect the expectations of the elderly person behind an aggressive attitude. For example, a resident was systematically in opposition and aggressiveness with the caregiver during her toilet. In fact, she was embarrassed that the caregiver was a man and preferred to wash herself. The caregiver heard her request and validated the fact that she washes herself on her own, judging that her autonomy is sufficient. The resident is no longer aggressive and asks for help if needed.
- The consent of the elderly person is systematically sought. They no longer impose choices on behalf of the elderly, especially for people with dementia.

ACQUIRED SKILLS

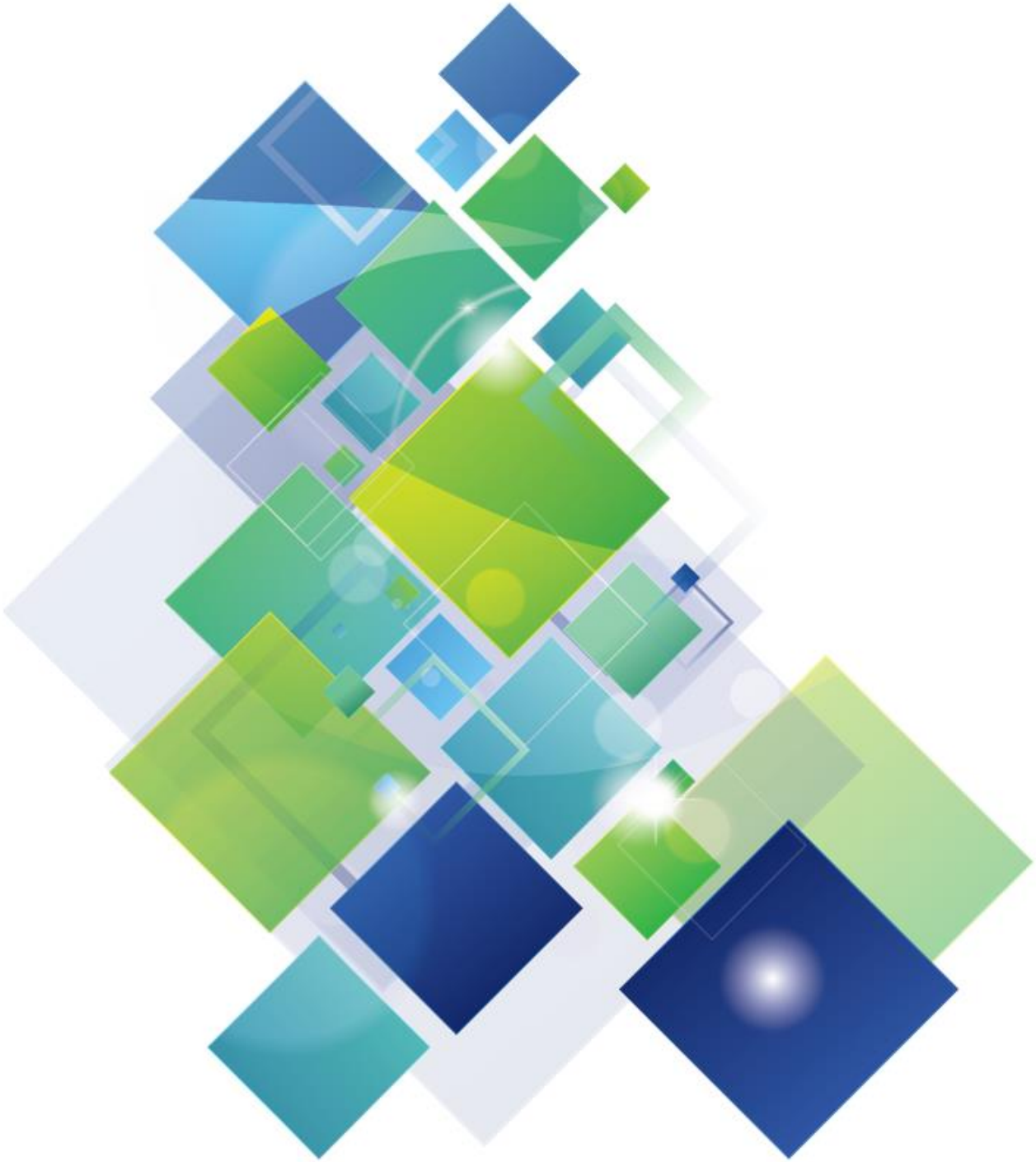
Examples of knowledge they applied:

- With elderly people with dementia, they try to better analyze the origin of behavioral disorders to better position themselves with appropriate behavior. The knowledge acquired allowed them to take a step back from situations of violence and not to escalate situations.
- They less trivialize situations of violence and are more attentive to risky situations to prevent them and alert them if necessary.
- They make fewer automatic gestures and try to understand situations by analyzing more the context, the environment.
- They are more understanding and tolerant towards the elderly person and respect their pace more rushing them less.

ACQUIRED SKILLS

Examples of knowledge they applied:

- Facing team conflicts, they try to understand the feelings of their colleagues to better communicate with them.
- They understood that it was necessary to waste time to gain it. They use active listening to better focus on the elderly person.
- They adapt their communication according to the context by not always using the same communication techniques for all residents (reformulation, validation, non-verbal techniques).
- They are more attentive to abuse by negligence or omission linked to unmet needs and lack of time.

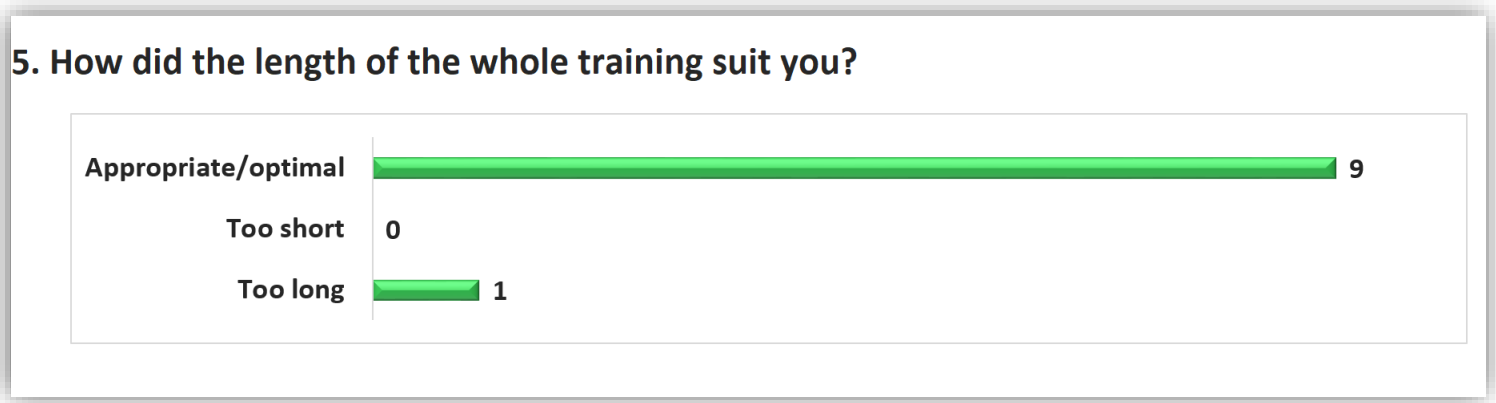


Duration

DURATION

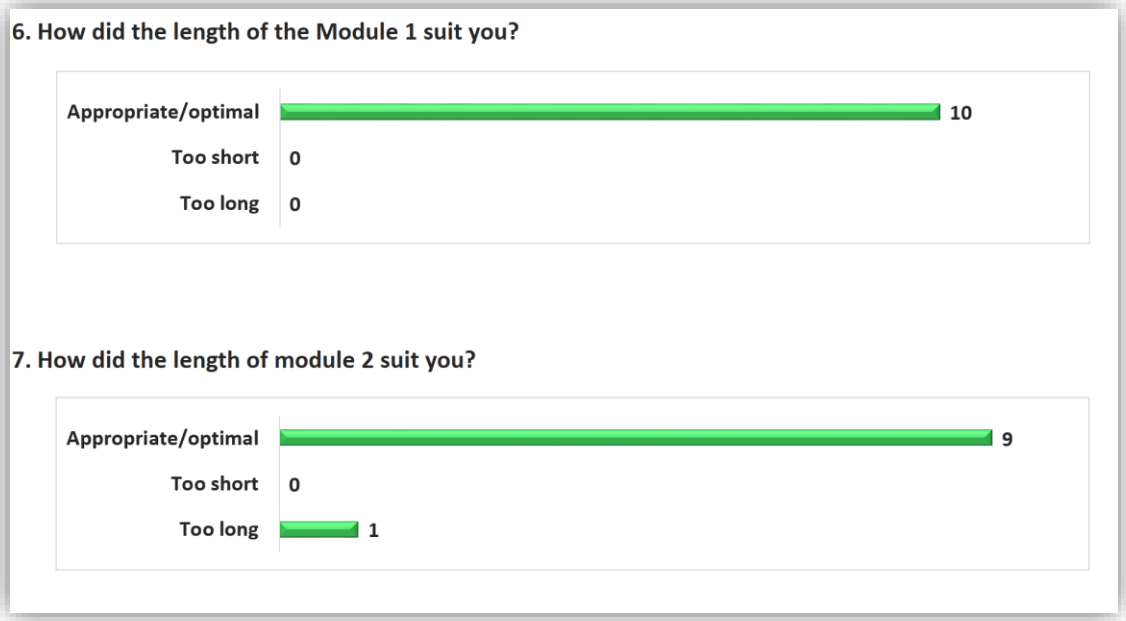
Trainees consider the duration of the training to be appropriate.

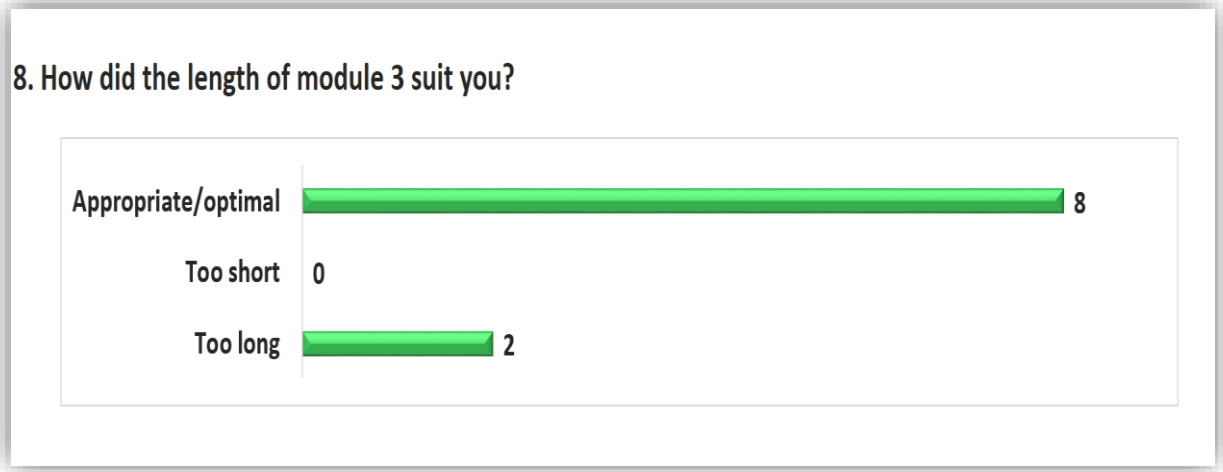
Only 1 trainee found the training long (the psychologist) because she had a lot of knowledge.

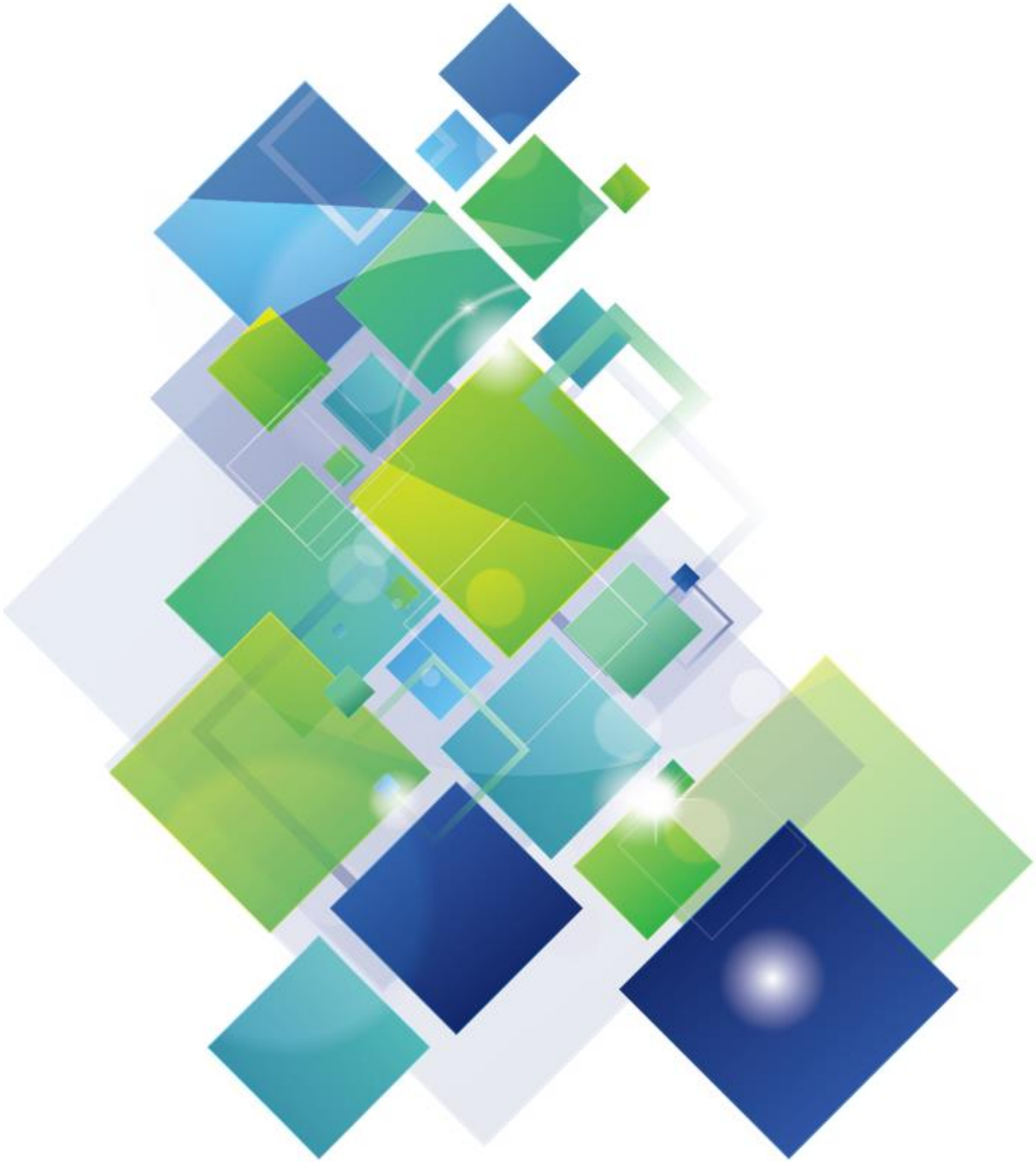


DURATION

Modules 2 and 3 were considered too long by a few trainees = a lot of theoretical knowledge to assimilate.



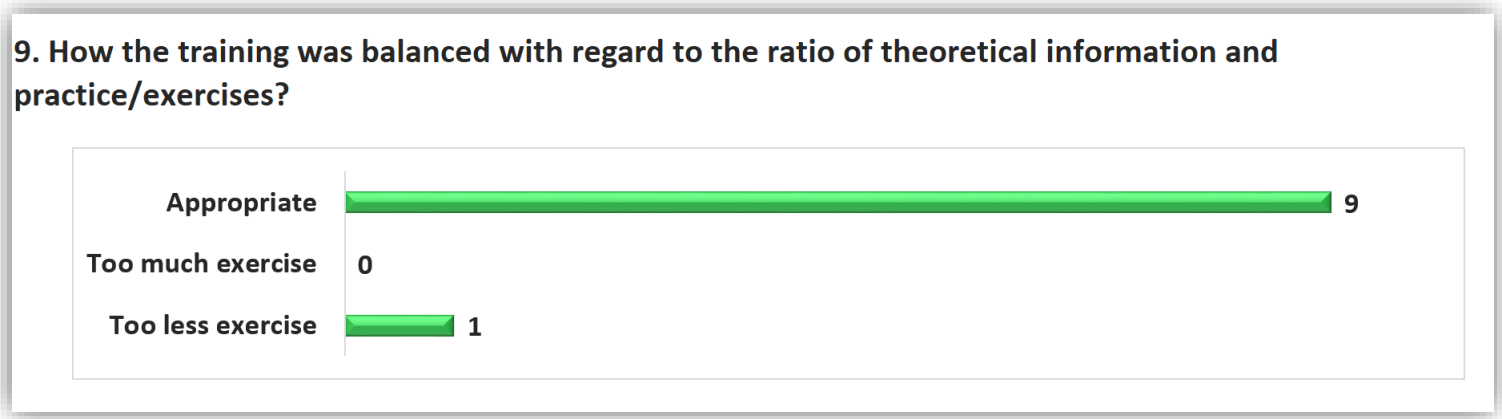




Pedagogy

PEDAGOGY

Most of the trainees consider the training was balanced regarding the ratio of theoretical information and practice/exercises. A trainee would have liked more practical exercises, especially for module 2 where there was a lot of theoretical information.

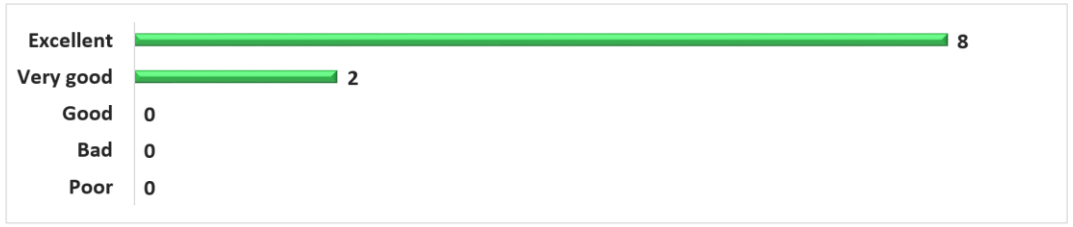


PEDAGOGY

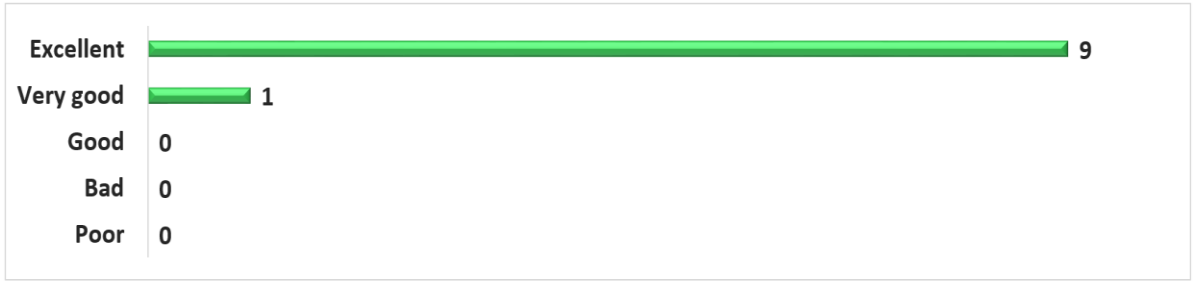
All trainees were satisfied with the work or methodology of the trainer for the 3 modules. The trainer gave many concrete examples, worked on situations from their daily environment. They appreciated the variety of educational materials: case studies, pratical exercices, educational games, scenarios…

10. How do you rate the work or methodology of the trainer in Module 1?

11. Please scale here, how do you rate the work or methodology of the trainer in Module 2?



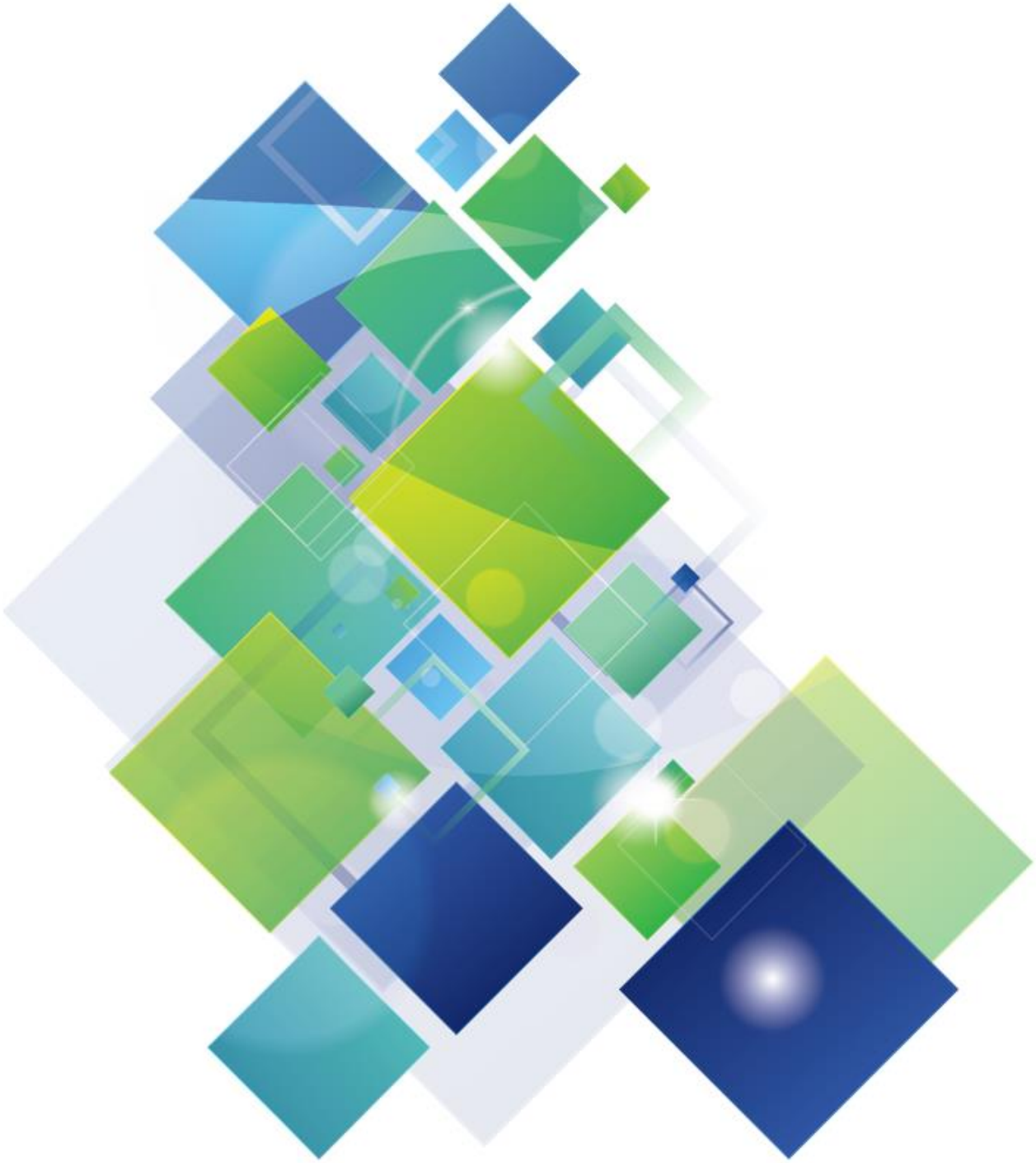
12. Please scale here, how do you rate the work or methodology of the trainer in Module 3?



PEDAGOGY

The pedagogic tools they most appreciated:

- Sociometric scale of violent situations / Self-assessment on situations of violence
- Klupperl exercise to better understand the behaviors leading to violence
- Funny games to associate disorders with different neurodegenerative pathologies
- Role play to understand the feelings of the elderly persons, carers, relatives according to the alterations related to ageing
- Role play to become more aware of the influence of one's own attitudes on others
- The study case with the compass method for analyzing people's real needs and expectations, taking them into account by seeking the best consent/agreement
- The study case to experiment Naomi Feil’s method of validation
- Practical exercises on passive, aggressive and assertive communication
- Practical exercises on active listening, questioning, reformulation
- Role play to ask for the consent of the older person
- Practical exercise to handle the anger of a family
- Practical exercise to regulate emotions



General Comments

TRAINEE'S COMMENTS

- *"The topic of violence is difficult but we feel very positive after this training"*
- *"The training was rich and interesting"*
- *"We won't trivialize anymore some situations and will dare talking about them"*
- *"We know better how to position ourselves and step back when facing aggressive situations"*
- *"We will take more into account the words and needs of the elders, without systematically imposing our own choices"*
- *"All our colleagues should be trained (including managers and night staff)"*
- *"Interacting with colleagues from other facilities makes us realize that we deal with the same difficulties and can look for alternatives together"*
- *"We understand better some aggressive reactions and the feelings of the elders, colleagues and relatives" / "We shall be more tolerant facing some situations by stepping in each other shoes"*
- *"We will pay more attention to warning signals"*
- *"We have techniques which will help us to channel one resident's agitation and one colleague's agressiveness"*

GENERAL COMMENTS

Progress areas (trainer and trainees) :

- To suggest 1 day of mandatory training to the managers (face-to-face) before the training of all staff.
- To plan a common day (staff+management) to work on internal means, common protocols and strategies / To integrate the management of violence in the personalized life and care project.
- To reduce module 2 from 3 to 2 days in order to have 5 days of training for the 3 modules + 1 e-learning day to share experience and analyse the actions set up by the trainees and adapt them
- To delete some redundancies, especially between modules 2 and 3
- To simplify some notions in the training material – some notions being complex for non-carer staff
- To delete some theorical and psychoanalytic (ex: malignant psychology) within everyone's reach and too dense

GENERAL COMMENTS

- To add other topics such as team work and stress in the curriculum
- To add more non-medical approaches, especially to deal with aggressiveness of people with dementia (body and sensory workshops, aromatherapy, flash animations…)
- To address the specific case of tasks shifts which lead to inappropriate behaviors because the needs are under estimated by a lack of skills. As an example, a trainee explained that, following the Covid crisis, the psychologist no longer deals with the interviews with relatives, so it's done by the caregivers / Another trainee explained that a non-carer with mental disorder performs care to people with dementia / a caregiver without diploma deals with medication…
- To train all the staff in one care home in order to have the same level of understanding when it comes to violent situations, and be consistent in the responses to be provided
- To complement this training with another one in a working situation (individual coaching of the trainees and trainer's advices facing some specific situations)

Thank you!

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