



Post-incident Debriefing Guidance

For staff working in
inpatient settings with
children and young people



TALK DOWN TIPS

CONTROL YOURSELF

- ⇒ Act calmly and confidently. Show no fear, subjection, or servility.
- ⇒ Have lowered, uncrossed arms and open hands.
- ⇒ Relax face, don't frown, or purse lips.
- ⇒ No hesitation or uncertainty of speech, use silent strategies.
- ⇒ Breathe deeply and concentrate on situation.
- ⇒ Relax body, no hands on hips or in pockets, don't corner patients, threaten or make false promises.
- ⇒ Don't corner patients, threaten or make false promises.

⇒ Don't judge, criticise, show irritation, frustration, anger, or be retaliative. This is not personal and it is not about you.

⇒ Don't argue or say they are wrong or you are right.

⇒ Don't defend or justify yourself.

⇒ Show no reaction to abuse or insults directed at you, ignore them or partially agree them.

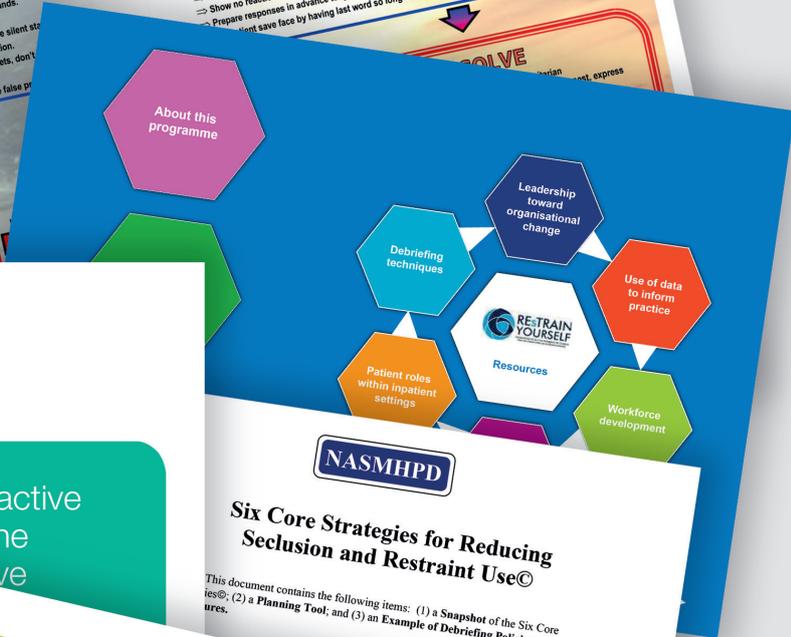
⇒ Prepare responses in advance to typical insults.

⇒ Don't save face by having last word so long as they are complying.

Department of Health

Positive and Proactive Care: reducing the need for restrictive intervention

Prepared



NASMHPD

Six Core Strategies for Reducing Seclusion and Restraint Use

This document contains the following items: (1) a Snapshot of the Six Core Strategies; (2) a Planning Tool; and (3) an Example of Debriefing Policies and Procedures.

RDASH

Positive and Proactive Care (Easy Read)

Reducing the need for restrictive interventions and what it means for you

Quality Matters

Corporate Services

Restraint Reduction Network

My Support Plan

MY VIEWS ARE VERY IMPORTANT, THEY WILL HELP PEOPLE TO HELP ME...

This document will tell staff they can help to achieve my goals and stay settled while I am being cared for away from home.

I want my parents/guardians to help me make this plan with staff.

Yes No

Post-Incident Debriefing Guidance

Introduction

This guidance is for staff working in inpatient settings to help them provide support to children and young people after an incident. It explains the difference between 'post-incident support' and 'post-incident learning'. The Restraint Reduction Network (RRN) has co-produced this guidance with young people with lived experience of inpatient care and their families. We explain when post-incident support and learning might be needed and what it should look like. You will also find out how to provide safe emotional care and use the 'My Support Plan' resource.



What is post-incident debriefing?

Post-incident debriefing is a well-known practice in mental health settings across the United Kingdom. Debriefings are a central part of the Department of Health's *Positive and Proactive Care: reducing the need for restrictive interventions* (2014) guidance. They are also a very important part of restraint reduction initiatives and trauma informed approaches, such as the Six Core Strategies© (Huckshorn, 2004), REsTRAIN yourself (Duxbury et al, 2019), Talk 1st and Safewards (www.safewards.net).

“

Services are beginning to listen to the voices of people with lived experience and to reflect on how they can improve care so that it meets ethical and professional standards ”

”

(Hammervold et al, 2020)



A recent Care Quality Commission (CQC) review found that

81%

of inpatient units caring for children and young people (including autistic young people and those with learning disability) had carried out restraints during the month prior to their information request, suggesting that restraint is currently not being used as a ‘last resort’.

It is therefore vitally important for providers to prioritise reducing incidents of distress and, if these occur, to put in place effective post-incident support and learning.

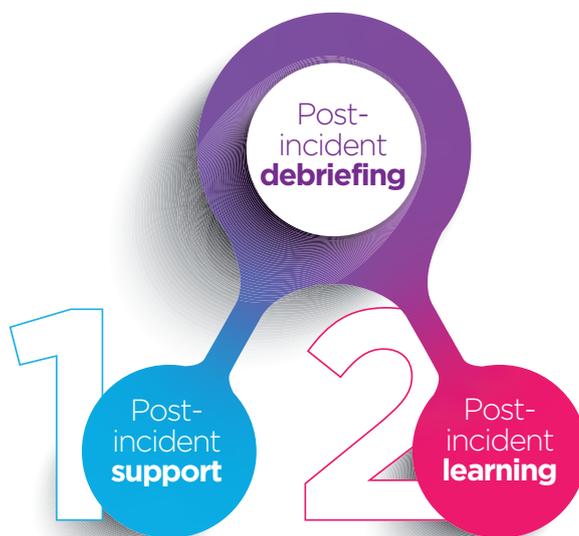
Post-incident debriefs are an important way of doing this, giving staff and providers an opportunity to learn from a crisis and improve a person’s care. They can help people keep a sense of who they are and stay hopeful when they are in crisis. They are an important way for people, and the staff caring for them, to find out the triggers for distress and to work together on solutions.

The best care is based on human values and a supportive environment. It is not complicated: it simply involves seeing children and young people as individuals and focusing on their specific care needs. It means listening to and learning from the person, as well as their families who know them best. This means that post-incident debriefs should be central to a provider’s care goals and values (‘care philosophy’), putting people at the centre of their care.

However, what is actually meant by debriefing? In practice settings, debriefing is often used to describe a whole range of different practices and approaches following distressing incidents. This can be very confusing for staff, young people and their families. Debriefing sounds formal, militaristic and impersonal. Does it involve focussed caring and support? Or is it about learning what went wrong or how to do better? Is it all these things?

The two stages of debriefing

It is helpful to think of debriefing as two separate stages, with different purposes and outcomes.



1 Post-incident support

Post-incident support is very different to post-incident learning (see right) in that **it focuses on the immediate physical and emotional wellbeing** of the people involved. Staff can 'check in' immediately or soon after an incident by reassuring, showing care and genuinely listening to the young person's voice. This support can also include managing practicalities (eg any injuries), capturing key issues and taking stock of the situation. However, this should not be the primary focus.

2 Post-incident learning

This focuses on learning about the event and how it can be avoided in the future. It needs to be carried out by a skilled facilitator who can enable reflections and identify areas of improvement in a non-accusatory way. Because it aims to understand what happened and why, it is a mixture of teaching and support. It should be carried out after a period of 'cool down' so that emotions can settle and people are in a better place to reflect. If the person facilitating 'goes in' too soon or isn't sufficiently skilled, people can be left feeling exposed, accused and blamed.

Incidents are often preceded by more subtle expressions of distress. When these are not spotted by staff, they can escalate and become difficult to manage and contain. All too often, these result in restraint and/or seclusion, which can be traumatic for the person and staff supporting them.

What qualifies as an ‘incident’?

Many children and young people contributing to this guidance (names have been changed) were confused by what might be an incident that would need debriefing. They asked,

“

**What constitutes an incident?
How do staff know when I need support?**”

”

One person commented,

Sometimes I need support and I don't get any, and when they think I don't need support, they offer it!



Ray made the point that the word ‘incident’ can make it sound like the person receiving care is at fault.

Like it's something I've done to cause the problem or the reaction. That's not right. Sometimes the cause of the 'incident' is external to me. It might be because of something staff said or because the hospital is too difficult to cope with. I'm talking about sensory stuff – like an overload – and then you react because you have nowhere to go. That's not my fault.

Others made important points about the subjectivity of what is considered to be an incident that requires support. Traditionally, post-incident support is used after incidents involving restraint, rapid tranquillisation or seclusion. However, other types of incidents may need support – and these will be different for different people, as Dannie explains,

Where I need support, others might not and vice versa. Of course, support is needed at different times for different people. That's obvious because everyone experiences things in their own way.

A new definition

The children and young people participating in this study co-produced a new definition of an event that might need post-incident support.

As previously mentioned, the emotive interaction or event causing stress or distress will be different for each person. This means for post-incident support to be effective, staff need to respond to the 'highly emotive interactions' in a person-centred way. It is essential for staff to have a good level of understanding about the people they are caring for, so that they are aware of what each person might find difficult and what is likely to cause ongoing stress or distress.

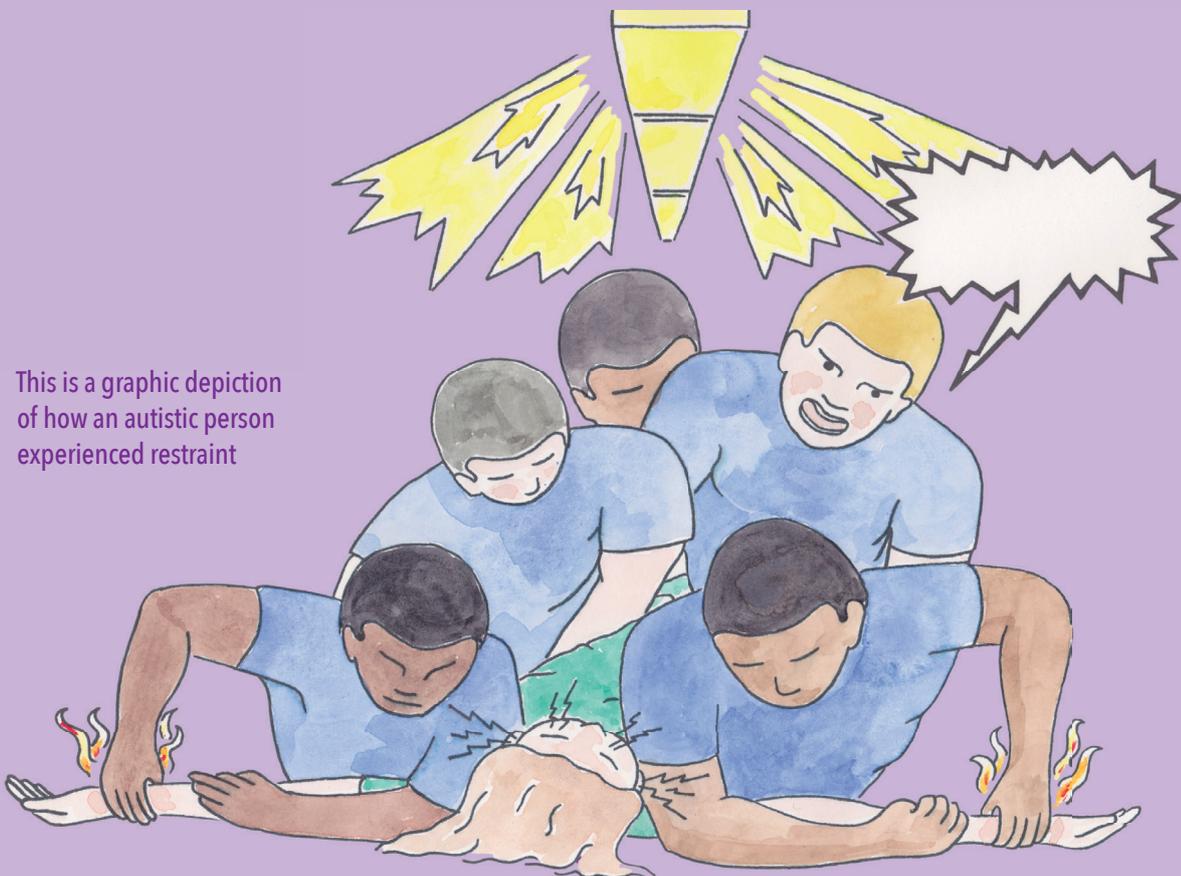
New co-produced definition:

“

An incident is a highly emotive interaction or event that might cause ongoing stress or distress, sometimes caused by a need not being met

”

This is a graphic depiction of how an autistic person experienced restraint



What young people told us about their debriefing experiences

I want support not a lecture!

Children, young people and their families told us that sometimes they felt challenged, rather than supported, when staff tried to talk about an incident.

Dannie said,

I hardly ever had support after a restraint. When I did, I felt like I was getting told off. Like I should have done this, or I should have done that. And staff would ask me, 'Why did you behave like that?' That word 'behaviour' winds me up. And so does the word 'incident'. Staff would say, 'When you have an incident...' It makes it sound like it's my fault. I just found that they accused me of the whole thing. They forget that they also have behaviour and incidents too.

Maggie explained that any support must be non-punitive,

I think staff can get it wrong even when they try and get it right. If they focus on what happened, and want to talk only about what can be better or done differently. Then it sounds accusatory even if it isn't meant like that. Staff need to just focus on helping the young person feel okay. I want to know that staff will still like me and treat me fairly. I just want support. Not to have to think about everything I've done wrong again.



The main aim of post-incident support is to secure the immediate physical and emotional wellbeing of the people involved.

1 Post-incident support

The quality of post-incident support relates directly to a provider's culture and care philosophy. We know that young people experience good care when staff are compassionate, caring and respectful (Weich et al, 2020). As previously mentioned, good care reduces restrictive practices and the use of force, supporting people to recover. For this to happen, staff must value, listen and respond to what the people they care for are telling them. The more available and helpful staff are, the more supported young people and carers will feel (Biering, 2010; Tas et al, 2010).

Children and young people have described active engagement with them as acts of 'care' (National Institute for Health Research (NIHR), 2021). Supportive relationships with staff help children and young people to progress, rather than feeling their behaviour is just being 'contained' (NIHR, 2021; Reavey, 2017). The young people in this study confirmed this. Dannie explained how helpful it was when staff understood her coping strategies and how these helped her manage difficult and complex emotions.

Please do:



-  **listen**
-  **be nice and supportive**
-  **make everything OK again**

When I used to pace, staff would know that I was feeling anxious. One staff [member] always came over and talked to me and walked with me and sometimes we would go for a walk together. This is how I learnt what anxiety felt like and how to help myself.

The young people were clear on what effective support looks like. Dannie explained,

Sometimes you worry that you made them angry or that you'll be in trouble. You might lose your leave or some privilege. I just wanted staff to reassure me. That is how they can help the most.

Talia told us how important it was to know that staff still liked her,

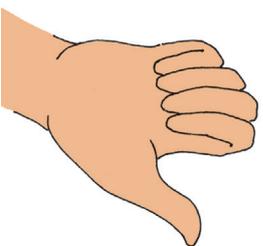
[I] just wanted a hug. I just wanted to feel safe again. I wanted everything to be OK. Like it was before I got upset. Support was best when staff did that. If I didn't want to talk, I liked it when they just sat with me.

Please don't:

-  **focus on what I did wrong**
-  **tell me how I can improve my behaviour**
-  **blame me**
-  **keep going over the incident**

Children and young people felt that support was best when staff focussed on "listening", "being nice and supportive" and "making everything OK again". The worst support was when staff focussed on "what I did wrong" or "how I can improve my behaviour", and "go over and over the same incident and blame me".

If staff constantly observe, monitor behaviour, show hostility, hand out blame or neglect emotional wellbeing, children and young people (and their parents) end up feeling dissatisfied and wanting (NIHR, 2021). Instead, being responsive, caring and engaged (especially after an incident) helps all concerned to recover and learn.





If you're not sure when to help, then offer support anyway



When to offer post-incident support

Helpful caring strategies

- **Look beyond 'behaviour'.** Try to understand what it might be telling you about how a young person is feeling and how you can support them to manage any difficult feelings.
- **Engage young people in ways that help them feel valued and understood** (eg playing games, cooking or chatting).
- **Spend time with them outside of therapeutic settings.**
- **Praise them for their efforts** and help them think about what they can achieve next.
- **Give feedback to their parents** so they can support the young person's hopes and ambitions.

As previously mentioned, post-incident support is needed whenever there has been 'a highly emotive interaction or event that might cause ongoing stress or distress'. Most children and young people said they would like to be approached frequently after a distressing event. For example, they suggested a series of shorter 'chats' and 'check-ins' that focussed on recognising feelings of distress and reassuring them, rather than a longer discussion. Young people spoke of feeling exhausted and in need of self-care, rather than 'a long talk'.

That is not to say that a longer interaction would not be welcome. For some, it certainly was. However, it was important for this not to be immediately following an incident. When someone is feeling overloaded and distressed, they may not be able to process what is being said to them. At times like these, it helps to keep your language to a minimum to prevent overloading them further, giving them time to recover.

All the children and young people (especially those who preferred a longer discussion) said that it was important for post-incident support to be facilitated by someone that they know well, with whom they have a good relationship. It was also important for the support to be given in a quiet space away from the site where they experienced the distress.

What does good post-incident support look like?

It is important to remember that support means support. It is not about fact-finding or educating. Whether you know the person you are offering support to or not, it's important to keep them at the centre of the process. Your main aim is to help them to recover and heal.

Based on discussions with the children, young people and families who participated in this study, this next section looks at supportive strategies that support a young person's recovery. We also suggest a simple way you can remember how to go about giving good post-incident support.

Important post-incident support strategies

- Remember that a distressed person is likely to have difficulty processing what you are saying to them, particularly if they are autistic and have sensory processing differences. **Try to avoid overloading the child or young person further** by saying as little as possible. Allow them time to calm by being there for them, without invading their personal space.
- **Get on the same level as the young person** and try to be non-hierarchical (eg sit alongside rather than stand over them). Be a cooperative companion. This will ease any worries they are 'in trouble' or that you are cross with them.
- **Keep your verbal and non-verbal language supportive.** Be non-threatening. Try to make what you say and your behaviour towards the young person as warm and non-judgemental as possible.
- **Listen sensitively and respond in an empowering way.** Keep your focus on the young person's experiences and help them to explore their feelings. Strengthen their sense of self by affirming their feelings (eg by saying "That must have been frightening for you").
- **Provide support (rather than advice) and understanding (rather than judgement).** This helps to give back control to the young person (where they experienced little when they were distressed).
- **Respect the young person and allow them to direct the process themselves.** Bear in mind that all young people will have their own differing needs and self-healing strategies, and help them to use them.
- **Check in now and again** to make sure you have understood the young person's meaning. This can help deepen their understanding of what happened and their reactions.
- **Remember the person in front of you is a child that needs to feel safe** and secure. The young person that you are helping will sense your empathy and genuineness and will respond accordingly. Your aim is to provide a safe space where they can activate their own self-healing.

How to give good post-incident support

Using the initial letters of the word 'SUPPORT' can help you remember what helps young people following an incident.

SUPPORT MEANS SUPPORT It is not about debriefing or educating.

UNDERLYING REASONS Distressed behaviour is often a means of communication. Listen and be curious about the real issues behind the behaviour. It's important to remember that you may also be vulnerable to reacting to a person's distress in a way that isn't helpful. That's human. So, check in with yourself before you try and offer support so that you can focus on the reasons underlying the behaviour.

PLAN YOUR APPROACH Ask yourself, "What do I need in order to be able to put the child first?" Remember the difference between post-incident support and post-incident learning. Ask the child and their family what helps them and plan to use two or three of these things (eg dim the lights, allow them to pace or throw a ball against the wall).

PROVIDE STAFF WITH SUPPORT Staff need support too. It's important to check that everyone is okay. Be sure to provide support to your co-workers where it's needed.

ORGANISE THE BEST PERSON TO HELP For support to be effective, it needs to be personalised and based on good relationships. This means that the best people to provide post-incident support are those who already have good relationships with the young person. Successful post-incident support can strengthen relationships. If you have been involved in the incident, it's a good idea to step away and allow a co-worker to take over. This gives you a chance to recover, while doing something else to support the young person's recovery (eg to make them a warm drink).

Manage your own **RESPONSES** Behaviour is a communication. A person who is distressed needs a skilled approach. For some suggestions on how to do this, please see 'Supportive communication strategies' below.

Get the **TIMING** right. Does the person need some time to themselves before they are ready to talk? Have you readied yourself to put the child first? Offer a choice, "Would it be better to talk about this now or later on?" or "I really want to listen and make sense of what just happened".

Helpful things to say

After a young person has experienced a distressing event or interaction, it is important for the support you give to leave them feeling safe and accepted. This first-line support is not about fact-finding or educating. Avoid interrogating the person about what they have done. The most important thing to remember is your (and their) humanity. Keep your language warm and accepting. Be fully 'present' and alongside the person. Listen sensitively and try to understand the person's experiences in their own terms. Remember that it might take you some time to be ready to provide this support, as you too might be affected by what has happened.



Supportive communication strategies

- **Make sure you are in a non-threatening position** when you talk to the child or young person (eg sit alongside, rather than stand over them)
- **Use the communication supports that help the person** (eg Makaton, visuals)
- **Try to say as little as possible**, particularly if the person is still showing signs of distress and overload
- **Give the person time to process** what you are saying. You might need to wait longer than feels comfortable before they can process and respond.
- **Let the person know at the beginning how much time you have available for them** (eg "What happened earlier was really important. I have made five minutes to listen if you want to talk")
- **Open the conversation in a supportive, non-judgmental way** (eg "I want to make sure you are okay. Are you hurting?")
- **Listen and find ways to validate feelings and offer reassurance** (eg "I can see why that was so frustrating for you." "I still care about you.")
- **Acknowledge the young person's emotions non-judgementally** (eg say "This might have felt scary." "You might be worrying I don't like you anymore.")
- **Say positive things that reassure and show you care** (eg "You've managed X really well." "It's important to me that you are okay.")
- **Reflect back what the young person is saying to you.** This keeps the conversation going, acknowledges the young person's feelings and helps them to develop emotional understanding and expression. (eg "It sounds like you are feeling X. Is that right?" "I hear that things are difficult for you right now.")
 - **Invite the young person to continue their train of thought** when you are listening to them (eg "Please go on." "I see." "Uh-huh..." "Okay...")
 - **End the conversation on a positive and reassuring note** (eg "I'm glad we have talked." "What you have said is so important. I'll still be thinking about ways to help you." "What's your plan for the next couple of hours?")

Building good relationships

Research has shown that positive relationships and good communication between children and young people, their family, and staff results in more positive outcomes for the young person (NHIR, 2021). It is therefore vital that staff build positive and trusting relationships with the young people they care for, as well as their families.

Regular, timely and clear communication between staff, children and young people and their families is essential to building trusting relationships. To achieve this, it is important to agree how information will be shared well before a crisis happens. The young people and families participating in this study felt that they both needed to be central to these communications. Both groups also felt that family carers' input after an incident should be valued.

The RRN has developed a useful resource, called 'My Support Plan,' that supports good three-way communication, builds strong relationships and enables positive and proactive post-incident support. You can find out more about 'My Support Plan' on page 18 of this booklet.

Dealing with barriers to good post-incident support

Supporting a person who is going through a crisis can be a stressful and challenging time for everyone involved. However, good post-incident support can help build trusting relationships and improve therapeutic outcomes. For this to happen, it is important for staff to recognise and deal with things that might get in the way. This can sometimes be difficult as everyone has their own compilation of values, beliefs and experiences that shape the way they react to a given situation. Sometimes these things can result in positive and helpful responses; other times they can get in the way.

It can be helpful to remember that everyone is doing the best they can in any given situation. This doesn't mean that anything goes. It means, rather than condemning yourself or others, you use your energies to increase your, or someone else's, capacity to respond better. This is especially important when a person's best efforts are not safe or good enough in some significant way. Remembering everyone is doing the best they can is a way of combining an acceptance of what is happening with positive expectations of how things could be better.

Using your mind in this way also creates conditions for growth and positive change. But again, this is not always easy. We live in a society that is quick to condemn people and you may work in an organisational culture that tends towards blame. There are, however, a few ways of thinking that can help you maintain this professional mindset. These are described below.

Remember that behaviour communicates!

As previously mentioned, a person's behaviour is a form of communication. It is also helpful to keep in mind that this communication is often not conscious. All of us communicate all sorts of things that we're not aware of, from our body language to the things we say or even forget to say.

In the context of an incident, behaviour is not only a way of communicating distress, but also needs. Learning to be consistently curious about what is being communicated in a young person's, family member's, co-worker's and your own behaviour will increase your effectiveness at post-incident support.

Sometimes people do things to help themselves survive or feel safe. These things may cause problems, but people still feel a profound need to do them. Although much of your effort will be focused on helping people to feel safe, it can become tricky when people's ways of making themselves feel safe (or even just okay) are problematic. You may be tempted to focus exclusively on getting the young person, family member, co-worker or even yourself to just stop doing them. However, simply stripping people of their defences (no matter how problematic they are) is likely to make things worse. It does help, however, to recognise these as coping behaviours.

Some of the ways that people make themselves feel okay are referred to as defence mechanisms. It is important to stress that they are unconscious strategies to cope with psychological pain and discomfort. People's defence mechanisms will very likely be activated in the period following an incident. A few that you are likely to recognise in your work are discussed here.

Denial

Denial of the truth or existence of something is possibly the most understood defence mechanism. This is when people genuinely and consciously believe whatever it is they are denying so they can distance themselves from something painful or anxiety-provoking.

Repression

Repression refers to pushing feelings or memories outside of conscious awareness. Rather than denying something, that 'something' doesn't exist at all in someone's conscious awareness. Feelings about one person or situation can be displaced onto someone else who feels 'safer to feel them about' (eg a parent who is angry with their child for being unwell, but is not able to acknowledge this, and so instead displaces this anger onto you).

Projection

Another defence mechanism you are likely to encounter is projection. This is when a person has feelings about themselves that are too unbearable to acknowledge and so these are projected onto someone else, like a film projector onto a blank screen. For example, an easily triggered co-worker who tells another staff member they have an anger problem.

Transference and countertransference

Although they are not technically defence mechanisms, transference and countertransference are similar processes to be aware of. Transference occurs when a person's strong feelings about someone important in their life (past or present) get transferred onto someone else. For example, it is very common for children to transfer some of their feelings about a parent onto their therapist or support worker. The therapist or support worker can then find themselves absorbing some of those feelings and reacting emotionally. This is called countertransference.

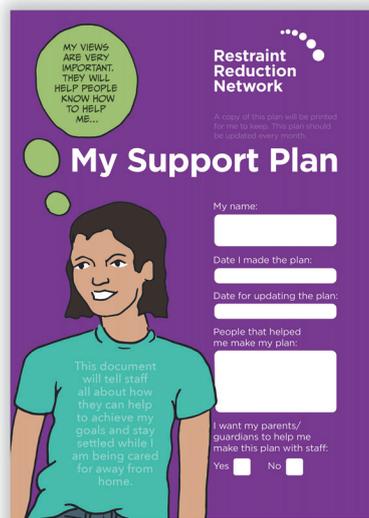
Signs of countertransference include having thoughts, feelings and reactions that you would not normally have towards the person who is having transference. For example, if a young person associates characteristics of an abusive figure with a staff member. This can show up as loathing, persecutory or viewing the staff member with anxiety and fear. If the staff member isn't aware this is happening, this can stop them from reacting in a helpful way.

Helpful strategies

- **Notice defence mechanisms (including your own).** This can be challenging because you cannot be aware of what you're not aware of. However, you can reflect on your thoughts, feelings and actions, and invite a co-worker you trust to share their own observations. When something becomes obvious to you in retrospect, it can be a sign of your emerging awareness. For example, suddenly realising that a child you have become fond of is being discharged might reveal to you a denial of the approaching end to the relationship. These realisations can feel humbling but are a good sign.
- **Try to be 'fully present'.** As you become more curious and attuned to people's defence mechanisms (your own and others') you will become more 'fully present' (ie focussed and engaged in what is really happening). This will help you create a 'safe relational space' (ie help the young person to feel they are safe and able to be completely themselves without fear of being judged or harassed). This then means they can be more 'fully present' with their own uncomfortable, frightening or even unbearable feelings and experiences. This is especially important after an incident as it can make a powerful contribution to recovery and positive change.
- **Be aware of your own needs.** People don't tend to think clearly when they are overcome by strong emotions, or when they're tired, hungry or in pain. We all have our own particular history, physiology and related triggers that can stop us from thinking clearly, and this can cause us to respond unhelpfully. If trauma is in this mix, which will likely be the case for some young people and families (and possibly for you, too), these triggers can be more easily tripped, causing stronger reactions, and disrupting thinking more significantly. It is important to be aware of and accept that this is happening. It can help you resist the urge to blame a young person, family member, co-worker, or yourself.
- **Get to know the young person's triggers.** As you learn more about the children, young people, family members and professionals you work with, you can become more in tune with what triggers them, and what helps them to manage. For some, it might be concrete gestures of care as simple as a cup of tea made how they like it; for others, your predictability and reliability in how you respond after an incident might be more important. For most people it will be a mixture of things.

- **Develop your powers of reflection and self-care.**
It's vital to remember that you are working with people who are in psychological (and often physical) pain. This includes not only the children and young people, but also their families and even co-workers. Constant exposure to such pain takes its toll, which can affect the values, beliefs and experiences that shape your responses. Sometimes it will be necessary to have the help of a supervisor, clinical supervisor, someone else with relevant skills and knowledge to help you to deal with this impact of your work. It is not a sign of weakness, but actually a great strength to acknowledge and address when an incident (or the work more generally) is having a negative impact on you.





The principal aim of 'My Support Plan' is to help staff and young people avoid distress that could result in a crisis. It will also help reduce the use of restrictive practices, which can be traumatic, re-traumatising and damaging experiences.

My Support Plan

Being admitted to hospital can be an unsettling time for children, young people and their families. Not only is the young person taken away from their familiar environment and those who know them and love them best, but they (and their families) need to get to know a whole range of new people with different roles. Staff members also quickly need to get to know the young person, what does and doesn't work for them, as well as their families.

The RRN has co-produced the 'My Support Plan' resource to support this important process. It enables staff, the young person and their families to establish good communication and build positive relationships by:

- bringing together all three groups
- working together to understand and agree goals
- clarifying and agreeing the expectations of the young person, their family and the staff supporting them, and
- involving the young person and their families in care decisions, respecting their views and respecting their input

The 'My Support Plan' resource is based on the principle that good post-incident support comes from personalised care that develops the young person's choices, autonomy and ability to self-regulate. Staff should work collaboratively with the young person and their families to complete the resource when the young person is admitted to an inpatient unit and review the plan regularly (Garland *et al*, 2000; Sergent, 2009). The plan has been designed to capture a young person's unique strengths, ambitions, needs and preferences, through a careful combination of accessible checklists and open response questions. The approach and support needed by each young person will depend on different factors (eg age, additional needs and communication preferences).

'My Support Plan' explained

- **Hopes and ambitions.** Find out about the young person. What do they like? What ambitions do they have for the future? What are their dreams and aspirations? This is an opportunity to learn about what is important to them and show them that staff value them as an individual.
- **Things that help me feel settled and calm when I am feeling distressed.** Spend time on finding out about the things that might help the young person. It might be a need to adjust the environment (eg to go to a quiet space or dim the lights) or an activity (eg having a bath or going for a walk). Take time to find out about a young person's individual sensory preferences, as these can help a young person to manage their emotions and responses in times of distress.

For example, Fran explained what helped her when she wanted to self-harm.

I needed other ways to get the same intense alerting and orienting sensation that self-harming gave me. I couldn't tell staff this at the time but throwing a ball hard against the wall or using a punch bag really helped. I could tell them that helped.

Similarly, Joseph, a child who can become distressed when lots of people are around or there are loud noises, explained how he finds bouncing and rocking soothing and calming.

I feel ants in my body and then I know to bounce or rock. Rocking makes the ants fall out.



- Things I find distressing.** These triggers will also be different for each young person, but could include loud noises, being touched unexpectedly, being spoken to in a harsh tone, being ignored by adults, being teased by other children, certain times of the day, or being hungry.
- How you can tell if I am becoming distressed.** These may include actions (eg clenching fists or pacing) or bodily changes (eg shortness of breath, heart pounding, throbbing, sweating). Bear in mind that some young people might find it difficult to identify their emotions and what has aggravated them (particularly if they are autistic and have interoception – an awareness of what is happening in your body – differences). Try to help them notice and describe what is happening in their body when you see them starting to get upset. This can help them become aware of when they need to self-regulate and/or seek help.
- Things that help me recover.** Think about how you can support the young person to recover after the event and explore their preferences. These could include reading a story, having a hot drink, bouncing on a trampoline, playing a game, listening to music, looking at pictures, writing, using a weighted blanket, talking with staff or using a fidget toy or stress ball.
- The support I would like soon after I have been distressed and the support I would like to happen later on.** Explore with the young person how they would like to receive post-incident support, both immediately and later on (eg in the day following the incident).

Things that I might do or feel when I am stressed, agitated or hurt:

- Pacing to self-regulate
- Shouting to express distress
- Repetitive movement

When I am very upset and distressed:

I'M WORRIED ABOUT... What do you worry about when this happens?

When I am distressed or recovering from distress:

- Don't touch me
- Don't get too close

The support I need soon after I have been very distressed:

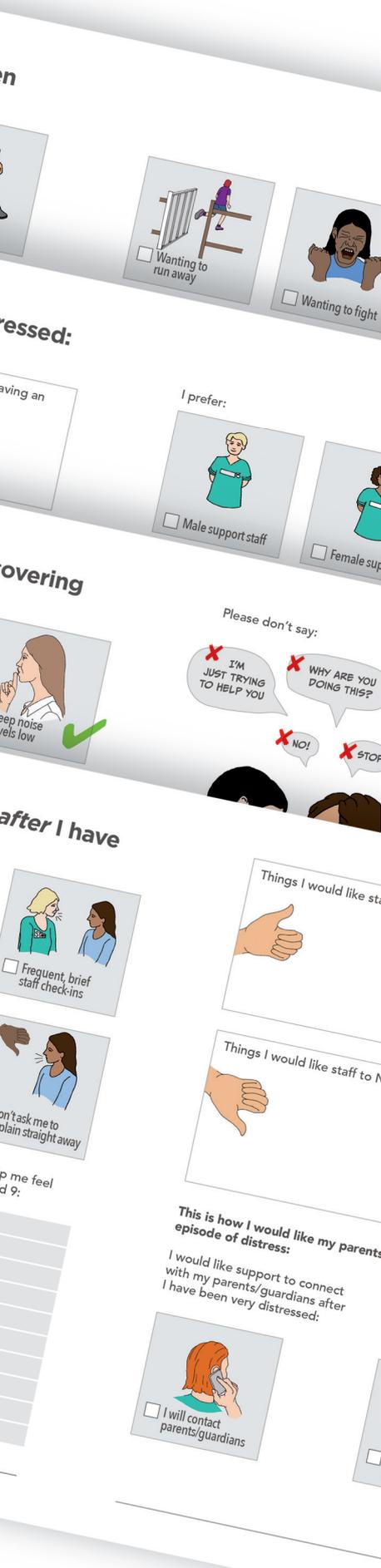
- Give me a few hours to get myself together
- Staff can remind me of ways I can help myself
- One longer staff check-in
- To be left alone until the next day

Please use these strategies from the section, "Things that help me feel settled and calm when I am feeling very upset" on pages 8 and 9.

16 My Support Plan

Seven tips for 'My Support Plan' success

- 1. Complete the plan with the young person at the beginning of their inpatient stay.** The collaboration session is a great relationship-building activity with a key worker or other significant support staff member.
- 2. Capture their family's views at the same time, if possible.** It can also be helpful to capture learnings from past education and/or care providers, if this information is available and consent is given.
- 3. Be mindful of how a young person's sensory and communication needs can affect them.** When communicating with the young person, use language that is easy to understand, is child friendly and that meets the developmental stage of the young person.
- 4. Be led by the young person.** Guide them through the plan in a non-threatening way (eg sitting alongside not face-to-face and being friendly). Set aside enough time to complete the plan at a pace that the young person feels is comfortable. Allow enough time so you can actively listen, understand and show sensitivity. Allow for breaks and/or complete the plan over several 'sittings'.
- 5. If the child is young or needs additional support, ask a family member they trust or a trained advocate to participate.** Make sure that the plan is adapted to suit their communication preferences. This might mean converting the plan into a different format (eg using Wigit software).
- 6. Work with the young person on how to include their plan into their everyday care** in the inpatient unit.
- 7. Regularly review the plan** (eg every three months). However, be flexible about when you do this (eg revise the plan after any 'serious incident' to capture what helped and what might need changing).



Possible challenges in providing post-incident support

Young people being afraid to ask for help



Young people in this study reported feeling complex emotions about needing support after feeling distressed. On the one hand they wanted reassurance and to 'feel okay'. On the other hand, they wanted to be seen as strong, capable and mentally tough.

In wards that didn't encourage post-incident support, children believed that requiring support meant showing staff a personal weakness. They were also fearful of experiencing further rejection and trauma when they asked for help. Most children said they would never ask for support.

How staff can help

Completing the plan as soon as possible after admission will make it clear to the young person that they are valued and staff want to help them. Staff can also reinforce this by praising a young person whenever they ask for help and explain how it helps them to learn and progress.

Taking up staff time



Children and young people in the study spoke about 'taking staff time', 'staff being too busy' and feeling like 'asking for support just isn't the done thing'. This echoes Burman's (2018) study that showed staff experienced a work culture where support was 'just not the done thing' and where incidents were considered inevitable due to 'the nature of the job'. Staff in this study also mentioned that post-incident support was not always prioritised by coordinating staff.

How staff can help

Prioritising post-incident support helps staff to build good strong relationships and facilitate good communication with the young person and their family. It will also help to reduce incidences of distressed behaviour and restrictive practices.



Low staffing levels

Low staffing levels can put a great strain on staff members' ability to find time to carry out support. Paperwork, other pressing mandatory tasks, having to manage the impact and immediate aftermath of an incident can mean that finding time to support a young person can be hard. If another incident occurs within a short time, finding time can be even harder.

How staff can help

Unfortunately, staff shortages can and do happen. In these situations, the staff member with the best relationship with the young person who has become distressed should 'check in' with them regularly, even if only a short time is available for this. This will help the young person to feel safer and more secure until more time is available for post-incident support.



Shift changes

Shift changes were cited in Burman's (2018) study as another challenge to good support. However, a shift change can actually bring positive benefits. Handovers mean that fresh eyes and ears are available to the young person. A change in the staff interacting with the young person can also help to reduce emotions that may be running high. This might mean the young person is more receptive and open, and more able to express their views and feelings.

How staff can help

If the young person hasn't already established a relationship with you, it's important that they understand that you want to listen to and help them. If they are reluctant to engage, avoid forcing the issue. Simply offer help, and say you are available if and when they are ready.



New staff

As previously discussed, positive relationships are essential for meaningful and effective support. This may make it difficult for a young person to engage with a staff member who is new to them. However, inpatient units may need to rely on bank staff and recruit new staff members.

The importance of staff training and support

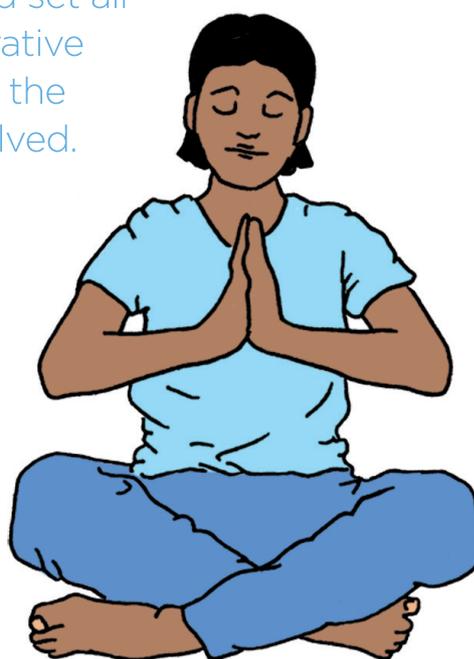
Senior Leaders and Practice Leaders will need to plan how they will implement 'My Support Plan' for every young person. This will involve staff training as well as timetabling logistics for staff that will run the 'collaboration sessions' to complete the plan.

- Staff should be fully trained in **how to work collaboratively** with the young person to complete the plan and involve family members meaningfully (where appropriate).
- Staff also will also need to know **how to communicate best** with the person they are collaborating with, as well as being sensitive to their individual needs (eg taking regular breaks, using supportive communication strategies).
- Staff will also need to be skilled in **supporting young people** (eg gentle reminders or encouragement) **to use their own coping strategies**.
- Practice Leaders should model, train and involve their less experienced staff in learning **how to identify young peoples' potential sources of distress**. These will be different for each young person. For example, Leslie said that she found "alarms, loud noises and having to sit for a long time" hard, whereas Pippa found "visits and phone calls from my mum in the afternoon a challenge. It's better we see and talk to each other in the morning". Every staff member needs to be able to help and guide young people to use their coping strategies before becoming emotionally overwhelmed.
- **Staff also need to feel appropriately supported** if they are going to be able to provide effective post-incident support. This means developing organisational cultures and formal systems that acknowledge the impacts of working with children, young people and families who experience distress. Regular supervision must be included in this, and supervision sessions must include spaces where staff are supported to process the emotional impacts of their work and reflect on issues that underlie children's behaviour.



All staff members must understand how 'My Support Plans' can provide the basis of positive and helpful relationships with children and young people.

The initial planning collaboration is the very start of a caring and sensitive focus on their individual needs. When done correctly, it can empower the young person and their family, and set all involved on a joint collaborative process that fully supports the wellbeing of everyone involved.



Other things to try

- Training for staff may include highlighting common sources of distress and responses and then role-playing how staff can usefully respond.
- Staff could develop their own support plans and identify their own sources of distress, warning signs, and coping strategies. These could be discussed and shared during staff training to enable greater understanding of the process as well as expanding their own self-care resources.

How to bring 'My Support Plans' into everyday practice

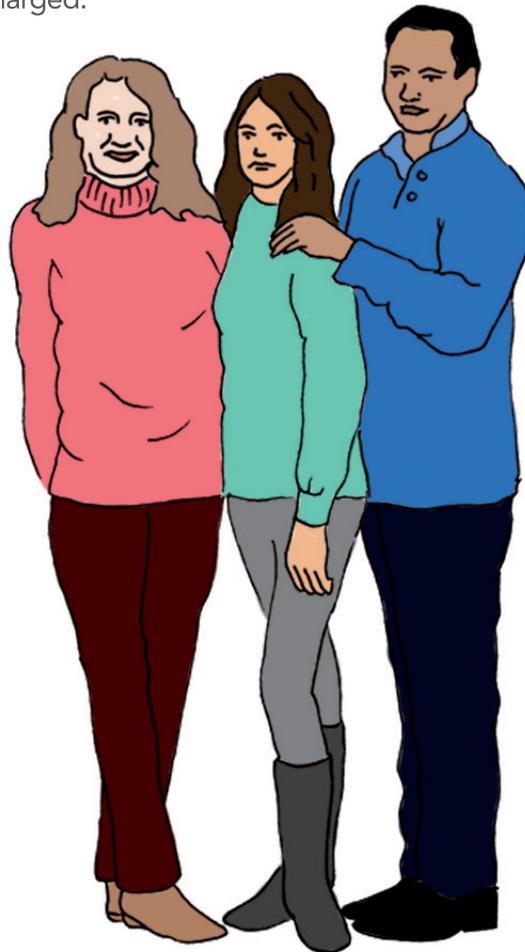
In the care setting

- Make sure that every young person and their family has a copy of their 'My Support Plan'.
- Discuss with the young person where the best place is for it to 'live' (eg hung on their bedroom wall, or in a folder in their bedroom).
- Put up visual support in each young person's room to remind them to use their calming strategies (if they are happy for this and give their consent).
- Post helpful general strategies on staff bulletin boards and highlight skills that are currently useful to those in the unit, when appropriate and helpful.
- Create laminated pocket size 'My Support Plan' cards for young people to carry with them.
- Incorporate personalised and helpful 'My Support Plan' resources on the back of the young person's day planners or schedules.
- Run group or individual sessions (eg if the young person finds group settings difficult) for young people to learn about and practice their coping skills.
- Discuss strategies young people can use and practice during the day (eg this could form part of a morning meeting).
- Make time (in a formal setting) to teach and practice mindfulness or other relaxation techniques (eg in the last five minutes of a group or activity).
- Develop a sensory-based group (or individual sessions, as before) that allows young people to share ideas and explore each other's coping strategies. During this group make sure to explore sensory toys, tools and strategies so the young people can find out if they are calming or alerting for them. If these are helpful, this can then be added to their 'My Support Plan'.
- Help young people practice becoming aware of how their body feels and which emotions are present at the start and end of their group, session, class and/or day.



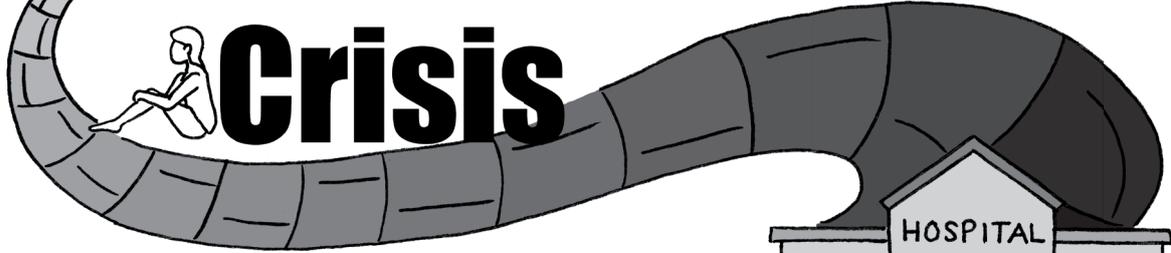
For families and at home

- Help families and carers to be fully informed and knowledgeable about 'My Support Plan' and its use for the young person.
- Invite the family, young person and their staff to discuss helpful coping strategies collaboratively.
- Give an updated 'My Support Plan' to the young person and their family when they go home on breaks, out on day trips and when they are discharged.
- Help the family to integrate 'My Support Plan' and related coping strategies into daily routines and difficult transition points.





This is a graphic depiction of how an autistic person experienced their descent into crisis. It emphasises their experience of hospital life involving many incidents of distress.



The principal aims of post-incident learning are to find out more about the person who has been distressed, the reasons for distress and to consider how it can be avoided in the future.

2 Post-incident learning

As previously mentioned, post-incident learning has a different purpose to post-incident support. It is about getting information, trying to understand what happened and why. Most importantly, it is an opportunity to learn about the young person and how to improve their care and support. It is not about finding out who did what wrong or who was to blame.

When it is done well, post-incident learning can benefit people receiving care as well as their staff (Bonner and Wellman, 2010; Mélineau-Côté and Morin, 2014). It can help the person who has been distressed, and the staff supporting them, to work through difficult and traumatic emotions. It can help them to move on from the event and to rebuild relationships (if these have been affected). Research has shown that allowing staff time to process, think about incidents and what might be done differently can be very helpful (Dismukes et al, 2006; Hammervold et al, 2019; Goulet et al, 2018; Gustafsson et al, 2016). Post-incident learning can also help staff to understand the experiences of people who have been subject to restraint (Ilkiw-Lavalle and Grenyer, 2003) and translate these into improved care plans (Ling et al, 2015). It is therefore important to update a young person's 'My Support Plan' after an incident as this will help to prevent further distress and reduce restrictive practices.

Despite the wealth of research that shows the effectiveness and the benefits of post-incident learning, they rarely happen (Burman, 2018). Where they do take place, the quality can be poor.

Poor post-incident learning can cause more harm than good. Post-incident learning should only be carried out by experienced, skilled and specialist staff (eg Practice Leaders or psychologists). There should be a clear policy and set of procedures that trigger post-incident learning specific to the person who is being cared for.

What does good post-incident learning look like?

As previously mentioned, it is vital for post-incident learning to be carried out by a skilled facilitator who can enable reflections and identify areas of improvement in a non-accusatory way. Post-incident learning should not happen when a person is distressed. It should be carried out after a period of 'cool down' so that emotions can settle, and people are in a better place to reflect. If the person facilitating 'goes in too soon' or isn't sufficiently skilled, people can be left feeling exposed, accused and blamed.

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