



Post-incident Debriefing Guidance

For health care staff working
with autistic people and/or
people with a learning disability



Contents

Post-incident Debriefing Guidance	4
What is this guide about?	4
Why are reasonable adjustments important?	5
How can I make reasonable adjustments in my everyday practice?	6
Post-incident debriefing good practice guidance	9
Post-incident support	10
Post-incident learning	11
How to adjust questions	15
Preventing distress	16
Discovering how emotions affect the body	17
Helping the person to recognise they are becoming distressed	19
Developing a plan	21
Helping the person communicate if they are feeling overwhelmed	23
References	25

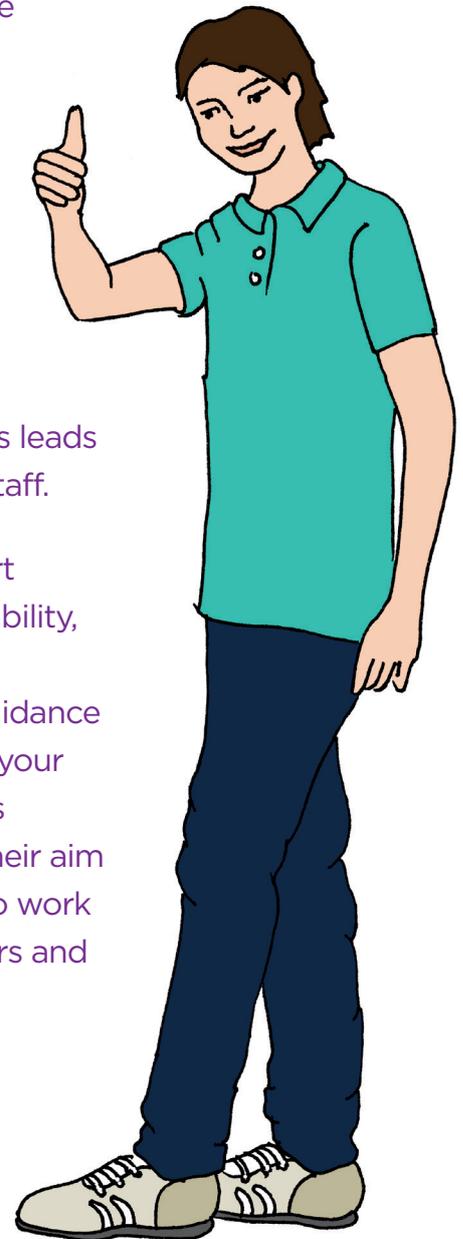
Resources	26
Visual resources	26
When I was distressed	27
My safety plan	28
Where do I feel things in my body?	29
My feelings thermometer	30
Alert card	31
Communication friendly strategies	32
Resource images	33

Post-incident Debriefing Guidance

What is this guide about?

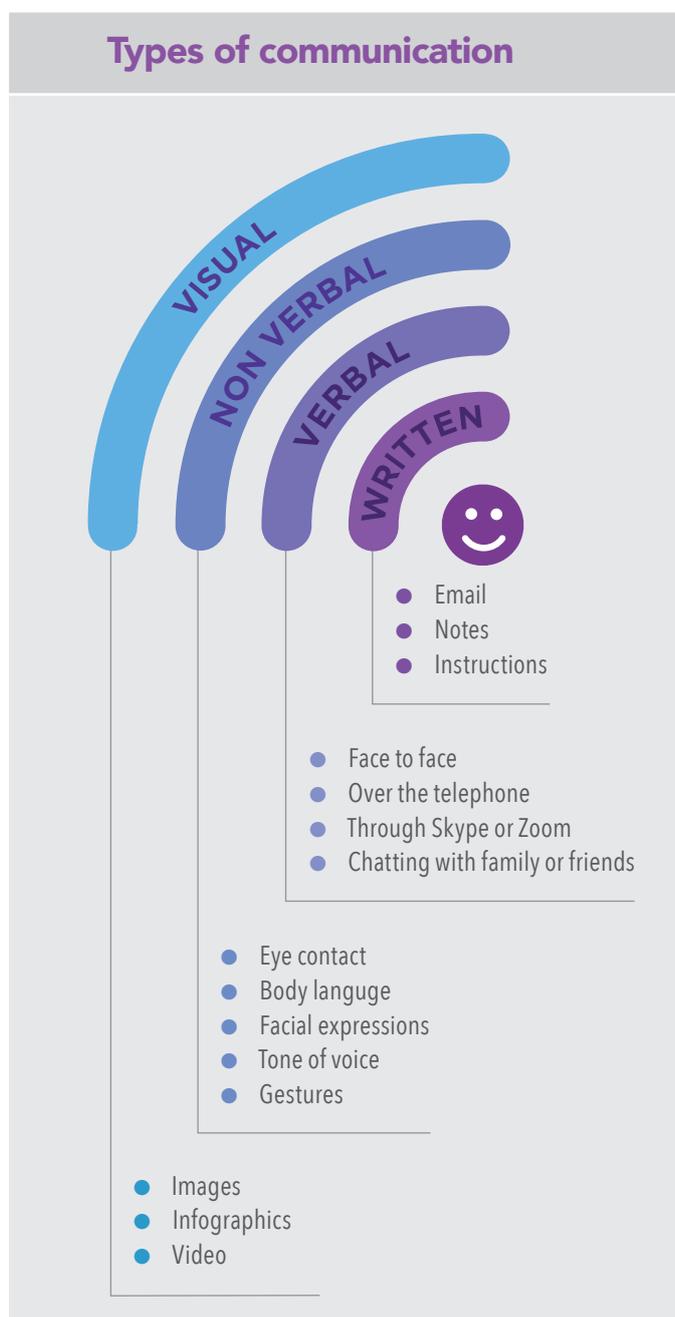
Post-incident debriefing is an approved practice (Department of Health, 2014) that helps people in health care settings (and the staff that support them) to recover and learn from a crisis, reducing restrictive practices. Good quality post-incident debriefs help to repair, build, and maintain relationships, enabling people to feel safe and secure. Helping people to understand themselves better, gives them more control and helps them to communicate their needs more effectively. This leads to better outcomes for patients, families and staff.

This guide is written specifically to help support autistic people and people with a learning disability, as they may have differences in the way they process, understand and use language. The guidance and resources in this pack will help you adjust your approach so that the support you provide is as accessible, helpful and effective as possible. Their aim is to enable you and the person you support to work together to learn from a crisis, work out triggers and solutions, and improve their care.



Why are reasonable adjustments important?

Under the Equality Act (2010), services, organisations and the people employed by them must make changes to try to remove the barriers people might face because of their disability. This is to make sure a person has the same access to services and support, as far as is possible, just like anyone else. These are called 'reasonable adjustments'. For example, a person who is autistic may experience difficulties processing verbal information. In this case, a 'reasonable adjustment' might be to offer visually supported information. Good communication is the foundation of good care. Making reasonable adjustments for people who communicate differently is an essential step in providing good care, preventing distress and reducing restrictive practices.



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How can I make reasonable adjustments in my everyday practice?

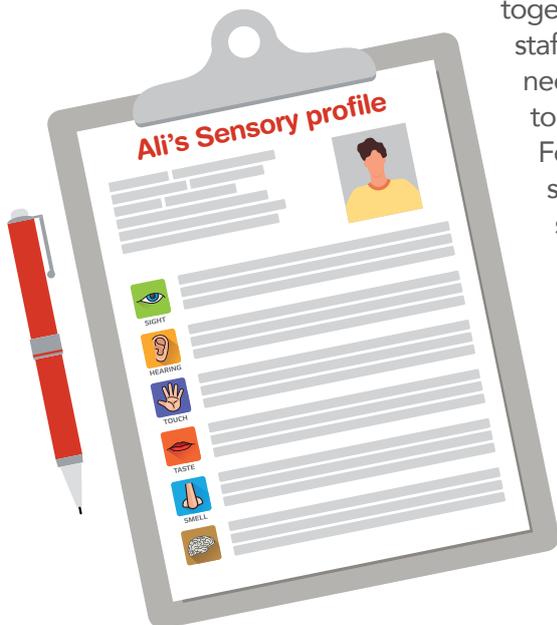
1. Read the person's communication passport

No two people have the same profile of strengths, needs, differences and preferences – whatever their diagnosis. It is important not to make assumptions. For example, many autistic people find visually presented information helpful, however this is not the case for everyone. It's good practice for people who have communication differences to have a 'communication passport', especially when they are receiving inpatient health care. This is a document that records the person's strengths and differences, the things they find helpful and the things that are important to them. It is usually completed by the person and the people who know them well (eg family, key care staff, speech and language therapist).



2. Read the person's sensory profile

Many autistic people have sensory processing differences that can affect the way they make sense of, and how they feel, in the world (National Autistic Society, 2020). These differences can have a profound impact on an autistic person's wellbeing and their ability to function. Senses may be under-sensitive, over-sensitive or both, at different times and for different reasons. A person's sensory profile is usually completed by an occupational therapist, together with the person, their family, and care staff who know them well. It lists the person's needs, differences and preferences, and how to make reasonable adjustments for these. For example, for a person who is hyper-sensitive to certain sounds (eg fire alarm), staff could give advance warning (eg if it is a planned test) and prompt the person to use their ear defenders.



3. Use communication-friendly strategies

As previously explained, every person has a unique profile of strengths, needs and preferences. However, there are some good practice strategies that are likely to be helpful for most people, regardless of their individual diagnosis. These are described below.



Give the person plenty of time to process. Some autistic people and/or people with a learning disability process what they hear differently. It may take longer for a person to understand what you have said and come up with an answer. You might need to wait for longer than feels comfortable (eg 10 seconds or more) before the person can process what you are saying, think about what they want to say and provide a response. Try to avoid repeating what you have said, so the person doesn't have to process it all over again. Only reword (using simpler and clearer language) if you are sure they haven't understood what you have said.



Keep your language simple and short. Try to say as little as possible, particularly if the person is feeling overloaded or stressed. Avoid using long sentences with conjunctions (eg 'and', 'but' and 'because'). Try instead to use short sentences and keep to the essential information. For example, instead of saying, "When you were in the shop, all of a sudden the lights in the shop went off and then the fire alarm sounded. I think you found it really scary because you got really upset and started shouting," it would be clearer to say, "First, the alarm went off. Then, you started shouting."



Say exactly what you mean – try to avoid idioms or abstract concepts. For example, it's clearer to say, "Try to be patient" instead of, "Hang on in there," or, "Try to stay calm" instead of, "Pull yourself together." Idioms like these can be really confusing as a person with communication differences might take them literally. Similarly, try to avoid using negative instructions like, "Don't shout," as the person might not realise what you really mean is, "Talk quietly."



Make it visual. Try to show more and say less. Visual support reinforces verbal information because it doesn't quickly 'disappear' like the spoken word does, allowing a person more time to process. Use objects, pictures, and printed resources (eg the ones in this pack) to support the person's understanding and prompt responses. Even sketching a picture or writing bullet points on a piece of paper can make a huge difference. This is especially important when you are talking about a long list of events (eg the run up to a distressed incident). It can be helpful to write a list of the key information or draw pictures, to help a person follow what you are saying and recall events from their perspective. You could support the person to use the 'When I was distressed' resource on page 27.



Use gestures. Using gestures (ie hand and head movements) can support a person's understanding and show them you are listening, without you needing to say anything. This helps the person to focus on what's important because they don't need to process non-essential information. Gestures can also help to 'cue' them into providing the response. For example, you could ask, "What happened next?" while pointing to part of the picture where the next event took place.

Learning Makaton signs to reinforce what you are saying can also be helpful. This is a language programme that uses symbols, signs and speech to support people's communication. You can find out more about Makaton at: www.makaton.org/TMC.



Use 'gap-fills'. This simply means saying most of a sentence so that a person only has to say the key information. For example, you could say, "I feel calm when I..." and the person might respond "...watch TV."

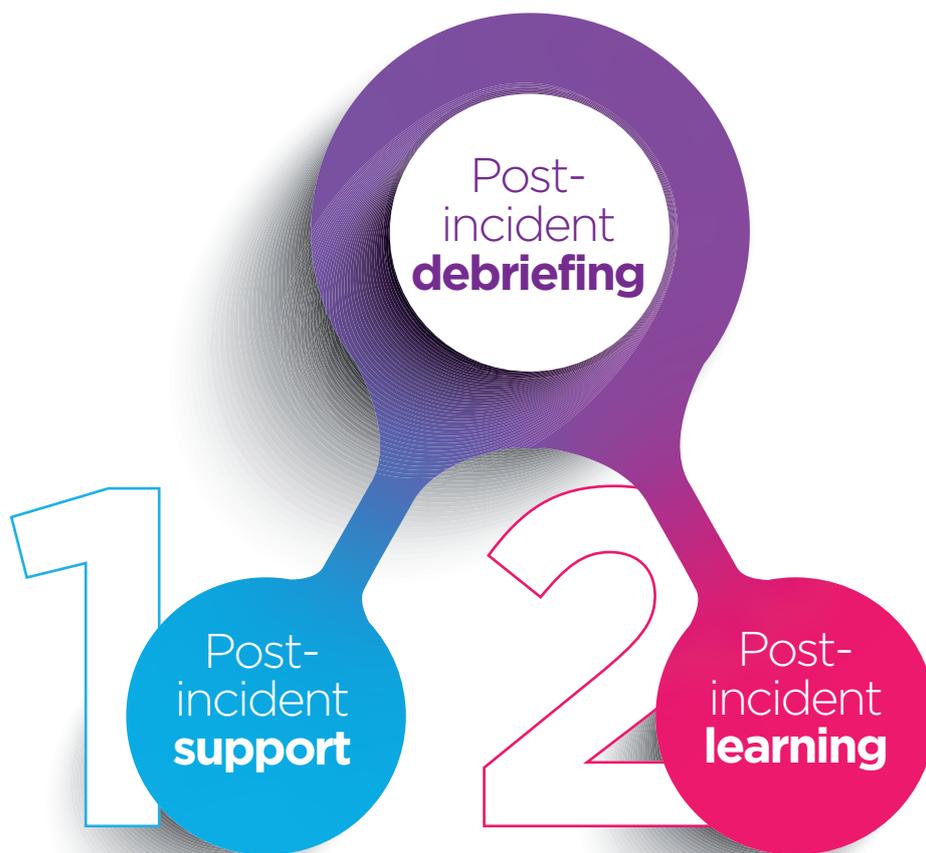


Use 'forced choices'. This simply means giving people two options to respond to. For example, you could say, "I feel calm when I ... watch TV or listen to music?" The person might respond, "Listen to music." If you use this strategy, it's important to mix up the order in which you offer the choices so that the person is making a real choice, not responding to the first option given. You could also visually support the choices by putting out your left hand for one choice and your right for the other. If the person isn't able to verbalise their choice, they might be able to touch your 'choice hand' to show their preference. Visual resources/images are available on page 32.

Autistic people (whether or not they also have a learning disability or use verbal language) may process, understand and use language differently, especially in times of stress or if they are overloaded by their sensory environment.

Post-incident debriefing good practice guidance

Post-incident debriefing has two stages, with different approaches, purposes and outcomes.



1 Post-incident support

Post incident support is about the immediate physical and emotional wellbeing of all the people involved in the distressed episode. The main aim is to check people are safe and able to recover, especially the person.

It is not about asking questions.

- 1. Check the young person (and staff involved) are safe and manage any practicalities** (eg are there any injuries?).
- 2. Use communication-friendly strategies** (eg in the person's communication passport or the general strategies listed above). This is particularly important at times of high stress (eg after an incident), as this may affect the person's ability to process what you are saying.
- 3. Say as little as possible.** Try to avoid overloading the person further by keep your language to a minimum. Keep your voice as calm and soft as possible.
- 4. Reassure the young person, showing care in practical ways** (eg offer them a drink) or an activity you know they find calming (eg give them a preferred sensory toy or allow them to pace). The person's 'My safety plan' (see page 28) will help you and the person identify what is most likely to help them.
- 5. Avoid asking questions.** This is not the priority now (see 'Post-incident learning' below).
- 6. Check the person's environment.** Try to guide them away from the place where they experienced distress and away from sensory input (eg bright lights, busy common room, loud television) they are likely to find difficult. This information should be in the person's own 'Sensory profile'.
- 7. Try to re-establish routines and make things as clear and predictable as possible.** This will help to create feelings of safety and promote recovery.

2 Post-incident learning

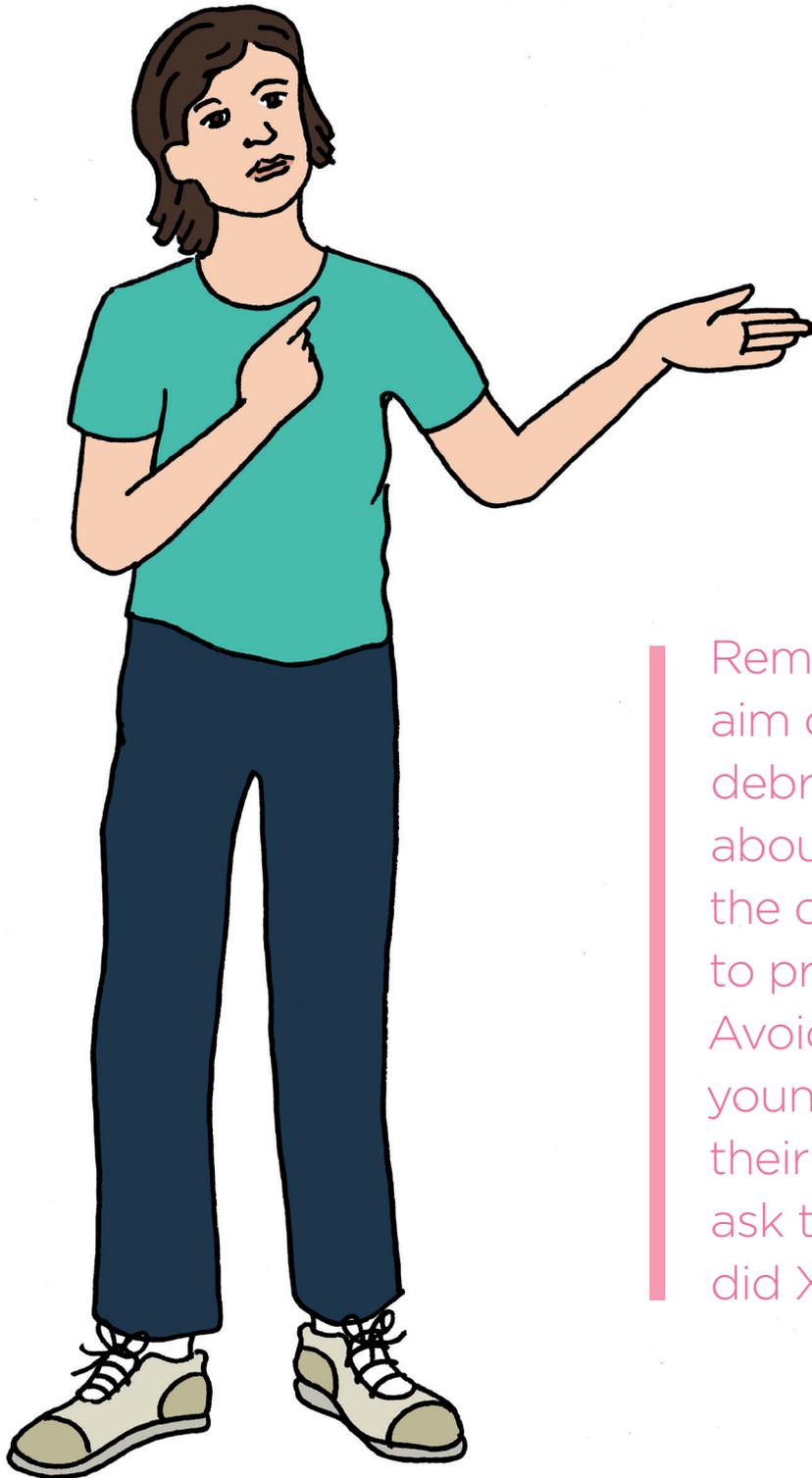
Post-incident learning is about the event itself and how it can be avoided in the future. **Post-incident learning should NOT be done straight away.** It is really important for all the people involved to have enough time to 'cool down' so that emotions can settle, and people are in a better place to reflect. **Post-incident learning must be carried out by a skilled facilitator.**

- 1. Ask yourself if you are the best person to guide post-incident learning.** Post-incident learning is best carried out by a member of staff that knows the person well and who has not been directly involved in the distressed episode.
- 2. Find a quiet and uncluttered environment, away from the place where the person was distressed.** Remove any distractions or sensory triggers to help the person focus on what's important. Let them sit where they are most comfortable (eg on a beanbag, floor, their bed, a table) and use whichever sensory or comforting equipment they need (eg fidget toy). This information can be found in the person's 'Sensory profile' if the person is not able to explain.
- 3. Ask whether the person would like to have one longer session or several shorter ones.** Bear in mind that discussing the incident in one session might be too overwhelming for the person. They may need you to break the post-incident learning down into several shorter sessions at different times.
- 4. Avoid judgmental language.** Stick to the facts of what happened and the person's responses and feelings. Avoid asking questions about WHY the person behaved the way they did.
- 5. Use communication-friendly strategies** in the person's communication passport and/or the general strategies in this guide on page 7. This is especially important as the person is likely to find recalling and speaking about the distressing event difficult.

6. **Try to help the person understand the sequence of events that led up to the incident of distress.** Use as few words as possible (eg, "You were watching television. The fire alarm went off.") Encourage the person to reflect on what happened using the 'When I was distressed' resource on page 27. If they prefer, you could note down key information or draw pictures to help the person recall events from their perspective.
7. **Support the person to think about what caused them to feel distress.** It's helpful to think about the following:
 - i. Was there anything in the environment (eg noises, lighting, people being too close) that caused them discomfort?
 - ii. What were they doing just before they became distressed?
 - iii. Was there an unexpected change?
 - iv. Was the task/activity they were involved in pitched at the right level for them? Did it involve anything they find uncomfortable or distressing?
 - v. Were the staff members involved people who know the person well? Does the person feel comfortable with them?
 - vi. Was the person hungry or thirsty?
 - vii. Does the person recognise and/or communicate they are in pain (eg headache, earache, constipation, dental problems)? Do they have regular physical health checks? When was the last time?

Try to support the person to identify their triggers and record these. This will help you both know what to adjust or prevent in future.

8. **Describe the person's distress and its impact non-judgmentally.** For example, "You were upset. You pushed over the table."
9. **Adjust your questions.** As mentioned before, the person is likely to feel stress and anxiety when they are discussing the distress incident. This can make it difficult to process what is being said to them and work out what to say in response. It's important to adjust your questions so they are pitched at the right level for the person to understand and respond. You can find out more about how to do this in 'How to adjust questions' on page 15.
10. **Support the person to explore what they could do differently next time.** Encourage the person to use the 'When I was distressed' resource on page 27. Record any helpful strategies in their 'My safety plan' (see page 28). Resources on page 21 can make the 'My safety plan' accessible and personalised.
11. **End the session by describing what staff will do to support the young person,** using short and simple sentences.



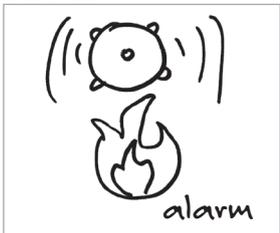
Remember that the aim of post-incident debriefing is to learn about what caused the distress and how to prevent it in future. Avoid asking the young person to justify their behaviour. Don't ask them WHY they did X or Y.

When I was distressed

Try to think about what happened just before you became distressed. Draw or write down what happened. Start with where you were and what you were doing. Next, think about what changed. After that, think about what happened. What did you do? What did other people do?

If you prefer, you can ask a member of staff to draw or write this down for you.

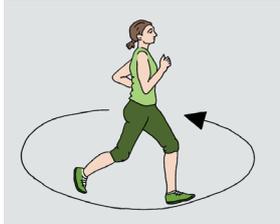
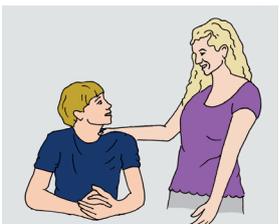
When I was distressed...

First...  alarm	Next...  ears hurt	After that...  run away
--	---	---

I'm distressed. My body feels...

First... 	Next... 	After that... 
--	---	---

I'm distressed. I want to...

First... 	Next... 	After that... 
--	---	--

How to adjust questions

- 1. Begin with the easiest questions to answer.** The easiest questions deal with concrete things – people, places and events (Blank, Rose and Berlin, 1978) and often start with 'Who', 'Where, or 'What'. Try to build up a full picture of the event, asking short questions, one at a time. Questions could include:
 - i.** What were you doing?
 - ii.** Who was in the room?
 - iii.** What were the other people doing?
 - iv.** What happened next?

- 2.** If the person is coping well, you could **try some harder level questions**. These questions often start with 'When', 'How' and 'Why', and deal with more abstract concepts or ideas (eg time and intention). Bear in mind that these questions might be too challenging because the person will need to reflect on past experience, work out what the problem was and what might have prevented it. Harder level questions might include:
 - i.** How did you feel before you became upset?
 - ii.** When did you do X?
 - iii.** Why did you want Y?
 - iv.** How did Z make you feel?
 - v.** What can we do to make you feel better?
 - vi.** What happened when you got upset?
 - vii.** What did you say to staff/people?
 - viii.** What did staff/people say to you?

- 3.** The most complex questions involve more complicated words, abstract concepts, reasoning, inferencing, prediction and problem solving (Blank, Rose and Berlin, 1978). As previously discussed, **complex questions might be too overloading for the person and might need to be broken down into parts**. These questions often start with 'Why'. Examples might include:
 - i.** What would happen if you did X? (Predicting)
 - ii.** Why did you do feel X? (Justifying cause of distress)
 - iii.** What could you/we do differently in the future?
(Solution or preventative measures the young person could take to avoid distress)
 - iv.** Would trying X and Y be helpful?
(Explaining how to better regulate)
 - v.** Why can't we do X? (Explaining obstacle to regulation)

Preventing distress

Behaviour communicates. Behaviour that challenges others is a sign that the person is in distress. If you remove the cause of the distress, or prevent it from happening, this will obviously improve a person's wellbeing and care immeasurably. From a practical point of view, preventing sources of distress will help you to focus on proactively caring for the person, rather than reacting to situations that are distressing for all involved.

Preventing distress and helping the person to develop coping skills is one of the best things you can do, as this prevents distress escalating and reduces restrictive interventions. The resources in this section have been designed to help the person to learn about themselves and develop more control. It's important to complete these regularly and update them, to ensure that the person starts to make connections between what they feel and how they respond.

As with any post-incident learning, you should only work with a person using these resources when they are feeling calm and relaxed. It should never be done during or immediately after an episode of distress.

Discovering how emotions affect the body

The 'Where do I feel things in my body' resource on page 29 can help you support the person to identify where they feel emotion (eg frustration or anxiety) in their body. This will help them to start to recognise when they are beginning to feel overwhelmed and take control. Some people might not realise they're distressed until after the occurrence. This can be especially true of autistic people. Use the resource to help people explore how different areas in their body felt and what this might mean. The aim is to help people recognise when they begin to feel distressed and will proactively use a coping skill before things get too overwhelming.



It may take several sessions and a lot of time for the person to begin to recognise the signs. The more you support the person and use the resource, the more they will become familiar with the signs they are becoming distressed. This will then mean they can start to explore coping skills.

Where do I feel things in my body?

Sometimes you might not know you are feeling strong emotions such as anger or feeling scared. Changes in your body can help you notice how you are feeling.

Colour in where you feel strong emotions.

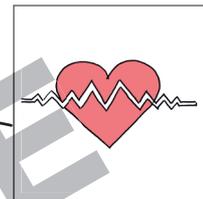
Mad



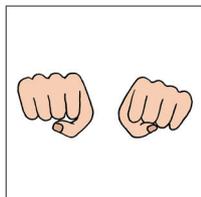
- Teeth clench



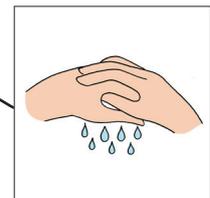
- Head feels like it will explode



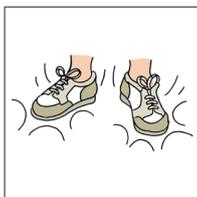
- Heart beating faster



- Making fists with hands



- Hands are sweating



- Wanting to run or stamp

EXAMPLE

Helping the person to recognise they are becoming distressed

The 'My feelings thermometer' resource aims to help develop people's emotional understanding and the language they can use to describe how they are feeling. It can also help them make connections between their feelings and their coping skills.

- 1. Explain the resource.** Show and explain the three sections of the thermometer to the person. These are as follows.
 - **Blue** indicates the cool zone. This is a place where the person might be able to use the calming strategies they find helpful.
 - **Amber** illustrates the period when a person feels mildly dysregulated. The young person can use calming strategies and work with staff effectively.
 - **Purple** illustrates the support zone where staff might need to suggest a calming activity.

- 2. Ask the person what each section looks like for them.** You could ask them the following questions.
 - What does it look like when you are calm? **Blue section.**
 - What does it look like when you start to feel upset? **Amber section.**
 - Do you sigh loudly, pace, growl, etc?
 - What does it look like when you might need a little bit of help? **Purple section.**
 - Does your voice get louder, do you want to run, etc?

If the person is finding it difficult to identify the changes in their feelings and in their body, you try telling them what you noticed and ask them for feedback. For example, you could say, "There were lots of people in the living room. I noticed you started to walk up and down. Did you notice that too?" You could also prompt them by commenting on what many people do. For example, you could say, "When some people get angry, they shout loudly. Is that something you do?"

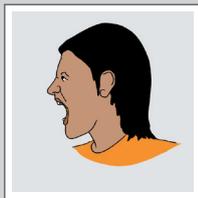
My anger thermometer

What it looks like

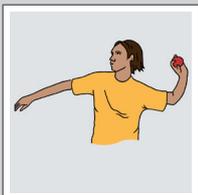
(as before)



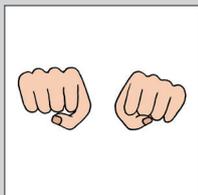
- Hitting



- Shouting



- Throwing things



- Clenching fists

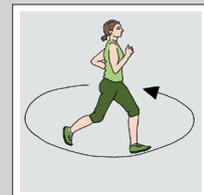
- Stimming



- Rocking and fidgeting

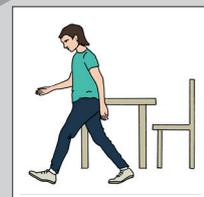
What I can do

(as before)



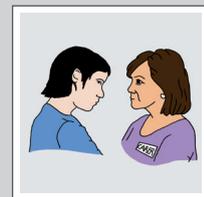
Feeling distressed

- Running in the courtyard
- Exercise



Feeling upset

- Take a break



Starting to feel anxious/upset

- Have a chat
- Sensory room

Feeling OK



Developing a plan

The 'My safety plan' on page 28 is a visual tool that can help the person (and the staff working with them) to explore and use coping strategies that a person finds helpful (eg activities, sensory experiences). The main aim is to give choice and control to the young person. Work together to decide the best 'plan' of activities to help them to stay regulated. Record these in the 'What I plan to do' column. As they are completed the young person can move them to the 'Done' column.

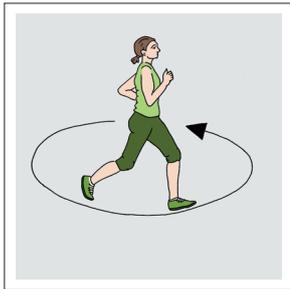
The young person and staff can select the activities from the visuals provided or draw/write in the blank template.

Make sure you evaluate and update the 'My safety plan' after any incident of distress so that the strategies stay relevant and effective.

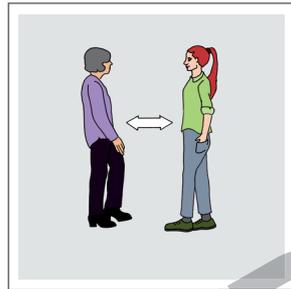


My safety plan

To feel calmer when I am feeling strong emotions, I need...



- to run in the courtyard



- distance (don't get too close)

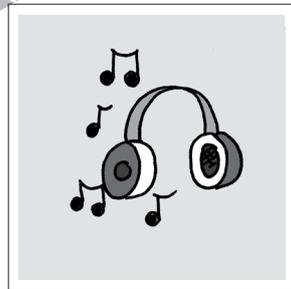


- to punch a pillow

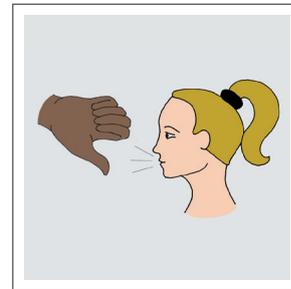
Next I can...



- to use a weighted blanket



- to listen to music



- to not have to explain

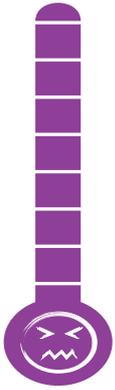
This will help me feel calmer

Helping the person communicate if they are feeling overwhelmed

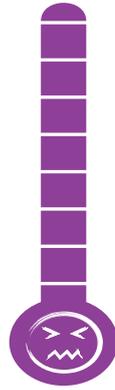
When a person is in a state of distress their brain is in 'fight, flight and freeze' mode. This can mean the person is unable to communicate their distress, even if they are usually able to communicate with words. Using the 'alert card' on page 31 can help a person communicate that they are feeling overwhelmed, alerting staff that they need support. For example, a staff member can place the card on a table near the person during a post-incident learning session. As the session progresses, the staff member can 'check in' with the person using the card. The person might feel too overwhelmed to be able to express this verbally, however pointing to or showing the card can be a more accessible and immediate way of communicating that they need support.



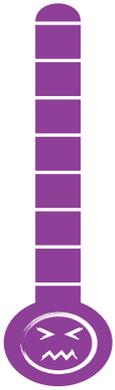
Alert card



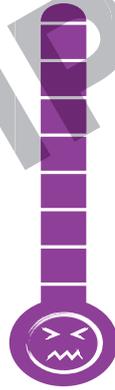
**I need
a break**



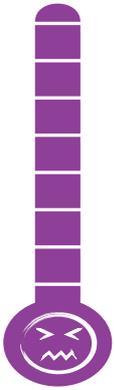
**I need
a break**



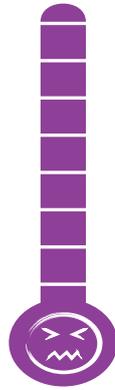
**I need
a break**



**I need
a break**



**I need
a break**



**I need
a break**

EXAMPLE

References

Blank, M, Rose, S A and Berlin, L J (1978)
The Language of Learning: the preschool years.
Orlando: Grune and Stratton, Inc

Department of Health (2014) *Positive and Proactive Care: reducing the need for restrictive interventions.*
Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

The Equality Act (2010) Available at:
www.legislation.gov.uk/ukpga/2010/15/contents

National Autistic Society (2020) *Sensory Differences: a guide for all audiences.* Available online at:
www.autism.org.uk/advice-and-guidance/topics/sensory-differences/sensory-differences/all-audiences

Resources

Visual resources



When I was distressed

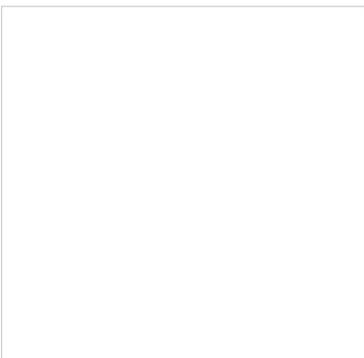
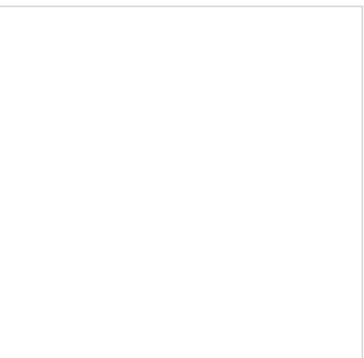
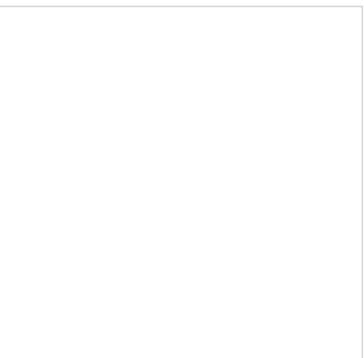
When I was distressed...

First...	Next...	After that...
		

I'm distressed. My body feels...

First...	Next...	After that...
		

I'm distressed. I want to...

First...	Next...	After that...
		

My safety plan

To feel calmer when I am feeling strong emotions, I need...

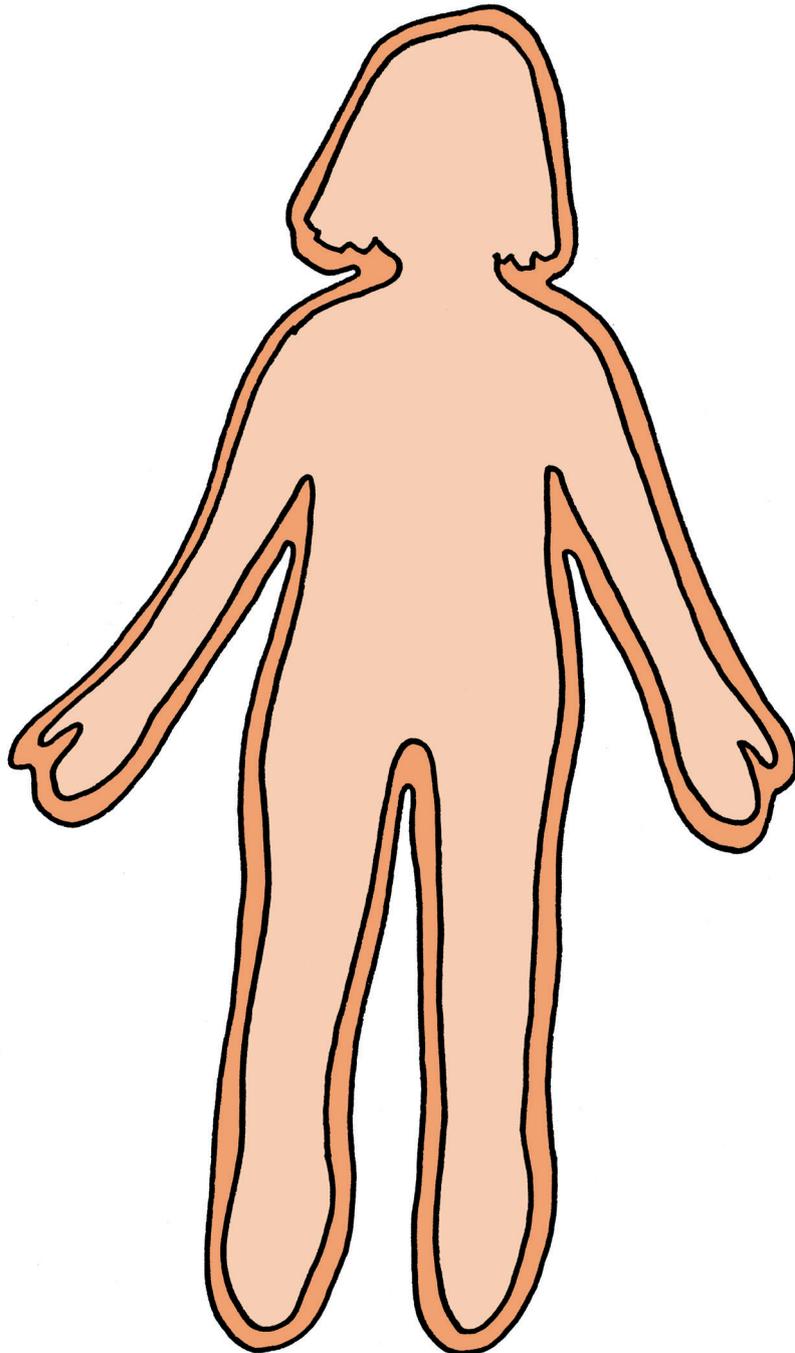
Next, I can...

This will help me feel calmer

Where do I feel things in my body?

Sometimes you might not know you are feeling strong emotions such as anger or feeling scared. Changes in your body can help you notice how you are feeling.

Colour in where you feel strong emotions.



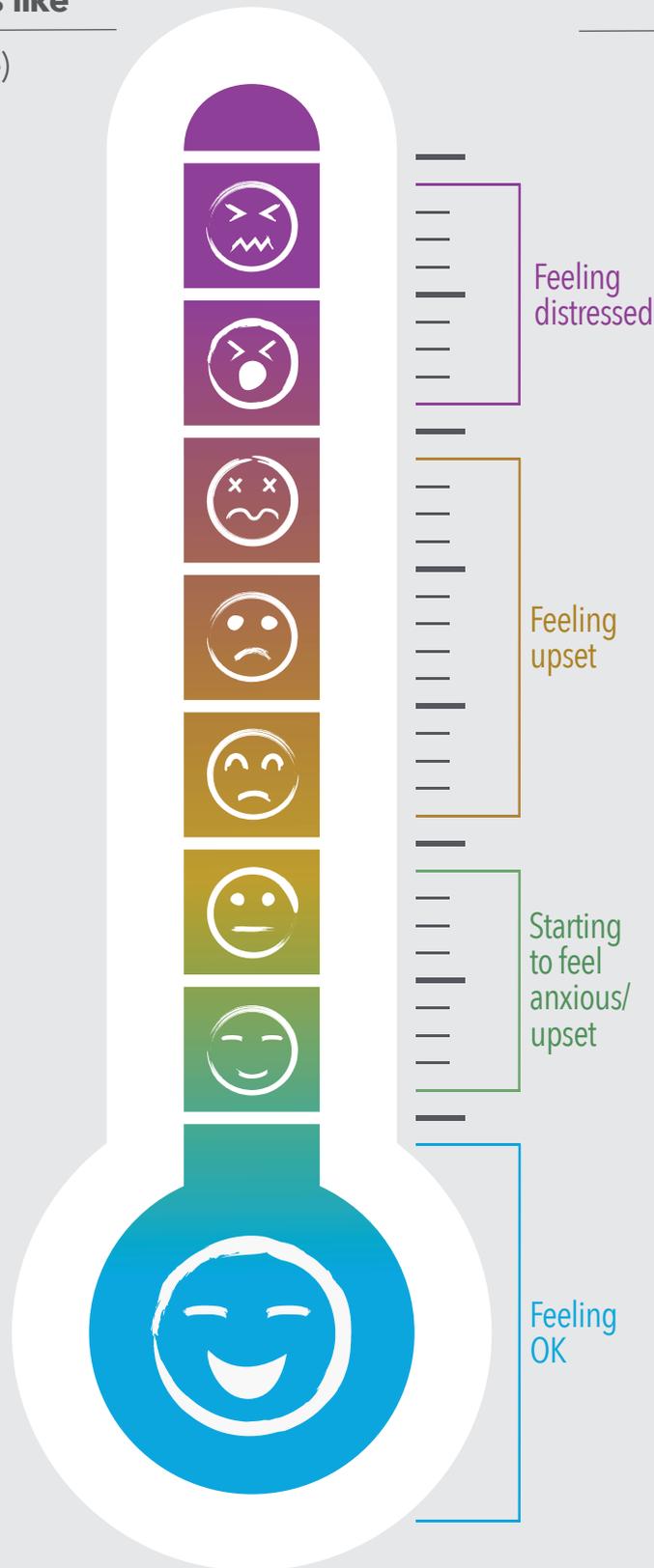
My feelings thermometer

What it looks like

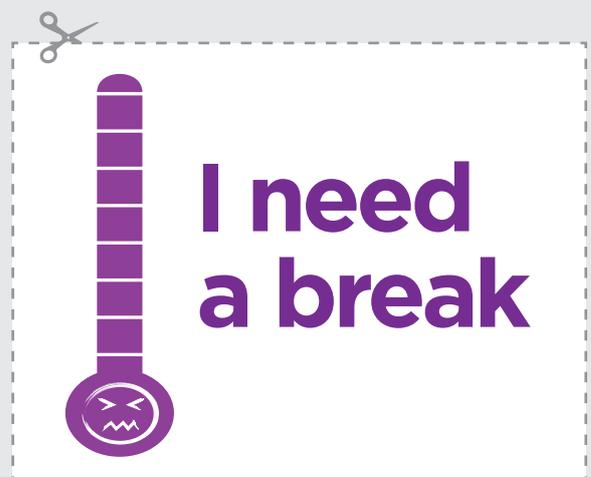
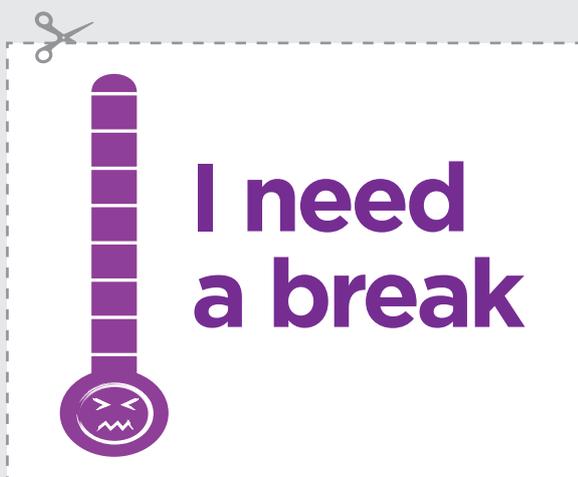
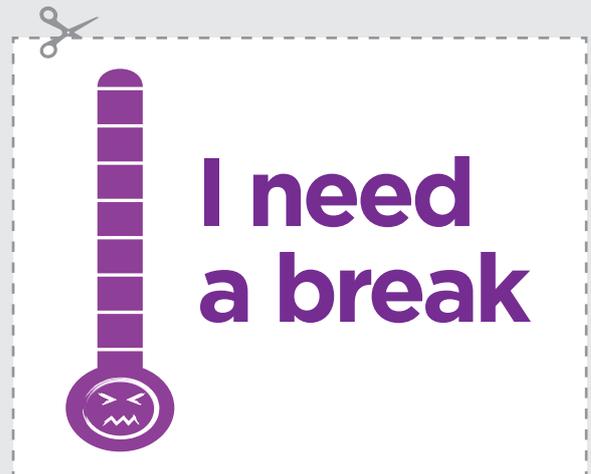
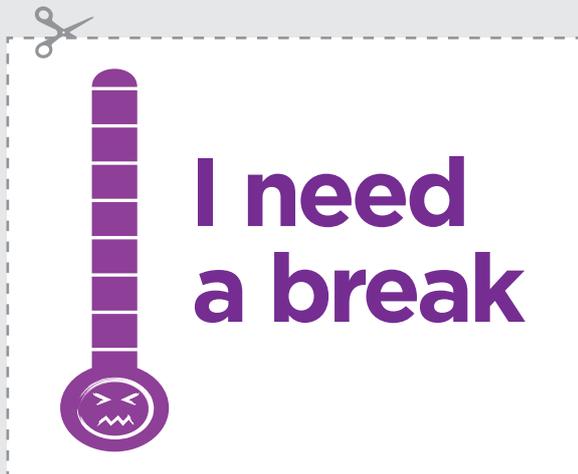
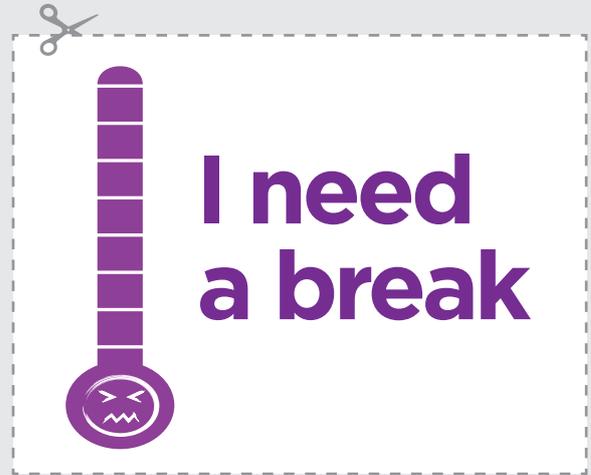
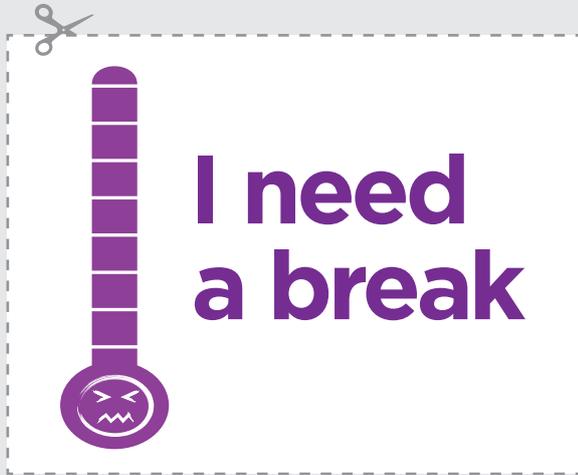
(as before)

What I can do

(as before)



Alert card



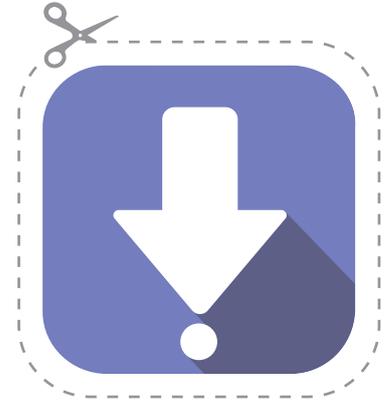
Communication friendly strategies



Allow extra thinking time



Keep language simple and short



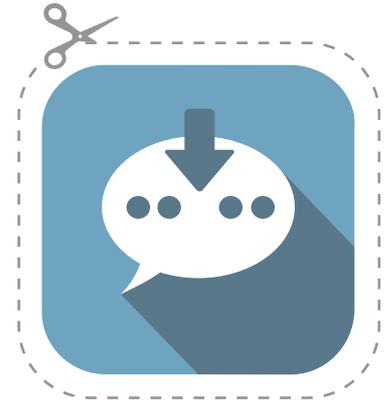
Say what you mean



Make it visual



Use gestures



Use gap fills



Offer forced choices

Resource images



Resource images



Resource images



Resource images



Resource images



Resource images

