

REPORT

Creation of AVEC training programme

Spain

Project:

**Against violence in elderly care
(AVEC)**

2020-1-CZ01-KA2020-0783321

May 2022

LARES (Spain)



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Introduction

Between **October and December 2021**, the partners involved in AVEC project individually developed a training proposal based on the results obtained from the analytical activities.

These proposals were supposed to be presented on **December 9-10, 2021** during the transnational meeting organized by SeneCura Kliniken in Vienna. However, this meeting was cancelled due to the Austrian COVID lockdown restrictions.

The meeting was rescheduled on **February 10-11, 2022** in Paris at FNAQPA facilities. During this meeting, all partners presented their training programme proposal and agree on a **roadmap for the design of the final AVEC training programme**, including a new division of work, the content, structure and scope of the training. SeneCura Kliniken would prepare Module 1, FNAQPA would take care of Module 2, and Lares will work on Module 3.

Lares initial training proposal (Oct. – Dec. 2021)

After analysing the Surveys (managers and workers) and the two Focus Groups, Lares created the following training proposal, which combines the in-person and e-learning training according the different target groups and the learning outcomes to achieve.

Lares stated that one module specifically dedicated to managers and another one for direct care staff were required. It is necessary to create a strong management team that believes in the project and the training, as they know first-hand the problems and difficulties. They are the basis for change within the organization and are capable of driving change from the top. Through this training programme, they should be able to make a realistic analysis of the resources available in their nursing home and make a protocol to be implemented.

For the development of this work, Lares involved **professor and researcher Manuel Nevado¹**, who were already involved in the previous activities of AVEC project (survey and national focus groups). Due his wide experience, Prof. Nevado had the required skills to select appropriate content for the training programme from a pedagogical point of view.

Structure:

- A. **1st e-learning module** for all-staff target.
- B. **2nd in-person module**, thought as an all-staff training.
- C. **3rd e-learning module** addressed to direct care staff only.
- D. **4th in-person module** for managers and middle management roles only.

Screenshots of Lares training proposal:

Unit No.	Topic	Content	Training Objectives	Length (h)	Target	Modality	Methodology
A1	Introduction: analysis of the context of violence in elderly care	<p><u>Initial questionnaire</u> to find out the students' background, personal wishes and learning goals in relation to the course.</p> <p><u>General presentation of the course and learning objectives</u>, based on the two modalities (in-person and e-learning).</p> <p><u>Current situation of violence in the elderly care sector</u>: national and international data</p> <p><u>Consequences of violence in elderly care</u>: a) for the public image of the care sector b) for nursing homes (management and staff), c) for families, d) for victims (residents/workers).</p> <p><u>Overview on national and international resources available to act against violence</u> in elderly care.</p>	<p>1) Students will identify the topic of the training programme and recognize the student's starting point.</p> <p>2) Students will be familiar with the course structure and its development.</p> <p>3) Students will interpret the incidence of violence in elderly care, both nationally and internationally.</p> <p>4) Students will be able to compare the situation of violence in elderly care in their own countries with respect to other countries.</p> <p>5) Students will identify the structural causes that lead to such violence.</p> <p>6) Students will analyse the impact of violence at different levels.</p> <p>7) Students will be able to identify the resources available according to each particular situation of violence in elderly care.</p>	3	All	E-learning	<p>Practical theoretical input from interactive and visual materials, human interest storytelling.</p> <p>Practical exercises based on students' experiences, allowing them to take advantage of previous learning and connect it with the new training content.</p> <p>Brainstorming</p>
A2	Good treatment and mistreatment	<p><u>Types of abuse</u>: physical, sexual, economic, psychological, other.</p> <p><u>Low-intensity abuse</u>: control of privacy, rights, quality of life, self-determination</p> <p><u>Roles involved in a situation of violence</u>: perpetrator, victim, witness</p> <p><u>Detection of abuse</u></p>	<p>1) Students will distinguish the different types of abuse.</p> <p>2) Students will recognize the forms of low-intensity abuse that currently happen in their workplace.</p> <p>3) Students will explain the motivation of the different parties involved in abusive situations.</p> <p>4) Students will be able to identify risk factors that potentially can lead to violence.</p>	4	All	E-learning	<p>Practical theoretical input from interactive and visual materials, human interest storytelling.</p> <p>Practical exercises based on students' experiences, allowing them to take advantage of previous learning and connect it with the new training content.</p> <p>Brainstorming</p>
A3	Responding to abuse	<p><u>Intervention protocols</u>.</p> <p><u>Ethical and legal responsibilities</u></p> <p><u>National and international legal framework</u> on violence in the care of the elderly</p> <p><u>Learner Satisfaction Survey</u> (e-learning part)</p>	<p>1) Students will recognise the main lines of intervention in cases of violence.</p> <p>2) Students will distinguish the different levels of responsibility incurred in relation to cases of violence.</p> <p>3) Students will be able to compare the national legal framework of their country as well as the international on violence in elderly care.</p>	3	All	E-learning	<p>Practical theoretical input from interactive and visual materials, human interest storytelling.</p> <p>Practical exercises based on students' experiences, allowing them to take advantage of previous learning and connect it with the new training content.</p> <p>Brainstorming</p>

¹ Manuel Nevado has a degree in Clinical Psychology and a PhD in Health Sciences. He combines his teaching work with clinical practice in the field of the elderly, neurodegenerative diseases and grief processes. In 2011, he developed his doctoral thesis "The meaning of living in a nursing home" and since then he began teaching in the area of psychology. He has taught Neuropsychology, Psychophysiology, Psychogerontology and Assessment and Diagnosis in different universities. He is currently researching on the factors of resilience and grief in the elderly.

B. IN-PERSON TRAINING - All staff, 60 hours							
Unit No.	Topic	Content	Training Objectives	Length (h)	Target	Modality	Methodology
B1	Practical keys to recognising and understanding violence in elder care	<p><u>Introduction of the in-person part of the training</u></p> <p>--- Introduction of the course facilitator</p> <p>--- Introduction of the participants, impressions/reactions to the course</p> <p>--- Introduction of the face-to-face part of the course and its objectives.</p> <p><u>Concept of violence in elderly care.</u> Good treatment vs. mistreatment</p> <p>Most common forms of expression of violence in care homes based on the types of abuse analysed in the virtual part (physical, sexual, economic, psychological, high/low intensity).</p> <p><u>Doubtful cases in the identification of violence:</u> is it normal or does it constitute violence?</p>	<p>1) Students will understand the structure of the course and its development.</p> <p>2) Students will categorize cases of abuse from real cases and their own experiences.</p> <p>3) Students will report the most common forms of violence in their workplaces.</p> <p>4) Students will evaluate which borderline cases should be considered as violence.</p>	4	All	In-person	<p>Teamwork</p> <p>Brainstorming</p> <p>Active discussion</p> <p>Exchange of experiences</p> <p>Role play</p>
B2	Identifying and assessing the risk of violence in the care of the elderly	<p><u>Types of risk factors:</u></p> <p>--- Factors related to the age or the vulnerable profile of the cared-for person</p> <p>--- Organisational/institutional factors</p> <p><u>Indicators of stress increase and triggers for violence</u></p> <p><u>Risk assessment of violent behaviour.</u> Assessment tools</p>	<p>1) Students will identify which risk factors have motivated certain violent behaviours.</p> <p>2) Students will be able to assess which elements indicate an increase in tension in the daily practice of schools.</p> <p>3) Students will be able to compare the risk of different violent behaviours.</p> <p>4) Students will analyse how alternative cases and situations are generated by changing some risk factors.</p>	2	All	In-person	<p>Practical analysis of risk assessment tools</p> <p>Team work</p> <p>Brainstorming</p> <p>Active discussion</p> <p>Exchange of experiences</p>
B3	Age-related risk factors for violence elderly care	<p><u>Impairments related to normal ageing:</u></p> <p>--- Physical, psychological and sensory changes</p> <p>--- Psychological and social consequences resulting from loss of autonomy.</p> <p><u>Impairments related to pathological ageing: Cognitive impairment</u></p> <p>--- Types of dementia</p> <p>--- Psychiatric disturbances</p> <p>--- Behavioural changes in older people</p> <p><u>Impact of the two types of ageing (normal/pathological) on the attitudes and behaviours of:</u></p> <p>a) The older person</p> <p>b) Their family environment</p> <p>c) The professionals who assist him/her</p>	<p>1) Students will distinguish the types of ageing based on the different types of impairments.</p> <p>2) Students will assess the impact of different types of ageing based on real cases.</p>	12	All	In-person	<p>Virtual reality: use of an ageing simulator to understand the physical, mental, emotional and social impact of suffering from ageing-related skill deficits.</p> <p>Team work</p> <p>Brainstorming</p> <p>Active discussion</p> <p>Exchange of experiences</p>

B. IN-PERSON TRAINING - All staff, 60 hours							
Unit No.	Topic	Content	Training Objectives	Length (h)	Target	Modality	Methodology
B4	Promoting good treatment or how to take the right stance to prevent violence	<p>Respect of the principles of the <u>person centred care model</u>.</p> <p><u>Mechanisms to prevent the adoption of harmful attitudes:</u> Detractors/Automatons</p> <p><u>Good practices that encourage high quality communication.</u></p> <p><u>Caring practices to protect against violent situations.</u></p> <p><u>Development of awareness-raising materials</u></p>	<p>1) Students will develop recommendations for the promotion of good treatment based on real cases.</p> <p>2) Students will build up effective communication techniques to face violence.</p> <p>3) Students will carry out a self-diagnosis to identify personal limits not to be exceeded in order to safeguard individual protection from violence.</p>	4	All	In-person	<p>Analysis of good practices</p> <p>Team work</p> <p>Brainstorming</p> <p>Active discussion</p> <p>Exchange of experiences</p> <p>Role play</p>
B5	How to react to the detection of violence. intervention protocols	<p>Identify situations</p> <p>Avoid becoming an accomplice</p> <p>Reporting process of violent situations</p> <p>Criminal responsibilities</p>	<p>1) Students will be able to analyse violent situations and will identify the needs which create the problem and will be in a position to face them.</p> <p>2) Students will prioritize their actions and propose non-violent solutions in order to avoid becoming an accomplice of violent situations.</p> <p>3) Students will design how to carry out a reporting process according to different violent situations.</p> <p>4) Students will measure the different criminal responsibilities of common violent situations.</p>	8	All	In-person	<p>Analysis of good practices</p> <p>Team work</p> <p>Brainstorming</p> <p>Active discussion</p> <p>Exchange of experiences</p> <p>Role play</p>
B6	Behavioural management and communication with residents	<p>Develop <u>guidelines for communication</u> with residents</p> <p>Identify <u>guidelines for intervention</u> with residents</p> <p>Analysing the <u>management of conflict situations</u> with residents</p> <p>Develop <u>intervention, assessment and behavioural analysis plans.</u></p>	<p>1) Students will analyse good practices</p> <p>2) Students will develop positive communication techniques</p> <p>3) Students will review intervention/assessment plans for active cases of violence in your own school.</p>	20	All	In-person	<p>Analysis of case studies and good practices</p> <p>Team work</p> <p>Brainstorming</p> <p>Active discussion</p> <p>Exchange of experiences</p> <p>Role play</p> <p>Practical exercises in positive communication</p>

B. IN-PERSON TRAINING - All staff, 60 hours

Unit No.	Topic	Content	Training Objectives	Length (h)	Target	Modality	Methodology
B7	Working and communicating with families	<u>Family overload</u> <u>Previous relationships</u> <u>Communication patterns</u> , climates of trust and referral <u>Admission management and adaptation to the centre</u> <u>solving difficult situations and day-to-day management</u>	1) Analysis of the impact of the family-centre, family-resident relationship on the occurrence of violent situations. 2) Developing positive communication techniques. 3) Analysing good practices.	10	All	In-person	Analysis of case studies and good practices Team work Brainstorming Active discussion Exchange of experiences Role play Practical exercises in positive communication

C. E-LEARNING TRAINING - Direct care staff, 4 hours

Unit No.	Topic	Content	Training Objectives	Length (h)	Target	Modality	Methodology
C1	Long-term individual action against violence	<u>Self-evaluation</u> of one's own practices in order to identify potentially violent behaviour and ensure individual protection. <u>Acquisition of an ethics-oriented self-questioning methodology</u> to integrate it into one's daily practices.	1) Students will identify which of one's own attitudes/practices at work are likely to fuel situations of violence. 2) Students will identify one's own emotional, physical and mental state. 3) Students will assess which changes could be made in work practice to avoid/mitigate situations of violence.	4	Direct care staff	E-learning	Questionnaire Theoretical and practical input from interactive materials, visuals, human interest storytelling. Practical exercises based on their experiences, allowing them to build on previous learning and connect it to the new course content. Brainstorming

D. IN-PERSON TRAINING - Management staff, 4 hours


Unit No.	Topic	Content	Training Objectives	Length (h)	Target	Modality	Methodology
D1	Long-term collective action against violence	<u>Development of procedures and practices in the management of cases of violence:</u> a) Notification and risk assessment forms b) Indicators for monitoring acts of violence c) Procedures and protocols for the prevention and management of violence <u>Collective action resources against violence:</u> a) Multidisciplinary meetings to discuss inappropriate attitudes, manage specific cases or harmonise practices. b) Implementation of training and awareness-raising measures c) Health education d) Implementation of inclusive measures to involve professionals-families-elderly people e) Updating prevention tools f) Development of collaborative tools	1) Students will be able to identify and apply the resources for managing cases of violence according to each phase. 2) Students will compare the resources available in their care homes. 3) Students will list gaps and barriers in the management of cases of violence. 4) Students will be able to develop a protocol of intervention according to the needs and resources available in the residence they work at.	4	Managers Middle management	In-person	Analysis of good practices Team work Brainstorming Active discussion Exchange of experiences Role play

Final training programme – Creation process of Module 3, assigned to Lares (Feb. – May 2022)

Lares team took care of preparing the detailed content of Module 3, the last module of the AVEC training violence programme, its topics, including a proposal of methodological tools and materials.

Module 3 is focused on the methods and techniques available to deal with situations of violence and abuse, as well as how to raise awareness and intervene in such cases.

Screenshots of some slides of the Module 3 PPT



MODULE 3

How to react to situations of violence, abuse and micro maltreatment: sensitization and intervention

Duration: 12 hours

Learning outcomes of the module

By the end of this module, learners will be able to...

- Detect **automatisms that generate conflicting situations** in their daily work.
- Distinguish how to **react to situations of aggressiveness** on the part of residents.
- Identify **self-control techniques** to apply in situations of violence.
- Explore how to **work in a team**.
- Determine the **values of the humanization of health** and the **importance of the environment** as an element of behavioural improvement.
- Identify their **strengths** and **weaknesses** and apply them in their daily work.



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Key words

- Behavioural problems
- Kitwood
- Person-Centered Care
- Cognitive impairment
- Dementia
- Communication
- Active listening
- Assertive communication
- Guidelines
- Management
- Best Practices
- Micromistreatment
- Ageism
- Self-Control
- Relaxation
- Conflict Mediation
- Anger Curve
- Discrimination
- Good Treatment
- Psychological Needs
- Dementia Needs
- "I" Messages
- Sensitization
- Automatisms
- Criticism
- Feelings
- Malignant Social Psychology



Content

Structure of the module

The module is divided into the following units:

1. Introduction to behavioural problems
2. Knowing how to adopt the correct position as a professional
3. How to react to violent situations
4. Emotion regulation techniques and social skills
5. Sensitization to abuse
6. Psychological needs of people with dementia in institutions



UNIT 1: INTRODUCTION TO BEHAVIOURAL PROBLEMS



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**UNIT 2:
ADOPT THE CORRECT
POSITION AS A
PROFESSIONAL**



**UNIT 3:
HOW TO REACT
TO VIOLENT
SITUATIONS**

**UNIT 4:
EMOTION REGULATION
TECHNIQUES AND
SOCIAL SKILLS**



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UNIT 5: SENSITIZATION TO ABUSE

UNIT 6: PSYCHOLOGICAL NEEDS OF PEOPLE WITH DEMENTIA IN INSTITUTIONS



“The well-being of people with dementia is a direct result of the quality of the relationships they have with those around them”

(Kitwood, 1997)

Methodology

- ✓ Practical exercises
- ✓ Real clinical cases
- ✓ Experiential workshops
- ✓ Role play
- ✓ Psychodrama
- ✓ Multi workshops
- ✓ Icebreaker activities
- ✓ Interactivity apps like Kahoot
- ✓ Analysis of each participant's experience
- ✓ Elaboration of awareness material
- ✓ Development of work decalogues
- ✓ Mental maps
- ✓ Didactic brochures
- ✓ Poster sessions
- ✓ Elaboration of podcast and playlist



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Lare has already produced a **1st draft of Module 3 theoretical contents**. This document will be used both by the trainees and the lecturer of the AVEC pilot training, which will take place in Autumn 2022.

MODULE 3

HOW TO REACT TO SITUATIONS OF VIOLENCE, ABUSE AND MICRO MALTREATMENT: SENSITIZATION AND INTERVENTION

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3.6. How to deal with difficult situations

- Stay calm. Respond instead of reacting.** To react is to become infected with the emotions of the other. Responding instead means behaving thoughtfully.
- Actively listen and offer no resistance.** If you present yourself to the other person as a wall, what you will probably achieve is that they attack with more force.
- Use I-messages**
- Use assertive communication techniques:**
 - Broken record.** Repeat your own point of view repeatedly, calmly, without entering into the provocations that the other may make. "I understand that you are concerned about the fever, but an antibiotic is not indicated at this time... I understand that you are concerned that you have a fever, but I do not see the need to give you an antibiotic at this time."
 - Fog bank.** Giving the other reason in what we consider may be true in their criticism but refusing to enter into further discussions. In this way, we appear to give up the ground, without actually giving it up, because we make it clear that we are not going to change our position. "Every time I come in the afternoon, I have to wait a lot; You're right, I may have to vary my schedule."
 - Negative assertion.** Avoid saying "I'm sorry" or "excuse me" that by dint of repetition mean nothing. Instead, use phrases such as "It was silly on my part", "I shouldn't have said/done", "you have all the reason".
 - Assertive postponement.** It consists of postponing the issue that is being discussed until a time when it is more appropriate: "I think this is not the time to talk about this issue, because we are very upset. We'd better talk about it tomorrow".
 - Partial denial.** Useful technique with demands in which we are willing to play a part, but with certain conditions. It is expressed in such a way that, first, we say what we are willing to do something, and then continue with the part that we do not accept: "I have no problem staying two more hours for your query, as long as we do it the other way around on another occasion".
 - Complete negative.** Formulate the refusal clearly, without giving rise to insisting, but without hurting the interlocutor: "For such and such a reason, I can't give you a certificate for the nursery."
 - Disarm the anger.** With this technique, we intend to focus on the interlocutor's negative feelings, ignoring the content of the request: "I realize that you are very angry about waiting. Let's see what we can do."
- Separate the problem from the person**
- Know how to ask questions:**
 - Ask questions that guide the negotiation. If we see that the negotiation is not going in the direction it should, ask, for example: "Is this plan taking us where we wanted to go?"

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3.1. Communication skills

Many behavioural problems can be solved by following a series of communication steps, in order to ensure a correct communication process.

- Choose the **right time and place** agreed with the other person and be in an emotional state favourable to communication.
- Be consistent and have reflected on **what is wanted**, what is **meant** and how to **say it better**.
- Be aware of your **own filters** to send and receive messages.
- Listen actively and empathetically** and ask open or specific questions as appropriate to the topic being discussed.
- Use an **assertive communication** style.
- Express feelings and emotions in the form of **"I-messages"**.
- Use **clear, precise, consistent, and useful** messages.
- Accept** arguments, objections, or criticism, incorporating the other person's messages into our speech.
- Active listening.** Listening well is a cognitive, affective, and motivational skill that requires an attitude that shows our interlocutor that we are really understanding what they want to tell us. On the other hand, listening is an essential element to get to know the other person, to establish quality interpersonal relationships.

The positive effects of active listening are, for those who feel listened to, helpful; By being more aware of your reality, you contribute to your personal growth. And for those who listen, it is a source of information, it contributes to modifying attitudes positively, acquiring greater sensitivity, tolerance, and flexibility. The skill of assertive communication.
- Communication styles.** There are three communication styles:
 - Assertive communication:** it implies expressing one's own feelings, needs and rights without threatening the rights of other people.
 - Passive communication:** implies the violation of one's own rights, by not being able to honestly express feelings, emotions, thoughts, and opinions. Accompanying verbal language appear non-verbal behaviours such as hiding one's gaze, tense postures...
 - Aggressive communication:** it involves defending our rights in a way that can sometimes be inappropriate and can violate the rights of the other person. The person expresses himself/herself in an imposing way, using coercion.

For instance: you enter the room of your residence user and see that it is very messy with all the clothes on the floor. What do you say?

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4.2. Emotion regulation techniques

Technique #1: Deep Breathing

It is one of the emotional control techniques that is very easy to apply and, furthermore, is very useful for controlling physiological reactions before, during and after facing emotionally intense situations. It is done as follows:

- Take a deep breath while mentally counting to 4.
- Hold your breath while you mentally count to 4.
- Breathe out as you mentally count to 8.
- Repeat the above process.

In short, it is about **doing the different phases of breathing slowly** and a little more intensely than normal, but without having to force it at any time. To check that you are breathing correctly, you can put one hand on your chest and the other on your abdomen. You will be doing the breathing correctly when only the hand of the abdomen moves when you breathe. Some also call it abdominal breathing.

Technique #2: Thought Stopping

If we talk about techniques to control emotions, this can also be used before, during or after the situation that causes us problems. Specifically, it focuses on **thought control**. To put it into practice, you must follow the following steps:

- When you start to feel uncomfortable, nervous or upset, pay attention to the type of thoughts you are having, and identify all those with negative connotations (focused on failure, hatred towards other people, blame, etc.).
- Repeat the above process.**
- Replace those thoughts with more positive ones.

The problem with this technique is that it takes some practice to identify negative thoughts, as well as to turn them around and turn them into positive ones.

Technique #3: Muscle relaxation

This emotional self-regulation technique can also be applied before, during and after the situation, but its effective use **requires prior training**. If you want to put it into practice, follow these steps:

- Sit quietly in a comfortable position and close your eyes.
- Slowly relax all the muscles in your body, starting with your toes and then relaxing the rest of your body until you reach the muscles in your neck and head.
- Once you have relaxed all the muscles in your body, imagine yourself in a peaceful and relaxing place, for example lying on a beach. Whichever place you choose, imagine yourself totally relaxed and carefree.
- Picture yourself in that place as clearly as possible.

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