

# A Training Programme to Manage Conflict in Psychiatric Settings

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For a number of years we have provided courses on managing conflict and preventing violence within the psychiatric services in the County of Aarhus. In 1994 we began cooperation with psycho-physical consultants and developed the present training course combining both theory and practice. The course is compulsory for the majority of professionals employed in the psychiatric services in the county.

It consists of three main elements - theory, control and restraint techniques and role-play. Within each of these elements we focus on preliminary preparation, response to specific situations and further training.

## Theory

The first main element - theory - consists of imparting knowledge and sharing experience in the form of lectures followed by dialogue and assignments. We cover a number of topics:-

The Sphere of Conflict - We try to analyse this Sphere of Conflict from various angles and focus on those aspects which make conflict in psychiatric settings different from other situations. We review definitions of conflicts in general, typical progress of conflicts and finally the origins of conflicts. Most workplace conflicts arise between people and we have a tendency to blame the other person for the tension. However often the origin may lie in the way work is organised. This preliminary preparation allows participants to arrive at an awareness of the unique difficulties in managing conflict in psychiatric settings.

Signals - Violent episodes are frequently preceded by signals which give warning of potential incidents. Signals are the stimuli we constantly receive from ourselves, from each other and from our surroundings - that is all we hear, see, smell and feel. We therefore give lessons in :-

" How to pick up and interpret signals

" What influences our interpretation

" The importance of our interpretation on the way we act

" The relationship between interpretation of received signals and the signals we return

In discussion and consideration of personal experiences participants begin to develop an understanding of these key issues.

Fight and Escape Mechanisms - We review the range of immediate responses available to the psychiatric professional when faced with an incident particularly with a view to personal safety and the safety of others. This topic is discussed more fully below.

After the Incident - We deal with the reactions after episodes of threats or violence and what we can expect after extreme situations. Follow up is essential after any incident of actual or threatened violence. Professionals must ensure the incident is resolved and does not recur and there is an important role for colleagues and management in this process. Support to those professionals involved in these incidents is vital and training also focuses on self awareness and an ability to recognise when further professional help is needed. Finally we consider the type of

follow up required for patients and clients. Where necessary treatment must be reviewed but in addition the patient must at least have the opportunity to discuss the incident, think about how to express anger or frustration more constructively and where appropriate be able to express regret.

The Prevention of Violence - The policies for dealing with conflict in the psychiatric unit are considered. This includes the definition of violence and threats, the recording and reporting of incidents and the procedures carried out before, during and after violent episodes. We discuss the important roles of cooperation and social convention in preventing violence. Participants are helped to identify gaps in existing policies and form action plans to improve them.

### Control and Restraint Techniques

The second main element of the programme is a training component where we work closely with the company Bjarne Vejgard. This private company has developed a number of control and restraint holds which focus on respect and care for the patient and at the same time security for the staff. These very simple holds do not require great strength, only the use of proper techniques. These are taught to the participants who are then given the opportunity for daily repetition and training. Apart from physical techniques we also consider:-

- " Body language
- " Boundaries
- " Cooperation
- " Communication

These verbal and non verbal aspects of communication between patients and staff are very important. We specifically consider the relationship between words, body and tone. All these factors play a role in defusing violent or threatening incidents.

### Role Play

The third element is role play which is based on work situations. These mimic realistic situations and some participants undergo strong emotions such as anger, fear or anxiety. Some have described experiencing palpitations or tunnel vision. Of course we are careful not to push participants either too far or too little. We create learning situations which can then be discussed and reviewed. Nevertheless we must always ensure trainees are confronted by sufficiently difficult challenges to develop their skills.

After the role play we discuss what happened, what went well, what was difficult and how the situation could have been handled differently. Many participants come to recognise how different is their interpretation of signals and how their reactions vary. In staging conflict situations we therefore give participants a chance to test themselves in difficult situations within secure settings. There is particular emphasis on verbal communication to enable trainees to understand their use of language and what they should say in various situations. The aim of the role play is thus to give each participant a chance to work with his or her own behaviour in difficult situations and improve their ability to respond to conflict while maintaining as much of their self esteem and dignity as possible.

### Conclusion

Generally we have received very good feed back from participants. I can give you an example of a senior psychiatrist who participated in the course last year. In the oral evaluation he stated that if he had taken part in a similar course thirty years ago, his career in psychiatry would have been made much easier and far less anxiety ridden. The success of the course lies in it's ability to create a learning environment where the participants can work, learn and develop in an atmosphere of appreciation and respect. This environment allows people to achieve a better

understanding of themselves, gain insight into their own and other people's motives, signals and reactions in conflict situations.

We recognise that to successfully apply their new knowledge in the workplace participants need the support of their management. We therefore plan to extend the remit of our course to include managers and to focus on their role and responsibilities in the prevention of violence.