



T R A I N I N G

S Y S T E M S

STUDIO III TRAINING SYSTEMS

Managing Violent Situations in Mental Healthcare

*Violent behaviour does not justify
A violent response*

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Background

Studio 3 is a specialist research and training organisation founded over ten years ago.

The overall aim of the organisation is to provide:

“The highest quality and standards of training in the management and prevention of violence and aggression for professionals providing treatment and care”

Studio 3 has an entirely new approach to training in the management of aggressive or violent behaviours in mental healthcare. Studio 3 Training Systems provides a non aversive approach to the management of challenging behaviours.

Studio 3 provides criterion based training, working with staff to develop specific skills to meet the particular needs of the service user. It is essential that the background to the service users' problems is understood by all staff and that this understanding is used to define the direction in which these problems may be addressed.

Studio 3 designed the training with the simple philosophy that training should be:

- Valid
- Reliable
- Clinically Relevant
- Socially Acceptable

Studio 3 does not provide generic physical intervention strategies. Our work is designed to promote the management of challenging behaviour in a totally non-violent and dignified way by the use of early intervention strategies, 'low-arousal' techniques and non-aversive physical skills.

This new training system provides the only credible and real alternative to traditional 'control and restraint' approaches.

The Pitfalls of Providing the Wrong Training

There are few training providers that take account of the problems that violence and aggression can generate within an organisation. Many of these providers supply quick fixes which rarely address the underlying causes that generate these problems.

The RCN has issued advice on the benefit of training and draws attention to the problem of how to acquire a training provider.

“How employers identify, select and provide training appropriate to the particular needs of their service has often been an issue of concern, largely due to the way in which this type of training has evolved within the care sector”

Dealing With Violence Against Nursing Staff: An RCN Guide For Nurses And Managers.

The Costs Incurred

Injured staff can prove to be very expensive. Sick pay, replacing staff, injury benefits, increased early retirement, legal action, ward closure, counselling, treatment and compensation payment all contribute to a drain on limited resources. There is also the cost of the time needed to manage all the consequences and negative publicity that it usually attracts. Too often these costs are overlooked.

The Benefits of Good Staff Training

- Every employer has a duty to protect staff from harm.
- It is efficient to train staff.
- Staff training may increase the confidence of carers.
- Confident carers may defuse incidents more successfully.
- Confidence is an integral part of active interventions such as talking and listening.

- Staff in the front-line generally value training and in turn feel valued themselves.
- Staff training can reduce staff and client injuries.

*Staff confidence can be examined
pre and post training.*

The Myth of Home Office Approval

Home Office approval for any training in the management of violence and aggression including “control and restraint” does not exist outside the prison service. The Home Office does not approve training for the NHS. Some services still think that “C&R” courses are Home Office approved.

The institute of psychiatry is about to undertake a UKCC Department of Health backed study into control and restraint led by Soo Lee. This is due to the concern about the use and abuse of control and restraint and some confusion about what exactly it is.

*Staff do not need to be taught relatively
large numbers of physical skills which they
are unlikely to use or remember.*

Cause for concern about the training, and in particular the physical skills component of that training, has arisen due to:

- Staff receiving injuries while attending training courses which are supposed to prevent injury and promote safety.
- Injuries to clients when used.
- The fragility of older adults in mental healthcare.
- The potential for abuse.

*Defusing incidents is more effective
than physical management.*

The Tragedy of Serious Injury

A recent article in Open Mind – January 1998, by Raj Persaud summarised a paper which appeared in the British Medical Journal entitled “Acute Excited States and Sudden Death”. The following is an extract:

“In the tragic situation where a patient in a psychiatric hospital dies suddenly and unexpectedly, large doses of medication are often blamed. However, it may be that other factors should also be taken into account.”

“Research into sudden death has found being restrained to be a prominent factor and common theme. Physical restraint, from a psychological standpoint, cuts off the two major pathways of coping with aversive situations – fights or flight. While in most cases restraint does not result in sudden death, however, when combined with induced or already existing cardiac disturbance, and acute emotional stress, all these factors raise the probability of sudden death.”

“In-patient units, where the added danger of high doses of psychotropic medication may be included in this hazardous equation, we need therefore to take particular care to prevent such developing in the first place.”

*Physical procedures must avoid the use of
pain and be simple, effective, safe and most
importantly socially acceptable.*

Rapid Tranquillisation Protocols

Welfare and quality of life generate many complex ethical debates. One such issue is the safety and efficacy of rapid tranquillisation

protocols (RTP). At the moment the UK is questioning the safety and efficacy of RTP's as a method of preventing and managing violent incidents.

The debate can be characterised as follows:

- Is medication effective in managing violence?
- Is medication safe in managing violence?
- Is the effectiveness of medication related to general sedation or to a specific therapeutic effect on an underlying disorder?
- What are the contraindications to using medication to manage violence.
- Is medication effective in the management of violence irrespective of the aetiology of violence?
- Does the nature of the decision making process at the time of administration alter the outcome?

Rapid tranquillisation protocols must be clear and unequivocal.

There is clearly a need for a logical and rational approach to rapid tranquillisation protocols. Studio3 will provide staff with the techniques and confidence to be able to choose the most appropriate combination of prevention, defusion, restraint and medication.

Legal Issues

Many people are unaware of the legal aspects of violence at work. Using "self defence" as a justification for injuries to patients may result in prosecution and sentencing for assault and battery. Studio 3 trainers will explain the correct legal concept to consider through case studies and group work.

Traditional physical restraint procedures may result in deaths caused by 'positional asphyxia'

Quality Risk Management

Too often the recognition of the service user's right to individuality is overlooked in situations which practitioners consider too risky. There is no law of risk or risk taking. The law, at best, provides checklists, procedures and frameworks for professionals to work within and to utilise and justify their risks.

*The Views of mental health service users
and carers are as important as those of
Clinicians.*

In mental healthcare, staff are constantly making choices about what to do and how best to do it. Choices involve risk. Choices may result in harm but risks **do** need to be taken due to the benefits to the service user. It is essential that all staff understand these issues and take balanced decisions based on high quality risk analysis and management.

Policy

Clear policies are essential. Most organisations have policies on the management of violence and aggression. There is however doubt about the way they are interpreted. All incidents should be managed in such a way as to ensure the safety of all concerned.

The necessity of such policies has long been recognised. Studio3 will develop your existing policies to include

- A safety policy designed to minimise the likelihood of injury to you and your colleagues.
- A policy which helps you and your colleagues take high quality risk that will minimise the likelihood of injury to staff and clients.

Support

Understanding and dealing with the emotions that violence and aggression generate in others is an important component of training. When asked “how do you feel”? the most commonly reported emotion was “I feel fine/OK” or they “were a bit concerned”

Very different answers are given when staff are asked “how might someone feel after an incident”. Support strategies that bridge the gap between what people say and how they feel improves staff morale and reduces stress.

*Support for the psychological effects
Of incidents is vital for all.*

Debriefing is important so that the member of staff is allowed to talk openly about how they really feel. Training can provide the listening skills needed to provide effective support for colleagues. This is the first step to encourage a culture shift within an organisation from one of blame to one of support.

Support for patients who have been involved in incidents is also necessary. Not being listened to has been identified as a prelude to violence and aggression for patients in psychiatric settings.

Philosophy

Low arousal approaches are behaviour management strategies which focus on the avoidance of confrontation. This is primarily achieved by the reduction of trigger behaviours which may arouse an individual who presents a challenge.

*Low arousal philosophies are an integral
Part of the entire approach.*

Research in a recent study showed that 86% of assaults had been preceded by the nurse delivering an aversive stimulation to the patient. If staff are empowered to avoid such confrontations using

a low arousal approach it therefore follows that the number of assaults will be reduced.

Qualitative Differences in Violence

There are differences in the manifestation of violence and training should provide solutions that are relevant to the situation and nature of the violence that occurs.

Studio 3 recommend that before training occurs a survey on the nature of violence is conducted. The purpose of the survey is to discover:

- What violence is actually taking place.
- Do staff feel supported.
- What should be included in a proposed training course.

The benefits of such a survey are obvious. Too often organisations are accused of training for training sake. Studio3 provides the measures and methods for monitoring the process of organisational change.

After the survey has been analysed we can, with your input, set realistic targets to be achieved with the implementation of a training programme.

Recording

When the nature of the problem has been established and training has begun it is important that effective monitoring of all incidents occurs.

All incidents must be effectively monitored.

Currently many incidents that are occurring in your organisation may remain unreported. With Studio 3 involvement this is acknowledged and the core issues of this problem are addressed and rectified.

The Transition

Organisational change requires commitment not time. It is essential that all staff attend the relevant courses to establish the change required to improve the organisational approach to violence and aggression.

Feedback is an integral part of course development.

The modernisation of health and social care presents a challenge to existing mental healthcare services. The need to break down the barriers between services that provide health and social care for individuals with complex needs has been established and timetables for this modernisation have been set out in government papers.

Studio 3 is aware of this challenge and it is our belief that effective training provides a forum to address and tackle these complex issues of reform. During the transition period Studio 3 will provide the support for that commitment helping managers with the difficult job of managing that change.

The Solution

Studio 3 has a unique position in today's training environment and our courses are currently being delivered to a number of services in the statutory, private and voluntary sectors. Its objectives are firmly established. These are to give carers the skills to manage challenging behaviours whilst at the same time maintain a positive relationship between themselves and service users.

The typical composition of a training programme is a series of workshops, seminars and courses that meet the specific needs of the organisation.

- One day practice and policy development workshops.
- Two day reactive planning and clinical intervention seminars.

- Three day management and prevention courses, providing staff with a basic understanding of 'low arousal approaches' and a unique series of physical management strategies including alternatives to 'floor restraint'.

The network of services who use our approach are also provided a unique opportunity to discuss the problems of implementation and improvement of health and social care at our regular conferences. With the true nature of the violence and aggression revealed by our survey an organisation can set the priorities to manage the change safe in the knowledge it has the partnership of a premiere training organisation with the same agenda.



MANAGING CHALLENGING BEHAVIOUR – A THREE-DAY WORKSHOP FOR STAFF WORKING IN MENTAL HEALTH SETTINGS

COURSE TIMETABLE

Day One

09.30 – 10.00	Introduction to the day
10.00 – 10.45	Legal issues (including the implications of the European convention of Human Rights)
10.45 – 11.00	Tea/Coffee
11.00 – 11.30	Violence in Healthcare – The Psychiatric Perspective
11.30 – 12.00	Causes of challenging behaviour
12.00 – 12.30	Behavioural Tolerance – Exercise
12.30 – 13.30	Lunch
13.30 – 15.00	The ‘Low arousal’ approaches
15.00 – 15.15	Tea/Coffee
15.15 – 15.45	Coping with Challenging Behaviour – debriefing exercise
15.45 – 16.30	Managing versus Changing Behaviours



MANAGING CHALLENGING BEHAVIOUR – A TWO-DAY WORKSHOP FOR STAFF WORKING IN MENTAL HEALTH SETTINGS

COURSE TIMETABLE

Day Two

9.30 – 10.00	Group participation exercises
10.00 – 10.45	The principles of non-aversive physical skills
10.45 – 11.00	Tea/Coffee
11.00 – 12.30	Physical avoidance skills
12.30 – 13.30	Lunch
13.30 – 15.00	Non-physical and physical low arousal skills in practice
15.00 – 15.15	Tea/Coffee
15.15 – 16.00	Role Play – defusing skills
16.00 – 16.30	The acceptability of physical restraint procedures



MANAGING CHALLENGING BEHAVIOUR - A TWO DAY WORKSHOP FOR STAFF WORKING IN MENTAL HEALTH SETTINGS

COURSE TIMETABLE

Day Three

9.30 – 10.45	Recap of day two
10.45 – 11.00	Tea/Coffee
11.00 – 12.30	Physical Restraint 1
12.30 – 13.30	Lunch
13.30 – 14.30	Physical Restraint 2
14.30 – 15.45	Role Play
15.45 – 16.00	Tea/Coffee
16.00 – 16.30	Consolidation

STUDIO III TRAINING SYSTEMS

Equal Opportunities Statement

Studio 3 Training Systems draws to the attention of all its customers and employees, legislation which affects the rights of every person to equal opportunities at work including: The Equal Pay Act, The Sex Discrimination Act (1975), The Race Relations Act (1976) and The Disability Act (1995)

It is also recognised that useful guidance is contained in:

- The Equal Opportunities Commission Code of Practice for the elimination of discrimination on the grounds of sex or marital status and the promotion of equality of opportunity in employment.
- The Commission for Racial Equality's Code of Practice for the elimination of racial discrimination and the promotion of equality of opportunity in employment
- The Department of Employment and Education Code of Practice issued under the Disability Discrimination Act.

Studio 3 is committed to the active pursuit of equal opportunities in all its dealings with services, service users and employees.

So far as is reasonably practicable and within the law, no one shall receive less favourable treatment on the grounds of sex, marital status, sexual orientation, age, family circumstance, disability, colour, race, nationality or ethnic or national origins, religious or political beliefs, or be disadvantaged by conditions or requirements that cannot be shown to be justifiable.

Issues regarding Gender, Ethnicity, Religion, Disability, Sexuality and Sexual Orientation which may be reflected in training

Studio 3 Training Systems recognise that due to the nature of their work, staff may often be exposed to abuse related to gender, ethnicity, religion, disability, sexuality or sexual orientation. Although your employer is legally obliged under the Race Relations Act (1976) S.71 to protect employees from this kind of abuse, in practice it is very difficult to prevent. Racially abusive behaviour is an offence under the Race Relations Act and possibly the Public Order Act (1986) as well. However, it is very difficult to secure a conviction against a service user if you were racially abused.

Issues such as gender, ethnicity, religion, disability, sexuality or sexual orientation are highly emotive and are often discussed on courses. Studio 3 is committed to the open debate of these issues and course participants need to be aware that trainers may use language and behaviour of an offensive nature when such issues are being discussed on courses and during role plays. Studio 3 will only adopt this approach when it is intrinsically linked to the course aims and objectives. Course participants are advised to speak to the trainers if they believe that the use of language and behaviour is not applicable to the course setting.

For Further Information

Please contact Graeme Brady at our Head Office on 01225 334111
or e-mail: info@studio3.org or visit our web site: studio3.org



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CLIENT LIST

To date we are providing training and clinical support to over 100 statutory, voluntary and private organisations including:

Autism West Midlands	Association of Teachers and Lecturers
Barnardos	(Including teaching staff from many schools throughout the UK who have attended the ATL/Studio III courses)
South Birmingham Primary Care Trust	Borders Regional Council
Birmingham Specialist Comm. NHS Trust	BUPA
Bolton Social Services	Cerrig Camu
Bradford Health Authority	Devon and Cornwall Health Authority
Brothers of Charity - Galway	Downe Residential Project – Downpatrick
Coln House School	Enfield and Haringey Health Authority
Dyfed and Powys Health Authority	Gwent Health Authority
Edgware Community Hospital	Hull & East Riding Community NHS Trust
Gloucestershire Autism Services	Kingscrest
Gheel Training Group - Dublin	Leicester City Social Services
Harrogate Health Care	Loddon NHS Trust
Knowsley Social Services	Mount School
London Borough of Waltham Forest	Middlesbrough Social Services
MENCAP	National Autistic Society
MCLS	Neath & Port Talbot County Borough Council
National Federation of City Farms	North Merseyside Health Trust Services
Northern Life Care	Portsmouth & SE Hants Health Authority
Redbridge & Waltham Forest Health Authority	Ruskin Mill
Nottinghamshire Healthcare NHS Trust	St Helens and Knowsley Health Authority
Richmond Social Services	St Michael's House - Dublin
Shaw Homes	South Sefton Social Services
Shropshire Health Authority	Stepping Stones
Sisters of Charity	Triangle Housing Association
South Warwickshire Social Services	TRACS
Stroud Court Community Trust	Western Care - Ireland
Swansea Social Services	West Glamorgan Housing Consortium
Vista	
Westminster Social Services	

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