

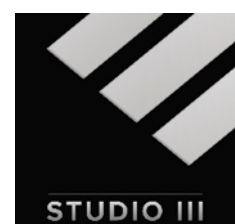


Understanding the Studio 3 Approach to Physical Interventions: Part 3 – Pseudo Martial Arts

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This article is the third in a series of discussions around physical interventions training in the crisis management industry, and Studio 3's approach to physical skills. In this article, Professor Andrew McDonnell discusses the traditional approach to crisis management skills, which he describes as 'pseudo martial arts,' and why we need to find alternative ways to keep distressed and vulnerable people safe.

Understanding the Studio 3 Approach to Physical Interventions: Part 3 – Pseudo Martial Arts

We know that many of the crisis management training programmes in the world contain physical intervention techniques that have origins in martial arts techniques. Often, the exact historical pathways can be unclear. I remember talking to a colleague who explained to me that the martial arts that influenced his training were Jiu Jitsu, Judo, and Aikido. Similarly, another senior crisis management trainer passionately told me that his methods had come from the martial art of Karate. This explains why the physical interventions experienced by people on training courses in the care sector can feel like self-defence classes. In this article, I will try to explain the martial arts link to the teaching of physical interventions, and demonstrate that these methods were never designed to support people in caring environments. In effect, we have created an industry of 'pseudo martial arts' when, in reality, crisis situations are not about self-defence:

'As I reflected on [a hair-pulling incident with a young woman], I found myself feeling a little embarrassed. It occurred to me that in my panic I had forgotten I was a martial arts expert, and hadn't recalled any of the moves and techniques that I could have used to break free from her. But it was not just blind panic that stopped me dead in my

tracks. No, it was a realisation that a violent response would not help her. I had no wish to inflict pain on this vulnerable woman.’ – The Reflective Journey (2019), p.5

My First Experience of Crisis Management Training

It is no longer a secret that, over the years, I have reached a fairly senior level in the martial art of Jiu Jitsu (though I no longer practice). My lifelong interest in training people to be confident in crisis situations does owe a lot to this background, but separately, as a psychologist, my interests lay in developing a psychological rather than physical approach to managing situations, now widely known as the Low Arousal Approach. Over the years, I have tried to keep these worlds separate. In my book *The Reflective Journey: A Practitioner’s Guide to the Low Arousal Approach*, I illustrated my own conflicting views:

‘I kept my world of psychology very separate from the world of martial arts. I attended many workshops at this time, often with titles that make me cringe today; ‘Managing the Violent Patient’ or, even worse, ‘Aggression Management Training.’ Most of the training had little theoretical rationale and consisted of learning physical self-defence strategies on gym mats, and I did not believe that they had any place in a caring environment. Ultimately, I decided to take a clean slate approach to training.’ – The Reflective Journey (2019), p.7

Even in these early days, I began to worry that what I was experiencing in the care sector was in effect a pseudo martial art. To be blunt about this, to get to the level of black belt in the martial art of Jiu Jitsu, it took many, many years of weekly, persistent training, and repetitive practice of physical techniques and methods. As a student, prior

to getting a black belt, this consisted of 4-6 hours per week of direct training. To get to higher levels, black belt and above, the teaching and training components at some points were nearly double this number. I was discussing with a colleague recently that, throughout my martial arts career, my weekly average time spent training and teaching over a 30-year career was 4 hours per week. This produced a staggering figure, of over 6,000 hours of teaching and training. Why am I making this point? In the pseudo martial arts world of crisis management training, generally people are given 6, maybe 10, hours of physical interventions training, with very little post-training positive practice. This is a wholly insufficient amount of time to retain even the most basic motor skills. If we add on top of this role-play and simulation, which has been a cornerstone of both my martial arts and Studio 3 career, the task becomes significantly more difficult.

The Self-Defence Narrative

Thankfully, I am now too old and decrepit to contemplate regular training, but there are obvious parallels between teaching what could be described as self-defence skills and some elements of the training courses we witness in care environments today. In my opinion, we have created a problem where simple self-defence skills are taught to people, with little emphasis on any kind of ongoing training. Whilst I will say that I have witnessed individuals growing in confidence and ability when they practice a martial art for a long period of time, these pseudo martial arts techniques have no place in caring environments.

In my most recent book, *Freedom from Restraint and Seclusion: The Studio 3 Approach* (2022), I try to illustrate that sometimes martial arts thinking can lead to differences in practice, outside of employing a physical skills syllabus:

'There is also a tendency where physical skills training is concerned to focus on extreme examples of violence, and to catastrophise aggression. We must rid ourselves of what I call the 'self-defence narrative.' When you attend a martial arts class or a self-defence course, you often attend with the expectation of learning how to stay safe in highly risky situations. These situations often involve being assaulted or attacked by a stranger (which is actually highly unlikely compared to being attacked by someone you already know and have some form of relationship with). In these circumstances, I remember being taught the mantra, 'Mind over matter.' This translates as, 'You shouldn't mind what you do to them, because they don't matter.' The problem with this outlook in my day-to-day work as a psychologist was that I worked with scared and distressed individuals who did matter, and who I had to work with every day, building a trusting and therapeutic relationship.' (p.103)

So, why did I keep my training world at Studio 3 so separate from my martial arts hobby? I think the answer is quite simply that although my knowledge of Jiu Jitsu did help me develop methods for (and exclude methods from) the Studio 3 programmes, I also do not believe that teaching simple, non-violent movements has much at all to do with martial arts training. My colleagues always emphasise that if people with martial arts training enter the world of care environments, they must understand that the distress they experience and often the violence that is manifested there is very different to the types of situations you would see in bars, nightclubs and other such places. Fundamentally, in care environments as practitioners, we are expected to

make engaging, meaningful relationships with individuals who are often traumatised, hypervigilant, and in a state of distress. Self-defence style training is based on the notion of self-protection, and this cannot apply in an environment where we are there to keep vulnerable people safe.

Pseudo Martial Arts Analogy

I appreciate that the term 'pseudo martial art' is deliberately flippant in nature. However, the Studio 3 organisation, due to our varied routes, experiences, and professional pathways, has historically avoided the martial arts background of some of our original practitioners. However, there are a number of useful ways of thinking about physical intervention training organisations from a pseudo martial arts perspective. Let's consider the following features of a martial art or pseudo martial art:

- There is a physical teaching syllabus
- There is a hierarchical structure to this physical syllabus
- There is positive and repetitive practice of physical techniques
- People are often asked to demonstrate these techniques in front of their teachers (usually involving some form of simulation)
- In many cases, simulation training and scenarios are used to provide emotional components to the practice of the methods in an attempt to add emotional impact
- People will receive a physical grade or level (often a belt or a certificate) to determine their competency level
- The grading levels often range from a novice/beginner to instructor or even senior instructor

A huge number of crisis management training organisations that teach any form of physical methods meet some, if not all, of these criterion. However, there are notable differences that need to be acknowledged. Let's look at how we apply this martial arts analogy in more detail.

Resolving the Pseudo Martial Arts/Crisis Management Paradox

Personally, I have always felt strongly that my world of martial arts and my Studio 3 world should be kept separate. I believe that this reticence to talk about these issues is not just a problem for me, but for the training industry in general. I think all training organisations should publicly be able to describe the lineage of their programmes in a clear and transparent manner.

In some senses, trying to apply my work as a Clinical Psychologist with my martial arts background is a paradoxical position. I felt that if I focused on my martial arts background, it would create the wrong image for Studio 3 Training Systems. Similarly, as a Clinical Psychologist, I am very aware that members of the training industry and other consumers will perhaps view me in a different way. In essence, I don't believe today that there is a paradox to truly resolve. The Andy McDonnell who trained as a Clinical Psychologist and developed an interest in Low Arousal, de-escalation and crisis management is the same person who dressed up to practice a martial art. In my recent book *Freedom from Restraint and Seclusion: The Studio 3 Approach* (2022), I decided to be more open and honest. I am not ashamed of my martial arts background, I just think it has little place in the caring world.

Studio 3 Best Practice

There are many positive elements of martial arts that can be used to encourage people to feel safer in the workplace without the need to utilise unsafe self-defence practices. For Studio 3 trainers and practitioners, there is best practice advice that can be condensed into the following principles:

- 1) Confidence – Always remember that the people we are training will sometimes lack confidence in their belief in their own ability to manage difficult situations. Confident people – or, more accurately, people who appear confident – will be likely to have fewer serious incidents. Training courses can increase confidence, but we must remember that it is a transitory thing. In my own experience, we are only as good as the next incident that we manage, which means that overconfidence can be as large a problem as lacking confidence.
- 2) Self Control and Self Awareness – Martial arts training is not just about practicing for violent encounters; it also focuses on developing self-confidence, and most importantly, self-control and self-awareness. Developing mindful practitioners who are aware of their verbal and non-verbal communication is essential. It always amazes me how often people inadvertently escalate situations, but blissfully lack the self-awareness to understand their contribution.
- 3) Teach as Few Physical Interventions as Possible – This is because people start to forget these methods almost the very minute the training course is finished. The Studio 3 philosophy is, the fewer physical interventions we teach, the better the likelihood of recall.

- 4) Repetition - Positive repetitive practice of movements and sequences needs to be a focus of even the most limited training courses. There are three key things that increase motor skill performance - repetition, repetition, and repetition.
- 5) Role-play and Simulation - Skills that are practiced in calm, controlled conditions will only enhance recall in calm, controlled conditions.
- 6) Reflective Practice - Training requires ongoing coaching and self-reflection. We can always improve our responses by analysing our de-escalation skills. In my experience, the self-aware reflective person does appear to be involved in less crisis incidents.

In this article, I have attempted to explain how I have kept my martial arts experiences and my knowledge of psychology separate. Developing confident people has many different routes, and I do acknowledge in my case that martial arts taught me a lot about self-regulation, and most importantly, looking and appearing calm in crisis situations. In the training industry, the problem still remains that creating a pseudo martial art almost reinforces the belief that we need to equip practitioners with self-defence skills in health and social care settings. This is clearly not the case. In my recent review of the research on staff training in physical interventions, the lack of evidence base for many crisis management training programmes was very clear (McDonnell et al., 2023). The Studio 3 message is unambiguous: we have to move beyond pseudo martial arts to develop an industry that focuses on creating a calm and regulated humanistic workforce. Hopefully, in the future, we can make the routine teaching of physical interventions redundant.

References

- McDonnell, A. (2022). *Freedom from Restraint and Seclusion: The Studio 3 Approach*. Peterborough: Studio 3 Publications.
- (2019). *The Reflective Journey: A Practitioner's Guide to the Low Arousal Approach*. Peterborough: Studio 3 Publications.
- McDonnell, A.A., O'Shea, M., Bews-Pugh, S., McAuliffe, H. & Deveau, R. (2023). Staff Training in Physical Interventions: A Literature Review. *Frontiers in Psychiatry*, 14:1129039. <https://doi.org/10.3389/fpsy.2023.1129039>.