Conflict Resolution
Training Manual

Conflict Resolution Training

The Trust **will not tolerate** any form of violence or aggression, including verbal abuse against its staff, visitors, or patients, In order to deal with the problem effectively, it is vital that all incidents are reported and formally recorded, Any resulting action taken by the Trust will vary according to individual circumstances.

This may range from immediate removal and arrest of offenders by the Police, to the issuing of informal or formal warnings, or in extreme cases may include the exclusion from treatment other than immediate emergency care,

The Trust recognises that training of staff is fundamental to the effective operation of this policy, and that employees will be required to attend appropriate training relative to the degree of risk faced within their working environment, *(Prevention and Management of Violence and Aggression2015)*

1. Introduction
Tackling violence against staff and professionals working in the NHS was a key area of the specific action for the Security Management Service. In December 2003 the Secretary of State launched the strategic document *'A Professional Approach* to *Managing Security in the NHS'.* The key aim of this strategy is to deliver an environment for those who use or work in the NHS that is properly secure, so that the highest possible standard of clinical care can be made available to patients, (SMS 2004).

2. Background
This manual has been designed based on the National syllabus for Conflict Resolution Training in the NHS, The syllabus is designed to meet the needs of staff that have direct contact with patients and the public. There are minimum requirements established by the NHS Security Management Service (NHS SMS); which was launched on the 1st April 2004 with a remit encompassing policy & operational responsibility for management of security in the NHS for trusts to enable them to comply with the Secretary of State Directions to provide Conflict Resolution Training (CRT) and refresher training to all frontline staff.

National Syllabus for Conflict Resolution Training

> **Aim:** To recognise different aspects of conflict that staff and professionals may encounter and to understand and be aware of different methods of resolving such conflicts:

Key Elements:
The course will cover:

1   Verbal & Non-verbal communication skills
2   Recognising warning signs
3   Cultural Awareness
4   De-escalation techniques

Objectives:
By the end of the training the learners will be able to:

1   Describe common causes of conflict
2   Describe two forms of communication
3   Give examples of communication breakdown
4   Explain three examples of communication models that can assist in conflict resolution
5   Describe patterns of behaviours they may encounter during different interactions
6   Explain the difference between warning and danger signs
7   Give examples of impact factors
8   Describe the use of distance when dealing with conflict
9   Explain the use of 'reasonable force' as it applies to conflict resolution
10   Describe different methods for dealing with possible conflict situations

Reference: Conflict Resolution Training, Implementing the National Syllabus (2004)

What is conflict?

Definition of conflict..........

A disagreement or clash between ideas, principles, or people.

Definition of aggression..........

It is a human emotion which compels the individual to act in either a defensive or offensive manner.

Definition of physical assault..........

The intentional application of force to the person without lawful justification, resulting in physical injury or personal discomfort.

Definition of non-physical assault..........

The use of inappropriate words or behaviour causing distress and / or constituting harassment.

Within the working environment of the NHS there will be occasions that arise when it is not too difficult to acknowledge what may have contributed to an individual's anger or distress. These may include:

- Unmet expectations
- Rudeness
- Indifference
- Being ignored

Therefore, in terms of conflict resolution, it is important to recognise that an individual's behaviour is often not directed at us, but at a set of circumstances faced by them. If we are able to understand the background to potentially violent behaviour, we are able to separate what is a personal attack from what is being directed at us as representatives of the Trust. However although violence is understandable it is **never** acceptable.

All such instances, be they verbal or physical, must be reported.

Warning and danger signs

During potential conflict situations people can show various warning and danger signs.   We should be aware of these signs and be able to recognise them when entering into situations that are at risk of escalating into confrontational or violent acts.

The table below is set into two columns: Warning Signs and Danger Signs.   Warning signs indicate when a person is getting angry and they feel the need to verbally make their presence felt.   When you are able to recognise these signs it would be a perfect time to use the Communication Models we discuss later to try and deescalate the situation and prevent the on set of DANGER SIGNS.

Danger signs occur naturally when the body reacts to the possibility of physical violence.   When you recognise these signs the best option may be to withdraw from the situation and seek assistance from the police, security or your colleagues.
The police can be contacted on 9-999, hospital security on ext. 5555 or you could use an emergency buzzer.
Verbal abuse on the phone can be put through to ext. 6666.

Warning Signs	Danger Signs
Direct, prolonged eye contact	Fists clench and unclench
Facial colour may darken	Facial colour may become paler
Head is back	Lips tighten over teeth
Subject stands tall	Head drops to protect throat
Subject kicks the ground	Eyebrows droop to protect eyes
Large movements close to people	Hands rise above the waist
Breathing rate accelerates	Shoulders tense and body is lowered ready to launch forward
Behaviour may start / stop abruptly	Stance moves from square to sideways
Grinding of teeth	Stare is now at intended target

Causes of Aggression

- Fear -response to a perceived threat
- Humiliation -felt because circumstances have compelled a self-appraisal which prompts us to feel inferior
- Frustration -arises because an impediment can provide a reason for a tantrum or valid anger/emotion

Consider
- Why do you think conflict took place?
- How was the other person behaving at the time?
- How was I behaving at the time?
- Was there anything that I (or the Trust) could have done to avoid it?

Factors that might influence potential for conflict:

How we say things and how we behave often has an impact on the message we wish to convey other than what is actually said.

Communication

This comprises of two forms

- Verbal (7%)
- Non-verbal
  - Vocal (38%)
  - Body language (55%)

Using verbal and non-verbal communication

We can say · 'Thank you' in a genuine way for a kindness or 'thank you' in a tight lipped manner, altering the tone. This clearly is not thanking a person but is a sarcastic response. Thus, the content of our speech, our vocal tone and our body language **MUST** all convey the same ideas to ensure that we are transmitting a consistent message. As you can see, **HOW** we say things and how **WE BEHAVE** often has an impact on the message we wish to convey than **WHAT** is actually said.
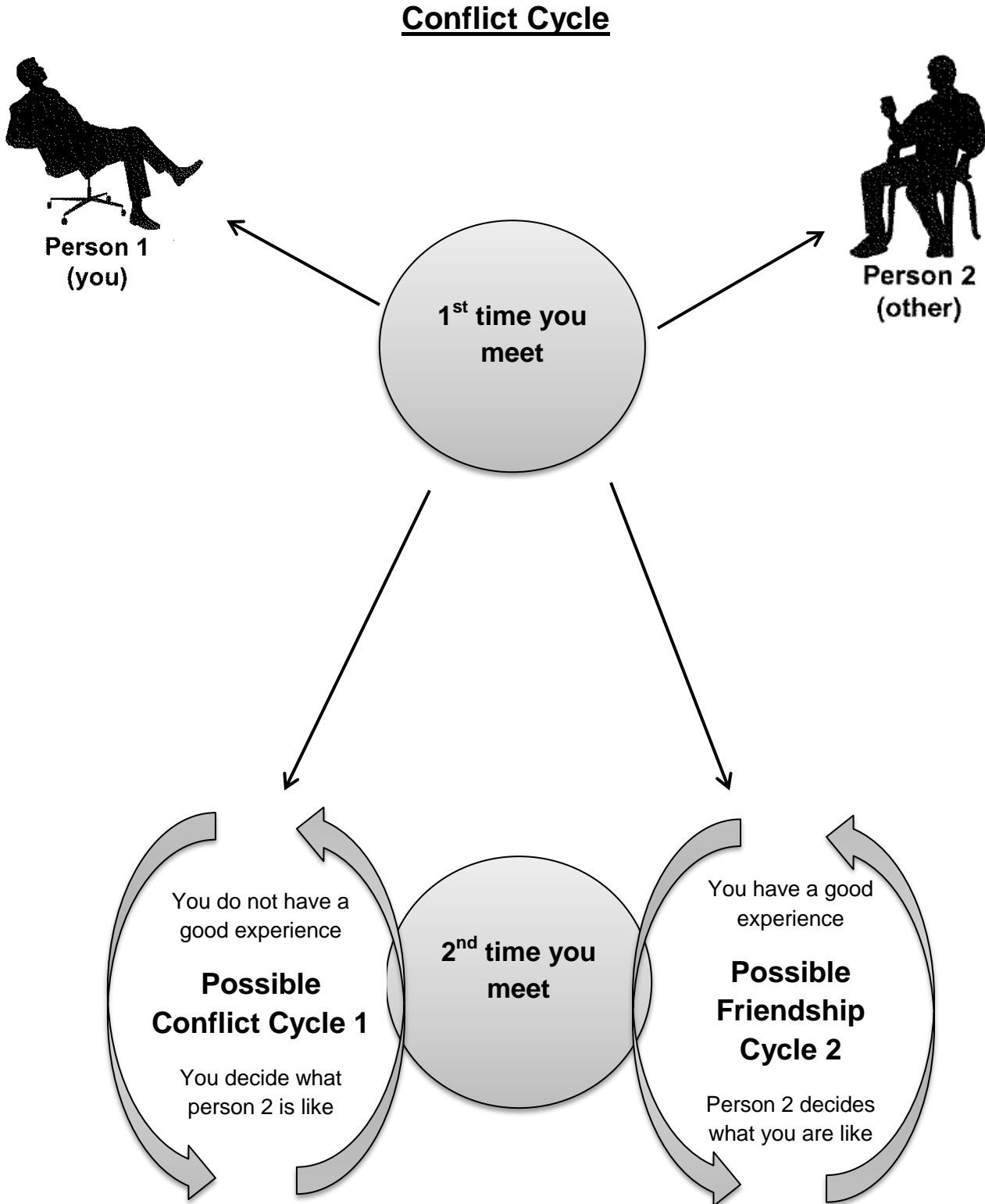
Communication

Avoid - jargon, hospital-speak, abbreviations.

Try using 'I' versus 'you' language such as ***'I am not making myself clear, let me try again'*** and not ***'You don't understand what I am saying, so listen'***.
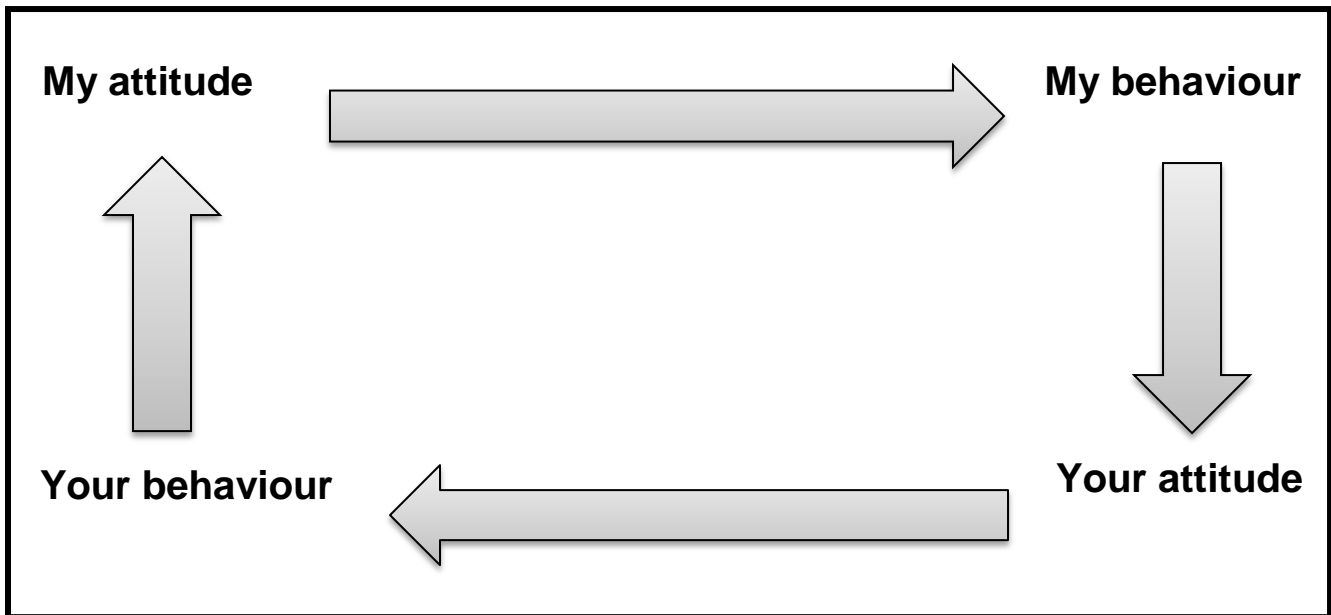
Note: Not all cultures have the same body language e.g. some people will not look each other in the eye when talking to them or shaking hands may not be acceptable.

Conflict Cycle

It is important to be able to understand ourselves and our emotions in order for us to deal with conflict. Dealing with conflict badly and not appreciating the differences between us all can lead us into the conflict cycle:

Conflict Cycle

Person 1
(you)

Person 2
(other)

1st time you meet

You do not have a good experience

Possible Conflict Cycle 1

You decide what person 2 is like

2nd time you meet

You have a good experience

Possible Friendship Cycle 2

Person 2 decides what you are like

Betaris Box

This demonstrates a cycle of behaviour that if not interrupted can escalate out of control. If your attitude towards another person is hostile then this will be displayed in your behaviour. This in turn will affect the attitude of the individual you are dealing with which in turn will affect their behaviour.

It is your responsibility to recognise this cycle and break it. This must be done before you can use the communication models that you will look at next.

TIP! Use active listening skills. It is unusual for someone who is angry to become violent towards an individual who they believe is genuinely listening to them and appears to want to help.

Values and Beliefs

If you were to ask yourself 'what are my values? Can you easily list them? -If you have some difficulties listing your values then it may be interesting to read on.

Self-aware people are consciously (or unconsciously) aware of their values, the things that are important to them, the essence of what they believe in. Values can come in all shapes and sizes -love, calmness, personal growth, making a difference, courage, honesty, confidence, friendship, win-win, determination, resourcefulness, adventure, caring -the list goes on.

Once your values are understood they become the code that guides your decisions - your decisions become aligned with YOUR values (not what someone else thinks)

Values are deeply held views that act as guiding principles for individuals and organisations. When they are declared and followed they are the basis of trust. When they are left unstated they are then inferred from observable behaviour. When they are stated and not followed trust is broken.

We are impacted by personal and organisational values every day in our work and social lives.

"Things only have the value that we give them"
Moliere (French actor, playwright and writer, 1622 -1673)

Sometimes it means we get on well as our values are similar or the same as others and sometimes we experience more difficulties, as we don't seem to be gelling together in fact we might even have opposing views!

For instance, punctuality matters to some individuals more than others-and this can cause clashes. How tidy (or not) you are can really cause friction at work and at home. Or how you perceive mistakes and how to respond to them can be different and may or may not, be in alignment with your employers view.

Most of us think we know what our values are. This is likely to be true for the bigger matters in our life, but not necessarily accurate.

It is possible that the values are so much part of your way of thinking you don't notice them.

In addition, it is possible to assume that what you value is what others will value.

Therefore, it is useful to find out more about your own values.

Determine your values

An effective way to quickly identify your unique values set is this:

• Make a list of things very important in your life -so important that you can't be happy without them. Your first draft may be very long, You'll narrow it down in subsequent steps

• Revisit each value you listed and identify why you listed it. Was it about the value that causes you to believe it's one of your core values? Do you need it in your life to be happy? Without it would life seem intolerable? If there's any doubt, strike it out

• Repeat this process until you have a short list of about six values clearly describing what you need for life to be meaningful and fulfilling

And we all have beliefs too, things we believe we can do and things we believe we can't. The fact is -what you believe tends to happen -so it is far more productive to believe you can -and then just get on with it!

Beliefs

Like values, beliefs are deeply held truths about life. As with values, beliefs are one's thoughts about some aspect of life, the way it is and the way it should be. Core beliefs are not universal truths, but individual's truths. Think of beliefs as long term perspectives about life, about all life not just one's own life.

Examples or core beliefs might include: all people are created equal, life is hard, life is easy, people of a certain race or gender are inferior (or superior), each person is fully responsible for life's circumstances, or a person has little control over life's circumstances.

Beliefs are not true. They are constructs around which we organise our behaviours. So we each behave as though our beliefs were true and for this reason all our beliefs come true for beliefs, whether empowering or limiting, are self-fulfilling prophecies.

Belief Cycle

Beliefs are an important factor in determining the rights you feel able to accept or give to others.   Beliefs are views/opinions/statements that we hold to be true about ourselves, other people, ideas or situations – things, about which we feel emotionally certain.

Beliefs affect behaviour:
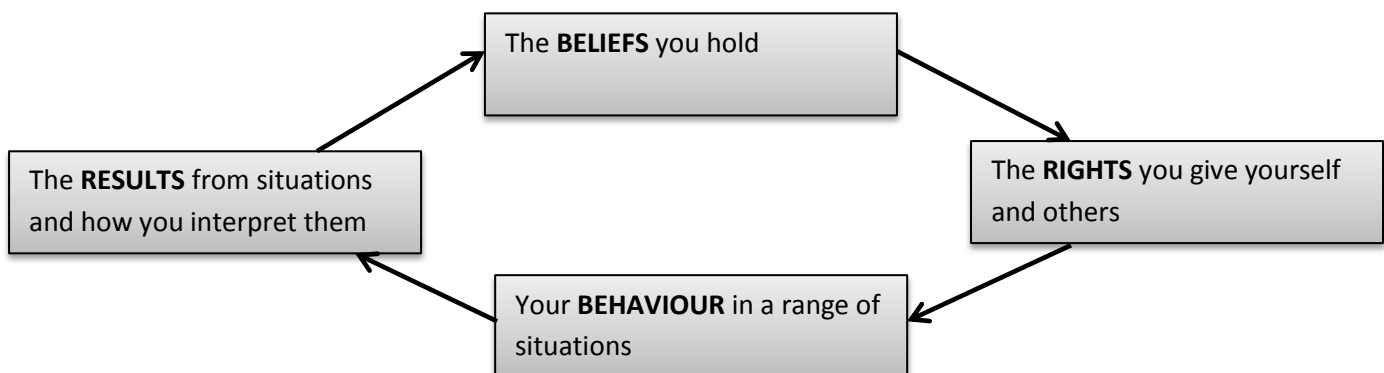
(Ken and Kate Beck, Assertiveness at Work, McGraw Hill)

There are two types of belief

Barrier beliefs which can lead to aggressive or passive behaviour (e.g. attack is the best form of defence/I know best/everyone must look out for themselves; I must put others first/I'm not as important as others/my opinions don't really count). These restrict you in the way you behave and reduce your opportunities to learn.

Assertive beliefs - (I am responsible for what happens to me /I am in control/I can change /I can learn from feedback). These increase your chances to learn through using assertive behaviour.

Changing Barrier Beliefs into Assertive Beliefs

- Contrast with the knowledge you have now
- Know what other people believe
- Look for instances that disprove the belief
- Act 'as if' you held a different belief

Self-Belief and Assertiveness

We have within each of us deep seated beliefs.

"Our deep beliefs are like water to a fish -they are the environment, the context of our lives. We are in them, quite literally, and being in them we cannot see them....we experience the world as a reflection of our deep beliefs"
Peter and Penny Fenner

These beliefs form the basis of our lives. To make any change in ourselves we need to become aware of and understand our beliefs and if necessary change them!

Even from a young age we make decisions about ourselves and how we interact with others, with very little experience to base these decisions on. Cast your mind back to when you were younger and think about the messages you got about yourself (especially about being assertive, stating your needs, asking for things) both helpful and unhelpful from.....

- Parents or guardians
- Siblings and other significant family members
- Teachers, Careers advisors
- Professional Bodies
- The Media
- Peers
- Religious or Political Leaders

Don't censor or judge, simply become aware of them.

Changing Beliefs

1   You are now more aware of your beliefs

2   Choose one that may have been helpful in the past but is no longer relevant for you today

3   Close your eyes and relax

4   Imagine the person who gave you that belief

5   See or hear yourself thanking the person who gave it to you, describe how it has been helpful

6   Now picture yourself giving it back to them, explaining why it no longer fits

Communication Models

L.E.A.P.S.

Listen
- Be open and receptive
- Hear all of what is being said not just what you want to hear
- Show that you are listening e.g. eye contact, language, not fidgeting
- Empathy not sympathy
- Recognise the emotion displayed and check your understanding of it

Ask
- Do you need more information?
- In order to hear you the other person must listen, this demonstrates you are taking things seriously

Paraphrase

- Put what you have heard into your own words to check understanding

- What is the essential component of the aggressors message

Summarise
- Be concise and to the point
- Review what has happened
- Suggest potential action

The 5 Step Appeal

Step one – Ethical Appeal

• Ask the person to carry out the request (make clear what it is you want them to do or not to do)

Step two – Reasoned Appeal

• Re-enforce the request and explain why you have made the request (example, you cannot do that because ....)

Step three – Personal Appeal

• Offer and present options (explain what could happen if they do not respond to your request)

Step four – Practical Appeal

• This is the final appeal. Explain the consequences clearly (what will be the outcome of the resistance)

Step five – Action

• This depends on the situation and the potential risk (example, treatment may be postponed until behaviour is modified)

C.U.D.S.A

C - confront the conflict

U - understand each other's position

D - define the problem

S - search for solutions and evaluate

A - agree upon and implement the best course of action

Note: this model of communication may be more appropriate if used when the conflict only involves 2 parties.

Behaviours Patterns

•	Compliance	- doing what is requested
•	Verbal resistance	- verbally refusing to do what is requested
•	Passive resistance	- ignoring the request
•	Active resistance	- physically refusing to comply
•	Aggressive resistance	- reacting with physical or verbal attack
•	Serious or aggravated resistance	- serious attack, possibly use of a weapon

Impact Factors

This is a true story of a midwife in Southampton who was confronted with a husband who said that the hospital had told them that the baby was due on 6th October and as this was the date today he wanted it delivering immediately. The midwife told him why this was not possible and took him into a sideward to calm him down away from other patients. Once inside the man picked up a television and smashed it over her head.

Dealing with unpredictable behaviour

- Anticipate
- Think defensively
- Keep your distance
- Be aware of escape routes
- Be aware of where others are
- Be prepared to call for help
- IF IN DOUBT LEAVE

The Reactionary Gap

This is the distance we should adopt when confronted with conflict. It is the distance between any extremities of your reach and the extremities of your opponents reach.....the reach would include any weapons.

Keep a safe distance!
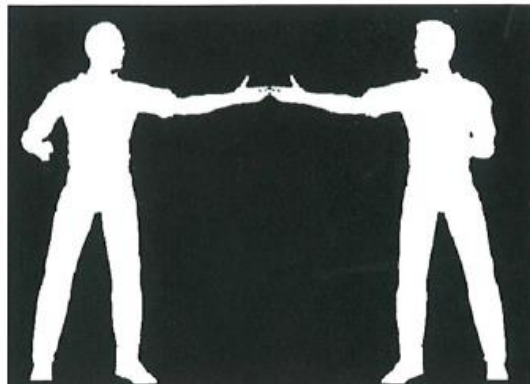
Fear provides information, It signals the possibility of danger, It is a basic reaction that prepares us to protect ourselves by fighting or running away -the 'fight or flight' reflex.

Fear of what might happen makes us anxious, The anxiety can make us feel and appear vulnerable or it can have the opposite effect of winding us up, so that we act aggressively without thought, Both reactions are more likely to result in us becoming a victim, Fear is natural; fear is not weakness. We can use fear as a safety mechanism; it is a natural danger signal.

Or

The most important function of fear is that it is information for us to use. This very basic reaction has enabled us to survive for thousands of years by preparing to run away or fight,

Depending on the severity of situations, flight should always be the preferred and safer option when it comes to physical attack, If flight is not an option then compliance might be the safer option, Property is not worth fighting over!

Managing Conflict

Can you cope? If not leave and seek help. If you are staying, you need to control and diffuse the situation which means calming the situation and moving forward to a solution,

Calming

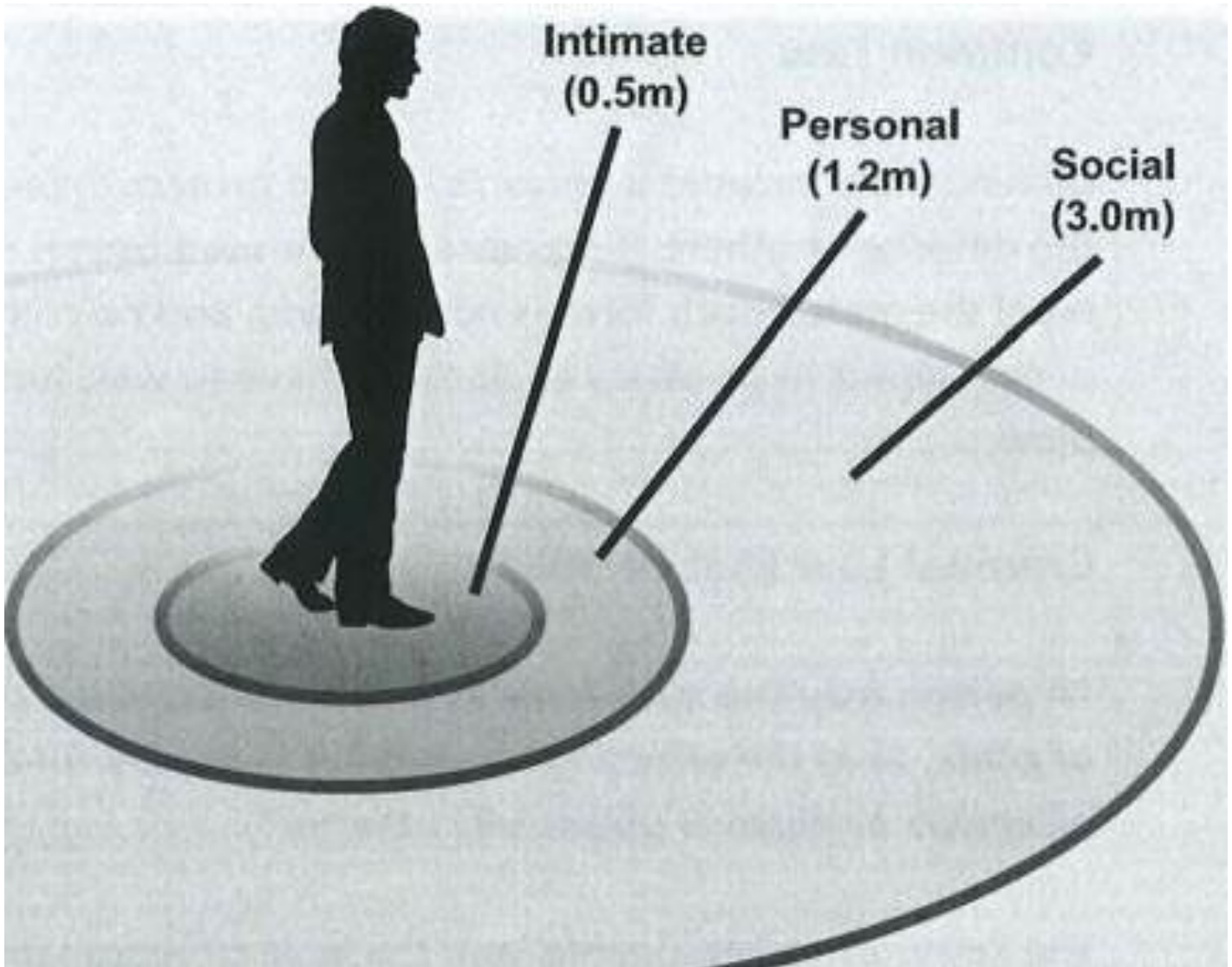## Consider Facial Expressions

Gestures

Posture

Eye Contact

Personal Space

TIP! The tone of your voice needs to match the meaning of your words.

This is especially important when speaking on the telephone.

Moving Forward

- Tackle issues one by one
- Offer alternatives
- Be prepared to say no
- Stick to the facts
- Praise freely
- Structure you expectations
- Do not give false promises
- Take your time - do not rush

Common Law

Common law includes a person's right to protect themselves from attack and to act in the defence of others. If no more force is used than is reasonable and proportionate to repel the attack, such force is not unlawful and no crime is committed. Furthermore, a person about to be attacked does not have to wait for their assailant to strike the first blow.

Criminal Law (Act of 1967)
"A person may use such force as is reasonable in the circumstances in the prevention of crime, or in the effecting or assisting in the lawful arrest of offenders or suspected offenders or persons unlawfully at large"

The key word is 'reasonable' and the issue of reasonableness is a question of fact to be decided in each case. There have been a number of high profile cases where the intended victim had become the perpetrator of a crime, and have been prosecuted and imprisoned as a result of the actions taken purportedly in self-defence. For an example see the case of *Anthony Edward Martin (1999).*

Conflict Resolution and alcohol
Remember it is better to prevent an incident than deal with it later!
How alcohol affects a person
Be aware that alcoholism is an illness. Patients need to be treated with dignity and respect Patients need understanding and time given to allow them to confide in you and gain trust, they have often had poor experiences in the past
Remember
Alcohol acts as a depressant and slows down the activity of the brain therefore if stopped suddenly the brain goes into over drive as the blood alcohol falls abruptly
Don't forget
Typical features of falling blood alcohol levels include tremors, profuse sweating, hallucinations, insomnia and raised anxiety. This is when communication needs to be at it's best as patients are vulnerable

Why Librium is so important
Librium acts as the depressant in place of alcohol and slows down the activity of the brain again. Therefore if given via a reducing regime at the correct titrated dose, it will prevent levels falling abruptly and prevent withdrawals

Imagine your worst hangover ever
You are vomiting have diarrhoea and are unsure of where you are. Then add on that people are staring at you and trying to stick needles in your arm. How would you feel? How would you wish to be treated?

The Intoxicated patient
Leave them don't jump straight in. Don't get into a discussion or argument if they have capacity and are wanting to leave then let them ,ensuring protocol is followed and security are informed before the situation gets out of hand. Intoxicated patients often think security are the police and if handled correctly, listen to them.

USE THIS TO YOUR ADVANTAGE AND NOT AGAINST THEM.

Remember you cannot fight fire with fire

The Withdrawing Patient
Patients should be screened on admission to this Trust using the tool called the Paddington Alcohol Test for BTH (PATS) to ascertain how many units of alcohol are normally drank per day. Once assessed and if required, they should be placed on the pathway of care for the withdrawing patient and their withdrawals treated and monitored via the Clinical Institute Withdrawal Assessment scale (CIWA). The aim is to prevent alcohol withdrawals rather than crisis manage an acute withdrawal episode later.

The Incident Cycle

When dealing with conflict you need also to be aware that conflict can be perceived as a cycle. In many cases the initial stage involves emotions been triggered by some event. This causes tension which escalates over a short period of time. Both sides then conflict, and assess and judge the other sides power, goals and objectives this is called the crisis phase (Remember Betaris concept). The recovery phase is when an outcome is either resolved or a compromise is reached but be aware a person may be waiting for the opportunity to restart conflict .....**RE-ESCALATION.**

Key Points

- Conflict does not go with the job, it never has
- Get out of the situation if you feel you are not in control
- You MUST report all incidents of verbal or physical abuse. You may do this by:
  - If appropriate ring 5555 (security)
  - Inform your shift leader/coordinator/matron/manager
  - Datix reporting
- Document all incidents involving conflict

Never put yourself at risk

Lone Working

> **Definition of a Lone Worker**
>
> Lone workers are those who work by themselves without close or direct supervision. They may be the only person working on the premises, or they may be working separately from others, or they may be working outside of normal working hours where their isolation is increased with fewer colleagues working nearby.

Guidance Notes

There are a number of practical steps that can be followed, to help lone workers minimise the risk of an incident occurring, It is essential that where technology fails appropriate back·up procedures are in place to ensure the safety of the lone worker at all times. Under no circumstances should staff compromise their safety. If they feel unsafe at any point, while in a lone working situation, they should remove themselves from the situation immediately.

> **Example of Lone Workers**
>
> Community based staff such as district nurses, health visitors, out of hours staff who see patients/service users for individual sessions in wards or clinics staff utilising corridors and walkways or between sites where they might not come into contact with any other colleagues.

• Lone workers should always ensure that someone else (a manager or appropriate colleague) are aware of their movements. This includes providing them with the full address of where they are working, the details of the person(s) with whom they will be working or visiting, telephone numbers if known and indications of how long they expect to be at those locations (both arrival and departure time).

• A visit log that is left with a manager or colleague(s) should be completed and maintained by lone workers.

• Arrangements should be in place to ensure that if colleague(s), with whom details have been left, leave for some reason they will pass the details on to another colleague who will check that the lone worker arrives back at their office/base or has safely completed their duties.

• Procedures should also be in place to ensure that the lone worker is in regular contact with their manager or relevant colleague, particularly if they are delayed or have to cancel the appointment.

• Where there is a genuine concern, as a result of a lone worker failing to attend a visit, or an arranged meeting, within an agreed time, the manager should utilise the information provided in the log to help track the lone worker and ascertain whether or not they turned up for previous appointments that day. Depending on the circumstance and whether contact through normal means (mobile phones, pager etc.) can or cannot be made, the manager or colleague should involve security or the police, if necessary. It is important that matters are dealt with quickly where it is thought that the lone worker may be at risk.

Risk assessment prior to a visit, or lone working

It is essential that lone workers remain alert throughout the visit or the work that they are undertaking and ensure that they are aware of entrances and exits, in the event of an emergency.

Techniques are taught through conflict resolution training and demonstrate to staff the correct positions they should place themselves in, should they need to make a good escape.   If a violent situation develops, then staff should immediately terminate the visit and leave the location.

During visits or lone working

•   Lone workers should be prepared and fully briefed, having concluded a necessary and appropriate risk assessment with their manager ahead of their visits, where appropriate risks have been identified. They should carry an ID badge and be prepared to identify themselves. They should not position themselves in a corner or in a situation where it may be difficult to escape.

•   Lone workers should remain calm and focused at all times and keep their possessions close to them.

•   Lone workers should be aware of their own body language (as well as the body language of the client or patient/service user), as there is the potential risk of exacerbating the situation by sending out the wrong signals, particularly where there may be cultural, gender or physical issues to consider. Body language or other forms of non-verbal communication and mannerisms, plays an important role in how people perceive and behave towards other people.

Lone Working Policy

CORP/POL232 2015

Conflict Resolution Questions 2016 edition

1. What is the definition of physical assault?
   a) The intentional application of force to the person without lawful justification resulting in physical injury or personal discomfort.
   b) The intentional harm and injury caused to a person.
   c) Accidental force to the person without lawful justification resulting in physical injury or personal discomfort.

2. Which of these warning signs suggests that the person is getting angry?
   a) Behaviour may stop and start abruptly and grinding of teeth.
   b) Stuttering and mumbling.
   c) Raised eyebrows and reduced eye contact.

3. If communication is split down from 100% between, verbal words, non-verbal signs and body language, what % is conveyed by body language?
   a) 7%
   b) 55%
   c) 82%

4. The Betaris box deals with 2 aspects of your own and another person's actions. These are:
   a) Skills and Attitude.
   b) Behaviour and Anger.
   c) Behaviour and Attitude.

5. In the five phases of the incident cycle, what is the name of the phase where a compromise is reached?
   a) Recovery.
   b) Escalation.
   c) Post-crisis.

6. For lone workers to reduce their risk of an incident occurring, which of the following action is not necessary:
   a) Full address of where they are working.
   b) Write details of the visit on a post it note and leave it on their own computer screen.
   c) Details of the person they are visiting.
   d) Telephone numbers if known.
   e) Indications of how long they are expecting to be (arrival and departure time.)
   f) Complete a visit log.
   g) Regular contact with manager/colleague particularly if delayed.
   h) Wear lone worker device (if issued.)

7. In the event of a physical attack (depending on the severity of the situation), which option is the preferred one?
   a) Fight.
   b) Flight.

8. What law would you use to protect yourself and others from a physical attack?
   a) Criminal Law (Act of 1967)
   b) Sarah's Law (April 2011)
   c) Common law

Conflict Resolution Completion Statement

PLEASE only sign and return when you are satisfied that your staff member has completed all of the relevant mandatory units and correctly answered questions.

THE WORKBOOK SOULD BE KEPT BY THE EMPLOYEE

A PHOTOCOPY of this completion statement ONLY, MUST be sent to the Learning and Development.   This is for input on to the Trusts Central Training Data Base (OLM) as evidence that your staff member has completed the Mandatory Training Assessment Pack.
A further copy should be placed in your staff members personal development file.
This is to confirm the Mandatory Training Assessment has been completed by:

Surname: (Block Capitals)

……

Forename: (Block Capitals)

……

Job Title:

……

Department/Ward:

……

Division/Directorate:

……

Date Completed:

……

Staff Signature:

……

Manager: (Print name)

……

Manager: (Signature)

……

Return a copy to Learning & Development, Blackpool Teaching Hospitals, Learning & Development, 42 Whinney Heys Road, FY3 8NR
An electronic copy can be emailed to: olm@bfwhospitals.nhs.uk

Date sent……………………………………………………….