

ESSAY REVIEW

Bo Hejlskov Elvén & Sophie Abild McFarlane. (2017). *Frightened, Disturbed, Dangerous? Why working with patients in psychiatric care can be really difficult and what to do about it*. London: Jessica Kingsley Publishers. ISBN 9781785922145

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Introduction

This book is about how staff can behave towards patients so that they develop a functioning life, with self-determination and the possibility of taking responsibility for their actions. It is directed primarily towards staff in inpatient facilities and in social psychiatry and also those in outpatient care who may also benefit from the view of humanity presented in this book. The focus of the book is the management of behavior that challenges.

The joint author, Bo H. Elvén, a clinical psychologist, explains that when he trains staff in inpatient psychiatry, he often hears a host of different stories from the staff. Many of these stories feature patients shouting, threatening, fighting or hurting themselves. But he also hears about the use of methods used by staff such as sending patients to their rooms, about isolation, as-needed medication and mechanical restraint. He says that: "The focus is often on what the patient should do and what the staff are doing to keep the patients calm." Elvén's daughter, Sophie, has been a patient in psychiatric inpatient and outpatient care and in psychiatric residences for more than ten years. She contributes the case descriptions at the beginning of the book. They are situations that she or other patients have experienced as inpatients in psychiatric care. Now that she manages with outpatient care she hopes to be able to contribute to the development of treatment methods within psychiatry. Most of the situations that went wrong appeared to do so because the methods that were used were not good.

From the patient's perspective, it is easy to understand that their powerlessness is devastating. They are unable to influence their own life situation and they feel at the mercy of both staff and illness. But the sense of powerlessness is just as devastating for helpless staff who are often confrontational and demanding towards patients. Staff can be cynical and resigned and at times become so

helpless that they try to avoid the very patients for whom they are assigned to care for.

The shared powerlessness experienced by both staff and patients is, as the volume describes, probably the worst scenario. Instead of dealing with this powerlessness together, staff and patients become increasingly opposed to each other. There is often an atmosphere of mutual distrust. In these situations, both patients and staff resort to behaviour and methods that do not have the desired effect. This is the ultimate consequence of powerlessness.

Conducting oneself in a manner that challenges is disruptive and should therefore be handled simply and smoothly so that people working in psychiatry can concentrate on their work. The task consists of managing and preventing challenging behaviour that can delay the patient's development towards a functioning life - and preferably with methods that do not take too much space, time and energy.

Thesis of the book

The book is an attempt to address the unfortunate lack of knowledge that exists in psychiatry about how to effectively and professionally handle behaviour that challenges. By reviewing approaches and methods, it is possible to make a marked difference in everyday life in psychiatric wards as well as in outpatient care and social psychiatry. In everyday life in psychiatry there will be people who manage, as the authors say, a deviation from everyday routine very well, many who manage well, a few who manage more or less and a couple who have major problems when the routine is replaced by new demands. The shape of the day also plays a role: most patients (just like everyone else) manage situations better when they feel good themselves. A central theme throughout this book is that people's resources and abilities vary. The author is considering those who have the resources to live up to the demands placed on them and those who do not.

There will always be situations that do not proceed as planned or as we want them to do. Sometimes it is surprising by the way in which staff talk about behaviour that challenges as if it were a deviation from the norm. It is not. On the contrary, it is part of everyday life. Given this, it is important to examine one's own behaviour and from an assessment of the patient's abilities in order to then be able to compare them with the patient's real abilities. Then it will not be so hard to see where the problems lie. If the patient does not behave well, then staff will find some area in which they failed to succeed. It may be hard to accept, but that is how it is. It requires a lot of the staff in such situations to see their own role in the patient's behaviour, but this is absolutely essential if the situation is not to be repeated.

All behaviour as the book describes, occurs as an interplay with the environment. Christopher, for example, is a fairly passive person. Most of the time, he stays in his room at the residence, sitting at the computer. He sleeps a lot. The ward staff are quite different from him. One staff member, Ninni, is an active person with many interests. She relishes talking to the patients about their lives and dreams for the future. She has difficulty with situations in which patients do not engage themselves. If a patient is downright unfriendly, she can get really angry. She has extra difficulty with Christopher because she thinks he's lazy. Late one afternoon when Christopher is having difficulty concentrating and sits at the computer just staring into space. The door to the corridor is open. Ninni sees him and asks him to go out to the day room. 'You can't just sit here like a lump all day.' Christopher looks listlessly at her, but does not react. Ninni gets angry and shouts: 'Christopher! Get up!' Such case examples illustrate the tensions which can become all too commonplace.

Organisation of the book

The book is divided into three parts. The first part has eleven chapters, each of which discusses the principles or aims for working with vulnerable people. Part 1 explains what the authors refer to as *principles*, which are discussed in five of the eleven chapters. Chapter 1: Always Identify Who It Is That Has a Problem - Much of what we perceive to be behaviour that challenges is only a problem to us. Often the patient sees it as a solution. Chapter 2: People behave well if they can. The author refers to the abilities on which he claims staff often place too high demands. Chapter 9 explains that conflicts consist of solutions *and* failures requiring an action. Another great insight is discussed in Chapter 9 explaining that staff made demands that patients would not make on themselves. Chapter 11 is about authority explaining that "You become a leader when someone follows you". The author then asks: "What do you do to get patients to give you authority?" He then invites the reader to "try to give examples of concrete strategies".

The second part of the book provides more examples of situations from Sophie's life, where we consider the situations in the light of the principles dealt

with in the first part. By reviewing the situations, the author illustrates how it is possible to understand what is happening and formulate a possible strategy for how one can handle such situations in a different way.

The third part of the book consists of study materials and comprehensive further reading references. In the study materials section the authors provide some questions which could be used when staff are having meetings and gradually working their way through the book.

Effective and good strategies for maintaining self-control include trying to 'back off' in difficult situations in order to gain a little calm. It is important to decide that things will be fine and concentrate on that. Doing something familiar enables one to feel secure. Staff, as the book suggests, can seek support from colleagues. Sometimes, staff use methods that certainly may be effective but may not be as well received by others around them. Other strategies for retaining self-control involve: refusing to participate in a conflict by just saying 'no'. This is perhaps the simplest method, but also the most dangerous. Very many conflicts between staff and a patient begin with a demand to which the patient says no. To enable patients to cooperate, the authors recommend that we should make sure that what staff want patients to do is interesting, understandable and meaningful. It is also important that the physical framework is optimal with regard to space, colour schemes and sound environment. Working actively on creating a good relationship with patients enables them to understand authority.

Calmness, for example, can be created by investing in structure and predictability through lists or other plans for what is going to happen, meaningful rules that the patients follow willingly because they make sense. Staff need to remain calm themselves, which means not escalating conflicts by adopting hard line approaches, but rather investing in cooperation. It is important to maintain authority by not taking it for granted and not misusing it and avoiding punishment, scolding and reprimands. Most important is to make sure that patients feel fairly treated.

The authors are clear that if the patient does not get up when asked to do so, then staff have probably made the demand in the wrong way. Instead, they have to find out how to articulate the demand in such a way that it works and the patient then responds. Some activities make no sense to the patients no matter what staff do. If these are important activities, then staff have to find ways to make them make sense within the given situation.

Action Plans

One of the many considerations within the book is the use of action plans. Action plans for conflict situations are simple lists of how a member of staff should act when a conflict is developing. The plans should preferably be individual by relating to a specific patient. Some care staff will immediately say that this is only more unnecessary documentation, but action plans are not written

for situations that have never happened. And for many patients it is not necessary to write action plans, for the simple reason that they are not involved in conflicts that cannot be well handled.

In writing an action plan, staff need to make a list of warning signs - things the patient does when things are starting to go awry. It could be that he talks a lot, has difficulty waiting his turn, raises his voice or bites his nails. This is about behaviour that has previously been noticed just before things went wrong.

One recommended action plan is to make room for the patient's own strategies for managing the situation. If this does not help, there can be a list of simple ways to distract this specific patient that have worked before. It might be to go to the patient and just be there in order to create a calm atmosphere with one's own calmness, to repeat a request in a quiet and calm way, to ask the patient to move on with the programme. If the patient reacts negatively then there can be a list of active distractions that have worked in the past. Among these may be to talk with the patient about something he likes, to joke with the patient or to do something similar. Then, there could be a list of strong distractions. This could be for the patient to run around the hospital area. It could also be to set aside a current demand in order to work with something the patient is comfortable with and likes - the whole time maintaining a calm atmosphere and with a focus on the patient's self-control. If this is not enough and the patient is approaching or is already in the chaos phase, the authors believe that it is time to interrupt the situation, possibly by offering a different activity somewhere else. Other patients could be encouraged to leave the room. In rare cases, for example during dangerous behaviour such as a violent fight between two patients. It may be necessary to physically separate the patients with the aid of movement (not holding, which increases conflict and chaos), moving quickly away from the patient afterwards, possibly repeating this several times in close succession, until the patient begins to de-escalate. If this happens often, then training is needed as a method for physical handling in which there is good evidence of reduced violence, work injuries and patient injuries, as well as improved treatment effect.

Another excellent idea is to write the action plan together with the patient when good relationships with staff are good. In that case a framework for the plan can be agreed on. It is useful to discuss with a patient where he should go when things get difficult and, perhaps, to find a safe place and agree that no staff may approach him when he is there. In considering why situations such as this do arise, the authors conclude that sometimes situations can be misunderstood. There may be too high expectations of patients' abilities. Staff may act impulsively and primitively instead of thinking things through. What is important is that staff are able to understand the situation and make sure that it does not recur. In the everyday phase, the authors suggest asking the following questions: Who said what? What did the staff expect the patient to be able to do? Was the patient actually able to do this? Were there adequate structures available to help the patient do what was expected of him?

In general terms the most important thing is to prevent conflicts. For the authors, a member of staff should be nearby for the situation to calm down. It is necessary to ask the patients to calm down. Provide active suggestions for what the patients can do instead. This could be an activity that is already in progress (card games and the like) or something it is known that the patient enjoys, such as drinking a cup of coffee. The staff may offer to join in, bringing out, perhaps, something to eat or something else that is a strong distraction. Such situations can often be ended by going between the patients, even if they are actively fighting. Here, other patients should be moved away in order to reduce the pressure of affect. In extreme emergencies only, physical diversion to separate the patients might be employed. It must consist of brief interventions of moving with the patient for 5 to 7 seconds and then letting go. There must be several members of staff present and the intervention must not have a character of domination or violation.

The principle 'We all do what we can to maintain self-control', applies similarly to the patients. Staff in psychiatry also describe the feeling of powerlessness they experience when patients act out. Psychiatric patients, in their turn, talk about staff who raise their voices, about tough demands to stay calm and about the frustration they feel over not being able to decide matters for themselves and about their powerlessness. Elvén has developed the habit when working with psychiatric institutions to look specifically for this powerlessness. He explains that the feeling of powerlessness is the most destructive emotion there is, affecting staff, patients or relatives.

Conclusion

This thorough analysis of psychiatric practice provides important, useful information, which is very relevant to the intended audience. The authors speak directly to the reader, referring to psychiatric healthcare staff as 'we'. The study materials are very convincing and provide invaluable insights into person-centered care and carefully constructed action plans. The joint authorship between the clinical psychologist Bo H. Elevén and his daughter Sophie, with her psychiatric history, provides an authenticity rarely encountered in such texts. There is originality and clarity in the writing style, no doubt because of the authors' involvement in psychiatric care. The authors clearly communicate with their readers on a very difficult subject. This very practical book is presented in a portable lightweight paperback which should be available in all psychiatric healthcare facilities.

Conflicts of Interest

The author declares no conflicts of interest.