

## **THERAPEUTIC MANAGEMENT OF VIOLENCE (TMV) - A MULTI-CHANNEL APPROACH TO PREVENTION AND MANAGEMENT OF VIOLENCE**

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### **Biography:**

Mr. Erik Lovestad has more than 30 years of experience with teaching hospital staff humane ways of dealing with violence, mostly in Norway, but also in other European countries, the U.S. and Japan. Mr. Lovestad is currently working on a Ph. D. using empiric research and competence in the prevention and solving of conflicts and out-acting behaviour. More than 30 000 persons have attended training in TMV® from Lovestad School.

**Keywords:** Staff Training; Violence; Prevention; Management; Aggression; Therapeutic

### **Introduction**

Although rules and regulations within the health system in Norway and most other countries state that staff have not only the right, but also a duty to restrain behaviour which is potentially dangerous to oneself or others, alternatives to the use of force should be the option of choice. Health staff is thus required to take care of a person who is acting aggressively in an emergency situation, in a humane and least restrictive way.

Methods to reduce and prevent restraint are legally, ethically and professionally required at all levels. To meet these demands, the program Therapeutic Management of Violence (TMV®) has been developed by Lovestad School. It is a nation-wide multi-channel, practical approach to the prevention and management of violence, experienced as a best-practice method over 30 years. The method is based on multimodal interventions, and includes behavioural components, emotion-targeted components as well as cognitive components.



This paper presents the background of TMV, and illustrates its best evidence based practice with examples on the use of TMV. Further, the paper elaborates on how the principles of the method may be practiced on individual and institutional level after getting a detailed training under skilled instruction.

Last, an example from a supporting software tool, TMV-SAK, is used to illustrate the effect of TMV. This software has been used in several institutions and hospitals in Norway over the last years, and clearly documents how TMV has helped staff to gain greater confidence and skills in preventing and handling difficult situations, as well as supporting and speeding up the effect of cognitive treatment programs on aggression and violence.

### **The nature of violence**

In this paper, we use a wide definition of violence: *“All psychological and physical molestation”*. By nature, violence reflects a desire for change or alteration – the function of violence is to make this alteration.

Violence is also a way of communicating. Simply put, “violence is the weapon of the weak” – under severe stress a person with poor communication abilities may find it easy to resort to the use of violence. Hence, *training in communication skills is the single most important factor in preventing violence*. This is valid both for staff and clients

*Communication* in this context includes the body language and your placing and angle in relation to a potentially violent person. According to our experience on this subject over the last 30 years, consciousness regarding strategic placing in critical situations is the most powerful change in staff behaviour, and is the single most important factor to reduce the statistics of injury caused by violence in institutions.

## **TMV – the "Bridge over troubled water"**

Therapeutic Management of Violence (TMV<sup>®</sup>) is a multi-channel approach to the prevention and management of violence, developed by Lovestad School. TMV is an alternative to more primitive martial arts based self-defence programs for conflict handling, and offers untraditional and unique solutions that supports and speeds up the effect of cognitive treatment programs on aggression and violence, such as *anger management* and *aggression replacement* training.

Our ambition has been to build a bridge between what happens *before* violence an incident occurs, what happens *after* it has occurred, and how to *prevent* it to happen. The handling and management of the acute situation when verbal or physical violence occurs has traditionally not been linked to recognized methods for prevention and treatment of violence. TMV provide this link, by introducing *principles for communication* that works equally well in treatment of patients as in handling a patient who is acting aggressively in an emergency situation.

The five main building blocks of TMV are:

- **Understanding** of violence
- **Prevention** of violence
- **Management and handling** of violence
- **Follow-up** after violence/incident
- **Treatment** of violence

The program increases the understanding and awareness of how aggressive behaviour may escalate, and thereby how one may act pro-actively in such situations. TMV also includes psychological as well as physical techniques for the staff. Through these techniques one learns how to minimize the use of physical power, giving several alternatives to restraint, and thereby providing a more acceptable ethical solution to the problem.

The method stress the importance of paying respect to the patient one is trying to help, as well as creating an attitude towards protection of persons who lack the ability to draw their own limits.

The guidelines of this unique method, which also includes untraditional physical techniques for minimizing the use of physical power, was initially developed for management of violence in society at large, e.g. at home and in the streets. It was later developed to also support therapeutic management of violence in psychiatric institutions. During the last decade, there has been a trend in Norway away from the traditional psychiatric institutions, towards care and control in more open and decentralised institutions. This has brought TMV back to many of the initial focus areas, i.e. handling and management of violence in social settings still applying the same fundamental principles for communication.

## Benefits of TMV and where and how it may be applied

TMV has been developed as a practical method with training courses on pro-active prevention and solving of conflicts and aggressive behaviour among clients in institutions. The principal aim of the program is to help and protect the client, at the same time meeting the staff's need for psychological as well as physical security. Staff feeling tense and insecure can easily appear as a threat to the patient and thereby provoke aggressive behaviour. Hence, a sense of physical and psychological security is seen as necessary in order to develop a good atmosphere in the relationship between patients and staff.

The techniques of management must in itself be shaped for improving relations and making the client more secure and less anxious. It is of vital importance to have comprehensive knowledge about the psychological processes physical interventions may trigger. Otherwise these interventions may have effects opposite of those desired. This is especially important in connection with maltreated clients.

Based on a special model of the body zones, developed and designed at the Lovestad School, the methods of physical techniques for body handling in TMV are well-founded psychological, pedagogical, ethical and legally. All involved in the therapeutic environment need to know that this is a secure place to be. Causing pain, on the other hand, increase aggression. Then the "therapeutic handling" may easily be experienced as "muscle psychiatry", see illustrations below of techniques to avoid:



*Figures: "muscle psychiatry" in practise...*

Psychologically there is little care in holding a client in a way that prevents natural defence mechanisms. It is especially bad to expose maltreated clients. Techniques where the arms of the client are held to the sides may well be provoking fear and anxiety and will then in reality be anti-therapeutic! Legal protection is a requirement for all parties involved, also for the client - meeting violence from a client with violence from the staff is not an acceptable solution, either legally, professionally or ethically. TMV offers an alternative to such methods.

TMV has been used with good results within the health sector, in units for violent/aggressive psychiatric patients, and institutions for mentally retarded, autism, dementia, ADHD, drug care. Also, the method has been applied with noticeable effect within schools, social security offices, service institutions and companies. The method has even been used with good effect towards refugees suffering from war trauma and mental overload.

TMV has been shaped from a service user perspective, as well as for maltreated clients with serious behaviour problems. It is lately used at governmental level in Norway as the basis for new treatment programs for violent youths.

## How to make TMV work

Implementing TMV in an efficient way assumes that it is wise to handle the clients in the same way in peaceful situations as in emergency situations. Hence, one may practise TMV principles in every-day situations, on a daily basis, and thereby prepare oneself how to act in threatening or even critical situations.

Training in TMV is a practical way of conducting quality assurance of the way we communicate. The non-verbal management of violence includes specially developed physical techniques for the staff, based on the principles of a “firm and caring hand”, where one learns how to minimize the use of physical power:



Figure: Training in the use of a “Firm and caring hand” and minimal use of physical power

Based on our assumption mentioned earlier, that violence is a way of communicating; one of the fundamental principles of TMV is to transform *aggressive* behaviour into *positive* behaviour by using paradoxical techniques. This is supported by a curve we have dubbed “SBC tension curve” (SBC =SAK in Norwegian, thereof the term TMV-SAK introduced elsewhere in the paper). The figure illustrates how a violent incident may escalate – where an external stimulus may trigger the patient’s tension level changing from *normal* (low-tension to tense), and further to *high-tension*, and finally ends up in the client acting out when the tension level reaches *overwrought* level.

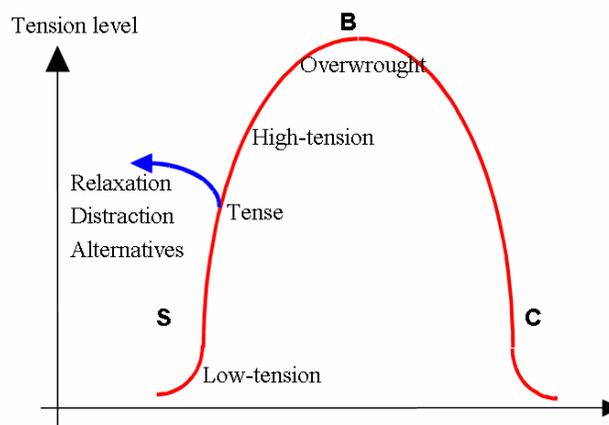


Figure: SBC tension curve, where S=Situation and Signals, B=Behaviour, C=Consequence

We use the curve to train how to analyse what happens before, during and after violent incidents. It serves as a useful aid in providing training in observing, interpreting and predicting signals, situations and contexts where clients may act aggressively or violent. This in turn, increases the understanding and awareness of how aggressive behaviour may escalate, and thereby how one may act pro-actively to avoid

such situations. The figure also illustrates how TMV Case Management techniques may be used to as alternatives to violence, both pedagogically and therapeutically:

- Relaxation of tensions
- Distraction
- Alternatives to violence: Think, Talk, Treat (TTT)

Further, TMV Case Management recommends the following techniques:

1. Consciousnesses regarding *strategic placing yourself* in relation to the client, also taking into account the client's *body zone/ comfort zone*.
2. Make sure you obtain *eye contact*, and activate the client's *natural language comprehension ability* (activate the Wernicke area of the brain).
3. Act as a waiter – activate the client's own *ability to speak* (activate Broca area of the brain).

The same principles may be applied whether the client is drugged, psychotic, confused or determined. It is recommended that the principles of the method is practiced on individual and institutional level after getting a detailed training under skilled instruction. To secure functional training in the mental, verbal and non-verbal techniques, a follow-up program is organized with resource persons (ombudsman). A more extensive education for training of trainers in TMV is also offered.

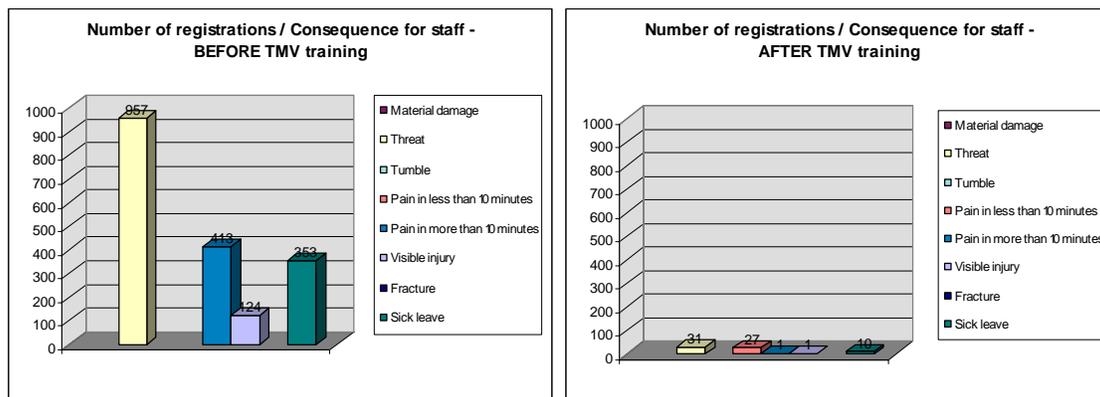
## Effects of staff training in TMV

The software program TMV-SAK has been used in several institutions and hospitals in Norway over the last years to document the effect of staff training in general, and training in TMV in particular. The general trend is that it shows significant effect on the staff in changing their behaviour and attitudes towards the clients, thereby creating a calmer and more secure atmosphere.

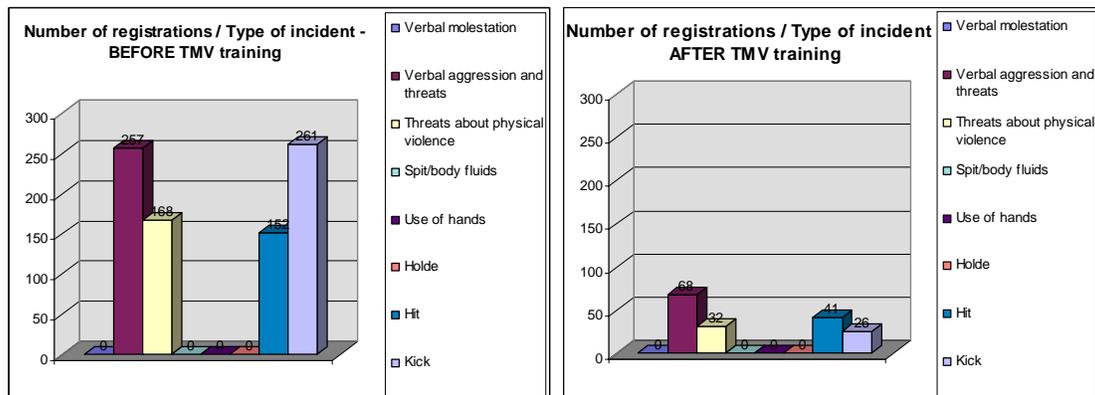
The reports gathered from these institutions documents how TMV has helped staff to gain greater confidence and skills in preventing and handling difficult situations, as well as supporting and speeding up the effect of cognitive treatment programs on aggression and violence. TMV thus proves to be at help to a more non-violent behaviour among clients.

The case below is collected from an institution where an extremely violent patient suffering from frontal lobe dementia caused daily injuries to the staff over a long period. The registration of incidents and injuries took place over a period of 12 months before training in TMV was conducted, and thereafter over a period of 12 months after the training in TMV took place.

The first comparison shows a reduction of sick leave from a total of 353 days distributed on several staff before the training, down to a total of only 10 days, and for one staff only, after the training! Add to this fact that these 10 days of sick leave was attributed to one staff that returned from previous sick leave, without getting trained in TMV before entering into new duty...



The second comparison shows that not only did the sick leave go drastically down after training in TMV was conducted, but also did the type of incidents change into less serious type of incidents after the training:



## Conclusions and final remarks

Realizing that violence reflects a desire for change or alteration, and that violence is a way of communicating, TMV stress that *training in communication skills is the single most important factor in preventing violence.*

New rules and regulations within the health system in Norway and most other countries calls for methods to reduce and prevent restraint, and that they are legally, ethically and professionally acceptable. Experiences from more than 30 years of development of TMV, and teaching TMV to hospital staff humane ways of dealing with violence, has showed that TMV really works – it does offer health staff a practical, humane and least restrictive way to take care of a person who is acting aggressively in an emergency situation, and it does offer a therapeutic management of violence. Over the last 8 years, the software TMV-SAK has been used to document this experience.

On a last remark, we see a future potential for further improvements of the positive effects of TMV by combining it with other programs for treatment of clients, since treatment is not the main focus area of TMV.

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