

Conflict Resolution

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DISCLOSURES

I have no relevant financial conflicts of interest to disclose.



Nonviolent Communication (NVC)

Emotional Regulation/Attunement to
Your Needs

Reflective Listening

Motivational Interviewing

De-escalation strategies

If "violent" means acting in ways that result in hurt or harm, then much of how we communicate could indeed be called "violent" communication.

Nonviolent COMMUNICATION

A Language of Life



Words and the way we think matters.
Find common ground with anyone, anywhere,
at any time, both personally and professionally.

MARSHALL B. ROSENBERG, PhD

Foreword by Deepak Chopra

Endorsed by Satya Nadella, Arun Gandhi, Tony Robbins,
Marianne Williamson, John Gray, Jack Canfield, Dr. Thomas Gordon, and others

Observing without Evaluating

- What people are doing that we like or don't like

Feelings

- How we feel about what they are doing

Needs

- Our needs that created this feeling

Requests

- Concrete actions we request from the other person

BLOCKS IN COMMUNICATION



Need to be Right

Judgment

Criticism

Denial of Responsibility

Labels

Emotional Overwhelm

Comparisons

C
O
M
P
A
S
S
I
O
N



“PEOPLE WHO SEEM
LIKE MONSTERS ARE
SIMPLY HUMAN
BEINGS WHOSE
LANGUAGE AND
BEHAVIOR SOMETIMES
KEEP US FROM SEEING
THEIR HUMANNESS.”

MARSHALL ROSENBERG



COMMUNICATION THAT ALIENATES US

*"You can be right or you
can be happy."
—Gerald Jampolsky, MD*

Judgment



When our attention is focused on judgment and finding wrongness in others, we lose compassion, and our words drive us apart.

Medical Assistant:

"You're so picky and neurotic!"

Doctor:

"You're so sloppy and disorganized."

Analyzing people's level of wrongness and who deserves what.

NEEDS-BASED COMMUNICATION



Medical Assistant:

"I need acknowledgment that I am working hard."

Doctor:

"I need to trust that the blood pressure written down is accurate."

OBSERVING WITHOUT JUDGMENT

Evaluation



- ☐ Susan is ugly.
- ☐ You don't take care of your health.
- ☐ You don't spend enough time with me.



Observation



- ☐ I don't find Susan attractive.
- ☐ If your nutrition doesn't improve, I fear that your health will suffer.
- ☐ The last three times I asked you to go to dinner, you said no.



JUDGMENTS MASQUERADING AS FEELINGS

I feel you
don't love me.



I feel
unwanted.

I feel ignored
by you.



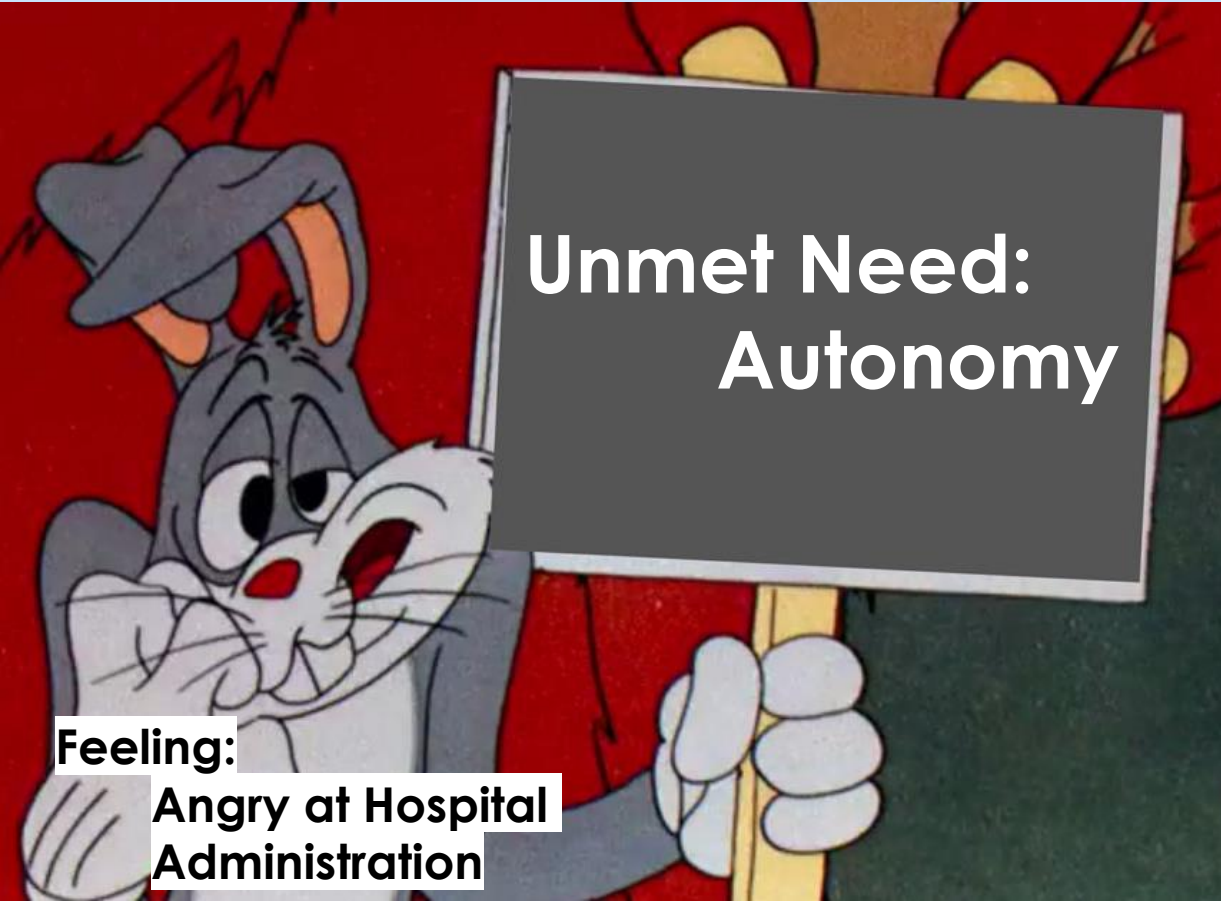
I feel lonely
when you look
at your phone.



FEELINGS ARE SIGNPOSTS FOR UNMET NEEDS



<https://nvcacademy.com/media/NVCA/learning-tools/NVCA-feelings-needs.pdf>



Feeling:

Angry at Hospital
Administration

Feelings and Needs Reference Guide

(Please note: This is not intended to be a comprehensive list, but rather a starting point to help you gain awareness of your inner experience)

Basic Human Feelings When Our Needs are Fulfilled:

Absorbed	Exalted	Peaceful
Adventurous	Excited	Perky
Affectionate	Exhilarated	Pleased
Alert	Expansive	Proud
Alive	Expectant	Puzzled
Amorous	Exuberant	Quiet
Animated	Fascinated	Radiant

Basic Human Feelings When Our Needs are Not Fulfilled:

Afraid	Disenchanted	Horrible	Resentful
Aggravated	Disgruntled	Hostile	Restless
Agitation	Disgusted	Hot	Revolted
Alarmed	Disheartened	Humdrum	Sad
Aloof	Disinterested	Hurt	Scared
Angry	Dislike	Impatient	Sensitive
Anguish	Dismayed	Incensed	Shaky
Animosity	Displeased	Indifferent	Shocked
Annoyance	Disquieted	Indignant	Skeptical
Anxious	Distant	Infuriated	Sleepy
Anathetic	Distraught	Inquisitive	Sorrowful

What unmet need is behind your painful feelings?

"Judgments of others are alienated expressions of our own unmet needs."

—Marshall
Rosenberg, PhD

Fear

Rest

Resentment

Trust

Connection

Belonging

Security

Respect

Acknowledgment

Anger

Food

Appreciation

Honesty

Overwhelm

Need to Pee

Autonomy

Purpose

ANGER CAN BE AN ALARM CLOCK,

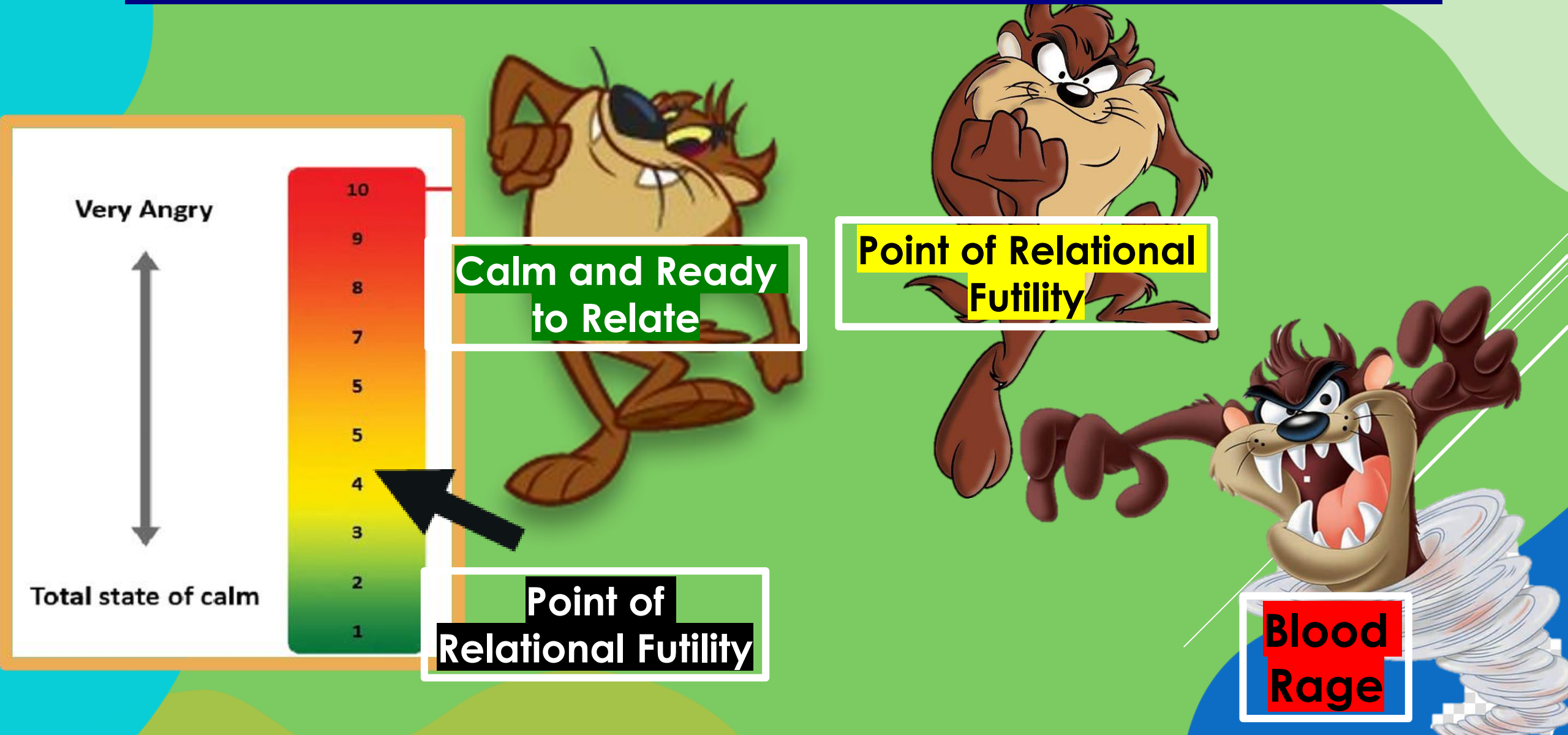
WAKING US UP TO REALIZE WE HAVE AN UNMET
NEED AND MAY BE ACTING IN A WAY THAT
MAKES IT LESS LIKELY OUR NEEDS WILL BE MET.

We have three options when hearing a difficult message:

1. blame others
2. blame ourselves
3. sense our feelings and needs and others' feelings and needs and recognize our common humanity



EMOTIONALLY REGULATE BEFORE YOU TRY TO RELATE TO OTHERS



MAKE SURE OTHER PEOPLE ARE EMOTIONALLY REGULATED BEFORE ENGAGING WITH THEM

"I want to talk about my need for more respect."



"Let's emotionally regulate and circle back later."



Strike when the iron is cold, not when the iron is hot!

If "violent" means acting in ways that result in hurt or harm, then much of how we communicate could indeed be called "violent" communication.

Nonviolent COMMUNICATION

A Language of Life



3rd Edition

Words and the way we think matters.
Find common ground with anyone, anywhere,
at any time, both personally and professionally.

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“REQUESTING THAT WHICH WOULD ENRICH YOUR LIFE”

“When the other person hears a demand from us, they see two options: to submit or to rebel.”

–Marshall
Rosenberg, PhD

Take time to figure out what it is you actually want from other people.

Make requests.

- Not demands.
- Not threats.

Tell people what you want them to do.

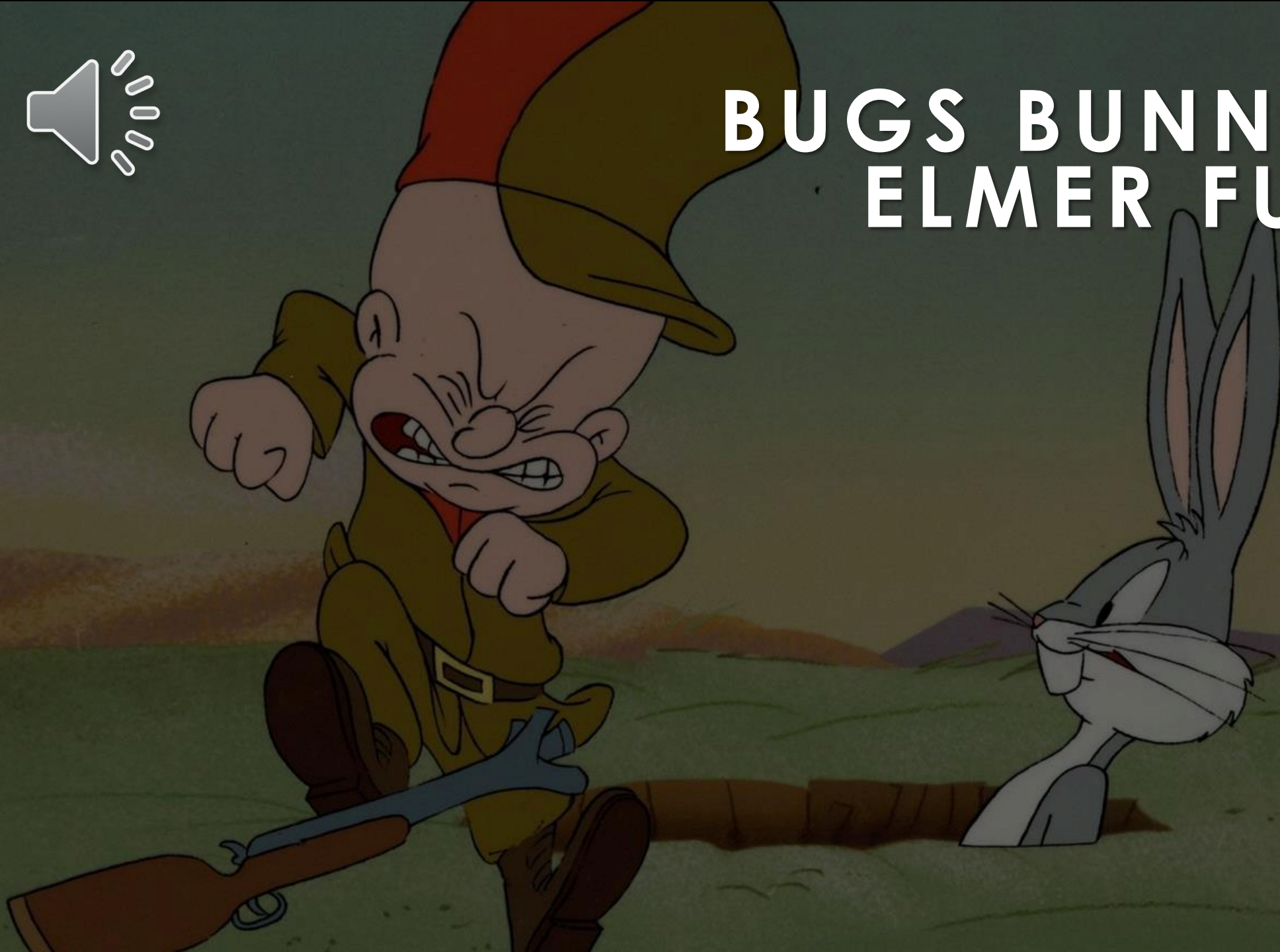
- Not what you don't want them to do.

Describe concrete actions others can take.





BUGS BUNNY AND ELMER FUDD



PRODUCTION ART

Bugs Bunny and Elmer Fudd

Audio Transcript:

"Ehhh, what's up doc?"

Cwazy Wabbit! You know what! My carrots and my cabbages is gone! I got you now. You wabbit stew!

"But, I'm just a starving woodland creature..."

"Starving, dang nabbit, you a fat Wabbit! Can you even fit that gullet in your burrow?"

"Ehhhh, shut up doc!" You're a greedy gardener!

Wascally Wabbit, I'm hunting you down!



“RATHER THAN PUT YOUR “BUT”
IN THE FACE OF AN ANGRY
PERSON, EMPATHIZE.”

MARSHALL ROSENBERG



But I don't see you
on the schedule.

But I never
called you fat.



But I have
rights too!

But I never
did that.



**BUGS BUNNY AND
ELMER FUDD**

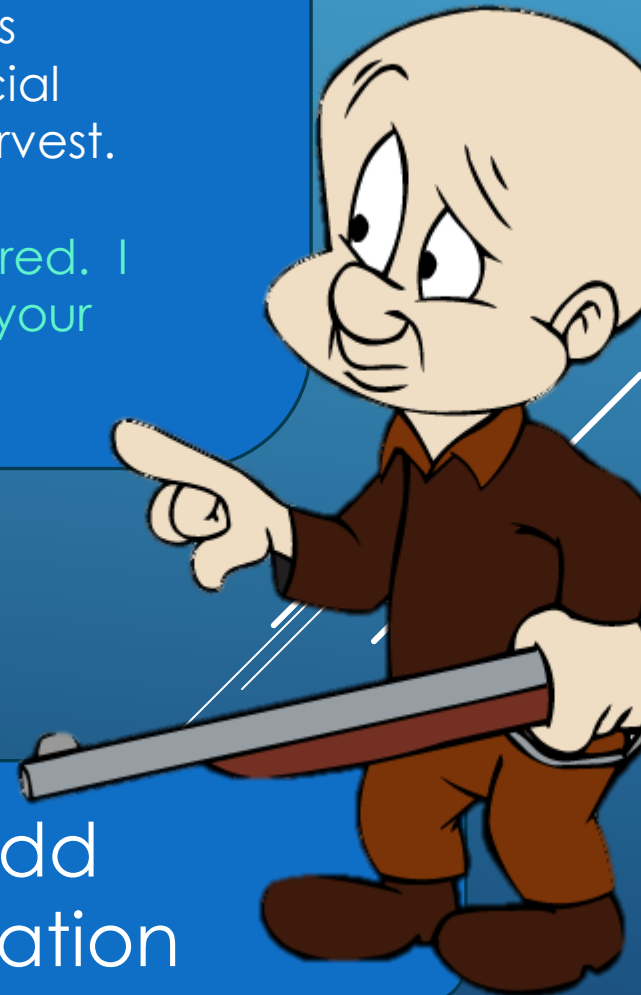
**COMMUNICATING
FEELINGS AND
NEEDS**



Audio Transcript:

"Ehhh, what's up doc?"

You Wascally Wabbit! When I find all my carrots and cabbages gone, I feel scared because I can't sell them and I need financial security. Please let the vegetables in my garden stay till the harvest. I hear you that you need you need to sell your carrots and cabbages. When I saw you setting traps in the wood, I got scared. I need to feel safe foraging in the woods for food. Please keep your snares out of my woodlands.



Bugs Bunny and Elmer Fudd
using non-violent communication

"I know of no other book even in the same league."
Gerry Spence, Author of the NY Times Best-Seller *How to Argue and Win Every Time*

23

I AM NOT SICK I Don't Need Help!

Over
1.5 million
copies sold

How to Help
Someone
Accept
Treatment

20th
ANNIVERSARY
EDITION

Xavier Amador, Ph.D.

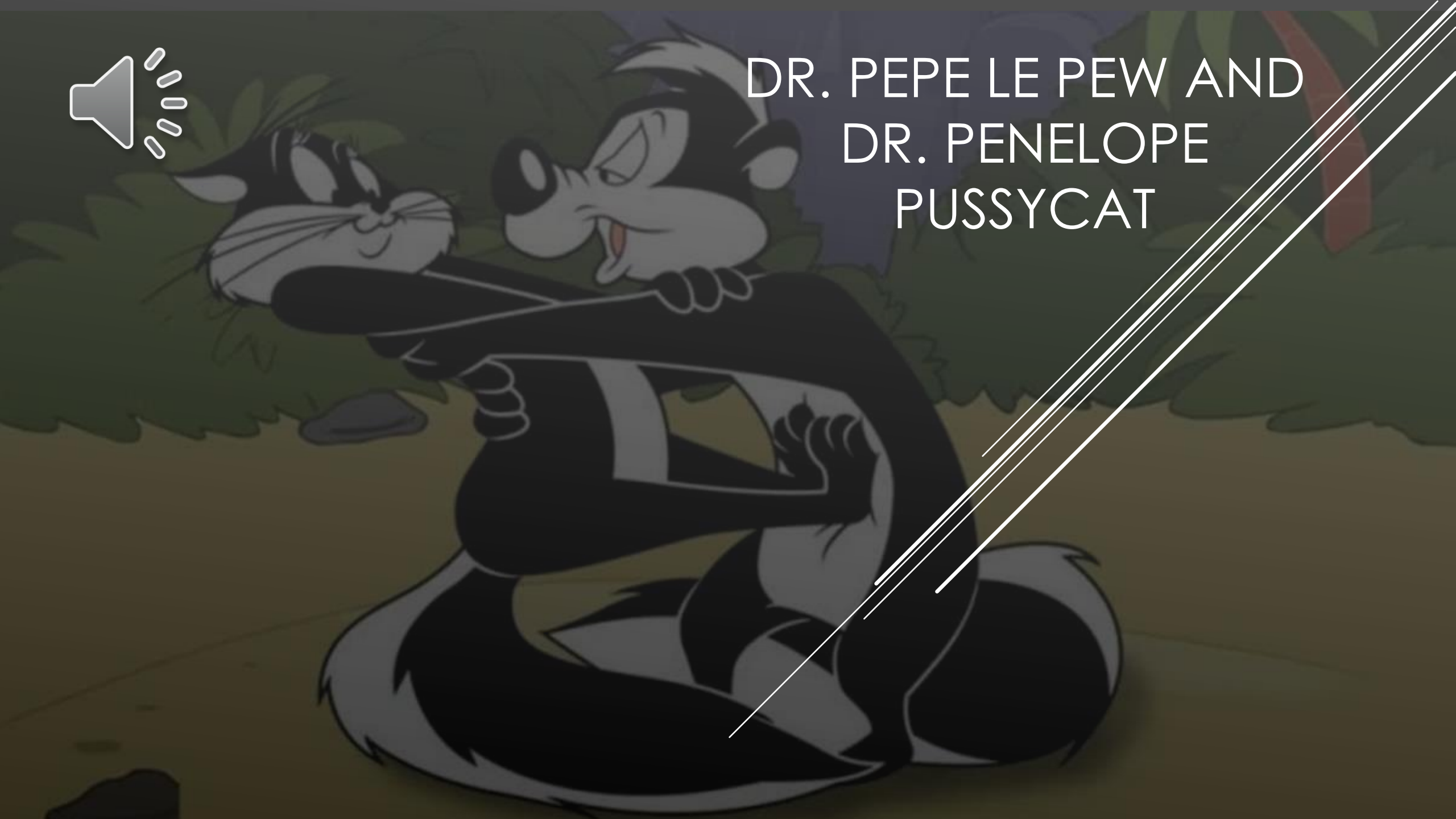
***"You will win based on the
strength of your relationship,
not your arguments."***

-Xavier Amador, PhD





DR. PEPE LE PEW AND DR. PENELOPE PUSSYCAT



Dr. Pepe LePew and Dr. Penelope Pussycat

Audio Transcript:

Dr. Pepe LePew and Dr. Penelope Pussycat

"Hey, Miss Pussycat, You are looking ravishing, have you done something to your whiskers different."

"umm, Dr. not miss. I came to get sign-out. It's 7am."

"What is zee hurry, sometimes a wee bit of stench is worth the chase."

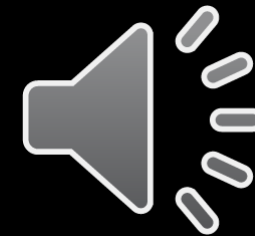
"nervous laughter. That's my pager, I gotta go."

"Oh well, zaire are plenty of feesh in the sea... Eef you like feesh. Personally, I prefer girls. Call it a weakness."





DR. PENELOPE PUSSYCAT
CIRCLING BACK LATER



Often we don't know what to say in the moment.
You can always circle back!

Avoiding conflict is not the same as resolving conflict.



Audio Transcript:

"Dr. LePew, when you comment on my physical appearance I feel very uncomfortable. I need to feel safe and respected during sign-out. Would you be willing to avoid making sexual comment, even if you're joking?"

"All's fair in love and war. Don't you have a sense of humor?"

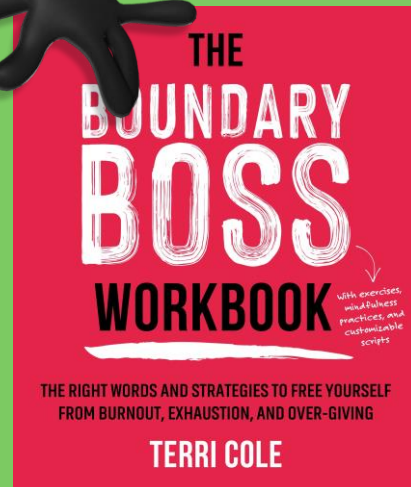
I'm hearing that you believe it was funny, but it felt very different to me. I need you to avoid making sexual comments during sign-out please.

"Ok, OK, sheesh. No more spicy talk at zee sign-out."

Success isn't purrrfect!

Successful communication doesn't mean that the other person will respect you or your needs.

Successful communication means that you respect your needs by expressing them. Success is judged by how you feel about yourself afterward.



"If you're ready for true emotional freedom, let *Boundary Boss* show you the way."

KRIS CARR *New York Times* bestselling author

TERRI COLE

BOUNDARY BOSS

THE ESSENTIAL GUIDE
TO TALK TRUE, BE SEEN,
AND (FINALLY) LIVE FREE

REFLECTIVE LISTENING



Make Reflective Statements:

"You want me to mark which patients are telehealth versus in person visits so you can know what to expect. Did I get that right?"

Ask for reflections to confirm understanding:

"To make sure I'm being clear, what do you hear me saying?"

When the other person gets it wrong.....

"Thanks for telling me what you heard. Perhaps I didn't make myself as clear as I would have liked. Let me try again."

Reflective listening demonstrates understanding of the other person's perspective.

It does not require agreement.

REFLECTIVE LISTENING

- ▶ Conflict is often like a chess match where you're thinking about your next move while your opponent is making their move.
- ▶ Forget your next move. Just hear them.
- ▶ Listen for the feelings and unmet needs underneath what people are saying.

"The key ingredient of empathy is presence: we are wholly present with the other party and what they are experiencing."

—Marshall Rosenberg, PhD



REFLECTIVE LISTENING...

HARDER
THAN IT
SEEMS

Patient Question:

Do you have kids of your own?

Defensive
response:

If you want some parenting tips, you can read a magazine. If you want a thorough psychiatric evaluation, I'm here.

Simple
reflection:

It matters to you whether I'm also a parent.

Complex
reflection:

Are you worried that if I'm not also a parent, I won't be able to understand what you're going through and I'll judge you more harshly? Perhaps you need me to understand how hard this is for you.

A large iceberg floats in a blue ocean under a blue sky with white clouds. The visible tip of the iceberg is small and jagged, while the submerged part is much larger and more complex in shape, illustrating the concept of hidden depths.

Simple Reflection

- Repeating
- Rephrasing

Complex Reflection

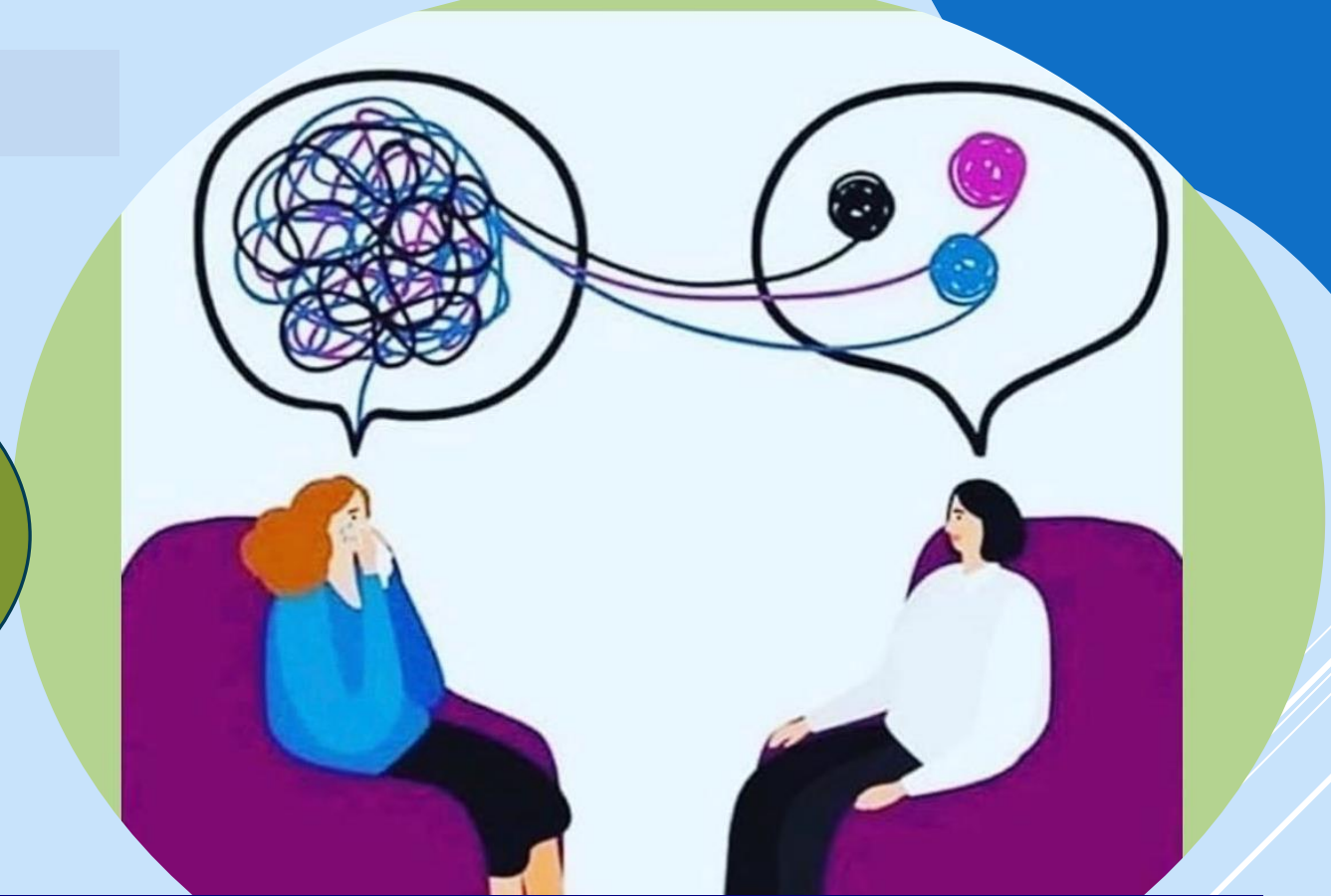
- Affect- what is the person really feeling?
- Values – what is really important to them?
- Meaning – what are they not saying but really mean
- Images/Metaphors – enhance perspective

What thoughts, feelings, and meanings lurk beneath the surface?

REFLECTIVE LISTENING...

Statement: "I've gained so much weight lately. I feel disgusting."

Response: Wow, you're feeling really frustrated with yourself and ashamed of your body.



DO NOT CONFUSE REFLECTIVE LISTENING WITH...

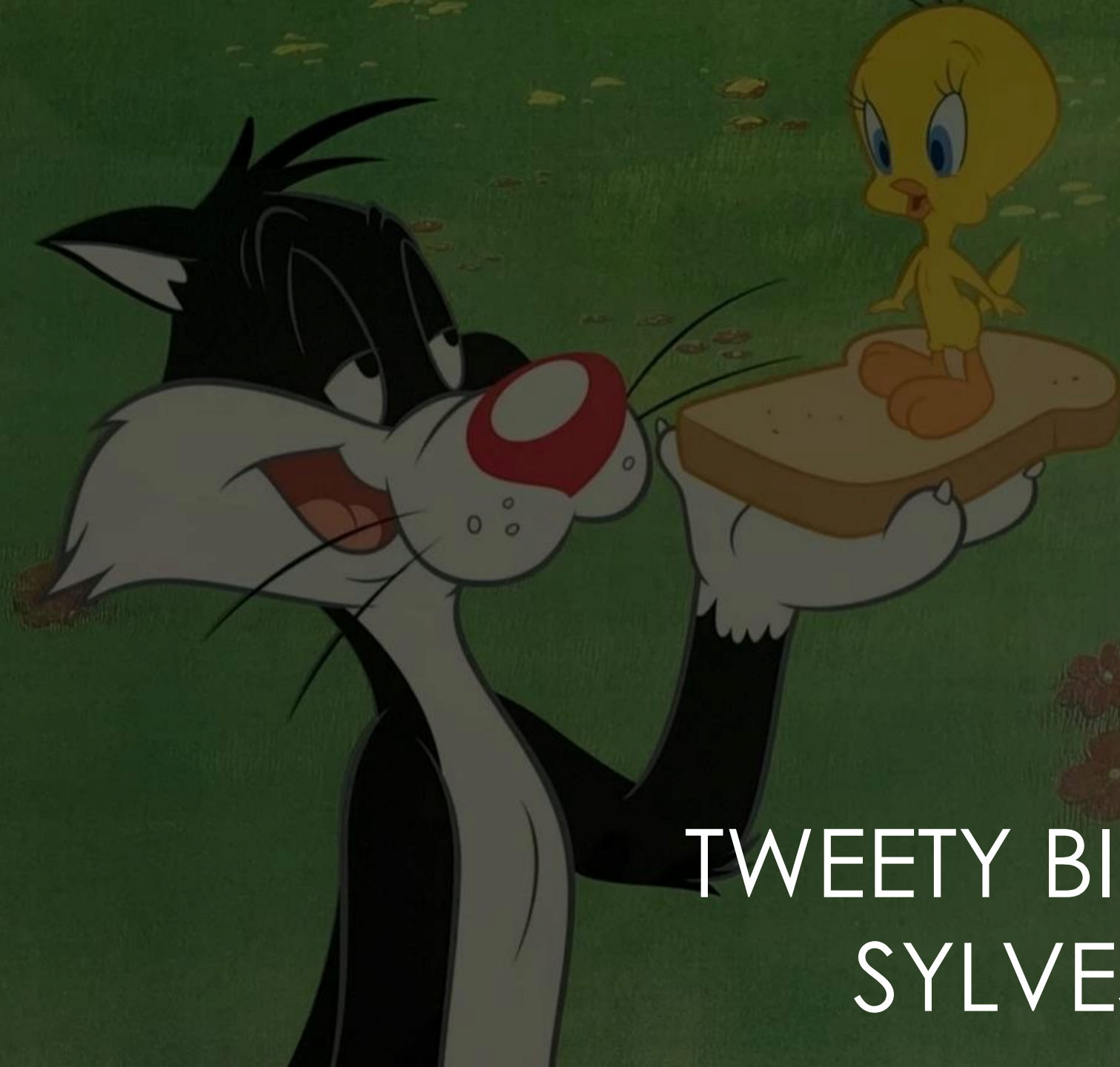
Advising: "You should cut out sugary drinks and exercise."

Reassuring: "You shouldn't be so hard on yourself."

Sympathizing: "Oh no, I'm so sorry you feel that way about yourself."

Investigating: "When did you start gaining weight? What are you eating?"

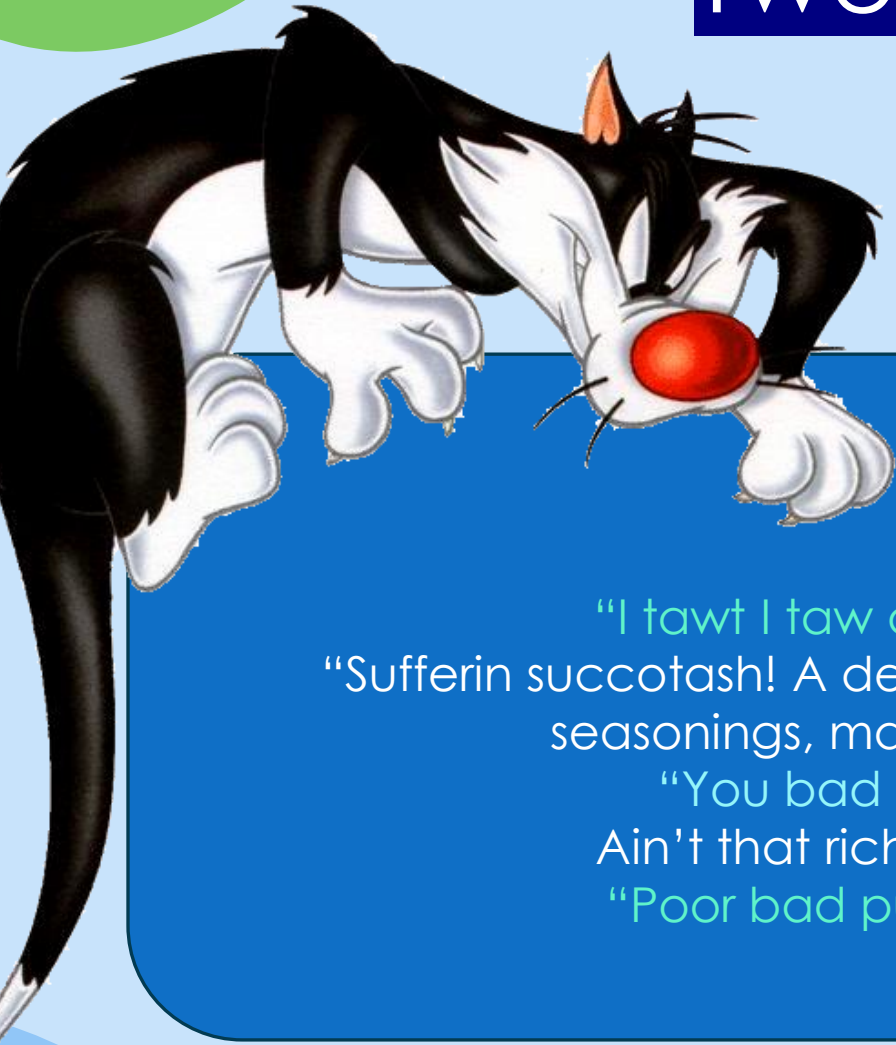
Explaining: "But I never thought you were fat."



TWEETY BIRD AND SYLVESTER

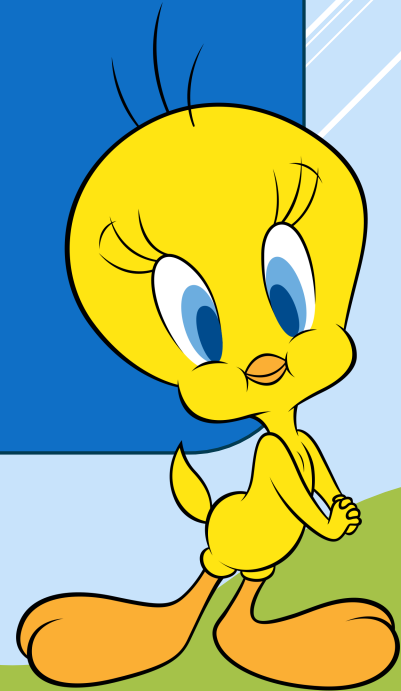


Tweety bird and Sylvester



Audio transcript:

"I tawt I taw a putty tat! I did! I did! Bad old putty tat!
"Sufferin succotash! A delicious tweety bird! I think you'll be good with some seasonings, maybe some ketchup for a birdy baguette!"
"You bad old putty tat! I gots every right to live!
Ain't that rich after you sic'd that old bulldog on me!
"Poor bad putty tat, did he bite your widdle tail off?"



SYLVESTER REFLECTIVE LISTENING



Tweety bird and Sylvester

Reflective Listening



Audio transcript:

Tweety bird and Sylvester

"I tawt I taw a putty tat! I did! I did! Bad old putty tat!

Sufferin succotash, Are you scared I'll do something bad to you?

Yes, I am! You fwightened me putty tat!

Makes sense that you're scared. Can we call a truce tweety?

Once a bad old putty tat, always a bad old putty tat!

Are you afraid that because I hurt you before, I'll try to do it again?

Yes, that's right putty tat!

You don't feel like you can trust me yet.

EMPATHIC LISTENING REVEALS DEEPER MEANINGS TO BOTH LISTENER AND SPEAKER

“When...someone really hears you without passing judgment on you, without trying to take responsibility for you, without trying to mold you, it feels damn good! ... When I have been listened to and when I have been heard, I am able to reperceive my world in a new way..” -Carl Rogers, PhD

“It is not that they are continuing to explore things they know they want to share, but things they did not even have access to until you listened in a way that reduced shame and fear and, therefore, allowed them to elaborate and to talk about themselves in deeper ways.”

-David Puder, MD

-Psychiatry and Psychotherapy Podcast
Ep 164 Listening Psychodynamically

WHAT'S UNDERNEATH DIFFICULT BEHAVIORS?

► **Demanding** –

- Fear that needs will not be met.

► **Controlling** –

- Anxiety drives the need to control all aspects of a situation.

► **Denying** –

- Acknowledging a painful truth is too difficult



SEARCHING FOR THE UNMET NEEDS IN WHAT THE OTHER IS SAYING

What are the unmet need underneath the judgments, criticism, and analyses?

"You're totally insensitive!"

"I need you to recognize my feelings as valid."

"You're so irresponsible with money."

"I need to protect my family financially"

"All the other kids have a social media account."

"I need to feel like I belong with my friends and not get left behind."

"That's typical of you to be so unfair!"

"I need you to understand my perspective."

"You never let me do anything!"

"I need to feel like you trust me."

LEADING WITH VULNERABILITY

Hard

Emotions:

Anger
Disgust
Judgement
Resentment

Soft Emotions:

Fear
Shame
Inadequacy
Guilt
Loneliness



“CONNECT WITH THE UNDERSIDE OF THE TURTLE!”



LOOKING INWARD

Ehh,

What's Up,
Doc?

"The more faithfully you listen to the voice within you, the better you will hear what is happening outside."

-UN Secretary-General Dag Hammarskjöld

Our pain can block our ability to listen empathically.

We may need to look inward and offer ourselves the same quality of presence and attention to our own feelings and needs before we can offer this to others.

View painful/negative feelings about patients as valuable diagnostic info.

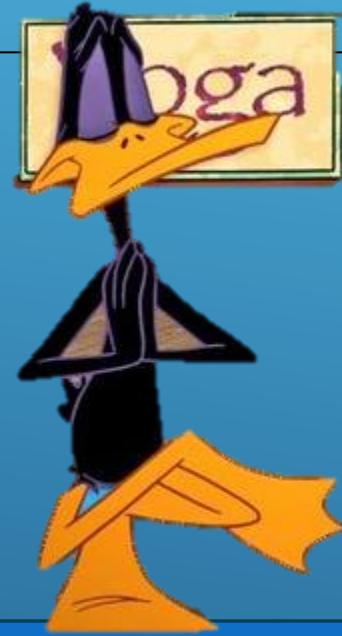
Your feelings are a vital part of your psychological physical exam.

- Who does this patient remind me of in my past?
- When have I felt this way or acted this way before?
- Notice when you are treating a patient differently than usual.
- Notice which patients “push your buttons.”



Mindfulness - the ability to know what's happening inside your head at any given moment without getting carried away by it

Curious
Aware
Nonjudgmental
Accepting



THE GREATER YOUR EMOTIONAL AWARENESS, THE GREATER YOUR SELF-AGENCY.

"UNDERSTANDING WHY WE FEEL THE WAY WE FEEL, DOESN'T CHANGE HOW WE FEEL, BUT IT CAN KEEP US FROM SURRENDERING TO IT."

-BESSEL VAN DER KOLK



COMPASSIONATE SELF-TALK

- “Perhaps my patient is doing the best they can with limited psychological resources.”
- “It’s understandable that I’m so frustrated because I care about this person.”
- “Perhaps I’m doing the best I can with limited resources.”
- “Perhaps my frustration and helplessness are a clue about how my patient feels right now.”

SELF-COMPASSION REFLECTION

“This is a moment of suffering. Suffering is human.”

I am feeling

This feeling makes sense because

How can I be kind to myself right now?

How can I be kind to others right now?

What would I tell my friend in this situation?

What lesson does this moment have to teach me?

What is within my control that I can change?

What is not within my control that I need to accept?

Depersonalize the Situation:



- Take a step back, as if the situation were happening to someone else instead of you. Imagine the interaction as two characters you were watching in a movie.

I should be better at this.

I should have known better.

I shouldn't feel that way.



Beware of "should!"

"Should"-ing ourselves bleeds away our self-compassion.

Compassion and Frustration: Not Antagonistic, but Synergistic. They Go Together Like....

Hot Sauce

Frustration/ irritation
with people



Vanilla Ice Cream
Compassion for ourselves
and other people

Yummy.....

EMPHASIZE A PATIENT'S AUTONOMY

- Give choices and give patients back control –
 - “The decision is ultimately up to you.”
- You can validate a patient's concerns without giving in to them.
- Motivational Interviewing
 - Identify and align with the healthy part of their message.
- Ask permission before giving advice
 - May I share my perspective as your doctor?
 - Are you sure? I'm afraid you'll be upset when I tell you.



OPEN QUESTIONS

to explore concerns, promote collaboration, and understand the client's perspective.



AFFIRMATIONS

to support strengths, convey respect.



REFLECTIVE LISTENING

to explore deeper, convey understanding, deflect discord, elicit change talk.

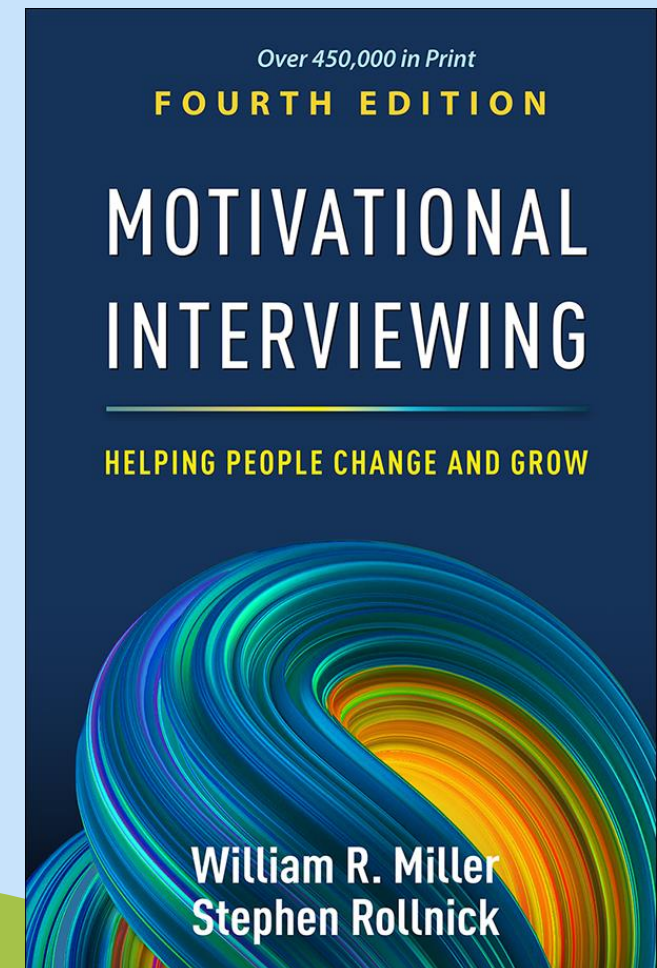
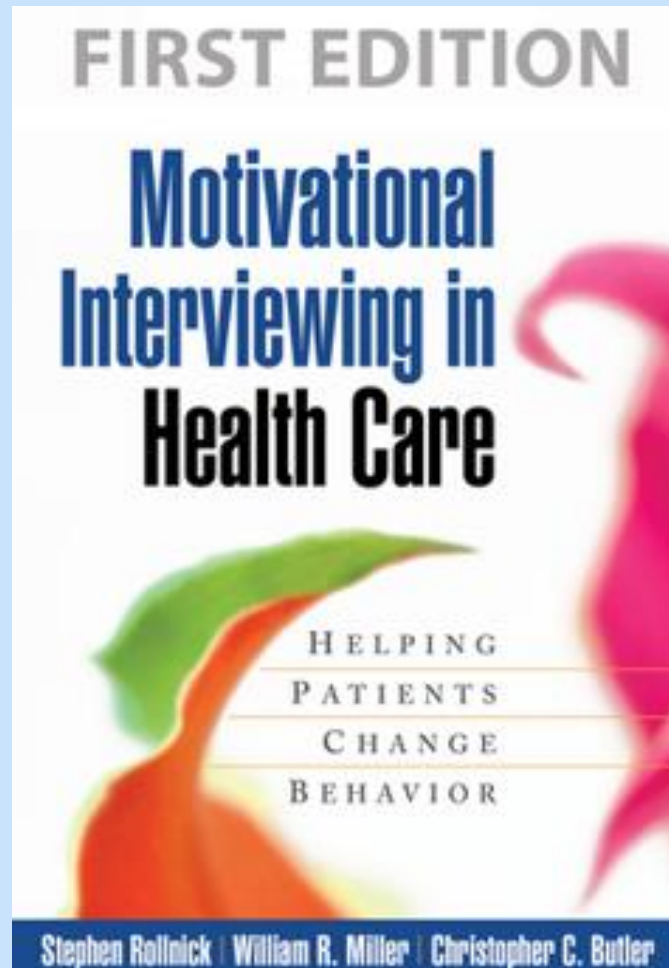


SUMMARIZE

to organize discussion, clarify motivation, provide contrast, focus the session and highlight change talk.



MOTIVATIONAL INTERVIEWING



MOTIVATIONAL INTERVIEWING

REASONS FOR CHANGE

The change bouquet....



Nothing relaxes me like marijuana.

It would be nice to have my parents off my back.

It's not as bad as other things.

It's expensive.

If I got a clean urine, I could apply for a job.

It helps me focus.

MOTIVATIONAL INTERVIEWING

CONFIDENCE IN ABILITY TO CHANGE.

The change bouquet....



I'm not ready to stop.

I can stop any time I want.

I have too much stress already right now.

I went a week without it once on vacation.

I quit cigarettes cold turkey one time.

I need it to sleep.

REPAIRING A RUPTURE IN A RELATIONSHIP

- Have self-compassion and focus on the here and now in the relationship to be on the look-out for ruptures.
 - Get as comfortable as possible with patient dissatisfaction and practice non-defensiveness.
- Encourage patients to openly disagree with you and express dissatisfaction, explaining how this is helpful to your work together.
- Embrace and own your mistakes fully as an opportunity to deepen the relationship.

The image shows the front cover of a book titled 'The Use of SELF in THERAPY'. The title is in white, bold, sans-serif font against a dark blue background. Below the title, it says 'Third Edition' in a smaller font. At the bottom, it says 'Edited by Michele Baldwin'. The background of the cover features a soft, abstract image of a sunset or sunrise with warm colors like orange and yellow blending into the blue.

The Use of **SELF** in THERAPY

Third Edition

Edited by Michele Baldwin

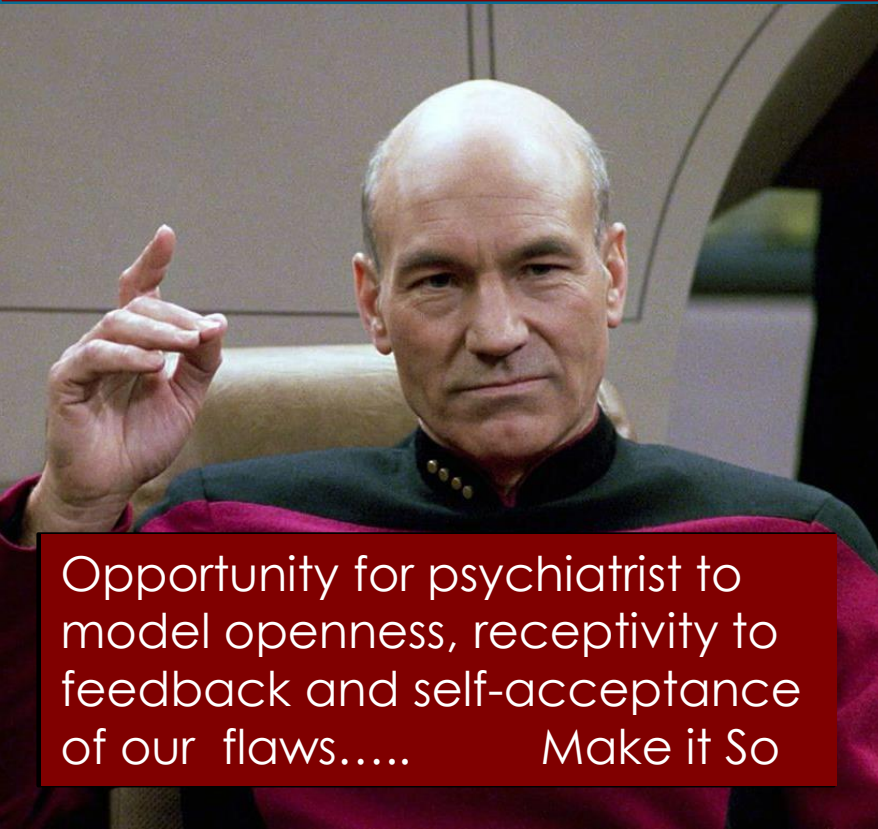
"When you have never upset a patient, never had a break in empathy, therapy has lacked power. It is a cream puff, not transformative, not deep enough."

Michele Baldwin

*“IT IS POSSIBLE TO COMMIT NO MISTAKES AND STILL LOSE.
THAT IS NOT WEAKNESS; THAT IS LIFE.”*

-CAPTAIN JEAN LUC PICARD

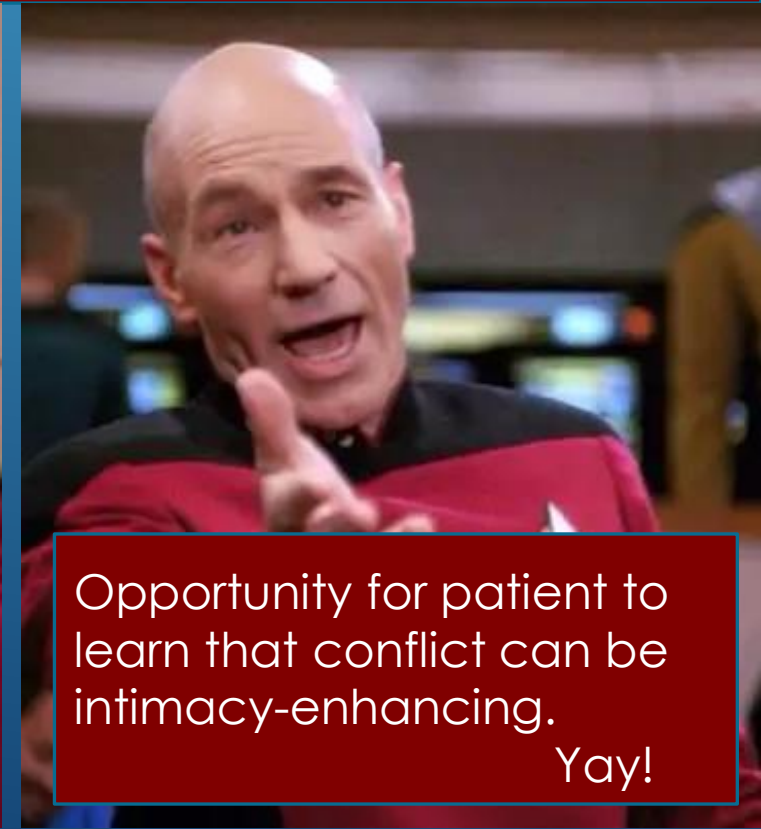
BUT WHEN WE MAKE MISTAKES, WE CAN STILL WIN!



Opportunity for psychiatrist to
model openness, receptivity to
feedback and self-acceptance
of our flaws..... Make it So



Opportunity for patient to
experience safety while
dissenting/disagreeing within a
valued relationship, encouraging
authenticity. Woohoo!!



Opportunity for patient to
learn that conflict can be
intimacy-enhancing.
Yay!

DE-ESCALATION STRATEGIES



WHAT DO ANGRY PEOPLE REALLY WANT FROM ME?

1. They Want Help
2. They Want Choices
3. They Want Acknowledgment

De-escalation:

To prevent aggressive and dangerous situations from occurring

To reduce the need for restrictive interventions

- Fishkind, A. (2002). Calming agitation with words, not drugs: 10 commandments for safety. *Current Psych*, 1(4), 32-9.

Table 2

THE 10 COMMANDMENTS OF DE-ESCALATION

- | | |
|------|---|
| I | You shall respect personal space |
| II | You shall not be provocative |
| III | You shall establish verbal contact |
| IV | You shall be concise and <i>repeat yourself</i> |
| V | You shall identify wants and feelings |
| VI | You shall listen |
| VII | You shall agree or agree to disagree |
| VIII | You shall lay down the law |
| IX | You shall offer choices |
| X | You shall debrief the patient and staff |

Before proceeding, ask yourself.....

“Is there a path that can allow me to retreat?”

“Am I being threatened with bodily harm?”

“Am I confident I can interact with this individual without becoming defensive or angry?”

**Don't
take the
bait....**



TREATING SEVERE AGITATION

- ▶ There's an average of 8 serious (causes physical injury and missed work) patient to staff assaults per hospital per year.
- ▶ Two thirds of these assaults are triggered by staff attempting to restrain the patient or attempting to give an injectable of sedating medication.
 - ▶ Avoiding a “restraint and sedate” situation is key to protecting staff!
 - ▶ If a patient is sedated, it delays time till history can be taken, psychiatry can be consulted, they can be transferred to a hospital floor, etc.
 - ▶ From an ethics and humanitarian perspective, we want to avoid causing trauma and patients viewing the medical system as an adversary.

Carmel, H., & Hunter, M. (1989). Staff injuries from inpatient violence. *Psychiatric Services*, 40(1), 41-46.





PSYCHOPHARMACOLOGY FOR AGITATION

- ▶ **Always offer oral medication before injectable!**
 - ▶ *“Hey, is there a medication that helps you when things are like they are right now?”*
- ▶ **The goal of medication is calmness, not unconsciousness!**



Wilson, M., Pepper, D., Currier, G., Holloman, G., & Feifel D. (2012). The psychopharmacology of agitation: Consensus statement of the American Association for emergency psychiatry project BETA psychopharmacology workgroup. Western Journal of Emergency Medicine 13 (1), 26 34.

PSYCHOPHARMACOLOGY FOR AGITATION


- ▶ **Lorazepam** – oral lorazepam has the same time of onset as intramuscular
- ▶ **Second generation/Atypical Antipsychotics are preferred** over first generation/typical antipsychotics (ie Haldol) due to lower risk of side effects.
- ▶ **Olanzapine (IM, wafer), Ziprasidone (IM), Risperidone, Quetiapine**
- ▶ Haldol side effects-
 - ▶ Torticollis
 - ▶ Higher risk of neuroleptic malignant syndrome
 - ▶ Laryngospasm
 - ▶ Oculogyric Crisis
 - ▶ Severe dysphoric reaction

ACCEPT THAT YOU
CAN DO
EVERYTHING RIGHT
AND PEOPLE WILL
STILL BE UPSET.

We are not here to make
patients happy. We are here to
help them become healthy.



STRATEGIES FOR THE LONG HAUL....

1. Be firm and consistent with limits and boundaries
 2. Lower treatment goals – realistic, attainable goals
 - ▶ Decompress the treatment timeline – years instead of weeks
 3. Use a team Approach.
 4. Beware of splitting, always check out what they say about others.
 5. Tell colleagues when you are feeling overwhelmed or hurt and support each other.
 - ▶ Co-regulation
 6. Give each other feedback in a non-judgmental constructive way.
- 
- A series of three parallel white diagonal lines extending from the bottom right towards the center of the slide.

LOONEY TUNES



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THANK YOU FOR LISTENING.
PLEASE FEEL FREE TO REACH OUT.

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