Alternative Dispute Resolution: A Training Program for People with Psychiatric Diagnoses

Collaborative for Conflict Management in Mental Health

University of South Florida
13301 Bruce B. Downs Blvd.
Tampa, FL 33612
ACKNOWLEDGEMENTS

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Training Packages:

I. An Introduction to Alternative Dispute Resolution for Mental Health and Social Service Systems

II. Alternative Dispute Resolution: A Training Program for Mental Health Managers and Administrators

III. Alternative Dispute Resolution: A Training Program for Mental Health Teams and Direct Service Providers

IV. Alternative Dispute Resolution: A Training Program for People with Psychiatric Diagnoses

V. Mediating with People with Psychiatric Diagnoses: A Training Program for Alternative Dispute Resolution Professionals

VI. Designing Mental Health Dispute Resolution Systems: A Program for Organizational Development

For further information, contact CCMMH, 13301 Bruce B. Downs Blvd, Tampa, FL 33612.
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ADR: A Training Program for People with Psychiatric Diagnoses  
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Alternative Dispute Resolution: A Training Program for People with Psychiatric Diagnoses

OVERVIEW

Target Audience

This two-day workshop is designed to introduce the principles of conflict management and dispute resolution to people with psychiatric diagnoses.

Description

This workshop provides an overview of common conflicts between people with psychiatric diagnoses and others within mental health systems. It is designed to introduce participants to alternative dispute resolution concepts, assist individuals in identifying a variety of conflict resolution styles, and enhance active listening and assertive response skills that can be applied to defuse highly charged situations in a variety of environments.

Overall Objectives

1. Examine the context of common conflicts in mental health systems and explore conflict as it relates to issues of power, coercion, critical assumptions, and human rights.
2. Introduce concepts and skills of the conflict resolution pyramid.
3. Enhance participant knowledge about effective personal and systemic responses to conflict resolution.
4. Examine and build skills necessary to apply the building blocks of conflict management.
5. Increase participant understanding of mediation as a dispute resolution approach.
6. Develop knowledge about use of alternative dispute resolution approaches in the mental health field.
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Workshop Instructors

**Laura Prescott**
Laura Prescott is the President and Founder of Sister Witness International, Inc., an organization of formerly institutionalized women, girls, and their allies. She was formerly the Assistant Project Director of the Women, Co-Occurring Disorders and Violence Coordinating Center at Policy Research Associates and Human Rights Coordinator for the Massachusetts Department of Mental Health. She has consulted in numerous states and countries on a variety of topics, including self-inflicted violence, institutional retraumatization, recovery and human rights, risk management and strategies for the reduction of seclusion and restraint. She is a survivor of childhood sexual and physical abuse, an ex-patient of the psychiatric system, and in recovery from substance abuse.

**Laurie Curtis**
Laurie Curtis is an independent consultant and educator who has provided organizational and staff development services in over thirty-five different states, several Canadian Provinces, Australia, and New Zealand. She works primarily in the areas of recovery in policy and practice and other aspects of the design and delivery of best practices in community support services. She was associated with the Center for Community Change Through House and Support for eleven years and is currently Clinical Associate Professor in the Trinity College of Vermont’s distance learning Master’s program.

**Darby J. Penney**
Darby J. Penney is a psychiatric survivor who works as Director of Historical Projects at the New York State Office of Mental Health (OMH). For nine years she was Director of Recipient Affairs at OMH. At this time she was responsible for bringing the perspectives of consumers/survivors/ex-patients into the policy-making process. Ms. Penney has written and presented nationally and internationally on issues including recipient perspectives on managed care, recovery from psychiatric disability, recipient involvement in planning and policy-making, and coercion in the mental health system.
Day 1

Objectives

1. Examine the context of common conflicts in mental health systems and explore conflict as it relates to issues of power, coercion, critical assumptions and human rights.
2. Introduce concepts and skills of the conflict resolution pyramid.
3. Enhance participant knowledge about effective personal and systemic responses to conflict resolution

Trainer Agenda/Content Outline – Day 1

8:30-9:00 Convene for Coffee and Conversation
9:00-9:15 Welcome and Introductions, Housekeeping
Overview of Objectives and Agenda for Day 1

9:15-10:30 Introduction to Conflict, its Causes and Impact
• (Optional Activity): How Well Are You Listening?
• Role Play & Discussion: Susan and Casey
• Defining Conflict
• How is Conflict Handled?
• Constructive and Destructive Conflict
• Is Conflict Necessarily Bad? WHY? WHY NOT?
• Defining Power and the Ability to Exercise Influence
• Human Rights: Balancing the Exercise of Power

10:30-10:45 Morning Break

10:45-11:30 Understanding Context
• Whose Vision of Reality? Context and Naming
• Conflicting Definitions of Safety
• Mentalism: Language, Labeling and Assumptions of Incompetence
• Tautology of Psychiatric Diagnosis
### Trainer Agenda/Content Outline – Day 1 continued

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<td>Coercion as an Outcome of Conflict</td>
<td>• Defining Coercion&lt;br&gt;• Continuum of Coercion/Social Control (overt and covert)&lt;br&gt;• When does influence become control?&lt;br&gt;• How do trust, safety, experience impact willingness to participate in conflict resolution?</td>
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<td>Introducing the Conflict Pyramid</td>
<td>• Understanding Ourselves&lt;br&gt;• Five Common Responses to Conflict&lt;br&gt;• Assertiveness, Aggressiveness, Passivity, Passive-Aggressive&lt;br&gt;• Confronting/Competing, Avoiding, Accommodating, Compromising, Collaborating&lt;br&gt;• (Optional) Self-Assessment Exercise: Assessing Our Style of Conflict Resolution&lt;br&gt;• Examining Our &quot;Hot Buttons&quot;</td>
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<td>Understanding The Situation</td>
<td>• What's the Problem?&lt;br&gt;• Concrete and Relational Conflict&lt;br&gt;• Recognizing Rights, Positions, and Interests&lt;br&gt;• Practice Situation: Is it a Right, Position or Interest?&lt;br&gt;• Should I Act or Not?</td>
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9:00 – 9:15  Introductions and Welcome

Good morning. Trainers introduce themselves
Housekeeping (parking, bathrooms, phones, smoking, cell-phones/pagers)
Before we begin, lets briefly review the agenda.

HANDOUT: AGENDAS  OVERHEADS #1, #2, #3, & #4

9:15 – 10:30  Introduction to Conflict, its Causes and Impact

How well we listen and respond to each other helps to both create and defuse conflict. Over the next two days we will investigate how people communicate their needs and interests with one another and what happens when those needs come into conflict. We will also learn some basic skills in alternative approaches to the way conflict is handled in mental health environments.

Optional Group Activity: Introduction To Listening

Note to instructors: If there is time you can use this exercise to help people get acquainted with each other.

OVERHEAD #5  INTRODUCING YOURSELF

Instructions: Each person take a turn and in two minutes say your name, one descriptive adjective that rhymes with your first name, one thing you would most like to get from this training and where you would be if you were not here at this moment.

• What did you notice was NOT being said as people spoke?

• One of things people tend to fear most is speaking in public and they communicate that response in different non-verbal as well as verbal ways.

• Did people notice varying body postures (arms or legs crossed, sitting forward or back in the chair, nodding), voice tones (people speaking quietly, quickly, slowly), eye contact (looking away, staring) that gave you other information about how they might be feeling?

• In what ways to do workers communicate that they are listening to c/s/x? What ways do they communicate they are not listening? Or listening to the right things?
Susan and Casey:  
The Scene at 30 Down and Out Boulevard

Handout: Scenario

Introducing the Scenario: Please take a minute to read your handout about Susan and Casey. This gives you a brief background about a discussion they had the other day.

Scenario Instructions: Everyone gets the handout with background information or it can be read to the group. Two volunteers agree to take a minute and read the dialogue between Susan and Casey, decide who will play each part. When they are ready, they go to the front of the room and act it out for the group. Questions then follow.

Alternative Instructions: If there is less time, the trainers can do the role playing for participants.

Group Alternative Instructions: Everyone gets the handout with background information or it can be read to the group. Break people into groups of five. Two volunteers from each group agree to take a minute and read the dialogue between Susan and Casey, decide who will play each part. When they are ready act it out for their group. One person takes notes in the group when discussing the questions below.

Overhead #6 & #7

Defining Conflict
Conflict has been described as "a state of disagreement or opposition between two or more persons regarding ideas, interests, needs, values, desires, or wishes". The American Heritage Dictionary defines conflict as a prolonged, struggle, clash, battle or controversy.

Ask and Discuss
- Is there a conflict in this situation? What defines a conflict?
- How (in what ways) is conflict handled in this situation?
- What were the real/underlying sources of tension and conflict here?
- What did Casey do to heighten the tension in this situation?
• What could he have done differently?
• What did Susan do to add to the tension and escalate the situation?
• What could she have done or said differently?
• What were the environmental/system issues that heightened the tension?
• What other players added to this situation?

Constructive & Destructive Conflict

Defining Power

"Power" can be described and expressed in terms that are: personal, political, positional (relational), economic and social. Curtis and Diamond (1997) have provided an easy, clear definition from which to begin our discussion:


3. MARTIN LUTHER KING: "What is needed is the realization that power without love is reckless and abusive, and love without power is sentimental and anemic. Power at its best is love implementing the demands of justice, and justice at its best is power correcting everything that stands against love."

Martin Luther King wrote eloquently about the importance of balancing power and love (spiritual fortitude) to affect positive change in the world.

- **What do you think he means by this?**

"Justice", in this sense, reflects a corrective process in which power is exerted to achieve, "honorable, fair, equitable and humane" outcomes as "demanded" by the heart (higher spiritual order). King is describing a synergistic relationship compelling individual and systemic change that might encompass, but is not limited to, the legal parameters we tend to associate with the term, "justice".

**Ask and Discuss: Use of Power to Control/Influence Others**

- When is the use of power to control events positive? When is it negative?
- When is the use of power to influence others a positive thing? When is it a negative?

**Ask and Discuss: Examining Power and Psychiatric Diagnosis**

- What if people are subject to restricted environments or involuntarily committed? What power and/or influence do they have then?

Bell Hooks has said the power people have, even when they are poor and marginalized, is to "Name who they are." 3 The process of "naming" has been referred to as an act of “bearing witness,” 4 an act of "resistance" 5 and "reclamation."

- What power do people lose when others define/diagnose them as mentally ill?
- What power do we gain or give up when we define ourselves this way?

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Human Rights: Balancing the Exercise of Power

What are Human Rights and why is it important to understand them in relationship to conflict and conflict resolution?

Evidence suggests that environments organized around the principles of self-determination, autonomy, dignity and respect, improve systemic environmental and individual outcomes.\(^6\)\(^,\)\(^7\) Conflicts and coercion in those environments are reduced. This leads to a decreased use of force and an increase in the satisfaction, self-determination, and autonomy of people with psychiatric diagnoses. Staff note that they are more satisfied with their jobs and the environment and they take fewer sick days and experience less job-related injury.

Human rights\(^8\) provide an avenue for decreasing power imbalances and enhancing individual power.

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**Defining Human Rights**

_At a root level, human rights are “A Set of values and principles in action.” They are intended to "give full respect to the dignity and worth of each individual.” These include, but are not limited to, an individual’s legal rights._

Some of the more frequently discussed human rights principles are:

- Informed Consent
- Dignity of Risk
- Self-Determination
- Least Restriction
- Autonomy

---


• **Informed Consent**

Before people can make effective decisions, they need to understand the choices involved. Being informed about choices allows people to maximize control over their lives. This requires weighing the benefits and risks of proposed interventions and feeling free to accept those options or reject them in favor of other alternatives. The definition of "informed consent" is consent that is: a) voluntary, b) knowing, and c) informed.

• **Dignity of Risk**

The dignity of risk refers to the dignity of engaging in opportunities and new challenges that may entail an element of risk or may not be ‘advisable’ according to the dictates of others. Limiting "risksy" endeavors occurs when the activity substantially or "unreasonably" jeopardizes an individual's well being or that of someone else. The theory behind this principle is that people need to be able to make choices for themselves and gain experience about success and failure through exercising these choices. Taking control, determining self-interest, and taking responsibility for those interests and goals lies at the heart of the notion of recovery. There is a dignity in self-determination and the claiming of individual life choices, even if they are "risky."

• **Self Determination, Autonomy and Least Restriction**

Self-determination is the right to decide what is in one's own "best interest" and, to the extent possible, it is the ability to act on those decisions. It is related to "autonomy," which combines the Greek roots for “self” and “law” and means to be self-governing.

Least restriction is based on the notion that "separate is not equal". Since the civil rights era of the 1960s, we have been aware that of the negative impact of congregating and segregating marginalized people from mainstream society. The principle of least restriction provides the right to access the least confining (intrusive) approaches and alternatives before more intrusive interventions are utilized. It is a way to slow down the degree of segregation, detention and other interventions that more strictly curb civil liberties and provide opportunities for self-determination and autonomy to the maximum extent possible.

**ASK AND DISCUSS: IMPACT OF HUMAN RIGHTS ON CONFLICT**

Let's go back to the scene between Susan Smith and Casey Trevor for a moment. In that situation, what were the human rights issues involved? In what ways did these issues affect the conflict?
One example: In the scenario, Susan's right to self-determination and informed consent was violated when she was not informed about the changes in her medications.

-- What difference would it have made if she was informed and had participated in her own treatment?

-- Do you think she would have been as angry? Why or why not?

-- What barriers to dialogue were created when she was not informed and hence subsequently, wasn't able to determine what she wanted to do? Other examples?

REFER TO HUMAN RIGHTS RESOURCE HANDOUTS FOR MORE INFORMATION

10:30 – 10:45 MORNING BREAK
10:45-11:30 Understanding Context

All conflicts occur within a context, i.e., a set of assumptions, beliefs, and/or views of the world that affect not only how conflicts are addressed, but the definition of conflict itself.

Whose Vision of "Reality?" Context and Naming

The use of power and domination to control the behavior of others is central to many conflicts arising between people with psychiatric diagnoses and individuals in positions of authority to control their lives. Often the ‘real’ or underlying issues governing crises in mental health environments stem from unspoken assumptions, conflicting values, and interests.

The chart below is one example of the way common terms used in mental health systems can obscure competing interests between individuals with psychiatric diagnoses and those providing services. It is important to clarify language and assumptions so that the terms being used have meaning relative to the experiences of both parties.

OVERHEADS #18 & #19 CONFLICTING DEFINITIONS OF "SAFETY"

<table>
<thead>
<tr>
<th>Conflicting Definitions of &quot;Safety&quot;9</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Recipients</strong></td>
<td><strong>Service Providers</strong></td>
</tr>
<tr>
<td>Safety = Minimizing Loss of Control over their Lives</td>
<td>Safety = Minimizing Loss of Control over the environment and risk</td>
</tr>
<tr>
<td>Safety Means:</td>
<td>Safety Means:</td>
</tr>
<tr>
<td>Maximizing Choice</td>
<td>Maximizing Routine &amp; Predictability</td>
</tr>
<tr>
<td>Authentic Relationships</td>
<td>Assigning Staff (Based on Availability)</td>
</tr>
<tr>
<td>Exploring Limits</td>
<td>Setting Limits</td>
</tr>
<tr>
<td>Defining Self</td>
<td>Designating Diagnoses</td>
</tr>
<tr>
<td>Defining Experiences without Judgement</td>
<td>Judging Experiences to Determine Competence</td>
</tr>
<tr>
<td>Receiving Consistent Information Ahead of Time</td>
<td>Rotating Staff and Providing Info. as Time Allows</td>
</tr>
<tr>
<td>Freedom from Force, Coercion, Threats, Punishment &amp; Harm</td>
<td>Use of Force (Medication, Restraint, Seclusion) to De-escalate</td>
</tr>
<tr>
<td>Owning &amp; Expressing Feelings without Fear</td>
<td>Reducing Expressions of Strong Emotion</td>
</tr>
</tbody>
</table>

9 Adapted from Laura Prescott copyright 1998. A Life of My Own. Used with permission.
When words such as "safety" are appropriated by mental health systems to mean something other than (and often in direct opposition to) the lived experience of those receiving services the dialogue process becomes problematic. People with psychiatric diagnoses end up struggling to find words to adequately express what they are trying to convey.

Wading through all the contextual factors to ascertain the underlying issues of conflict takes skill and can be challenging in most situations. The problems in identifying interests are even more complex when one party in the conflict is assumed incompetent to understand or define the issues for him or herself.

Language, the generation of definitions and the applications of those definitions, are intimately related to power. Research has noted that, "The recognition of mental illness varies directly with the social class of the labeler." In other words, social class is intimately related to the application (distribution) of psychiatric diagnoses. Furthermore, M. Frye deconstructs the term reality, noting that its English roots are directly associated with politics and the positional power of the King. Frye writes:¹¹

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**Overhead #13**

**Defining "Reality"**

*Reality is that which is. The word real stems from the word regal, of or pertaining to the king. Reality pertains to the one in power, is that over which he has power, is his dominion, estate, his realm. The king reigns over everything as far as the eye can see. His eye. What he cannot see is not royal, not real. To be real is to be visible to the king.*

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¹⁰ Horwitz, A.V. (1982). *The Social Control of Mental Illness*. New York, NY: Academic Press, p. 64. According to Horwitz, people in upper class positions are likely to be the source of psychiatric labeling. They are most likely to apply those labels to themselves and others. Whereas, those from middle and lower-income groups are more likely to have those labels applied to them.

"Mentalism"\textsuperscript{12}: Language, Labeling, and Assumptions of Incompetence

Few diagnoses carry as much baggage and social assumptions as does the label "mental illness." Stereotypes, common misconceptions, and assumptions of incompetence pertaining to psychiatric diagnoses often color individual and systemic conflicts in mental health systems. It is important to examine "mentalism" in order to clarify the issues frequently underlying conflicts which can, in turn, lead to crises and incidents of force and coercion in mental health environments.

Overheads #20 & #26

"Mentalism" has been defined as "the unreasonable fear of mental patients."

Mentalism leads to erroneous assumptions of incompetence and dangerousness that justify curtailing the civil liberties of people with psychiatric diagnoses. This, in turn, creates a class of some of the "most underprivileged and disadvantaged citizens in America."\textsuperscript{13}

Ask and Discuss

\begin{itemize}
  \item How do assumptions of incompetence and decisional incapacity lead to conflict?
  \item How do assumptions of incapacity and incompetence prevent engagement?
  \item How is mentalism similar to /different from sexism, racism?
\end{itemize}

Some of the more powerful ways mentalism is externally reinforced include:

\begin{itemize}
  \item multi-media depictions of people with psychiatric diagnoses as violent, dangerous and unpredictable;\textsuperscript{14}
\end{itemize}

\textsuperscript{12} The term "mentalism" as it is used in this section is taken from Chamberlain, J. (1978). \textit{On Our Own: Patient-Controlled Alternatives to the Mental Health System}. New York: Hawthorne Books, p. 196.


\textsuperscript{14} In one survey of 1,200 people, the majority (70\%) received their information about people diagnosed with psychiatric disabilities from television and magazine shows, followed by newspapers and television news (51\%). Based on media portrayals of people with psychiatric diagnoses, survey respondents said that people with psychiatric diagnoses were "drug/alcohol addicts" (51\%); "criminals" (47\%), "violent" (43\%); "sad/lonely" (43\%); "scary/dangerous" (37\%); "out of control" (34\%) and, "homeless" (33\%). On the whole, 51\% of the respondents felt that people with psychiatric diagnoses were negatively portrayed. Survey conducted by National Mental Health Association. In Massachusetts Department of Mental Health.
• medical/clinically-oriented, deficit-based language,
• lack of unified public presence of consumer/survivor/ex-patients;
• public policies/legal mechanisms sanctioning preventative intervention, detention and even special courts for people with psychiatric diagnoses.

**Tautology of Psychiatric Diagnoses**

Psychiatric diagnoses are applied as labels that act as no-exit traps. They’re considered true by virtue of application. Unlike other conditions (physical disability for example) and identifications (lesbian/gay sexual orientation, individuals of color, etc), the identification of psychiatric diagnosis reinforces itself. In other words, rejection of the label is seen as a symptom of the label. Therefore, once a psychiatric diagnosis is made, there is no way to escape from it. The social, medical and legal reinforcement makes psychiatric diagnosis a particularly powerful tool for social control.

**OVERHEAD #24**

"You have a sickness, illness, or brain-disease."

<table>
<thead>
<tr>
<th>C/S/X Response</th>
<th>MH System Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td>She/He is becoming &quot;dependent&quot; and &quot;attention-seeking.&quot;</td>
</tr>
<tr>
<td></td>
<td>Evidence of &quot;mental -illness&quot; confirmed.</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>She/he is being &quot;oppositional,&quot; &quot;defiant,&quot; &quot;resistant,&quot; &quot;incompetent to understand the depth of his/her illness.&quot;</td>
</tr>
<tr>
<td></td>
<td>Denial and inability to &quot;comprehend reality&quot; is viewed as confirmation of &quot;mental-illness.&quot;</td>
</tr>
</tbody>
</table>

**Explanation of the chart above:** If individuals diagnosed with psychiatric disabilities accept the characterization of their condition(s) as "sickness," "defectiveness," and "out of their control," there is, subsequently, very little reason to take responsibility for their lives. In addition, they are often blamed for their illness.

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14 Tautology of Psychiatric Diagnosis and chart are adapted from material developed by Laura Prescott, Sister Witness international, ©2000. Used with permission.
for this acceptance by being called, "dependent" and "attention-seeking." If, however, they reject the characterizations of their condition(s), and attempt to take control of their lives, they are often called "oppositional," "defiant," "resistant," and "manipulative." In the wake of this “No-Exit” trap or “Catch-22” situation, many learn to give up. The internalization of the beliefs that one is "sick," "violent," "unpredictable," "manipulative," and "incompetent," leads to low self-esteem, inefficacy, hopelessness, helplessness, and despair.

Some learn to act in ways characterized as "passive and indirect" to protect themselves from being blamed or coerced. Other individuals with psychiatric diagnoses respond by becoming aggressive and confrontational. This aggression is frequently a result of feeling angry about the continual Catch-22 situation in which they find themselves unable to respond to situations without being analyzed and pathologized once again.
Because mental health providers have a range of power over the lives of people with psychiatric diagnoses, they can use this power to enforce compliance to service plans, policies, and other standards or expectations. Unresolved conflicts between people with psychiatric diagnoses and providers can result in an increased use of coercive approaches to resolving conflicts in mental health systems.

Coercion takes both overt and covert forms. A useful way to view coercion is to see it as a continuum of forms ranging from those that are relatively limited to activities that are highly invasive in nature. While the degree of coercion (the activity’s position on the continuum) is subject to debate, the chart below facilitates initial dialogue concerning the level of coercion applied to activities experienced in the lives of people with psychiatric diagnoses.
A CONTINUUM OF COERCION

HIGH

- Involuntary ECT, psychosurgery, sterilization, abortion
- Forced administration of involuntary medication in any setting
- Physical restraint or seclusion in any setting
- Extended involuntary incarceration
- Court ordered community treatment
- Forced disrobing, body searches with opposite gender staff
- 72-hour emergency evaluation “hold” in psychiatric hospital
- Use of guardianships/conservatorships
- One-to-one monitoring in any setting
- Voluntary participation in highly restrictive settings or services
- Threats or pressure to engage in any of above
- Control of access to resources (money, housing, socialization)
- Restriction of choice (forced choices; take it or leave it)
- Guided or directive decision-making
- Labeling and diminishment of credibility
- Direct, friendly persuasion and inducements
- Strategic presentation/withholding of information

LOW

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PRESENTATION

While overt mechanisms of social control are more easily identified, covert mechanisms are characterized as less obvious, often insidious incidents that can erode a person’s self-esteem and sense of efficacy. Examples include:

- Psychiatric diagnoses
- Not being informed of rights
- Being referred to in the third person
- Threats

The use of systemic force is dramatic, frightening, and often violent. Exposure to on-going aggression—whether directly or as a witness—has serious, long-term ramifications.\(^\text{18}\) Treatment coercion and social aggression affect both those individuals who are direct targets of the action and those who witness these events. Both the overt and covert use of force and the use of aggression and coercion convey powerful messages that shape environments. The coercive interventions and the messages they convey undermine healing, erode self-esteem and individual efficacy, and violate the principles of self-determination and autonomy.\(^\text{19}\)

ASK AND DISCUSS: IMPACT OF COERCION

- When does influence become control?
- How do people react when they lose autonomy and/or the ability to control events around them?
- How do the experiences of force, coercion, loss of control, trust, and safety impact peoples’ willingness to participate in conflict resolution?
- Do you think people express themselves honestly when they don't have autonomy? Why or Why Not? What impact does being (or feeling) coerced have on peoples’ ability to identify conflict?


1:15-2:30 Introducing the Conflict Pyramid\textsuperscript{20} (15 MINUTES)

\begin{itemize}
  \item \textbf{PRESENTATION}
  \item \textbf{OVERHEAD #32}
\end{itemize}

The Conflict Resolution Pyramid provides a model of understanding and responding to conflicts.

\begin{figure}
  \centering
  \includegraphics[width=\textwidth]{pyramid.png}
  \caption{Conflict Resolution Pyramid}
  \label{fig:pyramid}
\end{figure}

Graphically the pyramid model shows:

- There is a need for all levels of the pyramid, including the higher levels.
- Building a broad, solid base of knowledge and skills is important.
- By building the base of the pyramid, you are more likely to resolve difficulties without “bumping it up” to other forms of conflict resolution.
- If conflicts cannot be adequately resolved on an interpersonal problem-solving and dialogue level, the first step of “bumping it up” is mediation, which brings in a neutral third party to help.
- Good use of mediation can often prevent litigation and other forms of conflict resolution.

The next sections of this training will provide us with an opportunity to develop a better understanding of each building block of the Conflict Resolution Pyramid. We have already discussed some of the components of the base: Understanding the Context.

**Understanding Ourselves** *(15 minutes)*

How we handle and approach conflict has a great deal to do with how we were taught to understand conflict -- within our families, our churches and temples, our communities, and our cultures. Many of these values are summed up in proverbs which are passed on as lore and learning.

Important cultural and social messages about conflict are conveyed through proverbs. Think about some of the following:

- My way or the highway.
- Turn the other cheek.
- An eye for an eye; a tooth for a tooth.
- Might overcomes right.
- Part of a loaf is better than no loaf.
- If you can’t say anything nice, don’t say anything at all.
- Speak softly and carry a big stick.

♦ How do early experiences teach us how to handle conflict?
♦ How did these experiences help and/or hinder your ability to handle conflict now?
♦ How are cultural responses to conflict communicated?
• Religious beliefs (e.g. vengeful versus peaceful gods or norms).
• Movies (consider how conflict is different in Bruce Willis movies versus Woody Allen Movies).
• Family structures: powerful father and accommodating mother or vice versa. Can we make any presumptions about how different cultures handle conflict differently?

♦ Example: What do we know or presume about: Japanese, Inuit, Mexican, Haitian, African American, German, Anglo/white, Italian, rural southern, Hindu, Islamic, Quaker, urban gangs, Native American, Pacific Islanders, Serbian etc.

Five Common Responses to Conflict (20 minutes)

Five Common Responses to Conflict

<table>
<thead>
<tr>
<th>Uncooperative</th>
<th>Cooperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weaken Relationship</td>
<td>Build Relationship</td>
</tr>
<tr>
<td>Unassertive</td>
<td>Assertive</td>
</tr>
</tbody>
</table>

Each of the areas listed in the chart above (Competing/Confronting, Avoiding, Accommodating, Collaborating, Compromising) are useful in certain situations. The challenge is to figure out when and how to use each mode most effectively.22

assertiveness is an honest and direct expression of one's feelings, opinions, and needs. It entails communicating what you really want in a clear fashion, respecting your own rights and feelings and the rights and feelings of others.

**Assertiveness**

Assertive behavior can include positive aspects of confrontation, avoiding, compromising, and accommodation. For example, protecting your rights and those of others may require a certain amount of confrontation (meaning being direct as opposed to eliciting or supporting violence, aggression or passive aggression).

Creating a "win-win" situation may include certain elements of compromise, accommodation, and even avoidance. For example, making an active choice to avoid responding to statements that may be inflammatory can be strategic in moving the conversation along in a positive direction. *The key words here are: active and direct.*

**Aggressiveness**

Assertiveness is sometimes confused with aggressiveness. The difference is that assertive communication and behavior are characterized by the intent to increase communication rather than to dominate people or situations.

Controlling communication and/or behaviors is often characterized by:

- shouting matches
- force
- accusations
- threats
- name-calling, and even
- physical violence

**Passivity**

The intent of passive or other non-assertive behavior is to avoid conflict. There are many reasons why people communicate and/or behave passively, some reasons include a lack of:

- trust
- sense of safety
OVERHEADS #37 & #38 Assertive, Passive or Aggressive?

However, individuals who allow others to make decisions for them often wind up feeling:

- misunderstood
- taken for granted
- used, and
- annoyed at the people making the decisions

As a coping style, passivity can be a real Catch-22 when the benefits of "not ruffling feathers" are weighed against bottling up emotions until they overflow and often explode at some future point. This position or response style is a "I'm not o.k., you're o.k." posture.

Passive-Aggression

Examples of passive-aggression might include stonewalling, not following through, strategic "oversights" or forgetting, and other subtle forms of sabotage. A key component of passive-aggression is mixed signals. Because people communicate both verbally and non-verbally, sometimes these two channels are mixed. People may say one thing, but do something else. If you have a question about these mixed signals, often the non-verbal communication and behavior tell you most about what is really important to the person.

Let’s go back to the scene between Susan and Casey. Ask the participants whether the following statements are assertive, passive or aggressive?

1. **Casey comes to the door and gets no response so he lets himself in.**

   Susan:
   a) Says to Casey, "What the hell are you doing? Get out of my apartment right now!" (aggressive)
   b) Says to Casey, "This is my apartment and it makes me angry when you just let yourself in. Please don't do that again." (assertive)
   c) Grumbles to herself, walks away from Casey muttering and refuses to acknowledge his presence. (passive)
2. Susan says, “I’m not going to take anymore medications. I don’t like how they make me feel!” Casey responds by:
   a) Saying, “You could lose your apartment and you wouldn’t want that, would you?” (aggressive)
   b) Saying, “We’ve been through this before. You’re sick. You have a disease.” (aggressive)
   c) Shrugging his shoulders and saying, “whatever.” (passive)

1. Confronting/Competing:

   Confrontation can be aggressive and competitive. It’s a battle of absolutes in which there are "winners and losers." There are times when conscious acts of confrontation are useful strategies in situations where quick decision-making is necessary and there is little room for compromise. This approach settles conflict temporarily, but often at the sacrifice of relationships.

2. Avoiding or withdrawing.

   Avoiding conflict is another common method of managing conflict. Some people find that simply giving in to the other party is an effective way of resolving conflict. In some situations it is the best choice for action; in other situations, it is not.

   **Best Used When...**

   ....Issues are not that important to you; time and effort to resolve the situation exceed the value of the solution; you’re "buying time" to extricate yourself from immediate situations and/or environments that are not safe; retaliation for a direct response is likely.

   **Limited Use When...**

   ....Long-term solutions are needed, and/or relationships/ issues are important to you and the other person.

3. Accommodating

   There are some times when it is just not that important to get our own way in a situation, but it is important for the other person to get his or her way.
This can be a clear or strategic decision or it can be reflective of an ongoing habit or personality style. Sometimes we may tell ourselves that, "She is so much smarter than I; she knows what is best." Or "My ideas aren't really important anyway," and so forth. Some people use this approach to smooth ruffled feathers or when they deny their own desires in order "to keep the peace."

**Most Useful When:**

….It’s more important to maintain harmony than to resolve the issue.

4. **Compromising through "splitting the differences"**

When two people compromise to solve a problem, each person gives up something to get something. Each makes sacrifices to achieve a common gain. Nobody gets everything they want and everybody gets something they want.

**Most Useful When:**

….The short-term expediency of resolving the dispute is more critical than the long-term effectiveness of the solution.

**Limited Use When:**

…..Resolving the basic problems underlying disputes; it tends to encourage people to ask for twice as much as they need.

5. **Collaborating to solve the problem**

Collaborating is an attempt to fully address the underlying issues as well as the immediate concerns of each party. The focus of a collaborative approach is to find solutions for the causes of the conflicts that satisfy everybody without assigning blame to the involved parties. Collaboration is often referred to as a "problem solving" or "win-win" approach.

Collaboration is based on shared decision making by the parties involved. Parties are expected to outline their concerns and needs and then come to a mutually acceptable solution in an equitable manner. It focuses on problems rather than on personalities and encourages people to think in assertive and empowered ways.

**Most Useful When:**

…..Trying to effectively resolve underlying problems, achieve long-lasting solutions; environments support openness, directness, and equity.

**Not As Useful When:**

Examining Our "Hot Buttons" (15 minutes)

One method for enhancing personal power in any situation is to beware of the things that might "set off" uncomfortable feelings and reactions.

Examples of common “hot buttons” include:
- feeling trapped
- unsafe
- not trusted
- discounted
- not being believed
- feelings: helplessness, guilt, anger, fear, shame
- people: There are a number of reasons some people can "set us off." Sometimes they represent or remind us of other people/interactions that are or were emotionally charged and traumatic.

♦ Are you aware of what may set you off? What tools, skills or coping mechanisms have you developed to disconnect your "hot buttons"?
Some ways people control "hot buttons" might include:

- Pause. (Take a break, leave the room for a few minutes, get coffee.)
- Self Affirming Statements. (I can do this; I am a competent problem solver.)
- Concentrate on breathing. (Count to 5 and exhale.)
- Feel your feet on the floor.
- Go to the balcony (Step back from the situation. Look at it as if it were a play and you were sitting on the balcony watching it. What’s the plot? Who are the players?)
- Humor.
- Acknowledgement.
- Avoid "button-pushing" situations.
- Take a mental picture of the time when the upsetting event will be over. What will you be doing?
- Carry an object that is meaningful to you.

2:30-2:45 Afternoon Break
2:45-3:30  Understanding the Situation

Many conflicts happen when we are least prepared for them. They may be triggered by a critical comment from a friend, a disagreement with a housemate, or a sudden swelling of frustration and anger. At other times, conflicts brew slowly, simmering just below our awareness, their seeds taking root underground. Then they seem to suddenly erupt.

Often you can plan ahead and anticipate potential problems and stressful situations. With anticipation, you can be both aware of "hot button" issues and more likely to use better responses to dealing with the problems.

Example: Your mental health worker uses “empowerment and participation” language all the time. Yet, he or she never invites or seems to listen to your point of view. You have a nagging sense that you are being patronized, marginalized, put-down, devalued, and disrespected. There is a conflict simmering here which is likely to erupt at some point.

**What’s the problem?**

Take the perspective of Susan in the role-play discussed this morning. From Susan’s perspective on the situation:

- **WHAT IS THE PROBLEM?** -- What is bothering Susan? What is frustrating her? Why are these things upsetting? What is at stake?

- **WHAT IS THE IMPACT ON OTHERS AND ME?** — How is the conflict affecting Susan? Casey? Others?

- **WHAT ARE MY FEELINGS AND NEEDS?** – What needs of mine are not being met in the situation?
### Varieties of Conflict: Concrete & Relational Issues

**OVERHEAD #43 RECOGNIZING CONCRETE & RELATIONSHIP ISSUES**

<table>
<thead>
<tr>
<th>Concrete issues</th>
<th>These are the &quot;what&quot; or &quot;substance&quot; issues such as money, time, resources, rules, policies, and so forth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relational issues</td>
<td>These are interpersonal issues such as how we communicate, the way we interact together, and/or how our personalities affect each other.</td>
</tr>
</tbody>
</table>

Often these issues are intertwined. Many conflicts have a large interpersonal component to them – even if we THINK they are about something concrete! Figuring out HOW to resolve conflicts is a relational issue, even when the actual conflicts may be about concrete issues. It can be helpful to SEPARATE the person from the problem and deal with each element separately.

Some researchers believe gender and culture play an important role in the way particular kinds of conflict situations are understood and managed. For example, men (particularly white men of European descent) may be more comfortable dealing with the concrete issues of a conflict situation but find it more difficult to manage the relationship issues. For women, the reverse may be more common.

- What are the concrete issues in Susan and Casey’s conflict?
- What are the relational issues in Susan and Casey’s conflict?

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Recognizing Rights, Positions, and Interests

<table>
<thead>
<tr>
<th><strong>Right</strong></th>
<th>Guaranteed by law, policy, or “higher moral order”</th>
<th>I have the right to be informed and access alternatives to the least restrictive environments.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position</strong></td>
<td>What you believe to be the right solution to the problem. This is your stance or opinion.</td>
<td>I will not take those medications.</td>
</tr>
<tr>
<td><strong>Interest</strong></td>
<td>This is WHY your position meets your needs. What needs does it fulfill? What needs must be met for you to be satisfied with the solution?</td>
<td>I want to feel healthy, productive, and energetic.</td>
</tr>
</tbody>
</table>

Do the following statements reflect a basic right, position, or interest?
- I want to be seen as effective and competent. (interest)
- I want to see my treatment records. (right)
- I need to feel safe. (interest)
- I will work weekdays only. (position)
- You have to do your share of the housework! (position)
- I want someone to love me. (interest)
- I need you to respect my choice. (right)
- I want to close the door of my bedroom and be alone. (combination: right, position, interest)
Should I Act or Not?

Not every conflict should be acted on – remember, avoidance can be a coping strategy to manage conflict.

Ask yourself four key questions:

<table>
<thead>
<tr>
<th>The BEST outcome of acting is:</th>
<th>The WORST outcome of acting is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The BEST outcome of NOT acting is:</td>
<td>The WORST outcome of NOT acting is:</td>
</tr>
</tbody>
</table>

OVERHEAD #46 TO ACT OR NOT TO ACT?

To act or not act depends on:

1. Power: • Can I do this? What aspects do I have the power to change? What allies do I have/need?

2. Importance of the issue: • Is this issue important to me?

3. Importance of the relationship • Is preserving the relationship important to me?

4. Time constraints: • Do I have to move quickly?

5. Costs (financial, time, consequences, etc.) • What will it take? What are the possible consequences?

6. Forest or trees • Is the conflict over an isolated event that shows little consistency or is it the latest in a series of conflicts that shows problems in the relationship as a whole?

ABOUT POWER: Some persons will have more power than you. Some have less. Some things are within your power to influence, others are not. Who has the power to make the changes you desire in your conflict situation? What allies do you need to increase your power? What part of the power resides with you? If you feel “stuck” and “powerless,” think as broadly as possible about potential solutions.
We'll review some of the concepts we covered today by playing "Jeopardy!"

For this activity instructors will need:

- Flip chart
- Markers
- Overhead for Jeopardy with Questions (answers) covered with small sticky post it notes.
- Make enough copies of the activity handout with Directions and Jeopardy Categories for all participants.
- Small prizes

Instructions on How to Play:

1. Divide the class into two teams.
2. Give teams three minutes to review notes from today and put them away.
3. Ask each team to select a team name and flip a coin to see who goes first.
4. Write each team's name side by side on a flipchart to keep team scores.
5. Using the Overhead for Jeopardy, cover the game questions with Post-It notes.
6. Each team takes a turn selecting a category and level of difficulty. Level of difficulty is designated by the number of points (e.g., “I'll take What is the Problem? for 100 please!”).
7. The instructor reveals the category answer on the overhead. The team has a chance to guess the question.
8. If the team answers the question correctly, they win the points. The instructor writes the points on the flipchart under the team's name. They then get another turn.
9. If the team answers incorrectly, the other team has a chance to answer (and win points). If the second team answers correctly, they get another turn.
10. If the second team answers incorrectly, they lose a turn. This continues until all answers are revealed.
### Jeopardy Board for Instructors

<table>
<thead>
<tr>
<th>In A Word</th>
<th>What's the Problem?</th>
<th>Decisions, Decisions…</th>
</tr>
</thead>
</table>
| "The ability to influence others and control events around us." | • Confronting  
• Avoiding  
• Accommodating  
• Compromising  
• Collaborating | • Pause  
• Breathing  
• Feel Feet on the Floor  
• Humor |
| The use of power or influence to make another individual do something they do not necessarily want to do. | "Substantive" or "what?" problems such as money or time, etc. | Controlling communications and/or behavior used to dominate others. |
| An avenue for increasing personal power imbalances and enhancing individual power. | What you believe to be the right solution to the problem. | When relationship, issues, and power need to be considered. |

### Answers:

<table>
<thead>
<tr>
<th>100 - What is Power?</th>
<th>100 - What are Responses to Conflict?</th>
<th>100 - What are some ways to Control Hot Buttons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 - What is Coercion?</td>
<td>200 - What is a Concrete Issue?</td>
<td>200 - What is Aggression?</td>
</tr>
<tr>
<td>300 - What are Human Rights?</td>
<td>300 - What is a Position?</td>
<td>300 - Should I Act or Not?</td>
</tr>
</tbody>
</table>
4:00-4:30  TAKE HOME POINTS

PARTICIPANTS GENERATE THE TOP POINTS THEY GLEANED FROM THE DAY.

 Giải OVERHEAD #48

4:30-5:00  TRAINING EVALUATION

SEE HANDOUT “TRAINING EVALUATION FOR DAY ONE”