Conflict and coping by clients and group workers in secure residential facilities

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1. Introduction
In Holland and most western countries, the aim of secure residential treatment for adolescents and adults with severe psychiatric and behavioural problems, designated as clients, is problem stabilization, recovery and rehabilitation. (1) Clients are treated in living groups by trained group workers. Mandated treatment in groups, however, is not without problems: forced treatment and loss of control by clients and unequal distribution of power at the living group result almost inevitable in conflict and dysfunctional conflict handling strategies by clients (2). Group workers can react to conflict with dysfunctional conflict handling strategies too, often resulting in escalation of many conflicts and suboptimal treatment outcomes. These conflict handling strategies, characterized by using force or avoiding conflict, often cause aggression and lack of treatment motivation of incarcerated clients in a secure environment, where clients are unable to leave the situation, which can easily aggravate problems. (1) Direct aggression by clients is not tolerated by group workers and is punished, indirect aggression is often reflected in manipulative behaviour and may therefore be hard to detect by group workers, resulting in negative group dynamics that hamper effective treatment of behaviour problems in secure residential facilities. (2) Nevertheless, recent research shows that clients can profit from secure residential treatment. (3, 4, 6)

Recent research on secure residential treatment shows that an open living group climate is crucial for stabilization, growth and recovery of incarcerated clients. Characteristics of an open living group climate are safety and structure on the one hand and flexibility and contact with group workers on the other hand, which has been shown to promote social learning and recovery. (1, 5) Another characteristic of an open living group climate is active problem solving by group workers, as a therapeutic way of conflict handling, and clients who eagerly try to actively solve their problems as well, supported by group workers who are responsive to the needs of their clients.

An open living group climate is hard to establish in practice, because import problems of clients, such as mental disorders, and deprivation due to incarceration can easily lead to a closed climate, which is characterized by great power imbalance between group workers and clients and among clients themselves, repression as well as negative group dynamics and dysfunctional ways of conflict handling by both group workers and clients. (1, 2) Consequences of a closed living group climate are suboptimal or even negative treatment outcomes, including recidivism. (3,6)

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Therefore, Marshall and Burton urgently call for a research-based framework of living group dynamics. (7)

      This chapter aims to provide the first empirical input in order to sketch the contours of a framework of group dynamics in mandated treatment in secure residential facilities. We will first focus on importation problems, which can aggravate problems with living together in the institution, and subsequently turn to the fundamentals of conflict handling, its influences on brains, emotions, cognition and behaviour of clients and group workers, and we will finally highlight the influence of living group climate on recovery.

2. Importation problems

Clients entering a secure residential facility often bring with them many 'importation' problems, such as aggression and criminal behaviour, substance abuse, and psychiatric problems, often coupled with a mild intellectual disability. (8, 9) These problems mostly start at an early age after a history of neglect, maltreatment or deprivation, and have often resulted in failed youth care trajectories, social isolation and avoidance behaviour. (9, 10)

      A gradual accumulation of individual and social problems, such as social backwardness, unemployment and debts, aggression, substance abuse and depression often follows. Social isolation can lead to joining deviant groups, marginalization, negative social information processing, instrumental and egocentric behaviour and lack of moral attitudes. (1, 9, 10, 11) Stress, accompanied by social and psychiatric problems, can lead to changes in size and functioning of the brain, negatively affecting cortical functioning, resulting in a shift from rational to emotional thinking. (12, 13) Emotional thinking is highly influenced by brain stem structures on behaviour, which leads to a focus on immediate gratification, problematic impulse control, thinking errors and strong mood fluctuations. (14) Emotional thinking also leads to defects in executive functioning and a shift in the stress system (HpA axis), which results in less sensitivity to punishment and heightened susceptibility for environmental stimuli and loss of regulation capacity. (13, 14, 15). This is called 'field dependent behaviour' by Goldman, which further aggravates individual and societal problems and may cause an accumulation of conflicts and deviant behaviours, which in the end can lead to secure residential treatment enforced by civil or criminal law. (14)

3. Conflict handling by clients

A disposition to work together with people (approach or assimilation) and solving interpersonal problems is essential for efficacious conflict handling and building supportive and meaningful relationships. (16) Four main strategies of conflict handling can be discerned, depending on whether the individual follows only his own interest or also takes the others' interest into account. (16) Forcing means imposing your will on the other and it is associated with competition, yielding means unduly giving in to the others' wishes. Neither forcing nor yielding occurs when avoiding conflicts; when the conflict is of no importance or there is no future contact, yielding or avoiding can be a sensible option. In general, however, these strategies can be counterproductive in human relations. Finally, taking the interest

of both parties into account is the defining feature of active problem solving. In general, to engage in active problem solving is considered the most adaptive way of conflict handling, because it requires cooperation and fosters adequate social solutions. Less adaptive conflict handling strategies, like forcing, avoiding and yielding, are associated with avoidance behaviour, competition and exploitative relationships. (16)

Conflict handling cannot be isolated from conflict type. (17) In general, task conflicts can be solved more easily by means of active problem solving, whereas social emotional conflicts are harder to solve and often require a combination of forcing and active problem solving. (16) Forcing without active problem solving often results in resentment, reactance, and indirect or covert aggression, conflict escalation, emotional thinking and stress. (2, 16, 17) Active problem solving can be difficult, because one needs to take into account differences in point of view (often finding out which is important for the other person as part of an integrative solution), different interests and some patience in working out a solution and getting this accepted by all parties. Problem solving needs well-developed executive functioning, impulse control and integrative reasoning (i.e., to be able to share profit), which is a higher brain function of the Anterior Cingulate Cortex and the Dorsolateral Prefrontal Cortex. (14, 18) Even in 'normal' populations, impulse control and sharing can be quite difficult, especially when the conflict is social emotional in nature, which can make zero-sum solutions attractive. Such requirements often lack in clients residing in secure institutions. (1) Inhibition of negative impulses is often problematic in clients, and as a consequence conflict handling strategies are more often assertive (fighting), submissive (yielding) or avoidant (fleeing), strategies that are mainly under the influence of the brain stem, which results in a shift from cognitive to emotional influences. (17, 18)

Limited executive functioning and conflict handling often result in 'moral blindness', lack of empathy and learning behaviour that constitutes a pronounced 'survival' attitude, which accompanied by avoidance behaviour can create a negative feedback cycle in response to environmental stimuli. (17, 18) Research by De Jong shows conflict handling in deviant groups to be associated with a need for control and dominance, which results in positioning behaviour[3], bullying, harassment, humiliation and extortion. (19, 20, 21) Positioning behaviour can be seen as a coping response to an unsafe and unstructured environment, which often leads to further avoidance behaviour and reinforcement of problem behaviour by group members rewarding antisocial behaviour of their peers (i.e., deviancy training), which can be seen in secure living groups as well. (22)

4. Institutional climate, conflict and coping.
An open living group climate in a secure residential setting diminishes the need for competition and is characterized by safety and structure, which leads to stabilisation of problems and individual balance (homeostasis). Responsivity from

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[3] Positioning behaviour refers to a natural tendency in human and animal groups to structure group dynamics by assuming hierarchical defined roles. (14)

group workers and possibilities for learning and change promote less emotional thinking, impulse control, approach behaviour, assimilation and active problem solving. Goldberg calls this 'cognitive rehabilitation', a process in which improvement in executive functioning can lead to growth in cortical neurons as well as improved social functioning and active social problem solving. (14, 18)

Such growth and learning is difficult to achieve in a prison environment, where the focus on personal survival predominates social functioning, triggering competition, emotional thinking and avoidant ways of conflict solving, which is characteristic of a closed or repressive living group climate.

The cumulative effects of importation problems and deprivational characteristics in secure residential facilities often result in destabilisation of the client. Incarceration effects of job-loss and hedonistic gratification, loss of supportive social contacts and loss of status are combined with a loss of control and diminished self-worth. (1) Conflict and emotional thinking lead to hyper arousal, depression, rumination and anxiety. (This can add to existing psychiatric problems, cause less cognitive flexibility, resistance to change and thinking errors. (14) Thinking errors are emotional and self-centered thinking ('I am not getting what I deserve'), blaming others ('he walked into my knife'), minimising/mislabelling ('he doesn't need the money I stole from him') and assuming the worst ('everyone is always after me'). (14)

Recent research on deviant social information processing shows hostile attributions (hostility bias) in social problem situations to be at the heart of thinking errors. (23) Key social problem situations are the inability to cope with disadvantage (being laughed at), the inability to compete with others, the inability to accept authority and the inability to accept or give help. Emotional reactions to social problem situations mirror emotional conflict handling strategies and are often aggressive behaviour (forcing), avoiding or fleeing. (14, 23)

Coping with a closed and repressive living group climate hampers social information processing, empathy development and promotes instrumental relationships, lower levels of moral reasoning, focusing on survival and dominance, limiting possibilities for rehabilitation. (13, 17, 18)

Emotional thinking, which is one of the most negative consequences of a repressive living group climate, can be contagious to other group members in whom relatively small task conflicts (who puts dinner on table?) regularly shift to social emotional conflicts and aggression due to negative social information processing, including hostility bias. The hyper arousal, associated with persistent anger, fear and depression further fuel small conflicts, and can lead to health problems, such as depression and immune problems. (13) Avoidance and yielding can produce learned helplessness in the long term. (1) Indirect aggression also leads to 'playing the system', in which the need for dominance and positioning behaviour produces identical behaviour with group workers, who avoid contact at the group or unduly give in: clients may even take over power at the living group from group workers. (2)

5. Transactional processes between group workers and clients

Emotional thinking is associated with a need for control and power, instrumental relationships and loss of impulse control. (13, 14) Clients as well as group workers cannot leave the situation at will, and group dynamics or transactional processes tend to intensify at a secure living group: a group-dynamical pressure cooker. Negative group dynamics have a deleterious effect on clients as well as on group workers. (24)

Group workers can react to conflict with anger and fighting (forcing and punitive behaviour) or fear (avoidant behaviour or yielding). (2) Social emotional conflicts, associated with forcing, can also lead to positioning behaviour ('because I tell you so'), thinking errors, resistance to change and rule enforcing (making more rules). The reactance by clients, associated with loss of control, results in a coercive cycle of aggressive behaviour. (25) Avoidant behaviour by group workers can result in clients taking over power at the living group, and a closed living climate as a result of dominance and positioning behaviour of clients. Group workers face a difficult task in controlling these negative group dynamics, because in avoiding conflicts or unduly giving in (yielding) they co-create these dynamics. It is hard to understand group dynamics, the impact of your own behaviour, and its consequences for group climate, when you have detached yourself from it.

Thinking errors by group workers or the entire team can result in egocentrism and blaming others ('team members are always right, clients always are to blame'). Mislabelling and assuming the worst often lead to euphemisms describing violent behaviour of group workers, e.g. forcibly ending discussion with clients like 'working to the ground' or 'end of the day' in order to 'break them or teach them a lesson'.[4] 'Collecting night-kisses' was a common referral to sexual abuse by group workers in some Dutch forensic institutions. Having an intimate relationship with a group worker was often a consequence of positioning behaviour among the girls, trading protection and favours for sex, a habit often acquired by sexual abuse in the family or living on the streets. Now and then, avoidant behaviour or yielding is sometimes mislabelled by referring to 'it keeps them quiet' (in the case of drug use) or: 'giving clients more responsibility'.

Moral disengagement in group workers, as a consequence of survival and emotional thinking, can lead to demotivation, burn-out problems and even aggression at home. Lambert remarks: 'it spills over'. (24)

Treatment outcomes in a closed living group climate turn out to be negative for incarcerated clients, but may also have negative consequences for group workers. Anger, fear of incidents, feelings of hopelessness and inadequacy, hyper arousal, and negative team functioning may lead to a rapid turn-over of group workers, which can aggravate conflicts, as clients have to learn to accept new group workers. (2)

There is recent evidence that an open living group climate, with its emphasis on responsivity by group workers, safety and structure and ample opportunities for growth can stabilize incarcerated clients, create mutual trust, often starting with

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[4] Examples are derived from interviews with group workers in the national Dutch climate research

group workers, followed by treatment motivation, approach behaviour and recovery of clients.

Although research on this topic is urgently needed, recovery probably is associated with positive interpersonal contact, improvements in prefrontal- and executive functioning, active problem solving, less field dependent behaviour, resulting in more control and empathy, and less avoidance or yielding. (12, 13,) Improved social information processing will lead to efficacious conflict handling in social problem situations and less direct or indirect aggressive behaviour.

It is reasonable to assume that enhanced social control and cooperative behaviour will result in less need for dominance and positioning behaviour (with clients and group workers) at the living group; positive transactional processes at the living group with group workers can result in a positive feedback cycle and better treatment outcomes. (26)

5. Discussion

Cognitive and social rehabilitation in a secure setting, as a result of negative consequences of mandated treatment, is being debated. (27) Punitive power can destroy a therapeutic relationship because of reactance, avoidance behaviour and mistrust. (28) Social psychological research on group dynamics and conflict handling often shows that power–imbalance leads to unprofessional behaviour by workers; Baumeister even concludes after ample research that 'bad is stronger than good'. (29) Nevertheless, this article looks at requirements for maintaining an open living climate and professional behaviour within a secure residential setting.

5.1 Contact

Contact with clients by group workers is one of the main aspects of approach behaviour, even with extremely decompensated clients. (30) Contact requires responsivity of group workers and *being there in person*. Group workers who abstain from contact pose a possible threat to clients due to lack of predictability and control, which can result in aggression.

Recent longitudinal research by Ros and Van der Helm shows a lack of contact to be predictive of violent incidents, something that Fluttert also found in his research on precursors of aggression at the living group. (30, 31) To remain responsive, even in the face of aggression, avoidance or extreme manipulating behaviour of inmates, is one of the main tasks of group workers.

5.2 Atmosphere and repression

A balance between structure (safety) and flexibility results in less repressive behaviour by group workers. Stabilisation of incarcerated clients requires an atmosphere, characterized by safety and structure at the living group. On the other hand: too much safety and structure causes repression and reactance and hampers social learning. This thin line is one of the hardest tasks of group workers and is often very hard to grasp, especially when facing critical incidents.

In the face of aggression, it may be easy to think that more rules and forcing increases safety and compliance, but in practice this turns out to be a thinking error.

Introducing more rules and punishing small infractions diminishes contact between group workers and clients, and promotes giving in for peace's sake or avoiding conflicts. Avoiding by group workers is often accomplished by doing paperwork at the office. Yielding or avoiding by group workers leads to more positioning behaviour by clients to counteract loss of security and structure. Although safety and structure result in stabilisation, without individual growth recovery and rehabilitation is not possible.

5.3 Growth
Growth pertains to giving meaning to life in the residential institution, rehabilitation and hope for an acceptable future, preferably outside. Flexibility, again, is necessary for social learning and growth to attend to individual needs of clients. (1) But educational learning too is important for cognitive rehabilitation, perspective taking and opportunities at the labour market after release. (32) Some studies show simple reading lessons to be effective for diminishing recidivism. (33, 34) Activation of higher cortical functions though is dependent on the environment and quality of conflict handling.

5.4 Efficacious conflict handling by group workers
In handling conflicts at the living group the group workers should maintain emotional stability and try to actively solve problems. (34) This is needed to prevent reactance, emotional thinking and small task conflicts growing into difficult to handle social-emotional conflicts. Sometimes forcing is required in order to maintain structure and safety at the living group. Forcing, however, should always be followed by active problem solving to maintain flexibility and possibilities for growth. Group workers should be aware of dysfunctional conflict handling strategies for living group climate, like yielding or avoiding, because these strategies give way for 'playing the system' and clients taking over the group. Conflict handling by group workers requires personal stability, adequate professional education and organisational stability.

5.5 Professional group workers
To be able to handle conflicts at the living group, group workers should be stable persons, and able to reflect on their own and their fellow team workers' professional behaviour.

As mentioned in the previous paragraph, emotional stability is very important to counteract tendencies of emotional thinking and dysfunctional conflict handling. Emotional stability is not only a characteristic of the individual group workers, but is influenced by team functioning and team leadership as well, and should not lead to lack of responsiveness and loss of flexibility. Fear of incidents result in group workers being less responsive and less flexible and less able to reflect on their own professional behaviour and of their team members (avoidant behaviour). (2)

Maintaining stability and flexibility is only possible when team functioning and team leadership provide for adequate safety and support. (2) Self-managing teams are in fact neglected teams in a secure residential setting. It should be noted

that here we describe 'parallel' processes in conflict handling and coping. Group workers who, like clients, perceive a lack of support by their staff are prone to emotional thinking and dysfunctional conflict handling.

Professional education and training (preferable 'on the job') still remain necessary to help group workers handle their difficult tasks. For these purpose a special training ('TOP Group Workers') was developed in the Netherlands[5]. Results are very encouraging in that after training violent incidents and formal complaints from clients fell dramatically at the group.

Measuring living group climate quality on a regular basis can help training and organizational change in the shape of a 'plan-do check-act' cycle, but also gives a 'voice' to incarcerated clients. For this purpose the 'Prison Group Climate Inventory' for clients and the 'Living Group Work Climate Inventory' for group workers were developed and validated; free access instruments, with English, German and Papiamento versions are now available. (5)

6. Conclusion

Active problem solving instead of forcing, yielding or avoiding is essential in order for group workers to create an open living group climate. Only together, teams of social workers, staff, and inmates, can prevent a coercive cycle of antisocial and positioning behaviour. But conflicts do not stop within the confinement of a secure institution. In society, emotional thinking and dysfunctional conflict handling often prevail, as many temptations, instant gratification and lack of impulse control are part of every day life.

Recovery and rehabilitation can only be successful when treatment immediately starts upon entrance in the institution, with a realistic exit programme (education, work, relationships, housing) and professional help with the many conflicts ex-clients usually face when re-entering the outside world.

Secure forensic institutions should adopt the moral responsibility to care for their employees (group workers), the work climate and for their clients (living group climate) within and outside the institutional walls to create optimal possibilities for recovery and rehabilitation. Results from recent research on transactional processes in secure residential care show promising possibilities for practical and scientific improvements of secure residential treatment.

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[5] This training was developed by Teylingereind Forensic Centre together with Leiden University of Applied Sciences and supported by the Dutch Ministry of Justice and Security. Information is available from the authors of this article.

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