

## Program February the 24th

The **core mission** of these sessions is to exchange expertise, knowledge and leadership aspects in relation to creating a care-full and Safe Inpatient Environment to minimize coercive intervention in services that deal with people with psychiatric issues.

The theoretical framework is six core strategy and safeguards.

The collaboration is based on mutual equality and the principles of co-creation by means of joint action research methodology. In this integrative approach we try to balance theory, practice and structured reflection in order, for all participants to achieve learning. We hope to create new knowledge about how to perform practical training in psychiatric settings. The co-creation of the meetings means that participants must participate in gaining data for evaluation, such as frequent break through validation sessions, ethnographic notes, qualitative interviews. As well as they must raise new questions concerning future perspectives.

**Start 15.00**

**End 15.10**

**Welcome by Dr. Lene Berring** and brief summary of the core mission of the meetings and the program for the next three meetings, such as deciding on, who is presenting.

**Start 15.10**

**End 15.30**

### **Introduction by Dr. Roland van de Sande**

Last resort interventions and reduction strategies compared between compared internationally Dutch colleagues presents intervention and reduction strategies in the Netherland Danish colleagues presents intervention and reduction strategies in Denmark

**Prepare questions to colleagues about their traditions**

### **Introduction by Dr. Lene Berring**

Lessons learned from Safewards implementation trajectories (pitfalls & inspiring examples)

**Prepare 3 minutes each about personal experiences**

**Start 15.30**

**End 16.00**

**Dialogues in breakout sessions,**

**Start 16.00**

**End 16.45**

### **Plenum dialogue**

**Start 16.45**

**End 17.00**

Planning next meeting the 24<sup>th</sup> of March 3pm – 5pm

A. Training needs and continuous education modalities explored

B. Utilization of structured case ased reflection sessions and clinical supervision session