

Entry for the 2015 RAID Awards for Working with Challenging Behaviour: **Wainwright Ward, Kemple View Hospital.**

By Paul Cummins (Charge Nurse) On Behalf Of All Staff On Wainwright Ward, Kemple View Hospital

Wainwright Ward is a 16 bedded Low Secure Service predominantly for patients with Personality Disorder and delivers intensive, comprehensive, multidisciplinary treatment and care by qualified staff for patients who demonstrate disturbed behaviour in the context of serious mental disorder and who require provision of security. The disturbed behaviour can be as a result of personality difficulties and/or mental illness experienced by the patients that result in challenging behaviour that presents a risk to themselves and/or other people. The nature of the risk as a result of the disturbed behaviour is of a degree that the patient requires the provision of security in order to help reduce the immediate risk to self or others.

The past 12 months had seen Wainwright faced with recurrent problems involving challenging behaviour. Although the nursing team stayed committed to developing a highly motivated and cohesive multi-disciplinary approach to ensure the provision of a high quality service in collaboration with the patients, one patient in particular was becoming unmanageable within low security. This patient suffered significant cognitive difficulties and his impaired ability to process information and solve problems contributed to his stress-vulnerability and proneness to aggression. This was of an enduring, fluctuating nature and due to his sustained violence he was repeatedly requiring seclusion to manage his risks towards others despite staff's concerted efforts to verbally de-escalate, motivate and encourage the patient to reflect combined with the use of medication and insight based therapy. Whilst in seclusion, he would seriously threaten staff, throw and break objects, punch walls and windows, spit and become racially abusive. A referral was made to medium secure services, however due to no beds being available at that time, the team had to manage his extreme behaviour in the safest way possible.

In June 2015, RAID training was provided by our psychology department due to a large proportion of staff on the ward being new to the hospital. The RAID approach is a positive philosophy for working with problem behaviours. This gave us the tools we needed to identify and develop appropriate 'green' behaviour which would simply 'overwhelm' the extreme behaviours we were experiencing on a daily basis with this patient. RAID gave us something to be proud of, and not only that, but it showed us what to do when challenging behaviour occurred. Working hand-in-hand with prescribed medication, it provided a state-of-the-art psychological approach to extreme problem behaviours. The RAID training allowed us to reflect (as a team) on the ways in which we were managing this patient. We noticed that the two philosophies of punishment and extinction were fatally flawed. Punishment (sanctions) would breed resentment, revenge and reactance with this patient, who already had a tendency to perceive others as rejecting, neglectful, threatening and abusive. It would highlight his problem behaviour and do nothing to promote his good behaviour. Whilst we agreed

that sanctions were sometimes necessary to manage his risks, we found overall that it did nothing but breed fear and a lack of motivation.

Similarly, we found that extinction had its difficulties. Assuming that if we were to 'ignore' or 'walk away' from his problem behaviours then it will stop, resulted in this patient often upping the ante. We found that by ignoring this behaviour, it was being intermittently reinforced – And of course; intermittent reinforcement is the strongest form of reinforcement.

As a team we initially focused on whether or not we were actually providing our patients with the opportunity for green behaviour. Did we ensure that this green behaviour was enjoyable? And did we reward that behaviour? Most of us could not identify the difference between red and green behaviours, so how could we spot the green? How do we know what to do to make it happen again, if we don't know what it looks like?

The training taught us that we are biologically programmed to notice dangerous and unusual behaviour – So when someone does behave quite well, we're unlikely to notice. Unless we train ourselves to do so. This involved us, as a team, working collaboratively to identify green behaviours. We needed to catch this patient doing things right. For instance, he would more often than not, inform staff when he was feeling angry and upset. But were we giving him the opportunity to approach staff? We needed to identify this green behaviour, and encourage it to happen. We needed to ensure that this was an enjoyable experience for him, emphasize, notice and reinforce this green behaviour by acknowledging the fact that he came and approached staff rather than immediately behaving aggressively. By giving him praise, working with him, and asking him questions such as, "How did you manage to do that?" he would be more likely to behave in this way again. Asking him green questions would focus on green answers and behaviours which are often the solution to extreme behaviour.

Of course, there was much more to the RAID training than this, and after 3 days training we really wanted to push the RAID approach onto Wainwright – We incorporated the red and green behaviours into our handover sheets; delegated RAID champions on the ward who would regularly review the whole concept of RAID; we implemented RAID care plans; and, to ensure that all of our staff were aware of the identified red and green behaviours of our patients, we put together a RAID file situated in the office for easy access to read (this works extremely well for unfamiliar staff who are new to the ward). RAID ladders were brought in, in which agreed goals were discussed with the patients. These were then brought forward to the patients ICR reviews and documented in monthly summaries and nursing reports in order to be taken to CPAs and Tribunals. Staff changed their whole language especially in key meetings such as handover; more green questions were asked of our patients; non-contingent reinforcement was often used; as was perseverance when it came to our more difficult patients displaying extreme behaviour; RAID posters were put up around the ward, in the office and on our notice boards; and, regular RAID meetings were held by our champions.

The most noticeable change was the staff attitude. Staff were more enthusiastic, confident and motivated. Everyone felt 'better equipped,' to deal with the extreme behaviours we were facing. Evidently, the incidents following RAID training had decreased hugely. With that patient in particular, there were no further assaults, damage to property or episodes of seclusion. There was still the odd

verbal outburst, however NOW the staff would see this as PROGRESS because normally he would have behaved violently or damaged property.

Our most recent CQC inspection noted that the ward was a nice, calm, peaceful environment – Feedback from our patients said they felt safe and supported and that the ward was well-led. The CQC inspector said that there was no 'us and them' mentality, which was nice to hear.

Unquestionably, Wainwright is now a RAID-ing unit. Staff are actively involved with the patients; talking; in groups; activities; exercising; playing games; eating meals together; having theme nights; pool competitions; quizzes; event days such as our recent 6C's launch day; and cooking for each other. We are now able to notice an instance of success, identify what led to that success and repeat what led to that success.