

Executive summary

Research: Changes in staff confidence, emotional responses, and attributions for challenging behaviour immediately following staff attending RAID training at Guild Lodge

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RAID®, likened with PBS, is a positive approach to working with behaviour considered challenging. Despite the fact it was developed three decades ago, no published research has looked at its outcomes. This study aimed to assess the effectiveness of RAID training, within a forensic mental health service, specifically examining whether immediately following, and 4-months post RAID training, there would be an increase in staff members' confidence and staff attributing challenging behaviour to causes external to the person. In addition, whether staff members' negative emotional responses would reduce and their positive emotional responses increase. A secondary aim within the research was to examine RAID principles in practice. The study combined quantitative and qualitative methods of data collection, including: A battery of standardised questionnaires, familiar in PBS research, administered across 3 time points; a post training feedback form; and a focus group interview following training. The research commenced with 53 participants attending RAID training, although following attrition, full data set to measure aim one was available for 34 staff members. The battery of questionnaires featured an adapted version of the Confidence in Coping with Patient Aggression (CCPA) Instrument, used to determine confidence levels; The Emotional Reactions to Challenging Behaviour (ERCB) Scale, used to measure affective responses; and the Challenging Behaviour Attributions (CHABA) Scale and the Causal Dimension Scale II (CDS-II) were both used to assess staff members' attributions. Statistical analysis shows a significant increase in staff members' confidence and some internal and external attributions for challenging behaviour, immediately post training. This was maintained 4-months following training. A positive increase in staff members' emotional response to challenging behaviour was observed immediately post training, but this was not maintained in the short-term 4-months later. The research did not fully show positive change according to all the tested research hypotheses. For example, following RAID training staff members' negative emotional response to challenging behaviour was not significantly reduced; staff members perceived patients' to be significantly more in control of their behaviour, where a decrease was predicted; and staff members viewed challenging behaviour to be significantly less changeable with time. Qualitative analyses afforded an opportunity to understand how staff members' confidence

and positive affect to use RAID to manage challenging behaviour impacted positively on clinical practice. Increased knowledge of casual factors for challenging behaviour factored in staff members' use of appropriate reinforcement in behavioural responses. There were a number of key learning outcomes: 1. The focus group was comparable with a peer reflective/supervision session, which was empowering for staff members, and provided feedback around how staff members have utilised and valued the RAID concepts, thus highlighting an additional function for real-world research. 2. A top down approach to rolling out RAID training for multi-disciplinary teams was endorsed within the research, together with a combination of the 3-day classroom-based training and 'on-the-job' learning to provide opportunities for reflection, supervision and development. From the research a cyclical model for change has been proposed (see appendix 1 attached). 3. Training to manage challenging behaviour, within forensic, mental health settings may want to consider: Reducing discussions around internal attributions that appear stable, uncontrollable and within the person; pay more attention to the impact of external factors that are fixed due to the nature of forensic, secure, mental health units; and spend more time on practical exercises that can be taken back into the workplace. This may help with lessening staff members attributing challenging behaviour to internal causations and help staff members to see that challenging behaviour is changeable.

Appendix 1: Cyclical model for Change – integrating clinical practice and real work research

