

# The 2016 RAID awards for excellence in working with Challenging Behaviour

## **Entry:**

Nest Lane, Together for Mental Wellbeing

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Nest lane is a supported accommodation service for individuals with learning to manage a range of diagnoses and complex needs. The house comprises of eight rooms within the main building with a kitchen and a communal area through which service users and staff interact daily. There are also spaces within the building where groups can be run, meetings with service users can be held and if necessary difficult situations can be managed. In addition to this there are also house four bungalows which have all the amenities necessary for independent living. The rationale behind this being that the main building allows for individuals to learn the skills necessary for independent living, which they can then practice with further support in the bungalows. This is particularly supportive for service users who have had lengthy admissions to hospital and require support towards independent living in community settings.

The service is recovery focused and supports individuals in creating meaningful daily lives. Service users receive 24/7 support from staff who are trained to manage crisis situations, provide clear co-operatively devised support planning and create an environment of positive risk taking where individuals are able to move forward in their recovery. However as with any new service clear guiding principles are necessary to help staff and service users understand and work with each other. In this sense the RAID program comprises one important facet of our training and through this paper I hope to highlight how we have integrated it into our daily practice and dialogue.

## **Theory, In practice**

The RAID approach is a relentlessly positive therapeutic intervention that is based on the idea that reinforcing positive (green) behaviours will lead to a decrease in disruptive and maladaptive behaviours (red). It is also understood that green behaviours are not a set list of actions prescribed by the theory, but a reflection of the individual's abilities, allowing even inappropriate behaviours to be viewed positively. These behaviours are reinforced by the natural tendency of professionals to occasionally slip in their reinforcement and miss an opportunity for it resulting in inconsistent reinforcement. The research of Skinner suggests that this intermittent reinforcement is most effective in facilitating lasting behavioural change.

Understanding this it was recognised that to put this theory in practice the language of the approach should be instilled in the day-to-day working of Nest Lane. For example, we had found that a specific service (Mr R) user would in times of stress – and occasionally even when calm – smoke in the communal house, a violation of house expectations. Staff were, before RAID training, quick to approach Mr R when found to be smoking and attempt to relay to him information that ‘smoking is not allowed in the house’. This proved repeatedly ineffective and incidents were thought to be rising, also Mr R would in some cases when challenged become aggressive and verbally abusive towards staff. With RAID in mind it was discussed how we could more effectively manage the situation. It was agreed that when found to be smoking indoors staff would – if safe to do so – pay little attention to the problematic behaviour. It was also decided that the language we used in these situations had to change, instead of the red statement “you **cannot** smoke in here” we would instead try “you **can** smoke in the garden”. Since moving forward with this plan incidents of this nature dropped dramatically, to the point where it no longer warrants discussions in meetings.

Perhaps more seriously staff were experiencing rising rates of overdoses and dangerous behaviours exhibited by Ms S. Ms S would often become enraged when faced with disappointment, perceived rejection and slight challenges. This would invariably lead to abusive language towards staff, and occasional close calls to physical harm as well. Ms S would often, after these outbursts, self-harm through cutting or an overdose. Staff were, before RAID, very focused on containment of the situations and would react quickly to the ‘red’ behaviours, often becoming exhausted by them and unable to react to the ‘green’ when appropriate. However, with the RAID training in place it was learnt that Ms S would benefit much more if staff would step away in times of rage, doing so allowed Ms S the space he required to vent and move to a level where intervention could be achieved. It must be noted that this did not work immediately, quickly or at first consistently. However, through the application of RAID principles it was possible to evaluate a slow but noticeable progress using RAID language. For example, in the beginning Ms S may have become enraged, engaged in self-harm such as overdose and barricaded himself to keep medical professionals from being able to help. Over time the barricades stopped appearing, then overdoses became less frequent and recently I am happy to say we are over a month from anything resembling an overdose. RAID allowed staff the confidence to step away in crisis situations, whilst also encouraging us to be positive in the face of slow change i.e. “Mr S became abusive towards staff last night, but did not engage in self-harm or barricade himself in his room’.

Implementing the theory in this way extends to our daily discussions, handovers and even note taking. We attempt to view service user behaviour in terms of ‘green’ and ‘greenish’ behaviour, often asking one another if we have just made a green statement. There are spaces on the handover sheet where staff can record green behaviour noticed during the shift and pass it onto colleagues. As well as this the daily notes include a section specifically for the reporting of green behaviour so that a clear record can be observed and we are reminded daily of the necessity of noticing such behaviour, listed below are a few examples;

- **Ms S explained that instead of going for the higher level of her Maths GCSE she will instead pursue the foundation course for the time being. Ms S explained her**

**rationale for this being that she does not feel ready for the higher level and would rather work her way up to it. Ms S had already explored ways to get onto the higher level should she feel ready for it, and all in all presented a mature and well-rounded argument for her approach.**

- **Mr B had felt angry about missed medication but then was able to sit with staff and express his anger without physical violence. Also gave feedback about positives today including tidying the garden.**
- **Mr M was able to assert himself about not wanting to clean his room, repeatedly.**
- **Ms T engaged in distraction techniques to help manage his urges to self-harm.**

As shown thus far we as a team became trained in RAID and then attempted to integrate it in such a way as it becomes a background to our practice, a framework in which we work, so as to become second nature. It has been infused into our daily language, the posters we use in the communal areas, the language with which we form our house expectations and in the writing we pass from shift to shift. The RAID approach has allowed the staff to work confidently within a common system and as our practice with the approach grows it has become evident that we can use it and manifest it to support our service users towards independence.

Nest Lane is a new service in every respect, new in its theoretical framework, new in its actual site and new in its approach. As mental health becomes a larger and more focused issue in the UK it becomes increasingly obvious that we have to try new things and approaches, or change will not occur. In that sense I hope this application gives anyone thinking about working in a newly devised mental health setting the confidence to do so, in the knowledge that approaches such as RAID are available and genuinely provide the tools that allow practitioners to understand, and work with service users towards lasting meaningful change.