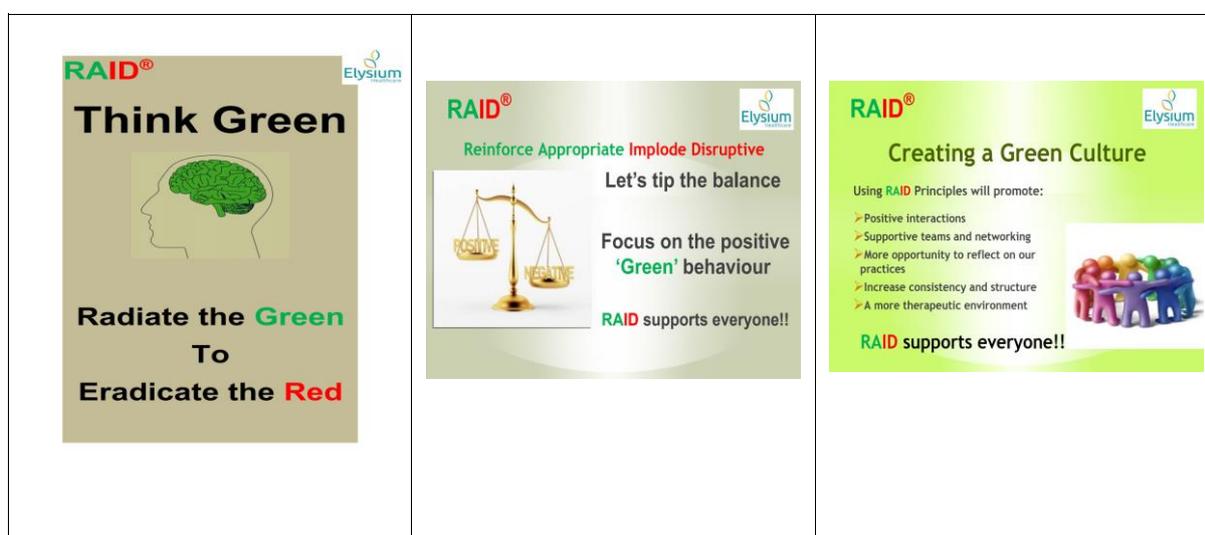


The implementation of RAID and its specific application to the management of 'Red' behaviour displayed by a patient within the hospital.

RAID Implementation at The Woodhouse hospital, Elysium Healthcare

The Woodhouse hospital is a registered specialist service for individuals with a learning disability and associated complex conditions including autistic spectrum disorders, personality disorder and forensic issues. In September 2018, the Hospital Director at The Woodhouse hospital agreed to adopt the RAID approach as its new philosophy of care. Since its agreement, approximately 60% of the staff team have received the three-day training programme and the training is a monthly occurrence to ensure all staff are trained and competent in the approach. In conjunction with the training, a localised policy has been developed to support the new philosophy and a poster campaign was undertaken to further embed the approach. Below are some examples of the posters displayed throughout the hospital as a way of reinforcing this relentlessly positive psychological approach. RAID Champions are being selected to support the implementation process and these individuals are unit based to ensure the approach is been utilised effectively. In addition, patient specific documentation is currently being adapted to incorporate the RAID philosophy and principles. The following case study outlines how RAID is being utilised in the promotion of 'green' behaviour and the management of 'Red' behaviour displayed by one of the most complex individuals currently residing at the hospital.



Case Study

Background

Mr P is a 25 year old male with a diagnosis of Moderate Learning disability, Autism Spectrum Disorder with associated anxiety. Mr P is a sociable and likeable individual who has developed trusting relationships with staff. He has lots of 'Green' behaviours which support his wellbeing and allow him to gain enhanced fulfilment in his life. He has good literacy and numeracy skills and has shown an ability to hold and manipulate certain information. He is particularly knowledgeable about his specific interests and will spend time exploring these. He has good IT skills and will research his chosen interests online before printing his desired information. He has a particular interest in tools and will spend hours looking through catalogues to find more information about these products. Engaging in these activities are a protective factor for Mr P and it is important that these are incorporated into his daily planner. However, at times he can become pre-occupied with these interests therefore these need to be managed carefully so it does not become a trigger for anxiety. The fact that Mr P has a range of interests which he can be self-directed in doing is also a protective factor as this reduces the impact that others have on his environment.

Mr P has a long history of displaying 'Red' behaviours. These include slapping, scratching, kicking, punching, biting, property damage and self injurious behaviours (SIB), although his SIB is of less frequency or intensity. Mr P can present with challenging behaviour on a daily basis and as such ongoing management with high levels of staff support is required to ensure safety for all but also to focus on enhancing Mr P's quality of life.

Mr P is an only child, his mother gave birth to him when she was in her teenage years. Reports indicate that Mr P's mother has been a constant figure in his life and a strong advocate for him since his admission into services. Mr P never met his biological father or had contact with his extended family suggesting there was limited support networks available to him throughout his life. It is well documented that the absence of paternal attachment is associated with a variety of psychological dispositions and social outcomes. Children from father-absent homes are more likely

to experience interpersonal difficulties, have psychological adjustment issues and are more prone to suffer from anxiety and depression in comparison to children from intact families (Phillips et al., 2006). During adolescence, a lack of paternal support is correlated with increased risk taking behaviours displayed by the child, more likely to be incarcerated (Anderson, 2002) and increased demonstration of hostile behaviours. These risks are known to be heightened if there is a lack of positive relationship with the mother (Mason et al., 1994), they are from a low socio-economic background and/or are living with mentally ill mothers (Maj et al., 1989). It could be hypothesised that a lack of paternal attachment in Mr P's life had influenced his social and emotional deficits, which has therefore resulted in the development of these maladaptive behaviours and his response to manage difficult situations in an aggressive manner. It has been reported that Mr P witnessed high levels of domestic violence from his step-father towards his mother as a child. It is possible that early exposure to aggression could have promoted attitudes condoning violence as a way to solving problems and controlling his environment during times of heightened emotions.

His difficulty managing his emotional state has been exacerbated by his diagnosis of Moderate learning disability and Autism Spectrum Disorder (ASD). Mr P's emotional dysregulation was first observed when he was about two years old, when he would regularly engage in excessive screaming and head-banging. This prompted a clinical investigation which resulted in Mr P receiving an ASD diagnosis at the age of 3 years. During this time, other developmental delays were observed and Mr P's learning difficulties resulted in him attending a specialist educational provision. Mr P's ASD and Moderate LD has negatively influenced his coping strategies resulting in his inability to cope with changes in his environment. Mr P struggles with any degree of uncertainty in his life and having to predict or pre-empt social situations elicit feelings of anxiety and frustration. This is further heightened by his difficulty understanding his own emotions or the effect of his behaviour on others. It is proposed that his agitation and anxiety are likely to emanate from his diagnoses which results in 'Red' behaviours. In addition to his cognitive deficits, Mr P has a number of sensory needs which impact his daily functioning. Mr P's sensory processing deficits include auditory, body movement, modulation, behavioural and emotional responses. Mr P struggles to deal with loud, noisy environments and any

changes or perception of change in his environment particularly if there is any inference to temperature changes. This is known to trigger increased anxiety, hyper-vigilance and arousal. For example, if a staff member entered a room where Mr P was present and removed their jumper, this would cause heightened anxiety for him as there is an inference that the temperature within his environment has altered increasing his propensity for aggression. His modulation of sensory input is observed in his ritualistic and pre-occupation with certain activities. If these processing deficits are not managed effectively, it can result in Mr P displaying 'Red' behaviour. In addition, he has poor motor control and discrimination of vestibular, tactile and proprioceptive sensations which affect his posture, gait and balance. This can result in Mr P invading personal space and clinging onto staff as a way of compensation for his sensory deficits.

Whilst attending school, Mr P resided at home with his mother and step-father but during adolescent years, there was an increase in his aggression displayed by Mr P towards his mother. Following an assault on his mother which required police involvement, Mr P was admitted to services aged 15 years. Mr P has resided at a number of residential and hospital services over the years. Due to the level of violence displayed by Mr P, a number of his placements were terminated with a sudden transfer to other services. It is anticipated that given his psychological and emotional dysregulation, this rapid changes in his living situation would have impacted significantly on Mr P's sense of stability thus increased those feelings of being out of control, rejected and vulnerable.

As previously mentioned, Mr P has a tendency to invade other people's space and at times can become obsessed with attempting to touch black high heel shoes. This is managed by verbal redirection which he responds well to but occasionally he will grab at female's feet. It is reported that Mr P has a sexual interest in feet and shoes but he is currently able to manage these interests independently. Another area of obsession for Mr P is his catalogues and printed pictures of mechanical pictures. Whilst Mr P obtains lots of enjoyment from these activities, it can lead to pre-occupation which triggers his anxiety, resulting in aggression. Therefore it is essential that his care plan relating to accessing these activities and the amount

agreed is followed consistently to support with reducing the potential for aggressive outbursts.

The main destabilising factor for Mr P is observing or perceiving changes to his environment. It should be noted that antecedents to his 'Red' behaviours are not always apparent. It is believed that Mr P experiences internal processes about these changes that increase his anxiety leading to impulsive acts of aggression. It has been observed that his triggers are an indication that he is struggling with the demands being placed on him or to express his frustration to staff about the changes. His difficulty regulating his emotions and managing those stimuli within his environment increase his risk of violence.

Mr P's 'Red' behaviours are maintained by his inability to deal with change and difficulty expressing his emotional states. The fact that Mr P has struggled to develop insight into his difficulties has reduced his ability to develop strategies to manage his extreme level of anxiety. His low distress tolerance means that he struggles to manage frustrations and will experience emotions intensely. This coupled with his limited coping strategies and exposure to destabilisers increase his propensity for violence.

Interventions

Given the degree of complexity presented by Mr P, it was essential that staff developed good insight into his difficulties but ultimately what strategies would support Mr P's 'Green' behaviours. Whilst staff had developed a good understanding of Mr P's 'red' behaviours, varied knowledge was held by different staff which impacted on the consistency of the care delivered. Inconsistency is a significant trigger for Mr P therefore all staff needed to ensure the care delivered was seamless with reduced levels of uncertainty for Mr P. Also ongoing displays of 'Red' behaviours had negatively influenced the degree of positive interactions between Mr P and his core staff team. In order to address some of these issues and to support with developing the newly implemented RAID positive behaviour support (PBS) plan, a psychologically informed case formulation workshop was facilitated with Mr P's core staff team. The formulation workshop was delivered using the RAID terminology

and staff were encouraged to focus on identifying Mr P's 'Green' behaviours and those strategies that could be implemented to maintain these behaviours. This was a useful exercise as it allowed staff to re-connect with Mr P's positive qualities with reduced focus on his 'Red' behaviours. All the information produced in the formulation workshop was used to develop his RAID/PBS plan. A copy of the plan is attached in Appendix A. Since the implementation of the plan, there has been a change in Mr P's presentation with reduced levels of anxiety and depression displayed as measured by the Emotional Problems Scale – Behaviour Report Scale (EPS-BRS; Prout & Strohmer, 1991). The RAID/PBS plan is monitored monthly and changes are made to reflect Mr P's presentation. The plan has formed the basis of his care and staff are highly engaged and motivated to utilise the plan. In addition to the RAID/PBS plan and to further enhance his 'Green' behaviour a RAID focused incentive programme has been developed to support with positive engagement and enhancing quality of life. Mr P's life has altered since the implementation of RAID and although 'Red' behaviours continue to be observed, the focus is on increasing his 'Green' behaviours and enhancing those positive personal qualities.

References

Anderson, A. L. (2002). Individual and contextual influences on delinquency: The role of the single-parent family. *Journal of Criminal Justice*, 30(6), 575-587.

Davies, W. (2004), *The RAID Manual: A Relentlessly Positive Approach to Working with Extreme Behaviours*, APT Press, Leicester.

Maj, P. S. J., Maj, D. G., Col, S. N. X., & Ltc, M. W. B. (1989). Father absence: Effects on child and maternal psychopathology. *Journal of the American Academy of Child & Adolescent Psychiatry*, 28(2), 171-175.

Mason, C. A., Cauce, A. M., Gonzales, N., & Hiraga, Y. (1994). Adolescent problem behavior: The effect of peers and the moderating role of father absence and the mother-child relationship. *American Journal of Community Psychology*, 22(6), 723-743.

Phillips, S. D., Erkanli, A., Keeler, G. P., Costello, E. J., & Angold, A. (2006). Disentangling the risks: Parent criminal justice involvement and children's exposure to family risks. *Criminology & Public Policy*, 5(4), 677-702.

Prout, H. T., & Strohmer, D. C. (1991). *EPS: Emotional Problems Scales Professional Manual for Behavior Rating Scales and the Self-report Inventory*. Psychological Assessment Resources, Incorporated.

Appendix A

About Me

Mr P is a sociable, likeable person who enjoys spending time with staff and has a good sense of humour. Mr P is a tactile person and will seek out contact with staff. Mr P is an active individual and his routine is important to him. Mr P likes to increase his language skills and will spend time reading dictionaries, thesaurus as well as reviewing mechanical parts.

Important information

Mr P has a learning disability (LD) and autism, this means that he has specific interests and can become repetitive about these. He has a number of sensory needs and his sensory diet should be included within his daily activities. Mr P likes to speak in the 3rd person in order to communicate his needs. Mr P works well with structure and rewards. Mr P is able to request support when needed. Mr P is self-conscious and hypersensitive to perceived criticism from others, therefore staff should be sensitive and tactful when advising Mr P to do tasks.

Plans to Support my Green Behaviour

- Refer to Mr P in the third person in order to increase communication.
- Be confident, chatty, and calm with Mr P by using a positive tone of voice. Use positive hand gestures and be proactive in engaging and encouraging him.
- Mr P likes to listen to his music as a calming technique.
- Ensure his routine is followed on a daily basis and his planner is completed.
- It is important that Mr P has access to a sensory bath once a day.
- It is important that Mr P's day is structured between high and low stimulus activities, this is outlined in his daily planner.
- Mr P likes to engage in dancing and obtains lots of sensory feedback from staff holding his hands whilst dancing.
- Mr P likes touch so having hugs, arm tickles and head massage gives him the sensory feedback his needs.
- Mr P should have three gentle reminders before his activities change.
- Use hand gestures and signals to prompt Mr P to complete a task.
- Mr P has various activities that he really enjoys and it is important that staff support him with these: photos, catalogues, dictionaries, thesaurus, making videos and watching various animated comedies such as South Park and the Simpson & IPAD
- Mr P likes to experiment with clothing and accessories, he should have

opportunities to wear these items such as black high heels, lipstick and nail polish.

- A quiet spacious environment is essential for Mr P and he needs to have access to an outside area where he can utilise his trampoline.
- Mr P likes to be in control of his environment and struggles when staff open and close his doors and windows as he struggles to regulate his temperature. Staff need to be mindful of this and be conducive with his needs.
- It is essential that Mr P has choices and feels in control.
- Mr P likes to eat alone.
- Having quiet alone time is essential for Mr P as it supports his emotional regulation.
- Mr P needs a consistent core team who are familiar with him and are aware of his routine and presentation.
- Mr P has various activities that he enjoys such as reading dictionaries, thesaurus as well as reviewing mechanical parts, iPad.



Triggers to Unsettled Behaviour

- Increased noise in his environment
- Changes in his environment such as people moving tables or chairs.
- Verbal or implied reference to change in temperature such as statement about its cold/hot outside or taking off coat etc.
- There are a number of words that Mr P cannot tolerate hearing, these include: hot, cold, no, warm, close/open door,
- Any comments should as 'I'm watching you' or 'wipe your mouth', or where Mr P perceives that he is being criticised is a challenge for him.
- Mr P struggles if he perceives that he is being rushed or asked to 'hurry up'.
- Rapid change in activities without prior warning
- Physical health problems in particular pain and constipation
- Struggling to regulate his emotions
- References to his personal hygiene and his perception that people think he smells
- Mr P does not like green food but familiar staff are attempting to get him to try some green foods.

Mr P's Coping Strategies

- Mr P likes to use of ear defenders
- Mr P likes to listen to a variety of different types of music such as opera, rock,

dance, hip hop and R&B. He changes his own CD player with no assistance from staff.

- Mr P has difficulty expressing internal physical pain, therefore a body map has been developed to support him with this such as constipation, ear ache, stomach pain. External physical pain such as cuts and abrasions, he is able to ask staff for help with as well as pain in the oral cavity.
- Mr P needs some alone time to help him to regulate his emotions
- Mr P's routine and daily planner are important features to help him to manage activity changes
- Mr P uses sensory baths to help to self-regulate
- Mr P likes to have access to his trampoline daily and engage in other physical activities i.e. horse-riding & swimming.
- Mr P will need support from staff to balance his time between engaging in his interests and obsession with these activities, using his planner will help him to orientate between activities
- Mr P needs a consistent regular staff team who know how best to support him and are aware of his routine
- Generally Mr P has a good night time routine and he is independent with implementing it, however this would be encouraged by staff.

Strategies to Support Mr P

Green

Behaviour

What I do, say, or look like in this stage.

- Happy and engaging in mischievous behaviours such as trying to lick/sniff staff
- Complete personal hygiene routine
- Actively following routine and engaging in sensory activities
- Using coping strategies

Support strategies

What people can say/do to help me now.

- Follow daily routine and planner
- Be engaging and encouraging of his planner
- Humorous comment of "no sniff and lick"
- Staff to hint towards personal hygiene rather than be direct
- Use my Green behaviour plan

Amber

Behaviour

What I do, say, or look like in this stage.

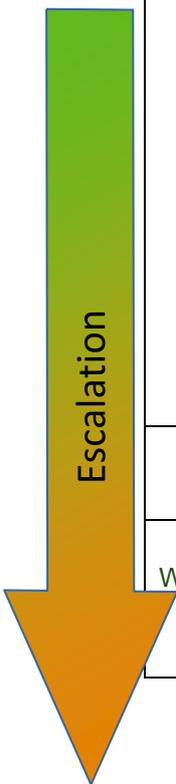
- Places hands/arm over head to

Support strategies

What people can say/do to help me now.

- Encourage Mr P to low stimulus

Escalation



<p>cover ears so he can gesture with the other hand</p> <ul style="list-style-type: none"> • Increase agitation due to noise levels • Increased repetitiveness about pictures or catalogues • Struggling to switch tasks and refusing to leave session • Staring at staff • Observing staff presence • Requesting alone time • Making comments such as “No, no, no, be good”. • Also saying “P’s a bad man” • Head on table and greyish facial complexion • Tongue out between teeth, straight faced • Wags finger/clawing action with hand • Attempting to grab at shoes and pull hair • Slapping himself • Requesting to move the furniture i.e. “move the table a bit” 	<p>environment</p> <ul style="list-style-type: none"> • Use body map to identify any physical pain • Adopt a calm approach and offer reassurance • Give appropriate personal space (arms length) • Follow routine with gentle reminder of task ending • Reminder to “Look but don’t touch” (shoes) • Support Mr P to sit on his bed. • Withdraw into corridor away from door. • Encourage him to relax and use his headphones to listen to music whilst under his bed-covers. • Support him to count or say the alphabet • Staff to use PPE and have hair tied back
---	---

RED

<p style="text-align: center;"><u>Behaviour</u></p> <p>What I do, say, or look like in this stage.</p> <ul style="list-style-type: none"> • • Throwing items at staff • Pulling hair • Refusing to move to low stimulus environment • Continuing to exit his apartment and displaying aggression • Hand striking, leading to kicking, headbutting and biting • Attempting to spit and bite in restraint 	<p style="text-align: center;"><u>Support strategies</u></p> <p>What people can say/do to help me now.</p> <ul style="list-style-type: none"> • Continue to reassure Mr P and encourage him to use his coping strategies • Speak to him respectfully using the following comment: “no that’s not okay” • Staff to redirect Mr P to his room and follow calming procedures • If calming in his room, staff to withdraw but maintain line of sight • Maintain a calm tone of voice
--	--

	<ul style="list-style-type: none"> • If all other calming/redirection techniques have been unsuccessful, TMVA may be considered. • Initially utilising low level holds if appropriate to do so. <p>Think about:</p> <ul style="list-style-type: none"> • Your position – allow exit routes, don't block Mr P in as this will impact on his 'flight' response, which may escalate his behaviour and increase aggression • Your attitude – Display positive and helpful attitude • Using normal eye contact, don't stare as this can be interpreted as aggressive, use active listening: head nodding, gestures, and repeating back phrases • Maintain a comfortable distance • Use your TMVA safe stance
--	---

Blue – After an incident

<p style="text-align: center;"><u>Behaviour</u></p> <p>What I do, say, or look like in this stage.</p> <ul style="list-style-type: none"> • Mr P appears happy and smiling • He is engaging in his routine and following his planner • He is completing his sensory activities 	<p style="text-align: center;"><u>Support strategies</u></p> <p>What people can say/do to help me now.</p> <ul style="list-style-type: none"> • Mr P should be praised for listening to staff advice and accepting support. • Reinforce appropriate behaviour and avoid talking about 'Red' behaviours. • Encourage Mr P to listen to his music. • Re-engage Mr P in his activities as per planner