



Transforming clinical practice from the accounts of mental health professionals

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“RAID GIVES ME A BIT OF A FRAMEWORK TO KIND OF LEAN BACK ON ... THIS GIVES ME A BIT MORE CONFIDENCE TO KEEP TALKING WHEN PEOPLE MIGHT POTENTIALLY IGNORE YOU”

Introduction

RAID®, likened with PBS, is a positive approach to working with behaviour considered challenging. This staff training programme was developed three decades ago, although there has been no published research examining its effectiveness.

Training staff to manage repeated exposure to challenging behaviour has wide endorsement^{1,2,3}, with consideration to increasing staffs' understanding of challenging behaviour, and confidence to emotionally respond in a positive manner.

Research Aims

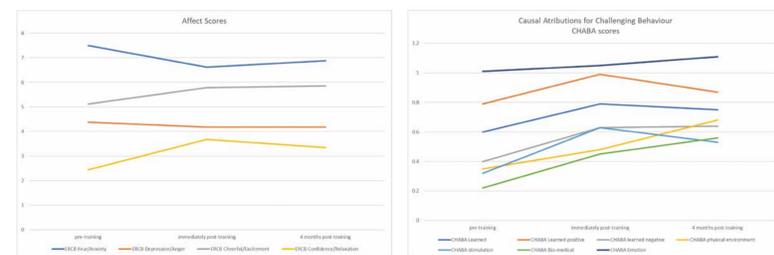
1. To evaluate the immediate impact and short-term (4 months) impact of APT's RAID® training on staff attributions, confidence, and emotional responses, to manage challenging behaviour.
2. To determine how staff trained in APT's RAID® concepts use it in practice.

Method

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. The battery of questionnaires used in the research were the CCPA⁴, ERCB⁵, CHABA⁶ and CDS-II⁷.

Results 1: Questionnaires

Statistical analysis shows a significant increase in staff confidence and some internal and external attributions for challenging behaviour, immediately post training. This was maintained 4-months following training. A positive increase in staffs' emotional response to challenging behaviour was observed immediately post training, but this was not maintained in the longer-term. The research did not fully show positive change according to all the tested research hypotheses. For example, following RAID® training, staffs' negative emotional response to challenging behaviour was not significantly reduced; staff perceived patients to be significantly more in control of their behaviour, where a decrease was predicted; and staff viewed challenging behaviour to be significantly less changeable with time.



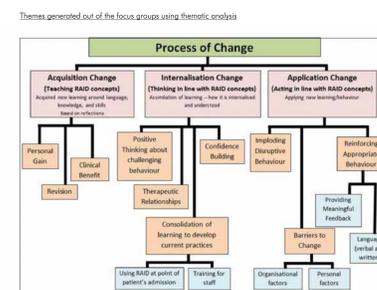
Results 2: Focus group

Staff described RAID® training to have given them improved knowledge of challenging behaviour and confidence to use new language and skills. Clinical practice examples provided evidence of staff 'thinking and acting in line' with RAID® concepts:

"I do always look, and think well, there could have been something worse, where before I would be like it's the end of the world"

"...someone in the group designed a way of monitoring green behaviours...it's gone into a care plan...it's like a road map for this person...to get out of services because they were quite stuck"

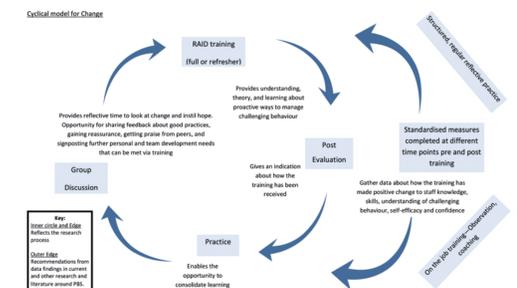
"...it gives me confidence in going back and giving them positive feedback...now I have done training I am like at the end of the day, right [this person] has done well today I'll go and speak to them about it"



Implications

1. **Real world research:** The focus group empowered staff and was a refresher of learning, comparable with a peer reflective/supervision session. This highlights the added value for research for clinical practice.
2. **Practice:** RAID® and similar training should consider paying less attention to external factors that are fixed due to the nature of forensic, secure, mental health units; and concentrate on practical techniques that highlight how challenging behaviour is changeable.
3. **Theory:** Following classroom based training, retention of learning can be enhanced through on-the-job training, reflective practice/clinical supervision and refresher workshops.

From the research a cyclical model for change has been proposed.



This research was completed in partial fulfillment of a professional qualification completed at Teesside University, under the supervision of Dr Katherine Swainston. For further information contact: cheryl.knowles@lancashirecare.nhs.uk

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³ Health Service Journal (HSJ) and Unison. (2016). Violence against NHS staff: A special report. Retrieved 4 April, 2019 from: <http://guides.hsj.co.uk/Guide.aspx?storyCode=37116&news=1&tab=CM652C74139477FF32F544087D3F8>
⁴ CCPA: Original: Theakley (1987), adopted by Davies, B., Griffiths, J., Liddard, K., Low, K. & Steed, L. (2015). Changes in staff confidence and attributions for challenging behaviour after training in positive behavioural support within a forensic medium secure service. The Journal of Forensic Psychiatry & Psychology, 26(6), 847-861. doi: 10.1080/14789949.2015.1058888
⁵ ERCB: Hastings, R. P. (1997). Measuring staff perceptions of challenging behaviour: The Challenging Behaviour Attribution Scale (CHABA). Journal of Intellectual Disability Research, 41(3), 495-501.
⁶ CHABA: Original: McAuley et al. (1992), revised by Roberts, C. & Furst, D. (1999). Effects of the label "schizophrenic" on causal attributions of violence. Schizophrenia Bulletin, 25, 439-451.
⁷ CDS-II: Original: Mitchell and Hastings (1998), adopted by Jones, C. & Hastings, R. P. (2003). Staff reactions to self-injurious behaviours in learning disability services: Attributions, emotional responses and helping. The British Journal of Clinical Psychology, 42(2), 189-203.



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