

Submission for APT-RAID® Award for Excellence in Working with Challenging Behaviour - 2019

Submission made by MDT members from Bronte Ward and Shelley Ward, Cygnet Hospital Bierley

Developing and introducing a RAID® approach within low secure services, at Cygnet Hospital Bierley

Context

In May 2019 the Quality Network for Forensic Mental Health services updated its care guidelines (third edition) for low and medium secure care. The standards provide a framework for improving quality of care within low and medium secure mental health services. Under the heading of 'treatment and recovery', standard 14 of the guidelines recommends that every patient has a written care plan reflecting their individual needs, including a positive behavioural support plan.

In endeavouring to meet such best practice guidance, our low secure wards introduced RAID® as a way of fostering a cohesive and positive team approach to managing and addressing challenging behaviour among Bronte and Shelley service users.

Implementation of RAID® has involved several aspects:

- Staff training
- RAID® steering group
- RAID® informed case consultations
- RAID® informed care plans
- Data collection
- Official RAID® launch
- Embedding the approach in the ward milieu

Staff training

We are in the process of training up all of Bronte and Shelley MDT members:

- October 2018: First cohort of staff attended APT RAID® training
- May 2019: Second cohort of staff attended APT RAID® training
- September 2019: Third cohort of staff are booked to attend APT RAID® training

RAID® steering group

Monthly RAID® implementation and planning meetings were organised and attended by MDT staff from Shelley and Bronte wards, including ward managers. These meetings provided busy clinicians with protected time to:

- Agree actions and targets for implementation of RAID®
- Review progress with implementation
- Provision of peer supervision on the use of RAID® with individual serve users.
- Provide opportunities for collegial support and the sharing and generating of new ideas.

RAID® informed case consultations

MDT members from both wards were invited to use their monthly case consultation sessions, facilitated by a psychologist, to discuss and identify the 'red' (challenging behaviours) and 'green' behaviours (behaviours we want to see more of) of two service users for each ward. These discussions supported the team to identify what might be reinforcing for each service user and how we could reinforce 'green' behaviour(s) for individual service users, while playing down 'red' behaviours or how best to respond to these if it were deemed unsafe or uncaring not to. RAID® plans were written up and placed in a folder on the ward. They were also uploaded onto the electronic notes for each service user. In addition, some anonymised written prompts were placed on the ward office walls for staff to view with the intention of this prompting and reminding staff to implement the RAID® on the ward.

RAID informed care plans

Staff are encouraged to embed RAID® principles within service user's care plans. A prompt sheet to support staff to do this has been developed and is displayed in the ward and MDT offices.

Prompts to embed RAID principles into low-secure care plans	
Plan Point	Working Strategy
<p>State any behaviour we and / or SU wants to see decrease (a RED behaviour)</p> <p>Behaviours (or an absence of pro-recovery behaviours) may be managed or addressed with a RAID approach.</p> <p>e.g. a behaviour we might want to decrease is self-neglect or 'not taking care of personal hygiene' or 'violence towards peers'</p> <p>N.B. Place behaviours in relevant care plans e.g. support to help service user take regular showers might come under 'Staying healthy or My life skills'</p> <p>Decreasing and responding to violent behaviour would be placed under care Plan 'My safety planning'</p>	<p>1. What is the GREEN behaviour we want to see and what is the GREEN question(s) we want to ask in order to increase GREEN behaviour?</p> <p>e.g. If we want to support a service user to address personal hygiene difficulties, a helpful green question might be: 'How can we support and motivate X to shower regularly?'</p> <p>The green behaviour would be 'taking a shower'</p> <p>If we want to see a decrease in violence towards peers, a helpful green question might be: 'How can we support X to be respectful to peers' or 'How can we help X to express his frustration in pro-social ways?'</p> <p>Green behaviours might be 'walking away from conflict', using coping strategies to manage or reduce anger', 'seeking staff support.'</p> <p>2. List all the different strategies we can use to help increase the service user's GREEN behaviours, while allowing RED behaviours to seep away</p> <p>Which of RAID's methods (listed below) can be applied to support GREEN behaviours?</p> <p>Positive reinforcement (a response that increases the chance of the GREEN behaviour occurring again)</p> <p>Positive reinforcement is adding a response that the service user wants or likes, as soon as possible after the GREEN behaviour occurs e.g. praise, feedback, time with a preferred person or doing a preferred activity, acknowledgment of progress towards goals, non-verbal responses (smiles, thumbs up); tangible rewards, tokens. Be specific about what is (and is not) reinforcing for this particular service user.</p> <p>Remember - not all service users will find praise reinforcing. It is important to find out what is reinforcing for each individual. E.g. someone might not like praise, but might find a non-verbal response or playing a game of cards with a particular member of staff reinforcing. For some, only praise from a particular staff member will be effective.</p>

<p>Negative reinforcement – we can reinforce behaviour by removing something the person does not want (e.g. bedding restrictions). Negative reinforcement may enable a service user to avoid doing something s/he does not want to do, if s/he could get us out of going somewhere we don't want to etc.</p> <p>Intrinsically reinforcing behaviours – behaviours that are reinforcing in one of themselves where no outside reinforcers are necessary for them to be repeated i.e. if we started to see someone increase the frequency in which they shower, we might support them to buy shower gel they like to make the showering experience more enjoyable.</p> <p>Non-contingent reinforcement – reinforcement that is not earned; can help us break out of the punishment cycle.</p> <p>Strategies to make the GREEN behaviour more intrinsically rewarding – e.g. for someone who does not enjoy taking showers examples might include: playing favourite music, choosing nice shower gel, support of a preferred staff member.</p> <p>N.B. there are different types of GREEN behaviours, it might not always be the shade of GREEN we had in mind but it is still progress, we can still note this and offer reinforcement to GREEN behaviour of all shades. Remember progress is always GREEN.</p> <p>3. List specific strategies, relevant to the service user and behaviour, for responding to RED behaviour when it occurs</p> <p>Intrinsically disruptive behaviour Take note of the GREEN behaviour and play down the RED behaviour, only intervening if it would be unsafe or causing harm to, this avoids highlighting the RED behaviour and focuses the team's energies on the GREEN behaviour.</p> <p>Punishment – Punishment relies on the RED behaviour happening before we can respond, and does little to support GREEN behaviour, it can also cause ill feeling and resistance, therefore, punishment should be used infrequently. When used, remember to make it SAFE: Small, Immediate, Begotten and then forget it.</p> <p>Feedback – Just providing information on the situation and not having a discussion, rewarding or punishing the person. Feedback can be verbal e.g. 'you're standing too close and it's making me feel uncomfortable'. Visual feedback e.g. use graphs to illustrate behaviour changes, tangible feedback e.g. sticker charts or video e.g. CCTV.</p> <p>Address the issue verbally – when we need to discuss a RED behaviour, get the timing right (i.e. don't approach a service user when s/he is angry), discuss the issue (don't just 'lay the law down'), focus on solutions (i.e. talk about what behaviours we would want to see, not just focus on the problem), find an agreement and review (arrange a time/date to discuss it again).</p>

Following case consultations, RAID® 'overviews' were created to summarise care plans for ward staff. These were then made available in the specific RAID® folder in the staff office.

Staff: Choose a response, or responses, that suits your interpersonal style

RAID® OVERVIEW

NAME: [REDACTED]	DOB: [REDACTED]	IDENTITY NUMBER: [REDACTED]	DATE: April 2019
<p>2. FILL THIS IN SECOND: THE INTERVENTIONS</p> <p>The intervention that will resolve each problem.</p> <p>Note: you may refer overleaf and to the RAID workbook for ideas, but make sure you specify who will be doing the intervention – this is the link (the tube) between intervention and recipient.</p> <p>1. BEFORE RESPONDING - Be aware of how we are feeling (i.e. frustrated) before we respond. For example, rather than responding with "go away [REDACTED] asking a colleague to speak with her.</p> <p>2. If it's the 1st time [REDACTED] has knocked, answer her questions and then write the answers down on paper & give to [REDACTED]</p> <p>3. If [REDACTED] returns to the office and asks the same questions then answer - gently - with [REDACTED] you have that information written down can you go read that" or "what do you think [REDACTED]?"</p> <p>4. If [REDACTED] asks a different question then answer & write the answers on paper for her to take with her.</p>		<p>1. FILL THIS IN FIRST: THE PROBLEMS</p> <p>Note: these may include problems of behaviour (e.g. aggression) or cognitive process (e.g. concentration, memory) or emotion (e.g. sadness, anxiety) or biology (e.g. illness).</p> <p>Note 2: Don't try to tackle more than 4 problems ... when you've resolved one or more on this sheet you can draw out a NEW RAID overview.</p> <p>Problem: 1. Repeatedly knocking on the office door / asking staff the same question</p>	
<p>1. Praise her when we notice she has taken the time to attend to personal cares showered (i.e. "well done [REDACTED]")</p> <p>2. Offering her 1-1 time to ask any new questions if we notice she has attended to personal cares (i.e. "I've noticed you showered [REDACTED] Any new questions you have not yet asked?")</p> <p>3. Linking personal cares to her goals of discharge (i.e. "Taking the time to shower will help you move forward towards discharge as it shows you're motivated")</p>		<p>Problem: 2. Not attending to personal cares (i.e. showering)</p>	

Data collection

During steering group meetings, staff identified a total of 3-5 behaviours for each of the four service users to measure. Red and green behaviours were measured in an attempt to capture changes in the frequency of these behaviours at baseline and at a later date. On Shelley ward, nursing staff completing observation checks collected this data on their hourly observations during the day shift (8am -8pm). On Bronte ward data was collected on a daily basis by nursing staff. It was not specified whether these behaviours were measured over a particular time of day. Baseline data was collected

over a period of 2-3 weeks enabling the MDT to identify patterns in each of the four service users' behaviours (e.g. when they were more/ less likely to engage in these behaviours). Examples of data collection are shown below.

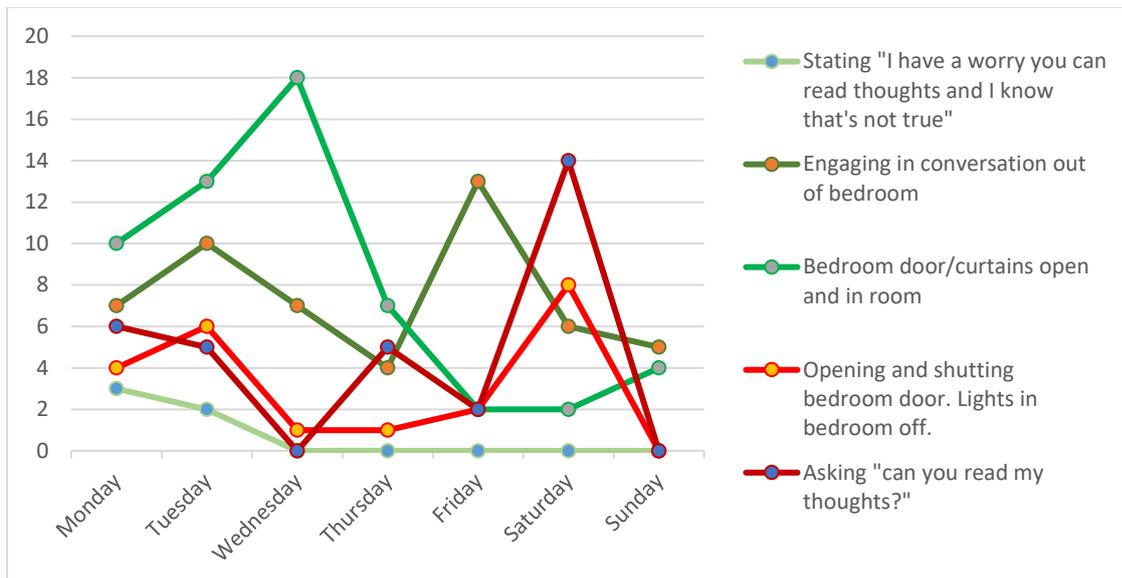


Figure 1: The frequency of red/ green behaviours at baseline as captured by nursing staff for SU1

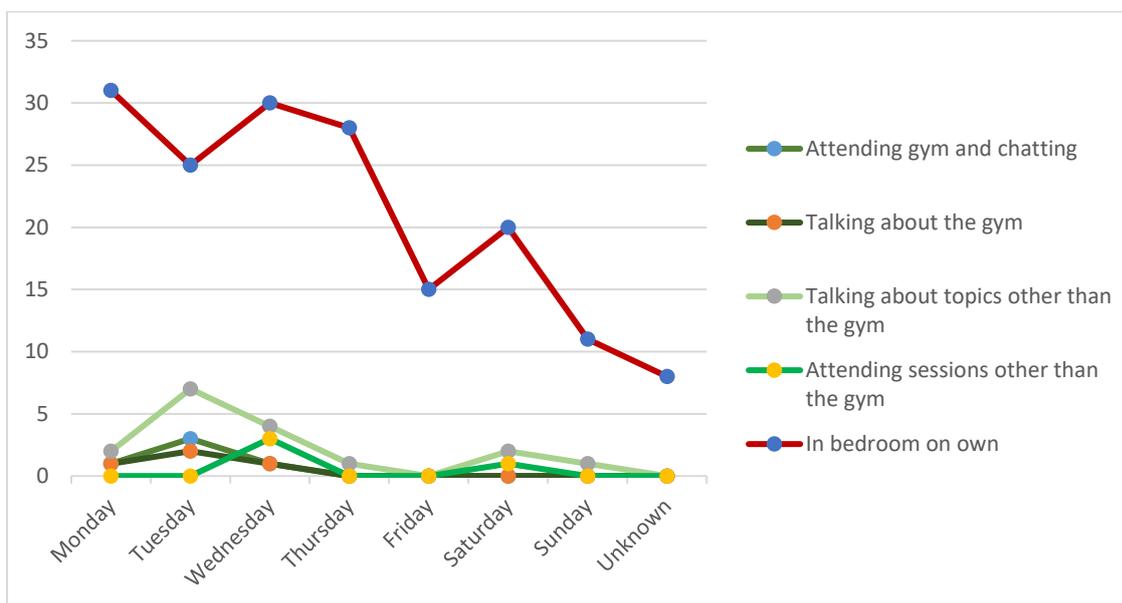


Figure 2: The frequency of red/ green behaviours at baseline as captured by nursing staff for SU2



Figure 3: The frequency of red/ green behaviours at baseline as captured by nursing staff for SU3

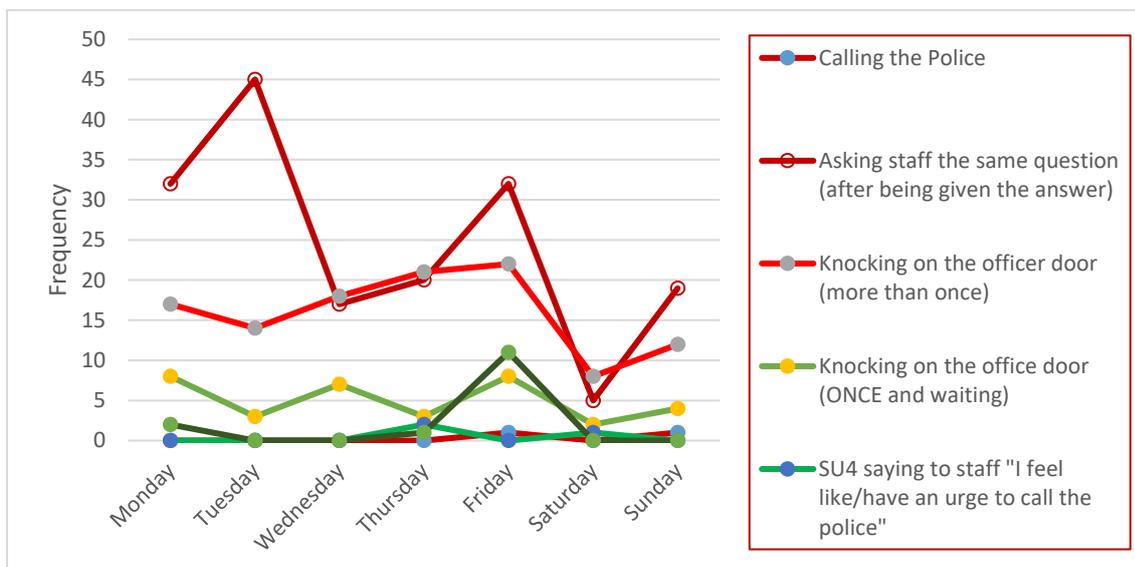


Figure 4: The frequency of red/ green behaviours at baseline as captured by nursing staff for SU4

In addition, progress forms (please see below) have been completed during fortnightly ward rounds to track each of the service user's behaviours over time. These ratings were based on the MDT perspective of the frequency of service user behaviours.

PROGRESS FORM

Progress for (name): [REDACTED]

The question asked:

(This must be exactly the same question asked by the same person in the same context each time. See overleaf.)
Either write your tailor-made question here or simply choose from the list overleaf. Again remembering it must be the same question each time, so indicate your chosen question.

How anxious has [REDACTED] been over last two weeks?

1	2	3	4	5	6	7	8	9	10	Date: 31/5/19
1	2	3	4	5	6	7	8	9	10	Date:

not at all (written above 1) *most severe* (written above 10)

Official RAID® launch

On the 28th March 2019, 11 service users from the hospital's two low secure wards, Bronte and Shelley, and 14 staff attended our official launch of RAID®. There was a brief presentation outlining the approach, followed by service users and staff developing mutual ward expectations, using RAID® ideas. Finally, service users were given the opportunity to develop personal goals using RAID® 'ladders'. Service users had baked red and green cupcakes, which were enjoyed by all!

The launch of RAID® was positively endorsed by service users and staff alike:

I feel RAID will help people to communicate and be listened to

Patient, Shelley Ward

I think that it's great to get everyone thinking about goals

Patient, Bronte Ward

I enjoyed the positive aspect
to creating rules, that RAID
brings

Patient, Shelley Ward

It was a positive launch, people left
smiling and are still talking about
RAID in the sunshine in the courtyard

Ward Manager of Shelley



Embedding RAID® in the ward milieu

Below are some steps taken by the nursing team on Bronte Ward to embed RAID® principles and help foster a RAID® culture:

- Majority of ward staff attended initial three day RAID training, with remaining staff to complete the training in Autumn 2019.
- All staff are regularly updated on implementation and progress of RAID® approach.
- Several team members have undertaken APT's level 2 accreditation in RAID®.
- Our handover sheet has been redesigned and nurses are encouraged to hand-over using the RAID principles and language.
- We are continuing to work on creating RAID® informed care plans for each service user.
- RAID® informed care plans for patients are easily accessible for all staff.

- We have a RAID® folder in the ward office, containing overviews of RAID® care plans.
- We have a RAID® display board on the ward with updates and information on RAID®
- Daily allocated RAID® nurse.
- Staff have protected time to attend RAID® steering group, supervision and case consultation meetings.
- Staff encouraged to use RAID principles when interacting with colleagues.

Next steps

- Involving service users and collaboratively developing positive behaviour support plans.
- Continue with monthly RAID meetings by the 'steering group', involving ward and therapy staff to review progress, share ideas and maintain enthusiasm.
- Consider how we can facilitate meaningful service user involvement including service user RAID® champions.
- In time, work towards becoming a RAID® Centre of Excellence.

References

Standards for Forensic Mental Health services: Low and medium secure care – third edition (2019). *Quality Network for Forensic Mental Health Services*.