

The APT Award for Excellence in Working with Challenging Behaviour

Context:

Rufford Ward is a forensic, medium secure, male, Learning Disability (LD) specialist ward. The nature of this service, and the patient group, is such that the ward team works with, and manages, challenging behaviour on a daily basis. The RAID® approach is the overarching philosophy of care adhered to within our service for the management of challenging behaviour. It aims to reduce challenging behaviour whilst promoting positive behaviour, and thus positive lives for those for whom we care. The RAID® approach is well embedded in our service having been the primary Positive Behaviour Support (PBS) strategy utilised since 2014. Emphasis has been placed on ensuring that all nursing staff and members of the Multi-Disciplinary Team (MDT) are trained in the RAID® approach so as to ensure a PBS milieu. Rufford Ward's MDT includes a psychiatrist, psychologist, occupational therapist, speech and language therapist, ward manager, social worker, and ward based nursing staff.

The following case study will detail how all of these MDT members played a vital role in managing the challenging behaviour of a patient on Rufford Ward, henceforth known as 'Yoshi' (by his own choosing).

Background:

Yoshi is 21 year old man with a diagnosed Mild Learning Disability. He is currently detained under Section 3 of the Mental Health Act (2007) due to extreme violence and aggression at previous placements.

Yoshi spent the majority of his childhood living in the family home with his mother and two older siblings. Yoshi has historically been violent and aggressive towards his mother on occasions where she denied his requests. At these times Yoshi's mother would acquiesce to his demands thus reinforcing for Yoshi from a young age that violence or the threat of violence would get him what he wanted. This behaviour has continued into Yoshi's adulthood and has resulted in his struggling to understand boundaries now being enforced. It has become an engrained pattern of behaviour such that when boundaries are put in place by staff Yoshi can become aggressive and threatening often leading to his engaging in challenging behaviour. When first admitted to Rufford Ward Yoshi demonstrated many positive behaviours; attending therapeutic sessions, engaging in ward activities, beginning to build positive relationships with staff and peers, and quickly working his way to accessing Section 17 community leave.

Yoshi reports beginning to use, and deal, drugs when he was eight years old and it is believed that these behaviours are being paralleled in the ward environment in the form of Yoshi's trading and swapping medication, confectionary, and electrical items. During 2018 Yoshi's 'trading' with peers escalated such that he was becoming increasingly violent and aggressive towards peers who could not 'pay him back' or refused to trade at all. Alongside this he became more demanding, argumentative, aggressive, and violent with staff when boundaries were enforced and Yoshi was asked to refrain from trading.

Yoshi's challenging behaviour escalated to such a degree that he was placed in Longer Term Segregation (LTS). Initially a 'staged re-integration' LTS approach was utilised meaning that he was nursed off ward separate to the other patients. This

approach proved to increase Yoshi's challenging behaviour rather than reduce this. Rufford Ward MDT then made the decision to place Yoshi on a RAID® informed LTS 'timetable' which allowed for opportunities to engage in positive behaviours. Yoshi's incidents of violence and aggression decreased significantly after the implementation of this new LTS timetable and LTS was successfully terminated.

Assessment:

Yoshi engaged in three distinct forms of challenging behaviour:

Property damage: including kicking and punching doors, walls, and windows, damaging doors, walls, ceilings, locks, bedroom, and furniture.

Verbal aggression: including threats of violence or aggression, threats to kill, threats of 'calling hits', swearing, and name-calling towards staff and peers.

Physical aggression: including punching, kicking, and pushing staff and peers.

All three of these behaviours are captured within the Modified Overt Aggression Scale (MOAS). The MOAS, developed from the Overt Aggression Scale¹, is a retrospective measure of challenging behaviour used primarily to assess changes in behaviour over time. The MOAS in this instance was used to assess the forms, and frequencies of challenging behaviour as well as the antecedents to these. The MOAS was completed for Yoshi between May 2018 and June 2019 (figures 1 and 2).

Figure 1: Behavioural Data

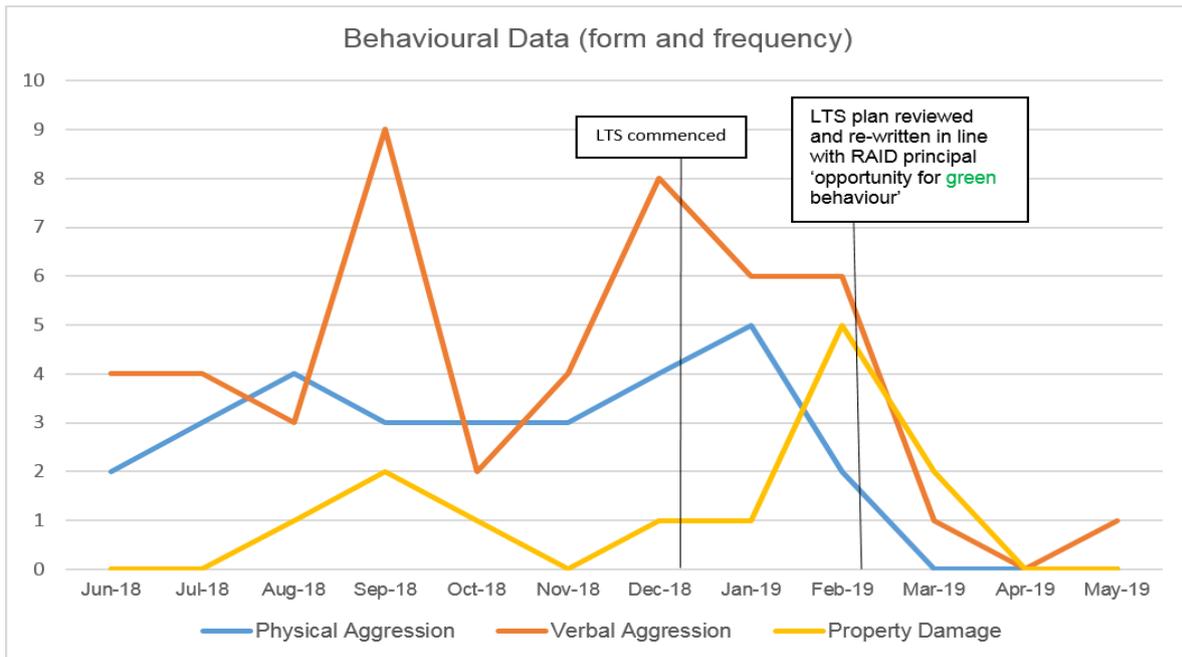
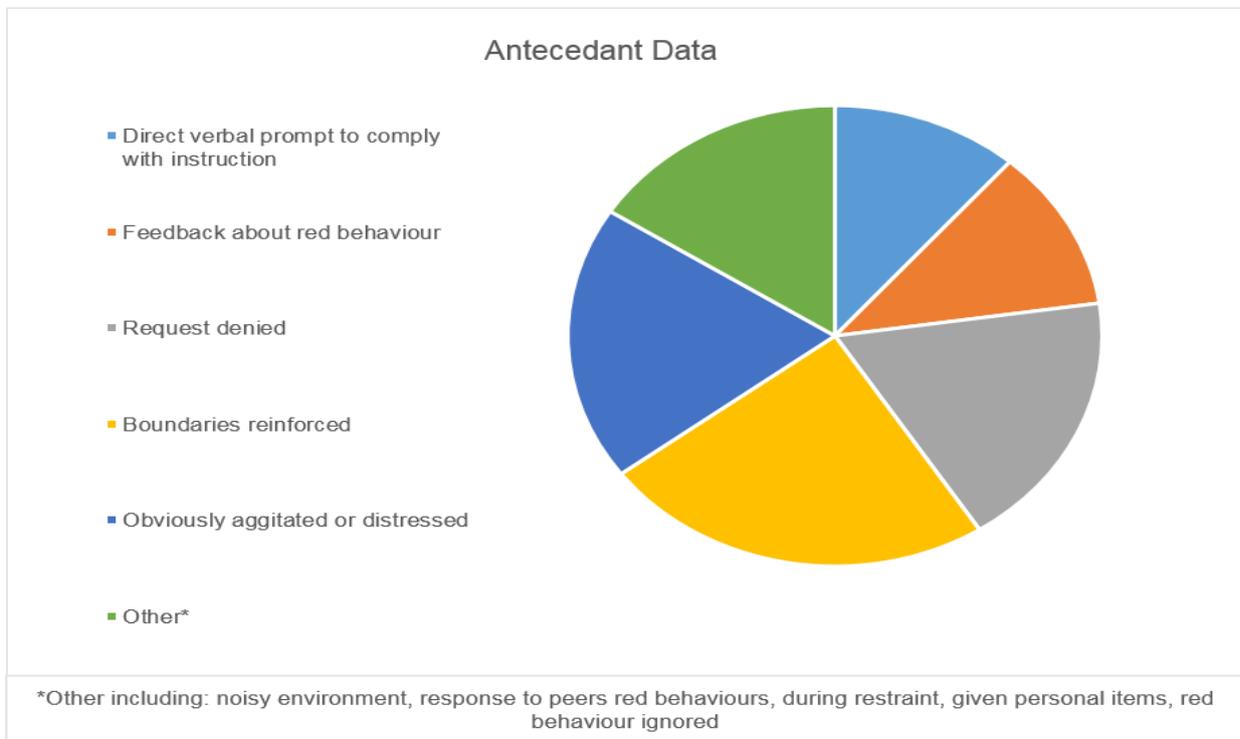


Figure 2: Antecedent Data



Interpretation of Data:

There was a noticeable increase in verbal aggression in September 2018, it is believed this is reflective of alterations in medication which increased Yoshi's reported levels of agitation, restlessness, and anxiety. There was a further steady increase through November and December 2018 which coincided with increased 'trading' on ward and the admission of a new patient. It was believed that feelings of anxiety, vulnerability, or threat stemming from possession of traded items, were key antecedents for Yoshi's challenging behaviours. These were further compounded by the side-effects of medication making him feel more tired and less capable of defending himself against the threats he perceived peers posed to him. It is further believed that Yoshi finds it difficult to trust others or to depend on others for containment, as this was something which was absent throughout his development. It is thought this is reflected in the high proportion of antecedents prior to challenging behaviours being boundary reinforcement and verbal instruction. After being placed on the staged re-integration LTS plan there was an increase in physical aggression, it is thought that this was due to the restrictive nature of LTS; being nursed off ward with no access to peers, required to adhere to strict boundaries in order to progress through the stages, limited access to certain personal items (for examples those items in his bedroom), close proximity to nursing staff at all times. Following placing Yoshi on the RAID® informed LTS timetable incidents of challenging behaviour decreased rapidly and his engagement with positive behaviours increased to such a degree that LTS was terminated in late April 2019.

Intervention - RAID® informed LTS timetable:

Whilst reviewing Yoshi's case the Rufford Ward MDT concluded that the LTS plan which he was on was not conducive with increasing his positive behaviours nor was it consistent with the RIAD philosophy of care. The MDT acknowledged that there was a danger of entering into, and becoming stuck in, the punishment cycle. Thus the decision was taken to re-write the LTS plan in line with RAID® principals with a focus on developing positive behaviours. The team developed a timetable which allowed Yoshi to engage in activities and sessions which he enjoyed.

This timetable (figure 3), allowed for the nursing staff working with Yoshi to generate opportunities for him to engage with positive behaviours, to attend therapeutic and activity sessions, to engage in appropriate conversations, and to demonstrate his ability to work within boundaries. These opportunities were tailored to Yoshi and activities he enjoyed so that the likelihood of his engaging with them increased.

Figure 3: Timetable

9am – 1pm	<p>During this period Yoshi will be able to access 1 hour of time in the communal area.</p> <p>He may then return to his room at any point.</p> <p>All other times Yoshi can be offered a range of activities listed.</p>	<ul style="list-style-type: none"> • Sport Hall – Mon, Thurs, Sat, Sun 11-12 • Football Friday 11.15 • Laundry • Games room • Sensory garden • Ward garden • Art • Individual Therapy Sessions (Psychology, OT, SaLT) • Sensory Snacks • Activity Pack • Board Games
1pm – 2pm	Lunch	
2pm – 4.30	<p>During this period Yoshi will be able to access 1 hour of time in the communal area.</p> <p>He may then return to his room at any point.</p> <p>All other times Yoshi can be offered a range of activities listed.</p>	<ul style="list-style-type: none"> • Sport Hall – Tues, Weds, Fri 3-4 • Individual gym sessions • Sensory Snacks • Individual Therapy Sessions (Psychology, OT, SaLT) • Activity pack • Laundry • Games room • Sensory garden • Ward garden • Art • Board Games
4.30 – 5.30	Tea	
5.30 – 8pm	<p>During this period Yoshi will be able to access 1 hour of time in the communal area prior to supper.</p> <p>He may then return to his room at any point.</p> <p>All other times Yoshi can be offered a range of activities listed.</p>	<ul style="list-style-type: none"> • Gym - if gym trained staff on obs • Lavender sniffer • Sensory snacks • Calming music

Yoshi's Occupational Therapist developed an 'Activity Box' (figure 4) for Yoshi, this box contained items which Yoshi enjoyed and which staff could engage in with Yoshi.

Figure 4: Activity Box

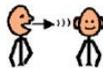


The Occupational Therapist also developed a 'Sensory Diet' plan with Yoshi which incorporated actions and activities that kept Yoshi calm and focused.

Yoshi's Speech and Language Therapist created a 'Communication Passport' (figure 5) with Yoshi which focused on the ways that staff could help him to communicate, topics he enjoys discussing, activities which 'cheer me up', and ways that staff could know that Yoshi was struggling.

Figure 5: Communication Passport excerpt

How I Communicate

-  • By speaking and listening.
-  • When browsing newspapers and magazines I look for the pictures to get the message.
-  • I prefer information be given to me in an easy-read format with plenty of pictures.
-  • I express myself by making art. I like painting.

Fun Things!



-  • I like sports, I like playing football.
-  • I like watching TV. I enjoy the Coronation Street show and East Enders.
-  • Arts and crafts.
-  • Working out at the gym.
-  • Listening to music.

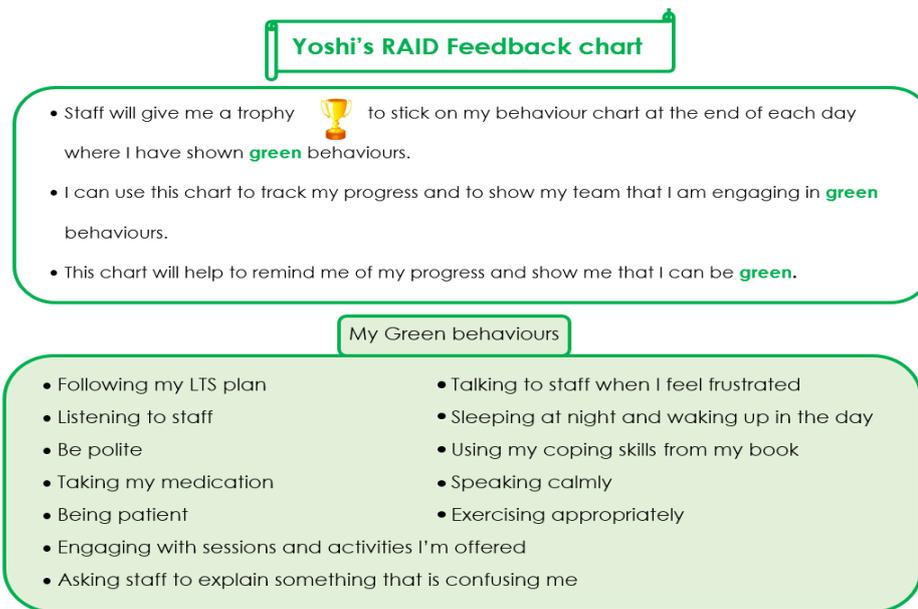
Yoshi's Psychologist developed a book of coping skills (figure 6) with Yoshi which included a variety of coping skills which Yoshi had identified as beneficial for him. These included distracting, relaxing, cognitive, mindful, and active coping skills.

Figure 6: Coping Skills Book excerpt



The Psychologist also created a feedback chart (figure 7) with Yoshi as a way for him to track his positive behaviours. This chart was designed so that nursing staff could use this as a tool to engage Yoshi in discussion of his positive behaviours thus reinforcing these.

Figure 7: Feedback Chart excerpt



The Psychologist offered support to nursing staff on a weekly basis to enable them to reflect on the vital role which they play in the implementation of this RAID® approach. This was facilitated through allowing dedicated time for staff to reflect on their practices, ask questions regarding reinforcing positive behaviour and managing challenging behaviours, discuss ways of reinforcement that work with Yoshi, and allowing them space to discuss their own wellbeing.

Yoshi's Social Worker ensured that family links were upheld through this process and Yoshi was supported to contact his mother on a regular basis. The social worker maintained weekly contact with Yoshi's mother so that she was aware of the LTS plan and the progress which Yoshi was making.

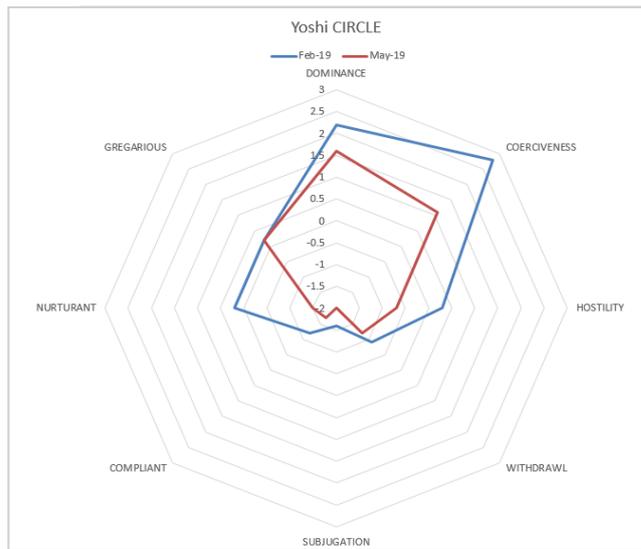
Yoshi's Psychiatrist worked with Yoshi to review his medication on a weekly basis, Yoshi reported that this helped to ease his anxieties and feel more in control of his medication regime.

Nursing staff played a vital role in noticing and reinforcing Yoshi's positive behaviours. They did this in many ways including praise, acknowledging times when he engaged positively, allowing him the opportunity to explain his success to those who were not there (discussion of Yoshi's positive behaviours took place during hospital wide morning meetings so that staff were aware of behaviours that they could talk about with Yoshi), and the positive reinforcement of accessing activities which were important to Yoshi at times when he was behaving positively. Following the implementation of this approach Yoshi's challenging behaviour was steadily replaced with positive behaviour and LTS was terminated.

Evaluation:

A key benefit of utilising this approach with Yoshi was the impact that this had to strengthen his relationships with staff and peers. The Chart of Interpersonal Reactions in Closed Living Environments (CIRCLE²) was used to assess these relationships, through observations from those working with Yoshi. Interpersonal style refers to the characteristic ways in which a person manages their relationships with others². The CIRCLE was completed in February 2019, prior to Yoshi commencing on the RAID® informed LTS timetable, and again in May 2019 once LTS had been terminated (figure 8).

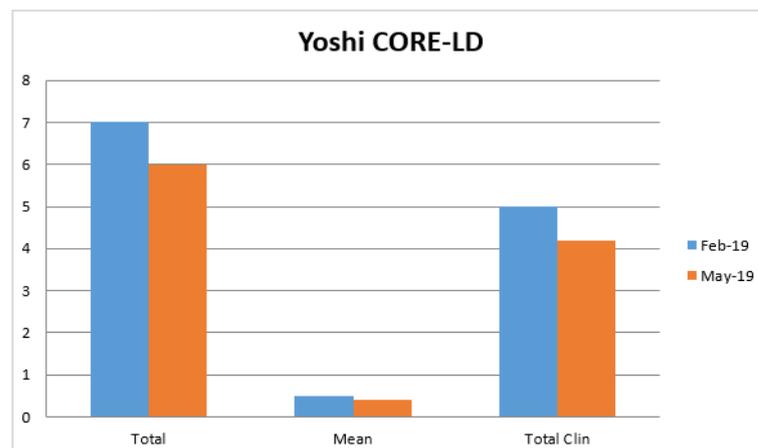
Figure 8: CIRCLE data



Results on the CIRCLE indicated that staff regard Yoshi as less forceful, argumentative, demanding, aggressive, uncooperative, isolative, and avoidant, it is believed that this is due to the change in LTS plan and the emphasis on the RAID[®] approach. Staff did report finding Yoshi less docile and approachable, it is thought that this might be a reflection of Yoshi’s gaining more control over his LTS plan and taking a more active role in working through this.

Yoshi’s experiences of distress were also assessed using the CORE-LD³. Results indicated that Yoshi’s levels of mental distress decreased following the introduction, and subsequent termination, of the RAID[®] informed LTS timetable (figure 9).

Figure 9: CORE-LD data



Conclusion:

By working collaboratively within the RAID® approach there has been a significant reduction in Yoshi's challenging behaviours. Yoshi's quality of life has increased, his mental distress has decreased and he is continually building stronger and more positive relationships with staff.

While there have been improvements for Yoshi in reducing incidents of challenging behaviour there have also been benefits for the staff on Rufford Ward who work closely with Yoshi.

Working with challenging behaviour is challenging.

Exposure to repeated incidents of challenge behaviour has many adverse effects, including negative emotional reactions to challenging behaviour, emotional exhaustion and burnout⁴. All of which can have a negative impact on the quality of care delivered for example staff responding to the challenging behaviours rather than to Yoshi, entering into a punishment cycle, and modelling negative behaviours. Integrating the RAID® approach within LTS has increased staff's motivation, self-efficacy, sense of pride in their job roles, confidence in working with Yoshi, and ability to notice and reinforce the positive behaviours he displays on a daily basis.

Please contact Dr Hannah Carton for references.