

Entry for the 2015 RAID Awards for Working with Challenging Behaviour: **Women's Service, St Andrew's Healthcare.**

Summary

The St Andrew's Women's Service is a RAID Centre of Excellence and was given an APT Excellence in Risk Assessment and Management Award in 2014. The service has based its 'Best Practice' on RAID and published over 25 papers on the effectiveness of treatment within that therapeutic milieu. A number of interrelated working with Challenging Behaviour initiatives have included the development and evaluation of a Safety Level system. This submission describes the development and evaluation of a project to teach de-escalation skills to staff in a ward setting with patient involvement. Details of the training and its positive impact in terms of patient behaviour, reduced levels of restraint and seclusion and positive staff appraisal are described. The study has been accepted for publication.

Reference:

Long C.G. Afford. M. Harris R & Dolley O. (in press). Training in de-escalation: An effective alternative to restrictive interventions in a secure psychiatric service. **Journal of Psychiatric Intensive Care.**

Excellence in Working with Challenging Behaviour: St Andrews Women's Mental Health Service

The St Andrews Women's Mental Health service is a RAID centre of Excellence and was given the APT Award for Excellence in Risk Assessment and Management in 2014. These awards recognise the adoption on milieu approach (RAID) to the management of challenging behaviour that emphasises the reinforcement of positive behaviour. This cornerstone of care was elaborated in a 'Best Practice' paper outlining the principles and treatment philosophy of the service (Long et al 2008 Clinical Psychology and Psychotherapy 15, 304-319). Since this time the service has published 25 papers evaluating and endorsing this treatment approach. The service has recognised the need for the 'Reinforce Appropriate' milieu approach to be balanced by the application of contingencies to prevent ineffective behaviours being reinforced. It has therefore developed and implemented a Safety Level System (SLS) as one of the cornerstones of relational security. The SLS has been positively evaluated by both staff and patients who have experienced the system (Long et al 20 Forensic Update, 113, 7-18)

More recently the service has developed refined and evaluated its training of staff in de-escalation techniques in accord with least restrictive practice principles. The rationale for this was that de-escalation or 'talk down' methods were not always thorough or at an

advanced level because of a failure to pull together different techniques and assemble them into a meaningful picture.

This emphasis on de-escalation was viewed as a vital strategy in developing and maintaining a therapeutic alliance and in helping patients to view themselves as participant in their treatment.

The Women's Service de-escalation training programme was extensively modified in 2012 and implemented and evaluated in 2013/14. Major difference included the routine involvement of all parties in all challenging behaviour/risk Management discussion; increased use of bespoke conflict resolution training in the work environment; and a significant increase in the proportion of time spent on training in de-escalation. Formerly taught as a strategy to be used in the context of restraint, the revised emphases of training was on the use of de-escalation to prevent the need for restraint and seclusion. Accordingly the proportion of time allocated to de-escalation in PMAV training was increased significantly.

The de-escalation training devised and delivered had the following elements:-

- I. Recognition that de-escalation is a skilled intervention that is used when patients move to a state recognised as pre-aggressive.
- II. The distinction between hostile and instrumental aggression and its relationship to patient characteristics
- III. Recognising indicators of escalation (e.g. posture, gesture, inconsistent behaviour, invasion of personal space)
- IV. Risk assessment in situ (e.g. do I have the correct training?; am I alone?; has the person abused or threatened me/others before?)
- V. Non-verbal aspects of de-escalation (proxemics; eye contact; boundaries; facial expression; environment; your appearance; your hand movements)
- VI. Verbal skills (managing pitch, volume, tone; listening; agreeing; acknowledge/checking feelings; distraction; negotiation). Stress is placed on the importance of a match between staff's verbal and non-verbal behaviour given the primacy of body language over words in social interventions (Mehrabian 1972)
- VII. Self-awareness (of what may lead to escalation; stress factors that may affect situation management)
- VIII. Plan (ask how you can help; be goal orientated; honest; reactive; provide a 'way out' for the patient; don't make promises you can't keep)
- IX. The assault cycle/escalation period; crisis phase; recovery; post crisis depression
- X. Finally, the importance of building positive and therapeutic relationships with patients; peer support

We evaluated the impact of this by comparing the year prior to the revised training (2011) with the year following it (2013) in terms of risk behaviours, rates of seclusion and restraint, in-patient behaviour and staff views on the benefits of training in the year before and the year following change. Results show that an increase in on-ward training and more training time devoted to prevention and de-escalation was reflected in reductions in risk behaviours, seclusions, time spent in restraint and staff injuries. Staff rating of patient behaviour

following change showed improvements in patient insight into risk, inappropriate behaviour, programme participation and relationships with staff.

A survey of staff views showed that 93% of staff agreed with increased emphasis on methods of prevention and de-escalation: 85% felt that patients were more routinely involved in their de-escalation and risk management plans; 92% felt that on ward training had developed their communication and de-escalation skills; 88% felt that more supported at ward level because of the training; and 90% felt that the de-escalation training had had a positive impact in reducing restraints and seclusions. (Long et al in press. **Journal of Psychiatric Intensive Care**)

The de-escalation initiative is one of a series aimed at working positively with challenging behaviour. Others including using positive behaviour change principles to increase physical activity (Long et al in press. **Mental Health Review Journal**) systematic use of Behaviour Chain Analyses (BCAs); the use of sensory integration techniques; and timetabling leisure activities at weekends, given the relationship increased activity and lower levels of challenging behaviour at weekends (Nijman et al 2002)