

The 2016 RAID awards for excellence in working with Challenging Behaviour

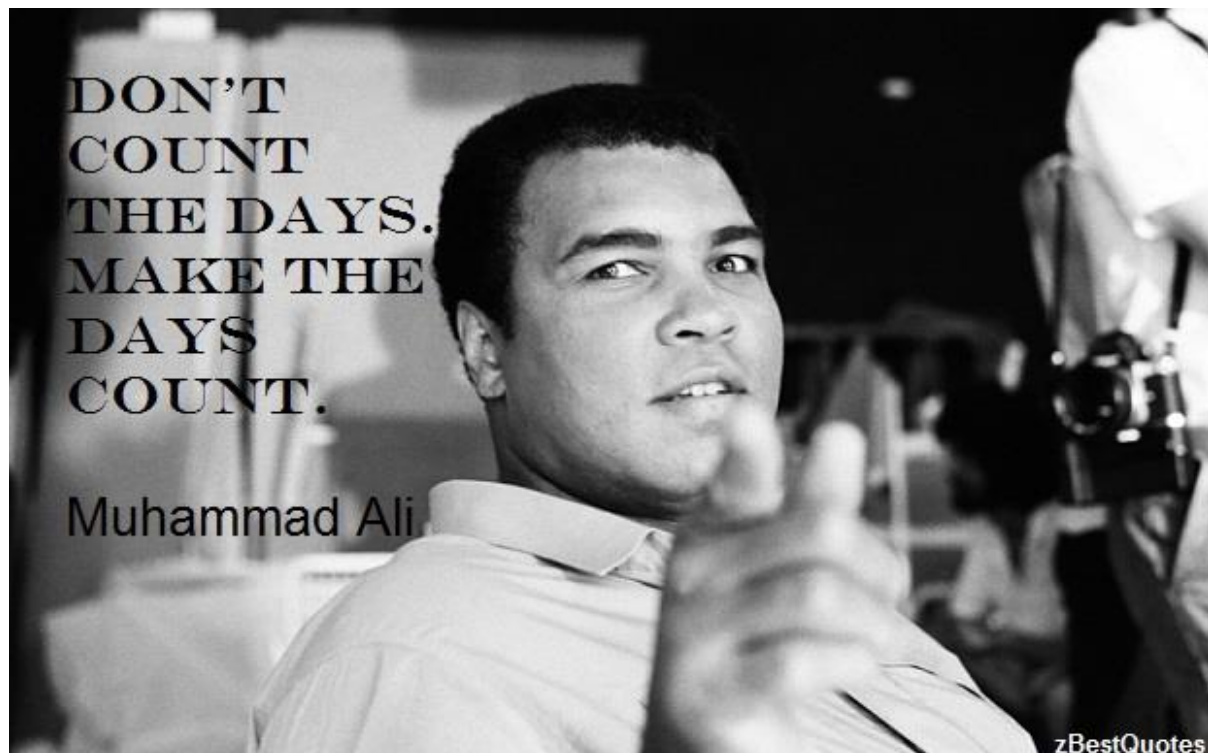
Entry:

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Every Day Counts: An Approach-Goal Feedback System for Patients within a Medium Secure Unit.



Summary

Rose Ward is a 17 bedded medium secure unit for men with a brain injury.

This brief report summarises the introduction and two 6-monthly reviews of a positive behavioural feedback system. This aimed to help patients to engage with their rehabilitation and achieve their goal of moving to a low secure environment. A number of positive outcome measures are reported, including readiness for transition, levels of aggression and patient feedback. The system has incorporated a relevant slogan 'Every Day Counts' and meaningfully illustrates this to patients who can feel like they are trapped in a counter-productive system. Planned future developments are described.

Introduction

Patients are often placed within Medium Secure Units (MSU) because they have exhibited behaviours that have challenged society's norms. The efficacy of interventions developed for this population can be affected by systemic factors often overlooked within individual delivery. For example, hopelessness occurs, because of the prolonged stay in secure care (Mezey et al., 2010), contributed to by the chronicity of pathology, or bureaucratic/placement pathway delays (Sales & McKenzie, 2007). In addition, relapse-prevention, whilst wide-ranging, focusses on avoidance of challenging and risk-related behaviours. Goals focussing on behaviour-avoidance can adversely affect engagement and motivation (Mann et al, 2004), as any instance of such behaviour is a failure to achieve that goal. Thus, within an MSU whilst an individual's goal may be to avoid exhibiting aggression, the frustration of their situation may increase the likelihood of aggression. As any such occurrence symbolises an immediate failure, even after prolonged success, then there is a potential downward spiral of hope, engagement and motivation. Ways of increasing hope, engagement and motivation are therefore key mechanisms in increasing compliance with treatment and promoting immediate reduction of the risk of aggression and positive long-term behavioural change (Jeandarme et al, 2016).

The Good Lives Model (GLM) (Ward & Stewart, 2003) is based on positive psychology, which promotes the use of individual strengths to achieve a satisfactory life, including engagement, physical health and a future focus. The GLM focuses on Approach Goals (working towards something), rather than Avoidance Goals. This intervention describes use of the GLM to overcome the systemic barriers, progress to date and anticipated developments.

Development of the System

Rose Ward is a 17 bedded MSU for men with acquired brain injury. The average age is 37 (range 21-57); average age at ABI was 17 (range 1-40); average ACE-III score is 66 (range 35-84); and average length of admission is 33 months (range 1-65).

In June 2015, after extensive consultation with staff and patients a simple, immediate, daily behavioural feedback system was introduced, to highlight links between behaviour and rehabilitation progression. A Traffic Light System (TLS) was used, as due to commonality (i.e. on roads, food choice), it was easily understood, requiring minimal cognitive load. This also aligned with proposed models for Positive Behaviour Support Plans (PBS) and menu planning. Agreed definitions and transition times for each colour are described in Table 1.

Table 1: TLS definitions

TLS Colour	Indicative Behaviour	Leave guidelines	Transition time
Green	Settled behaviour, as required for referral to and successful residence within a low secure unit.	As per individualised risk assessment. Up to individual community leave with 1:1 escort.	Can remain on this indefinitely
Amber	Some agitation/ verbal aggression	As per individualised risk assessment. Up to ground leave 1:1	3 days
Red	Severe verbal and any physical aggression, i.e. ratings of 4+ on OAS-MNR	As per individualised risk assessment. Ward-based/ leave within MSU	2 days

Time lapse fits with guidance suggested by acute risk-assessment tools such the BVC-CH (Woods & Almvik, 2002) and allows time within stages to assess mental state/causality of incidents and tempered re-introduction to potential stressors. Patients were verbally told of their colours if they asked/changed. Weekly Community Meetings and a Better Lives Groups reinforced achievements and promoted discussion, to review satisfaction and delivery.

Review 1: Counting the Behaviours (December 2015)

A six month review highlighted that when behaviour was classified as 'red' disappointment sometimes manifested in increased anger. Patients however, understood the system, demonstrated pride and highlighted longevity 'on green' Reliability of this was confounded as ongoing records had not been kept. The system was placed under review alongside the introduction of PBS for every patient.

Revision 1: Counting the Days

Approach goals and subgoals were identified alongside patient-led PBS Plans. The main goal was universally 'to go to low secure'. The TLS was revised to relate to this goal, so 'Green' became 'behaviour expected within low secure i.e. getting along with others, attending sessions, taking responsibility for actions. Leave-reference was minimised and decisions placed with the nurse-in-charge. Daily visual monitoring charts were implemented. Progress was discussed in all patient contact sessions. Viewing 'red' days within extended periods of mainly 'green', aided positive discussion about how behaviour could be managed better in the future, by self and others. The aim to return to and stay on green dissipated (not exacerbated) anger. In addition, nursing staff were trained on delivery of formal daily feedback sessions. It was agreed that the system would be reviewed after a further six months.

Review 2: Make the Days Count (August-October 2016)

Progress Towards Goal to go to LSU

7/17 patients (41%) were agreed by the team to be ready for, or are in process for transition to a lower secure placement.

Pre-post aggression data:

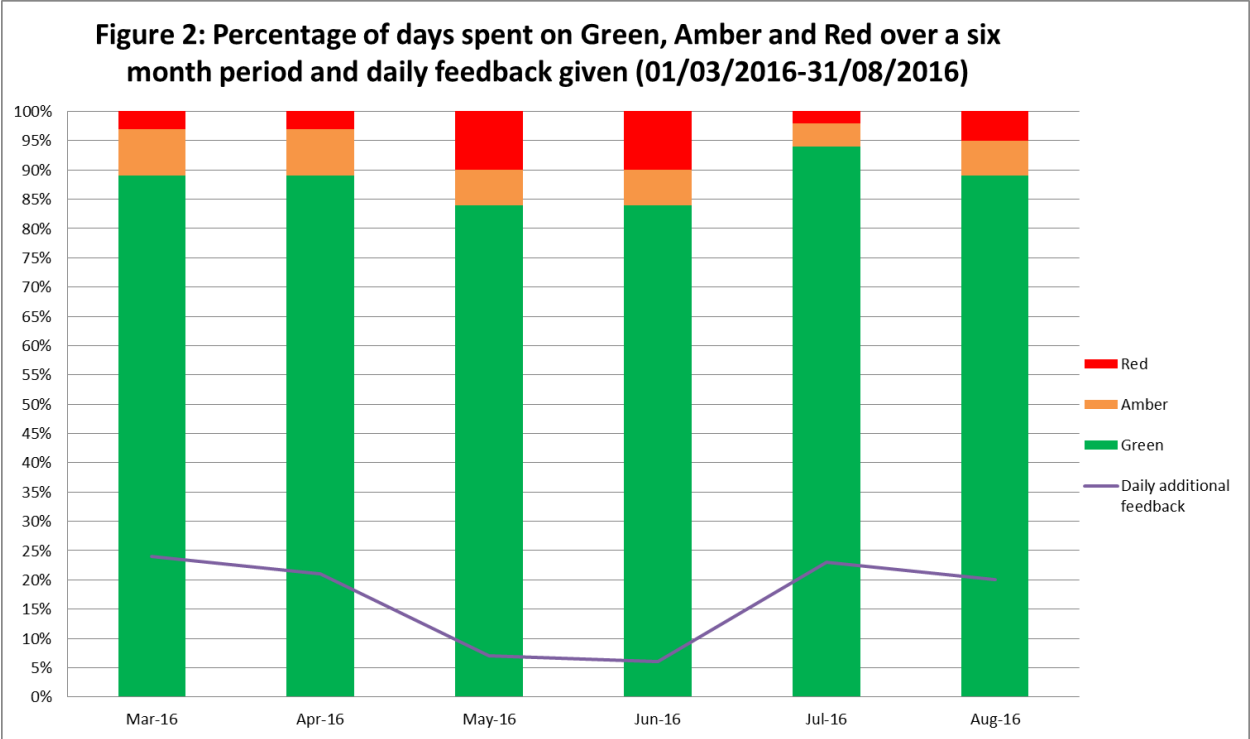
Comparison of aggression recordings for March–May 2015 inclusive (i.e. the three months immediately prior to the introduction of the TLS) with March-May 2016, numbered 1081 vs 687 respectively, a reduction of 394 (37%).

The TLS as a Positive Feedback System

Frequency of delivery of formal daily behavioural feedback sessions was compared to the daily monitoring on the TLS. The results, illustrated in Figure 1, show that from March-August 2016, Rose patients were on green for 88% of the time, and only spent 6% of the time on amber or red (see figure 1). On average, daily feedback was conducted for each patient 17% of the time.

Patient Feedback

12 patients were asked to complete a questionnaire on the TLS – 5 were too unwell to respond. Prior to completion they were verbally asked whether they would describe the TLS as ‘positive’ or ‘punishing’. 9 patients reported that they felt the TLS was ‘positive’, and 3 patients did not



answer, 1 of whom was too unwell to respond, The 2 who declined do not participate in many 1:1 or group interventions, but interestingly do participate in and request feedback about their TLS status. Patients’ responses to the questionnaire were positive, with many references to the benefits of being on green for leave and moving on. There were no concerns about being stuck on red. Results contained in Appendix 1.

Staff Feedback

An Away Day was attended by 14 staff members. A second Away Day was cancelled due to staff shortages. Staff reported satisfaction with the system. Relevance of items within the guidance sheets were reviewed, with changes subsequently made.

Clinical Psychology Peer Review

Overall, the TLS was well received and suggestions were made with regard to presentation, wording and order of items to increase a positive approach.

Revision 2: Every Day Counts

As a result of this review, the TLS has been maintained and improved.

The guidance sheets have been simplified and now go from green to red, not red to green (Appendix 2).

A slogan quote by Mohammed Ali has been adopted 'Don't count the days, make every day count'. Thus even when there are delays in this process and there is repeated questioning of 'When am I going to low secure?', they are reminded that 'every day counts' and is recorded as evidence of suitability. Observationally, patients are more engaged in development of functional analysis and risk assessment when challenging behaviours are exhibited and generally engage more in functional activities and therapies, as they can see the relevance of these in preparation to going to a LSU and onwards to the community.

Discussion

As a system of behavioural support and feedback, the TLS has contributed to the patients' goals of preparing for transition to low secure; reducing aggression; and recognising green behaviour. Despite the lack of formal daily feedback, patients showed awareness of their TLS status, suggesting that this method of self-monitoring was more effective in maintaining a sense of achievement than relying on external systems. Patients' attitudes to the system was positive, showing approach-orientation to remain on green and working towards longer term goals, as 'every day counts'..

Future Work

High staff-turnover of has contributed to inconsistency in application (i.e. emphasis on leave), so the Directors have been approached to support staff-training and re-introduction of reflective practice/ supervision. As this model is now relatively enculturated, it would be timely to consider extension, with the obvious being adoption of the RAID approach, to further define and promote specific green behaviours. Whilst covered within the GLM, RAID is used across other parts of the service, so this would promote continuity.

This review has not incorporated the essential, GLM-based, parallel work on Healthy Living. Targeted goals on health and self-responsibility have been identified for all patients and would form ideal approach-goals in either RAID or GLM terminology. Resources have been provided and psychology volunteers identified to carry out this work.

References

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Appendix 1

Traffic Light System -Patient Questionnaire Responses

Patients were requested to complete this questionnaire, with 1:1 assistance from the Assistant Psychologist. 11 patients completed the questionnaires, although 1 patient's responses were excluded as his answers reflected his paranoia about events occurring before admission into hospital. 4 other patients approached declined.

1. What do you like about the traffic light system? **POSITIVE FEEDBACK**

- I like being on green because I get community leave. If you stay on green you go to low secure hospital.
- It teaches people how to live in a community and also how to live in a consensive of different people.
- It is better for staff and patients for staff to look after all patients.
- I like it when I'm on green because I keep up with positive behaviour.
- It's positive, it helps me move on, I find it easy .
- It's positive, it's to do with happiness. It helps me understand how I do my sessions, how I get access to grounds, it's just good.
- It's good to be on green because I can get out more. It shows me how well I'm doing. I know that I can have community leave. If I go down levels it's good to know when I can have my leave back again and smoke again.
- Takes less time to get back to green compared to the old 5 level one. Get leave faster. I like knowing how long it will be before I go back on green. Overall, I like the system.
- I like being on green. It's easy to understand. I get to do all the thing I want to do whilst on the system.
- I like being on green because it gives me access to go outside, to the gym, to the sports hall, swimming pool. It's easy to understand. It's a good idea, keeps everyone in place, to look forward to achieving their green or amber.

2. What do you dislike about the traffic light system?

- Being on red. You have to stay on the ward.
- How long the lights take to change.
- It is very nice to patients do not speak down or like arguments.
- It is a really good system.
- Being on red.
- Nothing. I don't go onto red and I don't want to.
- I don't like going on red, you can't do anything. I'm not on red that much.
- Some people get to go out within 6 hours rather than 5 days which is unfair. Especially when they hit someone. And then I self-harm and can't go out for a while.
- I don't like being on red. Sometimes on my family visits you can't go out in the grounds because you're a risk to the public.
- I don't like it when people are stopped from going out/.

3. What would make it better?

- Staying on green.
- It could disappear.
- Like argument and stay on green.
- To keep us active so that we're in the right state of mind.
- If it was used all over the UK in hospitals so when people go into hospital they can use it.
- If everyone could have the same system as some people are on different TLS systems. Because everyone is the same, we are all people.
- If they made it the same for everyone or lower the restriction down for self-harming.
- If I just stayed on green. I don't like that if I make threats they take my level off me but I understand if I am aggressive.
- Nothing, I don't mind it.

4. What would help you stay on green?

- Stay settled, listen to staff.
- Not having amber or red as a choice.
- It will help you more to get out of here.
- More opportunities.
- Feedback and reassurance.
- Stay away from trouble, don't listen to others when they do bad things. Just focus on listening to staff – doctors, nurses, psychologists.
- Listen to music.
- Being able to go on leave and see family as it encourages me.
- Keeping myself to myself. I get on well with the staff so it's all good.
- Staff reminding me about when I'm going to get my community leave.

Appendix 2

Traffic light guidance sheets

Levels of Support

Green

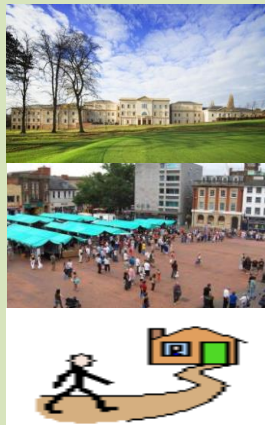
Normal levels of support

The team will talk to you about when you can have access to:



- The kitchen
- Industry
- Workbridge
- Vocational placements

You can request ground leave, community leave & home leave

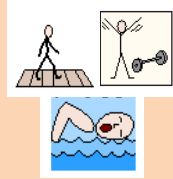


KEEP UP THE GOOD WORK AND WELL DONE!



Amber

More active levels of support



You can have escorted leave in the building for sessions & Townsend. Ground leave decided by MDT and nurse in charge.



Your family and friends can visit you.



Personal items continue to be risk assessed.



YOU CAN MOVE TO **GREEN** AFTER **3** DAYS

Red

Very active levels of support



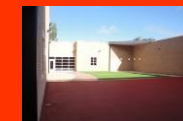
Leave is limited and decisions made by MDT and nurse in charge.



Family visits will be reviewed and will only take place on the ward.



Personal things in your bedroom will be risk assessed



You can use the courtyard










YOU CAN MOVE TO **AMBER** AFTER **2** DAYS




What do I have to do?

Green

To stay on **Green** I should try to:

- Attend my sessions 
- Follow ward round feedback 
- Take my medication properly 
- Wait patiently when asked to 
- Look for staff support when I need it 
- Follow ward rules 
- Ask for something if I am bored. 

My **Green** light is reviewed






- Hit others **or** try to harm others 
- Harm myself **or** am at risk of harming myself 
- Break or smash up property 
- Threaten or scare people 
- Bully or pick on people 
- Shout and swear at staff 

KEEP UP THE GOOD WORK
AND WELL DONE!








Amber

To get my **Green** light I should try to:

- Try to attend my sessions 
- Follow ward round feedback 
- Take my medication properly 
- Wait patiently when asked to 
- Look for staff support when I need it 

My **Amber** light is reviewed if I:




- Hit others **or** try to harm others 
- Harm myself **or** am at risk of harming myself 
- Break or smash up property 
- Threaten or scare people 
- Bully or pick on people 

YOU CAN MOVE TO **GREEN**
AFTER **3** DAYS






Red

To get my **Amber** light I should try to:

- Try to attend my sessions 
- Follow ward round feedback 
- Take my medication properly 

My **Red** light may continue if I:

- Hit others **or** try to harm others 
- Harm myself **or** am at risk of harming myself 
- Break or smash up property 

YOU CAN MOVE TO **AMBER**
AFTER **2** DAYS

