

# The Clinical Utility of the Relational Security Explorer

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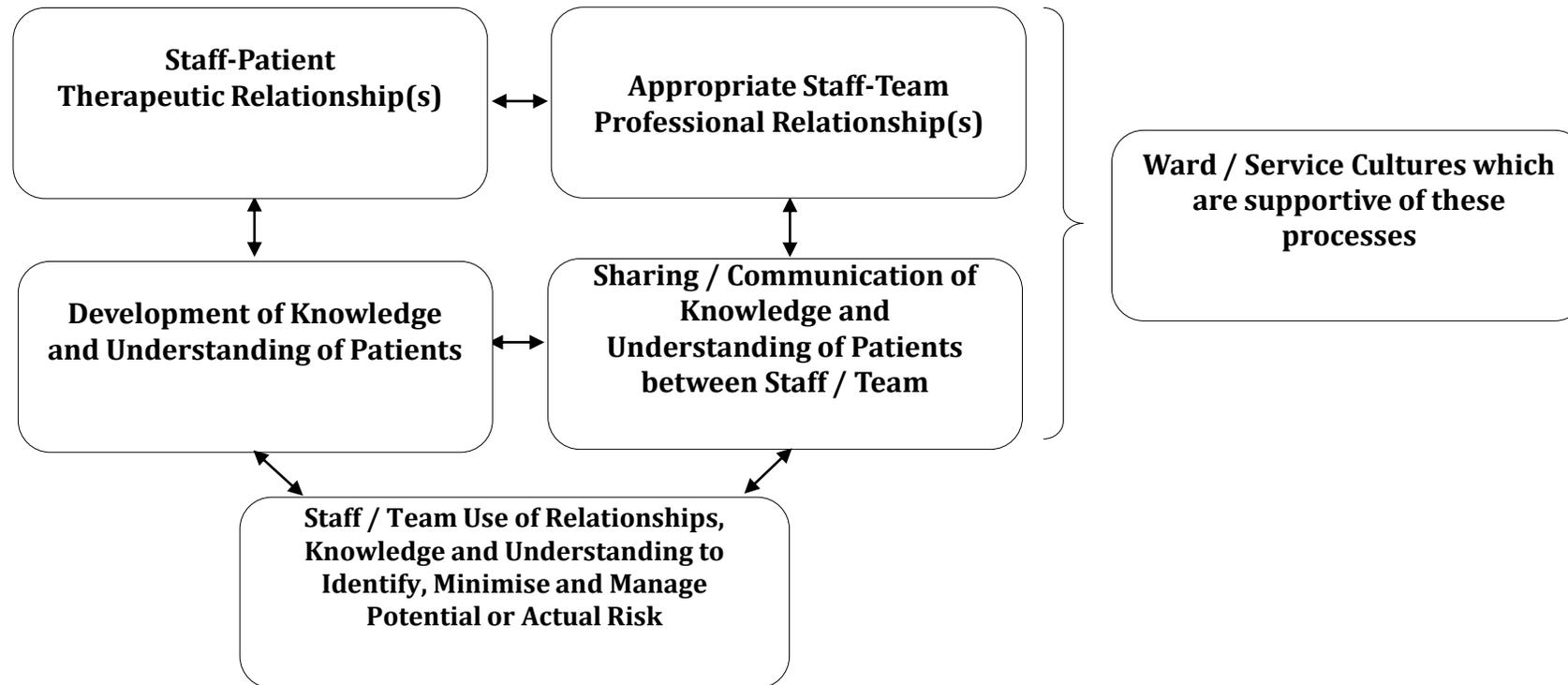
# Overview of Presentation

- ▶ Reflections on definitions and measurement
- ▶ The role of relational security tools in achieving good practice
- ▶ Evaluating relational security tools

# Reflections on Definition

- ▶ Rewinding back to pre 2010 - pre See, Think, Act.
- ▶ *“Of all the elements of security, relational security has always felt the most difficult to describe...” (Appleby, 2010).*
- ▶ Multiple definitions of relational security, few of which actually described how relational issues could affect security.
  - ▶ “Boundaries”, “Therapeutic relationships”, “staffing levels”.

# Conceptual framework (Chester and Morgan, 2012)



# Reflections on Measurement

- ▶ Auditing is important is an important component of ensuring quality of care and practice. It can highlight strengths, and direct interventions where necessary.
- ▶ Pre See, Think, Act few available tools to help measure or improve practice in relational security.
- ▶ Tools available measured single aspects, e.g. an individual patients staffing requirements.
- ▶ Traditionally proxy measures have been used, e.g. staff satisfaction, staff turnover, levels of incidents on wards. However, the precise link between these factors and relational security has not always being explicit.

# This resulted in...

- ▶ Relational security being considered as the “poor relation” (Tighe and Gudjonsson, 2012).
- ▶ Confusion about the concept, and no way of evaluating the standard of relational security practice across services.
- ▶ Incidents which had their root causes traced back to issues in relational security often happened “out of the blue” or “without warning”.

# Introduction of See, Think, Act (2010)

- ▶ Provided a set of freely available, user friendly, quality resources, which brought relational security to the forefront of the agenda.
- ▶ Importantly, it provided a tool which aims to promote reflective practice and team discussions on relational security issues, The Relational Security Explorer.
- ▶ It also provided the foundation for the development of a psychometric measure of relational security, The See, Think, Act scale (Tighe and Gudjonsson, 2012)



# Research Evaluation

# Evaluating Relational Security Tools

## The Relational Security Explorer

- ▶ Guided reflective practice / team discussion facilitating tool.
- ▶ Teams read through a series of good practice statements and provide a score (v1 0-10) which relates to their confidence in one of eight areas of practice; Therapy, Boundaries, Patient Mix, Patient Dynamic, Personal World, Physical Environment, Visitors and Outward Connections.

## The See, Think, Act scale

- ▶ 28 item scale aiming to measure ward and service level relational security.
- ▶ Items are a series of good practice statements about relational security, and respondents select on a 4 point scale from, 3 “Just like our team” to 0 “Not like our team”.

# Method

- ▶ Evaluated the psychometric properties\* of the measures
  - ▶ Whether they measure what they say they are measuring
  - ▶ Whether they were correlated with each other
- ▶ \*The research took the Relational Security Explorer outside of its intended use...
- ▶ 89 multidisciplinary members of staff completed both tools, and were also asked to complete a questionnaire on the clinical utility of the Relational Security Explorer.

# Relational Security Explorer Evaluation Questionnaire

- ▶ What are your overall thoughts and opinions on the Relational Security Explorer?
- ▶ Did completing the Relational Security Explorer help you to consider how Relational Security feels on your ward?
- ▶ Will completing the Relational Security Explorer have an impact on the likelihood of future security incidents?
- ▶ Do the “We know we are getting it right when” statements help you to understand the eight different elements of Relational Security?
- ▶ Is the Relational Security Explorer useful to your specific department / discipline?
- ▶ Did you make any action plans as a result of your discussions using the Relational Security Explorer?
- ▶ Would you use the Relational Security Explorer again?
- ▶ How often do you think the Relational Security Explorer should be completed?

# Results

- ▶ The See, Think, Act scale outperformed the Relational Security Explorer as a psychometric measure\*, with excellent internal consistency, and the ability to highlight differences between staff groups.

## Measuring relational security in forensic mental health services

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**Aims and method** Relational security is an important component of care and risk assessment in mental health services, but the utility of available measures remains under-researched. This study analysed the psychometric properties of two relational security tools, the See Think Act (STA) scale and the Relational Security Explorer (RSE).

**Results** The STA scale had good internal consistency and could highlight differences between occupational groups, whereas the RSE did not perform well as a psychometric measure.

**Clinical implications** The measures provide unique and complimentary perspectives on the quality of relational security within secure services, but have some limitations. Use of the RSE should be restricted to its intended purpose; to guide team discussions about relational security, and services should refrain from collecting and aggregating this data. Until further research validates their use, relational security measurement should be multidimensional and form part of a wider process of service quality assessment.

**Declaration of interest** None.

# But what did the staff say?

## Clinical Utility

- ▶ There were a number of positive comments regarding the tool, on the usefulness of the conceptualisation of relational security, raising awareness, and encouraging reflection.

It is a very useful tool for the team and raises awareness of relational issues and security within the clinical area.

Absolutely - supports the dimension or concept of relational security which some staff find difficult to grasp as it is not tangible.

It's good; the questions around the outside of the explorer encourage and promote healthy reflection

# Clinical Utility

- ▶ There were also some negative comments about aspects of the tool:

I found it a little difficult to score both sections in each element based on the statements.

Too many statements come under one section (score) so it is hard to generalise as some aspects of one section may score high and some low.

Helps 'team bonding' but the CPA and risk assessment processes are robust enough and this particular tool is not that crucial.

# Clinical Utility

- ▶ Participants were asked whether they felt the tool captured everything they thought relevant to relational security.

Yes - I don't know more than what's in the tool so as far as I'm aware it covers everything.

No it does not cover the company ethos, the outside factors, and the way staff are treated which in turn has an effect on how people practice.

I don't think it captures information about the atmosphere.

# Clinical Utility

- ▶ Another area of interest was extent that the tool could be used by all occupational groups and departments.
- ▶ A number of participants stated that the tool was more relevant to core ward staff:

it is more useful for care staff and people entering the wards on a much more regular basis than the MDT as they experience the ward as it really is

Less so than ward staff

# Scoring

- ▶ Participants were asked about their opinion of the scoring system in operation with the tool. There were mixed views. Some were positive about the scoring.
- ▶ One staff member noted a tendency toward positive responding when filling out the tool, another felt that the process of scoring could be subjective, and concerns were raised about the meaning and reliability of scores.
- ▶ Participants were asked whether the scores they had agreed within their clinical team reflected their personal confidence to assess whether there was any impact of group dynamics. It was noted that the process of coming to an agreement of a score, is as important than the actual score itself.

Good. I think everyone can give a score 1-10. It's easily read by others

Consider such measurements in the light of staff restraint over honest opinion if it is not satisfactory.

Difficult to rate confidence - not sure how meaningful it is or whether my scores would be the same if I were to do it again.

I did at the time but doing it on my own has made me think differently

You had to compromise on some scores.

Discussing as a group give me more knowledge about security issues

# How often?

- ▶ Staff were asked questions about their opinion of the way in which the tool was currently being used within the service. Suggestions ranged from “daily” to “every three years”
- ▶ The need for timing to be carefully thought through was highlighted.
- ▶ Many participants suggested the tool be completed according to clinical need, rather than mandated intervals:

When a new patient arrives on the unit.

At points on ward (unsettled periods)

Quarterly - for reasonable improvement, too often and staff may get disheartened if things don't improve as quickly as expected.

# Outcomes

- ▶ A number of questions were designed to assess whether using the tool had any clinical outcomes, or impact on clinical practice.
- ▶ Feelings were mixed, ranging from positive to negative

It will hopefully raise awareness and self-reflection to prevent the future incidents

A paper exercise is different to real-life

# Summary

- ▶ See, Think, Act's development saw the definition of relational security improved and recognition grow.
- ▶ Two tools have been introduced which were evaluated in this research. The tools were developed for two different purposes and therefore have different strengths.
  - ▶ Use the See, Think, Act scale for evaluating relational security confidence on your ward or service.
  - ▶ Use the Relational Security Explorer for team discussions, reflective practice, staff training, supervisions...
    - ▶ But be wary of using the numbers as an indicator of practice quality.
- ▶ Both tools have drawbacks...

# Drawbacks of both tools

- ▶ Place the responsibility for relational security onto staff, neglecting the role of service management, in providing the resources necessary to achieve good practice.
- ▶ Asking staff to rate themselves in an area of their role they should feel competent in, positive responding?
- ▶ Also unclear how these confidence ratings relate to clinical practice, e.g. is a confident team a complacent team?

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# Thank you!

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