

# Staff support using low arousal approaches.

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# Challenging Behaviour

- The term challenging behaviour was first adopted in 1987 by Blunden and Allen (1987).
- Culturally, abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities". ( Emerson ,1995)
- It could be argued that the term has probably become so much a part of the language that it requires a change.

# Behaviours of Concern

- There are some who 'challenging behaviour' should be replaced with 'behaviour of concern' to highlight the ideal response of support staff rather than the challenge they must overcome. (Chan, et al, 2012).



# Low Arousal



# Low Arousal approaches: Definition

- *" attempts to alter staff behaviour by avoiding confrontational situations and seeking the least line of resistance."*

(McDonnell, Reeves, Johnson & Lane, 1998, p164)

# Low Arousal Approaches

- Reflective practice is considered to be the cornerstone of behaviour management strategies such as low arousal approaches (McDonnell, 2010).
- There is a clear link with mindfulness.
- Staff need to understand their own contribution to challenging behaviours.

# Staff Behaviour Expectations

- It is not unusual for staff to catastrophise events, often this is typified by predictions about negative future outcomes:
  - ‘It is only a matter of time before I really get badly hurt’
  - ‘he is a ticking bomb’.
- In addition if the person is perceived as in control of their behaviour (‘He’s manipulative’ or ‘she know’s hat she is doing’)

# Stress and Perceived Control

- Stress alone is not the main variable but our ability to have control over our daily lives.
- We have long advocated giving more choice and control and choice to people with intellectual disabilities (Wolfensberger, 1983, Chan et al, 2011).
- Can we measure perceived control?

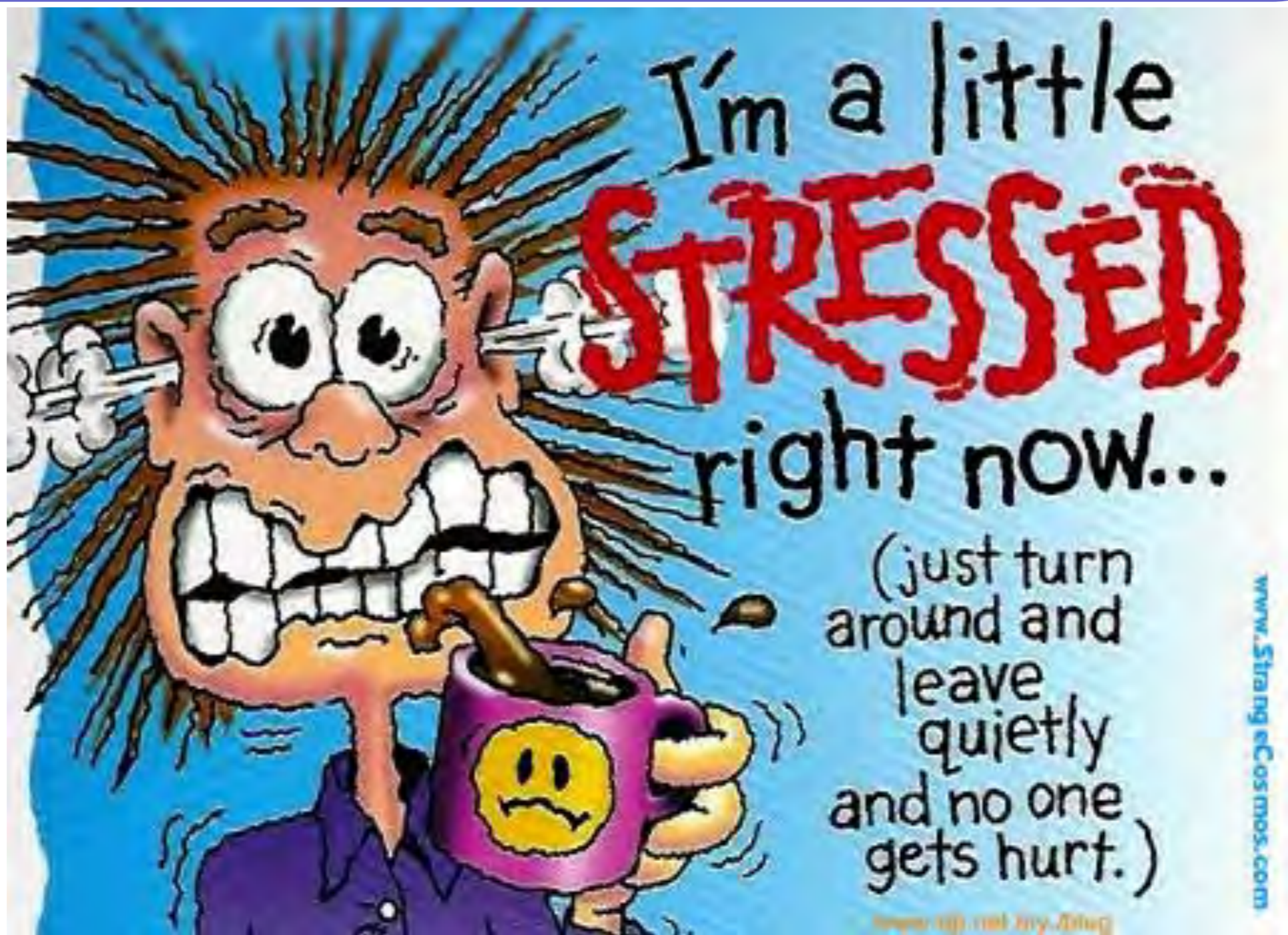


# Staff Behaviour (Attribution)

- Attempts have been made to explain staff behaviour in care environments from a cognitive behavioural perspective (Dagnan, Trower & Smith, 1998).
- Attribution models stress that staff perceptions of a situation mediate their behavioural responses. Staff may have negative thoughts about working with a particular individual in a service setting 'Oh god, I'm not working with him again' which directly affect their deeper held beliefs such as 'I can't cope with stress'.

# Controllability Beliefs Scale (Dagnan et al 2012)

- They are trying to wind me up
- They can't help themselves
- They are doing it deliberately
- They know what they are doing
- They have no control over their behaviour
- They could stop if they wanted
- They are trying to manipulate the situation
- They can think through their actions
- They don't mean to upset people
- They are in control of their behaviour
- They mean to make me feel bad
- They have chosen to behave in this way
- They are not to blame for what they do
- They know the best time to challenge
- They don't realise how it makes me feel



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# Lazarus & Folkman 1984

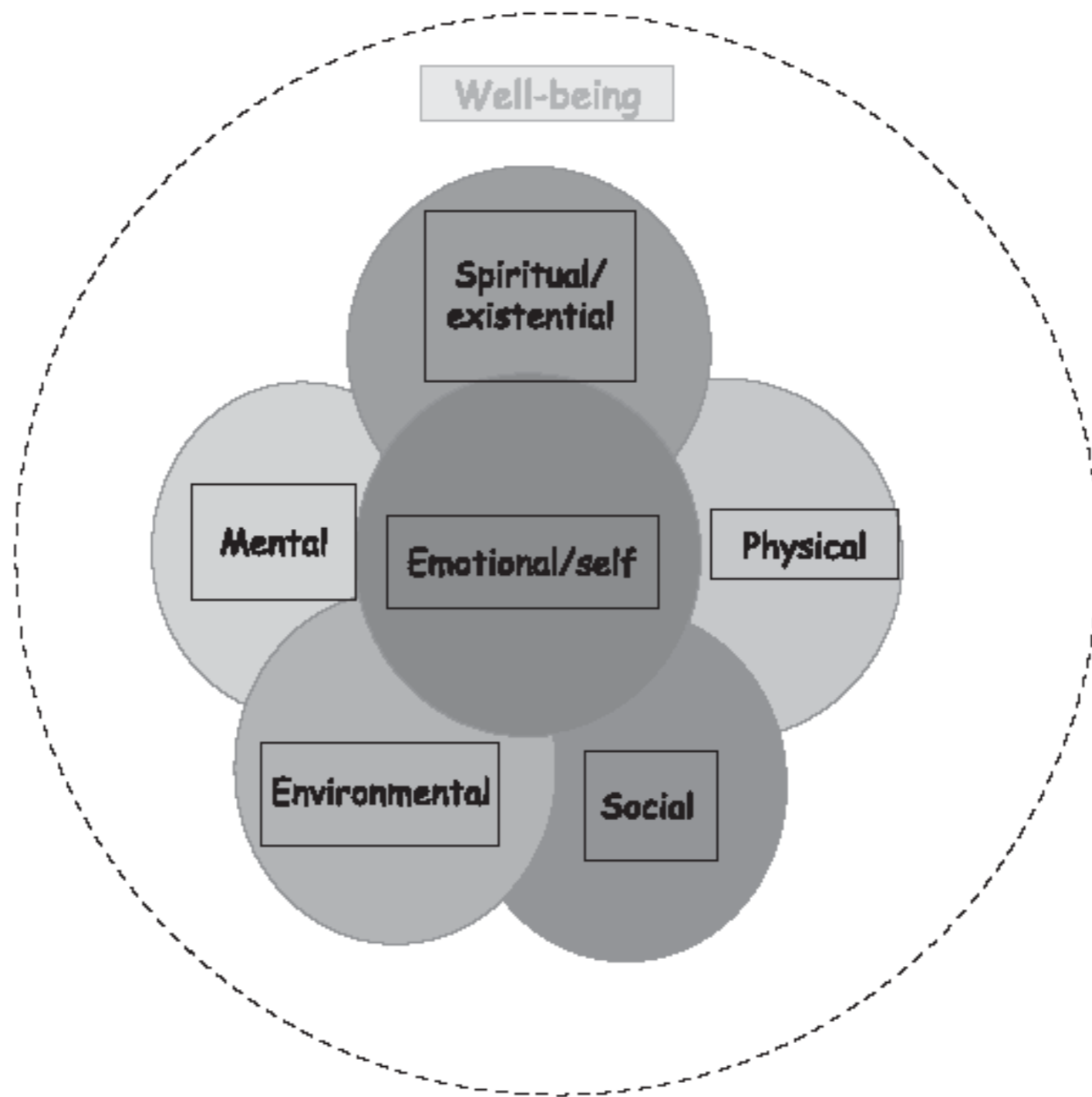
- Lazarus & Folkman (1984) described a transactional model of stress emphasizing interaction between an individual and his/her environment.
- Stress occurs when the demands of stressors outweigh coping responses and there is a clear interaction between environmental and physiological events. Implicit in this model is the cognitive appraisal of threat.

# Stress and Coping

- Lazarus & Folkman (1991) linked stress and coping.
- Coping strategies are a critical variable in this model.
- In this model individuals with high levels of stress , but with high levels of coping responses do OK.

# Wellbeing and Resilience

- Wellbeing is a general psychological term, Health is a component of wellbeing
- Health models tend to focus on building resilience to negate the effects of illness.
- Psychological resilience is viewed as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences. (APA)



# Benefits of Wellbeing

**Evidence shows that people with positive well-being**

- Live longer
- Have less coronary heart disease
- Are more likely to survive cancer
- Show faster wound healing times
- Are less likely to succumb to a standard dose of virus



# Physical Exercise for Carers

- There are relatively obvious benefits of regular exercise in reducing anxiety (Petruzello, Landers, Hatfield, Kubitz & Salazar, 1991).
- Exercise can reduce and stabilise cortisol levels over time (McCreadie & McDonnell 2013).
- McGimsey and Favell (1988) found that when severely aggressive and hyperactive clients were exposed to two daily periods of jogging and strenuous activities there was a systematic reduction in problem behaviour for 8 of the 10 participants to levels considered not a problem or only an occasional problem.
- Do we consider the physical fitness levels of staff who work with people who challenge?

# Tools

- Increase cardiac activity of all types.
- Focus on everyday health issues that may be unresolved (ie gastric issues, pain, migraine etc).
- Focus on sleep.
- Focus on diet.
- Give people more control over their lives.



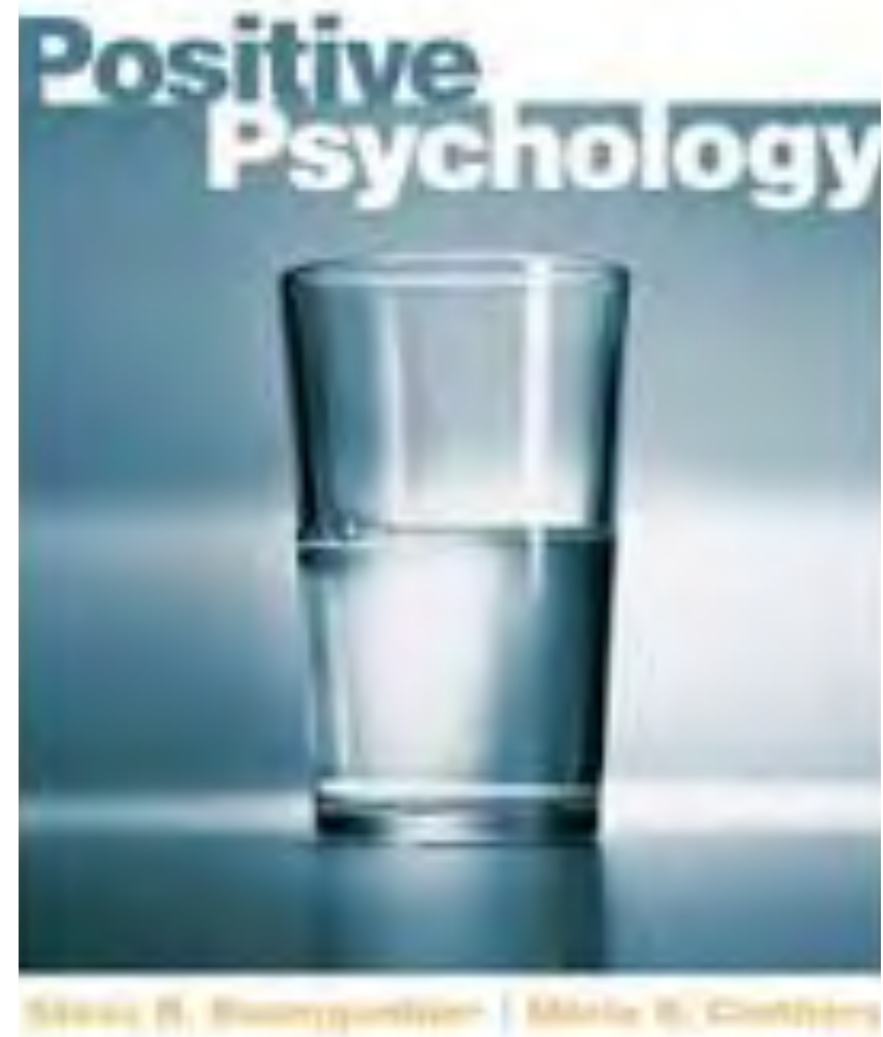
# Work from a positive framework

- The emergence of positive psychological approaches to working with people with intellectual disabilities has been partly a focus on constructional approaches (Goldiamond, 1974) to behaviours
- Focus on strength building and resilience rather than repairing damage.



# Positive Psychology

Positive psychology is concerned with the pleasant life, the engaged life and the meaningful life (Carr 2011, pp2)



# Tools

- Use positive language
- Focus on positive experiences and activity.
- Avoid focussing on negatives.
- Model positive engagement with people.



# Martin Seligman

- Seligman started his career conducting animal experiments (usually involving electric shocks see learned helplessness). He is now a leading guru in positive psychology.
- He is one of the most cited psychologists of the 20th Century.
- This is a major transformation and quite inspirational.



# Martin Seligman

- A science of positive subjective experience, positive individual traits, and positive institutions promises to improve quality of life and prevent the pathologies that arise when life is barren and meaningless. (Seligman 2000, pp5)



# The PERMA Model (Seligman, 2011)

- Positive emotions
- Engagement
- Relationships
- Meaning
- Accomplishment \ Achievement.



# Positive Emotions

- Feeling good helps us to perform better at work and study
- It boosts our physical health by strengthening the immune system.
- Feeling good is contagious. Seeing smiles makes us want to smile. Hearing laughter makes us feel like laughing.

## "Positive Emotions"

- Love
- Gratitude
- Interest
- Joy
- Hope
- Amusement
- Pride
- Inspiration
- Awe
- Serenity

# Measuring happiness

- There have been many attempts to measure happiness.
- Fordyce (1988) developed a simple 2 item measure.



In general how happy  
do you feel?

10 point scale ranging from 10= feeling ecstatic, joyous,  
fantastic to 0= utterly depressed or completely down

On average what percentage  
of the time do you feel happy  
(or unhappy or neutral?)

Scale is a percentage of time

# Question 1 = 6.9

Question 2 Average score = 54%

# Happiness and wellbeing

- 40% of happiness may be determined by intentional activities, 50% genetic and 10% life circumstances (Lyubomirsky, Sheldon & Schkade, 2005).



# Tool

- Consider happiness and the experiences of positive emotion.
- When do I observe that a person appears to be happy.
- Rate happiness daily.
- How happy would you rate the person to be today ( 10 point scale)
- What percentage of the time would you say they are happy?

# Three Good Things Exercise

- Three good things in life - Participants were asked to write down three things that went well each day and their causes every night for one week. In addition they were asked to provide a causal explanation for each good thing.



# Three great things that happened today on shift

- You can see how Seligmans ideas can be translated to care environments
- For 1 week staff ending every shift have to write about 3 positive things that occurred on their shift.
- You can also ask them to describe 3 things that made them smile.

| Three positive thing the person did | What did you do?                 | Why did this happen?        | What did I learn?  |
|-------------------------------------|----------------------------------|-----------------------------|--------------------|
| 1                                   | He paid me a compliment          | Dont know                   | he can be kind     |
| 2                                   | He stayed calm in the shop       | Seemed very relaxed         | He can surprise me |
| 3                                   | He really laughed in the kitchen | Staff member cracked a joke | Sense of humour    |

# Engagement

- Many activities such as running, computer games chess etc motivate us. If you have a job you love, you probably feel this way at work. We are most likely to fulfil our own unique potential when we are engaged in activities that absorb and inspire us.



# Relationships.

- Socially supportive relationships within families and close groups are associated with greater wellbeing health and longevity (Diener et al, 2008; Dickerson & Zoccola, 2009).



# Tools

- Imagine every week you now have one spare hour every week to spend positively with someone.
- Can you think of someone?
- Is there a person that you would not want to do tennis with.
- Honesty is key.

# Empathy and Double Empathy

- Many advocates of Theory of Mind argue that people with autism lack empathy. Due to the fact that they struggle taking the perspective of others and have difficulty reading emotions.
- Our experience is that many people can understand empathy but are relatively poor at expressing feelings.
- Empathy is different from sympathy.
- Milton (2012) referred to a double empathy problem where carers also struggle to empathise with people with autism. Encouraging empathy is a key positive component. "he has feelings like me".

# We are part of the Problem

- The vast a majority of challenging situations are inadvertently triggered by supporters (McDonnell, 2010)
- We are often unaware that we can trigger situations.



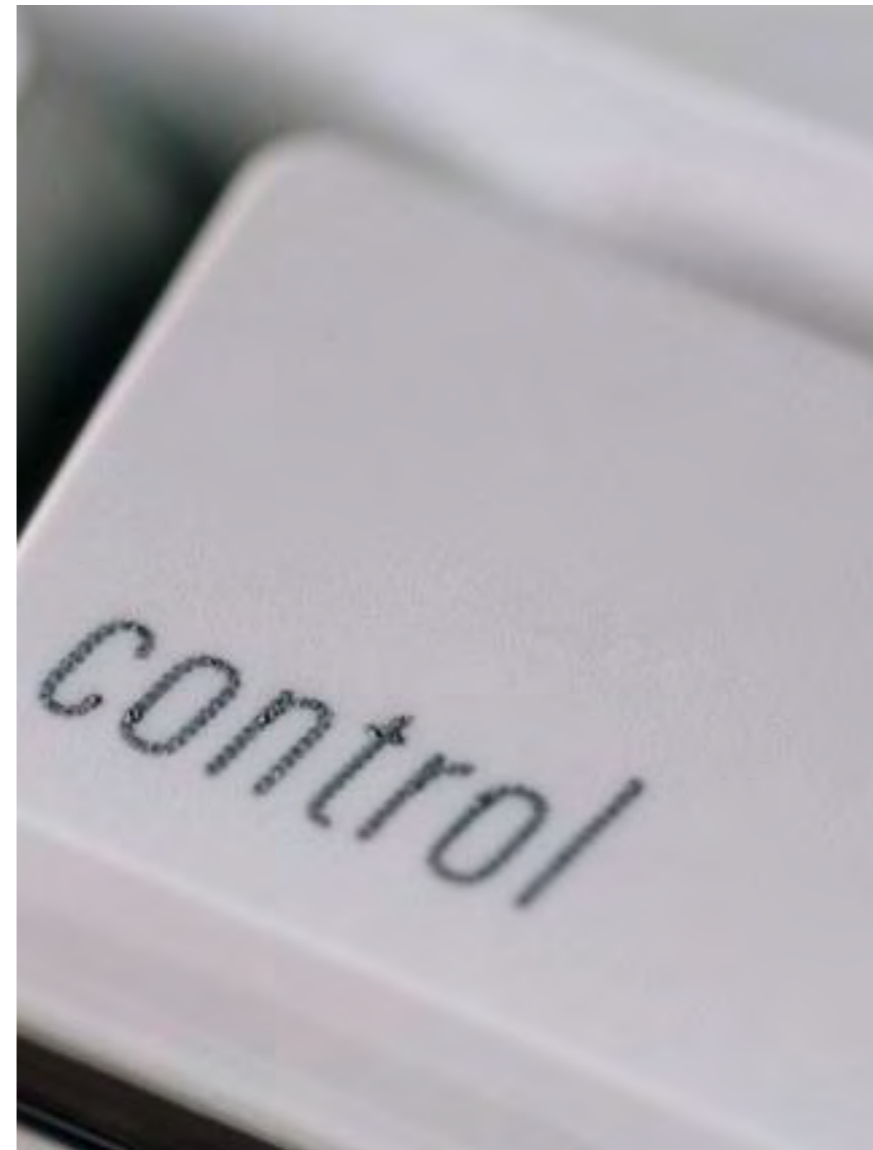
# Tools

- Encourage reflective practice.
- Always consider that people may be inadvertently triggering incidents.
- Accept that you are part of the situation not a passive observer of events.
- Actively monitor your feelings about the person (Do I like him or her?)



# Give people more control

- We have long advocated giving more choice and control and choice to people with intellectual disabilities (Wolfensberger, 1983, Chan et al, 2011).
- Low arousal approaches encourage people to avoid controlling measures.
- When we take control what are teaching?
- taking a step back and allowing a person to calm down will ultimately teach a person to self regulate.



# Tools

- Do people decide what they do on a particular day.
- Are they allowed a day off from their curriculum?
- Do they have a communication strategy to indicate that they can stop an activity apart from adopting behaviours of concern?



# Self Regulation

- Self control is an important goal.
- Arousal self regulation is usually an incremental process.



# Tools

- Self regulation is a critical component of any intervention.
- John shouts and threatens staff daily ( he used to hit them).
- John has been observed that he damages more property.
- John is attempting to regulate his behaviour
- "I don't want to hit staff because they are OK with me.

# Choices not boundaries.

- Choice is a powerful alternative to punishment. If the person's behaviour challenges you, help him to find more desirable ways to express the needs underlying the behaviours. Instead of ultimatums, give choices (e.g., "Bill, I know you're upset. What would help? Would you like to go for a walk? or take a ride? You need a chance to calm down." (Pitonyak, 2004)

# Tool

- The more stressed people become give them simple AB type choices.
- Always allow a person to terminate an activity.
- Use of technology and aids to help decision making.
- Wherever possible allow people to determine their daily activity plan.

# Meaning

- This is a slightly deeper concept.
- We get meaning from the concept of belonging to social groups and networks.
- Living a meaningful life is, in essence, related to attaching oneself to something larger than oneself. It instills the sense that there is a larger purpose to life, and being a part of it confers meaning. Having such connections with something bigger is also an effective barrier against depression.

# Achievement Accomplishment

- Past successes make us feel more confident and optimistic about future attempts.
- Goals are a focus of self discovery (see Maslow).
- Achieving goals helps self esteem and self worth.





# Conclusions

- Carers need practice support.
- Consider mindfulness (see Singh et al, 2008).
- Good stress management starts with yourself.
- Reflective practice is the cornerstone of the approach.

# Further Information

- Autism and stress, [www.atlassautism.com](http://www.atlassautism.com)
- Low arousal approaches  
[www.lowarousal.com](http://www.lowarousal.com).
- Training in behaviour management  
[www.studio3.org](http://www.studio3.org)