If you can keep your head while all about you are losing theirs: You are a practitioner of a low arousal approach.

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"When a person is drowning that is not the best time to teach them how to swim."

(David Pitonyak)
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
Good Behaviour Management

• “It is a mistake to think that once an intervention is underway, you no longer need to worry about serious outbursts and the necessity for crisis management” (Carr et al. 1994, p.14).
‘If you would help me, don't try to change me to fit your world. Don't try to confine me to some tiny part of the world that you can change to fit me’. Sinclair argues that we need to view autism as a communication problem, where we have to learn to understand that person rather than change them. He says ‘Grant me the dignity of meeting me on my own terms - recognise that we are equally alien to each other, and that my ways of being are not merely damaged versions of yours.'
What We believe??

- “peoples’ levels of motivation, affective states and actions are based on what they believe, than in what is objectively true” (Bandura, 1997, p21).
Context Blindness (Vermeulen)

• Context blindness can be defined as the lack of spontaneous use of context when giving meaning, especially to vague and ambiguous stimuli. (Vermeulen, 2009).
• People with autism struggle to understand different contexts.
• Changing context (ie transitions etc) can be hugely stressful.

An Autism faVourable Environment is achieved by (a) decreasing stress triggers and (b) assisting the individual to develop and maintain a coherent sense of self and others through a coherent sense of his/her environment.
Stress (Donna Williams)

- As I blew fuses my hands pulled out my hair and slapped my face. They pulled at my skin and scratched it. My teeth bit my flesh like an animal bites the bars of its cage, not realising the cage was my own body. My legs took my body around in manic circles, as though they could outrun the body they were attached to. My head hit whatever was next to it, like someone trying to crack open a nut that had grown too large for its shell. There was an overwhelming feeling of inner deafness – deafness to self that would consume all that was left in a fever pitch of silent screaming. (Williams, 1995, p.9)
He is afraid of mechanical things; he runs from them. He used to be afraid of my egg beater, is perfectly petrified of my vacuum cleaner. Elevators are simply a terrifying experience for him. He is afraid of spinning tops. (p. 223)
Stress or Anxiety?

- Anxiety is a term often used in conjunction with the term fear.
- Anxiety in my opinion tends to focus the issue within the person.
- Stress is a psychological term which emphasises the interaction between the person and the environment.
I'm a little stressed right now...
(just turn around and leave quietly and no one gets hurt.)
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.
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.
Stress as a transaction

- Psychological—Perceived Threat
  Demands exceed ability to cope
  Experience of stress

- Biological—CNS Activation
  and/or Physiological response
  e.g., BP, HR, Skin Conductance,
  HR variability, Cortisol
The autonomic nervous system (ANS) is part of the peripheral nervous system and consists of the sympathetic and parasympathetic systems.
Parasympathetic

- Stimulates flow of saliva
- Slows heartbeat
- Constricts bronchi
- Stimulates peristalsis and secretion
- Stimulates release of bile
- Contracts bladder

Sympathetic

- Dilates pupil
- Inhibits flow of saliva
- Accelerates heartbeat
- Dilates bronchi
- Inhibits peristalsis and secretion
- Conversion of glycogen to glucose
- Secretion of adrenaline and noradrenaline
- Inhibits bladder contraction

Medulla oblongata

Yagus nerve

Chain of sympathetic ganglia
The ANS controls certain body functions:

- The heart (e.g., pulse and blood pressure),
- Respiration (e.g., rhythm and volume),
- Temperature (e.g., sweating and perspiration),
- Fear responses (e.g., startle response)
Sympathetic System

- Fight/flight responses
- Systems of threat and alertness.
- These are processes that require immediate action.
- If this part of your nervous system is overactive then heightened states of arousal may impact on a person's ability to process threats.
Parasympathetic System

- This focuses on nervous system activities that do not require immediate action.
- Digestion
- Salivation
- Lacrimation
- Defecation
What is Stress Appraisal?

Primary Appraisal— *Is this a threat?*
- Threat (potential for harm)
- Harm/loss (damage done)
- Challenge (opportunity for growth, mastery, gain)

Secondary Appraisal-- *Can I cope with it?*
- Problem-focused coping
- Emotional-focused coping

Coping Resources as Buffers

- Skills and abilities (e.g., analytic, mechanical)
- Social (people who can provide support)
- Physical (health & stamina)
- Tangible Resources (money)
- Psychological (self-efficacy, perceived control)
- Institutional, Cultural & Political (agencies, social groups)
- Finding Meaning (finding meaning, Bower... JCCP, 66, 979-986)

S. Folkman et al. (1991) In Eckenrode (ed), The social context of coping.
Neurobiological aspects

- Of these components *arousal* is the most commonly misunderstood.
- Neurobiological research suggests the amygdala and associated structures strongly implicated in emotional regulation (Rutter 2005).
- The amygdala has been shown to mediate the regulation of emotional responses, particularly in response to cues that connote threat (Morris et al., 1996; Whalen et al., 1998), fear (Buchel et al., 1998; LaBar et al., 1998) and negative affect (Irwin et al., 1996).
A number of people with ASD who present with challenging behaviours may experience either constant or intermittent states of hyperarousal. Dunn (2001) in her model of sensory experiences argued that people often experience modulation of sensory input.

The mixed results of empirical studies on hyperarousal may be accounted for by individuals who’s arousal level fluctuates on a regular basis. This model suggests that there is a transaction between the persons internal state of arousal and the interaction with environmental stressors.
This theory tries to explain how brains process threat.

The amygdala processes threat like it was examining the size of threats (peaks and troughs). Frazier, P., Steward, J., & Mortensen, H. (2004).
Salience Landscape Theory (Ramachandran 2011)

- This information goes to the hypothalamus which activates the nervous system to respond.
- Contextual changes (either in transition from one routine to another or a person moving from one routine to another) can create threat.
- If a person struggles to interpret this landscape they will panic very easily.
Challenging behaviours as panic reactions

- Many people with intellectual disabilities and challenging behaviours show **signs of panic** in specific situations.
- Behaviours may be interpreted as deliberate by carers in these situations.
- Similarities have been drawn between the symptoms of post traumatic stress disorder and some individuals who present with challenging behaviours (Pitonyak, 2004).
- Panic reactions can often lead to people needing to **escape** from situations.
- Panic responses do not appear to habituate rapidly.
- Individuals are not always allowed by carers to escape from situations.
Mindfulness

“Mindfulness means paying attention in a particular way; On purpose, in the present moment, and nonjudgmentally.”

Kabat-Zinn
Mindfulness

- Singh et al (2006) investigated mindfulness training for staff and its impact on aggressive behaviours of staff.
- Behavioural training was used as a comparison.
- They found staff interventions for aggression reduced from baseline after behavioural training, but greater impact after mindfulness training.
Mindful carers

- Singh et al (2010) reported the impact of mindfulness training on 3 carers.
- Observations of their 5 children were recorded at baseline, mindful training and mindful practice over a 30 to 35 week period.
- Singh argued that all 5 children showed reduction in non compliant behaviours.
How can Mindfulness Training Alter Behaviour?

- As caregivers increase their mindfulness, they may become more responsive to each moment of their interactions with the individuals in their care. (Singh et al, 2010).
- This is arguing that interactions between carers and staff may alter after training.
Other mechanisms (Changing Perceived Control)

- Changes in staff behaviour may occur because they perceive the person with autism to be less in control of their behaviour.
- Coping can include the ability to control one's own life.
- The Whitehall studies of civil servants repeatedly found that mortality rates from diseases such as coronary heart disease were lower in individuals who were at the top of the work hierarchy. (Marmot et al, 1978: Marmot et al 1991).
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?
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
Reflective Practice

• By focussing on their own behaviour carers may make a connection to the fact that they are part of the problem and as such part of the solution.
• A key variable in this may be reflective practice (Schon 1987).
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.
Reflective Practice

- Many of the central principles of a low arousal approach are based on non violent philosophies such as Buddhism and Quaker beliefs.
- There are also strong influences of mindfulness in the approach in particular the role of reflective practice.
- Before you attempt to change or manage another person you need to reflect on your own behaviour.
Challenging Negative Statements and Assumptions

• The reflective process requires colleagues to provide both positive and negative feedback. Challenging thoughts and altering beliefs is an integral part of Cognitive Behaviour Therapy (see Beck, 1974).

• Gently challenging colleagues about their practice is a critical component of the approach.

• It can be difficult to do in practice!
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’.
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’
PBS is an approach that blends values about the rights of people with disabilities with a practical science about how learning and behaviour change occur. The overriding goal of PBS is to enhance quality of life for individuals and their support providers.

Horner 1999
Intervention Plans for Behaviour

- Behavioural and other interventions are well documented in the literature.
- Training in PBS does not always produce good quality support plans (McVilly et al 2011, Allen 2005).
- From a carer perspective an intervention plan may potentially increase staff stress rather than reduce it.
- This may account for some of the issues faced with compliance with intervention plans.
The Expert Paradox

‘the availability of behaviour consultants and other clinicians appear to result in improved quality of plans, when compared to plans without this input. Moreover, the impact of behaviour consultants was found to have a significant impact on most components of BSP quality.’ (Webber et al 2011, pp29)
The Cortisol Response

- In humans evidence suggests that psychosocial stress or threats to the social self (social value, esteem, status, worth etc.) can generate a robust glucocorticoid response (Dickerson & Kemeny, 2004).
- Laboratory studies employing the Trier social stress test (TSST) (Kirschbaum, Pirke, Hellhammer 1993), which involves subjects delivering a speech and performing mental arithmetic in front of an audience, demonstrate a robust and reliable increase in cortisol secretion and seem to support psychosocial stress theories.
- It also suggests that amongst psychosocial stressors the cortisol response is the greatest when subjects are in experimental contexts that involve dimensions of social evaluation threat and uncontrollability (Dickerson and Kemeny, 2004).
Relaxation

- Relaxation techniques to reduce physiological arousal and stress.
- Relaxation techniques in my view are underutilised by practitioners. Staff need to model these behaviours.
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?
Conclusions

• The behaviour of staff has significant impact on the management of challenging behaviours.
• Staff may inadvertently trigger challenging behaviours (McDonnell, 2010)
• Training staff/families to recognise the initial signs of panic and sensitivity may have a significant effect on stress management.
• Short term demand reduction should be a major facet of stress management techniques.
Conclusions

- Techniques that impact on the physiology of individuals such as relaxation and exercise should be a major component of support plans. We need to focus both on the psychological and physical wellbeing of carers.
- Understanding that giving people more control over their lives is not just a valued thing to do, it is also likely to have positive health consequences.
Low Arousal

KEEP CALM AND CARRY ON
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)
Crisis Management is not about Reinforcement

- Because we ask people in low arousal approaches supporters often perceive this as 'giving in'
- In a crisis our goal is to reduce stress and not to teach a person.
- The more stressed people become the less they process.
We Are Part of the Problem

- The vast a majority of challenging situations are inadvertently triggered by supporters and we are often unaware that we can trigger situations.
- Reflective practice is a cornerstone of low arousal approaches.

“Don’t Be Part Of The Problem. Be Part Of The Solution.”
Author Unknown
Basic principles: Demand Reduction

- Reduce demands and requests in a crisis.
- People who are in a state of hyperarousal may not always process these requests.
- Remember 'it is OK to give in'
- Sometimes we call this tactical capitulation.
Make Fewer Requests

- A request does not have to be unpleasant.
- Sometimes consider making a request visual rather than verbal.
- Allow people time to process requests.
- As a rule the more stressed people become the more the longer their delays in processing.
Choices Not Boundaries

- In a crisis or 'meltdown' choices can empower people.
- 'Give people choices rather than adding boundaries and rules'
- Getting rid of unnecessary boundaries and rules is also important.
Control

- It is easier to take control than to give control away.
- 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.
Allow the person to escape from situations

- People who are in a state of heightened arousal often want to escape from situations.
- Teaching people symbolic methods of stating that they want to stop an activity is essential.
See the person as traumatised

• Viewing people as traumatised and stressed often can dictate what people need to do in a crisis situation.
• It is essential that we consider ourselves as active agents in this process.
• Supporters can concentrate on regulating their own arousal levels.
Allow Property Destruction

• People matter more than property.
• If a person breaks an object do not intervene, especially if there is no immediate risk to other people.
• If we mean this then many situations that even involve restraint can be avoided.
Low Arousal: Stay Calm!

- Stay calm. Or more correctly give the appearance of being calm. Staff members need to control their breathing and avoid sudden movements and increases in the pitch of their voice. There is a commonly used phrase ‘do not pour fuel on an open fire’. In a conflict situation a staff member should be appear calm and not increase arousal in a conflict situation; especially when the service user they are managing is hyperaroused.
Avoid Direct Eye Contact

- Direct eye contact increases physiological arousal.
Low Arousal: Avoid Physical Contact!

- Avoid physical contact. Human touch can have both calming and excitatory effects. When a service user is hyperaroused it is possible that physical contact may increase this further. Touch should be intermittent.
Be Aware of Your Body!

- Body language often communicates fear and distress. Individuals may perspire or stare at a service user (also physiologically arousing). Aggressive postures such as folding arms should be avoided.
4. Keep your distance. Everyday social interactions tend to take place at a social distance of three to six feet. Research has demonstrated that close proximity to individuals who are angry or aroused may increase the likelihood of interpersonal violence.
Practice Issues

- 5. Respond in a non-violent manner. This is as much a moral as well as a pragmatic approach. Essential to the approach is the view that violent acts elicit violent responses, thus creating behavioural response chains that increase the likelihood of violence.
Slow Movements Down

• The more aroused people become the more they become aware of signals of threat.
• A support staff needs to slow their movements down as this may reduce perceived threat.
Emotional Support

- Lundstrom et al (2008) found that nurses who had been assaulted reported feelings of anger.
- Low arousal approaches require high degrees of tolerance.
- Debriefing is an essential component of this approach.
More Reflection

- Reflection includes a focus on prevention.
- Always consider small changes in your own behaviour that could deescalate the situation in the future.
- In cases where restraint is used emergency meetings should always consider what is required to avoid the use of such methods in the future.
Fools Rush In

- Good crisis management avoids people trying to stop behaviours (as it is often too late).
- Always consider the fact that we can all be 'fools' at time.
- Every crisis situation is a learning opportunity.
Challenging Our Beliefs

- Low arousal approaches often challenge our own views of our roles.
- It often our own beliefs that make us intervene too early with people who are stressed.
- Standing back sometimes is difficult.
- We have to stop ourselves 'tinkering with behaviours'
It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change.

Charles Darwin
Being Positive

- The psychologist Martin Seligman has promoted the idea of positive psychology.
- Happiness and wellbeing are core features
If you can dream - and not make dreams your master;
If you can think - and not make thoughts your aim;
If you can meet with Triumph and Disaster
And treat those two impostors just the same.
Congratulations you are now a low arousal expert!!
RELAX