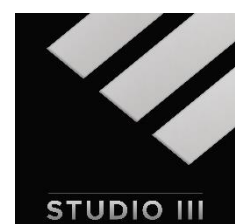




Thematic Analysis

A qualitative approach to
understanding an individual's lived
experience

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The purpose of this article is to provide a rationale and framework for the use of a Thematic Analysis approach in clinical practice. At Studio 3, we work closely with individuals, as well as the structures surrounding that individual. Our work is varied and can range from providing on-the-ground support to providing input via Clinical Governance structures. Regardless of the specific input we are providing, we always strive to adopt a person-centred approach to supporting people. This type of approach allows practitioners to reflect on the individual's lived experience and the complex human processes that might be underpinning their behaviour. However, this reflective process is not always an easy one for practitioners to engage with, especially when working in a high-pressure environment where there are competing demands. We have found Thematic Analysis to be a tool that can help to facilitate this process, as it provides practitioners with an opportunity to reflect and learn more about the person they are supporting.

Thematic Analysis differs to other behaviour analytic approaches such as functional behaviour assessment and formulations that lead to an evidence-based functional analysis. Thematic analysis is different in that it moves away from just looking at the frequency and intensity of behaviours. Instead, it uses a 'qualitative lens' to look at the interactions that an individual has with others, the notable statements they make, and their subjective understanding of their lived experience: this requires a detailed analysis and interpretation of staff's written daily recordings or reports in order to start organising these into themes. While this process requires time and effort, from our experience it is a very worthwhile endeavour.

There are a number of benefits to using this type of qualitative approach. Firstly, it provides us with the opportunity to reflect on our previously held beliefs and biases about an individual's behaviour. It also provides us with the chance to be reflective

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about our interactions with the individual and identify what is working well, as well as potential areas for improvement. Secondly, thematic analyses are an example of practice-based evidence, whereby valuable information is gathered about the individual's lived experiences. Practice-based evidence is important as, often within the field of psychological research, complex concepts such as emotion are oversimplified and 'confounding variables' are attempted to be controlled for. Practice-based evidence on the other hand aims to incorporate these complexities and document them as they occur in real-life contexts. It is our view that this type of evidence can provide very valuable information about the complexities of an individual, which can then inform future clinical work and ensure that all staff are taking a consistent evidence-based approach. Thirdly, oftentimes in residential or community placements there is a large quantity of detailed reports about an individual. These reports serve an important function, however it is unrealistic to assume that all staff members will have time to read every report, and the sheer quantity of reports can be overwhelming for staff. Therefore, the thematic analysis is an opportunity to summarise this information and provide a concise framework that captures the key themes and notable statements that arise from these reports. However, it is important to note that any thematic analysis document is a *live working document* and represents a set of reflections that are often based on an individual's quotations. Therefore, it should be reviewed and changed as themes evolve or new themes emerge. Below is a template of an anonymised thematic analysis report of an individual we will call Sarah. This template will provide detail on the methodology used, as well as insight into the type of thematic feedback that can be gathered from this type of approach.

Anonymised template:

Introduction

The thematic analysis used was based on the qualitative approach described as grounded theory (Charmaz & Thornberg, 2021). In empirical research, grounded theory provides a rationale to justify the idea that the gap between social science theory and empirical data should be narrowed by firmly grounding a theory in empirical research. Grounded theory can employ various analytical approaches, such as thematic analysis, which usually ask a very simple question. This process often leads to the generation of new information which can enrich understanding. Whilst grounded theory has been used in a wide range of research areas, it can also be applied to an individual's experience. In Sarah's case, the qualitative information gathered provides us with a useful opportunity to conduct a thematic analysis. The simple question we posed for this analysis was, "How does Sarah make sense of the world around her?"

A thematic analysis was conducted to provide an overview of themes that have emerged from data analysis reports over a six-month period. Direct quotes from Sarah have informed the thematic analysis. These reports are based on qualitative daily observations recorded by staff regarding their interactions with Sarah and notable occurrences. The report will begin by outlining a number of key themes that have continuously emerged across the analysis reports, as well as an interpretation of the meaning that these themes might have in helping to understand Sarah's presentation. It will then finish by providing our formulation of Sarah's presentation based on the data provided. The purpose of this thematic analysis is to provide practice-based evidence that can provide a greater insight into Sarah's lived experience and inform how staff can continue to support Sarah to develop her strengths and overcome any challenges she experiences.

Theme 1: Stress accumulation

There is a consistent theme of stress accumulating over time with Sarah, often triggering behaviours of concern. Sometimes this involves obvious specific stressors (e.g. unexpected changes to the staffing rota or having to cancel outings because of the weather). At other times, there appears to be a behavioural response to an accumulation of many minor stressors leading to what can best be described as 'meltdowns'.

Quotations:

- *"Do you promise it's all ok?"*
- *"I'm really worried and I don't know why"*
- *"I can't cope... I have to bang my head"*

Vermeulen (2012) describes many autistic people as trying to make sense of a world that is confusing and chaotic. When we consider the different ways Sarah experiences her sensory world, how she interprets or misinterprets her internal world, and the challenges that accompany social interactions, we can gain a greater understanding of her stress response to the world around her. There are a number of factors that are likely to maintain Sarah's stress, including anticipatory anxiety about future events, a need for predictability, and over or under engagement with others and transitions.

At times when Sarah does not feel that others are understanding her needs and wishes, she can become distressed. The data would suggest that visuals have been found to be helpful on some occasions when verbal communication is compounding her stress. Swapping to a different style of communication (verbal to visual) has also helped her to transition from a state of being stuck. However, it is important to note

that an overuse of visuals can be overwhelming for Sarah.

There are a number of stress signatures that were evident across the data: repeated questioning, walking on tiptoes, running across the room, laughing in a distressed manner, crying and sweating. At times Sarah can voice her anxieties to staff. It is worth noting the type of language Sarah uses to communicate her stress, for example telling staff she feels “bad inside” and telling staff her body “itches.” At other times, Sarah struggles to verbally discuss her worries with staff, and her stress can manifest itself in behaviours of concern. These have included Sarah shouting and cursing, banging her head, scratching her arms, hitting surfaces and property destruction. For the past few months Sarah has been transitioning through restraint decompression. As a result, there have at times been increases in the amount of property destruction and self-injurious behaviour she has engaged in. Sometimes Sarah’s stress increases in a linear fashion, however at other times staff have noted that she transitions from a state of calm to very distressed in a short space of time. Stress, anxiety and trauma have been proposed as potentially significant factors in behaviours of concern of people with autism (McCreadie & McDermott, 2014). Viewing these behaviours from the perspective of stress allows for greater empathic understanding of why Sarah sometimes behaves in the way that she does.

Theme 2: Trauma experiences

Unresolved trauma from her past is a frequent theme that has been observed in the recording sheets. Often this includes questions about a past experience and Sarah’s need for clarification. Sarah’s autistic thinking style leads to a need for closure, however there is a consistent theme that her thinking style predominantly focuses on ‘here and now’ thinking. This creates a paradox as she seems to focus on day-to-day

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issues, while at other times reflects on past experiences.

Quotations:

- *“Why did the staff tell me I was unsafe?”*
- *“I don’t like 14th June and 12th November 2021”*

Stress and trauma can be transactional and cumulative in nature. Characteristics of autism may affect individuals’ perception of trauma with ‘a wider range of life events acting as possible catalysts for PTSD development’ (Rumball et al., 2020). Sarah has experienced trauma in the past, which contributes significantly to her high levels of anxiety and has had a significant impact on how she interacts with the world, as these interactions are regulated by fear. One example of this is that when she is distressed, she has voiced that the staff need to “lock her up in prison” as they “can’t cope” with her. In addition to Sarah’s trauma, it is important to note the possibility that those who have supported Sarah (her staff and family) may have also experienced vicarious trauma, which is known to impact on individuals’ ability to co-regulate with the distressed person.

In terms of Sarah’s trauma profile, she has a very clear autobiographical memory and is often very detailed in her description of traumatic events (e.g., previous incidents when she was restrained or has been physically aggressive with staff). Moreover, Sarah is very date-oriented, meaning that on significant dates when she experienced a traumatic incident, she can become very distressed. When Sarah discusses certain dates when incidents happened, it would appear that she is trying to process her own negative emotions surrounding these traumatic events. It is significant to note that she appears to find her own behaviour traumatising, as well as

the behaviour of others. Sarah's processing difficulties can mean she struggles to re-integrate her prior traumas. In recent reports, it is evident that Sarah would like to discuss these incidents with staff who were involved in them to apologise and ask for an explanation.

Theme 3: Identity

A consistent theme that has emerged from our analysis is Sarah's self-identity. Sarah is 14 years old and has spent some of her formative years in hospital settings. Sarah also has an uneven developmental profile. When we consider these factors and the fact that Sarah has been experiencing a period of transition, we can see that her identity is a complex and ever-developing construct. Recently, Sarah has started to discuss with staff certain aspects of her identity that she had not previously explored, such as her experience of having autism and her gender. There are a number of Sarah's quotes related to her confused sense of self and identity.

Sub-theme 1: Negative sense of self

There are a number of quotations that focus on Sarah's limited understanding of autism. This appears to be linked to a theme that Sarah has a negative appraisal of herself. She appears to view autism as a negative label rather than a core aspect of her identity.

- *"What is autism? I don't like it"*
- *"Why do I have autism and nobody else has it?"*

Sub-theme 2: Exploring identity

There is some thematic evidence that Sarah is still trying to understand her gender and emerging sexuality.

- *“Will I fall in love with a woman or man?”*
- *“What age do people find a boyfriend?”*

Sub-theme 3: Understanding of her own behaviour

Sarah does struggle with her understanding of why she behaves in the way she does at times. There are clearly times where she has made threats to individual staff. There are other times where she appears to generally struggle with her understanding. Sarah holds firm conditions of worth for herself and as a result sets high expectations for her own behaviour. Therefore, if she presents with a behaviour of concern or as dysregulated, Sarah often considers the whole day to have been “bad,” despite other positive experiences occurring throughout the day.

- *“Why did I ruin today?”*
- *“I wish I was like everybody else who can cope”*

Social Identity Theory was originally developed by Tajfel and Turner (1979). It describes social identity as an individual’s identification with the groups and social categories to which they belong. This is similar to the definition of social identity described by Jetten and colleagues (2017), who described social identity as the meaning, support, and agency that can be gained from social networks. Through our analysis it is apparent that Sarah is attempting to identify who she is in relation to the

people around her, describing herself in various different ways. She has also vocalised that she feels different from other people. As seen in the above quotations, at times Sarah is very confused about her sense of identity. However, it is also worth noting that at times, Sarah has referred to herself in a positive way, identifying the goals and ambitions she has for herself in the future. For example, hoping that she gets married, vocalising that she would like to work as a zoo keeper and live in America. Helping Sarah to set realistic goals for the future by focusing on the positive aspects of her identity will further develop a more positive appraisal of her sense of self.

Theme 4: Self-regulation and a strong need to control her environment

There are times where Sarah would appear to be attempting to self-regulate. In these circumstances, Sarah appears to have some sense that she is becoming more stressed and her main coping strategy is to communicate this to staff, which sometimes gives them a clear indication that she needs time to regulate. Her need to control her immediate environment in these circumstances and instructing staff regarding what they should and should not do appears to represent a positive coping response to make her world feel predictable and safe. In addition, in the past it has been noted that Sarah has hurt staff during a meltdown, which has been followed by a period of her ultimately becoming apologetic and remorseful about what she has done.

Quotations:

- *“Please can you leave me alone for a while”*
- *“I want staff to sit with me but be quiet”*

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Self-regulation is an individual's attempt to control their own behaviour or emotional responses. It could be argued that Sarah developed a learned reliance on restraint in order to regulate following a period of distress. In the absence of restraint, Sarah has been discovering new ways to self-regulate. Some methods have been quite beneficial; for example, Sarah withdrawing, seeking reassurance from staff, engaging in activities she enjoys (trampolining, arts and crafts) or going to sleep.

The Zones of Regulation framework by Kuypers (2011) has been introduced to staff and Sarah as a way of understanding stress and emotional states. This framework categorises emotional states and sensory needs into four phases (blue, green, yellow and red). Sarah came up with the idea of implementing a system of coloured bracelets (red, yellow and green) when out on outings so that she could communicate to staff her stress levels at that time. The data would suggest that she has been able to effectively use these; for example, putting on either a yellow or red bracelet to indicate when she needs to return to the house. Staff have identified and praised Sarah at times when she does use positive coping skills, to help her recognise the effectiveness that these can have.

Theme 5: Seeking help

There are many times when Sarah has actively sought the help and support of others. This theme is linked to theme four in the sense that Sarah is actively seeking help rather than just warning people that she is not feeling good today.

Quotations:

- *“Will you stay with me until I say to leave?”*

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- *“Please help me, I feel very bad today... all itchy inside”*

Sometimes, to achieve self-regulation, an element of co-regulation may be needed. Just as stress can be transactional in nature, emotional regulation can also be shared among people. Social support from practitioners and family members has been observed to be a protective factor for Sarah in helping her to regulate her emotions. Co-regulation has been achieved with Sarah through direct communication in-person and on the phone, as well as indirect communication when for example, staff sit in the same space as Sarah without talking but engaging in an activity together (e.g., drawing). Some examples of co-regulation include staff or family members reassuring and validating Sarah, apologising to her if they have made her upset, and providing her with explanations to help her better understand why this happened. There are circumstances when humour or redirection has been an appropriate co-regulation strategy. On other occasions, staff have explored with Sarah what might be causing her stress at that moment. Taking the time to write these worries down and drawing them as pictures has been found to be an effective way of validating Sarah’s emotions. Following an incident, the data would suggest that it can be helpful for Sarah to have some space initially, however following this staff have re-engaged to provide emotional support and reaffirm to Sarah that they care about her. These important examples illustrate the importance of reconnection with Sarah after incidents, as she is likely to find these traumatic and difficult to process alone.

As practitioners, mentalisation is a key part of co-regulation as it involves being curious about how the emotional responses of Sarah, as well as other people in her environment, are influencing her behaviour. By tuning into the emotions that arise when engaging with Sarah, individuals can start to regulate their own physiological

arousal, which in turn can help Sarah to regulate her emotions and arousal. It is evident across the data reports that staff's ability to co-regulate has had a positive impact on Sarah, as oftentimes when her stress levels are increasing, staff have managed to reduce her arousal and anxiety by regulating their own fear or stress.

Theme 6: Interoception and a sense of her body

It is not uncommon for individuals on the autism spectrum to struggle with understanding their own internal world and body sensations. There is a consistent theme that Sarah struggles to label these experiences, which could potentially lead to her having increased behaviours of concern.

Quotations:

- *"I feel all fuzzy inside... not in a good way"*
- *"I feel like the colour red and I want to feel yellow"*

Interoception is a sense that has been more widely researched in recent years. It is described as an individual's sense of the internal mechanisms within their own body (Mahler, 2016). Autistic people can find it difficult to understand their own internal mechanisms, which can create or compound dysregulation for an individual. Interoceptive accuracy can also be influenced by trauma as individuals who have experienced trauma may have stopped listening to or trusting their bodily cues, making it difficult for them to regulate their emotions (Schaan et al., 2019). It is clear that at times Sarah struggles to identify her own internal mechanisms. She can wear clothes that do not match the weather outside and needs prompted by staff to put on additional layers, or can eat until she throws up her food, indicating that she may struggle with

appetite regulation. It is also important to note the language Sarah uses to communicate pain, as this gives a greater insight into how she experiences these sensations internally.

Theme 7: Relationship building and a fear of losing control with others

There are clearly times where Sarah expresses a fear that she will lose self-control while attempting to build relationships with others. She would appear to have some sense that she does not want to lose control. When considering Sarah's fears, it is important to consider them in the context of her relationships with others. She does appear to have a strong sense that her relationship with key staff is important to her. At times, Sarah finds it difficult to rebuild relationships with staff members who have witnessed significant incidents of distress. This may be associated with Sarah's difficulties in processing and overcoming traumatic experiences.

Quotations:

- *"Are you worried I will hurt you?"*
- *"Why can't I trust you?"*
- *"Am I safe to be around or should I be locked away?"*

It is important to understand that although autistic people may develop and maintain relationships differently to people who are typically developing, it is still important for them to have people around them, be that family, friends or a care support team. Loneliness can be significant for someone like Sarah, as while she may struggle with connecting with others and fear losing control in their presence, this does not mean

she wants to be alone (Pitonyak, 2004). As such, relationship building and social engagement may look different for Sarah; however, it is clear that she wants to form and maintain social relationships, with family members, and her staff team.

When communicating with staff or her family, Sarah will often seek out engagement on her terms as this is likely more predictable for her than spontaneous engagement. This communication can take the form of both verbal and non-verbal communication (dancing with staff, holding hands or singing songs together). Sarah has spoken to staff about the slow process of building trust over time. Her re-engagement with staff in recent months and after incidents has demonstrated Sarah's ability to repair relationships, as well as the remorse and guilt she feels when she hurts other people.

Theme 8: Sensory sensitivities

Sensory differences are remarkably common among adolescents and adults who have a diagnostic label of autism. Whilst it is true that relatively little is still understood about Sarah's sensory sensitivities, there are some indicators in this thematic analysis that sensory sensitivities are present for Sarah.

Quotations:

- *Said wearing certain types of t-shirts "hurt her back"*
- *Said eating ice makes her feel "all nice and green inside"*

Autistic individuals may experience many stressors not traditionally considered traumatic, including intolerable sensory stimuli, which can make them more vulnerable

to experiencing trauma (Reuben et al., 2021). Traumatic memories can often have a sensory component, which can be challenging if the autistic individual has sensory processing difficulties. In Sarah's case, it is worth noting that past trauma may be triggered by sensory experiences in the present, such as a smell, sound, touch, words/phrases, setting/similar environment or passage of interactions.

From the data, it would appear that Sarah is hypersensitive to noise as she can hear things that other people might not be able to and can become overstimulated when too many people are talking in her environment at once. In the domain of gustatory experiences, Sarah's palate is quite limited, suggesting that she experiences sensory differences in this domain. She requests her food to be served in a certain way (e.g., none of the items touching), which would indicate that predictability plays an important role in reducing her stress at mealtimes. In terms of tactile experiences, Sarah is reported to find it uncomfortable to wear certain clothes as often the material irritates her skin. There are certain tactile experiences that Sarah finds soothing when her arousal is low, such as deep pressure on her head, using a weighted blanket and using a foot spa. Finally, in relation to olfactory preferences, Sarah appears to be hyposensitive and can find some strong-smelling essential oils to be soothing.

Theme 9: Identifying her own emotions

Similar to her understanding of her body sensations, identifying her own emotional distress is key to her developing coping strategies where she recognises these emotional states and can communicate this to her support staff.

Quotations:

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- *“I’m really upset but I don’t know how to tell you this”*
- *“How do I know when I’m happy?”*

As previously mentioned, there have been times when Sarah has been able to effectively use the Zones of Regulation framework to identify her own stress and emotional states. When on outings she has been able to communicate these to staff via the use of coloured bracelets. However, she does not appear to be using her coloured bracelet system in the house.

Efforts have been made by staff to help Sarah recognise that it is ok to feel certain emotions, such as anger, and to help her express these in an appropriate and safe way. Moreover, from the data it is clear that it is most effective when staff give Sarah time to process her emotions before exploring the cause of what made her feel that way.

Theme 10: Recognising emotions in others

There are examples from the data that illustrate Sarah’s desire to understand and engage with people in her environment. While Sarah appears motivated to understand others, at times she can struggle to recognise the emotions that people around her are experiencing. The data would suggest that this is not due to a lack of empathy on Sarah’s part, but rather due to the difficulties she can experience when using external cues to make cognitive evaluations about a person or situation.

Quotations:

- *“Why aren’t you acting like you? You are acting like somebody different”*

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- “*Are you happy?*”

The Enactive Mind theory, put forward by Klin and colleagues (2003), explains how autistic individuals like Sarah may struggle to search for meaning in *naturalistic* social situations due to social developmental differences. On the other hand, more structured and predictable social engagement can be more meaningful for autistic people. The latter type of engagement does not require spontaneously applying social reasoning to a situation, but rather solving problems that are explicitly presented or fully defined. In addition, it can refer to engagement that is sought on the person’s own terms and in line with their own preferences and expectations, as opposed to spontaneous engagement initiated by others.

Enactive Mind Theory explains how an individual like Sarah may learn about people in a way that departs from the neurotypical processes of social development. While Sarah may demonstrate social cognitive understanding in some situations, she may have difficulties applying this understanding to other situations. It is therefore important to bear this in mind when attempting to understand and interpret Sarah’s interactions with others. In some situations, Sarah may need more assistance and the use of more explicit cues from others to help her recognise and understand their emotions.

Understanding Sarah’s social developmental differences through this lens allows for an increase in compassion and acceptance. The data would suggest that Sarah’s staff team are making a significant effort to empathise with Sarah and understand her social developmental differences through this lens. This is important given Milton and colleagues’ (2018) theory on the double empathy problem. This refers to the challenges that can arise when neurotypical individuals struggle to understand

how autistic people experience the world, which can result in an increase in the pathologising of autism by individuals who don't see the world in the same way (McDonnell, McCreddie & Dickinson, 2019). For neurotypical practitioners, adopting a person-centred approach that takes the autistic individual's perspective into account when supporting them will help to strengthen this shared understanding.

Theme 11: Rigidity of thinking

Sarah's rigidity of thinking can be characterised by a desire for predictability. Her requests for sameness and consistency help her feel safer in her new home. By mentally organising information in her head (e.g., sorting and categorising situations) she is attempting to make the world around her more predictable and reduce her stress levels. However, when her expectations about a situation are not met, she can then experience difficulties that can lead her to becoming 'stuck' or experiencing 'meltdowns.' This rigidity of thinking can be reinforced by Sarah's tendency to repeat statements during such periods of distress.

Quotations:

- *Said that since they had to go on a different route to the outing due to roadworks, she wanted to cancel the outing*
- *Voicing to staff that it will be a bad day because she woke up at 7am, not 8am*

A key factor that is likely to contribute to Sarah's rigidity of thinking is context blindness, which refers to the difficulties that autistic individuals can have in using context spontaneously to give meaning to stimuli, particularly ambiguous, abstract or vague

stimuli (Vermeulen, 2012). Context can help us to predict communication, and understand language and social interactions. Therefore, in Sarah's case, her repetitive behaviours (e.g., repetitive questioning) can be interpreted as her attempt to reduce her stress levels by seeking reassurance from others.

Certain factors have been identified across the data that have helped Sarah cope and reduced the stress she experiences when her expectations are not met; for example, explaining situations to her, apologising when things go wrong or staff do something to upset Sarah, offering her social stories and praising her when she coped well with a difficult situation that involved unexpected change. It is worth noting that Sarah is able to apply more flexible thinking at times of lower stress, as stress reduces executive functioning abilities which in turn impacts an individual's cognitive flexibility.

Theme 12: Effect of contingency-based support on Sarah

In an attempt to understand how best to support Sarah, staff have used a variety of different techniques and approaches. It is clear from the data that the flexibility and open-mindedness of staff has been a key component in helping to develop a safe environment for Sarah while building trust with her. As has been outlined above in a number of the previous themes, there are many examples of effective ways that staff have helped to reduce Sarah's stress, and increase her sense of self-worth and sense of agency.

One approach that has been tried by staff is based around the principles of contingency-based support. This refers to the idea that future outcomes are contingent on Sarah's behaviour in certain situations. For an individual like Sarah who can experience difficulties attaching meaning to stimuli (context blindness), who sets high

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conditions of worth for herself and can experience a very low sense of self-worth when she does not meet these expectations, it would appear that at times, contingency-based approaches can be confusing for Sarah.

Quotations:

- *“Do I deserve to see my family today since I head banged this morning?”*
- *“Why are you talking to me? I have been bad this week”*

It is also worth noting from the data that Sarah appears to punish herself when she has behaved in a way that upsets herself or others; for example, withdrawing from her staff team and spending prolonged periods of time alone. The data suggests that on occasions where staff engaged with Sarah after an incident to reinforce to her that they still cared about her and this was not dependent on her behaviour, Sarah appeared both surprised and grateful of their compassion and understanding, on one occasion crying and hugging staff.

Formulation

Twelve themes have been identified from the thematic analysis which offer an in-depth exploration of Sarah’s lived experience. These themes describe a young woman who is attempting to make sense of a world that is sometimes confusing to her. This qualitative analysis provides an insight into how Sarah understands the world around her and how she communicates this understanding to the people in her life.

Sarah is an intelligent young woman with a good sense of humour. She has a number of strengths including her resilience, excellent memory and a wide range of interests. These interests include Pokémon, watching Harry Potter films, arts and

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crafts, trampolining and singing.

Her behaviours of concern would appear to have multiple antecedents ranging from stress and trauma to a rigidity of thinking. When we consider Sarah's presentation from a vulnerability-stress model, also known as a diathesis-stress model, we can understand how her traumatic experiences and environmental stressors intersect with her pre-existing vulnerabilities (Broerman, 2020). Rigidity of thinking and ritualistic behaviours can become more present when an autistic person experiences acute stressors. When social and environmental demands exceed an individual's ability to cope, they may present as unwell psychologically and physically. As Sarah's levels of stress decrease, we are seeing a reduction in behaviours of concern, while also observing an increased capacity to describe how she is feeling. As such, when Sarah self-reports to staff, it is important that she feels heard, validated and reassured.

It is apparent that Sarah can often verbalise abstract concepts and complex emotions quite effectively. However, it is also observed that at times, Sarah finds it difficult to communicate fluently, particularly when she is experiencing high levels of stress. It is important to recognise that Sarah's language processing is different as a result of her neurodevelopmental profile. At times, her proficiency with language may in fact mask her vulnerabilities in social communication. Understanding Sarah's emotional state when interpreting what she has communicated provides context and is an important consideration when supporting her needs.

Sarah is supported by her staff who use a bespoke and individualised approach based on Sarah's unique profile and support needs. By focusing on relationship building, Sarah's trust in her staff team has increased over time and as a result, her window of tolerance has also gradually increased. Recording sheets and Sarah's own reporting of her lived experiences helps to inform how best to support Sarah's needs.

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Ueda and Okawa (2003) discuss the importance of the subjective dimension of disability, also called 'the subjective experience,' for the psychological well-being of people with disabilities. As such, taking note of how Sarah describes her subjective experiences enables practitioners to ensure that her voice is heard and her needs are met.

References

- Broerman, R. (2020). Diathesis-stress model. *Encyclopedia of personality and individual differences*, 1107-1109.
- Charmaz, K., & Thornberg, R. (2021). The pursuit of quality in grounded theory. *Qualitative research in psychology*, 18(3), 305-327.
- Jetten, J., Haslam, S.A, Cruwys, T., Greenaway, K.H., Haslam, C, & Steffens, K., (2017). Advancing the social identity approach to health and well-being: Progressing the social cure research agenda. *European Journal of Social Psychology*, 47(7), 789-802.
- Klin, A., Jones, W., Schultz, R., & Volkmar, F. (2003). The enactive mind, or from actions to cognition: lessons from autism. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences*, 358(1430), 345-360.
- Kuypers, L. (2011). *The zones of regulation*. San Jose: Think Social Publishing.
- Mahler, K. J. (2016). *Interoception: The Eighth Sensory System: Practical Solutions for Improving Self-Regulation, Self-Awareness and Social Understanding of Individuals With Autism Spectrum and Related Disorders*. AAPC Publishing.
- Milton, D., Heasman, B., & Sheppard, E. (2018). *Double empathy*. Encyclopaedia of autism spectrum disorders.
- McCreadie, M., & McDermott, J. (2014). "Tuning in"... Client/Practitioner Stress Transactions in Autism. *GAP: autism, happiness and wellbeing, BILD publications*, 24-31.
- McDonnell, A., McCreadie†, M. & Dickinson, P. (2019). Behavioural issues and supports. In R. Jordan J. M. Roberts & K. Hume. *The SAGE handbook of autism and education* (pp. 449-465). 55 City Road, London: SAGE Publications.
- Pitonyak, D. (2004). The importance of belonging. Blacksburg, VA: Imagine. (2005). 10 things you can do to support A Person with Difficult Behaviours. *Dimagine*, 1-6. [Online] Virginia.
- Reuben, K. E., Stanzione, C. M., & Singleton, J. L. (2021). Interpersonal trauma and posttraumatic stress in autistic adults. *Autism in Adulthood*, 3(3), 247-256.
- Rumball, F., Happé, F., & Grey, N. (2020). Experience of trauma and PTSD symptoms in autistic adults: risk of PTSD development following DSM-5 and non-DSM-5 traumatic life events. *Autism Research*, 13(12), 2122-2132.
- Schaan, V. K., Schulz, A., Rubel, J. A., Bernstein, M., Domes, G., Schächinger, H., & Vögele, C. (2019). Childhood trauma affects stress-related interoceptive accuracy. *Frontiers in psychiatry*, 10, 750.

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Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Monterey: Brooks/Cole.

Ueda, S., & Okawa, Y. (2003). The subjective dimension of functioning and disability: what is it and what is it for? *Disability and rehabilitation*, 25(11-12), 596-601.

Vermeulen, P. (2012). *Autism as Context Blindness*. Shawnee, KS: AAPC Publishing.