



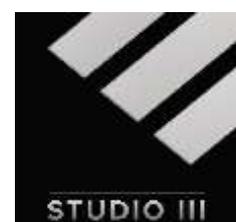
The Relationship Between Staff Stress and Coping

When Applying the Low Arousal Approach

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Foreword

This article was written by two passionate practitioners who apply the Low Arousal Approach in many different settings. The key aim of this article was to provide a personal perspective that demonstrates the power of stress management approaches in real-life settings. Readers are encouraged to engage with the on-going debate about Low Arousal Approaches on all Studio 3 forums.

Professor Andrew McDonnell

Introduction

The purpose of this article is to help practitioners recognise and cope with the stress of those in their care, as well as their own, in order to create a Low Arousal environment and manage distressed behaviour. Difficulties with stress can be prevalent in care environments for all involved. In challenging situations, it is important to adopt effective coping strategies in order to care for ourselves. This allows us to care for others and make decisions that lower the stress of those in our care. This article will reflect on what stress is, how it can present and how to use effective coping strategies.

What is Stress?

There have been multiple models of stress developed, one of the most established being Lazarus and Folkman's transactional theory (1984). Here, stress is defined as a relationship between a person and their environment that is perceived by the person

as taxing, exceeding their resources, or endangering their wellbeing. Consequently, when an individual encounters a stressor that they believe they cannot deal with, their bodies and mind react with a stress response.

The first stage is seeing the stressor and evaluating whether we can deal with it or not. If it is decided that we cannot cope with it, the stress response is triggered. Activity in the autonomic (unconscious) nervous system increases, which results in higher levels of stress hormones such as Adrenaline and Cortisol. The response also heightens our heart rate and blood pressure, our breathing speeds up, our muscles tense up and we begin to sweat.

This activity leads to fight, flight or freeze responses. The body immediately becomes alert. These responses can be useful in high-risk situations, as they can prepare our bodies to engage in behaviours that can keep us safe. Unfortunately, these responses can be triggered when we do not need them. Frequently engaging in stress responses over a long period of time can be damaging for our physical and psychological wellbeing. For example, Cortisol is released when a threat is perceived, creating a bodily response often referred to as an 'Adrenaline rush.' Whilst Adrenaline reduces quickly, Cortisol remains in the system for much longer. This helps the body remain alert to other threats it may or may not yet perceive after the initial threat has dissipated. Consider the following example which demonstrates how these physiological processes can affect us and our decision-making.

'Late one night I was awoken from my sleep by a loud banging and crashing sound in the kitchen downstairs. I experienced a heightened state of arousal and a surge of adrenaline, followed by the thought, 'Is someone in my house?' Instead of calling the police, I listened intently to check if I heard more sounds,

my alertness most likely aided by the spike in my Cortisol levels. Upon hearing no more unusual sounds, I decided to sneak downstairs to investigate myself. My mind was racing: 'What if there are burglars in my house? What should I do? How many of them are there?' Had I been thinking instead of catastrophising, I might have made a lot of noise and turned on all the lights in an effort to scare the intruder away. In hindsight, I was probably using System 1 thinking, and therefore not really thinking sensibly at all. My Cortisol levels were very high indeed. I was hyper alert for any more sounds, but still the only thing I could hear was the washing machine on a spin cycle. Upon further investigation, it became clear that the crashing noise was made by a number of objects which had been on top of the washing machine. Sometime after switching the machine on before bed, the objects place on top of it had fallen to the ground with the movement of the drum. It took me nearly half an hour to get back to sleep as Cortisol was surging through my system'.

– from *'The Reflective Journey: A Practitioner's Guide to the Low Arousal Approach'* by Professor Andrew McDonnell (2019)

This example shows how Adrenaline and Cortisol can impact our decisions and increase our vigilance. The 'System 1' thinking referred to here is a term used by Daniel Kahneman to describe fast processing that goes on constantly and unconsciously as we navigate the world (2011). For people who experience high stress, stress responses may occur in reaction to minor stimuli as their fight or flight responses kick in automatically. Individuals who have a tendency to be hyper-reactive may experience some of the long-term difficulties associated with stress if it persists for a number of months or years. Stressors can come in many shapes and sizes, and

the impact they can have on both ourselves and those we care for is massive. They vary from person to person; for example, someone may become stressed at the thought of presenting at a meeting, but for others this may not be a stressor at all.

For the majority of people, common stressors are the loss of a loved one, family difficulties and problems with work. For those working in supportive settings, stressors may include supporting someone with frequent behaviours of concern, safeguarding issues or interpersonal problems between colleagues. Some of the people we support may have difficulties recognising and communicating the sources of their stress. Having a team who understands the individual's unique needs is therefore essential in helping them to manage their stress. People we support may have to deal with substantial stress on a daily basis, resulting from difficulties such as social understanding, rigidity, and attentional difficulties. Understanding the children and adults we support allows us to effectively implement personal coping strategies to help them reduce their stress. Achieving this is helpful for all parties involved, and will help to reduce overall stress in the care environment.

How Can Stress Affect Care Settings?

To explain how staff stress can present in care settings, the example below is a case study from an individual working in a staff team to support a young person in residential care. Looking at this particular anonymised case, let's examine some of the ways in which stress affected this individual's care.

'Mikey was a thirteen-year-old male living in a large residential care setting for 'looked after' children who had two staff to care for her. He had a history of parental neglect,

and experienced behavioural difficulties such as self-harm, object aggression and physical aggression. These behaviours had increased in frequency and intensity in recent months. The staff team supporting him understandably experienced a high level of stress.'

Communication

There were times where some staff would communicate via text messages to those not working, regarding how challenging the shift had been for them. This resulted in staff experiencing high levels of psychological and physical arousal prior to coming on shift. Arousal levels were further compromised during the handover period, when one staff member would use negative language such as, "Yesterday was terrible" and "You'll need to be patient today." Preconceived ideas about what may occur that day were then transferred onto the other staff. One person's difficulty in coping with their own stress had spread to the others, meaning that staff may have started the day with negative beliefs about the child's behaviour, and themselves more stressed than they needed to be. A thirty-minute period designed to inform and prepare staff had in fact become a toxic environment of emotional contagion (Elvén, 2010).

Language

There was also an impact created by language used by the young person on staff stress levels. The person had a phrase he would say that preceded difficulted behaviours on some occasions; a phrase which clearly elevated staff stress. The phrase put the staff on the spot and made them feel like they were being tested and

that they had to come up with good ideas. However, the staff not paying attention to their own stress led to poor decision-making and on some occasions led to challenging situations. By becoming more stressed, staff created an environment for the young person that made it more likely that difficult situations would occur.

Managing Workplace Stress

Coping

In order to create a Low Arousal environment for the young person, staff coping was targeted. In particular, the use of negative language was discussed and how this contributed to causing stress in others. Staff reflected on how text messages would make them feel when coming into work. For example, they reported it would make them worry about what challenges they would encounter in work. Staff also reflected on how they felt if they did not receive any text messages before coming into work. They reported being able to view the young person with greater empathy, understanding and positive regard. Thus, staff started to build awareness of how their own stress was preventing them from working effectively, and therefore agreed to suspend work-related text messages.

Handover had a set agenda where staff would focus on the practical elements required to do their job. Within this agenda, the staff were also asked to report positive experiences involving the young person, which turned out to be a pleasantly easy task for the team. The handover period became much more positive and productive. The staff were leaving the office with much lower levels of stress and more positive views

regarding the young person. As a result, the staff were more able to engage in positive experiences with the young person.

Staff Confidence (and Calmness)

Growing up in an environment where the parents' behaviour was inconsistent, unpredictable and frightening, this young person had become excellent at reading others. As is the case in many care environments, the young person was very much aware of staff members' heightened stress levels. The young person would often engage in behaviours of concern and observe how the staff responded. The manager at the time would often show visible signs of stress (for example, frequently rubbing his face) when communicating with the young person. If the staff members in charge are showing clear signs of stress, it is difficult to imagine how the young person is supposed to feel safe and secure in such an environment.

To counteract this, clear guidance for challenging situations was put in place, and the team began to explore how confidence could be increased. The staff were educated about the importance of appearing confident in order to help the young person feel safe. For example, the staff learned more about the transactional nature of stress, and how their own stress will send messages of reduced feelings of safety to the young person and may subsequently lead to more behaviours of concern. Staff initially reported not feeling confident in their role. However, over time, confidence began to grow and started to show benefits as staff proved to themselves their interventions were effective. After a number of months, some of the behaviours had stopped completely. Interventions focused on managing and reducing the appearance of staff stress, rather than managing the stress of the individual.

Reflection

A key message of this article has been to show that effective stress management for staff can contribute to the development of a Low Arousal environment, and be an intervention in itself. Whilst focusing on managing the stress of those we support is important, indirectly managing their stress by directly focusing on our own stress is also important for a number of reasons.

This case example demonstrates that stress can transfer onto the client very quickly if it is not managed effectively. Stress may be associated with staff personalising difficulties; for example, thinking that a client behaved in a certain way due to disliking them. However, on reflection, perhaps the staff behaved in that way because their own stress had impaired their decision-making. When staff behaviours changed, so did the clients. It is often easier to shift the focus onto the person we are supporting rather than admit we could have done something differently. I believe it is very important to bring our locus of control inwards. In other words, reflect on all challenging situations. Ask questions like, "What was my role in this incident?", "Could I have done something differently?" and - most importantly - "Is my stress stopping me from seeing things clearly"?

Step 1 - Stress Recognition

In the example above, the staff were not paying attention to their own stress level, which in turn impaired their ability to help the young person engage in positive experiences. It was also apparent that the young person was able to pick up on signs of stress in others, subsequently reducing his feelings of safety and security. If we are

to create a Low Arousal environment, the first step is to be able to recognise and manage our own stress effectively.

Sometimes this can be more difficult than it sounds. How do we know when we are stressed? Sometimes it can be helpful to ask those around us. The answers could be surprising. Having this knowledge may help you increase your understanding of when you are stressed, and help you to implement coping strategies. We also need to have an understanding of the individual we support, what their stress signals look like and their stressors, which are unique to everyone. This will help to implement person-centred strategies to reduce their stress.

Step 2 - Coping

Discussing coping is essential if we are to talk about stress. According to Lazarus and Folkman (1984) the impact of stress is dependent on how well we cope, what our coping styles are like and how effective they can be. Coping techniques to regulate stress can be either behavioural or mental (Lazarus and Folkman, 1980). The former may include engaging in activities such as exercise or mindfulness. The latter could involve problem-solving or ruminating. These techniques can inadvertently or advertently impact our stress.

In the example described earlier, it was clear that the staff's coping mechanisms were inadvertently increasing their stress. For example, the text messages sent by staff were perhaps intended to alleviate their own stress. Unfortunately, this increased the stress of those not working, and led to them coming into work in a state of high arousal,

with impaired decision-making and negative beliefs about the young person. As a result, it created a toxic environment of transactional stress, not conducive to a Low Arousal environment. There are a number of proactive strategies we can implement to prevent this from occurring.

For many people, physical exercise plays a huge part in lowering biological levels of stress. Putting the adrenaline in our systems to good use can leave you with an increased capacity to make sound decisions and reflect on performance. Practicing mindfulness can also be beneficial in terms of both stress recognition and management. This can help to bring you back into the present, and mediate your flight or fight response when it starts to kick in prematurely. Making stress management a priority can help you to be better at recognising your stress in the moment and prevent you from projecting internal stress onto something external. Taking five minutes during the day for short mindfulness exercises can be helpful in a busy and chaotic working environment.

How Important is Coping for Low Arousal?

If your goal is to facilitate more adaptive behaviour by creating a Low Arousal environment for the individuals you work with, effectively coping with stress is paramount. It is important to recognise how stress can impair staff decision-making, make us focus on unchangeable issues, and be transferred to others. The first step in this process is therefore to build knowledge of our own stress signatures, as well as those of the people we support. The second step is implementing coping strategies that can help manage stress. This can help prevent stress from being transmitted and

impacting on the wellbeing of the individual. With self-reflection and proactive coping techniques, we can create low stress environments, therefore helping us to support those in our care more effectively.

References

- Elvén, B. H. (2010). *No Fighting, No Biting, No Screaming: How to Make Behaving Positively Possible for People with Autism and Other Developmental Disabilities*. London: Jessica Kingsley Publishers.
- Kahneman, D. (2011). *Thinking, Fast and Slow*. New York: Farrar, Straus and Giroux.
- Lazarus, R. & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer Publishing.
- (1980). An Analysis of Coping in a Middle-Aged Community Sample. *Journal of Health and Social Behavior*, 21, 219-239.
- McDonnell, A. (2019) *The Reflective Journey: A Practitioner's Guide to the Low Arousal Approach*. Studio III Publications. [Available from: <https://www.studio3.org/shop>]