Developing coping resources in staff teams for people who challenge.

Andrew McDonnell, PhD, Director
ATLASS Autism and Studio3,
www.studio3.org
www.Atlassautism.com
There are many terms used interchangeably:
- Stress.
- Anxiety.
- Fear,
- Arousal
Autism and Stress

- Stress and anxiety have been proposed as factors in challenging behaviours of people with ASD (Howlin, 1998; Groden, Cautela, Prince & Berryman, 1994; Grodden et al 2005; Groden et al 2011).

- If an individual cannot easily avoid or escape from these stressful stimuli aggressive behaviours or communicate distress appropriately, and effectively, they may develop a functional means of escape. (Goodwin, Groden, Velicer, Lipsett, Grace Baron, Hofman & Groden, 2006).
Environmental Demands (Stressors of Life Events)

Demands Appraised as Stressful (Perceived Stress)

Negative Emotional Response

Poor Health Practices & Adherence

Activation of CNS & HPA

Disease Related Physiological Changes (e.g. immune, inflammatory, cardiovascular)

Increased Risk of Physical and Psychological Disease

Direct Inervation of CNS and Physiological Systems
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

How Many of Us Get Hurt by Stress?

- Most people adapt, most of the time.
- Stress in itself is not negative.
- Stress has positive survival value.
Can we talk about Stress without talking about coping?

- Emotion focussed strategies.
- Avoidance/Escape.
- Problem/Solution focussed.
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.*
Stress And Physical Health

Cohen et al. (Health Psychology, 1998)
Stressors: Life Events

- Changes in routine.
- Significant life events (i.e. bereavements, moving house).
- Living with other people that you have not chosen to live with.
- Relationship issues (sometimes with staff and or families).
- Unpredictability of staff.
- Bereavement and loss.
- Health issues.
Stress and Control

- 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 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)
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)
The Cortisol Response

- Cortisol is a hormone which appears to be related to stress.
- Cortisol is a steroid hormone and is classified as both a corticosteroid, due to its biosyntheses in the adrenal cortex and as a glucocorticoid, due to early observations of its functions in glucose regulation and metabolism.
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).
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.
Arousal and Performance

- The Yerkes-Dodson law
Arousal and Performance

- Arousal and stress are considered to be important in the moderation of emotions (Reich and Zautra, 2002).
- The link between arousal and information processing was originally described at the beginning of the Twentieth Century (Yerkes and Dodson, 1908). The law maintains that performance and arousal are linked in a classic inverted U shape.
Maintaining Equilibrium: A central tenet.

A balance between internal and external stimuli is required to maintain levels of arousal.
Manage underlying stress

- If chronic stress is a major causal factor the we need to address the underlying causes and not just simply target behaviours per se.
- We need to consider environmental stressors (including the stress of carers and supporters).
- We need go understand the coping responses of staff and service users.
Stress and challenges

- ‘The stress experienced by individuals with AS may manifest as withdrawal, reliance on obsessions related to circumscribed interests or unhelpful rumination of thoughts, inattention, and hyperactivity, although it may also trigger aggressive or oppositional behaviour, often captured by educational professionals as tantrums, rage, and “meltdowns” (pp 123).

- Brenda Smith Myles
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 (Groden et al, 2006). Panic responses do not appear to habituate rapidly. Individuals are not always allowed by carers to escape from situations.
Stress management Interventions

- There are key guiding principles.
- Managing the underlying stress rather than the behaviours per se.
- The principles of good stress management (i.e. diet, exercise, increase in control coping skills such as relaxation) apply to both staff and service users.
Relaxation Techniques

- Training in techniques based on CBT has also been advocated for people with intellectual disabilities (Dagnan & Jahoda, 2006).
- Singh et al (2011) demonstrated that adolescents with autism are able to learn and utilize a mindfulness based strategy for self-management of aggressive behaviour.
Physical Exercise

- There are relatively obvious benefits of regular exercise in reducing anxiety (Petruzello, Landers, Hatfield, Kubitz & Salazar, 1991).
- 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.
- More systematic research needed.
Physical Exercise and Stereotypies

- Studies have demonstrated reductions in stereotyped behaviours of people with ASD (Allison, Basile & MacDonald, 1991; Kern, Koegel & Dunlap, 1984; Rosenthal-Malek & Mitchell, 1997).
- Repetitive behaviours may be a by-product of irregularities in physiological arousal and serve a de-arousing function (Kinsbourne, 1980).
- This fits an arousal reduction model (McDonnell 2010).
Sensory Issues

- ‘Sensory processing patterns are a reflection of who we are: These patterns are not a pathology that needs fixing’ (Dunn, 2001).
- Sensory modulation may be exacerbated by stress (McCreadie & McDonnell, 2012).
- Reducing stress should have an impact on sensory tolerances.
- Creating sensory friendly environments is important.
Desensitisation and exposure strategies are well documented in the literature (Wolpe, 1966, Rachman 1980).

Experience of practitioners is that both approaches have a limited approach as habituation to aversive stimuli appears very difficult in people on the autistic spectrum.
Avoidance of Stressful Stimuli

- Avoidance of stressful stimuli can be adaptive.
- It is often by carers that we cannot avoid stress all of the time and that stress exposure is normal.
- Some individuals do support exposure type approaches (Blackburn 2012).
- Many individuals with autism experience extreme reactions.
- Avoidance of extremely stressful stimuli
Carer based Interventions for stress

• Supporting the Supporters!!
Advice for Families

- The secret of managing stress is to look after yourself and, where possible, to remove some of the causes of stress. If you start to feel things are getting on top of you, give yourself some breathing space. (Woodcock & Page, 2010)
Staff stress

- In a focus group of 19 care staff Raczka (2005) found the greatest source of stress reported was challenging behaviour. The feelings reported included being scared, angry, and not knowing how to respond.
Stress and 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.
Reflective Practitioners

- 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.
Reflective Practices: Supervision

- 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’.
What makes you angry?

How do you express your anger?

How do you cope?

How do you de-stress?
Staff Behaviour Expectations

- It is not unusual for staff to catastrophist 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’
Conclusions

- Stress management approaches for individuals with autism represent a significant step.
- Recognising the transactional nature of stress also focuses on interventions with staff rather than individuals with autism.
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.
- 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 for service users (McCreadie & McDonnell, 2012).