Empathic Stress Support

A Framework for Supporting People and Systems Who Are Experiencing Distress and Levels of Chronic Stress

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Introduction

In this series of web-based articles, I discuss my personal reasons for changing my model of supporting people with what is now often known as behaviours of concern. The first article of the series, titled ‘The Recovering Behaviourist’, attempted to outline my personal reasons for transitioning from a radical behaviourist to an eclectic practitioner who builds real relationships with the people I support. In this second article, I hope to go on to describe an approach that fits better with my own worldview and that of my colleagues.

Empathic Stress Support

This approach, which I have named Empathic Stress Support (ESS), is one in which stress responses and transactions between people and their environments provide an explanatory framework for how we support individuals who at times can be highly distressed. It is my contention that applying the biological and psychological research surrounding stress is a much richer explanatory framework for supporting people who present with distressed behaviours than behavioural approaches and other such methods.

By using the term support, I hope to emphasise to the reader that support is often what is required, not intervention or control. We should be supporting the people we work with, not attempting to change them. This involves working with individuals themselves, their families, staff teams, and organisations to provide the best care possible.

I also use the term ‘empathic’ as part of this approach because it emphasises the need for people to emotionally connect with the people they support. The ultimate
goal is to support people to self-regulate and make a positive and meaningful connection with their world; a world which includes you. Our work is not the kind that can be done remotely and without compassion. In conjunction with the Low Arousal Approach, a non-aversive strategy for managing behaviours of concern, Empathic Stress Support is an approach that focuses primarily on stress and coping, and not on ‘fixing’ or changing behaviour (McDonnell, 2010).

This article will concentrate on some of the guiding principles for an Empathic Stress Support (ESS) approach.

1) There is No Single Behaviour Management Approach with All of the Answers

Psychology is a relatively young science, which means that there are often heated debates about approaches and methodologies, particularly surrounding Applied Behaviour Analysis (ABA), Positive Behaviour Supports (PBS), Cognitive Behaviour Therapy (CBT) and other therapeutic approaches.

This begs the question, why are debates about behavioural approaches often so intense and angry? In my fields of intellectual disability and autism working with vulnerable and distressed people, I have routinely encountered people who are passionate about their work. Human nature means that we have a natural desire to help people who are distressed. We want to understand them, and, in some cases, help people to change their behaviours.

It is generally accepted that a scientific approach will lead to evidence-based interventions. When supporting distressed people, the systematic application of a method is often highly valued by supporters. Positive relationships are key to therapeutic approaches, and without them many approaches would be far less
effective. While I will admit to the reader that I do have a biased view of the subject matter, as a former radical behaviourist in recovery I am in a position to provide an opinion about the use of both positive and negative behavioural technology.

Human beings are far too complex to just be reduced to a simple set of systematic and structured observations. When we adopt a narrow approach, we undoubtedly miss the richness of human behaviour, and of course its complexity. One of the first and most obvious objections against radical behaviourist and Lovass-style approaches is when practitioners behave as if the internal world simply does not exist. Another major flaw in the behaviourist approach is the belief that we have the power to ‘fix’ behaviours of concern. Like a light illuminates a path, we may sometimes be able to point individuals in a direction that is both safer and more fulfilling. Human behaviour is, by its very nature, extremely complex, and if we are to respond to seriously distressed behaviours, we need to focus on understanding the context of that behaviour, and attempting to empathise with the individual. This is a highly hypothesis-driven and speculative process, which has at its heart a combination of observable information and gut resonance, which was quite frankly far beyond my capability when I first began this kind of work.

The ESS practitioner by definition is most likely to have an eclectic view of the various psychological approaches available. I personally do not agree with ‘throwing the baby out with the bathwater’, as some of these approaches – whilst harmful in isolation - can provide useful tools, such as good stress management skills and the analysis of situations in a structured manner.
2) Positive Psychological Principles

The emergence of positive psychology has increasingly become more influential in our work. However, there is more work to be done to make words like ‘resilience’ and ‘optimism’ a core part of our language.

One key area where we can apply the principles of positive psychology to behaviour is using the analytic skills from behaviourist approaches to record and analyse positive behaviours and interactions. We can analyse behaviours such as smiling or even moments of happiness in the same manner as we would a ‘challenging’ behaviour, with the purpose of looking at how we can increase these positive moments and interactions. This puts a far more positive focus on how we analyse behaviour, and broadens our horizons as practitioners in terms of how we view and interact with individuals.

We can also reflect more on our own behaviour and how it impacts on day-to-day behaviour. A focus on our own stress and well-being should be a central factor in any behaviour management approach, as it is impossible to ignore the impact that we as practitioners have on the people we support. It is true that we change the temperature of a room simply by entering it, so we must be aware of our own stress levels when interacting with highly stressed individuals. For example, the ‘Three Good Things’ exercise is a positive psychological tool which encourages people to not only acknowledge but record three good things that have happened in their day (Seligman, 2011). This is a technique (and there are many others) that can be used by individuals and their supporters alike, to be shared or kept private, helping people to focus on positive rather than negative experiences.
As practitioners, we often ask people to record behaviour to help us understand complex behaviour or situations. The act of writing about negative behaviours can lead to an over-focus on behaviour, and less on understanding what that behaviour is trying to communicate. Positive recording, on the other hand, encourages supporters to focus on an individual's well-being, and how they can actively increase moments of happiness in their life, which inevitably has an impact on reducing stress and instances of distressed behaviour. An ESS framework works to benefit the person and their supporters with the aid of positive psychological principles.

3) Understanding Stress is a Core Driver of ESS

Stress as a construct is not used enough to explain human behaviour. Stress is ever-present in our lives. There are times when stress is needed to help us focus and perform; for example, in survival situations. However, at other times, it can become debilitating, particularly for individuals who are more prone to becoming stressed in situations that do not necessitate heightened sensory and physiological responses. Chronic stress can lead to ill health, poor concentration, confusion, poor information processing, irritability and disturbed sleep.

It is difficult for people to see other emotions, such as anger, as being stress-related. Stress is often hidden or masked, and therefore frequently overlooked as the cause of distressed behaviour. An ESS framework should consider stress as the primary cause of behaviours of concern, and seek to understand and manage behaviour with a view to reducing stress and increasing well-being overall.

Stress is also transactional in nature, which means that it is often most effective to reduce the stress of supporters rather than the person themselves. How do we apply
this to distressing situations? The answer lies in reducing stress in the environment and increasing coping mechanisms. The mantra of many Low Arousal practitioners is, ‘Manage the stress, not the behaviour’. Lazarus and Folkman (1990) argued that identifying and implementing coping strategies is far more important than simply identifying stress, and that we cannot talk about stress without also talking about coping. A concentration on coping strategies should be central to ESS practitioners.

4) Trauma Awareness

People use words like ‘trauma-informed’ far too liberally. We quite often focus too much on the language, and far less on day-to-day trauma management. Key to our approach at Studio 3 is that it is critical to develop ‘trauma awareness’ as part of our toolkit as practitioners. Trauma-informed behaviour management is an aspect of care that is important to gentle, positive psychological approaches such as the Low Arousal Approach (McDonnell, 2010).

Individuals who have experienced trauma over prolonged periods of time can often be ‘re-traumatised’ by simple, everyday practices. Consider the following example, taken from *The Reflective Journey* (2019):

“Sadie was, at the time, a fourteen-year-old young person, who now lives with her long-term foster family. Sadie had originally been taken from her family home aged only 3, due to suspicions of both physical abuse and neglect from her parents. For nearly two years, Sadie lived in a semi-secure specialist environment, where staff often managed her self-harm using restraint and a reward-based behaviour programme. Eventually, Sadie was placed with an
experienced foster family. Her foster parents were advocates of the Low Arousal Approach who also had a good understanding of trauma-informed behaviour management. Sadie thrived with their support; her attendance at school improved and her self-harm became intermittent, usually triggered by a specific issue”.

Sadie’s situation is all too common in our work. Although it may sound like a cliché, it would be impossible, in my opinion, to work with someone like Sadie without at least acknowledging the litany of traumatic experiences in her life. Trauma awareness simply means that we acknowledge that this trauma is a significant part of her story, and that the only way to connect with her is to acknowledge this.

5) Empathic Understanding

Empathy is a core skill to building relationships. A few years ago, I came across a programme for developing empathic understanding in younger children called Roots of Empathy (Gordon, 2005). In this approach, young children in classrooms interacted with infants, observing their development and emotions. Programmes such as these at least suggest that we may be able to develop better empathic understanding, as studies show that aggressive behaviour in the form of bullying decreased after the program’s completion, and sharing and helping behaviour increased (Kendall et al., 2006).

But what about us? As practitioners, we are a collection of different beliefs and biases that routinely affect our day to day work. In the United States, there has been some fascinating research about ‘implicit bias’ (Holroyd, Scaife and Stafford, 2017).
These types of biases are usually unconscious in nature, and can have a great impact on our judgements about people. Biases about race, gender, sexuality and disability are internalised by people in such a way that we can be blissfully unaware that they are driving our decision-making.

There are clear biases that we may hold about people, which can mean that sometimes we diminish the importance of empathic understanding. A good example of this is a person who experiences intense verbal hostility from a child or an adult. That person may be biased to believe that all behaviour is under a person’s control, and therefore they should be punished for what they have done. My colleague Damian Milton has routinely described what he calls a ‘double empathy problem’ (Milton, 2012). The problem isn't just with the individual being able to empathise with us; it is also about us consciously demonstrating empathy towards people who are stressed or traumatised.

It is not enough to recognise our own biases – we must act against them to ensure we create an inclusive caring environment for all. Most of our biases are unconscious, which can be tested by implicit bias tests such as those available online from Project Implicit. By being aware of our own implicit biases and deeply engrained stereotypes, we can work to eradicate bias from our work.

6) Embrace and Accept Complexity

Accepting that people are complex should be a cornerstone of any approach, and furthermore that behaviour is not as simple as A or B. This is not to say that sometimes the most obvious explanation might not be correct, is just unlikely that it will repeatedly be correct that often. Assuming that the most obvious solution is always
the correct one can lead to over-simplistic explanations for human behaviour. An eminent American psychologist, Professor Ann Donnellan, once told me the most important phrase to know as a practitioner is, ‘I don’t know’. Sometimes, behaviour is so complex that we just have to accept that we can’t explain it, and avoid falling for the Supernanny Myth that behaviours are simple to fix. An ESS practitioner works with a shared understanding that they will always have to accept the incredible complexity of people.

7) Reflective Practice

The Low Arousal Approach was developed in the early 1990s, and has since evolved as a behaviour management approach that is used across the globe to support a wide range of individuals. Originally, it focused on de-escalation with a focus on stress reduction and empathy. The primary goal was to avoid adding arousal to highly charged situations. A key development of the approach has been the acknowledgement that people’s interactions can actually trigger crisis situations. Being aware that our interactions are a part of the problem also means that they can be part of the solution. Practitioners of the Low Arousal Approach reflect on their interactions from the perspective of seeing themselves as active participants. Therefore, behaviour management should also mean looking at how our own behaviour contributes to crisis situations.

Moving beyond crisis management to more pro-active approaches, reflective practice is the cornerstone of all therapeutic interventions. When we are working with highly distressed people and situations, we can sometimes be emotionally overwhelmed by this distress. Reflective practice in this situation is very similar to the
concepts of transference and counter-transference. Transference is when, in a therapeutic situation, the client transfers feelings and emotions onto the therapist. On the other hand, counter-transference describes when therapists transfer emotions and feelings from their own personal lives onto their clients. A reflective practitioner needs to be honest with themselves about their emotions, and reflect on how these emotions could impact the individuals they support, particularly during crisis incidents.

8) Relationship Building is a Central Driving Idea

Relationship building should be a crucial component of any therapeutic approach. Many years ago, I worked with a colleague who described themselves as a radical behaviourist. This person, whom I respected as an academic, would not accept that relationships were important in a therapeutic interaction. They were only interested in ‘stimulus and response’. They passionately believed that behavioural approaches were going to change the world (Example taken from The Recovering Behaviourist, available online).

This rigidity of thinking is the opposite of ‘laissez faire’ psychodynamic extremists, which can leave you with a sense of gloom and hopelessness. I remember an amazing psychotherapist, who was a great practitioner and relationship builder, telling me that ‘our personalities are pretty much developed by five years of age’. I totally disagreed with this idea that our personality could be ‘set in stone’ at such a young age. However, this was the 1980s. In 2020, we know that the unfathomable entity called the human brain is far more complex than anyone truly believed.

The eminent psychologist Peter Fonagy has argued that relationships are essential to any therapeutic process (Fonagy and Allison, 2014). It is so important that
people working with individuals who can become very distressed understand that it is their relationship that builds trust and opens the door for meaningful work. David Pitonyak in the US has always been an inspirational advocate and supporter of relationship building. He sees relationship building as part of our ‘toolbox for change’ (Pitonyak, 2009).

An ESS practitioner will concentrate on developing trust before they even attempt to provide advice or support to an individual. Too often, we witness and see support plans written by individuals who have spent very little time with the person concerned. A final point on relationships is accepting that particular relationships are difficult to generalise. In residential care services, there is almost an implicit assumption that all staff work the same with all the people they support. If one person out of a staff team develops a meaningful relationship with an individual, then that should be nurtured and fostered, but it is unreasonable to expect that every member of staff will have the same relationship with an individual due to the very nature of human relationships.

9) Test Hypotheses and Be Analytic, but Do Not Oversimplify

Even whilst we accept and embrace our own complexity, we must continue to be inquisitive, and attempt to explain and understand aspects of human behaviour. Practitioners have a duty to attempt to understand behaviour, and this can involve analysing situations. I still use incident analysis tools as a practitioner. How, when, where and what happened can be very helpful for understanding the moments leading up to the crisis, what triggered the crisis, and what in-the-moment steps were taken to de-escalate the situation. Similarly, the ABC format (Antecedent, Behaviour,
Consequence) can help to spot patterns and sequences in behaviours and incidents, which can be useful for avoiding them in future. The problem emerges when analysis in behavioural terms becomes the over-arching theme. Analysing situations and gathering data is not the primary focus of ESS. Focusing on the lived experience of the individual and spending time with them (not just observing them with a clipboard) is a critical difference between people who use this framework and behavioural practitioners.

10) Compassion Drives the Work

Compassion should be a central driver in any approach to helping and supporting an individual who may be distressed. I have always been impressed with the passion that many people show in the behaviour support world. Unfortunately, this passion can evolve negatively into people strongly believing that one approach is the ‘magic bullet’ or answer. In the behaviour support world of autism, the often fiery and heated debates between supporters of ABA or PBS or alternatives divide these individuals. If there is a way to build a bridge between these camps, it is to focus on the level of compassion that all these individuals share. I want to make it perfectly clear that, whilst the approaches can often be a problem, as with extreme forms of ABA, there are many individuals who do not work in such a mechanistic, apathetic manner. This is also true of therapists, PBS practitioners, and other supporters, as well as with other approaches, be they CBT, psychotherapy etc. However, we must be careful not to confuse passion with compassion. In my view, it is the style of the approach that is most critical, and I believe that ESS is a framework that many different practitioners could adopt.
If there is a unifying theme to our work supporting highly distressed and often traumatised children and adults, it is that we have to avoid suffering from what is being colloquially referred to as ‘compassion fatigue’. Being compassionate (and empathic) drives our work. I think it is also an important thing for practitioners to discuss, especially in the current cultural climate where expressions of anger and hostility towards groups seems to be becoming, at least in the media, more common place.

11) Humanism

The philosophy of ESS is grounded firmly within a humanistic framework. People often confuse humanistic frameworks and other approaches based on religious frameworks as being separate from the ‘real’ work we do as practitioners. This is not true. The guiding tenants of humanism and humane approaches are not owned by any particular group, religious or otherwise. I have met individuals with backgrounds of all kinds who clearly practice different elements and degrees of humanism. I mention humanism in the context of ESS because, from a positive psychological perspective, it is one of the things that joins us together. In my own work, I have had many different personal influences to the humanistic philosophy upon which the Low Arousal Approach is founded. These influences include famous pacifists, such as Martin Luther King, to positive psychologists, such as Professor Martin Seligman, and many other approaches that essentially have some form of non-violent philosophy in their roots. I will always mention the great educator Janusz Korczak, who devoted his entire life to humanistic approaches, teaching and caring for children and young people before ultimately dying in a Nazi concentration camp.
12) Who is the Client?

The fundamental question for professionals and others to consider with any intervention is, ‘Who is the client’? We often get referred to an individual, be they a child or an adult, and they become the primary focus of our work. This model always assumes that, by helping an individual to understand why they behave in the way that they do, we can help them to figure out the best way forward. The key problem with this approach is that people exist in relation to their environments, and therefore interventions and advice need to take account of social context. I want to stress to the reader that in no way am I against one-to-one therapy. It of course has a strong place in our work. Ultimately, the one-to-one therapist rarely meets other significant individuals in a person’s life. Of course, approaches such as family therapy, marriage guidance etc, do broaden opportunities to meet significant others in the person’s life. However, sometimes the bringing together of individuals so that they can develop some shared and mutual understanding is a much more beneficial way to work with people who are distressed. My colleague Dr. John McDermott often works with individuals with autism and staff or family members in a therapeutic manner, where dialogue between those individuals is the most important focus.

However, we often have to work indirectly with individuals (especially those with intellectual disabilities), and sometimes it is confusing to understand who is the client. We may sometimes intervene by providing stress support to supporters. Alternatively, we might teach an individual stress management skills. Empathic stress support frameworks assume a multi-element, multi-layered approach, where the relationships an individual has with significant others in their lives is crucial to developing a practical way forward.
13) Towards Better Practice

An empathic stress support framework could technically be applied to a whole range of disciplines, ranging from people with a strong behavioural background to cognitive therapists, and even some elements of psychotherapy. The eminent psychologist Peter Fonagy argued in his most recent book that understanding a person’s experience from their perspective is a critical building block to developing therapeutic interventions (Bateman and Fonagy, 2019). The ESS framework should be thought about as a set of guiding principles that places relationship and humanism at its central core. If there is a problem with guiding principles, it is always that putting them into practice is far more complex. The next article in this series will focus on specific guidance for practitioners.
References


‘The Reflective Journey: A Practitioner’s Guide to the Low Arousal Approach’ by Professor Andrew McDonnell is available to purchase now from the Studio 3 Website: www.studio3.org/product-page

“Feels closer to an honest conversation, practitioner to practitioner, over a cup of tea in the staff room.” - @kirstylmonaghan

“Even if this book is written for professionals, the great pieces of advice for stress management cannot be more helpful for the very anxious person that I am.” - @BastienBConfais

“I may need to train myself to observe myself more. I may need to get better at dealing with myself. I may have to face my own vulnerabilities.” - Terese Österholm

A term coined in the 1990s, low arousal has grown from its roots as a conceptual framework to a practical approach to managing behaviour. The author, as the originator of this approach, guides the reader through the theories and techniques involved in becoming a low arousal practitioner, from practical advice for interacting with stressed and traumatised people, to a philosophical understanding of the qualities and mindset required to be a truly reflective and empathic practitioner. This book is an essential handbook for professionals and family members supporting an individual who can be challenging, be that in the form of physical aggression, self-harm, or other behaviours of concern. Containing many real-life examples and personal experiences of the author’s, The Reflective Journey is the first step towards applying the low arousal approach in real-world settings.
EMPATHIC STRESS SUPPORT

About Studio 3 Training Systems and Clinical Services

Studio 3 is an internationally-recognised training and behaviour consultancy organisation. Providing services all over the UK and Internationally, our team supports the needs of families, organisations, schools, foster care and adoption services. Studio 3 offers expert advice and support within the domains of intellectual disability, autism, mental health, acquired brain injury, children, young people, adults and older people.

At Studio 3, we adopt a bespoke approach to people with complex needs and/or behaviours of concern. Our approach is based on the principles of Low Arousal and Martin Seligman’s PERMA model of positive psychology.

Stress, sensory sensitivities and communication difficulties can be a challenge for the individuals we support. Studio 3 recognises the importance of acknowledging the impact of these and other challenges that people experience. Recognising that behaviour is a method of communicating an unmet need, we strive to interpret the meaning behind behaviour and support a person’s right to be provided with whatever supports they need to live a contented, stress-free life.

Services offered by Studio 3 Clinical Services:

- Diagnostic reports and recommendations for individuals and their families.
- 360° assessments to provide service specifications.
- Behaviour support plans and advice about implementation
- Family training and support
- Educational training for teachers
- Clinical support for individuals and organisations
- Individualised counselling for people with complex needs
- Counselling for carers (families and staff)
- Court advice
- Outreach support
- Adoption and foster care support to organisations and families

Services offered by Studio3 Training Systems:

- The Low Arousal Approach for managing behaviours of concern
- Bespoke training for organisations and staff teams
- Refresher training for organisations and staff teams
- On-site coaching and supervision for staff teams
- The Atlass Programme: an accredited Level 5 course in stress, well-being and autism. It is run in conjunction with Birmingham City University and is delivered in the UK and internationally
- Organisational training audits
- LASER Programme: a bespoke training programme for schools focusing on reducing restraint and promoting a well-being framework within the classroom

You can contact us via the Studio 3 Website (www.studio3.org), or reach our office directly at info@studio3.org or 01225 334 111.