The Recovering Behaviourist

The first of a series of articles on Best Practice in Empathic Behaviour Support

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STUDIO III

About the Author

Professor Andrew McDonnell is a Clinical Psychologist with over thirty years of experience in the field of managing challenging behaviour. Andrew has worked extensively with individuals who have autism and or intellectual disabilities. Founded in 1992, Andrew's organisation Studio 3 runs training courses in managing challenging behaviour, specialising in low arousal approaches and non-aversive interventions. Studio 3 Clinical Services also provides specialised support for individuals in a number of settings with challenging needs and traumatised behaviour. Throughout his years of practice, Andrew has contributed a number of research papers and academic articles to the field of behaviours of concern, focusing mainly on the necessity of reducing restrictive practices in care settings, and the impact of carer stress on instances of challenging behaviour.

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Foreword

When I embarked on my career journey in the late 1980s as a professional psychologist, I was what could be described as a radical behaviourist for a short period of time. Today, I would describe myself as a behaviourist in recovery. This article will, I hope, contextualise the journey that I've been on throughout my professional career, and provide a rationale to the many existing behaviourists out there in my field of work as to why I think it's so important to move away from the extreme and mechanistic methods of the past. I am in no way writing this article to be flippant or pejorative. Rather, I write this in response to my increasing concern that a standardised approach to behaviours of concern is a step backwards.

Training Experiences in Clinical Psychology

So, how did this all begin for me? I qualified as a clinical psychologist in the late 1980s in the United Kingdom, and was based in Birmingham. My experiences prior to qualification involved working in a specialist day service which was operated under radical behavioural principles at the time. At this point I would like to clarify what I mean by the term 'radical behaviourist'. B.F. Skinner, the founding father of behavioural psychology, described radical behaviourism as a science of behaviour that concentrated on the connection between observable events. This approach rejected things that were unobservable, and concentrated on observation of behaviour. Skinner was the founder of behaviour analysis as we know it today. We owe a great debt to the contribution he made to psychology, but sadly there is no doubt that, in evolutionary terms, simplistic behavioural explanations are insufficient to capture the complexity of human beings. This approach did provide a scientific perspective, but it has to be remembered that, in the early part of the twentieth century, this was also a rejection of mentalism in the form of the works of Sigmund Freud and Karl Jung. As a young man, I subscribed to the simplicity and functionality of a behavioural approach. Radical behaviourists (who are great followers of the late B.F. Skinner) view internal mental events as 'explanatory fictions'. This often describes statements that can be analysed behaviourally. In Skinner's original definition, you might not describe someone as hungry (as this is an internal event), but you might describe them as having a list of hungry behaviours (Hyland, 1981). I read all of Skinner's work, and I got excited by it because I found it liberating. His was an optimistic approach that told me that we could change both the world and its people by examining simple principles of reinforcement. In fact, in these approaches, manipulation of the environment was the guiding principle.

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As a radical behaviourist, I rejected the mentalism and the constructs of the psychoanalysts and the psychotherapists. For me, these approaches described constructs that were really only relevant in the abstract. Now, as an older and hopefully wiser practitioner, I have had time to reflect on the journey of my transformation from a radical behaviourist to what can only be described now as an eclectic mix of many different approaches. Even in the early stages of my career, there were many things that were already starting to challenge the overly simplistic way that my colleagues and I were viewing human behaviour.

My first true insight into the other side of behaviour support occurred when I was working towards my Masters in Clinical Psychology at the University of Birmingham in the UK. I found myself training with individuals that were both cared for and respected by people who were certainly not behavioural in their perspective. Exposure to these individuals who were both psychologists and, in some cases, aspiring psychotherapists started to open my eyes. I was also afforded the experience of listening to and observing gifted and talented practitioners; some of whom practiced Cognitive Behavioural Therapy (CBT), some of whom said that they were 'eclectic' in their practice, and a handful whom I would describe as recovering behaviourists.

Whilst this change was quite a gradual process, I distinctively remember critical milestones on my road to Damascus that led to my own conversion. I once worked with a colleague who described herself as a Gestalt therapist (an individual who focused on holistic concepts). These therapists tend to focus in the present moment rather than the past, analysing and connecting various events in the mind and body. Most Gestalt therapists that I have met fit the archetypal look often described as 'caftan-wearing hippies'. I really liked this person, but also instinctively wanted to dismiss her soft therapeutic approach. However, the more I got to know her, the harder

it was to resist understanding her perspective. At this point, I had not completely lost my faith in the radical behavioural approach, but I was starting to have my doubts. I remember attending a seminar in which this person demonstrated a very powerful Gestalt technique. She asked for a volunteer to sit before the group in a chair, and have a conversation with his dream. I was surprised to see my young colleague and friend engaging in this process fully, and talking to his dream with tears running down his cheeks. I remember wondering if I had wandered into a séance, or whether my colleagues were playing some kind of trick on me. At the end of the seminar, my colleague could see that I was somewhat confused, and asked if I would like to discuss the seminar further with her. I respectfully declined, planning on interrogating my friend first to see if he been a collaborator in the process. The answer I received did not neatly fit with my view of the world. Not only had he been a willing participant in the demonstration, he had also truly shocked himself by the powerful release of emotions that the session had enabled. We both agreed that we did not have an adequate explanation for what we had both experienced, only that our colleague was an incredibly skilled practitioner (and possibly a white witch). This particular colleague became a leading light in UK clinical psychology, and is now a professor for whom I continue to have the utmost respect.

Another turning point for me as a trainee psychologist was that the work that I was doing had woefully inadequate theories to back it up. It would be normal for us to scramble around in the dark looking for ways to explain people's behaviour. I remember working in a mental health setting conducting six sessions of behavioural relaxation training for a person who was clearly not only suffering from some kind of anxiety condition, but also had a traumatising set of life experiences. I felt a deep sense of inadequacy, and felt guilty that all I could provide this person with was a stick-

on plaster to cover what was clearly a deep wound. I remember their mixed feelings as they told me that the relaxation training had helped, but their symptoms still persisted. I recall telling that individual that they had the required six sessions, and that there would be no more. I started to feel dissatisfied that my work was not done, but my supervisor seemed delighted with the skills that I had communicated to this person. Reflecting on this incident now, I realise that my departure from the radical behaviourist school of thought had already begun.

Entering the Real World of Applied Psychology

After qualifying as a Clinical Psychologist in 1986, I drifted back into working with people with intellectual disabilities. At that time, I was still a firm bastion for behavioural psychology approaches. In the UK, it was not uncommon to find behavioural programs for whole range of different issues, including eating disorders, anxiety, skill teaching, and toilet training. Whilst I had not yet rejected behaviourism per se, I was gradually becoming more and more uncomfortable with the narrowness of my approach. I remember visiting a young man in his twenties with a borderline intellectual disability in my community job, who had exposed himself to a member of the public whilst riding his bicycle around the local town. When I saw this young man, I proposed using a more radical CBT-type approach, with the view that this might be more enriching than taking a straightforward, behavioural view. I remember trying to work out what was going through his head when he decided to ride his bicycle around the local town without any underwear on. He couldn't give me a satisfactory answer, but I did wonder whether there was an obvious reason that I was missing. I now suspect, looking back, that the behaviour was probably some kind of desperate attention seeking response. However, even the term attention seeking seemed far too superficial for me. We all do

things for attention, and it is often the case that there are other, deeper factors involved. You might say that I am writing this article for attention, but that would be a superficial explanation of my behaviour. If I am writing this for attention, it is to bring attention to the issue I am discussing, to convey my message and thus encourage debate and change. It is important that people try not to simplify human behaviour to the extent that they don't seek other explanations for why people behave in the way that they do. Imagine a young baby is crying, and think about the number of possible reasons that may have led to this 'behaviour'. The child may be wet, frightened, confused, sensitive to noise, missing someone, hungry, thirsty, or needing physical comfort. Do you really buy into the 'Supernanny' idea that that child is crying for 'attention'; so that it will be picked up and cuddled? Simplistic explanations lead to superficial solutions.

I explained to the young man that I would begin to teach him some relaxation skills, thinking that reducing his overall stress levels might in turn reduce his urge to ride around the local town commando. I gave him the standard six sessions, and proudly informed him that he was 'fixed' and he did need to see me anymore. Oh, how wrong I was! Within a matter of days this young man had been arrested by the police for carrying out the same act.

I went to visit him in his family home said to, where he asked me, 'Are you still going to see me, because I miss you.' My answer was straightforward: yes. Clearly, I had missed one very obvious human fact in this encounter: he had no friends and lived at home with his elderly parents. I realised very quickly that he was a lonely young man, desperate to make friends and curious about the mysterious world of sexuality. It became clear to me that he genuinely believed riding past a middle-aged woman

without any underwear on would lead to a romantic or sexual encounter, and that the loneliness in his life would be, for a time, subdued.

For the next year, I saw this man on a weekly basis, which went against all of my training to deliver a result within the magic six sessions. On two occasions, I tried to close the file and declare him 'better': both times he ended up cycling in the nude. I decided that seeing him regularly was an easy way of preventing him from doing something silly that would end up in trouble with the police. I also began to realise that simple behavioural solutions didn't always exist for some of the more complex problems I was encountering. The straightforward design of behavioural programmes often neglected the complexities of relationship building and friendships. By now, I was entering into the first stages of what can only be described as 'psychological withdrawal' from being a behaviourist.

A Black Belt in Intellect

A significant step on the road to recovery involved me reading a profound article by the incredible humanist David Pitonyak:

> *'I know a man who insists that people call him "Doctor." He has a Ph.D. in Psychology, and has been known to terminate conversations with people who refuse to address him as such.'* (2017, p2).

This article wonderfully described a hypothetical individual, whom I saw as caricature of what might have been my future self. I read and reread this article, absorbing its message and passing it on to other people. How are members of the public supposed to understand the difference between professions when we are all trying to wear each other's clothes? The message for me was clear and powerful: be careful not to pursue

academic and intellectual superiority and forget the importance of connecting emotionally and empathically with the individuals you work with.

This article also re-affirmed my gut feeling that psychological approaches which used forms of punishment were wrong. Pitonyak used a phrase which has stuck in my mind ever since about the use of punishment or restraint as a 'last resort':

> *'There are some who would argue that punishment is an "indispensable last resort" for controlling challenging behaviours. I believe they are wrong and have been in numerous arguments where I have proposed that ample -- non-punitive – alternatives exist.'* (2017, p5)

Many years after this, I got to work with David, whom I can only describe as a gentle and humane soul who most certainly practiced what he preached.

Multi-Element Approaches: Enter LaVigna and Donnellan

In the early 1990s, I began to concentrate on what would now be described as multi-element approaches to behavioural psychology. I owe a great deal to Gary LaVigna and Anne M. Donnellan, who both presented a very liberating way of applying behavioural principles from a positive psychological perspective. They wrote two classic books together in the 80s which greatly influenced my personal and professional life. The first was called *Alternatives to Punishment: Solving Behaviour Problems with Non-Aversive Strategies* (1986), and the second titled *Progress Without Punishment: Effective Approaches for Learners with Behaviour Problems* (1988), which built on the ideas of the first book. These publications were fundamental in my realisation that approaches could be more humane. I found both LaVigna and Donnellan to be truly charismatic individuals who were actively promoting principles such as the avoidance of negative consequences.

Gary LaVigna talked about proactive and reactive approaches to behaviour management. I found the constructional approaches to the proactive work very helpful and enlightening. I remember reading the work of Israel Goldiamond (1974) who wrote wonderfully about constructional approaches which concentrated on people's strength, and focused on the antecedents to behaviour rather than preoccupation with consequences. Skill-building was the order of the day. I have since found out that Gary LaVigna was a student of Israel Goldiamond, so no surprise there. I owe a great deal to both of these individuals whom I found to be highly respectful and empathic people, and who showed me a much gentler form of behavioural psychology.

Similarly, I think of Professor Anne Donnellan as one of my 'academic mothers'. I remember the first time I heard and Donnellan speak. Whilst I knew of her from her writing with Gary LaVigna, I found her to be slightly less behavioural in her approach. Anne Donnellan spent the 70s and 80s conducting ground-breaking work, and I found her views to be honest and liberating. Here was the warm and empathic behaviourist that I aspired to be.

Anne was also embroiled in the so-called 'facilitated communication' debate. This surrounded the thorny question of whether or not individuals with autism were highly intellectual people trapped within a communication void. The work of Rosemary Crossley in Australia, using keyboards to get people with cerebral palsy to communicate, was extrapolated to people with autism (1994). I want to stress that the facilitated communication academic debate was, in my opinion, way over the top and downright nasty. In my view, I believe that some people were genuinely being facilitated, but that these people were in the minority. I personally did not hear anyone make universal claims for this approach, but I did admire her courage in placing her reputation on the line. In many ways, her bravery, and that of her colleague Martha

Leary, made a strong impression on me. To this day I will argue with anyone who wants to label these individuals in a negative way. Even if they got some elements of the debate wrong (which I'm not sure is the case), they were very aware that they were risking their reputations by bringing the subject to people's attention.

I considered Anne to be a great humanist, and whether she is aware of it or not she helped me depart from my radical behavioural ways. By the mid-1990s, I was most certainly fully in the process of recovery. The question remains however, what was I evolving into?

My World of Behaviour Analysis

By this time in my evolution, I was a very confused psychologist. I was still using behaviour analytic tools and techniques (ABC charts, functional assessments, even reinforcer assessments!), but my enthusiasm for applying these methods was becoming more subdued. I was beginning to rely much more on talking to people and listening to their own views about a person's behaviour. Around this time, I stopped routinely reading key behavioural journals, which included The Journal of Applied Behavior Analysis and The Journal of Experimental Analysis of Behaviour. I started reading more journals which usually had phrases like, 'cognitive', 'family' and 'systemic' in them. I do not, to this day, believe that I was rejecting my behavioural routes. It was merely a stepping stone to more a liberating view of people and their behaviours as complex. I remember a leading behavioural psychologist telling me that it was healthy to use a phrase from time to time: 'I don't know'.

Reactive Approaches

A critical mantra of behavioural psychology was to talk about proactive and reactive approaches. Proactive approaches tended to focus on the replacement of behaviour, skill building and behaviour change. Reactive approaches tended to focus on managing crises from day to day. In the early 1990s, I became more and more worried about the whole area of reactive strategies and crisis management. At this time, I started to attend and sample a variety of training courses in the UK usually had titles such as 'Managing Violence and Aggression'. As a behaviourist and an emerging humanist, I was becoming increasingly uncomfortable with the fact that what carers were being taught was, in essence, bad Kung Fu.

I remember attending a particular training course with two so-called 'national leading experts in violence management'. The vast majority of the two-day training course consisted of over 23 physical techniques that could be used to manage a crisis. At the time, I practiced the martial art of Jiujitsu, but I neglected to mention that to the instructors in case they viewed me in a different light. When I asked the instructor whys these techniques were used, they told me the same thing over and over again; 'When you hold a person in a lock, if they move then they are inflicting pain on themselves'. After two days of listening to this nonsense, I politely and respectfully confronted the two trainers after the training programme was over. I was genuinely enraged by what I had experienced. This rage eventually culminated in me designing a program from scratch, and to the birth of my training organisation, Studio 3 Training Systems. However, that is another story for another time.

The key thing for me was that, as a behavioural psychologist, I believed that we needed to train people in effective crisis management that had some kind of underlying evidence-base. From this training in the 1990s, I began to evolve a philosophy called the low arousal approach. This started out in a very behavioural manner in these early days, and included concepts such as reducing demands in a crisis, and a concentration on non-verbal and verbal cues to help reduce levels of arousal in people experiencing meltdown. Many of the calming techniques taught caused participants to realise that they were often inadvertently triggering incidents of aggression or behaviour of concern. I began to understand that this was not as simple as a behavioural-based program. Directly and indirectly I began to examine the importance of developing positive relationships with people even when they were distressed and shouting at you.

The Humanist Emerges

My work throughout the 1990s and the early part of the millennium involved a fusion of ideas both in terms of training in crisis management and my 'clinical role' advising other people about how to support and manage what was increasingly referred to as 'challenging behaviours'. I was struck by the strong ethos of humanism that emerged in my work, which included the belief that people's spiritual and emotional needs could be satisfied without following a god or religion. For me, this simply meant that the values most important to me went beyond religious views. As a Roman catholic, I was surprised to recognise that the low arousal philosophy's pacifist message was very close to 'Quakerism'. In Victorian Britain, psychiatric services of the time were built on harsh regimes of punishment and discipline with the regular use of mechanical restraint and shock therapies such as 'baths of surprise' (Tromans, 2013). The York Retreat was restraint-free institution run by Quakers, which came into being in response to the heinous conditions of the York Lunatic Asylum (Bewley, 2008). Inspired by the acts of others, my embrace of humanism and pacifism was becoming more pronounced. I also noted that my tolerance for 'experts' who justified using restraint on vulnerable people was rapidly diminishing. I agreed to appear as an expert on a BBC undercover documentary titled *MacIntyre Undercover: Care Homes* (1999), in which journalist Donal MacIntyre went undercover in a care home for adults with intellectual disabilities, and discovered horrendous practices including physical restraint, abusive behaviour from staff, and sanctions. Appalled by the behaviour of these people, I felt energised as my beliefs about restraint and reactive strategies in general were re-affirmed, and determined to make meaningful changes to my own work, and the lives of the people I supported.

The Lovaas Method

The expression applied behaviour analysis is meant to be a generic term for the application of behaviour approaches to wide range of settings. It is not supposed to be about a specific approach or method. Sadly, in the field of autism, a debate emerged about a specific programme which created a strongly polarised response. We must remember that, in the autism field during this period, there was a constant searching for magic bullets and cures. In the 1980s, a seminal paper published in America by Ivar Lovaas claimed that early intervention using behavioural methods (some of which relied heavily on punitive consequences) could be a potential 'cure' for autism (1987). These claims were highly exaggerated, and led to an intense and vitriolic debate (Silberman, 2015). Families rushed to get their kids into programmes, and who could blame them with such incredible claims?

I remember talking to Professor Rita Jordan from the University of Birmingham about this hotly debated issue. She was very clear that the reductions in overtly repetitive behaviours, sometimes referred to as 'stimming', did not necessarily mean that they were changing autistic behaviours. She also pointed out that you can make someone behave in a different way using these methodologies, but it does not mean that you have changed how they think, feel and see the world. Temple Grandin, in her book *The Autistic Brain* (2013), made a very strong case about autism being a different way of seeing and understanding the world.

I became increasingly uncomfortable when I visited schools as a professional psychologist, where I routinely saw controlling techniques implemented by well-intentioned teachers who wanted to make a difference. These included the use of egg timers and alarms with rigid schedules for teaching activities, almost reminiscent of a

factory production line. The use of sanctions and punitive consequences were very commonplace at the time, and sadly still are in some places. I remember seeing a young boy placed in what was described as a 'time-out room' when he failed to engage in a task.

It seemed like an awful lot of effort to me, especially as the young man clearly had developmental disabilities and most likely memory problems. I asked myself the question, 'When he goes home tonight, what will he remember from his school day?'

There is often a great deal of uncomfortableness from practitioner's who apply these approaches, as they often witness clear signs of distress from the young people concerned. Professionals tell them, 'This is only an extinction burst' (this technically means that when a reinforcer has been withdrawn, behaviour gets worse before it gets better). To me, the ends do not justify the means. Learning should be a collaborative, enjoyable and, wherever possible, stress-free experience

The seductive draw of behavioural methods, especially where teaching is concerned, is not up for debate. In these classrooms, there was no doubt that learning was taking place, which to many families and teachers seemed almost miraculous. What concerned me was, were these children happy, and were there better ways to teach them that were gentler?

There were many other behaviourally-based approaches at the time, such as those developed at the University of North Carolina by Eric Schopler and Gary Mesibov at Division TEACCH. TEACCH stands for the Treatment and Education of Autism and related Communication handicapped Children (Mesibov, Shea & Schopler, 2010). The TEACCH approach focused on structure and giving people a concept of time, often known as 'first and then', or 'now and next'. These approaches are often successful because they concentrate on making the world more predictable for people. This works really well when individuals concentrate on people's strengths and the things they enjoy. The use of visual supports, still with the principles of errorless learning, seemed to me a much gentler way of teaching people skills. I still believe this to this very day.

I found that I was more comfortable with these approaches than the behavioural methods of my early career. After 2004, my organisation Studio 3 was beginning to work internationally as well as in the UK. It was interesting that, in Scandinavian schools, the TEACCH approach was often combined with a low arousal ethos, for example allowing children and adults more breaks from teaching and learning. Combining this proactive approach to teaching with the low arousal philosophy appeared to have positive outcomes. However, it was interesting to note that, even with these gentler approaches, there still appeared to be a divide in terms of how these methodologies were applied; a right and left-wing TEACCH. When I say 'right-wing

TEACCH', I mean that individuals are applying the approach in an extremely rigid and inflexible manner. Left-wing TEACCH involves a more laid back, personalised approach where the individual learning style leads to the programme fitting the person. People who adopt the latter approach tend to combine low arousal crisis management strategies quite easily with their work. As a Swedish colleague once said to me, 'I apply TEACCH principles, but I also do it in a much more relaxed manner'.

Applied Behavioural Analysis

I often get asked, 'What you think of applied behavioural analysis (ABA)?' To be quite frank I am tired of being asked this question. I really struggle with the verging on religious zeal that people seem to have about these approaches. My ethos is 'do no harm', and to this day I'm not convinced that there are no negative side-effects to ABA. However, I do not think we should throw the baby out with the bathwater and characterise all behavioural approaches as wrong and inhumane.

As a behaviourist in the early days, I remember reading one of the first articles published about the successful use of operant conditioning on a person with an intellectual disability. Fuller's report described training this person to raise their right arm to receive food after being starved for 15 hours (1949). To many behaviourists, Fuller's report showed that reinforcement was a powerful tool for learning, and at the time this was an innovative approach in which the alternative was to do absolutely nothing with people who had severe learning disabilities. On reflection, I now view this study from the perspective of the twenty first century. In this context, there is so much more that we can do now.

Board-Certified Behaviour Analyst: The New Profession

At the beginning of my career I adopted a scientific approach to reading all that I could about the behavioural literature. I say with all humility that I might be regarded as someone with a certain degree of expertise in this area. As I have become more aware of the complexities of behaviour, I have also noted the emergence in North America and Europe of a new 'behavioural profession'. The professionalisation of behaviour support has become an increasing concern to me. By creating another elitist profession and calling these people board certified behaviour analysts (BCBA), we are creating what amounts to a new pseudo-medicalised profession. In my opinion, this is a backward step.

This even now raises questions about who is qualified to do X and Y. I remember talking to one of these individuals at a conference who, in a rather embarrassed tone, told me that she wanted me to supervise some of her work in her BCBA programme. She considered me an expert in the field, and in an embarrassed tone, she explained that her supervisor had told her in no uncertain terms that I was not appropriate because I was unqualified and not a board-certified behaviour analyst (BCBA). I must admit I found it ironic that all of my life's work counted for nothing in their eyes.

Positive Behaviour Supports

From the 1990s to the present day, an alternative to the more traditional ABA model has evolved called positive behaviour support (PBS). Many people trace the origins of this work to individuals such as Ted Carr and Rob Horner in the US, whereas I would argue that the work of Ann Donnellan and Gary LaVigna was also fundamental in the conception of PBS. The overarching aims of PBS were to focus on positive programming and teaching new skills as alternatives to the use of aversive

consequences and punishment. In my view, PBS is a gentler form of ABA, and is personally more symbiotic with my ways of thinking. That does not mean to say that I agree with all PBS methods, and of course there are many individuals within this movement with the same religious zeal that I find unpalatable. This can be typified by phrases such as, 'People who present with challenges must have a PBS approach,' which is dangerously close to the same dogma used by the Lovaas, ABA acolytes.

People must remember that, when it comes to working with vulnerable people, it is not the method that is the most important factor, but the individuals who apply it. A key characteristic for anyone working in the care sector is a high degree of empathy and compassion for the people they work with.

Functional Assessment and Functional Analysis: Exercises in Oversimplification

Functional analysis is an extension of behaviour analysis as it is a logical way to figure out the functions of a behaviour. Functional analysis has long since been associated with behavioural approaches. In 1990, I wrote an article on functional analysis for the Journal of Behavioural Psychotherapy with my colleague David Samson. We argued that functional analysis was not just an approach analysing the functions of behaviour; it appears to explain a lot more about why the behaviour is occurring when we include variables that we cannot necessarily see and touch. The simple idea was that a behavioural explanation on its own was very high in predictive power (in that it was possible to make probabilistic predictions about persons behaviour), but very low in explanatory power (in that it was not easy to explain that behaviour).

Feedback from academics at the time indicated that a significant number liked our 'warm and fuzzy' approach to functional analysis, but the hard-core behaviourists

clearly did not. One colleague, whom I will not name, informed me that 'unobservables' were simply not part of science. These days, I would probably describe these individuals as flat earthers and climate change deniers. Of course, modern physics is based on huge number of unobservables such as black holes and gravitational forces, which help us to explain the universe. This did not seem to be relevant to my colleague, whose world consisted of stimulus and response - although he did admit that biological and neurological data might be important. I posed the question of how a behaviourist might observe somebody with self-injurious behaviour who had no verbal communication skills and expect to reach the conclusion that their behaviour was caused by a an internal, indirectly observable event such as a stress-induced migraine? My colleague remained stubbornly resolute that this was irrelevant.
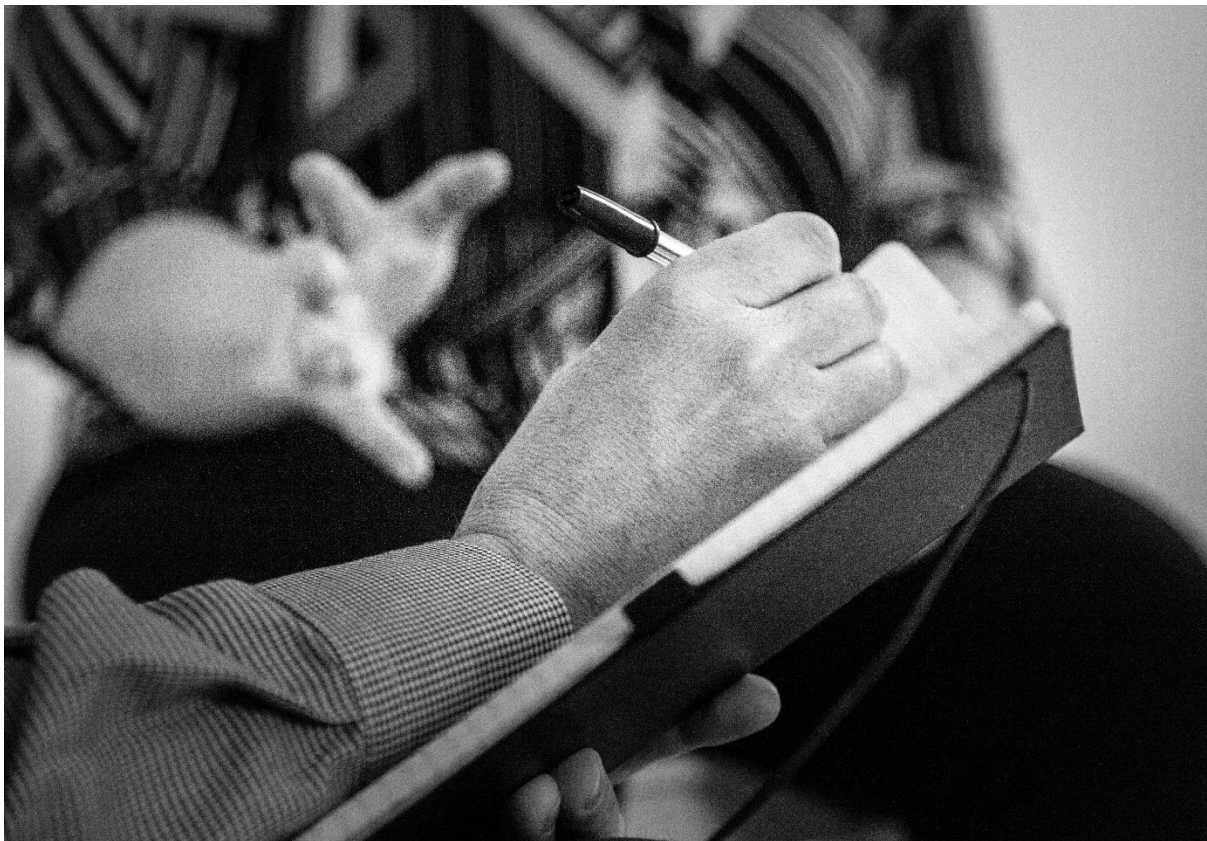
I want to be clear that functional analysis and other forms of formulation and hypothesis testing are really important in helping us figure out what is going on with

someone. Wherever possible, I include in this analysis what the individuals themselves are telling me – verbally and non-verbally. This may sound like an obvious point to some, but, in the past, I rarely used the information the people gave me, focusing only on their behaviour data.

Functional assessment is an experimental approach where people test different approaches to determine what the function of a behaviour is. There are normally only four functions on offer to determine and explain a person's behaviour. These are sensory stimulation, escape, access to attention and access to tangibles. Do we really believe that there are primarily only four functions to any behaviour? In science, we can never know with absolute certainty about anything. So, a good functional assessment for me should also contain the category, 'Don't know' or 'Multiple functions'. The reason for this is that there are many possible causes for people's behaviour that go far beyond this chronic oversimplification of how people behave. Don't get me wrong, it is always useful to make an attempt at testing out hypotheses about someone's behaviour, but let's not get too carried away with the process. I work with individuals who can often tell me why they behave in the way that they do, and they're usually right. I should not dismiss their verbal statements as explanatory fictions.

The Barrier of Pseudo-Scientific Language

One of my major issues with the application of behavioural psychology to real-world settings is the overuse of technical jargon and language that creates a barrier between the plan writers and the individuals who are supposed to read and apply these plans in practice. I have also observed that the individuals who are the focus of the plan are rarely asked what they think would work for them.

The technical jargon can be overwhelming and creates such a huge barrier. I was once given a behaviour support plan to read by a manager of the service. It was full of technical jargon and very difficult to understand. It is possible in psychology, by using simple mathematical formulas, to calculate the average reading age of a document. The average reading age in the UK at the level of a 9-year-old. To give you an example of how reading age can differ, in the UK, the reading age for The Sun is around 8, and The Guardian closer to 14 (See-A-Voice, 2010). I actually applied a standard reading age formula and discovered the reading age of this document was approximately 11 years of age. Reading at this level requires a sophisticated and high level of grammatical understanding. I calculated that over 60% of the people who were supposed to read this document would struggle to understand it. In fact, to understand some of the terms contained in these reports, you would need to first invent a Rosetta Stone for behaviourism.

The report contained behavioural terms such as 'operant' and 'establishing operation'. Establishing operation is a variable that occurs and is correlated with the occurrence of the behaviour. In the early days, they called them 'setting events' which I personally found quite difficult to understand, but the term establishing operation was considered to be more precise by the (pseudo)scientific behavioural world. There is a real misconception that the use of such language creates the precision required by science. This is absolutely not the case. Behaviour specialists should concentrate more on producing clear and readable plans, than on bombarding readers with scientific terminology.

The Obsession with Data and Graphs

Over the years, I have become very aware that data analysis is often a driving force in our line of work. We spend inordinate amounts of time analysing what one of my colleagues would call 'rubbish data'. Data can help people understand whether things are improving, especially if we provide visual information to evidence a person's progression. However, we must also remember that a preoccupation with data collection may lead to catastrophic failures of support plans. Sometimes, the expectations we have for data collection are far too high, and we place great demands on individuals to produce data. Even in some of the best funded services, staff can struggle to make the time to collect accurate data.

As a young psychologist I worked with an individual who was a major fan of data collection. He managed an 'intensive support team' where data and analysis was a central function. It was really difficult to complete the evaluations he set as there were simply too many measures, and when the datasets were analysed there were enormous gaps in the data. By collecting too much information, he had reduced the quality of what could be produced. This team did really good work, but sadly their evidence base did not reflect this.

Another problem with data-driven approaches is that they are fraught with human error. Albert Einstein, in his theory of relativity, pointed out that observation is based on your perspective and position. Two people may have observations that are both correct, but do not agree with each other. I have read so-called incident forms in which two staff have described the same incident, but their descriptions differ massively. In cases such as these, we expect people to be clear and objective in their accounts. However, in cases of challenging behaviour or extreme aggression, this cannot be the

case as people will have an emotional reaction to the event. How can they then accurately record the experience without emotional bias?

Finally, empirical data collection does not always capture the lived experiences of the person themselves, their families and their supporters. This too is data. Some behaviour analysts struggle with individuals' accounts of their own experiences, as if it was unreliable data. To the contrary, actively listening to people and their experiences has helped me to gain a sense of their worldview, and thus to help them more productively. This is been particularly true of the work that I've been involved with people with autism.

Behaviour Consultant: An Oxymoron

It really pains me to write this down, but I loathe the term behaviour consultant. First of all, it implies that all we will look at is an individual's behaviour, and many people see this as being there to 'fix and repair' an individual. The term consultant is often used in medicine, and I personally feel that this term should be kept for medical doctors only. I sometimes get a sense that we are trying to create a profession that is analogous to medicine. This is further compounded by our using medicalised language. Perhaps the biggest example is the overuse of the word 'case'. I was talking to a good friend and colleague about an individual they were providing advice and support for, and they unthinkingly said, 'I have a really difficult case'. I paused, and replied, 'You mean you are working with a person who is distressed and traumatised for reasons you find difficult to figure out?' What followed was a lengthy and meaningful discussion about the overuse of medicalised language in the behaviour support field. It is my honest opinion that many people are not aware of how strong this use of language come across, particularly to individuals out with our field of work. People

need to be careful not to use words like 'referral' and 'case formulation' as it drives medicalised thinking. We have managed in many fields to stop using the word 'patient' for people who are not sick. I am not trying to moralise about politically correct language, but it is a fact that the language we use influences our thoughts and perceptions. In my experience, most professionals are naively unaware of the powerful influence that terminology magnifies.

When Behaviour Plans Fail

True radical behaviourists never really fail. If a program does not seem to work, they blame the people applying it. The reality is that, in most people's experience, many behaviour support plans do not really have much of an impact on the behaviour of the people they support. Many sincere people who trained me genuinely believed that their programs failed because of other people. However, there are so many other reasons why plans can fail to produce the results we are hoping for. Sometimes, people do not want to apply the principles of the plan and may be resistant to change. Other times, plans are overly complex and difficult to apply in practice. For me, behaviour support plans or their equivalent need to excel in 'co-productions'. If people do not collaborate with plans and contribute in some manner to their production, then they will often struggle to follow them.

Over the years, I become increasingly uncomfortable with the idea that we write behaviour support plans for people who are often highly distressed and traumatised individuals. Usually, these individuals are supported by people who are frightened and scared of them. Behaviours do not occur in a vacuum. That means that the environment is affected by those people who bring their own attitudes and values to the workplace, including often their fear and blame. In day-to-day work, it is not

unreasonable to estimate that around 60-70% of all behaviours are inadvertently (and sometimes deliberately) triggered by staff (McDonnell, 2019). Yet, in the world of behaviour support, we often do not discuss the impact of carer stress due to the focus being on the person labelled as challenging or deviant.

My work and the work of my organisation Studio 3 has focused far more on the dynamic between carer and the person they are supporting. This means that we focus less on writing plans about individuals, and more on staff and carer's thoughts, feelings and attitudes towards the people they are supporting.

The Emerging Influence of Positive Psychology

I have increasingly become influenced by the work of Martin Seligman and Mihaly Csikszentmihalyi. Their influence of the field of positive psychology has been enormous. Positive psychology has been defined as the 'pleasant life, the engaged

life and the meaningful life' by the psychologist Alan Carr (2011). Associated with this movement of ideas has been a much stronger focus on happiness – specifically, cultivating moments of happiness. Using our analytical skills to analyse moments of happiness would be a far more powerful use of our technology. The influence of positive psychology has allowed people to think differently about their approaches, to build on strengths, and encourage resilience. This change in language and shift towards a positive focus enables people to reframe what they are trying to do – are they behavioural fixers, or empathic behaviour supporters?

If, in my work, I achieve moments of happiness for the people I support, then I consider that a more fulfilling day of work than increasing a person's so-called 'engagement'. I do not think that it is a quantum leap to consider that moments of meaningful happiness are an antidote for lonely, stressed and traumatised individuals. There is a growing knowledge base about the psychology of happiness, and the accompanying health and other benefits (Diener, 2008). If we can increase moments of happiness, in both volume and quantity, that can be hugely beneficial in the lives of stressed and vulnerable people. Social connectivity and longevity studies also show that people who score higher on measures of happiness and wellbeing also show higher social interaction, which has great health benefits (Stairs & Galpin, 2010). In the field of autism, my colleague Peter Vermeulen in Belgium gets people to think about good, positive feelings rather than negative feelings, which is beneficial from a neurological perspective (Vermeulen, 2016).

Empathic Behaviour Supports

'Walk a mile in someone else's shoes'. This is a phrase we hear when people talk about empathic understanding. This process is essential in any good approach to

supporting people. Sometimes, people struggle to empathise with the people they support. This has been referred to by my colleague Damian Milton as the 'double empathy problem' (Milton, 2012). Good practitioners always show high degrees of empathy and compassion. Sadly, I have come across many people who are more concerned with data than with getting to know the person they are supporting. Developing a rapport with a person and their supporters is critical to the success of our work. This takes time and authenticity. Relationships are critical to the work we do, and that requires us to spend time with people without over-analysing them. When I used to write support plans, I acknowledged that the people implementing the plans were crucial to their overall success.

See the Person NOT the Behaviour

Over the years, I have started to realise that the majority of the people I work with are often highly traumatised and stressed. In the past, I was guilty of focussing far too much on their behaviour. These days, I concentrate on understanding and tackling their underlying stress and trauma. In my radical behaviourist days, I would never have considered this to be an option. Trying to make sense of the trauma that people experience is now so important in my work, thanks largely to the work of Dan Hughes, who really helped open my eyes to the world of trauma and attachment (2019). Understanding stress, trauma and individual experiences are essential components in helping us to develop a greater empathic understanding of why an individual may be engaging in highly distressed behaviours.

I have been uncomfortable with the medicalised model of assessing and treating behaviours. We often see highly specialised services that group distressed people together, which in turn leads to even more distress as individuals become affected by the stress and trauma of others. Stress is transactional in nature, such that one person's stress can be transferred to another by witnessing their distressed behaviour, or simply by sensing it (Lazarus and Folkman, 1984). If we understand this stress relationship between individuals with one another and carers with the people they support, there are many ways that we can prevent stressful situations from arising. For example, before targeting the distressed individual, concentrate on reducing the stress levels of their supporters, so that they can engage with the individual in a calm and non-threatening way. This is crucial to creating a low stress environment in which the individual feels safe, secure and supported. This is the core ethos of the low arousal approach, which encourages practitioners to be reflective, empathic and compassionate in their work (McDonnell, 2019).

Stop Being a Behaviour 'Fixer'

The repair culture is ever present in the field of psychological support. In my career, I have come across practitioners whom I would describe as 'behaviour fixers'. These are individuals who are so solution focused that they begin to believe all problems can be solved with a good behaviour support plan. The issue here, for me, is that many of the things these people view as 'problems' are not that at all. Autism advocates like Jim Sinclair have long argued that professionals need to stop viewing people with additional support needs as 'broken versions of them' (Sinclair, 1992). It is important to understand that some people are simply different, and that their ways of being are not wrong or problematic – just different.

In addition, not everything is about behaviour. Consider the man who rode his bicycle around town with no trousers on. To a behaviour fixer, the nude cycling is the problem. But to scratch at the surface of this tale reveals instead a very lonely man who is simply looking (albeit in an unconventional way) for a way to connect with other people. So, who decides what is a 'problem'? We spend a considerable amount of time fixated on problem-focused approaches, which are driven by our own views of the world. For example, I was once asked to work with an individual who had a fear of escalators. The referral from his community team stated very clearly that he must overcome this fear as part of his 'treatment'. However, it seemed clear to me that this was not a clinical problem, as the man had only ever been on an escalator once in his life in a shopping centre – where they have both lifts and stairs...

Another common theme in behaviour support plans is the obsession with anger. Anger is an everyday emotion that serves a physiological survival function, as well as helping us to relieve frustration. The average person gets angry about once a day (Mental

Help.Net, 2019). If you are a person who is labelled as challenging, these every day instances of anger could result in a plan designed to 'fix' your anger. Sometimes our solutions are the problem, and the problems are not really problems at all.

The Road to Recovery

Having recovered from my beginnings as a radical behaviourist, I do worry sometimes that I might relapse back to my old ways. Whilst I simply cannot work as a behaviourist anymore, I am still grateful for the framework which helped me to develop as a person who supports and advises about distressed behaviours. I remind myself every day how much my worldview has changed, and will continue to change as I grow and develop as a practitioner and an individual.

Part of me would love to join the PBS club and pretend that I am still that person. However, I do believe that there is hope that these approaches will continue to evolve into systems that focus on relationship building and a less mechanistic approach.

In my journey from radical behaviourist to humanist and behaviourist in recovery, it has been the influence and wisdom of others that has challenged my perception and changed my views. From the beginning of my training as a clinical psychologist, the individuals I trained with started me on this process in earnest, along with the practitioners and academics I have met and admired along the way. For teaching me about the humanity of behavioural approaches, I have to thank Gary LaVigna and Ann Donnellan, whose first book set me on the path towards recovery. I also owe a great deal to individuals such as David Pitonyak, for his humanist view of the world, the late Albert Kushlick, for teaching me that people are fallible, and to a number of my colleagues at Studio 3, including the late Michael MacCreadie, John McDermott, Steve Allison, David Walker and others far too numerous to mention. Additionally, to the

great Karl Rogers for his notion of unconditional positive regard, and to the gentle teaching movement of the 1980s and 1990s which spoke of the unconditional value of people. In the autism field, there are many people with a diagnosis whose approaches have taught me so much, including Damian Milton's double empathy theory, Gunilla Gerland, and Jim Sinclair.

My views have been influenced by academics and practitioners alike, as well as by the individuals I have supported over the years. In my view, people are critical in any change approach, and we should never underestimate the power we have as individuals to cultivate change and to alter perception. I would not be the practitioner I am today if I had closed my ears to the opinions of others, and failed to learn from their experiences.

I conclude with a final emphasis that we must work together to move away from an obsession with behaviour, and towards what lies beneath. I hope that readers of this article will not take offence to what I have expressed, and I truly hope that they embark down the same path as myself and begin to develop the empathic behaviour supports that people need and deserve.

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'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

THE REFLECTIVE JOURNEY

Professor Andrew McDonnell

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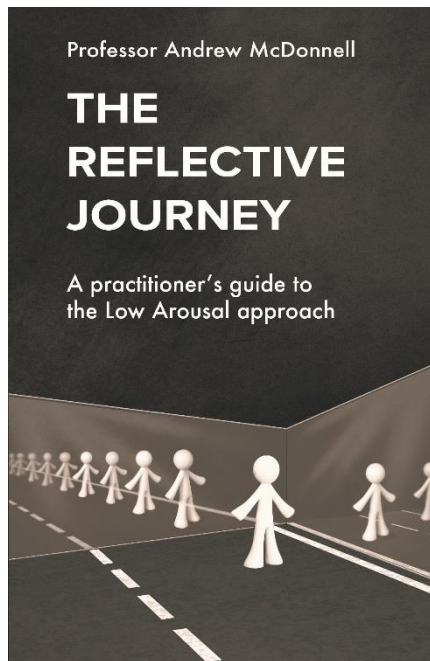
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"I may need to train myself to observe myself more. I may need to get better at dealing with myself. I may have to face my own vulnerabilities." - Terese Österholm

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.

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 Studio 3 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:

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- Bespoke training for organisations and staff teams
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- 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

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