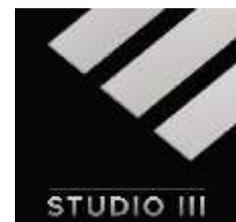# The Emotional Rollercoaster

Applying the Low Arousal Approach to Persons Who Engage in Behaviours of Concern

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STUDIO III

Introduction

The Low Arousal Approach is a crisis management system that was originally developed in the early 1990's in the UK (McDonnell, 2019). The approach stresses that people are expected to alter their own behaviours to develop effective crisis management responses with individuals. This requires a highly reflective approach (Schon, 1987) where individuals are often expected not to directly challenge people who are highly distressed.

One element of the Low Arousal Approach is that we often expect people to tolerate behaviours of concern by not interacting and stepping back. This can sometimes be viewed by supporters as 'giving in.' When an individual is being verbally hostile this may lead to a supporter feeling out of control and helpless. Practitioners of the Low Arousal Approach are often expected to 'ride the emotional rollercoaster' (McDonnell, 2019).

Low Arousal Approach utilises proactive strategies: once it is clear that an individual is experiencing high levels of arousal, a distraction or redirection technique can be employed to avoid a crisis situation. In times of crisis, we should adopt a relaxed and confident presence, reduce verbal communication - especially demands - and show empathy towards the person experiencing the crisis. It is a carer-orientated intervention that emphasises reflectiveness, acceptance and empathy, as well as the impact of trauma and how that should shape our view of the person displaying behaviours of concern.

Understanding the Low Arousal Approach from an academic perspective can be very different from applying it in practice. The remainder of this article will focus on

a distressed individual with a diagnosis of autism and the reflections of his support worker.

George: An Example

The following anonymised example clearly shows how difficult it can be to engage with someone who is struggling to understand a world that is both unpredictable and chaotic (Vermeulen, 2012).

George is an adult who is in his mid-thirties. He lives independently in his own flat. George has recently been receiving regular support for 5 hours each day after a year of going without any support. His anxiety related to autism and prolonged isolation sometimes prevents George from taking part in new recreational and daily living activities. George will often refuse to visit unfamiliar places and to do activities or chores. He will then report being bored and having nothing to do. George has a limited understanding of his own emotions and how stress may affect him. He will use language such as 'I'm stressed' and 'I'm anxious,' but often struggles to understand these phrases. He is not able to recognise that his own internal emotional states are responsible for the way he sometimes might feel about certain activities. Consequently, George attributes his struggles externally to the incompetence of others, mostly his family and support. At times of very high stress, George will get verbally and emotionally abusive and blame others for the situation he has found himself in. George tends to have a 'narcissistic' view of the world, but, in reality, this means he struggles to take other people's perspective into account.

Applying the Low Arousal Approach: A Support Worker's Reflections

George's support worker was trained and supervised in the Low Arousal Approach. At the time of writing, this person has supported George for approximately nine months. Initially, in the first two months, there was a 'honeymoon' period where there was relatively little challenge presented by the individual. As their relationship developed, George began to view his support worker in a much more adversarial manner. There was then a period of approximately three months where the individual would be openly argumentative and look for his support worker to provide him with solutions to his day-to-day issues. This also coincided with his support worker and other members of his family discussing his autism diagnosis. At the time of writing, it seems clear that George does not always view his diagnosis as positive. George has commented, 'If I could cure my autism, I would.' At the time of writing, the relationship between George and his support worker is viewed by the authors and his family as positive. His support worker has most certainly become more accepting of George and is considered to be an experienced Low Arousal practitioner. The following involves a number of key questions that were raised by supporters and friends.

What is the Low Arousal Approach?

The Low Arousal Approach is a non-confrontational collection of behavioural management strategies which focus on reduction of triggers and cue behaviours which may arouse the individual who engages in behaviours of concern (McDonnell, McEvoy and Dearden, 1994). The main assumption of the Low Arousal model is that if a person is experiencing a high level of stress, responding in a chaotic, demanding or negative

way will just add to the stress and often make the situation worse. George's support

worker described her experience of the Low Arousal Approach in the passage below:

When I joined the team at Studio 3, I finally found an approach that was in line with

my own belief system. As a support worker, I experienced a great conflict; how can

one be caring, empathetic, but at the same time feel the need to be restrictive and

controlling. Differences in approaches varying from service to service, and the

conflicting messages and models we receive in training courses just add to the

confusion. I often asked myself, 'What is the best way of managing behaviours of

concern?' The answer is quite simply that there is no one 'best' way. Effective methods

will vary from a person to person, and from situation-to-situation and day-to-day. So,

if we do not feel we should control the behaviours of others, would it not make sense

to control our own?

What is the impact of behaviours of concern on those around George?

Stress is transactional in nature (Lazarus and Folkman, 1984). This means that

stress is a two-way street, and can be regarded as emotionally contagious (Heilskov-

Elvén, 2010). Often, we cannot alter the emotional state of the person who is melting

down (Lipsky and Richard, 2009), but we can focus on our own emotional regulation.

The support worker described this emotional turmoil well:

George's verbal ability masked his struggles with simple day-to-day tasks. I took

everything that was said quite literally, and the first incident was a huge shock. I knew

very little about his triggers and stressors, and had limited understanding of the

complexities of George's anxiety. At first, I felt very angry and almost frustrated with

George. As I felt confused and could not understand where George was coming from, my initial response was to fight back. So, as George flooded me with a stream of verbal and emotional abuse, I wanted to defend myself and reason with George. However, he was not able to take on board my view of the situation. I felt powerless, with no control over the situation. I was forced to ride the emotional rollercoaster with George, without really wanting to.

Understanding your own stress and managing it is a crucial part of the Low Arousal Approach. A recent study of carers who support people who can be challenging has identified that staff may struggle to understand their own stress (Rippon et al. 2020). This seems to be evident for George's support worker, who struggled to detect that George's behaviour was triggering a stress response in themselves, and instinctively attempts were made to reason with George. However, this often proved ineffective, and consequently led to the situation escalating.

How are behaviours of concern linked to stress?

Stress is an inevitable part of our lives. However, most people possess regulation skills and coping mechanism to deal with the stressful event. Behaviours of concern are usually signs that something is not right for the person engaging in those behaviours. McDonnell (2019) states that 'all behaviour is meaningful, communicative and occurs for a reason.' Behaviour of concern can be viewed as a result and means of expressing an unmet need. When observing a behaviour, a carer should ask themselves, 'Why does the person need to engage in this behaviour?' Understanding that the people we support often lack the relevant skills to manage daily challenges, as well as accepting them as traumatised individuals promote empathy and

compassion. George's support worker reported seeing George as a person, not his behaviours (McDonnell, 2019):

The world is a stressful place for everyone, and some stressors cannot be avoided. Everyone at some point in their life must have experienced high levels of stress. Many people, not just those on the spectrum, have had emotional reactions in times of high stress. The difference is that when they get upset, no one calls their behaviour 'challenging.' Most people are able to recognise their overwhelming stress or upset and understand why a crisis situation occurred. We can communicate how we feel at the time or shortly after. People such as George may not have this ability or even understanding of what is going on inside them, and this can present as behaviours of concern.

Did the application of the Low Arousal principles seem effective?

It is extremely difficult to apply a non-confrontational approach in the heat of the moment (McDonnell, 2019). Sometimes, the approach may not seem to be that effective in the short term. Not responding and challenging George clearly had an impact on the support worker:

Not responding to the behaviour didn't make me feel better. In fact, I felt the frustration growing all over me. In addition to my anger, I felt powerless, as if I was losing control of the situation. Giving in felt like being bossed around, so exerting my authority felt like a safer option to regain control. I felt largely unappreciated by George and I personalised the incident. I felt like asking him, 'Why are you being horrible towards me? We're out to have a nice time and I'm here to help you with that.'

How did you deal with the aftermath of the incident?

Emotional support is a key component for any individual who supports a distressed individual. Debriefing is only one component; there also needs to be a period of reflection where an individual can focus on re-engaging with that person. Debriefing offers emotional aid to the supporter but also helps to reflect on the attitudes towards the person being supported (McDonnell, 2019). George's support worker described the debriefing and reflection process:

'[It was] a way of learning not to hold on to my anger. I learned to forgive George even though he was not sorry for his behaviour, and I learned to forgive myself for being angry with George. My colleagues at Studio 3 were extremely supportive of this process. Regular debriefs, supervisions and general conversations helped me to further reflect on the incidents. It turned out that at first, I had very little empathy for George, despite having a good rapport with him. I learned to let go of the negative emotions and to view George for the kind, caring and funny person he is.'

The empathy (or, in this case, the lack of empathy) was largely affected by the support worker's first assumptions about George, and the concept of the 'double empathy' problem (Milton, 2012). The double empathy problem relates to mutual difficulty to understand the perspective of another person whos life experience is entirely different. Effectively, whilst autistic people may have a difficult time understanding 'neurotypical' society, 'neurotypical' people often similarly fail to understand the experience of autistic people. The problem with empathy is therefore reciprocal (Milton, 2017). In this particular case, George has little control over his words when stressed, and sometimes has no understanding of his own emotions and how they affect him and others around him. Consequently, the support worker assumed that George was being

deliberate in his actions, and so struggled to empathise with him in situations of high stress.

How does the Low Arousal Approach help George?

The Low Arousal Approach does not seek to directly modify or control behaviours of concern. This approach is a carer-based intervention that supports people to develop empathy, compassion and understanding of the supported person through reflection and non-confrontation. This intervention seeks to reshape carers' view of distressed individuals to view them as people, rather than through the behaviours they engage in. George's support worker describes how this approach has helped her relearn about George and view him in a positive light:

With greater understanding of George's needs and his struggles around self-regulation, his behaviours of concern do not seem to affect me to the same extent they did. However, I can still experience high stress when supporting George through a crisis due to the transactional nature of stress. I now have greater empathy towards George, and can accept that his way of thinking is very different to mine. This allowed me to stop expecting George to act in a neurotypical way. Additionally, I was able to identify George's stressors and take a proactive approach, meaning that we rarely reach a crisis stage. However, when things are getting too much, I focus on my own levels of stress and allow George to attempt to regulate himself. This method allowed us to maintain our good relationship even at the worst of the times.

Conclusion

Supporting people like George can be challenging and stressful at times. However, by applying the principles of the Low Arousal Approach described above, the support worker was able to provide the most effective support during high crisis periods. Developing a positive approach and having a good working relationship where the supported person can trust and feel confident in their supporter is central to this. Having a positive understanding of the person, their abilities and limitations (for example, the person's understanding of the emotions of themselves and others) will guide and shape supporters' view of the supported individual. Getting to know the person, their unique stressors and how their stress presents itself aids the understanding and leads to greater empathy, which enhances our ability to place ourselves in the person's shoes and ultimately to support them.

Key Learning Outcomes:

1. Develop and maintain good rapport with the person you are supporting. Base your relationship on trust, acceptance and compassion.

2. Have a good understanding of the person you are supporting. Know the person you are supporting well, especially their triggers and anxieties. This will help you to be more proactive in your approach.

3. Be reflective in your approach. Know your own limits - when things get too much for yourself, attend to your own stress levels.

4. Support the person to develop positive coping strategies, as well as working to develop your own coping strategies.

5. Seek non-judgmental support if you're stressed. It is often difficult to break down the situation when in an emotional state. A fresh view can be helpful for developing a positive view of the person concerned.

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