A Positive Wellbeing Approach to Behaviours of Concern; Applying the PERMA Model

This article seeks to demonstrate the importance of implementing coping mechanisms

and stress management strategies through a wellbeing-focused approach to managing

behaviours of concern in people with Autism Spectrum Disorders (ASDs). Seligman's (2011)

PERMA Model is given as a foundation for the importance of focusing on stress and coping in

this sphere, and the practice examples given demonstrate how a theoretical wellbeing approach

functions towards promoting positive psychology and managing stress.

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Abstract

Seligman (2011) introduced a 5 stage wellbeing model called PERMA, which stands for **Positive** emotions, Engagement, Relationships, Meaning and Achievement/Accomplishment. This article attempts to apply the construct of wellbeing to behaviours of concern (also referred to as challenging behaviours) presented in people with Autism Spectrum Disorders (ASDs). In this article, the importance of utilizing a wellbeing model that concentrates on building resilience will be examined. For each stage of this model, practice examples are given to illustrate the real-life implications of these techniques in clients' lives. The implications of a positive psychological approach on the management of behaviours of concern are also discussed, along with the need to review the terminology associated with this topic.

Introduction

Supporting people on the autism spectrum who present with behaviours of concern (Chan, 2012) is a complex process. Whilst great strides have been made by utilising positive behaviour supports (Emerson, 2001), there is a tendency to over-emphasise a problem-focused approach and create an ethos where behaviour specialists are "repairing damage" rather than developing psychological resilience. This brief article aims to outline a positive psychological approach to wellbeing called the PERMA Model (Seligman, 2011) and apply it to supporting people on the autism spectrum.

Understanding Wellbeing

By focusing on wellbeing, a service moves from being more problem-focused to being more solution-focused. Academic research in this sphere evidences the distinct overlaps between wellbeing and positive psychological constructs. In a seminal paper, Goldiamond

(1974) promoted the concept that behavioural approaches needed to be "constructional" in nature. In contrast to the eliminative model, which directs practitioners to focus on eliminating behaviours of concern, the constructional approach proposed by Goldiamond aims to build problem-solving strategies in response to events and emotions which cause challenging behaviours. Increasingly, models of behavioural support tend to focus on developing "meaningful lives" for individuals, as within wellbeing approaches. Such approaches seek to engender a broad definition of wellbeing within clients, focusing on spiritual, physical and psychological wellbeing.

Using the concept of wellbeing can lead to a greater emphasis on specific constructs and increase their importance in one's life. One area that illustrates the importance of general wellbeing is physical health. Physical health is an important building block in developing a wellbeing model. Published data would suggest that there are poorer health outcomes in general for people with intellectual disabilities and/or autism (Emerson and Baines, 2010). Research suggests that the difficulty these individuals may have in communicating pain results in physical discomfort being construed incorrectly by supporters and carers. This indicates that behaviours of concern require thorough health screening, as it is possible that health issues are often overlooked by practitioners as the cause of challenging behaviour, leading to an overemphasis on environmental triggers and causes. Oliver (2006) argued that pain was a significant variable in the maintainence of Self Injurious Behaviour (SIB). Therefore, promoting good physical health may also have an important preventative role in regards to behaviours of concern. Research into the benefits of cardiac exercise has shown that over time it has the ability to ameliorate the impacts of ageing, stress, heart disease and even cancer. There are studies that suggest cognition and improvements in learning may be positively impacted by increased physical exercise within educational settings (Sattlemair and Ratey, 2009). In practice, increasing exercise is not often viewed as a primary intervention, however a wellbeing approach would puts physical health at its core. Primarily, this is due to the reported benefits of physical wellbeing and exercise in reducing stress.

Stress

Children and adults on the autism spectrum exist in a world that they often find to be chaotic and confusing. Understanding many differing contexts can create great stress in individuals with ASDs and cause behaviours of concern (Vermeulen, 2012). Behaviours of concern are those which can appear to be bizarre or unusual from the perspective of the non-autistic observer. By taking an inside-out approach (Williams, 1996) to understanding these behaviours, practitioners are able to listen to the individual's own explanation of these behaviours, and understand which emotional and environmental triggers bring about their expression. In a recent article, an inside-out approach has been cited as the basis for Promoting Autism faVourable Environments (PAVE), an approach which has been shown to reduce confusion and stress in environments which are challenging for those with autism (Bradley & Caldwell, 2013).

Wellbeing approaches attempt to reduce stress by promoting positive coping strategies (McCreadie and McDermott, 2014). Recent research has demonstrated the benefits of mindfulness training for individuals on the autism spectrum, reducing stress by attending to the present moment, thus alleviating rumination and worry (Singh et al., 2013; Spek van Ham and Nyklicek, 2012). Additionally, there is limited evidence that suggests that these types of stress-based interventions may also be applicable to parents and carers (Singh et al., 2006; Ferraioli and Harris, 2013). For any wellbeing model that focuses on reducing behaviours of concerns, the reduction of stress is a central feature, contributing to building coping mechanisms and promoting overall wellbeing.

The PERMA Model (Seligman, 2011)

The Studio III wellbeing approach targets stress experienced by individuals on the autism spectrum and their supporters, promoting psychological wellbeing and enabling coping mechanisms. The PERMA model, developed by Professor Martin Seligman (2011) is central to this approach, a model which focuses on psychological wellbeing in both staff and service users. The approach defines five areas to wellbeing: Positive emotions, Engagement, Relationships, Meaning and Accomplishment/Achievement.

The model is founded on the hypothesis that positive experiences create a culture of promoting strengths rather than focusing on weaknesses. The five areas cited are the key components of positive approaches towards service users who at times may show behaviours of concern. This article will go on to examine the five key areas of the PERMA model with practical examples that illustrate how this approach is applied towards behaviours of concern.

Positive Emotions:

Positive emotions like happiness are essential for wellbeing (Seligman, 2002). Researchers often tended to focus on negative rather than positive emotional variables. For example, a considerable amount of literature on autism spectrum disorders has considered the impact of constructs such as loneliness on individuals with ASDs, with less emphasis on positive emotion such as love (Wood and Tarrier, 2010). However, there is a wealth of literature and research which suggests that happiness indicators are positively correlated with health outcomes (Seligman, 2011). The experience of positive emotion can be applied using methods developed by researchers in the field, as evidenced in the example below.

Practice Example:

John is an adult on the autism spectrum who lives in a group setting which has been described as highly stressful. Many of the service users do not appear to engage with each other. There

were regularly incidents and behaviours of concern recorded on a weekly basis. There was a great deal of emphasis on discussing and analysing 'incidents' among the support staff. Using the PERMA approach, it was decided upon to focus on positive emotion as a primary intervention. The emotion chosen was overt signs of happiness. For 2 weeks positive emotions were recorded both by staff and service users. This positive recording period of 2 weeks allowed supporters to concentrate on happy experiences rather than dwelling on challenging behaviours. This model focuses not on fixing or repairing what is broken, but concentrating on 'what works' - namely positive engagement and wellness. The outcome over 6 months was a significant reduction on reported incidents.

Concentrating on happiness can create a positive focus in terms of recording information. There are several methods of recording and measuring happiness. Fordyce (1988) produced a happiness audit consisting of 2 questions, the first being "In general, how happy do you feel?" This is answered on a scale of 1 (utterly depressed) - 10 (ecstatic, joyous). Secondly, "On average, what percentage of the time do you feel happy?" where 0% = never happy and 100% = always happy. Additionally, there is the '3 good things exercise' where participants note what went well that week and identify stimuli which elicited positive emotions. This can be transferred into care settings through asking staff to write down 3 things that went well on shift and the reasons why. Staff can also be asked to write what has made the person they support smile to regain focus on positive ways to aid improvement and increase their wellbeing.

It is also important for members of support staff to be aware of their own emotional responses to behaviours of concern. Asking questions that encourage reflective practice among supporters may help to focus individuals on positive emotion. Consider questions such as "how positive is my relationship with the person I support?" By modelling positive emotion, one can help to facilitate it among the people we support.

It must also be acknowledged that individuals may struggle to identify positive emotions when they are experienced. The use of visual diaries that focus entirely on pleasant memories and experiences is a useful strategy for identifying positive emotion in practice. This activity is about more than constructing life stories and memories; it is about reinforcing positive experiences. The information contained should be regularly discussed and shown to people, as it has also been shown to be an excellent way to manage stress and trauma.

Engagement

Engagement has always been considered to be an important aspect of supporting people with behaviours of concern (Emerson and Einfeld, 2011). To become truly engaged in an activity where you feel in control and very involved in the task is to achieve a state of flow. Flow is a concept developed by Professor Mihaly Csikszentmihalyi (2002). Flow occurs when people are engaged in controllable but challenging tasks. Usually these activities require a considerable amount of skill (i.e. running, sailing, stimulating conversation, computer games as well as routinized activities and repetitive visual tasks; putting things in order, sequencing objects, making sure that everything has its place).

The key characteristics of flow are:

- 1) Becoming absorbed in an activity.
- 2) Individuals have a heightened sense of control which reduces their stress/anxiety.
- 3) Flow tasks can become "autotelic" (and therefore self-motivating).
- 4) Flow activities can be viewed as coping strategies in that they help a person 'tune out' from daily stressors.

Practice Example:

Sheila is on the autism spectrum. She finds that she can reduce her stress by 'tuning out' of her activity. Sheila likes to place objects in her room in very specific positions. When Sheila does

this she appears to be in an almost "trance-like" state. Her support staff had been attempting to alter this behaviour as they viewed it as limiting her opportunity to socialise with her peers. Using the PERMA framework, her staff were encouraged to allow and facilitate her to engage in this activity as it appeared to reduce her stress. Some "stereotypical" behaviours are not in themselves negative; rather, they can help people achieve a flow state. It is important to remember that repetitive behaviours are not always unpleasant experiences. Individuals can sometimes repeat a sequence and appear almost like they are "stuck". In these situations the person has normally disengaged from their regular schedule. People will sometimes repeat a sequence (pouring water into containers) and although this might appear negative they are often trying to achieve a sense of flow and reduce the chaos (Vermeulen, 2012).

Engaging in a task can often be therapeutic for service users, and has been shown to help reduce stress. Therefore, rather than discouraging seemingly meaningless exercises as behaviours of concern, the PERMA model encourages supporters to allow individuals to complete these exercises with the understanding that engagement with and completion of the task may bring about a sense of calm and order for the individual.

Relationships

Socially supportive relationships within families and close groups are associated with greater wellbeing health and longevity (Diener et al, 2008; Dickerson & Zoccola, 2009). People with autism can struggle with these relationships as they can be confusing to them, especially due to overwhelming contextual rules (Vermeulen 2012). As a result, loneliness is an issue for many people who need support (Pitonyak, 2004). In the case of autism, many accepted social support systems are not always well received. People with autism may have difficulties relating to other individuals; however, this does not mean that they always like being alone. Developing

social support is a primary goal when supporting individuals with autism, as circles of support are critical in this process.

Practice Example:

Peter has high functioning autism. He is interested in computers and video games, and less interested in activities that are more social in nature. Peter spends nearly 70% of his waking day on the internet. Peter's parents have been very concerned that he is isolating himself and that he has no friends. When Peter's "veil of secrecy" was lifted, he revealed that he was engaging in numerous social media outlets online, and communicating with 'friends' who shared his interests. It was decided upon that Peter's family should be given more information about his activities, which appeared to reassure their worries about his lack of social engagement. It could be argued that Peter was engaging in highly social activities through the internet, which allowed him to do so in a controlled and relatively safe manner that he did not feel comfortable doing in person. Peter appears to be coping well at the time of writing.

Many individuals who reside in residential or supported living settings can sometimes struggle to develop positive relationships with their supporters. Regarding staff relationships, support staff need to be suited to the individuals they support. An area of focus here should be common interests, ensuring that staff and individuals are "matched" and therefore more likely to build a positive relationship. We should stress that it is not possible to achieve a positive relationship with every person we support, but we believe that this should be viewed as a cornerstone. The role of reflective practice is very important; by reflecting on one's own experiences as a support worker, one can continue to learn from these experiences (McDonnell, 2010). It can be challenging and liberating for supporters to focus on both their positive and negative contributions to their relationships with people that they support.

Meaning

Meaning can be defined as the sense that what you do is connected to a bigger picture or greater cause. No one wants to feel a lack of purpose, or work hard to accomplish something that seems meaningless. Achieving meaningful lives for some people should not be confused with having high activity levels. People can obtain meaning both from complex and simple activities.

Practice Example:

Simon is living in a residential setting with 2:1 support through the day. He rarely wishes to go out into the community, only doing so approximately once a week, this trip often being a visit to the pub for a beer and some food. He has a special interest in money and Simon will often ask people how much they are earning (meaning their salary), mention rich people and buy the most expensive items. Simon mentioned wanting to start work and 'make something of his life'. However, certain barriers were in place to prevent him doing so, as his behaviour is perceived as challenging and he often takes a long time to get ready due to putting off his personal care. It was therefore proposed that Simon could help staff with the projects finances on a weekly basis. Doing so contributed to promoting his special interest in money, as well as giving Simon meaning by having him help staff with an important job.

Encouraging people who require support to make a contribution and engage in activities which will enhance their self-esteem is incredibly important for providing meaning in their lives. The practice example shows that, despite Simon's lack of interest in visiting the community, he was still able to engage in a job of interest to him, as well as help others, increasing his self-esteem and sense of purpose.

Additionally, it is not uncommon that people can struggle to find meaning in their jobs.

Occasionally, challenging behaviours can cause support staff to lose sight of the bigger picture,

and the reasons why they chose to work with people with intellectual disabilities (IDs) in the first place. A useful exercise for supporters (particularly support teams) is to write down the things they do in their work that are worthwhile and positive. By doing so, service staff can enforce meaning in their own lives and work, and thus be better equipped to help service users do the same.

Achievement/Accomplishment

Person-centred approaches to supporting individuals tend to focus on achievements and accomplishments due to the positive impact that this has on individuals in terms of self-esteem, motivation, and general happiness and wellbeing. It feels good to accomplish difficult tasks and achieve at work, however these things don't always come with formal accolades. For this reason, it is important to take stock in our accomplishments on a regular basis.

Focusing on small, achievable goals is important for both staff and the individuals they support. Visual representation of achievements using diaries and information technology is a useful tool when supporting people with an ID as this illustrates their achievements in format that is simple to refer to. This clearly indicates what steps are needed to achieve these goals and can be measured for a sense of accomplishment when completed. Staff should record their own achievements with the individuals they support and this should be a key part of the supervisory process. Getting people as a group to concentrate on the journey towards achieving goals can sometimes be easily forgotten. When we have negative experiences it is often helpful to think about positive milestones achieved as a team, thus motivating the team forward in spite of the negative experience.

Practice Example:

Sarah is 52 and lives on her own in a small flat. She receives outreach support but has been described as very much a loner. She has a number of special interests, the most notable of which is an interest in in rare plants. Due to her encyclopedic knowledge and some support, she has developed a successful Internet advice business. The support provided enabled her to achieve her goals and a sense of purpose, and ultimately help her to feel connected to the outside world.

By supporting individuals to achieve their goals and successfully accomplish tasks, the overall wellbeing of individuals can be positively impacted. Focusing on positive success over negative incidents encourages positivity and motivates individuals to achieve their goals, rather than focusing on past experiences.

Changing the Language

The PERMA model fits within a person-centered and empowering framework of support, which has implications on the terminology used to discuss support for individuals with ASDs. Terminology is important as there are many labels which change over time, along with language. Oftentimes these labels need to reconsidered and altered, as language influences though processes. Adopting a positive psychological approach means that particular negative labels should be avoided. Terms such as 'behaviour support' and 'challenging behaviours' become less important, as a focus on behaviour is considered to be negative. In Australia, the term 'behaviours of concern' is being increasingly used as an alternative to challenging behaviour (Chan et al., 2012).

On the other hand, 'stress' can be viewed as a positive term, especially when used with the term 'coping'. We would suggest that using the language of stress used in this manner would be a positive change for organisations and support staff.

Practice Example

Michael is a 44 year old man who has autism, along with several other diagnostic labels, including schizophrenia, depression, and personality disorder. Michael presents with some severely challenging behaviours, including aggression, self-injurious behavior (SIB) and extreme property destruction. In addition to this he is also epileptic. Many of these behaviours are episodic in nature, and his support staff have reported high levels of fear working with him. Despite many attempts to analyse the function behind his behaviours of concern, very few triggers have been identified as causes of these episodes. Using the PERMA model, a stress support plan asked staff to rate environmental and physical stressors which could be affecting Michael. In addition, he agreed to wear a simple heart rate monitor. It was soon established that there was a very poor correlation between his external behaviour and his heart rate, such that even when resting and outwardly calm Michael's heart rate was extremely elevated. As a result of this new information, Michael's staff team began to view him as a highly stressed person, and were therefore able to focus on reducing his stress levels as opposed to controlling behaviours of concern.

Recognising the role that stress plays in affecting mood, behaviour and overall wellbeing should be an essential component of any support plan for individuals seeking support.

Benefits of using this as a framework

There are many benefits of using the PERMA Model when working with individuals with an intellectual disability. Stress is placed at the heart of this model which removes focus on the individuals 'behaviour'. Consequently, attention is shifted from what has occurred to the reasons why it has, and thus puts incidents into perspective regarding individuals' stress levels. This in turn aids people working with these individuals to become more proactive with future strategies, as opposed to working reactively when an incident occurs. As a result of this,

interventions can be implemented to reduce the stress levels of that individual, such as increased exercise, mindfulness relaxation strategies and positive activities that foster positive emotion and focus on achievements.

Furthermore, this model emphasises the need to alter the current language used in these situations. By promoting staff and carers to think about the implications of language and how this impacts their beliefs around incidents and behaviours, we can encourage reflective practice and create proactive strategies for supporting service users. By understanding stress, supporters are able to perceive an individual's behaviours as responses to physiological and environmental stressors. Using the term 'behaviours of concern' helps to concentrate on low intensity behaviours before they develop into a challenging behavior, allowing an intervention to be established at an earlier stage and reducing the lasting impact of allowing such behaviours to grow.

The PERMA Model greatly emphasises positive emotion. The emergence of positive psychology has the potential to reframe interventions rather than concentrating on repairing what is broken. Wood and Tarrier (2010) stated that positive psychology should be integrated into interventions by promoting wellbeing through treating distress. Positive emotion is induced by positive experiences, and should be monitored for both the individual and their supporters. Seligman and Csikszentmihalyi (2002) argued that psychological thinking predominantly focuses on negativity, and therefore emphasises the importance of altering the focus:

[Psychological thinking] concentrates on repairing damage within a disease model of human functioning. This almost exclusive attention to pathology neglects the fulfilled individual and the thriving community. The aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing

the worst things in life to also building positive qualities (Seligman & Csikszentmihalyi, 2000 p.1).

In conclusion, the PERMA model provides a simple framework to work positively with behaviours of concern. Its central tenets are grounded by an emerging science. We conclude with a view from one of the leading thinkers in this field:

A science of positive subjective experience, positive individual traits, and positive institutions promises to improve quality of life and prevent the pathologies that arise when life is barren and meaningless (Seligman, 2000, p.5).

References

- Bradley, E. & Caldwell, P. (2013). 'Mental Health and Autism: Promoting Autism Favourable Environments (PAVE)', *Journal on Developmental Disabilities*, 19(1), 8-23.
- Chan, J., Arnold, S., Webber, L., Riches, V., Parmenter, T. & Stancliffe, R. (2012). 'Is it Time to Drop the Term 'Challenging Behaviour'?' *Learning Disability Practice*, 15(5), 36-38.
- Csikszentmihalyi, M. (2002). Flow: The Psychology of Happiness. UK: Rider.
- Dickerson & Zoccola, (2009). 'Toward a Biology of Social Support', in C. R. Snyder & S. J. Lopez (Eds.), *Oxford Handbook of Positive Psychology* (2nd ed., pp. 519-526). New York: Oxford University Press.
- Diener et al, (2008). *Happiness: Unlocking the Mysteries of Psychological Wealth*. USA: Blackwell.
- Dodge, R., Daly, A. P., Huyton, J. & Sanders, L. D. (2012). 'The Challenge of Defining Wellbeing', *International Journal of Wellbeing*, 2(3), 222-235.
- Emerson, E. (2001). Challenging Behaviour: Analysis and Intervention in People with Severe Intellectual Difficulties, UK: Cambridge University Press
- Emerson, E. & Baines, S. (2010). 'Health Inequalities & People with Learning Disabilities in the UK', *Improving health and lives: Learning disability observatory*. UK.
- Emerson, E. & Einfield, S. L. (2011). *Challenging Behaviour*, 3rd Ed. UK: Cambridge University Press.
- Ferraioli, S. J. & Harris, S. L. (2013). 'Comparative Effects of Mindfulness and Skills-based Parent Training Programs for Parents of Children with Autism: Feasibility and preliminary outcome data', *Mindfulness*, 4, 89-101.
- Fordyce, M. W. (1988). 'A Review of Research on the Happiness Measures: A sixty second index of happiness and mental health', *Social Indicators Research*, 20, 355-381.
- Goldiamond, I. (1974). 'Toward a Constructional Approach to Social Problems: Ethical and constitutional issues raised by applied behavior analysis', *Behaviorism*, 2(1), 1-84.
- McDonnell, A. A (2010). Managing Aggressive Behaviours in Care Settings: Understanding and applying low arousal approaches. UK: Wiley-Blackwell.
- McCreadie, M. & McDermott, J. (2014). "Tuning in"... Client/Practitioner Stress Transactions in Autism", *Good Autism Practice*, 24-32
- Oliver, C. (2006). 'Acts of Self-harm That Block Out Chronic Pain', *Learning Disability Practice*, 9(1), 7
- Pitonyak, (2004). Handout: The Importance of Belonging, Blacksburg, VA: Imagine.
- Sattelmair, J. & Ratey, J. J. (2009). 'Physically Active Play and Cognition: An Academic Matter?' *American Journal of Play*, Winter, 365-374

- Seligman, M. E. P. (2000). 'The Positive Perspective', *The Gallup Review*, 3 (1), 2-7).
- Seligman, M. E. P. (2002). 'Positive Psychology, Positive Prevention, and Positive Therapy', Iin C. R. Snyder & S.J. Lopez (Eds.), *The Handbook of Positive Psychology* (pp. 3-12). New York: Oxford Press.
- Seligman, M. E. P. (2011). Flourish: A Visionary New Understanding of Happiness and Wellbeing. New York: Free Press.
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000). 'Positive Psychology: An Introduction', *American Psychologist*, 55, 5-14.
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Fisher, B. C., Wahler, R. G., McAleavey, K., et al. (2006). 'Mindful Parenting Decreases Aggression, Non-compliance, and Selfinjury in Children with Autism', *Journal of Emotional and Behavioral Disorders*, 14(3), 169–177.
- Singh, N. N., Lancioni, G. E., Karazsia, B. T., Winton, A. S. W., Myers, R. E... Singh, J. (2013). 'Mindfulness-based Treatment of Aggression in Individuals with Mild Intellectual Disabilities: A Waiting List Control Study', *Mindfulness*, 4, 158-167.
- Spek, A.A., Van Ham, N.C., & Nyklíček, I. (2013). 'Mindfulness-based Therapy in Adults with An Autism Spectrum Disorder: A Randomized Controlled Trial', *Research in Developmental Disabilities*, 34(1), 246-253.
- Williams, D. (1996). Autism, An Inside-out Approach: An innovative look at the mechanics of "autism" and its developmental "cousins." London, UK: Jessica Kingsley.
- Wood, A. M. & Tarrier, N. (2010). 'Positive Clinical Psychology: A New Vision and Strategy for Integrated Research and Practice', *Clinical Psychology Review*, 30(7), 819-829.
- Vermeulen, P. (2012). Autism as Context Blindness, US: Autism Asperger Publishing Co.