

Emotional Welfare of Staff working in services for people with intellectual disabilities who present challenging behaviour

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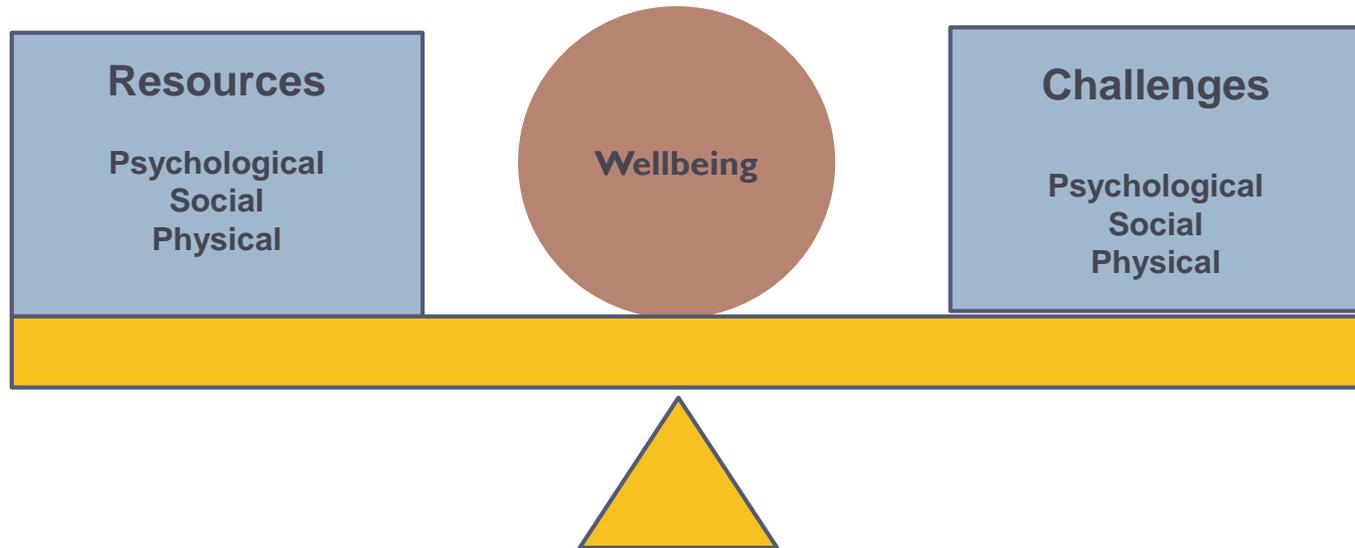
Agenda

- ▶ Wellbeing, resilience, stress, burnout, trauma.
- ▶ Why is wellbeing important?
- ▶ Evidence about staff wellbeing
- ▶ Trauma experienced by staff
- ▶ Multi-Element Staff Support System

What is Wellbeing?

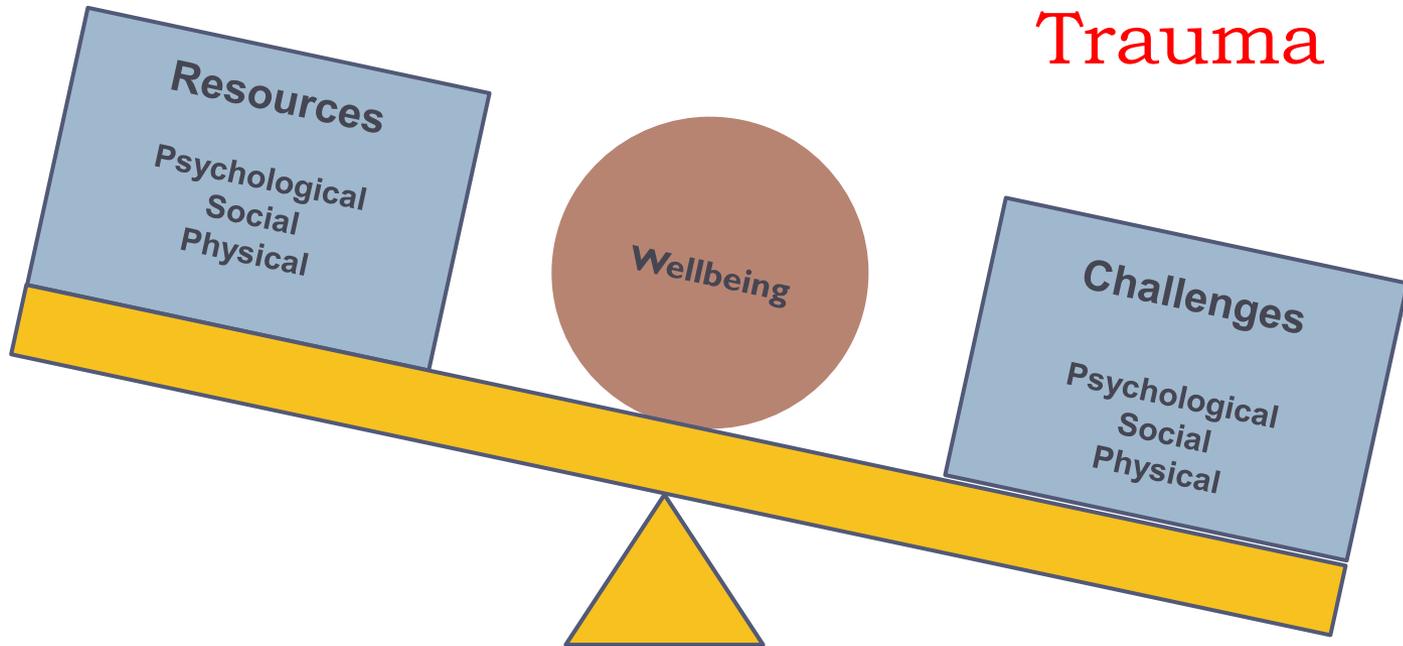
- ▶ Dodge et al (2012) “*the balance point between an individual’s resource pool and the challenges faced...*In essence, stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, the see-saw dips, along with their wellbeing, and vice-versa”

Wellbeing



Wellbeing

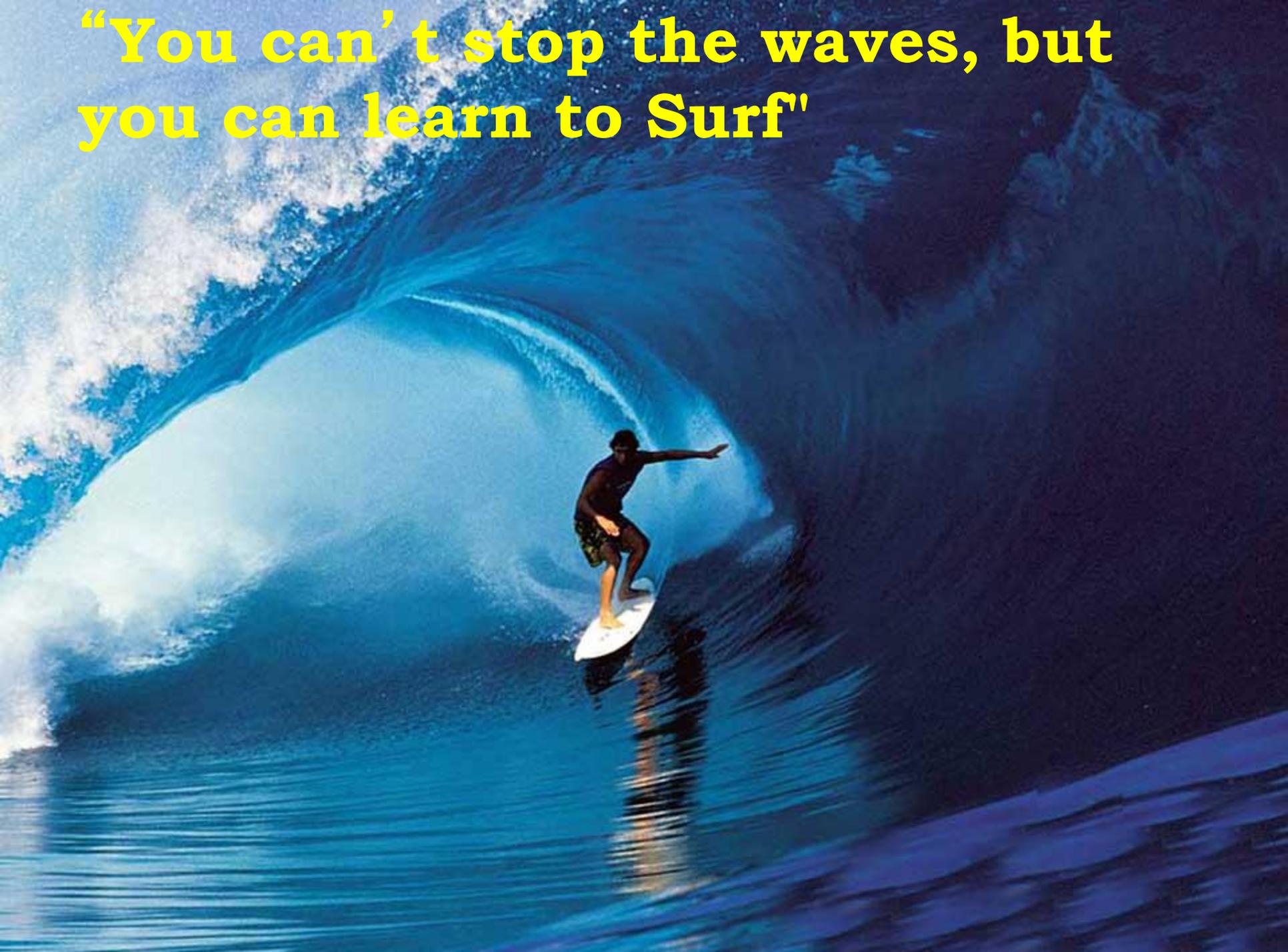
Stress
Burnout
Trauma



Resilience

- ▶ **the capacity to recover quickly from difficulties**
 - ▶ the idea that individuals can avoid negative outcomes or decreasing trajectories of development despite the presence of significant risk factors in their environment or potentially harmful experiences during their lives. It also includes the proposition that individuals can return to a normal, or their initial, level of functioning following developmental setbacks or crises, either with or without external support (e.g., Garmezy, 1991; Masten & Coatsworth, 1998; Rutter, 1987).

**“You can't stop the waves, but
you can learn to Surf”**



Why is staff wellbeing important?

- Important in its own right (moral and legal responsibility for welfare of employees).
- Reduction in sickness rates and staff turnover.
- Important within the framework of PBS as staff are the mediators of interventions (and decreased well-being may impact on their ability to do this).

Put behaviourally.....

- ▶ Challenging behaviours can be aversive for staff.
- ▶ If staff behaviour makes the CB stop, their behaviour will be negatively reinforced.
- ▶ The challenging behaviour of the individual will be reinforced and maintained.
- ▶ Adopting positive strategies is likely, in the initial periods, to take more effort and more 'resource'.
- ▶ Staff who have reasonable levels of wellbeing are more likely to have the necessary resources to be able to make these efforts and follow PBS plans.

Challenges to wellbeing: service factors

- ▶ The assumption that challenging behaviour generates stress for carers is regarded by some as one of its defining features (Zarkowska & Clements 1996)
- ▶ BUT.....there is not a obvious simple direct relationship between CB and Wellbeing.

Challenges to wellbeing: service factors

- ▶ As studies became more recent burnout scores decreased
- ▶ Levels were less than that which would be expected in the general population
- ▶ Not specifically associated with challenging behaviour
- ▶ Burnout might impact negatively on staff responses to challenging behaviour
- ▶ May be higher in workers with less direct contact with people with intellectual disabilities
- ▶ Personal variables were predictive
 - ▶ Negative view of the organisation
 - ▶ In need of greater support from managers
 - ▶ Give more than they get back

Challenges to wellbeing: challenging behaviour

- ▶ Relationships with the organisation & colleagues were more highly correlated with burnout than service user factors
- ▶ Characteristics of organisations rather than service users are more important influences on staff wellbeing

Trauma

- ▶ 114 members of staff from nine different services including special schools and adult residential with the highest reported incidence of challenging behaviour
- ▶ Impact of Events Scale- Revised (IES-R. Weiss, 2007: a self-report measure that assesses subjective distress caused by traumatic events), Participants were asked to complete in relation to an impactful incident that had occurred within the previous three months and report symptoms that experienced during the past seven days.
- ▶ Challenging Behaviour Exposure Measure (Hastings & Brown, 2002)
- ▶ Questionnaire designed to assess perceived levels of support in the workplace.

Trauma

- ▶ **Percentage of staff displaying trauma-related symptomatology.**
- ▶ Full IES-R datasets were available for 113 staff working in social care & education.
- ▶ •69% (78) below the clinical-cut off on the IES
- ▶ •10.6% (12) clinical concern
- ▶ •20.4% (23) very significant clinical concern for PTSD.

Trauma

- ▶ **Exposure to challenging behaviour**
- ▶ Only limited support for trauma symptoms being related to exposure to challenging behaviour

Trauma and Perceived Support

Relationships between Perceived Support and Trauma Symptoms

Significant relationships between symptoms and perceived support were found.

This was especially the case for support around incidents of challenging behaviour.

Trauma

'I was supporting X with two other members of staff. We had a good walk but as we got nearer the house he became anxious. There was a gentleman out walking his dog. 2 members of staff had X in a 2 person hold due to his behaviour/ running off and there was a member of the public nearby. X had dropped to the ground and was sat cross legged. The two members of staff were knelt beside him and had him in a hold (holding his arms). The gentleman walked past with his dog and X was let out of hold. X got up and started to hit toward myself and the two other members of staff put X in a hold again. I didn't move out the way fast enough due to helping the other two staff members which resulted in a kick to my groin area.'

Trauma

‘Not knowing I was pregnant, I took a test and it showed positive but then my monthly cycle started the day after the incident. I went to the doctors as had cramps and very heavy bleeding= very high chance of miscarriage.’

Trauma

‘I was required to do essential training and therefore not physically in attendance when the incident happened. Due to the increase in challenging behaviour, one young man we support had his support hours increased to 3:1 in the community. As I was on training that day I had to attend I asked my supervisor to cover the 3:1 if required. She had been trying for a baby for several months, but had informed me that she thought she wasn’t pregnant. On this day, a young man became anxious whilst out on a walk and needed to be escorted back as was a risk to the public.’

Trauma

‘Whilst using a 2 person escort, my colleague managed to kick [name] in the stomach/groin area. The next morning she went to her GP with stomach cramps and heavy bleeding and diagnosed as having a miscarriage. This was a highly emotional time for myself as well as her, as I also felt guilty for asking her to cover this shift but there was no one else due to chronic and on-going staff shortages which had been raised with senior management on multiple occasions.’

Trauma Responses

Reactions typically do not last long. Within days/weeks most people feel as if they were back to the way they were and getting on with their lives.

Trauma Responses

Psychological

- ▶ Anxiety
- ▶ Hypervigilance
- ▶ Sleep disturbance
- ▶ Intrusive memories
- ▶ Guilt
- ▶ Shame/embarrassment
- ▶ Sadness
- ▶ Irritability and anger
- ▶ Emotional dumbness or blunting
- ▶ Withdrawal
- ▶ Disappointment
- ▶ Mental avoidance
- ▶ Behavioural avoidance
- ▶ Increased startle response

Regal & Joseph (2017)

Trauma Responses

Physical

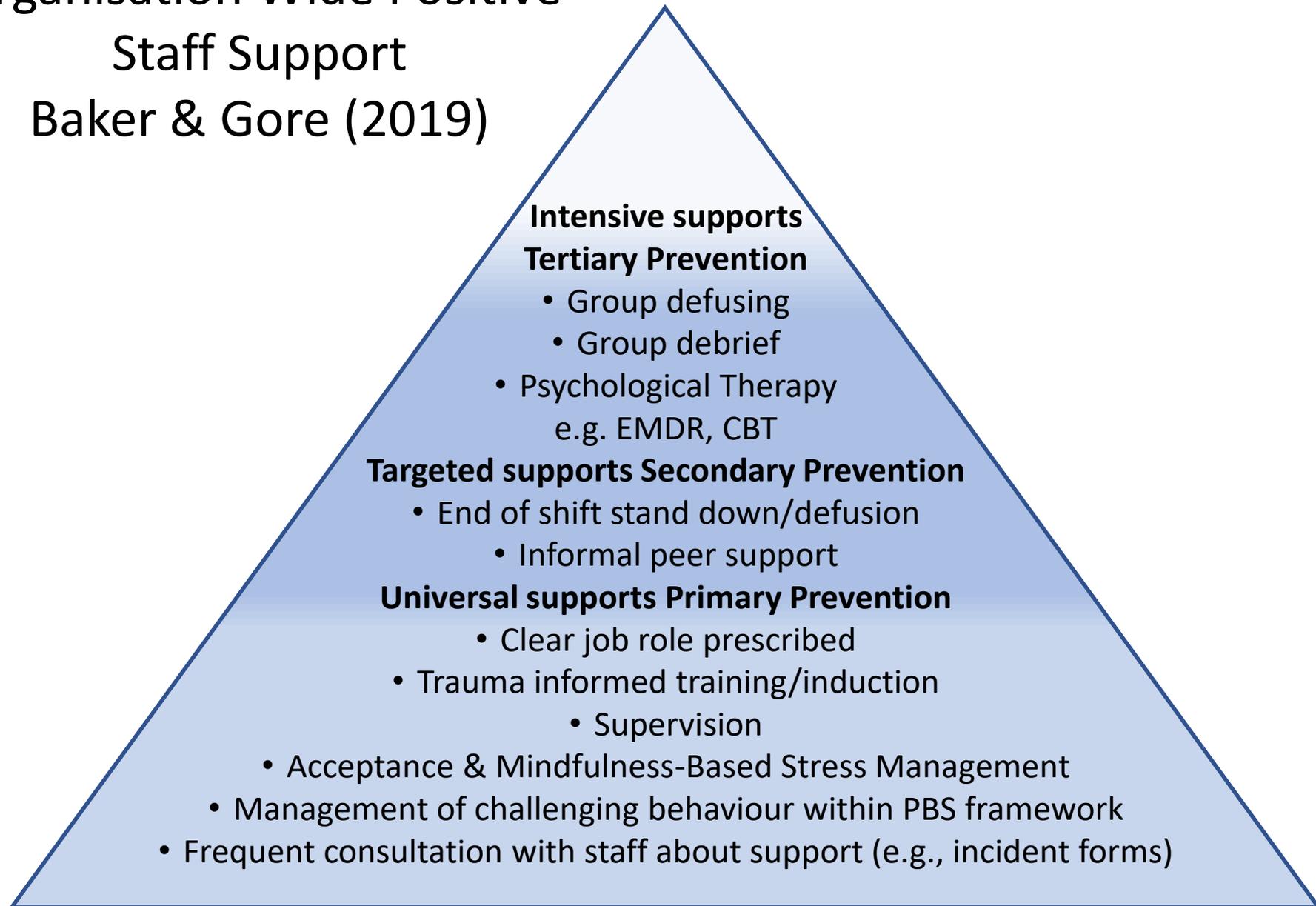
- ▶ Shakiness and trembling
- ▶ Tension & aches (neck)
- ▶ Insomnia, tiredness, fatigue
- ▶ Poor concentration and forgetfulness
- ▶ Palpitations, shallow breathing and dizziness
- ▶ Gastrointestinal symptoms such as nausea vomiting and diarrhoea
- ▶ Disturbance of menstrual cycle

Question

- ▶ What would be the implications if a significant proportion of a staff group were experiencing trauma related symptomatology?



Organisation Wide Positive Staff Support Baker & Gore (2019)



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