

UNDERSTANDING AND RESPONDING TO DISTRESS BEHAVIOURS IN YOUNG PEOPLE

Day 1: *The ABC framework*

Day 2: *The 6Ds approach to responding to distress*

The ABC Framework

The 'ABC Framework' is a method of assessing and formulating young people's developmental, psychological, mental health and risk needs (Johnstone, 2020)¹. The ABC Formulation Framework draws from the main developmental theories for understanding vulnerable young people and key literatures to ensure that the specific issues impacting upon looked after and sentenced youth are considered. Evidence^{2,3,4} shows that formulations help young people, their carers, professionals, and decision makers, to have a deeper knowledge about the nature, onset and persistence of problems and, most importantly, how to respond and help.

The ABC Framework also incorporates a structured risk assessment (the START-AV)⁵ that ensures that multiple risk outcomes, vulnerabilities, and strengths are systematically assessed. Thus, the ABC Framework ensures a multi-theoretical and multi-disciplinary analysis and understanding of the young person, which in turn, informs the type of interventions – direct and indirect – that are required to optimize the care and risk management provided. This approach ensures that an evidence-based and individualised approach is provided. Thus, the ABC Framework is consistent and supports the implementation of the principles espoused in GIRFEC in Scotland and SECURE STAIRS in England.

The process follows several distinct but related steps. These are summarised below:

Step 1: The young person's story

Step 2: Risks: Past

Step 3: Psychological Assessment

- **A – Attachment Style**
- **B - Behavioural Experiences**
- **C – Cognitive and Communication Style**
- **D – Developmental Trauma**
- **E – Emotions and Mental Health**
- **F – Family and Systemic Factors**

¹ Johnstone, L., (2020). The ABC model of developmentally informed formulations for understanding the psychological, mental health and risk needs of high-risk youth. Contact lorrainejohnstone@protonmail.com

² McKeown, A., Martin, A., Kennedy, P.J., Wilson, A., (in press). Understanding My Story: Young Person Involvement in Formulation. *Journal of Criminological Research, Police and Practice*.

³ McTiernan, K., Jackman, L., Robinson, L., & Thomas, M. (2021). A thematic analysis of the multidisciplinary team understanding of the 5P team formulation model and its evaluation on a psychosis rehabilitation unit. *Community Mental Health Journal*, 57, 579-588.

⁴ Whitton, C., Small, M., Lyon, H., Barker, L., & Akiboh, M. (2016). The impact of case formulation meetings for teams. *Advances in Mental Health and Intellectual Disabilities*, 10, 145-157.

⁵ Nicholls TL, Viljoen JL, Cruise KR, Desmarais SL, Webster CD. Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV) (Abbreviated Manual) Coquitlam, Canada: BC Mental Health and Addiction Services; 2010.

- **G – Gender Specific Needs**

Step 4: Risks: Current

Step 6: Formulation

Step 7: How to Help: The Care Pathway

The ABC Model is presented in an age-appropriate, colourful and engaging MS PowerPoint presentation that is then used to form the basis of the care plan that is shared with the young person so they can input to the process.

The ABC formulation provides a clear statement regarding the ongoing care plan. Typically, this will include a range of strategies for the residential staff to use depending on the main drivers to the young person's behaviours (e.g. using the zones of regulation or behaviour management), recommendations for any specialist and further assessments (e.g., speech and language, cognitive, mental disorder, specialist risk presentations, etc.) and recommendations for residential keyworker (e.g. psychoeducation), low intensity or highly specialist therapies (e.g. anxiety management, CBT) and multi-disciplinary care plans (multi-model approaches to treatment and treatments for moderate to severe risk and psychological difficulties). This tends to follow a stepped-care and phased-based model to ensure that there are clear aims, objectives, and exit points where the young person's care can be transferred onto services that might be less restrictive (e.g. if they are in secure care).

A typical pathway is presented below.

Phase 1: Formulation

Phase 2: Specialist Assessments

Phase 3: Low-Intensity Interventions (Psychoeducation and keyworker packages)

Phase 4: High-Intensity Interventions (Psychological or mental health interventions)

Ongoing: Review and reformulation

The 6Ds model

As part of this approach, the residential team or carers are also supported to deliver a multimodal intervention in response to distress behaviours that integrates a range of developmental theories and therapeutic approaches which we call the 6Ds Framework. This is a vital part of supporting young people as therapy in the absence of a stable and supportive team approach and system has little, if any, scope for change. The 6D model builds on the formulation approach and ensures that whilst any individual work (specialist assessments or individual interventions) is being progressed, care staff and other multi-disciplinary colleagues can recognise and respond to different triggers to distress, i.e. whether the young person is developmentally regressed (and distressed through an attachment need), goal-directed (through a behavioural need), disorientated (through a cognitive need), dissociated (through a trauma need), diagnosis or disorder related (through a mental health or neurodevelopmental disorder need), or if it is an unknown need.