



Emotional PAIN Relief for Traumatized Young People: Description of a Tool for Providing 'First Aid Plus'

JENNY DWYER, ANNETTE JACKSON, RAELEEN MCKENZIE & MARGARITA FREDERICO

Abstract

This paper presents a tool that forms part of an emotional first aid approach to prevent or reduce escalation of emotional and behavioural difficulties for young people who are facing threatening situations and other overwhelming events. PAIN is an acronym designed to help workers, carers and young people learn and remember the value of: Predicting and Preparing; Acknowledging feelings; Informing and Nurturing and Noticing. It is not an intervention approach in itself but a tool to support those at risk of becoming increasingly dysregulated. It has been developed out of practice experience and informed by theories regarding development, attachment and trauma. It has been applied in a variety of settings including child protection, residential care, youth justice and primary health settings. This paper presents on the development, rationale and application of the tool and aims to encourage discussion regarding this and other approaches that emerge from practice.

Key Words: Emotional first aid, youth, trauma, intervention

Introduction

This paper describes the development of the PAIN Relief tool which provides aspects of emotional first aid along with other strategies to help cushion against future difficulties. Such approaches are often thought of as prevention strategies following traumatic events, designed to ward off acute stress reactions or Post Traumatic Stress Disorder (PTSD). However, this emotional first aid approach was designed for young people who have already suffered trauma, such as abuse and neglect. It aims to prevent and/or reduce aspects of further harm. In particular, young people who have experienced chronic trauma and deprivation can develop behaviours and other reactions as an adaptation to their experiences. These behaviours may protect young people in the short-term, but may further exacerbate their difficulties, especially in their relationships with others. The PAIN Relief tool was developed as a circuit breaker to interrupt or avoid some reactions so that the young person can develop a sense of self-efficacy and experience support from others. It was designed for use with young people in the child protection and care and youth justice systems, although its subsequent application has included other populations, such as younger children and workers concerned about their own reactions.

After outlining some of the influential theories, the paper describes the development of the approach and its main functions. It then describes the PAIN Relief approach in more detail and presents some contexts where this approach has been taught and applied. The purpose of this paper is to provide an example of a practice tool that has emerged from experience and research and to elicit discussion about its application in a variety of settings.

Background Literature

Three streams from the literature, namely trauma, attachment and development, have all informed the need for a PAIN Relief approach and the design and application of this tool.

Trauma

As this emotional first aid approach was developed primarily for young people involved with youth justice, child protection and out-of-home care, trauma theory was a major influence. Numerous studies have found that children and young people are more at risk of pervasive and harmful consequences than adults when exposed to trauma (e.g. Bloom, 1999; Briere, 1992; Herman, 1997; Terr, 1991; van der Kolk, 1989).

Unlike adults, [abused children] are traumatized during the most critical period of their lives: when assumptions about self, others, and the world are being formed; when their relations to their own internal states are being established; and when coping and affiliative skills are first acquired. (Briere, 1992, p. 17)

Bloom (1999) notes that the vulnerability of children is especially evident when the source of trauma is also the supposed source of protection. Despite this, few trauma intervention strategies are developed explicitly for children and youth and even fewer are developed explicitly for those who have experienced abuse and neglect.

Anglin (2002) coined the phrase 'pain-based behaviour' to denote behaviours arising from traumatised reactions of young people in residential care. This concept highlights the importance of workers making sense of the young people's behaviours in order to respond more effectively to their emotional crises. Interpreting young people's behaviour indicates that the worker ... "can look behind the behavior and know where that behavior is coming from in terms of motive, intent, and context" (Anglin, 2002, p. 119). Anglin distinguishes between reacting (behaving without thinking) and responding (behaviour after thinking it through). This was a useful distinction both in aiming to help young people respond more than react, but equally if not more so to help those working with them to do the same. This was in line with Anglin's emphasis on congruence between the organisation and workers' behaviours and attitudes and those behaviours and attitudes they wished to instil in the young people in their care.

With such chronic psychoemotional pain being carried within, these young people become veritable time-bombs for those attempting to relate or work with them. It is as if there are invisible triggers attached to internalized traumas that can set off an explosion without a moment's notice, and sometimes attached with slow-burning fuses that can be lit unknowingly and that will result in a detonation some time later if the tell-tale smoldering signs are not detected and respected. Workers in the better functioning homes tended to respond by interpreting the behavior and responding sensitively rather than be immediately imposing external controls...Responding with understanding and respect does not necessarily prevent such outbursts, but it can increase the likelihood that they can be turned into learning opportunities for the youth. (Anglin, 2002, p. 110)

As with adults, children and young people respond in varying ways and degrees to traumatic events, even those as confronting as abuse and neglect. As such, responses to these consequences need to be flexible and not assume all young people who are exposed to trauma will be traumatised (Pynoos, Steinberg, & Wraith, 1995).

Knowledge about the impacts of trauma has grown exponentially due to neurobiological research. Trauma, such as maltreatment has been found to affect brain development and organisation, leading to a range of consequences, including:

- an impact on children's ability to speak about their emotions;
- increased language difficulties and problems with verbal memory;
- increased problems in understanding their own and other's behaviour;
- decreased coping skills;
- poor impulse control;
- increase in problems with anger, fear, avoidance, withdrawal and depression;
- increased hypervigilance;
- increased dissociation;
- dysregulation of heart rate;
- maladaptive aggressive behaviours; and
- problems with attention and cognition (Creeden, 2006; Frederico, Jackson, & Black, 2008; Karnik & Steiner, 2007; Perry & Pollard, 1998; Teicher et al., 1997).

Young people who have experienced trauma often do not feel safe, especially if they have experienced more than one traumatic event. They may be constantly alert and sensitive to possible danger. As a result, many traumatised young people have problems with attachment, empathy, trust and social competence (Greenwald, 2002). Establishing the reality and perception of safety is critical to their longer term recovery (Herman, 1997).

Another consequence of trauma, especially trauma that may arise from childhood abuse, is shame. This is a common response to the sense of helplessness and the violation of the integrity of the body often associated with trauma (Herman, 1997). "Trauma is usually accompanied by intense feelings of humiliation; to feel threatened, helpless, and out of control is a vital attack on the capacity to be able to count on oneself. Shame is the emotion related to having let oneself down" (van der Kolk & McFarlane, 1996, p. 15). This experience of shame highlights the importance of creating many day to day opportunities of success and self-mastery.

Trauma theory challenges the concept that behaviours of young people who have experienced trauma have 'come out of nowhere'. In this approach, behaviours such as angry outbursts, violence towards others, self-harming, absconding and school refusal are understood to often be ways in which the young person has learnt to adapt or survive or response to triggers of traumatic memories (van der Kolk, 1996). This does not preclude the possibilities of other mental health problems leading to certain behavioural presentations, but acknowledges the impact of traumatisation when young people have been exposed to experiences such as abuse and neglect. Cole and Putnam (1992) propose that children and young people's concept of self becomes increasingly defined by their capacity to self-regulate and by their reaction to external stress. For many young people in the protection and care or youth justice system, perception of difficulties in self-regulation may be seen as a form of failure and reinforce a sense of helplessness and hopelessness. As such, any opportunities to create even 'small' experiences of 'success' in responding more effectively to these challenges is considered an important step.

According to Anglin (2002), building capacity for internal emotional control includes a young person developing a sense of responsibility for their behaviour rather than relying solely on external demands or coercion. It includes learning the difference between healthy and unhealthy

choices whilst supporting better choices. Morton, Clark and Pead (1999) emphasised the need to balance rather than choose between empowerment and limit setting.

Many trauma-focused interventions emphasise teaching the person who has suffered the trauma certain skills such as: identifying, processing and regulating emotions; managing anxiety; identifying and changing maladaptive thoughts; providing education about trauma and its effects; and improving interpersonal communication and social problem solving (Mahoney, Ford, Ko, & Siegfried, 2004; McMackin, Leisen, Sattler, Krinsley, & Riggs, 2002). These are readily incorporated into the process of PAIN Relief.

Development

Although PAIN Relief can be used for children and adults, it was designed with adolescents in mind. Part of its design was considering what healthy adolescent development requires and the implications for practice when working with adolescents who have not experienced a safe and healthy childhood. Strayhorn (1988) contended that healthy adolescent development involves achievement of the following capacities:

- Closeness, trusting and relationship building
- Handling separation and independence
- Managing joint decisions and interpersonal conflicts
- Dealing with frustration and unfavourable events
- Celebrating good things, feeling pleasure
- Working for delayed gratification
- Relaxing, playing
- Cognitive processing through words and symbols
- A sense of purpose that adapts to different situations.

Garbarino (2006) argued that building on young people's developmental assets contributes to the reduction of violent and aggressive behaviour. The eight categories of developmental assets from the Search Institute, as cited by Garbarino, are: support from non-parental adults; empowerment within the community; clear boundaries and high (not unrealistic) expectations from parents and teachers; ability to use their time constructively; actively engaged in learning; demonstrating positive values; social competencies, such as resolving conflict non-violently; and having a positive identity including an internal locus of control.

These and other developmental considerations helped inform the ideas underlying the approach to PAIN Relief. They are evident in the focus on developing internal skills to manage distress, utilising a relationship with a caring adult to find comfort and support and celebration of success.

Attachment

Van der Kolk contends that a primary function of parenting is to help "children modulate their arousal by attuned and well-timed provision of playing, feeding, comforting, touching, looking, cleaning, and resting – in short, by teaching them skills that will gradually help them modulate their own arousal" (van der Kolk, 1996, 185). For young people who have experienced extensive trauma and deprivation such as through abuse and neglect, their parents may not have fulfilled this role in their early years. Healthy early development requires the infant to experience physical and emotional regulation through attunement with their carer. This continues as a process of the child growing from co-regulation to an increasing capacity to self-regulate (Schore & Schore,

2008). Supporting young people to manage overwhelming or challenging situations is a means of helping them to modulate or regulate their arousal.

Dwyer and Miller (2006) comment that a child who develops a secure attachment through learning they can be soothed and comforted by others, develops capacity to soothe and comfort themselves (and others). The opposite is also true. Young people who have not learnt to be soothed or to self-soothe are at greater risk of substance abuse and other means of reducing anxiety and feeling pleasure and comfort. "Any individual receiving little pleasure through human contact is more vulnerable to substance abuse and dependence" (Perry, 2005a).

Synthesis of Theoretical Approaches

In bringing development, attachment and trauma theories together, it is well understood that young people confronted by emotional crises benefit from the presence and support of others. This reflects both principles from trauma theory and attachment theory, and has particular significance for children due to their developing brain and reliance on others (National Scientific Council on the Developing Child, 2005). Children and young people who have experienced repetitive negative, traumatising and neglecting experiences throughout life need repetitive positive and nurturing experiences, including during their adolescence (Perry & Szalavitz, 2006).

The PAIN Relief approach is informed by elements of cognitive behavioural theory (CBT) and solution-focused approaches. For example, CBT aims to replace dysfunctional thoughts, feelings and behaviours with positive alternatives and involves changing conditioned responses that lead to negative and even unsafe behaviours (Deblinger & Heflin, 1996). PAIN Relief is also influenced by aspects of solution-focused approaches in that it is brief, strength-based and solution-oriented. It does not focus on the past, though it recognises the impact of the past, but is present and future-oriented (White & Epston, 1990; de Shazer, 1988).

Development of PAIN Relief

As understanding has grown about the effects of trauma on young people, sophisticated therapeutic approaches have been developed to assist in recovery. Increasingly it has been recognised that therapeutic interventions are not limited to weekly counselling sessions but must form part of an integrated approach to the care and management of the young people. This means that many interventions need to be delivered by those involved in their day-to-day care and to form part of a repetitive, patterned and predictable response. The authors work in settings where they are frequently providing clinical consultation and/or training to a range of professionals providing care and support to those who have experienced significant trauma. These include residential care staff, foster parents, frontline health workers, teachers, child protection workers and youth justice workers. In particular, staff working in residential and custodial settings are often required to respond therapeutically to traumatised behaviours, with minimal training and in highly charged contexts. They often feel overwhelmed by the challenging and volatile nature of behaviours that can include self-harming or aggression toward others. In such circumstances, staff need to manage the difficult behaviour as well as their own emotional responses (Anglin, 2002; Bloom, 2005).

These moments of potential crisis have been identified by the authors as an opportunity to provide a form of emotional "first aid", that is, an intervention provided in a crisis or to avoid an es-

calation of a crisis. The authors wanted to design a tool to lead workers through a structured but flexible response to crises which draws on evidence-informed practice and is trauma-informed; and where the main pre-requisites are an ability to engage compassionately, to set appropriate boundaries and to manage their own feelings. It was anticipated that a tool that helped workers increase their confidence in their ability to intervene effectively and safely would not only benefit the young person but would assist workers in managing their own emotional arousal during crises.

Other attempts have been made to summarise and integrate complex material into an accessible format as tools for use by clinicians. When done well these tools can be an invaluable adjunct to training and supervision. For example, Ryan and colleagues at the Kempe Centre have developed a number of tools that guide workers in their developmental-contextual model with sexually abusive adolescents. Using the metaphor of “Stop the Clock” they have produced a series of posters that are easy to use, act as a reminder of the underlying clinical model, and can be applied flexibly in clinical settings (Ryan, 2001). In contrast, we needed a tool that could be used with limited training by non-specialist staff in a range of settings, many of which are not primarily a therapeutic setting.

An important aim was to remind workers in the child protection, out-of-home care, and youth justice custodial settings that the young person’s behavioural symptoms need to be understood in a context of trauma. When the behaviour involves threatening harm to themselves or others it is easier for staff to lose sight of the underlying distress and to respond in controlling and punitive ways. In addition, in working with staff in custodial and residential care settings the authors advocated a process of assisting young people to gain an internal locus of control; that is, to develop skills and strategies to manage their own arousal, rather than rely on external containment and control (Jackson et al., 2009). It was hoped the tool would provide a process whereby workers could assist young people to manage their emotions rather than the staff taking control from them.

Brief Description of PAIN Relief

The acronym “PAIN” was incorporated into the name of the tool to reinforce that the behaviour was an expression of distress, rather than ‘bad’ behaviour. Providing PAIN Relief involves four integrated steps as represented in Figure 1. These involve:

Predicting and preparing for crises

- It is inevitable that young people will have times when they struggle to manage their own physical and emotional arousal. In many cases the trigger to distress is also predictable (for example feeling rejected if a parent fails to visit). Staff are encouraged to predict possible crises and prepare themselves and the young person for managing distress. Where possible young people can be assisted to develop a safety plan well before a crisis. This highlights possible triggers and stipulates things they will do to help manage the feelings. This allows both staff and young people to intervene early and avoid escalation and punitive responses.

Acknowledging feelings of distress

- Distressed young people need to have their feelings acknowledged and validated. This involves a compassionate response from an attuned adult and begins to attend to the feelings of rejection, anger, fear and other feelings underlying the young person’s response.

Informing of strategies and choices

- When emotionally aroused, young people are less likely to think clearly. Carers and workers can remind them of the choices available to them to help self-soothing and de-escalate behaviour. Developing a safety plan and later reminding them of the strategies within it are an example of providing information. This may also include gently reminding them of likely consequences if they are not able to manage their behaviours.

Nurturing and noticing

- Having access to a nurturing adult during a time of distress is often a new experience for traumatised young people. As well as soothing current distress it contributes to a new pattern and encourages future support seeking on their part. Noticing moments of small success, such as reminding them of other occasions when they have managed strong feelings avoids a focus on negatives. It also helps build a narrative of success and resilience that challenges the view that there is nothing they can do to manage their distress.

Each of these elements contributes to the development of a partnership with the young person in engaging them in trying to manage their emotions. Although the steps need not be linear and may overlap each other, it is essential that all elements are present. 'Acknowledgement' and 'nurturance' ensure a young person in a state of high arousal is guided away from a fear response. This provides a process for workers and carers to maintain a position of engagement while ensuring safety. 'Preparing' and 'informing' reinforce the need for safety and give workers and carers a way of discussing and encouraging this without doing so in punitive ways. The ability to plan ahead and predict accurately some of these problems occurring requires the carer or worker having an understanding of the young person and his or her situation.

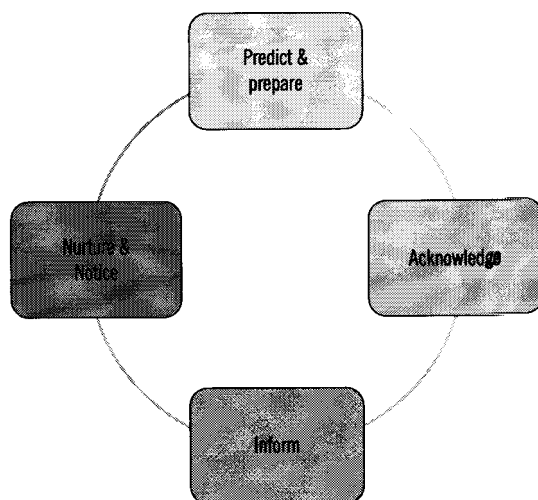


Figure 1
Overview of Emotional PAIN Relief

Key Functions of the Approach

Figure 2 portrays three key functions of the PAIN Relief approach; an emotional first aid function; a means of bracing against a volatile or potentially volatile situation; and maximising opportunities to build supportive relationships that can help scaffold the young person so they develop more constructive strategies for processing emotional arousal.

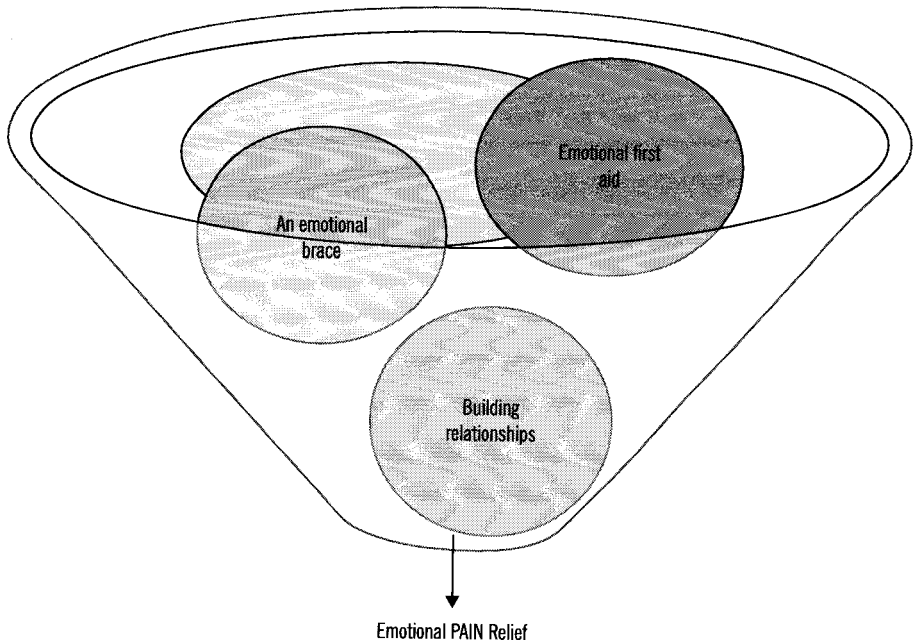


Figure 2
Functions of Emotional PAIN Relief

Emotional First Aid

Emotional first aid, mental health first aid and psychological first aid are terms that are commonly used interchangeably; however Psychological First Aid (PFA) and Mental Health First Aid (MHFA) are specific standardised forms of emotional first aid.

PFA refers to 'a systematic set of helping actions intended for use by disaster mental health responders and others, including mental health counselors, who may be called upon to provide immediate support for trauma survivors' (Ruzek et al., 2007, p. 18). PFA is aimed at reducing initial distress after a traumatic event and reducing the likelihood of developing an acute stress reaction or posttraumatic stress disorder. PFA can be used in a variety of community and mental health settings. It consists of 8 core steps: 1. Contact and engagement 2. Safety and comfort, 3. Stabilisation (if needed), 4. Information gathering about needs and current concerns, 5. Practical assistance, 6. Connection with social supports, 7. Information on coping, and 8. Linkage with collaborative services. It is designed for use with children, adolescents, parents or carers, other adults and families (Brymer et al., 2006; Ruzek et al., 2007).

MHFA is designed to support someone who is experiencing a mental health crisis or who may be developing a mental illness. It can be used as an early intervention strategy and for those already with mental health problems who are in crisis. Unlike PFA, it does not require the trainee to have mental health or disaster-response training. For example, training of MHFA is provided to ambulance drivers, carers of people with mental health problems, police and teachers. It is not trauma-specific, although it includes assisting people after a traumatic event. It uses an acronym as a teaching tool called ALGEE: 1. Assess risk of suicide or harm; 2. Listen non-judgmentally; 3. Give reassurance and information; 4. Encourage person to get appropriate professional help; and 5. encourage self-help strategies. Although MHFA is not designed for any particular age-group

its focus is on older adolescents and adults, with some comments for how it can be applied with children (Jorm, Kitchener, Kanowski, & Kelly, 2007).

The more general term of emotional first aid refers to a variety of brief approaches to support individuals who have experienced or witnessed a traumatic event or in other ways are at risk of experiencing mental health problems. It usually provides a response after critical event/s without making assumptions as to whether or not the person is traumatised. Emotional first aid is distinct from debriefing as it does not require the person to discuss details of their experience, nor is it long-term therapy although it can be therapeutic 'in the moment.' It is usually provided by someone with specific training and is designed to minimise poor outcomes from critical events and alleviate the need for more intensive intervention. Although the most basic aim of intervention is to limit poor outcomes by establishing immediate safety, if done well it may build on other therapeutic interventions and be sufficient in its own right.

Elements of PFA and MHFA shared by the Pain Relief approach include: an early and timely response; providing practical information; giving emotional and practical support; supporting connections to social supports; supporting and strengthening capacity for self-help; and providing education regarding potential indicators of emotional or physical problems. The PAIN Relief approach has not been developed as an alternative to PFA or MHFA nor as a complete model in itself. Rather it is a tool that can be used in a variety of settings, with workers who have received training but who may not be mental health workers. It is designed to be used by a worker or carer who is seeing the young person on a regular basis to provide a sense of 'relief' from the emotional pains associated with their situation. Although it does not require clinical training, as with any approach used with a vulnerable population, it requires sensitivity, respect and support. It was designed initially for adolescents and has been used more broadly with younger children and with adults, including carers and workers.

An Emotional Brace

A key function and distinguishing feature of PAIN Relief is its design to bolster and buffer the young person from current or future experiences that may create or exacerbate vulnerabilities. It can be used prior to predictably distressing or anxiety provoking events, whether this is in the aftermath of a recent trauma or in the midst of cumulative harm and multiple traumatic experiences. It is best used when the young person is relatively calm or in the 'eye of the storm' where trouble lies ahead.

Although it was designed for vulnerable populations, such as traumatised young people who are likely to be more at risk of not coping with new, distressing or overwhelming situations, it is applicable for anyone facing those situations. It is in this context that the concept of a brace is used. As with a neck brace, back brace or 'bracing for impact' it provides strength to those areas of vulnerability during new or potentially threatening situations. In this context PAIN Relief is used to avoid or reduce the likelihood of further emotional pain: like an emotional brace.

Relationship Building

Another function of the PAIN Relief approach is to facilitate the processes for the young person to build relationships that become part of their means of coping with a adversity. The PAIN Relief approach requires and supports relationships. It aims to demonstrate to young people that others can be helpful at times of crisis not just as a potential source of harm. It challenges any messages

about coping by isolation and reinforces strategies associated with co-regulation and being able to be comforted and soothed by others as a means of learning to do that for themselves.

Whether it is in youth justice, residential care or other settings, the most potent instrument workers have is the relationships they can co-create with the young people they care for. Building relationships that are respectful and provide care, nurturance and safety is the key to engagement.

Exploration of the Elements of PAIN Relief

This section explores the elements of PAIN Relief in more detail, illustrating how the underlying concepts are integrated into the tool and ways the approach may be used.

Predict and Prepare

Stress that is manageable, tolerable, predictable and supported is part of healthy development and can help build resilience. In contrast, stress that is overwhelming, unpredictable, prolonged and unsupported can increase vulnerability and lead to traumatised reactions (National Scientific Council on the Developing Child, 2005).

A key element of the PAIN Relief approach is the value of predicting crises and emotional reactions for many situations. Creating as much clarity and where possible certainty, for young people and adults, can prevent or reduce the extent to which stress can escalate into out of control, dysregulated reactions. This is seen as particularly important for those who have previously experienced trauma and may therefore be more quickly triggered into a major stress reaction. Traumatised youth can be quickly and seriously threatened by the unfamiliar, even when change may apparently be positive.

... the brain is a conservative organ. It does not like to be surprised. All unknown or unfamiliar environmental cues are judged to be 'threatening' until proven otherwise. Novel stimuli focus attention, increase arousal and induce an alarm response until they can be proven neutral or safe." (Perry & Pollard, 1998, p. 6)

New experiences that can occur for most children such as change of school, holidays, medical appointments and moving house can be experienced as threatening by those whose stress system is already dysregulated. Experiences for young people in the child protection and care system are even more likely to elicit a fear response, such as court cases, removal from home, new placements, change of worker, access visits and forensic medical appointments.

Maltreated children with attachment problems are very sensitive to changes in schedule, transitions, surprises, chaotic social situations, and, in general, any new situation. Busy and unique social situations will overwhelm them, even if they are pleasant! Birthday parties, sleepovers, holidays, family trips, the start of the school year, and the end of the school year -- all can be disorganizing for these children. Because of this, any efforts that can be made to be consistent, predictable and repetitive will be very important in making these children feel "safe" and secure. When they feel safe and secure they can benefit from the nurturing and enriching emotional and social experiences you provide them. If they are anxious and fearful, they cannot benefit from your nurturing in the same ways. (Perry, 2001, p. 9)

As with anything, balance and good sense are important. It is obviously not helpful to predict every possible difficult situation or negative outcome. The key to knowing what to predict is considering where preparation, both emotionally and practically, may be helpful. For example, a young person going to court is more likely to hear the court's decision if that is not the first time she has heard about likely court outcomes. A young person is less likely to be overwhelmed by court processes if there has been discussion about what to expect at court. Similarly, a young person starting a new school is likely to benefit from having a discussion about what might happen at school. It is not helpful to predict every possible problem, but if there are likely difficulties, such as not knowing anyone or if they have some predictable behavioural or developmental difficulties such as poor attention span, then planning ahead is likely to reduce the likelihood or extent of problems occurring or of them becoming overwhelmed and reacting in a dysregulated manner if they occur.

Acknowledge Feelings and Validate Distress

There are many reasons why young people need to have their distress acknowledged and to be met with compassion and validation of their experience. Children learn to organise their feelings and to make sense of them through the response of their primary caregivers. Young children who are securely attached explore their world from a secure base and return to their safe haven base where their caregiver helps organise their experience through words and actions (Marvin, Cooper, Hoffman, & Powell, 1998). As previously noted, young people subject to significant trauma and neglect may have little experience of having their feelings acknowledged and validated (Jackson et al., 2009) and this is a key aspect of therapeutic intervention.

As they grow and develop children begin to express themselves through words as well as behaviours. Much traumatic memory is stored as sensory data that has been experienced initially as overwhelming. Beginning to put words to feelings is a key element to developing internal control and integrating painful experiences. However, young people who have experienced chronic trauma and disrupted attachment have often not had the opportunity to learn this important emotional developmental competence.

In a state of emotional arousal, young people will be vigilant to signs of threat and will have difficulty processing the meaning of words. Therefore, in acknowledging their feelings and distress, a worker needs to be attuned to the young person's state of arousal and respond in a way that is able to be perceived by them as comforting, not threatening or blaming. This needs to be done through language, but also through using a calm tone, a non-threatening body posture and appropriate touch. Despite their chronological age, even adolescents may simply not have the words if they have been subjected to chronic trauma. They will benefit from a supportive person to help translate their experience by using guiding comments rather than interrogating questions. "It sounds like you are feeling pretty angry" may be preferable to asking them how they are feeling. Similarly, a statement that validates their feeling, such as, "I heard your Mum didn't visit today, I'd be pretty upset about that" may be preferable to a question about why they are feeling distressed. This is similar to the approach described in PFA.

Inform about Choices and Strategies

When experiencing high levels of stress or emotional arousal, the cortex is usually not the part of the brain most actively working.

In a state of calm, we use the higher, more complex parts of our brain to process and act on information. In a state of fear, we use the lower, more primitive parts of our brain. As the perceived threat level goes up, the less thoughtful and the more reactive our responses become. Actions in this state may be governed by emotional and reactive thinking styles. (Perry, 2005b, p. 3)

As such, when a young person is already in an emotional crisis state, this is not the most opportune time to introduce new information or teach them new strategies. We do not try to teach someone who is drowning how to swim (Porter, 2001). This highlights the importance of using earlier 'non-crisis' opportunities to give information and to practice strategies. Providing psycho-education can enable the young person to build a repertoire of responses for when crises occur. The Sanctuary model is an example where psycho-education is taught as part of the school curriculum so as to be more accessible later when the young people are in crisis. It is also used within day-to-day conversations where opportunities arise to practice particular elements, such as breathing techniques and safety planning (Bloom, 2005).

When the young person is in the midst of an emotional crisis, ideas and strategies that have already been discussed and rehearsed are more likely to be accessible by them if this is the first time they are hearing these ideas.

Some young people who have experienced past trauma develop a pattern of hurting themselves or others when distressed and may revert to this behavior when under new threat. Reminding them of the negative consequences of that behaviour, at the same time as supporting them with alternative strategies can help them develop skills in internal emotional control. Fostering self-control "allows for increased control over – and predictability of – the environment" (Greenwald, 2000, p. 149). This can be done through use of collaborative language and developing a partnership aimed at keeping the situation safe. For example, "If you hurt somebody you will get in trouble and I don't want that to happen. Let's think what we can do so it doesn't get to that".

If the earlier steps of PAIN Relief have been used the young person has had an experience of an attuned adult identifying the issue; been given the opportunity to express their anxiety around an event; and the feelings have been acknowledged and accepted. The pathway may then be open for thinking about an anxiety-provoking situation, introducing new ideas and practicing new thoughts and behaviours. For some this will be possible during the PAIN Relief process. At other times it will be part of a follow up discussion when the young person is helped to reflect on what happened.

Nurture and Notice

This element focuses on relationship building and adopting a solution orientation. Some young people do not expect to be cared for when they feel most vulnerable, as this is what experience has taught them. Therefore they may respond with an over-determined threat response, such as aggression or avoidance. Providing appropriate nurturance and care can help to soothe distress and channel it into a more appropriate expression. Establishing an appropriately nurturing and responsive relationship is a major aim underlying PAIN Relief, since relationship is the vehicle for much of the recovery process.

According to Herman (1997), there are three non-linear stages in recovery from trauma. These are the establishment of safety; remembrance and mourning, that is, making sense of their experience; and reconnecting with their life. Herman notes that, "Recovery can take place only within the context of relationships, it cannot occur in isolation" (p. 133). PAIN Relief contributes to the development of relationships of support and therefore assists in the establishment of

safety. Establishment of psychological, emotional and physical safety is an essential prerequisite for recovery from trauma. Any program, intervention or strategy must ensure that the young people and workers are in reality and perception, safe.

With young people with challenging behaviours, there is often a focus on what has gone wrong. Narrative and solution-focussed approaches to therapy (White & Epston, 1990; de Shazer, 1988) have highlighted the importance of noticing and highlighting successes. As young people begin to feel safe and to engage with supportive adults there are a myriad of opportunities to notice and highlight their unique skills and strategies and the resources available to them. Workers may initially find it difficult to notice small changes (such as using words rather than hitting, or trying to use a safety plan even if it does not entirely succeed). However, with practice and support they usually manage to become adept at doing so. Conversations about what the young person is doing well now and what he or she has done in the past to manage difficult situations can create new opportunities for change.

Application of PAIN Relief through Training and Supervision

The authors provide consultation, training and supervision to a number of agencies working with traumatised clients, as well as providing direct clinical work. The nature and extent of the trauma for these agencies can vary from parents facing the death of an infant, to children and adults surviving severe childhood physical or sexual abuse or neglect. Clearly the impacts and experience of these will vary enormously depending on the nature of the trauma, developmental age of the victim and other experiences including those related to support, attachment and experiences of previous trauma.

While initially developed for use in residential and custodial settings, PAIN Relief has since been adapted to a number of other contexts for use with a range of client groups including child protection, foster care, maternal and child health services, and allied health settings. For example, in the process of incorporating PAIN Relief in to the training strategy with child protection workers, adaptations of the approach as a 'self-care' tool were made.

Conclusion

Working with challenging behaviours and assisting young people to learn ways to manage pain-based behaviours (Anglin, 2002) present major challenges for carers and workers in organisations caring for troubled young people. Experienced clinicians may be available to work with the young people at regular times however they are unlikely to always be present when the young person is confronted with a trigger situation. It is likely that it is the carer or less clinically trained staff who will be with the young person at this time. PAIN Relief is a simple model which, like physical first aid provides a structure and memory aid that can be used by carers and workers with minimal training. The approach has been developed with the view that the organisational culture will support use of the approach and that it does not rest on its own. The approach highlights the importance of the relationship between the young person and the carer and is built upon the principle of respect.

The hallmarks of the transforming therapeutic interaction are safety, predictability and nurturance. The most 'therapeutic' interactions often come from people who have no training (or interest) in

psychological or psychiatric labels, theories, treatments and the adult expectations of the child that go with these. In interacting with the child, respect, humour and flexibility can allow the child to be valued as what they are. (Perry, 1996)

Predicting that an event will be stressful and making preparations to minimise this stress promotes the opportunity for safety by assisting the young person to manage their response. It provides a model from which the young person can observe and learn. It can be used in schools, youth justice settings and residential care. The approach encourages the 'use of self' in responding to the young person's situation in that it provides a guide to follow but does not specify particular behaviours on the part of staff leaving them to respond in a situation-responsive way. Thus it does not suggest a one size fits all but recognises the unique features of each situation.

It is the circuit breaker function of the PAIN Relief approach which provides the opportunity for a positive experience for the young person. It provides an opportunity to avoid a situation escalating to the point where the young person is not in control of his or her emotions and hence requires others to act to regulate the behaviour, often with negative consequences. It can provide an opportunity for the young person to learn how to change a conditioned response and learn more effective responses and hence be empowered. It provides the carer or worker an opportunity to manage the situation and assist the young person have a positive experience and not a further traumatic or distressing experience.

The authors believe this is a useful tool for practice that is informed by theory and experience and will be enhanced with further debate and discussion to further our understanding of the utility of PAIN Relief and other effective ways of responding to young people in their ongoing journey in recovery from the consequences of trauma.

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Author's notes

Jenny Dwyer

Private Consultant

Melbourne

Australia

Annette Jackson

Deputy Director

Take Two

Berry Street

Richmond

Australia

Tel: +61394299266, Fax: +61394295160

ajackson@berrystreet.org.au

Raeleen McKenzie

Therapeutic Care Area Manager

Take Two

Berry Street

Richmond

Australia

Margarita Frederico

Head of School of Social Work and Social Policy

La Trobe University

Bundoora

Australia