ARC: Attachment, Self-Regulation, and Competency: A Comprehensive Framework for Intervention with Complexly Traumatized Youth

Treatment Description	**Acronym** *(abbreviation)* **for intervention:** ARC

Average length/number of sessions: Dependent on individualized implementation and modality. Generally the number of sessions can range from 12 to greater than 52 sessions. ARC has multiple modalities including individual, group and family treatment; parent workshops; milieu/systems intervention; and a new home based prevention program.

Aspects of culture or group experiences that are addressed *(e.g., faith/spiritual component, transportation barriers)*: Framework is designed to be adaptable to needs and real-life circumstances of clients (i.e., identifying culturally relevant caregiver supports; working with appropriate members of family / kinship system). Framework specifically targets the child's surrounding system (caregiver(s), treatment system, community).

Trauma type *(primary)*: Complex Trauma; Target population has experienced chronic stressors including early childhood trauma and ongoing exposures to adverse life experiences.

Additional descriptors *(not included above)*: The approach is grounded in attachment theory and early childhood development and addresses how a child's entire system of care can become trauma informed to better support trauma focused therapy. The approach provides a framework for both trauma informed and trauma specific therapeutic intervention. |
| **Target Population** | **Age range:** 2 to 21

Gender: ☐ Males ☐ Females ☒ Both

Ethnic/Racial Group *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)*: All

Other cultural characteristics *(e.g., SES, religion)*: Not specified

Language*(s)*: Primarily English speaking; Parent resources are also available in Spanish.

Region *(e.g., rural, urban)*: All

Other characteristics *(not included above)*: The ARC framework embeds general cultural considerations into all components of treatment and primarily emphasizes individualized assessment of cultural and contextual factors for each child, caregiver, and system. |
| **Essential Components** | **Theoretical basis:** This approach is grounded in four primary theoretical/empirical literatures: attachment theory, child development, traumatic stress impact, and factors promoting resilience. |

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Essential Components continued	**Key components:** ARC identifies three primary domains (Attachment, Self-Regulation, and Competency); and a fourth domain (Trauma Experience Integration) which draws from skills addressed in the first three. Within each domain, primary targets ("building blocks") are identified for assessment and intervention (total of 10 core targets); these are further broken down into key subskills. Based on these core targets and subskills, the framework provides suggested strategies for work with systems, caregivers and the child/youth.
Clinical & Anecdotal Evidence	**Are you aware of any suggestion/evidence that this treatment may be harmful?** ☐ Yes ☒ No ☐ Uncertain

Extent to which cultural issues have been described in writings about this intervention *(scale of 1-5 where 1=not at all to 5=all the time).* 2

This intervention is being used on the basis of anecdotes and personal communications only *(no writings)* **that suggest its value with this group.** ☐ Yes ☒ No We have a paper out that details ARC implementation with Native Alaskan children in foster care.

Are there any anecdotes describing satisfaction with treatment, drop-out rates *(e.g., quarterly/annual reports)*? ☒ Yes ☐ No

   If YES, please include citation: Subsite progress report, February 2006

Has this intervention been presented at scientific meetings? ☒ Yes ☐ No

   If YES, please include citation*(s)* **from last five presentations:**

Blaustein, M., Arvidson, J., Brown, L., & Ham, J. (2011, March). Trauma Experience Integration with Complex Clients: Applications of TEI with complex developmental trauma. Workshop presented at the 10th All-Network Meeting of the National Child Traumatic Stress Network, Baltimore, MD.

Blaustein, M., Brylske, P., Arvidson, J., & Spinazzola, J. (2009, March). Core components of change: Adaptations of a components-based intervention model (ARC) across context and populations. Symposium presented at the 8th All-Network Meeting of the National Child Traumatic Stress Network, Orlando, FL.

Lanktree, C., Habib, M., Blaustein, M., & Briere, J. (2009, March). Treatment of complex trauma: Multiple approaches, practical applications, and cultural adaptations. Pre-meeting intensive workshop presented at the 8th All-Network Meeting of the National Child Traumatic Stress Network, Orlando, FL.

Briere, J., Schneir, A., & Blaustein, M. (2008, March). Approaches to complex trauma in adolescence. Symposium presented at the 7th All-Network Meeting of the National Child Traumatic Stress Network, Anaheim, CA.

Spinazzola, J., Blaustein, M., Kagan, R., Taylor, N., & Lanktree, C. (2005, March). Complex trauma intervention with elementary and middle school children: The neglected years. Symposium presented at the 4th All-Network Meeting of the National Child Traumatic Stress Network, Washington, D.C. |

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Clinical & Anecdotal Evidence continued	**Are there any general writings which describe the components of the intervention or how to administer it?** ☒ Yes ☐ No

If YES, please include citation:

Kinniburgh, K., Hodgdon, H., Gabowitz, D., Blaustein, M. & Spinazzola, J. (2012, submitted). Development and implementation of trauma-informed programming in residential schools using the ARC framework.

Blaustein, M. & Kinniburgh, K. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency*. New York: Guilford Press.

Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C. & Blaustein, M. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in applications of the ARC intervention model. *Journal of Child and Adolescent Trauma, 4*, 34-51.

Blaustein, M. & Kinniburgh, K. (2007). Intervening beyond the child: The intertwining nature of attachment and trauma. Briefing Paper: Attachment Theory Into Practice. *British Psychological Society, Briefing Paper 26*, 48-53.

Kinniburgh, K., Blaustein, M., Spinazzola, J., & van der Kolk, B. (2005). Attachment, Self-Regulation, and Competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals, 35*(5), 424 - 430.

Has the intervention been replicated anywhere? ☒ Yes ☐ No

Northern Ireland, England, Canada

Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Pilot Trials/Feasibility Trials *(w/o control groups)*	**Total N=**93; full treatment completion data available on sample size of 21; young Native Alaskan children in foster care; primarily complex trauma exposure	Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C., & Blaustein, M. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma, 4(1)*, 34-51.
		Blaustein, M., Kinniburgh, K., Abot, D., Peterson, M., & Spinazzola, J. (2012, in preparation). *Applications of the ARC framework to intervention with post-adoptive children and families*. Manuscript in preparation.
		Kinniburgh, K., Hodgdon, H., Gabowitz, D., Blaustein, M. & Spinazzola, J. (2012, submitted). *Development and implementation of trauma-informed programming in residential schools using the ARC framework.*

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Research Evidence	Sample Size (N) and Breakdown *(by gender, ethnicity, other cultural factors)*	Citation
Pilot Trials/Feasibility Trials *(w/o control groups)* **Continued**	**By gender:** **N=**107 / 124 (dependent on data point); Females ages 12-22 years placed in two residential programs; ave. length of stay 6-9 months; 90% with documented trauma history; mixed ethnicity, primarily Caucasian (69%) and non-Latino (77%) **By ethnicity:** **N=**400+ (dependent on data point); children age 8-17 in pre-/post-adoptive placement; mixed ethnicity (predominantly Caucasian (53%) and African-American (17%)	
Other Research Evidence	Cross-site evaluation of NCTSN; 8.3% of n=966 children served; clinical outcomes evaluated for n=54 children; specific demographics by intervention provided not available.	ICF Macro (2010, December). Evaluation of the National Child Traumatic Stress Initiative: FY 2010 Annual Progress Report, Executive Summary.

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Outcomes	**What assessments or measures are used as part of the intervention or for research purposes, if any?** Current measures in use include Child Behavior Checklist (CBCL), Parent Stress Index (PSI), Trauma Symptom Checklist (TSC-C), Child & Adolescent Needs and Strengths (CANS), and UCLA PTSD Index, along with clinician pre-/ post self-ratings of attitudes, skills, and knowledge. Systems-based implementation projects have evaluated relevant outcomes specific to their site / population (i.e., restraint reduction). **If research studies have been conducted, what were the outcomes?** Current outcomes include the following: • In a young (0-12) child-welfare-involved population in Alaska, 92% of children completing treatment utilizing ARC achieved permanency in placement (adoptive, pre-adoptive, or biological family reunification), compared with a 40% permanency rate after one year for the state as a whole. Further, children who completed ARC treatment and had both a baseline and discharge data collection point exhibited a 17.2 drop in overall CBCL T-scores, with a marked reduction from 85th to 49th percentile in Behavioral Concerns as measured by the CBCL (Arvidson et al, 2011) • In pre-/post analyses using HLM multi-level regression, adoptive children and their families completing an adapted 16-week ARC-based treatment demonstrated significant decrease in PTSD symptoms utilizing the CAPS; significant reduction in broad behavioral symptoms according to both self-report (TSC-C) and maternal report (BASC); and increase in maternal-reported adaptive skills (BASC). Both mothers and fathers demonstrated reduced distress on the Parenting Stress Index. (BCS-ADOPTS; Blaustein et al., in preparation) • Examining the pool of children served by sites within the National Child Traumatic Stress Network, the final report of the Cross-Site Evaluation of NCTSN activities and services between 2005 and 2009 (produced in 2010 by the independent evaluator IFC Marco) indicated that children receiving ARC-based treatment services demonstrated consistent significant reductions in behavioral problems (CBCL) and post-traumatic stress disorder (UCLA PTSD Index) that were equivalent to those observed in children receiving TF-CBT (ICF Macro, 2010, December). • In residential programs serving adolescent girls, systemic implementation (including individual and group treatment, staff training, and milieu components), youth demonstrated significant reductions in behavior problems (CBCL) and PTSD symptoms (UCLA PTSD Index). In addition, significant reductions were demonstrated in use of physical restraint by staff over the course of the intervention period (Kinniburgh et al., 2012).
Implementation Requirements & Readiness	**Space, materials or equipment requirements?** Framework is flexible, and has been adapted in numerous locations with a wide range of resources.

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Implementation Requirements & Readiness continued	**Supervision requirements** *(e.g., review of taped sessions)***?** Strongly suggested that sites implementing the framework include training of supervisors / administrative staff to support internal sustainability. Initial implementation typically requires period of consultation from lead ARC trainers / consultants following initial training, including case presentation / discussion and/or administrative consultation, as relevant; in addition, agencies should anticipate developing internal structures (i.e., clinical teams, trauma-informed practice implementation team) to support implementation. **To ensure successful implementation, support should be obtained from:** Designated lead ARC trainers / consultants; agency-specific supervisors and/or administrators; if/as appropriate, learning community colleagues.
Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** Primary manual is published text: Blaustein, M. & Kinniburgh, K. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency*. New York: Guilford Press. **How/where is training obtained?** Request trainings by contacting Dr. Margaret Blaustein at the Trauma Center at JRI. (Contact information provided below). Trainings are offered in Boston periodically but are typically provided at the site that has requested training. **What is the cost of training?** $7,000 – 8,000.00 (2 day training in U.S.) along with affiliated expenses; does not include cost of consultation (rate current as of FY12) **Are intervention materials** *(handouts)* **available in other languages?** ☒ Yes ☐ No **If YES, what languages?** Spanish
Pros & Cons/ Qualitative Impressions	**What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?** Designed to be flexible / adaptable to the needs of the client, family, provider, and system; specifically developed to address the needs of complex children and families, and to be translatable to the range of systems in which children impacted by complex trauma present. Implementation to date has occurred in range of settings (i.e., outpatient, inpatient, residential, schools, early intervention, foster care, group homes, juvenile justice, etc.) and been adapted to the needs of myriad providers (i.e., clinicians, milieu staff, foster parents, teachers, case workers). **What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)***?** Typically implemented as a longer-term treatment framework.

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References	Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C., & Blaustein, M. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma, 4(1)*, 34-51.
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	Kinniburgh, K. & Blaustein, M. (2005). Attachment, Self-Regulation, and Competency: A comprehensive framework for intervention with complexly traumatized youth. A treatment manual. Boston: Author.
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