ARC: Attachment, Regulation and Competency

An Intervention for Complex Trauma in Children and Youth November 16, 2023

Center for Workforce Excellence in EBPs Powered by NYU McSilver

Agenda

- Welcome and Introductions
- Overview of ARC
- Initiative Requirements
- Application Process
- Initiative Timeline
- Q&A



Introduction to Complex Trauma Initiative

- NYS is excited to announce a new project for the inclusion of promising practices for complex trauma through the **Innovations Laboratory** at the **Center for Workforce Excellence (CWE).**
- CWE is a training center that was developed by NYSOMH to expand the use and availability of Evidence Based Practices across New York.
- The Innovations Laboratory supports the use of promising and community defined practices to address areas of need in children's mental health.
- The Complex Trauma Initiative out of the Innovations Laboratory will focus on the implementation of *Attachment, Regulation and Competence* (ARC) in MHOTRS programs.



Overview of the Attachment, Regulation, and Competency (ARC) framework



Attachment - Regulation - Competency





ARC Developed By: Margaret E. Blaustein, Ph.D. Kristine M. Kinniburgh, LICSW What is ARC?

It started with curiosity....

- What do we know about trauma?
- What do we know about attachment?
- What do we know about child development?
- What do we know about resilience?
- What do we really do (or try to do) in our therapy rooms?
- How do we break that down into the core driving concepts, letting go of technique and focusing on goal?
- How do we integrate into any intervention an understanding of individual, context, culture, and the complicated nuances of self and society?

Attachment, Regulation, and Competency (ARC)

- Flexible framework of intervention organized around 8 core targets within 3 primary domains, with one overarching goal
- Designed to target the needs of children, families, and systems impacted by complex trauma
- Designed to translate across service systems; while the core domains and targets remain constant, the applications will vary

Intervention Approach:

- Dual Level of Intervention:
 - <u>Clinical applications</u>: Use of the framework to guide intervention with the child and family / caregiving system
 - <u>Systems-level applications</u>: Use of the framework at an organizational level to guide trauma-informed practices which support day-to-day functioning of the client(s) and the system

Intervention Approach:Dual Focus of Intervention:

- <u>**The child</u>**: Direct intervention with child (through clinical and systems-level approaches) to decrease danger- and need-based responses and increase level of developmental competency</u>
- <u>The surrounding caregiving system</u>: Clinical and systems-level approaches to support functioning of caregivers and rhythmicity of caregiver – child interactions, with a goal of increasing safety and positive attachment

Three Primary Domains

Competency

Regulation

Attachment

Three Integrative Strategies

Competency

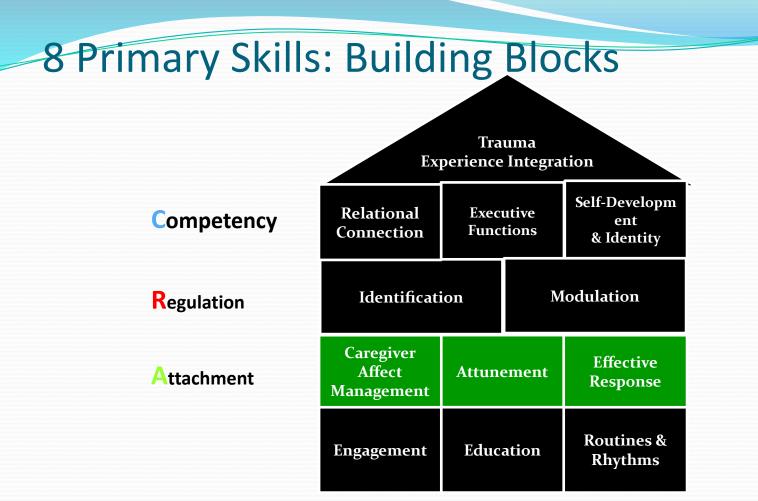
Regulation

Attachment

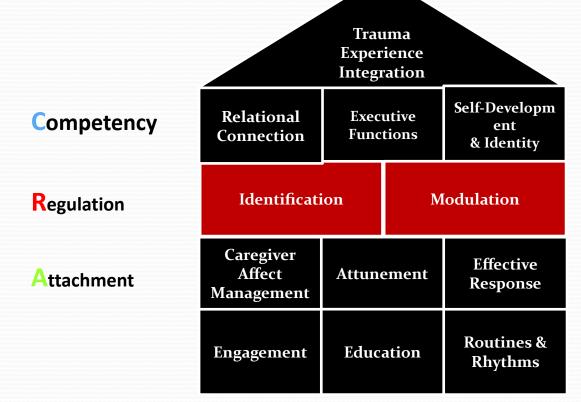
Education

Engagement

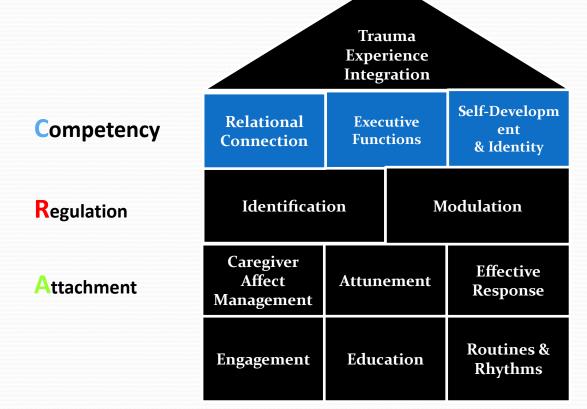
Routines & Rhythms



8 Primary Skills: Building Blocks



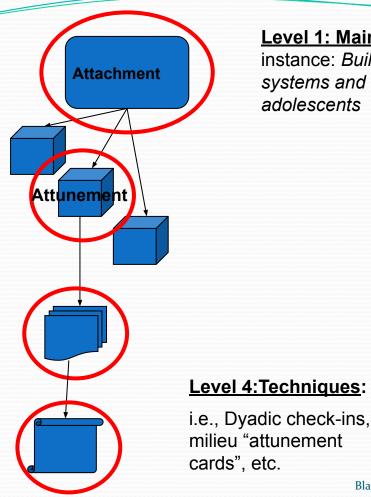
8 Primary Skills: Building Blocks



8 Primary Skill Targets

Support Caregiver Affect Management Support Caregiver Attunement Support Caregiver Effective Response Increase Self Awareness (Identification) **Increase Modulation Skills** Support Child Relational Connection 6 **Improve Problem Solving Enhance Self and Identity**

Intervention is driven by core, over-arching concepts



Level 1: Main / Overarching Domain Concept: For instance: Build safe / trauma-informed caregiving systems and safe relationships that support children / adolescents

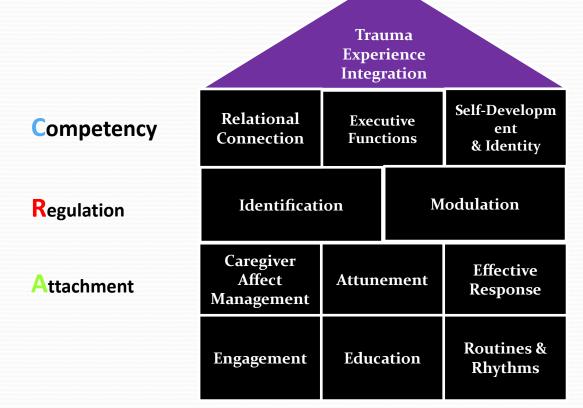
> Level 2: Core Target / Goal: For instance: Help caregivers to better understand and respond to children / adolescents

> > **Level 3: Key Sub-skills**: (for instance, for attunement:)

- Parallel attunement to caregivers
- Support active curiosity
- Build and support mirroring skills
- Use attunement skills in support of youth regulation
- Build pleasure / positive engagement

Blaustein & Kinniburgh, 2018/2010; Kinniburgh & Blaustein, 2005

1 Overarching Goal



Blaustein & Kinniburgh, 2018/2010; Kinniburgh & Blaustein, 2005

ARC Framework

	Trauma Experience Integration			
Competency	Relational Connection	Executive Functions		Self-Developm ent & Identity
Regulation	Identification		Modulation	
Attachment	Caregiver Affect Management	Attunement		Effective Response
	Engagement	Education		Routines & Rhythms

History of ARC Scope of Implementation

- In development since 2003; first agency implementation in 2004
- To date, over 500 separate agencies have taken part in ARC training and consultation rollouts
- Active training has occurred in 35 U.S. states and 8 countries / territories; and includes over a dozen regional or statewide initiatives

Selected ARC Outcomes

- Significant improvements in child behavior problems, PTSD symptoms, strengths, and needs in a state-wide, trauma-informed child welfare initiative (Bartlett et al., 2018)
- Significant reduction in PTSD symptoms, behavioral symptoms, and caregiver distress among adopted children and parents completing 16-weeks of treatment (Hodgdon et al, 2015)
- 92% permanency rate (vs. 40% statewide) in 0-12 y.o. children in placement who completed treatment; significant symptom improvement (Arvidson et al, 2011)

Our collaborators

- Implementation has occurred in a wide range of child / family –serving systems, including:
 - Outpatient treatment (office, school, home-based)
 - Inpatient treatment
 - Congregate care / group home
 - Juvenile justice
 - Community-based services(mentors, family partners)
 - Family shelter / substance abuse shelter
 - Youth drop-in programs
 - Home visiting nurses / home-based parent coaching
 - Schools
 - Early intervention / head start
 - Foster care / Child welfare system

ARC Complex Trauma Initiative Requirements



Eligibility Requirements

- Participation is open to Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) – (Article 31 Clinics) that serve children & families.
 - a) MHOTRS programs serving large numbers of youth engaged in the child welfare system are highly encouraged to apply.
- 2) Each clinic will develop an Implementation Team that must consist of:
 - a) Program Lead in a leadership position to support implementation process; attends certain meetings
 - b) At least 1 Clinical Supervisor
 - c) At least 3 Clinicians each clinician must be able to use ARC with at least two service recipients each



Approximately 5 programs/clinics will be accepted

Requirements for Participating Programs

- 1. Individual one-time needs assessment call attended by Program Lead (virtual)
- 2. Group (cross-site) Foundational ARC framework training attended by Program Lead, participating clinicians, and supervisors (2 days, **in person* Albany area**)
- 3. Group (cross-site) clinical consultation attended by participating clinicians and supervisors (monthly for 12 months, 90 minutes, virtual)
- Group (cross-site) Supervisor / senior leader consultation attended by participating supervisors and Program Lead (every-other month for 12 months, 1 hour, virtual)



*Costs for travel and accommodations will be incurred by the participating agency.

Requirements for Participating Programs (cont.)

- Attendance at all consultation meetings
- Meeting internally to complete monthly assignments (typically 30-60 minutes/month)
- Active participation in consultation meetings
- Use of concepts with child / family clients during learning process
- Attend 2 initiative-wide overview webinars
- Completion of evaluation/feedback data expectations*



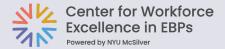
Evaluation/Feedback Process

- 1. Therapist/Organization Characteristics
- 2. Participation in Training Activities
- 3. Therapist use of ARC
- 4. ARC Feedback
- 5. Fidelity
- 6. Family/Child + Therapist Measures



* We will schedule a meeting to provide an overview of the evaluation.

Application Process and Timeline



Application Process

- 1. Meet internally to determine if you are able to meet all the participation requirements.
- 2. <u>Complete the Application via Qualtrics online survey by December 4,</u> 2023
 - a. The Application link will be emailed out following this webinar
- 3. Programs will be notified by December 15, 2023 if they were accepted.

Email <u>cwe.info@nyu.edu</u> with any application questions.



Initiative Timeline

2023:

Applications Open: November 16Applications Due: December 4Programs Notified: December 15

2024:

Initiative Wide Kickoff: January, TBD Needs Assessment: January, TBD In-person Foundational Training: January 23-24 Clinical Consultation Calls: 4th Tuesday of the month 12-1:30pm, starting in February 2024 Supervisor / Program Lead Consultation Calls: every 2 months, times TBD, starting February 2024

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Thank You

