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

ARC Developed by
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A partner in the National Child Traumatic Stress Network
Speaker Series Presentation

- Using an adaptable framework:
  - Origins and components of ARC
  - Use of an adaptable framework

- Components of the ARC framework: An overview of the domains
  - Attachment
  - Self-Regulation
  - Competency
The Problem of Treating Complex Trauma

Need for intervention that:

- Can address continuum of exposures (layers of chronic and acute), including ongoing exposure
- Is embedded in a social/contextual framework
- Is sensitive to individual developmental competencies and deficits, and flexible in its approach
- Addresses individual, familial, and systemic needs and strengths
Where does ARC come from?

- Translation of clinical principles across settings (out-patient, residential, school, home-based)
  - Or...what is it that we actually do?

- “Evidence-based practice”?
  - Or...how to fit real kids into scientific boxes

- Staying true to the inner clinician
  - Or...keeping the art in treatment
ARC Framework: Key Components

- 3 Core Domains key to healthy development
  - 10 Foundational Building Blocks

- Flexible/creative implementation

- Child-specific goals

- Involvement of caregivers and larger system

- Collaborative/transparent intervention
  - Psychoeducation!

- Grounded in developmental and systemic context
  
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**ATTACHMENT**

- **Primary Components:**
  - Caregiver affect management
  - Attunement
  - Consistent Response
  - Routines and Rituals

**REGULATION**

- **Primary Components:**
  - Affect Identification
  - Modulation
  - Safe expression

**COMPETENCY**

- **Primary Components:**
  - Executive Functions
  - Self Development
  - Developmental Tasks

**Adjunctive Activities:** (i.e.,)
- Sports
- Arts
- Youth groups

**Individually Tailored Approaches**

**Individually Tailored Approaches**

**Training**

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Programs Using ARC

- The Trauma Center at JRI (Out-px)
- La Rabida Children’s Hospital (Out-px)
- Anchorage CMHC (Out-px)
- Bethany Christian Services (Out-px)
- Butler Center (DYS residential)
- Glenhaven Academy (Residential School)
- Cohannet Academy (DMH IRTP)
- UCSF/CASARC (Out-px)
- Kennedy Krieger (Therapeutic Foster Care Program)
- Youth on Fire (Adolescent drop-in center)
- MGH Chelsea (Group/Out-px)
- Gateway-Longview (Child Welfare Agency)
- DV Crisis Center (DV Shelter and Advocacy)
- New England Counseling & Trauma Center (Out-px)
- Lower Naugatuck Valley PCRC (DV Resource Center)
ARC Potential Components

- Integration into out-patient therapy (structured and unstructured); individual and/or dyadic application
- Caregiver support (individual or group)
- Caregiver training workshops
- Group treatment
- Milieu training, consultation, and staff support
- Milieu/systemic application
Key Concepts: Psychoeducation and theoretical foundation

Therapist Toolbox
- Behind the Scenes: Treatment considerations, plus informal/unstructured intervention strategies
- Tools: Examples of in-session implementation tools (menu format)

Developmental Considerations: Stage-specific concepts and goals

Teach-To-Caregivers: Things to teach to caregivers

Beyond the Therapy Room: Larger system considerations

Real-World Therapy: Nothing’s ever perfect…things to keep in mind

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Beyond the Manual: Materials Developed

- Caregiver education handouts and worksheets
- Caregiver Workshop curriculum
- Adolescent groups (multiple modules)
- Youth education handouts and worksheets
- ARC-Informed Evaluation Measure/ Treatment Plan
- Session fidelity checklists
- Clinician Education Handouts (i.e., Understanding child presentation, slide sets)

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Domain 1: ATTACHMENT
Attachment

- **Overarching goal:** Work with caregivers to create a safe environment that is able to support child in meeting developmental, emotional, and relational needs.

- **4 Key Principles:**
  - Build caregiver capacity to manage affect
  - Build caregiver-child attunement
  - Build consistency in caregiver response to child behavior
  - Work with caregiver to build routines and rituals

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A1 - Caregiver Management of Affect

Key Concepts:
- Attachment is a dyadic process; regulation occurs in the context of that dyad
- Caregiver modulation is often challenging:
  - Child vigilance to caregiver cues (i.e., triggers)
  - Intensity of child affect
  - Caregiver’s own (trauma) history
  - Relational reenactments

Goal: Build caregiver ability to manage and modulate their own emotional responses.

Intervention components may include:
- Psychoeducation and normalization
- Self-monitoring skills
- Affect regulation skills
- Parent training
- Support

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# A Three-Way (or more) Parallel Process

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Child</th>
<th>Caregiver</th>
<th>Professional(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I am bad, unlovable, damaged.</td>
<td>I am an ineffective parent.</td>
<td>I am an ineffective clinician.</td>
</tr>
<tr>
<td></td>
<td>I can’t trust anyone.</td>
<td>My child is rejecting me.</td>
<td>This family just needs to work harder.</td>
</tr>
<tr>
<td>Emotional</td>
<td>Shame, Anger, Fear, Hopelessness</td>
<td>Frustration, Sadness, Helplessness, Worry</td>
<td>Frustration, Helplessness, Indifference</td>
</tr>
<tr>
<td>Behavior (Coping Strategy)</td>
<td>Avoidance, aggression, pre-emptive rejection</td>
<td>Over-reacting, Controlling, Shutting down, Being overly permissive</td>
<td>Disconnection, Dismissing, Ignoring, Therapy termination</td>
</tr>
<tr>
<td>The Cycle</td>
<td>“She’s going to reject me anyway. I better not connect.”</td>
<td>“He’s just not interested in connecting with me.”</td>
<td>“I don’t think anyone could make a difference with this family.”</td>
</tr>
</tbody>
</table>

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**A2 - Attunement**

**Key Concepts:**
- Children often have difficulty effectively communicating;
- Behaviors may then become a “front” for communication of unmet needs or unregulated affect, and adults may respond to the most distressing symptom, rather than the underlying emotion or need;
- Attunement difficulties may be global or situation-specific.

**Goal:** To build caregiver ability to accurately read cues and respond to the underlying emotion.

**Interventions:**
- Psychoeducation (trauma response, triggers);
- Helping caregivers become “feelings detectives”;
- Reflective listening skills;
- Building dyadic attunement through games, exercises.

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A3 - Consistent Response

- **Key concepts:**
  - Predictability in caregiver and consistent response is important for establishing felt safety, and for reducing child need to exert control
  - Because limits have historically been associated with powerless/vulnerability, both limits and praise may elicit a triggered response

- **Goal:** Build caregiver ability to respond in a consistent, safe way to both positive (desired) and negative/dangerous behaviors

- **Interventions:**
  - Behavioral parent training, focused on caregiver but eliciting collaboration with child; focus on:
    - Pay attention to trauma response; psychoeducation regarding triggering nature of both praise and limits is essential
    - Adapt behavioral techniques to child needs
    - Focus on building of success (for both caregiver and child)
    - Where possible, reduce the need for limits

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A4 - Routines and Rituals

- **Key concepts:**
  - Trauma is often associated with chaos and lack of predictability
  - Establishment of rituals/routines impacts:
    - Felt safety
    - Anticipation and evaluation of experience
    - Building of trust and reliability within the attachment relationship
  - Important to be selective, and to build flexibility; routines are often subtle

- **Goal:** Work with caregiver and child to establish child- and family-specific routines, particularly targeting trouble-spots; build routines into txt and other settings

- **Home routines** may target:
  - Transitions
  - Bedtime
  - Meals
  - Play
  - Homework etc.

- **Therapy routines:**
  - Consider: check-in/check-out; incorporation of structured activity; clean up/containment

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Domain 2: SELF-REGULATION
Self-Regulation

- **Overarching goal:** Work with children to build ability to safely and effectively identify, access, modulate, and share emotional experience

- **Key Principles:**
  - Build child ability to identify emotions
  - Build child ability to modulate emotional experience
  - Build child ability to effectively communicate and express emotional experience

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Deficits in “self-regulation” may present in multiple ways; in what ways is the child currently attempting to modulate?

Work to understand the function behind the behavior; build alternative strategies.
R1 - Affect Identification

Key Concepts:
- Traumatic stress overwhelms the limited coping skills available to a developing child, often forcing them to either disconnect from their feelings or to use other unhealthy coping skills.
- Because of this, children who have experienced trauma are frequently disconnected from or unaware of own emotional experiences; This may include:
  - An inability to differentiate emotions, in self or others.
  - A lack of awareness of body states.
  - A lack of understanding of the connection between emotional states and the experiences that elicit them.

Goals:
- Awareness and differentiation of internal experience
- Connection and contextualization of emotional experience (i.e., affect to physiology, to experience, thoughts, behaviors, etc.)
- Accurate identification of emotions in others

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Affect Identification

Interventions:

- Build a feelings vocabulary
  - May be helpful to move from external to internal
  - Pay attention to child preference/comfort
  - Normalize emotional experience
  - Use reflective listening skills (formal and informal)
  - Pay attention to concept of mixed emotion
  - Tune in to signs of affect in play, interactions, and statements

- Use formal and informal exercises to target
  - Identification of emotion in self
  - Identification of emotion in others
  - Connection of emotion to body, thought, behavior
  - Contextualization of emotion to internal and external factors

Examples:
- Feeling charades
- Feeling faces
- Feelings book
- Use of stories
- Body drawings
- Worry head

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R2 - Affect Modulation

- **Key Concepts:**
  - Both the traumatic stress response as well as early attachment experiences contribute to children’s difficulty modulating emotional experience.
  - To cope with distressing affect, children may rely on over-control/constriction and dissociation, or may manage arousal through behavior or physical stimulation.

- **Goal:** Build child capacity to regulate from emotional experience and maintain optimal levels of arousal.

- **Steps toward modulation:**
  - Identification of initial state
  - Identification and connection to subtle changes in state
  - Noticing experience of change
  - Identification of strategies/skills that lead to change

- **Work often happens in the aftermath of intense affect.**

- **Modulation may be multi-directional:** For explosive, it is often about calming; for constricted, however, it may be about expanding (down-regulation vs. up-regulation).

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Affect Modulation: Examples

- Build understanding of degrees of feeling
- **Down-regulation:**
  - Breathing
  - Progressive muscle relaxation
  - Stretching
  - Grounding skills
  - Visualization/imagery
- **Up-regulation:**
  - Grounding
  - Physical movement
  - Play
  - Mutual engagement
- **Alternating states regulation:**
  - Turn up the volume
  - Slow-mo
  - Big-small
  - Start-stop
- **Build a “Feelings Toolbox” for each child**
Skill # 5: Feelings Toolboxes - Example Activities (R2: 16-18)

<table>
<thead>
<tr>
<th>Excitement</th>
<th>Anger</th>
<th>Sadness</th>
<th>Worry</th>
<th>Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Pushing against doorway</td>
<td>• Object associated with comfort</td>
<td>• Paper to write down worries</td>
<td>• Picture of a safe place</td>
</tr>
<tr>
<td>• Small objects to manipulate</td>
<td>• Stress ball</td>
<td>• Soothing sensory object</td>
<td>• List of 5 distractions</td>
<td>• Picture of a strong person</td>
</tr>
<tr>
<td>• Bubbles</td>
<td>• Clay</td>
<td>• Drawing materials</td>
<td>• Index card w/ a stop sign on it</td>
<td>• Transitional object</td>
</tr>
<tr>
<td>• Exercise</td>
<td></td>
<td></td>
<td></td>
<td>• Magic Safety cream</td>
</tr>
<tr>
<td>• Butterfly hugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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R3 - Affect Expression

Key Concepts:
- Attempts to communicate in early attachment relationships may have been met by anger, rejection, or indifference, leading children to learn both *shame* and a *need for secrecy*.
- Inconsistent early communication partners may have led to a failure to develop adequate communication skills.
- Sharing of emotional experience increases vulnerability; traumatized children are often expert “risk managers”.
- As a result, children may either (a) Fail to communicate experience; (b) Communicate in ineffective ways; or (c) Over-communicate.
- Inability to effectively share emotional experience prevents children from being able to form and maintain healthy attachments.

Goal: Support children in learning to effectively share emotional experience with others, in order to meet emotional or practical needs.

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Affect Expression: Skill targets

- Identification of safe communication resources
  - Include psychoeducation-processing of *why* it is important to share emotional experience

- Effective use of resources
  - Initiating communication (Picking your moment, initiating conversation)
  - Using effective nonverbal communication (eye contact, physical space, tone of voice)
  - Verbal communication skills (“I” statements)

- Self-expression
Domain 3: COMPETENCY
Competency

- **Overarching Goal**: Building the foundational skills needed for healthy ongoing development and resiliency

- **Key Principles**:
  - Build child executive function skills
  - Target self development and identity
  - Target additional key developmental tasks
Key Concepts:
- Executive functions are the “captain of the cognitive ship”; they provide the tools that help children navigate their world in an active, goal-directed way.
- Executive functions include: Ability to delay or inhibit response, Active decision-making, Anticipating consequences, Evaluating outcomes, Generating alternative solutions.
- Executive functions are primarily held in the prefrontal cortex; children who experience chronic/ongoing trauma often have overactive limbic system response, and fail to develop adequate pre-frontal controls.

Goal: Build child executive function skills, and particularly the ability to evaluate situations, inhibit impulsive response, and actively make choices.
- Vehicle for these skills is Problem Solving steps.
The problem-solving steps (with a trauma twist)

1. Notice there is a problem.
2. Establish basic safety and inhibit instinctive danger response
3. Identify and understand the problem
4. Brainstorm: identify possible solutions. Don’t throw anything out yet!
5. Evaluate all the possible consequences (good and bad) of each solution, and then make a choice.
6. Implement and evaluate solutions. Revise as needed.

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C2 - Self Development and Identity:

Key concepts:
- Growth of a coherent sense of self and personal identity normatively develops over the course of childhood:
  - Early childhood: understanding of self as separate from but related to others; internalization of typical response of others and the environment
  - Middle childhood: incorporation of experiences from multiple domains; assignment of concrete attributes, likes & dislikes, individual values
  - Adolescence: active exploration of “self”, leading to growth of more coherent identity, with abstract attributes, multiple aspects of experience, and future possibilities
- Trauma impacts self and identity development through:
  - Internalization of negative experience
  - Fragmentation of experience; state-dependent self-concept
  - Lack of exploration

Goal: Work with children to build a positive and coherent sense of identity, targeting four key domains of self

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Self Development and Identity: Treatment Targets:

- **Unique Self (Individuality)**
  - Goal: Help child identify personal attributes (likes, dislikes, values, talents, opinions, etc.)

- **Positive Self (Esteem and efficacy)**
  - Goal: Build internal resources and ability to identify positive aspects of self

- **Cohesive Self (Integration)**
  - Goal: Help child build sense of self which integrates multiple aspects of experience

- **Future Self (Future orientation and possibility)**
  - Goal: Build child’s ability to imagine self in future; build connections between current activities and future outcomes
Developmental Tasks – Key Concepts

- Development is dynamic; tasks at each stage build on those from previous stages.

- Competencies at each stage are built across domains (cognitive, interpersonal, intrapersonal, emotional).

- Pay attention at each stage to key competencies; address these within and outside of the therapy room.
Developmental Tasks: Treatment

- Intervention targets include specific developmental tasks for key developmental stages: Early Childhood, Middle Childhood, and Adolescence.

- For example, early childhood may focus on increasing learning readiness by:
  - Building interest in exploration
  - Working with caregivers to explore with children; natural forums
  - Applying new information

- Middle childhood may focus on School connection/achievement:
  - Emphasize investment/effort over academic success
  - Help caregivers balance praise/limit-setting; build home-school communication
  - Pay attention to ways home structure supports/hinders school achievement

- Adolescence may focus on independent Functioning:
  - Across tasks, build increasing independence in adolescent functioning; balance support
  - Connect current school (or vocational) achievements to future goals
  - Involve adolescents in household rules, roles, structure
  - Establish realistic expectations and goals around jobs
  - Emphasize personal responsibility in decision-making

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Children are not simply a composite of their deficits, but are whole beings, with strengths, vulnerabilities, challenges, and resources.

ARC provides a framework that seeks to recognize factors that derail normative development, and to work with children, families, and systems to build or re-build healthy developmental pathways.
For more information about ARC, or to provide feedback or suggestions, please contact one of the primary authors:

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