

<p><b>Field</b></p>	<p><i>May include requirements, recommendations, minimum standards, variations, ratios &amp; other considerations</i></p>
<p><b>Treatment/Product Description</b></p>	<p><b>Description:</b> ARC is a core components framework designed to support both organizational change and individual / familial / dyadic intervention with youth and families who have experienced complex trauma. The framework is organized around the core domains of attachment (building safe caregiving systems); regulation (supporting youth regulation across domains); and developmental competency (supporting factors associated with resilient outcomes) and is designed to be translatable across service systems. ARC concepts can be integrated into individual, group, dyadic, and familial therapy; staff training; milieu and systems processes; provider supervision; and caregiver supports.</p> <p><b>NCTSN Fact Sheet Available:</b>  <a href="http://www.nctsn.org/sites/all/modules/pubdclnt/pubdclnt.php?file=/sites/default/files/assets/pdfs/arc_general.pdf&amp;nid=1718">http://www.nctsn.org/sites/all/modules/pubdclnt/pubdclnt.php?file=/sites/default/files/assets/pdfs/arc_general.pdf&amp;nid=1718</a></p> <p><b>Culturally-Specific Information Available:</b>  <a href="http://www.nctsn.org/sites/all/modules/pubdclnt/pubdclnt.php?file=/sites/default/files/assets/pdfs/arc_cultural.pdf&amp;nid=1718">http://www.nctsn.org/sites/all/modules/pubdclnt/pubdclnt.php?file=/sites/default/files/assets/pdfs/arc_cultural.pdf&amp;nid=1718</a></p> <p><b>Goals:</b> Overarching goals include building safe caregiving systems, supporting youth regulation across domains; and supporting factors associated with resilient outcomes; these goals are addressed in support of the ultimate goal of trauma experience integration. Within these broad domains are 8 core targets of intervention, and three cross-cutting strategies.</p> <p>Specific goals include:</p> <ul style="list-style-type: none"> <li>• <u>Caregiver affect management</u>: Support adult caregivers in understanding and managing their own responses to youth in their care</li> <li>• <u>Attunement</u>: Build caregiver capacity to effectively understand and respond to the needs driving youth behaviors.</li> <li>• <u>Consistent Response</u>: Support effective responses to youth behavior that are trauma-informed and that increase, rather than decrease, safety</li> <li>• <u>Increase Self Awareness (Identification)</u>: Build child / adolescent understanding of emotional and physiological experience, including a language for experience and an ability to connect and contextualize emotional cues.</li> <li>• <u>Increase Modulation Skills</u>: Build child / adolescent ability to effectively manage and tolerate emotional and physiological experience.</li> <li>• <u>Support Child Relational Engagement</u>: Build child / adolescent ability to effectively share internal experience with others and sustain relational connections.</li> <li>• <u>Executive Functions</u>: Support children / adolescents in recognizing choice points, managing impulsive behaviors, and actively making choices</li> </ul>

**Treatment/Product Description continued**

- **Self and Identity:** Support development of developmentally appropriate understanding of self, including unique characteristics and influences, coherence across time and situations, sources of efficacy and esteem, and future template
- **Trauma experience integration:** Support youth in reflecting upon, processing, and developing a narrative of traumatic experience, and integrating this into a coherent and comprehensive understanding of self

**Target Population:** Children / adolescents / young adults (0-21) who have experienced chronic / complex trauma and their caregiving systems (primary, resource, milieu).

**Essential Components:** Although specific approaches to implementation vary by service system, the following components are considered essential / core to ARC implementation:

- Emphasis on building of and attunement to child, family, and provider engagement and stake in all treatment components
- Integration of psychoeducation about traumatic stress at all levels of the work (system, providers, caregivers, child), including systematic approaches to both foundational and ongoing staff / provider training
- Integration of and attention to the use of routine and rhythm in intervention approach and structure
- Attention to caregiver (staff and primary caregiver) emotional experience, through individual intervention, caregiver supports, establishment of caregiver resources, and/or attention to staff systemic supports and structures (i.e., supervision)
- Engaging and building a curious, attuned stance among adult caregivers, including an understanding of the trauma-related drivers of behavior and skill in mirroring and responding to youth needs
- Approaches to addressing youth behavior (therapeutically and/or in milieu systems) that integrate an understanding of the drivers of that behavior and a trauma-sensitive, individualized behavioral approach
- Active, proactive attention to supporting youth regulation (physiological, emotional, and behavioral) through development of systematic regulation supports and routine engagement in modulating strategies
- Routine integration in treatment plans and milieu processes of attention to and support for development of youth strengths and competencies as a core element of intervention
- Active attention to issues of youth and family agency, control, and empowerment

**Other considerations:** ARC has been implemented in a range of service settings. Successful implementation requires a commitment on the part of the organization to trauma-informed service change, which may include commitment of fiscal resources, provider time, and staff resources, as well as an openness to self-assessment, examination of individual and systemic practices, policies, and procedures, and active strategic planning.

**Training**

**MINIMALLY ACCEPTABLE TRAINING**

**Mode of Training:** In-person

**Content:** Two-day foundational ARC training; may be delivered to an entire agency or as part of an open registration workshop. The foundational training covers foundations of complex trauma in childhood; an overview of the framework structure and approach; and in-depth review of each of the core ARC targets and cross-cutting strategies.

**Number of Days/Hours Total/Minimum:** Typically two days / 11.0 instructional hours

**Options for Make-up:** None

**Training Cost:** Typical individual cost (open registration workshop): \$350 - \$390  
 Typical agency cost (two day, on-site training, not inclusive of expense): \$8,000 - \$10,000

**MOST COMPREHENSIVE/HIGHEST RECOMMENDED TRAINING**

**Mode of Training:** Face-to-face followed by remote or in-person consultation

**Content:** In-depth training content varies by context and setting, but generally includes some / all of the following:

- Foundational 2-day training (required)
- 10 to 18 hours of clinical consultation
- 12 hours of systems consultation (lead implementation team, emphasis on organizational strategies)
- 4 to 12 hours supervisor / senior leader consultation
- 12 hours internal trainer consultation
- Advanced training (one to three days); topics vary by project, but may include general advanced topics; supervisor training; setting-specific applications; population-specific applications; internal trainer training

**Number of Days/Hours Total/Minimum:** Varies by project and specific components listed above

**Options for Make-up:** Two-day training must be attended in full.

**Training Cost:** In-depth projects are typically contracted with single agencies or groups of agencies (i.e., as part of a learning collaborative); project costs may range from approximately \$15,000 (local project, single consultation stream, no / minimal expenses) to approximately \$50,000 (comprehensive training and consultation approach, substantial travel expense).

# TRAINING GUIDELINES

## Attachment, Regulation and Competency (ARC)

<p><b>Training cont'd</b></p>	<p><b>Training Contact Information:</b>          Margaret Blaustein, Ph.D.          Division Director, Trauma Training and Education          Trauma Center at Justice Resource Institute  <a href="mailto:mblaustein@jri.org">mblaustein@jri.org</a></p> <p>or</p> <p>Trauma Center at JRI Training Division  <a href="mailto:tctraining@jri.org">tctraining@jri.org</a></p>
<p><b>Selection</b></p>	<p><b>Describe the typical trainees for this Treatment/Product:</b>          Typical trainees are individual providers or systems of care interested in integrating ARC into either / both (a) clinical practice; and/or (b) organizational structure. Open-registration workshops are most strongly geared toward mental health practitioners and program administrators; affiliated providers may find the content useful. Agency-specific training can be geared toward the specific setting, population, and provider group (i.e., schools / teachers, medical providers, juvenile justice, milieu staff, primary caregivers / consumers, etc.).</p> <p><b>Minimum Education Level:</b> Agency-specific training can be adapted to the needs of a range of providers. Open-registration attendees typically have a mental health degree / training.</p> <p><b>Licensure/Certification:</b> No</p> <p><b>Experience:</b> No</p> <p><b>Match/Fit:</b> ARC is designed to meet the needs of children / adolescents who have experienced complex trauma and their caregiving systems (primary, milieu, systems of care). ARC has been successfully integrated into a wide range of settings.</p> <p>ARC is primarily intended for youth 0-21 who have experienced complex trauma and their caregiving systems, although there have been young adult / adult applications. ARC is not intended to be used as the primary /sole intervention for youth with primary psychotic disorders, pervasive developmental disorders, or non-trauma-related behavioral / emotional challenges. Although aspects of the framework may be useful for these populations, adaptations / supplemental interventions are likely to be needed.</p>
<p><b>Preparation for Training and Implementation</b></p>	<p><b>Clinician Readiness Assessment Available?</b> No single readiness assessment is routinely used. A pre-training clinical self-rating is available, which allows the clinician to engage in self-assessment of knowledge and comfort in addressing 14 typical framework elements. This self-assessment may be used as a post-training measure, to assess change over time.</p> <p><b>Agency Readiness Assessment Available?</b> Agency readiness is frequently assessed using the <a href="#">NCTSN Organizational Readiness tool</a>.</p>

# TRAINING GUIDELINES

## Attachment, Regulation and Competency (ARC)

<p><b>Preparation for Training and Implementation continued</b></p>	<p>Other agency self-assessment tools may be used, including an ARC-specific milieu self-assessment as well as a range of trauma-informed belief measures drawn from other sources.</p> <p><b>Typical Prerequisites for Training:</b> None</p> <p><b>Pre-reading/Other:</b> Depending on project, pre-reading assignments may be recommended, including the primary text for the framework (“Treating Traumatic Stress in Children and Adolescents” as well as relevant articles on ARC treatment and/or on complex childhood trauma.</p>
<p><b>Consultation</b></p>	<p><b>Type/Mode/Ratio:</b> Consultation is typically provided in small groups, and may be agency-specific or multi-agency (the latter is typically only used for clinical learning collaborative projects). Consultation may be in-person (for projects local to the trainer) or remote (phone / video).</p> <p><b>Frequency:</b> Typically monthly, for 60-90 minutes depending on project / consultation format.</p> <p><b>Participation:</b> Active participation in consultation calls is expected of all participants. Clinical calls typically involve case presentation and discussion; calls with large numbers of participants and/or multi-agency calls are generally structured, with individual participants and/or participant groups assigned between-call work that they are expected to submit and to report on during the call.</p> <p>Systems consultation calls are typically used to support agencies / programs in organizational implementation of the framework. These calls are active working meetings and provide technical support to the agency’s internal lead implementation team.</p> <p><b>General/Expected Duration of Consultation:</b> It is recommended that agencies participate in a minimum of one year of consultation following training; one- to three-years of consultation is typical.</p> <p><b>Demonstrated Proficiency/Mastery/Competence:</b> There is currently no certification or formal mastery evaluation for use of ARC.</p> <p><b>Other Parameters of Consultation:</b> NA</p>
<p><b>Case Completion Requirements</b></p>	<p><b>Case Selection Criteria:</b> It is recommended that individuals participating in clinical consultation carry at least three clients at any given time with whom they are applying the ARC intervention. Although ARC may be used with a range of client presentations, during the training period it is recommended that clinicians see at least 3 clients who match the population for which the framework was initially developed (i.e., children / adolescents and/or their caregivers with a history of interpersonal trauma exposure, who are currently struggling with at least one domain of functioning).</p>

<p><b>Case Completion Requirements continued</b></p>	<p><b>Case Completion:</b> At least three.</p> <p><b>Fidelity:</b> Clinical fidelity may be tracked by individual providers on a session-by-session basis via the use of a fidelity tracking sheet. The fidelity tracking sheet allows the clinician to monitor clinical attention to the 3 ARC integrative strategies (engagement, use of routines, psychoeducation); all subskills subsumed within the 8 core treatment targets; client presenting state guiding intervention; and caregiver involvement and participation. It is anticipated that all elements of the framework will be addressed at some point during a completed treatment, but all elements may not be addressed within an individual session.</p> <p>Milieu fidelity may be measured via an ARC-specific milieu checklist (this measure may be used for self-assessment / strategic planning as well as for fidelity). This checklist evaluates degree to which the system addresses core framework components, using both quantitative and qualitative self evaluation markers.</p> <p><b>Mode of Review (e.g., Video/Audio/Test):</b> There is currently no formal review process for ARC fidelity /adherence.</p>
<p><b>Maintenance</b></p>	<p><b>Please describe trainings needed or required to maintain skills/practice level:</b> Because of the dynamic nature of treatment development / refinement, it is recommended that practitioners using ARC remain familiar with framework revisions via literature (reading updated texts / chapters / articles about applications) and/or attendance at advanced or booster training sessions. Updated references are routinely posted on both the Trauma Center at JRI website (<a href="http://www.traumacenter.org">www.traumacenter.org</a>) and the ARC website (<a href="http://arcframework.org">arcframework.org</a>). However, there is currently no formal requirement for maintenance of ARC skill set.</p> <p><b>Booster:</b> NA</p> <p><b>Advanced:</b> NA</p> <p><b>Maintenance Plan/Continuing Education:</b> NA</p>
<p><b>To Supervise Providers of the Treatment/Product</b></p>	<p><b>Prerequisites needed to supervise use of the Treatment/Product:</b> Ideally, supervisors will first learn the ARC framework themselves and participate in a year of consultation prior to undertaking supervision within their agencies. Realistically, supervisors and clinicians are often being trained simultaneously within an agency; in this scenario, it is ideal for supervisors to take part in at least a half-day supervisor training as well as at-least quarterly supervisor-specific consultation sessions.</p> <p><b># of Cases Completed in Treatment/Product:</b> NA</p> <p><b># of Years Practiced:</b> NA</p> <p><b># of Years Providing Supervision:</b> NA</p> <p><b># of Supervisees:</b> NA</p>

<p><b>To Train Providers in the Treatment/Product</b></p>	<p>Currently, the trained trainer process is by invitation only, for individuals who have received extensive training and consultation in the framework; who have implemented ARC within their own agencies; and who have experience with both training and supervision.</p> <p>We are currently developing an internal trained-trainer process for agencies who have received at least one year of training and consultation, in order to support sustainability within agencies. Internal Trainers will be authorized to train <i>within</i> their parent agency / program, but not to <i>external</i> audiences. It is anticipated that the Internal Trained Trainer process will entail a combination of in-person training (provided in Boston, MA) and remote consultation. Specifics remain to be developed.</p> <p><b>Prerequisites needed to train providers in the Treatment/Product:</b> NA</p> <p><b>Levels:</b> NA</p> <p><b># of Cases Completed in Treatment/Product:</b> NA</p> <p><b># of Years Practiced:</b> NA</p>
<p><b>Endorsement or Certification Options</b></p>	<p>There is currently no formal certification process.</p> <p><b>Roster of Trainers:</b> All ARC training in the United States is administered through the Trauma Center at JRI. Interested agencies should contact <a href="mailto:tctraining@jri.org">tctraining@jri.org</a> for further information. Appropriate trainers are assigned to agency projects based on match, trainer availability, and specific agency request.</p> <p>A list of current ARC trainers is maintained at <a href="http://arcframework.org/what-is-arc/about-us/arc-trainers/">http://arcframework.org/what-is-arc/about-us/arc-trainers/</a> .</p>
<p><b>Additional Resources</b></p>	<p>Further information about the ARC framework, including training process, is available at <a href="http://arcframework.org">http://arcframework.org</a>. A complete list of references is available at <a href="http://arcframework.org/publications/">http://arcframework.org/publications/</a> . Selected references include the following:</p> <p><b>Book / Treatment Manual:</b></p> <p>Blaustein, M. &amp; Kinniburgh, K. (2010). <i>Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency</i>. New York: Guilford Press.</p> <p><b>Peer-Reviewed Journal Articles</b></p> <p>Hodgdon, H., Blaustein, M., Kinniburgh, K., Peterson, M. &amp; Spinazzola, J. (2016). Application of the ARC model with adopted children: Supporting resiliency and family well being. <i>Journal of Child and Adolescent Trauma</i>, 9, 43-53.</p> <p>Holmes, C., Levy, M., Smith, A., Pinne, S., &amp; Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. <i>Journal Of Child And Family Studies</i>, 24(6), 1650-1659.</p>

**Additional  
Resources  
continued**

Ford, J. & Blaustein, M. (2013). Systemic self-regulation: A framework for trauma-informed services in residential juvenile justice programs. *Journal of Family Violence*, 28.

Hodgdon, H., Kinniburgh, K., Gabowitz, D., Blaustein, M. & Spinazzola, J. (2013). Development and implementation of trauma-informed programming in residential schools using the ARC framework. *Journal of Family Violence*, 28, 679-692.

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.

**Book Chapters:**

Blaustein, M. & Kinniburgh, K. (2017, in press). *The Attachment, Regulation, and Competency (ARC) treatment model*. In M. Landolt, U. Schnyder, and M. Cloitre (Eds.). Evidence-based Treatments for Trauma-Related Disorders in Children and Adolescents, Springer International Publishing.

Blaustein, M. & Habib, M. (2016). *Group treatment with trauma impacted youth*. In C. Haen and S. Aronson (Eds.), The Handbook of Child and Adolescent Group Therapy, Routledge Press.

Ford, J., Blaustein, M., Habib, M., and Kagan, R. (2013). *Developmental Trauma Disorder-Focused Interventions for Traumatized Children and Adolescents*. In J. D. Ford & C. A. Courtois (Ed.). Treating complex traumatic stress disorders in children: An evidence-based guide. New York: Guilford Press.

Blaustein, M. (2012). *Introduction to childhood trauma and a framework for intervention*. In E. Rossen & R. Hull (Eds.), Supporting and Educating Traumatized Children: A Guide for Educators and Professionals. Oxford University Press.