

Attachment, Regulation and Competency (ARC): AT-A-GLANCE

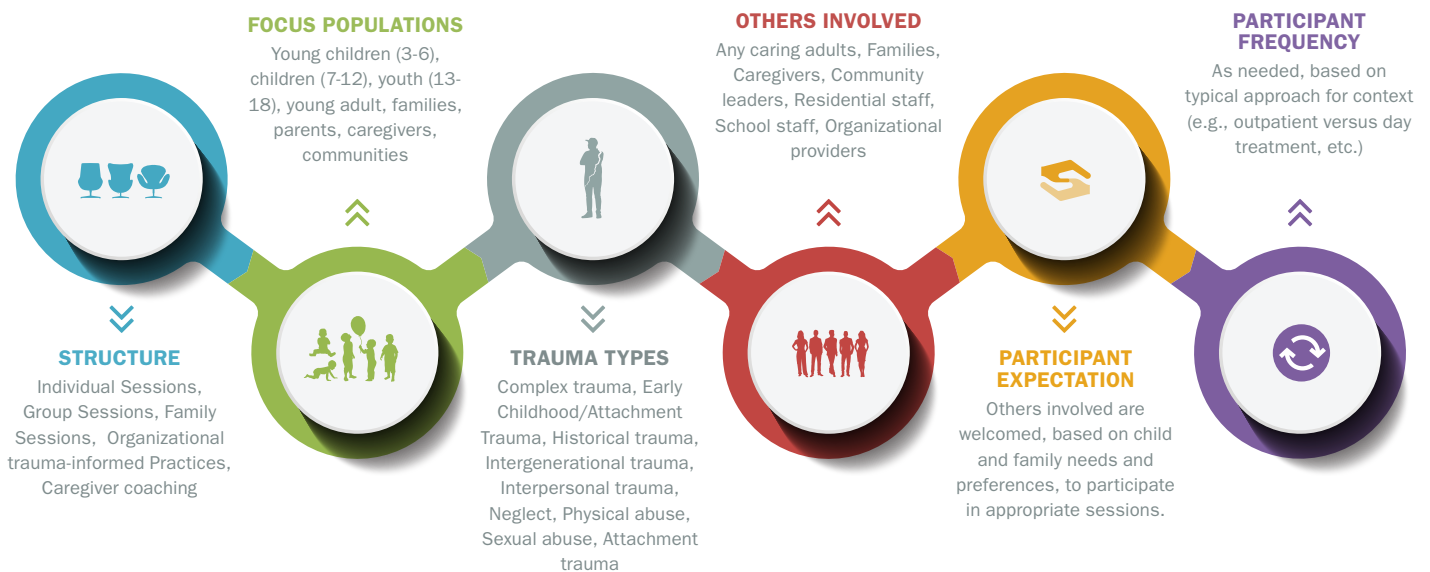
What is ARC?

ARC is a core components model for treatment of complex traumatic stress in children, adolescents, and caregivers. Designed to translate across service systems, ARC addresses the developmental impacts of complex trauma in childhood, and works to support the core facilitators of resilience.

What are the goals of ARC?

1. ARC focuses on strengthening the caregiving system surrounding children through enhancing supports, skills, and relational resources for adult caregivers.
2. ARC addresses a core driving factor in negative outcomes among youth who have experienced complex trauma – namely, dysregulation of emotion, physiology, and behavior. ARC targets the child’s awareness and skill in managing internal experience as well as building and supporting external regulation resources.
3. ARC addresses key factors associated with resilience in stress-impacted populations, including executive function / problem-solving skills and sense of identity. A goal of intervention utilizing this framework is to go beyond pathology reduction, and to increase positive / resilient outcomes among youth receiving intervention.

What does ARC look like?



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■ Additional Information

Since ARC is designed to translate across service systems and community-based settings, approach will necessarily vary according to service provision and population. For instance, outpatient intervention using ARC will look different than when applied in day treatment or congregate care settings. It is recommended that all interveners using ARC develop a comprehensive trauma-informed formulation of children and families, relying on a range of assessment data.

■ What is the commitment?

In outpatient treatment with complex trauma populations, treatment length is intended to vary according to child and family needs, but short-term treatment (e.g., 10-12 sessions) is typically not indicated given the complex presentation of this population. In outpatient and community-based applications, caregivers and families are seen as an essential partner in treatment, given the focus both on supporting the caregiving system and the role of caregivers in supporting and facilitating youth developmental capacities.

Specific adaptations of ARC have been designed for shorter-term intervention. ARC Grow, a caregiver skills-building program, is a 12-session structured model designed as a series of individual meetings with caregivers. ARC Reflections, a skills-building program for resource caregivers, is designed as a 9-session group education model for resource caregivers.

LOCATION:

Anywhere you and your provider decide

■ How do we know it works?

ARC has practice-based evidence and research evidence to support its benefits.

ARC was developed by practicing clinicians in partnership with a wide range of providers, children, and family systems for children and families who have experienced complex trauma. For more information, see page 3. The majority of children/youth/families involved in the initial development of this practice were from a wide range of backgrounds, lived in a range of environmental contexts, and spoke primarily English at home.

ARC is intended to be continuously adapted to be applicable to the context in and population for which it is being used. The core treatment manual has been translated into Korean, Japanese, and Dutch. ARC Grow has been translated into Spanish and French. Limited ARC materials are available in French. Learn more on page 4.

■ For more information explore the next several pages or check out:

<https://arcframework.org>

ARC: THE EVIDENCE

■ What types of evidence are available for ARC?

- Promising Practices
- Case Study
- Pilot Study
- Program Evaluation

■ Where can I learn more about the evidence?

- [ARC Framework website - Research summary page](#)
- [California Clearinghouse - ARC Client-Level information](#)
- [California Clearinghouse - ARC Systems-Level information](#)

■ How is ARC measured in real time?

ARC developers work with systems implementing ARC to identify relevant markers of change in expected domains including systems culture, processes, and concrete markers (e.g., staff turnover, secondary trauma); adult / caregiver functioning, youth regulatory capacity, and key domains of developmental competency. Specific assessments utilized vary by organization type, needs, and goals.

■ What changes for the better as a result of ARC?

Key goals of ARC include improved caregiver (provider, system) mental health status and decreased reports of stress related to caregiving; increased supports and capacity for youth regulation of emotions, physiology, and behavior; and improvement in reflective capacities supportive of resilient outcome, including positive sense of self, positive relationships, and executive function skills.

■ What do the numbers tell us (i.e., quantitative data)?

ARC treatment is associated with significant improvements in child behavior problems, PTSD symptoms, needs, and strengths. ARC treatment has led to positive impact of permanency and reduction of placement disruptions among youth in foster care. Caregivers report significant reduction in stress. Milieu systems show reduction in use of restrictive practices and improvement in youth symptoms.

■ What do the stories tell us (i.e., qualitative data)?

Families report an increase in perceived efficacy, positive connections, and felt safety. Caregivers describe feeling better able to recognize their own/their children's needs, and to use identified supports and skills. Organizations/providers report feeling better equipped to support youth and families with complicated presentations. Children feel engaged, connected, and seen for their strengths.

“It’s helped to put things into perspective. Things aren’t hopeless...I’ll always have successes and failures in interactions. The difference is at least you have a small voice that says, ‘you can be in a different space.’ It’s new to get to that place.”

– Parent of a youth in treatment

ARC: ADAPTABILITY AND ACCESSIBILITY

■ What is the history of ARC?

ARC was developed by Kristine Kinniburgh and Margaret Blaustein, with the support and collaboration of a team of providers working with youth and families, as well as the youth and families themselves. ARC has grown and changed over the course of its 20-year development history, as the developers continue to learn from the real-world lessons provided by the many systems using the model. ARC has been implemented in a wide range of service system types, and with a broad mix of populations. The history of ARC, and descriptions of various implementation projects, may be found at <https://arcframework.org>.

■ How did ARC developers proactively seek, incorporate, and learn from the perspectives of individuals and communities to ensure the model reflects the experiences of those most affected by trauma and system challenges?

Throughout the ongoing and continuous development of ARC, developers have worked to actively learn from and collaborate with those who are served by our model, including seeking consultation from a cultural consultant during the model's early development. In an ongoing way, we center the voices of those who are receiving and providing treatment so that every implementation amplifies client voice.

■ What is the role of ARC providers in tailoring the model for individuals, families, and communities?

Providers are always encouraged to individualize their approach so that it is contextually, culturally, and individually relevant. Training emphasizes core targets of intervention, while encouraging flexible application of intervention approaches to address those targets.

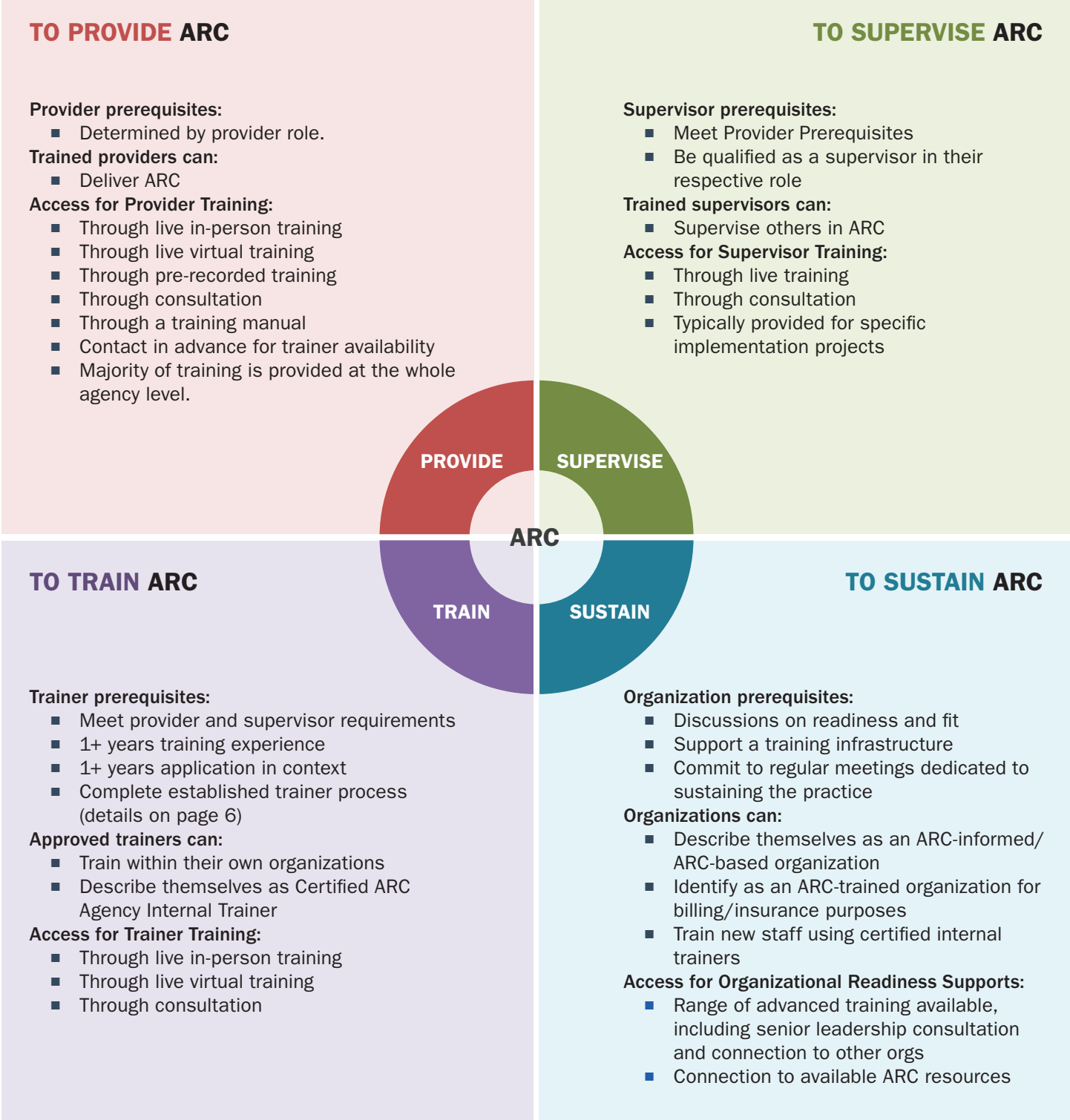
■ How are lessons learned from individuals, families, communities and providers used to keep improving ARC?

ARC development has always been viewed as a multi-directional learning process, in which the experiences of providers and families are fed back into our understanding of how to best do the work. The most recent manual is the 4th edition of the ARC approach due to continuous learning.

■ Resources and materials are available:

- In more than one language – Core treatment manual has been translated into Korean, Japanese, and Dutch. ARC Grow has been translated into Spanish and French. Limited ARC materials are available in French. Translations were done by professional translation services.
- In more than one format (multiple select below):
 - Written and video training
- For more information on adaptation and access, contact: info@centerfortraumatraining.org

**ARC:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING**



ARC: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE ARC

- **Training cost:** Training is currently available primarily as part of agency - / organization-level implementation. Limited individual provider training is available. Organization rates vary by structure and goals of organization.
- **Time Commitment:** It is recommended that providers / agencies anticipate a minimum one-year commitment comprising a combination of training, consultation, and application.
- **Additional Details:** ARC training is available to agencies who employ a range of provider types, including lay (e.g., parent partners), bachelor-level (e.g., youth care workers), educational (e.g., teachers) and clinicians. Training/application is adapted to setting/population.

SUPERVISE ARC

- **Training cost:** Supervisor training is provided as part of comprehensive implementation processes for specific agencies or systems. Costs vary by implementation type and goals.
- **Time Commitment:** Typically supervisors attend training and consultation above / beyond that received by providers; anticipate at least one additional training day and 12+ hours of consultation focused on supervision.
- **Additional Details:** It is recommended that supervisors have experience with application of ARC in the context they are supervising (e.g., direct work with youth, caregivers, etc.)

TRAIN ARC

- **Training cost:** Internal trainer training can be agency-specific, or as part of a multi-agency learning collaborative. Costs vary by size of trainer team and structure of training program.
- **Time Commitment:** Internal trainer training is typically a one-year process, comprised of a combination of training, consultation, and observed “teach-backs” or practice teaching sessions.
- **Additional Details:** Internal trained trainers are certified to train the ARC model within their contracting agency to support sustainability. They are not permitted to train external organizations. National ARC trainers are identified and invited by the ARC developers.

SUSTAIN ARC

- **Training cost:** Costs for organizational training vary, and range from a minimum of approximately \$20,000, and upwards for year-long combined training and consultation processes.
- **Time Commitment:** It is recommended that organisations consider the training & implementation process to be a 3-yr process, with 1-year min. required. Base requirements are 12 hrs of training & monthly consultation, along with internal time and resources to support implementation.
- **Additional Details:** All projects are tailored to the specific needs and goals of agencies / organizations. Most projects include a combination of training and consultation, along with ongoing technical assistance.

To learn more about providing, supervising, training, or sustaining, please see <https://arcframework.org> or email: info@centerfortraumatrain.org. For additional resources and related products, please explore: <https://www.guilford.com/books/Treating-Traumatic-Stress-in-Children-and-Adolescents/Blaustein-Kinniburgh/9781462537044>

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