**General Information**

**Treatment Description**

- **Acronym (abbreviation) for intervention:** ARC
- **Average length/number of sessions:** Varies depending on client needs
- **Trauma type (primary):** Sexual abuse
- **Trauma type (secondary):** Physical abuse
- **Additional descriptors (not included above):**

ARC is a guideline for individuals working with traumatized children in the community. Interventions focus on building secure attachments, enhancing self regulatory capabilities, and increasing competencies across multiple domains. ARC targets children who have experienced chronic trauma such as sexual abuse, physical abuse, neglect, domestic violence, and community violence. Presenting problems typically include anxiety symptoms, depression, PTSD symptoms, bereavement/traumatic grief, sexualized behaviors, and multiple functional impairments.

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**Target Population**

- **Age range:** 5 to 17
- **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):** All
- **Language(s):** English (to date)
- **Region (e.g., rural, urban):** ARC can be used in clinic, school, or community settings (transitional housing for homeless clients who have experienced domestic violence). Appropriate for urban and rural settings.
- **Other characteristics (not included above):** ARC targets both male and female participants ranging from early childhood through school age and late adolescence. Participants to date represent all categories of race/ethnicity, including American Indian and Alaskan Native.

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**Essential Components**

- **Theoretical basis:** ARC proposes systematic interventions that are based in phase-oriented treatment approaches.
- **Key components:** Each area of focus (attachment, regulation, and competency) is grounded in trauma-informed interventions, techniques, and auxiliary treatment methods. Based upon the child/adolescent’s needs and strengths, the practitioner chooses appropriate interventions from a menu. Therapeutic procedures include psychoeducation, relationship strengthening, social skills, and parent-education training as well as psychodynamic, cognitive, behavioral, relaxation, art/expressive, and movement techniques.
### ARC: Attachment, Self-Regulation, and Competency
A Comprehensive Framework for Intervention with Complexly Traumatized 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).** 1

- **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

- **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: APSAC 2004, Boston Trauma Conference 2005, NCTSN All-Network Meeting 2005

- **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, Blaustein, Spinazzola & van der Kolk, 2005

- **Has the intervention been replicated anywhere?** ☑ Yes ☐ No
  - Bethany Christian Services, Grand Rapids, Michigan; Los Angeles Child Guidance Clinic, Los Angeles, California; Anchorage Community Mental Health Center, Anchorage, Alaska; La Rabida Children’s Hospital, Chicago, Illinois.

**Other clinical and/or anecdotal evidence (not included above):** pending

#### Research Evidence

<table>
<thead>
<tr>
<th>Sample Size (N) and Breakdown (by gender, ethnicity, other cultural factors)</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pilot Trials/Feasibility Trials (w/o control groups)</strong></td>
<td></td>
</tr>
<tr>
<td>N=estimated 300 children</td>
<td></td>
</tr>
<tr>
<td>By gender: estimated even distribution</td>
<td></td>
</tr>
<tr>
<td>By ethnicity: estimated varied</td>
<td></td>
</tr>
<tr>
<td>In process at 8 locations as part of current SAMHSA NCTSI project cycle</td>
<td></td>
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</tbody>
</table>
### Research Evidence

<table>
<thead>
<tr>
<th>Sample Size (N) and Breakdown</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Studies Describing Modifications</strong></td>
<td>N=estimated 300 children</td>
</tr>
<tr>
<td><strong>By ethnicity:</strong></td>
<td>In process at 6 of the above locations</td>
</tr>
<tr>
<td>Alaskan Native; foster/adoptive; mixed urban ethnic sample: African-American, Latino, Asian</td>
<td></td>
</tr>
<tr>
<td><strong>Other Research Evidence</strong></td>
<td>N=estimated 12 children</td>
</tr>
<tr>
<td>Case studies pending</td>
<td></td>
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</tbody>
</table>

### Outcomes

**What assessments or measures are used as part of the intervention or for research purposes, if any?**

NCTSN Core Dataset; Program-specific youth behavioral outcomes and indices.

**If research studies have been conducted, what were the outcomes?**

Initial formal evaluation on one sample completed. Results revealed a 50% reduction in PTSD symptoms as measured by the Clinician Administered PTSD Scale–Child Version. In addition, findings revealed reductions on all subscales of the Trauma Symptom Checklist, except the Sexual Concerns subscale.

### Training Materials & Requirements

**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.**

Kinninburgh & Blaustein, 2006

The manual can be obtained by contacting Margaret Blaustein at mblaustein@jri.org or at (617) 232-1303 ext. 214.

**How/where is training obtained?**

Via contract. Initial 2-day training can be provided at the Trauma Center in Brookline, MA or on-location throughout U.S. Follow-up consultation conducted bi-weekly or monthly as needed by telephone and email, with 1-2 advanced follow-up trainings (1-2 days/each) conducted on site.

**What is the cost of training?**

Depends on number of clinicians trained. Base rate=$6,000 plus travel costs for initial 2-day training with up to 20 attendees, or $300/person for larger groups (includes manuals). Follow-up telephone consultation sessions at $200/hr.
### Training Materials & Requirements continued

<table>
<thead>
<tr>
<th>Are intervention materials <em>(handouts)</em> available in other languages?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes  ☑ No</td>
</tr>
</tbody>
</table>

If YES, what languages? Not yet.

Other training materials &/or requirements *(not included above)*:
This is an advanced training. Basic proficiency in trauma-oriented interventions with children and adolescents is strongly recommended for optimal application.

### Contact Information

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- **Website**: www.traumacenter.org

### References
