



Dear Colleagues,

Thank you for your interest in the Attachment, Self-Regulation, and Competency (ARC) treatment framework; below is some information regarding its development and structure, as well as information about training and consultation in the ARC framework.

ARC was co-developed by Kristine Kinniburgh and Margaret Blaustein, and initially grew out of the work our agency, the Trauma Center at JRI, was doing within the National Child Traumatic Stress Network (NCTSN), a United States based consortium of sites dedicated to improving services for children and families who have experienced traumatic stress. As part of our work in the NCTSN, the Trauma Center emphasized the importance of expanding the capacity of community-based agencies to provide trauma-informed services. In our process of working with agencies to develop these services, we found ourselves needing to step back and examine the question: what is it, exactly, that we do? In other words: when we talk about “trauma treatment”, what does that mean for youth and families, particularly those who have experienced complex and chronic traumatic stress?

The initial origins of ARC came in our attempt to define core aspects of trauma treatment. ARC is a core components framework, and identifies 10 “building blocks”, or key treatment targets, within the three core domains of attachment (building safe relationships); self-regulation (supporting child and adolescent capacity to regulate physiological and emotional experience); and competency (supporting those capacities which facilitate resilient youth development). Over time, a final domain, Trauma Experience Integration has been added, which integrates skills identified in the other 9 key targets, with an emphasis on supporting youth capacity to engage purposefully in the present, rather than continuing to have current actions automatically guided by past experience.

ARC was developed as a “flexible framework”. What this means is that rather than providing a manualized protocol, ARC identifies core concepts of intervention which translate across service settings; breaks each of these core concepts down into key skills and targets; and provides examples of approaches to intervention in these areas for a range of providers, including clinicians, educators, primary caregivers, and others. For instance, the first attachment “block” of ARC is “Caregiver Affect Management”, which emphasizes the importance of supporting the caregiving system in understanding and managing its own emotional responses. Sub-skills include validation / normalization of emotional experience; provision of psychoeducation; building self-monitoring skills; development of concrete coping strategies; and enhancing supports and resources. A clinician might work with a primary caregiver to develop these skills, while simultaneously tuning in to his or her own emotional responses to the child and/or the caregiver. Within a school setting, the administration might target support of teachers in



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recognizing and understanding their emotional responses to students. In a residential program, the staff often play the role of caregivers, and building appropriate supports for them becomes the target of intervention. Thus, the concepts will apply across settings and across role, but the focus and format of intervention will differ.

ARC was designed with the goal of not only allowing for, but embracing the inherent creativity and art of the clinical process, recognizing that strategies and approaches will necessarily differ across clients, across providers, and across settings. Trauma work is complex, and an attempt to apply the same strategy at all times, with all families, and within all settings is likely to fall short. However, while specific strategies may necessarily differ, there is now considerable agreement within the complex trauma field as to the core impacts of trauma, as well as core targets of intervention. ARC is strongly grounded in the theoretical and research literature, drawing in particular from the fields of trauma, attachment, and child development, and anchoring in the research on resilience.

The ARC framework has been in development since 2003, with the first version of the ARC manual completed in 2004, quickly followed by a revised edition in 2005. It has gone through a number of revisions since that time, culminating in the publication of the text, “Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency” in March 2010 by Guilford Press. During this time, we have had the privilege of working with numerous agencies within the United States and internationally, in settings including (among others) outpatient centers, residential programs, juvenile justice systems, schools, foster care settings, group homes, domestic violence shelters, early intervention programs, inpatient hospitals, and more. The feedback and real-life application of these programs has made important contributions to the refinement of the framework, which is grounded as strongly in on-the-ground work as it is in theory.

Should you have further questions regarding the ARC framework, please feel free to contact one of the primary developers:

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Setting Up an ARC Training

For individuals who are interested in receiving ARC training, the Trauma Center at JRI offers several “open-registration” workshops each year in the framework, typically in the metro-Boston area, with costs a per person registration fee. Information about these workshops (dates, location, registration fee) is posted on our website as they are scheduled. We suggest that providers interested in learning about upcoming workshops sign up for our mailing list at http://www.traumacenter.org/announcements/train_list.php.

Trained ARC trainers / consultants are available to provide training and consultation nationally and internationally for programs / agencies and for larger systems interested in integrating ARC into their practice. Typical requests for ARC training include the following:

- 1) Provision of an ARC workshop at a conference or other open-registration event (2-day training; typically a one-time offering)
- 2) Training providers in a clinical setting (i.e., out-patient, home- or community-based mental health center) in *clinical* use of the framework with children and families; emphasis is on use of the framework in individual / familial / dyadic / group intervention by mental health professionals
- 3) Training providers in a service system (i.e., hospital, residential program, school, foster care, child welfare, juvenile justice, shelter, etc.) in *clinical* use of the framework (intervention with clients served by the system) AND / OR *systemic* integration of framework concepts (using framework core components to guide development of a trauma-informed system). We strongly suggest that service systems address both of these domains in order to support integrated service delivery.
- 4) Working with a group of providers from multiple agencies / systems in a *Learning Collaborative* training and consultation model to build understanding of clinical use of the framework in the range of settings those providers work.

Although we are willing to provide the ARC workshop, as appropriate, for conference or other open-registration events as a standalone training, we strongly recommend that agencies, systems, or provider collaboratives who are interested in integrating the framework in a sustainable way plan to engage in a minimum of one year of training and collaboration.

Training components may include:

- 2-day basic ARC workshop
 - *Content may be adapted for the needs of particular audiences*
- 1-day advanced training
 - *Specific content varies by project; examples of topics offered include applications with young children, sustainability and strategic planning, trauma experience integration with complex clients, use of assessment measures with the ARC framework, and caregiver engagement*
- 1-day supervisor module
 - *Focus on supervisory skills to support ARC practice within an agency*
- ½-day residential applications module
 - *In-depth exploration of integration of framework concepts at a residential school is used to support residential systems in considering topics such as staff engagement; strategic planning; integrating services across disciplines; and trouble-shooting*
- Clinical consultation (agency-specific)
 - *Typically monthly 60-minute calls involving case presentation / discussion, held with clinical providers within an agency / program*
- Systems consultation (agency-specific)
 - *Typically monthly 60-minute calls held with a designated lead implementation team, focused on needs assessment, strategic planning, and program development utilizing the ARC framework*
- Clinical consultation, Learning Collaborative
 - *Typically 90-minute calls held with up to 5 agency teams (per call), following a structured format for building in-depth clinical understanding of ARC concepts as applied to a range of cases.*

Agencies / programs / systems entering into a training and consultation project should anticipate a time commitment that includes, but goes beyond, actual training and consultation hours, and involves self-directed programmatic- and/or clinical-development work supported by the ARC consultant.

Costs vary by project, project components, location, and scope. Minimum costs are in the \$8,000 range (local / no expense costs 2-day ARC workshop with no follow-up); typical one-year implementation projects may range from \$15,000 - \$30,000 depending on extent of travel, number of training modules, and number of consultation “streams”.

To learn more about ARC training, please contact Margaret Blaustein at mblaustein@jri.org . A typical first step is to set up an initial informational call (10-15 minutes) to learn more about your agency / system / project, your goals, and your needs. In that call, we are able to respond to any questions you have about the ARC framework, develop a preliminary suggested plan for training, learn information which will guide trainer match and availability, and provide you with a preliminary budget describing



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estimated costs. We welcome inquiries and are more than happy to take the time to help you determine whether the ARC framework is an appropriate fit for your goals.

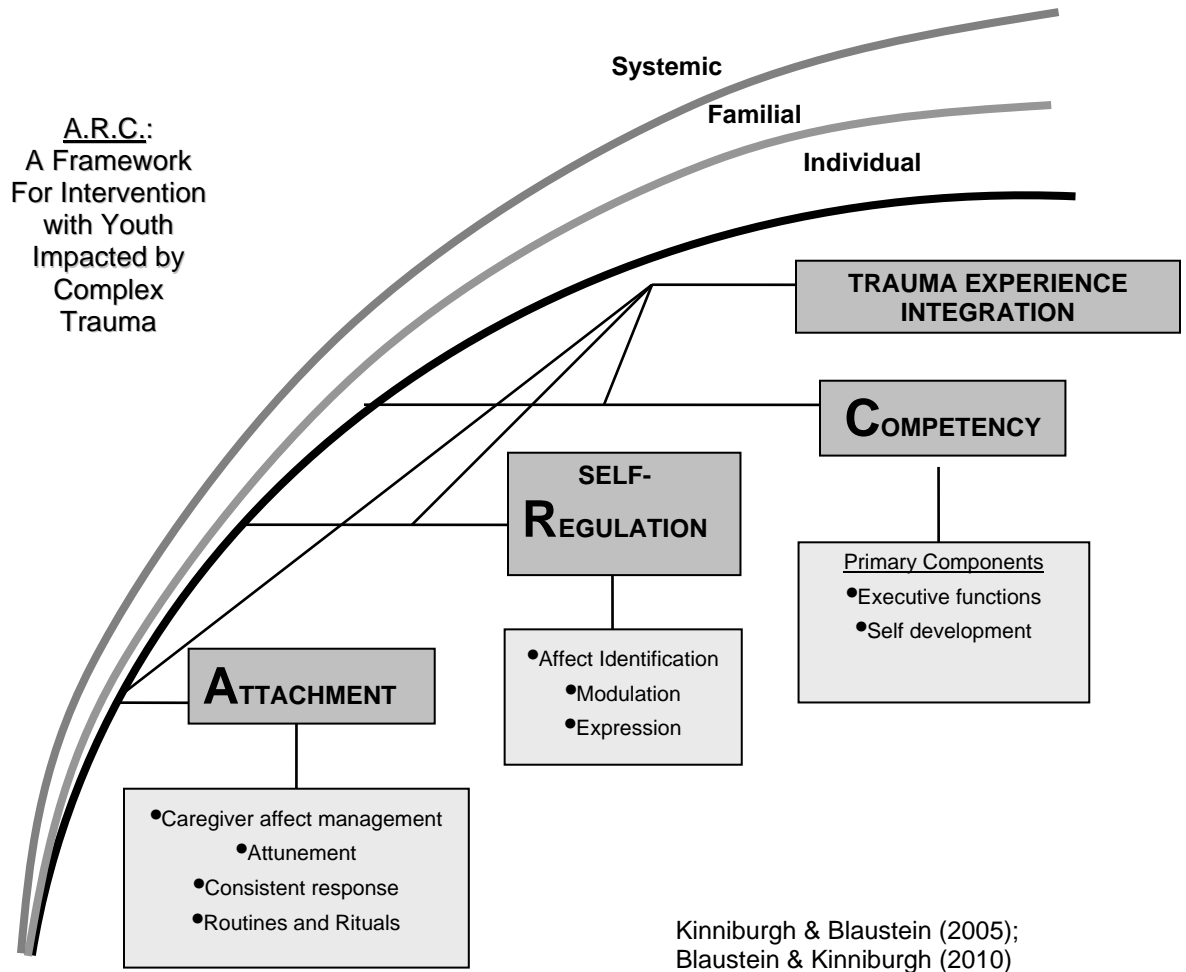


Figure 1. The ARC framework