Field	May include requirements, recommendations, minimum standards, variations, ratios & other considerations
Treatment/Product Description	**Description:** 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.

NCTSN Fact Sheet Available:
http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/arc_general.pdf&nid=1718

Culturally–Specific Information Available:
http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/arc_cultural.pdf&nid=1718

Goals: 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.

Specific goals include:

- Caregiver affect management: Support adult caregivers in understanding and managing their own responses to youth in their care

- Attunement: Build caregiver capacity to effectively understand and respond to the needs driving youth behaviors.

- Consistent Response: Support effective responses to youth behavior that are trauma-informed and that increase, rather than decrease, safety

- Increase Self Awareness (Identification): Build child / adolescent understanding of emotional and physiological experience, including a language for experience and an ability to connect and contextualize emotional cues.

- Increase Modulation Skills: Build child / adolescent ability to effectively manage and tolerate emotional and physiological experience.

- Support Child Relational Engagement: Build child / adolescent ability to effectively share internal experience with others and sustain relational connections.

- Executive Functions: Support children / adolescents in recognizing choice points, managing impulsive behaviors, and actively making choices

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Treatment/Product Description continued	

- <u>Self and Identity</u>: 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

- <u>Trauma experience integration</u>: 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 cont'd	**Training Contact Information:** Margaret Blaustein, Ph.D. Division Director, Trauma Training and Education Trauma Center at Justice Resource Institute mblaustein@jri.org or Trauma Center at JRI Training Division tctraining@jri.org
Selection	**Describe the typical trainees for this Treatment/Product:** 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.). **Minimum Education Level:** Agency-specific training can be adapted to the needs of a range of providers. Open-registration attendees typically have a mental health degree / training. **Licensure/Certification:** No **Experience:** No **Match/Fit:** 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. 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.
Preparation for Training and Implementation	**Clinician Readiness Assessment Available?** 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. **Agency Readiness Assessment Available?** Agency readiness is frequently assessed using the NCTSN Organizational Readiness tool.

Preparation for Training and Implementation continued	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. **Typical Prerequisites for Training:** None **Pre-reading/Other:** 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.
Consultation	**Type/Mode/Ratio:** 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). **Frequency:** Typically monthly, for 60-90 minutes depending on project / consultation format. **Participation:** 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. 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. **General/Expected Duration of Consultation:** It is recommended that agencies participate in a minimum of one year of consultation following training; one- to three-years of consultation is typical. **Demonstrated Proficiency/Mastery/Competence:** There is currently no certification or formal mastery evaluation for use of ARC. **Other Parameters of Consultation:** NA
Case Completion Requirements	**Case Selection Criteria:** 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).

Case Completion Requirements continued	**Case Completion:** At least three. **Fidelity:** 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. 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. **Mode of Review (e.g., Video/Audio/Test):** There is currently no formal review process for ARC fidelity /adherence.
Maintenance	**Please describe trainings needed or required to maintain skills/practice level:** 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 (www.traumacenter.org) and the ARC website (arcframework.org). However, there is currently no formal requirement for maintenance of ARC skill set. **Booster:** NA **Advanced:** NA **Maintenance Plan/Continuing Education:** NA
To Supervise Providers of the Treatment/ Product	**Prerequisites needed to supervise use of the Treatment/Product:** 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. **# of Cases Completed in Treatment/Product:** NA **# of Years Practiced:** NA **# of Years Providing Supervision:** NA **# of Supervisees:** NA

To Train Providers in the Treatment/ Product	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. 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 *within* their parent agency / program, but not to *external* 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. **Prerequisites needed to train providers in the Treatment/Product:** NA **Levels:** NA **# of Cases Completed in Treatment/Product:** NA **# of Years Practiced:** NA
Endorsement or Certification Options	There is currently no formal certification process. **Roster of Trainers:** All ARC training in the United States is administered through the Trauma Center at JRI. Interested agencies should contact tctraining@jri.org for further information. Appropriate trainers are assigned to agency projects based on match, trainer availability, and specific agency request. A list of current ARC trainers is maintained at http://arcframework.org/what-is-arc/about-us/arc-trainers/ .
Additional Resources	Further information about the ARC framework, including training process, is available at http://arcframework.org. A complete list of references is available at http://arcframework.org/publications/ . Selected references include the following: *Book / Treatment Manual:* Blaustein, M. & Kinniburgh, K. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.* New York: Guilford Press. *Peer-Reviewed Journal Articles* Hodgdon, H., Blaustein, M., Kinniburgh, K., Peterson, M. & Spinazzola, J. (2016). Application of the ARC model with adopted children: Supporting resiliency and family well being. *Journal of Child and Adolescent Trauma, 9*, 43-53. Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. *Journal Of Child And Family Studies, 24*(6), 1650-1659.

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.