



What is ARC?

Developed by Margaret Blaustein, Ph.D. and Kristine Kinniburgh, LICSW, the Attachment, Regulation and Competency (ARC) Framework is a flexible, components-based intervention designed specifically for children and adolescents impacted by complex trauma and their caregiving systems. ARC can be used to treat youth with a variety of trauma-related diagnoses that include but go beyond PTSD, including behavioral disorders, depression, and anxiety. ARC can be applied to children aged 0-21 across all levels of developmental functioning. ARC draws from developmental, trauma, attachment and risk and resilience theory.

Goal and Objectives

ARC's central goal is trauma experience integration, accomplished by: (a) supporting caregiving systems to build trauma-informed caregiving skills and enhance caregiver-child relationships (Attachment), (b) supporting children to develop the skills to manage internal experiences (emotions and physiological arousal); accurately read social cues including indications of interpersonal threat; and appropriately communicate their needs (Regulation), and (c) building key capacities associated with resilience (Competency).

ARC has been implemented in 45 US states and territories and in 6 countries

Where is ARC Used?

The ARC Framework can be utilized across the mental health services care continuum (inpatient, residential, outpatient, and community / home based settings), as well as with the range of caregivers (primary, resource, and milieu-based). Further, ARC has been adapted and used in specialized settings (e.g., juvenile justice, foster care, education) and for use within different cultural contexts (e.g., Native American/Native Alaskan youth; urban youth of color; faith-based services, etc.). ARC is applied in a multitude of formats including individual and group therapy, caregiver education and support, staff training, and milieu services. Treatment includes a combination of direct child therapy, dyadic interventions and parent training and consultation.

Over 10,000 multidisciplinary providers have been trained in ARC

13 intensive regional or statewide ARC Learning Collaboratives

Over 300 agencies and over 1,000 programs have received training and consultation in ARC

What does the research say?



Analysis of child outcomes in two residential schools employing ARC with youth ages 12 to 18 over a 6-month period demonstrated clinically significant reductions in PTSD symptoms (UCLA PTSD Reaction Index) and internalizing and externalizing behavior (Child Behavior Checklist). Further, significant (48-68%) decreases in restraints were observed in comparison to non-ARC residential treatment facilities, who evinced either a small (1%) decrease or large increase (81%) in restraint use over the same time period. Residential implementation supports its efficacy for problem reduction for youth in residential treatment.¹

In a sample of culturally diverse (high percentage Native American and Alaskan Native) child welfare-involved, multiply maltreated children ages 3-12 years, ARC treatment completers demonstrated a marked reduction in CBCL behavioral problems (from 85th to 49th percentile), and increased placement permanency: 92% versus the state average of less than 40% within 1 year.²

In a study of 481 complexly traumatized adopted children showed improvement in both child and caregiver functioning. Sixteen individual and group based ARC treatment showed reductions in internalizing, externalizing, posttraumatic stress, depression, anxiety, and dissociative symptoms from pre-to post treatment. In addition to improvement in child functioning, the study also showed a decrease in reported maternal stress, as well as other indicators of caregiver distress.³

The Massachusetts Child Trauma Project demonstrated that ARC was one of three utilized treatments that, as a group, demonstrated efficacy for a large sample of child-welfare involved children and families from pre-to post-treatment.⁴

Results of initial implementation of ARC within Juvenile Justice settings, which included clinical groups, staff training and support, and milieu intervention, demonstrated a 45% decline in restraints compared to a 131% increase in comparable Juvenile Justice programs during the same period, suggesting both a decrease in negative youth behaviors and increase in staff skill and capacity to provide alternative supports.⁵

Footnotes

- ¹ Hodgdon, H. B., Kinniburgh, K., Gabowitz, D., Blaustein, M. E., & Spinazzola, J. (2013). Development and implementation of trauma-informed programming in youth residential treatment centers using the ARC framework. *Journal Of Family Violence*, 28(7), 679-692.
- ² Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., ... & Blaustein, M. E. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma*, 4(1), 34-51.
- ³ Hodgdon, H. B., Blaustein, M., Kinniburgh, K., Peterson, M. L., & Spinazzola, J. (2016). Application of the ARC model with adopted children: supporting resiliency and family well being. *Journal of Child & Adolescent Trauma*, 9(1), 43-53.
- ⁴ Bartlett, J. D., Barto, B., Griffin, J. L., Fraser, J. G., Hodgdon, H., & Bodian, R. (2015). Trauma-informed care in the Massachusetts child trauma project. *Child maltreatment*, 1077559515615700.
- ⁵ Gabowitz, D. & Spinazzola, J. (2007, November). Partnering with other systems. Paper presented at the New Grantee Orientation of the National Child Traumatic Stress Network, Richmond, VA.

For further information on research efforts or for full articles / citations of above mentioned research studies, please contact info@centerfortraumatraining.org.