THE ATTACHMENT, SELF-REGULATION AND COMPETENCY (ARC) MODEL

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Youth in Out-of-Home Care

- Data from the *National Survey on Child and Adolescent Well-Being* showed that 43% of teenagers in out-of-home care reported at least one mental health problem: depression, anxiety, substance abuse, suicidality, ADHD\(^{(1)}\)
- Among 9,942 children and youth in residential care settings (mean age 10.4)\(^{(2)}\)
  - 92% of youth reported at least 2 traumatic events.
  - 80% were rated as having behaviour problems, 70% had attachment issues, 65% had academic difficulties, and 42% had substance use problems.
  - As the number of traumas increased, functional impairment increased.

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\(^{(1)}\) Heneghan et al., 2013
\(^{(2)}\) Briggs et al., 2012
### Youth in Residential Care: A Quebec Study

#### Gender
- **Girls**: 55
- **Boys**: 45

#### Age
- **14**: 20.8%
- **15**: 30.2%
- **16**: 22.6%
- **17**: 26.4%

#### Racial Group
- Aboriginal or 1st Nations: 20.8%
- Black: 17%
- White or European: 18.9%
- Other: 39.6%

**N = 53**

#### Childhood Trauma Questionnaire

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>None or minimal</th>
<th>Low to moderate</th>
<th>Moderate to severe</th>
<th>Severe to extreme</th>
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</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>38%</td>
<td>19%</td>
<td>9%</td>
<td>34%</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>32%</td>
<td>26%</td>
<td>9%</td>
<td>32%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>62% (none)</td>
<td>6%</td>
<td>9%</td>
<td>23%</td>
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<tr>
<td>Physical neglect</td>
<td>45%</td>
<td>15%</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>41.5%</td>
<td>24.5%</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

- Physical abuse: **62%**
- Emotional abuse: **68%**
- Sexual abuse: **38%**
- Physical neglect: **55%**
- Emotional neglect: **59%**

*Collin-Vézina et al, 2011*
Youth in Residential Care: A Quebec Study

Compounded maltreatment:

- 83% of the sample reported at least one form of maltreatment.
- 76% of the youth reported MULTIPLE (2 or MORE) forms of maltreatment.
- 64% of the youth reported 3 forms of maltreatment.
- 40% of the youth reported 4 forms of maltreatment.
- 19% of the sample experienced ALL 5 TYPES of child maltreatment.

Youth in Residential Care: A Quebec Study

However, the reasons these 53 youth were taken into child protection care (3 sub-sections) were poorly reflective of the traumas experienced:

- 83,0% behaviour problems
- 26,4% neglect
- 5,7% sexual abuse,
- 5,7% abandonment
- < 5% emotional abuse
- < 5% physical abuse

Milne & Collin-Vézina, 2014
Adolescent male who is...

Aggressive to people
Deceitful
Not receptive to feedback
Easily frustrated
Belittling
Quick to anger

OR...

A young person who is suffering
On Becoming Trauma Informed

“I'm right there in the room, and no one even acknowledges me.”

NTCSN: Principles of Trauma-Informed Care

- Partner with Other Agencies and Systems
- Maximize Physical and Emotional Safety
- Identify Child and Family’s trauma-Related Needs
- Enhance Staff Well-Being and Resilience
- Enhance Child Well-Being and Resilience
- Enhance Family Well-Being and Resilience
- Broader Child-Serving System
- Child Welfare System
- Family
- Child

NCTSN Child Welfare Committee, 2012
ARC: A Systemic Approach to Trauma

Of the handful of trauma-informed interventions, to our knowledge, only one presents a multi-systemic design that allows for implementation among direct-care staff.

Targets the 3 core resiliency domains:
- A Attachment
- R Regulation
- C Competency

ARC: A Systemic Approach to Trauma

• Evidence- and practice-informed treatment
• Grounded in trauma theory, attachment, and child development.
• As a whole, these theories highlight the importance of:
  – Working with the youth-in-context,
  – Recognizing that the youth’s current adaptive responses are linked to historical experiences,
  – Promoting intervention within the immediate environment – whether primary caregivers or treatment systems – to support the youth’s growth and development.
• Recognized as a promising practice by the NCTSN and SAMHSA
ARC: A Systemic Approach to Trauma

Flexible application according the intervention context:
Individual, family, and group therapy; children, parents, milieux
The ARC Model

1. Attachment
   - Routines & Rituals
   - Caregiver Affect Management
   - Attunement
   - Consistent Response

2. Self-Regulation
   - Identification
   - Modulation
   - Expression

3. Competency
   - Executive Functioning
   - Identity
   - Trauma Integration

ARC: A Systemic Approach
Conceptual Model: The Impact of ARC

- Offering a common vision of trauma (knowledge).
  - Offering a set of concrete tools to use with trauma-impacted youth (know-how).
- Enhance caregiver and professional self-efficacy.
  - Diminish negative interactions with youth.
- Decrease problem behaviours and mental health difficulties for youth.
  - Increase youth’s sense of safety in relationships, emotion regulation capacities and competencies.
- Offering space and opportunities for reflective professional practice (« savoir-être »).

Research – Current Implementation in Quebec
ARC – Foster Care

- Sensitization program for foster parents
  - Objective: promote placement stability
- Developed in collaboration with CISSS Lanaudière; now implemented also at CIUSSS Centre-sud de l’Île de Montréal.
- 7 cohorts of foster parents at two institutions since Fall 2013
- Format:
  - 12 weekly 2.5 hour meetings on the 10 ARC blocs
  - 2 individual meetings with a psycho-educator assigned to the ARC group with optional in-home support
  - Regional and provincial practice communities

ARC – Foster Care

Strengths and Difficulties Questionnaire (SDQ) Pre- and Post- at 12 week interval

![Bar chart showing pre and post scores for different categories of difficulties.](chart.png)

- Pre
- Post

n = 36 foster parents
ARC – Foster Care

Strengths and Difficulties Questionnaire (SDQ) Pre- and Post- at 12 week interval

Total Difficulties (pre)
- 81%
- 11%
- 8%

Total Difficulties (post)
- 61%
- 22%
- 17%
- 3%

n = 36 foster parents

ARC – Group Homes and Residential Care

- Training for educators and clinical support staff
  - Objective: reduce use of restraints and develop trauma-informed professional practices (beliefs, attitudes, behaviours)
- 8 units trained since December 2014
  - CIUSSS Centre-sud de l’Île de Montréal, CISSS Outaouais, CISSS Lanaudière, CIUSSS Capitale-Nationale, CIUSSS Ouest-de-l’Île de Montréal, CISSS Mauricie-Centre-du-Québec
- Format:
  - 1.5 day of training for educators and clinical support staff
  - 1 additional full day of training for clinical support staff
  - Minimum six monthly clinical consultation/integration meetings
  - Suggested ARC activities
ARC – Juvenile Justice

- Training for educators and clinical support staff
  - Objective: reduce use of restraints and develop trauma-informed professional practices (beliefs, attitudes, behaviours)
- Currently in program development phase in partnership with CIUSSS Centre-sud de l’Île de Montréal.
- Format:
  - 1.5 day of training for educators and clinical support staff
  - 1 additional full day of training for clinical support staff
  - Monthly clinical consultation/integration meetings (permanent)
  - Suggested ARC activities

Regional and provincial ARC practice communities

4 regional meetings per year
1 provincial meeting per year
Knowledge: General Considerations

- Trauma is often associated with unpredictability, chaos, and loss of control.
- Youth may be reactive to change and transitions, and may have developed rigidity in their attempts to control themselves, others, and the environment.
- Consistent routines and predictability are helpful to decrease insecurity and vulnerability.
- Energy can shift from ‘survival’ to healthy development.
Know-To: Intervention Tips

- Individual intervention
  - Being predictable (calendar, schedule)
- Family Intervention
  - Adapting expectations
  - Targeting key moments (morning, homework, bedtime)
- Systemic Intervention
  - Avoid disruptions in routines
  - Anticipate difficult moments
  - Create rituals
  - Improve communication within teams and between systems

‘Savoir-être’: Challenges

- Adapting expectations to the youth’s current capacities (e.g., homework, hygiene, etc.).
- Accepting that routines that work well for other youth, or for the same youth in the past, may need to be changed.
- Finding balance between family or group routines and personalized routines for each youth.
- Lightening heavy routines, making room for flexibility in “military” style routines, or alternately, helping disorganized adults to establish and sustain routines.
- Creating “round tables” with all partners, taking a more moderate approach.
Examples from the ARC Manual

Building Block 2:
Caregiver Affect Management

Attachment
- Routines & Rituals
- Caregiver Affect Management
- Attunement
- Consistent Response

Self-Regulation
- Identification
- Modulation
- Expression

Competency
- Executive Functioning
- Identity
- Trauma Integration

Building Daily Routines

Morning
- Often the most difficult time of day. Ensure consistency and realistic expectations.

Mealtimes
- Provides an opportunity for less structured peer interaction and conversation.

Play
- Vital for healthy development. Set time aside for “together time”, peer play, and solitary play.

Chores
- Helps foster a sense of responsibility, self-efficacy, and community. They should be age-appropriate and realistic.

An appropriate environment should be provided for work. Help where possible, emphasizing effort over outcome.
**Knowledge: General Considerations**

- **Youth vigilance**: traumatized youth can interpret caregiver emotions in dichotomies (safety vs. danger, approval vs. disapproval, and acceptance vs. rejection)
  - Trauma-impacted youth have extremely sensitive antennae to detect threats, but often make inaccurate interpretations
- Caregivers must constantly modulate their own emotions in order to help youth learn to modulate theirs
- Working with youth who have excessive behaviours has an emotional and cognitive impact on caregivers (reduced sense of self-efficacy, anger and blame towards the child, shutting down, overreacting, overly permissive).

**Know-To: Intervention Tips**

- **Family Intervention**
  - Well-being activities (e.g., identifying 5 strategies to help you feel better)
  - Support and help
  - Therapy
- **Systemic Intervention: worker self-care and cultivating a supportive work culture**
  - Individual or group supervision can be used to normalize strong reactions and offer support
  - Ongoing training and discussions
  - Work load and work-life balance
  - Reflection spaces about vicarious trauma, compassion fatigue, burnout...
‘Savoir-être’: Challenges

• Recognizing and validating that our own challenges, as workers, are numerous (overwork, reform...).
• Establishing a trusting relationship with the family or the team is essential before this block can be addressed (recognize the value of their work, normalize, validate, find solutions, etc.); highlight strengths while creating more and more space to discuss mistakes and missed opportunities.
• In an organizational context, the team leader/manager’s role is vital to create a climate of trust and openness; the manager’s full participation is essential.
• Accepting that developing a reflexive and deliberate practice is a long process.
• Link reflections and discussion to concrete action

Examples from the ARC Manual

Reinforcing Self-Monitoring Capacities
Identifying Difficult Situations

Are there behaviours that push your buttons, or that you find hard to understand?

Are there any of the child’s emotions that you find particularly difficult to cope with or respond to, leading to a strong emotional response in you?

Are there any situations that are particularly hard because they remind you of hard times in your life?

In what situations do you feel least effective?

What other factors affect your ability to stay centred (e.g., trouble at work, challenges in your interpersonal relationships, external pressures...)?
Examples from the ARC Manual

Reinforcing Self-Monitoring Capacities
Affect Management Strategies

Deep breathing - Diaphragmatic breathing techniques
Muscle relaxation - Directed or self-guided progressive muscle relaxation, yoga, tai chi, etc.
Distraction - Identify when you are “stuck” and learn to shift focus through distracting thoughts/activities
Self-soothing - Identify things that are pleasurable, calming, engage in self-care
Time-outs - Take a break. Differentiate safe vs. unsafe situations, and develop appropriate ways to let children know you may need to separate from some situations

Block 6: Modulation

Attachment
- Routines & Rituals
- Caregiver Affect Management
- Attunement
- Consistent Response

Self-Regulation
- Identification
- Modulation
- Expression

Competency
- Executive Functioning
- Identity
- Trauma Integration
Knowledge: General Considerations

- Trauma-impacted youth have a limited awareness of their psychological states, either because the competencies were never acquired, or because the trauma deconstructed previously acquired competencies.
- Low-tolerance for emotions; emotions themselves come to feel threatening
- Difficulty with:
  - Differentiating one’s own emotional states
  - Decoding other people’s emotions and cues
  - Communicating emotions in an appropriate way
  - Using effective modulation strategies to manage intense and/or painful emotional states

Know-To: Intervention Tips

- **Individual Intervention**
  - Learning and practicing modulation strategies (breathing, imagery, progressive relaxation, stress balls)
  - Listening to music, drawing, writing, etc.

- **Group Intervention**
  - Social circus, dance, theatre, choir, etc.
  - Yoga, meditation
  - Trampoline and other rhythmic activities
  - Sports and other physical activities

- **Systemic Intervention**
  - Ensuring that youth have easy access to modulation tools and strategies at all times
‘Savoir-être’: Challenges

- When in “danger mode” or dealing with triggers, children are less able to use language to communicate their experience. Modulation is a necessary first step before attempting to help them identify or communicate what is happening.
- Using resources in a deliberate and intentional way, based on therapeutic objectives, rather than in a mechanistic way.
- Ensuring that the activities and strategies chosen correspond to the youth’s developmental level (as opposed to chronological age).
- Using activities as opportunities to get to know and understand the child rather than as an objective itself (e.g., if a child refuses to answer a question or elaborate).

Examples from the ARC Manual

- P. 309, 310, 311, P. 314, 315, 324
- Examples of tools and strategies for assessment and intervention.
Examples from the ARC Manual

Building Block 9: Identity

Attachment
- Routines & Rituals
- Caregiver Affect Management
- Attunement
- Consistent Response

Self-Regulation
- Identification
- Modulation
- Expression

Competency
- Executive Functioning
- Identity
- Trauma Integration

Formation sur le trauma et le modèle d'intervention ARC
Knowledge: General Considerations

- Traumatized children internalize negative experiences and see themselves as unlovable, unworthy, helpless, or damaged.
- Traumatized children may rely on dissociative coping methods (fragmentation and disconnection from their experiences, multiple senses of self).
  - Difficulty integrating a coherent sense of self across experiences and affective states.
- Traumatized children often curtail exploration to feel safe, relying instead on rigid control and repetition.

Know-To: Intervention Tips

<table>
<thead>
<tr>
<th>Unique Self</th>
<th>Positive Self</th>
<th>Coherent Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop an awareness of one’s individual characteristics. Listen for and reflect statements that support this.</td>
<td>Ability to tune in to, name, and own positive attributes of self. Consider relative success, small victories, redefine success.</td>
<td>Ability to integrate multiple aspects of self across experiences and affective states. Notice and normalize fragmentation while working to create coherence.</td>
</tr>
<tr>
<td>“About me” books, personal collages, creative expression, hobbies, other activities.</td>
<td>Make a list of positive attributes, wall of success, superhero self activities, other artistic activities.</td>
<td>Concrete timeline activities, “My history” book, aspects of the self (artistic)</td>
</tr>
<tr>
<td>Future Self</td>
<td>Ability to envision possibilities, self in the future, ways to become that self. Set goals, make links between current activities and future goals.</td>
<td>Activities that project the child 5, 10, 20 year into the future, annex to the “my history book”</td>
</tr>
</tbody>
</table>
‘Savoir-être’: Challenges

• Such reflections on identity, past and future selves, etc., cannot be done in a meaningful way unless the child has a sense of security (Attachment blocks) and a reasonable to regulate affect (Regulation blocs).

• Can be done at a very concrete level if needed (e.g., foods I like, etc.)

• Creative and artistic activities should be part of the programing as they offer an alternative to language-based reflections.

Intervention: examples of activities

- Identity Masks
- Coat of Arms
- Totem Pole
### Domaine

<table>
<thead>
<tr>
<th>Domaine</th>
<th>Relatively Low</th>
<th>Moderate</th>
<th>High</th>
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<tbody>
<tr>
<td>Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Routines and Rituals</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. Caregiver Affect Management</td>
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<tr>
<td>3. Attunement</td>
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<tr>
<td>4. Consistent Response</td>
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<td>Self-Regulation</td>
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<td>5. Identification</td>
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<td>6. Modulation</td>
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<td>7. Expression</td>
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<tr>
<td>10. Trauma Integration</td>
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</tr>
</tbody>
</table>

**Actions:**

1.  

**Target Date:**

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**Thank you for your attention & participation!**

**All questions can be addressed to Delphine Collin-Vézina:**

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