



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

Delphine Collin-Vézina, PhD

Director, Centre for Research on Children and Families
Nicolas Steinmetz and Gilles Julien Chair in Social Pediatrics
in Community
Tier II Canada Research Chair in Child Welfare
Associate Professor, School of Social Work & Associate
Member, Department of Pediatrics
McGill University





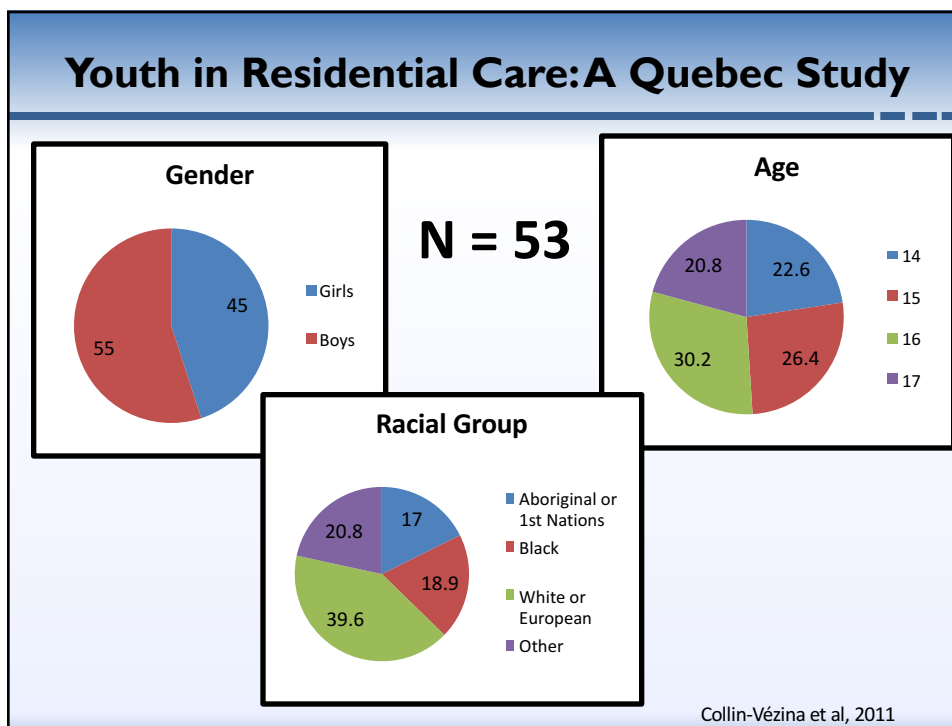
Youth in Out-of-Home Care

- 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.

(1) Heneghan et al., 2013

(2) Briggs et al., 2012





Youth in Residential Care: A Quebec Study

Childhood Trauma Questionnaire

Type of Abuse	None or minimal	Low to moderate	Moderate to severe	Severe to extreme	
Physical abuse	38%	19%	9%	34%	→ 62%
Emotional abuse	32%	26%	9%	32%	→ 68%
Sexual abuse	62% (none)	6%	9%	23%	→ 38%
Physical neglect	45%	15%	15%	25%	→ 55%
Emotional neglect	41.5%	24.5%	17%	17%	→ 59%



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:

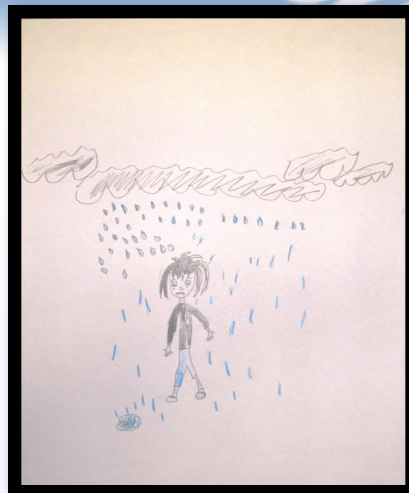
- 83,0% behaviour problems
- 26,4% neglect
- 5,7% sexual abuse,
- 5,7% abandonment
- < 5% emotional abuse
- < 5% physical abuse

Milne & Collin-Vézina, 2014



Adolescent male who
is...

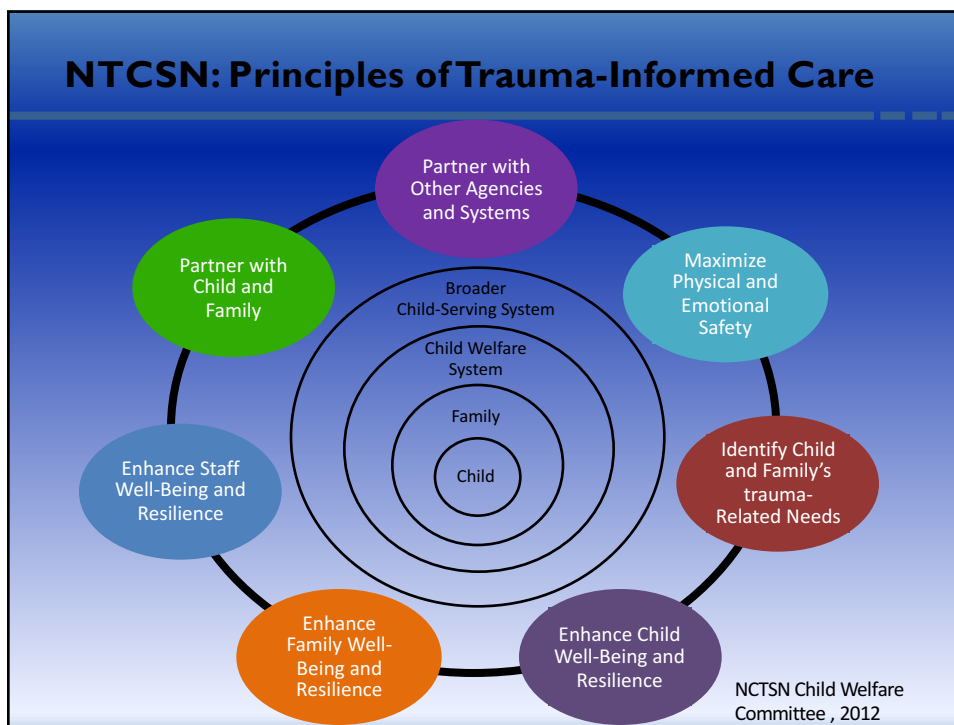
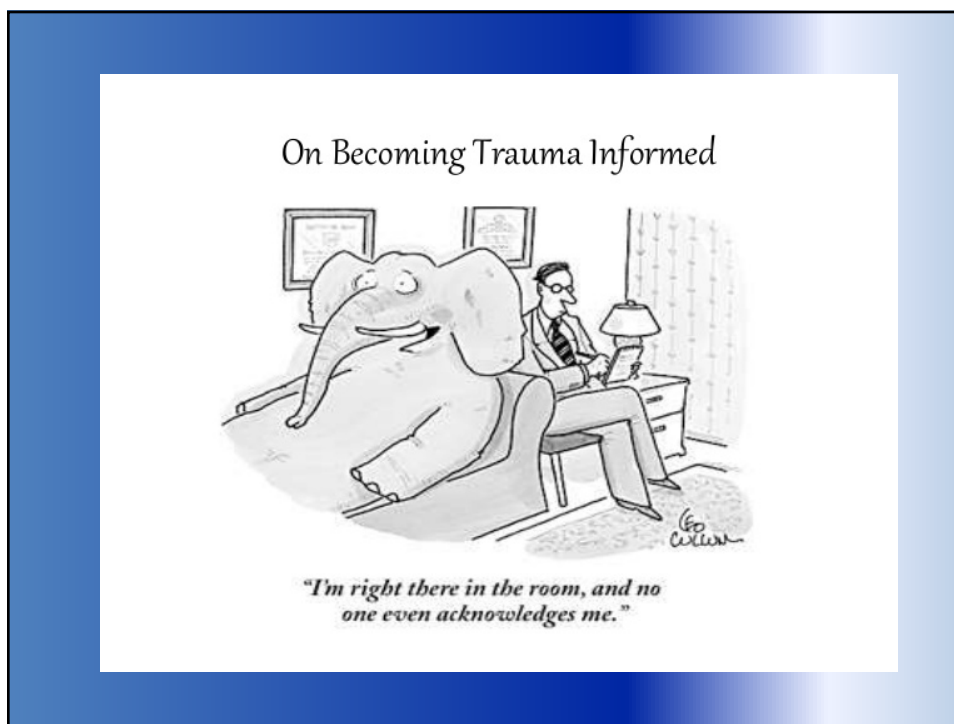
Aggressive to people
Deceitful
Not receptive to
feedback
Easily frustrated
Belittling
Quick to anger



OR...

A young person
who is suffering





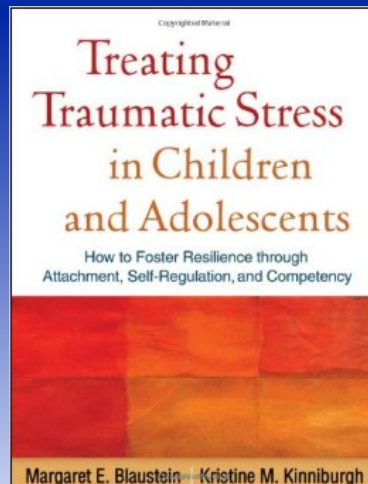


ARC: A Systemic Approach to Trauma

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:

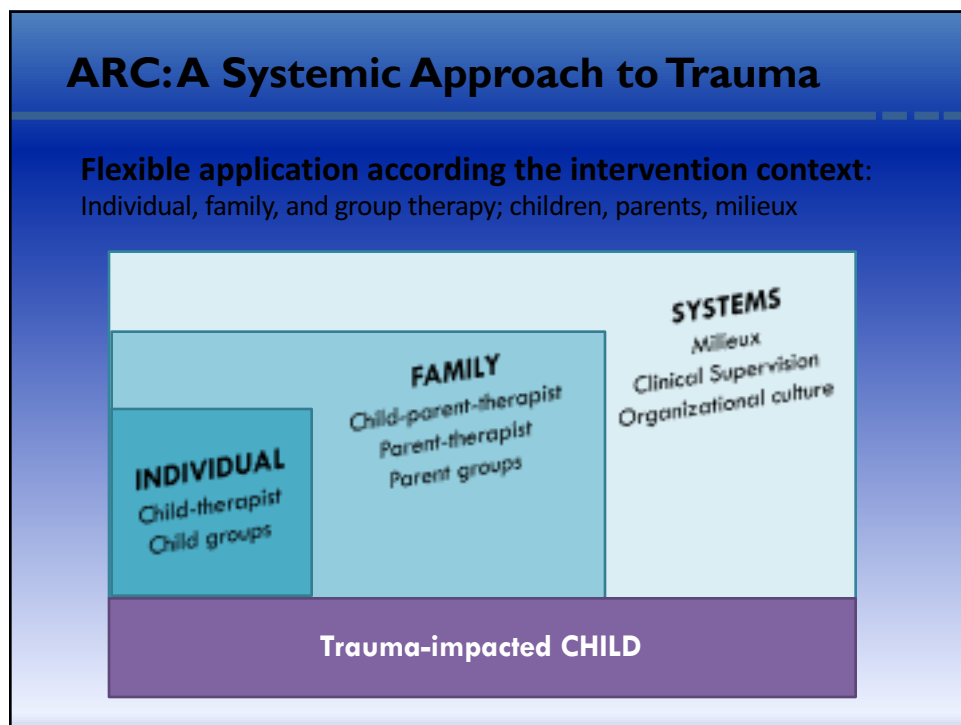
- A** Attachment
- R** Regulation
- C** Competency

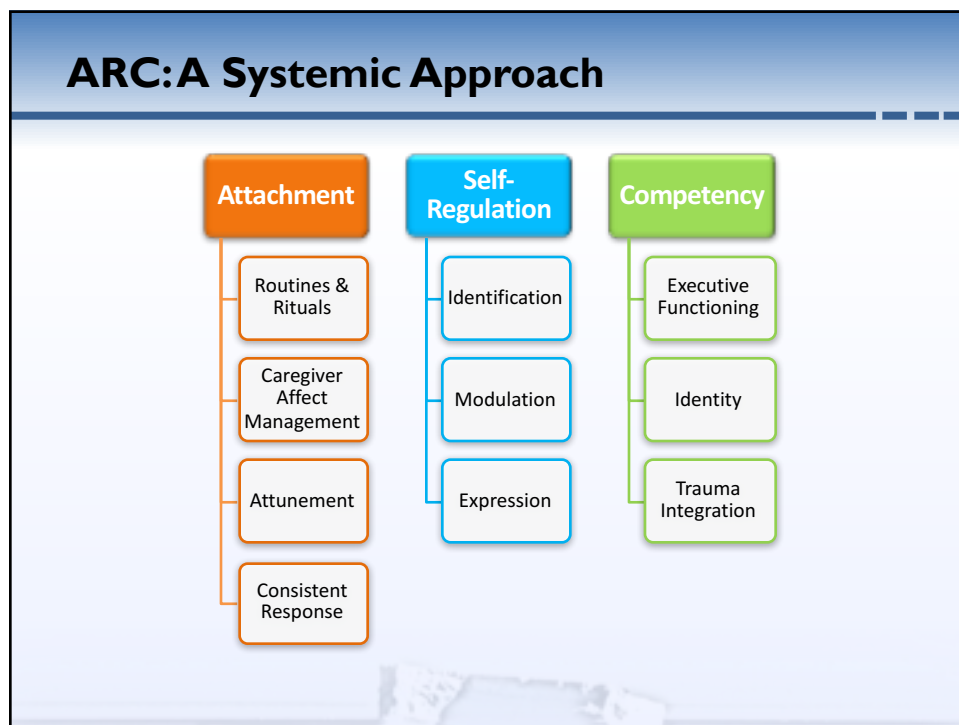
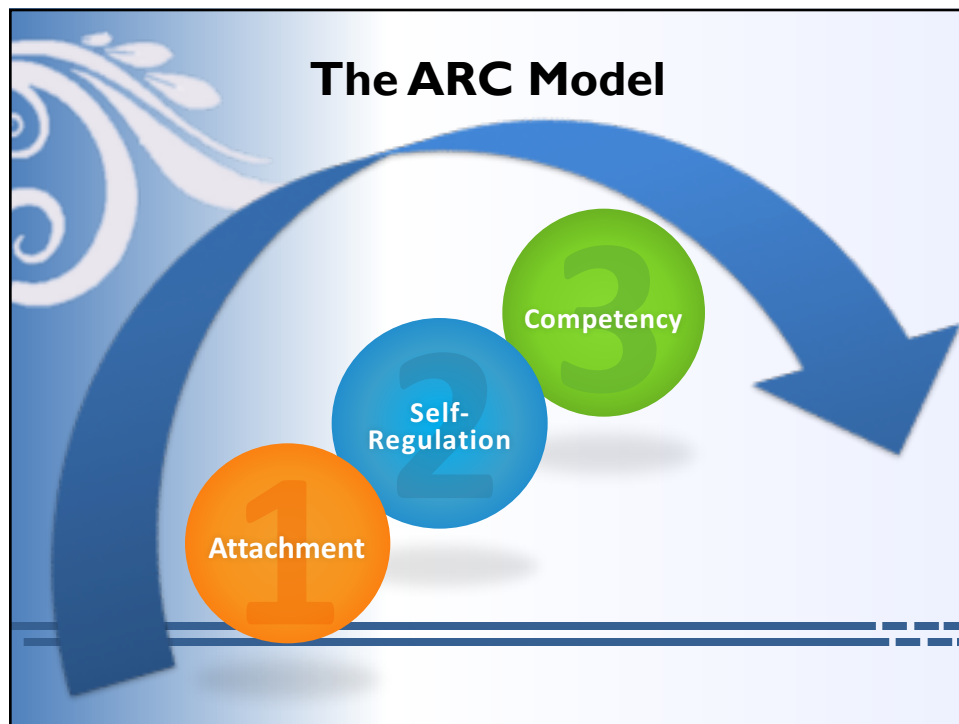


Blaustein & Kinniburgh, 2010

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





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*).

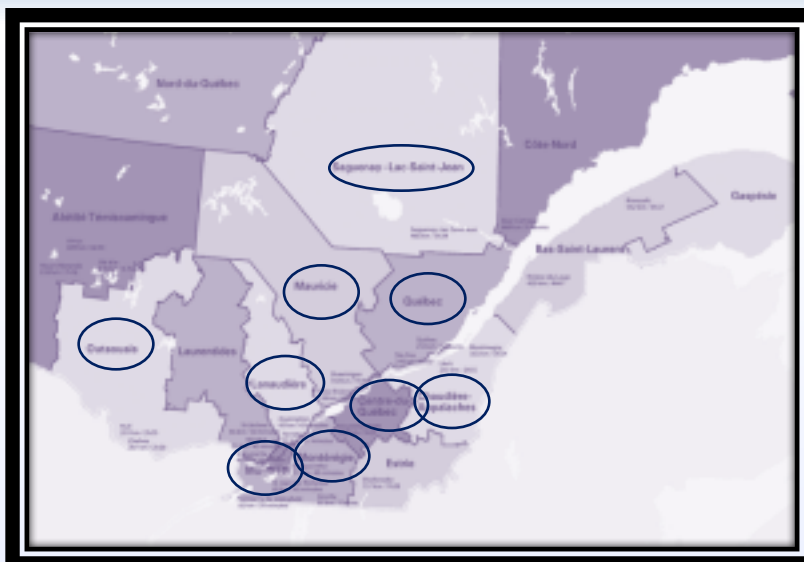
Offering space and opportunities for reflective professional practice (« *savoir-être* »).

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.

Research – Current Implementation in Quebec





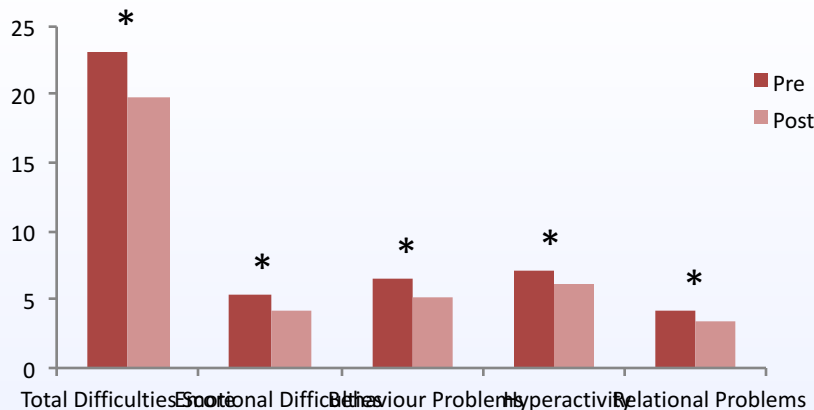
ARC – Foster Care



- 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

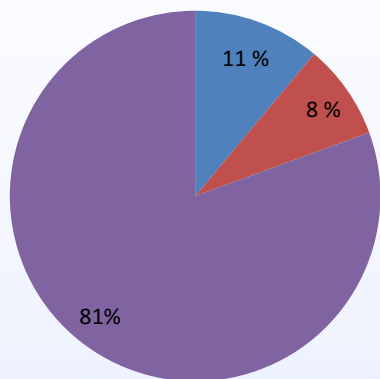


n = 36 foster parents

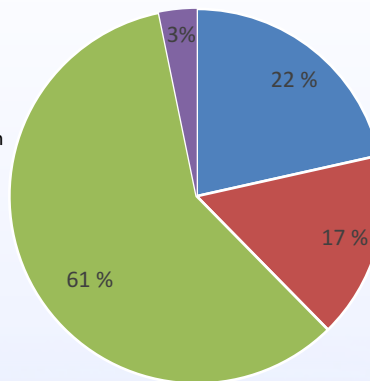
ARC – Foster Care

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

Total Difficulties (pre)



Total Difficulties (post)



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

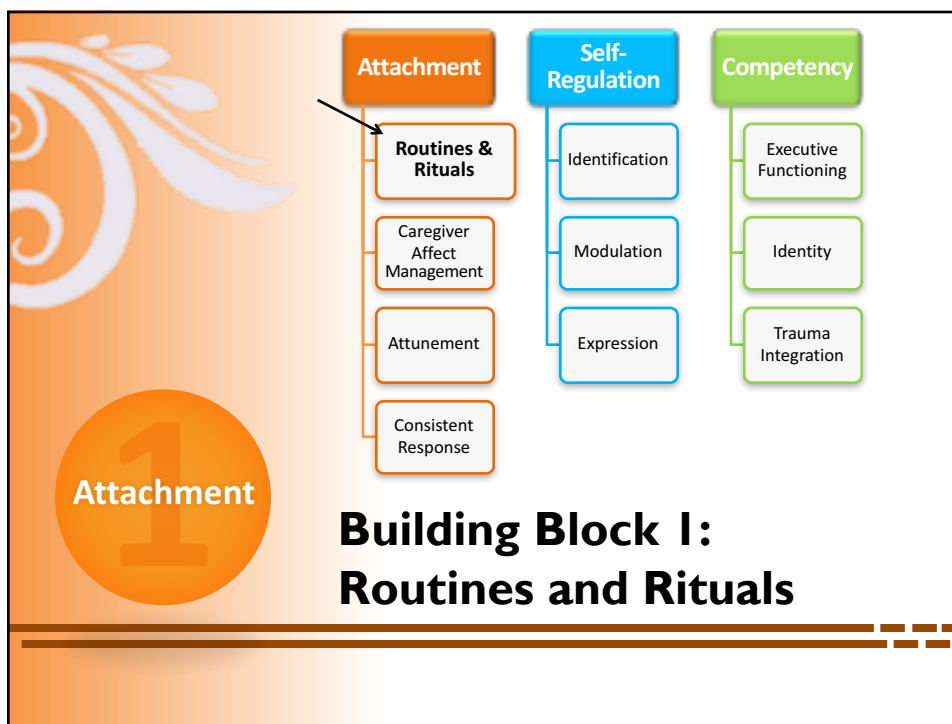


ARC – Juvenile Justice

- 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





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.



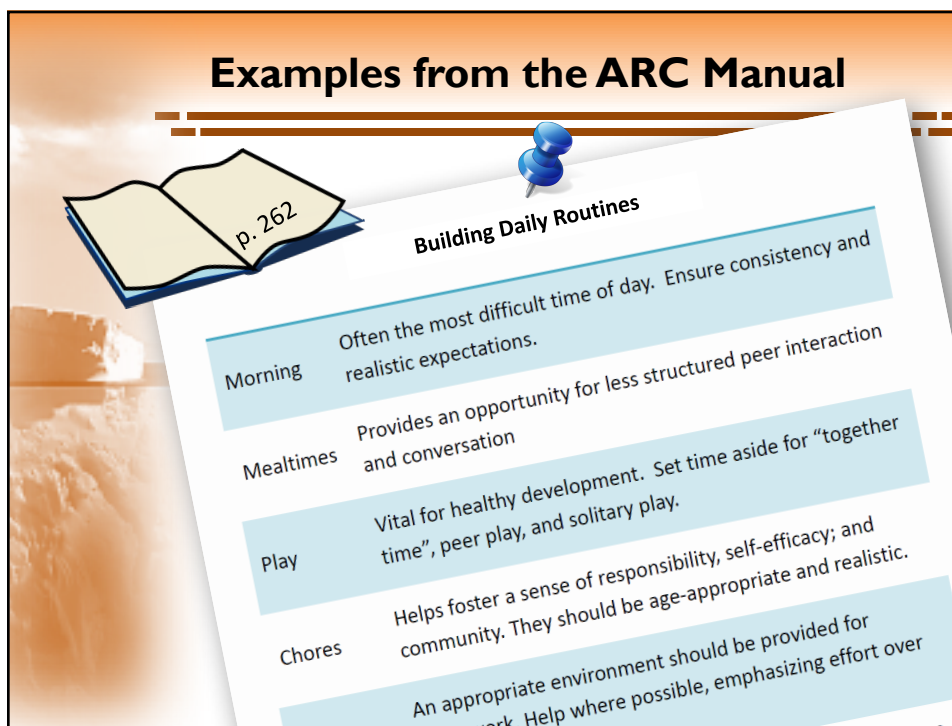
Know-To: Intervention Tips

- 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.*

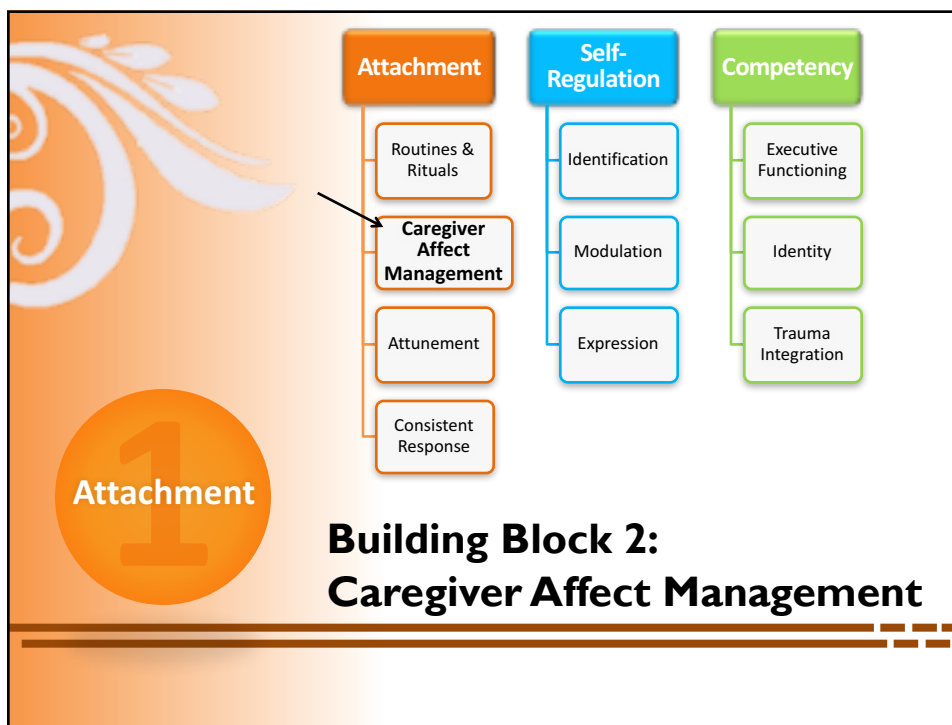
Examples from the ARC Manual



Building 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





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*).

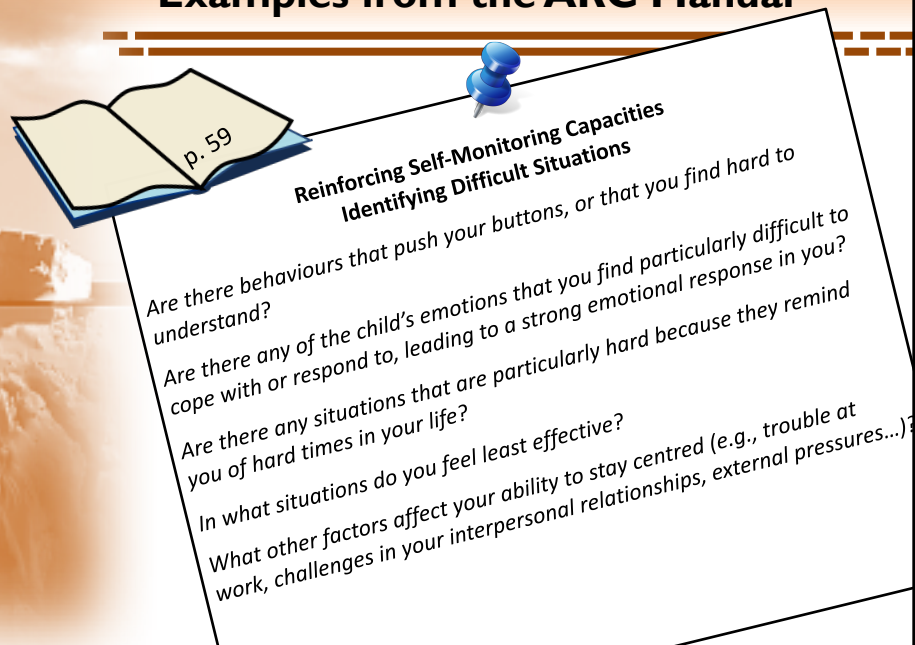
Know-To: Intervention Tips

- **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...

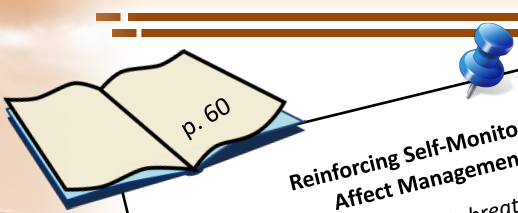
'Savoir-être': Challenges

- *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

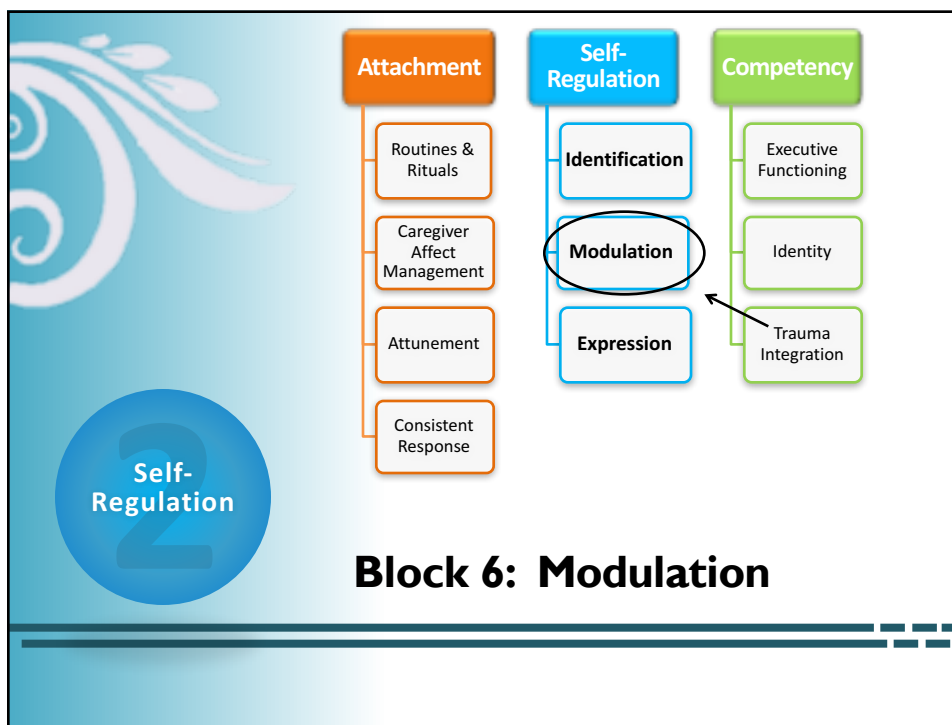


Examples from the ARC Manual



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





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

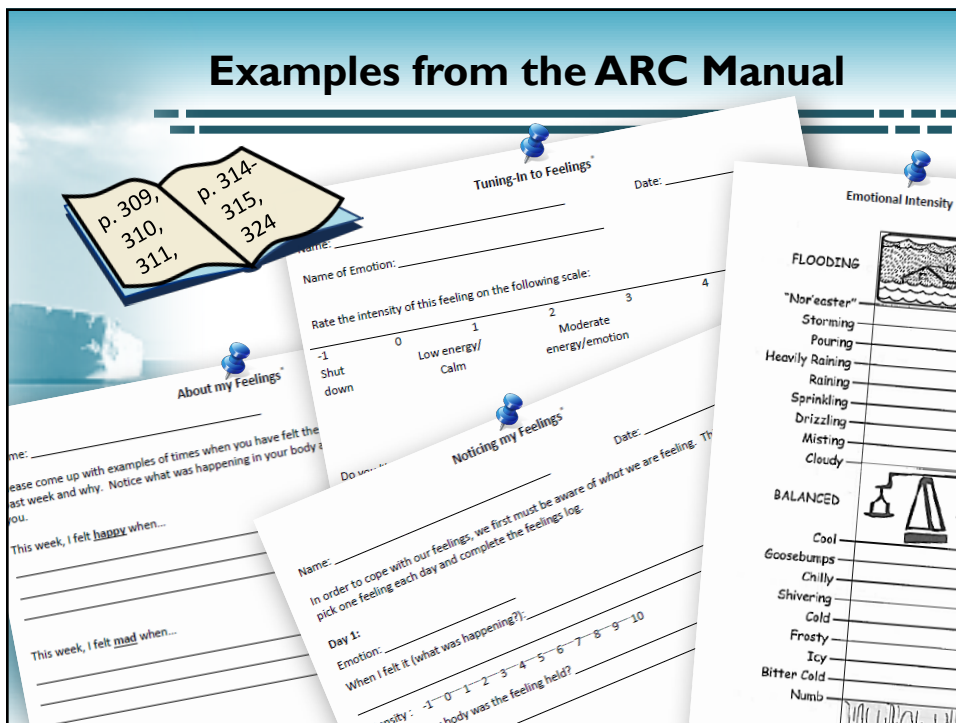
Know-To: Intervention Tips

- **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



Tuning-in to Feelings

Name: _____ Date: _____

Name of Emotion: _____

Rate the intensity of this feeling on the following scale:

-1	0	1	2	3	4
Shut down		Low energy/ Calm		Moderate energy/emotion	

About my Feelings

Name: _____

Please come up with examples of times when you have felt the emotion in the last week and why. Notice what was happening in your body and what you were thinking.

This week, I felt happy when...

This week, I felt mad when...

Noticing my Feelings

Name: _____ Date: _____

In order to cope with our feelings, we first must be aware of what we are feeling. To do this, we will use the feelings log.

Day 1:

Emotion: _____

When I felt it (what was happening?): _____

Intensity: -1 0 1 2 3 4 5 6 7 8 9 10

Emotional Intensity

FLOODING

"Nor'easter"

Storming

Pouring

Heavily Raining

Raining

Sprinkling

Drizzling

Misting

Cloudy

BALANCED

Cool

Goosebumps

Chilly

Shivering

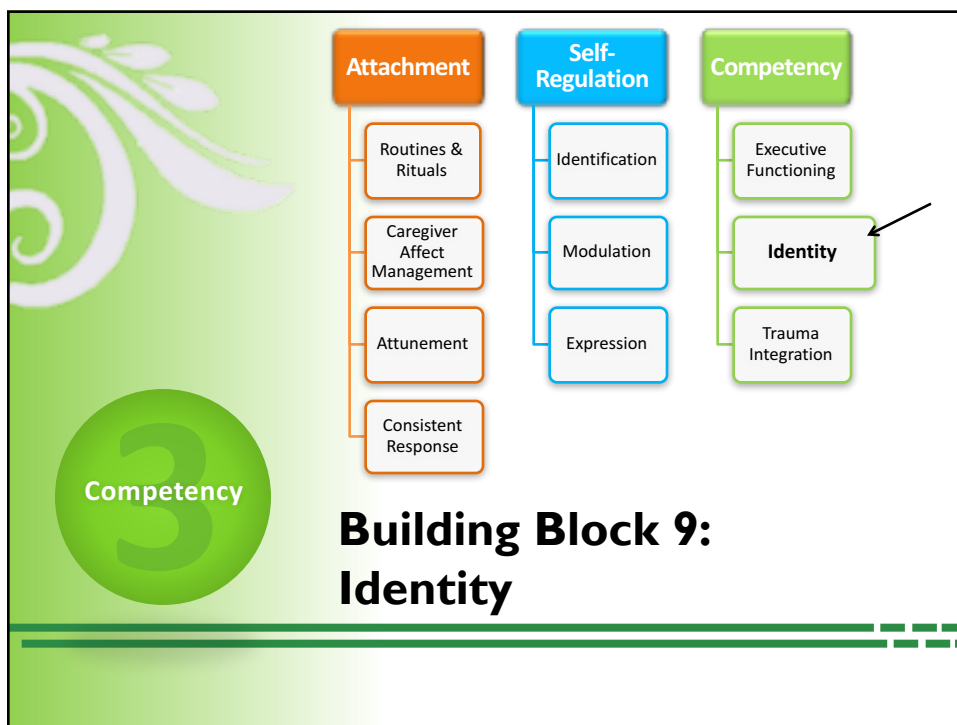
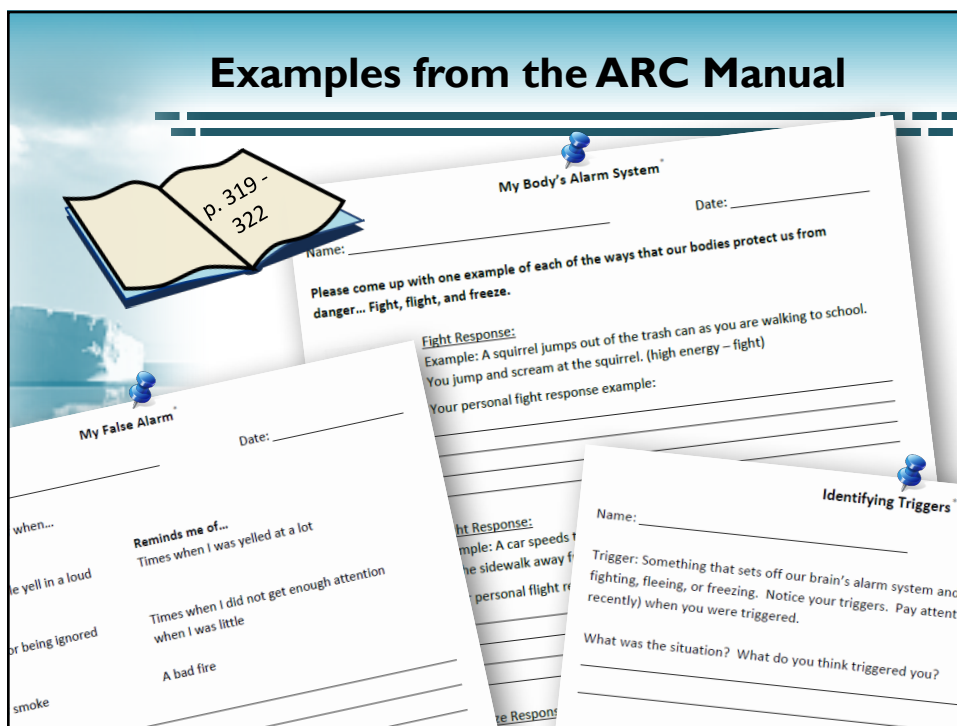
Cold

Frosty

Icy

Bitter Cold

Numb



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

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



'Savoir-être': Challenges

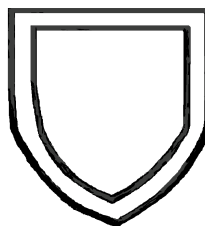
- *Such reflections on identity, past and future selves, etc., cannot be done in a meaningful way unless the child has a sense of security (Attachment blocks) and a reasonable to regulate affect (Regulation blocs).*
- *Can be done at a very concrete level if needed (e.g., foods I like, etc.)*
- *Creative 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	Priority Level		
	Relatively Low Objective: Support for the continued use of skills	Moderate Objective: Support and improvement of skills	High Objective: Area of vulnerability; high priority need
Attachment			
① - Routines and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
② - Caregiver Affect Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
③ - Attunement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
④ - Consistent Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Regulation			
⑤ - Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑥ - Modulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑦ - Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency			
⑧ - Executive Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑨ - Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑩ - Trauma Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actions:			
1. _____			Target Date: _____

Thank you for
your attention
& participation!

**ALL QUESTIONS CAN BE
ADDRESSED TO
DELPHINE COLLIN-VÉZINA:**
delphine.collin-vezina@mcgill.ca