

The Attachment, Regulation, and Competency (ARC) Framework in the Treatment of Traumatized Youth

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Clara is a 16-year-old adolescent female who was removed from parental care at age 4 following extreme neglect and physical abuse by her primary caregivers. Previously, an older sibling was removed and placed into foster care. Constant psychiatric crises due to mood dysregulation and behavioral disinhibition prevented reunification or alternative family placement. As a result, and over the course of a decade, Clara transitioned through all levels of care in the child welfare and mental health system, including inpatient hospitalization, residential care, multiple group homes, therapeutic foster care, and partial hospitalization. During her journey, she continued to experience different forms of trauma, including sexual and physical abuse, neglect, unstable caregiving, and a significant number of restraints and seclusions.

Clara's case is by no means a solitary or rare event. Child maltreatment has become a serious public health concern with significant consequences for affected children, families, and society as a whole. Records from the US Department of Health and Human Services (HHS) indicate that approximately 674,000 children have been victims of abuse and neglect in 2017. It led to almost 5 fatalities every day, with 71.8% of the identified victims under 3 years of age.¹ Per Data from Adoption and Foster Care Analysis and Reporting System, 442,995 children were in foster care in 2017,² which unfortunately does not guarantee a child's safety. HHS, who acknowledged issues concerning limited data availability and underreporting,³ revealed that up to 3.07% of children in states across the country underwent maltreatment while in foster care in 2016.

Children with stories like Clara's are exposed to "developmental traumas" in the form of interpersonal adversity that are often re-experienced during critical developmental periods. Developmental trauma survivors

typically present with altered attributions and expectations, in addition to having impaired regulation skills in response to trauma cues. Over time, these behaviors negatively impact their normative development and social functioning.⁴ Although symptom overlap exists, formal posttraumatic stress disorder, which is often times the consequences produced by trauma of episodic and life-threatening nature, does not accurately capture the specific symptoms associated with developmental trauma survivors. As a result, "Developmental Trauma Disorder" was proposed by the National Child Traumatic Stress Network in an attempt to clearly define specific symptoms of this disorder and to serve as a guide to designate appropriate interventions.

A number of federal, state, and local initiatives have been focusing on building capacity to deliver trauma-informed care to serve maltreated children. The Attachment, Self-Regulation, and Competency (ARC) framework is one highly utilized model that provides multidimensional care for childhood traumatic stress. It is a component-based framework generated to address three core domains of intervention: Attachment, self-regulation, and developmental competencies.^{5,6} Conceptualized as ten core targets of intervention as described in Table 1, ARC can be used as a clinical framework to guide treatment intervention, as well as an organizational framework to integrate different treatment modalities, such as psychotherapy, psychoeducation, and milieu practices. It has gained success in a wide range of settings serving children and families impacted by traumatic stress, including inpatient hospitalization, residential treatment centers, outpatient clinics, the foster care system, schools, shelters and day-treatment programs.

As emphasized in ARC, a secure attachment between a child and their early caregiver(s) is vitally important to their psychological wellbeing. Failures in early attach-

Table 1. Treatment Components of Attachment, Self-Regulation, and Competency Framework⁵

Module	Component	Explanation	Clinical Implementation
Attachment: Aims to build a safe and healthy relationship between children and their caregiving systems	Caregiver Affect Management	Building caregiver's capacity to manage and modulate their own emotional response	Building self-monitoring skills Developing affect-regulation strategies Establishing a support system for caregivers
	Attunement	The capacity of caregivers to accurately read children's cues and respond appropriately	Becoming children's "feelings detectives" Reflective listening skills Dyadic attunement exercises
	Consistent Response	Children do better when they have a clear understanding of rules and when there is a degree of predictability	Caregiver training to improve the ability to respond in a consistent and appropriate manner to both positive and negative behaviors
	Routines and Rituals	Traumatized children may invest a significant percentage of their energy in maintaining vigilance toward ongoing or perceived danger. Routines and rituals can provide a sense of coherence and predictability	Building home and milieu routines Building routines into therapy sessions
Self-Regulation: Improve children's ability to regulate physiological, emotional, behavioral, and cognitive experiences, which can be significantly impacted by trauma	Affect Identification	Children who experience early trauma often learn to disconnect from their emotional and physical experience. Affect identification helps them to improve awareness and understanding of internal states	Building a feelings vocabulary Use both formal and informal exercises
	Modulation	Help children maintain optimal levels of arousal and to expand their "comfort zone" in order to tolerate a range of emotional experiences	Understanding degrees of feeling Understanding comfort zone and effective modulation Building a feelings toolbox Exercises to modulate arousal Alternating-states regulation strategies
	Affect Expression	Safely and effectively express internal experience with others	Identifying resources for emotional expression Effective use of verbal and nonverbal communication skills
Competency: Build both internal and external resources, which allows ongoing healthy development and positive functioning	Executive Function	Work with children to act instead of react, by using higher-order cognitive processes to solve problems and make active choices	Vehicles for these skills are problem-solving skills
	Self-Development and Identity	Support children in exploring and building an understanding of self and personal identity	Building unique self, positive self, coherence self, and future self
Trauma Experience Integration: Actively explore, process, and integrate historical experiences into a coherent and comprehensive understanding of self	—	—	Integrating fragmented self-states Processing specific memories and experiences

ment can have a profound and enduring impact on a child's basic sense of safety within relationships and in the world.⁷ Due to safety concerns as a result of serious parent-child conflicts, mental illness, and behavioral problems, many children are subsequently placed in alternative care systems like foster homes, group homes, and residential care. Despite best intentions to protect children, these systems may be deficient in continuity, predictability, and stability, and can in turn become another source of threat, pain, and add more layers of developmental trauma.

Bolstering secure attachment with severely traumatized youth like Clara can be particularly challenging. Children whose earliest relationships are characterized by neglect, abuse, and abandonment may lack a model for healthy relationships. Clara remains superficially friendly at baseline, though maintains an internal hypervigilance that can trigger fight-or-flight mode,⁸ making her seemingly unapproachable for therapeutic work at times.

Regulation-skills training is proposed in ARC as a strategy to build a solid foundation before proceeding to trauma-processing work. For children like Clara with severe trauma, accessing their internal experience through traditional psychotherapy can leave them feeling too vulnerable and subsequently risk progress through a stage-wise healing process. Clara, for example, struggled to tolerate feelings triggered by the subtlest trauma cues. She not only refused to participate in therapies in a meaningful way, but also would abruptly leave conversations or activities that made her feel threatened. Fragmentation, disconnection, regression, and severe aggression, which were observed in the context of “accidentally” disclosing sensitive inner experiences, had become her survival model.

Inspired by Blaustein and Kinniburgh's experience in treating youth with histories of developmental trauma,⁹ enhancing youths' capacities at age-appropriate levels was proposed as a primary intervention target while implementing ARC principles in treatment. In the case of Clara, a golden opportunity presented itself when her treatment team discovered her great interest and

exceptional skill in baking. With proper guidance and assistance, she harnessed her passion to create a small baking business that thrived. She communicated with professionals and learned new baking techniques to advance her skillset. She collaborated with several agencies to obtain a photo identification, a tax identification, and to open a bank account, creating a business that profited \$1,000 in the first 6 months.

Her engagement in a baking venture inspired all aspects of her treatment. As commonly seen in youth who endure significant trauma in early childhood, Clara held a distorted and negative self-image, viewing her future “in jail,” “homeless,” and having no children. Discovering her talent in baking accessed important cognitive problem-solving skills that ultimately built a more positive, hopeful self-image. The feelings of anger, sadness, and discouragement triggered by the obstacles and setbacks during the process served as “grist for the mill” to practice regulation skills. Through opportunities to interact with a range of people in different contexts, she was able to improve communication skills and enhance interpersonal relatedness.

The positive outcomes achieved in Clara's treatment illustrate the potential of tapping into severely traumatized youth's inner strength to build a developmentally appropriate taskforce to serve as an anchor for treatment. Engaging in tasks aimed at building competency not only enhances youth's problem-solving skills, but also builds a positive identity that serves as a respite from the harm and suffering experienced during early childhood. Through exercising principles of “Competency”, “Regulation” training can be effectively integrated into treatment to facilitate an increase in awareness of feelings, tolerance of unwanted emotions, and expression of inner experience. While advancing through ARC core treatment domains from “Competency” down to “Regulation” and “Attachment”, it is worth exploring the ideal attachment target for youth who have been institutionalized for long periods of time, who have no consistent interpersonal relationships or freestanding attachments. Although the attachment to providers and institutions developed during treatment

can be valuable, they are not sustainable long-term relationships. Against this backdrop, success achieved through ARC treatment bolsters secure attachment.

Take Home Summary

In some youth with severe developmental trauma, it can be a challenging task to bolster secure attachment or to implement regulation-skills training. Tapping into their inner strength to build a developmentally appropriate taskforce can serve as an anchor for treatment.

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