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Volume 2, Number 2  
March 2016

CENTRE FOR RESEARCH  
ON CHILDREN AND FAMILIES



CENTRE DE RECHERCHE  
SUR L'ENFANCE ET LA FAMILLE

## *Treating Complex Trauma in Youth in Care: The ARC Framework*

*Traiter les traumatismes complexes chez les jeunes en centre de réadaptation: Le modèle ARC*

UN RÉSUMÉ EXÉCUTIF EN FRANÇAIS EST DISPONIBLE À LA FIN DU DOCUMENT

*Sarah McNamee, MSW, Centre for Research on Children and Families, McGill University*

*Delphine Collin-Vézina, Director, Centre for Research on Children and Families, Canada Research Chair in Child Welfare & Associate Professor, School of Social Work, McGill University*



### INTRODUCTION

It is well documented that youth in care often present with severe psychological, behavioural and academic problems, including aggression, anxiety, self-injury, running-away, and criminal activity (Baker et al., 2007; Briggs et al., 2012). Large scale studies have highlighted that these behaviours are only the “tip of the iceberg,” and that youth in care have extensive, and often undetected, trauma histories which have been found to be directly associated with the severity of the behavioural and emotional disturbances they exhibit (Briggs et al., 2012; Kisiel et al., 2014).

Above and beyond behaviour problems, trauma that is chronic, interpersonal and that occurs early in childhood has been found to impinge upon normative development, affecting a broad range of areas: emotion regulation, identity, attachment, cognitions, dissociation, and even altering the child’s biology (Briere & Spinazzola, 2005; Courtois, 2008). Not surprisingly, trauma has been found to be a predictor of clinical outcomes in residential treatment (Boyer, Hallion, Hammell, & Button, 2009) and it is worth noting that, in the day-to-day activities in residential care centres, these youths’ levels of impairment and distress, and the associated behaviour problems, require direct-care staff to take on the multiple roles of caregiver, clinicians and behaviour monitors to assist the severely trauma-impacted youth in their care. While residential care is often viewed as a “last-resort” type of placement for youth with multiple placement failures in community settings, their high levels of trauma-related distress and impairments are indicative of unmet service needs, and highly structured residential treatment centres, if properly equipped and informed about trauma, may be instrumental in interrupting the cycles of trauma and distress experienced by these youth (Boyer et al., 2009; Zelechowski et al., 2013).

If properly equipped and informed about trauma, residential care workers may be instrumental in interrupting the cycles of trauma and distress experienced by these youth (Boyer et al., 2009; Zelechowski et al., 2013).



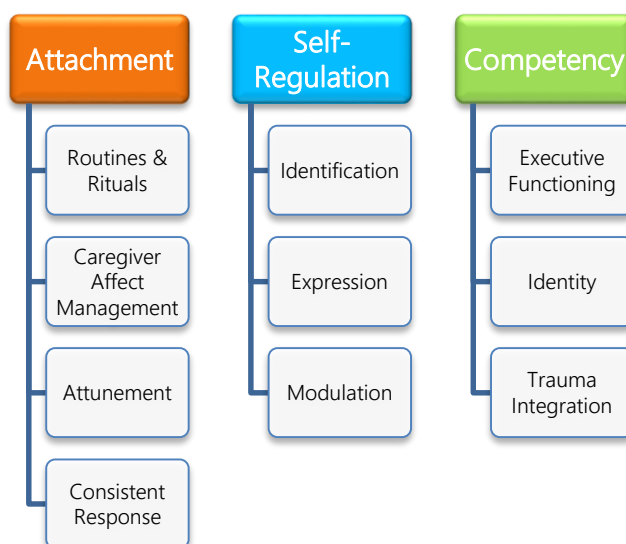
### THE « ARC » FRAMEWORK

Of the various trauma treatment models that are recognized and evidence-based (such as Trauma-Focused Cognitive Behavioral Therapy, for instance) the Attachment, Self-Regulation, and Competency framework (ARC; Blaustein & Kinniburgh, 2010) is the model that appears the most relevant to us in out-of-home care contexts due to the flexibility of its implementation (varied methods, minimal training required). This framework, recognized as a promising practice by the National Child Traumatic Stress

Network and the Substance Abuse and Mental Health Services Administration, is founded on trauma, attachment, and child development theories. Cognitive-behavioural and educational techniques constitute the core framework of this model of intervention, and these are complemented by methods such as relaxation techniques and creative approaches (art therapy). The model was developed for children and adolescents between the ages of 3 and 17 years who have experienced a range of traumatic events (e.g., physical or sexual violence) and present consequences of this in their emotional, social, and behavioural functioning.

The ARC model aims to support the rehabilitation of children and adolescents who have experienced multiple traumas by providing tools to the adults who care for them. The purpose of the intervention is to develop the caregivers' strengths, skills and awareness and thereby boost the key protection factors that are considerably altered in traumatized youth: attachment, emotional regulation, and skills development (D'Andrea et al., 2012). Rehabilitation in these areas of functioning is essential, since they serve as foundations for fulfilling other spheres of development (e.g., healthy social relationships, investment in academic success; Kinniburgh et al., 2005).

The ARC Framework



## IMPLEMENTING ARC IN QUEBEC CHILD PROTECTION AGENCIES

ARC is a sequential, component-based framework designed to guide milieu interventions and treat complex trauma in children and adolescents; the framework is meant to be adapted to work with children in a variety of caregiving arrangements and addresses child, caregiver and systemic interventions (Blaustein & Kinniburgh, 2010). A research team led by Delphine Collin-Vézina, at McGill University's Centre for Research on Children and Families, has partnered with a number of Quebec child protection agencies to adapt and implement ARC with children and youth in care, while running pilot studies to collect data on the feasibility and pertinence of this framework in these settings.



### *Group Homes and Residential Care Units*

A pilot study aiming to document and evaluate the implementation of ARC in group homes and residential care units has been underway since the fall of 2014. In collaboration with five partner agencies, ARC has been adapted for units serving children 3 to 8 years old, and boys aged 12-14; adaptations for boys' and girls' adolescent units are currently underway. An initial two-day training session is delivered by the McGill team, followed by a minimum of six monthly group clinical integration meetings designed to support the staff's concrete application of the framework and troubleshoot any barriers they encounter in applying it.

The research component of the project aims to (1) document the implementation process, (2) get a snapshot of the workers' perception of the kinds of challenges and strengths presented by the children in each of the units, (3) observe any changes in the workers beliefs, interventions and sense of efficacy over a six month period, and (4) document any changes in the use of restraints in each unit over the same time period. Workers participating in the training are asked to fill out two questionnaires about the children and youth in their care, one time, during the first day of training, as well as four more questionnaires that aim to know their sense of efficacy as a youth worker, their perceptions of the intervention practices in their workplace, their beliefs about the needs of their clients, and the types of interventions they use. These last four questionnaires will be completed at three time points: immediately before and after the two-day training session, and at a six-month follow-up (during a clinical integration meeting). Additionally, administrative data on the use of restraints in each unit will provide a more objective outcome measure.

To date, four units at four different Centres jeunesse have participated in the pilot study and data collection is ongoing. Each of the agencies where the trainings were provided have approached the McGill research team with requests to train new units, and although preliminary analyses have not yet started, many of the staff who received the training report being very satisfied with the content and finding it particularly relevant and useful for their clients. The trainings and research are set to continue in 2016, with additional units and one additional Centre jeunesse (Batshaw Youth and Family Centres) joining the project.

### *Conclusion*

The implementation of ARC in Quebec child protection agencies has grown in the past two years from a small single-site pilot study to a multi-site project targeting residential care staff in diverse child protection centres. Preliminary results and anecdotal evidence show promise for the feasibility, acceptability and effectiveness of ARC at all implementation sites, and enthusiasm for the program is growing at all levels of these organisations. Increasingly, staff from the divisions of professional services of the agencies are travelling to receive the formal ARC training from the developers of the model, thus building an internal expertise to ensure the sustainability of the model, and one agency has taken over the delivery of the trainings with ongoing support from the McGill research team. The implementation of a more extensive evaluative research project for residential care in years to come will make it possible to offer these programs in a greater number of health and social services facilities and assess its effects beyond the scope of these pilot studies.

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For more information:

3506 University, suite 106

Montréal, QC

H3A 2A7

514.398.1727

[pamela.weightman@mcgill.ca](mailto:pamela.weightman@mcgill.ca)



## RÉSUMÉ EXÉCUTIF

### *Traiter les traumatismes complexes chez les jeunes en centre de réadaptation: Le modèle ARC*

Les jeunes placés en foyer de groupe et en centre de réadaptation constituent une population fort vulnérable car ils présentent des troubles de santé mentale très importants, comme le stress post-traumatique, la dépression majeure, l'anxiété, les comportements suicidaires, l'abus d'alcool et d'autres drogues et des comportements délinquants (Baker et al., 2007; Briggs et al., 2012). Les recherches actuelles démontrent que des expériences de vie traumatisantes, comme les agressions sexuelles, physiques ou psychologiques et la négligence pourraient être, du moins en partie, responsables du développement des troubles de santé mentale que présentent ces jeunes (Briggs et al., 2012; Kisiel et al., 2014). Les études suggèrent que les jeunes en placement ne vivent pas un seul, mais plusieurs événements traumatisants combinés, entraînant des troubles graves et débilitants (Collin-Vézina et al., 2011).

Les éducateurs en foyers de groupe et en centre de réadaptation, qui ont souvent le plus de contact avec les jeunes placés, peuvent être formés pour utiliser des stratégies d'intervention efficaces basées sur le trauma, et ce, afin de mettre fin aux cycles de détresse traumatique qui continuent à se reproduire chez ces jeunes et les aider à développer des habiletés relationnelles, une meilleure gestion des émotions et leurs compétences (Boyer et al., 2009; Zelechowski et al., 2013). En outre, les traumatismes vécus par les jeunes constituent un facteur associé à de moins bons gains cliniques à la suite du placement en milieu résidentiel, ce qui justifie de porter une plus grande attention à ce facteur et de mieux outiller les intervenants afin de rendre la programmation plus centrée sur l'impact des traumatismes dans le fonctionnement actuel des jeunes (Boyer et al., 2009).

#### *Le modèle ARC*

Le modèle Attachement, Régulation, et Compétences (ARC), reconnu comme une pratique prometteuse par le National Child Traumatic Stress Network et le Substance Abuse and Mental Health Services Administration, est une approche basée sur la théorie du trauma, de l'attachement et du développement. Le modèle offre un menu d'outils concrets d'intervention pour traiter les traumatismes complexes chez les enfants et les adolescents en développant leur résilience dans trois grandes sphères de développement.

#### *Implantation du modèle ARC dans des centres de réadaptation du Québec*

Une étude pilote menée par Dr. Delphine Collin-Vézina, en cours depuis l'automne 2014, a pour objectif de documenter et d'évaluer l'implantation du modèle ARC dans des centres de réadaptation de cinq Centres jeunesse du Québec. Des programmes de formation ont été adaptés spécifiquement pour le travail en centre de réadaptation et pour des groupes d'âge différents (jeunes enfants, pré-adolescents, adolescents). Une formation initiale de deux jours est donnée par l'équipe de McGill, suivi d'au moins six rencontres de consultation clinique pour aider l'application et l'intégration du modèle. Le projet de recherche comprend quatre grands objectifs : (1) documenter le processus d'implantation, (2) obtenir un portrait des forces et des difficultés des jeunes dans chaque unité, (3) mesurer les changements dans les croyances des intervenants, leurs interventions et leur sentiment d'efficacité, et (4) documenter l'utilisation de contraintes dans les unités. À ce jour, quatre unités ont été formées et les résultats préliminaires sont prometteuses pour la faisabilité et l'efficacité du modèle en centre de réadaptation. Ce projet jette les bases pour des études d'évaluation plus rigoureuses et une implantation du modèle de plus grande envergure dans les Centres jeunesse du Québec.