# Attachment, Self-Regulation, and Competency:
## A Framework for Intervention with Traumatized Youth

ARC Developed by
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The National Child
Traumatic Stress Network

# Speaker Series Presentation

- Using an adaptable framework:
  - Origins and components of ARC
  - Use of an adaptable framework
- Components of the ARC framework: An overview of the domains
  - Attachment
  - Self-Regulation
  - Competency

# The Problem of Treating Complex Trauma

➢ Need for intervention that:

- Can address continuum of exposures (layers of chronic and acute), including ongoing exposure

- Is embedded in a social/contextual framework

- Is sensitive to individual developmental competencies and deficits, and flexible in its approach

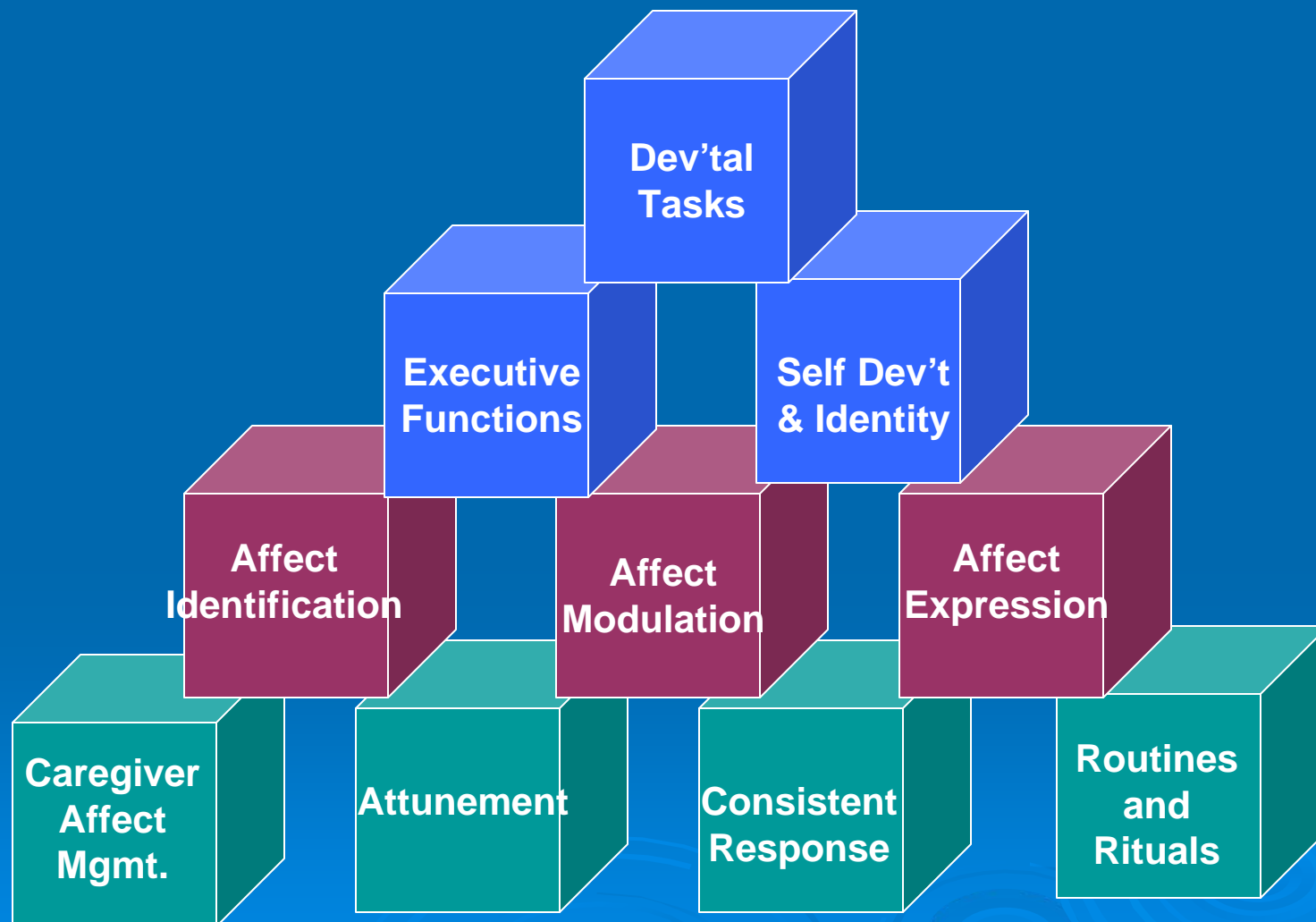- Addresses individual, familial, and systemic needs and strengths

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# Where does ARC come from?

➢ Translation of clinical principles across settings (out-px, residential, school, home-based)
  - Or…what is it that we actually do?

➢ "Evidence-based practice"?
  - Or…how to fit real kids into scientific boxes

➢ Staying true to the inner clinician
  - Or…keeping the art in treatment

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# ARC Framework: Key Components
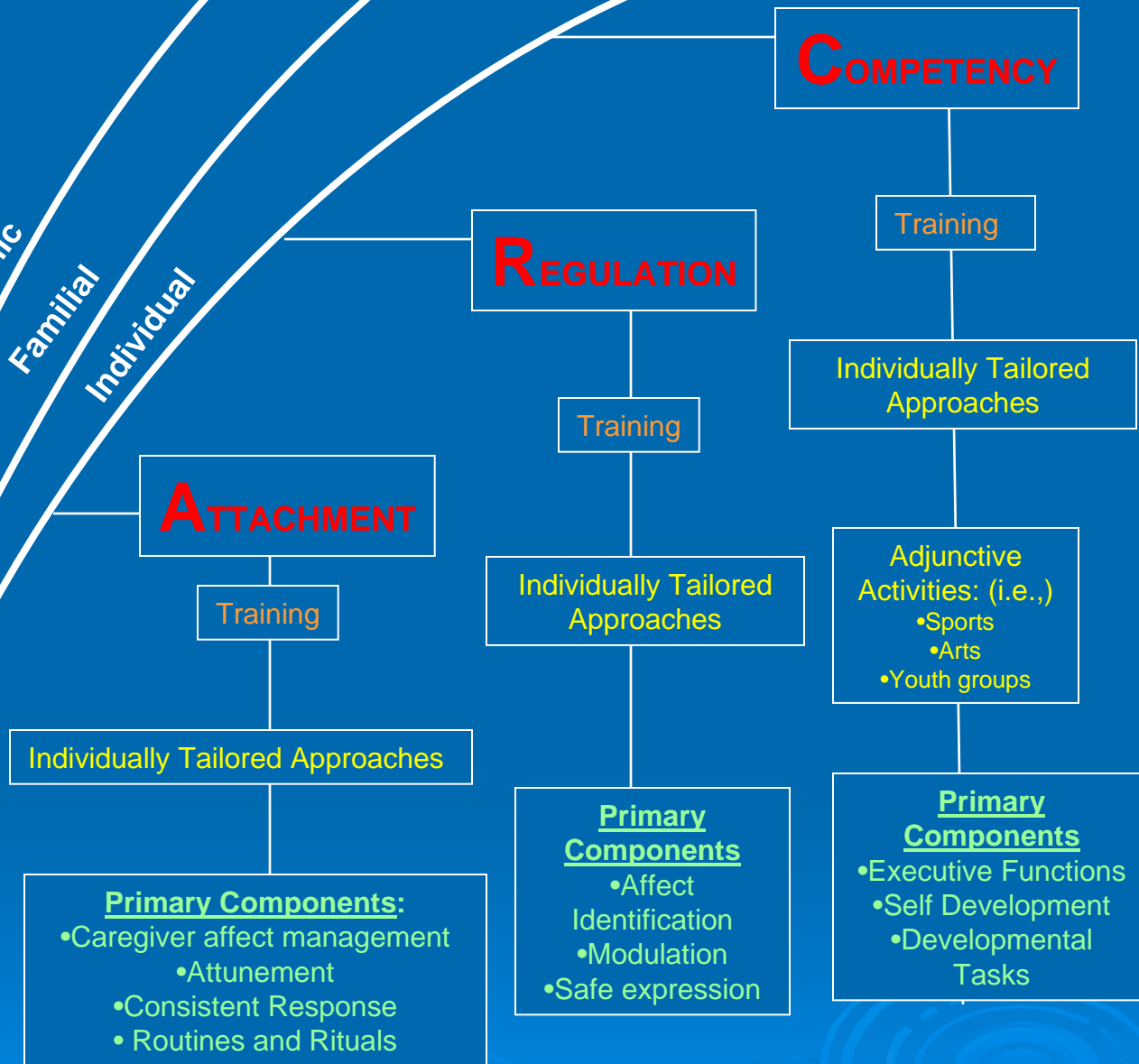
- 3 Core Domains key to healthy development
  - 10 Foundational Building Blocks

- Flexible/creative implementation

- Child-specific goals

- Involvement of caregivers and larger system

- Collaborative/transparent intervention
  - Psychoeducation!

- Grounded in developmental and systemic context

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# 10 Building Blocks



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**C**OMPETENCY

Training

Individually Tailored Approaches

Adjunctive Activities: (i.e.,)
•Sports
•Arts
•Youth groups

**Primary Components**
•Executive Functions
•Self Development
•Developmental Tasks

**R**EGULATION

Training

Individually Tailored Approaches

**Primary Components**
•Affect Identification
•Modulation
•Safe expression

**A**TTACHMENT

Training

Individually Tailored Approaches

**Primary Components:**
•Caregiver affect management
•Attunement
•Consistent Response
• Routines and Rituals

Systemic

Familial

Individual

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# Programs Using ARC

- The Trauma Center at JRI (Out-px)
- La Rabida Children's Hospital (Out-px)
- Anchorage CMHC (Out-px)
- Bethany Christian Services (Out-px)
- Butler Center (DYS residential)
- Glenhaven Academy (Residential School)
- Cohannet Academy (DMH IRTP)
- UCSF/CASARC (Out-px)
- Kennedy Krieger (Therapeutic Foster Care Program)
- Youth on Fire (Adolescent drop-in center)
- MGH Chelsea (Group/Out-px)
- Gateway-Longview (Child Welfare Agency)
- DV Crisis Center (DV Shelter and Advocacy)
- New England Counseling & Trauma Center (Out-px)
- Lower Naugatuck Valley PCRC (DV Resource Center)

# ARC Potential Components

➤ Integration into out-patient therapy (structured and unstructured); individual and/or dyadic application

➤ Caregiver support (individual or group)

➤ Caregiver training workshops

➤ Group treatment

➤ Milieu training, consultation, and staff support

➤ Milieu/systemic application

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# ARC Manual: Section Guide

➢ **Key Concepts:** Psychoeducation and theoretical foundation

➢ **Therapist Toolbox**

- **Behind the Scenes**: Treatment considerations, plus informal/unstructured intervention strategies

- **Tools:** Examples of in-session implementation tools (menu format)

➢ **Developmental Considerations**: Stage-specific concepts and goals

➢ **Teach-To-Caregivers**: Things to teach to caregivers

➢ **Beyond the Therapy Room**: Larger system considerations

➢ **Real-World Therapy:** Nothing's ever perfect....things to keep in mind

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# Beyond the Manual: Materials Developed

➤ Caregiver education handouts and worksheets

➤ Caregiver Workshop curriculum

➤ Adolescent groups (multiple modules)

➤ Youth education handouts and worksheets

➤ ARC-Informed Evaluation Measure/ Treatment Plan

➤ Session fidelity checklists

➤ Clinician Education Handouts (i.e., Understanding child presentation, slide sets)

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# Domain 1:
# ATTACHMENT

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# Attachment

➢ <u>Overarching goal</u>: Work with caregivers to create a safe environment that is able to support child in meeting developmental, emotional, and relational needs.

➢ <u>4 Key Principles:</u>

➢ Build caregiver capacity to manage affect

➢ Build caregiver-child attunement

➢ Build consistency in caregiver response to child behavior

➢ Work with caregiver to build routines and rituals

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# A1 - Caregiver Management of Affect

- Key Concepts:
  - Attachment is a dyadic process; regulation occurs in the context of that dyad
  - Caregiver modulation is often challenging:
    - Child vigilance to caregiver cues (i.e., triggers)
    - Intensity of child affect
    - Caregiver's own (trauma) history
    - Relational reenactments
- Goal: Build caregiver ability to manage and modulate their own emotional responses.
- Intervention components may include:
  - Psychoeducation and normalization
  - Self-monitoring skills
  - Affect regulation skills
  - Parent training
  - Support

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# A Three-Way (or more) Parallel Process

| | Child | Caregiver | Professional(s) |
|---|---|---|---|
| **Cognitive** | I am bad, unlovable, damaged.<br><br>I can't trust anyone. | I am an ineffective parent.<br><br>My child is rejecting me. | I am an ineffective clinician.<br><br>This family just needs to work harder. |
| **Emotional** | Shame, Anger, Fear, Hopelessness | Frustration, Sadness, Helplessness, Worry | Frustration, Helplessness, Indifference |
| **Behavior (Coping Strategy)** | Avoidance, aggression, pre-emptive rejection | Over-reacting, Controlling, Shutting down, Being overly permissive | Disconnection, Dismissing, Ignoring, Therapy termination |
| **The Cycle** | "She's going to reject me anyway. I better not connect" | "He's just not interested in connecting with me." | "I don't think anyone could make a difference with this family." |

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# A2 - Attunement

- Key Concepts:
  - Children often have difficulty effectively communicating;
  - Behaviors may then become a "front" for communication of unmet needs or unregulated affect, and adults may respond to the most distressing symptom, rather than the underlying emotion or need
  - Attunement difficulties may be global or situation-specific
- Goal: To build caregiver ability to accurately read cues and respond to the underlying emotion
- Interventions:
  - Psychoeducation (trauma response, triggers)
  - Helping caregivers become "feelings detectives"
  - Reflective listening skills
  - Building dyadic attunement through games, exercises

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# A3 - Consistent Response

➢ <u>Key concepts</u>:
- Predictability in caregiver and consistent response is important for establishing felt safety, and for reducing child need to exert control
- Because limits have historically been associated with powerless/vulnerability, both limits and praise may elicit a triggered response

➢ <u>Goal</u>: Build caregiver ability to respond in a consistent, safe way to both positive (desired) and negative/dangerous behaviors

➢ <u>Interventions</u>:
- Behavioral parent training, focused on caregiver but eliciting collaboration with child; focus on:
- Pay attention to trauma response; psychoeducation regarding triggering nature of both praise and limits is essential
- Adapt behavioral techniques to child needs
- Focus on building of success (for both caregiver and child)
- Where possible, reduce the need for limits

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# A4 - Routines and Rituals

➢ <u>Key concepts</u>:
- Trauma is often associated with chaos and lack of predictability
- Establishment of rituals/routines impacts:
  - Felt safety
  - Anticipation and evaluation of experience
  - Building of trust and reliability within the attachment relationship
- Important to be selective, and to build flexibility; routines are often subtle

➢ <u>Goal</u>: Work with caregiver and child to establish child- and family-specific routines, particularly targeting trouble-spots; build routines into txt and other settings

➢ <u>Home routines</u> may target:
- Transitions
- Bedtime
- Meals
- Play
- Homework           etc.

➢ <u>Therapy routines</u>:
- <u>Consider</u>:  check-in/check-out; incorporation of structured activity; clean up/containment

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# Domain 2:
# SELF-REGULATION

# Self-Regulation

➤ <u>Overarching goal</u>: Work with children to build ability to safely and effectively identify, access, modulate, and share emotional experience

➤ Key Principles:
- Build child ability to identify emotions
- Build child ability to modulate emotional experience
- Build child ability to effectively communicate and express emotional experience

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# Target skill-building to child needs

➢ Deficits in "self-regulation" may present in multiple ways; in what ways is the child currently attempting to modulate?

➢ Work to understand the *function* behind the behavior; build alternative strategies

# R1 - Affect Identification

- Key Concepts:
  - Traumatic stress overwhelms the limited coping skills available to a developing child, often forcing them to either disconnect from their feelings or to use other unhealthy coping skills.
  - Because of this, children who have experienced trauma are frequently disconnected from or unaware of own emotional experiences;  This may include:
    - An inability to differentiate emotions, in self or others.
    - A lack of awareness of body states.
    - A lack of understanding of the connection between emotional states and the experiences that elicit them.
- Goals:
  - Awareness and differentiation of internal experience
  - Connection and contextualization of emotional experience (i.e., affect to physiology, to experience, thoughts, behaviors, etc.)
  - Accurate identification of emotions in others

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# Affect Identification

➤ <u>Interventions</u>:
- Build a feelings vocabulary
  - May be helpful to move from external to internal
  - Pay attention to child preference/comfort
  - Normalize emotional experience
  - Use reflective listening skills (formal and informal)
  - Pay attention to concept of mixed emotion
  - Tune in to signs of affect in play, interactions, and statements
- Use formal and informal exercises to target
  - Identification of emotion in self
  - Identification of emotion in others
  - Connection of emotion to body, thought, behavior
  - Contextualization of emotion to internal and external factors
- Examples:
  - Feeling charades
  - Feeling faces
  - Feelings book
  - Use of stories
  - Body drawings
  - Worry head

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# R2 - Affect Modulation

- Key Concepts:
  - Both the traumatic stress response as well as early attachment experiences contribute to children's difficulty modulating emotional experience
  - To cope with distressing affect, children may rely on over-control/constriction and dissociation, or may manage arousal through behavior or physical stimulation
- Goal: Build child capacity to regulate from emotional experience and maintain optimal levels of arousal
- Steps toward modulation:
  - Identification of initial state
  - Identification and connection to subtle changes in state
  - Noticing experience of change
  - Identification of strategies/skills that lead to change
- Work often happens in the aftermath of intense affect
- Modulation may be multi-directional: for explosive, it is often about calming; for constricted, however, may be about expanding (down-regulation vs. up-regulation)

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# Affect Modulation: Examples

- Build understanding of degrees of feeling
- Down-regulation:
  - Breathing
  - Progressive muscle relaxation
  - Stretching
  - Grounding skills
  - Visualization/imagery
- Up-regulation:
  - Grounding
  - Physical movement
  - Play
  - Mutual engagement
- Alternating states regulation:
  - Turn up the volume
  - Slow-mo
  - Big-small
  - Start-stop
- Build a "Feelings Toolbox" for each child

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# Skill # 5: Feelings Toolboxes- Example Activities (R2: 16-18)

| Excite-ment | Anger | Sadness | Worry | Fear |
|---|---|---|---|---|
| •Small objects to manipulate<br><br>•Bubbles<br><br>•Exercise<br><br>•Butterfly hugs | •Pushing against doorway<br><br>•Stress ball<br><br>•Clay | •Object associated with comfort<br><br>•Soothing sensory object<br><br>•Drawing materials | •Paper to write down worries<br><br>•List of 5 distractions<br><br>•Index card w/ a stop sign on it | •Picture of a safe place<br><br>•Picture of a strong person<br><br>•Transitional object<br><br>•Magic Safety cream |

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# R3 - Affect Expression

- ➢ <u>Key Concepts</u>:
  - Attempts to communicate in early attachment relationships may have been met by anger, rejection, or indifference, leading children to learn both *shame* and a ***need for secrecy***
  - Inconsistent early communication partners may have led to a failure to develop adequate communication skills
  - Sharing of emotional experience increases vulnerability; traumatized children are often expert "risk managers"
  - As a result, children may either (a) Fail to communicate experience; (b) Communicate in ineffective ways; or (c) Over-communicate
  - Inability to effectively share emotional experience prevents children from being able to form and maintain healthy attachments
- ➢ <u>Goal</u>: Support children in learning to effectively share emotional experience with others, in order to meet emotional or practical needs.

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# Affect Expression: Skill targets

➢ Identification of safe communication resources
  - Include psychoeducation/processing of *why* it is important to share emotional experience

➢ Effective use of resources
  - Initiating communication (Picking your moment, initiating conversation)
  - Using effective nonverbal communication (eye contact, physical space, tone of voice)
  - Verbal communication skills ("I" statements)

➢ Self-expression

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# Domain 3: COMPETENCY

# Competency

➢ <u>Overarching Goal</u>: Building the foundational skills needed for healthy ongoing development and resiliency

➢ Key Principles:

● Build child executive function skills

● Target self development and identity

● Target additional key developmental tasks

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# C1 - Executive Functions

➤ <u>Key Concepts</u>:
- Executive functions are the "captain of the cognitive ship"; they provide the tools that help children navigate their world in an active, goal-directed way
- Executive functions include: Ability to delay or inhibit response, Active decision-making, Anticipating consequences, Evaluating outcomes, Generating alternative solutions
- Executive functions are primarily held in the prefrontal cortex; children who experience chronic/ongoing trauma often have *overactive* limbic system response, and fail to develop adequate pre-frontal controls

➤ <u>Goal</u>: Build child executive function skills, and particularly the ability to evaluate situations, inhibit impulsive response, and **actively make choices**
- Vehicle for these skills is **Problem Solving** steps

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# The problem-solving steps (with a trauma twist)

1. Notice there is a problem.
2. Establish basic safety and inhibit instinctive danger response
3. Identify and understand the problem
4. Brainstorm: identify possible solutions.  Don't throw anything out yet!
5. Evaluate all the possible consequences (good and bad) of each solution, and then make a choice.
6. Implement and evaluate solutions.  Revise as needed.

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# C2 - Self Development and Identity:

- ➤ <u>Key concepts</u>:
  - ● Growth of a coherent sense of *self* and *personal identity* normatively develops over the course of childhood:
    - • <u>Early childhood</u>: understanding of self as separate from but related to others; internalization of typical response of others and the environment
    - • <u>Middle childhood</u>: incorporation of experiences from multiple domains; assignment of concrete attributes, likes & dislikes, individual values
    - • <u>Adolescence</u>: active exploration of "self", leading to growth of more coherent identity, with abstract attributes, multiple aspects of experience, and future possibilities
  - ● Trauma impacts self and identity development through:
    - • Internalization of negative experience
    - • Fragmentation of experience; state-dependent self-concept
    - • Lack of exploration
- ➤ <u>Goal</u>: Work with children to build a positive and coherent sense of identity, targeting four key domains of self

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# Self Development and Identity: Treatment Targets:

- ➤ **Unique Self (Individuality)**
  - ● <u>Goal</u>: Help child identify personal attributes (likes, dislikes, values, talents, opinions, etc.)
- ➤ **Positive Self (Esteem and efficacy)**
  - ● <u>Goal</u>: Build internal resources and ability to identify positive aspects of self
- ➤ **Cohesive Self (Integration)**
  - ● <u>Goal</u>: Help child build sense of self which integrates multiple aspects of experience
- ➤ **Future Self (Future orientation and possibility)**
  - ● <u>Goal</u>: Build child's ability to *imagine* self in future; build connections between current activities and future outcomes

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# Developmental Tasks – Key Concepts

➢ Development is dynamic; tasks at each stage build on those from previous stages

➢ Competencies at each stage are built across domains (cognitive, interpersonal, intrapersonal, emotional)

➢ Pay attention at each stage to key competencies; address these within and outside of the therapy room

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# Developmental Tasks: Treatment

➢ Intervention targets include specific developmental tasks for key developmental stages: Early Childhood, Middle Childhood,

➢ For example early childhood may focus on increasing learning readiness by:
- Building interest in exploration
- Working with caregivers to explore *with* children; natural forums
- Applying new information

➢ Middle childhood may focus on School connection/achievement
- Emphasize investment/effort over academic success
- Help caregivers balance praise/limit-setting; build home-school communication
- Pay attention to ways home structure supports/hinders school achievement

➢ Adolescence may focus on independent Functioning:
- Across tasks, build increasing independence in adolescent functioning; balance support
- Connect current school (or vocational) achievements to future goals
- Involve adolescents in household rules, roles, structure
- Establish realistic expectations and goals around jobs
- Emphasize personal responsibility in decision-making

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Children are not simply a composite of their deficits, but are whole beings, with strengths, vulnerabilities, challenges, and resources.

ARC provides a framework that seeks to recognize factors that derail normative development, and to work with children, families, and systems to build or re-build healthy developmental pathways.

➢ For more information about ARC, or to provide feedback or suggestions, please contact one of the primary authors:

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