

Section 3

Providing the family as a secure base for therapy with children and adolescents

Intervening beyond the child: The intertwining nature of attachment and trauma

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The role of the caregiving system in child development

Early childhood experiences play a crucial role in long-term outcomes. In normative development, the attachment system provides the safe container that allows children to cope with and filter the vast amount of new experiences they are exposed to on a daily basis. Within the safety of that attachment system, children are able to explore their worlds, and develop a range of skills, including the ability to regulate their body and emotions, build an early understanding of self and others, and, over time, develop an array of increasingly sophisticated developmental competencies (Schorre, 2001).

The attachment system may also act as a key resiliency factor for children who are exposed to distressing experiences (Shapiro & Levendosky, 1999). A secure attachment can act as a buffer to mitigate the impact of overwhelming stressors, and to support recovery and healing.

When attachment systems are compromised or distressed, children develop adaptations that help keep them safe. However, a consequence of these adaptations is often a failure to adequately develop key competencies, including notably the ability to regulate emotions and experience. This lack of age-appropriate coping and continued reliance on more rudimentary skills often leads to significant difficulties as children progress through childhood. Many of the problem behaviours which emerge in the elementary school years and persist over time – and which lead to service system referral – may be traced back to early disruptions in caregiving.

The intersect of attachment with childhood trauma

The role of exposure to traumatic stress in childhood has been well documented. Children who have experienced traumatic events have an array of difficulties which include, but are not limited to posttraumatic stress disorder (PTSD). Beyond PTSD, these children may demonstrate behavioural difficulties, trouble with relationships, increased rates of academic failure, and high-risk behaviours such as substance abuse and sexual risk-taking (Cook *et al.*, 2005).

Experiencing multiple childhood adversities carries incremental and potentially widespread risk (Edwards *et al.*, 2003). The symptom picture for a child who has experienced chronic and/or multiple traumas is qualitatively distinct from one who has experienced an acute traumatic event (Terr, 1991). The role of the attachment system may be crucial in understanding this differential impact. For these children, not only is the caregiving system unable to buffer experiences, the caregiving system itself becomes the source of distress. The significance of the overlay of maltreatment and impaired attachment has led to attempts to better understand this dual impact, and to classify those types of trauma which occur within the caregiving system as distinct from non-interpersonal or adult-onset traumatic events.

Recent definitions of complex trauma in childhood have emphasised the occurrence of multiple traumatic events which occur within the context of the early caregiving system (Cook *et al.*, 2005). A proposal has been made for a new diagnosis to better capture those forms of developmentally adverse interpersonal trauma, emphasising the global impact of this experience across developmental domains (van der Kolk, 2005).

Often, interventions for children who have experienced trauma target the posttraumatic symptoms while neglecting the larger caregiving system and the array of impacted developmental tasks. Given the frequent overlay of trauma exposure in childhood with disrupted attachment, it is crucial that interventions go beyond the specific posttraumatic sequelae and prioritise interventions that increase the capacity of the caregiving system to support healthy development.

Attachment, Self-regulation and Competency (ARC):

Development of a treatment paradigm

The Attachment, Self-Regulation and Competency (ARC) model is a components-based framework which is designed to address vulnerabilities created by exposure to overwhelming life circumstance taking place within the early caregiving system (Kinniburgh & Blaustein, 2005; Kinniburgh, Blaustein *et al.*, 2005). The model is grounded in both attachment and traumatic stress theories, and recognises the core effects of trauma exposure on relational engagement, self-regulation and developmental competencies.

ARC is a strengths-based model, which emphasises the importance of building or re-building safe relational systems. In the context of that safe system, the model focuses on skill-building, stabilising internal distress and enhancing regulatory capacity in order to provide children with generalisable skills which enhance resilient outcome.

In many ways, the model of ARC mirrors the healthy development that takes place within the normative secure attachment system, in which the safe relationship provides the foundation for healthy outcomes.

Description of ARC

ARC is a theoretical framework rather than a manualised protocol. ARC-informed treatment is meant to be implemented in an individually tailored way and the ARC guidebook does not provide session-by-session sequencing of intervention. Rather, the framework identifies ten key 'building blocks', or intervention targets, within the three broad domains of Attachment, Self-Regulation and Competency. For each target, the ARC guidebook provides a menu of possible strategies to address these targets, and offers developmental considerations.

Attachment

The Attachment domain targets the child's caregiving system. ARC recognises that this caregiving system may be biological parents, but may also be other relatives, foster or adoptive parents, residential staff within a milieu, and even the therapist. Because of the importance of the caregiving system, it is crucial to identify and work with key caregivers, whoever they may be.

Within the **Attachment** domain, four key building blocks are targeted:

- 1) The ability of the caregiver to recognise and regulate their own emotional experience is crucial. Caregivers are provided with psychoeducation about trauma and children's distressing responses. Clinical work includes depersonalising child behaviours and actions, validating caregivers' own responses, and improving their ability to identify, understand, and appropriately manage affect.
- 2) Attunement is the capacity of caregivers and children to accurately read each other's cues and respond effectively; it is the foundation for rewarding dyadic experience. Intervention targets caregivers' ability to recognise and respond to emotional needs underlying a child's distressing behaviours or symptoms, with psychoeducation about trauma triggers and responses often providing the framework. Positive engagement between caregiver and child is actively targeted.
- 3) Caregiver ability to respond consistently and appropriately to child behaviour is often compromised. Intervention targets the building of effective parenting skills for children who have experienced trauma. Clinicians actively work with caregivers to identify and implement successful tools.

- 4) Many children and families have experienced both external and internal chaos. Predictability and consistency may increase perceived safety and help with regulation. Clinicians work with caregiving system to develop routines targeted to key trouble-spots, such as bedtime or transitions.

Self-Regulation

Impaired self-regulation is a key feature among children exposed to complex trauma (van der Kolk, 2005). Traumatic stress overwhelms the limited coping skills available to a developing child. In the absence of a caregiving system that supports development of more sophisticated skills or provides external regulation, children are either unable to regulate, are forced to disconnect from their feelings, or use unhealthy coping skills.

The **Self-Regulation** domain targets three key building blocks:

- 1) Children are often unable to identify internal emotional experience, or to understand where these emotions come from. ARC works to support children in building a vocabulary for emotional experience, and in building connections among identified emotions and precipitating events, physiological states, behaviours, coping styles, and the impact of past experiences on current situations.
- 2) Children who have experienced trauma often live within bodies that feel overwhelmed or shut down, with few strategies to modulate arousal effectively. Intervention targets children's ability to tune into, tolerate, and sustain connection to internal states, and to identify and use strategies to manage their emotions.
- 3) Sharing emotional experience is a key aspect of human relationships; inability to effectively communicate affect prevents children from being able to form and maintain ongoing healthy attachments. Intervention works with children to identify safe emotional resources, and build skills to effectively communicate inner experience.

Competency

Children who experience chronic trauma within the context of their early caregiving system must invest their energy into survival, rather than in the development of age-appropriate competencies. As such, children may lag behind peers in a variety of developmental domains, or fail to develop a sense of confidence and efficacy in task performance.

ARC goes beyond the targeting of pathology, to support mastery of key developmental tasks. The **Competency** domain targets three (plus) building blocks:

- 1) Children who have experienced chronic trauma may have difficulty with problem-solving and other executive function tasks; often, they fail to feel a sense of personal agency, or the ability to have some impact on the world around them. Clinicians work actively with children to build an understanding of the link between actions and outcomes, and to increase capacity to consider, implement and evaluate effective choices.
- 2) A key developmental process is the growth of a sense of self. Trauma impacts self-concept through internalisation of negative self-concept, fragmentation of experience and lack of early exploration. Treatment targets the building of a sense of self as unique and positive; the building of coherence across experiences; and the development of future orientation.
- 3) Children may present for treatment with an array of impacts across developmental domains. ARC emphasises the importance of clinicians considering the array of developmental tasks crucial to healthy development, including but not limited to social skills, school connection and achievement, motor skills, community connection, and independent responsibility and autonomy. It is important to assess a child's developmental capacity within any given domain and target discrepancies between stage and age.

Preliminary data

An adapted implementation of the ARC framework in collaboration with a large special-needs adoption agency (Bethany Christian Services, Holland, MI) with a goal of decreasing failed/disrupted adoption placements, is now in its second year of implementation. Using key principles from the ARC framework a multi-pronged intervention approach applicable to this population was developed, including individual and dyadic child/family treatment, child treatment groups, and parent education and support groups. Results of initial pilot data, which will be detailed in another publication (Blaustein *et al.*, in progress), indicate significant decrease in key targeted symptoms such as child posttraumatic stress symptoms and behavioural difficulties as well as caregiver distress, and significant increase in adaptive skills.

Conclusion

The goal of the ARC framework is to promote a thoughtful, flexible approach to clinical work with complexly traumatised youth and their families, which

draw from the theoretical and empirical knowledge base, while honouring the individual skill set of the practitioner. ARC-informed intervention does not focus on a single diagnostic category or symptom presentation. It recognises that the child is not simply a composite of their deficits but rather a whole being, with strengths, vulnerabilities, challenges and resources. ARC seeks to recognise the factors that derail normative development, and to work with children, their families and their systems to build or rebuild healthy developmental pathways.

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