Implementation of the ARC Grow Framework in New Jersey
Lessons Learned and Next Steps

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Agenda

• Introduction to the Children’s Center for Resilience and Trauma Recovery
• Statement of need for partnership
• Process of learning community
• What is Grow?
• NJ Children’s System of Care and Grow implementation
• Preliminary data outcomes

The Need in NJ

• New Jersey is the most densely populated state
• There are areas of New Jersey with many behavioral health resources for families and others with very few
• According to the NJ ACEs report, 40% of children in New Jersey have experienced at least one ACE.

The Need in NJ

• Trauma-focused services for young children (ages 0-10) is a statewide area of need in the State of New Jersey, as lengthy waitlists and lack of providers for this population were identified as challenges.
• Children referred for treatment through the state Children’s System of Care (CSOC) are typically at a higher risk for potential involvement of the child welfare system, and are disproportionately impacted by poverty and trauma exposure risk.

Who We Are

The primary goals of the CCRTR are:

To provide evidence-based training, consultation, and capacity-building for existing and future New Jersey mental health providers serving children with complex trauma ages 0-10 years old.

To bridge the gap in providing trauma-informed training, evidence based counseling services—and research data available specifically for children ages 0-10 years old who present to the New Jersey child welfare system and/or community mental health care providers.

Who We Are

The primary goals of the CCRTR are:

To provide basic and advanced trauma screening and Attachment, Regulation and Competency (ARC) Framework training to UBHC Child Division and NJ CSOC providers, with built in supports for ongoing consultation, as well as printed communication to educate the public about trauma and its impact on young children.

To work collaboratively with the ARC model developers to implement a trauma-informed learning community with our participating providers throughout the grant cycle and beyond.
**Goals**

- **Goal 1:** Workforce Development
- **Goal 2:** ARC Integration with CSOC-contracted providers
- **Goal 3:** ARC Integration - UBHC Child Division
- **Goal 4:** Community Outreach
- **Goal 5:** Program Evaluation

**Partnerships**

- Rutgers School of Nursing
- Graduate School of Applied and Professional Psychology (GSAPP)
- School of Social Work
- NJ Children's System of Care
- UBHC

**Forming a learning community**

- Worked with NJ CSOC to identify areas that were in need of more trauma trained clinicians for families with younger children and impacted by trauma and risk for toxic stress
- Application process for Grow participation
- Worked together to select group of clinical teams from 5 agencies

**Training Impact**

- **Attitudes Related to Trauma Informed Care Scale (ARTIC-10)**
  - Minimal cost for unlimited use
  - Utilized pre and post training
  - Outcomes for both cohorts

**Outcome Measures**

- **Trauma Symptom Checklist for Young Children (TSCYC)**
  - The TSCYC is a 90-item Likert-scale caretaker-report instrument that can be used to assess PTSD symptoms in children between 3 - 12 years old.
  - It is made up of eight clinical scales (Anxiety, Depression, Anger/Aggression, Posttraumatic Stress - Intrusion, Posttraumatic Stress - Avoidance, Posttraumatic Stress - Arousal, Dissociation, and Sexual Concerns) as well as a summary PTSD scale (PTSD Total).
  - A 7th grade reading level is required for the caretaker to successfully complete this form. A Spanish version is available.

- **The Child Behavior Checklist (CBCL)**
  - The CBCL is a 100-item parent-report questionnaire that can be used on children ages 2 - 18 years old.
  - It is made up of Syndrome Scales (i.e. Emotionally Reactive; Anxious/Depressed; Somatic Complaints; Withdrawn; Sleep Problems; Attention Problems; Aggressive Behavior) and DSM-Oriented Scales (i.e. Depressive Problems; Anxiety Problems; etc.)
  - It also assesses internalizing (i.e., anxious, depressive, etc.) versus externalizing (i.e. aggressive, hyperactive, noncompliant, etc.) behaviors.
  - A 5th grade reading level is required for caretakers to complete the assessment
  - Multiple languages available
Outcome Measures

The Parenting Stress Index-4 Short Form (PSI-4) can be administered to caregivers of children ages 0-12 years old.

The items are divided into three domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), and Difficult Child (DC), which combine to form a Total Stress scale.

A 5th grade reading level is required for caretakers to complete the assessment.

Spanish forms are available.

Live Training
- 3-day “ARC-GROW” training with framework developer
- Refresher and New Hire Training for clinicians at LC agencies

Learning Community (super user group)
- Monthly calls with Kristine Kinniburgh and Schenike Massie-Lambert
- Completion of assigned Grow activities as a clinical team in preparation for monthly calls
- All clinical team members are expected to implement Grow with appropriate families during their time in the LC
- Quarterly site visits with each agency

ARC Grow: Application of the ARC Framework as a Caregiver Skill Building Intervention.

Supporting Resilience in Trauma Impacted Families

Complex Trauma
- Exposure to multiple and prolonged traumatic experiences that:
  - Occur within the context of the primary caregiving system
  - Lead to a set of survival based adaptations that often create challenges in daily functioning across multiple domains
  - Have a global impact on development

I’m a male, yet I hatch the eggs. I’m a bird, yet I don’t fly... I swim like a fish. Despite my appearance, my life is anything but black and white.
The ARC Framework: Fostering resilience through attachment, Self Regulation and Competency

ARC Framework

Beyond the child: The Trauma-Impacted System

- A core foundation of ARC is that intervention efforts need to be broadly applied: trauma impacts families, professionals, and systems as well as children. ARC Grow is one component of a comprehensive approach to addressing the needs of the caregiving system surrounding children in child welfare systems.

The Caregiving System

The Impact of Generational Trauma

Using The Developmental Lens with Caregivers

- What has this caregiver learned about relationships?
- What has this caregiver learned about him/her/their self?
- How did he/she/they learn to survive?
Defining a Trauma-Informed Caregiving System

- A system of care in which adult caregivers at all levels feel safe and supported, and as a result are reasonably regulated. In turn, they are able to support and respond effectively to the youth in their care in safe and respectful ways, in service of positive youth functioning.

Nesting layers of stress

Our goal: A different kind of nest:

ARC Grow

About ARC Grow

- ARC Grow is a caregiver skill-building intervention designed to enhance resilient outcomes for families who are impacted by chronic adversity or stress. While many of our ARC Grow families are identified because of challenges that their child or children face, this intervention is designed to work with the caregiver(s) individually rather than with the family as a whole. ARC Grow has been implemented with caregivers who are parenting children ages 6 months-18 years.
About ARC Grow

- This parenting support program is delivered as a 12 session home visiting service by parent support workers or clinical staff providing safety and stabilization support. The home visiting hours include education and skill practice in areas such as caregiver self-care, attunement to the developmental impact of trauma, supporting child/youth regulation, effective parenting practices and strategies for building daily routines. Each session offers a mix of direct teaching, experiential learning and activity based skill practice.

ARC Grow Implementation

- Head Start Families with multiple ACES in Washington State
- Short Term Safety and Stabilization with Families involved in the child protection system in MA
- In home long term intervention and care management services with high risk families in MA
- Pregnant women or new mothers who are in recovery from addiction in MA
- At risk families in Utah
- New Jersey implementation (more to come on this)

Grow outcomes to date

- In a sample of 57 caregivers receiving ARC Grow through the Massachusetts Child Trauma Project, providers were asked their perception of families’ overall well-being at baseline and discharge using the Protective Factors Survey subscales. Results showed that the average score for providers’ perception of Families’ Functioning and Resiliency at follow-up was significantly higher (better) at follow-up compared to families in the two alternative intervention groups. Results also showed significantly higher scores at follow-up compared to baseline. Also, results showed significantly higher scores at follow-up compared to baseline in Nurturing and Attachment. The Child Development and Knowledge of Parenting subscale showed improvement at follow-up compared to baseline.

- In a sample of 94 head start families, compared to families in the two alternative intervention groups, ARC Grow intervention families demonstrated significant gains on three measures of adjustment: lower family conflict over 12 months, reduced reports of daily family stress, and lower reported daily problems.

Keeping Ourselves and Caregivers on the Main Road: ARC Grow Curriculum

The Foundation of ARC Grow

- The ARC framework: "Empirically Supported Treatment" with theoretical foundation:
  - Complex Trauma
  - Attachment Theory
  - Human Development
  - Protective Factors
  - Learning Theory

The Structure of ARC Grow

- The Structure of ARC Grow:
  - Check In
  - Modulation Activity
  - Report Back
  - Me Book
  - Education and Activity
  - Home Connection
  - Modulation Practice
  - Check Out
Education and Activities: Supporting caregiver skill building

The parent-child connection is the most powerful mental health intervention known to mankind.

Ongoing Education: Session Content
- Session 1: Introduction to ARC
- Session 2: Caregiver Affect Management
- Session 3: Attunement to Danger Response and Triggers
- Session 4: Caregiver Affect Management and Self Monitoring
- Session 5: Building Routines to increase felt safety in the home
- Session 6: Increasing My Child’s Ability to Self Regulate

Ongoing Education: Session Content
- Session 7: Attunement- Being a Feelings Detective
- Session 8: Increasing Parent-Child Attunement
- Session 9: Increasing My Child’s ability to Self Regulate: Validation
- Session 10: Effectively Responding to My Child’s Behavior
- Session 11: Family Identity
- Session 12: Goodbye and Graduation

Strategies for Supporting Adult Learning

“i am doing some retraining.”

Experiential Learning
- Experiential learning is also referred to as learning through action, learning by doing, learning through experience, and learning through discovery and exploration, all of which are clearly defined by these well-known maxims:

“I hear and I forget, I see and I remember, I do and I understand.”
- Confucius, 450 BC

Applied Learning
- In each session there are brief teaching points labeled “Education” followed by an activity.
- Each session activity is designed to support the caregiver in his/her/their application a concept or skill (or both) that is being discussed.
- The “Home Connection” offers the caregiver an opportunity to apply the concept and/or skill being taught outside of the session.
Teach through modeling and coaching

- Provider will model skills for the caregiver by tuning into caregiver needs and key areas of skill development:
  - Do WITH
  - Reflection
  - Regulation Coaching and support
  - Education about Resilience and Trauma Impact
  - Validation of experience
  - Normalization experience

Children’s System of Care
Implementation of ARC Grow Framework Within an Existing System of Care

Presented by
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Charleston, SC
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Department of Children and Families (DCF) Vision

To assist and empower NJ residents in being safe, healthy and connected.

DCF Core Values and Approaches

Values:
- Collaboration
- Equity
- Evidence (criteria)
- Family
- Integrity

Approaches:
- Race Equity
- Healing Centered
- Protective Factors
- Framework
- Family Voice
- Collaborative Safety

DCF Structure

New Jersey Department of Children and Families
Commissioner

Children’s System of Care

Serves children, youth and young adults under 21 with:
- Emotional and behavioral health needs
- Substance use challenges
- Intellectual and developmental disabilities

CSOC foundational values ensure that supports and services provided through the system of care are based on need and:
- Youth-guided & Family-driven
- Community-based
- Culturally and linguistically competent
Children’s System of Care Objectives

To Help Youth Succeed…

**At Home**
Successfully living with their families and reducing the need for out-of-home treatment settings

**In School**
Successfully attending the least restrictive and most appropriate school setting close to home.

**In the Community**
Successfully participating in the community and becoming independent, thriving citizens.

System of Care Values and Principles

<table>
<thead>
<tr>
<th>Youth Guided &amp; Family Driven</th>
<th>Community Based</th>
<th>Culturally/Linguistically Competent</th>
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</thead>
<tbody>
<tr>
<td>Strength Based</td>
<td>Family Involvement</td>
<td>Individualized</td>
</tr>
<tr>
<td>Unconditional Care</td>
<td>Collaborative</td>
<td>Home, School &amp; Community Based</td>
</tr>
<tr>
<td>Promoting Independence</td>
<td>Cost Effective</td>
<td>Team Based</td>
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<tr>
<td></td>
<td>Comprehensive</td>
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Language Is Important

**Language of CSOC**
- Children, youth, young adult
- Parents, caregivers
- Treatment
- Engagement
- Transition
- Missing
- Family Time

**Not the Language of CSOC**
- Clients, Case, Consumer
- Mom and Dad
- Placement
- Not Motivated
- Close, Terminate
- Runaway
- Home Visits

Service Array Expansion to Reduce Use of Deep End Services

Prior to Children’s System of Care Initiative

Today

CSOC Structural Elements

- Access and Coordination
- Financing Structure
- Statutes, Regulations, Policy, Clinical Criteria
- Data Collection, Quality and Outcomes
- State and Local System Collaboration
- Training, Technical Assistance, Certification
- Assessment and Planning Approach

Appropriate Use of Resources to Promote Positive Outcomes

The system is designed to ensure Appropriate Use of Resources to Promote Positive Outcomes by:

- Identifying the child and family’s needs through the use of standardized, periodic assessment tools
- Determining the most appropriate intensity of Service (CSA)
- Delivering the most appropriate services for the most appropriate length of time (Treatment and Service Providers)
Key System Components

Contracted System Administrator
- CSA is the single portal for access to care; available 24/7/365

Care Management Organization
- Utilizes a wraparound model to serve youth and families with moderate and complex needs

Mobile Response & Stabilization Services
- Family Defined Crisis Response and Planning; available 24/7/365

Family Support Organization
- Family-led support and advocacy for parents/caregivers and youth

Care Management Organizations
- 15

Local County Based Children’s Interagency Coordinating Council (CIACC)
- CIACC Convener/Children’s System of Care
- 21

Mobile Response and Stabilization Organizations
- 15

Out of Home Treatment Providers
- 15

Key System Components

Intensive In-Community
- Flexible, multi-purpose, in-home/community clinical support for parents/caregivers and youth with behavioral and emotional disturbances who are receiving care management, MRSS, or out-of-home services

Out of Home
- Full continuum of treatment services based on clinical need

DD-IIH and Family Support Services
- Supports services, resources, and other assistance designed to maintain and enhance the quality of life of a young person with intellectual/developmental disability and his or her family, including respite services and assistive technology

Substance Use Treatment Services
- Outpatient, out of home, detox treatment services (limited), co-occurring services

Traditional Services
- Partial Care, Partial Hospitalization, Inpatient, and Outpatient services

MRSS Annual Trend

Since its inception in 2004, MRSS has consistently maintained 94% of children in their current living situation, at the time of service, including children who are involved with the child welfare system. Families have reported high satisfaction with services, with a 250 percent increase in families accessing MRSS.
Local Systems of Care are initiated in three areas: Camden, Hunterdon/Somerset/Warren, and Middlesex counties.

Children's System of Care History

1999
The Department of Health and Human Services was established.

2000 - 2001
The Division of Youth and Family Services (DYFS) was created.

2001
The Division of Youth and Family Services (DYFS) was created.

2005
The Division of Youth and Family Services was abolished.

2006
The Division of Youth and Family Services was abolished.

2006
The Department of Children and Family Services (DCF) was established.

California State University, Long Beach

Implementation of ARC Grow

- Preliminary Planning
  - CSOC/CSOC preliminary planning meetings
  - CSOC Leadership met with CCRTR Leadership to discuss infusion of trauma-informed care throughout NJ
  - CSOC would work with MRSS/CMD to identify IIC agencies with existing competency to work with younger youth with trauma

- Initial Communication with System Partners and Providers
  - Concept was introduced during monthly Executive Director meetings: Partners were requested to nominate IIC agencies to apply for training opportunity
  - Nominated agencies were contacted by CSOC with application materials
  - Nominated agencies applied for the ARC Grow Learning Collaborative Opportunity
  - Agency staff attended ARC Grow Training with Developer

- Communication with System Partners During the First Cohort
  - Written communication including operational rules and provider contacts was disseminated

CSOC and Trauma Informed Care

Safe, Consistent, Nurturing and Healing Centered Environment at all system levels

- Revised Biopsychosocial, Strengths and Needs Assessment and Care Plan
- Mobile Response and Stabilization (MRSS)/Child Welfare Project
- Promising Path to Success (PPS) and PPS 2.0
  - 6 Core Strategies and Nurtured Heart Approach
- Functional Family Therapy-Foster Care (FFT-FC) Pilot
- Attachment, Regulation, Competency (ARC) Grow
Lessons Learned for Sustainability

- Message frequently, in varying ways, across all system partner staffing levels.
- Need for strong, frequent feedback loop to identify barriers, track and adjust
- Caregiver-focused intervention was perceived as a shift by system partners
- System partners needed additional training to engage families in ARC Grow
- Provider network capacity insufficient to meet geographic & cultural needs
- Provider staffing structural elements that best support implementation

SOC structure allows for implementation and ongoing development of new initiatives that support youth and families in innovative ways.

Data Results from ARC-GROW Pilot Implementation

Demographic Data

- Parent Gender
  - Female
  - Male
  - Total Participants: 365
  - Average age: 41 yrs.

- Child Gender
  - Female: 123
  - Male: 156
  - Avg. Age: 8 yrs.

Results 1

Child Behavior Checklist (CBCL) 1.5yrs-5yrs

- Significant results were found when comparing pre and post scores for the following indices:
  - Internalizing symptoms
  - Externalizing symptoms
  - ADHD symptoms
  - Total problems
Results 2

Child Behavior Checklist (CBCL) 6yrs-18yrs

- Significant results were found when comparing pre and post scores for the following indices:
  - Internalizing symptoms
  - Externalizing symptoms
  - ADHD symptoms
  - ODD symptoms
  - PTSD symptoms
  - Total problems

Results 3

Trauma Symptom Checklist for Young Children (TSCYC) & Parenting Stress Index (PSI-4)

- Significant results were found when comparing pre and post scores for the following indices:
  - Depressive symptoms
  - PTS- Aversion
  - PTS- Arousal
  - PTS- Total score
  - Parent total stress
  - Parent-child dysfunctional interactions

Examples of Facilitators and Barriers for Implementation

FACILITATORS:
- Administrative buy-in,
- Appropriate referrals
- Family participation
- Staff Consistency

BARRIERS:
- lack of caregiver involvement
- challenges with authorization for appropriate amount of sessions
Implications and Next Steps

- This results indicate that this intervention is a promising practice for addressing:
  - Symptoms of Post-traumatic stress, ADHD, opposition, aggression, depression, parental distress, and issues of attachment and communication between parent-child.
- Future research should explore:
  - Correlations between total number of sessions and treatment effectiveness
  - Exploration of application and cultural considerations to explore with families of diverse backgrounds
  - Reasons for attrition as they may identify exclusion criteria

Limitations

- Attrition rate - 264 participants with post scores from only 40% of the population (potential reasons may be clinician turnover at agency, family moving, changes in caregivers, etc.)
- Future research with ARC-GROW should include an experimental design with a comparison group.
- There were significant decreases in symptomology however many of those clients were still testing in the clinical range
- Further examination of implementation barriers and strategies for overcoming them to facilitate the ARC-GROW model delivery.

THANK YOU!

TIME FOR YOUR QUESTIONS!

References


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

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