Research-to-Practice Brief

ARC Reflections in Child Welfare: Findings from an Evaluation of a Child Trauma Training for Resource Parents

By Jessica Dym Bartlett and Berenice Rushovich

Introduction

Child welfare systems that are sensitive and responsive to children's trauma are better positioned to support their safety and well-being, and to find them permanent homes.[1] This research-to-practice brief describes a promising new trauma training curriculum for foster parents and kinship caregivers—ARC Reflections—and presents findings from an implementation evaluation conducted in five counties in North Carolina. The brief also presents lessons learned from the evaluation and implications for future implementation and scale-up of ARC Reflections.

Background

An estimated 428,000 children are in foster care in the United States.[2] A number of these children are removed from their families and placed in out-of-home care due to exposure to severe child abuse and neglect by a caregiver, often in conjunction with other forms of trauma (see Table 1). For children in foster care, the harmful effects of abuse and neglect may be intensified by traumatic events such as separation from family members and multiple placement disruptions[3,4]—on average, during their time in foster care, children experience 3.2 placement changes.[5] In fact, exposure to trauma is almost universal among children in foster care, who suffer a wide range of adverse consequences like insecure attachments, behavior problems, developmental delays, academic difficulties, and mental health issues. Not surprisingly, research shows that children in foster care are more likely to suffer from symptoms of posttraumatic stress disorder, compared to both non-maltreated children and children who are exposed to abuse or neglect yet remain at home. [6,7]

Despite the prevalence of trauma among children in foster care, the majority of resource parents (foster parents and kinship caregivers) receive minimal training, if any, on helping children cope with trauma.[8] Requirements for approving and licensing resource parents vary by state, but generally focus on meeting minimum standards of care related to the health, safety, and well-being of children placed in their homes, and do not include comprehensive information on trauma.[9] Research shows that inadequate training and support for resource parents can lead to more placement disruptions and, in turn, poor educational, physical, and mental health outcomes for children [10,11,12] above and beyond the negative effects of abuse and neglect.[13]

Table 1. Reasons for Removal from Home

Reason for removal	% of children
Neglect	61
Drug abuse by a parent	32
Caretaker inability to cope	14
Physical abuse	13
Child behavior problem	11
Inadequate housing	10
Parent incarceration	8
Alcohol abuse by a parent	6
Abandonment	5
Sexual abuse	4
Other	6

Note: Categories are not mutually exclusive.
Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). The AFCARS Report

Many resource parents have difficulty managing children's behavior problems—a strong predictor of placement disruption[14,15] and one of the most common reactions to trauma in children.[16] Child welfare systems can provide professional development opportunities and training to help ensure that resource parents are well-equipped to manage children's difficult behavior. This can include providing education and support on how trauma affects children's emotions, behavior, relationships, and view of the world; how to increase resource parents' own emotional regulation, self-care, and parenting skills; and how to effectively address children's reactions to trauma.[17] Indeed, a number of trauma trainings in child welfare have shown success in improving resource parents' trauma knowledge and skills, lowering rates of posttraumatic stress in children, and decreasing child behavior problems.[18,19] However, research on trauma training for resource parents is in its early stages, and additional studies are needed

to determine the most effective approaches to implementation.[20] In light of the need to advance evidence in the field on trauma training for resource parents, The Duke Endowment piloted a new model—ARC Reflections—and partnered with Child Trends to conduct an evaluation. This brief presents the evaluation findings.

ARC Reflections

ARC Reflections is a resource parent curriculum developed through collaboration between the Annie E. Casey Foundation and the Justice Resource Institute. It is based on Attachment, Self-Regulation, and Competency (ARC), an overarching framework for trauma intervention developed by Margaret Blaustein, PhD, and Kristine Kinniburgh, LICSW (see Figure 1).[21] The training has a total of nine modules: (1) Understanding Trauma; (2) Behavior Makes Sense; (3) Put on Your Oxygen Mask; (4) Cultivate Connection; (5) Mirror, Mirror; (6) Calm, Cool, and Connected; (7) Respond, Don't React; (8) Who are you? All About Identity; and (9) Endings and Beginnings. These modules are designed to support:

- Foster parents and kin in understanding how trauma may affect youth in their care
- Foster parents and kin in developing tools for managing the stress of caring for kids who have experienced trauma
- Foster parents and kin in learning about and using parenting skills that enhance the well-being, stability, and permanency of the youth in their care
- Agencies in retaining motivated, skilled foster parents [22]

> **Figure 1.** Attachment, Self-Regulation, and Competency (ARC)
>
> - Adaptable framework for intervention with children and youth, ages 2 to 21
> - Builds healthy attachments among youth and caregivers
> - Supports youth in their ability to identify, understand, tolerate, and shift emotional and physiological responses and experiences
> - Supports normative developmental competencies that may have been derailed by trauma exposure
> - Integrates trauma experiences

For additional information on the ARC Reflections curriculum, see http://www.aecf.org/resources/implementing-arc-reflections-for-foster-parents/.

Child Trends conducted two concurrent evaluations of ARC Reflections—one in Virginia, and the other in five counties in North Carolina. The Virginia evaluation was supported by the Annie E. Casey Foundation and took place from January 2016 to April 2017. Findings suggest that ARC Reflections was implemented with high fidelity, offered practical tools and social support for resource parents, and was associated with significant improvements in resource parents' knowledge of and skills in responding to child trauma. A preliminary, exploratory analysis also suggested that ARC Reflections had slightly better rates of resource home retention and placement stability compared to resource homes with parents not trained in ARC.

The remainder of this brief focuses on the evaluation of ARC Reflections in North Carolina.

Implementation of ARC Reflections in North Carolina

Implementation of ARC Reflections took place in the child welfare agencies of five North Carolina counties: Buncombe, Catawba, Cleveland, Haywood, and Lincoln. Implementation was system-wide and included trainers, child welfare staff and leadership, and resource parents (see Figure 2). There were slight variations in ARC Reflections implementation across the counties with regard to the number of trainings offered, type of training offered to staff, frequency of implementation team meetings, and staff makeup of implementation teams.[a] ARC Reflections trainers and child welfare leadership participated in three consultation calls with the ARC developers. The Annie E. Casey Foundation provided technical assistance to trainers and leadership. In addition, The Duke Endowment and Annie E. Casey held a peer learning day to allow counties in both states to share ideas and assess their progress.
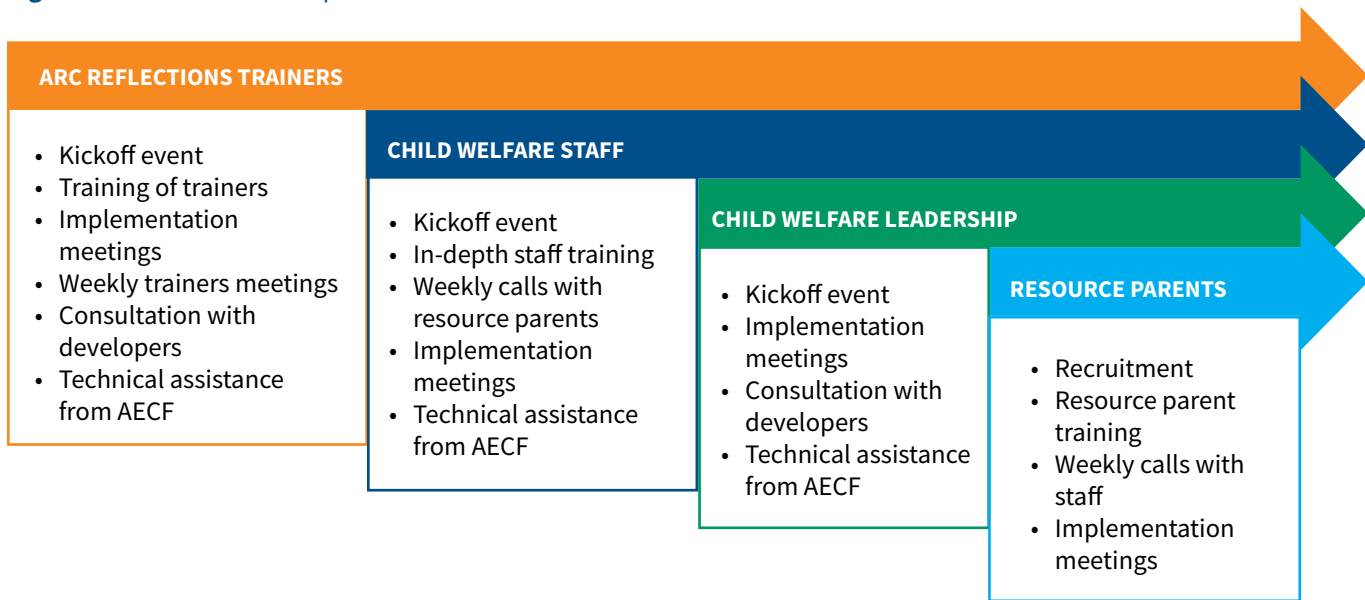

---

[a] Four counties offered one training, while one (Catawba) offered two. Each county held a kickoff event, and all counties participated in the same training for child welfare trainers conducted by the ARC model developers. Two counties (Catawba and Lincoln) also conducted an in-depth training for staff. In one county (Catawba), trainers met weekly; in another (Lincoln), child welfare staff held weekly calls with resource parents. All counties held implementation meetings—in one county (Lincoln), a resource parent participated in these meetings.

Figure 2. ARC Reflections Implementation Process in North Carolina

ARC REFLECTIONS TRAINERS

- Kickoff event
- Training of trainers
- Implementation meetings
- Weekly trainers meetings
- Consultation with developers
- Technical assistance from AECF

CHILD WELFARE STAFF

- Kickoff event
- In-depth staff training
- Weekly calls with resource parents
- Implementation meetings
- Technical assistance from AECF

CHILD WELFARE LEADERSHIP

- Kickoff event
- Implementation meetings
- Consultation with developers
- Technical assistance from AECF

RESOURCE PARENTS

- Recruitment
- Resource parent training
- Weekly calls with staff
- Implementation meetings

Evaluation Design

The implementation evaluation of ARC Reflections in North Carolina took place in all five counties. Child Trends used a mixed-methods design over a two-year period (January 2016 to December 2017) to answer five research questions.

- How well and with what level of fidelity was ARC Reflections implemented?
- Does ARC Reflections increase resource parents' and caseworkers' knowledge of child trauma and trauma-informed care?
- To what extent are child welfare agencies able to sustain ARC Reflections training?
- Is ARC Reflections associated with improvements in placement stability and resource home retention?

Measures. The evaluation used a combination of measures:

- Pre-training, post-training, and follow-up (three months after training) surveys that included the Resource Parents Knowledge and Beliefs Survey[23] and the Protective Factors Survey[24]
- Training fidelity checklists
- Focus groups with resource parents, child welfare staff, child welfare leadership, ARC Reflections trainers, ARC Reflections developers, and the Annie E. Casey Foundation technical assistance consultants
- Observations of training session
- Training attendance sheets
- Telephone interviews with ARC developers and Annie E. Casey consultants
- Child welfare administrative data[b]

Sample and procedures. A total of 82 resource parents received training: 12 in Buncombe County, 13 in Catawba County, 22 in Cleveland County, 10 in Haywood County, and 25 in Lincoln County. Resource parents' demographic profiles did not differ significantly across the counties. For all counties combined, approximately 46 percent of resource parents were men and 54 percent were women; half were over 40 years of age; 81 percent were white, 14 percent were black or African American, and 5 percent were American Indian; and 78 percent had at least some college education. Nearly all resource parents (over 97 percent) reported that they could always pay their bills, buy food, and access transportation. A total of 50 staff members participated in the evaluation: 19 implementation team members, 17 trainers, and 14 caseworkers.

---

[b] The survey response rate was 92 percent at pre-training; 84 percent at post-training (a small number of parents missed the first session and others dropped out before the training ended); and 33 percent at follow-up (due to difficulties in retention of resource parents). More women took the follow-up survey than men; there were no other significant differences in the characteristics of resource parents who missed responses.

Evaluation Results

Overall, resource parents and child welfare staff and leadership expressed positive perceptions of ARC Reflections. The strengths of the training are listed below:

- **ARC Reflections was implemented with high fidelity to the model.** Trainers followed the proscribed format of the training 90–100 percent of the time, except in one county, where trainers used fewer icebreakers.

- **Resource parents found the training interesting, useful, and practical.** On average, a high percentage of resource parents (73–99 percent) slightly or strongly agreed that the training was interesting and balanced, that presenters were clear, and that activities were helpful. In focus groups, resourced parents reported that they had learned useful and practical tools and approaches to caring for children exposed to trauma.

- **Resource parents gained knowledge and skills related to child trauma.** Resource parents' scores on the Resource Parent Knowledge and Beliefs Scale[23] increased significantly from pre- to post-training, showing improvements in trauma-informed parenting, tolerance of children's misbehavior, and parenting efficacy. These gains were maintained at follow-up.

- **Family protective factors increased.** Resource parents completed the Protective Factors Survey[24] prior to the training and again at follow-up, and reported a significant increase in the practice of praising children when they behaved well. There was a nonsignificant but statistical trend toward improvements in family functioning and resiliency, improvements in nurturing and attachment, and greater knowledge of what to do as a parent.

- **Fewer trained resource homes closed relative to non-trained homes.** The percentage of ARC Reflections-trained homes that closed for negative reasons (i.e., reasons other than adoption or guardianship) at follow-up was significantly smaller than the percentage of homes closed for negative reasons during the year prior to ARC Reflections implementation (2% versus 16%).

- **Fewer children exited trained homes compared to children in non-trained homes.** A significantly smaller percentage of children exited ARC Reflections-trained homes for negative reasons (i.e., a move to another placement, group setting, or other institutional care; transfer to another agency; running away) compared to children who exited untrained homes the year prior to implementation (7% versus 43%). This finding—coupled with the finding on resource home closures—should be viewed with caution, as it was derived from an exploratory analysis with a small sample.

- **Several child welfare agencies plan to continue offering ARC Reflections.** Three of the five counties have plans to offer ARC Reflections training for resource parents beyond the pilot period. The counties will also offer the ARC Reflections training for new child welfare staff. One of the three counties will provide booster trainings for existing staff, and another will offer trainings for staff who work with kinship caregivers. Of the two counties without current plans to continue ARC Reflections, one is considering offering the training in a condensed format or combined with another model; the other is waiting for the state to determine what training will be mandated before deciding how to proceed, as they are balancing multiple training initiatives.

Findings from the evaluation also included challenges, potential adaptations, and lessons learned:

- **A more integrated approach to training would further support a trauma-informed system.** Child welfare staff and leaders suggested that training all staff, kinship caregivers, and foster parents would facilitate shared knowledge of how to best understand and address child trauma.

- **Additional support could enhance training outcomes.** Trainers and child welfare leaders indicated that they would benefit from additional instruction, supervision, and coaching. This could include more guidance on training caseworkers, booster sessions, and follow-up with resource parents during and after training.

- **Careful selection of trainers is important.** Although child welfare staff reported general satisfaction with trainers, successful implementation required a careful selection process that prioritized high-quality trainers with prior training experience. In addition, child welfare staff recommended including a resource parent as a co-trainer.

- **Child welfare agencies' limited resources impeded sustainability.** Child welfare staff and several resource parents reported that the limited length and duration of the training was a barrier to sustaining ARC Reflections, given other commitments and co-occurring initiatives. In addition, some agencies lacked the financial resources to cover even minimal costs, such as child care and food for resource parents during training sessions. Given the many competing priorities, successful implementation of ARC Reflections requires child welfare agencies to give high priority to trauma training.

Conclusions

Taken together, the results of this evaluation indicate successful implementation of ARC Reflections in the five North Carolina counties. Both resource parents and child welfare staff and leadership found the training to be useful and practical, and resource parents made significant gains in knowledge and skills related to caring for children who experience trauma. Suggestions for improvement included systems-wide integration of training, ongoing support for caseworkers and resource parents, and the inclusion of resource parents as co-trainers. A preliminary, exploratory analysis suggested that ARC Reflections is also associated with improvements in resource home retention and children's placement stability. However, more rigorous research is needed to confirm these findings and to directly attribute positive outcomes to ARC Reflections.

Resources

The Annie E. Casey Foundation (2016). *ARC Reflections: Trauma training for foster parents and caregivers*. Retrieved from http://www.aecf.org/blog/arc-reflections-trauma-training-for-foster-parents-and-caregivers/.

The Annie E. Casey Foundation (2017). *Implementing ARC Reflections for foster parents: A guide for child welfare agencies*. Retrieved from http://www.aecf.org/resources/implementing-arc-reflections-for-foster-parents/.

Blaustein, M. E. & Kinniburgh, K. M. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through Attachment, Self-Regulation, and Competency*. New York: Guildford Press.

Kinniburgh, K., Blaustein, M., Spinazzola J., & van der Kolk, B. (2005). Attachment, Self-Regulation & Competency. *Psychiatric Annals, 35*(5), 424–430.

Acknowledgements

Endnotes

1. Child Welfare Information Gateway. (2015). *Developing a trauma-informed child welfare system.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/trauma_informed.pdf.

2. U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *The AFCARS report.* Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf.

3. Goldsmith, D. F., Oppenheim, D., & Wanlass, J. (2004). Separation and reunification: Using attachment theory and research to inform decisions affecting the placements of children in foster care. *Juvenile and Family Court Journal, 55*, 1–13.

4. Kisiel, C. L., Fehrenbach, T., Small, L., & Lyons, J. (2009). Assessment of complex trauma exposure, responses and service needs among children and adolescents in child welfare. *Journal of Child and Adolescent Trauma, 3*(2), 143–160.

5. Casey Family Programs (2013). *Foster care by the numbers.* Retrieved from http://www.fostercareandeducation.org/portals/0/dmx/2013%5C07%5Cfile_20130719_111354_oStS_0.pdf.

6. Kolko, D. J. (2010). Posttraumatic stress symptoms in children and adolescents referred for child welfare investigation: a national sample of in-home and out-of-home care. *Child Maltreatment, 15*(1), 48–63.

7. Pecora, P. J., White, C. R., Jackson, L. J., & Wiggins, T. (2009). Mental health of current and former recipients of foster care: A review of recent studies in the USA. Child & Family Social Work, 14(2), 132–146.

8. Kerker, B. D. & Dore, M. M. (2006). Mental health needs and treatment of foster youth: Barriers and opportunities. *American Journal of Orthopsychiatry, 76*(1), 138–147.

9. Child Welfare Information Gateway. (2014). *Home study requirements for prospective foster parents.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/homestudyreqs.pdf.

10. Pecora et al. (2005). Improving family foster care: Findings from the Northwest Foster Care Alumni Study. Seattle, WA: Casey Family Programs.

11. Taussig, H. N. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics, 108(*1), e10.

12. Johnson-Reid, M. & Barth, R. (2000). From maltreatment to juvenile incarceration: Uncovering the role of child welfare services. *Child Abuse & Neglect, 24*, 505–520.

13. Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*(2), 336–344.

14. Holland, P. & Gorey, K. M. (2004). Historical, developmental, and behavioral factors associated with foster care challenges. *Child & Adolescent Social Work Journal, 21*, 117–135.

15. James, S. (2004). Why do foster placements disrupt? An investigation of reasons for placement change in foster care. *Social Service Review, 78*, 601–627.

16. Chamberlain, P., Price, J. M., Reid, J. B., Landsverk, J., Fisher, P.A. & Stoolmiller, M. (2006). Who disrupts from placement in foster and kinship care? *Child Abuse & Neglect, 30*, 409–424.

17. Price, J. M., Chamberlain, P., Landsverk, J., Reid, J., Leve, L., & Laurent, H. (2008). Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment, 13*(1), 64–75.

18. Bartlett, J. D., Griffin, J. L., Spinazzola, J., Goldman-Fraser, J., Noroña, C. R. et al. (in press). The impact of a statewide trauma-informed care initiative in child welfare on the well-being of children and youth. *Children & Youth Services Review*.

19. Murphy, K., Moore, K. A., Redd, Z., & Malm, K. (2017). Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's Bridging the Way Home initiative. *Children & Youth Services Review, 75*, 23–34.

20. Child Welfare Information Gateway. (2015). *Developing a trauma-informed child welfare system*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/trauma_informed.pdf.

21. Kinniburgh, K., Blaustein, M., Spinazzola, J., & van der Kolk, B. (2005). Attachment, Self- Regulation, and Competency: A comprehensive framework for intervention with childhood complex trauma. *Psychiatric Annals, 35*(5), 424–430.

22. The Annie E. Casey Foundation (2017). *Implementing ARC Reflections for foster parents: A guide for child welfare agencies* (p. 3). Retrieved from *http://www.aecf.org/resources/implementing-arc-reflections-for-foster-parents/.*

23. Sullivan, K., Murray, K., Kane, N., & Ake, G. (2014). *Resource Parents Knowledge and Beliefs Survey*. Durham, NC: Center for Child & Family Health.

24. FRIENDS National Resource Center for Community-Based Child Abuse Prevention and the University of Kansas Institute for Educational Research & Public Service (2004). *The Protective Factors Survey*. Chapel Hill, NC and Lawrence, KS: Authors.