



## Provincial Training Initiative: *Improving the Quality of Intensive Treatment*

The **Provincial Training Initiative (PTI)** is a three-year project collaboration between the Lead Agency Consortium, Children's Mental Health Ontario and the Knowledge Institute on Child and Youth Mental Health and Addictions.

- **Vision:** Children and youth with complex and significant mental health needs will have consistent access to appropriate evidence-based, intensive treatment services within their communities.
- **Goal:** To increase the number of clinicians trained to deliver evidence-based treatment services designed for children and youth with complex and significant mental health needs. A province-wide training model will increase capacity across the province and be sustainable.
- **How?** Over the next two years, all lead agencies and their Core Service Provider partners will be organized into training networks to receive training in the 2 treatment modalities most appropriate for their communities to best meet the needs of children and youth with complex and significant mental health concerns.

The PTI project team has compiled information on four treatment modalities being offered for training as part of the project. The four treatment modalities are:

- Attachment, Regulation and Competency (ARC) Framework
- Circle of Security Parenting and Circle of Security Psychotherapy™
- Dialectical Behaviour Therapy (DBT) for Adolescents
- Trauma Focused Cognitive Behavioural Therapy (TF-CBT)

The information included in this document was collected through an online search of organizations that offer training in the modalities noted above, and through research literature and reports.

Each training modality summary includes:

- a program description,
- information about the training including the structure of sessions offered,
- language of instruction,
- location, (virtual, in person, hybrid)
- cost,
- prerequisite skills or courses,
- required booster/maintenance courses,
- clinical supervision.



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### Acknowledgement

The Knowledge Institute in Child and Youth Mental Health and Addictions (KI) and Children’s Mental Health Ontario (CMHO) are key partners in the PTI project. The KI conducted a literature review of evidence-based interventions appropriate for children and youth with complex and significant mental health needs. The four modalities chosen are a subset of that review and all literature references come directly from the KI materials. CMHO conducted research and provided a training summary for each of the four treatment modalities.



## Attachment, Regulation and Competency (ARC) Framework

### Program Overview

**Attachment, Self-Regulation and Competency (ARC) Framework** is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma. It is designed as both an individual clinical intervention and as an organizational framework.

### Implementation Considerations

Successful implementation requires a commitment on the part of the organization to support the service model change. Training is available to various disciplines to ensure widespread consistent application of a trauma informed approach.

### Target Population

- Children, adolescents, and young adults (0-21) who have experienced or been impacted by chronic or complex trauma and their caregiving systems.

### Program Components

ARC is organized around three domains of intervention and identifies 8 key treatment targets.

- **Attachment.** The framework focuses on **strengthening the caregiving system** surrounding children **through enhancing supports, skills, and relational resources for adult caregivers.** Caregiver supports and the caregiver-child relationship are addressed through an emphasis on three primary targets:
  - (1) Supporting caregivers in recognizing, understanding, accepting, and managing their own emotional and physiological responses, particularly as relates to and impacts parenting or child-care;
  - (2) Enhancing rhythm and reciprocity in the caregiver-child relationship, and helping caregivers deepen their understanding of child behavior; and
  - (3) Building effective, trauma-informed responses to child and adolescent behavior.
- **Regulation.** Many young people who experience trauma are referred for treatment services or struggle in settings like school as a result of difficult behaviors, out of control emotions, and impulsive or disorganized bodies. Treatment emphasizes cultivating youth **awareness and skill in identifying, understanding, tolerating, and managing internal experience.** Regulation is addressed through
  - (1) Supporting youth in developing an awareness and understanding of feelings, body states, and associated thoughts and behaviours;
  - (2) Helping youth develop increased capacity to tolerate and manage physiological and emotional experience; and
  - (3) Enhancing tolerance for and skill in building relational connection.



- **Competency.** The framework addresses **key factors associated with resilience** in stress-impacted populations. A goal of intervention utilizing ARC is to go beyond pathology reduction, and to increase positive/resilient outcomes among youth receiving intervention. Competency goals include:
  - (1) Increasing opportunity for choice and empowerment, and skill in recognizing choice points and in effective decision-making; and
  - (2) Identification and exploration of a range of aspects of self and identity and building coherence through development of narrative around key life experiences, including traumatic exposures.

### Program Structure

- 12-52 sessions.

### Training Overview

#### Eligibility Criteria

- ARC training includes foundational level trauma training but for clinical, practitioners in Ontario must be qualified to perform the controlled act of psychotherapy.

#### Structure of Training

- **Length of Training:** Depends on the level - one day foundational and up to 5 days for clinicians
- **Program Delivery:** Virtual and in-person
- **Language(s) of Instruction:** English, Arabic
- **Clinical Supervision:** Clinical Consultation is available from the Attachment and Trauma Treatment Centre for Healing
- **Location:** Trainers are acquired through the Attachment and Trauma Treatment Centre for Healing<sup>1</sup>
- **Cost:**
  - Approximately \$800 CAD per person

#### Certification/Continuing Education Credits

- Continuing Education credits given
- Various levels of certification: Trauma Integration Practitioner Non-Clinical, Clinical Stream, Facilitator, and Mentor.

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<sup>1</sup> Attachment and Trauma Treatment Centre for Healing <https://www.attachment-and-trauma-treatment-centre-for-healing.com/>



### References in Literature

Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C., & Blaustein, M.E. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma*, 4(1), 34-51. <https://doi.org/10.1080/19361521.2011.545046>

Bartlett, J.D., Griffin, J.L., Spinazzola, J., Goldman Fraser, J., Norona, C.R., Bodian, R., Todd, M., Montagna, C., & Barto, B. (2018). The impact of a statewide trauma-informed care initiative in child welfare on the well-being of children and youth with complex trauma. *Children and Youth Services Review*, 84, 110-117. <https://doi.org/10.1016/j.chilyouth.2017.11.015>

Lawson, D.M., & Quinn, J. (2013). Complex trauma in children and adolescents: Evidence-based practice in clinical settings. *Journal of Clinical Psychology*, 69(5), 497-509. <https://doi.org/10.1002/jclp.21990>.



## Circle of Security Parenting and Circle of Security Psychotherapy<sup>TM</sup>

### Program Overview

**Circle of Security Parenting and Circle of Security Psychotherapy<sup>TM</sup>** are 2 early intervention programs that use an attachment-based and relational system of development framework. The Parenting intervention was designed for broad implementation using a manualized, video-based program to help caregivers provide a secure base and a safe environment for their children.

### Implementation Considerations

Circle of Security Parenting can be delivered by anyone providing parenting education and/or counselling to parents/caregivers of young children. The Psychotherapy component must be delivered by clinicians who are qualified to conduct the controlled act of psychotherapy. The program manual and materials are offered in Spanish, Italian, Japanese, Danish, Norwegian, Swedish, Romanian, mandarin, French and English.

### Target Population

- Children 1-4 years of age,
- Families who are at risk due to mental health challenges, history of trauma and/or involvement with child protection services.

### Program Components

- Shift caregiver focus from behaviour management to enhancing the quality of the relationship.
- Understand specific steps to build self-reflection in the parent child relationship.
- Use video equipment to support increased empathy in caregivers.
- Learn step by step approaches for promoting secure attachment in children.

### Program Structure

- Parenting: Group programs are run with small groups of at-risk caregivers and children. 1 3-hour assessment session followed by 1.5-hour sessions every 2 to 3 weeks. Also, four home visits (after the assessment) over a period of three months.
- Program can be adapted to applications in multiple settings.
- Psychotherapy: Caregivers meet with a psychotherapist once a week for 20 weeks or as needed.



## Training Overview<sup>2</sup>

### Eligibility Criteria

- Circle of Security Parenting (COSP): anyone working with children, non-licensed facilitators
- Circle of Security-Intensive Model: Licensed Clinician<sup>3</sup>

### Structure of Training

- **Length of Training:**
  - o About 35 hours for introductory offered in person, online over 1 week and online over 2 weeks via Circle of Security International
  - o Booster training offered (between 6-16 hours of self-directed training). Must have completed a minimum of two rounds of COSP facilitation to complete refresher course.
- **Program Delivery:** Virtual and in-person
- **Language(s) of Instruction:** English, Spanish, Norwegian, Italian, Romanian, Danish
- **Clinical Supervision:** Minimum 1 year for Circle of Security-Intensive Model<sup>3</sup>
- **Location:** USA however training can be conducted in Canada
- **Cost:**
  - o \$1000 USD for introductory level courses
  - o \$250 - \$500 USD for refresher courses

### Certification/Continuing Education Credits

- Certificate of Completion
- Continuing Education Credits Available

### References in Literature

Cassidy, J., Ziv, Y., Stupica, B., Sherman, L. J., Butler, H., Karfgin, A., . . . Powell, B. (2010). Enhancing attachment security in the infants of women in a jail-diversion program. *Attachment & Human Development*, 12(4), 333-353. doi:10.1080/14616730903416955

Hoffman, K., Marvin, R., Cooper, G. & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: The Circle of Security Intervention. *Journal of Consulting and Clinical Psychology*, 74, 1017-1026.

Pazzagli, C., Laghezza, L., Manaresi, F., Mazzeschi, C., & Powell, B. (2014). The circle of security parenting and parental conflict: A single case study. *Frontiers in Psychology*, 5, 887. <http://doi.org/10.3389/fpsyg.2014.00887>

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<sup>2</sup> Circle of Security International <https://www.circleofsecurityinternational.com/register-for-a-training/>

<sup>3</sup> Circle of Security Comparing COSP and COS-Intensive <https://www.circleofsecurityinternational.com/circle-of-security-model/cosp-vs-cos-intensive/>



## Dialectical Behaviour Therapy (DBT) for Adolescents

### Program Overview

Dialectical Behaviour Therapy (DBT) for Adolescents is an evidence-based cognitive behavioural therapy that uses mindfulness, acceptance, emotion regulation, distress tolerance and interpersonal effectiveness in its practice.

DBT for Adolescents is the delivery of effective DBT at its most relevant for adolescents; and teaches adolescents important life and psychological skills and then, supports the application of those skills in life.

### Implementation Considerations

The implementation of DBT involves a significant allocation of resources. To ensure fidelity, the provider must have the capacity to provide group and individual sessions, telephone support (including crisis support), caregiver education and regular consultation sessions.

### Target Population

Adolescents who are experiencing any or all: confusion about self, impulsivity, lack of emotional control, interpersonal problems, family problems and dilemmas, high risk behaviors, including suicidal behavior and non-suicidal self-injury.

DBT was originally developed for people with borderline personality disorder, but it is effective for people with other mental health problems, including suicidal behaviour, self-harm, substance use, posttraumatic stress disorder (PTSD), depression and eating disorders.

### Program Components

- Skills development groups, where young people learn important life skills.
- 1:1 sessions where young people meet with their individual therapist to problem solve, maintain motivation, and more.
- Telephone support, where therapist and young person have telephone communication to help them apply the new skills, they learn even in crisis situations.
- Caregiver education and support.
- Consultation Meetings. Where all the professionals involved in providing DBT discuss any current issues, to support each other and ensure quality control.

### Program Structure

- Skills development group- 2.5 hours per week for 24 weeks
- 1:1 sessions - weekly
- Telephone support- in the moment
- Caregiver education and support- monthly
- DBT consultation team





## Training Overview

### Eligibility Criteria

- In Ontario, practitioners must be qualified to perform the controlled act of psychotherapy.

### Structure of Training

- **Length of Training:**
  - o Courses offered through training organizations: 3- 5 days
  - o Courses offered through university-level continuing education departments: to be completed over 4-7 years
  - o Booster trainings offered
- **Program Delivery:** Virtual and in-person
- **Language(s) of Instruction:** English
- **Clinical Supervision:** None indicated
- **Location:** Most trainings are based in Canada
- **Cost:**
  - o Virtual: \$6,900 CAD for a group of up to 15 people. Extra delegates \$420 CAD per person
  - o In person: \$7,650 CAD (plus tutor travel and accommodation expenses) for a group of up to 15 people. Extra delegates: \$480 CAD per person

### Certification/Continuing Education Credits

- Certificate of Completion
- Continuing Education credits available

Advanced Option:

### Linehan Board of Certification<sup>4</sup>

- Must be a licensed mental health professional, a graduate in mental health related field, and provide proof of the following to take the course:
  - o DBT clinical experience
  - o DBT training experience
  - o DBT team experience
  - o Exam based on the treatment manual
  - o Letter of Recommendation
  - o Work product demonstrations
- Certification is valid for 10 years
- Must complete 15 CEs every two years
- Upon completion, the only training available that provides “Certified DBT therapist” designation
- Not specific to treating children

<sup>4</sup> DBT-Linehan Board of Certification <https://dbt-lbc.org/index.php?page=101133>



### References in Literature

Lang, C.M., Edwards, A.J., Mittler, M.A., & Bonavitacola, L. (2018). Dialectical behavior therapy with prolonged exposure for adolescents: Rationale and review of the research. *Cognitive and Behavioural Practice, 25*(3), 416-426. <https://doi.org/10.1016/j.cbpra.2017.12.005>

Fasulo, S.J., Ball, J.M., Jurkovic, G.J., & Miller, A.L. (2015). Towards the development of an effective working alliance: The application of DBT validation and stylistic strategies in adaptation of a manualized complex trauma treatment program for adolescents in long-term detention. *American Journal of Psychotherapy, 69*(2), 219-239. <https://doi.org/10.1176/appi.psychotherapy.2015.69.2.219>



## Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

### Program Overview

**Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)** is an evidence based conjoint parent/caregiver child treatment that uses cognitive-behavioural principles and exposure techniques to prevent and treat posttraumatic stress, depression, and behavioural problems in children and youth impacted by trauma.

### Implementation Considerations

Clinicians being trained in Trauma-Focused Cognitive Behavioural Therapy require a good foundation in CBT principles and techniques.

### Target Population

Children and youth 3-18 who have experienced a single or repeated experience of sexual, physical, or mental abuse or who have developed post-traumatic symptoms, depression, or anxiety as a result of the loss of a loved one or exposure to violence in the home or community. The presence of a competent, child-focused caregiver at the time of treatment is required. If a child or adolescent also exhibits serious behavioral, substance-abuse, or suicidal-ideation problems, other forms of treatment, such as dialectical behavior therapy, may be more appropriate.

### Program Components

- Psychoeducation,
- Parenting skills,
- Coping skills, (relaxation, feelings id, cognitive coping),
- Developing a helpful narrative of the traumatic event through cognitive processing of trauma related thoughts and beliefs,
- Caregiver involvement through conjoint parent-child sessions,
- Enhancing safety and future development.

### Program Structure

- 12 to 16 sessions.
- May be extended if:
  - The child has particular difficulty establishing a therapeutic relationship.
  - The child is emotionally unstable and needs many sessions to learn to tolerate trauma-related feelings.
  - The child has experienced so many episodes of abuse or different types of trauma that it takes longer to develop the trauma narrative.
  - The child experiences repeated crisis situations during therapy that prolong the course of treatment.



## Training Overview

### Eligibility Criteria

- In Ontario, practitioners must be qualified to perform the controlled act of psychotherapy.

### Structure of Training

- **Length of Training:** 2-3 days
- **Program Delivery:** Virtual and in-person options
- **Language(s) of Instruction:** English
- **Clinical Supervision:** Not all training options offered consultation calls. Training that included consultation calls offered about 12 calls.
- **Location:** Limited Canadian-based options
- **Cost:**
  - o Virtual: \$6900 for a group of 15 plus \$420 per extra participant
  - o In person: \$7650 (plus tutor travel and accommodation expenses) for a group of 15 in-person plus \$480 per extra participant.

### Certification/Continuing Education Credits

- Certificate of Completion
- Continuing Education credits available

### References in Literature

Ramirez de Arellano, M.A., Lyman, D.R., Jobe-Shields, L., George, P., Daniels, A.S., Ghose, S.S., Huang, L., & Delphin-Rittmon, M.E. (2014). Trauma-Focused Cognitive Behavioral Therapy: Assessing the Evidence. *Psychiatric Services*, 65(1), 591-602. <https://doi.org/10.1176/appi.ps.201300255>.

Bartlett, J.D., Griffin, J.L., Spinazzola, J., Goldman Fraser, J., Norona, C.R., Bodian, R., Todd, M., Montagna, C., & Barto, B. (2018). The impact of a statewide trauma-informed care initiative in child welfare on the well-being of children and youth with complex trauma. *Children and Youth Services Review*, 84, 110-117. <https://doi.org/10.1016/j.childyouth.2017.11.015>