

Intervention Name: Trauma Affect Regulation - Guide for Education and Therapy (TARGET)

1. Brief Description of the Intervention:

Overview of TARGET (Trauma Affect Regulation: Guide for Education & Therapy®)

TARGET is an educational and therapeutic program that teaches a seven-step sequence of skills, the FREEDOM Steps, that enable youth and adults to think clearly and make effective choices when intense emotional reactions are triggered by daily life stressors.

TARGET was designed originally to help trauma survivors cope with and recover from Post-Traumatic Stress Disorder (PTSD) without requiring prolonged or intensive exposure to memories of traumatic events. TARGET counteracts the avoidance of trauma memories that can cause PTSD by enabling the survivor to understand how to re-set the brain and body's alarm systems, so that painful memories can become part of the person's ongoing experience without dominating their life or their therapy. The FREEDOM skill set provides the practical tools to accomplish this essential re-set on a day-to-day basis.

TARGET has been scientifically tested for the treatment and rehabilitation of PTSD and also other emotional and behavioral problems such as depression, grieving, anxiety, impulsivity, anger, and addictions with adolescents and adults. It also has proven effective as a program to prepare the workforce in many fields to achieve their potential and handle work stress.

The FREEDOM Steps

TARGET is designed to address the primary personal issues that are related to trauma, such as PTSD symptoms, rage, traumatic grief, survivor guilt, shame, interpersonal rejection, and existential/spiritual alienation.

Focus: SOS

Being focused helps a person pay attention and think about what's happening right now instead of just reacting based on alarm signals tied to past trauma. This step teaches participants to use the SOS skill (Slow down, Orient, Self-Check) to pay attention to body signals, clear the mind, and focus on one main thought.

Recognize Triggers

Recognizing trauma triggers enables a person to anticipate and reset alarm signals as they learn to distinguish between a real threat and a reminder. This step helps participants identify personal triggers, take control, and short circuit alarm reactions.

Emotion Self-Check

The goal of this skill is to identify two types of emotions. The first are "alarm" or reactive

emotions such as terror, rage, and guilt. A second type of emotion, “main” emotions, include positive feelings and feelings that represent positive strivings. By balancing both kinds of emotions a person can reflect and draw on his/her own values and hopes even when the Alarm is activated.

Evaluate Thoughts

When the brain is in alarm mode, thinking tends to be rigid, global, and catastrophic. Evaluating thoughts, as with identifying emotions, is about achieving a healthier balance of positive as well as negative thinking. Through a 2-part process, participants learn to evaluate the situation and their options with a focus on how they choose to act – moving from reactive thoughts to “main” thoughts.

Define Goals

Reactive goals tend to be limited to just making it through the immediate situation or away from the source of danger. These reactive goals are necessary in true emergencies, but they do not reflect a person’s “main” goals of doing worthwhile things right now and for ultimately achieving a good and meaningful life. This step teaches a person how to begin to create “main” goals that reflect their deeper hopes and values.

Options

This step helps identify the positive intentions that are often hidden by the more extreme reactive options generated by the alarm system. This opens the possibility for a greater range of options that take into consideration one’s own needs and goals as well as those of others.

Make a Contribution

The ultimate goal of TARGET is to empower adults and young people to think clearly enough to feel in control of their alarm reactions and, as a result, to be able to fairly recognize the contribution they are making not only to their own lives but also to making other people’s lives better.

Unique Features of the TARGET Approach

- Based on neurobiology of the brain.
- Strengths-based and resilience-enhancing.
- Focus on current post-traumatic stress, not on traumatic memories.
- Teaches a systematic skill set for thinking clearly under stress and becoming emotionally regulated.
- Compatible with all other evidence-based psychological and medical therapies and rehabilitation programs for psychiatric and behavioral problems.
- A model for systems-level and organizational change addressing the primary and secondary impacts of trauma on families, schools, therapeutic milieus, child protection and family service programs, correctional and legal organizations, commercial and governmental workplaces, and the larger organizations and systems in which they are situated.
- Suitable for delivery by individuals from a wide range of professional and personal backgrounds including but not limited to mental or behavioral health, counseling, medical, nursing, educational, social work, marriage and family therapy, addiction recovery, personal coaching, and human resources professionals.
- Provides a systematic approach to implementation, quality assurance, and sustainability over the long haul.

2. Please select the primary categories that relate to the intervention: (Please highlight applicable categories)

- Academic performance/functioning and achievement
- Adult behavior problems (violence/aggression)
- Adult Mental Health
- Alcohol and drug use
- Assessment and Measurement Instruments for Target Populations
- Attachment Interventions
- Basic Needs
- Behavioral Management and Treatment
- Child Mental Health – externalizing
- Child Mental Health - internalizing
- Child Mentoring Programs

- o Child Supports and community connections
- o Child Welfare Practice and Service Models
- o Crisis Intervention
- o Delinquency and Criminal Behavior
- o Educational Support Interventions
- o Family Functioning (communication, bonding, interactions and relationships)
- o Family Support and Placement Stabilization Programs
- o Independent living and career readiness
- o Marriage and Relationship Support
- o Parental Mentoring Programs
- o Parent Engagement
- o Parental Supports and community connections
- o Parenting Skills - Training and Enhancement
- o Peer associations/relationships
- o Resource Parent Training Programs
- o Sexual Behavior Problems in Adolescents and Children
- o Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self-esteem)
- o Trauma Treatment

3. Describe the intervention's current use with one or both of the QIC-AG's target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.

TARGET has been provided as an in-home, clinic-based, and residential/school-based family and individual (child) therapy with children in foster and pre-adoptive family placements.

1. In-home interventions are being conducted in a pilot project of TARGET family (biological and foster) and child therapy by the Hartford CT Village for Children and Families with children who have been unable to be placed or retained despite multiple attempts, and in an ACYF-funded statewide (Illinois DCYF) randomized controlled effectiveness study comparing standard in-home therapeutic services with TARGET in-home family (biological and foster) and child therapy for children in System of Care foster home placements.
 2. In-clinic applications are being conducted in the University of Connecticut Child Trauma Clinic with TARGET family and child therapy for child welfare and juvenile justice-referred children and adolescents in foster and pre-adoptive placements, and by the University of Maryland Family Trauma Clinic with TARGET family therapy for children in foster family placements.
 3. In-residential/school application have been conducted in a randomized controlled effectiveness study (Ford et al., 2012, Journal of Clinical Child Psychology) with TARGET as a child therapy with pre/adolescent girls awaiting or in foster family placements.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

TARGET has been provided in a small number of clinical cases at the University of Connecticut Child Trauma Clinic with families and children in post-adoptive placements. The structure of the intervention was identical to that with pre-adoptive applications; the only adjustments required were to thematic content based on the unique issues involved post-adoption.

4. If currently not being used with one or both of the QIC-AG's target population, describe how the intervention could be adapted to respond to the needs of the QIC-AG's target population:

- NA

5. Intervention goals/outcomes:

- Enhance child and caregiver (foster, adoptive, and/or biological) coping with PTSD symptoms
- Enhance child and caregiver (foster, adoptive, and/or biological) emotion regulation (including anxiety/panic, depression/sadness, anger, guilt, shame, emotional numbing)
- Enhance child and caregiver (foster, adoptive, and/or biological) behavioral self-regulation (including stress reactivity, impulsivity, aggression, risk-taking, goal-directed behavior, learning)
- Enhance child and caregiver (foster, adoptive, and/or biological) understanding of the adaptive biology of stress (including traumatic stress) reactions in order to promote self-esteem, hope, trust, self-efficacy, and empathy
- Enhance child and caregiver (foster, adoptive, and/or biological) engagement in services
- Increase stability of sustained foster or adoptive placements or reunification with biological caregiver(s)
- Increase the child's attendance and success in school
- Increase the child's successful affiliations with prosocial peers
- Reduce the frequency and intensity of dangerous or placement-compromising crises
- Reduce subsequent youth involvement in the child protection and juvenile justice systems

6. Please name the sites and contact information where the intervention has been replicated/ implemented:

Illinois Department of Children and Family Services (DCFS), Permanency Innovations Initiative (PII)

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University of Connecticut Child Trauma Clinic

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Connecticut Judicial Branch, Court Support Services Division

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7. Describe the evaluation or research that has been collected on this intervention:

A randomized effectiveness study funded by SAMHSA was conducted comparing 9-session TARGET groups versus trauma-informed substance abuse groups (TAU) in three adult substance abuse treatment programs. Both approaches yielded a wide range of positive outcomes over a 6-month follow-up period; TARGET was superior to TAU in maintaining self-efficacy related to sobriety.

Ford, J. D., & Russo, E. (2006). A trauma-focused, present-centered, emotional self-regulation approach to integrated treatment for post-traumatic stress and addiction: Trauma Affect Regulation: Guide for Education and Therapy (TARGET). *American Journal of Psychotherapy*, 60, 335-355.

Frisman, L. K., Ford, J. D., Lin, H., Mallon, S., & Chang, R. (2008). Outcomes of trauma treatment using the TARGET model. *Journal of Groups in Addiction and Recovery*, 3, 285-303.

In a three-year randomized clinical trial study, funded by the Department of Justice, TARGET, delivered as a 12-session individual therapy for PTSD with 147 low-income urban mothers with PTSD (61% ethnoracial minority), was superior to treatment as usual (TAU) on a range of outcomes. It was superior to a validated social problem solving therapy on clinically-significant change and gains in emotion regulation and posttraumatic beliefs at post-test and further improved coping and relationships over a 6-month follow-up period.

Ford, J. D., Steinberg, K., & Zhang, W. (2011). A randomized clinical trial comparing affect regulation and social problem-solving psychotherapies for mothers with victimization-related PTSD. *Behavior Therapy*, 42, 561-578. doi.org/10.1016/j.beth.2010.12.005.

In a three-year randomized clinical trial study, funded by the Office of Juvenile Justice and Delinquency Prevention, TARGET, delivered as a 12-session individual therapy for PTSD with sixty-one 13-17 year old delinquent girls, was superior to a gender-specific relational therapy in reducing PTSD avoidance/numbing and intrusive re-experiencing by > 50%.

Ford, J. D., Steinberg, K., Hawke, J., Levine, J., & Zhang, W. (2012). Randomized trial comparison of emotion regulation and relational psychotherapies for PTSD with girls involved in delinquency.

***Journal of Clinical Child and Adolescent Psychology*, 41, 27 - 37 . DOI: 10.1080/15374416.2012.632343.**

In a 2-year study funded by the Office of Juvenile Justice and Delinquency Prevention, each Target session attended (delivered as a systemic intervention to 12-17 year old boys and girls in juvenile detention centers) was associated with a 22% decrease in disciplinary incidents and 37 fewer minutes of seclusion in the first 14 days of stay. In addition, youth with severe trauma histories/symptoms had 50% greater benefits.

Ford, J. D., & Hawke, J. (2012). Trauma affect regulation psychoeducation group and milieu intervention outcomes in juvenile detention facilities. *Journal of Aggression, Maltreatment & Trauma*, 21(4), 365-384. DOI:10.1080/10926771.2012.673538.

In a State of Ohio Department of Youth Services quasi-experimental field study with psychiatrically impaired adolescents in high security facilities, TARGET, delivered in groups and as a systemic intervention, was superior to treatment as usual (TAU) in reducing threats by youth and

use of seclusion by staff (>50% reductions vs. 300-400% increases in TAU) and producing improvements in youths sense of hope/efficacy, mood regulation, and satisfaction with services, and reductions in problems with depression, anxiety, and PTSD, over a 2-year study period.

Marrow, M., Knudsen, K., Olafson, E., & Becker, S. (2012). The value of implementing TARGET within a trauma-informed juvenile justice setting. Journal of Child and Adolescent Trauma, 5, 257-270.

In an ongoing 2-year randomized clinical trial study, funded by the Department of Justice, TARGET, delivered as a 10-session group therapy for PTSD with incarcerated women, was compared to a validated supportive group therapy (SGT). Both interventions achieved statistically significant reductions in PTSD and associated symptom severity and increased self-efficacy. Drop-out rates for both interventions were low (<5%). TARGET was more effective than SGT in increasing sense of forgiveness toward others who have caused harm in the past, and was associated with improvements in emotion regulation and self-integrity, and reductions in reactive interpersonal and sexual behavior, that were not reported by women in SGT groups. TARGET groups also have been provided on a clinical pilot basis to more than 300 other incarcerated women.

Ford, J. D., Chang, R., Levine, J., & Zhang, W. (2013). Randomized clinical trial comparing affect regulation and supportive group therapies for victimization-related PTSD with incarcerated women. Behavior Therapy, 44, 262-276.

Completed Studies, Publications in Preparation

The benefit of combining TARGET with a controlled drinking cognitive behavioral therapy was tested in a randomized clinical trial study with college student problem drinkers. Thirty-four students were enrolled, 18 randomized to CBT-alone and 16 to CBT + TARGET. All participants received 8 individual counseling sessions over a 4-week period, with all sessions of the same (50 minute) length. Drop-out rates were low: 85% retention at post-test for CBT and 88% for CBT +TARGET; AND 92% completion of treatment sessions by CBT-alone participants and 85% by CBT +TARGET participants. Both groups improved significantly on self-report questionnaire measures of drinking problems and psychosocial and posttraumatic symptoms and functioning at post-test. However, the CBT+TARGET condition showed evidence of stronger gains in emotion regulation than CBT-alone, as hypothesized. By the 3-month follow-up, CBT+TARGET participants showed evidence of continued improvement and CBT-alone participants did not, indicating that the addition of TARGET to CBT for problem drinkers may result in more sustained benefits.

In an ongoing 3-year randomized clinical trial study, funded by the Department of Justice, TARGET delivered as a 10-session individual therapy for PTSD with male military veterans/personnel returning from war zone deployment was found to be equivalent in effectiveness in reducing PTSD and related symptoms (including problems with anger) to the best evidence-based treatment for PTSD, Prolonged Exposure (PE). TARGET recipients achieved comparable or greater improvements in emotion regulation and interpersonal functioning and were more likely to complete treatment compared to PE recipients.

Please provide contact Information Below:

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Intervention Web Site/URL: