**Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents (TARGET-A)**

### Treatment Description

- **Acronym (abbreviation) for intervention:** TARGET-A
- **Average length/number of sessions:** 4-12
- **Aspects of culture or group experiences that are addressed** (e.g., faith/spiritual component, or addresses transportation barriers): (1) reducing the stigma associated with mental illness: re-framing extreme emotionality/reactivity (e.g., hyporeactivity–dissociation, numbing; hyperreactivity–anxiety, rage) as manageable alterations in the body's self-protective systems; (2) spirituality: the culminating skill in the model is "Making a Contribution," which is designed to help people reflect on how they are living in ways that are consistent with their personal and spiritual values and commitments, and thereby making the world better; (3) spiritual reflection and culture-based meaning-making is facilitated by distinguishing between "reactive" and "main" feelings, thoughts, goals, and behavioral choices (i.e., an approach to cognitive re-structuring that is sensitive to cultural beliefs, strengths-based and dialectical rather than pathologizing/stigmatizing and dualistic).

- **Trauma type (primary):** physical abuse
- **Trauma type (secondary):** domestic violence, emotional abuse, sexual abuse
- **Additional descriptors (not included above):** TARGET is a promising and acceptable treatment for children or parents experiencing traumatic stress. The primary focus is on recovery from interpersonal trauma. Clinician manuals and Participant Guides have been developed. TARGET can be provided in individual, conjoint family, dyadic parent-child, group, residential and school milieu, and case management interventions.

### Target Population

- **Age range:** (lower limit) 10 to (upper limit) 18+
- **Gender:** □ Males □ Females □ Both
- **Ethnic/Racial Group** (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigenerational African Americans): not specific to particular group, adapted for youth in the juvenile justice, school, child protection, and child mental health/child guidance systems. Used with multinational Latino, African, Southeast Asian, and Eastern European immigrant families and with multi-generational Native American, Latino, and African American families in the U.S. and Canada, and in translation in Israel, Netherlands, France, and Puerto Rico.
- **Other cultural characteristics** (e.g., SES, religion): both urban & rural, primarily used with low SES, very frequently with single parents or with families whose children have limited contact with biological parents (e.g., foster kids, residential placements), diversity of religious affiliations
- **Language(s):** translated into Spanish, Hebrew, Dutch, French
- **Region** (e.g., rural, urban): rural & urban
- **Other characteristics** (not included above): Have had input from parents,
children, and providers from a wide range of cultural groups in development of TARGET (African American, Latino/Hispanic, Eastern European, SE Asian) re. how to express concepts in a linguistically and culturally sensitive and meaningful manner.

### Essential Components

- **Theoretical basis:** cognitive behavioral, self/relational, systems, narrative
- **Key components:** self-regulation, affect regulation, autobiographical and working memory (information processing), interpersonal problem solving, stress management, didactic and nonverbal experiential exercises; the skill set is summarized for easy recall and use by an acronym (i.e., FREEDOM)

### Clinical & Anecdotal Evidence

- Are you aware of any suggestion/evidence that this treatment may be harmful? [ ] Yes [ ] No [ ] Uncertain
- Extent to which cultural issues have been described in writings about this intervention *(scale of 1-5 where 1=not at all to 5=all the time).* 3
- This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with youths from a variety of ethno cultural backgrounds. An article in press in the American Journal of Psychotherapy describes the model’s clinical application with young adults from minority backgrounds. [ ] Yes [ ] No
- Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? [ ] Yes [ ] No
  - If YES, please include citation: collecting this information now in juvenile detention centers; see Ford & Russo (in press). A Trauma-Focused, Present-Centered, Emotional Self-Regulation Approach to Integrated Treatment for Post-Traumatic Stress and Addiction: Trauma Affect Regulation: Guidelines for Education and Therapy (TARGET). *American Journal of Psychotherapy.*
- **Has this intervention been presented at scientific meetings?** [ ] Yes [ ] No
  - If YES, please include citation: 2006 National GAINS Center Conference Boston (April 7)
    - Chapman, J., Albert, D., Ford, J., Hawke, J. “Trauma and Adolescent Treatment in the Juvenile Justice System”
  - 2006 Joint Meeting on Adolescent Treatment Effectiveness (JMATE) Baltimore (March 27)
    - Chapman, J., Albert, D., Ford, J., Hawke, J. “Trauma and Adolescent Treatment in the Juvenile Justice System”
  - 2006 Society for Adolescent Medicine Boston (March 23)
    - Ford, J. D., Cruz, M. “Workshop: Trauma Adaptive Recovery Group Education and Therapy for Adolescents”
  - 2005 International Society for Traumatic Stress Studies, Toronto (November 3-4)
    - Ford, J.D. “Self-Regulation as a Framework for Complex PTSD in Childhood”
    - Ford, J.D. (Chair) “Toward the Systemic Dissemination of Child Trauma Interventions”
  - 2005 National Commission on Correctional Health Care Annual Convention Denver (October 11)
    - Ford, J.D., Chapman, J., Albert, D., Hawke, J. “Toward a Trauma-Informed Juvenile Justice System”
  - 2005 European Society for Traumatic Stress Studies Annual Convention Stockholm (June 18-19)
    - Ford, J.D. “Toward the Validation of a Biopsychosocial Intervention for Traumatized Adolescents”
- Berger, R., & Ford, J.D. “Psychosocial Interventions for Complex Trauma” 2005 National Child Traumatic Stress Network Annual Meeting, Bethesda, MD (February 2-5)
- Frisman, L., Ford, J. D., & Lin, H. “Treatment of Co-occurring substance use and trauma disorders:” 2004 2nd Bi-national Conference on Treating Traumatized Children and Adolescents, Ma'ale Hachamisha, Israel (May 19)
  - Ford, J. D. “Keynote Speech: Parents as Mediators of Trauma: Trauma Intervention for Youth and Parents”

- Are there any general writings which describe the components of the intervention or how to administer it?  Yes ☐No

- Has the intervention been replicated anywhere?  Yes ☐No
  Other countries? (please list) in learning collaboratives throughout Network; as part of David Pelcovitz & Ruth DeRosa's SPARCS treatment and Richard Kagan’s Real Life Heroes model; Israel, France, Netherlands, Canada, Puerto Rico

- Other clinical and/or anecdotal evidence (not included above): TARGET is being adopted as an educational and treatment model in statewide trauma initiatives in Connecticut and Florida for use in juvenile justice detention centers, probation offices, and residential and community programs, and in inpatient, residential, child guidance clinic, and community outreach mental health and substance abuse treatment programs for youths and families. The U. S. Department of Justice Office of Juvenile Justice and Delinquency Programs has funded (October 2006-September 2008) a two-year field demonstration study of TARGET in Connecticut juvenile detention facilities.

<table>
<thead>
<tr>
<th>Research Evidence</th>
<th>Number of Participants</th>
<th>Sample Breakdown</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trail: Pilot Trials/Feasibility Trials (w/o control groups)</td>
<td>Yes/No</td>
<td>N = 24</td>
<td>By gender: m/f</td>
</tr>
<tr>
<td>Clinical Trials (w/ control groups)</td>
<td>Yes/No</td>
<td>N = 90</td>
<td>By gender: girls</td>
</tr>
<tr>
<td>Randomized Control Trials</td>
<td>Yes/No</td>
<td>N = 231</td>
<td>By gender: m/f</td>
</tr>
<tr>
<td>Studies describing modifications</td>
<td>Yes/No</td>
<td>N =</td>
<td>By gender:</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>N = 135</td>
<td>By gender: f</td>
</tr>
</tbody>
</table>
### Research Evidence

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

By ethnicity: 40% Black, 35% Latina, 25% White
By other cultural factors: low SES, primarily single parents

Clinical trial with mothers with PTSD who are caring for a child <5 yrs old.

NIJ 2004-91861-CTR-IJ 09/30/04-08/31/07

“Breaking the Cycle of Violence and Crime,” J. Ford, Principal Investigator

### Outcomes

- **What assessments or measures are used as part of the intervention or for research purposes, if any?** Many measures are used, core measures include Traumatic Events Screening Inventory (TESI; National Center for PTSD, www.ncptsd.org), UCLA PTSD Reaction Index, UCLA Traumatic Grief Inventory, Post-Traumatic Cognition Inventory, Trauma Symptom Checklist for Children, Negative Mood Regulation Scale, Weinberger Adjustment Inventory, Hope Scale, KidCope, PTSD Checklist (for parents)

- **If research studies have been conducted, what were the outcomes?** Pilot open trial with five groups (gender specific, developmentally specific, i.e., ages 10-14 and 15-18) of juvenile justice probation clients showed reductions in PTSD avoidance/numbing, self-related post-traumatic cognitions, negative coping by self-and parent-report, increased hope/self-efficacy, and no deterioration (see Bi-National Trauma Conference 2004 Presentation cited above)

- **Results of randomized controlled effectiveness study of TARGET compared to trauma-informed outpatient addiction treatment indicated that TARGET and trauma-informed usual services were equivalent in achieving reductions in depression, anxiety, post-traumatic stress, post-traumatic cognitions, and substance use, which were sustained at an assessment 12-months following entry to the study, but TARGET was superior to trauma-informed usual care in sustaining participants' self-efficacy related to addiction recovery.

- **Open trial replications in three juvenile justice detention facilities indicate that the introduction of TARGET as a milieu and group intervention was associated with reduced disciplinary problems compared to the prior 6 mos.**

### Implementation Requirements and Readiness

- **Space, materials or equipment requirements?** Group counseling or school/educational space. Creative arts materials for experiential exercises. The TARGET manual and handouts have been copyrighted by the University of Connecticut and must be purchased from the University or its licensees (Contact: fordj@psychiatry.uchc.edu). No equipment required.

- **Supervision requirements (e.g., review of taped sessions)?** Consultation by a certified TARGET trainer/consultant is required following initial training, and for continued use of the materials. Consultation now includes review by the trainer/consultant of taped intervention and supervision sessions.

- **In order for successful implementation, support should be obtained from:** the University of Connecticut School of Medicine Department of Psychiatry, Judith Ford, M.A., M.F.T., fordj@psychiatry.uchc.edu

### Training

- **List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.**
### Materials & Requirements
- **How/where is training obtained?** [www.ptsdfreedom.org](http://www.ptsdfreedom.org)
- **What is the cost of training?** Determined per request, but approx $6000 for 2-day training, $350/hour for consultation
- **Are intervention materials (handouts) available in other languages?**
  - Yes
  - No
  - *If YES, what languages?* Spanish, Hebrew
- **Other training materials &/or requirement** (not included above): minimum 2-day training: one-day orientation, one-day protocol review, plus ongoing consultation (often by telephone)

### Pros & Cons/Qualitative Impressions
- **What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)?** (1) Provides clinician, case manager or childcare worker and family with way to manage their own and youths' intense reactivity secondary to PTSD hyperarousal and hypervigilance or hypoarousal associated with PTSD emotional numbing and dissociation, in a practical manner that is not stigmatizing or pathologizing, that increases the sense of self-efficacy and hope, and that is adaptable for a variety of cultural belief systems and practices. (2) Constitutes an excellent phase 1 intervention that can set the stage for almost any other trauma intervention by helping adults and youths become sufficiently regulated to be able to use the other skills: one youth described this as, "before I learned to use the SOS (a component in TARGET) to turn down my brain's alarm, I was too angry to use my anger management skills; now I'm not as angry and even when I get angry I can remember to use my skills." (3) Readily adapted to settings where youths enter and leave services rapidly (e.g., detention centers or partial hospital programs with average length of stay <14 days) in a modular form that can be completed rapidly (e.g., 3 sessions) and introduced to new clients while continuing to be used with ongoing clients (e.g., in groups with rolling admissions). (4) Has been adapted as a milieu and staff development intervention in several settings (including introduction in intake and use as the behavior management protocol for residential/detention facilities, as a crisis management and de-escalation model for acutely distressed or externalizing youths and post-critical incident intervention for staff, as a parent psychoeducation program, and as a staff clinical consultation group protocol)
- **What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?** Treatment doesn't intrinsically focus on trauma memory, processing trauma memories is optional
- **Other qualitative impressions:**

### Contact Information
- **Name:** Julian D. Ford, PhD
- **Address:** Department of Psychiatry
  University of Connecticut Health Center
  263 Farmington Ave.
  Farmington, CT 06032
- **Phone number:** 860-679-2730
- **Email:** ford@psychiatry.uchc.edu
- **Website:** [www.ptsdfreedom.org](http://www.ptsdfreedom.org)