



TRAUMA AFFECT REGULATION: GUIDE FOR EDUCATION AND THERAPY (*TARGET*)

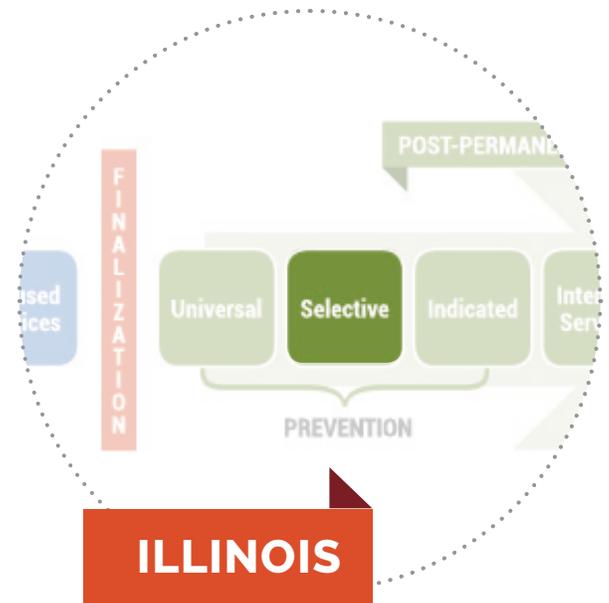
**INTERVENTION IMPLEMENTED IN ILLINOIS
FOR THE QIC-AG PROJECT**

OVERVIEW OF THE QIC-AG

The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a 5-year federally funded project that promotes permanence (when reunification is no longer a goal) and improves supports for adoptive and guardianship families. Working in partnership with eight sites, the QIC-AG is identifying and testing promising practices and evidence-based models of support and services for children and families both pre and post permanence. Effective interventions are expected to achieve long-term stable permanence in adoptive and guardianship homes not only for waiting children but also for children and families after adoption or guardianship has been finalized. To learn more about the work of the QIC-AG, please go to www.qic-ag.org.

The QIC-AG created a Permanency Continuum Framework to help structure work with sites and families pre and post permanence. The Continuum Framework was developed on the premise that children in adoptive or guardianship families fare better when their families are fully prepared and supported to address issues before they arise, and if issues arise, before they escalate into a crisis. The Continuum Framework is comprised of eight intervals; three intervals start prior to finalization (*stage setting, preparation, and focused services*); three intervals continue after finalization and focus on prevention services (*universal, selective, and indicated services*); and the last two intervals focus on the provision of *intensive services and maintenance of permanence*.

Illinois is implementing an intervention that falls into the **selective interval** on the Permanency Continuum Framework. Selective interventions are prevention efforts targeted at families with characteristics known at the time of finalization that may put them at an elevated risk for discontinuity (instability)¹. Decades of child welfare research have yielded significant insight into these characteristics which are then used to identify children and families for proactive outreach.



OVERVIEW OF INTERVENTION SELECTED BY ILLINOIS AS DESIGNED BY THE DEVELOPER

Trauma Affect Regulation: Guide for Education and Therapy (TARGET), is designed to serve youth ages 10 years and older affected by trauma and adverse childhood experiences. Using a strengths-based, psychoeducational approach, *TARGET* teaches youth about the impact of trauma on human cognition; the emotional, behavioral, and relational processes; and how the brain's stress (alarm) system—when stuck in survival mode—can impede the brain's thinking and memory systems. The goals of the *TARGET* intervention include enabling youth to recognize, understand, and gain control of their stress reactions by enhancing their ability to focus their thoughts (mental focusing), engage in mindfulness, regulate emotions, strengthen executive functioning, and engage in interpersonal interactions. *TARGET* is designed to promote positive interactions and discussion and is led by a specially-trained facilitator in 12 sessions. During these sessions, the trained facilitator introduces a 7-step skill sequence—known by the acronym FREEDOM—that addresses the primary personal issues related to trauma. The FREEDOM steps are the seven core *TARGET* skills taught through repeated coaching and guided practice:

SEVEN CORE TARGET SKILLS

- F**ocus
- R**ecognize triggers
- E**motion self-check
- E**valuate thoughts
- D**efine goals
- O**ptions
- M**ake a contribution

¹ Post-permanency discontinuity encompasses the following: displacement (child no longer in the physical custody but guardianship/parental rights remain intact); post-adoption placement; dissolution (guardianship or adoption legally terminated for reason other than parent death or incapacitation); and subsidy ended prematurely (subsidy payment ends prior to the child reaching age 18 years; may be related to child's absence from household or caregiver death).

TARGET facilitators receive an initial four days of training, which is focused on the *TARGET Individual/Family Manual* that teaches facilitators how to deliver *TARGET* in an individual service delivery model. To ensure program fidelity and consistency, facilitators are expected to closely adhere to the Manual in delivering the intervention. In addition, the program's developer, Advanced Trauma Solutions, has established a post-training protocol to further ensure fidelity. This protocol includes fidelity checklists, feedback on videotaped sessions, and both individual and group coaching sessions. Facilitators are required to video record their sessions and submit the videos to Advanced Trauma Solutions for review so their coaches can ensure the facilitators are delivering the intervention as intended.

WHY TARGET WAS SELECTED BY ILLINOIS

Stakeholder data and feedback identified adolescence as a high-risk period for adoptive and guardianship families. Based on this knowledge, the Illinois site team thought that by acting proactively and providing coping tools to families of pre-adolescents or adolescent youth, this approach might alleviate some stressors that arise during this developmental stage. *TARGET* was chosen because it is a skills-based, short-term intervention that provides youth and their families with information on trauma and its impact through a strengths-based perspective. Additionally, Illinois had used *TARGET* in conjunction with another grant funded project, and thus, already had experienced staff who could conduct the training and act as coaches.

Illinois offers *TARGET* to eligible youth with a finalized adoption or guardianship. Eligibility is based on residence and age: in Cook County, the program is offered to youth ages 12–16 years, and in specified counties within the Central Region, the program is offered to youth ages 11–16 years. Further, to be eligible for *TARGET*, the youth must be living in the home of their adoptive parent or guardian. Given the nature of the *TARGET* program—that is, teaching skills for processing and managing trauma-related reactions to stressful situations—youth with the following characteristics are unlikely to benefit from the intervention, and therefore are excluded from participation:

CHARACTERISTICS OF YOUTH UNLIKELY TO BENEFIT FROM *TARGET*

- » an IQ lower than 70
- » significant symptoms or functional impairment
- » severe autism
- » untreated substance abuse
- » significant developmental disabilities

The project also serves families with adopted children ages 10–17 years who were adopted through a private domestic or intercountry process, and reside in the specified service areas.

The anticipated short-term outcomes include:

SHORT-TERM OUTCOMES

- » Reduced child behavioral issues
- » Reduced school-based problem behaviors
- » Increased level of caregiver commitment
- » Reduced caregiver strain

ADAPTATIONS TO TARGET



To better fit the needs of the target population, the Illinois site team instituted the following adaptations to the *TARGET* program:

- » **Setting:** *TARGET* was created for use in a group or residential setting. *TARGET* was adapted by a previous grant funded project in Illinois to be used in the home setting. The Illinois site team used this adaptation so that *TARGET* could be used in home setting with youth and their adoptive parents or guardians. It is anticipated that providing in-home services will make the services more accessible to families.
- » **Participants:** Instead of focusing solely on youth, the Illinois site used an inclusive approach that encouraged adoptive parents and guardians to directly participate in *TARGET* sessions with their adolescent. In addition, siblings and other family members were invited to participate in *TARGET*. This inclusive approach is intended to not only help the youth to learn skills such as interpersonal interactions, but also to help the parents and family members learn skills and strategies for providing a supportive environment for their child.
- » **Adoption Competency Language:** The Illinois site team created a document to overlay the *TARGET* manual provided by the developer. The overlay included information on adoption and guardianship and how *TARGET* could be adapted to work with these families. In addition, the overlay addressed understanding the impact of complex trauma on children and families, key elements of understanding the experiences of families who adopt via intercountry or private domestic process, and the importance of recognizing the lifelong nature of the adoption journey. Additionally, the site team selected facilitators who were experienced in working with families who had adopted or assumed guardianship. Having facilitators with this expertise made it easier to adapt *TARGET* for Illinois' target population.

RECRUITMENT: OUTREACH TO FAMILIES

OVERVIEW OF RECRUITMENT

The initial outreach involved sending a letter to all families who adopted or assumed guardianship of children through the public child welfare system. The introductory letter described the *TARGET* project and informed the family that an outreach coordinator would be contacting them within the next two weeks. The outreach coordinator made at least four attempts to contact families by phone within the two weeks following the introductory letter. For families that could not be contacted by phone, the outreach coordinator sent a second letter that included a postage-paid return postcard. Families were asked to send back the postcard stating either the best time to reach them or that they did not want to be contacted. If families did not return the postcard, the outreach coordinator made one additional attempt to contact the non-responders by phone. Families who returned the postcard indicating they wished to be contacted received a call from the outreach coordinator who described the *TARGET* program and answered questions about program participation.

REFINEMENTS TO RECRUITMENT

Refinements continue to be made to the recruitment process. A summary of the refinements made to date include the following changes:

- » **Change in Materials Sent to Families.** To encourage families to open and read the first mailing that included a letter describing the intervention, the team used larger envelopes and personalized the mailing by hand-addressing the envelopes. However, after trying this approach with one cohort and not receiving a significant change in the response rate of families agreeing to participate in *TARGET*, the project reverted to using standard-size envelopes with computer-printed addresses.



A second change involved developing a flyer that summarized key points of the intervention. The flyer was placed on top of the formal letter so that the flyer would be the first thing seen by the person who opened the envelope. Both the letter and flyer have been refined to incorporate more strengths-based language that normalizes issues pre-teens or teenage youth might be experiencing.

- » **Change in Family Communication About TARGET.** Realizing that language about trauma and therapy were not always well received by families who were not currently experiencing issues or who might have had negative experiences with therapeutic services, the language used in the *TARGET* materials sent to families was altered to focus on (1) potential issues that families might see during adolescence, and (2) taking proactive, preventive steps before issues arise. In addition, the outreach coordinators refrained from using language such as trauma and therapy when talking with families on the phone. To increase the acceptability of the *TARGET* program among families, Illinois highlighted *TARGET* as a preventative no-cost opportunity for families, revised materials to decrease the frequency with which the Department of Children and Family Services was mentioned, and emphasized the participation incentives for the family and youth.



Some parents expressed concern about allowing their child to participate in a program without having more information about the program and/or having the opportunity to meet the facilitator. In response to these concerns, the site team offered a non-commitment orientation session for parents. This meeting provides parents with the opportunity to meet the facilitator and learn more about *TARGET* to determine if the program is a good fit for their child and family.

Another change in the *TARGET* program was related to the language used to refer to the therapists conducting the sessions. Originally referred to as *facilitators*, these roles are currently referred to as *coaches* because many youth are familiar with coaches and see coaches as a positive force in their lives.

RETENTION: KEEPING FAMILIES CONNECTED TO THE PROCESS

Initially, retention was not considered a potential issue for Illinois given that the intervention was free and offered in the home. However, retention has proven to be a challenge. In some cases, families have stated they want to participate in *TARGET*, but then never connect with the outreach coordinator or the coach. In other cases, families start the program, but do not complete the full course of *TARGET* sessions. To increase retention, Illinois has instituted the following processes and practices:



- » **Demonstrating family sensitivity by being flexible.**
 - › *Flexible scheduling.* Workers schedule sessions at the family's convenience, which is often in the evening or weekends. Coaches/facilitators were hired to accommodate this scheduling need. In addition, families can opt to have *TARGET* once or twice a week, depending on their schedule.
 - › *Flexible participants.* Parents can choose to participate in sessions with or without their children. Parents can also include other children in the home in the family sessions.
 - › *Flexible commitment.* Families are able to defer some sessions if they start *TARGET* but then their circumstances change, requiring they take a break from *TARGET*.



» **Offering incentives for continuing and completing the program.**

- > Initially, Illinois provided a \$25 gift card to families that completed all of the *TARGET* sessions. Recognizing that *TARGET* involves a great deal of effort on part of the youth and the family, additional incentives were added. The program incentives now include a \$25 gift card given at two points in the program: (1) after completing the fourth *TARGET* session, and (2) after completing all of the *TARGET* sessions. This information is now prominently displayed on the flyers for *TARGET*.

LINKS

The California Evidence Based Clearinghouse has rated *TARGET* a “3 - Promising Research Evidence.” The provider of *TARGET*, Advanced Trauma Solutions, provides a summary of the research evidence, which is available at: <http://www.advancedtrauma.com/Evidence---Research.html>

Additional information about *TARGET* is available from the following websites:

- » <http://www.advancedtrauma.com>
- » <http://www.cebc4cw.org/program/trauma-affect-regulation-guide-for-education-and-therapy-adolescents/>
- » <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=145>
- » <https://lion.militaryfamilies.psu.edu/programs/trauma-affect-regulation-guide-education-and-therapy-target>
- » http://resources.childhealthcare.org/resources/target_general2012.pdf

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