

A Program Overview

TARGET

TRAUMA AFFECT REGULATION:
GUIDE FOR EDUCATION & THERAPY

F R E E D O M

F R E E D O M

Focus

- Recognize Triggers
- Emotion Self-Check
- Evaluate Thoughts
- Define Goals
- Options
- Make a Contribution

E D O M

F R E E D O M

Empowering trauma survivors
to build healthy relationships.

Advanced Trauma Solutions, Inc.

Advanced Trauma Solutions (ATS) disseminates a research-based intervention for adults and youth affected by psychological trauma, TARGET® (Trauma Affect Regulation: Guide for Education and Therapy). TARGET was developed at and is copyrighted by the University of Connecticut.

Table of Contents

Advanced Trauma Solutions (ATS)	2
Model Developer.....	3
The TARGET Model	4
Unique Features of the TARGET Model.....	5
Freedom Steps	6
TARGET Implementation	8
Frequently Asked Questions	9
TARGET Research Summary	10

ATS provides intensive training

As the sole licensed provider of TARGET, ATS provides intensive training and quality assurance services to enable health care, behavioral health, correctional and juvenile justice, child welfare, and educational systems to address the long-term effects of psychological trauma and chronic stress in an efficient, professional, and cost-effective way.

Dr. Ford has published more than 125 peer reviewed scientific and clinical reports, and has edited or authored several recent books including:

- *Treating Traumatized Children* (2008, with D. Brom and R. Pat-Horenczyk, Routledge)
- *Encyclopedia of Psychological Trauma* (2008, with G. Reyes and J. Elhai, Wiley)

- *Treating Complex Traumatic Stress Disorders* (2009, with C. Courtois, Guilford)

- *Posttraumatic Stress Disorder: Scientific and Professional Dimensions* (2009, Elsevier)

- *Clinical Assessment and Treatment Planning for Posttraumatic Stress Disorder and other Posttraumatic Reactions* (2012, with B. C. Frueh, A. Grubaugh, and J. Elhai, Wiley)

Model Developer



TARGET was developed by Julian Ford, PhD, a clinical psychologist and Professor of Psychiatry, University of Connecticut Health Center. Dr. Ford conducts therapy with adult and child trauma survivors, and research on

assessment and treatment of PTSD and disorders of extreme stress. He developed TARGET with funding from the National Institute of Mental Health (2001-2006) and has trained more than 300 mental health and addiction treatment agencies internationally. His research, clinical practice, and teaching focus on assessment and treatment of complex traumatic stress disorders in children, adolescents, and adults. He serves as Principal Investigator on studies of Developmental Trauma Disorder, poly-victimization and complex trauma, trauma-informed juvenile justice programs and systems, the development, validation, and dissemination of the Trauma Affect Regulation: Guide for Education and Therapy (TARGET®) treatment model, and development and validation of psychometric screening and assessment measures. He is the Principal Investigator and Director of the Center for Trauma Recovery and Juvenile Justice in the National Child Traumatic Stress Network.

Dr. Ford has prepared expert white papers on trauma and mental health for the National Child Traumatic Stress Network, the National Council of Juvenile and Family Court Judges, the National Center for Mental Health and Juvenile Justice, and the Child Health and Development Institute, and provided expert consultation on traumatic stress research and treatment to the World Health Organization, the U. S. Public Health Service Substance Abuse and Mental Health Services Administration, the American Bar Association, the International Association of Chiefs of Police, and committees of the American Psychological Association and the International Society for Traumatic Stress Studies (for which he serves on the Board of Directors). Dr. Ford Chairs two Panels of the Institutional Review Board at the University of Connecticut Health Center, and is on the Editorial Board of several leading peer review journals, including as Associate Editor of the Journal of Trauma and Dissociation.

TARGET

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- *Treating Complex Trauma: A Sequenced, Relationship-Based Approach* (2013, with C. Courtois, Guilford)
- *Hijacked by Your Brain: How to Free Yourself When Stress Takes Over* (2013, with J. Wortmann, Sourcebooks)
- *Treating Complex Traumatic Stress Disorders in Children and Adolescents: Scientific foundations and therapeutic models.* (2013, with C. Courtois, Guilford)

For more information about ATS or TARGET, please contact Judith Ford at 860-269-8663 or Judy@advancedtrauma.com.

For online information, please visit our website at www.AdvancedTrauma.com.

The TARGET Model

TARGET is an educational and therapeutic intervention for the prevention and treatment of traumatic stress disorders. TARGET teaches a seven-step sequence of skills, the FREEDOM Steps, designed to enable youth and adults to understand and gain control of trauma-related reactions triggered by current daily life stressors.

TARGET uses the FREEDOM steps to help youth and adults recognize and purposefully utilize their personal strengths when experiencing stress reactions in their current lives. TARGET thus both empowers and challenges trauma survivors, and the professionals working with them, to become highly focused and mindful, to make good decisions, and to build healthy relationships.

The focus in TARGET is on shifting the way a person processes information and emotions so that s/he is able to live life and make sense of memories without being trapped in an alarm state. TARGET explains stress reactivity as the product of an ingrained, but reversible, biological change in the brain's alarm and information processing systems and the body's stress response systems. Using graphics and simple language, TARGET describes the stress response system as an "alarm" in the brain that is triggered by trauma or extreme stress. When the brain becomes stuck in "alarm" mode a person cannot access the brain's capacities for clear thinking, and therefore reacts to all types of current stressors as survival threats. This causes serious difficulties in their relationships and daily life activities that can be addressed by using the FREEDOM skill set.

TARGET has been scientifically tested for the treatment and rehabilitation of post-traumatic stress disorder with adolescents and adults. It is also applicable to many other stress-related problems including anxiety, depression, anger, addictions, family and marital problems, and work stress.

If people are emotionally regulated, they are capable of making good choices.

Unique Features of the TARGET Model

Based on neurobiology of the brain

TARGET is the only psychological therapy that is based on the neurobiology of post-traumatic stress and the brain. Until post-traumatic stress-related biological reactivity is addressed, all other psychological or medical therapies are limited in their effectiveness.

Strengths-based and resilience-enhancing

TARGET builds on trauma survivors' strengths rather than eliminating symptoms and correcting presumed personal flaws or deficits. Trauma survivors are empowered with practical knowledge that is consistent with their core beliefs and practical skills that draw on their inherent abilities. TARGET. In this way TARGET fosters resilience and enables the recipients to make new adaptations that reduce symptomatic distress and impairment.

Focus on current post-traumatic stress, not on traumatic memories

TARGET does not require repeated "reliving" or processing of traumatic memories, but provides a safe and therapeutic framework for affect regulation that can be used to process current stress-related difficulties and (when clinically indicated) trauma memories. When trauma survivors can regulate their emotions while experiencing post-traumatic stress reactions in their current lives, they achieve a sense of efficacy and perspective that enables them to no longer need to attempt to avoid memories of past traumas.

Teaches a systematic skill set for emotion regulation

TARGET uses a unique sequential set of skills, the 7-step FREEDOM process, that provides a down-to-earth, non-technical, user-friendly road map for emotion regulation and stress management.

Compatible with all other evidence-based psychological and medical therapies for psychiatric and behavioral problems

TARGET's FREEDOM skill sequence and educational modules provide a foundation of emotion regulation that is complementary with and necessary for clients to be able to successfully apply the knowledge and skills provided by other behavioral health treatments, anger and stress management interventions, health risk behavior reduction interventions, and personal or relationship improvement programs.

A model for systems-level and organizational change

TARGET provides a conceptual framework and practical tools for restoring emotion regulation and 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

TARGET can be taught to and delivered by persons from a wide variety of cultural and educational backgrounds and professions or vocations, 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

TARGET has an intensive but efficient program for assessing program/organizational/system needs and readiness, delivering training and ongoing quality assurance, monitoring process and outcomes, ensuring fidelity of delivery, certifying individual and organizational deliverers, and maximizing sustainability over the long haul.

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

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.

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.

The seven core skills in TARGET are taught through repeated coaching and guided practice and are described by the acronym, FREEDOM.

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. The 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.

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.



TARGET Implementation

ATS provides an intensive training and quality assurance program for agencies interested in learning to use the TARGET treatment model in their programs. Training includes a series of components designed to guide administrators, clinical staff, and line staff through an intensive learning process that prepares them to implement TARGET concepts and skills in group, individual, and family settings, and in the milieu.

This process takes place over an extended period of time in order to facilitate learning, build confidence and competence, and ensure fidelity to the model. Training components include onsite assessment and planning, trauma and PTSD screening tools, TARGET manuals and materials, outcomes measurement/monitoring consultation, intensive onsite training, ongoing consultation and support, and quality assurance/fidelity monitoring.

The ATS team is committed to building an ongoing relationship with agencies that is based on a common commitment to addressing the long-term effects of trauma on youth, adults, and families receiving services in their programs, and a desire to provide the right tools for staff working in these programs. The ultimate goal of ATS is to develop a consistent educational and therapeutic approach to trauma-informed care throughout systems of care for individuals and their families who have experienced overwhelming and life-changing stress.

Certification prepares counselors to deliver TARGET in family, group, and individual modalities and in the milieu. Through a process of training, consultation, applied field experience, fidelity review, and direct feedback on progress over a period of 12-15 months, a clinician, case manager, or line staff can achieve certification status.

*The goal of the
FREEDOM Steps
is to feel in control
and think clearly
when stressed.*

Frequently Asked Questions

Where is TARGET being used?

TARGET has been disseminated in the juvenile justice system in the states of Connecticut, Ohio, and Maine, and in the child welfare system in Illinois. In Connecticut, 30 detention, residential, and community-based programs have implemented TARGET groups for adolescents involved in the juvenile justice system. In Maine, TARGET is being implemented in Department of Corrections residential and probation programs for juvenile justice-involved youth. TARGET is being implemented in the Illinois child welfare system in a statewide Permanency Innovations Initiative with system of care provider agencies whose therapists provide in-home services working with children in foster care and their biological and foster parents. TARGET has been field-tested in mental health and addiction agencies, domestic violence shelters and programs, child guidance clinics, children's psychiatric hospitals, juvenile justice detention centers and probation offices, women's prisons, and group homes. TARGET has been used in all levels of care for adults and children and has been piloted in schools.

What makes TARGET unique among traumatic stress interventions?

- TARGET is the only psychological treatment that explains in laypersons' terms the biological as well as psychological changes caused by stress and trauma.
- TARGET provides the unique "FREEDOM" self-regulation skill set, and uses this to involve clients as equal partners in recovery.
- TARGET does not require "exposure" (trauma memory recall) therapy but can serve as a preparation for safe and therapeutic trauma memory work.
- TARGET is designed to be readily integrated with other evidence-based interventions for stressed or traumatized adults, adolescents, and families.

Where can I learn more about TARGET?

You can contact us through our website at www.advancedtrauma.com or call the ATS office at 860-269-8663.

More information on TARGET can be found at the National Child Traumatic Stress Network (www.nctsn.org), the California Evidence-Based Clearinghouse for Child Welfare (www.cachildwelfareclearinghouse.org), the RAND Corporation Gulf States Policy Institute (www.rand.org), NREPP: SAMHSA's National Registry of Evidence-based Programs and Practices (www.nrepp.samhsa.gov), the U.S. Department of Justice Office of Justice Programs (www.CrimeSolutions.gov), Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide (www.OJJDP.gov), and Children Exposed to Violence Evidence-Based Guide (www.safestartcenter.org).

Has TARGET been manualized?

TARGET manuals, handouts, laminated wall posters, and other teaching tools have been organized and designed to engage clients in treatment and assist group, individual, and family treatment providers to guide participants through the FREEDOM steps. Written in simple language and organized session by session, these materials provide step by step instruction, discussion guides, scripts, and activities to make individual and group sessions interesting and engaging learning experiences. Manuals are available for adult and adolescent treatment in both individual and group modalities, and for home-based family treatment.

Has TARGET been translated into Spanish?

TARGET has been translated into Spanish according to the guidelines for cultural and linguistic translation outlined in Translation of English Materials to Spanish, National Child Traumatic Stress Network Culture and Trauma Briefs, v1 n3, April 2006, Luis Flores, M.A.

TARGET Research Summary

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.

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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% ethnorracial 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.

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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.

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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.

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.

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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.

Marrou, 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.*

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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.*

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