

Program Overview: Trauma Affect Regulation: Guide for Education and Therapy

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Other Therapy Programs	Definitions/ Notes
Program Name	Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	
History of Program	TARGET is a behavior management intervention intended to improve emotion regulation skills needed for anger management, adaptive coping, and stress reduction. Using psychoeducation strategies in individual or group format, TARGET addresses the biological underpinnings of stress responses to minimize maladaptive arousal associated with PTSD and increase psychological wellbeing. The first model to be recognized by NCTSN as promising program for treating trauma-affected juvenile offenders, TARGET teaches emotion regulation skills through a 7-step model (FREEDOM Steps). TARGET has primarily been administered with adults with PTSD, substance abuse groups, and incarcerated youth and adults.	
Description of Program as it Relates to addressing Children's Exposure to Violence	When applied to children exposed to violence, TARGET is used as a crisis management tool to assist adolescents in regulating physiological and emotional response associated with post-traumatic distress. When implemented with juvenile justice detainees in several states, TARGET has been shown to reduce PTSD symptoms and promote PTSD remission, disciplinary incidents, threats to correctional facilities staff,	

Highlighted text indicates program components are currently under review. Changes may be pending.

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	and the need for use of seclusion by staff. It has also been shown to improve self-efficacy and mood regulation.	
Service Continuum	Tertiary/Targeted Intervention Crisis Response	TARGET is most often offered as a tertiary or targeted intervention for juvenile delinquents, but can be applied as a rapid crisis response to recent or immediate trauma.
Primary Exposure Type	Domestic Violence Sexual Abuse Physical Abuse Psychological/Emotional Abuse High Risk for Exposure / Trauma	TARGET was designed to address trauma associated with child abuse and domestic violence exposure, but can be applied to any type exposure-related traumatic distress.
Target Population	Children/ Youth	TARGET is primarily an individual intervention, but can be provided in group, family or dyadic contexts as needed.
Target Age	Middle Childhood (6 - 12) Adolescence (13-21)	TARGET has shown effectiveness with youth 10 years and older.
Target Gender	Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? Yes If yes, please indicate: Latino/Hispanic African American Indian American Asian American Caucasian	Bl
What Adaptations have been made?		Translations are underway in Puerto Rico, Israel, France, and the Netherlands.

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Primary Settings	Juvenile Justice/Correctional Flexible	For youth, TARGET has most often been implemented in the juvenile justice system, however, it has also been field-tested in mental health service agencies, schools, domestic violence shelters, and inpatient residential treatment settings.
Persons or Entities in charge of delivering Program	Mental Health Providers (e.g., Social Workers, Therapists) Juvenile Justice/Correctional Line Staff School Staff & Educators (e.g., Teachers) Other (Please describe) Case managers	Blank
Primary Components	Assessment/ Triage/Screening Child Group Therapy Child Individual Therapy Other (Please describe) Psychoeducation	

Resource & Capacity Planning

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Length/Duration of Program	TARGET can be administered in as few as 4 sessions for rapid response. On average, 4-12 sessions are recommended, and most evaluation studies with youth have used a 10-12 session treatment model.	
Required Materials	Manuals/Program materials	
Are Materials Available in Multiple Languages?	TARGET has been translated into Spanish.	Blank
Training Requirements	Face-to-face training Supervision Consultation	A 3-5 day on-site training is required to introduce providers to trauma response, TARGET, and the 7 FREEDOM Steps. Advanced Trauma Solutions (ATS), the certified provider of the TARGET model, continues training with a 1-2 day post-implementation follow-up and ongoing quality assurance.
Provider Certification/ Training/ Requirements	No Degree /Certification/ Training/ requirements stated Special Service Area Required (e.g., Social Worker, Doctor)	Program does not require certification, but most service providers are mental health clinicians, correctional facilities staff, and case managers at social service agencies with service-specific training.
System or Agency Recommendations for Serving CEV Populations	None Specified	No recommendations have been specified, but TARGET is typically implemented with within agency support.

Evidence for Children’s Exposure to Violence

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Evaluation Design of Studies with CEV	<p>Randomized, control experimental design</p> <p>Quasi-experimental design</p> <p>Pre- and post-test (no comparison group)</p>	<p>A 3-year RCT study with 13-17 year old delinquent has been submitted for publication but is not yet available.</p>
Violence Exposure-Related Outcomes	<p>Child (Briefly Describe) During and after treatment, youth in residential psychiatric treatment facilities receiving TARGET were up to 6 times less likely to require physical response and seclusion tactics or restraint by facility staff compared to youth receiving treatment as usual. TARGET youth were also less likely to threaten staff. Further, although results varied substantially by site, TARGET youth reported higher treatment satisfaction, greater increases in hopefulness, and greater decreases in PTSD and depressive symptoms than youth receiving treatment as usual.</p> <p>When implemented within the juvenile justice system, TARGET has been shown to reduce PTSD symptoms (e.g., avoidance, numbing, intrusive re-experiencing), the number of disciplinary incidents while in treatment, and the need for seclusion as restraint.</p>	<p>Bl...</p>
Additional Research Information	<p>Design, Setting, Participants: 61 female juvenile delinquents were randomly assigned to receive a 12-session individual version of TARGET or enhanced treatment as usual (ETAU).</p> <p>Outcome Measures:</p> <p>Reference:</p>	

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	<p>Ford, J. D., Steinberg, K., & Zhang, W. (2010). Evaluation of Trauma Affect Regulation – Guide for Education and Therapy (TARGET) with traumatized girls involved in delinquency. Submitted for publication.</p> <p>Study 2: Design, Setting, Participants: In an implementation and evaluation study, TARGET was compared to Treatment As Usual (TAU) in a sample of 74 youth (11-19 years old) residing in mental health facilities in Ohio. Sites were randomly assigned to TARGET or TAU; three sites received TARGET and two received TAU (sample size of groups were not reported). Many youth reported histories of physical abuse (49%), sexual abuse (44%), and emotional abuse (28%), or violence exposure through media, witnessing drug use, or separation due to incarceration.</p> <p>Outcome Measures: Children’s affect, including depressive symptoms and mood regulation were assessed using the Mood and Feelings Questionnaire (MFQ, 13-item, self-report questionnaire) and the 30-item Generalized Expectancies for Negative Mood Regulation. Exposure to violence and trauma, as well as posttraumatic stress symptoms, were obtained via the Trauma Events Screening Inventory (TESI; a 15-question youth interview), and UCLA PTSD Reaction Index (UCLA PTSD-RI; a 48-item self-report survey). The Ohio Scales were used to assessing child functioning, satisfaction with treatment, and general hopefulness.</p> <p>Reference: Knudsen, K. J. TARGET evaluation: Ohio Department of Mental Health, Office of Program Evaluation and Research.</p>	
Conceptual Framework/Theoretical	Adequate	Pilot studies indicate TARGET may be most effective for ameliorating PTSD when used simultaneously with

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Design		<p>Trauma-Focused Cognitive Behavioral Therapy.</p> <p>Evidence from the Ohio Dept of Mental Health indicate that although all treatment groups improved, results varied quite significantly by site, indicating that training and fidelity may be especially important for implementing TARGET.</p> <p>A 3-year RCT study with 13-17 year old delinquent has been submitted for publication but is not yet available.</p>
Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?	<p>Yes</p> <p>NREPP California Clearing House Rated Other (describe): National Center for Children in Poverty</p>	<p>TARGET has been shown to be effective in reducing PTSD symptoms and increasing emotion regulation skills and relationship skills of low-income, urban mothers with PTSD. It has also been noted for its effectiveness in encouraging sobriety for adults with substance abuse issues.</p>
Evaluation Designs of other evaluations	<p>Randomized, control experimental design Waitlist control (randomized or pseudo randomized) Quasi-experimental design</p>	
Sources	<p>Empirical Studies (peer-reviewed journal) Independent (Published) Evaluation Evaluation Conducted by Program</p> <p>Other (describe): NCTSN</p>	

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Selected Publications/References

Knudsen, K. J. TARGET evaluation: Ohio Department of Mental Health, Office of Program Evaluation and Research.

Ford, J. D., Steinberg, K., & Zhang, W. (2010). Evaluation of Trauma Affect Regulation – Guide for Education and Therapy (TARGET) with traumatized girls involved in delinquency. Submitted for publication.

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

Ford, J. D., & Hawke, J. (2010). Evaluation of Trauma Affect Regulation – Guide for Education and Therapy (TARGET) in mixed gender juvenile detention centers. Submitted for publication.