

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: TARGET-A</p> <p>Average length/number of sessions: 4-12</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers):</p> <ul style="list-style-type: none"> • 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; • 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; • 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). <p>Trauma type (primary): Physical abuse</p> <p>Trauma type (secondary): Domestic violence, emotional abuse, sexual abuse</p> <p>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.</p>
<p>Target Population</p>	<p>Age range: 10 to 18+</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): Not specific to any 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, the Netherlands, France, and Puerto Rico.</p> <p>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), and diversity of religious affiliations</p>

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

GENERAL INFORMATION

<p>Target Population continued</p>	<p>Language(s): Translated into Spanish, Hebrew, Dutch, French</p> <p>Region (e.g., rural, urban): Rural & urban</p> <p>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) regarding how to express concepts in a linguistically and culturally sensitive and meaningful manner.</p>
<p>Essential Components</p>	<p>Theoretical basis: Cognitive behavioral, self/relational, systems, narrative</p> <p>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)</p>
<p>Clinical & Anecdotal Evidence</p>	<p>Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>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</p> <p>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Collecting this information now in juvenile detention centers; see Ford & Russo (2006).</p> <p>Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation(s) from last five presentations: International Society for Traumatic Stress Studies (ISTSS): Ford, 2008 American Psychological Association (APA): Ford, 2007 American Psychiatric Association: Ford, 2007 National Institute on Drug Abuse Blending Addiction Science & Practice Meeting: Ford, 2006 National GAINS Center Conference: Rowe, Liddle & Ford, 2006</p> <p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Ford & Russo (2006).</p> <p>Has the intervention been replicated anywhere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

GENERAL INFORMATION

<p>Clinical & Anecdotal Evidence continued</p>	<p>Other countries? <i>(please list)</i> In learning collaboratives throughout the Network; as part of David Pelcovitz & Ruth DeRosa’s SPARCS treatment and Richard Kagan’s Real Life Heroes model; Israel, France, the Netherlands, Canada, Puerto Rico</p> <p>Other clinical and/or anecdotal evidence <i>(not included above):</i> 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 clinics, 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.</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Published Case Studies</p>	<p>N=4 By gender: males & females By ethnicity: Latino, African American</p>	<p>Ford, Chapman, Mack & Pearson, 2006 Ford & Russo, 2006</p>
<p>Pilot Trials/Feasibility Trials <i>(w/o control groups)</i></p>	<p>N=24 By gender: males & females By ethnicity: 40% Latino, 25% Black, 35% White By other cultural factors: 33% bilingual</p>	<p>Ford, 2004</p>
<p>Clinical Trials <i>(w/control groups)</i></p>	<p>N=248 By gender: girls By ethnicity: 40% Latina, 30% Black, 30% White By other cultural factors: 40+% bilingual</p>	<p>Ford & Hawke, in preparation</p>

GENERAL INFORMATION

Research Evidence continued	Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i>	Citation
Randomized Controlled Trials	<p>N=231</p> <p>By gender: males & females</p> <p>By ethnicity: 55% White, 25% Black, 11% Latino, 9% American Indian, Alaskan Native, Asian/Pacific Islander</p>	Frisman, Ford, Lin & Mallon, in press
Randomized Controlled Trials	<p>N=32</p> <p>By gender: all female</p> <p>By ethnicity: 16% African/ Caribbean American, 59% Latina or Mixed Race, 25% European American;</p> <p>By other cultural factors: 45% in residential treatment; 37.5% in DCF guardianship; 37.5% had prior arrest for violent crimes</p>	Ford, Steinberg, Moffitt, Hawke & Zhang, in preparation (research reported at www.nrepp.samhsa.gov)
Randomized Controlled Trials	<p>N=145</p> <p>By gender: female</p> <p>By ethnicity: 40% Black, 35% Latina, 25% White</p> <p>By other cultural factors: low SES, primarily single parents</p>	Randomized clinical trial with mothers with PTSD who are caring for a child <5 yrs old. Ford, Steinberg, Moffitt, & Zhang, in preparation (research reported at www.nrepp.samhsa.gov)

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), Clinician Administered PTSD Scale, Expectancies for Negative Mood Regulation Scale, Interpretations of PTSD Symptoms Scale, State-Trait Anxiety Inventory; State-Trait Anger Expression Inventory; Beck Depression Inventory of Interpersonal Problems, Parenting Stress Index, Parenting Practices Inventory.

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.

- Results of randomized controlled effectiveness study 1: 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 (Frisman et al., in press; research reported at www.nrepp.samhsa.gov).
- Results of randomized controlled effectiveness study 2: TARGET was associated with reductions post-therapy in self-reported PTSD, anxiety, depression, and anger symptoms, and increased self-efficacy/optimism, and with greater improvement than enhanced treatment as usual (ETAU) on PTSD symptoms (primarily Criterion C avoidance and numbing, and Criterion B intrusive re-experiencing). More (77%) TARGET recipients than ETAU recipients (53%) no longer met diagnostic criteria for PTSD or partial PTSD post-therapy.
- Results of randomized controlled effectiveness study 3: Clinically significant reductions post-therapy in self-reported PTSD, anxiety, depression, and post-traumatic beliefs, and increased emotion regulation, and sustained or greater improvements at 3-month and 6-month follow-up assessments. TARGET was associated with greater improvement than an active comparison therapy, present centered therapy, on PTSD and anxiety symptoms, PTSD-related cognitions, and emotion regulation, and (at follow-up) physical health-related functioning. Research reported at www.nrepp.samhsa.gov.
- Open trial replications with a quasi-experimental control group in five juvenile justice detention facilities indicate that the introduction of TARGET as a milieu and group intervention was associated with reduced disciplinary problems vs. the prior six months. Research reported at www.nrepp.samhsa.gov.

GENERAL INFORMATION

<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? Group or individual 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. No equipment required.</p> <p>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 includes review by the trainer/consultant of taped interventions and supervision sessions.</p> <p>To ensure successful implementation, support should be obtained from: In order for successful implementation, support should be obtained from: Advanced Trauma Solutions www.advancedtrauma.com</p>
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.</p> <ul style="list-style-type: none"> • Chang, Augenbraun, Ford & Cruz, in press • Ford, 2008 • Ford, Chapman, Mack & Pearson, 2006 • Ford & Russo, 2006 • Ford, Russo & Mallon, 2007 • Ford & Saltzman, in press • Frisman, Ford, Lin, Mallon & Chang, in press <p>How/where is training obtained? www.advancedtrauma.com, Tom DeVitto, CEO, 203-232-2437</p> <p>What is the cost of training? Trainings are delivered within a package that includes ongoing consultation and quality assurance and license to use copyrighted materials, in order to ensure effective adoption and sustainability with fidelity to the model. Trainings usually are delivered to agencies or systems and costed based on the services required.</p> <p>Are intervention materials (handouts) available in other languages? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what languages? Spanish, Hebrew, Dutch</p>
<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)?</p> <ul style="list-style-type: none"> • 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.

GENERAL INFORMATION

<p>Pros & Cons/ Qualitative Impressions continued</p>	<ul style="list-style-type: none"> • Can serve as a phase 1 intervention to 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 remember to use my skills.” TARGET is compatible with most evidence-based models, and has been used as the first line intervention to prepare clients for other interventions (e.g., anger management, relational therapies, addiction recovery programs, trauma-focused cognitive-behavior therapy) in numerous programs. • Readily adapted to settings where youths or families 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., 4 sessions) and introduced to new clients while continuing to be used with ongoing clients (e.g., in groups with rolling admissions). • TARGET 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 and community-based risk reduction programs, 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). • TARGET provides a unique sequence of skills designed to address the biological changes caused by stress. • TARGET can be delivered by line staff, educators, and case managers, enabling providers to reduce treatment costs and reach significantly more patients. Other therapies must be delivered by highly trained, costly, and scarce mental health professionals. • TARGET is compatible with conventional 3rd party payor systems. <p>What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)? TARGET can include trauma memory processing but has been found to work best clinically when used in tandem with Trauma-Focused CBT (pilot clinical testing ongoing at the University of Connecticut Child Trauma Clinic).</p>
<p>Contact Information</p>	<p>Name: Thomas DeVitto Address: www.advancedtrauma.com Phone number: 203-232-2437 Email: tdevitto@yahoo.com Website: www.advancedtrauma.com</p>

References

Chang, R., Augenbraun, D., Ford, J. D. & Cruz, M. (in press). An ecological approach to services for women survivors of psychological trauma and comorbid substance use disorders. In F. Columbus (Ed.), *Women and Substance Abuse*. Hauppauge, NY: Nova Science Publishers.

Ford, J. D. (2004, May). *Parents as mediators of trauma: Trauma intervention for youth and parents*. Keynote speech presented at the 2nd Bi-national Conference on Treating Traumatized Children and Adolescents.

Ford, J. D. (2006, October). Post-traumatic stress disorder and Developmental Trauma Disorder. In L. Huey (Chair). Symposium conducted at the meeting of the National Institute on Drug Abuse Blending Addiction Science & Practice Meeting, Seattle, WA.

Ford, J. D. (2007, August). *Risk, resilience, and recovery in traumatized children*. Presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Ford, J. D. (2008, November). *Trauma Affect Regulation: Guide for Education and Therapy (TARGET) in Juvenile Justice*. Presented at the annual meeting of the International Society for Traumatic Stress Studies, Baltimore, MD.

Ford, J. D. (2008). Trauma, PTSD, and ethnoracial minorities: Toward diversity and cultural practices in principles and practices. *Clinical Psychology: Science & Practice*, 15, 62-67.

Ford, J. D., Chapman, J., Mack, M. & Pearson, G. (2006). Pathways from traumatic child maltreatment to delinquency: Implications for juvenile and permanency court proceedings and decisions. *Juvenile and Family Court Journal*, 57(1), 13-26.

Ford, J. D. & Hawke, J. (in preparation). Demonstration of a promising evidence-informed multimodal trauma recovery intervention (TARGET) for girls and boys in juvenile detention programs. Research reported at www.nrepp.samhsa.gov.

Ford, J. D., Hawke, J. & Chapman, J. (2007, May). TARGET as a self-regulation intervention for behavioral dyscontrol and aggression among juvenile detainees. In J. Chapman (Chair). Symposium conducted at the meeting of the American Psychiatric Association, San Diego, CA.

Ford, J. D. & Russo, E. (2006). Trauma-focused, present-centered, emotional self-regulation approach to integrated treatment for posttraumatic stress and addiction: Trauma Adaptive Recovery Group Education and Therapy (TARGET). *American Journal of Psychotherapy*. 60, 335-355.

Ford, J. D. & Saltzman, W. (in press). Family therapy for complex traumatic stress disorders. In C. Courtois & J. D. Ford (Eds.), *Complex traumatic stress disorders: An evidence based clinician's guide*. New York: Guilford.

Ford, J. D., Steinberg, K., Moffitt, K., Hawke, J. & Zhang, W. (in preparation). A randomized clinical trial of affect regulation psychotherapy for delinquent girls: The Girls' In Recovery from Life Stress (GIRLS) Study. Research reported at www.nrepp.samhsa.gov.

Ford, J. D., Steinberg, K., Moffitt, K. & Zhang, W. (in preparation). A randomized clinical trial of affect regulation and social problem solving psychotherapies for low income mothers with PTSD: The Mothers Overcoming and Managing Stress (MOMS) study. Research reported at www.nrepp.samhsa.gov.

Frisman, L. K., Ford, J. D., Lin, H., Mallon, S. & Chang, R. (in press). Trauma Adaptive Recovery Group Education and Therapy (TARGET) compared to trauma-sensitive usual care for substance abuse outpatients. *Journal of Groups in Addiction and Recovery*.

Rowe, C. L., Liddle, H. A. & Ford, J. D. (2006, April). *Integrative family-based treatment for adolescent substance abuse and trauma*. Presented at the National GAINS Center Conference, Boston, MA.