

Trauma Affect Regulation: Guide for Education and Therapy (TARGET): AT-A-GLANCE

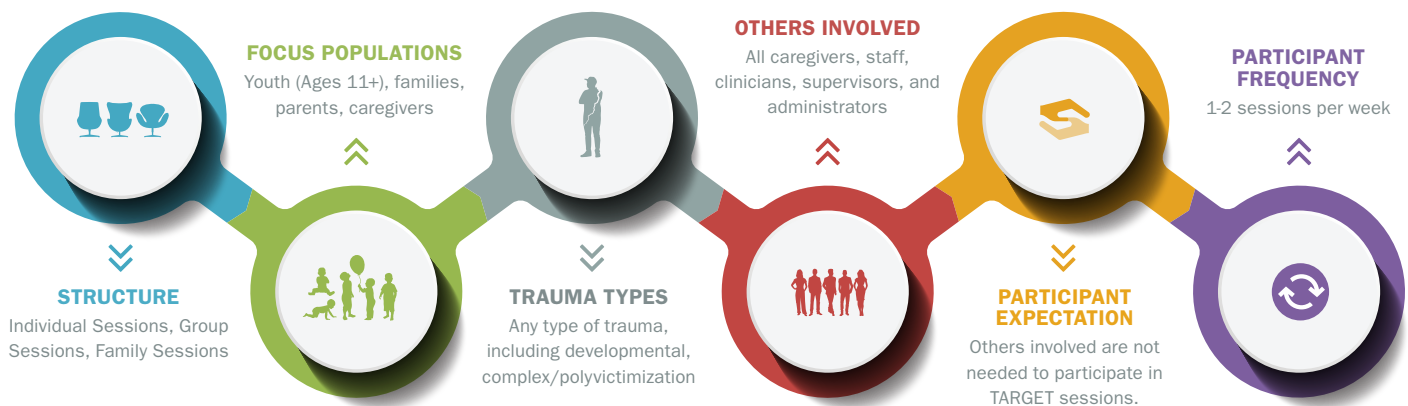
What is TARGET?

TARGET is a strengths-based, present-centered, educational/psychotherapeutic intervention designed to prevent and treat traumatic stress disorders. The manualized program comprises education about how trauma puts the brain into an alarm state that leads to PTSD, and a four- or seven-step sequence of trauma-focused self-regulation skills for processing trauma reminders and related emotional and behavioral challenges. These skills, the FREEDOM Steps, are designed to enable participants to recognize, understand, and gain control of stress reactions by enhancing their adaptive capacities for emotion regulation, mental focusing, executive function, mindfulness, and engagement.

What are the goals of TARGET?

1. Explains stress reactivity as the result of the brain shifting from learning mode to survival mode.
2. Helps clients shift the way they process information and emotions.
3. Empowers clients to become highly focused and mindful, make good decisions, and to build healthy relationships.

What does TARGET look like?



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■ Additional Information

The FREEDOM skills are best learned when reinforced by all caregivers, staff, clinicians, supervisors, and administrators, and in daily interactions beyond the specific groups or classes in which TARGET is taught. Implementation is optimal when the FREEDOM Steps are learned and used by these adults as well as youths.

■ What is the commitment?

TARGET can be delivered in individual, group, or family sessions that range in length from 15 to 90 minutes. Additional trauma-informed, evidence-based screening and assessment before, during, and after the program is based on the clients and the requirements of the service setting.

■ How do we know it works?

TARGET has practice-based evidence and research evidence to support its benefits. It was developed by Julian Ford, PhD in partnership with the National Institute of Mental Health and copyrighted by the University of Connecticut, for adults and youth affected by psychological trauma. For more information, see [page 3](#). The majority of children/youth/families involved in the initial development of this practice identified as meeting the criteria for partial or full PTSD, lived in an urban/suburban environment, and spoke English or Spanish at home.

LOCATION:

TARGET sessions may be conducted anywhere the provider and participant decide so long as all professional, ethical standards are able to be maintained including privacy and confidentiality.

There are several adaptations of the TARGET intervention. These include:

- TARGET and T4 (4-steps) for Adolescents, Individual and Group Versions
- TARGET and T4 (4-steps) for Adults, Individual and Group Versions
- TARGET and T4 (4-steps) for Families
- T-Care: TARGET-based Trauma-Informed Care (training for all staff in organizations)
- T-Care Plus: T-Care for Direct Care Supervisors
- TARGET Train-the-Trainer
- Health on TARGET (for persons with chronic medical illness)

The FREEDOM Skills have been integrated into behavioral, classroom, and anger management protocols, life/social skills groups, substance abuse programming case management, supervision, and administrative models of care. The FREEDOM skills can be taught in any existing groups or class within an agency with appropriate adaptation. This emphasizes the utility of the FREEDOM skills for any adult or adolescent who experiences stress reactions. There are translations of TARGET materials for children, youth, and families available in Spanish. Learn more on [page 3](#).

■ For more information explore the next several pages or check out:

<https://health.uconn.edu/trauma-recovery-juvenile-justice/>

TARGET: THE EVIDENCE

■ What types of evidence are available for TARGET?

- Published Case Studies
- Quasiexperimental Research
- Randomized Clinical/Controlled Trial

■ Where can I learn more about the evidence?

- Center for Trauma Recovery and Juvenile Justice
- The California Evidence-Based Clearinghouse for Child Welfare
- Clearinghouse for Military Family Readiness
- National Gang Center

■ What changes for the better as a result of TARGET?

Enables participants to recognize, understand, and gain control of stress reactions and trauma-related symptoms by enhancing their adaptive capacities for emotion regulation, mental focusing, executive function, mindfulness, and interpersonal engagement and interaction.

■ What do the numbers tell us (i.e., quantitative data)?

- Reduced PTSD and Complex PTSD symptoms, depression, guilt, shame, dissociation, impulsivity, inattentiveness, anxiety, anger, aggression.
- Reduced behavioral incidents/punitive sanctions in institutional settings.
- Improved emotion regulation, self- efficacy, hope, coping, addiction recovery, family and interpersonal relationships.

“I can’t think of anything that we have tried like TARGET. The activities and talks help you learn more about each other... We are doing things a lot differently now. You won’t believe the outcome.”
- From a TARGET Participant¹

■ What do the stories tell us (i.e., qualitative data)?

Improved quality of life for participants/providers including a sense of safety/less perceived stress, stronger provider/participant relationships including greater trust, increased participant/provider self-awareness, achieved established goals.

¹On TARGET. . . Toward Togetherness. (n.d.). Spaulding for Children & Quality Improvement Center for Adoption & Guardianship Support and Preservation. <https://spaulding.org/wp-content/uploads/2021/06/Family-together-QIC-general.pdf>

TARGET: ADAPTABILITY AND ACCESSIBILITY

■ What is the history of TARGET?

The TARGET model was developed by Julian Ford, PhD, a clinical psychologist and Professor of Psychiatry at the University of Connecticut with grant support from the National Institute of Mental Health, the Substance Abuse and Mental Health Services Administration, the National Institute of Justice, and the Office of Juvenile Justice and Delinquency Programs. The TARGET model was first implemented with adults in recovery from severe mental illness and addictions, and subsequently with families (biological, foster, and adoptive) receiving early childhood, child welfare, homelessness, and mental health services, youth and adults in justice systems, youth and young adults in schools and universities, and adults in integrated health systems.

■ How did TARGET developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by trauma?

The dissemination team has collected qualitative feedback and quantitative evaluations from youth and adult caregivers, interventionists, and leaders of host organizations before, during, and at the conclusion of implementation of TARGET to review and revise treatment and training procedures and materials, ensuring they are responsive, relevant, and applicable across a range of implementation settings and populations served.

■ What is the role of TARGET providers in tailoring the model for individuals, families, and communities?

Providers work collaboratively with TARGET trainers and consultants to adapt the model to meet the needs/perspectives, interests, values, and strengths of different ethnocultural backgrounds and developmental phases.

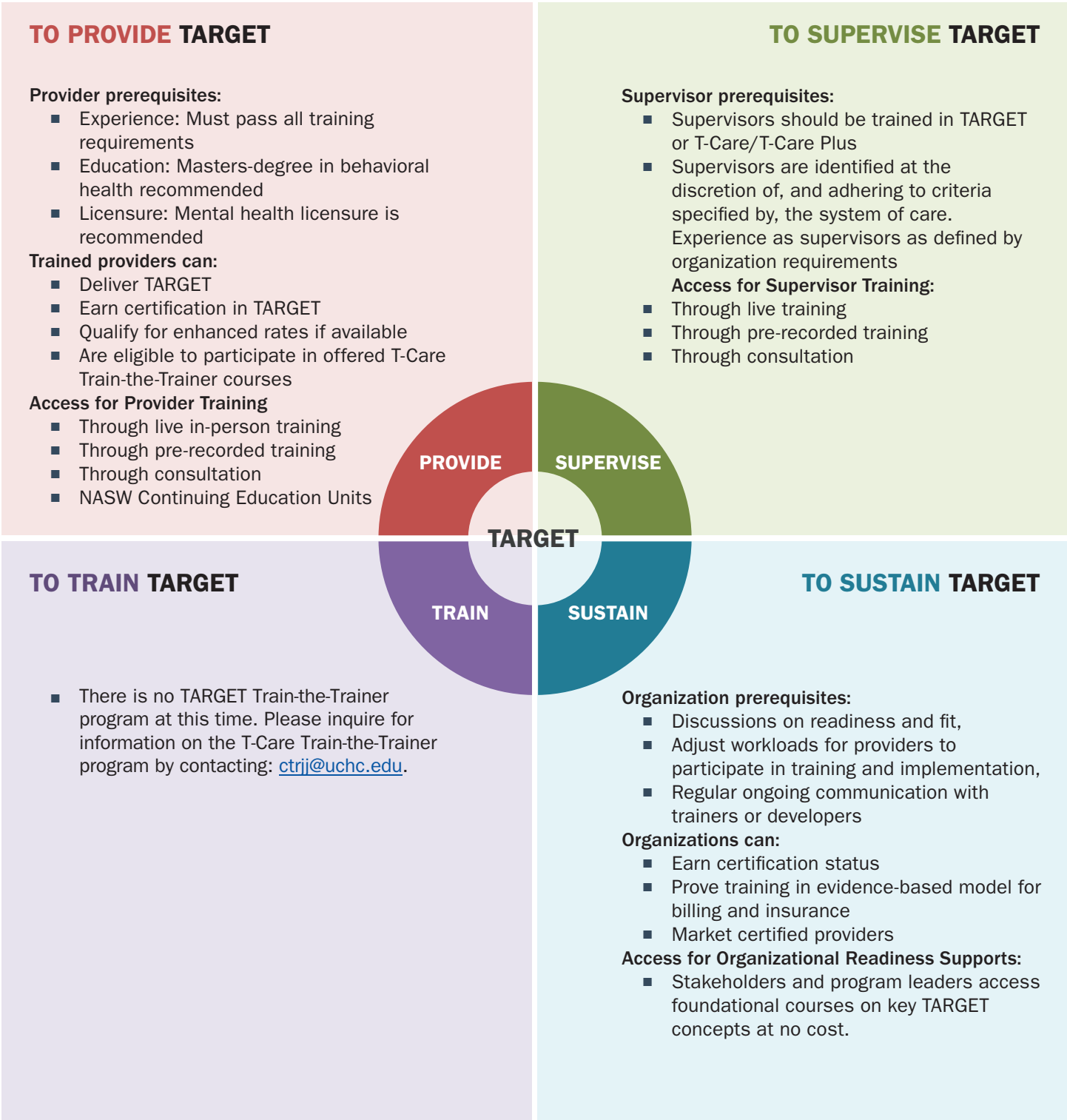
■ How are lessons learned from individuals, families, communities and providers used to keep improving TARGET?

Participant/provider feedback is solicited at regular intervals throughout the implementation process. This feedback is incorporated to provide more responsive treatment manuals, presentations, and training materials.

■ Resources and materials are available:

- In more than one language – Spanish. Translations were done by professional translation service.
- In more than one format (multiple select below):
 - The TARGET manual includes the use of drawing, games, exercises, and therapeutic art projects to facilitate interaction, accommodate different learning styles, and assist with the expression of thoughts and feelings. Facilitators are encouraged to incorporate creative exercises to the sessions as well, to individualize the treatment and make it more meaningful to each client.
 - Session materials are formatted so they do not rely solely on verbal communication and traditional didactic methods. Instead, information is shared in a range of modalities through various “focusing” and “experiential” exercises. Providers are encouraged to provide opportunities within the session for the participants to manage anxiety and to aid in the learning process. Having materials such as soft balls, colored pens and paper, clay, or play dough that a participant can manipulate or draw with while engaging in the session can be helpful. Also, letting the participant know that they can get up and move around the room during the session may help them feel a greater sense of control.
- For more information on adaptation and access, please email ctrji@uchc.edu.

TARGET:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING



TARGET: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE TARGET

- **Training cost:** CTRJJ offers live in-person, web-based, and hybrid training options. On average, TARGET training is approximately \$1,000 per facilitator, including all materials needed to lead group and individual sessions in both TARGET and T4. The total cost is dependent on training path selected (individual versus cohort; live/in-person versus virtual). Please contact the Center for Trauma Recovery and Juvenile Justice for information: ctrjj@uchc.edu.
- **Time Commitment:** TARGET Training is approximately 18 hours of web-based coursework or a minimum of 2-days of live, educational instruction.
- **Additional Details:** CTRJJ has a quality assurance process to maximize fidelity, the integrity of delivery, and adherence and competence by providers. Certification in the model takes place over a minimum one-year period to facilitate learning and build confidence.

SUPERVISE TARGET

- **Training cost:** T-Care Plus is the training available for supervisors of direct care staff. Training is offered on a per-cohort basis and includes post-training coaching. The cost per cohort is approximately \$6,000, but varies based on the level of pre- and post-implementation support and whether the T-Care Train-The-Trainer model is needed.
- **Time Commitment:** Supervisors commit to a 6-month engagement of training and post-training coaching when enrolled in T-Care Plus.
- **Additional Details:** It is good practice for providers facilitating TARGET groups to have access to regular consultation/supervision. It is recommended that those providing professional consultation/supervision to TARGET Facilitators be trained/certified in TARGET. It is recommended that supervisors of clinical staff attend TARGET training and receive post-training coaching to achieve Certification. Supervisors who do not provide therapeutic services to clients are eligible for Provisional Certification in the TARGET model.

TRAIN TARGET

- There is no TARGET Train-The-Trainer program at this time. Please inquire for information on the T-Care Train-the Trainer program by contacting: ctrjj@uchc.edu.

SUSTAIN TARGET

- **Training cost:** CTRJJ offers live in-person, web-based, and hybrid training options. On average, TARGET training is approximately \$1,000 per facilitator, including all materials needed to lead group and individual sessions in both TARGET and T4. The total cost is dependent on training path selected (individual versus cohort; live/in-person versus virtual).
- **Time Commitment:** TARGET/T4 Training requires a commitment of at least 2 days of training. Certification in the model is a year-long process that includes post-training coaching and assessment.
- **Additional Details:** Written documents describing the scope of services and an organizational assessment of readiness form the basis for pre-implementation project planning.

To learn more about providing, supervising, training, or sustaining, please email: ctrjj@uchc.edu
 For additional resources and related products, please explore: <https://health.uconn.edu/trauma-recovery-juvenile-justice/>

On TARGET. . . Toward Togetherness. (n.d.). Spaulding for Children & Quality Improvement Center for Adoption & Guardianship Support and Preservation.

The Trauma Affect Regulation: Guide for Education and Therapy (TARGET): At-A-Glance was reviewed and approved for accuracy by Julian Ford (Model Developer) and Katy Reid (Model Representative) in July 2024.

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