

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

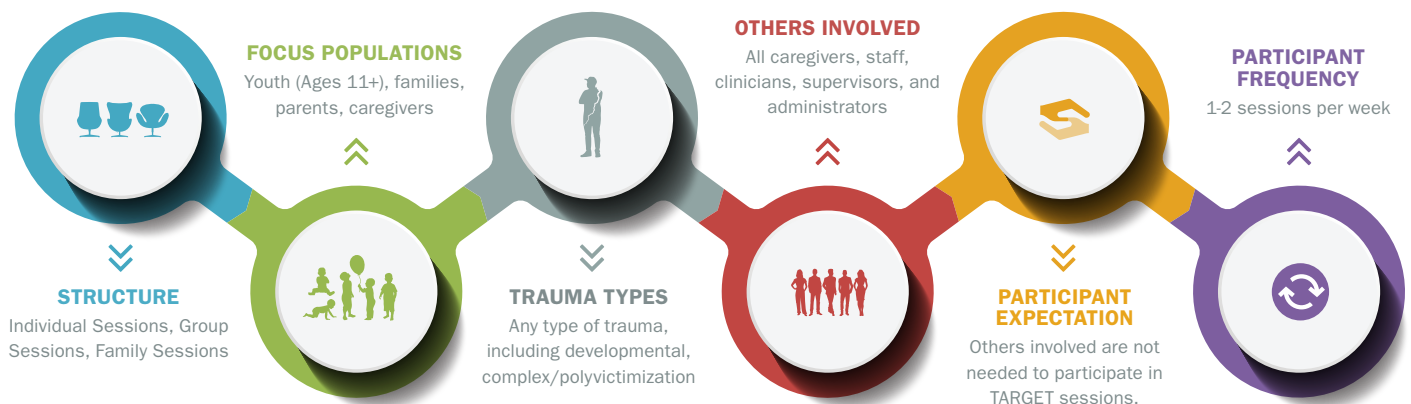
What is TARGET?

TARGET is a strengths-based, present-centered, educational/psychotherapeutic intervention designed to prevent and treat traumatic stress disorders. The manualized program comprises a seven-step sequence of skills based on a psychobiological metamodel, the FREEDOM Steps, 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 product of an ingrained, but reversible, biological change.
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 used to supportively interact with clients and between personnel as a shared language.

■ What is the commitment?

Generally, 50 minutes is allotted for each session. TARGET Participants complete a brief survey at both the mid and endpoint of TARGET services. Additional trauma-informed, evidence-based screening and assessment processes are encouraged, administered at the discretion of the system of care when beginning TARGET groups and towards ongoing outcome monitoring.

■ How do we know it works?

TARGET has practice-based evidence and research evidence to support its benefits.

TARGET 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.

There are several adaptations of the TARGET intervention. These include TARGET for Adolescents, TARGET for Adults, TARGET for Families, T4: TARGET in 4 Steps (Adolescent), T4: TARGET in 4 Steps (Adult), T4: TARGET in 4 Steps (Caregivers), T-Care: TARGET-based Trauma Informed Care (TIC training for all staff), T-Care Plus: T-Care for Direct Care Supervisors, T-Care: Train-the-Trainer, Health on TARGET. 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 group 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:

www.atspro.org

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.

TARGET: THE EVIDENCE

■ What types of evidence are available for TARGET?

- Case Study
- Community Valued Practice-Based Evidence
- Emergent Issues
- Program Evaluation
- Quasiexperimental Research
- Randomized Clinical/Controlled Trial
- Test of Time Research
- Unaddressed Community/Population Conditions Practice-Based Evidence

■ Where can I learn more about the evidence?

- [Model Home Page](#)
- [The California Evidence-Based Clearinghouse for Child Welfare](#)
- [Dr. Julian Ford, UConn](#)
- [Clearinghouse for Military Family Readiness](#)
- [National Gang Center](#)
- [Impact of a Trauma-Informed Intervention for Youth and Staff on Rates of Violence in Juvenile Detention Settings](#)
- [An Affective Cognitive Neuroscience-Based Approach to PTSD Psychotherapy: The TARGET Model](#)
- [Group Approaches to Treating Traumatic Stress: A Clinical Handbook](#)
- [The Value of Implementing TARGET Within a Trauma-Informed Juvenile Justice Setting](#)

■ How is TARGET measured in real time?

ATS Pro can recommend trauma-informed, evidence-based screening/assessment tools helpful when beginning TARGET and for ongoing outcome monitoring. Providers will regularly revisit the client goal worksheets that are a key aspect of TARGET.

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

Enables participants to recognize, understand, and gain control of stress reactions 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 symptoms, depression, guilt, shame, dissociation, impulsivity, inattentiveness, anxiety, anger, behavioral incidents/punitive sanctions in juvenile justice; improved emotion regulation, self-efficacy, hope, coping, sobriety in recovery.

■ 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.

“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.”

– TARGET Participant

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 in partnership with the National Institute of Mental Health. The TARGET model has been committed to serving child welfare, youth and adult justice systems, homelessness, integrated health systems and community-based care organizations. Many important underserved groups of individuals are the targeted focus of providing access to this strength-based approach.

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

The dissemination team has partnered with expert organizations, led by those most impacted by racism and trauma, to review/revise treatment and training materials to be responsive and inclusive.

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

TARGET must be responsive to the needs/perspectives of different ethnocultural backgrounds and developmental phases. Examples and exercises must fit the interests, strengths, and needs of each participant without making stereotypic assumptions.

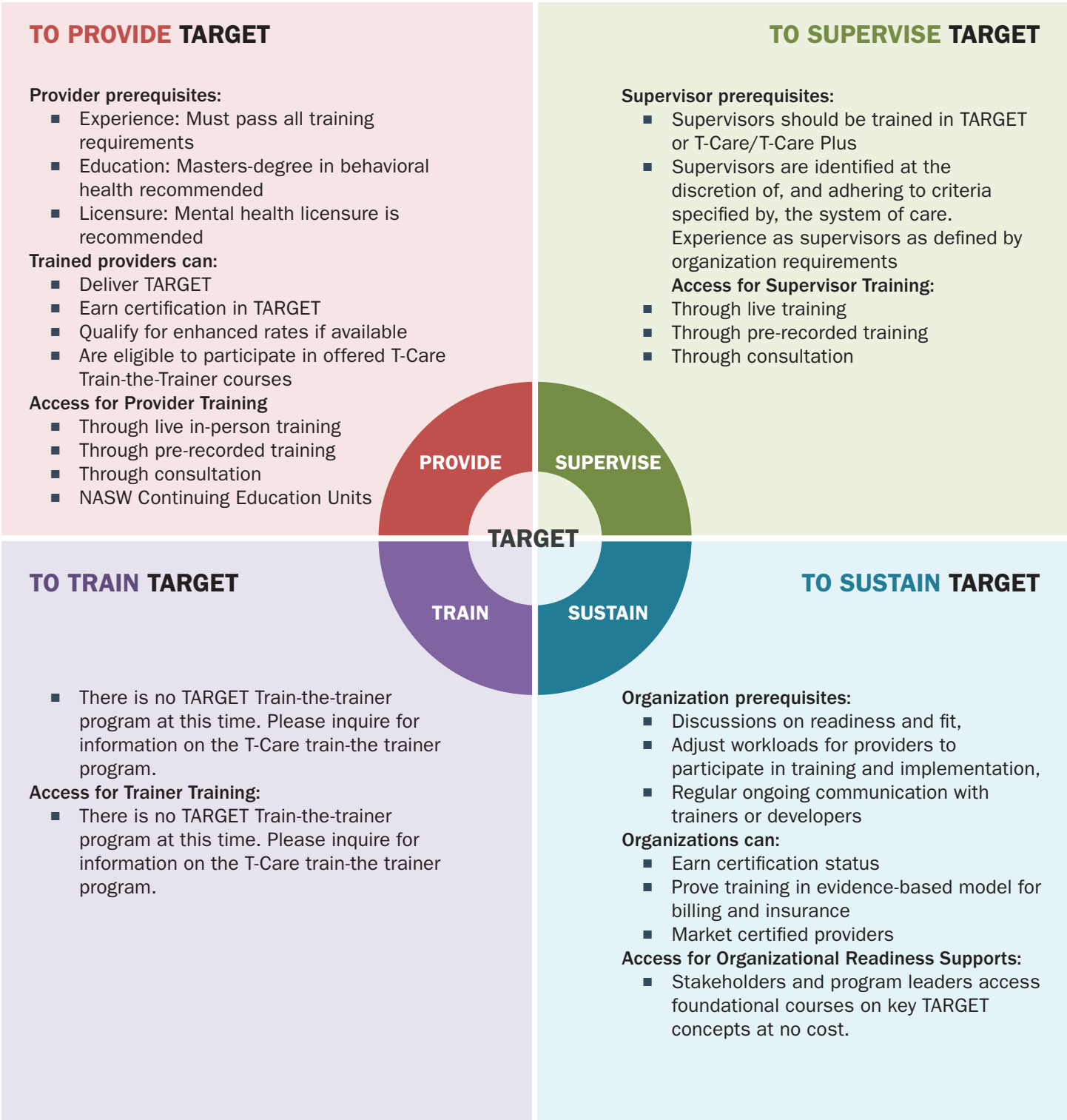
■ How are lessons learned from individuals, families, communities and providers used to keep improving TARGET?

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 see www.atspro.org... or email support@advancedtrauma.com.

**TARGET:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING**



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

PROVIDE TARGET

- **Training cost:** Licensed mental health providers may independently, individually, purchase seats in the web-based, hybrid TARGET training. TARGET training is \$800/seat and includes all materials needed to provide TARGET and T4 in individual or group format.
- **Time Commitment:** TARGET Training is approximately 18 hours of web-based coursework or a minimum of 2-days of live, educational instruction.
- **Additional Details:** ATS Pro 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.
- **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

- **Training cost:** There is no TARGET Train-the-trainer program at this time. Please inquire for information on the T-Care train-the-trainer program.
- **Time Commitment:** There is no TARGET Train-the-trainer program at this time. Please inquire for information on the T-Care train-the-trainer program.
- **Additional Details:** There is no TARGET Train-the-trainer program at this time. Please inquire for information on the T-Care train-the-trainer program.

SUSTAIN TARGET

- **Training cost:** ATS Pro offers live, in-person, live, web-based and hybrid, web-based training options. On average, TARGET training is approximately \$800 per facilitator, including all materials needed to lead group and individual sessions in both TARGET and T4.
- **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: support@advancedtrauma.com.
For additional resources and related products, please explore: www.atspro.org

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.

The suggested citation for this fact sheet is: Ford, J. & Reid, K. (2024). **The Trauma Affect Regulation: Guide for Education and Therapy (TARGET): At-A-Glance**. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.