Introduction to the Trauma Affect Regulation TARGET Model

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Disclosure

I, Julian D. Ford, am co-owner of Advanced Trauma Solutions (ATS), Inc., Sole Licensee of the University of Connecticut for the TARGET© Treatment/Training Model

Types of Potentially Traumatic Victimization

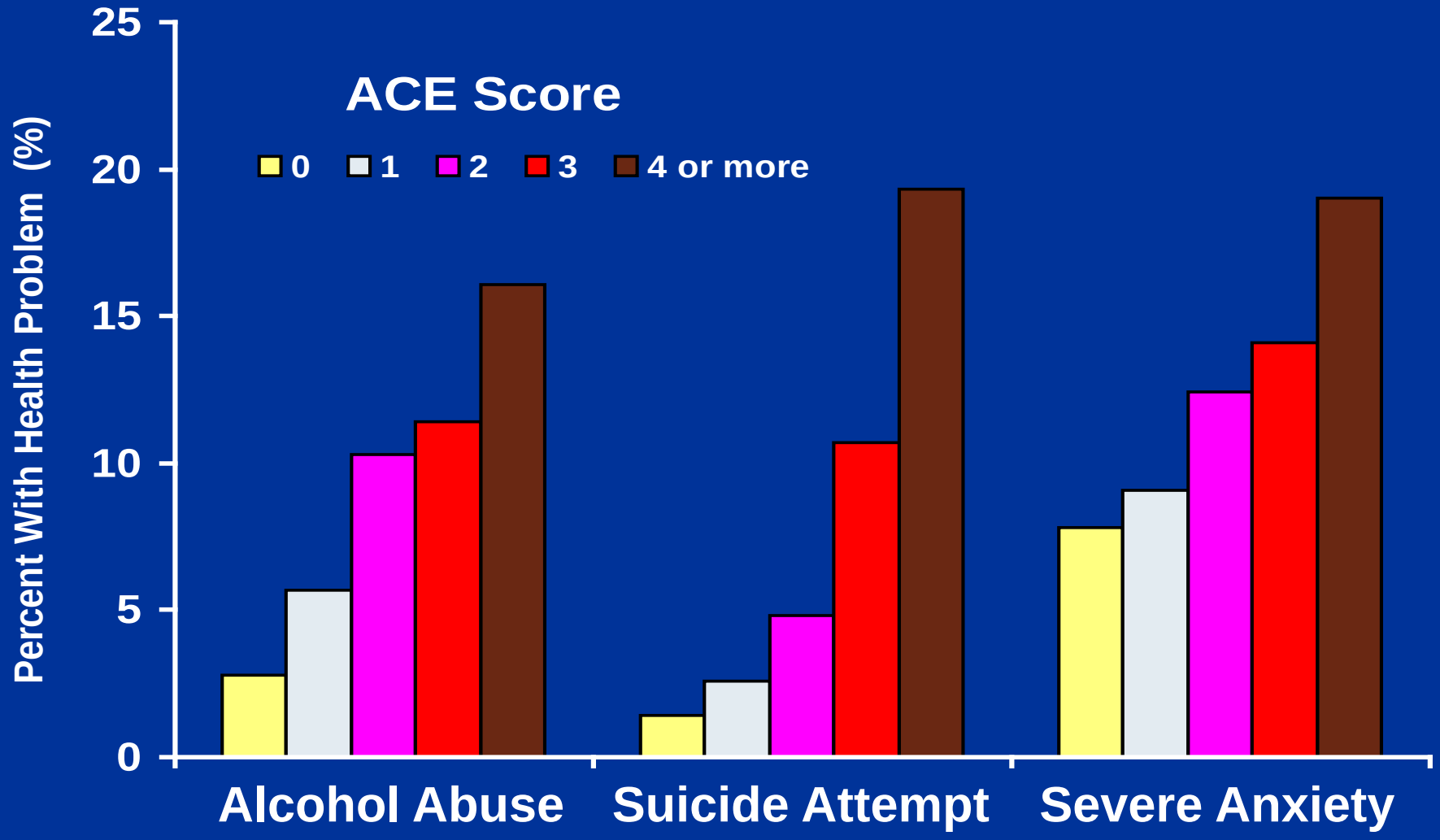
-Sexual abuse
-Physical abuse
-Neglect
-Emotional abuse
-Verbal abuse
- -Bullying
-Dating Violence
-Witness to Murder
-Community Violence
-Hate Crimes

-War
-Torture
-Terrorism
-Rape/Sexual Coercion
-Kidnapping
-Assault/Mugging
-Robbery
-Ethnic Cleansing
-Property Destruction
-Witness to Family Violence

Exposure to Traumatic Stressors and PTSD are Prevalent and Associated with Internalizing/Externalizing in Childhood

- 61% of nationally representative sample of U.S. children exposed to victimization *in the past year* (Finkelhor et al., 2009)
- 62% of nationally representative sample of U. S. adolescents had lifetime histories of exposure to traumatic stressor(s), 5% had developed PTSD (McLaughlin et al., 2013)

Adverse Childhood Experiences and Serious Behavioral Health Problems in Adulthood



17,000 adults receiving medical care @Kaiser Permanente HMO (Anda et al., 2006)

Polyvictimized Children: A Large Sub-Group of Children and Adolescents Experience Multiple TYPES of Traumatic Victimization

- Nationally representative sample of 2,030 U.S. children, 22% had 4+ types of victimization in *past year* (Finkelhor, Ormrod, and Turner, 2007)
- Nationally representative sample of 3351 U.S. teens, 8% had experienced on average 5-10 (of 24 possible) types of victimization lifetime (Ford, Elhai, Connor, & Frueh, 2010)

Polyvictimized Children/Youth: Prevalence

- Nationally representative sample of 2,030 U.S. children, 10% were poly-victims: 9+ (age 3-6) to 15+ (age 15+) types (of 30 possible) of victimization *lifetime* (Finkelhor et al., 2009)
- Nationally representative sample of 3351 trauma-exposed U.S. adolescents, LCA found 8% poly - victims (6-11 *types* traumatic events including physical or sexual abuse → at risk for PTSD, depression, and delinquency (Ford et al., 2009)

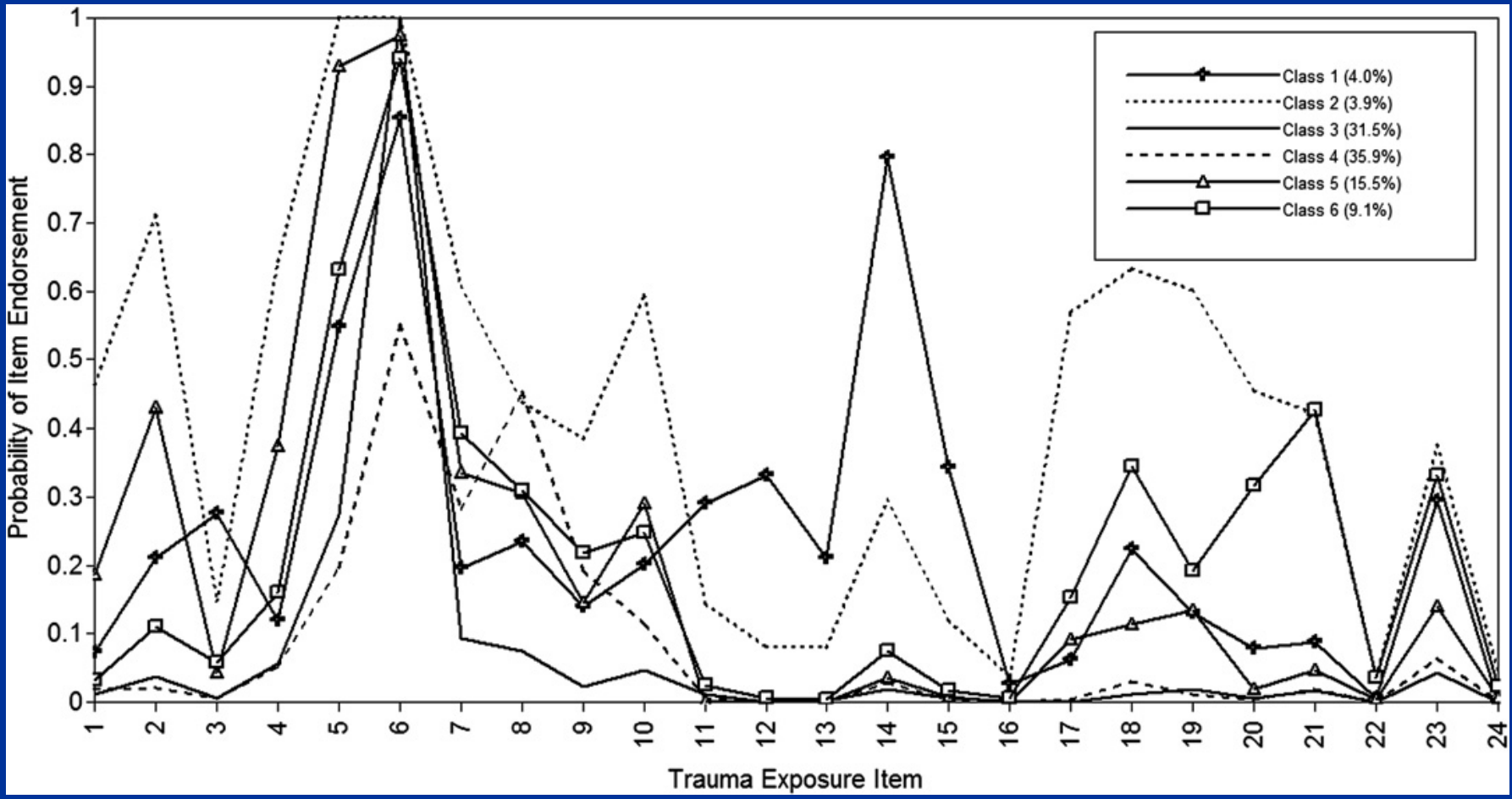


Figure 1. Latent classes of adolescents identified based on self-reported exposure to psychological trauma: witnessing someone: 1, shot; 2, cut or stabbed; 3,sexually assaulted; 4, mugged or robbed; 5, threatened with a weapon; 6, physically assaulted; Personal exposure to: 7, serious accident; 8, natural disaster;9, serious injury; and 10, incident involving fear of death. Unwanted sexual activity involving: 11, perpetrator's penile penetration; 12, digital or object penetration;13, oral sex; or 14, molestation; 15, victim's forced touching of perpetrator's sexual organs; and 16, victim's forced penetration of perpetrator. Personal exposure to: 17, attack with a weapon; 18, attack without a weapon; 19, threat with a weapon; 20, physical assault with object; 21, physical assault with fists; 22, spanking requiring medical care; 23, physical assault leaving marks; and 24, being physically burned (Ford et al., 2010)

Types of Behavioral Health Problems Associated with Traumatic Poly-victimization

-Reactive Aggression
-Delinquency
-Delinquent Peer Affiliations
-School Problems/Failure
-Impulsivity
- -Oppositionality-Defiance
-Withdrawal/Isolation
-Addictions
-Non-suicidal Self-harm
-Reckless/Extreme Risk Taking
-Unresolved Grief
-Suicidality
-Depression
-Panic
-Obssessions/Compulsions
-Sexual Problems
-Eating Problems
-Sleep Problems
-Self-blame/hatred and Shame
-Hopelessness

The Common Denominator in All Forms Of Adolescent Post-Traumatic Behavioral and Emotional Problems

Chronic Survival Coping

- Hypervigilance (Distrustful/On Edge)
- Reactive Aggression (Overt or Covert)
- Hopelessness Masked as Indifference

Posttraumatic Survival Coping – A Learning Brain Shifts to Survival Mode

- *Can't stop and think, or think past the immediate problem or threat*
- *Can't let go of grudges/resentments*
- *Can't set/stick with goals*
- *Can't trust, especially caregivers*
- *Can't tell who <u>is</u> trustworthy*
- *Can't remember to use anger management , skills, especially when very angry!*

The Toll that Post-Traumatic Survival Coping Takes on Poly-victimized Children's Lives

- School absence, suspension, dis-engagement, retention, drop-out
- Delinquent affiliations, attitudes, acts (including gang membership)
- Sensation seeking and coping via substance use, other risky behavior
- Depression, shame, hopelessness, self-as-damaged, self-harm, suicide
- Volatile, enmeshed, victimizing and /or enabling /rescuing relationships

Developmental Trauma Disorder

Criterion A.

Traumatic victimization (physical, sexual) +

Attachment disruption (primary caregiver separation/loss, or *rejection* (neglect, verbal abuse)

Developmental Trauma Disorder

Criterion B.

Affective/Physiological Dysregulation

B. 1. Inability to modulate or tolerate extreme affect states (e.g., fear, anger, shame, grief), including extreme tantrums, immobilization)

B. 2. Inability to modulate/recover from extreme bodily states: aversion to (a) touch, (b) sound; (c) unexplained bodily problems

Developmental Trauma Disorder

Criterion B.

Affective/Physiological Dysregulation

B. 3. Diminished awareness/dissociation of emotional or bodily feelings

B. 4. Impaired capacity to describe emotions (alexithymia) or bodily states

Developmental Trauma Disorder

Criterion C.

Attentional/Behavioral Dysregulation

C. 1. Attention-bias toward or away from potential threats

C. 2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking

Developmental Trauma Disorder

Criterion C.

Attentional/Behavioral Dysregulation

C. 3. Maladaptive self-soothing

C. 4. Habitual (intentional or automatic) or reactive self-harm

C. 5 Inability to initiate or sustain goal-directed behavior

Developmental Trauma Disorder

Criterion D.

Self and Relational Dysregulation

D. 1. Persistent extreme negative self-perception—self-loathing or viewing self as damaged/defective

D. 2. Attachment insecurity: attempt to care for caregivers, or difficulty tolerating reunion after separation from primary caregiver(s)

Developmental Trauma Disorder

Criterion D.

Self and Relational Dysregulation

D. 3. Extreme persistent distrust, defiance or lack of reciprocal behavior in close relationships

D. 4. Reactive physical/verbal aggression

Developmental Trauma Disorder

Criterion D.

Self and Relational Dysregulation

D. 5. Psychological boundary deficits (excessive intimacy seeking or reliance on peers/adults for safety/reassurance)

D. 6. Dysregulated empathic arousal (intolerant/indifferent or overly reactive to others' distress)

Developmental Trauma Disorder Field Trial Clinician Survey

S = 303 International, 1018 United States

82% female, 82% White, 7% Hispanic

Median age = 45

34% Psychology, 29% Social Work, 27% Counseling, 13% MFT, 7% Psychiatry, 6% Child Welfare, 6% Educators, 4% Case Managers, 4% Pediatrics

Developmental Trauma Disorder Field Trial Interview Study

N = 236 ages 7-18 years old; 50% female

- 30% African American/Biracial, 17% Hispanic, 3% Asian American
- Trauma Histories: 9% No trauma, 11% one type trauma, 38% poly-victim, 62% traumatic loss, 45% family violence, 24.5% neglect, 21% sexual abuse, 21% emotional abuse, 17% community violence

Early Life Stress, Maltreatment, PTSD, and the Brain (Teicher & Samson, 2013, p. 1127)

"Briefly, the thalamus and sensory cortex process threat[s] … and convey this information to the amygdala. Prefrontal regions … modulate amygdala response, turning it down with the realization that something is not actually a threat or … irrationally amplifying it. The hippocampus also processes this information and plays a key role in retrieving relevant explicit memories ... [and] modulates … response to psychological stressors. … The amygdala integrates this information and signals [lower brain areas, e.g., locus ceruleus], which regulates autonomic, [HPA], and noradrenergic response."

A Transtheoretical Transdiagnostic Framework

Trauma Affect Regulation: Guide for Education and Therapy© (TARGET)

1. Psychoeducation:
   - the brain's stress response system becomes stuck in a survival "alarm" state in PTSD/DTD – our inner "Alarms" need a re-set
2. Strengths-based self-regulation skills:
   - Focusing (SOS) – building the ability to stop and (really) think
   - FREEDOM – 7 steps to thinking clearly under stress

HIJACKED *by Your* BRAIN
How *to* Free Yourself
When Stress Takes Over

Dr. Julian Ford and Jon Wortmann

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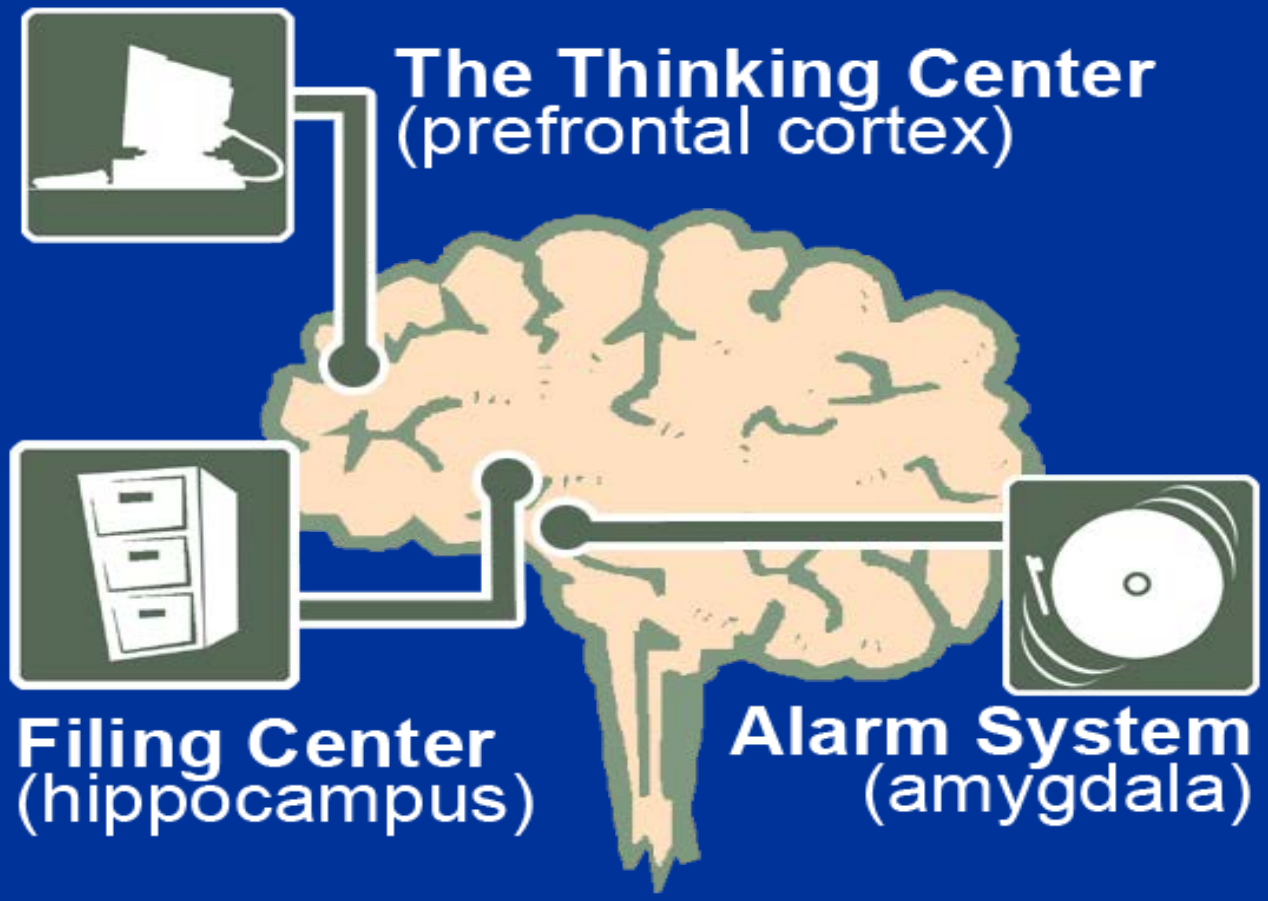
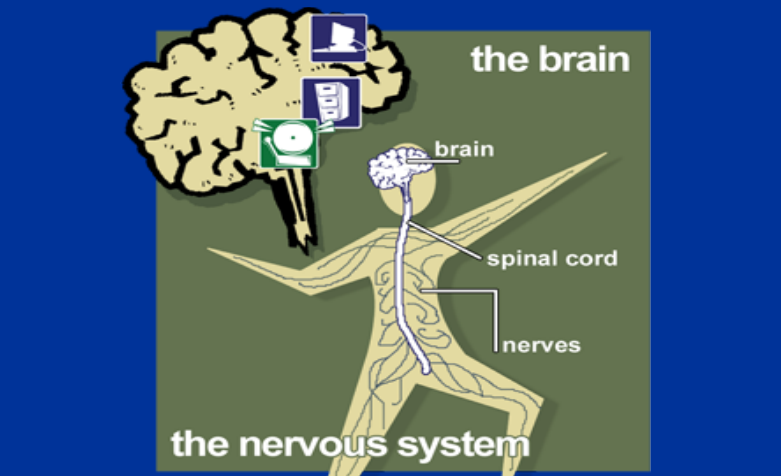
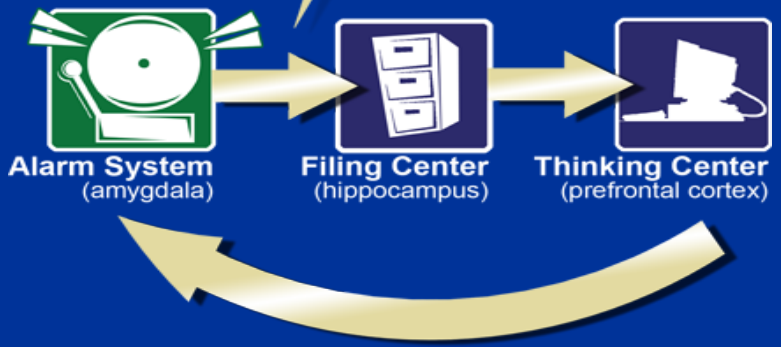
The Brain Under Normal Stress



normal stress

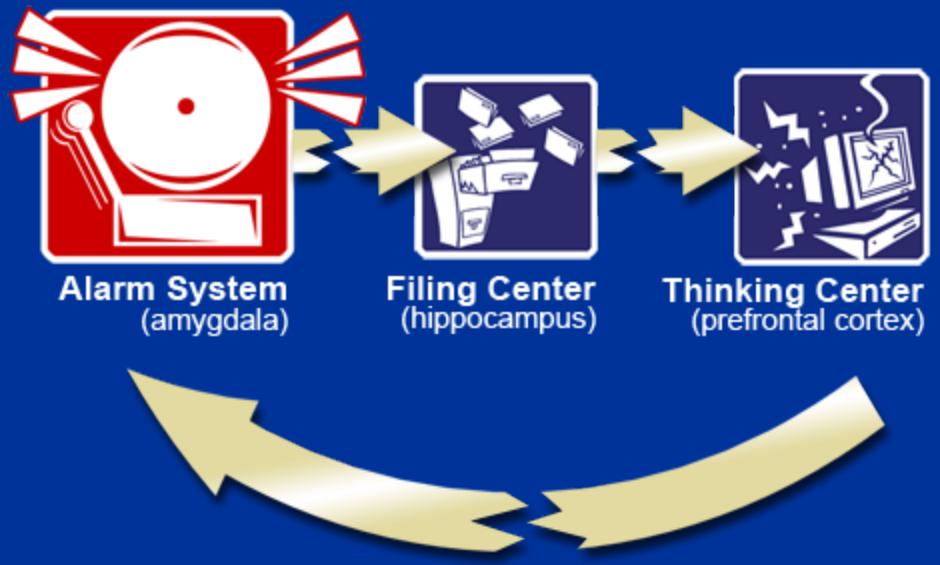
The Brain & Body Working Together





extreme stress / trauma

The Alarm Takes Control



First Step to Re-Setting the Brain's Alarm: SOS (Mental Focusing)

- **Step I: Stop, Slow Down, Sweep Your Mind Clear**
  - Notice how your body feels as you breathe in and out
  - Let your mind be a river that carries every thought away
- **Step II: Orient Yourself**
  - Focus your mind on just one thought that you choose
  - The hope, goal, or relationship that you value most in your life
- **Step III: Self Check Your Level of Alarm and Focus**
  - How Much Stress? How Much Focused Personal Control?

7 Steps to Re-Setting Adolescents' Alarms

& for Adults Working with Youths

FREEDOM steps

FOCUS
Slow down, Orient, Self-Check

REGOGNIZE
Stress Triggers

EMOTION
One MAIN Emotion

EVALUATE
One MAIN Thought

DEFINE
One MAIN Personal Goal

OPTIONS
Build On Your Positive Choices

MAKE A CONTRIBUTION
Make the World a Better Place

TARGET Outcome Studies

Randomized Clinical Trial Effectiveness Studies

1. 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.
2. 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,* 661-578.
3. 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.
4. 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.

TARGET Connecticut Juvenile Detention Quasi-Experimental Time Series Study

- 394 Juvenile Detention admissions (75% minorities; 91% male; 21% full/partial PTSD)
- 50% receive TARGET 50% receive Usual Services

- For each group TARGET session received in first week:
- **54% fewer dangerous incidents in 2-week stay ($p < .001$)**
- **72 minutes less seclusion in 2-week stay ($p < .001$)**

- **Recidivism decreased** ($p < .001$) in TARGET vs. Usual Services

TARGET In-Home Foster Family Therapy Illinois State ACYF Effectiveness Study

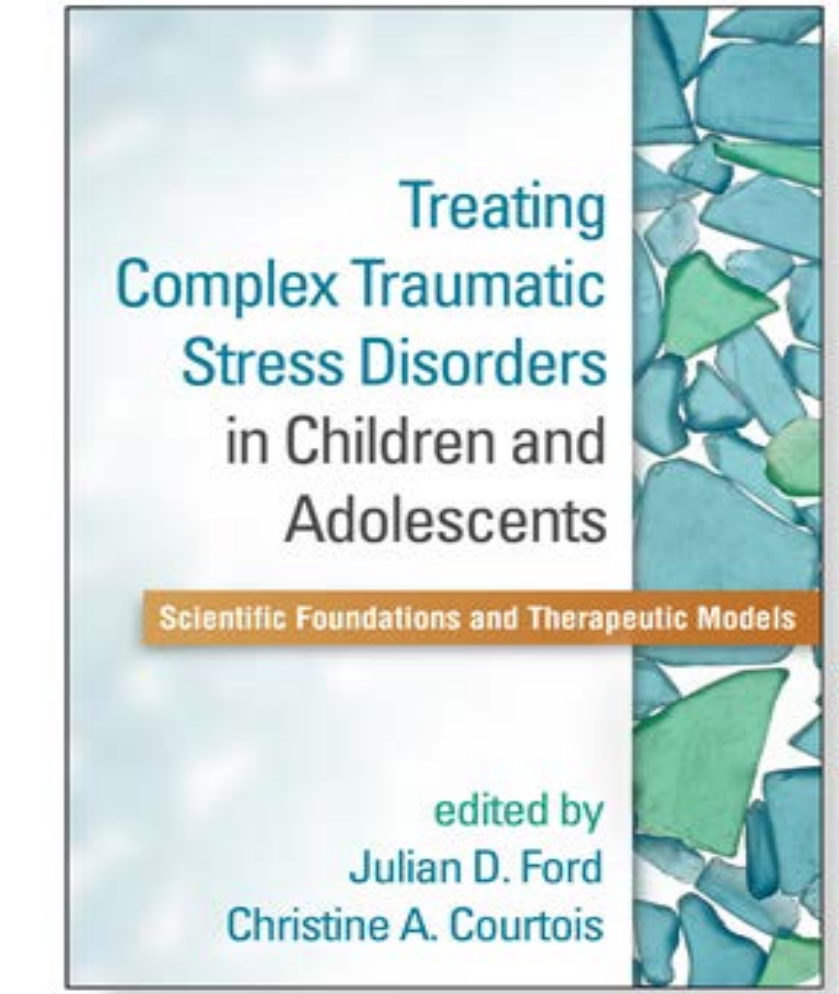
- 65 System of Care DCFS Counselors Statewide Trained 2013-2015 — 90% achieved proficiency in 2+ cases
- 200 children in foster care randomized to TARGET or SAU 12-16 session in-home therapy w/child, foster & bio parents

- Placement stability/reunification = primary outcomes in an independent evaluation by Northwestern University/Westat
- Preliminary outcomes: Abbreviated Dysregulation Inventory

  N = 36 foster children – Change between Sessions 4 and 10 (Completion)

  - 20% reduction in emotional dysregulation
  - 15% reduction in behavioral dysregulation
  - 10% increase in cognitive self-regulation

Published 2013, co-edited



Published, 2009, co-edited