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Trauma Affect Regulation/Guide for Education and Therapy (TARGET): A Case Study of Moving Toward Trauma-Informed Juvenile Justice Systems

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Abstract

Young people involved in juvenile justice systems are highly likely to have experienced psychological trauma and to suffer from traumatic stress symptoms. Although well-validated psychotherapies have been developed for children with post-traumatic stress disorder (PTSD), these therapies have limited applicability in juvenile justice context because they have not been tested in this context and do not address the larger issue of making juvenile justice systems trauma-informed. This article describes a new model, TARGET (Trauma Affect Regulation: Guide for Education and Therapy), that was developed and has been tested with justice-involved youth, and that has been disseminated in several state-wide juvenile justice systems. TARGET's approach to educating not only youth, but also families, staff, and administrators, about traumatic stress, and helping all of these key constituencies to build on their strengths and master self-regulation skills, is described as a case study in how to create trauma-informed juvenile justice systems.

Key words: Juvenile Justice, Traumatic Stress, Evidence-Based Intervention, System Change

Each year, over two million young people come into contact with juvenile justice systems, including hundreds of thousands entering detention facilities. Arrest, court hearings, probation, or detention or incarceration can be psychologically traumatic and also can trigger memories and reactions related to previous traumas such as family or community violence or abuse. Young people in the juvenile justice system are at least twice as likely as other youth to have experienced multiple types of psychological trauma

in their lives, and as much as 14 times more likely to have serious problems with post-traumatic stress symptoms (for background information, see Ford et al., 2007). Exposure to or witnessing of traumatic stressors (especially abuse or violence) can lead to serious difficulties in emotional, cognitive, and behavioral self-regulation that place youth at risk for problematic aggression, delinquency, school failure, addiction, and criminality. Of particular concern is evidence that these serious problems with relationships, work, addictions, and the law can become lifelong troubles that persist throughout adulthood and may even be transmitted through social learning to children in the next generation.

Therefore, it is essential that juvenile justice residential and community services provide young people with programs that are designed to help them understand and overcome post-traumatic stress disorder (PTSD). A small number of

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programs have been developed specifically for this purpose (for further information, see Brom, Pat-Horenczyk, and Ford, 2008 and Ford and Blaustein, in review). The trauma-informed intervention that has been most extensively implemented and evaluated to date in juvenile justice systems, Trauma Affect Regulation: Guide for Education and Therapy (TARGET), is the focus of this article.

TARGET was designed to enable youths (and adults who care for and supervise them) to understand how exposure to traumatic stressors can prime the brain and body to react self-protectively on the basis of inborn survival mechanisms. In TARGET, juvenile justice staff and the youths they work with learn how psychological trauma can set off a chain reaction of automatic stress reactions that become PTSD. They also learn that this chain reaction can be stopped, and PTSD can be overcome, by following a straightforward set of steps for resetting body and brain stress ("alarm") systems that require thinking in a more focused way. TARGET thus teaches practical skills for harnessing youths' "brain power" (referred to as "mental focusing") and shows how this can effectively reset the "stress alarm"

in their brains. TARGET actually shows adolescents and their families how their brains work and why behavioral and emotional problems often are the result of a brain that is in "survival mode." TARGET then teaches young people a set of easily understood skills for thinking clearly to empower their brains, so that they have control of their emotions and actions rather than being controlled by automatic survival circuits in the brain. When youths (and the adults in their lives, including detention staff and probation officers as well as parents, counselors, teachers, coaches, and employers) learn that there are ways to regain the ability to "stop and think" before becoming too stressed out to be in control of themselves, they often feel motivated to change and, for the first time in a long time, hopeful.

The goal in TARGET is for youths to have more personal control and to be more responsible by recognizing stress reactions before they escalate into aggression, impulsivity, defiance, or addictive self-medication on the one hand, or before they fall into the black hole of depression, avoidance, panic, and isolation on the other hand. Rather than viewing these "symptoms" as missteps that result from unchangeable flaws in their character, personality, upbringing, or peer group, staff members and youths are shown that trauma survivors can regain control over the stress reactions that lead to serious emotional, behavioral, academic, social, and legal problems. This does not provide a justification or excuse for antisocial or dangerous behavior, but instead empowers and challenges youths to take responsibility by thinking in a way that defuses stress reactions and gives them the ability to be in control of their thinking and behavior (rather than just being reactive).

What does the TARGET Model Involve?

TARGET is a manualized gender-specific intervention that teaches a practical 7-step sequence of skills for processing and managing trauma-related reactions to current stressful experiences (e.g., PTSD symptoms, traumatic grief, survivor guilt, shame, anger and hostility, interpersonal rejection, and existential/spiritual alienation). The skills are designed in a sequence based on research on the psychobiology of PTSD and complex traumatic stress disorders (see Ford, 2009) and can be delivered in a group format (4 or 10 sessions) or in individual treatment (12 sessions).

The steps are summarized by an acronym ("FREEDOM"): self-regulation via Focusing ("F"); trauma processing via Recognizing current triggers, Emo-

tions, and cognitive Evaluations (“REE”), and, strength-based reintegration by Defining core goals, identifying currently effective responses (Options), and affirming core values by Making positive contributions (“DOM”).

TARGET also includes a creative arts activity involving personalized “lifelines” which youth make with collage, drawing, poetry, and writing, in order to engage healthy non-traumatic autobiographical memory processing. TARGET’s memory re-examination procedures are designed to maximize the survivors’ awareness of the present situation, to reduce the risk of rumination, panic, or dissociation, and to enhance the youths’ sense of control and safety in titrating memories. Any memory work in TARGET focuses on current or past experiences that have meaning or importance to the youth, not specifically or exclusively on traumatic stressors.

Initial Engagement of Youth and Psychoeducation in Detention.

During orientation in detention centers, juveniles are introduced to an explanation for traumatic stress reactions that describes how “normal stress responses” in the brain’s alarm, filing center, and thinking center differ from “extreme stress reactions” that are an automatic self-protective adaptation to survive traumatic stressor experiences and that can become chronic problems in the form of PTSD. This novel description of PTSD is used to both explain why sensitive topics (e.g., trauma history, PTSD symptoms, suicide, and alcohol/substance use risk) are being assessed in the screening interview, and how the staff are going to be teaching and helping each youth to use skills for dealing more effectively with stress reactions while in detention. The orientation session also introduces the “Slow Down, Orient, Self-Check” (SOS) skill for mental focusing, in order to provide an immediate practical tool and example of the kinds of self-regulation skills that youths have the opportunity to learn and use while in detention in order to build or strengthen their ability to handle post-traumatic stress reactions without using over-learned “survival coping” tactics such as angry outbursts, reactive or proactive aggression, withdrawal and isolation, dissociation, or somatization.

Psychoeducation Groups in Detention

Within the next two to three days after admission, youths begin participating in TARGET groups with a goal of having

each youth complete the first four sessions of TARGET in the first two weeks of their stay. Juveniles who stay longer continue to participate in TARGET group sessions, with the goal of completing as many of the ten TARGET sessions as possible. Staff members use the terminology and skills taught in TARGET groups in all activities (including teachers in the facility’s school), in order to reinforce and generalize what youth learn in TARGET groups to their entire daily life. Staff and teachers thus serve as crucial role models not only to encourage youths to use TARGET skills in order to be more self-regulated, but also by demonstrating through their ongoing interactions with young people how those self-regulation concepts and tools can enhance any person’s effectiveness. Although designed for a group format with youths in juvenile detention, TARGET has shown evidence of efficacy with delinquent girls in community settings when delivered as a one-to-one therapy and can be done on an individual basis in detention when a group is not feasible.

Staff and Peer Coaching

Two forms of coaching are built into TARGET. Staff members serve as coaches for youths by assisting them in applying the FREEDOM skills in all daily activities, including at positive times as well as in order to manage stress or de-escalate potentially problematic reactions. This provides staff with a way of relating to youths that is educative and empowering, expanding their role from custodial monitoring to guiding youths constructively toward responsible behavior. Staff members have noted that this has made their jobs more satisfying, by enabling them to both help youths do better and to encourage young people in more effective ways.

Peer coaching also is an important TARGET component. Youths who have completed the 4- or 10-session group are included in subsequent groups if they stay longer, so that their focus is on demonstrating their knowledge and being helpful as way to gain respect from peers instead of using deviant behaviors to mask their sense of failure and fear of peer rejection. Youths have proven to be talented teachers and day-to-day reinforcers of TARGET.

Crisis Prevention and De-escalation

In one of the detention centers, the masters-level staff using TARGET decided to be proactive in preventing and de-escalating behavioral crises, and worked with the TARGET consultant and the detention facility’s administration to establish a new role: Crisis Prevention Monitors. In this

role, several masters-level staff on each shift were trained by the TARGET consultant to assist other staff in helping youths to use focusing and other TARGET skills when triggers occur, and in debriefing youths using the FREEDOM steps and SOS after near or actual episodes of escalation. The initial results have been a reduction in staff's perceived need to manage stress with confrontational disciplinary methods and an increase in staff and youths' use of the mental Focusing (SOS) and other TARGET skills to prevent or de-escalate conflict and defiant behavior.

Staff Training and Ongoing Consultation to Support Fidelity and Competence of TARGET Implementation

All detention center personnel (including food service, clerical and maintenance/janitorial, educator, administrator, and clinician staff) received an introductory training and periodic refresher trainings from one of two TARGET consultants. Facility staff, including both bachelor-level "Juvenile Detention Officers" and masters-level "Classification and Program Officers," who served as TARGET group leaders also received additional specialized training designed to enable them to implement the session-by-session TARGET group curriculum competently (i.e., with attention to engaging and motivating youth participants, balancing experiential and didactic portions of the curriculum, monitoring and facilitating youth interaction and constructive group dynamics) and with fidelity to the model. TARGET group leaders and crisis prevention monitors received regular (usually bi-weekly) on-site consultation, and all staff receive periodic "curbside" consultations to enable them integrate the TARGET concepts and skills into the milieu. More than 100 detention staff in Connecticut have been trained, and receive ongoing consultation, to deliver 4- and 10-session versions of TARGET.

Study of Fidelity of Delivery of TARGET Groups

The TARGET trainer/consultant, a bilingual Spanish-fluent Latina, periodically "sat-in" as an observer of TARGET groups conducted by more than 20 different staff members in the three detention facilities during the study period. Using a fidelity checklist designed to itemize the core elements of the curriculum for each group session, she was able to independently confirm that the TARGET model

was delivered as manualized with more than 80% fidelity.

The primary gaps in fidelity were not a failure to teach the required concepts and skills, but occasional omissions of engaging the youths in an interactive discussion regarding practical examples from their lives or ways that they could apply the knowledge and skills in daily life. Group leaders also at times inappropriately translated TARGET concepts and skills into corrective prescriptions, such as: "You need to stop letting your alarm reactions get you into trouble, and put more effort into thinking before you act." The trainer/consultant was able to provide staff with constructive direct feedback following group sessions in order to model how to identify reactive behaviors (e.g., getting caught up in lecturing to the exclusion of encouraging positive interaction; letting frustration become expressed in the form of criticism of the youth rather than encouragement) in a way that helped the staff member to be more mindful without feeling criticized or embarrassed. Positive corrections were consistently observed by the trainer in subsequent TARGET sessions taught by the staff member following the fidelity feedback.

How TARGET Is Actually Implemented in Residential and Community-based Programs: An Overview

TARGET is implemented in a series of four steps designed to assist young people to understand and gain control of stress reactions without having to recall or tell about their past traumas in detail. The first step is a carefully structured screening for past trauma experiences and current traumatic stress symptoms that is integrated into the standard intake assessment conducted with every youth in the first 1-2 days after entering a juvenile justice program. The screening questions enable youths to briefly indicate the traumatic events they have experienced without going into detail, and with the option of "passing" if they prefer not to answer. Other questionnaires enable the youths to privately disclose the difficulties they are having with PTSD or other stress reactions. In several years of implementation of this screening process in detention and community-based juvenile justice programs, no instances of more than mild distress have occurred and the most typical reaction by youths is to say that they appreciate someone taking the interest to ask about what they have been through in their lives.

The second step occurs during and immediately after the intake assessment, and involves teaching the youth the TARGET model for understanding traumatic stress (“a survival alarm in the brain that protects you but causes problems if it gets set off and you can’t turn it off”) and a first skill for self-regulation (the focusing skill, SOS). This teaching is done by staff members who assist youths in completing the intake assessment in order to help them understand why they are being asked questions about trauma. This usually takes less than 15 minutes to accomplish.

The third step in TARGET is a series of groups that can be done in as few as two weeks or for several weeks or months when youths are detained beyond the usual two-week period .

Finally, the fourth and possibly most crucial TARGET component is a milieu program that includes daily informal teaching/reinforcement of the self-regulation skill set by all staff and other key team members and the application of the skills to crisis de-escalation. By experiencing TARGET in these different ways, youths (and staff) come to understand that traumatic experiences and traumatic stress reactions are not a terrible secret that cannot be faced or dealt with, but simply changes in how the brain works that can be re-adjusted by using the brain in a focused manner. Youths and adults also learn that “recovering from trauma” does not automatically mean having to retell painful trauma memories (unless they choose to do so, with appropriate therapeutic guidance), because they can overcome trauma by using self-regulation skills every day.

The Connecticut Story: A Case Study of Systematic Implementation in Juvenile Justice

In 2004, the clinician administrator overseeing mental health services in Connecticut’s three mixed gender juvenile detention facilities requested assistance in establishing a trauma screening protocol that could be administered by juvenile corrections staff with masters-level training in counseling or related fields. Training was developed and provided to these staff in the administration and interpretation of the trauma history and PTSD symptom screening tools (see descriptions below) with detained juveniles. The administrator and detention supervisors and staff requested guidance in how to appropriately respond to the needs of youth who screened positive for trauma history and clinically-significant PTSD symptoms, in the context of relatively brief (i.e., usually less than 14 days)

detention stays in which only extremely severe acute symptoms and impairment can be treated medically or psychotherapeutically.

The approach had been to inform probation officers that youth who screened in the “problem” range on the Traumatic Experiences sub-scale of the MAYSI-2 should be provided with PTSD evaluation or treatment upon return to the community. However, there was concern that youth with serious traumatic stress symptoms were being under-identified using that MAYSI-2 sub-scale or were not able to access evidence-based pharmacology or psychotherapies for PTSD in the community because of limited availability, substantial costs, and reluctance by youth and families to be seen as “mental cases.” TARGET was therefore implemented as a psychoeducational group and milieu intervention to provide detained youth with education about traumatic stress and training in skills for responsibly managing traumatic stress reactions. Administrators and staff also wanted an intervention that could be implemented not just by a few clinical staff for a few hours each week, but that could become embedded in the milieu and used by all staff on a 24-7 basis and across all activities and settings encountered by youths in detention.

The TARGET model was adopted on an experimental basis in 2005, and has been implemented continuously in all juvenile detention centers in Connecticut in subsequent years. Over that time, TARGET was also implemented in other court-supervised residential programs, including respite and alternative-to-detention centers.

Beginning in 2008, the TARGET implementation was expanded to all of the 20 community-based risk reduction and family support centers that were designed to prevent moderate-risk youth from becoming serious offenders or recidivating. Staff members from these programs are trained over an initial 3-day period, then receive ongoing consultation bi-weekly as they begin to organize groups, administer screening protocols, and deliver TARGET to youth in their catchment area. Consultation is done on site and is individualized to staff with different initial levels of experience, skill, and motivation. In addition, group facilitators videotape all TARGET groups and the tapes are rated for fidelity. These tapes are then reviewed with staff and the TARGET consultant provides supportive feedback on progress. (Fidelity is also viewed as a means of reassessing the

quality of training and consultation and is used to shape educational methods and strategies.) After staff have conducted two rounds of TARGET groups, they attend a more advanced training to continue enhancing their ability to apply skills in more nuanced and process-oriented ways.

How does TARGET Overcome Barriers to Trauma-Focused Services in Juvenile Justice?

At least four barriers—limited mental health training, fear of addressing psychological trauma, discounting the impact of traumatic stress, and imminent danger or unsafe environment—may interfere with the provision of trauma informed services in the juvenile justice system. TARGET has been designed and adapted to specifically deal with each of them.

Limited Mental Health Training

Most juvenile justice programs have limited mental health staffing or consultation, and most trauma-focused interventions require that mental health professionals deliver interventions. In contrast, the juvenile justice adaptation of TARGET is designed for delivery by staff who have no mental health training, as well as by those staff or consultants who are mental health savvy or professionals with advanced training. TARGET provides an education and life skills curriculum that begins with modules that have been endorsed and successfully taught by line staff in pilot feasibility studies in two Connecticut detention centers. Mental health consultants have been available to provide guidance or back-up in the event that youths experience emotional or behavioral problems in TARGET groups led by line staff (although no incidents have occurred).

Fear of Addressing Psychological Trauma

Administrators and staff often fear that addressing psychological trauma will cause youth to become distressed and act out or it will interfere with maintaining discipline by competing with existing behavior management and disciplinary programs. For example, in our early work implementing TARGET in detention centers and community-based juvenile justice programs, administrators and staff voiced concerns that staff could not use behavior management consequences such as verbal de-escalation or “time-out” because they would have to use a

“trauma-informed” intervention instead. TARGET was designed, therefore, to support and enhance the safe and effective use of any of several constructive behavior management systems that have been implemented in residential and community programs with troubled youth. Specifically, TARGET provides staff with tools to identify and intervene early to prevent, or when necessary de-escalate, emotional or impulsive behavior by youths.

The mental focusing and emotion regulation skills taught in TARGET also provide a vehicle for staff members to help youths overcome the major barrier to being able to make and follow through with appropriate choices in dealing with people and rules in community settings. The emotion regulation skill set taught in TARGET actually helps youths to be better able to adhere to the rules and expectations of juvenile justice programs and staff. The mental focusing skills taught in TARGET tend to be useful for staff as well, empowering them to take control of their own stress reactions—and thus to teach youths self-control and responsibility by their example as role models.

For example, if “time-out” or “room time” is used to prevent or de-escalate crises, staff learn using the TARGET model to describe this as helping the youth to “regain your mental focus.” An easily remembered cue for recognizing stress reactions early enough to stop and think, is the SOS taught in TARGET. Staff members are taught how to use this intervention in order to accomplish several goals with detained youths:

- to engage the youth in a shared activity that can be done at any time without any special props or preparation and that engages reflective awareness unobtrusively without commands, lectures, or criticism;
- to help youths to be more mindfully aware of their body and emotion state, by doing the SOS as a form of meditative “re-grouping” when transitioning to new activities (e.g., when going from school to a meal, or when transitioning from socializing to preparing for sleep);
- to gain increased ability to pay attention, concentrate, and learn and remember in a variety of activities ranging from school to recreation to socializing; and
- to rehearse effective strategies for dealing with stress reactions that are elicited by the many

potent triggers faced by youth in detention (e.g., provocation by peers, conflict with staff related to rules and limits, anticipating and coping with both positive and negative emotional reactions to and from family members, and handling the pressure of court hearings or meetings with court or probation officers).

Use of TARGET also has led administrators and staff to decide to re-examine facility behavior management protocols in order to select or develop approaches that are most likely to accomplish the goal of increasing mindful and responsible behavior rather than simply trying to keep kids under control.

Discounting the Impact of Traumatic Stress

Another barrier is the under-identification or discounting and minimization of the impact of traumatic stress symptoms on youths' behavior. This may be due in part to a fear on the part of staff, administrators, clinicians, and parents that asking about trauma or symptoms will open up "Pandora's Box" and cause youths to become emotionally/behaviorally unstable, volatile, aggressive, or suicidal. We take this concern seriously, because it can be extremely distressing for youths (or adults) to recall memories of traumatic events. Therapies such as "Trauma-Focused Cognitive Behavior Therapy" (TF-CBT) and "Eye Movement Desensitization and Re-processing" (EMDR) have been developed and tested with children and adolescents who have experienced sexual abuse or traumatic loss.

Although often effective, these therapies are not always possible with youth who are involved in juvenile justice, particularly when those youth do not have:

- a stable residence to go back to every night, or after release from a residential facility;
- safety from further psychological trauma, including from abuse, violence, and loss;
- the time or willingness to devote several months of their lives to attending regular meetings with a specially-trained trauma-specialist mental health professional; and
- a secure supportive contact with parents or

other accessible adult caregivers or mentors who can support the youth in telling about past traumas without feeling ashamed, guilty, or afraid of being ignored, blamed, disbelieved, or subjected to further harm or victimization.

Imminent Danger, Unsafe Environment

A final barrier is the requirement of most treatments for PTSD that require that the recipient is not in imminent danger due to living in unsafe environments. Juvenile detention facilities can be dangerous places for youths, but many more precautions exist in those facilities than are found in most other areas of those youths' lives—so the greatest danger, and one that is substantial for most detained youths—is re-exposure to traumatic danger or victimization. Interventions for recently traumatized individuals appear to be safest and most effective if they focus on safety and psychosocial stability. Therefore, TARGET is designed to provide staff with skills for interacting with youths in ways that enable them to be role models and mentors, so that youths can utilize complementary skills to deal with people more safely and effectively while in residential and community juvenile justice services, and hopefully for the rest of their lives.

What Is the Evidence for TARGET in Juvenile Justice and Delinquency Programs?

A field trial study was conducted in the three mixed-gender residential juvenile detention facilities in the state of Connecticut. The goal was to determine whether TARGET was associated with reductions in the frequency and severity of dangerous behaviors, disciplinary interventions, and recidivism. After controlling for site (i.e., specific detention center), length of stay, ethnicity, number of arrests, mental health problems, severity of traumatic stress symptoms, and cohort effects, linear multiple regression results showed that every session of TARGET received in the first seven days of detention was associated with 54% fewer disciplinary incidents and 72 fewer minutes of disciplinary seclusion for each youth during the typical length of stay (14 days) in detention facilities. TARGET group participation was unrelated to recidivism, but recidivism was significantly less frequent in the cohort assessed following system-wide implementation of TARGET. Results suggest that TARGET groups in juvenile detention facilities are associated with improved safety and reduced use of sanctions, and possibly

with changes in detention milieus that may lead to reduced recidivism (for further information on this study, see Ford and Hawke, 2011).

In another study, the Ohio Departments of Youth Services (ODYS) conducted an independent field trial (Knudson, 2009). The report of this evaluation described how the study was done with 74 youths (75% Caucasian, 23% African American) between the ages of 11 and 19 who resided in five mental health units at ODYS facilities. These youth reported experiencing multiple types of trauma including physical abuse (49%), sexual abuse (44%), emotional abuse (28%), separation from loved ones (73%), having a family member in jail (63%), and watching people use illicit drugs (58%). The mental health units were separate from the general population and had a classroom, common area, and individual living quarters, as well as a variety of individual and group mental health treatments that served as a Treatment as Usual (TAU) control group in three units that did not implement TARGET.

Results showed that while both the TARGET and TAU units used physical restraints at the same rate at the beginning of 2007, over the next 15 months after TARGET implementation was initiated, the TAU units used restraints at a rate five times that of the TARGET units. Similarly, the TAU units had two to five times more threats by youths, and used seclusion at a rate six times that of the TARGET units. These problems were reduced on the TARGET units. Additionally, TARGET recipients reported significantly greater reductions in depression symptoms and improvements in hopefulness and satisfaction with services than the TAU recipients.

Another study (Ford et al., in press) evaluated TARGET as an individual therapy with delinquent girls before they get into sufficiently severe trouble with the law to warrant detention or incarceration. A randomized clinical trial was conducted comparing the outcomes of TARGET versus a relational supportive therapy--Enhanced Treatment as Usual (ETAU)--with 59 delinquent girls (13-17 years old) who met criteria for full or partial PTSD.

Statistical analyses demonstrated generally large pre-post improvements in PTSD symptoms for both therapies, but not in emotion regulation. Both thera-

pies had small to medium effect size changes in anxiety, anger, depression, and posttraumatic cognitions. Treatment by time interactions showed small to medium effects favoring TARGET for change in PTSD (intrusive re-experiencing and avoidance) and anxiety symptoms, posttraumatic cognitions, and emotion regulation, and for ETAU in hope and anger. Results provide preliminary support for TARGET as a potentially efficacious therapy for PTSD with delinquent girls, and highlight the importance of a relational approach to therapy with delinquent girls in order to enhance their optimism and self-efficacy and reduce the intensity of their problems with anger (for further information see Ford et al., in press).

Conclusion

Helping traumatized youth who have gotten into trouble with the law to become successful and responsible members of their communities and families can save lives and possibly some of the very large social, educational, and economic costs associated with persistent delinquency and criminality. No single approach can accomplish this large goal, but trauma-informed interventions such as TARGET can help by making youths and the adults who work with them safer and better able to manage their emotions and think clearly when under stress. The many adults who unfortunately did not have this opportunity earlier in their lives, and who have become involved in the adult criminal justice and correctional system, can still benefit greatly from trauma-informed services. TARGET groups have been conducted with several hundred incarcerated women, for example, and we have been working on a randomized clinical trial outcome study in which TARGET was compared to a supportive group therapy with 110 incarcerated women. Plans are underway to implement and evaluate TARGET groups in men's prisons, and TARGET has been embedded in a post-release program for women with mental health problems who had been incarcerated. Through these efforts, adult criminal justice systems also are becoming increasingly trauma-informed.

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