



QIC•AG

**IMPLEMENTING TRAUMA
AFFECT REGULATION: GUIDE
FOR EDUCATION AND THERAPY
(*TARGET*)
LESSONS LEARNED
IN ILLINOIS**

OVERVIEW OF THE QIC-AG

The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a 5-year project working with eight sites, each of which is either implementing an evidence-based intervention or developing and testing a promising practice, which if proven effective, can be replicated or adapted in other child welfare jurisdictions. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families whose adoption or guardianship has been finalized.

The QIC-AG is funded through a 5-year cooperative agreement between the Children's Bureau, Spaulding for Children, and its three university partners: the University of North Carolina at Chapel Hill, the University of Texas at Austin, and the University of Wisconsin-Milwaukee.

OVERVIEW OF THE INTERVENTION

Based on both data and stakeholder feedback in Illinois, adolescence was identified as an especially high-risk period for adoptive and guardianship families because of added stressors that can emerge during this developmental period. Armed with this knowledge, the Illinois site team determined a beneficial approach to alleviating these stressors would be to proactively teach coping skills to youth (pre-adolescent or adolescent) and their caregivers using the *TARGET: Trauma Affect Regulation: Guide for Education and Therapy*¹ program.

TARGET is designed to serve youth ages 10 years and older who have experienced trauma and adverse childhood experiences. *TARGET* uses a strengths-based, psychoeducational approach and teaches youth about the effects trauma can have on human cognition; emotional, behavioral, and relational processes; and how thinking and memory systems can be impeded when the brain's stress (alarm) system is stuck in survival mode. In Illinois, to be eligible for *TARGET*, a child must be between 11 and 16 years old and living with an adoptive parent or guardian in Cook County or in selected counties

within Central Illinois. In addition, *TARGET* is available to youth older than 10 years living in families who finalized private domestic or intercountry adoptions.

Because *TARGET* was not specifically designed to meet the needs of families who had achieved permanence, the Illinois site team created an overlay to the *TARGET* manual that provided additional information on adoption and guardianship as well as instruction on adapting *TARGET* for use with these families. The overlay addressed topics such as the impact of complex trauma on children and families, key elements in adopting from other countries or through a private domestic agency, and the importance of recognizing the lifelong nature of the adoption journey.

¹ *TARGET* was developed and copyrighted by the University of Connecticut. The program is disseminated by Advanced Trauma Solutions (<http://www.advancedtrauma.com/>).



SNAPSHOT OF LESSONS LEARNED AND RECOMMENDATIONS

1. DEVELOP A COMPREHENSIVE COMMUNICATIONS STRATEGY TO RECRUIT FAMILIES TO A PREVENTATIVE INTERVENTION BY CONVEYING THE WISDOM OF PREPARING FOR FUTURE CONTINGENCIES EVEN IF THEY ARE NOT CURRENTLY EXPERIENCING ISSUES

Match the message to the target population by using language that resonates with families' current experience and perception of their needs.

Make the time investment in the program feel manageable and suited to the family's needs.

2. STRUCTURE SCHEDULES SO PROGRAM STAFF ARE AVAILABLE AT TIMES WHEN FAMILIES ARE AVAILABLE FOR SERVICES

Offer the program outside of school/business hours to accommodate the children's and families' schedules.

Allow real life to redefine the plan; ensure the program and staff are flexible and willing to adapt to variations in family schedules.

3. RECOGNIZE THE FULL COSTS OF INTERVENTIONS THAT REQUIRE EXTENSIVE TRAINING AND/OR SUSTAINED PURVEYOR INVOLVEMENT

Ensure the program budget includes all initial and ongoing administrative fees.

Make sure project staff are aware at the outset of project planning of costs related to staff, including time needed to prepare sessions; Ensure estimated costs are as realistic and accurate as possible.

Prepare for staff turnover by taking into account the cost of training new staff members.



LESSON 1: DEVELOP A COMPREHENSIVE COMMUNICATIONS STRATEGY TO RECRUIT FAMILIES TO A PREVENTATIVE INTERVENTION BY CONVEYING THE WISDOM OF PREPARING FOR FUTURE CONTINGENCIES EVEN IF THEY ARE NOT CURRENTLY EXPERIENCING ISSUES

If a family does not feel that they need what a program is offering, then they are unlikely to enroll in the program. Therefore, the way a program or service is described is key to moving families to a point where they perceive the program as having value for them and decide to participate. Creating this awareness and motivation is particularly challenging when offering a preventative service such as *TARGET*, because the program is offered before families have started to experience the issues that can arise during their child's teen years. Thus, the message has to strike a tone that conveys, "Family life is fine for now, but *TARGET* could make it even better" or "Family life is functioning fine for now, but this program will help in case the situation changes." Even though the Illinois site team invested substantial time in developing the messaging, the team had to make changes based on the initial responses of parents/caregivers to the *TARGET* outreach message.

MATCH THE MESSAGE TO THE *TARGET* POPULATION

The outreach messages must be shaped and tailored in ways that make the families receptive to the program. In Illinois, adoptive parents who were members of the site's Stakeholder Advisory Team encouraged the site team to deliver a positive message rather than leaning heavily on messages focused on "terrible teens" and "trauma." In an early effort to recruit families, the site team developed an informational flyer that read, "*TARGET is a unique approach to preventing disruptions and helping families prepare as teens who have experienced trauma move through what can be difficult adolescent stages.*" However, this message did not resonate with families who were "doing

fine" at the time, and because the message did not match the families' sense of need, they did not sign up for *TARGET*. With insight from the stakeholder feedback on positive messaging, the site team revised the flyer to read as follows:

In any family, stressful times can come up, especially during the teen years. Even when things are smooth, big and small life stressors can take you by surprise. We want to ensure that your family has supports that can be helpful during your child's teen years.

The outreach coordinators discovered that when the language used in program materials was consistent with the families' sense of need, it was easier to engage parents/caregivers in conversations that created interest in the *TARGET* program. In addition, because of the new language, the outreach coordinators' interactions with prospective families were more positive, which enabled the coordinators to gain traction in converting positive feelings into interest and program registration.

MAKE THE TIME COMMITMENT MANAGEABLE

Families are more likely to participate in a program when the length and intensity of the program align with their need for assistance. The Illinois site team struggled to get families who were not currently experiencing problems to participate in a 12-session program, especially when the families were already juggling numerous commitments for school, work, and children's extracurricular activities. To overcome this challenge, the outreach coordinators adapted their live-call "program pitch" and enhanced the script to address potential participants' concerns about the time commitment.

Facilitators shifted their approach to describe *TARGET* as a 12-session program with two phases. In the first phase (orientation and the first four sessions), the family learned about trauma, physiological stress responses, and the first two FREEDOM² steps. In the second phase, the family completed the FREEDOM steps, giving the family an opportunity to practice their newly learned skills for managing reactions to life

² *TARGET* sessions focus on a 7-step skills sequence—known by the acronym FREEDOM—that addresses the primary personal issues related to trauma. The seven FREEDOM steps are Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution.

experiences. Pointing out where one phase ended and another phase started not only highlighted the program benefits but also made it easier for families to commit the time. While describing the program, the facilitators also asked the parents/caregivers about their individual goals, such as better communication at home or improved outcomes at school; gathering this information allowed the facilitators to emphasize the *TARGET* skills most relevant to the family's needs. In addition, these individual goals could be incorporated into planning for the sessions, making sure the lessons over the course of *TARGET* addressed specific needs identified by the families.

LESSON 2: STRUCTURE SCHEDULES SO PROGRAM STAFF ARE AVAILABLE AT TIMES WHEN FAMILIES ARE AVAILABLE FOR SERVICES

Scheduling issues are a common challenge in delivering services to families. Illinois youth were busy with school, activities, and other obligations, limiting the times they were available for *TARGET* sessions. Similarly, parents/caregivers had work commitments and numerous responsibilities that demanded their time and attention. The site team quickly realized they would need to respond creatively, both in terms of scheduling *TARGET* sessions and in keeping families engaged for all 12 sessions.

OFFER THE PROGRAM ACCORDING TO FAMILY AVAILABILITY

Family-centered services have to be delivered when the family is available, which often falls outside of traditional work hours. *TARGET* used an especially individualized approach; a specific facilitator went to the family's home at a time convenient for the family. The outreach coordinators asked each family about specific scheduling needs or if non-traditional hours would work better for their schedule. The family's time-preference information was then used to match families with a facilitator who could accommodate the family's schedule (whenever possible). Facilitators were encouraged to schedule weekly sessions, but also to be flexible. Some families wanted two sessions a week and others preferred less frequent sessions. For some families, facilitators used Saturday appointments to help with scheduling. When offering a family-centered intervention, it is critical to ensure that program staff will be avail-

able during weekends and evening hours to accommodate the schedules of families.

ALLOW REAL LIFE TO REDEFINE THE PLAN

Given today's hectic, dynamic lifestyles, not all families will be able to adhere to an invention with a prescribed frequency. The *TARGET* outreach coordinators found many families could not commit to the same time slot every week, especially when the family was in the midst of a major transition (e.g., changing jobs, moving, or end of the school year). In addition, some families started the *TARGET* program, but could not maintain weekly participation. Instead of closing cases when families could not participate in one session, the *TARGET* facilitators were encouraged to accommodate these scheduling variances (whenever possible), keeping families' status open as long as was needed for them to complete *TARGET*. This flexibility enabled families to continue with *TARGET* when they might otherwise have been dropped from the program. However, this scheduling strategy had an impact on case assignment and the number of families that could be served.

LESSON 3: RECOGNIZE THE FULL COSTS OF INTERVENTIONS THAT REQUIRE EXTENSIVE TRAINING AND/OR SUSTAINED PURVEYOR INVOLVEMENT

Training staff to deliver a program is an expected, measurable cost of time and money. However, variable costs of a program can pose barriers to implementation and/or program sustainability. For example, costs such as those associated with staff certification processes and ongoing staff oversight by the purveyor of an intervention can pose a cost barrier. In addition, staff time required to prepare for sessions with families not only can be a substantial cost but also reduce the time staff have for their other responsibilities. The financial and time costs are exacerbated by staff turnover and the need to train new staff.

ADD IN ALL ADMINISTRATIVE FEES

Intensive interventions that require a great deal of staff training can be cost prohibitive. To be certified to deliver *TARGET* to families, clinicians are required to attend a 4-day training. Immediately following the training, clinicians attend individual

and group coaching sessions with the *TARGET* purveyor, and then over time participate in activities to ensure that they can teach *TARGET* skills in the exact way that the program's designers intended. Completing the certification process comes at a financial cost that is expended both before implementation and over time. Upfront and ongoing costs should be reviewed before choosing an intervention to ensure adequate resources are available to cover expenses and sustain the program over time.

CARVE OUT PREPARATION TIME PLUS FAMILY TIME

The amount of time for family sessions is fairly predictable, but sessions represent just a small slice of the total time staff devote to intervention-related activities. For example, *TARGET* facilitators had to do extensive preparation for each session to be sure they taught the material to youth following the steps outlined in the *TARGET* manual. The time needed for training and preparation can leave facilitators with less time to be in the home with families as well as less time for their other job responsibilities. Program administrators should understand these time demands and prepare for fluctuations in how staff will be able to allocate time. Program administrators might also need to determine if a typical staffing structure—where results are based on the number of clients in a clinician's caseload—is the right fit for the intervention.

STAFF TURNOVER COMES AT A COST

Turnover is an ongoing challenge for nearly all child welfare programs. During the *TARGET* implementation phase, some staff left their jobs after receiving the *TARGET* training and coaching sessions. Given the costs involved in *TARGET* certifica-

tion, the significant investment made in their training was lost. Moreover, the *TARGET* certification process is lengthy, making it difficult to quickly bring in new staff to fill program needs. Before implementing an intervention, agencies should develop a staffing plan and try to identify ways to minimize staff turnover. The plan should identify strategies for choosing staff who are able and willing to make a long-term commitment to the intervention and to their role in delivering the intervention. Expectations for lengths of stay should be clearly defined and articulated during the hiring process. The project plan should identify strategies for searching, hiring, and training new staff, if needed. Equally important, the plan should identify strategies to increase staff buy-in to the program and keep trained staff engaged in the program over time.



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