



# THEORY OF CHANGE: Illinois Trauma Focus Model for Reducing Long-term Foster Care

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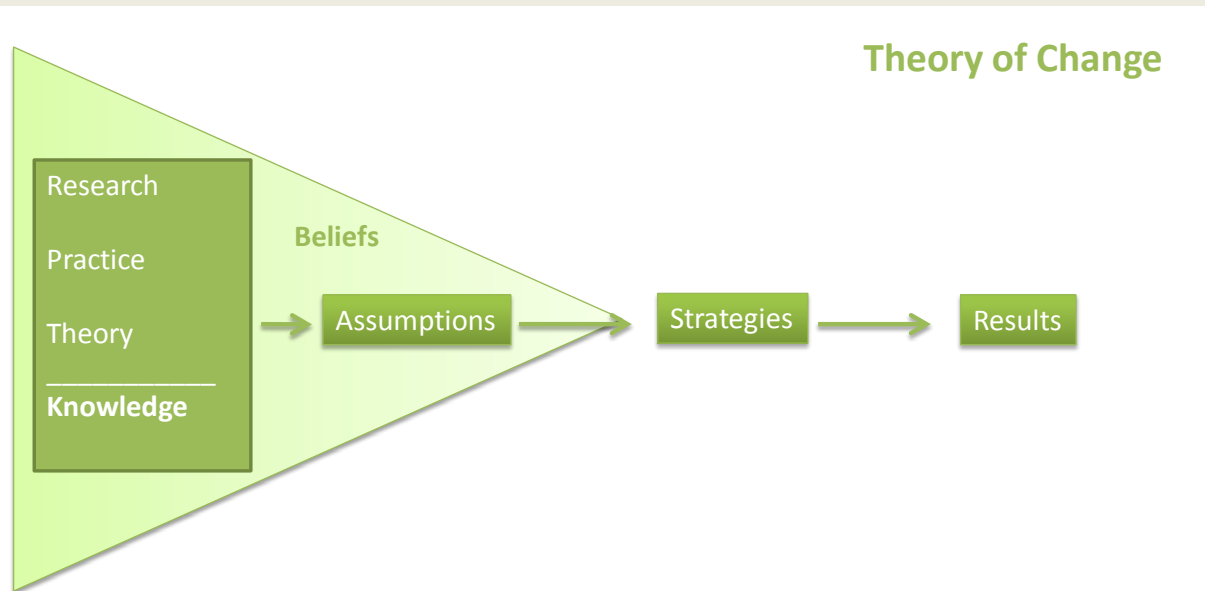
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# What is a theory of change?

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- An explanation of how we expect to reach a long term goal
  - Theories of change depict a pathway to intended outcomes
  - When programs are successful, theories of change indicate why they worked
- Key Elements:
  - Identification of the factors that have caused the problem (etiology)
  - Identification of the proximal outcomes needed to achieve targeted (distal) outcomes – these indicate hypothesized change process
  - Pathway of change that illustrates the relationships between these elements – how do we get there?
  - Clarification of the assumptions that underlie the theory
  - Indicators of outcomes are defined specifically enough to measure
- Research informs our theory of change, but so do our values, assumptions, and practice orientations

# What is a theory of change?



Source: Knowlton & Phillips (2009). *The logic model guidebook: Better strategies for great results*. Thousand Oaks, CA: Sage Publications.

# Illinois PII Project Goals

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- Increase rates of permanency for the target population via:
  - Reunification, for youth for whom reunification is still being pursued
    - Over half (56%) of youth meeting study criteria have return home permanency goals. Thus it is expected that interventions with biological parents will be pursued for as many as half of the enrolled youth
  - Adoption and subsidized guardianship, for youth who do not have a goal of return home

# Identified Barriers

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- Emotional-behavioral issues of the target children, frequently related to histories of complex trauma;
- Lack of biological parent engagement and service completion required to achieve reunification;
- Insufficient or ineffective services to address biological parents' underlying issues related to child welfare involvement; and
- Lack of support and training to foster parents to address the needs and behaviors of the children in their care.

# Key Assumptions

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- **Youth**

- Difficulty regulating emotions and behavior leads to relational challenges
- Youth who are better able to regulate their emotions and behavior will have increased ability to form relationships
- Greater capacity to form relationships will lead to increased placement stability and greater likelihood of attaining permanency
- **TARGET will increase skills in emotional and behavioral regulation and capacity to manage stress, thus increasing capacity to form relationships**

# Key Assumptions

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- **Biological parent**
  - Histories of trauma often lead to difficulty with emotional and behavioral regulation in biological parents as well
  - Parents who learn skills to regulate their emotions and behavior will have increased capacity to manage stress, complete services, and meet their child's needs
  - Increased service completion and capacity to parent will result in higher rates of reunification
  - **TARGET will provide biological parents with increased skills in emotional and behavioral regulation, allowing them to better address their own needs, complete services, and parent their children; thus, resulting in higher rates of reunification**

# Key Assumptions

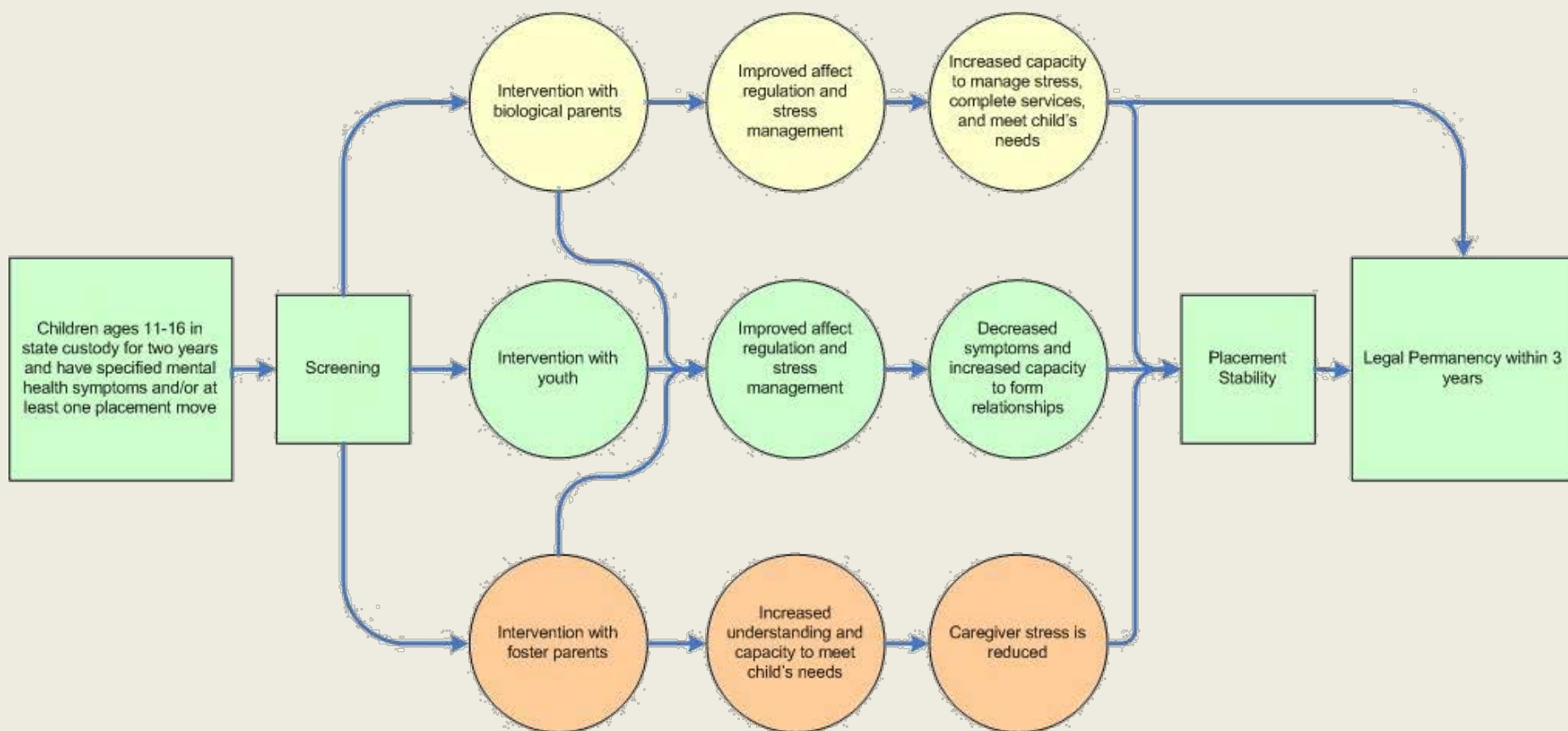
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## Foster parents

- Unprepared to care for children with trauma-related and mental health symptoms
- Increase in foster parents' skills to assist youth with disruptive emotions and behaviors will result in decreased stress and greater placement stability
- **TARGET will provide foster parents with a greater understanding of these issues and skills to assist the child in behavior-emotion regulation**



# Theory of Change: Summary Diagram





# TARGET

## Trauma Affect Regulation: Guide for Education and Therapy

### A Brief Overview

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PII Steering Committee  
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# What is TARGET?

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- Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a strength-based approach to education and therapy when youth and their families have been affected by trauma or experience a high level of stress related to adverse experiences
- A strong psycho-educational component: the impact of trauma on cognitive, emotional, behavioral, and relational processes
- Teaches clients to identify their own stress triggers so that they can better regulate overwhelming feelings and make and achieve goals for themselves
- Provides skills training and aids (acronyms, graphics) to help individuals remember and use TARGET skills in the moment when they experience triggers for emotional dysregulation

# TARGET Psychoeducation Components

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- Clients learn about the parts of the brain and how they work together
- “Alarm response” system- effects on brain and body and how this changes after traumatic or other adverse experiences (“stuck in alarm mode”)
- Teaches youth and adults that is possible to gain emotional regulation skills to change these patterns
- Provides youth and adults with a common vocabulary to describe their experiences and emotional reactions

# TARGET Skill Building: Core Components

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- Purpose: to shift processing of information and emotions so that the client is able “to live life and make sense of memories without being trapped in an alarm state”
- Self regulation skill set taught in the model:
  - **F**- Focus (includes Slow down, Orient, Self-check)
  - **R**- Recognize triggers
  - **E**- Emotion self-check
  - **E**- Evaluate thoughts
  - **D**- Define goals
  - **O**- Options
  - **M**- Make a contribution

# TARGET Delivery

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- Youth: 12 sessions with therapist
- Biological parent, when available: engaged in a family therapy format, or individually with therapist when indicated
- Foster parents: overview provided; encouraged to participate in some sessions with youth
- Case managers: overview provided by clinical staff
- Whenever possible, provide adults with skills to support of youth's use of the intervention
  - develop a common vocabulary and understanding of behavior

# Developers

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- Julian Ford, PhD- University of Connecticut Health Center. National trauma expert.
- Judith Ford- Responsible for implementation, Advanced Trauma Solutions (ATS)
- Created TARGET in UC clinic with funding from:
  - Connecticut Department of Mental Health and Addiction Services (1999)
  - Department of Children and Families (2002-04)
  - SAMHSA (2000-02)
  - National Institute of Mental Health (2001-06)
  - National Institute of Justice and Department of Justice (2003-08)

# Research Support: Adolescents

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- Connecticut (n=197) detained youth
  - Ford & Hawke, in press
- Ohio (n=74) detained youth
  - Marrow, Knudsen, Olafson & Becker, 2012
- Outpatient adolescent females (n=59)
  - JJ involved with full or partial PTSD diagnoses
  - Ford, Steinberg, Hawke, Levine, & Zhang, 2012
- Overall: less threats and restraints, depressive symptoms, anxiety, and symptom severity, with better emotion regulation
- Many of these subjects had current or past involvement with child welfare system



# Research Support: Outpatient Adults

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- Low income minority mothers (n=146)
  - Ford, Steinberg & Zhang, 2011
- Adults with co-occurring substance abuse and PTSD (n=213)
  - Group format
  - Frisman et al, 2008
- Overall findings: improvements in trauma memory intrusiveness, trauma related beliefs about selves, emotion regulation, positive coping, and interpersonal functioning

# Training and Implementation

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- Therapists receive a full 4-day training conducted by Developers (initial group of 20)
- Immediately after training, therapists can begin TARGET sessions with clients
- Case managers and administrators will receive a 4-hour overview
- Therapists: bi-weekly consultation calls with Developers for up to 12 months
- Fidelity monitoring
  - Videotape sessions, receive ongoing feedback from ATS

# Strengths of TARGET

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- Evidence-based practice that can be integrated into other practices
- Materials easily understood and received well by youth and parents
- Addresses trauma symptomology and stress responses, but does not require PTSD diagnosis
- Also appropriate for emotional dysregulation that commonly occurs for youth with behavioral disorders
- Strength-based, empowerment-focused
- Encourages family participation
- Developer expertise, availability, and involvement in implementation