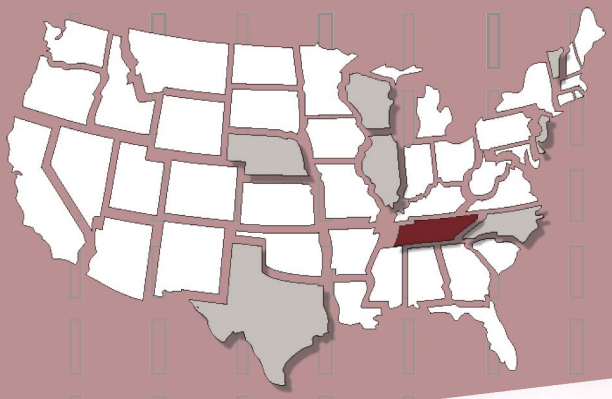
Evaluation Results from

Tennessee



Final Evaluation Report

September 2019

QIC•AG National Quality Improvement Center for Adoption & Guardianship Support and Preservation

This report was designed by staff at the Texas Institute for Child & Family Wellbeing at The University of Texas at Austin, Steve Hicks School of Social Work. We thank them for their partnership and dedication to the work of translational research.

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

Report Authors

Nancy Rolock, PhD| Co-PI, QIC-AG | Associate Professor
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Case Western Reserve University

Helen Bader School of Social Work
University of Wisconsin - Milwaukee

Roni Diamant-Wilson, PhD | Post-Doctoral Fellow
University of Wisconsin-Milwaukee, Helen Bader School of Social Welfare

Kevin White, PhD | Assistant Professor
East Carolina University
School of Social Work

Young Cho, PhD | Associate Professor
University of Wisconsin-Milwaukee, Community and Behavioral Health Promotion, Joseph J. Zilber School of Public Health

Rowena Fong, EdD | Co-PI, QIC-AG | Ruby Lee Piester Centennial Professor
Fellow, American Academy of Social Work and Social Welfare
The University of Texas at Austin, Steve Hicks School of Social Work

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Acknowledgements

The QIC-AG evaluation team would like to extend our sincerest thanks to all of the adoptive and guardianship families who participated in the project.

We also thank the many stakeholders on the QIC-AG site specific Project Management Team (PMT), Stakeholder Advisory Team (SAT) and Implementation Team (IT) who were invaluable in providing the support and direction needed to implement the study. The participants on these three teams included community consumers and providers from adoption and guardianship services; adoptive and guardianship families; representatives from private, domestic, and international adoption; key leaders across multiple systems; and the numerous support agencies and system partners.

We would like to acknowledge the staff at the Tennessee Department of Children's Services and at Harmony Family Services, the site team leaders and Site Implementation Managers (SIMS) who guided this work, in addition to their other roles within the agencies they work. Your partnership made this project a success.

The QIC-AG site consultants worked closely with the evaluation team to ensure the project work was implemented with integrity. Thank you for the collegial team work.

A special appreciation goes to the The ChildTrauma Academy, the purveyors of NMT, who supported the site in adapting their model for this study.

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Evaluation Results from Tennessee

PROJECT PARTNERS

QIC-AG partnered with the **Tennessee Department of Children's Services (DCS)** and **Harmony Family Center**.

CONTINUUM PHASE

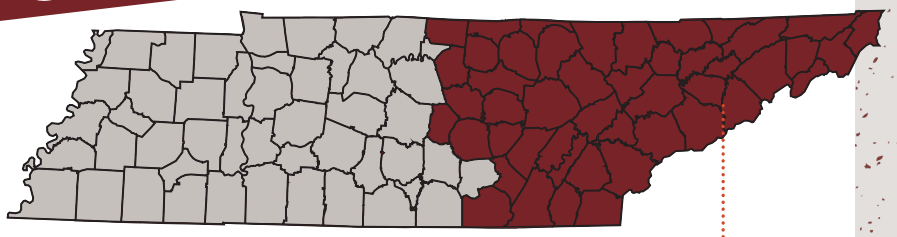
Intensive Services

INTERVENTION

The **Neurosequential Model of Therapeutics (NMT)** includes training/capacity building for family counselors to use the NMT with adopted children, assessment of trauma experiences on brain development and individualized, comprehensive treatment plans based on the assessment.

STUDY DESIGN

Quasi-Experimental



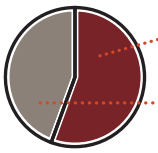
The target population was adoptive families served by the ASAP program. Families served by ASAP in the East, Northeast, Tennessee Valley, Knox, Smoky Mountain, and Upper Cumberland regions were in the intervention group. Families in the remainder of the state were assigned to the comparison group.

RESEARCH QUESTION

Will children and youth from families who have adopted and are referred (or self-refer) to ASAP's post adoption services in the East, Northeast, Tennessee Valley, Knox, Smoky Mountain and Upper Cumberland regions who receive the NMT experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health when compared to similar children and youth who receive services as usual?

Findings

386 families participated in the study

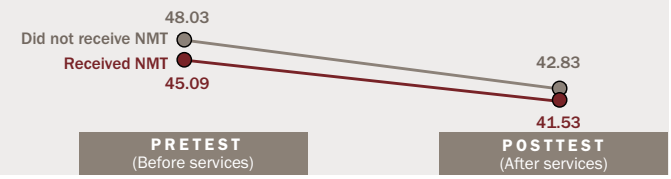


215 received the **treatment (NMT)** at Harmony Family Center.

171 received **services as usual** (comparison) at Catholic Charities.

CAREGIVER CONCERN

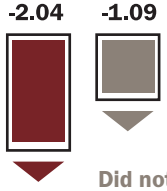
Caregivers reported less parental concern



Scores are from the Parental Feelings Form (PFF). This scale runs from 0-60. A lower score = less parental concern.

CHILD BEHAVIOR

Change in BPI Internalizing Score



Fewer internalizing behaviors

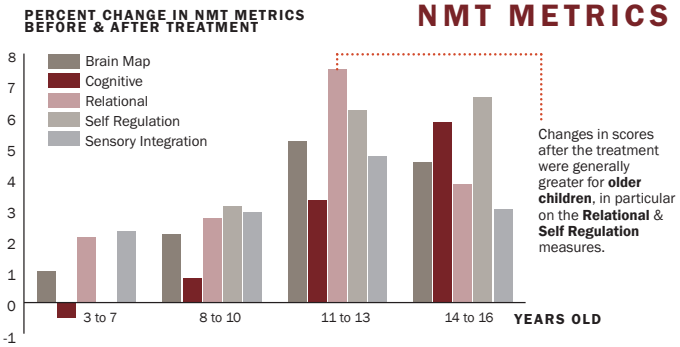
The arrows to the left represent the average reduction in BPI Internalizing Behavior Subscale scores from pretest to posttest for families who received NMT and those who did not. While behaviors improved for both groups, NMT families showed a greater improvement.

EMOTIONAL SECURITY & COMMITMENT

Caregivers reported a higher sense of belonging and stronger claim to their child.

Scores are from the Belonging and Emotional Security Tool-Adoption & Guardianships (BEST-AG). This scale runs from 13-65. a higher score = greater sense of family belonging.

NMT METRICS



RECOMMENDATION

More research using larger samples and longer observation windows are needed to examine the effects of the NMT with post-adoptive children and families. Incorporating the NMT Metric as a post-adoption intervention is a long-term investment designed to help children who have experienced significant trauma and may have a positive impact on children and families over time.

The University of Texas at Austin Texas Institute for Child & Family Wellbeing Steve Hicks School of Social Work

QIC•AG National Quality Improvement Center for Adoption & Guardianship Support and Preservation

Jack, Joseph and Morton Mandel School of Applied Social Sciences Case Western Reserve University

The University of Texas at Austin
Texas Institute for
Child & Family Wellbeing
Steve Hicks School of Social Work

JACK, JOSEPH AND MORTON MANDEL
SCHOOL OF APPLIED SOCIAL SCIENCES
CASE WESTERN RESERVE
UNIVERSITY

This research summary was designed by staff at the Texas Institute for Child & Family Wellbeing at The University of Texas at Austin, Steve Hicks School of Social Work, in conjunction with the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University.

Evaluation questions? Please contact Nancy Rolock at nancy.rolock@case.edu or Rowena Fong at rfong@austin.utexas.edu.

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Executive Summary

Overview

The Tennessee Department of Children's Services (DCS) is a state-administered public child welfare agency. In 2004, DCS selected the Harmony Family Center (Harmony), a Tennessee-based private non-profit organization specializing in pre and post adoption services, to administer the state's Adoption Support and Preservation Program (ASAP). Harmony provides services to families in Eastern Tennessee and families in the Middle and Western areas of the state are served through sub-contracts with Catholic Charities. This long established history of providing post-adoption services sets Harmony apart in the National Quality Improvement Center for Adoption and Guardianship Support (QIC-AG) project. The Tennessee site of the QIC-AG implemented the Neurosequential Model of Therapeutics (NMT), a developmentally sensitive, neurobiology-informed approach, with adoptive families who request services or are referred for services in the areas of the state served by Harmony.

The study's Theory of Change suggested that once families are provided a family-centered, trauma-informed, bio-psychosocial assessment process to identify their needs and linked to specific services, they would have the knowledge and skills to effectively manage problems when they arise, which would increase placement stability and reduce the risk of discontinuity. The QIC-AG project was implemented at the Intensive Interval level of the QIC-AG Permanency Continuum Framework and the intervention was located in the **Compare and Learn** phase in the *Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare*.

Intervention

The Neurosequential Model of Therapeutics (NMT) includes three core components:

- Training/Capacity Building - Developing the necessary materials, tools and training experiences for family counselors to use the NMT with adopted children.
- Initial Assessment – Assessing (informed through multiple sources) the timing and severity of trauma on brain development and developing the "NMT Metrics Report."
- Child Specific Recommendations – Developing and implementing individualized, comprehensive Treatment Plans based on information collected during the Initial Assessment.

Primary Research Question

The study's research question was:

Will children and youth from families who have adopted and are referred (or self-refer) to ASAP's post adoption services in the East, Northeast, Tennessee Valley, Knox, Smoky Mountain and Upper Cumberland regions who receive the Neurosequential Model of Therapeutics (NMT) experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health when compared to similar children and youth who receive services as usual?

The target population was solely adoptive families served by ASAP program who had children under the age of 18 and were adopted through the Tennessee Department of Children's Services, a public child welfare system in another state, or through private domestic or intercountry processes.

A quasi-experimental pre and posttest design were used to evaluate the NMT intervention. Children served by Harmony received the NMT, and those served by Catholic Charites received services as usual.

ASAP staff delivered pretest measures at intake and posttest measures at the end of services to the intervention and comparison groups. In addition, all ASAP staff who were providing services to the intervention and comparison groups were sent a link to an on-line satisfaction survey. The NMT staff fidelity and treatment plan adherence were also measured throughout the study.

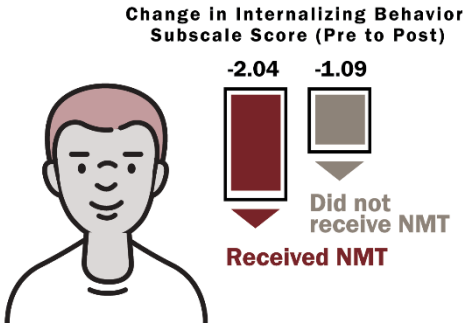
Key Findings and Discussion

A quasi-experimental design was used to examine differences between the families assigned to the intervention group (n = 215) and families who received services as usual (n = 171). In this analysis, we observed trends which suggested that positive changes were occurring for those who received NTM and that changes were generally in the direction one would expect with this intervention. Specifically:

Child behavioral issues. This was measured with the Behavioral Problem Index (BPI). On the BPI, a decrease in score suggests fewer behavioral issues:

- Both the intervention and comparison groups saw statistically significant differences between scores at PRE and POST BPI scores.
- A difference was observed between intervention and comparison groups in the overall BPI score, with slightly greater change observed for the intervention group. While not statistically significant at the .05 level, this is trending towards a statistically significant result (on average, a reduction of 1.82 points, p=.086).

- Change in the BPI-internalizing subscale among respondents in the intervention group was better than those in the comparison group (on average, a reduction of 0.96 points, p=.046), a statistically significant finding.

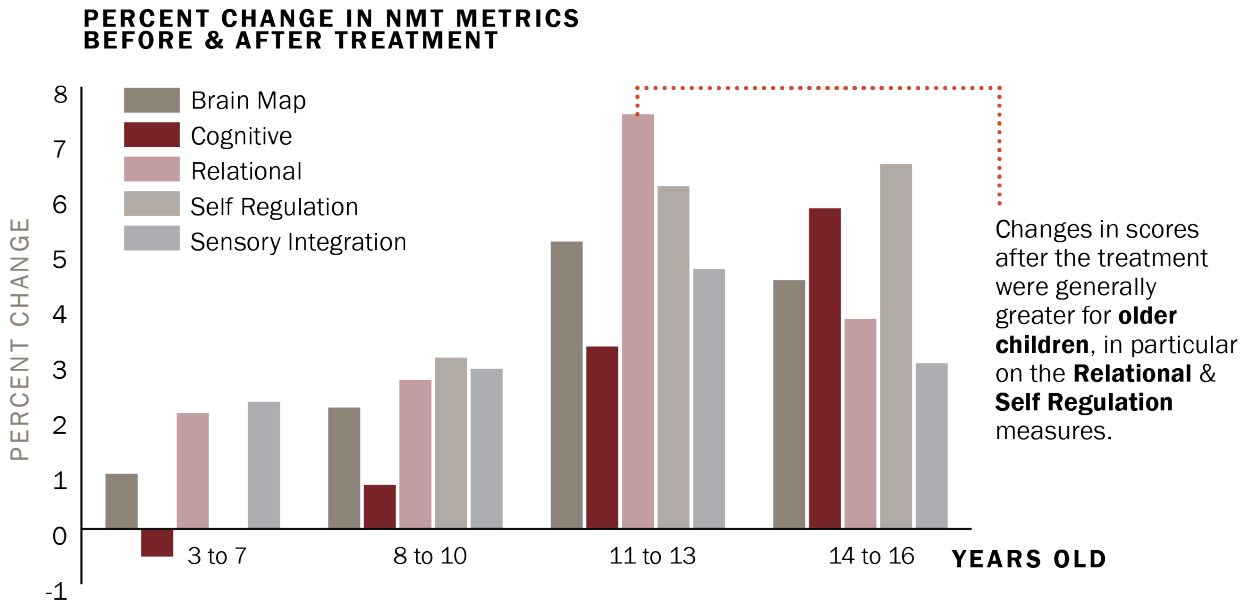


- Similarly, change in the BPI-externalizing subscale among respondents in the intervention group was better than those in the control group, on average, a reduction of 1.32 points (p=.092), trending towards statistical significance.

Caregiver commitment. This was measured with the Belonging and Emotional Security Tool – for Adoptive and Guardianship families (BEST-AG). On the BEST-AG scale, increases suggest an improved sense of belonging and emotional security. While not statistically significant, the BEST-AG shows a slightly stronger trend for the treatment group, suggesting that with additional time and more study participants, a statistically significant difference may emerge.

Familial relationships. This was measured with the Parent Feelings Form (PFF). For this measure, lower scores are preferred. Results showed an overall reduction in PFF scores from pretest to posttest. The PFF showed declindes for both groups, but not a statistically significant difference.

The NMT Metrics (for the intervention group only). Compared to neurotypical children their age, children and youth who received the intervention saw an increase, over baseline, of their functioning on key domains measured through the NMT Metrics: participants moved closer to the neuro-typical functioning on all domains. The largest percent change occurred among older children and youth, with most change observed for children over the age of 11.



Among children adopted through the child welfare system, many have had difficult experiences in addition to maltreatment, including long periods of time in foster care prior to adoption and instability in foster care. Children in families who reach out for assistance after adoption may have experienced significant trauma and could benefit from trauma-informed post adoption services and supports. Changes from pretest to posttest on the NMT measures were stronger for older children (those over 8 years old). Therefore, the NMT may be more helpful for older children. However, these results may have also been due to better reasoning capacity of older youth, different experiences with trauma or the effects of the NMT may need more time to be observed with younger children.

In summary, the trends found in this study are promising for children and youth who received NMT, but more research using larger samples and longer observation windows are needed to examine the effects of the NMT with post adoptive children and families. Addressing issues with children who have expereinced maltreatment, trauma and loss is difficult work and takes time. The observation window in this study was less than a year, and results of interventions may not be observed until more time has passed. In this relatively short period of time the intervention group saw change on key measures included in the metric (e.g., particularly for older children in the relational and self-regulation domains). Perhaps with additional time, and more families enrolled, different results regarding the intervention and comparision groups may have emerged. Incorporating the NMT Metric as a post adoption intervention is a long-term investment designed to help children who have experienced significant trauma and may have a positive impact on children and families over time.

Cross-Site Summary

The cross-site evaluation (Chapter 10 of the full report) summarizes overarching themes and analyses found across six QIC-AG sites that focused on addressing issues post permanence: Vermont, Illinois, New Jersey, Catawba County (North Carolina), Wisconsin, and Tennessee. Key findings from the cross-site are summarized below.

Key questions that can help sites identify families who are struggling post permanence. An important aspect of prevention work with adoptive and guardianship families is to be able to identify families who may be the most likely to experience post permanency discontinuity and diminished wellbeing. Through the QIC-AG we asked key questions to better understand issues related to post permanency discontinuity. Our findings show promise for using a set of questions related to familial issues to distinguish families who were struggling and those who seemed to be doing alright. These questions could be administered yearly to all adoptive and guardianship families, with targeted outreach directed at families whose responses suggest they may be at an elevated risk for post permanency discontinuity.

Child welfare jurisdictions interested in targeted outreach to adoptive or guardianship families may consider periodically checking in with families to assess their level of caregiver commitment and familial relationship (e.g., the parent or guardian's assessment of how well they can manage their child's behavior). Based on the responses received from this check-in, jurisdictions could consider targeting outreach to families based on responses to key familial relationship questions piloted with the QIC-AG project.

Maintain connections with families after adoption and guardianship. Connections to services, supports, and resources should begin prior to adoption or guardianship finalization and continue to be maintained after finalization.

Reduce barriers to post adoption service use and empower families to seek services and supports. This process may be made easier by maintaining connections through universal outreach, which includes providing information about availability and eligibility for services after adoption or guardianship finalization so that families know how and where to access supports and services.

Offer support through periodic, targeted outreach to families who exhibit characteristics that suggest they may be at an increased risk for post permanency discontinuity. This could be, for instance, annual check-ins with families to see how they are doing.

Support is important. Families reported that at times what is needed is a friendly voice on the other end of the phone who can listen to struggles regarding birth family contact or provide support for older caregivers. Other times it is helping to get intensive residential treatment services for their child without relinquishing custody. Participants reflected on the important social connections (informal social support) made by attending sessions. Survey respondents reported that they needed formal support from the child welfare and school systems, as well as support in accessing services for their child post-permanence. It is important to understand what *support* means to the family and to find a way to offer it in a timely manner.