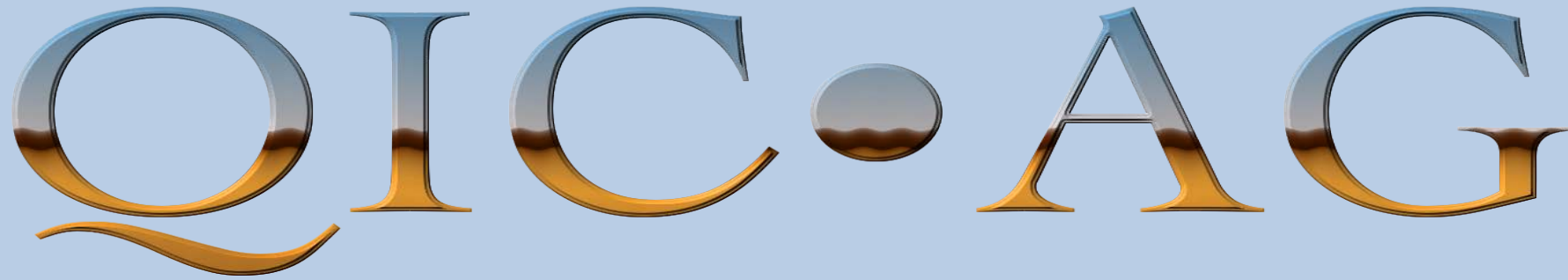


National Quality Improvement Center



Adoption & Guardianship Support and Preservation

A Program funded through a five-year cooperative agreement with
Department of Health and Human Services,
Administration for Children and Families, Children's Bureau in partnership with:
Spaulding for Children,
The University of Texas at Austin,
The University of Wisconsin-Milwaukee, and
The University of North Carolina at Chapel Hill

**Neurosequential
Model
of Therapeutics
(NMT):**

Post-Adoption
Services in
Tennessee
Available to
Intercountry and
Private Domestic
Adoptive
Families

WELCOME AND INTRODUCTIONS

- **Dr. Keith Bailey, PhD**

Training Director, Harmony Family Center and NMT Training Lead

- **Nicole E. Coning**

Family Preservation Director and Co-SIM (Site Implementation Manager), QIC-AG



AGENDA

- Overview of the QIC-AG
- Introduction to the Adoption Support & Preservation (ASAP) Program
- Where ASAP Services & NMT are Offered through QIC-AG
- Eligibility Criteria
- ASAP/NMT Referral Process
- Review of Research Elements
- Introduction to NMT
- Questions and Answers



OVERVIEW OF QIC-AG

QIC-AG GOAL

QIC-AG will develop evidence-based models of support and intervention that can be replicated or adapted by other child welfare systems across the country to achieve long-term, stable permanency in adoptive and guardianship homes for waiting children as well as for children and families after adoption or guardianship has been finalized.

QIC-AG LEADERSHIP TEAM



QIC-AG is funded through a five year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

❖ Spaulding for Children



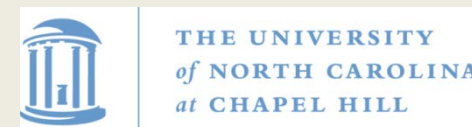
❖ University of Wisconsin-Milwaukee



❖ University of Texas at Austin



❖ University of North Carolina at Chapel Hill



PARTNERSHIP



OVERVIEW OF THE ASAP PROGRAM

OVERVIEW OF THE ASAP PROGRAM

- Harmony Family Center's Adoption Support and Preservation Program (ASAP) Program was developed in 2004 and is designed to support and promote the success of adoptive and guardianship families on every level and at every stage of the adoption journey. Harmony provides evidence-based, trauma-informed therapeutic and educational services that are individualized to meet the unique needs of adoptive and guardianship families.

ASAP ELIGIBILITY REQUIREMENTS

- ASAP's seamless, statewide system of intensive in-home services, diverse educational offerings, and supportive enrichment activities are available to families who have adopted or are pursuing adoption via:
 - Intercountry adoption
 - Private, Domestic adoption
 - Adoption through the child welfare system in Tennessee **or** another state in the U.S.

ASAP SERVICE PROVISION

- Adoption Preparation Training
- In-Home Family and Individual Counseling
- Crisis Intervention Support
- F.U.S.E. Adoptive Parent Groups
- Adoption-Focused Educational Offerings
- Relief Team Building & Respite Services
- Case Management and Community Referrals
- Adoptive Family Camps

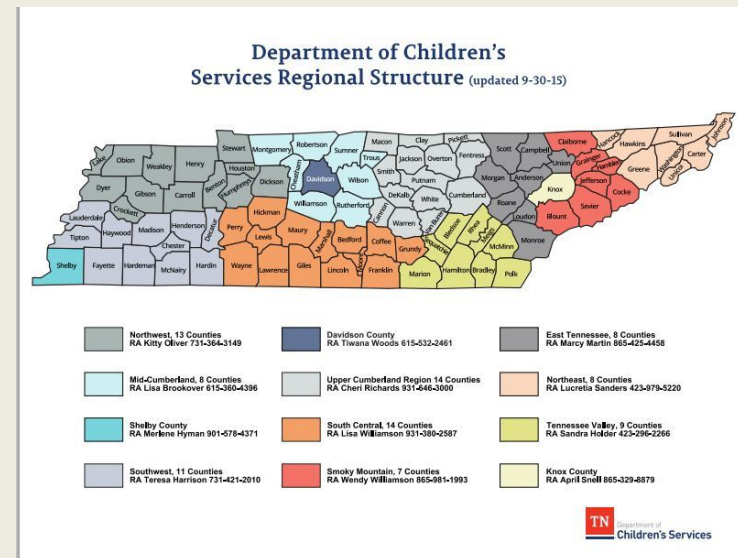


WHERE NMT SERVICES
ARE OFFERED THROUGH
ASAP AND THE QIC-AG

WHERE IS NMT BEING PROVIDED?

- The NMT is being provided to adoptive families with children who have been adopted and are referred (or self-refer) to Harmony Family Center's ASAP Program in the following Department of Children's Services (DCS) regions, which represents approximately 60% of the geographical area in Tennessee.

- Northeast
- Knox
- East
- Smoky Mountain
- Tennessee Valley
- Upper Cumberland
- Shelby



ASAP & NMT REFERRAL PROCESS

ASAP/NMT REFERRAL PROCESS

- Families may contact the **ASAP Helpline at 888.848.ASAP** to request services or to learn more about the program
- Referring professionals are encouraged to contact ASAP with any questions and may refer families for pre and post adoption services by contacting **888.848.ASAP**
- Adoption Support and Preservation team members are available from 8:00 – 6:00 PM EST and after hours messages to the helpline are responded to the following business day

RESEARCH ELEMENTS

As part of the overall cooperative agreement, the QIC-AG is conducting a rigorous evaluation in Tennessee and each of the seven other partner sites.

The short term outcomes Tennessee has targeted are:

- Decrease in familial stress
- Decrease in child behavioral issues
- Improved educational outcomes
- Increased staff satisfaction with delivery of services
- Improved familial relationships
- Improved caregiver commitment



RESEARCH ELEMENTS

- Families must consent to receipt of ASAP services and active engagement in the treatment process
- Families are asked to complete satisfaction surveys at discharge, six, and twelve month post service provision
- Families are asked to complete three pre/post test measures at initial intake and prior to discharge
 - *Incentive of \$25 gift card for completion of post-test measures*
- Families will be invited to participate in a half-hour qualitative interview over the phone
 - *Incentive of \$25 gift card for participation*



NEUROSEQUENTIAL MODEL
OF THERAPEUTICS (NMT):
POST-ADOPTION SERVICE IN
TENNESSEE AVAILABLE TO
INTERCOUNTRY AND PRIVATE
DOMESTIC ADOPTIVE FAMILIES



THE NEUROSEQUENTIAL MODEL OF THERAPEUTICS

Neurosequential Model of Therapeutics

the sequence, or order, in which the brain develops

a perspective

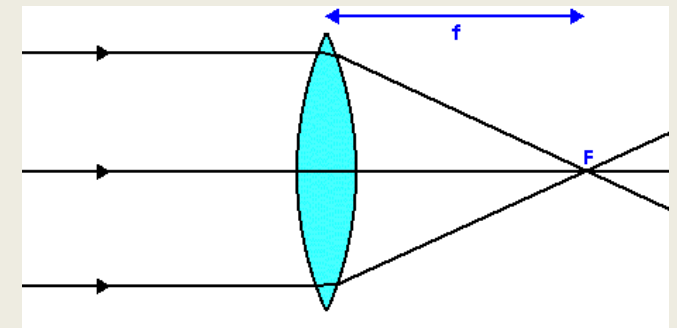
life experiences effect brain
development and behavior

the different types of interventions
to consider for a child

A WAY TO ORGANIZE INTERVENTION STRATEGIES

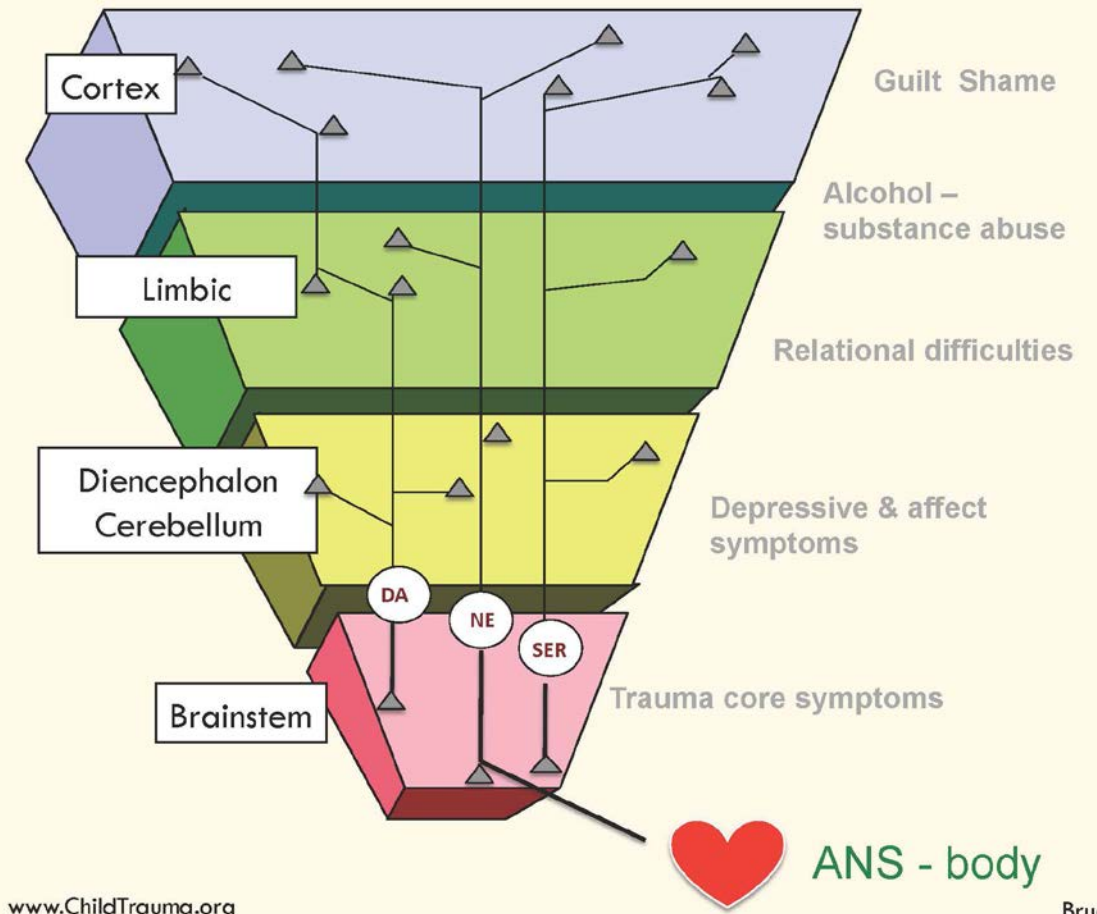
NMT is not a specific therapeutic technique or intervention

- It is a way to organize a child's history and current functioning
- It is a way of thinking – a lens – a way to organize intervention strategies



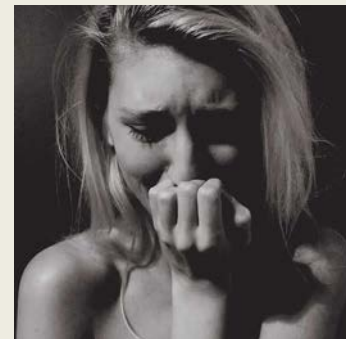
NMT

- An approach to clinical problem solving
- Based on brain development and how trauma and neglect impacts brain development
 - Brain develops from the bottom up
 - Therapeutic interventions should target the brain from the bottom up

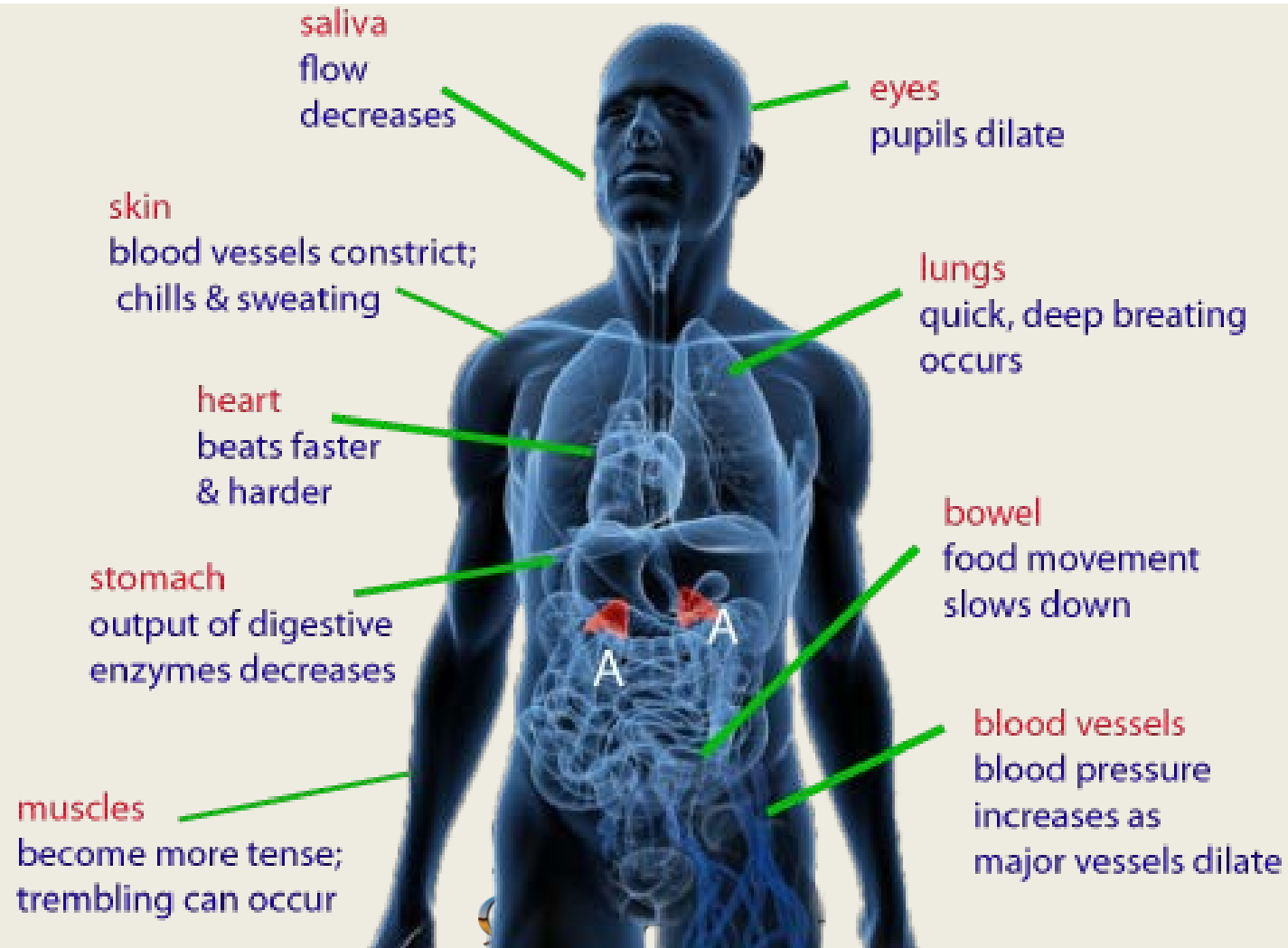


THE EARLIER THE TRAUMA/NEGLECT THE MORE DETRIMENTAL THE IMPACT

- The timing of the developmental insult(s) – not just the intensity and duration – determines the impact on the developing systems.
- The lower parts of the brain are not as plastic (malleable) as the upper parts of the brain.



THE BODY KEEPS THE SCORE

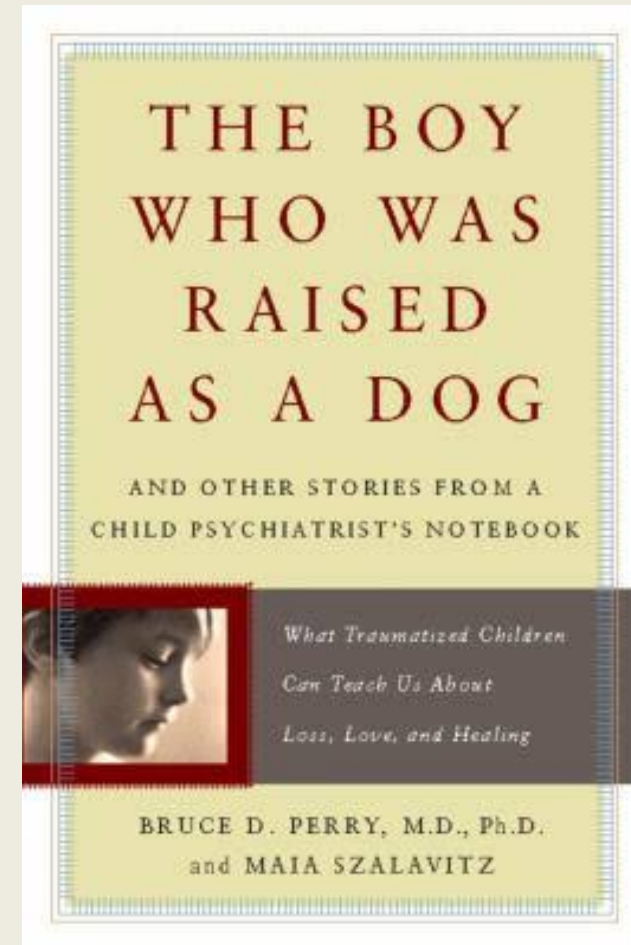


DR. BRUCE PERRY, M.D., PH.D.



- Child Psychiatrist
- Neuroscientist and researcher
- Child Trauma Academy
- Expert consultant
 - Columbine HS shooting
 - Oklahoma City bombing
 - Branch Davidian raid
 - YFZ custody cases

DR. BRUCE PERRY, M.D., PH.D.



NMT TRAINING PROCESS: PHASE 1 CERTIFICATION

12 month process

- Two-day Bootcamp with Dr. Perry
- Monthly Training Requirements:
 - Videos/DVDs: 2-5 per month
 - Articles: 2-5 per month
 - Webinars: 2-3 per month
 - Metric Webinar: 1 per month
 - NMT Metric with Client: 1 per month
 - Internal Learning Group: 1 meeting per month
 - Mentor Webinar with Dr. Perry: 1 per month

12-18 hours/month

150+ hours/year



NMT

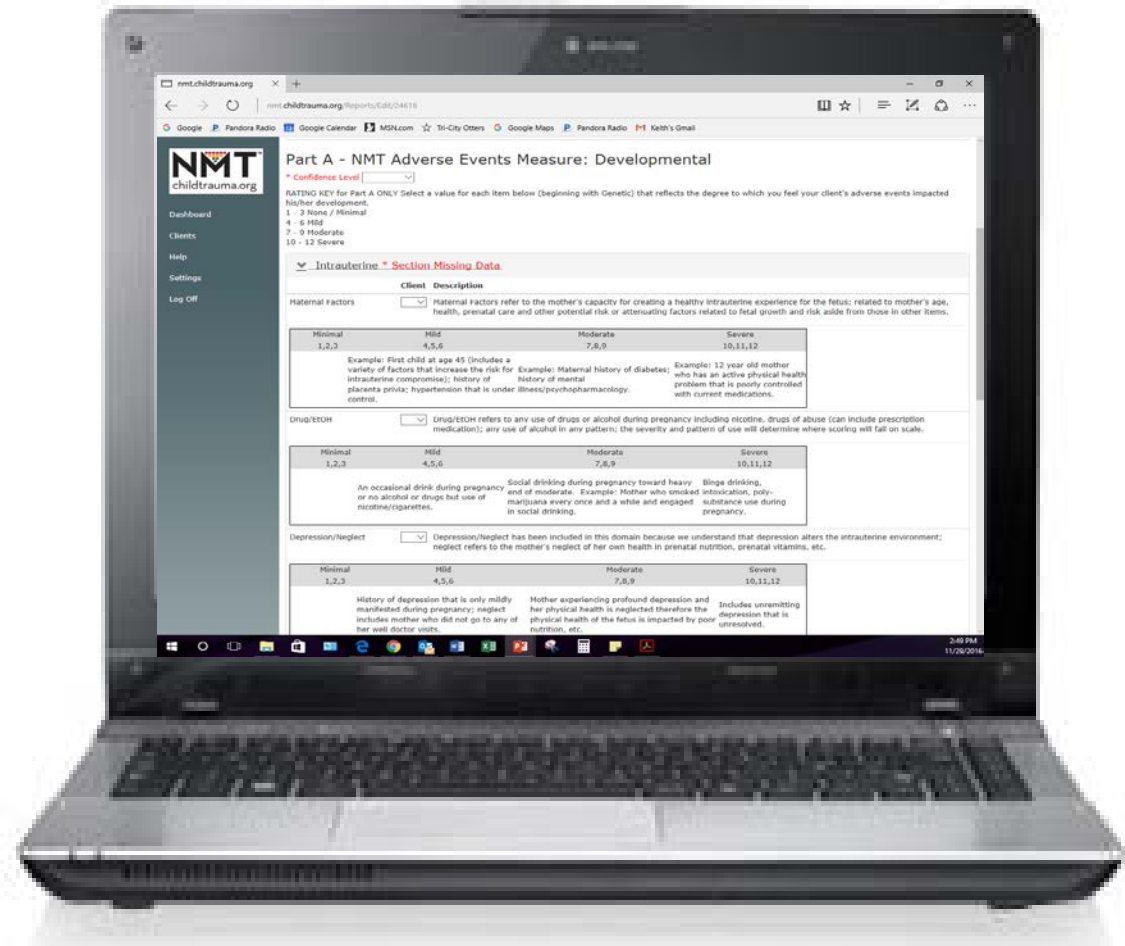
- NMT Assessment: Where the child has been
- NMT Functional Review: Where the child is now
- NMT Recommended Interventions: Where the child can grow



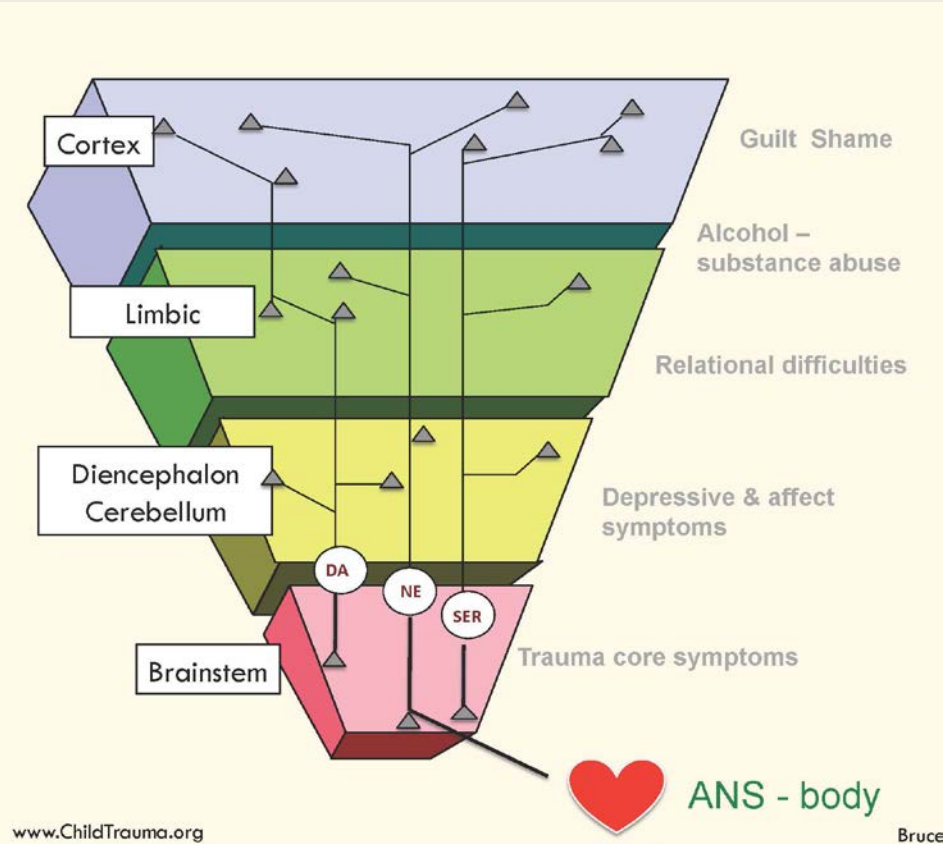
NMT INSTRUMENT

Assesses...

- Adverse Experiences
 - Relational Health
 - Central Nervous System
 - Relational Health
- ... at different developmental stages



BRAIN MAP



Client (7 years, 3 months)

Report Date: 11/29/2012

4	7	3	3	7	2
9	9	6	3	3	8
4	5	5	3	6	9
	6	7	2	2	
	9	10	6	8	
		9	3		
		4	9		
		10	9		

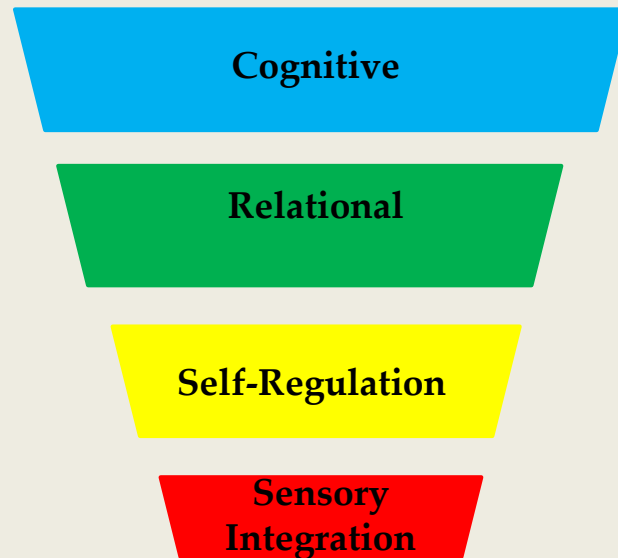
Age Typical - 6 to 7

7	7	7	7	7	7
9	10	9	7	7	8
8	9	10	10	8	10
	10	9	9	10	
	9	11	10	8	
		12	10		
		12	12		
		11	12		

REPORT - RECOMMENDATIONS FOR INTERVENTIONS

■ Area

■ Rating

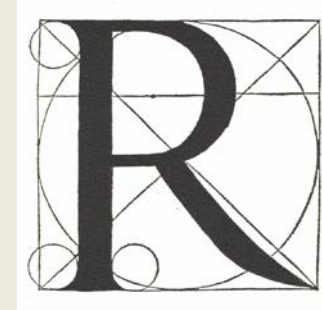


- Essential
- Therapeutic
- Enrichment

A way to organize and prioritize intervention strategies

INTERVENTIONS

- Repetitive (repetition, repetition, repetition)
 - Consistent
 - Predictable
 - Patterned
 - Frequent
- Rhythmic (matches neural patterns)
- Relevant (developmentally matched)
- Rewarding (fun)
- Relational (safe)
- Respectful (of child, family, culture)



INTERVENTIONS



10/13/2005

THERAPEUTIC WEB

- Only social interaction builds the **social affiliation** part of the brain.
- Social interactions activate **the most powerful reward systems**
- The **Therapeutic Web** provides the majority of healing opportunities for these children
- Stable and nurturing relationships buffer the impact of trauma



Good, old-fashioned social work –
WHO can I get involved with this child?

QUESTIONS

Additional Information on the QIC-AG
can be found at:

www.qic-ag.org



Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant 90CO1122. The contents of this document do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This document is in the public domain. Readers are encouraged to copy and share it, but please credit the QIC-AG.

The QIC-AG is 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.