



QIC•AG

**IMPLEMENTING THE
NEUROSEQUENTIAL MODEL
OF THERAPEUTICS (*NMT*)
LESSONS LEARNED
IN TENNESSEE**

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

The QIC-AG site in Tennessee chose to test an intervention that would serve children and families who were currently in crisis or had experienced one or more crises. The Tennessee Department of Children's Services (DCS) had an existing partnership with Harmony Family Center to offer families in-home crisis intervention, therapy, and referrals through the Adoption Support and Preservation (ASAP) program. The new project evaluated the *Neurosequential Model of Therapeutics (NMT)* as an approach to thoroughly assessing a child's needs in order to match the appropriate clinical response.

NMT, developed by the ChildTrauma Academy, is a developmentally informed, biologically respectful approach to working with at-risk children. *NMT* is not a specific therapeutic technique or intervention; rather *NMT* provides a set of assessment tools (*NMT* metrics) that help clinicians organize a child's developmental history and assess current functioning to inform their clinical decision-making and treatment planning process. *NMT* integrates principles from neurodevelopment, developmental psychology, and trauma-informed services, as well as other disciplines, to enable the clinician to develop a comprehensive understanding of the child, the family, and

their environment. The *NMT* model has three key components: (a) training/capacity building, (b) assessment, and (c) specific recommendations for selecting and sequencing therapeutic, educational, and enrichment activities matched with the needs and strengths of the individual.

In Tennessee, *NMT* is used in six regions of the state with children and youth who have been adopted and who are referred (or self-refer) to ASAP services. *NMT* services are offered to families who have adopted from the public child welfare system as well as families who have adopted through an intercountry or private domestic process.



SNAPSHOT OF LESSONS LEARNED AND RECOMMENDATIONS

- 1. USE STAFF WHO HAVE THE KNOWLEDGE, SKILLS, CHARACTERISTICS, AND ABILITIES NEEDED FOR THE INTERVENTION APPROACH AND ARE A “GOOD FIT” WITH THE PROGRAM**
- 2. SOLIDIFY THE PRACTICE MODEL BY SUPPORTING STAFF THROUGH TRAINING AND ONGOING COACHING**
- 3. INCREASE THE PROGRAM’S IMPACT THROUGH INTERNAL COLLABORATION AND OUTSIDE PARTNERSHIP**

LESSON 1: USE STAFF WHO HAVE THE KNOWLEDGE, SKILLS, CHARACTERISTICS, AND ABILITIES NEEDED AND ARE A “GOOD FIT” WITH THE PROGRAM MODEL

Bringing a new service to families requires a roster of professionals who are available and able to provide the service. Hiring or selecting staff with the right set of skills is a critical step, and if not done correctly, can hamper a project. The *NMT* intervention is based on a lengthy and rigorous training process for the interventionists. In Tennessee, the implementation team considered this training and the range of skills and abilities that a family counselor would need to successfully implement *NMT*. The team concluded that their hiring search could begin with the current Harmony staff who already had advanced degrees and additional clinical training.

Given the hiring practices embedded in the Adoption Support and Preservation (ASAP) program, Harmony had staff with the capacity to learn the specifics of the *NMT* approach. These staff members had already passed a rigorous interview cycle of three to four rounds intended to allow the interviewers

to get a sense of each candidate’s experience and temperament. All ASAP Family Counselors have an advanced degree in a clinical program such as social work, family and marital counseling, or counseling psychology. In addition, ASAP staff have extensive training in a variety of therapeutic modalities, including Trust-Based Relational Intervention (TBRI); trauma-focused cognitive behavioral therapy (TF-CBT); attachment, regulation and competency therapy (ARC); Circle of Security; sensory motor arousal regulation treatment (SMART); and Theraplay. In most cases, these Harmony staff members were ready to take on the challenge of the *NMT* certification training and implementing the model with families.

Because all Harmony staff were eligible for *NMT* training as a family counselor, one drawback to using existing staff was the lack of a mechanism to screen out individuals who did not seem to be a fit with the *NMT* approach. Eventually, some staff members who were not well-suited to *NMT* left Harmony through attrition. In some cases, such departures provided insights useful to the hiring process for future staff. For example, the team added questions to the interview process to help better understand the candidate’s ability to be flexible

and work creatively, to gauge their knowledge about neurodevelopment, and to assess their experience with sensorimotor interventions. Ultimately, the intervention was set up to succeed because it was equipped with staff who were in place and proven through ASAP as well as new hires selected for their program fit and potential to deliver *NMT* effectively.

LESSON 2: SOLIDIFY THE PRACTICE MODEL BY SUPPORTING STAFF THROUGH TRAINING AND ONGOING COACHING

Counselors need time, attention, and experience through repetition to become adept and gain fluency in delivering an intervention. The *NMT* certification training is meticulously prescribed with many points of interaction with the purveyor, ChildTrauma Academy. Tennessee added more layers of support for the family counselors while they underwent the training to not only ensure they successfully completed certification but also to ensure the family counselors helped families by holding true to the *NMT* model.

Phase I of the *NMT* certification process requires approximately 14-20 hours each month for 12-14 months. During the QIC-AG implementation of *NMT*, Tennessee made 14 months the standard length of training. The longer time frame gave the counselors an opportunity to take breaks from formal study, allowing the material to “sink in” while they integrated the practices into their work. The reflection time proved to be so beneficial that the *NMT* purveyor adopted the 14-month time frame for future training.

The *NMT* training model includes a monthly 1-hour conference call led by a Phase II trainer or ChildTrauma Academy (CTA) representative that focuses on discussion of the training content. These calls are intense and require significant preparation time. To help the counselors/trainees prepare for these calls, the Tennessee Implementation Team created an internal learning/study group that met monthly to reinforce the concepts and content covered during the previous weeks. Led by the Harmony training director, the sessions created a forum in which trainees could share comments, raise questions, and voice concerns about the *NMT* curriculum.

In addition, the counselors/trainees could reach out at any point via phone or e-mail to the training director or their direct supervisor to ask questions or voice concerns about the training. The Harmony counselors reported this combination of study group and open communication was a helpful and worthwhile part of the learning process that enabled them to discuss concepts and areas in which they need additional support or direction.

Another small gesture that had far-reaching benefits was the “micro-agenda” that the Harmony training director developed for each month. In one or two pages, each month’s micro-agenda laid out all the work to be done and links to the online materials. The training director also made the curriculum materials easily accessible in printed form and, whenever possible, available for download. These considerations created greater flexibility for counselors/trainees, allowing them to more easily study the content when and where they had time.

LESSON 3: INCREASE THE PROGRAM'S IMPACT THROUGH INTERNAL COLLABORATION AND OUTSIDE PARTNERSHIP

Families who move to adoption and guardianship often have to navigate complex service delivery systems beyond the child welfare system. Services to address child-specific needs often straddle medical, education, and human services systems. To better serve these families using the *NMT* model, the Tennessee site team leveraged existing relationships among child welfare providers and community entities so that *NMT* could reach more families. The partnership between DCS and Harmony had a successful track record of jointly supporting pre- and post-adoptive children and families through special projects, contracts, and general collaboration. The *NMT* program had a head start given the considerable resources the Harmony Family Center brought to the project, including the fiscal, legal, technical, and human resources of this private agency. Leadership from project partners was active in the quarterly project management meetings. Leadership informed the discussion about ongoing needs and contributed ideas to increase capacity and market the program more broadly.

The *NMT* program team (i.e., DCS and Harmony) also made purposeful efforts to cultivate relationships with community providers and to foster relationships between providers and families. Staff within the ASAP program serve on several boards and committees in their respective communities and regularly present *NMT* trauma-informed workshops at local and statewide conferences. This community engagement is critical to increasing awareness of the short- and long-term effects of trauma on child development. Although many providers in Tennessee work with children in the target population, many of these providers are unfamiliar with the impact that a trauma history can have on current functioning. By strengthening these professionals' understanding of the needs of traumatized youth, these providers will be better able to effectively support traumatized children and their families.

The Tennessee QIC-AG site team also developed trauma-informed materials/resources that will support the DCS and Harmony team in building partnerships with teachers, doctors, occupational therapists, speech therapists, and other professionals who serve children. The DCS and Harmony team's ongoing involvement in community events and sharing information about Harmony and ASAP services helps to bolster the therapeutic web and institutionalize new practices and new ways of approaching work with families.



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.