



QIC•AG

**NEW JERSEY IMPLEMENTATION
MANUAL**

TUNING IN TO TEENS

CHAPTER 1

INTRODUCTION USING THE IMPLEMENTATION MANUAL

The Implementation Manual provides detailed information a child welfare system/agency would need to implement one of seven interventions that were implemented and evaluated as part of the Quality Improvement Center for Adoption/Guardianship Support and Preservation (QIC-AG). All of these interventions are geared for children and families who are moving toward adoption or guardianship or children and families who have already achieved permanence through adoption or guardianship.

The Implementation Manual provides a roadmap for using a structured process to 1) determine if an intervention is the “right” intervention for your site and 2) implement the intervention with integrity. The manual will assist with the following:

- » Conducting a system assessment to identify the problem that needs to be addressed and the target population that has the need;
- » Developing a Theory of Change that explains why the change is proposed and the steps needed to achieve the desired outcome;
- » Ensuring the intervention meets the identified need by assessing fit, available resources, expected outcomes, and system readiness and capacity for implementation;
- » Developing a plan to implement the intervention;
- » Identifying and operationalizing supports necessary for implementation;
- » Testing the process to ensure that the intervention is implemented as intended.

Implementing a new intervention will require significant time and resources, and accordingly the manuals that describe the implementation are necessarily detailed. Each chapter contains practical considerations for implementation as well as lessons learned from the pilot sites. You can stop reading the manual if at any point you determine the intervention is not the right intervention for your site.

The manual chapters are as follows:

CHAPTER 2: OVERVIEW OF THE INTERVENTION

This chapter provides a brief introduction to the intervention including core components, or key elements. In addition, the chapter identifies the supports needed to successfully implement the intervention with special attention to those supports that are most critical.

CHAPTER 3: CORE COMPONENTS:

Only read chapter 3, if after reading chapter 2 you would like to have a more in depth understanding of the intervention. Building on the overview in Chapter 2, core components are further defined and operationalized. Additionally, important considerations or tasks needed to develop or implement each component are provided to fully inform and guide replication. Site-specific strategies and examples are given.

CHAPTER 4: CHOOSING THE RIGHT INTERVENTION

Once you understand the intervention, it is important to determine if it meets the needs of your clients and system. This chapter guides the reader through the **Identify and Explore** phase of implementation, helping to determine if the intervention is right for their system/agency. This chapter includes methodology and tools to identify 1) the problem in need of attention, 2) the target population, and 3) whether the named intervention can be implemented to meet the needs of the target population. Important considerations or tasks needed to develop or implement each component are provided to fully inform and guide replication. Site-specific strategies and examples are given. If the intervention seems like a good fit then move on to chapter 5. If the intervention is not a good fit consider some of the other interventions implemented by the QIC-AG.

CHAPTER 5: PLANNING TO IMPLEMENT

This chapter takes the reader through the critical steps of **Implementation Planning**, focusing on the components critical to support implementation. These components include: 1) research considerations 2) what must be done to ready a system to support high quality implementation, and 3) teaming and communication structures. This chapter also includes a discussion of the structural and functional changes to the system that may be needed to ensure that the intervention can be implemented (installation phase). Important considerations or tasks needed to develop or implement each component are provided to fully inform and guide replication. Site-specific strategies and examples are given.

CHAPTER 6: ASSESSING READINESS: USABILITY TESTING

Usability testing is a process used during the **Initial Implementation** phase to ensure the intervention can and is being implemented as intended. This testing period allows for adjustments to be made before full implementation begins. Site-specific strategies and examples of usability testing are given.

CHAPTER 7: TRACKING PROGRESS THROUGH WORK PLANS

Establishing and documenting time frames and responsible parties ensures the project stays on track and progresses as planned. This chapter includes a discussion of the key elements needed in a work plan to effectively track the progress of activities over time and by implementation phase, as well as the benefit of documentation and periodic review.

POST PERMANENCY STRATEGIES

The QIC-AG is a five-year project that worked with sites across the United States to implement evidence-based interventions or develop and test promising practices, which, if proven effective, could be replicated or adapted in other child welfare jurisdictions. The following interventions were implemented:

PATHWAYS TO PERMANENCE 2: PARENTING CHILDREN WHO HAVE EXPERIENCED TRAUMA - TEXAS

The Texas site team implemented Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss, hereafter, referred to as Pathways 2, developed by the nonprofit Kinship Center a member of the Seneca Family of Agencies in California. The Pathways 2 program uses a seven-session group format to guide adoptive parents, foster parents, kinship caregivers, and guardians through robust discussion and activities designed to strengthen their family. Participation in Pathways 2 is limited to “active caregivers” who are either temporary or permanent caregivers for a child living in the home, or an adult who is engaged with the child through visitation, phone calls, or therapy and is willing to have the child return to the home.

FAMILY GROUP DECISION MAKING - THE WINNEBAGO TRIBE OF NEBRASKA

The Winnebago Team adapted and implemented Family Group Decision Making (FGDM) a practice model that honors the inherent value of involving family groups in decisions about children who need protection or care. As opposed to decisions, approaches, and interventions that are handed down to families, FGDM is designed as a deliberate practice where families lead the decision-making process, and agencies agree to support family plans that adequately address child welfare concerns. A trained FGDM coordinator supports the family throughout the process.

THE VERMONT PERMANENCY SURVEY - VERMONT

The Vermont site team implemented the Vermont Permanency Survey. The survey consisted of validated measures and questions identified by the Vermont site team that fell into the following categories:

- » Family well-being: To better understand the factors that can impact the family’s safety, permanency, and stability.
- » Child well-being: To identify and understand the strengths and challenges of children and youth who were adopted or are being cared for through guardianship.

- » Caregiver well-being: To identify and understand the strengths and experiences of caregivers who have adopted or assumed guardianship of a child.
- » Community services: To identify and rate the level of helpfulness of the preparation services families used prior to adoption or guardianship and family support services available after achieving permanence.

TRAUMA AFFECT REGULATION: GUIDE FOR EDUCATION AND THERAPY – ILLINOIS

Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is designed to serve youth ages 10 years and older who have experienced trauma and adverse childhood experiences. TARGET uses a strengths-based, psycho-educational 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. The target population was a child between 11 and 16 years old living with an adoptive parent or guardian and youth over 10 years of age, living in families who finalized private domestic or inter-country adoptions.

TUNING IN TO TEENS - NEW JERSEY

Developed at the Mindful Centre for Training and Research in Developmental Health at the University of Melbourne, Australia and implemented by the New Jersey Team, Tuning in to Teens (TINT) © is an emotion-coaching program designed for parents of youth ages 10 to 18 years. The program equips parents with strategies for not only responding empathically to their adolescent's emotions but also helping their teens develop skills to self-regulate their emotions.

ADOPTION AND GUARDIANSHIP ENHANCED SUPPORT - WISCONSIN

The Wisconsin Team created a new intervention, Adoption and Guardianship Enhanced Support (AGES), an enhanced case management model. Designed with the goal of responding to families who expressed feelings of being unprepared, ill-equipped, or unsupported in trying to meet the emerging needs of their children after adoption or guardianship permanence was finalized. An AGES worker assesses the family's strengths and needs and with the family develops a support plan, covering critical areas such as social supports, case management, parenting-skills development, education, and other capacity-building activities. The intervention was implemented in the Northeast Region of Wisconsin.

The development of AGES was informed by the two post-adoption programs: Pennsylvania SWAN and Success Coach in Catawba County, North Carolina.

THE NEUROSEQUENTIAL MODEL OF THERAPEUTICS (NMT) - TENNESSEE

The Neurosequential Model of Therapeutics developed by the Child Trauma 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, 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.

CHAPTER 2

OVERVIEW OF THE INTERVENTION

The Tuning in to Teens (TINT) intervention was implemented by a team of child welfare professionals from the New Jersey Department of Children and Families (DCF), QIC-AG site consultants and evaluators, and Rutgers University, collectively referred to as the New Jersey Team or the Team. The New Jersey Team adapted and implemented the Tuning in to Teens (TINT) intervention.

The Team chose TINT because the intervention not only seemed to fit the needs articulated by adoptive parents and kinship guardian caregivers but also addressed findings on discontinuity identified in New Jersey data. Parents and guardians in New Jersey had frequently expressed concerns they were not adequately prepared to parent their adopted/guardianship children through the unique challenges faced by adolescents. Moreover, these parents/caregivers often expressed feeling isolated from other adoptive or guardianship families with similar concerns and experiences. This feedback was especially critical because research conducted in New Jersey found the likelihood of post-permanency discontinuity was most prevalent among youth 14 years and older. A review of available research finds an increased risk of discontinuity among children who achieved permanency after the age of 6 years and children who had been placed in group care settings.

This chapter provides an introduction to the intervention and an overview of the core components, or key elements that define an intervention. In addition, the chapter identifies the supports needed to successfully implement the intervention with special attention to those supports critical

I.

OVERVIEW

Developed at the Mindful Centre for Training and Research in Developmental Health at the University of Melbourne, Australia and implemented by the New Jersey Team, *Tuning in to Teens (TINT)* © is an emotion-coaching program designed for parents of youth ages 10 to 18 years. The program equips parents with strategies for not only responding empathically to their adolescent's emotions but also helping their teens develop skills to self-regulate their emotions. The 6-session emotion-coaching program is designed to proactively increase parents' capacity to understand and respond effectively to their child's emotions thereby helping their child to develop and improve their emotional competence. Improvements in children's emotional competence have been correlated with several positive outcomes, including strengthening the attachment of the caregiver-child dyad (Havighurst, Kehoe, & Harley, 2015)¹. Under the supervision of the purveyor, the New Jersey Team adapted the TINT model to ensure the curriculum addressed the special dynamics common to families formed by adoption and guardianship. TINT, an evidence-based model grounded in attachment theory, has shown success in using parent coaching to enhance the emotional competence of teens. TINT has been used with an array of family types as well as young people in different placement settings.

Additional information about Tuning into Teens is available on the purveyor's website:

» <http://www.tuningintokids.org.au/professionals/research/>



¹ Havighurst, S. S., Kehoe, C. E., & Harley, A. E. (2015). Tuning in to teens: Improving parental responses to anger and reducing youth externalizing behavior problems. *Journal of Adolescence*, 42, 148–158. <https://doi.org/10.1016/j.adolescence.2015.04.005>

II.

INTERVENTION CORE COMPONENTS

The various elements making up interventions vary widely but some core components are critical to the identity and aim of each intervention. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “core components are the most essential and indispensable components of an intervention, practice or program.”

1. **TINT is comprised of four core components:**
2. **The curriculum must be delivered sequentially in accordance with the TINT manual**
3. **Facilitators must create a safe place for participants to share personal information without judgment**
4. **Facilitators must model emotion coaching while teaching the curriculum**
5. **Participants are expected to practice empathy and emotion-coaching skills with their children**

CORE COMPONENT 1: THE CURRICULUM MUST BE DELIVERED SEQUENTIALLY IN ACCORDANCE WITH THE TINT MANUAL

Facilitators are trained to deliver TINT using a manualized curriculum. The curriculum is delivered in 2-hour sessions over a span of 6–8 weeks, depending on the needs and size of the group. Because each session builds on the preceding sessions, the curriculum must be delivered sequentially as specified in the TINT manual.

The TINT manual provides the theoretical information and practice exercises that guide parents in developing their emotion-coaching skills. Emotion coaching is described as “a parenting technique that helps children understand their feelings. When parents’ emotion coach, their children learn how to react to feelings in healthy ways.”

CORE COMPONENT 2: FACILITATORS MUST CREATE A SAFE PLACE FOR PARTICIPANTS TO SHARE PERSONAL INFORMATION WITHOUT JUDGMENT

Each new TINT group begins with a conversation about confidentiality and the limits to confidentiality that facilitators are required to observe as mandated reporters. The group discusses respectful communication and other rules the group elects to follow to ensure that everyone feels the group is a safe, nonjudgmental space. In New Jersey, half of the facilitators were DCF employees, which necessitated special considerations about confidentiality. To address this issue, a facilitator's group could not include anyone on their current caseload.

CORE COMPONENT 3: FACILITATORS MUST MODEL EMOTION COACHING WHILE TEACHING THE CURRICULUM

TINT facilitators must be comfortable managing strong emotions in a group setting. In TINT, parents explore their *meta-emotion*, a term referring to a person's history that influences and shapes their emotional responses. Discussions of how the parents were parented can be emotionally charged. Facilitators must balance the amount of sharing by group participants to ensure the emotions of the group do not overwhelm participants. In addition to managing these discussions, the facilitator is expected to continuously model the 5-steps of emotion coaching for participants.

CORE COMPONENT 4: PARTICIPANTS ARE EXPECTED TO PRACTICE EMPATHY AND EMOTION-COACHING SKILLS WITH THEIR CHILDREN

The TINT intervention is designed for parents/caregivers in an active, safe relationship with an adolescent (other versions of the curriculum are available for families with younger children). The intervention is delivered in the context of that relationship. The parent is taught to intentionally respond to their teen in a way that develops their teen's emotional competency. Parents and caregivers do not have to emotion coach all the time for the technique to be effective.

Homework activities for the parent are embedded in the curriculum. Parents are asked to practice the specific skills learned in TINT each week and to report their experiences at the next group session. To capture the impact of TINT on the teens whose parents/caregivers are TINT participants, the youth are asked to complete surveys before the program starts and after TINT is completed.



GETTING YOUR SYSTEM READY: IMPLEMENTATION SUPPORTS

Once an intervention is selected, it is important to know how the system will be readied to support service delivery. *Implementation supports* refers to the infrastructure developed to facilitate the successful implementation of an intervention which also helps to ensure the stability of the intervention over time. Without implementation supports, the system will not have the capacity to support the delivery of the intervention to the target population. Because implementation supports facilitate intervention delivery, assessing these supports is crucial.

1. Staffing

Staffing is the process of recruiting, selecting, and hiring qualified people for the support positions.

When determining staff selection, it is important to have facilitators strengths in specific areas such as adoption competence, clinical acumen, understanding of public adoption and guardianship, and small group facilitation.

2. Training, Coaching, and Supervision

TINT facilitators must be certified by the TINT purveyor. The TINT certification training is a 2-day course that includes reviewing the underlying philosophies and learning how to move through the manualized curriculum. During training, the purveyor teaches facilitators how to execute each type of exercise and how to master the skills to manage situations commonly encountered in the group sessions. Each facilitator manual contains reproducible resource materials for parents and caregivers. The manual created for the New Jersey TINT program included adoption/guardianship overlays. In addition to the required training, the New Jersey Team followed the purveyor's recommendation for facilitator booster trainings, and held 2–3 booster sessions per year.

The New Jersey Team hired a person to serve in the lead facilitator role. The lead facilitator was trained with the other facilitators and was responsible for conducting a weekly check-in with each facilitator. Over time, the lead facilitator developed expertise in TINT and was able to coach facilitators through challenging areas of the curriculum,

The purveyors provided group supervision for facilitators via teleconferences at four time points during each TINT series. The calls previewed key areas of curriculum and anticipated challenges in the upcoming sessions.

3. Fidelity

TINT has fidelity measures available for use to ensure adherence to the delivery of the training as it is intended by the purveyor. In addition, the New Jersey site added two elements to track use of the adoption and guardianship overlays and to ensure these competencies were addressed as intended. One facilitator from each co-facilitation team was tasked with completing a fidelity checklist at the end of each session, indicating items were covered during that session and items deferred to be addressed in a later session.

4. Policies and Procedures

The need for policy changes is system specific and may or may not be needed.

5. Data Systems

A database was created to track outreach efforts, registration and survey responses and completion rates.

6. Program Expert

The purveyor provided training, curriculum, handouts, and electronic materials to support the curriculum. Most important, the purveyor reviewed and approved the overlays written by the New Jersey Team to ensure adoption competence. In addition, the purveyor replaced some of the examples and vignettes in the curriculum with materials that illustrated areas in which the New Jersey Team anticipated adoption or guardianship related issues might arise. The purveyor also allowed the Team to add questions to the fidelity tool. The purveyor rewrote the session-by-session guide, spreading the curriculum over 7 sessions instead of the typical 6-sessions to accommodate the adaptations. As noted previously, the purveyor provided teleconference-based supervision throughout 3 years of the New Jersey implementation of TINT. The purveyor ensured ongoing support for facilitators by allowing the site to “video” a series of “TINT-Talks,” which are brief session-based training videos designed to provide facilitator support when the purveyor’s supervision is no longer available.

7. Financial and Material Considerations

There are several costs associated with conducting TINT sessions including the initial cost of TINT training and the TINT facilitator training manual. The facilitator manual includes participant materials that can be reproduced by a certified TINT facilitator. Although not required by the purveyor, the Team incurred added training costs for the purveyor’s facilitator supervision and mentoring by the lead facilitator.

Costs associated with meeting space should be considered as it can be challenging to identify no-cost meeting spaces.

TINT recommends, but does not require, starting meetings with a meal to enhance participation rates, ease the burden of participation on parents and caregivers, and to foster group cohesion.

CHAPTER 3

CORE COMPONENTS

The various elements making up interventions vary widely but some core components are critical to the identity and aim of each intervention. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “core components are the most essential and indispensable components of an intervention, practice or program.”

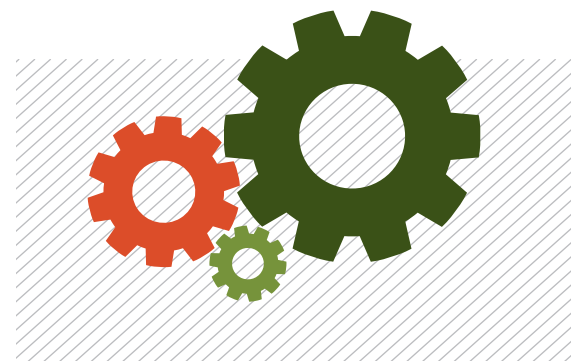
This chapter addresses the following topic:

I. INTERVENTION CORE COMPONENTS

This section includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the New Jersey Team implemented the process, activity, or task; and (d) lessons the New Jersey Team learned during implementation.



INTERVENTION CORE COMPONENTS



TINT is comprised of four core components:

1. **The curriculum must be delivered sequentially in accordance with the TINT manual**
2. **Facilitators must create a safe place for participants to share personal information without judgment**
3. **Facilitators must model emotion coaching while teaching the curriculum**
4. **Participants are expected to practice empathy and emotion-coaching skills with their children**

CORE COMPONENT 1: THE CURRICULUM MUST BE DELIVERED SEQUENTIALLY IN ACCORDANCE WITH THE TINT MANUAL

Facilitators are trained to deliver TINT using a manualized curriculum. The curriculum is delivered in 2-hour sessions over a span of 6–8 weeks, depending on the needs and size of the group. Because each session builds on the preceding sessions, the curriculum must be delivered sequentially as specified in the TINT manual.

The TINT manual provides the theoretical information and practice exercises that guide parents in developing their emotion-coaching skills. Emotion coaching is described as “a parenting technique that helps children understand their feelings. When parents’ emotion coach, their children learn how to react to feelings in healthy ways.”

WHEN DETERMINING HOW TO DELIVER A MANUALIZED CURRICULUM, START WITH THE FOLLOWING STEPS:

- » Determine whether the curriculum requires modification or adaptation, supplemental materials, or additional time (longer sessions, more sessions) to meet the needs of your target population.
- » Ensure that facilitator training and participant guides are available.
- » Plan a management strategy for possible interruptions of the group schedule such as interruptions due to weather, holidays, or a facilitator's illness.
- » Develop strategies to manage emotionally charged discussions.

In New Jersey, the target population was adoptive parents and kinship guardians. The New Jersey Team adapted the TINT curriculum by creating an adoption/guardianship overlay for each session. The overlays were created to support the curriculum in areas most likely to raise issues specific to permanency such as attachment or identity development. The overlays provided guidance for facilitators in navigating these discussions. In some cases, the vignettes typically used in the curriculum were modified to reflect participants' experiences with adoption or guardianship.

New Jersey delivered TINT over 7 weeks. The seventh week was added to allow participants additional time to work through the curriculum in areas complicated by the experience of adoption or guardianship. The Team acknowledged that typical adolescent development involving a teens separation from parents/caregivers and increasing attachment to their peers, or a teen's angst about identity might be perceived very differently by an adoptive parent or a within the context of a kinship guardianship. To ensure adequate time for discussion, the Team worked with the TINT purveyor to modify the amount of information expected to be covered in each session.

The New Jersey Team routinely reserved the TINT program space for 8 weeks to allow a make-up session (if needed) in the same location. Over the course of the project, the make-up dates were needed to accommodate weather-related cancellations.



LESSONS LEARNED

- » Facilitators benefit from having clear guidelines for which materials and activities must be delivered in a session. Similarly, it is helpful to identify materials that facilitators may skip, if needed, to keep the session on track.
- » It is important to recognize facilitators need time to prepare for each session and to build in that time in their schedule.
- » Facilitators must manage group discussions and be mindful of the session time. In the early sessions, facilitators often reported, “there was too much material” to cover, whereas by the final session they reported, “there wasn’t much left to cover.”

CORE COMPONENT 2: FACILITATORS MUST CREATE A SAFE PLACE FOR PARTICIPANTS TO SHARE PERSONAL INFORMATION WITHOUT JUDGMENT

Participant engagement in TINT is fostered by the facilitator's ability to establish a safe, nonjudgmental environment that encourages participants' involvement and self-reflection.

WHEN DETERMINING HOW TO CREATE THE TYPE OF SUPPORTIVE ENVIRONMENT THAT FOSTERS ENGAGEMENT, START WITH THE FOLLOWING TASKS:

- » Ensure that facilitators understand their scope of work while facilitating TINT. Differentiate between their TINT work and their responsibilities in other roles such as therapist or case-worker.
- » Ensure the facilitator and group work together during the first session to establish ground rules that are respectful of all participants.
- » Ensure the facilitator has resources to refer participants to other services if a participant has a need greater than the model is designed to address.
- » Select a meeting location that ensures privacy and is free of distractions.
- » Ensure facilitators are comfortable and skilled in using a strengths-based approach to eliciting participants' involvement and contributions in a group.
- » Ensure facilitators continue to develop their skills around supporting personal reflection and managing participant interactions during class sessions.

Each new TINT group begins with a conversation about confidentiality and the limits to confidentiality that facilitators are required to observe as mandated reporters. The group discusses respectful communication and other rules the group elects to follow to ensure that everyone feels the group is a safe, nonjudgmental space. In New Jersey, half of the facilitators were DCF employees, which necessitated special considerations about confidentiality. To address this issue, a facilitator's group could not include anyone on their current caseload.

Prior to implementing TINT, New Jersey created a resource guide for adoptive parents and guardians. The resource guide supplemented materials available through the warmline and website maintained by the State

of New Jersey. Warmlines are nonemergency phone lines that provide person-to-person support, including information and links to resources. The resource guide was distributed during the first TINT session. In addition, facilitators discussed their role as a TINT facilitator, clarifying that regardless of their other roles, during TINT they were strictly facilitators and could not provide therapy or offer to meet with participants outside of the group.

Over the first 2 weeks of each TINT group, facilitators worked to foster the development of the group. Group membership was closed after the second session. By the second session, participants are likely to begin openly sharing their stories and feelings. Almost all participants who attended the first 2 weeks of TINT continued to attend and completed all 7 sessions.



LESSONS LEARNED

- » It is important for facilitators to differentiate between their other professional roles and their role as facilitator during the TINT group.

CORE COMPONENT 3: FACILITATORS MUST MODEL EMOTION COACHING WHILE TEACHING THE CURRICULUM

TINT facilitators must be comfortable managing strong emotions in a group setting. In TINT, parents explore their *meta-emotion*, a term referring to a person's history that influences and shapes their emotional responses. Discussions of how the parents were parented can be emotionally charged. Facilitators must balance the amount of sharing by group participants to ensure the emotions of the group do not overwhelm participants. In addition to managing these discussions, the facilitator is expected to continuously model the 5-steps of emotion coaching for participants.

WHEN DETERMINING WHETHER A FACILITATOR HAS THE CAPACITY TO SIMULTANEOUSLY MANAGE STRONG EMOTIONS, BALANCE DISCUSSIONS, AND MODEL EMOTION-COACHING SKILLS, CONSIDER THE FOLLOWING TASKS:

- » Consider whether the facilitator demonstrates empathy.
- » Consider whether the facilitator is open to appropriately sharing their experiences.
- » Consider whether the facilitator demonstrates competency in helping families work through intense emotional experiences.
- » Consider whether the facilitator is skilled in managing groups.

As part of the TINT delivery in New Jersey, facilitators were exposed to training materials designed to remind them that the ability to express empathy and the ability to model emotion coaching are required skills for facilitators. To help facilitators internalize the TINT practice, facilitators were encouraged to routinely use the TINT emotion-coaching skills in their everyday lives. Facilitators were asked to humanize the challenges of using emotion coaching by sharing their own examples of missed opportunities to tune in and respond empathically. This sharing also helped participants to move beyond seeing the facilitator as an expert and to perceive the facilitator as part of the learning group.

In New Jersey, the pool of facilitators was highly experienced in supporting families but less experienced in managing groups. To address this issue, the Team used a co-facilitation model, creating facilitator teams that paired individuals with different strengths. In addition, the Team arranged for the purveyor to provide group supervision for the facilitators. As the facilitators gained experience with managing groups, they also gained confidence in their ability to carry out this aspect of the intervention.

Facilitators reported sometimes finding their role challenging and draining because they were required to manage difficult emotions and allow parents/caregivers enough time to share strong emotions while staying on task and on time. The New Jersey Team addressed this issue by using a co-facilitation model that provided support to the facilitators during the groups. The New Jersey Team also used a system of weekly check-ins to provide support to facilitators. Each week, the lead facilitator would check-in with each facilitator to see if they had questions or concerns about their TINT groups. These weekly check-ins allowed the facilitators to process the sessions and to plan how to manage future sessions.



LESSONS LEARNED

- » When facilitators demonstrate empathy and vulnerability, the group participants are more likely to do the same.
- » TINT groups are most productive when facilitators use humor, manage participants who tend to monopolize the discussion, and engage participants who might be reluctant to share.
- » It can be difficult to focus on covering the curriculum while attending to the emotional needs of participants. The co-facilitation model helped to alleviate this challenge.

CORE COMPONENT 4: PARTICIPANTS ARE EXPECTED TO PRACTICE EMPATHY AND EMOTION-COACHING SKILLS WITH THEIR CHILDREN

The TINT intervention is designed for parents/caregivers in an active, safe relationship with an adolescent (other versions of the curriculum are available for families with younger children). The intervention is delivered in the context of that relationship. The parent is taught to intentionally respond to their teen in a way that develops their teen's emotional competency. Parents/caregivers do not have to emotion coach all the time for the technique to be effective. According to available research, parents who use coaching skills 30%–40% of the time see positive results.

Homework activities for the parent are embedded in the curriculum. Parents are asked to practice the specific skills learned in TINT each week and to report their experiences at the next group session. To capture the impact of TINT on the teens whose parents/caregivers are TINT participants, the youth are asked to complete surveys before the program starts and after TINT is completed.

WHEN DETERMINING WHETHER A PARENT/CAREGIVER AND CHILD HAVE THE POTENTIAL TO PRACTICE EMOTION COACHING, START WITH THE FOLLOWING TASKS:

- » Consider whether the youth has an emotionally safe and stable relationship with the parent/caregiver who will serve as their emotion coach.
- » Assess whether the parent/caregiver is willing and able to commit time to practice what is learned in the TINT groups.



LESSONS LEARNED

- » The homework is important because it reinforces what is learned in each session and creates opportunities for the parents/caregivers to practice and test their newly learned skills. However, parents/caregivers who do not do the homework can still learn from the experiences and feedback of those who completed the homework activities as well as the session activities.

CHAPTER 4

CHOOSING THE RIGHT INTERVENTION

This chapter helps determine if the intervention is a good fit for your site, and if so, provides guidance on how to implement the intervention.

This chapter addresses the following topics:

I. IDENTIFY THE PROBLEM AND THE TARGET POPULATION

II. DEVELOP A THEORY OF CHANGE

III. RESEARCH AND SELECTION OF AN INTERVENTION

Each section includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the New Jersey Team implemented the process, activity, or task; (d) lessons the New Jersey Team learned during implementation.

I.

IDENTIFY THE PROBLEM AND THE TARGET POPULATION

To determine if an intervention is the right intervention for your site, make sure the intervention addresses the root cause of the problem and meets the needs of your identified population. The QIC-AG Population Template (Appendix A) is a helpful tool for (a) clearly defining the population that will be the target of the intervention and (b) for gaining a clear understanding of the problem that the intervention must address. By using system data and other available information sources, the Population Template can help identify the underlying causes of the needs of the target population.

Notably, the QIC-AG Population Template can help a project team accomplish the following foundation tasks:

- » Identify the population most affected by the problem
- » Understand the needs of the target population
- » Refine the eligibility criteria for intervention participation
- » Develop a theory of change
- » Provide a geographic focus for implementation and evaluation of an evaluable intervention

The next step in determining if the intervention is right for your site is to determine the system strengths and needs. This step can be accomplished by completing a critical assessment. The New Jersey team used the QIC-AG Continuum Assessment Template (Appendix B) to guide their macro- and service-level assessment of system functioning and services availability.

When completed, the Continuum Assessment enables a site to:

- » Identify existing services offered at each interval of the continuum
- » Identify gaps and strengths along the continuum of service provision
- » Identify areas within the system in need of strengthening



Ultimately, completion of the Continuum Assessment and the Population Template are critical steps in determining if an intervention such as TINT is an appropriate and worthwhile intervention for your site and population of interest.

The final piece of the system assessment is to obtain the feedback of consumers of post-permanency services and providers who serve that population. This assessment can be carried out using a structured stakeholder interview guided by the Stakeholder Focus Group Questions (Appendix C).

Evaluators reviewed administrative data on discontinuity and foster care re-entry to identify trends. The identified trends were discussed with the Stakeholder Advisory Team (SAT). The SAT included post-adoption service providers, families who adopted internationally, families who adopted through child welfare agencies, and kinship legal guardians.

To better understand the policy context in which the TINT intervention would be implemented, the New Jersey Team reviewed existing policy, procedures, laws, state plans, and consent decrees. In addition, the Team identified specific services, support, and resources that were part of the array of family services available to post-permanency families in New Jersey. Next, the Team aligned the identified resources with the intervals on the QIC-AG Permanency Continuum Framework.

Completing the Continuum Assessment helped the Team identify that the greatest need for resources was among adoptive or guardianship families who wanted to prepare themselves to respond effectively to the needs of their children who were entering adolescence.



LESSONS LEARNED

- » Using an outside evaluator (i.e., someone from outside the agency or system implementing the intervention, such as a site consultant) can benefit the rigor of the evaluation. Staff enmeshed in daily operations and demands are likely to overlook gaps or overlaps in resources.
- » Anecdotal thinking is not always supported by evidence. The New Jersey Team learned that although the Continuum Assessment was a laborious task, the assessment was a worthwhile investment of time and effort because it revealed needs that had not been previously identified by the site team. Based on the results of the Continuum Assessment, New Jersey recognized the need to add a group-based intervention for parents of pre-teens to their service array.

- » Not all needs identified by the assessment require a large-scale practice change. For example, the assessment indicated that most post-permanency families were unaware of existing resources. In many cases, a family's need for post-permanency services could be addressed by making the family aware of the available services and providing a contact point. Examples of such strategies carried out within a few months of finalization include the caseworker creating a warm handoff to post-adoption services or sending an introduction letter with the name of a specific post-adoption worker to contact for more information on available services

II.

DEVELOP A THEORY OF CHANGE

The theory of change provides a road map that addresses how and why change will happen in a practice, program, or organizational system to promote the attainment of a desired result. Essentially, the theory explains why the change being proposed should work by explaining how the steps being taken are expected to lead to the desired results. A well-crafted theory of change serves many purposes. Most important, the theory of change serves as a guide for identifying the intervention that will be implemented.

The theory of change should be based on research. To avoid theories based on assumptions, it is important to consider available theories and existing research evidence. Examples of existing research evidence include peer-reviewed articles and other less rigorously reviewed child-welfare products/publications. The research evidence should support the pathway to change proposed in the theory of change.

Developing a theory of change can be a time-consuming practice but given that the theory of change guides the selection of the intervention, it is crucially important to invest the time needed. If chosen correctly, the intervention, in New Jersey's case Tuning in to Teens, should facilitate the change identified in the theory of change.

NEW JERSEY THEORY OF CHANGE

There are developmental tasks in adolescence that may be complicated by adoption or guardianship. Post-adoptive or kinship legal guardianship (KLG) families may be unprepared to address these unique challenges. If parents/caregivers increase the skills and knowledge associated with caring for youth as they enter adolescence, then there will be an increase in the capacity of the parents or guardians to address the issues within their families. If parents or guardians are empowered to meet the needs of the youth in their families, then there will be increased post-permanency stability.

Before implementing an intervention, a site should carefully identify the "need" and then select an intervention that has promising evidence of its capacity to address the need. In New Jersey's case, TINT provided parents with the knowledge and skills needed to enhance their capacity to parent adolescents.



LESSONS LEARNED

- » The process of developing the theory of change compelled the team to focus on the underlying needs of the population, (the need to strengthen the attachment and improve communication between parents and their pre-teens) and, it helped the team to understand that getting the desired impact required addressing the root cause of the problem, (parents unprepared to address developmental tasks that might be more complicated for youth who had been adopted or lived with guardians).



RESEARCH AND INTERVENTION SELECTION

Once a site selects one or more interventions to address the identified need, then tools can be used to explore the viability of implementing the intervention. One such tool is the Hexagon Tool, which was developed by the National Implementation Research Network. Using the Hexagon Tool to explore and ask questions in broad areas will help determine if Tuning in to Teens is the right intervention to implement in your site.

Although an intervention might sound exciting and innovative, the program might not be practical to implement. The Hexagon Tool helps a site consider the practicality of implementing a specific intervention.

- » **NEED:** What are the community and consumer perceptions of need? Are data available to support that the need exists?
- » **FIT:** Does the intervention fit with current initiatives? Is the intervention consistent with the site's practice model?
- » **RESOURCES AND SUPPORTS:** Are training and coaching available? Are technology and data needs supported? Are there supports for an infrastructure?
- » **OUTCOMES:** Is there evidence to support the outcomes that can be reasonably expected if the intervention is implemented as designed. Are the outcomes worth it?
- » **READINESS FOR REPLICATION:** Is a qualified purveyor or technical assistance available? Is a manual available? Are there mature sites to observe?
- » **CAPACITY:** Does staff meet minimum requirements? Can the intervention be implemented and sustained structurally and financially over time?

Do not rush through the Hexagon Tool. It is important to thoughtfully consider each category. Thinking through these elements can save a site from trying to implement an intervention that cannot or will not be supported by the system or agency. For example, when assessing site capacity, it might become clear that the agency does not have staff with the qualifications needed to implement the intervention or that a site has a hiring freeze that prevents hiring the additional staff needed for the intervention. Completing the Hexagon Tool will help prevent a site from expending energy on an intervention that the system is not equipped to administer.

The New Jersey Team identified several possible interventions to address the needs outlined in the theory of change. The Team assessed three of the interventions using the Hexagon Tool. TINT was chosen as the intervention most closely aligned with the needs of the target population.

The Hexagon Tool completed by the New Jersey Team is located in Appendix D.



LESSONS LEARNED

- » The Hexagon Tool enables a team to identify potential challenges to implementation (e.g., time commitment; staffing; cultural, developmental, and linguistic appropriateness for the target population; or the availability of implementation tools such as fidelity measures) and to proactively plan strategies to address challenges that arise.

CHAPTER 5

PLANNING TO IMPLEMENT

Successful implementation, defined as implementation with fidelity and integrity, takes planning. If done well, planning has multiple benefits, including the promotion of a well-developed, logical approach to implementation and the description of strategies to address ongoing implementation issues.

Planning activities provide the process for thinking through each of the intervention's critical components, enabling planners to anticipate possible barriers and develop steps to address these barriers. Moreover, the planning process also helps to develop a common understanding of how the identified program goal will be achieved. In addition, a carefully considered plan can serve as a communication tool with leadership to promote buy-in and sustain support.

Planning should be captured in an Initial Design and Implementation Plan (IDIP) (Appendix E). The IDIP document guides the implementation of the evaluable intervention, supports the use of an intervention to address an identified problem, and outlines the steps to be taken to ensure the intervention is delivered as the intervention's developers intended. Having a single, comprehensive document can help organize and guide the work as the project moves forward. In addition, the IDIP helps bridge knowledge gaps if turnover occurs in key positions.

The New Jersey Team developed the IDIP through weekly Team meetings that focused on various sections of the plan. During the process, the Stakeholder Advisory Team was consulted regarding participant engagement, which led to forming an additional subcommittee to address data management logistics. Once completed, the IDIP was used to guide implementation of the TINT intervention.

This chapter addresses the following topics:

I. RESEARCH CONSIDERATIONS

II. GETTING YOUR SYSTEM READY: IMPLEMENTATION SUPPORTS

III. WHO WILL DO THE WORK: TEAMING AND COMMUNICATION

Each section includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) how the New Jersey Team implemented the process, activity, or task; and (d) lessons the New Jersey Team learned during implementation.

I.

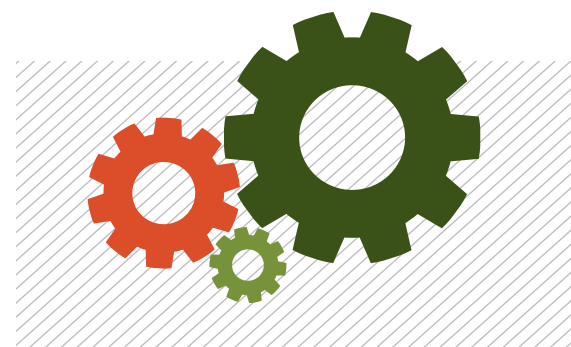
RESEARCH CONSIDERATIONS

It is always important to evaluate the impact of the intervention to ensure the intervention is effective and achieving the delineated goals. Given the critical role of evaluation, it is important to implement the intervention in collaboration with partners with research skills such as an in-house evaluator or university partner. Evaluation starts with a well-formed research question that is directly relevant to the problem at hand and phrased in a way that leads to precise answers.² Testa and Poertner have recommended the PICO framework, which requires careful articulation of four key components:³

- P** a well-defined target population;
- I** the intervention to be evaluated;
- C** the comparison group; and
- O** the outcomes expected to be achieved.

This section addresses the following topics:

1. **Developing the research question**
2. **Creating a logic model**
3. **Case flow/project enrollment**
4. **Data collection**



² Richardson, W., Wilson, M., Nishikawa, J., & Hayward, R. (1995). The well-built clinical question: A key to evidence-based decisions. *ACP Journal Club*, 123, A12.

³ Testa, M. F. (2010). Evaluation of child welfare interventions. In M. F. Testa & J. Poertner (Eds.), *Fostering accountability: Using evidence to guide and improve child welfare policy* (pp. 195–230). New York, NY: Oxford University Press

1. DEVELOPING THE RESEARCH QUESTION

The importance of having a clearly defined research question cannot be overstated. The research question will be answered by the evaluation of the intervention. Following the PICO framework, a well-formed research question has four components that must be delineated:

P

TARGET POPULATION: Using the Population Template (Appendix A) as a starting point, additional data from a data system should be used to clearly define the population that will receive the intervention. Developing this component can include incorporating the following types of data from the target population:

- » Characteristics, demographics, or past experiences (e.g., age, race, ethnicity, placement history, family structure)
- » Eligibility and exclusionary criteria
- » Geographic service areas
- » Needs (e.g., parents or guardians who lack the capacity to address trauma-related issues, or lack of parental skills and ability to manage behavior)
- » Estimates of the total number of children or families who will be served

I

INTERVENTION: An intervention is an intentional change strategy offered to the target population.⁴ An intervention has core components designed to affect a desired outcome.

C

COMPARISON GROUP: Randomized controlled trials (RCTs) are considered the “gold standard” of research because this true experimental design enables researchers to determine if the observed outcomes are the result of the intervention. An RCT design includes a treatment group that receives the intervention and a comparison group that receives “services-as-usual.” RCTs use random assignment of participants to either the treatment /intervention group or the control group. Comparison groups are also used in research using quasi-experimental designs. The most common quasi-experimental design uses the pre-test/post-test comparison group design.

O

OUTCOMES: A result or consequence of the intervention. Outcomes are specific to the intervention and linked to the theory of change.

⁴ Fraser, M. W., Richman, J. M., Galinsky, M. J., & Day, S. H. (2009). *Intervention research: Developing social programs*. New York, NY: Oxford University Press.

The elements of the PICO framework are identified below in the New Jersey project's research question:

Will children in adoptive/guardianship families who were 6-13 at the time of finalization and who are currently 10-13 years old, who meet eligibility requirements (P), and whose parents/caregivers participate in Tuning in to Teens (I), experience reductions in post-permanency discontinuity, improved well-being, and improved child behavioral health (O) as compared with their counterparts whose children were not engaged in services (C).

P

TARGET POPULATION: The target population was adoptive parents or guardians living with a child between the age of 10-13 for whom the Department provided a subsidy. Eligibility required that the child was between the ages of 6 and 13 at the time of finalization, or in group care at any point while in foster care. Families currently receiving post-adoption/guardianship services through DCF were excluded from participating in TINT

I

INTERVENTION: Tuning in to Teens, adapted for adoptive and kinship legal guardianship families

C

COMPARISON GROUP: In New Jersey the intervention was implemented as a Randomized Control Trial. Families with youth meeting the criteria were randomly assigned to the intervention sample or the comparison group. Those in the comparison group remained eligible to receive post adoption or guardianship "services as usual".

O

OUTCOMES: The New Jersey project's short-term outcomes are:

- » Improved parent or guardian and child relationships
- » Improved family interactions or belongingness
- » Increased caregiver commitment
- » Decreased child behavioral issues

2. LOGIC MODEL

A logic model illustrates the conceptual linkages between core components and intervention activities and expected outputs and short- and long-term outcomes. The logic model should clearly explain how specific activities or services are expected to produce or influence their associated outcomes. The New Jersey Logic Model is in Appendix F.



LESSONS LEARNED

- » The logic model helped the New Jersey Team to think through the work of implementing the TINT intervention by aligning the outputs and activities needed to achieve the desired outcomes.

3. CASE FLOW/PROJECT ENROLLMENT

As previously discussed, if an intervention uses an RCT design, then the project team/site team will need to determine a method for assigning participants to the intervention group and the comparison group (i.e., services as usual). This will include the development of a case flow that clearly depicts the criteria for assignment to the intervention group or the group receiving services as usual.

Approximately 8 weeks prior to the implementation of each TINT cohort, the team mailed a flyer about TINT to all families that were assigned to the intervention group. The flyer was followed by a letter explaining the TINT intervention and inviting parents to register. If the mailings were returned without a forwarding address, the Team used a search service to locate families.

The mailings were followed by up to four phone calls. The calls were made by DCF subsidy staff, the Site Implementation Manager (SIM), and the project assistant. The information about TINT was scripted to ensure consistent messaging. On average, it took 2.5 outreach attempts before contact was made with a family. Prior to making the calls, staff received training in procedures to maintain confidentiality when reaching out to families by phone.

Parents/caregivers who agreed to participate in the evaluation study of TINT were supported through the consent process for the RCT and asked to complete a pre-test assessment. The pre-test gauges the effectiveness of the TINT curriculum on several indicators of well-being. The parents/caregivers could complete the assessment online or using a paper copy; DCF provided the survey links or hard copies using the parents/caregivers' preferred method of delivery. The youth in the family designated as the target youth for the study was also asked to complete a pre-test survey.

All parents/caregivers who indicated they wanted to participate in TINT received both an e-mail and a phone call reminder with details of their TINT session. If a parent/caregiver had not completed the pre-test survey, then the reminder call also included a reminder to complete the survey. If an eligible family declined to participate, the Team attempted to ascertain and document their reason(s) for choosing not to participate.



LESSONS LEARNED

- » Obtaining current contact information for families is challenging because annual contact with adoptive/guardianship families is no longer required in New Jersey. Although the Team used electronic search engines, half of the families could not be contacted.
- » Most families declined to participate; the most frequently cited reasons for declining to participate were “too busy” or their “family was doing well.”
- » Although the New Jersey project was not designed to target families with an identified need, many of the families who engaged in TINT were experiencing challenges. A few families were on the cusp of discontinuity and the call with support came at a crucial time.
- » Parents and guardians that received outreach, almost unanimously expressed appreciation for the outreach and offer of support even when they shared that no support was needed.

4. DATA COLLECTION

The Health and Human Services, Office of Research Integrity defines data collection as “the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes.”

The New Jersey site found they needed data-use agreements between DCF and the evaluation partners involved in the project. Once data was shared with the research partner, children could be assessed for meeting the eligibility criteria, and then randomized into the treatment group (i.e., their parents/caregivers invited to participate in the intervention) or the control group (that would receive services as usual, if services were requested). Since children entered or exited the sample eligibility by age, samples were drawn and randomized twice each year.

To track outreach efforts to families and document whether the efforts were successful, the New Jersey Team used a spreadsheet to track the number of calls made to families, the time of day and day of the week of each call, and whether contact was made with the family.

Because TINT was being offered in the context of an RCT, families that participated were given a small gift card to offset costs associated with transportation and child care. As part of the sign-in process for each TINT session, TINT facilitators tracked participant attendance and the receipt of the gift card. At the beginning of each session, participants used a sign-in sheet to record their attendance. Participants who met the attendance requirements received a gift card. TINT facilitators distributed the gift cards and participants signed for receipt of the cards. The SIM validated the gift card tracking. At the conclusion of each session, the facilitators mailed a hard copy or scanned an electronic copy of the attendance and incentive information to the New Jersey Team and lead facilitator.

Before the first TINT session, pre-test surveys were given to each prospective participant as well as the teen identified as the target teen. Immediately after the final session, identical post-test surveys were given to the TINT parents/caregivers and their target teens. At 10-months after the final TINT session, a follow-up survey was sent to parents/caregivers and their target teens. The follow-up survey was sent to all parents/caregivers (and their target youth) who had attended any TINT session, even if the parent/caregiver did not complete the entire intervention. A database was created to track when surveys were sent and when completed surveys were received by the program. The target youth received a study incentive gift for completing each of the youth surveys.



LESSONS LEARNED

- » Allow sufficient time to design and test data systems. For the New Jersey project, the first method used to track outreach and registration had to be redesigned to ensure consistent reporting across the various people making outreach calls.
- » Allow enough time to obtain data sharing agreements between institutions. Even though the New Jersey site had an existing relationship with a university partner, it took many months to obtain data sharing agreements.

II.

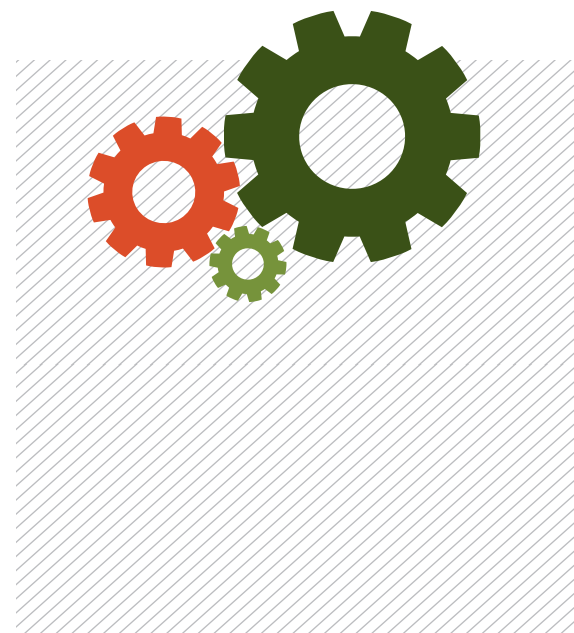
GETTING YOUR SYSTEM READY: IMPLEMENTATION SUPPORTS

Once an intervention is selected, it is important to know how the system will be readied to support service delivery. The term *implementation supports* refer to the infrastructure developed to facilitate the successful implementation of an intervention, which also helps to ensure the stability of the intervention over time. Without implementation supports, the system will not have the capacity to support the delivery of the intervention to the target population. Because implementation supports facilitate intervention delivery, assessing these supports is crucially important and should be carried out during the initial implementation stage to allow modifications before full implementation.

In addition to identifying the system's capacity to support service delivery, the project team will need to identify the work that needs to be done to develop additional supports. Further, it is critically important that the project team not only identifies potential barriers to implementing the intervention but also determines strategies for addressing such barriers.

This section addresses the following topics:

1. **Staffing**
2. **Training, coaching, and supervision**
3. **Fidelity**
4. **Policies and procedures**
5. **Data systems**
6. **Program expert**
7. **Financial and material considerations**
8. **Leadership**
9. **System partners and community linkages**



1. STAFFING

Staffing is the process of recruiting, selecting, and hiring qualified people for the support positions.

WHEN DETERMINING A STAFF SELECTION PROCESS, START WITH THE FOLLOWING TASKS:

- » Develop a process for facilitator recruitment and selection, ensuring the process is consistent with agency work rules and hiring practices.
- » Assess opportunities to build partnerships by using facilitators who are outside of your agency.
- » Consider a co-facilitation model as an effective strategy for easing facilitator burden, effectively managing group dynamics, and consistently modeling emotion coaching throughout group sessions.
- » Consider the process for thoughtfully pairing facilitators to ensure the facilitators' styles and skill sets are complementary and support needs for clinical, cultural, or linguistic competency.
- » Consider the need for administrative staff support for tasks such as printing and preparing participant training materials, managing group food orders, and ordering gift cards.

The New Jersey Team created a position description for facilitators, and developed an interview tool to capture interviewee strengths in specific areas such as adoption competence, clinical acumen, understanding of public adoption and guardianship, and small group facilitation. The Team evaluated each applicant's work and personal style and used this information to make hiring decisions.

Facilitators were also selected to ensure that a facilitator was located in or near every region of the state. Facilitators were diverse in terms of ethnicity and experience. The second wave of facilitator recruitment followed the same steps and yielded an additional 20 facilitators. Of the 40 facilitators 3 were bi-lingual.

The New Jersey Team elected to use a co-facilitation model to implement TINT. In addition, the Team made the decision early on in the process to pair public child welfare supervisors with private agency clinicians (whenever possible) to leverage the expertise of the co-facilitators.



LESSONS LEARNED

- » The selection of the “right” facilitators is key to the successful delivery of TINT. Take the time to select facilitators who have the required skill set and characteristics to effectively implement TINT.
- » Teaming a new facilitator with an experienced co-facilitator was beneficial to the New Jersey TINT implementation. The co-facilitator model supported the logistical and the emotional co-facilitation of the group. The co-facilitators provided a partner for role-plays and interactive group activities designed to work through a situation that a parent in the group encountered with their teen.

2. TRAINING, COACHING, AND SUPERVISION

Training is the process of providing the information and instruction an individual will need to successfully execute a specific function within a program.

Coaching is a structured process in which a practitioner with expertise in a specific intervention works closely with someone who is learning the intervention to enhance his or her skills, with the goal of delivering the intervention with fidelity.

Supervision is the process of reviewing the work of another individual to determine the person's extent of alignment with established performance standards.

WHEN CONSIDERING THE TRAINING, COACHING, AND SUPERVISION NEEDS OF YOUR PROJECT, START WITH THE FOLLOWING TASKS:

- » Determine the availability of trainers, a training curriculum, supervision, and coaching from the intervention purveyor or other entity.
- » Assess the content of training materials to determine if they are adequate to address the knowledge and skills needed to provide the intervention.
- » Assess the cost for training.
- » Determine if ongoing training will be needed to reinforce or boost the initial training.
- » Establish the frequency of supervision to ensure staff are meeting expectations.
- » Select a coaching model that helps staff explore their strengths and weaknesses.

TINT facilitators must be certified by the TINT purveyor. The TINT certification training is a 2-day course that includes reviewing the underlying philosophies and learning how to move through the manualized curriculum. During training, the purveyor teaches facilitators how to execute each type of exercise and how to master the skills to manage situations commonly encountered in the group sessions. Each facilitator manual contains reproducible resource materials for parents/caregivers; the manual created for the New Jersey TINT program included adoption/guardianship overlays. In addition to the required training, the New Jersey Team followed the purveyor's recommendation for facilitator booster trainings, and held 2–3 booster sessions per year.

The New Jersey Team hired a person to serve in the lead facilitator role. The lead facilitator was responsible for conducting a weekly check-in with each facilitator. . As part of the check-in, the lead facilitator would note the facilitators' questions or concerns about the TINT implementation and then relay those questions to the purveyor, who would address the issues during supervision. The lead facilitator was trained with the other facilitators; over time, the lead facilitator developed expertise in TINT and was able to coach facilitators through challenging areas of the curriculum.

Group supervision for facilitators was provided by the purveyor via teleconferences conducted at four time points during each TINT series. The calls previewed key areas of curriculum and anticipated challenges in the upcoming sessions. The purveyor addressed the facilitators' questions and concerns during the one-hour group supervision. The lead facilitator managed any housekeeping issues for the group. By the third year of implementation, the lead facilitator co-facilitated supervision groups with the purveyor. This led to eventual training and certification as the first U.S. based TINT trainer.



LESSONS LEARNED

- » The 2-day training adequately prepared the facilitators to implement the TINT curriculum. Although most facilitators reported feeling they needed more training and practice to facilitate TINT, all the facilitators were able to successfully deliver the curriculum to their first parent/caregiver groups.
- » Staff confidence and competence in implementation increases with familiarity. The first time each facilitator delivered the TINT curriculum, facilitators reported feeling comfortable with the material by about the 4th session.
- » Supervision and periodic booster sessions for facilitators increased their confidence and their mastery of the curriculum.
- » Distance between the purveyor and the site is surmountable if the site team is flexible about meeting times and willing (and able) to use technology such as video conferencing.
- » Developing adoption/guardianship overlays helped to ensure that the curriculum was focused on the common experience of the parents participating in the TINT groups.
- » Co-facilitation can be complicated. Having the lead facilitator check-in with each of the facilitators provided a positive support for the teams.

3. FIDELITY

Fidelity can be defined as the extent to which the delivery or performance of an intervention is in accordance with the protocol or program design as originally developed.

WHEN DETERMINING HOW BEST TO ENSURE FIDELITY, START WITH THE FOLLOWING TASKS:

- » Obtain fidelity measures from the intervention purveyor, if available. Determine if any adaptations to the fidelity measures are needed. If fidelity measures are not available, determine who will be responsible for developing fidelity measures for your intervention.
- » Examine the usefulness of the fidelity measures. Do the fidelity measures support answering the question, “Is the intervention being delivered as the developers intended?”
- » Determine if fidelity measures yield discrete data adequate to support modifying implementation supports.

Although TINT had some fidelity measures available, the New Jersey Team determined additional measures were needed. To help with this effort, the purveyor identified the required versus optional elements within the curriculum and highlighted the required elements during the group supervision sessions. A tool was developed to distinguish required and optional elements. In addition, the New Jersey site added two elements to track use of the adoption/guardianship overlays and to ensure the adoption/guardianship competencies were addressed as intended. One facilitator from each co-facilitation team was tasked with completing a fidelity checklist at the end of each session, indicating which items were covered during that session and which were deferred to be covered in a later session.



LESSONS LEARNED

- » When delivering the TINT curriculum, it is not only important to identify and prioritize required material and activities but also important to establish a mechanism to determine if the learning objectives for each session were met.
- » It is important to monitor fidelity on a routine basis. Fidelity should be an expectation shared with facilitators and reinforced by regular monitoring of the fidelity log.

4. POLICIES AND PROCEDURES

Policies and *procedures* are formalized directives guiding the delivery of an intervention or program and give detailed explanations of program activities. Policies are the principles that guide the decision-making process.

WHEN CONSIDERING POLICIES AND PROCEDURES, START WITH THE FOLLOWING TASKS:

- » Examine the completeness and effectiveness of the policies or procedures to ensure they support the new work and clearly articulate the steps of the new processes.
- » Consider whether policies are accessible to those who need them.
- » Confirm whether policies and procedures have been sufficiently articulated and documented to allow someone else to run the program in the absence of current staff or leadership.
- » Confirm that policies and procedures reflect what has been learned during usability testing.

The New Jersey Team did not make any changes to adoption operations policy to implement TINT.

5. DATA SYSTEMS

A *data system* is the network that will identify, collect, organize, store, analyze, and transfer the data.

WHEN DEVELOPING A DATA SYSTEM, START WITH THE FOLLOWING TASKS:

- » Ensure the effectiveness of the hardware and software that collects and manages information related to implementation.
- » Determine staff capacity to effectively use the database.
- » Confirm that technology resources are available to support the technology needs of the project.
- » Identify and test processes for the secure transmission of data.
- » Determine if a data sharing agreement is necessary. Obtaining a data sharing agreement can take considerable time. If such an agreement is required, begin the process early in the project.
- » Determine if the system can capture the data needed to determine fidelity, outputs, and needs assessments of participants.
- » Determine if the reports generated from the data system inform the process and outcomes in a standardized manner.
- » Determine whether data are reliable, collected on a standardized schedule, easily accessible, and reviewed by implementation support teams.
- » Confirm that the data system is backed-up regularly.

A data-workgroup was created to ensure the study's data collection procedures and use of data complied with New Jersey's policies and procedures for data management. A data-use agreement (DUA) was executed with Rutgers University. The Team established a file transfer protocol (FTP) service that protected the confidentiality of sensitive data sent from DCF to Rutgers. To protect confidentiality, data that would be sent to Rutgers was first sent to the Information Technology unit within the DCF; the unit de-identified, encrypted, and then forwarded the data file through the FTP service to Rutgers. Rutgers assigned participant codes to each family. Calls to families were made by post-adoption subsidy staff, who recorded responses on a tracking form

that was accessible to the SIM but not to Rutgers. This outreach information and attendance data were de-identified and matched with the participant code before being shared with Rutgers.

The New Jersey site mapped short-term outcomes using several survey tools. The site followed the protocol that the purveyor has outlined for collecting data anywhere that TINT is implemented. As noted above, TINT surveys were given to each prospective parent/caregiver participant and their target teen prior to beginning TINT and again immediately after completing the class. Parents/caregivers and target teens received a follow-up survey 10 months after the completion of TINT. A database was created to track when surveys were sent and responses received by the program. A study incentive gift was provided to youth for each survey completed. These surveys do not capture the specific adaptations the New Jersey Team made to TINT to address the needs of their target population (i.e., adoptive/guardianship families).



LESSONS LEARNED

- » When building an evidence base, it is important to consider how data will be collected, protected, and used.

6. PROGRAM EXPERT

A *program expert* is a person with extensive knowledge, skills, and ability based on experience, occupation, or research in a specific program or practice. Typically, a program expert is the individual or entity that developed the intervention.

WHEN DETERMINING THE SCOPE OF WORK REQUIRED FROM A PROGRAM EXPERT, START WITH THE FOLLOWING TASKS:

- » Examine the effectiveness and usefulness of the program expert in supporting the implementation of the intervention. For example, determine whether the program expert can provide your project with materials that facilitate implementation as intended such as manuals, fidelity measures, or a train-the-trainer curriculum.
- » Assess the program expert's availability for coaching.
- » Determine if the program expert supports the development of internal supervision.
- » Determine if the program expert supports adaptations to the intervention or changes to service delivery systems required by the intervention.
- » If available, interview the purveyor.

Support from the TINT purveyor was essential to the New Jersey Team's successful implementation of the intervention. The purveyor provided training, curriculum, handouts, and electronic materials to support the curriculum. Most important, the purveyor reviewed and approved the overlays written by the New Jersey Team to ensure adoption competence. In addition, the purveyor replaced some of the examples and vignettes in the curriculum with materials that illustrated areas in which the New Jersey Team anticipated adoption or guardianship related issues might arise. The purveyor also allowed the Team to add questions to the fidelity tool. The purveyor rewrote the session-by-session guide, spreading the curriculum over 7 sessions instead of the typical 6-sessions to accommodate the adaptations. As noted previously, the purveyor provided teleconference-based supervision throughout 3 years of the New Jersey implementation of TINT. The purveyor ensured ongoing support for facilitators by allowing the site to "video" a series of "TINT-Talks," which are brief session-based training videos designed to provide facilitator support when the purveyor's supervision is no longer available. The purveyor recommends facilitators receive retraining every 2 years to avoid practice drift, but retraining is not required to maintain certification.



LESSONS LEARNED

- » There is no substitute for accessible expertise. It is essential that the purveyor is committed to your vision for using their intervention.
- » It is important to choose a purveyor with the time and commitment to support your team as it develops internal competence.
- » Although the TINT manual is comprehensive, additional guidance is helpful when developing skills needed to implement the intervention as intended.

7. FINANCIAL AND MATERIAL CONSIDERATIONS:

Financial and material considerations are the costs and materials needed to develop and deliver the intervention.

WHEN CONSIDERING FINANCIAL AND MATERIAL COSTS, START WITH THE FOLLOWING TASKS:

- » Determine the costs associated with the implementation of the intervention, and then determine if resources are available to implement the intervention with fidelity.
- » Plan for and include associated costs such as purveyor fees, training or coaching fees, facility and technology fees, and the cost of facilitators, and other costs of implementation staff.
- » Determine if opportunities exist to leverage the support or funding of existing programs.
- » Plan for sessions to be held in accessible spaces that are conducive to establishing a safe environment and allow session activities to be carried out efficiently. One space designated for TINT was adjacent to a room used for a choir rehearsal. Although the group found humor in the situation, the choir was distracting and made it challenging for the group members to hear the one another and complete the role-play exercises.

The New Jersey site incurred several costs associated with conducting TINT sessions including the initial cost of TINT training and the TINT facilitator training manual. The facilitator manual includes participant materials that can be reproduced by a certified TINT facilitator. Although not required by the purveyor, the Team incurred added training costs for the facilitator supervision (provided by the purveyor) and mentoring by the lead facilitator.

In general, the New Jersey Team found it challenging to identify no-cost meeting spaces that were available in the evenings, and therefore, often paid to rent meeting rooms. However, the last time TINT was offered, it was offered in conjunction with a community organization that recruited families familiar to their site and then used that site to host meetings in its existing space, and at no cost.

TINT recommends, but does not require, starting meetings with a meal to enhance participation rates, ease the burden of participation on parents/caregivers, and to foster group cohesion. Following the purveyor's recommendation, the New Jersey site paid for a light dinner at each session.

New Jersey allowed the child welfare supervisors to deliver TINT outside of normal business hours and earn compensatory time. Private clinicians were contracted and paid a flat rate for each 7-session TINT facilitation.



LESSONS LEARNED

- » Determining the full cost of implementation requires considering more than the published costs of training and the curriculum. The cost of maintaining practice at a high level of fidelity must also be factored into the cost of implementing an intervention.
- » Partnering with a community group can be helpful in outreaching to families, and may provide other benefits such as site to host the meetings without costs.

8. LEADERSHIP

Leadership refers to those in a position of influence within an agency, organization, or system.

WHEN CONSIDERING PROJECT LEADERSHIP, START WITH THE FOLLOWING TASKS:

- » Assess the status of state, county, and local leadership buy-in to the project.
- » Identify leadership members who could be potential project champions.
- » Determine areas where further engagement with leadership is needed.

The New Jersey project had natural champions within the DCF adoption unit. The New Jersey Team also cultivated partnerships with other departmental divisions with similar interests. The initial project management team meeting included more than 30 participants from across DCF and multiple other adoption and kinship sectors, including private and intercountry adoption, universities, providers of post-adoption/kinship legal guardianship services, and every change leader within DCF. However, during the period that TINT was implemented, the DCF adoption unit had significant leadership changes. To mitigate the impact of these changes, the New Jersey Team developed talking points and a project brief to share with incoming leaders. The Team met with each leader within DCF as close as possible to the transition to share information about the cooperative agreement with QIC-AG, the data supporting the theory of change, participant satisfaction with TINT, and the transformations in the day-to-day practice of facilitators.



LESSONS LEARNED

- » Leadership and priorities change so it is important to plan for transitions. The New Jersey Team found it helpful to develop documents that succinctly outlined the rationale, credibility, and impact of the practices being implemented.
- » Sharing qualitative data such as case vignettes or satisfaction surveys can be a powerful means of communicating the positive impact of an intervention to others.

9. SYSTEM PARTNERS AND COMMUNITY LINKAGES

Systems partners and community linkages are those entities within the service network that provide services or supports to the target population. Some examples of system partners are other social service agencies, advocacy groups, mental health providers, and the education system.

WHEN CONSIDERING SYSTEMS PARTNERS AND COMMUNITY LINKAGES, START WITH THE FOLLOWING TASKS:

- » Identify partners or collaborators who are on board with your project.
- » Identify those who are not on board and determine what efforts are most likely to engage these individuals or organizations.
- » If community resources are required for providing the intervention, discern the availability and quality of linkages to community resources.
- » Consider a public–private partnership. This type of partnership can provide a variety of perspectives, increase the diversity of the project, and provide an opportunity to leverage system resources.

The New Jersey Team actively focused on building external partnerships. The SIM forged a relationship with the local adoption consortium of private and intercountry adoption agencies. Initially, this relationship was developed to recruit participants, but over time the relationship has served to promote positive post-adoption messages, including normalizing the need for support at various points across the lifespan and sharing information about existing resources. The TINT implementation was informed by the experiences of post-adoption counseling agencies and family resource centers.

The New Jersey Team also developed a relationship with the American Academy of Pediatrics and was able to share messages developed by QIC-AG with physicians practicing in New Jersey and across the country. These messages help physicians to become more adoption competent and recognize that their patients who are members of adoptive/guardianship families might have special or complex needs.

The Team recruited a mix of public agency supervisors and private clinicians to serve as facilitators for the TINT intervention groups. The benefits of this mix of facilitators included sharing the unique expertise of each group and fostering an enhanced respect for each role by the other. Private clinicians will lead the effort to sustain TINT in New Jersey; they will use TINT in their practices and they plan to offer TINT to groups in the community.



LESSONS LEARNED

- » Community linkages are important in sharing key adoption-competent messages across the community.

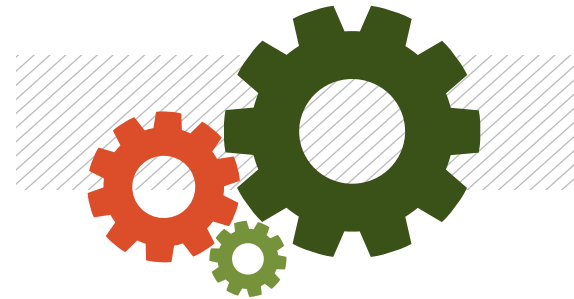


WHO WILL DO THE WORK: TEAMING AND COMMUNICATION

Determining who will be responsible to complete the work is essential to moving the project forward. The teaming structure should include decision makers, stakeholders, and implementers. A plan is needed to communicate project progress internally and externally.

This section covers the following topics:

1. **Teaming Structure**
2. **Communication Strategies**



1. TEAMING STRUCTURE

An effective teaming structure ensures a site has the capacity and decision-making authority to get the work done. Sites need to think about a teaming structure that supports the work as well as the roles and responsibilities of members of the teams. Although structures will change over the life of a project, consider starting with the following structural components::

- a. Project Management Team (PMT). Forming a PMT can help not only to ensure leadership capacity for the duration of the project but also to ensure the sustainability of the intervention and **New Jersey** leadership capacity. Members of a PMT are higher-level staff with decision-making authority in their respective departments.
- b. Stakeholder Advisory Team (SAT). A SAT is essential to providing the project with the perspective of the consumers of the service and community providers engaged in serving that population. The **New Jersey** SAT identified the unmet needs of children and families in the community. This SAT included representatives from agencies that serve the post-permanency population, other social service and adoption agencies, mental health and educational providers, and adoptive, guardianship and kinship families.
- c. Implementation Team (IT). An IT guides the overall project and attends to the key functions of the initiative. The IT has a twofold purpose. First, the IT organizes and prioritizes the work that needs to be done, establishes tasks and timelines, analyzes data, and troubleshoots problems. Second, the IT provides leadership and guidance to support the staff implementing the intervention. Including decision-makers as members of the IT is important because the IT is charged with overseeing the implementation and will have to resolve challenges that arise.

The PMT and SAT were initially separate teams; however, as the project evolved, the two teams merged. Members of the PMT/SAT informed the creation of TINT overlays for use with adoption/kinship legal guardianship families. The combined PMT/SAT team continued to meet quarterly and provided support and advice throughout the project.

During the implementation of TINT in New Jersey, the site's Implementation Team met weekly for an hour. These meetings ensured that the project remained on track, met target dates, and that any challenges were addressed quickly.



LESSONS LEARNED

- » The work of teams evolves over time. It is important to offer the PMT and SAT teams regular opportunities to share feedback and inform the project. Equally important, it is essential to provide the teams with regular updates regarding the project's successes and challenges.
- » It is important to offer people a flexible way to participate in the PMT and SAT teams (whether separate or combined); this flexibility is especially important when the site is seeking participation from people in different locations. PMT/SAT meetings can happen in person as well as via teleconference.
- » Regularly scheduled Implementation Team meetings help to guide an emerging, evolving process.

2. COMMUNICATION STRATEGIES

Communication strategies can range from face-to-face exchanges to electronic reports. Using a variety of communication strategies is key to keeping team members and stakeholders informed about the project status.

WHEN CONSIDERING COMMUNICATION STRATEGIES, START WITH THE FOLLOWING TASKS:

- » Determine the methods you will use to communicate information about the intervention and to whom the information will be communicated (e.g., broad internal or external communication).
- » Think through the *when* and *how* information will be disseminated.
- » Put protocols in place that specify how information is communicated across networks.

New Jersey's communication strategy included regular meetings with the Advisory Teams, weekly meetings of the Implementation Team, and project updates shared in staff meetings and through a DCF newsletter.



LESSONS LEARNED

- » Communication facilitates buy-in and strengthens the connection between the stakeholders and the project's Implementation Team.
- » Communication helps to embed the work into practice.
- » When implementing an innovative practice, providing updates to staff who are not directly involved in the project can foster their understanding, excitement, and support for the new practice.

CHAPTER 6

ASSESSING READINESS: USABILITY TESTING

Once the implementation planning is done, it is important to make sure the intervention is working as intended and the implementation supports are in place and effective.

The chapter addresses the following topic:

I. USABILITY TESTING

This chapter includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the New Jersey Team implemented the process, activity, or task; and (d) lessons the New Jersey Team learned during implementation.

I. USABILITY TESTING

According to the Children's Bureau's 2016 publication, *Providing Technical Assistance to Build Implementation Capacity in Child Welfare*:

Usability testing is the process of establishing the innovation within the organization and learning whether procedures, processes, or innovation components need to be adapted for implementation to move forward. The purpose of usability testing is to help further operationalize the essential functions of the innovation, implementation supports (training, coaching, recruitment, selection, and fidelity assessment), and data collection. (p. 69)

Thus, usability testing is the initial implementation phase of the intervention when the first participants receive the intervention. This phase is a critical time to ensure implementation supports are effectively facilitating the delivery of the intervention and that the intervention is being delivered as intended.

Creating a structured process to evaluate findings from usability testing is the key to a successful full implementation. Findings from a critical evaluation will identify what worked, what did not, and what requires modification. Ongoing evaluation can be carried out by developing a matrix or grid that is reviewed regularly and allows for the usability findings to be documented for each intervention component.

It is important that usability reports include or describe the following:

- » Usability questions for each core component
- » Measures or metrics for each usability question
- » Summary of what the team learned from the metrics
- » What worked as intended and what did not work as intended
- » What needs to be done to address gaps or problems
- » What changes are needed or what changes have been made

By applying the findings from usability testing, modifications can be made to the project processes and procedures. Once all components are evaluated and modifications are made, the intervention is ready for full implementation.

The usability testing period in New Jersey encompassed the first two cohorts of the TINT intervention (each cohort was a 7-session implementation). Usability testing required the Team to dedicate time to assess the

implementation process. Because the New Jersey Team selected an evidence-based intervention, the State of New Jersey was not testing the intervention's facilitation or curriculum. The focus of usability was the recruitment and enrollment process of the target population.

The New Jersey Team modified processes that did not perform as intended in the usability test. For example, based on the usability findings, the Team determined that they needed to change the participant tracking process so that they could gather consistent, reliable data on the families who declined to participate in the RCT. The usability testing helped the Team to discern the difference between registration and uptake, which impacted the number of groups, facilitators, and meals, and ultimately, the costs of implementing TINT.

The Usability Testing Plan and Tracking Tool (Appendix G) was used to complete usability testing. The tool provides a structure to delineate the questions to be answered and the metrics that will be used to answer the questions. The tool also allows for the tracking of changes made a result of the usability testing.



LESSONS LEARNED

- » Usability testing prevents a site from investing in an intervention or process that is unlikely to work well in a given location or with a specific target population. Without usability testing, the New Jersey Team would not have realized the deficiencies of their original data tracking process, and thus, they would have lost an opportunity to gather necessary information from the families.
- » Usability testing affirms the good decisions made in the implementation design and allows the team to standardize those practices. For example, in New Jersey, the facilitator recruitment and selection process was so successful that the team replicated it exactly in recruiting the second round of facilitators.

CHAPTER 7

TRACKING PROGRESS

Establishing and documenting time frames and responsible parties ensures the project stays on track and progresses as planned. A work plan has maximum benefit when reviewed regularly and incorporates procedures for documenting progress and keeping track of unanticipated delays.

The chapter addresses the following topic:

I. TRACKING PROGRESS THROUGH WORK PLANS

This chapter includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the New Jersey Team implemented the process, activity, or task; (d) lessons the New Jersey Team learned during implementation.

I.

TRACKING PROGRESS THROUGH WORK PLANS

A work plan is a tool that can be used to track the progress of the activities that have to be completed at each implementation stage.

A work plan should include the following components:

- » **Activity**
- » **Responsible manager or team**
- » **Target date**
- » **Completion date**

The New Jersey Team revisited their work plan near the end of each quarter to identify (a) any planned activities that had not been completed and needed to be addressed or changed, (b) to add activities that had been completed but had not been anticipated, and (c) to review planned activities for the next quarter.



LESSONS LEARNED

- » Work plans are a helpful means of reviewing practice and ensuring important activities are not missed.

APPENDIX

- A. QIC-AG Population Template
- B. QIC-AG Continuum Assessment Template
- C. Stakeholder Focus Group Questions
- D. New Jersey Hexagon Tool
- E. Initial Design and Implementation Plan
- F. New Jersey Logic Model
- G. Usability Testing Plan and Tracking Tool

APPENDIX A

QIC-AG POPULATION TEMPLATE: TARGET GROUP 2

The population template is designed to help sites clearly define a population that will be the target of the evaluable intervention associated with the QIC-AG. Through this process each site will gain a clear understanding of the problem that needs to be addressed, the population that is most impacted by the problem, and ultimately, to initiate thinking about how the problem can best be addressed. Understanding the problem and the population can be accomplished by using data and other available information and anecdotes which allow you to consider the underlying causes of the needs of the identified population.

The population template will be used to: 1) understand the continuum of services; 2) understand the needs of the target population; 3) develop a theory of change and 4) provide a geographic focus for implementation and evaluation of an evaluable intervention.

Completion of the population template will be completed by the site with assistance from the evaluation team with support from the consultants. Each site is asked to complete as much of the template as is possible given the availability of quantitative data, qualitative data, and anecdotes. No new data should be collected to complete the template. In the event that no information is available to answer a question, please make a note of this and if possible, move on to the next question.

BACKGROUND: WHAT IS THE PROBLEM?

PRIMARY PROBLEM DEFINITION

The primary problem to be addressed by the QIC-AG with Target Group 2 is post-permanency discontinuity. Post-permanence discontinuity occurs when a child experiences one of the following:

- » Re-enters state custody (e.g. a traditional foster care placement, residential or hospitalization) for behavioral, psychological or other issues
- » Re-enters state custody (e.g. a traditional foster care placement, residential or hospitalization) due to the death or incapacitation of their adoptive parent or legal guardian
- » Enters or resides in an out of home placement without re-entering state custody (e.g. residential or hospitalization, living with a relative) and remains in the legal custody of the adoptive parent or legal guardian
- » Termination of an adoption or guardianship subsidy for reason other than those listed above.

BACKGROUND

The QIC-AG will build on an existing evidence base that recognizes that the problems facing families after legal permanence often stem from the complex behavioral and mental health needs of traumatized children and youth. Adoptive parents and legal guardians (caregivers) are often ill-prepared or ill-equipped to address these needs. Furthermore, the supports and services that are provided are often too late (when families have a weakened sense of commitment or are in crisis, rather than as a preventative measure), or inadequately address the needs of these families. The development of appropriate culturally responsive supports and services is needed to address the unique and challenging behavioral, mental health, and medical issues that may threaten stability and long-term permanency commitments of these families. Finally, interventions which support families from pre-permanence through post-permanence are necessary to successfully achieve safety, well-being, and lasting permanence.

Child welfare interventions that target families who have adopted or assumed legal guardianship of children previously in foster care who are having difficulties maintaining the adoptive or guardianship placement are often provided too late, and therefore, do not serve the best interests of children, youth and families. Even though most adoptive parents and permanent guardians are able to manage on their own, when the need arises, it is in everyone's best interest to receive evidence-supported, post-permanency services and supports (PPSS) at the earliest signs of trouble rather than at the later stages of weakened family commitment. Ideally preparation for the potential for post-permanency instability should begin prior to adoption or guardianship finalization through evidence-supported, permanency planning services (PPS) that prepare and equip families with the capacity to weather unexpected difficulties and to seek services and supports if the need arises.

The best way to ensure that families will seek-out needed PPS and PPSS is to prepare them in advance for such contingencies and to check-in periodically after finalization to identify any unmet needs of the children, youth and families. It may also be necessary to assess the strength of the permanency commitments, which while firm at finalization, can weaken as unexpected difficulties arise and child problem behaviors strain the family's capacity to meet those challenges.

1. SOURCE OF PROBLEM DATA

BACKGROUND

Child Welfare Adoptions and Guardianships

The QIC-AG wants to develop the ability to track children from pre-permanence through post-permanence. In order to do this, a system for linking children who have exited foster care through adoption or guardianship to their foster care records needs to be developed so that we can use these histories to identify potential risk and protective factors. For children who were previously adopted through the child welfare system, the linking of pre- and post-adoption IDs is complicated. One difficulty is that names and social security numbers

APPENDIX A: QIC-AG POPULATION TEMPLATE: TARGET GROUP 2

associated with these youth often change after adoption and child welfare systems deliberately don't link pre and post adoption identities. As part of this initiative, we will work with sites to develop and use a linking file that allows pre- and post-adoption IDs to link. The same issue does not exist for guardianship cases as their IDs do not change.

An additional issue is that states may not have physical addresses and current contact information for these families. Many states have moved from mailing subsidy checks to direct deposits of subsidies. Often there is not a mechanism for keeping current contact information on this population after finalization. In addition, many states have stopped sending annual recertification letters to families receiving adoption or guardianship subsidies so states may not have updated contact information for the families.

Furthermore, the tracking of children after adoption or guardianship finalization is complicated by the fact that these children and their families are no longer under the care, protection and monitoring of the child welfare system. As such, changes in placements, difficulties the children and youth are experiencing, are not often tracked by the child welfare system. Children and youth can become homeless, enter residential treatment facilities, be placed in the care of relatives, or move out of the home for a variety of reasons (e.g., rehoming) and these actions may not be tracked through the child welfare data systems. Sometimes they may be known to child welfare staff, and other times they may not be known to the staff.

Child welfare adoption and guardianship national data. National data are available from 1984 through 2013. In 1984 there were 102,000 children in IV-E substitute care and 11,600 in receiving IV-E adoption subsidies;

	IL	NJ	NC	TN	TX	VT	WI
CHILDREN RECEIVING AN ADOPTION SUBSIDY FFY13	22,255	12,485	15,434	8,240	39,165	1,611	8,939
IV-E REIMBURSABLE	20,725	8,319	10,007	5,812	31,860	1,611	7,126
NOT IV-E REIMBURSABLE	2,530	4,166	5,427	2,428	7,305	-	1,813
CHILDREN RECEIVING A GUARDIANSHIP SUBSIDY FFY13	782	134	-	470	800	5	117
GAP REIMBURSABLE	782	134	-	470	800	5	117
GAP REIMBURSABLE							
NOT GAP REIMBURSABLE							
CHILDREN ADOPTED INTERNATIONALLY IN 1999-2013	11,890	8,566	7,323	5,143	12,290	819	7,177

children in adoptive homes made up 10% of the subsidy population. By 2000, there were 287,000 children in IV-E subsidized substitute care and 228,300 children in IV-E adoptive homes; adoptions made up 44% of the IV-E population. The most recent data show 159,000 children in IV-E subsidized substitute care and 431,500 in IV-E subsidized adoptive placements and adoptions make up the majority (73%) of the IV-E population.

Source: Committee on Ways and Means of the U.S. House of Representatives. (2014). 2014 Green book: Background material and data on the programs within the jurisdiction of the Committee on Ways and Means. Retrieved from <http://greenbook.waysandmeans.house.gov>.

International and Private Domestic Adoptions

We know very little about these children and their families. Many states that provide post-permanency services allow families who have adopted by any means to access services. However, in some states non-child welfare families may not be eligible for post permanency services or may be eligible but required to pay for the services.

International and private domestic adoption national data. Between 1999 and 2013 there were 249,694 international adoptions. Majority of these adoptions were with children two or younger. Primary places for adoption were China and Russia.

In 2013 alone, there were 7,092 international adoptions. Most of the adoptions were with children two or younger but there was an increase in the number of older children being adopted (5 – 12 years).

Source: <http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>

SITE SPECIFIC INFORMATION REQUEST

In responding to the questions below, please include the source of data or information. When you have data, use it; otherwise do your best to tell the story.

A. How many children in your site are currently receiving an adoption subsidy? Please provide state and county-level data.

B. How many children in your site are currently receiving a guardianship subsidy? Please provide state and county-level data.

C. How many children in your site have been adopted internationally in the past year? Please provide state and county-level data.

D. How many children in your site have been adopted privately in the past year? Please provide state and county-level data.

2. WHO IS AT RISK OF EXPERIENCING THE PROBLEM?

BACKGROUND

While there is consistency in the finding that the vast majority of adoptive families do not formally disrupt or dissolve, researchers have cautioned the field not to overlook the needs of these families, noting that the child-parent relationship may break down in other ways, and that many families struggle after adoption from

foster care (Festinger, 2002; Smith & Howard, 1991). Some factors that may impact discontinuity:

- » Behavioral problems
- » Caregiver commitment
- » Biological relationship between the child and caregiver
- » Marital status of caregiver
- » Siblings
- » Age of child at time of permanence
- » Formal supportive services
- » Number of moves in foster care

Sources: Barth & Berry, 1988; Barth, Berry, Yoshikami & Carson, 1988; Festinger, 2002; Houston & Kramer, 2008; Koh & Testa, 2011; Rosenthal, Schmidt & Commer, 1988; Smith & Howard, 1991; Smith, Howard & Monroe, 2000; Zosky, Howard, Smith, Howard & Shelvin, 2005

SITE SPECIFIC INFORMATION REQUEST

Please include the source of data or information. When you have data, use it; otherwise do your best to tell the story.

CHILDREN ADOPTED THROUGH THE CHILD WELFARE SYSTEM

In this section, we are looking for information on the needs of children, some of these needs will be general in nature and others may be crisis-orientated. We realize that the two groups may overlap (some families may have both general and crisis needs). We also recognize that in some sites these data may be kept at a call level (how many calls did you receive in the past year) and others may be kept at a family or child level. We ask at the child level, but encourage you to provide it at any level.

Responses to questions A, B, and C below will help to answer question D.

A. Over the past year, how many children or families (post adoption finalization) came to the attention of your site because they had general needs (e.g., questions about where to go for services, monetary subsidy issues, referrals)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral

regulation in children; parents' inability to effectively address behavioral issues).

- » Who were the people asking for services (e.g., grandparents, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
- » Describe the three most prevalent reasons families are identifying as to why they are having difficulties (e.g., lack of social support, lack of sufficient services, unrealistic expectations, inadequate parental preparation/training, inadequate or insufficient information on the child and his or her history).

B. Over the past year, how many children or families (post adoption finalization) came to the attention of your site because they had crisis needs (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B?).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
- » Who were the people asking (e.g., grandparents, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).

C. Is there a specific group of families that your site has proactively reached out to (e.g., is there a specific age group, developmental stage, or problem at the time of adoption) in the past year?

- » How are these families identified?
- » How many families are targeted?

- » Is there a geographic focus of your outreach?
 - » Why has this group been identified?
-

D. Of all the issues discussed above, what are the most pressing issues? Which characteristics put children most at risk for post-adoption discontinuity? What is the cause of these needs? Why do you think families or children are experiencing these issues?

CHILDREN EXITING FROM THE CHILD WELFARE SYSTEM THROUGH GUARDIANSHIP

In this section, we are looking for information on the needs of children, some of these needs will be general in nature and others may be crisis-orientated. We realize that the two groups may overlap (some families may have both general and crisis needs). We also recognize that in some sites these data may be kept at a call level (how many calls did you receive in the past year) and others may be kept at a family or child level. We ask at the child level, but encourage you to provide it at any level.

Responses to questions A, B, and C below will help to answer question D.

A. Over the past year, how many children or families (post guardianship finalization) came to the attention of your site because they had general needs (e.g., questions about where to go for services, monetary subsidy issues, referrals)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
- » Who were the people asking (e.g., grandparents, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
- » Describe the three most prevalent reasons families are identifying as to why they are having difficulties (e.g., lack of social support, lack of sufficient services, unrealistic expectations, inadequate parental preparation/training, inadequate or insufficient information on the child and his or her history).

B. Over the past year, how many children or families (post guardianship finalization) came to the attention of your site because they had crisis needs (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B?).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
- » Who were the people asking (e.g., grandparents, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).

C. Is there a specific group of families that your site has proactively reached out to (e.g., is there a specific age group, developmental stage, or problem at the time of adoption) in the past year?

- » How are these families identified?
- » How many families are targeted?
- » Is there a geographic focus of your outreach?
- » Why has this group been identified?

D. Of all the issues discussed above, what are the most pressing issues? Which characteristics put children most at risk for post-adoption discontinuity? What is the cause of these needs? Why do you think families or

children are experiencing these issues?

INTERNATIONAL ADOPTIONS

In this section, we are looking for information on the needs of children, some of these needs will be general in nature and others may be crisis-orientated. We realize that the two groups may overlap (some families may have both general and crisis needs). We also recognize that in some sites these data may be kept at a call level (how many calls did you receive in the past year) and others may be kept at a family or child level. We ask at the child level, but encourage you to provide it at any level.

Responses to questions A, B, and C below will help to answer question D.

A. Over the past year, how many children or families (post international adoption finalization) came to the attention of your site because they had general needs (e.g., questions about where to go for services, referrals)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
- » Who were the people asking (e.g., children from specific countries, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
- » Describe the three most prevalent reasons families are identifying as to why they are having difficulties (e.g., lack of social support, lack of sufficient services, unrealistic expectations, inadequate parental preparation/training, inadequate or insufficient information on the child and his or her history).

B. Over the past year, how many children or families (post international adoption finalization) came to the attention of your site because they had crisis needs (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B?).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
 - » Who were the people asking (e.g., children from specific countries, parents of teens, rural families, homeless youth)?
 - » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
 - » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
-

C. Is there a specific group of families that your site has proactively reached out to (e.g., is there a specific age group, developmental stage, or problem at the time of adoption) in the past year?

- » How are these families identified?
 - » How many families are targeted?
 - » Is there a geographic focus of your outreach?
 - » Why has this group been identified?
-

D. Of all the issues discussed above, what are the most pressing issues? Which characteristics put children most at risk for post-adoption discontinuity? What is the cause of these needs? Why do you think families or children are experiencing these issues?

PRIVATE DOMESTIC ADOPTIONS

In this section, we are looking for information on the needs of children, some of these needs will be general in nature and others may be crisis-orientated. We realize that the two groups may overlap (some families may have both general and crisis needs). We also recognize that in some sites these data may be kept at a call level (how many calls did you receive in the past year) and others may be kept at a family or child level. We ask at the child level, but encourage you to provide it at any level.

Responses to questions A, B, and C below will help to answer question D.

A. Over the past year, how many children or families (post private domestic adoption finalization) came to the attention of your site because they had general needs (e.g., questions about where to go for services, referrals)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
 - » Who were the people asking (e.g., parents of teens, rural families, homeless youth)?
 - » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
 - » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
 - » Describe the three most prevalent reasons families are identifying as to why they are having difficulties (e.g., lack of social support, lack of sufficient services, unrealistic expectations, inadequate parental preparation/training, inadequate or insufficient information on the child and his or her history).
-

B. Over the past year, how many children or families (post private domestic adoption finalization) came to the attention of your site because they had crisis needs (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B?).

APPENDIX A: QIC-AG POPULATION TEMPLATE: TARGET GROUP 2

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
 - » Who were the people asking (e.g., parents of teens, rural families, homeless youth)?
 - » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
 - » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
-

C. Is there a specific group of families that your site has proactively reached out to (e.g., is there a specific age group, developmental stage, or problem at the time of adoption) in the past year?

- » How are these families identified?
 - » How many families are targeted?
 - » Is there a geographic focus of your outreach?
 - » Why has this group been identified?
-

D. Of all the issues discussed above, what are the most pressing issues? Which characteristics put children most at risk for post-adoption discontinuity? What is the cause of these needs? Why do you think families or children are experiencing these issues?