

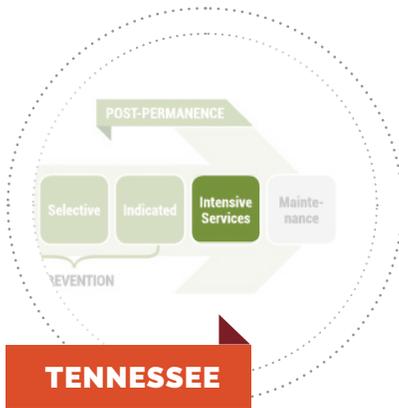


NEUROSEQUENTIAL MODEL OF THERAPEUTICS (NMT)©

**INTERVENTION IMPLEMENTED IN TENNESSEE
FOR THE QIC-AG PROJECT**

OVERVIEW OF THE QIC-AG

The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a 5-year federally funded project that promotes permanence (when reunification is no longer a goal) and improves supports for adoptive and guardianship families. Working in partnership with eight sites, the QIC-AG is identifying and testing promising practices and evidence-based models of support and services for children and families both pre and post permanence. Effective interventions are expected to achieve long-term stable permanence in adoptive and guardianship homes not only for waiting children but also for children and families after adoption or guardianship has been finalized. To learn more about the work of the QIC-AG, please go to www.qic-ag.org.



The QIC-AG created a Permanency Continuum Framework to help structure work with sites and families pre and post permanence. The Continuum Framework was developed on the premise that children in adoptive or guardianship families fare better when their families are fully prepared and supported to address issues before they arise, and if issues arise, before they escalate into a crisis. The Continuum Framework is comprised of eight intervals; three intervals start prior to finalization (*stage setting, preparation, and focused services*); three intervals continue after finalization and focus on prevention services (*universal, selective, and indicated services*); and the last two intervals focus on the provision of *intensive services and maintenance of permanence*.

Tennessee is implementing an intervention that falls into the **intensive interval** on the Permanency Continuum Framework. Intensive services include interventions designed to respond to a crisis, diminish the impact of the crisis, and stabilize and then strengthen families who have experienced a crisis. Intensive services are for both intact families and families who have experienced discontinuity¹ (instability).

OVERVIEW OF INTERVENTION SELECTED BY TENNESSEE AS DESIGNED BY THE DEVELOPER

The Neurosequential Model of Therapeutics (NMT) is a developmentally informed, biologically respectful approach to working with at-risk children. *NMT* provides a set of assessment tools (*NMT* metrics) that help clinicians organize a child's history and assess current functioning. Such assessment is especially relevant to children who have experienced early trauma. *NMT* integrates core principles of neurodevelopment and traumatology to determine how the timing and severity of trauma might influence development of the child's brain. The goal of *NMT* is to match a maltreated or traumatized child with the correct therapeutic activities based on the child's specific developmental stage and physiological needs. By incorporating and applying targeted, timely, developmentally appropriate treatment, planning, and care, *NMT* helps create an environment where the child and family can heal and thrive.

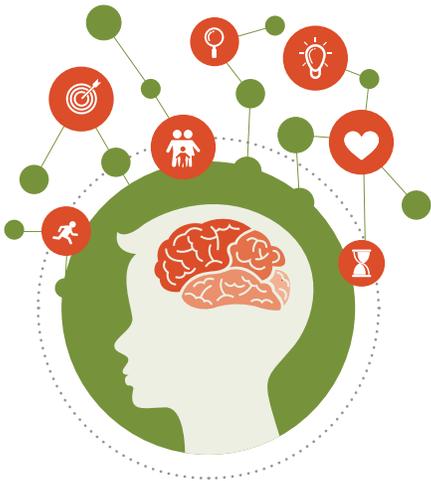


The Child Trauma Academy, the developer of *NMT*, has developed a set of training materials, protocols for supervised training experiences, and clinical practice tools to help clinicians develop the capacity and experience with using *NMT* metrics and tools. *NMT*'s 12-14 month certification process (Phase I) provides clinicians with in-depth exposure to the core concepts and key elements of implementing *NMT*. For a complete explanation of the training content, materials, and requirements, visit https://childtrauma.org/wp-content/uploads/2016/11/SITECERT_MasterOverview_9_3_15.pdf.

NMT measures two fidelity components: (1) interrater reliability, and (2) adherence to the service plan. Fidelity measurement involves monitoring clinician competency on a bi-annual basis. To ensure interrater reliability, all *NMT*-certified clinicians as well as those in the process of certification are required to score cases using the *NMT* online clinical practice tools. The online *NMT* treatment plan contains a fidelity measure that allows the practitioner (e.g., therapist, counselor) working with the family to rate fidelity associated with the execution of each activity of the treatment plan. For each task included in the treatment plan, the practitioner working with the family evaluates whether the task was completed with high, medium, or low fidelity.

¹ Discontinuity encompasses the following: displacement (child no longer in the physical custody but guardianship/parental rights remain intact); post-adoption placement; dissolution (guardianship or adoption legally terminated for reason other than parent death or incapacitation); and subsidy ended prematurely (subsidy payment ends prior to the child reaching age 18 years; may be related to child's absence from household or caregiver death).

WHY NMT WAS SELECTED BY TENNESSEE



Tennessee selected *NMT* because the *NMT* approach met the need for a therapeutic assessment tool that could match the unique needs and strengths of a child with a therapeutic modality or intervention. The *NMT* mapping process helps identify various areas in the brain that may have functional or developmental impairment problems, which helps guide the selection of the most appropriate, developmentally sensitive interventions. Rather than focusing on a specific therapeutic technique, the Neurosequential Model enables identification of the key systems and regions in the brain that have been affected by adverse developmental experiences, and then helps guide the selection and sequencing of therapeutic, enrichment, and educational activities that align with the child's developmental age and match the child's needs and strengths (Perry, 2006).

In Tennessee, *NMT* is used with children who have been adopted and are referred (or self-refer) to Adoption Support and Preservation (ASAP) services in seven regions of the state: Shelby, East, Northeast, Tennessee Valley, Knox, Smoky Mountain, and Upper Cumberland. *NMT* services are offered to families who have adopted from the public child welfare system as well as families who have adopted through an inter-country or private domestic process. A key factor in providing services to these families is that the parents and the child must be willing to engage in services. Therefore, families who refuse to sign the Client's Rights and Responsibilities document are not eligible to participate in services.

The short-term outcomes for participation in *NMT* in Tennessee include the following:

SHORT-TERM OUTCOMES

- » decreased child behavioral issues
- » improved educational outcomes
- » increased satisfaction with delivery of services
- » improved family relationships
- » improved caregiver commitment

ADAPTATIONS MADE TO NMT

The Tennessee site team augmented the *NMT* approach in two areas:

- » **Assessments.** ASAP expanded the comprehensive assessment to include information needed to complete the *NMT* metric/assessment. The professional working with the child uses the metric tool to gather information about the child on topics related to developmental stages and related history; current functioning in home, school, and community; mental status; safety issues; and history of trauma or loss. In addition to the comprehensive assessment, the family is asked to complete various assessment tools, including the Parent Feeling Form, the Behavior Problem Index, and the Belonging and Emotional Security Tool. The information gathered is used by the practitioner to complete the *NMT* metric.
- » **Training Coordination.** The decision to use the *NMT* approach represents a significant commitment on the part of an agency or program. Staff being trained in *NMT* must dedicate substantial time and energy to become certified; Phase I of the

NMT certification process requires approximately 14 to 20 hours a month for 12-14 months. Given the extent of commitment required, an agency must be prepared to support their staff throughout the certification process. In addition, although the ChildTrauma Academy (*NMT* developer) provides comprehensive training materials and guidance, the agency also has to organize and manage a considerable amount of complex material. Given these administrative needs, the agency administering ASAP dedicated a part-time training director to guide, support, and administer the *NMT* training process.

To ensure the quality of the *NMT* training, the following practices were implemented by the ASAP training director:

IMPLEMENTED PRACTICES

- » A monthly training timeline was developed for the Phase 1 certification process (i.e., 12-14 months) and distributed to all participants. The timeline includes links to important documents and instructions on how to access the materials on the Child Trauma Academy website.
- » Printed copies of all required *NMT* reading materials are distributed to staff.
- » All audiovisual materials used in the training are available for download to electronic devices such as laptops, smartphones, or MP3 players.
- » The training director monitors the staff progress in the certification process on a monthly basis.
- » Staff meet each month for Internal Learning Community group meetings. These meetings are led by the training director and provide an opportunity for the staff/trainees to ask questions, reinforce their understanding of content, and share insights about the topics covered during the month with their peers.



Phase 1 of *NMT* certification can occur within as little as 12-14 months; however, it takes longer to ensure the *NMT* concepts are fully integrated into the daily work of the staff using *NMT*. To ensure this high level of integration, the *NMT* staff receive on-going clinical supervision and support in using the *NMT* approach.

RECRUITMENT: OUTREACH TO FAMILIES

In Tennessee, families can be referred to ASAP by a variety of professionals or they can self-refer. Prospective adoptive families are informed about ASAP services by the Department of Children Services (DCS) worker when the adoption process has progressed to the point of full disclosure regarding the child. Language about ASAP services is built into the adoption assistance agreement, and therefore, reviewed when the agreement is signed. As of June 1, 2017, all families receiving adoption assistance will receive two mailings a year from DCS, reminding the families about the availability of ASAP services.

RETENTION: KEEPING FAMILIES CONNECTED TO THE PROCESS

All families referred to ASAP participate in the comprehensive assessment process described above. A family referred to ASAP who resides in one of the demonstration counties will receive *NMT* services, which includes completion of the *NMT* metric and the development and execution of a service plan based on the metric findings and *NMT* service recommendations. Because the child's family is considered a critical part of the child's therapeutic web, the families are engaged in *NMT* through trauma-based education. Families referred to ASAP but who reside outside of the demonstration counties will receive services-as-usual, which includes a therapeutic intervention.

LINKS

Additional information on *NMT* is available from The Child Trauma Academy website (<http://childtrauma.org/>):

- » Overview of the NMT Approach:
- » https://childtrauma.org/wp-content/uploads/2013/06/NMT_Description_Overview_6_22_12x.pdf
- » Site Certification: Overview:
- » https://childtrauma.org/wp-content/uploads/2016/11/SITECERT_MasterOverview_9_3_15.pdf

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