



TENNESSEE

NEUROSEQUENTIAL MODEL OF
THERAPEUTICS (NMT)

OVERVIEW

The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a five-year project working with eight sites that will implement evidence-based interventions or develop and test promising practices which if proven effective can be replicated or adapted in other child welfare jurisdictions. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families after adoption or guardianship has been finalized.

SITE OVERVIEW

The Tennessee Department of Children's Services (DCS) is partnering with Harmony Family Center on the QIC-AG project. DCS is the public child welfare agency that investigates allegations of child abuse and neglect; administers the State's foster care system; and, for the children who come into care, works to find permanence through reunification, adoption, or guardianship. Harmony Family Center is a Tennessee-based private non-profit organization that specializes in adoptions and pre-and post-adoption services. Harmony administers the Adoption Support and Preservation Program (ASAP) for the State of Tennessee.

The Tennessee QIC-AG project will implement and test the effectiveness of a family-centered trauma-informed intervention that uses a biopsychosocial assessment process to identify the needs of children and families who are referred (or self-refer) to Tennessee's ASAP program. The process will enable the identification and utilization of interventions that best align with a child's developmental capacity and will result in improved outcomes. The project aims to serve all families who have adopted children in the targeted regions of the state, including children adopted through the child welfare system, internationally and private domestically.

PERMANENCY CONTINUUM INTERVAL: **INTENSIVE**

Tennessee will implement The **Neurosequential Model of Therapeutics** in the Intensive Interval of the QIC-AG Permanency Continuum Framework. This interval targets children and families who are experiencing a crisis. Families in crisis need high intensity services and supports to re-establish the family's equilibrium. Supporting the family can be accomplished by providing services that stabilize the immediate crisis and, ultimately, align parenting capacity with the child's needs. Services should stabilize the family by addressing discrepancies between the parenting capacity and the child's needs, and by identifying the supports available from the child welfare system and other family supports. In addition, services should stabilize the family by increasing a family's protective factors such as access to concrete supports and services, improving knowledge of parenting and child development, and assisting families with increasing their social connections.

TARGET POPULATION

The Tennessee QIC-AG project site is targeting families with adopted children who have been referred (or self-refer) to Tennessee's Adoption Support and Preservation program (ASAP) in the Shelby, East, Northeast, Tennessee Valley, Knox, Smoky Mountain and Upper Cumberland regions.

PROJECT GOALS

INTERVENTION

The **Neurosequential Model of Therapeutics (NMT)** is a developmentally informed, biologically respectful approach to working with at-risk children that helps to organize a child's history and current functioning. Especially relevant to children experiencing early trauma, NMT integrates the core principles from the fields of neurodevelopment and traumatology to determine how the timing and severity of trauma might influence the development of the brain. The results help professionals and families apply interventions appropriately aligned with the child's needs and strengths. NMT is not a specific intervention, but rather a clinical approach informed by neuroscience (Perry, 2006). NMT has been used with young children, in a therapeutic preschool setting, and in residential settings (see, e.g., Barfield, Dobson, Gaskill, & Perry, 2012; childtrauma.org). However, NMT has not yet been tested with a post-adoption population. NMT will be implemented as designed by the purveyor. No adaptations are needed to meet the needs of the target population.

PROGRAM EVALUATION AND EXPECTED RESULTS

The State of Tennessee in partnership with Harmony Family Center will participate in a rigorous site-specific evaluation to test if children in the target population who receive NMT will have better outcomes (specified below) than similar children who receive services as usual. The expected long-term outcomes include increased post-permanency stability, improved behavioral health for children, and improved child and family well-being.



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SHORT-TERM OUTCOMES

Short-term outcomes, unique to this site include the following:

- » decreased levels of family stress;
- » decreased child behavioral issues;
- » improved educational outcomes;
- » increased staff satisfaction with delivery of services;
- » improved familial relationships; and
- » improved caregiver commitment.

REFERENCE

Barfield, S., Gaskill, R., Dobson, C., & Perry, B. D. (2012). Neurosequential model of therapeutics in a therapeutic preschool: Implications for work with children with complex neuropsychiatric problems. *International Journal of Play Therapy, 21*, 33–44. [doi:10.1037/a0025955](https://doi.org/10.1037/a0025955)

Perry, B. D. (2006). The neurosequential model of therapeutics: Applying principles of neuroscience to clinical work with traumatized and maltreated children. In N. Boyd Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27–52). New York, NY: Guilford Press.

MORE INFORMATION

For more information about the QIC-AG visit www.qic-ag.org and

- » search our *Intervention and Program Catalog*
- » download information about the *Permanency Continuum Framework*
- » explore details about the *eight Partner Sites*

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