Neurosequential Model of Therapeutics (NMT):

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

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

- Dr. Keith Bailey, PhD
  Training Director, Harmony Family Center and NMT Training Lead
- Nicole E. Coning
  Family Preservation Director and Co-SIM (Site Implementation Manager), QIC-AG
AGENDA

- Overview of the QIC-AG
- Introduction to the Adoption Support & Preservation (ASAP) Program
- Where ASAP Services & NMT are Offered through QIC-AG
- Eligibility Criteria
- ASAP/NMT Referral Process
- Review of Research Elements
- Introduction to NMT
- Questions and Answers
OVERVIEW OF QIC-AG
QIC-AG will develop evidence-based models of support and intervention that can be replicated or adapted by other child welfare systems across the country to achieve long-term, stable permanency in adoptive and guardianship homes for waiting children as well as for children and families after adoption or guardianship has been finalized.
QIC-AG LEADERSHIP TEAM

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

- Spaulding for Children
- University of Wisconsin-Milwaukee
- University of Texas at Austin
- University of North Carolina at Chapel Hill
OVERVIEW OF THE ASAP PROGRAM
Harmony Family Center’s Adoption Support and Preservation Program (ASAP) Program was developed in 2004 and is designed to support and promote the success of adoptive and guardianship families on every level and at every stage of the adoption journey. Harmony provides evidence-based, trauma-informed therapeutic and educational services that are individualized to meet the unique needs of adoptive and guardianship families.
ASAP’s seamless, statewide system of intensive in-home services, diverse educational offerings, and supportive enrichment activities are available to families who have adopted or are pursuing adoption via:

- Intercountry adoption
- Private, Domestic adoption
- Adoption through the child welfare system in Tennessee or another state in the U.S.
ASAP SERVICE PROVISION

- Adoption Preparation Training
- In-Home Family and Individual Counseling
- Crisis Intervention Support
- F.U.SE. Adoptive Parent Groups
- Adoption-Focused Educational Offerings
- Relief Team Building & Respite Services
- Case Management and Community Referrals
- Adoptive Family Camps
WHERE NMT SERVICES ARE OFFERED THROUGH ASAP AND THE QIC-AG
The NMT is being provided to adoptive families with children who have been adopted and are referred (or self-refer) to Harmony Family Center’s ASAP Program in the following Department of Children’s Services (DCS) regions, which represents approximately 60% of the geographical area in Tennessee.

- Northeast
- Knox
- East
- Smoky Mountain
- Tennessee Valley
- Upper Cumberland
- Shelby
ASAP & NMT
REFERRAL PROCESS
ASAP/NMT REFERRAL PROCESS

- Families may contact the ASAP Helpline at 888.848.ASAP to request services or to learn more about the program.

- Referring professionals are encouraged to contact ASAP with any questions and may refer families for pre and post adoption services by contacting 888.848.ASAP.

- Adoption Support and Preservation team members are available from 8:00 – 6:00 PM EST and after hours messages to the helpline are responded to the following business day.
As part of the overall cooperative agreement, the QIC-AG is conducting a rigorous evaluation in Tennessee and each of the seven other partner sites.

The short term outcomes Tennessee has targeted are:

- Decrease in familial stress
- Decrease in child behavioral issues
- Improved educational outcomes
- Increased staff satisfaction with delivery of services
- Improved familial relationships
- Improved caregiver commitment
Families must consent to receipt of ASAP services and active engagement in the treatment process.

Families are asked to complete satisfaction surveys at discharge, six, and twelve month post service provision.

Families are asked to complete three pre/post test measures at initial intake and prior to discharge:
- Incentive of $25 gift card for completion of post-test measures.

Families will be invited to participate in a half-hour qualitative interview over the phone:
- Incentive of $25 gift card for participation.
NEUROSEQUENTIAL MODEL OF THERAPEUTICS (NMT): POST-ADOPTION SERVICE IN TENNESSEE AVAILABLE TO INTERCOUNTRY AND PRIVATE DOMESTIC ADOPTIVE FAMILIES
Neurosequential Model of Therapeutics

- The sequence, or order, in which the brain develops
- A perspective
- Life experiences affect brain development and behavior
- The different types of interventions to consider for a child
NMT is **not** a specific therapeutic technique or intervention

- It is a way to organize a child’s history and current functioning
- It is a way of thinking – a lens – a way to organize intervention strategies
An approach to clinical problem solving
Based on brain development and how trauma and neglect impacts brain development
- Brain develops from the bottom up
- Therapeutic interventions should target the brain from the bottom up
The timing of the developmental insult(s) – not just the intensity and duration – determines the impact on the developing systems.

The lower parts of the brain are not as plastic (malleable) as the upper parts of the brain.

THE EARLIER THE TRAUMA/NEGLECT
THE MORE DETRIMENTAL THE IMPACT
THE BODY KEEPS THE SCORE

- saliva flow decreases
- skin blood vessels constrict; chills & sweating
- heart beats faster & harder
- stomach output of digestive enzymes decreases
- muscles become more tense; trembling can occur
- eyes pupils dilate
- lungs quick, deep breathing occurs
- bowel food movement slows down
- blood vessels blood pressure increases as major vessels dilate
DR. BRUCE PERRY, M.D., PH.D.

- Child Psychiatrist
- Neuroscientist and researcher
- Child Trauma Academy
- Expert consultant
  - Columbine HS shooting
  - Oklahoma City bombing
  - Branch Davidian raid
  - YFZ custody cases
DR. BRUCE PERRY, M.D., PH.D.
NMT TRAINING PROCESS: PHASE 1 CERTIFICATION

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

12-18 hours/month
150+ hours/year
NMT

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

Assesses…
- Adverse Experiences
- Relational Health
- Central Nervous System
- Relational Health
... at different developmental stages
A way to organize and prioritize intervention strategies

- **Area**
  - Cognitive
  - Relational
  - Self-Regulation
  - Sensory Integration

- **Rating**
  - Essential
  - Therapeutic
  - Enrichment
INTERVENTIONS

- Repetitive (repetition, repetition, repetition)
  - Consistent
  - Predictable
  - Patterned
  - Frequent
- Rhythmic (matches neural patterns)
- Relevant (developmentally matched)
- Rewarding (fun)
- Relational (safe)
- Respectful (of child, family, culture)
• Only social interaction builds the **social affiliation** part of the brain.

• Social interactions activate **the most powerful reward systems**

• The **Therapeutic Web** provides the majority of healing opportunities for these children

• Stable and nurturing relationships buffer the impact of trauma

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

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

www.qic-ag.org