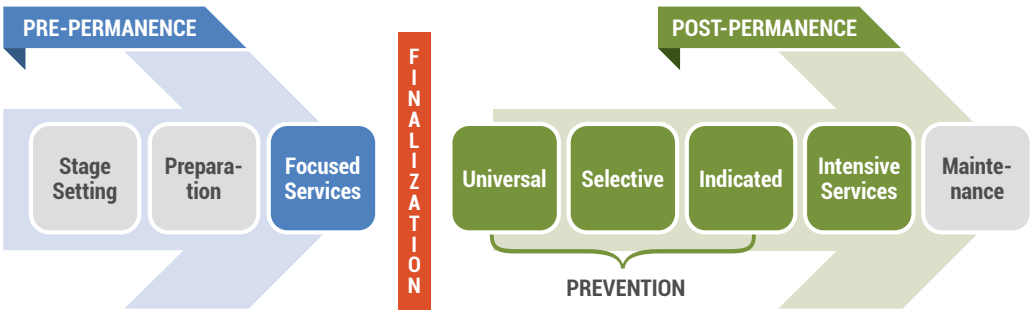
INTENSIVE

POST-PERMANENCE INTERVAL

QUALITY IMPROVEMENT CENTER FOR ADOPTION & GUARDIANSHIP SUPPORT AND PRESERVATION

The QIC-AG has developed a Permanency Continuum Framework that is separated into eight intervals. This is one in a series of papers that describes the intervals along the continuum. Information on the other intervals can be found at www.qic-ag.org



INTRODUCTION

INTENSIVE INTERVAL

> *The burnout and damage done by not knowing her diagnosis and best treatments made it impossible for us to start on the right path with this child. Just because a family appears to be coping does not mean they are still living a healthy lifestyle. Our abilities to endure through this crisis eventually were also our downfall. Everyone just figured we'd be O.K.*
>
> *Adoptive Parent*

Intensive services target children and families who may be at imminent risk of experiencing a crisis or may already be in a crisis situation. In the context of adoption and guardianship, a crisis is defined *as a discrepancy between parenting capacity, the child's needs, and the availability of child welfare system resources or other supports needed to stabilize the family.* When children's needs are greater than their parents' capacity or the system's capacity to respond quickly and adequately, families can become overwhelmed, leading to discontinuity. Families in crisis need high intensity services and supports to re-establish their equilibrium. This level of support can be accomplished by providing services that stabilize the immediate crisis and ultimately align parenting capacity with the needs of the children.

Families vary in their ability to handle difficult situations. The stress that families experience varies in level and frequency but ultimately can result in families entering into crisis. Some families might encounter a consistent set of stressful circumstances. Families with one or more children who regularly demonstrate behaviors associated with mental health or emotional issues, can over time, find themselves overwhelmed and depleted of stamina that allows them to function. Other families might experience a set of ongoing, episodic events. When challenging behaviors happen episodically, the family's capacity might diminish as the result of remaining on high alert in anticipation of the next inevitable event. Still other families might experience a single distinct overwhelming experience. In this situation, acute levels of challenging behaviors can seem to appear out of nowhere, quickly overtaxing parents' capacity, especially those who are ill-prepared to respond. Regardless of the cause, the state of being in crisis can threaten family functioning—and if unchecked—can lead to discontinuity.

POPULATION

Families in need of intensive services share a common trait of having found that the level of response needed to address their child's behavior or a situation involving their child far exceeds their capacity and the capacity of their support systems. Families identified for intensive interval services might be experiencing challenges associated with their child's behaviors such as sexual acting out, lying and manipulation, defiance, verbal aggression, peer problems, physical aggression, destruction of property, stealing, hyperactivity, and running away.Alternatively their coping capacities may be depleted by external stressors, such as job loss or divorce. While all families who experience these challenges do not need intensive services, when the child's behaviors exceed the abilities of the family and their support system to cope, intensive services may be warranted and can help minimize the risk of discontinuity.

The intensive interval can include adoptive and guardianship homes where the child resides in the home, or adoptive and guardianship homes where the child is not currently living in the home but the family relationship remains intact. Families in need of intensive services include families who have been formed through child welfare adoptions and guardianship arrangements as well as those formed through private domestic adoptions or international adoptions.

EXAMPLES OF RISK FACTORS

A risk factor is defined as *a feature of an individual's habits, genetic makeup, or personal history that increases the probability of harm to health*. The following are examples of risk factors that could put families at greater risk for crisis and at increased need for intensive services: lack of access to concrete support and supportive services, fading parental resilience, unrealistic expectations of the child, lack of knowledge and parenting skills, and weakened social connections and relationships.

Another risk factor for intensive services can be the age of the child. Research shows the cumulative risk of discontinuity suddenly jumps approximately 10 years *after* a child has joined a family through adoption or guardianship. In many cases, this 10-year time frame coincides with the child entering adolescence. Regardless of the child's age at the time of finalization, discontinuity is most likely to occur when the child enters the teen years.

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BARRIERS TO SERVICE DELIVERY AND ACCESS

The prompt receipt of services is critical to families in crisis. Unfortunately, families in crisis typically lack the wherewithal to seek out help and obtain services, especially if doing so requires significant time and effort. Some child welfare systems have very limited or no post-permanency services for families. Of the child welfare systems that provide intensive level services, few have also tracked the long-term outcomes of the families who received those services. Only a few child welfare systems have data showing the percentage of their subsidy caseload that is receiving services, identifying the services that are effective, and where gaps exist in service provision.

Lack of or limited service availability makes it difficult for families in the midst of a crisis to find and receive the supports they need to remain stable and intact. Service availability to adoptive and guardianship families varies from state-to-state and, depending on the structure of the child welfare system, can even vary between counties or regions within a state. This variability of services also affects families who have adopted privately or internationally. Some child welfare systems do not allow access to services for families who have adopted privately or internationally, whereas others systems allow these families to access services, but may charge a fee for the services.

Even when services are available, families in need of intensive services may encounter difficulty in accessing needed services. In some instances, this difficulty is caused by families not knowing what services are available or not knowing how to navigate complex or cumbersome systems to access a particular service. In other situations, the appropriate services might not be accessible to families because of barriers such as lack of transportation; services offered in limited locations that are too far from the family's home; and services offered only during traditional business hours, without accommodation for parents' work schedules.

Families who adopt through international or private agencies are often unaware of the programs and supports available to them from the child welfare system. This lack of familiarity with available resources is critically important given that a Reuters Investigation on rehoming found that 70% of the children in the study had been adopted internationally and many of the adoptive parents expressed a sense of desperation about not knowing where to turn for assistance.

PRIVATE AND INTERNATIONAL ADOPTIONS

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Another challenge to accessing needed services often stems from adoptive or guardianship families having been given incomplete historical information on the child, thus having only a partial understanding of the trauma the child experienced before living in the adoptive or guardianship home. The disclosure processes in child welfare adoptions can be inconsistent, which can lead to families not having a full history of the child. For all children, but especially those adopted through international and private domestic adoptions, information provided to families can vary greatly regarding the child's history of significant medical, educational, maltreatment, and other events. Lack of information can interfere with the child's and family's adjustment, functioning, and potential for managing expectations. Further, once problems arise, the lack of history or critical gaps in history can adversely affect a practitioner's assessment and plan for treatment.

The high cost of intensive services, including the Medicaid limits that typically cover therapeutic services, are not only stressful for adoptive and guardianship families but can also interfere with service provision. This financial stress can cause families to enter an additional crisis state, further depleting their capacity to handle the needs of their child.

INTENSIVE INTERVENTIONS

Services at the intensive interval need to provide a quick response not only to the needs of the child but also to the needs of the parents. The services need to be high-frequency programs that provide all members of the family with immediate supports and services to replenish their depleted resources and to restore their resilience. The services should help stabilize the family structure by addressing the discrepancy between the parents' capacity, the child's needs, and the supports available to the family from the child welfare system and other family supports. Intensive services are designed not only to stabilize the child by addressing immediate concerns but also to increase the protective factors within the family by providing concrete supports and services, an understanding the effects of trauma, and increasing social connections.

PRACTICE PRINCIPLES

The following four practice principles are critical to the provision of intensive services.

1. Services must respond quickly and seamlessly to decrease a family's discomfort.
2. Services must help a family manage multiple elements of a crisis event.

3. Services must strengthen family relationships.
4. Services must increase the confidence and competence of the adoptive parent or guardian.

These practice principles are upheld by the services and interventions delivered in the intensive interval that combine four essential components: crisis response, comprehensive assessment, family-centered therapy, and skill development. Each of these components and their objectives are described below.

1. Crisis Response

Purpose: To provide immediate support to relieve stress and stabilize the situation.

» Deliver immediate response to decrease discomfort and stabilize behaviors.
» Assist families in managing the multiple elements of a complicated crisis event.

2. Comprehensive Assessment by Adoption-Competent Mental Health/Trauma Informed Professionals

Purpose: To determine the current need and the correct treatment approach.

» Evaluate the child's history and current situation to determine the best treatment approach.
» Identify the child's risk factors and implement services and supports that mitigate these factors.

3. Family-Centered Therapy

Purpose: To provide services once the immediate crisis has been stabilized that not only strengthen family connections and commitment but also resolve damage to family relationships caused by the crisis.

» Approach service delivery from a family-systems perspective, rather than focusing only on the child.
» Maintain and strengthen familial relationships and support attachment development.

4. Skill Development

Purpose: To provide services once the family is stabilized that will strengthen parental capacity by increasing the knowledge and skills that build parental resilience.

» Provide parents with a comprehensive understanding of trauma and the short- and long-term effects of trauma on individual family members and the family as a whole.
» Increase the family's knowledge of the child's risk factors and triggers; increase knowledge of strategies and methods the family can use to maintain stability and avoid another crisis.

Each of these four components are needed to adequately support families in crisis. To address the different components, it is likely that multiple providers will be needed to be engaged in the delivery of the array of services needed by the family. Therefore, it is critical that a coordinated approach is used to provide the services needed to stabilize and preserve the family. Moreover, frequent, open communication among the various service providers working with the family is crucial to promoting the overall effectiveness of the interventions in the intensive interval.

QIC-AG INTERVENTIONS

The QIC-AG implemented one intervention at the Intensive Interval: Neurosequential Model of Therapeutics.

NEUROSEQUENTIAL MODEL OF THERAPEUTICS

The QIC-AG site in Tennessee chose to test an intervention that would serve children and families who were currently in crisis or had experienced one or more crises. The Neurosequential Model of Therapeutics (NMT) was implemented by DCS and Harmony Family Center as an approach to thoroughly assess a child's needs in order to match the appropriate clinical response.

NMT, developed by the ChildTrauma Academy, is a developmentally informed, biologically respectful approach to working with at-risk children. NMT is not a specific therapeutic technique or intervention; rather NMT provides a set of assessment tools (NMT metrics) that help clinicians organize a child's developmental history and assess current functioning to inform their clinical decision-making and treatment planning process. NMT integrates principles from neurodevelopment, developmental psychology, and trauma-informed services, as well as other disciplines, to enable the clinician to develop a comprehensive understanding of the child, the family, and their environment. The NMT model has three key components: (a) training/capacity building, (b) assessment, and (c) specific recommendations for selecting and sequencing therapeutic, educational, and enrichment activities matched with the needs and strengths of the individual.

EXAMPLES OF OTHER INTERVENTIONS

Described below are examples of interventions that fall into each of the four components outlined under the Practice Principles.

CRISIS RESPONSE — MOBILE URGENT TREATMENT TEAM FOR FOSTER FAMILIES

Mobile Urgent Treatment Team for Foster Families (MUTT-FF) was developed in 2005-2006 in Wisconsin to improve placement stability of youth in foster care. In this program, foster parents and relative caregivers have 24/7 access to emergency services by phone (e.g., for advice or a referral to mental health services) and face-to-face contact for crisis intervention (including a home visit to stabilize the child, if necessary). In addition, foster parents and relative caregivers take part in developing a Crisis Response Plan. Trained and experienced crisis support staff teach crisis prevention and stabilization skills to foster parents and relative caregivers for up to 30 days after a crisis incident.

COMPREHENSIVE ASSESSMENT BY ADOPTION-COMPETENT MENTAL HEALTH/ TRAUMA INFORMED PROFESSIONALS – NEUROSEQUENTIAL MODEL OF THERAPEUTICS

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 assess current functioning. Especially relevant to children who have experienced early trauma, the NMT process helps to structure assessments that will enable

the professional and family members to choose interventions that are appropriately aligned with the child's developmental capacity. This approach helps families avoid engaging in services that are not consistent with the child's developmental capacities and functioning.

FAMILY CENTERED THERAPY— *(TWO EXAMPLES ARE PROVIDED)*

THERAPLAY

Theraplay is a promising practice that uses family-based play therapy with children and their parents to "....enhance attachment, self-esteem, trust in others, and joyful engagement." Over the course of 18–25 weeks, structured sessions are designed to duplicate the playful behavior that parents and young children typically engage in. Parents first observe play and then become active participants with their child in the Theraplay sessions. Theraplay has been used successfully with a wide range of ages and children with a range of social and emotional challenges. Theraplay has been used with foster and adoptive families for many years. Through the use of two therapists, the parents are able to not only obtain support and education but also observe techniques that may be effective in regulating the child's behavior. Parents then learn to apply these techniques with assistance from the two therapists.

CHILD PARENT RELATIONSHIP THERAPY

Child Parent Relationship Therapy (CPRT) is a way to strengthen the relationship between a parent and a child by using weekly sessions of 30-minute playtimes. These sessions have four goals: (a) to allow the child to communicate thoughts, needs, and feelings to his or her parent, which the parent then communicates back to the child; (b) to allow the child to experience more positive feelings and to learn appropriate ways of expressing needs and getting those needs met; (c) to strengthen the relationship between the parent and child by fostering a sense of trust, security, and closeness; and (d) to increase the level of playfulness and enjoyment between parent and child.

SKILL DEVELOPMENT— KEEPING FOSTER AND KIN PARENTS SUPPORTED AND TRAINED

Keeping Foster and Kin Parents Supported and Trained (KEEP) is an evidence-based support and skill enhancement education program for foster parents and kinship caregivers of children and teens. The program supports families formed through adoption and guardianship by promoting child well-being and preventing placement breakdowns. The two-fold objective of KEEP is (a) to teach parents effective tools for dealing with their child's behavioral and emotional problems, and (b) to support parents in implementing those tools. KEEP is curriculum based and uses a group format. The content is delivered in 16 weekly group meetings of 90 minutes each. KEEP has been used with families whose children have challenging mental health, emotional, or behavioral issues; children who are awaiting an adoptive or guardianship placement; and children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period. In addition, KEEP has been used with children and families who have finalized the adoption or guardianship (KEEP ADOPT). The goals of KEEP are to increase and improve parenting skills and confidence, increase use of positive reinforcement relative to discipline, decrease rates of child behavioral and/or emotional problems, and decrease rates of placement disruption.

POST CRISIS SUPPORT

Because of the intense nature of a crisis, it is critical for families to have access to maintenance services after the crisis. Maintenance supports should be designed to prevent recurrence or escalation of crisis and to ensure that the gains in family stability achieved through participation in intensive services are sustained. Additionally, maintenance services enable child and family professionals to gauge whether new needs have emerged that, if left unaddressed, could negatively affect family functioning. For example, as children navigate new developmental stages, they often find themselves revisiting the grief process related to previous loss events, which can prompt a new crisis event for the family that overwhelms the parental capacity for responding. For families experiencing crisis events, it is critical that they have ongoing support, relief, information, and skill development. As the family returns to a functional state, interventions—such as the interventions described in the universal, selective and indicated intervals—become an important part of the overall plan to maintain gains and learn the skills needed to support their children over the long-term.

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OUTPUTS AND OUTCOMES

Specific outputs and short-term outcomes will vary based on the intensive interventions selected to implement and evaluate. However, in general, services and supports offered at the intensive interval aim to address one or more of the following short-term measures of successful efforts: de-escalation of a crisis situation; reduced amount of time a child spends outside the home; decreased number of crisis calls; increased support reported by the adoptive parents, guardians, and children served; and improved parent-child interactions during a crisis situation. Potential long-term outcomes include the following four benefits to children and families: improved child behavioral health; stronger permanency commitments; increased post-permanency stability, and improved child and family well-being.

For more information visit the QIC-AG website at ***www.qic-ag.org***

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