Infusing Adoption Competence in Child Welfare and Mental Health Practices: Two National Training Models

One Child, Many Hands Conference
June 8, 2017

Debbie Riley, LCMFT, Co-founder & CEO, C.A.S.E.
Anne J. Atkinson, Ph.D., President of PolicyWorks, Ltd
Dawn Wilson, MSW, NTI Director, C.A.S.E.
Center for Adoption Support and Education (C.A.S.E.)

- Adoption competent clinical services
- Adoption competency training for professionals
- Publications and educational programs

www.adoptionsupport.org
NEED FOR ADOPTION-COMPETENT MENTAL HEALTH SERVICES

Debbie Riley, LCMFT
Co-founder & CEO of C.A.S.E.
Contributing Risk Factors for Children Experiencing Adoption or Guardianship

► Poor prenatal care
► Prenatal exposure to toxic substances
► Early childhood breaks in attachment
► Maltreatment and trauma
► Institutionalization including multiple caregivers
► Genetic vulnerabilities

Barth & Brooks, 2000; Briere, Kaltman, & Green, 2008
Mental Health Profile of Children in Foster Care

The incidence of emotional/behavioral problems is 3 to 6 times higher for youth in foster care than those in non-custodial placements.

Foster/adopted parents reported 1/3 of children had emotional problems and 40% had educational problems.

40% of youth adopted from foster care are diagnosed with ADD/ADHD with high incidence of pre-natal drug/alcohol exposure.

Smith, 2006

Festinger, 2006
Adoptive families utilize clinical services triple the rate reported by families formed by birth.

*Howard, Smith & Ryan, 2004; Vandivere, Malm & Radel, 2009*

Adopted children are disproportionately represented in the psychiatric population.

The American Academy of Pediatrics estimates 30% of children in foster care have severe emotional, behavioral and developmental problems.

*Barbell & Freundlich, 2002*
Lack of Adoption Focused Training for Professionals

Studies indicate most mental health professionals lack the training to meet the diverse, complex, clinical needs of adoptive families.

65% of clinical psychologists are unable to recall any training course that focused upon adoption related issues.

Professors teaching doctorate level clinical programs spent on average 7.59 minutes per semester on the topic of adoption.

What are families saying?
C.A.S.E Surveys in 2011 & 2013

- 400 - 485 respondents - 87% adoptive parents and 9% adoptive persons
- Respondents from across US and 8 countries
- 81 percent reported seeking support from at least 1 mental health professional
- 25% noted therapist had lack of knowledge about trauma, attachment, loss, adoption language, or any real understanding of adoption.
- 80% rated specialized training or certificate in adoption competency as very important

Atkinson et al., 2013
NACAC Study: 1,100 Parents Respond

► 43% of adoptive parents indicated that they could not find needed services
► 39% responded that providers don’t understand adoption
► 25% noted that appropriate services don’t exist in their community
► 21% indicated they don’t know how to find post adoption services

Post-Adoption Needs Survey Offers Direction for Continued Advocacy Efforts, Adoptalk, NACAC, Winter 2011
“Every time I left my son’s therapist’s office I felt like a failure. He is so angry at me for being white...when I try to bring it up, his therapist says we need to focus on his risky behaviors...”

-Ana Alicia (Mother, age 51) 
-Antwoine (Son, age 15) African American
“We tried many different therapists who did not specialize in adoption, our daughter always had to train the therapist.”
“We need competent mental health professionals who understand the issues in adoption and don’t blame us for things we had no control over. We are not bad parents.”
“I was sitting in the hospital after trying to kill myself, and the social worker lady told me, I should be happy that I was adopted, as my parents had gotten me out of the horrible orphanage.”

-Roberto (Age 14)
Access to adoption-competent mental health services is a critical factor in promoting positive outcomes for adoptive families.
- Multi-year project beginning in 2007
- Face to face intensive training for licensed clinicians
There were no standardized, well-accepted definitions for “adoption competent” and “adoption sensitive”
An adoption-competent mental health professional has the following skills:

- Family-based, strengths-based, and evidence-based approach to working with adoptive families and birth families;
- Developmental and systemic approach to understanding and working with adoptive and birth families;
- Knowledge, clinical skills and experience in treating individuals with a history of abuse, neglect and/or trauma;
- Knowledge, skills and experience in working with adoptive families and birth families.
- Culturally competent with respect to the racial and cultural heritage of children and families.
- Skilled in advocating with other service systems on behalf of birth and adoptive families.
An adoption-competent mental health professional has:

- Comprehensive understanding of adoption
  - Family formation and different types of adoption;
  - Clinical issues associated with separation, loss and attachment;
  - Common developmental challenges in the experience of adoption;
  - Characteristics and skills that make adoptive families successful.

- Therapeutic skills including:
  - Engaging birth, kinship, and adoptive families
  - Helping individuals to heal
  - Empowering parents to assume parental entitlement and authority
  - Assisting adoptive families to develop, strengthen and practice parenting skills that support healthy family relationships.
The TAC Model

72 hour post-graduate clinical training

- Introductory module completed in advance of classroom-based modules
- 10 classroom-based modules (with pre-session assignments)
- Final presentation reflecting integration of learning and application of learning to clinical practice
- 6 Monthly clinical case consultations to promote integration of adoption competent knowledge, skills, and values that reinforce use of adoption competencies in clinical practice
18 Domains of Adoption Competency: Knowledge, Values and Skills

1. Theoretical/Philosophical Framework
2. The Therapeutic Approach
3. The History of Adoption and the Adoption Process
4. Planning and Preparing for Adoption
5. Legal Issues in Adoption
6. Differences between Adoption and Being in One’s Family of Origin
7. Clinical Issues
8. Impact of Genetics and Past Experiences
9. Trauma and Brain Neurobiology
18 Domains of Adoption Competency: Knowledge, Values and Skills

10. Different Types of Adoptive Families
11. Adoptive Family Formation, Integration and Developmental Stages
12. Cultural Issues
13. Needs of Birth Family Members
14. Openness in Adoption
15. Race and Ethnicity
16. Therapeutic Modalities/Techniques
17. Community and Cross Systems Work
18. Ethical Practice
Fully Manualized Curriculum

- Teaching script
  - Overview and Learning Objectives
  - Agenda
  - Script with instructional guidance
  - Handouts and Reading list
- PowerPoint slides
- Student packet - web-based access
  - Overview and Agenda
  - Pre-session assignments
  - Handouts & Reading list
Trainer Preparation and Support

- Clearly specified qualifications and responsibilities re: preparation to train & delivery of curriculum
- 40+ hr. training/orientation to curriculum
- Debriefing calls with review of student and trainer feedback
  - After each module for new trainers
  - 4 to 6 annually for experienced trainers
TAC Evaluation

Anne Atkinson, Ph.D.
PolicyWorks, Ltd.
**Evaluation components**

- Evaluation has included 60+ cohorts and 1,000+ trainees across 18 states

  **Training delivery** -
  fidelity observations
  feedback on each of the modules from participants and trainers

  **Training outcomes** -
  surveys reporting changes in clinical practices - midpoint & conclusion of training
  pre- and post-training self-assessments of adoption competency
  phone interviews (6 to 8 month post-training)

  **Training effectiveness** -
  pre- and post-test of training participants and comparison group
Approach

Collaboration w/ training site “Quality Assurance Coordinator” to perform well-defined site-based tasks

- Comprehensive Evaluation Guide, orientation, ongoing support - very transparent
- Online data collection
- Site-based activities - Evaluation POC; assign participant IDs, signed informed consent, reminders w/weblinks for feedback, tests, & other surveys.
- For 1st cohort - identify comparison group to take pre/post test; incentive
Participants - Professions

- Soc Wkrs: 54.76%
- Counselors: 19.88%
- MFTs: 13.46%
- Psychologists: 11.70%

13+ yrs experience; 8+ yrs clinical experience
Participants - Work Settings

- Adoption specialty 18.98%
- Child welfare 13.11%
- MH - public or private 32.62%
- Private practice 16.04%
- Fam serv/ non-profit 18.50%
- Residential 7.36%
- Other 5.74%
Findings: Training Quality & Relevance and Effectiveness

- Quality/relevance of training: 3.46 of 4.00
- Trainer performance: 3.38 of 4.00

- TAC participants score 43.40 points higher on post-test than comparison group
Outcomes: Change in Clinical Practices

Surveys Administered:
Mid-training to detect emerging changes
Conclusion of training as final range of changes

6 Aspects of Practice Defined:
1. Information collected at intake/ with referral/ in initial phase of assessment
2. Methods used to assess family and/or child
3. Clinical approaches used
4. Techniques used in work with children and youth
5. Use of or referral to other (adjunct) resources/therapies
6. Changes at organizational level - procedures, services, programming
Outcomes: Changes in Clinical Practices

- Based on 1,158 responses containing 4,928 separate comments describing practice changes
  - 100% report change in at least two of the six defined aspects of practice
  - 59.88% report change in all five aspects at the individual clinician level; and
  - 50.75% report change in programming and services at the organizational level.
Practice Changes

Information collected at intake/with referral/in initial phase of assessment

- More awareness of adoption issues
- Collecting more adoption-relevant background information
- Using new assessment questions and procedures
- Greater comfort asking adoption questions

Methods used to assess family and/or child

- Conducting more in-depth assessments
- Using new assessment tools
Practice Changes

Clinical approaches used
- Greater understanding of evidence-based approaches
- Placing greater emphasis on loss and grief
- Use of new tools

Techniques used in work with children & youth
- Much greater use of life books and other strategies taught in the training
Practice Changes

Use of or referral to other adjunct resources/therapies

- Placed greater importance on other therapists being adoption-competent
- More likely to employ other types of interventions

Organizational level

- Strengthened intake protocols
- Adding parent and youth support/education groups to services offered
- Creation of post-adoption specialist positions
Outcomes Study: Focus and Methods

Are outcomes for clients of TAC-trained MHPs more favorable than outcomes for clients of comparably qualified MHPs with no specialized adoption competency training?

Four dimensions measured via online questionnaire:
1. Satisfaction - Mental Health Statistical Improvement Project (MHSIP) Family Satisfaction Survey
2. Therapeutic alliance - Therapeutic Alliance Scale for Caregivers (TASCP)
3. Adoption relevance of therapy
4. Family outcomes

Based on feedback from:
19 families who worked with 7 TAC-trained therapists
16 families who worked with 8 comparably qualified non-TAC-trained therapists
Outcomes Study: Satisfaction Finding

- Client satisfaction - higher for TAC-trained clinicians

<table>
<thead>
<tr>
<th>Brief Overview of Parent Satisfaction Ratings</th>
<th>7 TAC-trained clinicians (n=19 families)</th>
<th>8 Non-TAC-trained clinician (n=16 families)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average rating (5-point scale)</td>
<td>4.35</td>
<td>3.16</td>
</tr>
<tr>
<td>% positive ratings</td>
<td>96.34%</td>
<td>27.88%</td>
</tr>
<tr>
<td>% negative ratings</td>
<td>0%</td>
<td>17.79%</td>
</tr>
<tr>
<td>% neutral ratings</td>
<td>3.66%</td>
<td>54.33%</td>
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</table>
**Outcomes Study: Alliance Finding**

- Alliance with therapist - stronger with TAC-trained clinicians

<table>
<thead>
<tr>
<th>Brief Overview of Parent Ratings of Therapeutic Alliance</th>
<th>7 TAC-trained clinicians (n=19 families)</th>
<th>8 Non-TAC-trained clinician (n=16 families)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average rating (4-point scale)</strong></td>
<td>3.64</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>% positive ratings</strong></td>
<td>100%</td>
<td>26.25%</td>
</tr>
<tr>
<td><strong>% negative ratings</strong></td>
<td>0%</td>
<td>10.00%</td>
</tr>
<tr>
<td><strong>% weak ratings</strong></td>
<td>0%</td>
<td>63.75%</td>
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</tbody>
</table>
Outcomes Study: Adoption Relevance

- Adoption-focused clinical work - clearly stronger for TAC-trained clinicians

<table>
<thead>
<tr>
<th>Brief Overview of Parent Ratings of Adoption Relevance of Therapy</th>
<th>TAC-trained clinician (n=19)</th>
<th>Non-TAC-trained clinician (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average rating (5-point scale)</td>
<td>4.19</td>
<td>3.16</td>
</tr>
<tr>
<td>% positive ratings</td>
<td>93.31%</td>
<td>45.46%</td>
</tr>
<tr>
<td>% negative ratings</td>
<td>0</td>
<td>8.52%</td>
</tr>
<tr>
<td>% neutral ratings</td>
<td>0.24%</td>
<td>38.07%</td>
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</tbody>
</table>
Outcomes Study: Problem Resolution/Functioning

- Outcomes - problem resolution; basic functioning - more favorable with TAC-trained clinicians

<table>
<thead>
<tr>
<th>Brief Overview of Parent Ratings of Family Outcomes from Therapy</th>
<th>TAC-trained clinician (n=19)</th>
<th>Non-TAC-trained clinician (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average rating (5-point scale)</td>
<td>4.36</td>
<td>3.30</td>
</tr>
<tr>
<td>% positive ratings</td>
<td>100%</td>
<td>36.25%</td>
</tr>
<tr>
<td>% negative ratings</td>
<td>0%</td>
<td>5.00%</td>
</tr>
<tr>
<td>% neutral ratings</td>
<td>0%</td>
<td>47.50%</td>
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Expanding the Footprint...

Dawn Wilson, MSW
NTI Director, C.A.S.E.
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The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit the National Adoption Competency Mental Health Training Initiative.
- Enhance capacity of professionals
- Improve outcomes for children & families
- Complement existing training initiatives
1. Create two state-of-the-art web-based trainings
   • Child welfare professionals
   • Mental health professionals

2. Deliver trainings through pilot sites with certificates of completion and CEUs

3. Evaluate findings

4. National launch of trainings
National Advisors & Strategic Partnerships
Web-Based Trainings

Child Welfare Professionals
8 modules x 5 lessons x .5 hours per lesson = 20 hours

Child Welfare Supervisors
8 CW modules + 7 Supervisor specific lessons = 23 hours

Mental Health Professionals
10 modules x 5 lessons x .5 hours per lesson = 25 hours

Coaching for Mental Health Professionals
4 90-minute topical coaching sessions offered = 6 hours
Benefits of NTI

- Enhances collaboration through aligned child welfare and mental health curriculum.

- Can be integrated and infused in state child welfare and mental health training systems.

- Can address CFSR permanency and well-being program improvement plans and CFSP Training Goals.
The Benefits of Web-based Learning

• Standardized

• Accessible and portable

• Self-paced and self-navigated

• Provides opportunity for reflection
Unique Features of NTI Training

• State-of-the-art evidence-informed curriculum
• User engagement
• Links to resources
• Downloadable content
• Drag and drop toolbox
• 508 compliance
• No cost to participants
Pilot Site Selection

Criteria included:

- Representativeness
- Fit with system priorities and practice improvements
- System readiness
- Tribal participation
- QIC-AG participation
Pilot Sites

- California
- Illinois
- Maine
- Minnesota
- Oklahoma
- South Carolina
- Tennessee
- Washington

- Inter Tribal Council of Arizona and Region 6 Oklahoma Tribes (Invited)
Implementation Specialists

Lisa Maynard: Maine, Minnesota, Washington

Emily Smith Goering: California, Oklahoma

Mary Wichansky: Illinois, South Carolina, Tennessee
Child Welfare Training Launch - 1/17/17

- 5 states (SC, TN, WA, MN, ME)
  - 1,231 child welfare workers have enrolled
  - 480 child welfare supervisors have enrolled
  - More than 200 have completed all modules

Data as of 4/30/17
Participant Demographics

- 81% female
- 31% supervise other staff
- Where employed?
  - 75% state
  - 4% county
  - 17% private provider agencies
Progression through April 30th

<table>
<thead>
<tr>
<th></th>
<th>Number of participants who <em>completed</em> each post-module survey</th>
<th>Completion Survey</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>958</td>
<td>686</td>
</tr>
<tr>
<td>Child Welfare Supervisor</td>
<td>346</td>
<td>253</td>
</tr>
<tr>
<td>Mental Health</td>
<td>--</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>1304</td>
<td>939</td>
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Helpdesk Support

- 408 users sought Helpdesk support:
  - 47% via email
  - 38% via chat
  - 15% via phone

- Most common issues:
  - Access to training 29%
  - Retest 28%
  - Pre/Post-test 15%
  - Viewing/printing/locating certificates 8%
  - Viewing Modules 7%
  - Site Navigation 7%
  - Other 4%
  - Accessing Profile 1%
Selected Comments from Users

I will be able to write better home studies and use my time with families to educate them about what issues to pay attention to...

I am a new adoptions worker so I think the overall comprehensive nature of the training help me to see the bigger picture.

I can apply this directly to the work I do with parents and children in foster care.

This training is getting better and better and should be a requirement for any social worker who will be interacting with children and dealing with children on a daily basis.
“What Did You Like Best…”

The videos of conversations with adults who were in the foster care system. It helps to hear from people who have been through the system.

“The best part about the module was hearing from the kids that grew up in the system and hearing from them what we, as child welfare professionals, can do best to support and help them. I liked the video’s the most because I felt they really captured the true nature of what these kids need and what they went through.”

The snippets of personal experiences were especially touching. One brought tears to my eyes—very poignant.

I enjoyed the personal videos to back up the points made in the slides. It allowed the presentation to remain engaging throughout.
One Participant’s Email to HelpDesk...

I just finished the 5th module yesterday and I have to say... It was very helpful and has made me REALLY re-think how I have been practicing SW. I always knew grief/loss and trauma affected children, but not like I do now...

I am working on an Adoption Home Study with a family. The relative caregiver has never raised children and the little girl has experienced serious trauma. As I was going through the modules yesterday, I thought of this little girl/family so much and thought this would benefit them so much...
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>2014-15</td>
<td>Cooperative Agreement Established</td>
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<tr>
<td></td>
<td>Partners and Staff Joined, Infrastructure Established</td>
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<tr>
<td></td>
<td>Assemble and Convene National Advisory Board</td>
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<tr>
<td>2015-16</td>
<td>Child Welfare Curriculum Development</td>
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<tr>
<td></td>
<td>Jurisdictional Scans to Invite Pilot Sites</td>
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<tr>
<td></td>
<td>Pilot Sites Invited MOA and DUA Initiated (April ‘16)</td>
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<tr>
<td></td>
<td>Implementation Specialists Hired</td>
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<td></td>
<td>Pilot States Kick Off</td>
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<tr>
<td>2016-17</td>
<td>Mental Health Curriculum Development</td>
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<tr>
<td></td>
<td>Pilot State Implementation Teams Established</td>
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<tr>
<td></td>
<td>CW Curriculum Launch January ‘17</td>
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<tr>
<td></td>
<td>Implementation Teams add Cohort groups, monitor progress of trainees</td>
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<tr>
<td>2017-18</td>
<td>CW Curriculum pilot ends December ‘17</td>
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<tr>
<td></td>
<td>Mental Health Curriculum Development</td>
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<tr>
<td></td>
<td>Pilot Sites MH Systems Outreach, Implementation Teams Identify Users for training</td>
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<td></td>
<td>MH Curriculum Launch January ‘18</td>
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<td>2018-19</td>
<td>MH Curriculum ends August ‘18</td>
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<td></td>
<td>Data Analysis, Evaluation Findings</td>
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<td></td>
<td>Curriculum Revisions</td>
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<td></td>
<td>National Launch CW and MH Curricula</td>
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</table>
• Infusion of adoption mental health competencies in professional practice

• Integration of trainings into state training systems for sustained use, free of charge, by CW and MH professionals in all States, Tribes, and Territories
NTI Demo
Thank you!

Debbie Riley, LCMFT, CEO – riley@adoptionsupport.org
Dawn Wilson, MSW, NTI Director – wilson@adoptionsupport.org
Anne J. Atkinson, Ph.D., President - PolicyWorks, Ltd. – ajatkinson@policyworksltd.org

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