Improving Outcomes for Success: Building a National Adoption Competent Child Welfare and Mental Health Workforce

Adoption Support and Preservation National Conference
June 1, 2015
With decades of experience, our mission is to strengthen the well-being of children and families of all adoptive experiences by providing them the adoption-centered services and resources they need, including:

- Pre- and post-adoption counseling, assessment and therapeutic services
- Individual and group therapy for kids, teens and adults
- Crisis intervention, support and assistance with school issues
- Training, education & interactive workshops - for families, educators and professionals
- Nationally recognized post-adoption models
- Award-winning print publications, articles, newsletters and online resources
- New Game: “52 Ways to Talk about Adoption”

For more information, visit www.adoptionsupport.org
Training And National Certification For Adoption Competent Mental Health Practitioners

- A multi-year project that began in January 2008
- C.A.S.E.’s TAC (Training for Adoption Competency) is the first major product of that initiative.
Our Funders

- The Freddie Mac Foundation
- The Dave Thomas Foundation for Adoption
- The Annie E. Casey Foundation/Casey Family Services Center for Effective Child Welfare Practice
- WW Kellogg Foundation
- Jockey International
- Over 1.2 million invested by funders
KEY PROJECT GOALS

- To develop national evidence-based adoption-competent clinical training standards for mental health professionals.
- To design, test and evaluate a replicable model for adoption-competent post-masters clinical training that integrates the national standards.
- To develop, test and evaluate a replicable model of ongoing supervision of trained, post-masters therapists to support and sustain adoption-competent clinical expertise and efficacy.
- To construct and implement national certification to the standards.
The Need: Adoptions from Foster Care

- 50,000+ children a year for past 15 years
- Children with complex mental health challenges and compromised beginnings
- Increasing number of children and families in need of quality mental health services with a lens of foster care and adoption
The Need: Adoptive Families Report

Mental health counseling is the major unmet need following adoptive placement.

Too many mental health professionals are unfamiliar with issues related to older child adoptions and basic issues related to adoption.

Adoption professionals and families alike identify the urgent need for qualified, adoption-sensitive mental health professionals to support and sustain adoptive families.

Some families reported seeking therapy from ten different therapists before finding one who understood adoption issues.

Meeting mental health needs of the children can create an insurmountable barrier to adoption.
Training And National Certification For Adoption Competent Mental Health Practitioners

Voices of Adoptive Families ...

- “I am so tired of being offered what is not needed and never being offered what is really needed!”
- “Some of the agencies just don’t get that they have to work with families...we are part of the problem and the solution.”
- “The system supports the child and blames parents - it is a nightmare.”
- “We need information about the behavioral health issues - the path of progression from birth to 18 and the interventions needed along the way. We need competent mental health professionals who also understand this progression as adoptive families experience it.”
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 Families of Origin
7. Clinical Issues
8. Impact of Genetics and Past Experiences
9. Trauma and Brain Neurobiology

C.A.S.E. TAC (Training for Adoption Competency)
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, Ethnicity and Culture
16. Therapeutic Modalities/Techniques
17. Community and Cross Systems Work
18. Ethical Practice
C.A.S.E. TAC (Training for Adoption Competency)
## TAC Participants by States

<table>
<thead>
<tr>
<th>State</th>
<th>Completed</th>
<th>Currently Enrolled</th>
<th>Total All</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC area (pilot)</td>
<td>13</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>NC (Catawba)</td>
<td>56</td>
<td>18</td>
<td>74</td>
</tr>
<tr>
<td>Indiana (Villages)</td>
<td>11</td>
<td>-</td>
<td>11</td>
</tr>
<tr>
<td>Minnesota</td>
<td>113</td>
<td>39</td>
<td>152</td>
</tr>
<tr>
<td>Ohio (Montgomery Co.)</td>
<td>12</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Nebraska</td>
<td>26</td>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACC (MO)</td>
<td>17</td>
<td>39</td>
<td>56</td>
</tr>
<tr>
<td>Lilliput (CA)</td>
<td>47</td>
<td>21</td>
<td>68</td>
</tr>
<tr>
<td>MARE (MA)</td>
<td>13</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>UCONN (CT)</td>
<td>25</td>
<td>-</td>
<td>25</td>
</tr>
<tr>
<td>Virginia</td>
<td>--</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Four Oaks (IA)</td>
<td>12</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Mississippi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>333</td>
<td>182</td>
<td>515</td>
</tr>
</tbody>
</table>
1. Convened and continuously consult with a National Advisory Group:
   - Guided the development of the definition of an adoption competent mental health professional
   - Guided the development of the adoption competencies that serve as the foundation for the training and certification process
   - Provided ongoing guidance in the development of the adoption competent training program for mental health professionals
   - Provided ongoing guidance in the development of the national certification process
Accomplishments to Date

2. Identified, reviewed and analyzed models/protocols for national child welfare and mental health standards-setting/accreditation/certifications.

3. Developed close working relationships with the current post-master’s adoption competency training programs.

4. Developed a definition of an adoption competent mental health professional.

5. Developed the 18 competencies that form the foundation for the training and certification process.

6. Developed the training curriculum format and the training modules.
Accomplishments to Date

7. Completed pilot testing and evaluation of the training program at the University of Maryland School of Social Work
8. Added three national replication sites
9. Implemented case consultation component
10. Conducted rigorous evaluation protocol
11. Completed national certification needs assessment
12. Have researched and continue to work on funding strategies to support the training program
13. Issued RFPs for additional sites
14. Feasibility Study - National Certification
TAC Certificates

► Advanced Clinical TAC Certificate

Students who successfully complete the TAC by completing the classroom training and the case consultation component receive an Advanced Clinical TAC Certificate.

► Basic TAC Certificate

Students who successfully complete all classroom-based modules but who do not participate in the case consultation receive a Basic TAC Certificate. Students who complete some but not all of the classroom-based modules receive documentation that verifies that they have completed the specified modules.
Toward Recognition as an Evidence-Based Model

According to the California Evidence-Based Clearinghouse for Child Welfare - Strengths found in EB Practices

- Model well specified and manualized
- Strong evidence of implementation fidelity, quality & relevance; of clinician practice change
- Publication in peer reviewed journal (Adoption Quarterly)

Next step: Demonstrating client outcomes through study comparing outcomes with TAC-trained vs. non-trained clinicians (subject for another Board Meeting)
TAC Organization

Anne Atkinson, PhD
Policy Works
TAC Organization

12-session, 72 hour post-graduate clinical training

- Introductory module completed in advance of classroom-based modules
- 10 classroom-based modules (with pre-session assignments)
- Final presentations reflecting integration of learning and application of learning to clinical practice
- Monthly clinical case consultation - 6 mos.
TAC Curriculum Materials

Fully manualized curriculum

- Teaching script
  - Overview, learning objectives, agenda, script with instructional guidance, handouts, reading list

- Power Point slides

- Student packet
  - Overview, agenda, pre-session assignments, handouts, reading list
TAC Trainer Preparation and Support

- Clearly specified qualifications and responsibilities re: preparation to train & delivery of curriculum
- 40+ hr. training/orientation
- Debriefing calls with review of student and trainer feedback
  - After each module for new trainers
  - 4 to 6 annually for experienced trainers
TAC Module 1.
Adoption History, Law & Process

Completed prior to the start of the training program).

Adoption history and law

- The different ways that children are placed with adoptive families
- Personal beliefs about adoption and the myths about adoption that clinicians may encounter in clinical work with children, youth and families.
- Skills in assisting clients with clinical issues related to the adoption process itself, including the court process
- Legal mandates regarding confidentiality and mandatory reporting of child maltreatment within the context of adoption
TAC Module 2. Introduction to Adoption Competent Mental Health Practice

- The definition of “adoption competency” for mental health professionals
- The principles that comprise the theoretical and philosophical framework for the provision of adoption competent mental health services.
- Application of principles in building therapeutic relationships with adopted persons, adoptive families and kinship families and birth families.
- Role of race/ethnicity, class, gender/sexual orientation and birth family culture in adoption
- How biases and beliefs regarding adoption that may impact on clinical practice with adopted persons, adoptive families, and birth families
TAC Module 3. Clinical Issues in Planning, Preparing for and Supporting Adoption

- The differences between adoption and being in one’s family origin and between adopting and giving birth to a child
- Family dynamics as a result of these differences
- Clinical skills in working with adoptive families on these issues
- The planning process for adoption
- Issues that may arise in preparing children and youth, prospective adoptive parents, kinship families and birth families for adoption
- Specific modalities that clinicians can use in this preparation process and practice the use of these modalities
The qualities of an adoption competent assessment and how to conduct such an assessment

The developmental stages of the adopted child

Loss, grief and separation

Grief and separation from the perspective of the adopted person, adoptive families and birth families

Use of a grief model to develop/strengthen skills in working with adopted children, youth, and adults; birth parents in relation to voluntary relinquishment and involuntarily termination of parental rights; and adoptive parents

Evidence-informed clinical interventions that address these clinical issues
TAC Module 5. Trauma and Brain Neurobiology

- The impact of trauma on adopted children
- Tools and techniques to support children’s recovery from trauma
- Research on early brain development
- The neuro-developmental impact of abuse, neglect and trauma in early childhood and the positive and negative implications of brain neurobiology on child and youth developments
- Clinical skills in intervening in response to the neuro-developmental impact of abuse and neglect in childhood
- Childhood anxiety disorders
TAC Module 6.  
Clinical Issues: Attachment

- Attachment: healthy attachment styles, sibling separation, the match or mismatch in attachment styles of child and parent and the impact of foster care and institutional placement on attachment
- Evidence based practices to assess attachment and promote recovery
- The impact of genetics and past experience on developmental outcomes and the range of environmental, relational, and organic stresses that can impact well being
- Clinical skills to assist parents to understand the impact of early adversity on the child and how to promote recovery
TAC Module 7.
Adopted Adolescents and Identity Development

- Adolescent development
- Key areas of development in early, middle and late adolescence
- The concept of emerging adulthood
- The effects of abuse and neglect on adolescent development
- The process of identity development for all adolescents
- The specific identity development process for adopted adolescents
  Adoptive identity formation
- The role of parenting in strengthening their youth’s identity formation
- Clinical interventions to help adopted adolescents strengthen identity development
- The role of positive youth development in supporting adopted adolescents’ identity development
TAC Module 8. Clinical Issues: Birth and Adoptive Families

- The clinical issues that birth family members - birth mothers and birth fathers and extended birth family members -- may present
- Clinical skills to address these issues
- Different types of adoptive families and the clinical issues that different types of adoptive families may experience
- The phases of adoptive family development and the normative challenges in adoptive family development
- Clinical issues that impact adoptive family formation and integration and clinical skills in working with adoptive families on these issues
- Clinical skills in working with adoptive families to prevent disruption/dissolution, support adoptive parents in their parenting roles, help adoptive families cope with stress and promote healthy family development
TAC Module 9.
Clinical Work with Adoptive Families: Managing Challenging Behaviors

- The behavioral implications of early trauma and attachment disruption
- Skills in differential diagnosis and multidisciplinary team planning
- Clinical knowledge and skills in helping adoptive parents identify child behaviors of concern and managing behavior problems
- The role of genetics in a variety of medical and psychological conditions and the potential impact of behavior
- Clinical skills in assisting adoptive parents in managing and using appropriate interventions, such as Cognitive Behavioral Therapy, with the children and adolescents who are engaging in severe behaviors
- Additional considerations in working with adoptive parents in managing their children’s behavior
TAC Module 10. Openness in Adoption

- Children’s connections to the past and to their birth families
- The impact of secrecy
- The benefits of openness in adoption
- The continuum of openness and the clinical issues along this continuum
- Clinical skills to help children integrate their histories
- Clinical skills in assisting adoptive parents in exploring connections with birth family, opening a closed adoption, and closing an open adoption
- Clinical issues in search and reunion, including skills in working with families post-reunion
- The impact of birth family culture on adopted persons, adoptive families and birth families and identify
- Clinical skills in assisting adoptive families in understanding and integrating birth family (and birth country) culture into their family life
TAC Module 11.
Race and Ethnicity

- How race structures the lives of children and families, looking specifically at families when the child is minority and the parents are white
- Clinical skills in recognizing and talking about race in the clinical setting
- The impact of discrimination, prejudice, and racism on families, particularly transracial families
- Racial socialization and the factors that support healthy racial and ethnic identity
- Clinical skills in helping adopted persons develop a healthy racial, cultural and ethnic identity, supporting parents in developing or strengthening their ability to provide their minority children with survival skills and helping parents preserve their child’s racial and cultural heritage
TAC Module 12.
Integrating Knowledge, Values and Skills

Final presentations - students demonstrate integration of learning and application of learning to clinical practice

- Case analysis including:
  - Genogram and ecomap of family
  - Psychosocial assessment
  - Identified problems/issue
  - Assessment based on theoretical frameworks
  - Treatment and intervention strategies
  - Specific integration of information from TAC
  - Challenging aspects of cases
  - Citations from TAC readings/materials
TAC Case Consultation Objectives

**Identify**
- common developmental challenges in the experience of adoption and articulate their implications for clinical intervention.
- clinical issues associated with separation and loss and attachment and articulate their implications for clinical intervention.
- clinical issues associated with a history of abuse, neglect and/or trauma and articulate their implications for clinical intervention.

**Demonstrate**
- understanding of the nature of adoption as a form of family formation and the different types of adoption.
- use of a range of evidence-based therapies to effectively engage adoptive families toward the mutual goal of helping the child to heal.
- understanding of the characteristics and skills that make adoptive families successful.
- specific strategies for empowering parents to assume parental entitlement and authority.
- specific strategies for assisting adoptive families to strengthen or develop and practice parenting skills that support healthy family relationships.
- cultural competence with respect to the racial and cultural heritage of children and families and the culture of families.
- use of family-based, strengths-based, and evidence-based approaches to working with adoptive families and birth families.
- use of developmental and systemic approaches to understanding and working with adoptive families and birth families.
- skill in advocating with other service systems on behalf of adoptive families.
TAC Replication Sites

- Catawba County Department of Social Services, North Carolina (western North Carolina counties)
- Lilliput Children’s Services, Sacramento, California (northern California)
- Center for Advanced Studies in Child Welfare, University of Minnesota (Twin Cities and northern Minnesota)
- Massachusetts Adoption Resource Exchange (MARE) (statewide Massachusetts)
- Lutheran Family Services of Nebraska (statewide Nebraska)
- The Villages of Indiana (statewide Indiana)
- Foster and Adoptive Care Coalition of St. Louis (eastern and central Missouri)
- Montgomery County, Ohio (central Ohio)
- University of Southern Connecticut (statewide Connecticut)
- Four Oaks (statewide Iowa)
- Mississippi Children’s Home Services (statewide Mississippi) Leslie Wright
- Lutheran Family Services of Virginia and Commonwealth Catholic Charities of Virginia (statewide Virginia)
- Georgia Division of Family and Children Services (coming in 2015)
TAC Evaluation

Anne Atkinson, PhD
PolicyWorks
TAC Evaluation Design

Ongoing, rigorous evaluation designed to assess

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

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

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

Online data collection

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

- Obtain signed informed consent
- Complete/coordinate fidelity observations
- Send reminders to complete evaluation items
- Monitor completion of pre/post tests, feedback, & surveys
TAC Participants - Professions

- Soc Wkrs 56.10%
- Counselors 19.40%
- MFTs 13.70%
- Psychologists 12.04%
TAC Participants - Work Settings

- Adoption specialty: 20.25%
- Child welfare: 21.10%
- MH - public or private: 23.70%
- Private practice: 17.00%
- Fam serv/ non-profit: 20%
- Other: 9.40%
Findings: Quality & Relevance of Training

<table>
<thead>
<tr>
<th>Student Module Feedback Rating Criteria</th>
<th>All TAC Avg. Modules 2-12 May 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Workshop learning objectives were clearly stated and achieved.</td>
<td>3.42</td>
</tr>
<tr>
<td>b. Instructor presented the material in an organized manner.</td>
<td>3.38</td>
</tr>
<tr>
<td>c. Methods of instruction used were effective.</td>
<td>3.30</td>
</tr>
<tr>
<td>d. Instructor responded effectively to participants’ questions and comments.</td>
<td>3.37</td>
</tr>
<tr>
<td>e. My knowledge and understanding of the topic has improved.</td>
<td>3.35</td>
</tr>
<tr>
<td>f. The workshop content was relevant and helpful to me professionally.</td>
<td>3.43</td>
</tr>
</tbody>
</table>
## TAC Training Effectiveness

<table>
<thead>
<tr>
<th></th>
<th>Average Pre-test Score</th>
<th>Average Post-test Score</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAC participants (n=336 in 19 cohorts)</td>
<td>32.57</td>
<td>73.02</td>
<td>+ 40.45</td>
</tr>
<tr>
<td>Comparison groups members</td>
<td>33.22</td>
<td>34.02</td>
<td>+ .80</td>
</tr>
<tr>
<td>(n=143 in 12 groups)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Difference</strong></td>
<td>39.00</td>
<td><strong>39.65</strong></td>
<td></td>
</tr>
</tbody>
</table>
Changes in Clinical Practices

Surveys
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
Changes in Clinical Practices

- 100% report change in at least two of the six defined aspects of practice
- 62.94% report change in all five aspects at the individual clinician level; and
- 53.08% percent report change in programming and services at the organizational level.
Practice Change: Information collected at intake/ with referral/ in initial phase of assessment

- collecting more background information,
- more aware of adoption issues,
- using new assessment questions and procedures
- Greater comfortable asking adoption questions

“Doing a more intensive intake and referral attempting to gather more information on trauma history, contact with birth family, adoption adjustment, etc.”

“I have a better sense of all the information needed during the intake, referral, and initial phase of treatment. A better sense of the complexity of these cases reflecting the adoption triad.”

“My awareness of adoption dynamics is heightened and has informed my process of referring.”

“I am using a more thorough assessment tool with families and children.”

“Comfort and openness to ask more detail questions about adoption.”
Practice Change: Methods used to assess family and/or child

- conducting more in-depth assessments
- using new assessment tools

“Added a new set of questions related specifically to permanency/adoption.”
“More thorough assessment of trauma issues and grief and loss issues.”
“Use of genogram more often in assessment.”
Practice Change: Clinical approaches used

- greater understanding of evidence-based approaches
- placing greater emphasis on loss and grief
- use of new tools

“Firmer on need for parent to be involved in treatment.”

“I am more insistent to go back and start where the child left off developmentally and teach parents how to see the child at the developmental stage rather than the chronological.”

“I have more emphasis on grief, loss, and attachment within my therapeutic process, due to this program.”

“Increased use of eco-map and life books.”
Practice Change: Techniques used in work with children and youth

- much greater use of life books and other strategies taught in the training

“Get the child involved in his lifebook and narrative story of his/her journey through adoption.”

“I’ve been doing more ‘hands on’ activities in therapy with kids I’m working with, i.e., loss boxes and masks.”

“Writing letters to biological parents.”

“Open to EMDR (eye movement desensitization and reprocessing therapy) and neurofeedback.”

“Learned new strategies, activities. My tool belt is busting with new ideas!”
Practice Change: 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

“We are trying to encourage therapists in the community/regionally to participate in TAC to increase the overall adoption competency and capacity of therapists regionally.”

“I am making more referrals to multisystemic therapy (MST) programs. I am educating myself more on neurofeedback and EMDR (eye movement desensitization and reprocessing therapy).”

“Utilizing more therapies and doing more referrals to another adoption competent individuals.”
Practice Change: Organizational Level

- strengthened intake protocols
- adding parent and youth support/education groups to services offered
- creation of post-adoption specialist positions within agencies

“The content and details of the questions on the intake/referral packet have been adjusted accordingly.”

“In my private/group practice, we are in the process of developing and implementing groups for both adoptive parents, as well as adoptees.”

“Training, support groups, pre-adoptive counseling; programmatic and systems changes.”

“Adoptions groups for teens and children are being implemented.”
## Ratings of Adoption Competency

<table>
<thead>
<tr>
<th>All TAC to Date</th>
<th>Beginning awareness</th>
<th>Beginning knowledge</th>
<th>Know basics; beginning to apply</th>
<th>Substantial understanding; regularly apply</th>
<th>Mastered; can explain to others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-training</td>
<td>8.68%</td>
<td>19.19%</td>
<td>32.43%</td>
<td>27.78%</td>
<td>12.18%</td>
</tr>
<tr>
<td></td>
<td>27.87%</td>
<td></td>
<td></td>
<td></td>
<td>39.96%</td>
</tr>
<tr>
<td>Post-training</td>
<td>0.30%</td>
<td>1.73%</td>
<td>15.04%</td>
<td>46.76%</td>
<td>36.38%</td>
</tr>
<tr>
<td></td>
<td>2.03%</td>
<td></td>
<td></td>
<td></td>
<td>83.14%</td>
</tr>
<tr>
<td>Change</td>
<td>- 25.84</td>
<td>- 17.39</td>
<td></td>
<td></td>
<td>+ 43.18</td>
</tr>
</tbody>
</table>
Lilliput Children’s Services

Edythe Swidler
A permanency focused agency providing:

- Foster/Adoption
- Kinship Care
- Post Adoption/Clinical
- Training
Statewide adoption license:

- 12 offices throughout Northern California
- Serving over 14 counties in Northern and Southern California
- Providing services for 35 years
Key Features of TAC

- Maintain small training groups
- Focus on clinicians providing pre- and post-adoption services (including placement and foster to adoption transition)
- Multiple trainers (3)
- Participants from multiple counties
- Marketing through word of mouth, community presentation, and various adoption community groups participation
The Need for Training

Lack of competent adoption/permanency clinicians throughout Northern California as reported by:

- Parents
- Therapists
- Social workers
- Adoption Wraparound providers
Why TAC?

- Lilliput is committed to Best Practice
- Reviewed other trainings
- Attended C.A.S.E Presentation at NACAC 2010
- Rigorous evaluation
- Clear goals and competencies
- Clinical emphasis
- National Certification goal
- Creating local communities of competent professionals
Partnership with C.A.S.E.

Over 14-year history working with C.A.S.E
- Similar goals
- Easy to work with
- Open to feedback
- Use of other high quality training/tools in our work

- W.I.S.E - UP
- Beneath the Mask
Initial Implementation

- Attended NACAC in 2012
- Conversations with C.A.S.E. began August 2010
- Reviewed other training curriculums
- Sent three therapists to train with C.A.S.E. in Maryland May 2011
- Began formal marketing June/July 2011
- Began first round of training in September of 2011
- Offered CEUs
- Promoted training to only licensed therapists
- Marketed to local therapists and agencies
- Child welfare agency marketed to their county mental health programs and identified therapists in their communities
- Provided free training first TAC session
Collaboration

- Lilliput has a long history of collaboration with community partners.
- Ongoing participation with local Community Champions Network.
- Active participation at the county and state level regarding adoption/permanency issues.
Challenges

- Securing funding
  - Fees for TAC have ranged from $1500 to $1850 per person
- Challenges to clinicians seeing the need to become adoption competent
- Time commitment
- May not meet the need of very experienced therapists seeking certificate of completion for their resume
Participants Demographics

- 47 participants have completed 72 hrs of training
  - Licensed Marriage and Family Therapists and MFT interns
  - Licensed Clinical Social Workers and MSWs
  - Representing County Child Welfare and Mental Health Agencies, community-based mental health and adoption agencies, private therapists
- 20 people presently in the middle of 4th cohort
- Ranging from new clinicians to 10+ years of experience
- At least 18 have had personal adoption experience
- All have had professional experience either in foster care, kinship care or adoption
What’s Working

- Participants express changes in their practice
- Groups become very cohesive and develop relationships
- New relationships with local therapists and new resources for client referrals
- Experienced therapists foster rich discussion of topics, making materials “come to life”
- More parents are demanding adoption competent therapists
- County partners recognize the need for training therapists and other clinicians
New California Legislation

AB 1790

Applies to children adopted through the foster care system: This bill would require the State Department of Social Services to convene a stakeholder group to identify barriers to the provision of mental health services by mental health professionals with specialized clinical training in adoption or permanency issues to children receiving those medically necessary specialty mental health services. The bill would require the stakeholder group to make specific recommendations by January 31, 2016, for voluntary measures to address those barriers, but would provide that those recommendations are not binding on any state or local government agency or private entity. The bill would require the stakeholder group to coordinate with, and endeavor not to duplicate, existing local, state, or national initiatives.
Our Trainers

- Phylliss Nettesheim, LCSW (Employee)
- Joshua Singer, LMFT (Contractor)
- Edythe Swidler, LMFT, Training Director (Employee)
Where do we go from here?

1. Provide minimum of 2 trainings per year
2. Continue to look for funding to reduce costs
3. Continue meeting with county partners throughout Northern California to promote the importance of adoption competent training
4. Continue educating parents to ask for adoption competent therapy for their families
5. Discussions under way with community mental health agencies, local therapists and community groups about training needs
Contact Information

Lilliput Children’s Services
8391 Auburn Blvd.
Citrus Heights, CA 95610

Contact: Edye Swidler
Main office: (916) 923-5444
Direct: (916) 830-7739
eswidler@lilliput.org

http://www.Lilliput.org
Improving Outcomes for Success: Building a National Adoption Competent Child Welfare and Mental Health Workforce

Cooperative Agreement (Grant #90CO1121), DHHS, The Administration on Children, Youth and Families/Children’s Bureau
5 year federally funded web-based adoption competency mental health training initiative

$9 million federal commitment by the Children’s Bureau to address the unmet mental health needs of children in foster care moving towards/having achieved permanence through adoption and guardianship
Purpose

- To establish a web-based training initiative that builds the capacity of State, Tribe and Territory child welfare professionals and mental health practitioners to understand & better address the mental health needs of children and families experiencing adoption or guardianship.

- To improve well-being outcomes for the children and families with goals of adoption or guardianship, as well as provide support and the appropriate therapeutic interventions to assure stable and secure post-permanency experiences for these youth and families.

- To learn from previous adoption competency training models and complement existing initiatives aimed at strengthening the capacity of child welfare staff and mental health practitioners addressing the mental health needs of the target child and family population.
Core Partners

- **Center for Adoption Support & Education** - Management, Implementation & Oversight  
  Debbie B. Riley, CEO; Sarah B. Greenblatt, Initiative Director

- **University of Maryland School of Social Work - The Institute for Innovation & Implementation/Online Training Center** - Web-based Training Production & Technical Assistance; Evaluation  
  Rick Barth, Dean; Marlene Matarese & Meredith Waudby, Web-based Curricula Delivery & Related TA; Bethany Lee and Devon Brooks (University of Southern California), Evaluation

- **PolicyWorks** - Adoption-Competency & Jurisdictional Scans & Profiles; Project Management QA Systems; & Informational Products  
  Anne J. Atkinson, President & Principal Evaluator

- **Curriculum Content Consultants** - Competencies, modules, lessons, learning objectives  
  Susan Smith & Carol Bishop
National Network Stakeholders

- **National Association of State Adoption Programs** - Linkages with state adoption program managers and other state program and training leaders; development and implementation consultation

- **National Association of State Mental Health Program Managers** - Linkages with state mental health program directors; development and implementation consultation

- **New England Association of Child Welfare Commissioners & Directors** - Linkages to New England state child welfare leaders; development & implementation consultation

- **National Public Human Services Association/National Association of Public Child Welfare Agencies/National Staff Development & Training Association** - Linkages re: development & implementation with state child welfare program & training leadership

- **National Indian Child Welfare Association** - Cultural responsiveness consultation; linkages within tribal CW/MH providers & training programs; development & implementation consultation. Terry Cross - Founding Director/Senior Advisor

- Others ...
Target Child and Family Population

- Children moving towards permanence through adoption, customary adoption, guardianship and their families
- Children living with adoptive and guardianship families
- Children who have experienced multiple traumas before and after entering foster care
- Children who are trauma survivors
  - Abuse and neglect prior to entering care
  - Separation and loss upon entering care
  - Multiple moves and relationship disruptions while in care (families, schools, service providers)
  - Ambiguous loss and unresolved grief as they leave care to adoption or guardianship
  - Limited support to know their story and resolve grief and loss
  - New families that may not know their child’s trauma history
Mental Health Challenges Faced by These Children

- Internalized and externalized behaviors (e.g. depression and withdrawal or anger and acting out)
- Mistrust of adults
- Developmental delays
- Poor academic performance and adjustments
- Confused sense of belonging
- Limited understanding of past, anxiety in the present, and fearfulness about the future
Objectives

Objective # 1.
Create state of the art, evidence-informed, adoption-competent mental health web-based curricula for Child Welfare Professionals and Mental Health Practitioners with quality improvement components for use within all states, tribes & territories

Objective # 2.
Deliver state of the art, evidence informed adoption-competent mental health curricula in a web-based format for Child Welfare professionals and Mental Health practitioners

Objective # 3.
Implement a national certificate process for adoption-competent mental health training with Child Welfare and Mental Health professionals designating successful completion of the web-based training. Develop a blueprint for a national certification process

Objective # 4.
Evaluate rigorously web-based adoption-competent mental health training performance, effectiveness and outcomes, and related costs.
Design of Web-Based Training Curricula

Child Welfare Workers (casework, case management, clinical)
8 modules x 5 lessons x .5 hours per session = 20 hours

Child Welfare Supervisors
8 CW worker modules + 2 supervisor-specific modules x 3 lessons x .5 hours per session = 23 hours

Mental Health Practitioners (agency-based; private practitioners)
10 modules x 5 lessons x .5 hours per session = 25 hours

Coaching for Mental Health Practitioners
Practitioners complete 4 of 6-8 90-minute topical coaching sessions offered = 6 hours
Emerging Competency Domains

- Understanding & addressing child welfare and mental health needs
- Building a new paradigm for assessment & treatment planning
- Understanding attachment & bonding
- Working with loss & grief
- Healing from early and ongoing trauma
- Supporting positive identity formation
- Considering race, class, ethnicity and diversity in the healing process
- Addressing family stability pre- and post-permanence
Web-Based Training Benefits

- Accessibility
  - Anyone with a computer and internet access can take the training
  - Younger users are more inclined to use this type of learning
  - No geographic barriers
- Training is standardized
- Users can engage in discussion via the training delivery system
- Users can learn at their own pace
- Material can be easily updated
Research on Web-based Learning

- The effectiveness of online learning approaches appears quite broad across different content and learner types.
- There are no significant differences in learning outcomes in face-to-face instruction compared to online learning, even in courses that are clinical in content (e.g. clinical social work skills).
- Online learning is enhanced by prompting learner reflection.
Format for Web-based Learning

- Adobe Presenter 10” used to produce presentations
- PowerPoint slides with pictures, text, and interactions
- Pre-test/post-test questions
- Embedded knowledge-checking through quiz questions/activities
- Printable notes
- Closed caption capabilities
- Synced audio recording
Web-Based Content Options

- Discussion board (monitored, archived, with companion website/discussion tool for questions and discussion)
- Role-play demonstrations
- Clinical demonstrations
- Videos (followed by discussion)
- Video-recorded case scenario
- Quizzes with feedback: Multiple choice, true/false, fill-in-the-blank; Short answer, matching, rating scale, sequence; Hot spot (point to right spot on an image); Drag drop
Phase I - Years 1-2

- Identify target training populations
- Scans - adoption-competency training programs/resources; definitions & competencies; jurisdictional profiles
- CW Work Group - Definitions & Competencies to inform curriculum content
- Curricula Content - Competencies & Annotated Outline with Modules, lessons and learning objectives
- Web-based Conversion
- Build relationships and implementation plans with national organizations and leaders in States, Tribes & Territories

Phase II - Years 3-5

- Pilot test with 5-7 states, tribes and/or territories;
- Build coaching components
- Quality Assurance Efforts
- Curricula revisions
- TA with selected additional states, tribes & territories
- Build Blueprint for Certification Competency Process
- Evaluate effectiveness of web-based curriculum implementation with selected sites
- Determine costs of development, implementation, evaluation, revision, sustainability
Development of Pilot Site Selection Criteria

- Selection criteria - Settings (States, Counties, Tribes, Territories)
- Selection Criteria - Professional Roles & Numbers of Staff to be Trained
- Selection Criteria - Readiness for Web-based Training and Pilot Partnership
Implementation & Sustainability Strategies with States, Tribes and Territories

- Include sites in building implementation plans - considering opportunities and constraints
- Identify target child welfare & mental health staff to benefit from web-based training
- Build child welfare & mental health implementation planning teams to maximize transfer or knowledge and practice skills with mutual clients
- Embed web-based curricula in array of required pre- & in-service agency training
- Build ongoing internal trainee supports to facilitate implementation of web-based training
- Promote the curricula in meetings with the contract agencies, particularly those that provide mental health services with child welfare populations
- Promote the training in partnering agencies’ & parent networks’ newsletters
- Develop systems of preferred provider status for mental health service providers who have earned an adoption-competency mental health training certificate
Evolving Outcomes

**Short Term**
- Increase in % of child welfare & mental health professionals with improved adoption, customary adoption and mental health competencies
- Increase in % of States, Tribe & Territories with child welfare & mental health professionals successfully utilizing Web-based Training
- Increase in % of localities that utilize TA to implement & infuse Web-based adoption and mental health training
- Increase in % of child welfare and mental health professionals demonstrating a transfer of knowledge from web-based training & TA activities (by specific activity)

**Interim**
- Child welfare & mental health professionals will provide adoption competent mental health services to targeted children and families
- Child welfare systems will systematically include adoption competency mental health content in array of training options
- Child welfare & mental health organizations will highlight availability of certified adoption and mental health competent professionals

**Long Term**
- Adopted/guardianship children & their families served by child welfare & mental health providers experience improved stability & well-being
Thank you!

Debbie Riley, CEO - C.A.S.E. - riley@adoptionsupport.org

Sarah B. Greenblatt, Director - National Adoption Competency Mental Health Training at C.A.S.E. - Greenblatt@adoptionsupport.org