

Summary of Findings from the NTI Training Pilot for Mental Health Professionals

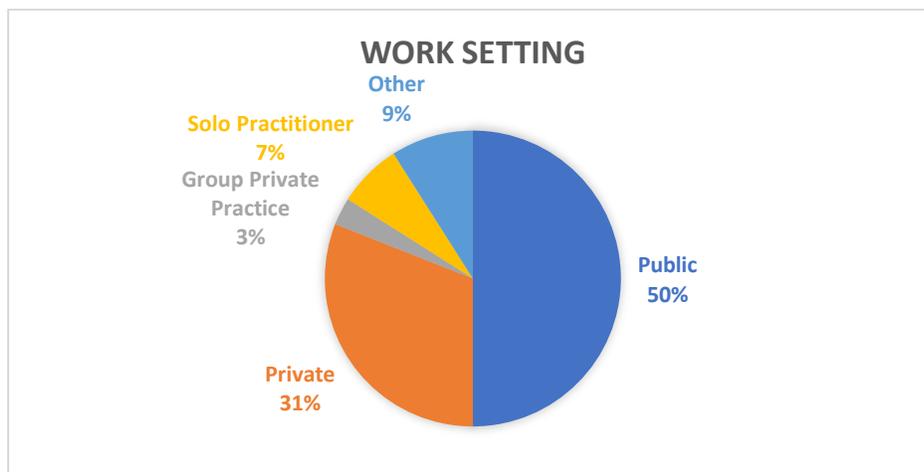
The goal of the National Adoption Competency Mental Health Training Initiative (NTI) is to improve ability of the child welfare and mental health system to address the complex mental health needs of children who have achieved permanency through adoption, guardianship, or other means. Designed to create systems change across child welfare and mental health, NTI contains two comprehensive curricula for both audiences to provide foundational knowledge of adoption mental health competency.

These state-of-the-art, NTI web-based trainings utilize adult learning principles to actively engage the user through completion. Each self-directed module includes a mix of text, video, and audio. They also include links to resources, activities, and opportunities for reflection using examples and stories from adoptive parents, children, and experts for each content area.

The curriculum for mental health professionals was piloted broadly with anyone working, or desiring to work, in a clinical capacity with children who have been in foster care and achieved adoption/guardianship. The curriculum contained 10 modules for a total of 30 CEUs. Overall 2,903 mental health professionals participated in the NTI pilot and 69% of those who began the training completed it. This report summarizes the evaluation findings from the 2,403 mental health professionals who consented to participate in the evaluation component of NTI. The pilot occurred April through September 2018.

Pilot Participants

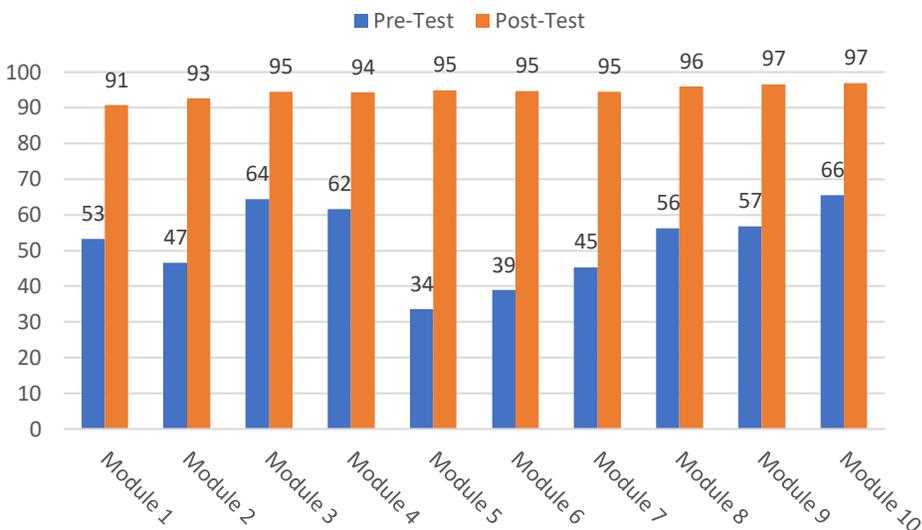
Enrollees were mostly female (90%), White (66%), with Masters' degrees (85%) and licensure (64%). More than 40% of participants had a personal connection to adoption. 50% were in work settings identified as 'public', meaning they were a government/state agency.



Less than a half (43%) reported that their employers required them to complete NTI, and a majority had time provided at work to complete the training (68%). Participants had an average of 10 years ($SD=9$) of experience working in mental health service, and they reported 8 years ($SD=9$) of experience working with adoption or guardianship involved families and children.

Knowledge Gains

Participants were required to achieve a score of at least 80% on the posttest for the module to be considered completed. Participants' test scores increased significantly between pre and posttest on Modules 1 through 10 ($p < .001$) suggesting knowledge gains across all modules. The lowest mean pretest scores on *Module 5—Attachment, Child Development, and Mental Health* and *Module 6—Understanding the Impact of Race, Ethnicity, Culture, Class, and Diversity on Children and Families*, which may be reflecting training needs prior to NTI.



Modules:

1. A Case for Adoption Competency
2. Complex Mental Health Needs
3. Loss and Grief
4. Early/Ongoing Trauma
5. Attachment/Child Development
6. Race, Ethnicity, Culture, Class, Diversity
7. Identify Formation
8. Assessment/Treatment Planning
9. Therapeutic Parenting
10. Promoting Family Stability

Application to Practice

The qualitative portion of the evaluation asked participants about their experience with NTI, and how NTI impacted and has been applied to their practice. Three main themes were identified: 1) Impacts on Mental Health Competency 2) Use in Practice, and 3) Concerns. This section provides a brief overview of subthemes and qualitative comments.

1) Impacts on Mental Health Competency

a. Competency

i. Improved/Reinforced Skills

While I have worked in the adoption field for over twenty years, this training provided an excellent compilation of knowledge and resources that will assist me in better preparing prospective adoptive parents and in better supporting adoptive families and youth.

ii. Relevant beyond adoption

The majority of families we work with are not adoptive families. However, a significant number of them are families who are undocumented immigrants who left children in their country of origin to stay with relatives and years later, bring the children to the US to reunite with them. A lot of the same principals of abandonment, loss/grief multiple moves, adjusting to caregivers they really don't know, adjusting to a new country, new language, new culture etc. for children who experience this long-term separation/return from their birth parents are prevalent with these families. I know this training really has helped our counselors understand and address these dynamics with both the children/youth and their parents, and how this is impacting the children's behaviors both at home and at school.

iii. Working with clients

I have a couple clients who were adopted when they were little. Without this training I never would have connected adoption to some of the behaviors and difficulty bonding with their parents.

iv. Increased awareness of adoption issues

b. Knowledge

- i. Cultural awareness
- ii. Grief and loss
- iii. Trauma

Now I use not only a trauma lens to see children's issues

iv. Incorporating parents

Made me think about the need to incorporate parents into session more.

2) Use in practice

a. General improvements in practice

b. Specific improvements: advocacy, attachment, birth family discussion/inclusion, developmental impacts, grief and loss, involving parents, psychoeducational, trauma, language

It helped me honor biological families more in my work with children. For example, I guided a teenager in a lantern activity in which she wrote down the names of her bio family she doesn't get to see much anymore on a lantern to light it up and honor them when she feels the loss.

Helping parents understand the importance of identity formation at every developmental stage

Understanding how loss and grief due to failed adoptions has allowed myself and my staff to better serve clients who has had that experience.

c. Knowledge dissemination

- i. Referrals and other services

I have looked for therapists that are adoption competent for my clients

- ii. Supervision or professional development

As a supervisor, I have had more conversations with therapists I supervise about ambiguous loss in adoption, cultural identity, and transracial adoptive family issues

d. Assessment

I made adoptions competency a component of assessment that we intentionally work through to ensure that the clinicians I supervise do not have the same blind spot that I learned that I had prior to the training.

e. Interventions, application, and strategies

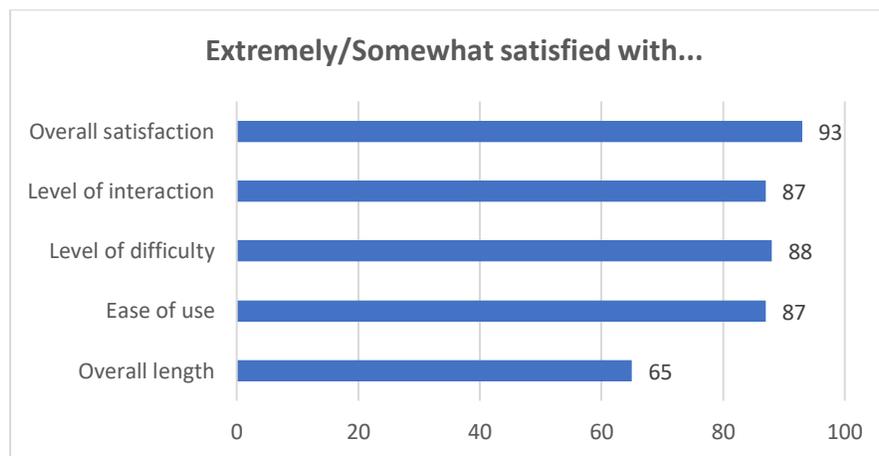
I feel more comfortable and confident in providing relevant, evidence-based practice models and therapies with my clients.

3) Concerns:

A few comments expressed that the material was overwhelming, requested addition of specific comment, felt it was not applicable to their work, and/or that they hadn't used NTI.

Satisfaction with NTI

Overall satisfaction with NTI was high, with 93% of workers describing themselves as “extremely” or “somewhat satisfied.”



Participants of NTI experienced significant knowledge gains and expressed impact on competency and practice. They were also highly satisfied with NTI. This suggests that the NTI training provides a well-received alternative to in-person training that addresses an area of clear need for mental health professionals. These results provide initial evidence that NTI can improve knowledge, skills, and practice through an accessible and engaging online format.

This report is a summary of the Mental Health Evaluation report produced by the University of Maryland NTI Evaluation Team.

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