Access to Adoption-Competent Mental Health Services

nurture. inspire. empower.
This is Sarah and Cathy...

Cathy and her husband had two biological children when they decided to become foster parents. They welcomed into their home a 3-year-old girl named Sarah who had been severely neglected by her birth family. Cathy and Sarah bonded almost immediately.
Although Sarah did well at school…

she threw fierce tantrums when she was upset and had difficulty enjoying positive experiences. Four years after joining the family, Sarah’s adoption was finalized. Despite the guarantee of a permanent home, Sarah’s behavior worsened. She began having dissociative episodes – staring into space or hitting her head on the floor or wall when she was angry. One day, her rage resulted in her holding a steak knife to her chest and threatening to kill herself.

Cathy’s experiences with teaching high school, parenting school-age children and attending parenting classes still did not prepare her for coping with Sarah’s behavior.
It has been well documented that access to adoption-competent mental health services is crucial to promote adoption success and the well-being of all of those involved.

Adoption-competent professionals understand how adoption can impact an adoptees’ sense of identity and their relationships.
An adoption-competent professional understands the unique challenges inherent in adoption and possesses the clinical skills to provide quality mental health services.
Unfortunately, adoptive parents and family members consistently report that they are unable to find mental health professionals who understand the complexities of adoption. Some families may seek the help of as many as ten different therapists before finding one who understands the role that adoption plays in their lives.

Most mental health professionals and allied professionals simply lack the training to meet the diverse and complex clinical needs of adoptive families.
Depression and suicidal behavior led to her first hospitalization. Almost half of the children in Sarah’s hospital group were adopted, but adoption was never a topic of discussion during her individual or group treatment. Sarah recalls that it seemed as though hospital staff were afraid to bring up the topic of adoption.

Cathy noticed too...

that the many mental health professionals who saw Sarah over the years were reluctant to raise the issue of her adoption. The family therapist had no training in understanding the unique challenges of identity, attachment, loss, and grief that are common in adoption. As a result, Sarah’s mental health suffered severely.
The therapist discounted my concerns focusing instead on typical pre-adolescent development.

- Cathy
In 2007, the Center for Adoption Support and Education (C.A.S.E.) worked closely with a national advisory board to identify 18 areas of knowledge, values and skills that mental health professionals must have to be considered adoption-competent.

These criteria served as a foundation for C.A.S.E.’s comprehensive training program, TAC (Training in Adoption Competency).
TAC offers post-Master’s mental health professionals an intensive 72 hours of classroom and remote instruction followed by 6 months of clinical case consultation. This program has been rigorously evaluated and manualized in order to be effectively replicated throughout the United States. Since it first started

TAC has trained more than

500 professionals

- Social Workers: 46%
- Counselor (LPC): 38%
- Marriage & Family Therapists: 12%
- Psychologists: 4%
100% of TAC participants reported positive changes in their practice upon completion of the program.
TAC has expanded to 15 sites across the US, including the University of Minnesota, Center for Advanced Studies in Child Welfare, and University of Connecticut School of Social Work.
Eight themes emerged when participants were asked to identify the most important thing they learned by completing TAC:

**Grief**
How loss affects all members of the adoption community.

**Trauma**
The ways childhood trauma affects attachment to the adoptive family.

**Brain Development**
The critical role neurobiology plays in behavior and relationships.

**Birth Parents**
The lasting impact learning about birth parents has on adoptions.

**Ongoing Support**
Recognizing that adoption is a life-long process.

**Therapy**
The effectiveness of additional evidence-based interventions.

**Preconceptions**
How to change attitudes and beliefs about adoption.

**Direct Approach**
The need to address adoption issues directly.
they finally had access to specially trained professionals who recognized the importance of addressing Sarah’s adoption experience. Through adoption-competent therapy and encouragement, C.A.S.E. helped Sarah and her family create a healthy path toward healing. Unfortunately, many families who face similar challenges do not have access to this kind of post-adoption support and are unable to heal and grow as a family.

Cathy’s journey alongside her adoptive daughter inspired her to become a professional counselor and in 2010, Cathy herself completed C.A.S.E.’s TAC training.
Help every adoptive and foster care family get access to adoption-competent professionals. Your donation allows us to continue the expansion of our TAC program across the United States.

Your contribution to this fund could change a family’s life.

$1,800 funds one student’s TAC tuition.

$3,000 provides expert clinical consultation to cohort of students after they graduate the course.

$6,000 subsidizes the evaluation protocol for one course.

Donate by phone or online at:
301.476.8525
adoptionsupport.org
About the Masks
Working with teens, C.A.S.E. uses masks as a therapeutic tool to address identity. These masks, created by our clients, express their inner thoughts, feelings and perceptions about who they are — how they see themselves and how they believe or want others to see them.