Types of Practice Change		
Aspects of Practice	**Examples of Changes**	**Comments & Descriptions**
1. 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 comfort 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."
2. 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."
3. 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 lifebooks."
4. 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!"
5. 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."
6. Changes at organizational level – procedures, services, programming	- 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."