The Center for Adoption Support and Education
The TAC (Training for Adoption Competency)
Information Packet

January 2016
Thank you for your interest in the TAC (Training for Adoption Competency)! This overview provides information on the TAC, implementation of the training program and specifics on the TAC curriculum and case consultation component. After reviewing this information, feel free to contact me at the Center for Adoption Support and Education (C.A.S.E.) with any questions:

Debbie Riley, Chief Executive Officer
Email: riley@adoptionsupport.org
Phone: 301.476.8525
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A Checklist for TAC Training Sites

Prior to Applying to Become a TAC Site

___ Learn as much as possible about the TAC through C.A.S.E. written material and/or arranging to speak with a current TAC site about questions that you have. C.A.S.E. is happy to connect you with a current site.

___ Define the geographic scope for offering the TAC: a county, a region, the entire state.

___ Assess the demand for the TAC in your defined community. Using the information on the types of students for whom the TAC is designed, do an environmental scan to determine the extent to which the TAC is needed and the likely population of clinicians from which you can draw.

___ Identify prospective partners in marketing and implementing the TAC.

___ Assess your capacity to provide the TAC

   ___ Consider the logistics: funding needs, training space and administrative support for the TAC

   ___ Using the criteria for TAC Trainers, begin to identify prospective TAC Trainers

   ___ Affirm your ability to offer the TAC beyond the initial training cohort

   ___ Affirm your ability to collaborate with C.A.S.E. in the implementation of the TAC

___ Assess your capacity to participate in the required quality assurance activities

___ Prepare a budget for the TAC (See Attachment A for a Budget Form and Narrative Guidance)

Implementing the TAC

___ Identify two TAC Trainers and discuss with C.A.S.E.

___ Arrange for the TAC Trainers to attend the TAC Trainer Orientation in Burtonsville, MD

___ Identify the on-site TAC Evaluator and coordinate with the C.A.S.E. evaluation team

___ Determine the type and level of organization support for the TAC Trainers and Evaluator

___ Determine the target number of students to be enrolled in the TAC

___ Develop a marketing plan to recruit the target number of students

___ Finalize logistics for the TAC Training: Location of training and training dates

___ Activate the administrative structure for student enrollment and tracking

___ Implement the classroom based training

___ Coordinate with C.A.S.E. regarding the delivery of the 6-month case consultation sessions

___ Provide ongoing feedback to C.A.S.E. in identifying and addressing the strengths and challenges of the TAC for continuing implementation
TAC (Training for Adoption Competency): Frequently Asked Questions

The TAC

What is the TAC?
The TAC is a training program specifically developed to provide licensed mental health professionals with the clinical skills they need to provide quality clinical services to adopted persons, birth families, prospective adoptive parents, adoptive families and kinship families.

Who developed the TAC?
The Center for Adoption Support and Education (C.A.S.E.) developed the TAC based on its extensive experience in providing pre- and post-adoption counseling and educational services to families, educators, child welfare staff and mental health providers in Maryland, Northern Virginia, and Washington D.C. C.A.S.E. also serves as a national resource for foster/adoptive families and professionals through its training, publications, and consultations. C.A.S.E. defines post-adoption services as ongoing, comprehensive support services that include education, counseling, family forums, and advocacy which address clearly identified developmental issues and social-emotional challenges frequently shared by adoptees and their families. Post-adoption involves preventive measures to ensure the preservation of adoptive families. More information about C.A.S.E. can be found at www.adoptionsupport.org

Why did C.A.S.E. decide to develop the TAC?
Research shows that children with traumatic experiences of abuse, neglect and abandonment and challenging behavioral and emotional responses are at greater risk of presenting with adjustment problems within their adoptive families. These children’s emotional issues are often complex, and adoptive parents often identify these issues as the primary contributors to family stressors post-adoption. Access to adoption-competent mental health services is a critical factor in the outcomes for these children and their adoptive families and the success of their adoptions. Studies show, however, that adoptive families face significant challenges in finding quality mental health services provided by therapists who are knowledgeable about the effects of pre-adoption experiences on children’s intellectual and social functioning, children’s ability to form attachments to their adoptive families, and children’s overall development in light of early abuse and neglect and foster care placements.

What are the Long-Term Goals of the TAC?
The goals are to:
- To increase families’ access to adoption competent mental health professionals
- To improve the well-being of adopted children and youth and their families

What are special features of the TAC?
- It is exclusively designed for mental health professionals.
- It has an in-depth clinical focus and is specifically designed to build and strengthen clinical skills
- It is competency-based, using a definition of an “adoption competent mental health professional” and clinical adoption competencies vetted nationally with a National Advisory Board of adoption experts, adoptive parents and adopted persons.
- It is very intensive: 72 hours of classroom/at home instruction and 6 months of clinical case consultation to support transfer of learning to practice.
- It is manualized to ensure high quality replication.
- It is rigorously evaluated through pilot testing and replication evaluation. A rigorous, multi-component evaluation of the TAC has demonstrated that:
  - Program completers have superior performance on pre-/post-tests compared with non-TAC-trained clinicians.
  - Trainees have substantially improved performance on 35 core adoption competencies.
  - TAC learning is transferred to practice across six domains of clinical practice.
  - High levels of training delivery fidelity, quality and relevance.

**The Staff and Consultants**

**Who can I reach for answers to questions?**

- Debbie Riley, LMFT, C.E.O., Center for Adoption Support and Education (TAC Director)
  riley@adoptionsupport.org
  Phone: 301.476.8525

- Anne Atkinson, Ph.D., PolicyWorks, Ltd. (Lead Evaluator)
  AJAtkinson@policyworkslltd.org
  Phone: 804-861-1001

- Patricia Gonet, MSW (Evaluator)
  Patricia_gonet@earthlink.net
  Phone: 804-405-7731

- Madelyn Freundlich, MSW, JD (TAC Manager)
  mdf@excalconsulting.com
  Phone: 212-371-0800, ext.222

**Funders**

**Who has funded the development and implementation of the TAC?**
The TAC has been generously funded by:

- The Freddie Mac Foundation
- The Dave Thomas Foundation for Adoption
- The WWK Kellogg Foundation
- The Annie E. Casey Foundation/Casey Center for Effective Child Welfare Practice
- The Jockey International Foundation
The Swett Foundation

Becoming TAC Providers and Trainers

How does an organization become a provider of the TAC?
C.A.S.E. enters into agreements with selected organizations to provide the TAC in their defined geographic areas -- which may be a single county, a group of counties, or an entire state. In some instances, sites are selected by C.A.S.E. following grant funding that specifies the type of organization or geographic location that is of interest to the funder. In these cases, interested organizations participate in a Request for Proposals (RFP) process through which a limited number of organizations are selected. In other instances, organizations approach C.A.S.E. about their interest in providing the TAC in their communities. They are vetted through a process that is similar to the RFP process and selected on the basis of their capacity to effectively provide the TAC. C.A.S.E. provides a license to selected organizations to provide the TAC in their designated geographic area.

Who are the TAC Trainers?
Once C.A.S.E. has selected an organization to become a TAC provider, the organization selects two or three trainers to be TAC trainers. C.A.S.E. expects that the selected TAC Trainers will:

- Hold a masters degree or higher in social work, counseling or a related field
- Be licensed in their professional field
- Have at least 5 years of experience training child welfare and/or mental health staff (the training of other human service staff may be considered on a case-by-case basis)
- As a team bring experience and expertise in both adoption/child welfare and mental health practice

How are the TAC Trainers prepared to teach the TAC?
C.A.S.E. provides a 5-day TAC Trainer Orientation at its offices in Burtonsville, MD at least once a year. This Orientation is designed to provide TAC Trainer with a full understanding of the TAC and with hands-on practice in teaching the TAC. Upon successful completion of the Orientation, TAC trainers are certified to teach the TAC.

What are the responsibilities of the TAC Trainers?
The responsibilities of the TAC Trainers fall into three areas:

**Trainer Training/Preparation**
- Participate in the full program of training provided by C.A.S.E.
- Participate in periodic scheduled trainer conference calls
- Become familiar with the teaching script, handouts, power point slides and other materials for each session with the goal of becoming proficient in delivering the curriculum effectively, as written, and within timeframes established.

**Delivery of Curriculum**
- In advance of each training session, direct participants to the C.A.S.E. website for pre-session materials.
- Become extremely familiar with the teaching script, handouts, power point slides and other materials for each session with the goal of becoming proficient in delivering the curriculum effectively as written and within timeframes established
- Develop additional examples for the teaching points drawn from the trainer’s own professional experience
- Deliver the curriculum in its entirety as written
- In accordance with the teaching script, customize as needed the training materials
- Provide students with information about the final project
- Work in collaboration with C.A.S.E. in the development and provision of the required clinical case consultation for students

**Evaluation-related Activities**

- Monitor and document completion of pre-session assignments for all students using checklist provided by evaluator
- Complete online Instructor Feedback promptly after each session
- Assess students on their performance on the final project in accordance with evaluation protocols
- Participate in follow up interviews/other activities associated with evaluation of the replication of the training program

**What is the time demand on TAC Trainers?**

C.A.S.E. estimates that TAC Trainers who are teaching the TAC for the first time will likely need one day of preparation to teach each 6 hour, classroom TAC Modules (10 sessions). Additional activities, including completion of evaluation forms and participation in TAC debriefing calls with C.A.S.E. staff and consultants, will require approximately an additional 10 hours. In total, the time requirements likely average 130 hours for each cohort of students taught. For TAC Trainers who have previously taught the TAC, the preparation time is expected to be far less than a full day.

**TAC Students**

**For which students is the TAC designed?**

Participants in the training program are expected to have the following credentials:

1. Masters degree (or higher) in social work, a counseling field or other related discipline
2. A current professional license or under clinical supervision in preparation for professional licensing.
   This means that the professional:
   - Is already clinically licensed and is already working in a clinical capacity with adoptive families in either an agency specializing in work with adoptive families or in private practice or community mental health setting serving adoptive families on a regular basis
   OR
   - Is under clinical supervision in preparation for clinical licensing and is working in a clinical capacity with adoptive families in an agency specializing in work with adoptive families or in private practice or community mental health setting serving adoptive families on a regular basis
3. Demonstration in the personal statement and the resume that the applicant:
   a. Has a strong clinical background with the requisite knowledge and skills that will serve as the foundation for developing the more advanced knowledge and skills offered in this training program
   b. Has a genuine interest in working with adopted persons, prospective adoptive parents, birth parents and birth family members, adoptive families and kinship families in clinical settings
   c. Will be able to incorporate the learning from the training program in his/her clinical practice or organization.
Space permitting, other professionals may be enrolled in the training program. There are two categories of individuals who may be enrolled in the program:

**Master’s Level Professionals**

1. Individuals with a Masters degree (or higher) in social work, a counseling field or other related discipline but who do not hold a clinical license and are not under active clinical supervision and whose work is more general in nature and does not involve work that is typically characterized as clinical or is entry-level clinical work. The work should, however, involve some interface with members of the adoption kinship network so that he/she is able to incorporate learning into practice.

2. Demonstration in the personal statement and the resume that the applicant:
   a. Has a strong professional background with the requisite knowledge and skills that will serve as the foundation for developing the more advanced knowledge and skills offered in this training program
   b. Has a genuine interest in working with adopted persons, prospective adoptive parents, birth parents and birth family members, adoptive families and kinship families in clinical settings
   c. Will be able to incorporate the learning from the training program in his/her clinical practice

**Bachelor’s Level Professionals**

1. Individuals who have as their highest degree a Bachelor’s degree in a relevant field, do not hold a clinical license nor are under active clinical supervision, and whose work is entry-level clinical or non-clinical work.

2. Demonstration in the personal statement and the resume that the applicant:
   a. Has a professional background with the sufficient knowledge and skills that he/she will be able to fully participate in a training program that offers more advanced knowledge and skills
   b. Has a genuine interest in working with adopted persons, prospective adoptive parents, birth parents and birth family members, adoptive families and kinship families in clinical settings
   c. Will be able to incorporate the learning from the training program in his/her clinical practice

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**Is the TAC site responsible for recruiting students for the TAC?**

Yes, the TAC site is responsible for recruiting TAC students. C.A.S.E. provides marketing materials and support to assist TAC sites in recruitment efforts.

**What is the average size of a single TAC cohort of students?**

C.A.S.E. recommends a cohort size of 15. TAC sites have trained cohorts ranging in size from 10 to 25.

**Teaching the TAC Curriculum**

**What is the design of the TAC curriculum?**

The curriculum is comprised of 12 modules. The first module, *Adoption History, Law and Process*, is completed at home by students before the first class. Students are required to complete a quiz to document their successful
completion of the module and provide their quiz answers to the TAC Trainers. The first 10 classroom modules are taught by the TAC Trainers. In the final session, students present their final projects.

What materials are available to TAC Trainers in teaching the TAC?
Each classroom module is supported by the following materials, all of which are available on the TAC pages of the C.A.S.E. website:

1. **A Teaching Script that contains:**
   - A brief overview of the module
   - Learning objectives for the module
   - Materials needed
   - Pre-session assignments for students
   - Any guidance for trainer on needed preparation to teach the module
   - The module agenda
   - Detailed instructions on teaching the content of the module
   - A reading list

2. **Power Point Slides**
The power point slides are designed to provide significant content to assist TAC Trainers in providing the required material. They adhere closely to the content of the Teaching Script. TAC Trainers are strongly encouraged to make copies of the power point slides to hand out at the beginning or at the end of each session.

3. **Student Packet**
For each classroom module, a Student Packet is posted on the C.A.S.E. website. Students are given a username and ID number to access the materials. The Student Packet contains:
   - A brief overview of the module
   - The agenda for the module
   - The pre-session assignments
   - A reading list

What support is available to the TAC Trainers?
C.A.S.E. provides ongoing support via email and telephone throughout the teaching of the TAC. TAC Debriefing calls are regularly scheduled with the TAC Trainers to review their experiences in teaching the module and any challenges that may have arisen. For TAC Trainers who are teaching their first cohort of students, debriefing calls are scheduled after each module. For TAC Trainers who are teaching their second cohort of students, debriefing calls are scheduled after every other module. For TAC Trainers teaching their third or higher cohort of students, debriefing calls are scheduled after every fourth module. Between debriefing calls, C.A.S.E. staff and consultants are available to promptly respond to questions and concerns.

Can students who miss a TAC session make up the session?
For each TAC module, there is a standardized make up assignment. All make up assignments are posted on the C.A.S.E. website on the TAC Trainers web page. It can be expected that students will miss one or two classroom modules. The make up assignments are provided to assist students in completing the required work to be eligible for a certificate of completion of the TAC. *It is expected that a student would “make up” no more than two assignments; missing more than two modules will work against the student gaining mastery of the materials presented.*
Each make up assignment is composed of: reading materials; one written assignment; and a 10-minute presentation to be made to one or both trainers. Each training team should make its own decisions about how and when students are to submit their written assignments and make their assigned presentations. Many TAC trainers scheduled the presentations before or after a regular classroom session.

**TAC Certificates**

**What certificates are awarded to TAC students?**
The TAC offers two certificates for students:

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

2. 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.

**The TAC Case Consultation Component**

**What is the goal of the case consultation component of the TAC?**
The case consultation component is designed to promote the integration of adoption competent knowledge, skills and values imparted throughout the training and strengthen students’ ability to incorporate adoption competencies in their clinical practice with adopted persons, adoptive families, and birth parents and extended family members.

**Who is eligible to participate in the case consultation component?**
Masters’ level students who successfully complete the TAC classroom component are eligible to participate in the case consultation component.

**How many case consultation sessions are there?**
There are 6 case consultation sessions over a period of 6 months. Each session is two hours in length. If the group is large, a three hour time frame may be suggested.

**Who facilitates the case consultation sessions?**
C.A.S.E. senior clinicians or C.A.S.E. clinical consultants provide the case consultation component by telephone or through other electronic means such as Skype.

**How many cases is each student expected to present?**
Each student is expected to present two cases. Based on the number of participating students, the clinical case consultant may require each student to present more than two cases.

**How is the case consultation component organized?**
TAC Trainers and C.A.S.E. coordinate a fixed date/time for each for each of the six (6) case consultation sessions.
The Costs Associated with the TAC

When an organization is selected as a TAC provider, what are the upfront costs?
When an organization is selected through a grant-funded program, the organization is expected to contribute:

- Facility space for the training and case consultation
- The costs associated with creating and maintaining the administrative structure for the TAC at the site
- Marketing the TAC to prospective students
- The costs associated with the trainers salaries/fees for participating in the TAC Trainer Orientation, preparation for and delivery of the TAC, and completion of quality assurance responsibilities
- Travel costs associated with the Trainer Orientation Program

When an organization is not selected through a grant-funded program, the organization is expected to contribute all of the above and the cost of the TAC Trainer Orientation.

When an organization is selected through a grant funded program, does the organization pay a fee for the curriculum itself?
When an organization is selected through a grant funded program, it does not pay a fee for the curriculum for the first cohort of students that it teaches. After the first cohort is taught, the organization pays C.A.S.E. a fee of $6,500.00 per cohort. This fee covers updates to the curriculum and ongoing support through debriefing calls and consultations.

How have sites funded the TAC?
TAC sites have funded the TAC in a variety of ways. Some have entered into contracts with the county or state child welfare agency, contracts that often required that the program a specified number of child welfare professionals. Others have used other types of state funding, such as adoption incentive awards that are earmarked for the TAC. Most sites charge tuition for the training, ranging from approximately $500 to $1200. Some sites have approached private foundations and other private funders for support.
Background Information on the TAC
What is an Adoption Competent Mental Health Professional?

The Center for Adoption Support and Education, in collaboration with its National Advisory Board, developed for the first time a consensus-based definition of an adoption competent mental health professional. Members of the adoption kinship network were surveyed about the relevance and appropriateness of the definition.

What are the key qualities of an adoption competent mental health professional?

An adoption competent mental health professional has:

- The requisite professional education and professional licensure;
- A family-based, strengths-based, and evidence-based approach to working with adoptive families and birth families;
- Knowledge, clinical skills and experience in treating children with a history of abuse, neglect and/or trauma; and
- Knowledge, skills and experience in working with adoptive families and birth families.

What are the core knowledge areas for an adoption competent mental health professional?

An adoption competent mental health professional understands the nature of adoption as a form of family formation and the different types of adoption; the clinical issues that are associated with separation and loss and attachment; the common developmental challenges in the experience of adoption; and the characteristics and skills that make adoptive families successful. An adoption competent mental health professional is culturally competent with respect to the racial and cultural heritage of children and families and the culture of birth families.

What are the core skills that adoption competent mental health professionals need?

An adoption competent mental health professional is skilled in using a range of therapies to effectively engage adoptive families toward the mutual goal of helping the child to heal, empowering parents to assume parental entitlement and authority, and assisting adoptive families to strengthen or develop and practice parenting skills that support healthy family relationships. An adoption competent mental health professional is skilled in advocating with other service systems on behalf of adoptive families.

What do members of the adoption kinship network say about this definition of an adoption competent mental health professional?

Members of the adoption kinship network strongly agreed with the definition of an adoption competent mental health professional, with agreement ranging from a high of 97.5 percent to a low of 90.9 percent on each component of the definition. Respondents identified the following as most important in adoption competent mental health professionals: understands the impact of separation and loss on individuals and families and the importance of attachment in creating healthy relationships; understands that adoptive families and adopted person experience developmental challenges and
able to work effectively with families and individuals on these issues; works with adoptive parents and adopted persons with a clear understanding of individual and family development and the multiple service systems with which families and individuals are involved; understands adoption as a way that families are formed and appreciates the different types of adoptive families; and understands and is able to work effectively with individuals and families who have experienced abuse, neglect and/or trauma.
TAC (Training for Adoption Competency): The Adoption Competencies

The Center for Adoption Support and Education, in collaboration with its National Advisory Board, developed 18 adoption competencies that serve as the foundation for the TAC and for other adoption competency training programs across the United States. The following lists the adoption competencies and provides examples of the knowledge, values, and skills that relate to each competency.

1. **The Theoretical/Philosophical Framework** for providing adoption competent mental health service
   - **Knowledge:** The family as the core client; the importance and impact of the child’s birth family; the importance of race, ethnicity and culture in adoption
   - **Values:** Commitment to family systems work
   - **Skills:** Ability to apply the framework in working with all members of the adoption kinship network

2. **The Therapeutic Approach** in working with members of the adoption kinship network
   - **Knowledge:** Embraces a genuine collaboration with adoptive families as the real experts on their children
   - **Values:** Belief in parents as resources for their children
   - **Skills:** Ability to work with families using a family systems approach

3. **The History of Adoption and the Adoption Process**
   - **Knowledge:** The different processes through children are adopted
   - **Values:** Awareness of one’s own myths and beliefs about adoption
   - **Skills:** Ability to assist clients in understanding the impact of the adoption process on the therapeutic process

4. **Legal Issues in Adoption**
   - **Knowledge:** Legal issues impacting access to adoption information and adoption records
   - **Values:** Appreciation for the importance of full disclosure to all parties to the adoption in making informed adoption decisions
   - **Skills:** Ability to assess the impact of court process on all members of the adoption kinship network

5. **Planning and Preparing for Adoption**
   - **Knowledge:** The clinical issues that may need to be addressed in preparing a child for adoption
   - **Values:** Respect for children’s pre-adoption experiences that may make adoption challenging for them
Skills: Ability to assess a child’s relationship with siblings and how those relationships need to be taken into account in adoption planning

6. Differences Between Adoption and Being in One’s Family of Origin
Knowledge: The difference between adoption and birthing; the differences between growing up in one’s family of origin and growing up in an adoptive family
Values: Sensitivity to the dynamics arising from the differing child statuses in the family (as adopted or as a child by birth)
Skills: Ability to work with parents to claim and support their children as members of their family

7. Clinical Issues
Knowledge: Developmental stages of children; loss, grief and separation; identity formation; attachment
Values: A positive, non-pathological view of adoption
Skills: Ability to use a grief model to help adopted children and youth to process their grief and feelings of loss and rejection

8. Impact of Genetics and Past Experiences
Knowledge: Genetic history and its impact on developmental outcomes; the impact of orphanage/institutional experiences on children’s development, adjustment and attachment
Values: Non-judgment of adoptive parents in light of their children’s challenges
Skills: Ability to conduct an adoption competent psychosocial assessment

9. Trauma
Knowledge: The impact of trauma on adopted children, including the impact of physical abuse, sexual abuse, and neglect and the impact of witnessing violence
Values: Belief in malleability and appreciation for the potential for human growth
Skills: Ability to integrate and apply specific techniques to support recovery for deprivation and trauma

10. Brain Neurobiology
Knowledge: Factors affecting early brain development; neuro-developmental impact of traumatic stress in childhood; adolescent brain development
Values: Commitment to remaining up-to-date on developments in brain neurobiology science
Skills: Ability to apply principles of brain neurobiology in assessment; ability to provide clinical interventions in response to early childhood traumatic stress
11. Different Types of Adoptive Families
   **Knowledge:** Clinical issues that may arise for single parents, GLBT families, and relative adopters
   **Values:** Awareness of one’s biases and beliefs about different types of adoptive families
   **Skills:** Ability to support diverse family constellations and parenting approaches that nurture healthy growth and development

12. Adoptive Family Formation, Integration and Development
   **Knowledge:** Ambivalence, claiming and parental expectations in adoptive family formation and integration
   **Values:** Belief in open and honest communication to promote healthy adjustment and positive adoptive family formation
   **Skills:** Ability to assist family members in building healthy attachments

13. Race, Ethnicity and Culture
   **Knowledge:** Children’s understanding of race at different developmental levels
   **Values:** Comfort in engaging with clients of different racial/ethnic backgrounds
   **Skills:** Ability to support adoptive families in talking about race, ethnicity and/or culture with their adopted child.

14. Needs of Birth Family Members
   **Knowledge:** Common situations of birth parents in different adoption contexts; the impact of loss on parents and birth family members
   **Values:** Recognition of the importance of fathers and paternal family members
   **Skills:** Ability to support birth parents in maximizing their self-determination throughout the adoption process and beyond

15. Openness in Adoption
   **Knowledge:** The continuum of openness in adoption; issues involved in opening a closed adoption; issues involved in closing an open adoption
   **Values:** Honor for the child’s past
   **Skills:** Ability to assist parents in making informed decision about establishing and maintaining connections between birth and adoptive families

16. Therapeutic Modalities/Techniques
   **Knowledge:** Evidence-based practices that are appropriate in work with adopted persons, adoptive families and birth families
   **Values:** Commitment to use the most effective therapeutic modalities/approaches in working with adopted persons, adoptive families and birth families
   **Skills:** Ability to select and implement/refer for appropriate evidence-based clinical interventions
17. Cross Systems and Community Work

Knowledge: The systems with which adoptive families, birth families, and adopted persons are in contact

Values: Commitment to working effectively and collaboratively with other services systems on behalf of clients

Skills: Ability to mobilize multiple systems with which the family is involved to meet the child’s and family’s needs

18. Ethical Practice

Knowledge: The importance of meeting ethical obligations to clients in the context of differential power dynamics and monetary considerations

Values: Self-awareness regarding one’s own bias, beliefs, and stereotypes about adoption and commitment to strengthening one’s clinical practice through this awareness

Skills: Ability to communicate respect for all members of the adoption kinship network
The C.A.S.E. TAC (Training for Adoption Competency) Curriculum: The Training Objectives

The learning objectives for the TAC are that students will:

1. Learn the theoretical framework and therapeutic approach of adoption competent mental health practice
2. Understand the legal and ethical issues that impact adoption
3. Develop clinical skills in working with birth families, children and prospective adoption parents in planning for adoption
4. Develop clinical skills in working with adopted children and youth and adoptive families on issues of loss, grief, separation, identity formation and attachment
5. Develop clinical skills in working with adopted children and youth and adoptive families on issues related to the impact of genetics and past experiences on adjustment and the psychological well-being of adopted children
6. Understand how trauma impacts adopted children and tools and techniques to support recovery from adverse beginnings
7. Understand the issues that impact identity formation for adopted youth and young adults
8. Learn how to support adoptive parents in developing therapeutic strategies in response to their children’s challenging behaviors
9. Develop assessment and intervention skills with different types of adoptive families and with birth families
10. Learn the developmental stages of adoptive families and the process of adoptive family formation and integration
11. Develop skills in working with adopted children, youth and adults, adoptive families and birth families on issues of adoption openness and ongoing connections
12. Develop an understanding of the racial, ethnic and cultural issues in adoption and how to work with transracial and transcultural families
13. Identify and utilize evidence-based and evidence-informed practices and interventions with individuals affected by adoption
14. Learn how to work effectively with service systems and the community on behalf of adoptive families
The TAC Modules

Module 1. At Home Module (completed prior to the start of the training program)
Adoption History, Law and Process
- 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

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

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

Module 4. Clinical Issues in Providing Therapeutic Services: Grief, Loss, and Separation
- 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

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

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

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

Module 8. **Clinical Issues in Working with Birth Families and Adoptive Families**
• Different types of adoptive families and the clinical issues that different types of adoptive families may experience
• Clinical skills to work effectively with different types of adoptive families
• The clinical issues that birth family members – birth mothers and birth fathers and extended birth family members -- may present
• Impact of voluntary and involuntary placements
• The phases of adoptive family development and the normative challenges in adoptive family development
• Clinical issues that impact adoptive family formation and integration
• Clinical skills in working with adoptive families on these issues
• Factors that contribute to adoption instability
• 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
• Clinical skills to assist families when out of home placement or adoption dissolution occurs

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

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

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

Module 12. Integrating Adoption Competencies: Knowledge, Skills and Values
Bringing together all that has been learned
The TAC Case Consultation Component: Learning Objectives

Students, within the context of cases presented and discussed, will be able to:

- Demonstrate an understanding of the nature of adoption as a form of family formation and the different types of adoption.
- Identify common developmental challenges in the experience of adoption and articulate their implications for clinical intervention.
- Identify clinical issues associated with separation and loss and attachment and articulate their implications for clinical intervention.
- Identify clinical issues associated with a history of abuse, neglect and/or trauma and articulate their implications for clinical intervention.
- Demonstrate use of a range of evidence-based therapies to effectively engage adoptive families toward the mutual goal of helping the child to heal.
- Demonstrate an understanding of the characteristics and skills that make adoptive families successful.
- Demonstrate specific strategies for empowering parents to assume parental entitlement and authority.
- Demonstrate specific strategies for assisting adoptive families to strengthen or develop and practice parenting skills that support healthy family relationships.
- Demonstrate cultural competence with respect to the racial and cultural heritage of children and families and the culture of families.
- Demonstrate the use of family-based, strengths-based, and evidence-based approaches to working with adoptive families and birth families.
- Demonstrate the use of developmental and systemic approaches to understanding and working with adoptive families and birth families.
- Demonstrate skill in advocating with other service systems on behalf of adoptive families.
TAC Current Implementation Sites

- Catawba County Department of Social Services, Hickory, North Carolina (western North Carolina counties)
- Center for Advanced Studies in Child Welfare, University of Minnesota (Twin Cities and northern Minnesota)
- Foster and Adoptive Care Coalition of St. Louis (eastern and central Missouri)
- Four Oaks, Cedar Rapids, IA (statewide Iowa)
- Georgia Department of Social Services (statewide Georgia)
- Lilliput Children’s Services, Sacramento, California (northern California)
- Lutheran Family Services of Nebraska (statewide Nebraska)
- Lutheran Family Services of Virginia and Common Catholic Charities, Richmond VA
- Massachusetts Adoption Resource Exchange (MARE) (statewide Massachusetts)
- Mississippi Children’s Home Services, Jackson MI (statewide Mississippi)
- Montgomery County Department of Job & Family Services and ADAMHS Board for Montgomery County (Miami River Valley, Southwest Ohio)
- The Villages of Indiana (statewide Indiana)
- University of Southern Connecticut, New Haven, CT (statewide Connecticut)
Training for Adoption Competency (TAC): Evaluation Highlights

The TAC pilot and all replications of the TAC have been subject to ongoing, rigorous evaluation designed to assess training delivery, outcomes, and effectiveness:

- Training delivery is assessed using fidelity observations and feedback on each of the modules from participants and trainers.
- Training outcomes are assessed using pre- and post-training self-assessments of adoption competency and surveys reporting changes in clinical practices at the midpoint and conclusion of training.
- Training effectiveness is assessed using a pre- and post-test administered to training participants and to a comparison group of comparably qualified clinicians. In addition, interviews are conducted with TAC-trained clinicians six to eight months after training completion to identify and explore the longer-term impact(s) of training on clinical practices.

Approach

The evaluation implementation employs a team approach with PolicyWorks, Ltd. providing leadership for evaluation across replication sites. Data from trainees and from trainers are collected online using technologies provided by PolicyWorks, Ltd. to which replication sites have access.

Findings Highlights

Training Effectiveness. TAC participants from 31 cohorts scored an average 41.6 points higher on post-tests than control groups of comparably qualified professionals not enrolled in the training.

<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=396 in 31 cohorts)</td>
<td>31.90</td>
<td>75.80</td>
<td>+ 43.90</td>
</tr>
<tr>
<td>Comparison groups members (n=153 in 13 groups)</td>
<td>32.70</td>
<td>34.20</td>
<td>+ 1.50</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
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<td>41.60</td>
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</table>

Training Outcome: Changes in Clinical Practices.

TAC participants are asked at the midpoint and conclusion of training to identify and comment on the aspects of practice influenced by information or insights gained from the training. Findings to date are based on 523 responses that contained 2,782 separate narrative responses describing ways practices were influenced by the training and most important learning. At the conclusion of training,

- all TAC participants to date report change in at least two of the six defined aspects of practice;
- an average 61.35 percent report change in all five aspects at the individual clinician level; and
- 52.80 percent report change in programming and services at the organizational level.
## Types of Practice Change

<table>
<thead>
<tr>
<th>Aspects of Practice</th>
<th>Examples of Changes</th>
<th>Comments &amp; Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information collected at intake/ with referral/ in initial phase of assessment</td>
<td>▪ collecting more background information, ▪ more aware of adoption issues, ▪ using new assessment questions and procedures ▪ Greater comfort asking adoption questions</td>
<td>“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.”</td>
</tr>
<tr>
<td>2. Methods used to assess family and/or child</td>
<td>▪ conducting more in-depth assessments ▪ using new assessment tools</td>
<td>“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.”</td>
</tr>
<tr>
<td>3. Clinical approaches used</td>
<td>▪ greater understanding of evidence-based</td>
<td>“Firmer on need for parent to be involved in treatment.”</td>
</tr>
<tr>
<td>Aspects of Practice</td>
<td>Examples of Changes</td>
<td>Comments &amp; Descriptions</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>approaches</td>
<td>▪ placing greater emphasis on loss and grief&lt;br▪ use of new tools</td>
<td>“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.”&lt;br“I have more emphasis on grief, loss, and attachment within my therapeutic process, due to this program.”&lt;br“Increased use of eco-map and lifebooks.”</td>
</tr>
<tr>
<td>4. Techniques used in work with children and youth</td>
<td>▪ much greater use of life books and other strategies taught in the training</td>
<td>“Get the child involved in his lifebook and narrative story of his/her journey through adoption.”&lt;br“I’ve been doing more ‘hands on’ activities in therapy with kids I’m working with, i.e., loss boxes and masks.”&lt;br“Writing letters to biological parents.”&lt;br“Open to EMDR (eye movement desensitization and reprocessing therapy) and neurofeedback.”&lt;br“Learned new strategies, activities. My tool belt is busting with new ideas!”</td>
</tr>
<tr>
<td>5. Use of or referral to other (adjunct) resources/therapies</td>
<td>▪ placed greater importance on other therapists being adoption-competent&lt;br▪ more likely to employ other types of interventions</td>
<td>“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.”&lt;br“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).”&lt;br“Utilizing more therapies and doing more referrals to another adoption competent individuals.”</td>
</tr>
<tr>
<td>6. Changes at organizational level – procedures, services, programming</td>
<td>▪ strengthened intake protocols&lt;br▪ adding parent and youth support/education groups to services offered&lt;br▪ creation of post-adoption specialist positions within agencies</td>
<td>“The content and details of the questions on the intake/referral packet have been adjusted accordingly.”&lt;br“In my private/group practice, we are in the process of developing and implementing groups for both adoptive parents, as well as adoptees.”&lt;br“Training, support groups, pre-adoptive counseling; programmatic and systems changes.”&lt;br“Adoptions groups for teens and children are being implemented.”</td>
</tr>
</tbody>
</table>
From analysis of respondent comments on the most important learning and how the learning has been applied in practice, eight major themes were identified – all consistent with primary learning objectives of the TAC:

1. **Understanding grief and loss and how it affects all members of the adoption kinship network.**
   “This training has greatly reinforced the need to address grief and loss head on and not just as an aside to dealing with attachment issues or trauma related issues.”
   “It may sound simple, but the most important thing that I feel I learned is that there is grief in all forms adoption regardless of the age the child disrupted.”

2. **Learning the ways trauma in early years affects attachment to the adoptive family.**
   “Grief and loss as the underpinning in adoption and how we want to build attachment opportunities between a child and their prospective adoptive parents.”
   “The impact of grief/trauma on brain development and cognitive functioning. Impacts what I’m looking for in interventions and service providers.”

3. **Understanding the critical role of the brain and neurobiology in behavior and relationships.**
   “The neurobiology information has been the most helpful. I have used it with a family and their support network to do some psychoeducation around how trauma had affected the children. The feedback from the family has been very positive.”
   “A better understanding of the physiological impact of trauma on the brain. This has helped me be able to explain to potential adoptive parents that children do not choose to misbehave but are unable to self regulate from the trauma. They function from the brain stem–reptilian brain rather than the cortex and reasoning. Rather than seeing a child as "defiant" we need to look at the child as fearful and functioning from a survival mode.”

4. **Learning about birth parents; gaining a better understanding of birth parents as well as their lasting impact on adoptions.**
   “Reaffirmed that even though the birth parent is physically absent, their psychological presents (sic) is always there.”
   “Birth parents feelings are taken into consideration more”

5. **Understanding adoption is a life-long process.**
   “I think it has been most helpful to remember that adoption is a life-long process and to help clients to see this as normal – that issues continue to arise and need to be addressed.”

6. **Using additional evidence-based interventions.**
   “The use of alternate therapies. I have two clients utilizing neurofeedback. Their families are seeing real success.”
   “I am aware of more treatment intervention modalities and will be able to better refer clients to therapists.”

7. **Changing preconceptions and attitudes of the clinicians.**
   “This program challenged me to look at some entrenched views/ways of looking at how I work...reinforcing some things... replacing others with more current/evidence based methods.”
“For me, the workshop on openness was an eye opener because I have historically been very opposed to openness in adoption. It has forced me to reconsider what I believed to be best practice and really think about what will ultimately be best for the child.”

“Although I think I was sensitive before I am even more sensitive and perhaps less rigid about supporting contact in some cases with birth parents after adoption. Last week I had a fourteen year old child who has been in and out of foster care since she was ten years old, tell me she would rather live with a drunk mom than be in foster care or be adopted. To me this speaks to the depth of the bond that children feel but cannot always express or even understand.

8. The need to address adoption issues directly.
“i keep coming back to the importance of families being able to talk openly about adoption, openly acknowledge birth families in a positive and respectful way, and for families to help their adoptees with issues of loss and grief.”

“The most important thing I learned was to be reminded to bring up conversations surrounding these issues rather than just simply being aware of them, and I'm doing that more consistently.”

“It has enabled me to have improved boldness and confidence in working to directly address adoption questions, issues, and concerns with clients.”

Training Outcome: Adoption Competency.

TAC students are asked to assess their pre- and post-training levels of competency on 35 core competencies. The training is designed to move students from beginning levels of awareness and knowledge to regular, effective application in practice. Analysis of data from students in 31 cohorts who completed training through summer 2015 shows that at the conclusion of training:

- Advanced practice level ratings increased from 36.80 percent of ratings to 83.40 percent with “regular application” increasing from 27.40 percent to 46.80 percent and “mastered” increasing from 9.40 percent to 35.60 percent;
- Beginning level ratings declined from 29 percent of ratings to 2.10 percent with “beginning awareness” declining from 9.10 percent to .20 percent and “beginning knowledge” declining from 19.90 percent to 1.90 percent; and
- Overall, beginning level ratings were reduced to 2.10 percent and advanced level ratings increased to 83.40 percent.

Migration of Ratings from Beginning Awareness to Application in Practice

<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>9.10%</td>
<td>19.90%</td>
<td>34.20%</td>
<td>27.40%</td>
<td>9.40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29.00%</td>
<td></td>
<td>36.80%</td>
<td></td>
</tr>
<tr>
<td>Post-training</td>
<td>0.20%</td>
<td>1.90%</td>
<td>15.50%</td>
<td>46.80%</td>
<td>35.60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.10%</td>
<td></td>
<td></td>
<td>83.40%</td>
</tr>
<tr>
<td>Change</td>
<td>-26.90</td>
<td>-18.70</td>
<td></td>
<td></td>
<td>+ 46.60</td>
</tr>
</tbody>
</table>
Quality and Relevance of Training.

TAC students provide feedback on each training module; the feedback includes ratings of six indicators and narrative responses on the most and least relevant information, recommendations for improving the module, and additional comments. Feedback data from students have been used extensively to further refine the TAC curriculum. Average student ratings through October 2015 across 38 cohorts reflect consistently positive average ratings of TAC quality and relevance. Ratings are reported in the table below:

<table>
<thead>
<tr>
<th>Student Module Feedback Rating Criteria</th>
<th>All TAC Avg. Modules 2-12 through October 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating scale: 1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree</td>
<td></td>
</tr>
<tr>
<td>a. Workshop learning objectives were clearly stated and achieved.</td>
<td>3.19</td>
</tr>
<tr>
<td>b. Instructor presented the material in an organized manner.</td>
<td>3.24</td>
</tr>
<tr>
<td>c. Methods of instruction used were effective.</td>
<td>3.19</td>
</tr>
<tr>
<td>d. Instructor responded effectively to participants’ questions and comments.</td>
<td>3.33</td>
</tr>
<tr>
<td>e. My knowledge and understanding of the topic has improved.</td>
<td>3.45</td>
</tr>
<tr>
<td>f. The workshop content was relevant and helpful to me professionally.</td>
<td>3.46</td>
</tr>
</tbody>
</table>

Clinicians Trained to Date

TAC participants to date have had an average of 7.6 years clinical experience and an average 13.4 years professional experience. Fifty-five percent are social workers, 20 percent are counselors, 13 percent are marriage and family therapists, and almost 12 percent are psychologists. Their work settings include public and private mental health agencies (31.6%) and private practices (18.6%), adoption specialty organizations (18.9%), child welfare agencies (14.6%), family services organizations (14%), residential treatment facilities (9.1%) and other settings (8%). About ten percent of TAC participants reported more than one work setting.
There is a sound and growing body of evidence that the TAC is a high quality, effectively-delivered training that increases knowledge and changes clinical practices in ways associated with adoption competency.