Enhancing Your Clinical Practice with Adoptive & Guardianship Families:

An Overview of NTI Web-based Training for Mental Health Professionals

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National Adoption Competency
Mental Health Training for Mental Health Professionals
is a service of the Children's Bureau, Administration for Children and Families, Department of Health and Human Services, Cooperative Agreement #90CO1122-01-00.

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Goals

1. Increase understanding of MH challenges of foster and adopted children based on research

2. Gain understanding of core competencies of foundational adoption competent mental health practice

3. Build awareness of NTI and provide enrollment information
The Center for Adoption Support and Education

nurture. inspire. empower.
Poll Questions

1. How did you hear about this webinar?

2. What percentage of your current cases are comprised of children and families experiencing foster care, adoption or guardianship?

3. How would you rate your current competency level in serving children and families experiencing foster care, adoption or guardianship?
The Case for Adoption Competency
Adoptive Families Today . . .

- **CHILDREN** join families at different ages, may be American by birth, or not
- **PARENTS** may be singles or couples, heterosexual or same sex
- **PARENTS** may be a different race from each other or their children
- **PARENTS** may be relatives, or not
- **FAMILIES** may include birth children as well as adopted children
- Relationships may exist with **BIRTH FAMILIES**
For most children...

Adoption itself is a huge protective factor, bringing permanency, safety and a nurturing environment to those who have been in less-than-adequate situations.
Given the realities of the types of adoptions occurring today, the majority of children come to their new families from backgrounds that include trauma and early adversity. These may include adoption from foster care and orphanages abroad.*

*“Keeping the Promise: The Critical Need for Post-Adoption Services to Enable Children and Families to Succeed”, Evan B. Donaldson Adoption Institute, October 2010
Factors

Impacting the behavioral health of children and youth in foster care and orphanages:

- Birth and genetic factors
- Histories of complex trauma
- Frequently changing situations, transitions, and caregivers
- Broken family relationships
- Inconsistent and inadequate access to mental health services
- The over-prescription of psychotropic medications
And...

- Resolution of loss & grief
- Adjustment and attachment to being part of the family
- Entitlement and claiming
- Cultural/racial/ethnic integration
- Community acceptance of adoption
- Preparation of child prior to adoption
- Coping skills, resiliency
Mental Health Issues in Adoption

- Adopted children are at elevated risk for developmental, health, emotional, and/or behavioral issues.
- The impact of adverse experiences poses challenges at various times in the adoptive family life cycle.
- Adoptive families utilize clinical services three times the rate reported by families formed by birth.
The Research on Diagnosis

- 40% of youth adopted from foster care are diagnosed with ADD/ADHD with high incidence of pre-natal drug/alcohol exposure. (Smith, 2006)


- Higher rates of learning challenges and special education placements among adopted youth (Brodzinsky & Steiger, 1991)
The Research (cont)

- Up to **80 percent** of children in foster care have significant mental health issues, compared to approximately 18-22 percent of the general population.

  Dore, 2005; National Conference of State Legislatures, 2016

- Clinical studies have found that adopted youth are more likely to be diagnosed with **externalizing problems** rather than with **internalizing disorders**

Adoption scholars have identified critical family developmental tasks confronting adoptive families as they work through core adoption issues at each stage of psychosocial development (Rosenberg, 1992; Brodzinsky, Schechter, & Henig, 1992; Pavao, 1998; Brodzinsky, Smith, & Brodzinsky, 1998; Schooler & Norris, 2002; Brodzinsky & Pinderhughes, 2002).

Studies of early-placed adoptees show that differences generally are not manifested until children are school age, intensify during adolescence, and level off in young adulthood (Coon, Carey, Corley, & Fulker, 1992; Feigelman, 1997; Simmel, Barth, & Brooks, 2007).
Too often healthy family systems are profoundly taxed by children whose symptoms are so severe that by the time parents reach out to a therapist, they are perceived as the one who needs treatment, not the child.
The American Academy of Pediatrics, Healthy Foster Care American Initiative, identifies mental and behavioral health as the “greatest unmet health need for children and teens in foster care.”
THIS IS NOT SURPRISING...
What Parents Tell Us...

“We need competent mental health professionals who understand the issues in adoption and don’t blame us for things we had no control over...

We are not bad parents.”
“Every time I brought up my adoption with my therapist they said “I’m sure you and your family feel very lucky to have one another”.

It was so hard for me to speak about my anger, confusion, and sometimes overwhelming sense of sadness about being adopted.”

-Julia (age 16)
“Every time I left my son’s therapist office I felt like a failure. He is so angry at me for being white... when I try to bring it up, his therapist says we need to focus on his risky behaviors...”

-Ana Alicia (Mother, age 51)
-Antwoine (Son, age 15) African American
“I was sitting in the hospital after trying to kill myself, and the social worker lady told me I should be happy that I was adopted, as my parents had gotten me out of the horrible orphanage.”

-Roberto (Age 14)
"We tried many different therapists who did not specialize in adoption, our daughter always had to train the therapist."
How do we meet our ethical obligation to provide adoptive families with adoption competent mental health services?
Best Practice

The nature, complexity and severity of issues are BEST served by:

- Therapists who possess a DIVERSE repertoire of clinical knowledge and skills EMBEDDED in…
  - Attachment Therapy
  - Family Systems Theory
  - Ecological Theory
  - Child Development
  - Cultural Competence
Adoption Competent Therapists...

- View the family system through an adoption lens
- Make connections between adoption and the issues presented by the family
- Are knowledgeable about the developmental and lifelong tasks in adoption.
Emerging Needs

- Practice standards that integrate evidence-based mental health practices with adoption-sensitive practice knowledge and skills.
- Post-masters adoption-competency training programs that teach to national practice standards and provide ongoing practice support for mental health clinicians.
- Build a workforce of adoption specialists who are “adoption competent”
Responding to The Need...
Enhance capacity of professionals

Improve outcomes for children & families

A service of the Children's Bureau, Administration for Children and Families, Department of Health and Human Services, Grant #90CO1122-01-00
Enhancing Adoption Mental Health Competency

Core Values

SKILLS
What difference does “Adoption Competency” make?

“To say it was like night and day is an understatement. We had a therapist who was a Godsend. She really understood all the nuances and complexities of adoption and growing up in a family the children weren’t born into...
What difference does “Adoption Competency” make?

She really, really got it. For starters, she included me in the therapy, so we were in there together and she helped to coach and facilitate me doing the healing work with my kids. She recognized that my husband and I live with the children 24/7 and they’re not just going to heal in the 50 minute session once a week... “

-Debbie Shugg, adoptive parent of 2 sibling groups from foster care
Child Welfare Curriculum
20 hours
Supervisors – 23 hours

Mental Health Curriculum
25 hours
+ Coaching

NTI is **free** web-based training with CEU’s provided
Aligned curriculum for child welfare and mental health professionals

Child welfare and mental health professionals can speak a shared language & collaborate to better serve adoptive children and their forever families.
NTI is Uniquely Formed by Research

- Curriculum provides interactive, self-directed learning based on **Adult Learning Theory**

- Curriculum includes **evidence-based interventions** and **clinical best practice strategies**

- **Competencies were vetted** by National Advisors, including clinicians, adoption researchers, child welfare administrators, and people with lived experience
National Advisors

- Uma Ahlawalia, MSW, Director, Montgomery County (MD) Department of Social Services
- David Brodzinsky, Ph.D., Developmental, clinical, and forensic psychologist
- Terry Cross, LCSW, Senior Advisor, National Indian Child Welfare Association
- Joe Crumbley, DSW, Family therapist, trainer, and consultant
- Jan Dick, Director of Child and Family Permanency, Family and Children’s Service
- Nicole Dobbins, Child Welfare Partnership, Casey Family Programs
- Sarah Gerstenzang, Clinical Social Worker, Birth, Foster/Adoptive and Kinship Parent
- Jetaine Hart, Foster Youth in Action
- Darla Henry, Ph.D., Author of 3-5-7 Model©.
- Jodi Hill-Lilly, MSW, Co-Director, Department of Children and Families, Academy for Family and Workforce Knowledge & Development
- Rebecca Jones Gaston, Deputy Executive Director, Maryland Department of Human Services
- Cassandra Kiesel, Ph.D., Research Associate Professor in Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University
- Traci La Liberte, Ph.D. Executive Director, Center for Advanced Studies in Child Welfare, University of Minnesota
- Ruth McRoy, Ph.D., Boston College
- Tracey Parker Hirst, Iowa Department of Human Services
- Frank Perfinski, Delaware Department of Services for Children
- Susan Rich, MD, MPH, Child/Adolescent and Adult Psychiatrist, Potomac, MD
- Derrick Riggins, Consultant, Former foster youth
- Marty Shannon, Program Manager, Utah Department of Human Services
- Nickie Steinfhoff, Foster & Adoptive Care Coalition, St. Louis, MO
- Karri Vasquez, Foster/Adoptive Parent, Virginia
Project Partners

- University of Maryland School of Social Work
- The Institute for Innovation & Implementation
- Dave Thomas Foundation for Adoption
- PolicyWorks, Ltd.
- Children's Bureau
- NICWA
- National Indian Child Welfare Association
- Rudd Adoption Research Program
Implementation Process

- Pilot
- Evaluate
- Refine
- Launch
- Integrate
NTI Pilot Sites

- California
- Cherokee Nation
- Illinois
- Maine
- Minnesota
- Oklahoma
- South Carolina
- Tennessee
- Washington

Tahlequah (Cherokee Nation)
Child Welfare Pilot Data

- More than 5,000 Child Welfare Professionals Enrolled
- Over 2,400 have completed training
- Over 100,000 hours of training provided!
I have successfully helped each of the families understand the importance of contact and how it will improve each of the children's mental health to know they can have safe and healthy sibling relationships.

I have been able to use some of the questions from the handouts when exploring family history with my adoptive families. I've been able to use specific questions to elicit more in depth answers.

I have examined my own implicit bias and encouraged my co-workers to do the same. I also have started viewing all children and child/parent relationships through a trauma-aware lens.

I have successfully helped each of the families understand the importance of contact and how it will improve each of the children's mental health to know they can have safe and healthy sibling relationships.
Community-based and private clinicians currently providing or interested in providing clinical services to:

- Children in foster care with a goal of or preparing for adoption/guardianship
- Families who are preparing to or have assumed guardianship of a child from foster care
- Families who are preparing to or have adopted a child from foster care, private domestic or inter-country adoption
- Adoptive or guardianship families post-placement or post-finalization
Gain foundational knowledge, values, and skills for adoption competent practice to support:

- Healing from Loss and Grief
- Healing from Trauma
- Supporting and Re-building Attachment
- Supporting Positive Identity Formation
- Assessing and Treatment Planning through an Adoption Lens
- Understanding the Impact of Race, Ethnicity, Culture and Diversity on Adoptive & Guardianship Families
- Providing Post-Adoption Supports
Mental Health Curriculum

1. A Case for Adoption Competency
2. Complex Mental Health Challenges
3. Impact of Loss and Grief
4. Impact of Trauma on Brain Development & Behavior
5. Enhancing Attachment and Bonding
6. Race, Ethnicity, Culture, Class, Diversity
7. Identify Formation
8. Assessment & Treatment Planning
9. Therapeutic Parenting Strategies
10. Promoting Family Stability
Core Competency Skill Examples:

**Attachment**
- Assist child to explore and understand his past attachment experiences and to build new secure attachments through trusting relationships.
- Assist parents to understand the concept of parental entitlement and how to claim a child.

**Loss and Grief:**
- Conduct clinical assessments that examine child’s and parents’ history of loss and grief
- Use a grief model to help children process their grief and feelings of rejection.
- Assist parents to understand behaviors within the context of loss and grief and establish realistic behavioral expectations

**Identity Formation:**
- Use therapeutic approaches to help youth integrate their histories, explore dimensions of identity, and manage feelings arising from divided loyalties
- Employ appropriate therapeutic approaches to support adolescents and parents in the search and reunion process, when it occurs
Benefits of NTI

- State of the art, web-based interactive training
- Learn at your own pace with opportunities for reflection
- Engaging activities using real life scenarios, case vignettes, and videos of people with lived experience and experts in the field
- Rich in downloadable resources
- CEU’s provided at no cost through the pilot
Demo
Resource Tab to access downloadable resources
Notes Tab allows you to read along with the presentation.
This is to certify that

Yousaf Riaz

has attended the following continuing education course:

NTI: Mental Health : Module 10

Category: The National Adoption Competency Mental Health Training Initiative  CEUs: 2.5

October 10, 2016
Date of Training
Transfer of Learning

- Live coaching/consultation calls will be piloted with a portion of participants.
- Pilot sites working with NTI staff may also provide other transfer of learning opportunities.
Accessibility & Timing

- Available March 2018 through September 2018
- Available 24/7
- Access on laptop, tablet or smartphone
- Complete at your own pace
- Each pilot site will establish enrollment and participation requirements
“Target Users” will:

1. Enroll in training
2. Complete within required timeframe
3. Encourage other target users to enroll
4. Provide feedback about training content - this is a research initiative
5. Infuse competency learned via NTI into day-to-day work with children and families
Why participate in NTI?

- Be part of a national movement to expand adoption competency
- Expand your clinical expertise; enhance therapeutic practice strategies with children and families
- Improve outcomes for families - permanency and improved well-being for children, stability for families
- Increase referrals; potential to expand your practice with foster, adoptive and guardianship families and all adoption types (child welfare, private domestic, and inter-country)
Introducing the National Training Initiative (NTI)

The NTI training was the best training I've ever had in 16 years with the department!

Any chance I could have a link to the content to keep, so I can review it again and again?
NTI Staff

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