

## National Adoption Competent Mental Health Training Initiative

### Mental Health Professionals' Core Competencies Organized by Training Modules

**Use of the word(s)**

Child(ren) or child(ren) in care

Parents and families

MHP

CWP

**Is intended to mean/include**

child(ren) or youth moving towards/having achieved permanence through adoption or guardianship, including foster care, kinship, inter-country and private adoptions, and who have mental health needs

foster parents, adoptive parents, guardians, and family members in birth, adoptive, and guardianship families

mental health practitioner

child welfare professional

<b>Module</b>	<b>Knowledge</b> An adoption competent MHP has an understanding of . . .	<b>Values</b> An adoption competent MHP demonstrates . . .	<b>Skills</b> An adoption competent MHP has ability to . . .
Module 1 – A Case for Adoption Competency	<p>The focus, goals, and benefits of this specialized training as complementing trainings in other therapeutic models and consistent with current clinical practices.</p> <p>The rationale for specialized training to address critical needs addressed and the training outcomes to be achieved.</p> <p>The historical context of adoption including history of openness and record keeping in adoption and current child welfare emphasis on permanence.</p> <p>Different types of adoption and key clinical issues related to each type (i.e., foster care, kinship, inter-country, and private)</p> <p>Adoption language connotations.</p>	<p>Appreciation for evolving nature of adoption practices and value for clinicians to understand current policies and practices in foster care, kinship, inter-country, and private adoptions.</p> <p>Recognition of need to separate adoption myth from reality.</p> <p>Insight into own attitudes and beliefs about adoption and guardianship.</p> <p>Awareness of elevated treatment needs yet ineffectiveness of common mental health practices with children/youth with complex needs.</p> <p>Recognition of the critical role of parents as primary agents of healing in the treatment of children with complex needs.</p> <p>Commitment to continuing to build own clinical knowledge and skills in</p>	<p>Use positive adoption language.</p> <p>Employ a more ecological approach in clinical assessments to identify strengths and complex needs.</p> <p>Develop treatment plans highly individualized to a child’s strengths and complex needs and in collaboration with families and other networks of support.</p> <p>Avoid use of interventions lacking empirical evidence of effectiveness or known to involve risks (e.g., forced holding or rebirth)</p>

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	<p>Prevalent myths about adoption and adoption realities.</p> <p>The importance of self-awareness regarding biases and beliefs about adoption.</p> <p>Elevated needs yet limitations of current diagnostic assessment, medication, and treatment practices when used with children with complex needs.</p> <p>Dilemma in using tailored comprehensive treatments that address complex needs.</p> <p>Evidence of need for adoption competent mental health services.</p> <p>Mental health implications of key child welfare practices.</p> <p>The nature and key aspects of adoption competent practice and common practices that are unhelpful.</p> <p>Points in the adoption process at which clinical intervention may occur.</p> <p>Guiding principles of adoption competent clinical practice.</p>	<p>light of need for adoption competence in clinical practice and evidence of inadequacy of many current mental health models in addressing underlying issues.</p>	

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Module 2 – Mental Health Needs of Children	<p>Normative behaviors of children in/from foster care within the context of their experiences, relationships, and cultures.</p> <p>Complexity and interaction of difficulties involving trauma/complex trauma, loss and unresolved grief, attachment, identity formation, and cognitive, developmental and behavioral difficulties.</p> <p>Basic nature of the seven core clinical issues in adoption, related developmental tasks, and related clinical intervention implications.</p> <p>Predictable developmental stages of family formation and their clinical implications.</p> <p>Age-sensitive aspects of attachment, attention, learning, and self-regulation.</p> <p>Complex symptoms are not well-defined by current diagnostic codes</p> <p>The fact that practices commonly cited as empirically based may not have been demonstrated to be effective with the population of children with complex needs in/from</p>	<p>Appreciation for core values and principles that guide adoption/guardianship competent mental health practices.</p> <p>Appreciation for the array of knowledge and skills required to effectively treat children with complex needs.</p> <p>Strong appreciation for and commitment to understanding the child’s unique story.</p> <p>Recognition of need for specialized and comprehensive assessment beyond DSM diagnosis and need to refrain from labeling behavior that reflects normal responses to painful experiences as pathological.</p> <p>Commitment to an ecological orientation and strengths-based approaches.</p> <p>Recognition of adoption as a lifelong process rather than an event and its potential for healing.</p> <p>Recognition of family (rather than child) as core client and related commitment to family systems work.</p>	<p>Engage in clinical practices that reflect core values consistent with adoption/guardianship competent mental health practices.</p> <p>Apply a strengths-based, ecological orientation in clinical work.</p> <p>Employ a framework for comprehensive assessment of children experiencing adoption/guardianship and their families that informs treatment plan that appropriately addresses core issues.</p> <p>Employ assessment strategies that uncover the child’s unique story and inform clinical practices that help children understand more about their stories, process their past experiences, and form healing relationships.</p> <p>Use therapeutically appropriate strategies to assist foster, adoptive and guardianship parents to:</p> <ul style="list-style-type: none"> <li>-understand differences between raising a child by birth and by adoption/guardianship;</li> <li>-understand implications of a child’s history;</li> <li>-understand culturally based behavior;</li> </ul>

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	<p>foster care or adopted internationally or privately.</p> <p>The lack of or need for integrated and comprehensive model that addresses the spectrum of needs, particularly for older youth.</p> <p>The framework for comprehensive assessment of children experiencing adoption/guardianship and their families.</p> <p>The interrelated nature of symptoms that arise from early adverse/traumatic experiences as well as genetic, temperamental, and environmental factors.</p> <p>Approaches that use selected components of different effective treatments appear to outperform manualized treatments for complex disorders.</p> <p>Degrees and importance of openness in the context of adoption and guardianship.</p>	<p>Belief that caregivers need all the information available about a child they are parenting and awareness of implications of less-than-full disclosure.</p> <p>Appreciation for need to attend to mental health needs throughout a child’s experience in care and thereafter.</p>	<p>-reframe behaviors based on assessment of experiences, needs, and development; and</p> <p>-use parenting approaches that strengthen attachment, promote healing from trauma, and promote healthy identity formation.</p> <p>- recognize the importance and value of advocating/collaborating with the multiple systems that impact their child</p> <p>Refrain from potentially harmful therapeutic interventions such as re-birthing and/or holding.</p> <p>Collaborate with child welfare and other systems</p> <p>-to ensure that salient history of the child is available and informs assessment and treatment,</p> <p>-to clarify treatment goals, and</p> <p>-to establish expectation for substantial caregiver/parent involvement in treatment.</p>
Module 3 – Grief and Loss	<p>The importance of grief and loss work in the healing process.</p> <p>Impacts of unresolved losses on the mental health of children.</p>	<p>Appreciation for the therapeutic value of practices that preserve a child’s story and aid in processing loss and establishing new meaning.</p>	<p>Conduct clinical assessments that examine a child’s history of loss and grief as well as loss experiences of the parents/guardians.</p>

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	<p>Behaviors associated with unresolved and unaddressed grief and loss.</p> <p>A developmental framework for how children experience, understand, and process loss.</p> <p>Principles and key features of grief models.</p> <p>Research findings on the experiences of children and families involved in confidential, semi-open and fully disclosed open adoptions.</p> <p>The nature and therapeutic value of Life books, loss boxes, journaling, bibliotherapy and other tools currently in widespread use.</p> <p>The importance of family rituals and other activities that help children put voice to their loss and grief in a safe way.</p> <p>The importance of advocating for reduction in practices that perpetuate loss.</p> <p>The fact that various cultures exhibit and process grief and loss in different ways.</p>	<p>Belief that children need to know and to understand their stories of loss and grief.</p> <p>Awareness that children must grieve previous losses to form new attachments.</p> <p>Belief in the need to reprocess loss as children develop.</p> <p>Appreciation of the benefits of openness for mitigating loss, except in rare cases when not in a child's best interest.</p>	<p>Use a grief model to help children and youth process their grief and feelings of rejection and loss.</p> <p>Assist parents/guardians to</p> <ul style="list-style-type: none"> <li>-Understand behaviors within the context of history of loss and grief and establish behavioral expectations based on their understanding</li> <li>-Help their child put voice to their loss and grief in safe ways</li> <li>-Recognize and use opportunities for family rituals and experiences that nurture and heal.</li> </ul> <p>Collaborate with child welfare and other professionals to reduce subsequent loss experiences.</p> <p>Provide opportunities for children to integrate people, places, and things they have lost (we don't ask them to forget).</p> <p>Help parents understand the needs of children to participate in culturally based rituals and practice regarding loss and grief.</p>
Module 4 – Trauma			

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	<p>The impact of trauma and early and ongoing adverse experiences on brain development and behavior.</p> <p>The basics of neurodevelopmental disorder associated with prenatal alcohol exposure (ND-PAE).</p> <p>The nature of behaviors and emotional responses as potential reactions to trauma.</p> <p>The role of different types of triggers that can lead to dysregulated emotional and behavioral responses.</p> <p>Neuroplasticity and recovery from trauma.</p> <p>Effective and developmentally appropriate interventions for children with histories of trauma.</p> <p>Therapeutic parenting strategies and daily routines that build trusting relationships and promote healing.</p> <p>The impact of historic and intergenerational trauma on the behavior of children.</p>	<p>Awareness of the impact of trauma on children and youth and the need for specialized intervention.</p> <p>Belief that children can be resilient and reparative work can be done through corrective relationships.</p> <p>Belief in parents and caregivers as primary healing agents who must be involved in the process of healing from trauma.</p> <p>Commitment to remain abreast of developments in brain neurobiology and implications for clinical practice.</p> <p>Belief in the trauma lens, focusing on “what happened to a child?” rather than “what’s wrong with the child?”</p> <p>Belief that parents can be taught the necessary skills to parent traumatized children.</p> <p>Commitment to helping parents understand historic trauma and its impact on behavior and identity formation.</p>	<p>Conduct clinical assessments that identify a child’s history of trauma, its impact on areas of functioning, and implications for treatment approaches and modalities.</p> <p>Use of therapeutic strategies with children that build coping and regulatory skills.</p> <p>Assist parents to explore their own histories of attachment, trauma and loss and implications for their parenting a child.</p> <p>Assist a child to</p> <ul style="list-style-type: none"> <li>-build trusting relationships that allow for feelings of safety and readiness to deal with trauma experience</li> <li>-understand the experience and process emotions related to traumatic experiences</li> <li>-develop coping skills and strengthen self-regulation.</li> </ul> <p>Assist parents/guardians to</p> <ul style="list-style-type: none"> <li>-Understand behaviors within the context of trauma history and reactions and establish appropriate behavioral expectations based on that understanding</li> <li>-Provide structure, routines, age-appropriate behavior management, and nurturing activities.</li> </ul>

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			<p>-Recognize and use opportunities for activities and experiences that nurture and heal.</p> <p>-Provide support to help regulate and redirect child using a trauma lens.</p> <p>- be attuned to their own needs for wellness and risk for vicarious traumatization.</p> <p>Provide emotional support for parents dealing with their child’s trauma and attachment issues.</p> <p>Collaborate with child welfare and other professionals to avoid re-traumatizing experiences.</p>
Module 5 – Attachment and Bonding	<p>Attachment as the foundation for growth and development across all domains.</p> <p>Attachment challenges of children who experience adoption/guardianship.</p> <p>The continuum of attachment styles.</p> <p>The need for healthy integration of all attachments.</p> <p>The importance of sibling relationships and impact of separation.</p>	<p>Sensitivity to the negative impact on attachment of adverse early experiences as well as removal and placement in foster care and subsequent multiple placements.</p> <p>Belief in the potential of a child to form attachments.</p> <p>Commitment to honoring a child’s attachments to birth, adoptive, guardianship families, other supportive relatives and non-relatives, and culturally defined relationships and maintaining connections that are beneficial to the child.</p>	<p>Conduct clinical assessment that examines a child’s attachment history.</p> <p>Develop appropriate treatment plans for children and parents that address identified needs related to attachment.</p> <p>Assist a child to explore and understand his past attachment experiences and to build new secure attachments through trusting relationships.</p> <p>Use attachment-based interventions that help families use empathic communication and establish</p>

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	<p>Principles of attachment-based therapies and their application with children and their adoptive/guardianship families.</p> <p>Children’s behaviors within the context of attachment history.</p> <p>The need to exercise caution around the reactive attachment disorder (RAD) diagnosis given its rare occurrence</p> <p>The relationship of attachment and differentiation in pre-teen and older children.</p> <p>Key features of formal and adjunct therapies that engage children and parents in learning/re-learning and in relationship building/re-building.</p> <p>Attachment-based parenting strategies that build healing relationships.</p> <p>Current child welfare policies and practices intended to preserve attachments (e.g., birth family and sibling contact, relative placements)</p>	<p>Recognition of the important role of communities and tribes with children who are their members.</p> <p>Valuing the preservation of family involvement during periods of residential treatment unless there is clear evidence of potential harm.</p> <p>Awareness and appreciation of current child welfare policies and practices intended to preserve attachments (e.g., birth family and sibling contact, relative placements)</p>	<p>supportive, nurturing environments that promote bonding.</p> <p>Assist parents/guardians to –</p> <ul style="list-style-type: none"> <li>-accept/value/support attachments to birth/foster families;</li> <li>-understand the concept of parental entitlement and how to claim a child;</li> <li>-understand behaviors within the context of attachment history and establish appropriate behavioral expectations;</li> <li>-recognize and use opportunities for experiences that promote secure attachments;</li> <li>-support differentiation as part of identity formation while maintaining attachments; and</li> <li>-support a cultural identity that may be different than their own.</li> <li>- identify their own needs for safety and support as they seek to support their children’s sense of safety and attachment</li> <li>- recognize and address the impact of parental attachment styles and loss issues on the parent-child relationship.</li> </ul> <p>Educate parents that parenting styles used with other children may not be effective with children who have attachment challenges.</p>
Module 6 – Race and Diversity			



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	<p>Disproportionate representation of minority children in child welfare populations and frequency of transracial adoption, including in inter-country and private adoptions.</p> <p>Differences among race, ethnicity, culture, class, and disability and their impacts on adoption/guardianship.</p> <p>The history of race relations and knowledge about the history and culture of specific racial and ethnic groups in the child welfare system or in adoptive placements, including inter-country and private adoptions.</p> <p>Disproportionate representation of children of color in the child welfare system and the impact of longer stays and often multiple moves on children of color in foster care, prior to their adoptive placement</p> <p>Research findings on challenges and outcomes of transracial adoptions and guardianship and factors that contribute to positive outcomes.</p> <p>Culturally sensitive practices in working with racially, ethnically, and culturally diverse adoptive and birth families (I.e. AA, Latino, Asian, Native American, etc. families)</p>	<p>Awareness of own biases re: race, culture, ethnicity, sexual orientation and gender identity.</p> <p>Awareness that race, ethnicity, culture, class, sexual orientation, and gender identity all matter.</p> <p>Openness to learning about diverse cultures.</p> <p>Commitment to preserving and honoring a child’s culture, race, and ethnicity.</p> <p>Sensitivity to intergenerational trauma and disenfranchisement of identity.</p> <p>Sensitivity to the importance of racial and cultural identity from both an historical and contemporary perspective.</p> <p>Awareness and commitment to families and adopted children having relationships with other families and children of diverse racial backgrounds.</p> <p>Commitment to the protections, for eligible children, of the Indian Child Welfare Act</p>	<p>Conduct culturally sensitive clinical assessments that identify implications for treatment approaches and modalities.</p> <p>Conduct an assessment of racial cultural identity.</p> <p>Assess the foster, adoptive, guardian parents with regard to their capacities to parent children of various cultures or gender identities.</p> <p>Assist parents to -initiate conversations about race, ethnicity, and culture; -support the significance and preservation of a child’s connection to his ethnic/racial heritage and culture of origin; and - assist a child to integrate one’s racial/ethnic identity with other identities.</p> <p>Assist parents to -initiate conversations about sexual orientation and gender identity and - assist a child to integrate one’s sexual orientation/gender identity with other identities.</p> <p>Educate and support parents to help a child and the family recognize and address racism and discrimination.</p>

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	<p>Challenges of transracial/transcultural adoption and guardianship.</p> <p>How to help parents accept/promote a child’s racial and cultural heritage.</p> <p>How to help parents accept and support a child’s sexual orientation and gender identity.</p> <p>Children’s awareness and understanding of race at different developmental levels.</p> <p>Potential triggers that lead to difficult conversations about racial differences.</p> <p>The influence of race, ethnicity and culture in assessment and treatment approaches and options.</p> <p>The nature and availability of community resources that can support the child and family in preserving race, culture, and ethnicity.</p> <p>The process of racial identity development throughout childhood and adulthood.</p>	<p>Commitment to promotion of a positive cultural identity</p> <p>Commitment to equity and safety.</p>	<p>Educate parents about the challenges and drawbacks of being “color-blind.”</p> <p>Educate transracial adoptive parents about the experiences of children of color and prepare them for difficult conversations about race relations, reasons for transracial adoption and how to explain to others why he/she does not look like his/her parents.</p> <p>Use strategies to help caregivers teach children of color, LGBTQ and transgender youth to protect themselves from potential threats.</p>

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	<p>The importance of promoting racial identity and racial socialization in transracial adoption/guardianship</p> <p>Potential dangers faced by people of color, LGBTQ, and transgender persons.</p>		
<p>Module 7 –Identity Formation</p>	<p>Impact of the complexities of identity formation for youth in foster/adoptive/guardianship families.</p> <p>Challenges of identity formation in adolescence in the context of complex trauma, ambiguous losses and unresolved grief and adoption.</p> <p>Benefits of the continuum of openness in adoption/ guardianship and the negative impact of secrecy.</p> <p>The importance of children knowing and understanding their own story.</p> <p>The role of preserving family and other connections in promoting positive identity.</p> <p>Theories of cultural identity formation.</p> <p>Degrees and importance of openness in identity formation.</p>	<p>Recognition of adoption as a lifelong process rather than an event.</p> <p>Appreciation for the complexities of identity formation for adoptive/guardian family members.</p> <p>Belief that children need to know and understand their own stories.</p> <p>Recognition of the importance and ongoing impact of a child’s birth family.</p> <p>Commitment to integration of the child’s birth family and adoptive family in the child’s identity.</p> <p>Commitment to a positive cultural identity.</p> <p>Commitment to working with tribal resources for ICWA eligible children.</p>	<p>Asking questions that elicit where a child may be “stuck” in the tasks of identity formation.</p> <p>Conduct clinical assessments that examine status of identity formation and addresses identified needs.</p> <p>Use therapeutic approaches that help children to:</p> <ul style="list-style-type: none"> <li>-explore dimensions of their identity;</li> <li>-integrate histories of their birth and adoptive/guardianship families;</li> <li>-manage feelings arising from divided loyalties;</li> <li>-learn and manage difficult or missing information; and</li> <li>-support the search and reunion process with children interested.</li> </ul> <p>Employ appropriate therapeutic approaches to assist parents to</p> <ul style="list-style-type: none"> <li>-support identity exploration;</li> <li>-promote positive identity formation into adulthood; and</li> </ul>

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	<p>The nature of the six stuck spots in identity formation, related developmental tasks, and appropriate therapeutic strategies.</p> <p>Therapeutic interventions recognized as effective</p> <p>Current search and reunion practices and their clinical implications.</p> <p>Nature and availability of community resources that can support the child and family in promoting positive identity formation and preserving race, culture, and ethnicity.</p>		<p>-support search and reunion when it occurs.</p> <p>Educate parents about how adoption can complicate identity formation and how to support the process.</p>
<p>Module 8 – Assessment and Treatment Planning</p>	<p>Limitations of current diagnostic assessment and medication practices.</p> <p>The most challenging behaviors (i.e., lying, stealing, hoarding) for parents and most common diagnoses (i.e., mood disorders, anxiety, ADHD) that can lead to ineffective treatment.</p> <p>The need for comprehensive assessments and interventions that target a wide range of interrelated etiologies and symptoms.</p> <p>The interrelated nature of symptoms that arise from early</p>	<p>Commitment to use of adoption competent assessment protocols and interventions that embrace all the core values.</p> <p>Strong appreciation for and commitment to understanding the child’s unique story.</p> <p>Recognition of need for comprehensive, specialized assessment beyond DSM diagnostic labeling and need to refrain from labeling as pathological behaviors that reflects normal responses to adverse experiences.</p>	<p>Conducts initial comprehensive clinical assessments and ongoing inquiry to fully understand the youth’s and family’s stories and formulates treatment plans that support secure attachments, resolution of grief and loss, continued healing, and continued positive identity formation within a healing family environment.</p> <p>Apply an ecological orientation and strengths based approach with children and their families.</p> <p>Fully engage parents in the treatment process, strengthening parental</p>

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	<p>adverse/traumatic experiences as well as genetic, temperamental, and environmental factors.</p> <p>The intersection of attachment and complex trauma.</p> <p>Age-sensitive effects of a child’s experiences with trauma, loss, attachment, and placement changes and implications for clinical intervention.</p> <p>Child welfare policies that guide the provision of mental health services.</p> <p>The need for adoption-sensitive language in working with adopted youth and their families.</p>	<p>Commitment to an ecological orientation and strengths based approaches.</p> <p>Recognition of adoption as a lifelong process rather than an event and its potential for ongoing developmental healing.</p> <p>Appreciation for core values that guide adoption/guardianship competent mental health practices</p> <p>Recognition of family (rather than child) as core client and related commitment to family systems work.</p> <p>Appreciation for the array of knowledge and skills required to effectively treat children with complex needs.</p> <p>Belief that in the harm that can come from less than full disclosure and that caregivers need all the information available about a child they are parenting.</p> <p>Appreciation for the need to address mental health challenges throughout a child’s experience in care and thereafter.</p>	<p>understandings and building capacity for therapeutic parenting; avoid blaming parents for a child’s difficulties.</p> <p>Acknowledge and normalize parent feelings; normalize child behavior within the context of the child’s experiences.</p> <p>Determining when a child has sufficient attachment security and regulatory skills to comfortably process feelings about the past.</p> <p>Provide clinical interventions that assist children/youth to understand more about their unique stories, to process related feelings, develop new meaning, develop coping skills, and strengthen self-regulation.</p> <p>Use effective strategies to assist parents to</p> <ul style="list-style-type: none"> <li>-understand their child’s behavior within the context of the child’s unique history;</li> <li>-establish appropriate behavioral expectations and use of developmentally appropriate behavior management interventions; and</li> <li>-use therapeutic parenting strategies that build trust and strengthen new attachments, promote positive</li> </ul>

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			<p>identity, and strengthen coping and self-regulation skills.</p> <p>Collaborate effectively with child welfare, legal, medical, and education resources to secure needed interventions and preserve the family.</p>
<p>Module 9 – Therapeutic Parenting Strategies</p>	<p>Interventions for parents to modify children’s negative behaviors while balancing nurture and structure.</p> <p>Clinical interventions with children and youth that build coping skills and strengthen self-regulation.</p> <p>Clinical interventions with parents that build resilience and strengthen capacity for effective management of challenging behaviors.</p> <p>Skills that help youth and parents to identify and manage triggers that cause dysregulation.</p> <p>The nature and availability of child welfare, legal, and protective resources that can support appropriate intervention in extreme situations.</p>	<p>Belief in safety as a priority.</p> <p>Recognition of parents as resources and primary agents of healing and safety.</p> <p>Commitment to refraining from supporting forms of interventions that violate core values or may be harmful.</p> <p>Awareness of the over-use of psychotropic medications to address challenging behaviors.</p>	<p>Conduct clinical assessments that identify potential threats to safety for child or family members.</p> <p>Use therapeutic strategies with a child that build coping skills and strengthen self-regulation.</p> <p>Use strategies that assist parents to:</p> <ul style="list-style-type: none"> <li>-understand implications of a child’s history and reframe behaviors based on experiences, needs, and development;</li> <li>-establish age or stage appropriate behavioral expectations; and</li> <li>-retain resilience featuring flexibility and use of humor.</li> </ul> <p>-Use parenting behavior management interventions that strengthen coping and self-regulation while preserving attachment and bonding.</p> <p>-Use interventions that protect family members when safety is threatened.</p>

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<p>Module 10 – Family Stability Post-Permanency</p>	<p>The fact that adoption as a life-long process, not an event, and the need for post-adoption services often years after placement.</p> <p>Parental/caregiver help-seeking as normative and a strength rather than sign of failure.</p> <p>The mental health needs of children across the foster care/permanence spectrum from preparation for permanence, through finalization, and post-permanence.</p> <p>Risks for development and ongoing elevated mental health needs of children adopted from foster care.</p> <p>The specialized nature and value of access to a continuum of therapeutic services and resources for families formed through adoption and guardianship.</p> <p>Predictable stages of identity and family formation and related clinical issues (e.g., search and reunion).</p> <p>Potential triggers and strategies for managing responses.</p>	<p>Awareness of negative experiences often reported by adoptive parents seeking mental health services and ineffectiveness of common mental health practices with children/youth with complex needs.</p> <p>Belief that seeking help is a strength and not a sign of weakness.</p> <p>Commitment to the preservation and wellness of adoptive/guardianship families.</p> <p>Willingness to work collaboratively with other systems to address complex needs of a child.</p>	<p>Conducts initial comprehensive clinical assessments and ongoing assessment to fully understand the youth’s and family’s stories, assess changes in needs and strengths over time, and formulates treatment plans that support secure attachments, resolution of grief and loss, continued healing, and continued positive identity formation within a healing family environment.</p> <p>Engage families in an accepting, non-blaming manner.</p> <p>Provide appropriate clinical support for parents to apply their understanding of their child and therapeutic parenting strategies they have learned to</p> <ul style="list-style-type: none"> <li>-support security and individuation through adolescence and young adulthood;</li> <li>-promote positive identity formation through young adulthood; and</li> <li>-support search and reunion if their son or daughter is interested.</li> </ul> <p>Engage in effective interagency collaboration including child welfare, legal, health, and education systems toward a common goal of family preservation and well-being.</p>

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	<p>The continuum of adoption/guardianship support and preservation services and characteristics of helpful and unhelpful services.</p> <p>Policies, procedures, jurisdiction, and constraints of legal, child welfare, education, and other systems.</p> <p>Degrees and importance of openness in ongoing adjustment and identity formation.</p>		