

**November 27, 2018 Senate Caucus on Foster Youth – Congressional Briefing -  
Presentation of Dawn Wilson, NTI Director for the Center for Adoption Support and Education**

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Good afternoon, my name is Dawn Wilson and I'm the Director of the National Adoption Competency Mental Health Training Initiative with the Center for Adoption Support and Education (C.A.S.E.) located in Maryland, whose mission is to improve the lives of adopted and foster children and their families through counseling, lifelong education and a growing network of trained professionals. Thank you for this opportunity to speak on the issue of adoption disruption and dissolution.

For most children, adoption is an important protective factor, bringing permanency, safety and a nurturing environment to children who have generally been in less-than-adequate situations. Because of traumatic life experiences, profound unresolved loss and grief and compromised beginnings – especially for those who experienced foster care or orphanage care, many children and youth who are adopted or in guardianship experience elevated risks for developmental, health, emotional, and behavioral challenges. The impact of these experiences and challenges compromises well-being and family stability, posing challenges for children and their families throughout the family life cycle. The lack of access to adoption competent mental health services is a significant barrier to adoptive families who are often ill-prepared to meet the mental health challenges of children who come to their families with experiences of early adversity.

A National Institute of Mental Health study found that nearly half (47.9 percent) of youth in foster care were determined to have clinically significant emotional or behavioral problems. Research further indicates:

- Foster/adoptive parents reported 1/3 of children had emotional problems and 40% had educational problems. (Festinger, 2006)
- 40% of youth adopted from foster care are diagnosed with ADD/ADHD with high incidence of pre-natal drug/alcohol exposure. (Smith, 2006)
- The American Academy of Pediatrics estimates up to 80% of children come into foster care with a significant mental health need and in 2014 they identified mental health as the greatest unmet need of children in foster care.

Research has long indicated that adopted children are disproportionately represented in the psychiatric population (Ingersoll, 1997).

- Adoptive families utilize clinical services triple the rate reported by families formed by birth. (Howard, Smith & Ryan, 2004; Vandivere, Malm & Radcliff, 2009)
- Adopted children and youth are:

- 2-5x more likely to utilize outpatient mental health services, and
- 4-7x more likely to utilize inpatient psychiatric facilities or be placed in residential treatment centers<sup>1</sup>
- According to some reports, the percentage of adopted children in residential treatment centers is reported to be between 30 and 40 percent and is even higher in centers specializing in attachment disorder treatment and developmental trauma treatment.
- Adoptive parents also cite competent mental health services as one of their greatest unmet needs, too frequently reporting practices that are ineffective or even harmful to their families. (McCrae, Barth, & Guo, 2010).

While the Families First legislation does help address the mental health needs of children and youth most in crisis, it does not necessarily meet the needs of families whose children have mental health needs but are not yet at risk for out of home placement. There are significant costs associated with the limited or delayed access to quality adoption competent mental health care and especially those who have been adopted from foster care -- both financially and emotionally. Poor treatment outcomes, higher use of psychotropic medication, reported at 3 to 11 times higher than children not in care, over-representation in higher cost and higher levels of mental health services. Studies suggest that lack of appropriate mental health services contribute to higher rates of adoption disruption and dissolution for families adopting from foster care, as well as interactions with the juvenile justice system.<sup>2</sup>

While most adoptions succeed, disruption and dissolution of adoptions are exacerbated by a range of barriers to obtaining quality mental health services for adopted children. These barriers include:

- limited availability of mental health treatment providers, particularly in rural areas
- accessibility issues, such as inconvenient locations and office hours
- little or no choice in providers
- lack of knowledge about the resources that exist to help families identify and access quality mental health services in their communities
- no process for identifying clinicians with special adoption competent expertise, such as through a national certification or central registry
- And most importantly, a lack of fully qualified and skillful clinicians who also understand complex adoption/guardianship related issues such as trauma, attachment, grief and

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<sup>1</sup> Smith, S. L. (2014, March). Keeping the promise: The case for adoption support and preservation. Donaldson Adoption Institute. Retrieved February 24, 2016, from <http://adoptioninstitute.org/publications/keeping-the-promise-the-case-for-adoption-support-and-preservation/>

<sup>2</sup> See <http://casew.umn.edu/wp-content/uploads/2014/04/AdoptionDissolutionReport.pdf>

loss, and identity formation (McCrae, Barth, & Guo, 2010; Festinger, 2006; NACAC 2007).

This is further supported by studies of graduate and post-graduate training:

- Most mental health professionals lack the training to meet the diverse, complex, clinical needs of adoptive families.
- 65% of clinical psychologists are unable to recall any training course that focused on adoption related issues.
- Professors teaching doctorate level clinical programs spent on average 7.59 minutes per semester on the topic of adoption.

Extremely concerning is that in communities across the country, foster and adopted children and youth with significant behavioral, emotional and educational challenges and their families are receiving services from professionals who have limited adoption competent expertise. To make matters worse, because publicly-funded community mental health centers that accept Medicaid are often the training ground for new clinicians – and many adoptive families rely on Medicaid, the youngest and least experienced professionals are often the ones serving youth with the greatest needs.

In a national survey of 485 individuals conducted by C.A.S.E., only 25 percent of adoptive families reported that the mental health professional they saw was adoption competent. Only 19 percent reported insurance subsidies adequate to address their children's mental health needs. Many respondents reported that the number of Medicaid mental health providers was quite limited, and they believed the majority of those who were available were not adoption competent. 81 percent of respondents reported that if they had a choice, they would choose a therapist who has earned a certificate as an adoption competent therapist. Too often parents reported that the therapist did more harm than good.

C.A.S.E. has been a provider of adoption-competent mental health services in the Maryland, Northern Virginia and metro DC area for 20 years serving over 6,700 foster and adoptive families and conducting annually over 7,000 counseling sessions - the largest mental health provider specializing in the treatment of foster and adopted children in the country. Beyond the national reputation for excellence in meeting the needs of the foster and adoption community, C.A.S.E. has been committed to building an adoption competent workforce nationally.

Aware of our local impact, families across the country were reaching out seeking specialized mental health supports in their community. In 2009 to answer this call to action, C.A.S.E.

developed the standardized, manualized 72-hour Training for Adoption Competency (TAC), an evidence-informed, intensive, post-graduate training and case consultation program for clinicians. TAC was developed with the support of major national foundations – the Freddie Mac Foundation, the Dave Thomas Foundation for Adoption, the W.W. Kellogg Foundation, and the Annie E. Casey Foundation. The curriculum is based on 18 core knowledge, value and skill competencies needed for adoption-competent mental health practice identified and vetted by a group of nationally recognized experts and those with lived experience including adoptees, youth in care, and parents. This group also developed a definition of an adoption competent mental health professional using an expert-consensus process, which has been used nationally in development of policy and practice.

The TAC is currently being implemented and evaluated in 17 sites across the country, including with four University partners, three public child welfare departments, and private nonprofit agencies including eight national Wendy's Wonderful Kids (WWK) sites. Over 90 cohorts of 1200 students have completed TAC and there is a sound and growing body of evidence that the TAC is a high quality, evidenced informed, effectively-delivered, training that increases knowledge and changes clinical practices in ways associated with adoption competency. We want to acknowledge the ongoing support of the Dave Thomas Foundation for Adoption, who remains the key national funder of the expansion of TAC and the alignment of TAC with WWK sites.

In 2014, C.A.S.E. was excited to be awarded a five-year cooperative agreement by the Children's Bureau for the National Adoption Competency Mental Health Training Initiative (NTI). Again, a group of national advisors, including adoption scholars, clinicians, child welfare administrators, former foster youth and foster/adoptive parents were convened to identify the core competencies on which the curriculum is based. Together with our partners, University of Maryland School of Social Work and Institute for Innovation and Implementation and Policy Works, among others, C.A.S.E. developed, piloted and evaluated two state-of-the-art, evidence-informed, adoption competency web-based trainings – a 20-hour curriculum for child welfare professionals and a 25-hour curriculum for mental health professionals. The goal of NTI is to improve the capacity of child welfare and mental health service systems and the competency of professionals to understand and effectively collaborate to address the mental health challenges of children and youth and their families experiencing foster care, adoption or guardianship. NTI provides a standardized, curriculum that is not trainer dependent, is accessible 24/7, is self-paced and self-navigated and enhances collaboration by providing an aligned curricula for child welfare and mental health professionals.

During the pilot phase, over 6,000 child welfare professionals enrolled across eight state child welfare systems and the Cherokee Nation with a 72.5% completion rate. Outcomes from the

child welfare pilot evaluation indicate high ratings of participant satisfaction with the materials and content. Eighty-five to 90% of participants agreed that this training is applicable to their work. Child Welfare workers improved on average 25% from pre-test to post-test – which is statistically significant. These are impressive outcomes with immediate impact on child welfare practice given the complexities of these systems with high staff turnover and struggling performance based on child and family service reviews.

One area of note is in knowledge gains for the module on loss and grief. Pretest scores on the loss and grief module were significantly lower than for all other modules – with an average of 10% passing the 10- question pre-test. As one child welfare worker noted... *“We should explain to the children the reasons they left their parent's home. I really did not know that this should be told. By completing the training, I understand the reasons behind that now.”* All children in care have experienced profound loss and grief being separated from birth family and others of significance. Unresolved loss and grief leads to profound mental health issues, childhood depression, anxiety and self-harming behaviors. NTI participants experienced higher knowledge gains (of 47%) in the understanding of the impact of separation and loss, which is critical foundational learning for all staff working in the child welfare system. This illustrates what will be missed when our systems are solely reliant on providers being trained in a specific EBP without having the “core” foundational knowledge that is necessary to address the mental health needs of the children they are serving.

Equally impressive are the preliminary outcomes of the mental health pilot which was completed in September 2018 with over 2800 mental health providers with a 69% completion rate among those who started the training. Participants’ test scores increased significantly between pre and posttest and 94% of participants agreed that NTI increased their adoption mental health competence. More than half of NTI completers reported improvement in their job performance, effectiveness as a mental health professional, and in their ability to help children and families or to collaborate with colleagues. While these outcomes are preliminary, they illustrate that even experienced clinicians who complete NTI are experiencing gains in knowledge and impact on practice.

It is the goal of NTI to work collaboratively with all States, Tribes and Territories during this final year of our 5-year, \$9 million-dollar initiative to infuse enhanced adoption mental health competence into case work and clinical practice. We know, however, from our pilot work that many systems need additional implementation support to use NTI effectively and we have developed an implementation model to expand NTI nationally. This includes implementation specialists who work with STT staff to address technological challenges, review policies regarding training to support sustained use of web-based curriculum, engage buy-in from

leaders and champions locally, review data reports to support data-informed decision-making, and plan for transfer of learning opportunities to apply learning to practice.

Excellent trainings exist to enhance the adoption mental health competence of professionals. But the reality is that access to adoption-competent mental health services is still a critical factor in promoting positive outcomes and the success for children and their adoptive families. It is our belief that the best way to support adoptive families and decrease adoption disruption and dissolution is two-fold:

- 1) to assure that all families have access to affordable, high-quality, adoption-competent mental health services before, during and after placement or finalization to support them as challenges arise; and
- 2) to assure that all child welfare and mental health professionals have access to high-quality training to enhance their competency in understanding and addressing the mental health challenges of children and youth experiencing foster care, adoption or guardianship, as well as the skills needed to train, prepare and support foster, adoptive and guardianship families.

Toward this end, we would like to make the following recommendations:

- *Families need access to professionals who have a foundational understanding in the core issues that impact foster, adoptive and guardianship families. We are very proud of the NTI trainings and evaluation is showing significant knowledge gains and practice impact. Our concern is that this \$9 million-dollar state-of-the-art training will sit on a shelf without sustained effort and implementation support to states, tribes and territories beyond this last year. Additional federal funding for technical assistance is needed to assure infusion of NTI in all states, tribes and territories training systems to ensure a standardized, foundational level of training nationally across all child welfare professionals and mental health therapists who contract with or serve children/youth in the child welfare system.*
- *Additional funding needs to be allocated to assure updates to the NTI training. We've already invested \$9 million dollars and without plans for updating NTI will eventually become obsolete. States, tribes and territories are already asking what the plan is for updating the curriculum to include advances in the field, new research, and practice models in the coming years. To achieve a return on investment – we need to have a plan and funding to update the curriculum.*
- *Provide guidance to state, tribal and territory child welfare systems of the importance of contracting with providers who have a foundation of adoption mental health competence. NTI and TAC can be provided as examples of how to gain that foundation.*

- *Develop a national registry for therapists who have completed NTI and TAC so that families can find them.*
- *Ensure that the programs funded by the Family First Act are delivered by an adoption competent workforce, and that all families adopting from foster care are defined as eligible for preventive mental health services.*

*Thank you for this opportunity to address our concerns about the lack of adoption mental health competence and our shared commitment for the well-being of children and families experiencing foster care, adoption and guardianship.*