



TRAINING FOR ADOPTION COMPETENCY CERTIFICATE PROGRAM
PARTICIPANT PROGRAM MANUAL



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Center for Adoption Support and Education

Introduction

WELCOME!

The Center for Adoption Support and Education (C.A.S.E.) Training for Adoption Competency (TAC) Assessment-based Certificate Program is a manualized adoption-competency, clinical training program for licensed mental health professionals and master's level child welfare/adoption professionals working with families formed through adoption, with children and youth frequently adopted from the foster care system.

The TAC Certificate Program is designed to support your assessment and intervention practices. Ideally, these changes will enable you to apply trauma-informed, attachment-based skills to address core adoption issues such as loss, grief, understanding one's adoption story, identity formation, and search and reunion.

The TAC Certificate Program consists of a 72-hour, 12-module training curriculum, including one online, self-paced eModule and eleven (11) classroom-based modules with six case consultations included in six of the classroom modules. When you have completed the program, you will take a final 123-question assessment. You must pass the assessment with 70% or higher. C.A.S.E. followed industry best practices to establish this passing score and ensure that it reliably and accurately measures your achievement of the intended learning outcomes. You must complete all 12 modules, including active participation in the case consultations, and pass the final assessment in order to earn the TAC Certificate. We also ask that you thoughtfully complete the course evaluations after every module. We collect, analyze, and act on this feedback actively to ensure the content is relevant and that the instructor-led aspects of the program are effective and engaging.

About C.A.S.E.

C.A.S.E.'s mission is improving the lives of children who have been adopted or in foster care and their families through counseling, lifelong education, and a growing national network of trained professionals. C.A.S.E. is a national leader in mental health services for the adoption and foster care community. C.A.S.E. is a 501 (c) (3) charitable organization.

Our core values are to nurture, inspire and empower adoptive and foster families and the professionals who serve them. Our passionate and dedicated staff and Board of Directors are guided by the following core values:

- **Commitment to Empowerment and Collaboration:** We use a family-centered, strengths-based, collaborative, clinical approach, combined with educational resources and support that empowers families to thrive. We engage local and national government, civic and business partners to expand access to services.
- **Culture of Innovation and Excellence:** With a spirit of inquiry, we apply best practices to advance excellence in the knowledge, training and implementation of adoption competency to improve mental health outcomes and permanency.
- **Dedication to Inclusivity and Accountability:** We value a diverse workforce and client base inclusive of all those touched by adoption or foster care. We are dedicated to the highest standards of integrity, client satisfaction and accountability to our stakeholders.

C.A.S.E. provides mental health and child welfare professionals with training to become "adoption-competent." Our training programs help these professionals gain the skills, insight, and experience necessary to serve the needs of the adoption and foster care communities. The Training for Adoption Competency (TAC) Assessment-based Accredited program is one of C.A.S.E.'s primary training initiatives.

About the C.A.S.E. TAC Program

History

The Center for Adoption Support and Education (C.A.S.E.) Training for Adoption Competency (TAC) is a major product of a larger initiative, Training and National Program for Adoption Competent Mental Health Practitioners, led by C.A.S.E. The central mission of the larger initiative was to establish national adoption competent training standards, to develop a competency-based training program for clinicians, and to develop a model for national adoption competency.

In June 2008, C.A.S.E. convened a National Advisory Board of adoption and child welfare experts and those with lived experience for the purpose of conducting a needs analysis and reaching consensus on the key competencies for mental health professionals, developing a working design for a training program in adoption competency for mental health professionals, and addressing key issues that must be addressed to move from a certificate of completion to a national certification program (which has since become an assessment-based certificate program). With Advisory Board guidance over a 12-month period, two expert consensus foundational products were developed: 1) a definition of an adoption competent mental health professional and 2) a set of specifically defined knowledge, values/attitudes, and skills competencies in 18 domains. The program you are completing today is based on this important foundational work.

Program Goals

Access to adoption-competent mental health services is a critical factor in the outcomes for children and their adoptive families and the success of their adoptions. Birth parents can experience significant stress prior to, during, and after the adoption process. Many birth parents need quality adoption competent mental health services to process grief and loss.

Studies show 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. Likewise, birth parents often are challenged to find and work with adoption competent mental health professionals to help them meet their needs.

The TAC Program is designed to increase families' and individuals' access to adoption competent mental health professionals and to improve the well-being of adopted children and youth and their families. Based on eighteen adoption competencies developed by C.A.S.E. in collaboration with its National Advisory Board, C.A.S.E. created the TAC to build and strengthen adoption competency in mental health communities across the United States.

The Training for Adoption Competency (TAC) Assessment-based Certificate Program is a post-master's curriculum designed to achieve the following goals:

- Learn the theoretical framework and therapeutic approach of adoption-competent mental health practice
- Develop clinical assessment and intervention skills in working with birth families, children, and prospective adoption parents in planning for adoption
- Develop clinical assessment and intervention skills in working with adopted children and youth and adoptive families on issues of loss, grief, separation, identity formation, and attachment
- Develop clinical assessment and intervention 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
- Understand how trauma impacts adopted children and how to use tools and techniques to support recovery from adverse beginnings
- Understand the issues that impact identity formation for adopted youth and young adults
- Learn how to support adoptive parents in developing therapeutic strategies to use in response to their children's challenging behaviors
- Learn the different types of adoptive families, developmental stages of adoptive families, and the process of adoptive family formation and integration; and develop skills to help families achieve appropriate adoption openness and ongoing connections

- Develop an understanding of the racial, ethnic, and cultural issues in adoption and how to work with transracial and transcultural families
- Identify and utilize evidence-based and evidence-informed practices and interventions with individuals affected by adoption

Development of the C.A.S.E. TAC Curriculum

Development of the TAC curriculum was guided by a national advisory board of adoption, child welfare, and mental health experts, as well as adoptive family members. This advisory board produced two expert, consensus foundational products for the curriculum:

- a set of specifically defined knowledge, values, and skills core competencies in 18 domains
- a definition of an adoption-competent mental health professional

The TAC curriculum is designed to develop the defined core competencies and, in the end, the skills needed to be an adoption-competent mental health professional.

C.A.S.E. TAC Instructors

TAC instructors who deliver the curriculum go through rigorous selection, certification, train-the-trainer, and ongoing evaluation, and receive ongoing support from the C.A.S.E. TAC team. Qualifications to become a TAC trainer are as follows:

- Hold a master's 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)
- Experience and expertise in both adoption/child welfare and mental health practice

WHAT YOU NEED TO KNOW AS A PROGRAM PARTICIPANT

Enrollment Requirements

The C.A.S.E. TAC Assessment-based Certificate Program is geared for mental health professionals who work with adopted children, youth, and their families. As a participant in this training program, you must have the following credentials when you enter the program:

1. Master's degree (or higher) in social work, a counseling field or other related discipline with 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

2. Master's Level Professionals (or higher) in social work, a counseling field or other related discipline who do not hold a clinical license but whose work involves some interface with members of the adoption kinship network so that he/she is able to incorporate learning into practice.

- Demonstration in the personal statement and the resume that the applicant:
- 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.
- Has experience or genuine interest in working with adopted persons, prospective adoptive parents, birth parents and birth family members, adoptive families and kinship families in clinical settings.
- Will be able to incorporate the learning from the training program in his/her clinical practice.

The site at which you receive your training will process your TAC Certificate Program Application (included in the Appendix of this Manual) and validate that you have the appropriate credentials to enter the program.

Learning Components

The essential components of the TAC Assessment-based Certificate Program include the following: 12-module, 72-hour fully manualized training curriculum based on defined knowledge, skills, and competencies that were specified by a national advisory board of experts and consumers.

Specifically, you will complete the following to earn the TAC Certificate:

- An online eModule that takes approximately 6 hours to complete.
- 66 hours of in-person instruction through eleven (11) classroom-based training modules of 6 hours each that are taught monthly or biweekly. Your TAC Site will provide the dates, locations, and times for your classroom sessions.
- Nine of the eleven modules include pre-work assignments that are an estimated 1 to 1.5 hours to complete.

Instructional features of each classroom module:

- Specific, measurable learning objectives
- Pre-module assignments
- Agenda

- Content that has been developed and reviewed by a national committee of subject-matter experts in the field of adoption-competent mental health professionals
- Reading and resource lists
- Handouts

Several modules integrate case consultations, which is an application-based learning activity that will require you to synthesize learning and apply it in cases involving one or more core issues of adoption. You will be guided to follow a case analysis protocol that involves the following:

- Preparation of a genogram and ecomap
- Assessment using appropriate methodologies
- Brief summarization of mental health challenges and problems/issues related to adoption
- Specification of treatment/intervention strategies used or planned and their goals
- Identification of primary challenges/threats to treatment effectiveness
- Identification of most relevant adoption clinical competencies

Make-up Policy

We strongly urge you to be present for all eleven classroom sessions, as the activities and interactions with your peers and the instructor are not easily replicated. We do, however, understand that illness, emergencies, or unexpected circumstances may occur. You are allowed to miss up to two (2) classroom sessions provided you complete a make-up protocol for the module(s) missed.

There are detailed make-up assignments for all 11 classroom modules. Your site instructors are required to assign and review the make-up assignment to verify successful completion of that module. Make-up assignments for the 11 classroom modules are provided on the learning management system (LMS). If you miss a classroom session, please immediately make arrangements with your site instructor to complete the make-up assignment. *Note you will be responsible for completing*

the makeup assignment and the next module homework prior to attending the next classroom session.

TAC Program Assessment

Once you have completed all 12 modules, including participation in the case consultations which are part of the classroom learning experience, you will have the opportunity to take the final, 123-item assessment. You will be required to complete all 12 modules and pass the final assessment with a score of 70% or higher to be awarded the TAC Certificate.

Specifically, the assessment consists of 123, 4-option multiple-choice and multiple-response items. Question order and responses are randomized. The questions test the achievement of the learning objectives defined in the table that follows and as outlined at the beginning of every module in the program.

The assessment is administered online via the learning management system (LMS). You must have completed all of the modules in order to log in and take the final assessment. You will be required to log in to the LMS with your unique ID and password. You will be asked to read and agree to an honor code verifying your identity and that you agree to take the assessment without assistance from anyone else, and without providing assistance to anyone else.

You will be allowed a maximum of 3 hours to complete the examination (approximately 1.5 minutes/question). An online clock will be viewable at all times during the test session to help you keep track of how much time is left in the test session. You are permitted to return to items (within the total time limit).

After the assessment, you will immediately receive a score report. All items are scored either right or wrong; no partial credit is awarded. Pass/Fail decisions are based on overall performance, not domain-level scoring, according to the passing score of 70% (87 or more correct items out of 123). As of Fall 2020, the pass rate was 83.33% for first-time test takers; for all test takers, the pass rate was 78.57%.

If you fail the assessment, you will be allowed up to two (2) retakes, with a minimum of 2 days in between each retake. If you are unable to pass the assessment after three (3) attempts, you will be required to re-enroll and repeat the full program.

Participants who violate any aspect of the assessment policy are not awarded the TAC Program Certificate and are barred from retaking the program. They are also notified in writing (email) that they cannot state publicly (e.g., in their email signature, website, marketing collateral, LinkedIn Profile) or otherwise that they have earned/completed the TAC Certificate.

Appeals Regarding Assessment Results

Certificate candidates who fail the assessment and believe that a scoring error may have occurred may request that his/her exam be rescored. This request must be made in writing (email is acceptable) to a member of the TAC staff.

Assessment Records

C.A.S.E. maintains an internal database of certificate holders based on record documentation received from you at the time of registration and from your assessment activity in the learning management system.

Certificate holder status is disclosed in a Directory of Adoption Competent Professionals on the C.A.S.E. website (<https://adoptionsupport.org/member-types/adoption-competent-professionals/>) if you give permission for your name to be listed publicly after you complete the program successfully and pass the final assessment. Only Certificate holders in good standing are listed, and you must give your permission and provide your contact information as you would like for it to appear. Your application will include information on opting in or out of this Directory.

Requirements for TAC Certificate Holders

The TAC Certificate Program grants a Certificate to those who complete all elements of the program and pass the assessment. Once you have finished the program and passed the test, you are considered a Certificate Holder, and are allowed to state or advertise that you hold or have earned the Center for Adoption Support and Education (C.A.S.E.) Training for Adoption Competency (TAC) Certificate.

As a Certificate holder, you are granted and will receive a Certificate, but you are not allowed to list initials or a title behind your name. The TAC designation, not lettered credentials, give the acknowledgment to the public that you have successfully completed a rigorous adoption-competency, clinical training program for licensed mental health professionals and master's level child welfare/adoption professionals working with families formed through adoption, with children and youth frequently adopted from the foster care system. Improper use or inferences of the TAC designation and logo are strictly prohibited and can result in your Certificate being revoked.

AS A CERTIFICATE HOLDER, YOU ARE ALLOWED TO:

- State you hold or have earned the Center for Adoption Support and Education (C.A.S.E.) Training for Adoption Competency (TAC) Certificate.
- Appropriately indicate your Certificate status in your email signatures, LinkedIn page, website, marketing collateral, and social media channels.

AS A CERTIFICATE HOLDER, YOU ARE NOT ALLOWED TO:

- ⊗ State you are Certified in Adoption Competency or that you are a Certified Adoption Competent Therapist or Professional
- ⊗ Use any acronyms or letters after your names that reference the C.A.S.E. TAC Certificate or to make improper inferences of the TAC designation and logo.

Certificate Verification

Verification requests are handled by C.A.S.E. staff and responded to as soon as possible (typically within one business day). Our privacy policy dictates that assessment results and other personal information from a TAC certificate holder's file is not disclosed to a third party without prior written permission from the certificate holder. However, if C.A.S.E. is contacted by a corporation, healthcare institution, individual, state licensing board, or other appropriate stakeholder regarding your status as a TAC Certificate holder, the staff will confirm if your Certificate is valid and current (or not).

How to Access TAC Educational Content

You will access all of the C.A.S.E. TAC content from a web-based learning management site, which can be accessed with a log-in and password.

As a TAC Participant, you will be enrolled in cohort specific modules, to allow the site to track attendance and other data required for the program.

For each module, you will have access to the Participant Guide and all handouts referenced in the module. Once the site has enrolled you in the program, you will receive an email with a link to the C.A.S.E. website to welcome and provide you with information about the TAC Program (including this Participant Manual) and C.A.S.E. You will also receive a link to the learning management system along with their username and temporary password.

Your site will provide your access information and other details regarding the program.

Equal Opportunity and Accommodations

The Center for Adoption Support and Education is an equal employment opportunity Agency. C.A.S.E. does not discriminate on the basis of race, color, religion, ethnicity, age, marital status, sex, sexual orientation, gender identity, national origin, veteran status, or disability. As part of its obligations, if an accommodation is requested and the need is validated, C.A.S.E. will make reasonable accommodations for the physical or mental limitations of an employee or TAC program participant, unless it can be demonstrated that such accommodations would impose an undue hardship on the conduct of business of C.A.S.E.

C.A.S.E. is committed to providing equal educational opportunities to otherwise qualified individuals with disabilities, which may include providing reasonable accommodation(s) unless to do so would cause an undue hardship.

Requests for accommodation by participants in TAC training sessions or completing the assessment will be handled on a case by case basis. Requests should be submitted to the TAC Program Coordinator.

Disclosures and Data Security

Collection of Data

C.A.S.E. utilizes the Absorb Learning Management System (LMS), referred to as Ideas@TheInstitute with the University of Maryland School of Social Work/Institute for Innovation and Implementation. C.A.S.E. has its own landing page with access to TAC materials for enrolled trainers and participants. The LMS is administered by the University, in accordance with the following disclosure policy:

We collect several different types of information for various purposes to provide and improve our Service to you. Information will be collected by the Service. Personal information posted on sharing sites such as leader boards, message boards, and comment sections may be collected and used by others who are not required to comply with these guidelines.

Your information, including Personal Data, may be stored and/or maintained on computers located outside of your state, province, country or other governmental jurisdiction where the data protection laws may differ from those from your jurisdiction.

Types of data we may collect include:

- Personal Data - While using our Service, we may ask you to provide certain personally identifiable information (“Personal Data”) that can be used to contact or identify you. This personal data may include, but is not limited to:
- First name and last name;
- Email address;
- Street address: city, state, and zip code;
- Phone number;
- Organization, length of time in position, degree type, time in the field;
- Internet Protocol (IP) address – An IP address is a number that is assigned to a computer when a user logs on. This IP address is automatically identified when a computer connects to a server. An IP address identifies the computer, not the computer user; and

- Geolocation.
- Cookies - Cookies are identifiers that a web site can send to a user's browsers to keep on-file in order to facilitate future visits to that site. A user may set browser options to notify the user when a web site tries to send a cookie, so that the user may accept or reject it. However, if you do not accept cookies, you may not be able to use some portions of the Service.
- Usage Data – Usage Data is information on how the Service is accessed and used. This Usage Data may include information such as your computer's IP address, browser type, browser version, which pages of our Service you visit, the time and date of your visit, the time you spent on those pages, unique device identifiers, and other diagnostic data.

Use of Data

School of Social Work (SSW) may use and share collected data among offices within SSW, UMB, and the University System of Maryland for various purposes, including:

- To provide and maintain the Service;
- To notify you about changes to the Service;
- To allow you to participate in interactive features of the Service when you choose to do so;
- To provide customer care and support;
- To provide analysis or valuable information so that we can improve the Service;
- To monitor the usage of the Service; and
- To detect, prevent, and address technical issues.

Disclosure of Data

Information collected by SSW may be disclosed and shared with outside entities as necessary and appropriate for SSW to engage in the conduct of legitimate SSW operations, consistent with applicable laws. Personal Data may also be subject to disclosure under the Maryland Public Information Act (Title 4 of the Maryland Annotated Code, General Provisions Article). Student educational records may be disclosed as permitted by FERPA.

SSW may also disclose your Personal Data in the good faith belief that such action is permitted or necessary, including to:

- To comply with a legal obligation;
- To protect and defend the rights or property of SSW or UMB;
- To prevent or investigate possible wrongdoing in connection with the Service;
- To protect the personal safety of users of the Service or the public; or
- To protect against legal liability.

Security of Data

The security of your data is important to us but remember that no method of transmission over the Internet or method of electronic storage is 100% secure. SSW will take reasonable steps to ensure that your data is treated securely and in accordance with this Privacy Notice. While we strive to use reasonable means to protect your Personal Data, we cannot guarantee its absolute security.

Analytics

We may use third-party entities to monitor and analyze the use of our Service.

- Google Analytics - Google Analytics is a web analytics service offered by Google that tracks and reports website traffic. Google uses the data collected to track and monitor the use of our Service. This data may be shared with other Google services. Google may use the collected data to contextualize and personalize the ads of its own advertising network. You can opt out of having your activity on the Service made available to Google Analytics by installing the Google Analytics opt-out browser add-on. The add-on prevents the Google Analytics JavaScript (ga.js, analytics.js, and dc.js) from sharing information with Google Analytics about your activity on the Service. For more information on the privacy practices of Google, please view Google's Privacy & Terms information here: <https://policies.google.com/privacy?hl=en>.
- Links to Other Sites - Our Service may contain links to other sites that are not operated by us. If you click on a third-party link, you will be directed to that third party's site. We strongly advise you to review the privacy policy of every site you

visit. We have no control over and assume no responsibility for the content, privacy policies, or practices of any third-party sites or services.

Other TAC Program Data and Materials Retention

Training attendance, assessment scores, and certificate records are maintained in the LMS with administrator access by the TAC Program Coordinator. The UM records retention policy is provided via their website.

PROGRAM OUTLINE: KNOWLEDGE DOMAINS AND LEARNING OBJECTIVES

The Center for Adoption Support and Education, in collaboration with its National Advisory Board in 2009 and Subject-matter Expert Committee (discussed following this table), defined knowledge, skills, and competencies that serve as the foundation for the TAC program. The following lists the twelve domains of knowledge and the intended learning outcomes for each one. The educational content is aligned to these outcomes as is the final assessment.

Knowledge Domain and Module	Learning Outcomes
<p>Adoption History, Law, and Process</p> <p>Module 1</p>	<ul style="list-style-type: none"> – Describe the early roots of adoption history, including orphan trains, baby farming, placing out, specialized adoption agencies, and matching. – Describe key milestones in the history of adoption in United States. – Identify and describe the nine different types of adoption. – Discuss the laws that govern international adoption. – Trace the historical path to adoption for four specific groups of children: African Americans, Native Americans, children from other countries, and children from foster care. – Describe the laws that govern the adoption of children in foster care. – List and describe the six steps in the adoption process. – Identify myths that may exist about adoption, adopted children and youth, birth parents, and adoptive families. – Identify some clinicians’ beliefs that may affect their work with adopted persons, adoptive/kinship families, and birth families, including those beliefs that can strengthen the relationships as well as those that may compromise them. – Describe confidentiality and mandatory child maltreatment reporting requirements when working with adoptive and birth families.
<p>Theoretical/Philosophical Framework of Adoption Competent Mental Health Practice</p> <p>Module 2</p>	<ul style="list-style-type: none"> – Explain the rationale for TAC and main goals in developing and offering the training. – Compare the use of mental health services by adopted children and youth with use by non-adopted children and youth. – Describe key elements of the definition of adoption competent mental health professional. – Identify unhelpful responses of therapists that many adoptive parents have reported and more helpful alternative responses that better reflect adoption competence.

	<ul style="list-style-type: none"> – Describe and illustrate types of clinical work with birth and adoptive parents and with children/youth at different stages of the adoption process. – Compare adoption competent clinical practice principles and differentiate them from common perspectives and practices. – Identify inappropriate adoption language and substitute positive language to correct/improve. – Describe and illustrate through examples how biases affect clinical practice with adopted persons, adoptive families, and birth families. – Describe and illustrate through examples the impacts of the adoption process <ul style="list-style-type: none"> – On adopted individuals – On birth parents – On adoptive parents
<p>Meeting the Mental Health Needs of Adopted Individuals and Their Families</p> <p>Module 3</p>	<ul style="list-style-type: none"> – Identify factors that contribute to elevated risk for mental and behavioral health problems in adopted children and youth. – Identify the 7 core issues of adoption and explain the pivotal role of loss in the adoption journey. – Explain the value of understanding the seven core issues of adoption to clinicians and to members of adoption kinship networks. – Explain and give examples of how each of the core issues may impact each member of the adoption kinship network. – Identify and describe the five essential domains of adoption competent assessment identified by Murray and Sullivan. – Distinguish between levels of communicative openness among adoptive families using the “Blind, Balanced, and Blaming” concept. – Identify and describe the main features of biopsychosocial assessment articulated by Dr. David Brodzinsky. – Discuss potential benefits and concerns about overmedication of children/youth, particularly in foster care, and implications for therapists’ collaboration with prescribing physicians. – Identify effective therapist approaches to engaging adoptive families including messages communicated to adoptive parents and to adopted children and youth.

<p>The Impact of Separation, Loss and Grief: Clinical Strategies for Healing</p> <p>Module 4</p>	<ul style="list-style-type: none"> – Explain why loss and grief are key to understanding clinical issues in adoption. – Identify reasons why the loss and grief reactions of adopted and foster children are often not recognized. – Define ambiguous loss, distinguish between the two types of ambiguous loss, and describe how ambiguous loss may manifest in those who are affected. – Give examples of specific losses that children and youth often experience related to adoption. – Compare the loss experiences of adopted children separated from their birth parents at birth with the experiences of those separated later, after having experience living with the birth family. – Describe behavioral reactions to ambiguous loss. – Explain how ambiguous loss may complicate a child’s ability to resolve grief and form new relationships. – Identify factors that influence how a child reacts to grief. – Identify basic clinical strategies in addressing issues of grief and loss with adult adoptees. – Describe features of disenfranchised grief defined by Doka and circumstances under which it occurs. – Explain the nature of disenfranchised grief and its potential impacts on adoptive parents and birth parents. – Contrast the experience of loss by adoption with the experience of loss by death. – Identify and describe the four psychological tasks associated with the Good Grief Model. – Describe goals and strategies that can be used in individual and family therapy to help children grieve their losses and facilitate deeper attachment between child and parent. – Explain the purpose and appropriate uses of Loss Box and W.I.S.E. Up! as therapeutic tools.
<p>Trauma and Neurobiology</p> <p>Module 5</p>	<ul style="list-style-type: none"> – Explain the roles and relationship of genes and experiences in brain development. – Explain the concept of use-dependent brain development and its clinical implications. – Define brain plasticity, describe how it varies by region of the brain and developmental stage, and the implications for interventions that build new neural pathways. – Explain the roles of nurturing and capacity-building in addressing the effects of early adversity. – Identify neurodevelopmental consequences of prenatal exposure to cocaine, nicotine, and methamphetamine. – Compare moderate/tolerable stress with toxic stress and describe the effects of each.

	<ul style="list-style-type: none"> – Distinguish between behaviors associated with dissociation versus hyperarousal responses and explain how the timing of trauma may influence these responses. – Explain how different types of early infant-caregiver relationships impact how children view their worlds and how they form relationships. – Explain how neglect affects brain development. – Identify domains of developmental assessment and the importance of parents’ understanding of developmental age in establishing appropriate expectations. – Identify the most common diagnoses for children/youth with histories of chronic trauma. – Distinguish between PTSD and Developmental Trauma Disorder citing limitations of PTSD diagnosis for traumatized children. – Describe key features of Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization, and Neuro-sequential Model of Therapeutics.
<p>Enhancing Parent-Child Attachment</p> <p>Module 6</p>	<ul style="list-style-type: none"> – Define attachment according to John Bowlby and explain its relationship to an individual’s mental health. – Describe the interactive processes by which internal working models are developed and attachment occurs. – Compare and contrast the parenting behaviors associated with secure, insecure avoidant, insecure ambivalent, and disorganized attachment styles of attachment. – Explain the rationale for the proposed diagnosis of Developmental Trauma Disorder and the issues around which the diagnosis is organized. – Identify and give examples of domains of impairment in children exposed to complex trauma. – Differentiate attachment disorder from insecure attachment patterns. – Describe the role of observation in assessing attachment in infants, children, and youth. – Describe key features of assessment of children with attachment challenges using each of the following methods: Child Attachment Interview (CAI), Adolescent Attachment Questionnaire (AAQ), Bird’s Nest Drawing, Wall around the Heart. – Describe the key features, primary therapeutic goals, and examples of appropriate uses of Attachment, Regulation, and Competency (ARC). – Describe the key features, primary therapeutic goals, and an example of appropriate uses of Theraplay.

	<ul style="list-style-type: none"> – Describe the key features, primary therapeutic goals, and an example of appropriate uses of Trust-Based Relational Intervention (TBRI). – Describe the key features, primary therapeutic goals, and an example of appropriate uses of Dyadic Developmental Psychotherapy (DDP). – Explain the beneficial effects of intersubjectivity for child and parent. – Describe the elements in the PACE “attitude” adopted by therapist and parent in DDP and benefits to child and parent.
<p>Supporting Identity Formation for Adolescents and Young Adults</p> <p>Module 7</p>	<ul style="list-style-type: none"> – Compare and contrast key cognitive and social-emotional development tasks in early, middle, and late stages of adolescent development. – Explain the clinical implications of Minority Stress Theory for adopted youth who are sexual minorities. – Identify parental strategies for reducing health and mental health risks for their LGBTQ youth. – Explain primary lessons from neuroscience about adolescent brain development and primary implications for clinical practice supporting identity formation. – Describe the implications of emerging adulthood for clinical work with young adults who are adopted. – Describe and give examples of the factors influencing the impact of early abuse and neglect on adolescents. – Describe the impact of sexual abuse on an adolescent’s perception of the world, self-image, behavior toward others, and relationships with others. – Compare and contrast the effects of trauma occurring in children who are school age and youth during adolescence. – Describe the factors associated with increased risk for suicide and/or substance abuse in adopted adolescents. – Identify and describe each of the “six stuck spots” that may affect adopted teens. – Identify parental strategies for meeting their adolescent’s needs related to identity formation. – Define and describe features of communicative openness in adoption. – Describe the four identity statuses identified by Dr. James Marcia and illustrate each with an example of an adopted adolescent’s current life situation. – Identify issues that may complicate identify formation in adopted teens.

	<ul style="list-style-type: none"> – Explain how the Birth Parent Puzzle Mural and Mask Making activities can be used with clients to facilitate discussions around identity.
<p>Supporting Children, Youth, and Families as They Prepare for Adoption</p> <p>Module 8</p>	<ul style="list-style-type: none"> – Identify and describe the 3 therapeutic tasks in the 3-5-7 Model® used to guide interventions with children, youth, and families in working toward improved well-being and readiness for permanency. – Identify and describe the 5 conceptual questions in the 3-5-7 Model® that support the 3 therapeutic tasks. – Identify and describe the 7 interpersonal skill elements of the 3-5-7 Model® for professionals and caregivers to support the work of children, youth, and families. – Explain the significance of sibling relationships and reactions to adoption without a sibling that may be observed in practice. – Explain the implications of a child’s parentified role and effective therapeutic practice strategies with children and with adoptive parents. – Describe differences between being adopted and being raised in one’s family of origin and related issues that arise and may be addressed in therapy. – Explain the therapeutic merits and uses of lifebooks, ecomaps, genograms, and adoption family trees. – Describe issues that are important to explore with prospective adoptive parents who have experienced infertility. – Identify ways that adoptive parenting differs from parenting by birth. – Identify key parent risk factors associated with adoption instability and areas for assessment and exploration during preparation of prospective adoptive parents. – List what adoptive parents have identified as most helpful in preparing them for adoption. – Describe issues for siblings-in-waiting and give examples of how parents and professionals can help them prepare for new siblings.
<p>Clinical Issues in Working with Birth and Kinship Families</p> <p>Module 9</p>	<ul style="list-style-type: none"> – Describe best practices in pre-adoption counseling with birth parents including issues to explore, red flags, envisioning how adoption might play out, anticipatory grief, considerations around birth and relinquishment, and signing of adoption papers. – Explain the rationale for and nature of post-relinquishment adoption counseling and longer-term support for birth parents. – Describe the longer-term clinical issues most frequently observed with birth mothers and clinical tasks to address the issues.

	<ul style="list-style-type: none"> – Identify common societal misconceptions about birth fathers of children who are adopted and implications for appropriate clinical work with them. – In parents whose rights are involuntarily terminated, describe the impact and behavioral expressions of loss and grief after termination. – Compare and contrast types of kinship care. – Explain the benefits of kinship care for children. – Identify challenges faced by relative caregivers, including those specific to older caregivers. – Describe risk factors in kinship care related to guilt, loss, and ambivalence, projection and transference, hope/fantasy/denial, and loyalty issues. – Identify key tasks for the clinician when working with kinship families.
<p>Openness in Adoption</p> <p>Module 10</p>	<ul style="list-style-type: none"> – Compare and contrast the benefits and challenges of confidential, of semi-open/mediated, and of fully disclosed/open adoption for birth parents, for adoptive parents, and for the adopted person. – Compare and contrast the clinical issues that may arise in confidential, semi-open/mediated, and fully disclosed/open adoption for birth parents, for adoptive parents, and for adopted children. – Identify and explain key principles for current practice on openness in adoption. – Compare openness issues that may arise when foster parents or relatives adopt with issues when prospective adoptive parents with no previous connection with the child. – Identify issues for consideration and the clinician role with birth parents and with adoptive parents in initial decision making related to levels of openness. – Describe issues that may arise for adopted children whose birth siblings live with birth parents. – Describe appropriate clinical approaches to address fears of birth parents and of adoptive parents related to openness in adoption. – Identify why birth or adoptive parents may choose to close an open adoption, related clinical issues and goals in work with these parents. – Give examples of questions and concerns for a clinician to explore with an adopted individual before initiating search and reunion or with adoptive parents initiating search on behalf of the child. – Explain issues raised by the availability of social media and DNA testing and the role of clinician in helping families navigate a search with their teen.

	<ul style="list-style-type: none"> – Identify and describe issues that are particular to international search and reunion.
<p>Race and Ethnicity in Adoption</p> <p>Module 11</p>	<ul style="list-style-type: none"> – Differentiate between race, ethnicity, and culture. – Describe trends in transracial and transcultural adoption over the past two decades. – Identify challenges that transracial adoptive families may experience in talking about race in daily life and strategies a clinician can use to start conversations on racial identity. – Describe how children understand race at different ages and identify questions a clinician may use to assess children’s understanding of, and experiences with, race. – Define the term “racial identity,” describe the process by which a child develops positive racial identity and give examples of issues that individuals who are transracially/transculturally adopted experience about racial identity. – List and explain parenting tasks that facilitate positive racial identity. – Define “racial socialization,” its protective features, and three challenges that parents experience in supporting racial socialization of their minority children. – Identify strategies for parents to help children of color manage incidents of racism. – Define microaggression and give examples that may arise in the therapeutic setting. – Describe methods by which therapists can support transracial adoptive families including prospective adoptive parents and families of adopted children. – List strategies to increase bi-culturalism in transracial families. – List tips for teaching tolerance during preschool years, elementary and preteen years, and teen years.
<p>Therapeutic Parenting: Parents as Primary Vehicle for Healing</p> <p>Module 12</p>	<ul style="list-style-type: none"> – Explain evidence for the importance of the parent-child relationship and implications for clinical practice. – Identify the key components of a healing parent-child relationship. – Identify and describe strategies for promoting secure attachments in newly placed children. – Describe the roles of psychoeducation and coaching within the context of therapy in supporting the development or strengthening of adoptive parent competencies. – Describe the knowledge and skills competencies that an adoption competent clinician strives to assist parents in developing. – Identify and describe strategies and resources parents can use to strengthen coping and self-regulation in their children.

	<ul style="list-style-type: none">– Identify and describe strategies and resources parents can use to promote healing from trauma.– Identify and describe strategies and resources parents can use to nurture healthy identity formation.– Identify and describe strategies and resources parents can use to support attachments to birth families and others in the child’s past.– Identify and describe strategies and resources parents can use to effectively advocate and collaborate with systems that impact their child.– Identify and describe strategies and resources parents can use to identify their own needs and learn to employ self-care strategies.– Identify and describe primary content areas for adoptive parent preparation and education.
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TAC Subject-matter Expert Committee

The C.A.S.E. TAC Subject-matter Expert Committee is responsible for the ongoing content revisions and updates, to the TAC program educational content and final assessment, in concert with the C.A.S.E. TAC team.

The qualifications to serve on the subject-matter expert committee include familiarity with TAC curriculum and any of the following: experience in providing or receiving adoption-competent mental health services; research/publication on the impact of trauma, attachment, loss and grief, identity formation, or race/ethnicity/culture on adoption; or lived experience as a foster/adoptive/guardianship parent.

The committee meets at least once per year to review, discuss, and guide content updates. The TAC/NTDC Curriculum Manager, in concert with TAC Trainers identify possible revisions to content based on their training experiences. The C.A.S.E. TAC Team and committee members also identify updates that are needed to the course content, based on their expertise and work in the field as professional advisors. When changes are identified, they are discussed, vetted, and consensus reached with the entire committee. The C.A.S.E. TAC Team, with assistance from an instructional designer, and psychometrician if needed, execute the updates to the course content, updating the program blueprint, including the intended learning outcomes and assessment, with the guidance and approval of the committee.