

Building an Adoption Competent Workforce: A Review of the National Adoption Competency Mental Health Training Initiative

DAWN WILSON, DIRECTOR OF THE NATIONAL ADOPTION COMPETENCY MENTAL HEALTH TRAINING INITIATIVE
DEBBIE RILEY, CENTER FOR ADOPTION SUPPORT AND EDUCATION
BETHANY LEE, UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK

The Need for Adoption Competent Mental Health Services

For most children, adoption is a significant protective factor, bringing permanency, safety and a nurturing environment to children who have generally been in less-than-adequate situations.

While the face of adoption has changed, one constant is that all adoptions are premised on loss. For some adoptees and adoptive family members these losses loom large, creating significant challenges. There are also contributing risk factors that exist for all children and youth experiencing adoption or guardianship. These include:

- Birth and genetic factors
- Histories of complex trauma
- Frequently changing situations, transitions, and caregivers
- Broken or severed family relationships
- Lack of resolution of loss and grief
- Cultural/racial/ethnic integration
- Inconsistent and inadequate access to mental health services
- Over-prescription of psychotropic medications

What does this mean for our children? Because of traumatic life experiences 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 at various times in the adoptive family life cycle.

Research has long indicated that adopted children are disproportionately represented in the psychiatric population (Ingersoll, 1997). The mental health profile of children and youth who are adopted or in guardianship includes:

- 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 (2015) estimates up to 80% of children come into foster care with a significant mental health need.
- Adoptive families utilize clinical services at triple the rate reported by families formed by birth. (Howard, Smith & Ryan, 2004; Vandivere, Malm & Radel, 2009)
- Foster/adoptive parents reported 1/3 of children had emotional problems and 40% had educational problems. (Festinger, 2006)

These problems are magnified by the fact that many behavioral health professionals do not receive adequate training in the needs of foster, adoptive and guardianship children. Findings from the following studies highlight the lack of adequate training for behavioral health professionals:

- Most mental health professionals lack the training to meet the diverse, complex, clinical needs of adoptive families (Sass & Henderson, 2002).
- 65% of clinical psychologists are unable to recall any training course that focused upon adoption related issues (McDaniel & Jennings, 2007).
- Professors teaching doctorate level clinical programs spent on average 7.59 minutes per semester on the topic of adoption (Post, 2007).

The bottom line is that in communities all across the country, children and youth with significant behavioral, emotional and educational challenges and their families are receiving services from professionals who have limited expertise and training in the unique needs of this population. To make matter worse, the youngest and least experienced professionals are often the ones serving youth with the greatest needs.

What Families Need

Two surveys by the Center for Adoption Support and Education (C.A.S.E) (Atkinson et al., 2013) with 400-485 respondents across the US and 8 countries, (87% of respondents identified as adoptive parents and 9% adopted persons), found the following:

- 81% reported seeking support from at least 1 mental health professional;
- 25% noted their therapist had a lack of knowledge about trauma, attachment, loss, adoption language, or any real understanding of adoption;
- 80% rated specialized training or certificate in adoption competency as very important.

Similar findings resulted from a survey conducted by the North American Council on Adoptable

Children (NACAC, 2011) with 1,100 adoptive parent respondents:

- 43% of adoptive parents indicated that they could not find needed services;
- 39% responded that providers don't understand adoption;
- 25% noted that appropriate services don't exist in their community;
- 21% indicated they don't know how to find post adoption services.

When families receive services from professionals who don't understand their unique needs, the results can be more harmful than helpful, including recommendations to "give their children" back to the child welfare system. *The reality is that access to adoption competent mental health services is a critical factor in promoting positive outcomes for adoptive families.*

Responding to the Need

The National Adoption Competency Mental Health Training Initiative (NTI) is a 5-year research initiative, begun in October 2014, and funded through a \$9 million-dollar cooperative agreement (#90CO1121) between the Children's Bureau and the C.A.S.E. NTI has developed, piloted, and evaluated two state-of-the-art, standardized, web-based trainings to build the capacity of child welfare and mental health professionals in all States, Tribes and Territories, to



better understand and address the mental health needs of foster, adoptive, and guardianship children, youth, and families. Goals of the training include:

- Infusion of adoption mental health competencies in professional practice to improve outcomes, including improved child well-being, improved family well-being, and enhanced family stability and permanency for children.
- Improve collaboration between child welfare and mental health service systems to assure a skilled and competent workforce and appropriate, adoption competent services are available where families live.

NTI Web-based Trainings

The NTI curriculum is based on competencies—the knowledge, values, and skills—needed for adoption and mental health competent child welfare and mental health practice. These competencies were identified by 21 National Advisors, including experts in the field and individuals with lived experience as foster/adoptive parents, adoptees, and former foster youth. The state of the art, web-based trainings utilize adult learning principles to actively engage the user and includes links to resources, activities, and opportunities for reflection using examples and stories from adoptive parents, children, and experts for each content area.

The 20-hour NTI Training for Child Welfare Professionals focuses on case work practices for staff across the child welfare continuum to promote child well-being and family stability. Child Welfare Supervisors receive an additional 3 hours of training and a Supervisor Coaching and Activity Guide to support their staff to transfer learning to daily practice. The NTI Training for Mental Health Professionals is 25 hours and provides clinical skills and therapeutic approaches for work with adoptive and guardianship families. The competencies on which the curriculum modules are based include:

- Understanding Children’s Mental Health Needs;
- Supporting and Strengthening Attachment;



- Understanding the Impact of Race, Culture and Diversity on Adoptive & Guardianship Families;
- Supporting Loss and Grief;
- Understanding the Impact of Trauma on Brain Development and Behavior;
- Supporting Positive Identity Formation;
- Promoting Family Stability Post Placement;
- Assessment and Treatment Planning through an Adoption Lens (for MH Professionals);
- Therapeutic Parenting Strategies to Address Challenging Behaviors (For MH Professionals).

The intended audiences include child welfare professionals in private and public settings who work across the continuum—from child protection/entry into the foster care system to post-adoption as well as with private and inter-country adoption. The NTI Training for Mental Health Professionals is intended for agency-based and private practice mental health professionals providing services to children, youth, and families experiencing foster care, adoption, or guardianship, including child welfare, private/domestic and inter-country adoption.

NTI web-based trainings provide a number of benefits over traditional, in-classroom training and other web-based trainings. They enhance collaboration through aligned curricula for child welfare and mental health professionals providing a standardized level of understanding and shared language. The trainings are provided at no cost to users and the training and all resources are 508 Compliant for accessibility. Additionally, the training is approved by NASW for continuing education credits.

Pilot of NTI Trainings

NTI piloted both trainings in 9 sites: California, Illinois, Maine, Minnesota, South Carolina, Oklahoma, Tennessee, Washington, and the Cherokee Nation. Sites were selected to be collectively representative of systems in terms of demographics, public/privatization, and state/county administration, ensuring that the range of implementation conditions experienced in the pilot can facilitate preparation for nationwide implementation. An NTI Implementation Specialist was assigned to each site to convene an implementation team, facilitate implementation and sustainability planning, develop communications, and troubleshoot challenges to enrollment, progression, and completion.

Evaluation

NTI's rigorous evaluation is led by the University of Maryland School of Social Work.

Researchers are evaluating the user experience, including satisfaction, relevance, ease of use, knowledge gains, and infusion of adoption mental health competency in practice. At the systems-level, researchers are evaluating the implementation and integration experience to understand what it takes to successfully implement an online training program at a jurisdiction-level. The Pilot of the Training for Child Welfare Professionals was completed in January 2018 with a total of 6,149 child welfare professionals enrolled. This included 4,613 front line workers and 1,536 supervisors. Across all 9 sites, there was a 72.5% completion rate. A summary of participant characteristics included:

- More than 85% were female;
- About half were state/county employees;
- Average age was 38 for workers (range of 20-71 years) and 44 for supervisors, (range of 24-71 years);
- Workers averaged 7 years of experience in child welfare, but 50% had less than 4 years;
- Supervisors had average of 15 years of experience, with 7 years as a supervisor.

Each of the 8 modules had a 10-question multiple choice pre- and post-test knowledge quiz. All modules showed significant increases in knowledge from pre- to post-test, with average gains of 28 percentage points for workers and 23 points

Throughout the pilot, post-module surveys along with the post-completion surveys provided opportunities for participants to provide comments about the content. The following are selected comments by training participants:

"I liked this training more than any other I've done in my 23 years as a Child Welfare Professional!"

"The info is pertinent, important and I appreciated that someone is finally talking about the fact that the challenging behavior of children in care is the result of unresolved grief and loss."

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

"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."

"It was comprehensive in covering the most important topics inherent in this work. I especially appreciated the resources to expand my follow up and support to families and workers who also call for support."

"I just finished the 5th module yesterday and I have to say... It was very helpful and has made me REALLY re-think how I have been practicing social work. I always knew grief/loss and trauma affected children, but not like I do now..."

for supervisors. The most significant gains were seen in the module on Supporting Loss and Grief, with gains of 47 percentage points for workers and 43 points for supervisors. This was a surprising finding for site leadership who assumed their child welfare staff understood the impact of loss and grief on the children and families served. Also of note, for the module on the Impact of Race, Ethnicity and Diversity, supervisors had a significantly higher pre-test knowledge score than staff, which may suggest a gap in supervisors transferring their knowledge to staff.

Findings also found high satisfaction and usage of NTI in practice while taking the training. Among

users who completed the full NTI training, more than 82% of participants said they would recommend NTI training to others. More than 85% agreed that they can use NTI in their current job with 57% reporting that they had already applied what they learned in practice at the time of completion. NTI is also conducting a 3-month follow-up survey to further assess change in practice, but findings were not available at the time of this presentation.

With the pilot for Child Welfare Professionals finished, NTI leadership is revising the curriculum based on participant feedback. When the pilot of the NTI Training for Mental Health Professionals ends in September 2018 and evaluation findings and participant feedback are available, that curriculum will also be revised. Both revised trainings will be launched nationally by September 2019.

Lessons Learned from the Pilot

A number of lessons were learned about implementation based on the experiences of the nine sites piloting the Training for Child Welfare Professionals:

- The role of Implementation Specialists was critical for pilot success, engaging leadership buy-in, convening implementation teams, keeping the initiative on track, and planning for sustainability.
- Timing of kick-off communications needs to be close to training launch to sustain momentum of the implementation team and interest of prospective participants.
- The phased-in launch of modules contributed to a loss of momentum for participants.
- System and project leadership changes created shifting priorities, barriers to messaging, loss of leadership buy-in, and delays in implementation to educate new leaders.
- Rewards and recognition for staff to complete the training, including protected time and token incentives were helpful. NTI also provided "Success is Sweet" chocolate bars to training completers.
- Real time data reporting on enrollment, progression and completion was essential for course correction.
- Motivational communications and curriculum tip sheets supported progression through training and application of learning to practice.
- Integration of NTI in jurisdictional training systems

requires consideration of how NTI fits with existing trainings to avoid duplication.

- To make sustainability decisions, pilot sites need feedback via qualitative comments throughout the pilot, and formal data about knowledge gains/effectiveness of the training following completion.
- Sites would like ongoing transfer of learning/coaching activities and booster sessions to support practice change and build on skills learned in NTI. Additionally, planned updates to the curriculum are essential to sustainability decisions.

NTI Next Steps: What Will Success Look Like?

The goal of NTI is to infuse adoption mental health competencies in professional practice for child welfare and mental health professionals across the country. Indications from the pilot are that the NTI Training for Child Welfare Professionals is providing a solid foundation for new and veteran professionals alike to understand and address the unique needs of children, youth, and families experiencing foster care, adoption, and guardianship. ***By September 2019, both NTI trainings will be housed on CapLEARN, the online training center for the Children's Bureau, where professionals across the country can access the trainings free of charge.*** Additionally, NTI staff will focus the final year of funding on outreach to all States, Tribes, and Territories and targeted work with those interested in integrating NTI into their training systems for sustained use, free of charge, by all child welfare and mental health professionals.

For more information on NTI (www.adoptionssupport.org/nti) please contact Dawn Wilson, NTI Director, wilson@adoptionssupport.org or Debbie Riley, CEO and Co-founder of C.A.S.E., riley@adoptionssupport.org

Implications for the Future of Adoption: Research

- Impact in practice should result in improved outcomes. A second tier of evaluation funding is

needed to determine the impact of NTI on professional practice (child/family outcomes) as well as organizational performance (worker retention, job satisfaction).

- Jurisdiction or system-specific analysis of NTI findings is needed to help identify additional training needs of staff and supervisors as well as areas where additional coaching and supervision may be needed.

Implications for the Future of Adoption: Practice

- Making NTI Training available to child welfare jurisdictions is not enough. The complexities of these systems warrant implementation support to engage leadership and stakeholder buy-in, convene multi-disciplinary implementation teams, address barriers to taking/completing the training, and plan for infusion and sustainability of NTI in their systems.
- Child welfare staff should have access to ongoing transfer of learning/coaching activities and booster sessions to support practice change and transfer of skills learned in NTI.
- Enhanced supervisory skill development is needed in child welfare to move supervisors beyond focus on task compliance and case review to focus on professional development and supporting workers to use new skills in their daily practice.

Implications for the Future of Adoption: Policy

- All Child Welfare Professionals should complete NTI Training to assure a national, standardized, foundational level of adoption mental health competence in casework practice to support child well-being and permanency. NTI should be included in state IVE training plans.
- All Mental Health Professionals who contract with child welfare systems to serve foster/adoptive children and youth or accept Medicaid funding should, as part of their contractual agreements, complete NTI Training to assure a foundational level of adoption mental health competence in their clinical practice.
- Federal Funding should be allocated for periodic updating of NTI Training to assure it stays relevant and up to date with current practice models, research and data.

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Author



Dawn Wilson

Dawn Wilson, MSW, Director of the National Adoption Competency Mental Health Training Initiative (NTI), has 30 years of experience in child welfare, mental health and prevention fields, with expertise in program development and implementation. As Director of the federally funded National Adoption Competency Mental Health Training Initiative, Ms. Wilson oversees the development, pilot implementation, evaluation and national launch of two state-of-the-art web-based trainings for child welfare professionals and mental health clinicians to effectively address the mental health and complex challenges of children, adolescents and their families moving to permanency through adoption or guardianship. Previously Ms. Wilson served as a Child Welfare Program Manager with Catawba County, NC Social Services and she worked collaboratively with The Duke Endowment to develop, implement and evaluate an evidence-informed post-permanency service, Success Coach, to provide case management and in-home therapeutic services to improve outcomes for adoptive, guardianship and reunified families following foster care.



Bethany Lee

Bethany Lee is Associate Professor at the University of Maryland School of Social Work. She has been on the faculty since 2007. She received her MSW and PhD from Washington University in St. Louis. Her research is centered on services for youth involved in the public systems of child welfare and/or mental health. She served as the Evaluation Director of the NTI project from 2014-2018.



Debbie Riley

C.A.S.E. Chief Executive Officer and co-founder, Debbie Riley, LCMFT, brings expertise in organizational development, program design and evaluation, management and curricula design. A nationally and internationally recognized adoption expert, trainer and author, Riley has more than 35 years of professional experience, including extensive health care management and administrative expertise, hands-on experience at designing, developing and implementing nationally acclaimed evidenced-informed adoption-competent training programs for professionals and mental health post adoption support models. Her direct and current delivery of specialized counseling services to adopted children, teens, adults and their families, which affords her the broad knowledge and nationally respected expertise needed to promote mental health training, child advocacy, systems reform and public policy development. She is co-author of the book, *Beneath the Mask: Understanding Adopted Teens*, contributing author, *Adoption Competent Clinical Practice*; Defining Its Meaning and Development, *Adoption Quarterly* November 2013 and co-author of recently published chapter, The Need for Adoption Competent Mental Health Professionals in the newly released book, *Transracial and Intercountry Adoption: Cultural Guide for Professionals*. Ms. Riley was awarded the 2015 Adoption Excellence Award by the Children's Bureau, Department of Health and Human Services. Ms. Dawn Wilson will serve as PI Curricula Development.