

National Adoption Competency Mental Health Training Initiative

Child Welfare Professionals’ Core Competencies Organized by Training Modules

This draft of child welfare professionals’ core competencies associated with the National Adoption Competency Mental Health Training Initiative is based on an initial annotated outline of the proposed curriculum for child welfare professionals. It is intended to be further updated and refined as the curriculum is developed.

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
 foster parents, adoptive parents, guardians, and family members in birth, adoptive, and guardianship families
 mental health practitioner
 child welfare professional

Domain	Module	Knowledge <i>A CWP responsive to the mental health needs of children has an understanding of . . .</i>	Values <i>A CWP responsive to the mental health needs of children demonstrates . . .</i>	Skills <i>A CWP responsive to the mental health needs of children has ability to . . .</i>
Addressing Mental Health Needs of Children in Foster Care	Module 1 – Overview and Orientation to Training	<p>The focus, goals, and benefits of this training as complementing other trainings and consistent with current practice models</p> <p>Rationale for specialized training: critical needs addressed and outcomes to be achieved</p> <p>Core values that guide adoption/ guardianship competent casework and mental health practices</p> <p>Core mental health practice issues of children in/ from foster care through the lens of adoption and guardianship Recognizing that the principles described in this training are applicable from the time the child enters care, and that addressing them throughout the custody journey is both healing and preventative of deeper mental health issues at the time of adoptive or guardianship placement. (Jan Dick)</p>	<p>Belief that children with mental health challenges who cannot safely return to their birth parents and their adoptive/ guardianship families deserve adoption and guardianship competent services</p> <p>Belief that all interactions of the CWP have potential to positively impact the mental health of children in foster care</p> <p>Commitment to serving as an engineer of effective child welfare practices and a bridge to healing relationships and experiences with children in foster care</p> <p>Commitment to diversity, inclusion, equity and respecting the role of culture and gender in the lives of children and families</p>	<p>Engage in casework practices that reflect core values consistent with adoption/guardianship competent mental health casework and mental health practices</p> <p>View core mental health practice issues through the lens of adoption and guardianship</p> <p>Engage and help sustain all aspects of a child’s sense of belonging, including birth family, siblings, extended kin, adoptive or guardian family, culture, and community.</p>

		<p>Permanency planning begins from the moment a child enters foster care, is concurrent and often messy due to competing interests and needs, as well as the complex trauma that children and adults have experienced.</p>		
<p>Child Welfare Mental Health Assessment and Treatment Planning</p>	<p>Module 2 – Understanding and Addressing the Mental Health Needs of Children Moving Towards/Having Achieved Permanence Through Adoption and Guardianship</p>	<p>Normative behaviors of children in/ from foster care in the context of their traumatic experiences, protective experiences, relationships, and cultures.</p> <p>Limitations of current diagnostic assessment and medication practices when used with children with foster care experiences.</p> <p>Basic requirements for a practice to be considered evidence-based, evidence-informed, or promising.</p> <p>That practices deemed evidence-based, evidence-informed, or promising may not have been demonstrated to be effective with the population of children experiencing foster care</p> <p>Key features of new paradigms for assessment and treatment planning that can enhance children’s mental health and emotional adjustment experiences while moving towards or having achieved permanence through adoption or guardianship</p> <p>Therapies and daily routines that build trusting relationships and promote healing</p> <p>Key features of formal and informal therapies that engage children and parents in learning/re-learning and relationship building/re-building.</p> <p>Understanding the role of culture and cultural identity in assessment and treatment approaches and options.</p>	<p>Appreciation for and strong commitment to understanding the importance of knowing children's unique stories</p> <p>Belief that child welfare and mental health practice should be family-based and address needs of each particular child as well as birth, extended, foster, adoptive and guardianship family members.</p> <p>Belief that identity formation is critical to the child’s sense of permanency and includes but is not limited to family, gender, and culture.</p> <p>Belief that caregivers need all the information available about the children they are parenting</p> <p>Commitment to early assessment and compliance with ICWA for eligible AI/AN children to avoid later disruption.</p>	<p>Within the casework relationship, employ:</p> <ul style="list-style-type: none"> --Specific techniques such as life book work , story-boarding, and memory boxes to help children know more about their stories, work through their past experiences, and form healing relationships. - Language to have safe, engaging, developmentally appropriate, and supportive conversations with children about their stories. -Ways to assess birth families’ stories, particularly related to factors impacting children’s current and future mental health status. -Strategies to align casework interventions with the cultural context of the child. <p>Use strategies to assist foster, adoptive and guardianship parents to:</p> <ul style="list-style-type: none"> -reframe behaviors based on an assessment of experiences, needs, and development -Know/understand implications of the child’s story -Know the child’s culture and its implications for behavior, risks, and opportunities. -Be able to assess the adoptive or guardian parent in regard to: <ul style="list-style-type: none"> --their skills/capacities to parent a particular child --their understanding of the difference between parenting a child born to them and a child joining their family through adoption/guardianship --their attitudes toward and capacities to parent children of various cultures or gender identities.

		<p>How a MHP can assist children to engage in a healing process by exploring and understanding their life stories and experiences.</p>		<ul style="list-style-type: none"> --their motivation to parent through adoption or guardianship --their unique family dynamics in relative placements --important factors within their family that can support child's mental health needs, child and caregiver strengths, and capacity to heal from past experiences --their own history of attachment, trauma and loss – and how parenting a child with trauma histories may trigger their own reactions <p>Use effective strategies to identify qualified and appropriate MHP for particular children.</p> <p>Within the context of collaboration with MHPs, use strategies for providing salient history when making referrals for assessment and treatment; setting appropriate treatment expectations; and assuring caregiver/parents are involved in the therapeutic healing process</p>
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<p>Attachment</p>	<p>Module 3 – Promoting Secure Attachments – Relationships and Experiences Matter</p>	<p>The significance of a child’s early attachment experiences and their impact on the brain</p> <p>The relationship between attachment and trauma</p> <p>The impact of culture on attachment such as the importance multiple significant attachments in a kinship network.</p> <p>Attachment as a secure and insecure continuum and foundation for development across all domains</p> <p>That reactive attachment disorder (RAD) is very rare and caution is to be exercised around the diagnosis</p> <p>Behaviors within the context of children’s attachment histories</p> <p>That significant attachments remain and that removal does not sever connections to families of origin, including extended family</p> <p>Principles and techniques of attachment-based casework</p> <p>Principles and key features of attachment-based therapies</p> <p>How MHPs can assist a child to explore and understand their attachment experiences to build/rebuild new secure attachments through trusting relationships</p>	<p>Sensitivity to the negative impact of removal and placement in foster care on children’s ability to form secure attachments.</p> <p>Belief that secure attachments can be built/re-built</p> <p>Belief that healing occurs within the context of consistent and nurturing family relationships</p> <p>Commitment to maintaining positive attachment relationships from children’s pasts</p> <p>Sensitivity to historic trauma issues that may influence family decisions to adopt versus becoming guardians.</p> <p>Commitment to recognizing the role of tribes with children who are their citizens.</p> <p>Commitment to sound practices and avoidance of potentially harmful practices.</p>	<p>Conduct assessments of children’s attachment histories that contain all core elements.</p> <p>Develop appropriate treatment plans to address child and family attachment history and needs that contain all core elements.</p> <p>Employ basic techniques of attachment-based casework such as preserving connections, creating connections, promoting identity, addressing loyalties to former attachments, and acknowledging past hurtful relationships</p> <p>Within the casework relationship, use strategies to assist parents and families to</p> <ul style="list-style-type: none"> -understand behaviors within the context of children’s attachment history -recognize and use opportunities for diverse relationship experiences that can promote secure attachments -understand attachment in the context of the child’s culture <p>Implement strategies for communicating when referring to residential programs expectations that children should not be cut off from parents, siblings, and other family and important caregivers in the treatment and healing process.</p> <p>Within the context of collaboration with MHPs, use strategies for providing salient attachment history when making referrals for assessment and treatment; setting appropriate treatment expectations; and assuring caregiver/parents are involved in the therapeutic healing process</p>
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<p>Race, Class, Ethnicity and Diversity</p>	<p>Module 4 - Race, Class, Ethnicity, Culture and Diversity</p>	<p>The dynamic dimensions of race, ethnicity, and culture in adoption and guardianship practice</p> <p>How race, ethnicity, class, and culture affect adoptive and guardianship families</p> <p>Resources and techniques that give children language and practice in dealing with discrimination</p> <p>Customary adoption as an option in meeting American Indian children’s permanency needs</p> <p>Racial and adoptive identity development in same race and transracial families.</p> <p>Implications for parenting in transracial and transcultural adoptive/guardianship families</p> <p>Importance of and availability status of community resources that support the child and family in preserving race, culture, and ethnicity</p> <p>Understanding the history diverse populations have had with child welfare systems and the possible impact of past negative experiences when working with families of color who adopt or become guardians</p> <p>Layers of identity including adoption, cultural, ethnic, and racial and strategies for navigating and promoting these layers.</p> <p>Questions to ask MHPs about</p> <ul style="list-style-type: none"> -their experience with children placed transracially or transculturally -their understanding of the mental health implications of these issues - their experience with children and families of the same background as the child being referred -knowledge and experience with counseling racial minority adoptive families 	<p>Awareness of own biases re: race, culture, and ethnicity</p> <p>Awareness of own comfort with transracial and transcultural placements and placements of children with LGBT parents</p> <p>Commitment to preserving and honoring children’s culture, race, and ethnicity</p> <p>Commitment to engage tribes in making permanency decisions in compliance with the provisions of ICWA for eligible children</p> <p>Commitment to gaining knowledge about transracial as well as in-racial placements</p> <p>Commitment to engage prospective adoptive parents to understand the long term responsibilities they will have to support their child regarding issues associated with transracial adoption</p>	<p>Employ strategies for engaging in activities to stimulate conversations with children about their feelings related to race and ethnicity</p> <p>Implement core elements of conversations with birth, foster, adoptive and guardianship parents and family members involved in transracial and transcultural adoptions/guardianships that assist them to clarify their motivation to adopt/provide guardianship; understand the implications of racism; and support their children’s identity formation throughout stages of their development</p> <p>Use of strategies that promote a positive cultural identity</p> <p>Ability to engage adoptive or guardian ship families in dialog regarding gender identity and related issues</p> <p>Use strategies for identifying MHPs prepared to address issues of race, culture, diversity and transracial adoptions/guardianships.</p> <p>Within the context of collaboration with MHPs, use strategies for providing salient information about racial/cultural/diversity when making referrals for assessment and treatment; setting appropriate treatment expectations; and assuring caregiver/parents are involved in the therapeutic healing process</p> <p>Engaging tribal services and resources to support eligible children and families</p>
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<p>Loss and Grief</p>	<p>Module 5 - Impact of Loss and Grief Experiences on Children’s Mental Health</p>	<p>The types and impacts of losses on the mental health of children and adults</p> <p>Behaviors associated with unresolved and unaddressed grief and loss</p> <p>How children experience grief: principles and key features of grief models</p> <p>The impact of historic trauma and how it is transmitted across generations</p> <p>How preserving family and other meaningful connections reduces loss and grief</p> <p>A developmental framework for children’s processing of loss</p> <p>The value of life book work as a therapeutic tool for processing loss and grief</p> <p>Tools and strategies to minimize the impact of transitions.</p>	<p>Belief that children need to know and to understand their stories of loss and grief</p> <p>Commitment to mitigating the harm from trauma of separation, and resulting loss and grief which is associated with the foster care and adoption/guardianship experience</p> <p>A commitment to preserving cultural identity and other reference points for belonging</p> <p>Respect for the role of tribes with children who are their citizens.</p>	<p>Within the casework relationship, conduct core elements of effective life book work with children to help children know their story and process loss and grief</p> <p>Use language that helps children to put voice to their loss and grief in a safe way</p> <p>Select and appropriately employ other tools such as storyboards, rituals, and feelings charts to facilitate safe conversations about loss and grief.</p> <p>Use tools and strategies such as Steps to Stability that support healthy transitions for children and families</p> <p>Employ strategies for finding and preserving connections and involving birth, foster, adoptive and guardianship parents and family members to safely be part of loss and grief work.</p> <p>Engage cultural resources that support the child’s identity and sense of belonging.</p> <p>Within the context of collaboration with MHPs, use strategies for providing salient loss and grief history when making referrals for assessment and treatment; setting appropriate treatment expectations; and assuring caregiver/parents are involved in the therapeutic healing process</p>
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<p>Trauma</p>	<p>Module 6 - Addressing the Impact of Trauma on Child Development and Mental Health</p>	<p>The range and nature of traumas in the lives of children and families.</p> <p>Basics of brain development and the impact of trauma</p> <p>Basics of Neurodevelopmental Disorder associated with Prenatal Alcohol Exposure (ND-PAE)</p> <p>Basics of neuroplasticity and recovery from trauma</p> <p>Basics of a complex trauma framework and its relevance for working within child welfare.</p> <p>Value of nurturing and continuity in relationships for resilience and recovery from trauma</p> <p>Behaviors as reactions to trauma</p> <p>That with trauma the key question is not “what’s wrong with you?” but “what happened to you?”</p> <p>Key features of evidence-based practices and clinical treatment modalities used with children with histories of trauma</p> <p>The range of therapies effective with children with histories of trauma</p> <p>How the adoption/guardianship process can trigger past/present traumas</p> <p>Child welfare practices that minimize triggers and re-traumatization</p> <p>Therapeutic parenting strategies that can better manage challenging behaviors and build healing relationships</p>	<p>Commitment to preventing additional trauma</p> <p>Belief that children can be resilient and reparative work can be done</p> <p>Belief that parents and caregivers are the healing agents and must be involved in the process of healing from trauma</p> <p>Commitment to help families when historic or intergenerational trauma impacts permanency</p>	<p>Recognize the types of trauma that effect both children and families.</p> <p>Conduct a basic assessment of the child’s trauma history</p> <p>Recognize behaviors that are reactions to trauma</p> <p>Use common language and core strategies (e.g. life books, memory boxes, and other narrative tools) that when used in a therapeutic way allow children to talk about and make meaning of their trauma stories</p> <p>Employ strategies to assist parents and families to understand their children’s trauma history and to use therapeutic parenting strategies</p> <p>Recognize and implement core elements of appropriate assessment and treatment plans to address trauma</p> <p>Within the context of collaboration with MHPs, use strategies for providing salient information about trauma history when making referrals for assessment and treatment; setting appropriate treatment expectations; and assuring caregiver/parents are involved in the therapeutic healing process</p>
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<p>Positive Identity Formation</p>	<p>Module 7 – Positive Identity Formation</p>	<p>The nature of identity and the identity formation process in the context of adoption and guardianship</p> <p>The importance of securing and preserving factual information in the records of children</p> <p>Strategies to address six stuck spots in identity formation</p> <p>The issues children and youth face with regard to gender identity and implication for the adoptive or guardianship family</p> <p>Challenges of identity formation in adolescence in the context of complex trauma, ambiguous losses, and unresolved grief</p> <p>How preserving family and other meaningful connections promotes healthy identity formation</p> <p>The normal stages of cultural identity formation and how to promote a positive cultural identity.</p> <p>Importance of having open conversations about present circumstances and past experiences to promote identity formation</p> <p>The CWP role as primary detective in learning about and strategically sharing the full stories of children that are essential to successful identity formation and positive adjustments</p> <p>The need to have safe, clarifying conversations with children about what they know, what they want to know, and what they need to know about their stories</p> <p>The need to help foster, adoptive and guardianship parents maintain open communication and support children’s identity work, including normalizing confused feelings of loyalty</p>	<p>Sensitivity to the multiple dimensions of identity</p> <p>Belief that children need and deserve to have their full story</p> <p>Commitment to the important CWP role of detective on behalf of children’s need to know and understand their story</p> <p>Appreciation of the role of extended family, cultural resources, community, and tribe in supporting a healthy identity.</p> <p>Awareness of the negative impact of racism, homophobia, and discrimination on healthy identity formation.</p> <p>Capacity to recognize and communicate strengths that the child can claim from their birth family.</p>	<p>Employ strategies for engaging children in safe clarifying conversations about what they know, what they want to know, and what they need to know about their stories</p> <p>Use tools such as genograms and life books in a therapeutic way to help children know their stories, explore dimensions of their identity, and integrate histories of their birth and adoptive/guardianship families</p> <p>Implement strategies for finding and preserving connections and engaging and assisting birth, foster, adoptive and guardianship parents and family members, and extended birth family, in supporting children’s identity work</p> <p>Engaging tribes or other cultural resources as partners in cultural identity formation.</p> <p>Within the context of collaboration with MHPs, use strategies for providing salient history about identity issues when making referrals for assessment and treatment; setting appropriate treatment expectations; and assuring caregiver/parents are involved in the therapeutic healing process</p>
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<p>Addressing Family Stability Pre- & Post-Permanency</p>	<p>Module 8 Promoting Family Stability Before and After Adoption/Guardianship</p>	<p>Casework tasks with children and parents that address mental health needs of children during preparation for adoption/ guardianship and through finalization.</p> <p>How to join with and empower adoptive/ guardianship parents to address children’s mental health needs through therapeutic parenting</p> <p>Purposes and methods of forecasting with parents to identify mental health issues that may arise in the future, pre-plan their responses, and identify helpful resources</p> <p>How to interpret behavior in its cultural context and avoid labeling normal cultural behaviors as pathology</p> <p>How to reframe seeking help as normative and a strength rather than sign of failure</p> <p>The continuum of adoption/guardianship support and preservation services and characteristics of helpful and unhelpful services</p> <p>How to be attuned to signs of distress and to support families before and after finalization</p> <p>Child welfare practices that promote family stability and preservation</p> <p>The importance and need for post-adoption services often years after placement occurs</p> <p>Search and reunion strategies and responses and implications for the mental health of the youth</p> <p>Key aspects of adoption competence in MHPs</p> <p>How to make an effective mental health services referral</p>	<p>Belief that seeking help is a strength and not a sign of weakness</p> <p>Belief that children and their adoptive/ guardianship families need and deserve effective support post finalization</p> <p>Recognition that birth and extended family need support to function as non-custodial parents and families.</p> <p>Capacity to be a “secure base and safe haven” to support families in times of stress (Jan Dick)</p>	<p>Implement core elements for assessment of children’s readiness for adoption and guardianship</p> <p>Engage and facilitate children’s involvement in preparation for permanency through adoption or guardianship</p> <p>Engage in basic forecasting with adoptive/ guardianship parents</p> <p>Engaging birth parents and extended families with strategies to support permanency through guardianship or adoption.</p> <p>Employ specific strategies to prepare parents for search and reunion activities that support the youth’s mental health</p> <p>Recognize adoption competence in MHPs</p> <p>Within the context of collaboration with MHPs, use strategies for providing salient adoption/guardianship history issues when making referrals for assessment and treatment; setting appropriate treatment expectations; and assuring caregiver/parents are involved in the therapeutic healing process</p>
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