

Highlights of Study Findings

Background

Training for Adoption Competency (TAC), a 72-hour competency-based post-graduate training for licensed clinicians providing pre- and post-adoption services to adoptive parents, adopted children/youth, and adults, and kinship family members. The training was developed by the Center for Adoption Support and Education (C.A.S.E.) in direct response to:

- Widespread reports from adoptive families that mental health professionals did not “understand adoption” and were not benefitting – and sometimes harmed – by treatment received (Casey Family Services, 2003; Festinger, 2006; NACAC, 2011; C.A.S.E., 2012);
- Recognition that adopted children are at higher risk for developing mental health problems (McRoy et al., 1988; Juffer & van Ijzendoorn, 2005; Keyes, 2008; DeJong, 2010; Keyes, 2013; Tan & Marn, 2013; Tarren-Sweeney, 2013; Brodzinsky, 2016; Brodzinsky & Smith, 2018) and that mental health providers receive scant training on adoption-related clinical issues (Brodzinsky, 2013); and
- Mounting evidence of the limited effectiveness of existing mental health interventions with adopted children and adolescents (Keyes et al., 2008; Brodzinsky, 2008 & 2011; Tarren-Sweeney, 2010 & 2014); DeJong, 2016; Drozd et al., 2017; Chobhthaigh & Duffy, 2019), supporting need for approaches more responsive to the specific therapeutic needs of adoptive families (Hanna et al, 2017; Brodzinsky & Smith, 2018; Harris-Waller et al., 2018; Roszia & Maxon, 2019; LaBrenz et al., 2020).

Development of TAC involved an expert advisory group that identified more than 350 knowledge, values, and skills clinician competencies that were organized into 18 domains and produced a definition of an adoption competent mental health professional (Atkinson et al., 2013; Atkinson & Riley).

TAC was piloted in 2010-2011, implemented in three initial sites in 2012-2013, and was subsequently been replicated more than 190 times with 2,700 participants in more than 20 states by the end of 2023. TAC is recognized by the California Evidence-Based Clearinghouse as a promising practice with high relevance to child welfare and is the only nationally accredited, assessment-based certificate program in adoption competency. All replications have been subject to a comprehensive evaluation assessing delivery, effectiveness, and outcomes that has consistently produced evidence that the training content is of high quality and relevance to practice, delivered effectively with fidelity, and produces substantial gains in knowledge and changes in clinical practice consistent with intended learning outcomes. The evaluation has additionally greatly illuminated the nature of clinical practices that are most responsive to the needs of adoptive families (Atkinson & Riley, 2017; Riley & Singer, 2020; Atkinson, 2020).

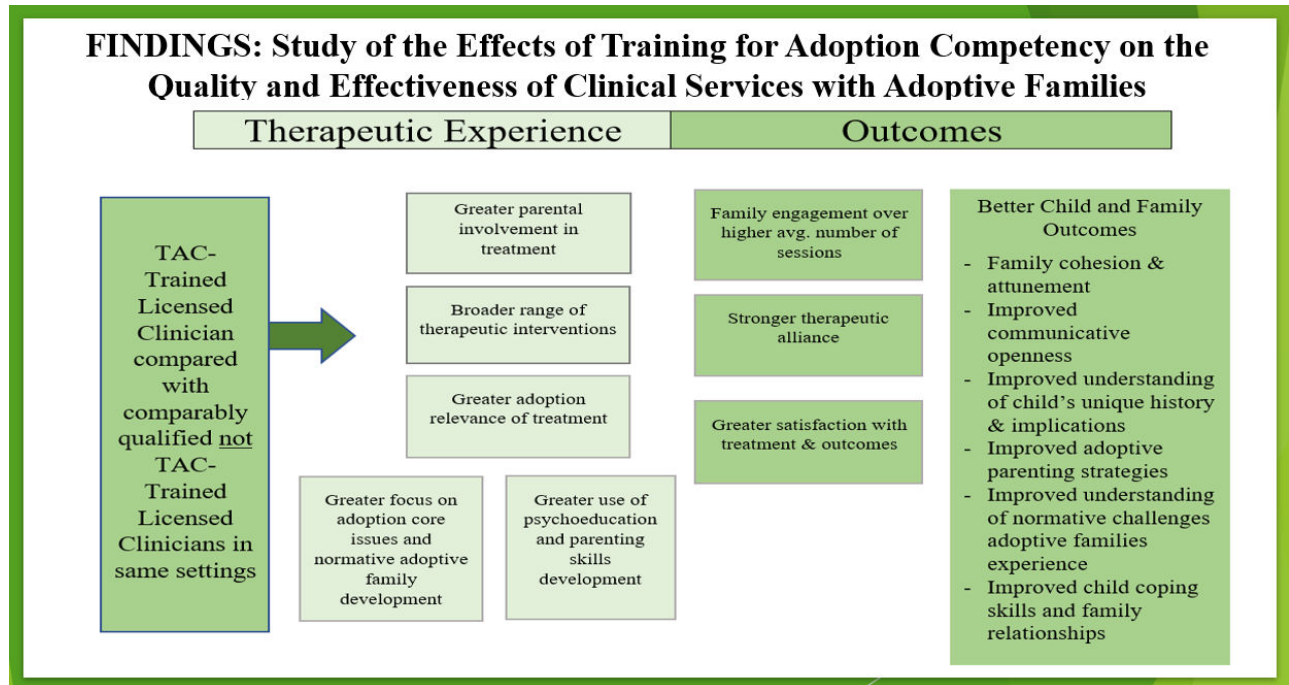
Study Purpose and Design

The next logical step beyond evaluating TAC as a training model was to examine whether there is evidence of TAC impacting the quality and effectiveness of clinical services with adoptive families in real-world settings. The study conducted examined the treatment experiences and outcomes for 89 families treated by 34 TAC-trained clinicians with experiences and outcomes for 70 comparable families treated by 36 comparably qualified clinicians that were not TAC-trained.

Findings

Overview

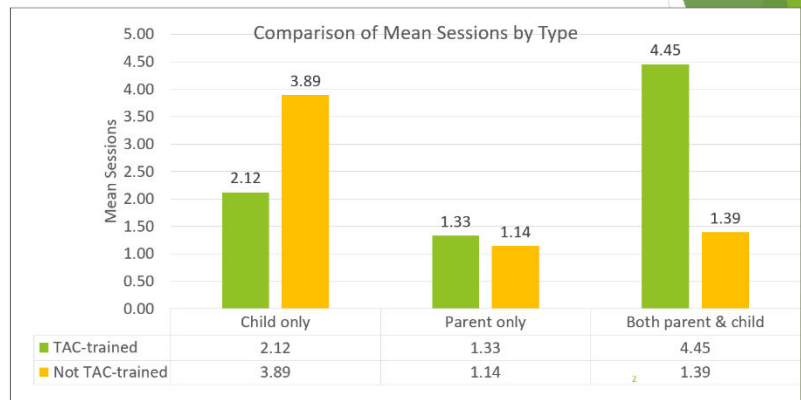
Adoptive families treated by clinicians who completed TAC experience greater parental involvement in treatment and a broader range of therapeutic interventions. Treatment was more adoption relevant featuring greater focus on adoption core issues and normative adoptive family development and greater use of psychoeducation and parenting skills development. These families sustained treatment over a higher average number of sessions and report significantly stronger therapeutic alliance with their therapist and greater satisfaction with the treatment experience and outcomes. Those treated by TAC-trained clinicians also report significantly better outcomes on measures of family cohesion and attunement, communicative openness, parenting strategies, understandings of child’s unique needs, normative challenges of adoptive families, and improved child coping skills and family relationships.



Greater Parent Involvement in Treatment

Clinicians not TAC-trained engaged in significantly more child-only sessions while TAC-trained clinicians were significantly more likely to conduct sessions involving both the child and parent. Both differences were significant at the .001 level of significance.

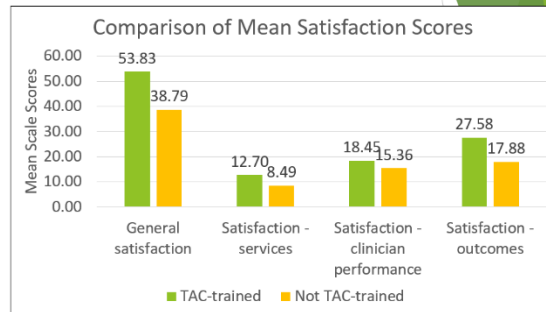
Parental Involvement in Treatment



Satisfaction

Therapeutic Satisfaction

Each difference was statistically significant at the level $p < .001$.



Families treated by TAC-trained clinicians were significantly more satisfied on comparisons of general satisfaction, satisfaction with services, satisfaction with clinician performance, and satisfaction with outcomes – all at the .001 level of significance.

Client satisfaction is a sound indicator of quality of service delivery, treatment compliance, and has been shown to be significantly linked to outcomes, including reduction in emotional difficulties.

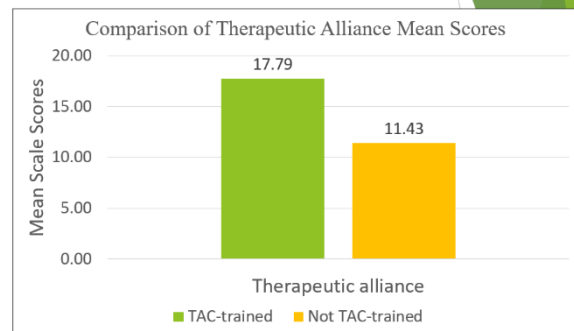
Therapeutic Alliance

Families treated by TAC-trained clinicians report significantly stronger therapeutic alliance.

A strong therapeutic alliance is considered to be crucial for client motivation and engagement and one of the most important variables influencing therapeutic outcomes. The measure has been shown to have strong predictive value, and to be associated with more sessions attended, greater satisfaction with perceived improvement, and less drop-out.

Therapeutic Alliance

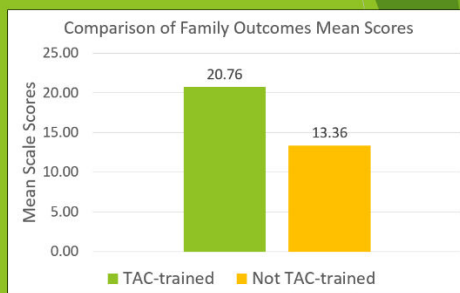
Difference statistically significant, $t(157) = 22.313$, $p < .001$



Family Outcomes

Family Outcomes

This difference was statistically significant, $t(78.700) = 26.070$, $p < .001$



Difference in outcomes was statistically significant. Examples of items:

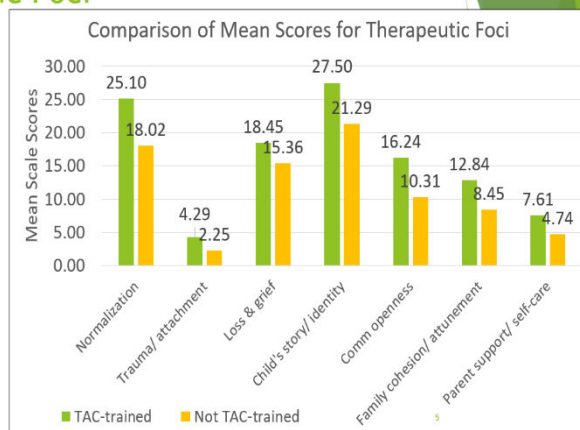
- After working with my/our therapist,*
- My/our family talks more openly about adoption
 - We feel closer as a family
 - I/we better understand my child's feelings about adoption
 - I/we have parenting strategies that are better for my/our child

Therapeutic Foci

A large body of TAC evaluation data describing clinical practices influenced by the training show that TAC-trained clinicians place a stronger and more explicit focus on particular adoption-relevant issues. TAC-trained clinicians in this study placed significantly greater treatment focus on normalization, trauma/attachment, loss and grief, discovering each child's unique history and identity development, communicative openness, family cohesion and attunement, and parent support and self-care.

Therapeutic Foci

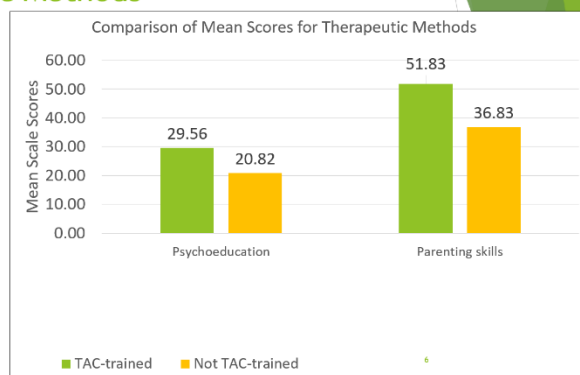
Each difference was statistically significant at the level $p < .001$



Treatment Methods

Therapeutic Methods

Each difference was statistically significant at the level $p < .001$



TAC evaluation data also show that TAC-trained clinicians increase parental involvement in treatment as well as their use of psychoeducation and of strategies to strengthen parenting skills.

TAC-trained clinicians in this study employed psychoeducation and strategies to strengthen parenting skills significantly more than clinicians not TAC-trained.

Comparison Group Differences

Families

Demographic differences that are likely to significantly affect outcomes and study findings (e.g., treatment history, age, age at adoption, pre-adoptive setting, birth parent/relative contact, transracial status) were not found in the family groups compared [Treated by TAC-trained (n=89) and not TAC-trained (n=70)].

Clinicians

The two clinician groups [TAC-trained (n=34) and not TAC-trained (n=36)] did not differ significantly on most demographic variables likely to substantially affect study findings (e.g., highest degree, years experience, license status, age, race). TAC-trained clinicians, however, were more likely to have a personal connection to adoption (73% vs 42%), a variable known to contribute to enrollment in TAC. Marked differences, however, were found in therapeutic orientations of study clinicians and in the hours of training specific to adoption/permanency issues.

Theoretical orientation. The most notable difference in clinician groups was seen in theoretical orientation to clinical work in which 100 percent of TAC-trained clinicians reported family therapy as their primary orientation across all practice settings. In contrast, clinicians not TAC-trained reported their primary orientations to be interpersonal (44.4 percent) and cognitive-behavioral (33.3 percent); only 11.1 percent reported family therapy or eclectic orientations as primary.

Adoption-specific training. TAC-trained clinicians reported significantly more hours of adoption-specific training – average 101 hours compared to 13.8 hours. When the 72-hours of TAC training are not considered, TAC-trained clinicians still had more than twice the hours of adoption-specific training as not TAC-trained clinicians (29 hours vs 13.8 hours). Personal connection to adoption may contribute to this difference.

Families treated by TAC-trained clinicians sustained engagement in treatment over a higher average number of sessions (8.37) than families treated by not TAC-trained clinicians (6.47) and experienced significantly fewer individual child-only sessions and significantly more parent, family, and group sessions. These findings suggest much greater parent involvement and use of a broader range of therapeutic interventions such as support groups by TAC-trained clinicians. Consistent with findings that they remained engaged in treatment over more therapeutic sessions, families treated by TAC-trained clinicians were significantly more satisfied overall and with services, with clinician performance, and with child and family outcomes. They also formed significantly stronger therapeutic alliances with their clinicians.

Ratings of adoption relevance of the therapeutic intervention from families treated by TAC-trained clinicians reflected a greater focus across all aspects measured -- normalization, trauma and attachment, loss and grief, uncovering the child's unique story, supporting communicative openness, family cohesion and attunement, and parent support and self-care. These families also reported more positive outcomes for their families on measures of communicative openness, adoption knowledge, relationships, and parenting skills and for their child on measures of daily functioning and relationships.

Discussion

Findings that families treated by TAC-trained clinicians sustained engagement in treatment over a higher number of sessions and experienced significantly fewer individual child-only sessions and significantly more parent, family, and group sessions suggest much greater parent involvement with treatment and use of a broader range of therapeutic interventions by TAC-trained clinicians. Consistent with these findings, families treated by TAC-trained clinicians were significantly more satisfied and form significantly stronger therapeutic alliances with the TAC-trained clinicians. These findings suggest a stronger engagement of parents in the therapeutic process – a factor broadly viewed as one of the most important variables influencing therapeutic outcomes.

The strong and consistent evidence that therapeutic intervention by TAC-trained clinicians is more adoption relevant reflects important distinguishing features of clinical practice that is regarded as adoption competent. Evidence of greater use of psychoeducation and strategies to develop parenting skills by TAC-trained clinicians is consistent with a strengths-based approach that recognizes parents as partners in the therapeutic process and as primary agents of healing.

Although parental claims of more positive outcomes for families and children were not independently verified in this study and must be taken at face value, they are very credible and significant indicators of more effective treatment being delivered by TAC-trained clinicians.

Strengths and Limitations of the Study – Family recruitment efforts produced a sample size sufficient to find statistically significant differences and the sample was geographically diverse within the study state. Additionally, the consistency in responses lends weight to the findings. Experience with a small-scale pilot study led to use of strategies that reduced confounding variables and selection bias; however, the sample was not nationally representative, limiting our ability to generalize findings.

Conclusions and Implications

The primary purpose of this study was narrowly defined to assess the effects of the TAC on the quality and effectiveness of clinical services with adoptive families in community-based outpatient treatment settings. Findings clearly and consistent support a conclusion that TAC does produce more effective clinical practice with adoptive families.

A secondary purpose of the study was to explore intervention methods and foci in light of known key features of adoption competent clinical practice. Findings confirm that the real-world clinical practices of TAC-trained clinicians in the study were consistent with key features of adoption competent clinical practice.

The primary implication from these findings is that TAC should be expanded to train additional clinicians in order to increase access for adoptive families to more effective adoption competent treatment.

Additionally, behavioral health organizations that treat adoptive families should ensure through their hiring and training practices that a sufficient number of clinicians in their organizations are qualified to provide appropriate assessment and effective treatment for these families. Adoption services providers, including child welfare agencies, that refer families for mental health assessment and intervention services should recognize those who have completed TAC as preferred providers and establish referral policies that reflect that preference. Online registries listing clinicians who have completed TAC should be further expanded so that adoptive families can more readily identify adoption competent clinicians.

There is also need for greater specification and standardization of our definitions of adoption clinical competence toward the potential establishment of more formal standards that clinicians would need to meet to be recognized as “adoption competent.” More formalized credentialing standards that would ensure that those who claim adoption competency meet established standards and that adoptive families, as consumers of mental health services, are accessing effective services. More formal credentialing standards would likely advance recognition by insurance companies of adoption competent practice as a specialized practice, justifying higher reimbursement rates that would, in turn, likely encourage additional clinicians to seek training.

Although this study has clearly established an association between TAC and better adoptive family therapeutic experience and outcomes, deeper insights into the connections between therapeutic approaches and specific interventions and outcomes are needed.

References

- Atkinson, A.J. (2020). Adoption competent clinical practice. In G. Wrobel, E. Helder, & E. Marr (Eds.), *The Routledge handbook of adoption* (pp. 435-448). London: Routledge.
<https://doi.org/10.4324/9780429432040>
- Atkinson, A.J. & Riley, Debbie B. (2017). Training for adoption competency: Building a community of adoption-competent clinicians. *Families in Society*, 98(3), 233-56. <https://doi.org/10.1606/1044-3894.2017.98.23>
- Atkinson, A.J. Gonet, P.A., Freundlich, M. & Riley, D. B. (2013) Adoption competent clinical practice: Defining its meaning and development, *Adoption Quarterly*, 16:3-4, 156-174.
<https://doi.org/10.1080/10926755.2013.844215>
- Brodzinsky, D., Santa J. & Smith, S.L. (2016). Adopted youth in residential care: Prevalence rate and professional training needs. *Residential Treatment for Children & Youth*, 33(2), 118-134.
<https://doi.org/10.1080/0886571X.2016.1175993>
- Brodzinsky, D. & Smith, S.L. (2018). Commentary: Understanding research, policy, and practice issues in adoption stability. *Research on Social Work Practice* 28(5), 1-10. <https://doi.org/10.177/1049731518782647>
- Brodzinsky, D. (2008). *Adoptive Parent Preparation Project: Phase 1: Meeting the Mental Health and Developmental Needs of Adopted Children*. New York: Donaldson Adoption Institute.
- Brodzinsky, D. (2011). Children's understanding of adoption: Developmental and clinical implications. *Professional Psychology: Research and Practice*, 42, 200–207. <https://doi.org/10.1037/a0022415>
- Brodzinsky, D. M. (August 2013). *A need to know: Enhancing adoption competence among mental health professionals*. New York: Donald Adoption Institute.
- Chobhthaigh, S.N. & Duffy, F. (2019). The effectiveness of psychological interventions with adoptive parents on adopted children and adolescents' outcomes: A systematic review. *Clinical Child Psychology and Psychiatry*, 24(1), 69-94. <https://doi.org/10.1177/1359104518786339>.
- DeJong, M., Hodges, J., & Malik, O. (2016). Children after adoption: Exploring their psychological needs. *Clinical Child Psychology and Psychiatry*, 21, 536–550. doi:10.1177/1359104515617519
- Drozd, F., Bergsund, H. B., Hammerstrøm, K. T., Hansen, M. B., & Jacobsen, H. (2017). A systematic review of courses, training, and interventions for adoptive parents. *Journal of Child and Family Studies*, 27, 339–354. doi:10.1007/s10826-017-0901-7
- Festinger, T. (2006). Adoption and after: Adoptive parents' service needs. In M. M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes*. Washington, DC: Child Welfare League of America & Casey Family Services.
- Hanna, M. D., Boyce, E., & Mulligan, D. (2017). When love is not enough: Parenting an adopted child with mental illness. *Families in Society: The Journal of Contemporary Social Services*, 98(3), 201–208. <https://doi.org/10.1606/1044-3894.2017.98.30>

- Harris-Waller, J., Granger, C., & Hussain, M. (2018). Psychological interventions for adoptive parents: a systematic review. *Adoption & Fostering*, 42(1), 6–1. <https://doi.org/10.1177/0308575918754481>
- Juffer, F., & van Ijzendoorn, M. H. (2005). Behavior problems and mental health referrals of international adoptees: A meta-analysis. *JAMA*, 293, 2501–2515. <https://doi.org/10.1001/jama.293.20.2501>
- Keyes, M.A., Sharma, A., Elkins, I.J., Iacono, W.G., & McGue, M. (2008). The mental health of U.S. adolescents adopted in infancy. *Archives of Pediatric Adolescent Medicine*, 162, 419-425.
- Keyes, M.A., Malone, S.M., Sharma, A., Iacono, W.G. & McGue, M. (2013). Risk of suicide attempt in adopted and nonadopted offspring. *Pediatrics*, 132(4), 639-646. <https://doi.org/10.1542/peds.2012-3251>
- LaBrenz, C.A., Fong, R., Brown, K. & Findley, E. (2020). Adoptive families' views about effective services prior to residential treatment center placement. *Adoption Quarterly*, 23(3), 219-241. <https://doi.org/10.1080/10926755-2-2-1790453>
- McRoy, R., Grotevant, H. & Zurcher, S. (1988). *Emotional disturbance in adopted adolescents*. New York: Praeger.
- NACAC – North American Council on Adoptable Children. (2011). Findings from national survey of adoptive families. *Adoptalk*, Winter, St. Paul, MN: Author.
- Riley, D. & Singer, E. (2020). Training for adoption competence curriculum. In G. Wrobel, E. Helder, & E. Marr (Eds.), *The Routledge handbook of adoption* (pp. 449-463). London: Routledge. <https://doi.org/10.4324/9780429432040>
- Roszia, S.K., & Maxon, A.D. (2019). *Seven core issues in adoption and permanency: A comprehensive guide to promoting understanding and healing in adoption, foster care, kinship families, and third party reproduction*. Philadelphia, PA: Jessica Kingsley Publishers.
- Smith, S.L. (2014) *Keeping the promise: The case for adoption support and preservation*. New York: Donaldson Adoption Institute. Retrieved from <https://www.celcis.org/files/4515/7407/7582/Keeping-the-Promise-Case-for-ASAP-Brief.pdf>
- Tan, T.X. & Marn, T. (2013). Mental health service utilization of children adopted from US foster care, US private agencies and foreign countries: Data from the 2007 National Survey of Adoptive Parents (NSAP). *Children and Youth Services*, 35, 1050-1054. <https://doi.org/10.1016/j.childyouth.2013.04.020>
- Tarren-Sweeney, M. (2010). It's time to re-think mental health services for children in care, and those adopted from care. *Clinical Child Psychology and Psychiatry*, 15, 613-626. <https://doi.org/10.1177/1359104510377702>
- Tarren-Sweeney, M. (2013). An investigation of complex attachment- and trauma-related symptomatology among children in foster and kinship care. *Child Psychiatry & Human Development*, 44, 727–741. <https://doi.org/10.1007/s10578-013-0366-x>
- Tarren-Sweeney, M. (2014). Our twenty first century quest – Locating effective mental health interventions for children and young people in care, and those adopted from care. In Tarren-Sweeney, M., Vetere, A. (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 37–57). London, England: Routledge.