NTI Pilot:
Summary of Evaluation Findings

> *"This is the best training I have ever taken, in my 16 years of child welfare."*
> *NTI Completer*

NTI Overview

The goal of the National Adoption Competency Mental Health Training Initiative (NTI) is to improve ability of the child welfare and mental health system to address the complex mental health needs of children who have achieved permanency though adoption, guardianship, or other means. This curriculum is 20 hours and focuses on casework practices to promote child well-being and family stability. Feedback from the NTI pilot with child welfare professionals has revealed the relevance of NTI training content for professionals across the child welfare continuum, from intake workers to foster care to those working in adoption.

These state of the art, NTI web-based trainings utilize adult learning principles to actively engage the user through completion. Each self-directed module includes a mix of text, video, and audio. They also include links to resources, activities, and opportunities for reflection using examples and stories from adoptive parents, children, and experts for each content area.

Overall 6,074 child welfare workers and supervisors participated in the NTI pilot for child welfare professionals and 72.5% completed the entire training. This report summarizes the evaluation findings from the 5,163 child welfare pilot participants who consented to participate in the evaluation. The pilot occurred between January 2017-January 2018.

Pilot Participants

NTI was piloted across 9 sites, which included 8 states and one tribe. In addition, the National Indian Child Welfare Association (NICWA) participated with a cohort of association members. Sites were selected that represented diverse child welfare systems.
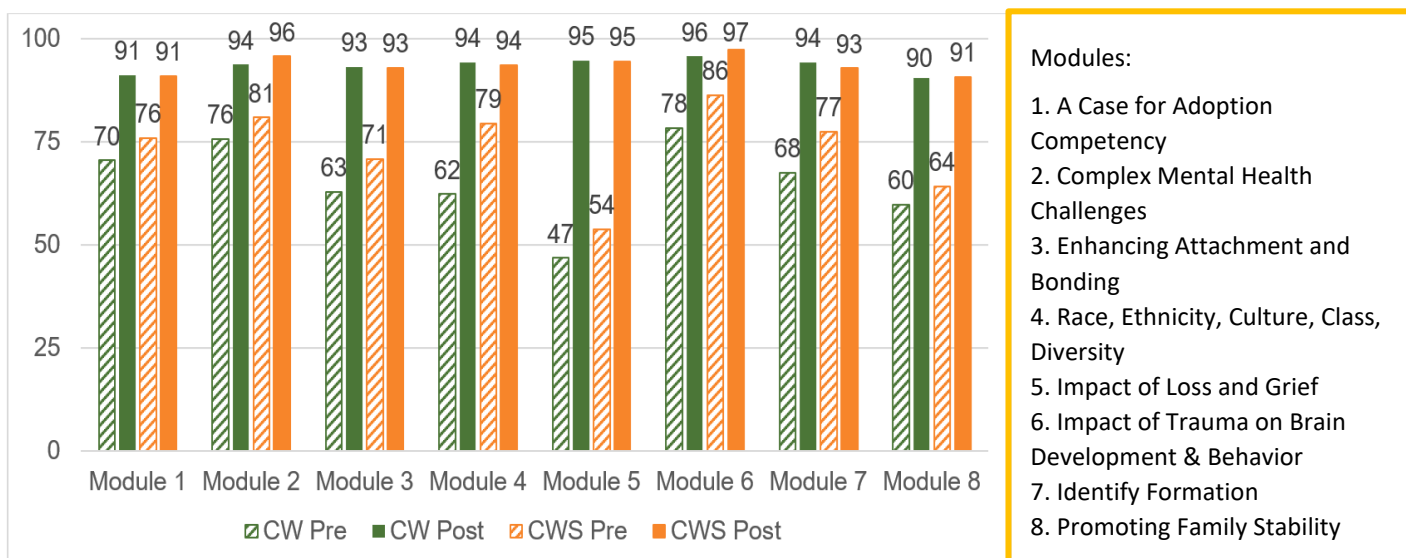
Pilot participants were a mix of public and private child welfare workers and supervisors in a variety of job positions across the child welfare continuum. A total of 5,163 pilot participants consented to participate in the pilot evaluation with an overall completion rate of 73%.
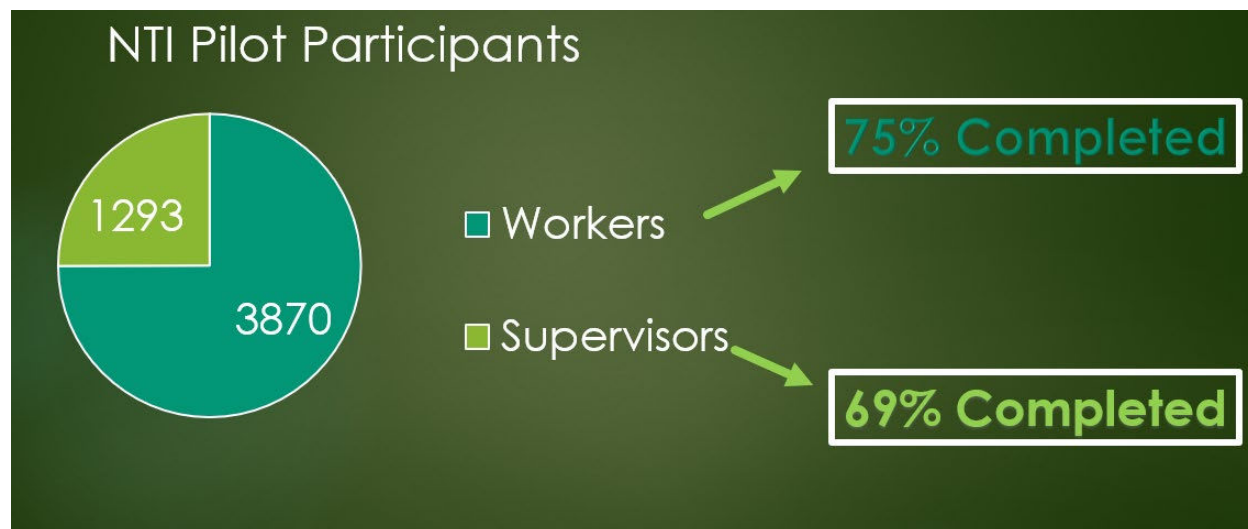
Participants were predominately female, white and with supervisors older on average than workers. Most participants were employed by state or county agencies.

Knowledge Gains

Pre-tests and post-tests were required for each of the modules. NTI participants experienced substantial knowledge gains on all the 8 modules. Scores are shown in the chart below.

Modules:

1. A Case for Adoption Competency
2. Complex Mental Health Challenges
3. Enhancing Attachment and Bonding
4. Race, Ethnicity, Culture, Class, Diversity
5. Impact of Loss and Grief
6. Impact of Trauma on Brain Development & Behavior
7. Identify Formation
8. Promoting Family Stability

Supervisors (CWS) scored the **lowest on modules 3,5, and 8** while workers (CW) scored the lowest on **4, 5 and 8.** Across all pilot sites there were significant gaps in knowledge at pre-test about Loss and Grief (Module 5), an issue core to work with children who have been placed in foster care.

Application to Practice

The evaluation asked participants how they applied NTI to practice. The six primary themes and quotes from participants that illustrate those themes include:

1) **Improved referrals and assessments**

   "During my PRIDE parenting classes and home studies I educate the potential foster parents on issues related to trauma, adoption, and being a transracial family to asses/verify their ability to be appropriate foster parents."

2) **Recruitment, training and selection of foster parents and other supports**

   "I have made 3 referrals for families to Evidenced Based Practice models since staring this training."

3) **Collaboration with mental health professionals**

   "I will be talking to a psychiatrist who is helping one of the kids on my caseload and will ask him if he has considered the trauma that this child has experienced and how this might affect his diagnosis."

4) **Working with resource parents**

   "I have given the white privilege information as well as transracial adoption information to some of my foster families preparing to adopt."

   "Can better equip adoptive parents for child's traumatized experiences."

5) **Working with Children**

   "This training has allowed me to understand how the children that I work with yearn for bonding with birth parents, and this can manifest in their behaviors."

   "I have discussed grief/loss with a few of the youth on my caseload. Those conversations have led to some openness and better understanding of the youth."

6) **Worker confidence and self-efficacy**

   "I spoke with a parent today on the phone, and because of this training, I had the confidence to give her an educational resource around her potential adoptive son's issues of acting out near adoption."

   "Just having this knowledge has changed the way I look at different parts of my current job. New knowledge empowers me to be better and do things a little differently to improve myself."

Impact on Supervisory Practice

Supervisors were also asked how NTI impacted their supervisory practice. Supervisors reported applying the new knowledge with there workers in case staffings and supervision. A few illustrative quotes include:

> *"I have used materials from the Supervisor handbook with staff to impact youth's success. I also reference materials and information from the modules during our consultations so that staff can take this information to use with the foster parents to provide stability."*

> *"Currently I am reviewing the handouts with the caseworkers during supervision. We discuss the information in the modules during supervision and unit meetings."*

Evaluation Three Months Post Training

Continuation

Participants were asked three months post completion of the training to assess how they had continued to use NTI. The percentage of participants who completed the NTI training and responded to the 3-month survey was 20% for workers and 22% for supervisors.

Since taking NTI participants were asked to describe how they have changed their assessment practices, themes immerged around:

1) Engagement of you and birth family connections
2) Understanding and acknowledging diversity
3) Better understanding of trauma
4) Preparation of resource/adoptive/foster parents
5) Securing supports and services for families
6) Impact on supervision with workforce

Since taking NTI participants also noted increases to their language to integrate more adoption competent language.

Practice Changes

Participants were also asked to rate the **frequency of practice changes** since completing NTI. Table 1 and 2 on the following pages reflects responses to a sampling of the items workers were asked to rate regarding practices with caregivers and children.

Table 1. Worker and Supervisor Ratings of Practices with **Children** "Since Completing NTI."

Since completing NTI…	Child Welfare Workers		Supervisors	
	Very True/ Often True	Somewhat/ Sometimes True	Very True/ Often True	Somewhat/ Sometimes True
I provide full disclosure of children's history to their foster or adoptive parents.	201 (77%)	56 (21%)	76 (84%)	15 (16%)
I educate parents on the importance of race, racism, diversity and class, and open communication on these issues with children.	160 (63%)	91 (36%)	55 (56%)	40 (41%)
I use reframing to help parents understand the reasons underlying children's feelings and behaviors.	231 (70%)	100 (30%)	93 (77%)	25 (21%)
I work with children's current caregivers on building secure attachments with foster or adopted children.	223 (72%)	86 (28%)	87 (76%)	26 (23%)
I have talked with parents about managing their own responses in interactions with children.	215 (66%)	111 (34%)	84 (70%)	35 (29%)
Prior to legal permanency, I focus with parents on understanding adjustment challenges that the child may experience over time.	189 (68%)	85 (31%)	67 (68%)	28 (29%)

Table 2 reflects responses to a sampling of the items workers were asked to rate regarding practices with **Caregivers**.

Since completing NTI…	Child Welfare Workers		Supervisors	
	Very True/ Often True	Somewhat/ Sometimes True	Very True/ Often True	Somewhat/ Sometimes True
When removing or moving children, I work to prepare and support them through this stressful experience.	179 (73%)	64 (26%)	56 (68%)	25 (30%)
I take the time to prepare children who are being placed in transracial placements, or children being placed with LGBT parents, and listen to their concerns.	137 (61%)	81 (36%)	38 (53%)	30 (42%)
I recognize the adoption/ guardianship issues an LGBTQ youth might have in addition to what they have experienced in the child welfare system, and can talk with youth about them.	162 (61%)	98 (37%)	59 (60%)	37 (38%)
I am able to have difficult conversations about such sensitive topics as race, racism, diversity, sexual	206 (60%)	131 (38%)	78 (69%)	31 (27%)

orientation, gender identity expression, grief and loss.				
I discuss search and reunion with older youth and encourage parents to understand the importance of having these conversations.	148 (54%)	116 (42%)	53 (60%)	35 (39%)
I foster sibling connections through sibling meetings and consider siblings in placement decisions.	224 (79%)	57 (20%)	80 (78%)	22 (21%)

Conclusion

The findings show participants of NTI experienced knowledge and practice gains from participating in the training. Most encouraging is the finding that three months post completion NTI is still in use with supervisors and workers. Practices have changes as a result of NTI, resources from the training continue to be used, and the impact on caregivers and children is being sustained post training. As several participants noted the impact is long lasting:

"This training will change the lives of so many children affected by abuse or neglect because it gives practitioners the knowledge necessary to change their lives for the better."

"I have been able to use the general knowledge and understanding I gained from this training in almost every area of my job. NTI incorporated and taught on many topics that impact my day-to-day work with families and youth."

"The NTI complements the foundation training that my agency provides when beginning a career in child welfare. It is more focused on mental health and identity concerns that are not currently address in the agency's training."