



**National** Adoption Competency  
Mental Health **Training Initiative**  
**Advancing Practice** for Permanency & Well-Being

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# Supervisor Coaching and Activity Guide

## *for Child Welfare Supervisors*

*Modified 05.2025*



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### The Value of Coaching Your Staff

**Studies show that training alone does not change behavior or result in the ongoing use of new skills.**

After completing training, workers might incorporate some new skills, or they might go back to using the same, familiar skills they used before. However, when staff are coached to use newly learned skills in their daily work, the result is changed behavior that can be sustained. Supporting your team members in the application of the new skills, tools, and resources they will learn throughout the NTI Training is a valuable opportunity!

**Being a supervisor is hard work.** You are tasked with fulfilling mandates and assuring compliance tasks within timeframes, all while supporting your staff through what is often heartbreaking work. There are many challenges before you – large caseloads, multi-problem families, bureaucratic policies, high staff turnover, burnout, desensitized staff, and initiative overload. You don't need more to do; you need the confidence that your staff are using the skills and doing the work that can make a difference for children and families.

We believe that staff who have the right skills and tools *and who are coached to do best practice* have increased competency and a sense of accomplishment as well as a belief that they can positively impact the children and families they serve. This in turn leads to increased staff retention, which ultimately makes your work as a supervisor more effective and efficient.



## About this Guide

This ***Supervisor Coaching and Activity Guide*** is intended to support YOU in the work you're already doing – when you meet with staff individually or in team settings and when you do case reviews. You can choose activities from the suggestions or come up with your own that relate to the objective or key skills.

If your workers have challenging cases that pertain to a particular issue or topic area, you can choose activities that are specific to that module. Because drift from best practice happens even in the best of circumstances, you can use these activities periodically with your staff to support continued use of the new skills in their daily practice.

But this work shouldn't be done alone. **You are encouraged to partner with your supervisor colleagues** - to share how activities are being used and the results you are getting. This support network will help encourage and reinforce your role as a coach for your staff.

Finally, in order to be sustained, **coaching should be supported and encouraged by administration**. Some agencies and systems have fully embraced coaching of staff, including field observation with feedback. Others have no structure in place for coaching. This is not an all or nothing proposition and taking small steps will move you and your staff in the right direction.

You will notice that there is only one activity relating to *Module 1: A Case for Adoption Competency*, which focuses on the ways in which staff can demonstrate the infusion of the Guiding Principles in their practice. For *Modules 2 through 8*, the guide is divided into sections with activities focused around the 3 key skills supervisors can support their staff to use highlighted in each supervisor lesson.

### **This guide includes different types of activities listed, including:**

- **Team Discussion:** Team discussion about personal beliefs, challenges, and use of tools in practice. For example, how your staff can improve preparation or transition for a child to prevent abrupt separation and re-traumatization.
- **Case Review:** Review of a case and discussion and processing of learned concepts. For example, have your staff review an assessment and child's risk and protective factors. Discuss what workers can do to mitigate risk factors or strengthen protective factors.

- **Role Play:** Role play of applied skills. For example, practicing conversation starters your staff can use with parents to discuss the importance of honoring their child's community of origin.
- **Team Activities:** Shared activities as a team to improve practice. For example, developing a format for life books, if there is not already one in use; inviting a speaker or panel to come to a team meeting to discuss an issue or share information about resources.
- **Application:** Practice the suggested tools provided throughout the curriculum. For example, have your staff use the ACEs survey with prospective parents to assess their trauma history and discuss what they learned.

**PLEASE NOTE: THIS GUIDE HAS BEEN MODIFIED TO COMPLY WITH EXECUTIVE ORDERS OF THE TRUMP ADMINISTRATION; MODULE 4 HAS BEEN REMOVED**



## Module 1: A Case for Adoption Competency

**Description:** An overview of NTI training, guiding principles for practice, permanency options, and change in adoption practice. Also included is a discussion of the urgent need for permanency for youth in foster care.

### Application of Guiding Principles in Practice

Have a team discussion about any of the guiding principles, asking staff to discuss the specific ways they incorporate these principles in their work and interactions with families or each other. In what ways have these principles informed or changed their practice since completing NTI training?

- Adoption is a lifelong process that impacts the individual throughout their lifespan.

- Loss is at the heart of every adoption or guardianship and cannot be ignored.
- Secure attachments can be built or re-built.
- Feeling different impacts identity and one's sense of belonging.
- Children process their story through a developmental lens.
- Connections matter.
- Healing from trauma, loss, and insecure attachments occurs in the context of a trusting family relationship.
- Adoption and guardianship family formation is a life-long, intergenerational process.
- Communication fosters healthy adjustment.
- Respect differences in practice; families need a supportive network.
- Children should not have to change excessively to fit into a family.
- What you do impacts the child or youth.
- Commit to preventing additional trauma.
- Services should be strengths-based.
- Integrate the child and family's history into assessment.
- Normalize the recurrent need for help.

## Module 2: Understanding the Mental Health Needs of Children and Youth

**Description:** Focuses on understanding the mental health needs of children experiencing adoption or guardianship. Includes the importance of comprehensive assessment, helping children tell their unique story, helping parents understand and reframe their child's behavior, and partnering with adoption-competent mental health professionals. Supervisors can support their staff to use the following three skills from this module in their daily practice:



- **Helping children and youth understand their story**
- **Helping parents reframe their children's behavior**
- **Making an appropriate referral and monitoring treatment**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

### Helping children and youth understand their story

1. **Have workers select a case** and discuss how the child's experiences before and during foster care have shaped the child's mental health.
2. **Discuss with workers how to gather relevant information for a comprehensive assessment** that represents the child's unique story and history (See Handout: Comprehensive Assessment outline in the Appendices). Have workers write an assessment for a child moving toward adoption or guardianship and review it with them. What other information is needed, and how can they gather this? Be sure to include mental health history and significant genetic and prenatal factors.
3. **Using the Handout: Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture** (in the Appendices), have workers choose a case and, in a small group

meeting, discuss their application of this framework to the child. What kind of survival behaviors does the child demonstrate that relate to these four areas of functioning? How did the child experience life in their birth family, and what is the impact of the removal on his mental health and behavior? What specific risks and protective factors have shaped this child's adjustment? Discuss how to engage the child in a conversation to facilitate their understanding of that history.

4. **Have workers discuss the activities** or tools they have been using to facilitate communication with children about their history. Is there evidence in the case record of having these discussions and using these tools? In team meetings, have them share or demonstrate how they used these activities or tools.
5. **Have workers identify at least one new tool** (storyboards, digital stories, timelines, ecomaps, etc.) to try with a child in the coming week, then process the use of the tool in a follow-up meeting.

**Are staff fully embracing Lifebooks as an opportunity to help children tell and understand their story?** If a specific format for Lifebooks is not currently used, have your workers review some of the suggested resources and create a format for Lifebook work. Have staff discuss the barriers to Lifebook work. Here are some typical barriers and potential solutions:

- **Not enough time:** Lifebooks are easiest if they are started as soon as a child or youth enters foster care and are used as a tool to learn the child's history. Parcel out the tasks involved and enlist the help of others who can potentially gather elements. Contact relatives such as grandparents or an aunt who has been close to the child, current or past foster parents, etc., and ask for mementos; request that all foster parents take pictures and save report cards, certificates, etc., and give them to the worker for the child's Lifebook. Interns may be able to help in making contacts to get pieces of information, like a record of the child's birth with the footprints, or to mine the case file and construct a timeline of all moves in care, dates, and names/addresses of foster parents. You can have many sample pages downloaded from some of the resource sites and let the youth choose those they want to complete.
- **Too late to get pictures:** Take pictures on visits and put them in the Lifebook; ask foster parents to do the same; reach out to relatives or past foster parents who may have pictures of the child; visit places of importance to the child and take pictures.



Examples might be the hospital where the child was born, previous foster homes, or schools.

- **Don't have resources:** Use resources in the training to obtain templates for Lifebook pages. Partner with a hobby supply store, a service organization, or a scrapping group to donate supplies that children and youth can use to build their Lifebook.

Make copies of significant documents and photographs to keep in the child's case file in case the Lifebook is lost.

7. **Ask workers to identify a book or a section of a movie** they think could be used as a conversation starter with a child or youth to discuss their unique story or express their feelings. During a team meeting, review these resources and discuss how they would use them to start a conversation with a child.

### Helping parents reframe their children's behavior

1. Have the worker identify a case and discuss the following related to the child:
  - **View of the world**
  - **Ability to form relationships**
  - **Current negative behaviors**
  - **Triggers for misbehavior**
  - **Lost connections**
  - **Painful memories**
  - **Services received for grief/trauma**
  - **Additional services that would be helpful**
  - **What help has the caregiver received to understand a child's history?**
2. **Support workers individually to help them assess their abilities to meet the 6 objectives listed below in their interactions with parents.** Help them identify specific objectives for improvement and develop a strategy to accomplish this. Possible strategies might include accompanying a worker skilled in this ability and observing their interactions; choosing a family and role playing with a supervisor or another worker an interaction in which this skill is applied; or reconstructing the process of a previous interaction with parents and discussing potential responses that may have worked better.
  - a. Engages parents with empathic listening, acceptance, and support.



- b. Helps parents understand their child's history and uses reframing.
  - c. Helps parents to understand their own issues from the past related to their capacity to facilitate attachment and effectively parent a specific child.
  - d. Helps parents to assess and develop their support system.
  - e. Models communicative openness (ability to talk openly and honestly with children or youth about their questions or concerns) and supports parents' use of communicative openness.
3. **Have workers identify a case in which the parents need to enhance their understanding of their child's history** and its link to current behaviors. Have them identify survival behaviors and emotional issues that are characteristic of the child. Refer back to Handout: Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture to think about the challenges a child has experienced in each area and how these challenges are manifested in the child's behaviors. Discuss in supervision or a team meeting how to reframe the behaviors. Have workers use reframing with the parents and process the interactions with you.
4. **Have the worker identify a current case** in which they feel parents need to address their own unresolved grief and loss impacting their parenting capacity. In a team meeting, discuss these issues and develop ideas for assisting parents in understanding how these issues could complicate the child's healing. When indicated, have the worker refer the parent to an adoption support group or adoption-competent mental health professional.

### **Making an appropriate referral and monitoring treatment**

1. **Have workers identify children or youth on their caseload who are taking psychotropic medications.** In each case, are the workers, youth, and parents aware of the specific reasons the medications are prescribed as well as the primary side effects? Are there any concerns about the use of medications for the youth? If so, what are the next steps to address these concerns?
2. **For a child or youth on the worker's caseload, have the worker review the clinical assessment** (please request if it is not in the record) and discuss its meaning. What diagnostic labels have been given to the child? How is grief, trauma, and the child's history of moves and separations addressed in the assessment? What treatment is recommended? Is a specific treatment modality identified? What treatment has the child received? If the

clinical assessment doesn't address the child's trauma history, what next steps should the worker take?

3. **Have workers choose a child on their caseload who has received mental health treatment.** What, if any, psychotropic medication is the child taking? Research this drug on the internet and consider its value to the child's presenting issues and potential side effects. Have them discuss the proper steps to take if they think the use of a medication needs to be reconsidered or proper policies related to these medications have not been followed.
4. **Have workers review the definition of Developmental Trauma Disorder and identify a child on their caseload who appears to fit this profile.** What symptoms mentioned in the description are present? To what extent have symptoms been addressed in the child's treatment history and with current caregivers?
5. **Have workers discuss which two intervention practice models listed in the Program Directory in the Appendices they would like to learn more about.** They can research the interventions and share what they learned with the team. The team can also discuss the primary evidence-based, evidence-informed, and promising practices used by therapists in your area.
6. **In a team meeting, workers discuss the foster, adoptive, or guardianship parents they work with who need to learn or enhance therapeutic parenting skills.** Have workers discuss the local referral sources that could work with the family to teach them these skills. You might also consider purchasing the Trust-Based Parenting DVD set for use with families. It is also available in Spanish. You can order from this website:  
<http://child.tcu.edu/store/healing-families-dvds/trust-based-parenting/>
7. **Have workers discuss the characteristics of adoption-competent services covered in this module.** Discuss who the adoption/guardianship competent providers are in their community and region of the state. The Child Welfare Information Gateway provides state-by-state information on post-adoption services at this link:  
<https://www.childwelfare.gov/pubs/f-postadoptbulletin/>
8. **Discuss with your team what types of services are scarce or nonexistent in your community.** Discuss how you might work together to get strategies for encouraging mental health professionals who work with your families to complete the companion NTI curriculum for mental health practitioners. You might also explore whether the child welfare agency can host or sponsor trainings on specific types of interventions that are most needed. Identify a list of providers and have staff reach out to at least two mental health

professionals and introduce them to the curriculum and how they can participate in the training.

**Have workers choose a case in which a mental health assessment was done.** Either individually or as a team, review the assessment, information related to the child's ongoing progress and needs, and documentation about the worker's communications with the mental health provider. Is the information adequately documented? Does the documentation paint a picture of the child's mental health needs?

- a. Have workers discuss what they know about the specific intervention/practice model the therapist used and to what extent the treatment was helpful. Is there evidence of efforts to include mental health providers in case planning or the work of the Child & Family Team? Is the foster/adoptive family included in sessions? If not, discuss how to convey the importance of the family being part of the treatment.

## Module 3: Promoting Secure Attachments – Relationships & Experiences Matter

**Description:** Understanding the process of forming secure attachments and the impact of separations on that process is at the heart of child welfare practice. The quality of attachment and separation experiences is intrinsically linked with children's mental health. In this module, we examine strategies for helping children feel safe and develop secure attachments within a new, permanent family.

In the previous module, we focused on understanding children's unique stories and the impact of their experiences on their mental health. A major part of their story is their early relationship and attachment experiences, first with their primary caregiver and then with other significant caregivers.



Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Model and teach therapeutic parenting strategies to promote attunement and felt safety**
- **Help children and youth maintain healthy connections with people significant to them**
- **Minimize relational trauma in their work with children and youth**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

### **Model and teach therapeutic parenting strategies to promote attunement and felt safety**

1. **Have workers identify an adoption or guardianship case** and discuss the ways in which the parents are building trust and promoting “felt safety” for their child. If this is a challenging area for the parents, what strategies can the worker use to coach the parents to promote trust and felt safety?
2. **Have workers choose a case involving a child with attachment challenges** and discuss what work needs to be facilitated to build attachment between the child and his/her parents. Review together strategies for working with parents to promote:
  - **Their management of their own feelings and parental self-care**
  - **Teaching desirable behaviors with a balance of nurture and structure**
  - **Identification of parents’ own attachment style and understanding of how that aligns (or does not) with their child’s, or triggers feelings and undesirable interactions**
3. **Have a discussion with workers about the services that are in place to teach parents therapeutic parenting skills.** If these are lacking, explore possible ways to enhance these services. Is it possible for the agency to explore providing training for workers on ARC, Pathways to Permanence, or other therapeutic parenting models?
4. **Have workers choose a case and discuss what they can do differently to promote trust and felt safety in their own interactions with children?** Have them apply one or two specific strategies or behaviors they came up with and process the impact with you.

## Helping children and youth maintain connections with people significant to them

1. **Discuss the extent to which workers have individual conversations with children** when their status is preparing to change to adoption/guardianship to explore and address the child's feelings and concerns. Ask workers to have an intentional conversation with youth about this and then process the experience with them. What did they learn about the youth and their desire to maintain connections? How did they respond to the feelings? Are there any lingering concerns about moving forward with the permanent plan? If so, what actions are recommended?
2. **Have workers discuss the extent to which their current practice honors children's healthy attachments with significant others.** What can workers do differently to help children maintain attachments? What would it take to truly embrace the value of children maintaining connections with positive attachment figures? What are the challenges to doing this work? Have workers brainstorm strategies for a specific child/youth.
3. **Have workers talk with an older youth about the positive and painful memories** of life with their birth family, their moves in foster care, and how they adjusted to these experiences. Have them discuss in supervision youth's outlook on finding permanency in a new family. If there are internal barriers that cause them to resist new parental relationships, what might be done to reduce these barriers?

## Minimizing relational trauma in their work with children and youth

1. **Have a team discussion about how workers can remove/move children with the least negative impact.** Do current practices provide opportunities for the preparation of the removal/move of children? Discuss implementing strategies that were discussed in the module that could assist in enhancing worker's preparation of children through moves. For example, prepare information sheets with photographs of resource families to share with children moving to their home. Have foster families provide a letter to children leaving their home that recounts a positive memory, says something positive about the child, and includes a picture of them with the family.
2. **Ask workers to share the case of a child who has an attachment-related diagnosis.** What were the child's early experiences with caregivers, and how is this reflected in the child's behavior? Review the developmental risks of insecure attachment covered in this lesson and assess to what extent these apply to this child.

3. **Lesson 3 reviewed many strategies (below) to minimize the trauma** that children experience in the child welfare system. In a team meeting, discuss these strategies and consider how workers can utilize them in practice. Are there other strategies that workers have developed to support children through the traumatic experiences of removal and moves in care? Develop a list each worker could later refer to.
  - **Reduce the number of moves in care**
  - **Prepare the child for separation and reduce the level of surprise**
  - **Involve birth or foster parents in preparing the child**
  - **Have consistency in support**
  - **Keep children connected to significant attachment figures and in familiar environments, if possible**
  - **Validate the child's feelings and provide continuing interpretation of the child's experience**
4. **Have a team discussion** about the ways in which workers can better prepare children for the initial removal into foster care and strategies to support them through this process.
5. **Discuss in team meetings** the clinical resources that exist in your community for attachment work. Do these clinicians include the parents in treatment? Are there clinicians in your community who use unsafe attachment techniques? What strategies might you consider for bringing mental health professionals along to support this work?

### **Other activities related to assessing and understanding the impact of early experiences on attachment**

1. **Have workers choose the case of a child** and discuss the impact of the child's early attachment experiences on 1) felt safety, 2) brain development, 3) self-regulation capacity, 4) social, emotional, physical, cognitive, moral, and language development, 5) sense of self-worth, and 6) willingness to attach to future caregivers. In what ways does the information in the case file reflect the child's early attachment experiences and the impact of those experiences on the child?
2. **Have workers identify a child with attachment challenges** and evaluate which of the symptoms identified in the handout, *Four Ways to Encourage Attachment* (in the Appendices), are characteristic of this child. What are appropriate goals for the child that

can be addressed with the child and parents? What treatment has been secured to help with the attachment issues, and what are the outcomes?

3. **Have workers identify a child on their caseload** and discuss which of the four attachment styles they observe. Discuss ways in which this attachment style impacts the child's behavior and mental health.
4. **Ask workers to complete the “Whose Job Was It?” or “Mr. Nobody”** exercises (provided in the Appendices) with a child on their caseload who has experienced an initial removal fairly recently. Have them talk with the child about their experience and support the child to express their feelings about the move. Arrange a follow up discussion to process the worker's experience using these tools.
5. **Have workers choose one of the practice models** reviewed in this lesson to learn more about it and share learnings in a team meeting. If available, have them talk with a local clinician who uses the model. Are there any providers in your area who work on attachment issues with children ages 0-3 and their caregivers? What about older youth?  
Here are a few sites that expand on specific models:

- **Dyadic Developmental Psychotherapy (DDP):** <http://ddpnetwork.org/about-ddp/dyadic-developmental-psychotherapy/>
- **Theraplay:** <http://www.theraplay.org/> (This site also includes at the top “Find a Therapist Worldwide.”)
- **ABC:** <http://www.infantcaregiverproject.com/>
- **Child-Parent Psychotherapy:** <http://www.cebc4cw.org/program/child-parent-psychotherapy/detailed>; <http://childtrauma.ucsf.edu/child-parent-psychotherapy-training>
- **Parent Child Interaction Therapy (PCIT):** <http://www.pcit.org/> and <http://pcit.ucdavis.edu/pcit-web-course/>

**Module 4: To comply with executive orders of the Trump Administration, this module has been removed**



## Module 5: Impact of Loss and Grief Experiences on Children's Mental Health



**Description:** A look at loss and grief and how they impact the behavior and mental health of children moving toward or in adoptive and guardianship families. We will explore developmental differences in how children express grief, both behaviorally and emotionally, different issues related to adoption loss, how cultural values affect expressions of loss and grief, and practices that can support a grieving child. Factors that need to be considered in planning to maintain connections for the child are included.

Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Helping children and youth process and manage their feelings and thoughts about their losses**
- **Minimizing the impact of ambiguity on children's and youth's healing from loss and grief**
- **Promoting the integration of old and new attachments**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

### Helping children and youth process and manage their feelings and thoughts about their losses

1. **Have workers choose a case and ask them to list all the losses they can think of that the child has experienced.** What barriers can they identify to the child's resolving the primary losses? Do they think that this child or others with whom they work are acting out because of underlying grief? In what ways have situational factors and adults in the child's life helped or hindered the child's resolution of grief? What has been done during the child's involvement in child welfare to address the child's grief? What is one thing the worker can do differently to help the child cope with grief?

2. **Have workers discuss a case in which they found out very late in the case about a significant loss in the child's life.** What is the impact of this previously unknown loss on the child, the parents, and the placement? How can the worker prevent this (not knowing about the loss) from happening in current/future cases? How can workers do a better job of addressing grief and loss with children?
3. In a team meeting, ask workers as a group to choose 4 children who have experienced a termination of parental rights at a different developmental stage –ages 0-2, 2-5, 6-12, 13-18, or older. For each child, have the worker share the child's significant losses. Identify which responses at various developmental levels are manifested by this child. Have workers brainstorm how they might respond to children's grief about the TPR at different ages.
4. Either independently or as a group, have workers identify a youth who is struggling to cope with grief and loss. What behaviors or statements make this apparent? Have workers identify how far through the 5 stages of grief this youth has progressed. Have them identify what has been done to address loss with the youth and what more needs to be done.
5. With the youth chosen above, have workers identify what mental health diagnoses have been given to him or her. What aspects of the child's difficulties may be due to grief? Have workers discussed this with the child's therapist? If not, have the worker consider how to have these conversations.
6. As a team, have workers discuss the 8 suggestions listed below for helping a child struggling with loss and the extent to which they carry these out in their practice, including in their work with parents. How might their practice be enhanced?
  - **Help the child face reality. The pain needs to be acknowledged, and the grieving process supported.**
  - **Encourage the child to express feelings. Support the child by explaining the reasons for the separation without denigrating the parents.**
  - **Tell the truth. Depending on the child's developmental level, the message should be that the parent(s) were not able to take care of the child. The permanency of the separation needs to be clear.**
  - **Encourage the child to ask questions. Be as truthful as possible without hurting the child. Never lie to the child. Prompt the child to ask questions that are on his mind.**
  - **Process with the child why the losses occurred. Ask the child what their ideas are about the reason for the moves and losses they experienced.**

- Spend time with the child. Children who have experienced these profound losses will feel rejected and sometimes guilty, as though they caused the loss. Spending time with the child and talking about their feelings can build a trusting relationship and pave the way for other healthy relationships.
- Encourage information about the past. This is a good time to use the Lifebook to help the child recognize the continuity of their life and to build the child's story. We referenced the Lifebook process and how important the child's story is in Module 2, Lesson 3.
- Understand your own feelings. It is difficult to share the pain of separation with a child and to be the one to voice the facts of the child's situation. As a child welfare professional, it is important that you hold the pain for the child while supporting them. If their feelings are not expressed and acknowledged, they will be suppressed and will re-emerge later, possibly jeopardizing a future placement.

7. Ask each worker to practice using one tool from Module 5 to help children process grief.

- Conversations with children about loss and grief
- Supporting a child through separations
- 3-5-7 Model
- Lifebook
- Providing transition to Adoption or Guardianship

### **Minimizing the impact of ambiguity on children's and youth's healing from loss and grief**

1. **Have workers discuss a case that reflects ambiguous loss.** In what ways is this loss different from other types of loss? What can workers do to mitigate the ambiguity? Have workers discuss the loss with the child and process the experience with you. What was hard about the conversation? How did they respond to the child?
2. **Have workers discuss the extent to which openness, when it is beneficial and safe, is embraced by your child welfare system.** If it is not, what can be done to provide more

opportunities for maintaining connections? What is the worker's role in discussing openness and advocating for opportunities to maintain connections?

3. Review a child's case where you are making or have made a referral to a therapist and see if there are cues that behavior may result from a grief response rather than a mental health disorder. How would you communicate these concerns to the treating therapist? Roleplay how to have this dialogue.
4. **Have workers discuss as a team what information is provided to mental health therapists about the child's history and losses.** Develop a referral form with your team that would include the essential information that is important to share when making a referral to a therapist. Have workers use the form and share in team meetings how it was used.
5. **Choose a child who experienced the termination of parental rights and is struggling with loss and grief.** Discuss strategies identified in the module for supporting the child and parents through this transition.
6. **How do workers help prepare children and birth parents for the "Good Goodbye?"** Think of a case where birth parents were unable to understand and support their child's grieving. Discuss strategies workers can use to help birth parents prepare for this last meeting. What strategies can workers use to help children prepare for and manage the "Good Goodbye?"

### Promoting the integration of old and new attachments

1. **Have workers review the case of a child who demonstrates a significant grief reaction to moving to adoption or guardianship.** What strategies from the lesson can you use to help him or her? Review the 5 goals of pre-placement work with children listed below and discuss how these might be addressed by workers or parents. Have workers roleplay how to have a conversation with parents about this work.
  - **Diminish fears and worries of the unknown** – This is for the child, the foster parents, and the adoptive or guardianship parents.
  - **Transfer attachments** – The stronger the attachment to the previous parent is, the more important the transfer of attachment is. Contact between the current and future parents is important and may minimize divided loyalties.
  - **Initiate the grieving process** – Painful emotions can surface during the pre-placement visits, along with behaviors that can lead to hurrying the move. This

could be a mistake. It is best not to move the child during the shock or denial stage of grief. It is better to move the child during the “sad” or “mad” stage of grief when the new parent can join the child in acknowledging the loss and help to use the strong emotions to aid in attachment.

- **Empower new caregivers** – The new parents provide emotional nurturing and structure to create a safe environment for the child and feel entitled to parent.
  - **Encourage making commitments for the future** – Everyone involved needs to make commitments about how they will work together on behalf of the child, including the child himself. This includes how contact will be maintained with important relationships, including siblings, therapists, former foster parents, and extended family members. This will help to minimize losses.
2. **Have workers review Darla Henry’s 3-5-7 model** and discuss how these steps might be used in their work with a specific child who is approaching adoption or guardianship. How might the 3-5-7 model be incorporated into practice on a regular basis?
  3. **Have workers choose a case involving a child whose parents/guardians don’t understand the grief the child is experiencing.** How can workers help parents understand what triggers exacerbate this and how they can support the child? Identify strategies from the lesson that your workers can use. Is there evidence in the case record of workers having conversations with parents about their child’s grief? Have workers roleplay how to have these conversations.
  4. **Have workers think of adoptive parents or guardians with their own unresolved losses.** Discuss what their losses are and how they might impact their relationship with the child. How might you educate them about the need to address this grief and seek counseling if indicated? Roleplay how to broach this topic.
  5. **In a team meeting, ask workers what celebrations and rituals they are aware of that adoptive or guardianship families observe** to assist children in integrating their past and present family members and in developing a sense of belonging in their new family. Have the team brainstorm other rituals and develop a list to share with staff.
  6. **Have workers discuss in a team meeting the unique aspects for relatives in moving toward adoption or guardianship of a child.** Review the following issues experienced by relative providers and ask workers for examples they have observed in their cases. Have workers share how they would or did address these issues with kin.

- **Mixed feelings about the child's loss of a parent**
- **Mixed feelings about the loss of a role as a grandparent, aunt, uncle, etc.**
- **The decision to become a caregiver is usually unplanned and occurs during a crisis**
- **Limited preparation for caregiving**
- **Unanticipated requirements to become a foster or adoptive parent**
- **Grandparents' guilt over birth parents' problems and their role in causing them**
- **Guilt for taking over parental role for child**
- **Perception that they are betraying the birth parent by becoming the legal parent**
- **May set up a competition with birth parent if child becomes attached to the relative**
- **Split loyalties and hesitation to legalize relationship – hard to put the child first**
- **Mixed feelings about giving up retirement plans, freedom of lifestyle, friends without children to care for**
- **Concerns about taking on additional financial obligations without adequate support**
- **Internal family strife and loyalty issues among relatives**
- **A negative history with adoption, either personal or as a member of an oppressed group**

7. **Have workers choose the case of a child who is awaiting an adoptive or guardianship family.** Ask them to assess the primary significant, healthy attachments in the youth's life and the extent to which some level of openness is in the child's best interest. Review the key factors for children, adoptive parents/guardians, and birth family members listed below to assess the level of openness that is in the child's best interest.

### **Key Factors for the Child**

- **Child's feelings and wishes regarding contact**
- **Relationships with birth family members, including sibling relationships that are positive sources of nurture and identity; other caring adults in child's life who would commit to being a continuous resource for child**

- Child's emotional and developmental functioning
- Psychological resilience and ability to form or extend attachments
- Extent of trauma child experienced with birth parent
- Safety considerations
- How the child interacted with birth family members during reunification work

### Key Factors for the Pre-Adoptive or Guardianship Parents

- Views and experiences concerning connection/contact
- Can they work toward meeting the child's needs above their own?
- Attitudes and understanding regarding connection
- Arrangements for review, support, and mediation
- Ability to set boundaries with birth family members
- Ability to be empathic with birth family members

### Key Factors for Birth Family Members or Other Significant Attachment Figures

- Reasons the child came into care and is unable to return home
- Characteristics of family members' relationships with the child
- The extent to which they give the child permission to be part of an adoptive family
- The birth family's views about placement and their previous experience with contact (how well did they deal with the foster family during visitation)
- Their emotional well-being and current level of functioning
- Arrangements for review, support, and mediation over time

### Other activities relating to loss and grief

1. **As a group, discuss how workers' own painful feelings are triggered when they are working with children who are experiencing emotional pain.** How might this impact their work? What can they do to cope with their own feelings and still address the child's issues? How can you, as a supervisor, support workers in managing their painful feelings?



2. **Have your team review the questions below and discuss how these are addressed in your agency.** What activities or strategies could be implemented to enhance this work?
- **Are children placed with relatives as a first option in your agency?**
  - **Is the child's history gathered and recorded in the same way as in a placement with a nonrelative?**
  - **Is the history given to the relative caregiver as a potential guardian?**
  - **What preparation and support are offered to relatives who take on parenting their kin?**
  - **What can you do to improve your practice regarding relative placements?**

## **Module 6: Addressing the Impact of Trauma on Child Development and Mental Health**



**Description:** A discussion of the types of traumas frequently experienced by children in the child welfare system and the impact on child development and mental health. An overview of the current knowledge about trauma, including the physical and psychological impact of trauma and trauma-related mental health needs of children, is provided.

The last lesson also focuses on workers addressing their own secondary traumatic stress. While many child welfare professionals have received training related to trauma, the goals of this module will be to

quickly review important concepts and build on these through emphasizing current, practice-oriented information for working with children, parents, and mental health professionals to facilitate children's resilience.

Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Helping parents to learn the difference between “won’t” and “can’t” behaviors and strategies to manage the “can’t” behaviors**

- **Helping children and youth integrate their traumatic experiences and move to healing**
- **Understanding the impact of Secondary Traumatic Stress and the value of self-care**

For each skill listed, supervisors can choose from several activities below to use in individual and group supervision:

### **Helping parents to learn the difference between “won’t” and “can’t” behaviors and strategies to manage the “can’t” behaviors**

1. **Consider the trauma mantra**, “It’s not what’s wrong with you, it’s what’s happened to you”. Have workers choose the case of a child and discuss individually or as a team how they would reframe externalizing behaviors they are seeing in light of the child’s traumatic experiences.
2. **Have workers identify a case where they will educate parents** as to the impact of early trauma on the developing brain. Discuss as a group the key points that should be included in this conversation. Have workers plan a conversation with the parent and then process the experience with each worker individually.
3. **Have workers review the handout “Complex Trauma: Facts for Caregivers”** and discuss how to use it effectively in their work with parents. Can they think of homework assignments they might give parents to work on? Have workers use a homework assignment with a family, and process the experience with you.
4. **Have workers identify strategies for promoting felt safety in children** and how they can apply these in their own work with children and parents.
5. **Is the parent training curriculum “Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents”** used in your agency? If so, have workers discuss how this training is helpful to parents. If not, have workers discuss how this training can be brought to your agency.

## Helping children and youth integrate their traumatic experiences and move to healing

1. **Have workers choose a case of a child who has experienced documented trauma.** Have workers explain why the documentation of traumatic experiences is important to developing appropriate case plans, providing support to parents, and referring for trauma-related therapy. How have the child's traumatic experiences affected his or her attachment capacity, world view, and internalizing and externalizing behaviors?
2. **Have workers identify a child who has experienced extensive trauma.** In a team meeting, discuss the child's challenges in the following domains: attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept. Do the symptoms experienced by the child fit the proposed diagnosis of Developmental Trauma Disorder?
3. **Have workers choose a child in a case.** Make a list of known traumas from the case record and assess the extent to which the child's known experiences are evident in the record. If trauma experiences are not appropriately recorded, what practice changes need to take place to better document these experiences for children and their parents? If your agency doesn't already use a trauma checklist, have your team develop one or use one already developed for use in every case.
4. **In a team meeting, have workers roleplay how they may interview a child about their traumatic experiences.** Have a skilled worker model how to respond with empathy and explore the child's experiences and feelings.
5. **Have workers share ideas for children's books and movies** that can be used to help children understand and cope with life events and how these might be used in their practice. (See Handout Foster Care and Adoption Friendly Children's Books in the Appendices.)
6. **Discuss the goals listed below for helping children to develop a coherent and integrated narrative of their lives.** Help workers brainstorm ideas of ways in which they can assist both children and their parents in working toward these goals.
  - **Develop a coherent understanding of their life story and traumatic experiences**
  - **Perceive traumatic events accurately**
  - **Recognize that they are not responsible for having caused the events**
  - **Identify and express their own feelings related to events and gradually reduce the intensity of feelings**

- **Make meaning of events by finding answers to salient questions**
  - **Develop a survivor identity with feelings of mastery, strength, and self-efficacy (feeling they are survivors who have the power to make choices and to a large extent determine the course of their own lives)**
7. **Have workers discuss the trauma-focused treatments available in your community for children and parents.** If you don't know the best referral sources for trauma-based treatment, develop a plan to engage more therapists in the community to take related training. Develop a cadre of trauma-informed mental health professionals and create a directory for staff to use.
  8. **Have workers discuss as a team how they collaborate with mental health professionals in understanding the child's trauma-related needs.** Do child welfare and mental health professionals share screenings, trauma assessments, and other evaluations or mental health assessments that have been completed on the child?
    - a. Are mental health professionals regularly included as part of the Child & Family Team? How might this be enhanced?
    - b. How do child welfare and mental health professionals collaborate to assess the child's progress in addressing goals?
  9. **What new protocols could your team create to guide workers in more effectively monitoring and overseeing the child's treatment?** Have workers develop a list of questions or guidelines to steer this oversight. What guidance can workers give to therapists about the kind of information that is needed to help them monitor progress?
  10. **Have workers discuss a case involving a child who disclosed traumatic experiences after having the case assigned to them.** How did they handle the disclosure? What is the worker's understanding of why the child disclosed when they did rather than earlier? Workers need to recognize that additional memories and disclosures of traumatic experiences are likely to emerge over time, and they should not assume that because a specific experience is not documented in the record, the child never experienced it.

## Understanding the impact of Secondary Traumatic Stress and the value of self-care

1. **Have workers complete the Quality-of-Life Scale (in the Appendices) and then complete a self-care plan, choosing among the individual strategies.** Have them set one goal for themselves for better managing STS and report back as to how effective they have been in using this strategy.
2. **What is the impact of STS in your practice?** Have the team discuss the strategies that exist to support staff in the agency and what others are needed. How do they support each other? What new strategies could they use for reducing STS?
3. **As a supervisor, consider the ways you model a healthy work/life balance.** What can you do to support your staff as they manage their STS?

## Other activities related to assessing and addressing trauma in families served

1. **Have workers discuss the effective practices for an initial trauma screening.** If a trauma screening tool is not already part of practice, have workers review existing trauma screening tools or develop questions to include in a trauma screening. Have them try using the tool and process how it went and what was learned in the process. How comfortable was it for them to do the screening?
2. **Have workers select a case and complete a comprehensive trauma assessment on the child** (they can use the Child Welfare Trauma Referral Tool) and process the experience. How were they at gathering information and supporting the child through the assessment? How comfortable was the experience? Discuss how their practice can improve.
3. **Have workers discuss their ideas for modifying practices to minimize the trauma children experience in the child welfare system.** Have them identify cases where they have been successful and not as successful at minimizing trauma. What strategies can workers use to minimize trauma through moves and separations?

# Module 7: Positive Identity Formation and the Impact of Adoption and Guardianship

**Description:** A focus on personal identity of foster and adopted children and children placed in guardianship – how it is shaped, the stages of identity development, and the impact of adoption or guardianship on identity. Children’s prior experiences, including those of loss and trauma, help to shape their identity, their beliefs about self, and their self-esteem.

Adolescence is a critical time of identity development, and youth with disjointed memories, unanswered questions about birth family, and insecurity about their place in their adoptive or guardianship family often struggle with these issues in their teens and early adulthood. The lesson explores how child welfare professionals can work with children and birth or adoptive parents or guardians, as well as mental health professionals, to support the child’s positive identity.



Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Helping youth and parents identify stuck spots**
- **Helping parents tell the truth to children and youth about their stories**
- **Supporting youth and parents in the search and reunion process**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

## Helping youth and parents identify stuck spots

1. **Either individually or in a team meeting, have workers select an adolescent foster youth and review the details of their history.** For each negative experience, discuss the impact it had (if known) or may have had on the youth’s identity. What are both ascribed aspects (sex, heritage, etc.), as well as chosen aspects of this youth’s identity? What do you know about the youth’s attitudes and beliefs about themselves, stemming from past experiences?

2. **Related to the same youth selected above, have workers review the youth's history and consider what barriers to positive identity formation might apply.** To mitigate these barriers, are there positive role models with whom the youth is connected and admires? How do the youth's peers influence their identity development? What challenges has this youth experienced in developing a positive self-identity?
3. **Have workers ask adolescent youth the following questions** and report the responses to you when reviewing cases in individual supervision sessions to identify possible identity struggles:
  - **"What missing information do you want that you don't have?"**
  - **"Where do you think your various personality traits come from?"**
  - **"How are you alike and different from your adoptive parents?"**
  - **"Do you want to know anything about your birth parents' relationship?"**

These questions can help staff feel more comfortable and provide prompts to open the discussion with adolescents about their identity struggles. Remind your staff that they are the historians for the youth that they work with, in that they are the keepers of the youth's information. Too often, this role is taken lightly. It is critical that you acknowledge how workers can help youth solidify their identity.

4. **For the same youth chosen earlier, have workers discuss:** How do you think the experience of adoption or guardianship has or will impact the youth's identity? Where would you see this youth in relation to the early, middle, and late stages of adolescence? To what extent has the youth been an active participant in the adoption or guardianship process? Has the worker talked with the youth about these issues? If not, have the worker plan and roleplay a discussion with the youth. After the worker has the conversation, process it with the worker to see what they learned about the youth.
5. **In a team meeting, have workers brainstorm** the positive and negative influences on identity formation that youth with whom they work have experienced. Which of the 6 stuck spots have they observed in teens with whom they work? Discuss how their practice might address the negative influences to mitigate these stuck spots on youths' identity.
6. **In a team meeting, discuss workers' observations** related to both the positive and negative impact of adoption or guardianship on youths' identity.



7. **Ask each worker to think of a child or adolescent on their caseload** who has maintained contact with birth family members after adoptive placement or guardianship. What do they perceive as the benefits or drawbacks of this contact?
8. **Review the “Six Stuck Spots for Parents”** and think of an adoptive parent or parents who might struggle with one or two of these. In a team meeting, roleplay helping the parent talk through their fears and come to an understanding of why and how they need to address these issues.
9. **In a team meeting, discuss what information about the youth’s identity formation process needs to be communicated** to the mental health professional who will be continuing to work with the youth going forward. Make a checklist for all workers to use so that the information they impart is complete.

### **Helping parents tell the truth to children and youth about their stories**

1. **Discuss in a team meeting:** Are adoptive parents or guardians given information on the importance of open communication with their children about birth family, their history, and their questions about adoption or guardianship? If not, how might this type of preparation be improved?
2. **In a team meeting, have workers roleplay** telling difficult information to each other as one plays the child and one plays the social worker or parent/guardian. Work together as a team to decide on the best language to use for several different kinds of difficult information, and devise language aimed at 3 or 4 different developmental levels. This will serve to help the social worker become more comfortable with talking about difficult information so they can support parents and guardians.
3. **Have workers choose a child on their caseload** and review the child’s history to see if there is information that might be difficult for the parent to share. Discuss what the consequences might be in adolescence if that information is not shared at an earlier developmental stage but revealed in adolescence.

### **Supporting youth and parents in the search and reunion process**

1. **In a team meeting, have workers discuss the pros and cons of search and reunion**, with an eye toward the youth finding a birth parent that 1) rejects them; 2) disappoints them because of negative behavior; 3) wants more than the youth wants in a relationship; 4) welcomes them in a reasonable way. Have the team develop strategies to support the youth in each situation.

2. **Have the worker choose an older youth and review what information is available to the youth** and how it is packaged for the best accessibility, making sure that it is as complete as possible. Have the worker review that information with the youth, ask the youth what additional questions need to be answered, and plan to search for that information with the youth. If the youth wants to initiate a search for birth family members, help the worker plan to pursue this with the youth and family safely and methodically.
3. **Have your team develop a list of questions** that should be discussed and addressed by all youth and their parents when considering the search and reunion process.

### **Other activities related to identity formation**

1. **Have workers think about their own self-identity.** Ask them individually to list the roles they have had throughout their lives (both ascribed and chosen), and how these roles, their experiences, or relationships influenced their self-identity.
2. **In a team meeting, discuss the information about the child that is passed on to foster and adoptive parents.** Begin by reviewing the questions at the beginning of Lesson 3. How many of these questions do you attempt to gather from birth parents to pass on to foster parents or from foster parents to pass on to adoptive parents? What other questions may be helpful for parents to know? How much of this information is shared with adoptive parents or guardians? Remember, information sharing is also important for relative adopters and guardians.
3. **Have workers choose a foster child on their caseload who is waiting for an adoptive family or guardian.** Discuss the information the child has been given about his or her past, the reasons why they came into care, and cannot go home. What information or items that go into a Lifebook does the child possess? Do they have pictures of his birth parents and siblings? Does he know every place he has lived and why he left there? Has he been helped to find answers to burning questions that he struggles with? What more work needs to be done with this child to support a positive identity?

# Module 8: The Lifelong Journey: Maintaining Children's Stability and Well-being in Adoptive and Guardianship Families

**Description:** Overview of the factors that shape adjustment in adoptive and guardianship families, and either support or threaten children's ongoing safety, permanency, and well-being. We will review normative developmental challenges for children and parents in adoption and the continuum of mental health needs of adopted youth. Finally, we will look at the range of post-adoption and guardianship services, what we know about adoption or guardianship instability, and common dynamics in unstable families.

Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Understanding adjustment and lifelong challenges, and helping parents normalize the ongoing need for help**
- **Knowing the continuum of services and matching services to family needs**
- **Understanding factors in adoption instability**

For each skill listed, supervisors can choose from several activities below to use in individual and group supervision:

## Understanding adjustment and lifelong challenges, and helping parents normalize the ongoing need for help

1. **Have workers choose a child and identify the risk and protective experiences that the child has had throughout their lifetime.** Have workers discuss how they might work to enhance protective factors in this child. Has the child been helped to understand his or her past history, the reasons they cannot return home, or why they had to move from one foster home to another? What previous attachments in the child's life would be supportive to sustain? How might this be accomplished?
2. **Have workers pick one or two teens with whom they have worked and discuss their observations** of the normative developmental challenges involving adoption issues that the teen(s) experienced. How did parents help or hinder the youth in coming to terms with these issues? What might have been done in practice to enhance the youth's adjustment?

3. **Have workers choose a family that is in the process of adoption and identify which of the parental qualities** for sustaining permanency need to be strengthened. How might you address these needs in your work with the family and collaboration with others?
4. **Have workers choose a family that is close to finalization with a child with significant mental health challenges.** Have them roleplay how they will discuss the anticipated challenges with parents and normalize the need for adoption competent mental health services. What services will they be referred to? After having the conversation with the parents, have the worker process the experience.
5. **Have workers share a case of a child on their caseload** and discuss individually or as a team a list of all the characteristics or capacities that would be important in a permanent parent(s) for this child. If families are already being considered, which ones are good matches for this child and why? What needs of the child do you predict parents may struggle with in the future? What services would this family likely need to access over time?
6. **Have workers review a case and rank the prevalence of the following issues where youth typically struggle, and which often cause parents to reach out for post-adoption services.** Brainstorm how to educate parents about each issue, stressing the need for earlier intervention. This can be framed in the context of what parents need to know and be on the lookout for.
  - a. Unresolved loss and grief
  - b. Identity issue
  - c. Triggers previous traumas
  - d. Mental health issues not addressed fully in the past
  - e. Sexual promiscuity
  - f. Academic challenges related to early deprivation
  - g. Search and reunion - desire to meet birth family members
  - h. Adoption adjustment issues
  - i. Racial identity challenges
  - j. Bonding and attachment
7. **Have workers discuss in supervision how they respond to adoptive or guardianship families who contact them with problems.** Does the worker convey an empathic, non-

blaming attitude toward these families? What support do staff need to maintain empathy and a non-blaming attitude?

### **Knowing the continuum of services and matching services to family needs**

1. **In a team meeting, have workers discuss what adoption-competent clinical services are available in your area.** If these are inadequate, what strategies might help to expand families' access to adoption-competent therapists? If they're not adequate, have workers brainstorm a list of therapists they work with to encourage participation in the National Adoption Competency Mental Health Training for Mental Health Practitioners. As a supervisor, you can follow up with the therapists or their agency or department heads to encourage their participation in the companion training.
2. **To what extent do workers help parents understand that some ongoing challenges are to be expected and reframe help-seeking as "a strength"?** Have workers discuss this in supervision or a team meeting. How thoroughly are parents being informed about potential resources and services during the adoption or guardianship process and afterwards? Is this processed and individualized to their child's history and needs? How might this process be enhanced?
3. **In a team meeting, discuss what formal and informal post-adoption or guardianship services are available in your service area, and the major gaps in this continuum of services** (information/referral; education; support; respite; search/reunion; advocacy and service coordination; clinical services, including outpatient and residential). Are there other services provided for all children who meet specific criteria, such as developmental delays or physical disabilities? What strategies might help fill in some of these gaps in services?

### **Understanding factors in adoption instability**

1. **In a team meeting, have workers review and discuss Ashley's story from this lesson.** What were the problems, and what services before and after adoption might have changed the negative outcomes? Have workers discuss the services locally available that would help a family in similar circumstances.
2. **In a team meeting, have workers choose 2 or 3 cases of families who are experiencing instability** (either one that has already happened or is in danger of occurring). Review the factors below associated with instability and decide which ones are present in this family. What dynamics in the family are indicative of serious challenges? What stages in the escalation of problems has the family experienced (diminishing pleasure, child seen as a

problem, going public, turning point, deadline/ultimatum, final crisis, and decision)? What should have been done or could now be done to ameliorate problems?

- a. **Severe power struggles**
  - b. **Mother taking the brunt of the child's anger**
  - c. **Marital tension**
  - d. **Conflict between siblings and within the family**
  - e. **Parental isolation and exhaustion**
  - f. **Parents feeling like failures and hopeless**
  - g. **Difficulty empathizing with their children**
3. In a team meeting, discuss the following data for your jurisdiction or state, if available, and have your workers discuss what practices might reduce this instability:
- a. **Rate of adoption disruption**
  - b. **Re-entry into foster care after adoption/guardianship**
  - c. **Adoption dissolution**
  - d. **Guardianship set asides are in your child welfare jurisdiction (not all states track all this data)**
4. **Have workers present the case of a family post-adoption or guardianship who is really struggling.** Invite a clinical therapist who is adoption-competent to discuss how they would seek to help this family. (Names can be omitted to protect confidentiality.) Discuss what more might have been done to address issues for the youth and parents prior to this time, as well as how child welfare and mental health professionals can best work together to address the youth's and family's needs.
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*Thank you for completing this curriculum and using these coaching and supervision activities to enhance your workers' skills in meeting the mental health-related challenges of youth seeking or having achieved permanency through adoption or guardianship!*

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