2025 Academy Evaluation Report

August 1, 2024 – July 31, 2025

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Executive Summary

The evaluation of the Academy for Elevating Clinical Practice in Permanency was conducted to assess the Academy's implementation and impact on mental health professionals working in adoption and permanency. The focus was on graduate-level interns and post-graduate clinicians. The post-graduate clinician program was implemented during the 2024-2025 program year, while the graduate-level internship was implemented in 2023. Data for this reporting period covers the period from August 1, 2024, to July 31, 2025.

The methodology included both process and outcome evaluation, focusing on graduate-level interns and post-graduate clinicians. Data were collected using a combination of quantitative (surveys, rubrics, self-assessments) and qualitative (open-ended survey questions) methods at multiple points before, during, and after program participation. Analyses included descriptive and comparative statistics for survey data and a thematic analysis for qualitative sources.

Key findings:

- *Knowledge and Skills:* Interns showed consistent improvement across NTI training modules and Simulation exercises. Clinicians also reported significant increases in knowledge and skills, confirmed by pre- and post-test and retrospective pre-post-test results.
- *Competency Development:* Interns and supervisors agreed that skills improved in most areas, with differences emerging in ratings in some areas.
- *Satisfaction:* Both interns and clinicians reported high satisfaction with the Academy's training, supervision, and resources.
- *Workforce Impact:* Post-internship follow-up results showed that interns continued to use skills frequently in their practice. Clinicians also reported ongoing use of training content and believed it improved the quality of care they provided.

Recommendations:

- Expand intern training on areas like identity and cultural responsiveness, with closer supervision and support in these areas.
- Plan evaluation activities earlier so that all program components, including learning cohorts, simulation labs, etc., have structured data collection.
- Increase follow-up survey participation by using reminders or small incentives to strengthen long-term outcome data.
- Continue integrating qualitative feedback to capture participant experiences alongside survey data.
- Develop advanced course offerings on the young adult and adult adoptee population.

The evaluation demonstrates that the Academy is making significant progress toward its goals of building specialized knowledge, strengthening the workforce, improving job satisfaction, and

supporting better outcomes for children and families. With continued attention to cultural responsiveness, improved evaluation planning, and stronger long-term tracking, the Academy can further establish itself as a national leader in advancing adoption-competent clinical practice.

Introduction

The Academy is a national demonstration and teaching clinic focused on advancing adoption competency in mental health professionals. It integrates coursework, practicum, and mentorship by expert professionals to provide hands-on experience in adoption and permanency. The goals of the Academy are to:

- Gain specialized knowledge and skills in mental health.
- Strengthen and retain the child welfare and mental health workforce.
- Increase job satisfaction.
- Improve outcomes for children and families.

The evaluation focused on graduate-level interns and post-graduate clinicians, as these were currently implemented during the program year (August 2024 – July 2025), making them the primary scope of assessment. Both process and outcome evaluation approaches were used to assess program implementation, participant satisfaction, knowledge and skill gains, and alignment with the Academy's intended goals.

The evaluation was conducted to determine whether the Academy addressed professional development needs in adoption and permanency. It also provided feedback to guide program improvement, inform decision-making, and assess changes in participant knowledge and skills. Findings from this evaluation will inform future evaluations of additional levels and attract new participants based on the outcomes delivered

Background and Description

The Center for Adoption Support and Education (C.A.S.E.), with over 25 years of experience, has been a leader in adoption-competent services. The Academy builds on this history as a national demonstration and teaching clinic to advance clinical adoption competency among mental health professionals.

Children in foster care and adoptive families experienced disproportionate mental health challenges, with prevalence rates far higher than in the general population. The Academy was therefore designed to prepare interns, early-career clinicians, and advanced practitioners to meet these needs.

Methodology

The Academy used both a process and outcome evaluation design. The process evaluation examined how the program was implemented and assessed whether its activities aligned with the Academy's goals. The outcome evaluation measured changes in participant knowledge, skills, and attitudes, as well as the impact on client outcomes, across short-, intermediate-, and long-term timeframes.

Key questions include:

- To what extent does the audience apply the skills and strategies demonstrated in various activities (e.g., simulation sessions) in their roles with adoption, kinship, and foster care families?
- How well do interns apply the skills and strategies learned in the internship program within (NTI training, simulations, instructional videos, consultation, supervision, intern and supervisor assessment, etc.), their roles with adoption, kinship, and foster care families?
- What changes occur in the audience's knowledge and attitudes regarding adoption, kinship, and foster care after participating in the Academy?
- To what extent did the Academy achieve its overall goals and objectives in providing education and support for professionals in adoption, kinship, and foster care?
- What was the overall audience satisfaction with the Academy's content, delivery, and support services?
- What recommendations can be made for the Academy's future development and improvement?

Data Collection

The evaluation used purposive sampling, a non-probability sampling technique in which participants were intentionally selected because they met specific criteria aligned with the evaluation objectives. For this evaluation, interns were selected based on their enrollment in the Academy's internship program and their interest in adoption and permanency. Clinicians were selected based on their professional role and participation in Academy coursework. This approach ensured that data were gathered from individuals directly engaged in the program. Data collection incorporated both quantitative and qualitative methods:

Quantitative Instruments:

- Intern & Supervisor Self-Assessment (pre-, mid-, and end of program)
- Intern and Supervisor Exit Survey
- Intern Six-month Follow-up Survey
- Simulation-Based Assessment Rubrics

- Post-Course and Follow-Up Survey for clinicians
- Advanced Course Pre/Post Test for clinicians

Qualitative Instruments:

- Open-ended questions embedded in the Exit Interview and Follow-Up Surveys

All surveys were developed internally to gather information on participant experience, challenges, and perceived skill development.

Data Collection Timeline and Procedures

Data were collected at multiple points during the 2024–2025 program year to measure changes in knowledge, skills, satisfaction, and the use of adoption-competent practices over time. A combination of quantitative and qualitative tools was used with both interns and clinicians.

- **Interns**
  - **Pre-Program (September 2024):** Interns completed baseline self-assessments at the beginning of their internship. NTI pre-tests to measure knowledge and attitudes were completed before each module. Interns completed the first set of simulations to provide a baseline.
  - **Mid-Program (January 2025):** Interns completed interim competency self-assessments. Supervisors also provided ratings at this stage to compare the intern's growth and progress.
  - **End of Program (April 2025):** Interns and supervisors completed final competency assessments and exit surveys, which included satisfaction ratings and open-ended feedback. Interns completed the final simulations.
  - **Follow-Up (October 2024):** Six months after completing the internship, interns received follow-up surveys that measured how often they used skills in practice, examples of application, and perceived impact on families. *Data from the follow-up survey represents Interns who completed their internship from August 2023 to April 2024. Intern data for this reporting period could not be collected for this evaluation report.*
- **Clinicians (Advanced Courses)**
  - **Pre-Course:** Clinicians completed pre-tests or baseline knowledge and skills ratings before training began.
  - **Immediately After Course:** Post-tests, post-course surveys, and satisfaction ratings were collected to measure immediate knowledge gains, skill development, and satisfaction with content and delivery.
  - **Follow-Up (3–6 Months Post-Course):** Follow-up surveys were distributed to measure sustained application of knowledge, continued relevance of course content, and perceived impact on the quality of care provided.

Procedures

All surveys and assessments were administered electronically through C.A.S.E.'s learning management system (LMS) or through SurveyMonkey. Participation was voluntary, and data collection followed a purposive sampling approach, focusing on individuals directly enrolled in Academy programs. Responses were de-identified and analyzed in aggregate to protect confidentiality. Data were organized into pre-, mid-, end-of-program, and follow-up points to allow for comparisons across time. Open-ended survey responses were collected alongside rating scales to provide qualitative insights into participant experiences.

The timeline ensured that data were gathered consistently across the program year, capturing both short-term outcomes (knowledge gains and satisfaction) and early evidence of long-term impact (sustained use of skills in practice).

Data Analysis

Survey and assessment data were analyzed using descriptive and pre-/post- methods. Descriptive statistics were used to summarize participant responses from self-assessments, simulation rubrics**,** and satisfaction surveys. For advanced courses, a post-analysis was originally created to determine gains in knowledge, skills, and attitudes. In 2025, a pre-/post-test analysis was developed for advanced courses to compare participant scores before and after a course, assessing changes in knowledge, skills, and attitudes. Follow-up survey data were compared with post-program results to evaluate learning retention and sustained impact. This allowed the evaluation to assess not only immediate growth but also whether improvements were maintained over time.

Qualitative data were gathered from open-ended questions embedded in the exit interview and follow-up surveys. Responses were analyzed thematically to identify recurring themes, challenges, and participant perspectives. Themes provided context for the quantitative findings by highlighting how participants experienced the program, how they applied new skills in practice, and the challenges they encountered.

Findings and Results

Summary of Results by tool

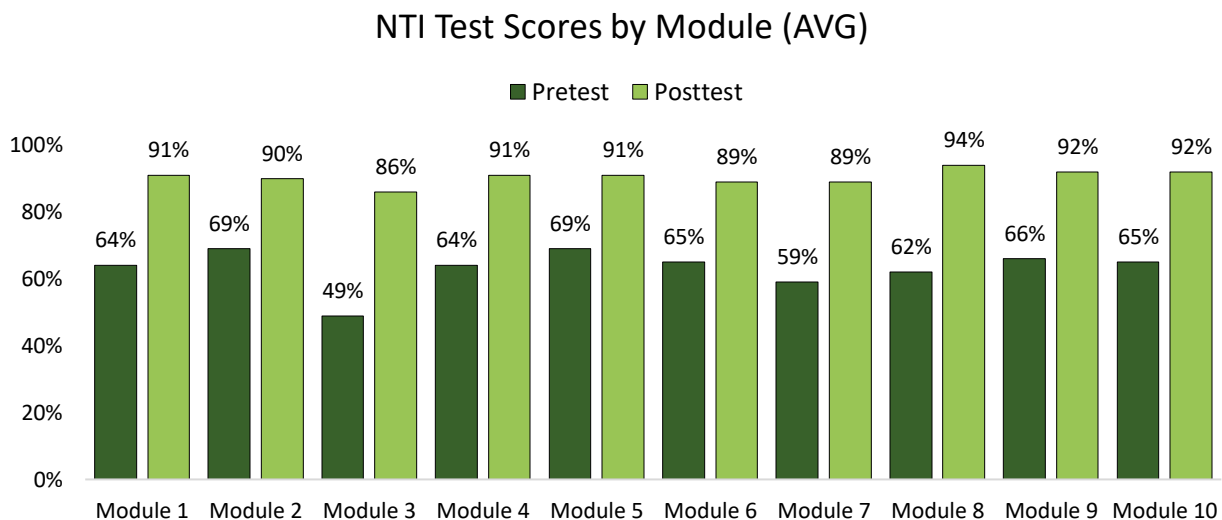### NTI Pre/Post Scores (Interns)

NTI Module scores were collected to measure changes in interns' knowledge through the NTI Mental Health Professional (MHP) training. Knowledge gains were determined using a 10-question pre- and post-test for each module. A total of nine interns completed all or part of the

pre- and post-tests during the 2024–2025 program year. Each test evaluated ten modules relevant to adoption and permanency work, listed below:

1. A Case for Adoption Competency
2. Understanding and Addressing the Complex Mental Health Needs of Children & Youth in Adoptive and Guardianship Families
3. Attachment, Child Development, and Mental Health: Promoting Security in Adoptive and Guardianship Families
4. The Impact of Loss and Grief Experiences on Children's & Youth's Mental Health
5. Trauma and the Impact of Adverse Experiences on Brain Development and Mental Health
6. Understanding the Impact of Race, Ethnicity, Culture, Class, and Diversity on Children and Families: Implications for Mental Health Practice
7. Identity Formation and the Impact of Adoption and Guardianship
8. Assessment and Treatment Planning with Children and Families Experiencing Adoption or Guardianship
9. Using Therapeutic Parenting Strategies to Address Children's Challenging Behavior
10. Family Stability and Wellness Post Permanency: Mental Health Professionals

Module 3 (Attachment, Child Development, and Mental Health) showed the most significant improvement with an increase of 37 points, followed by Module 8 (Assessment and Treatment Planning with Children and Families) with an increase of 32 points. Modules 1, 4, 7, 9, and 10 each showed improvements of 25-30 points, indicating a consistent moderate impact across more than half of the modules. Module 2 (Understanding and Addressing the Complex Mental Health Needs of Children and Youth) had the smallest improvement with an increase of 21 points. See Figure 1 below.

Figure 1. NTI Pre and Post Test Score AVG by Module (N=9)

NTI Test Scores by Module (AVG)

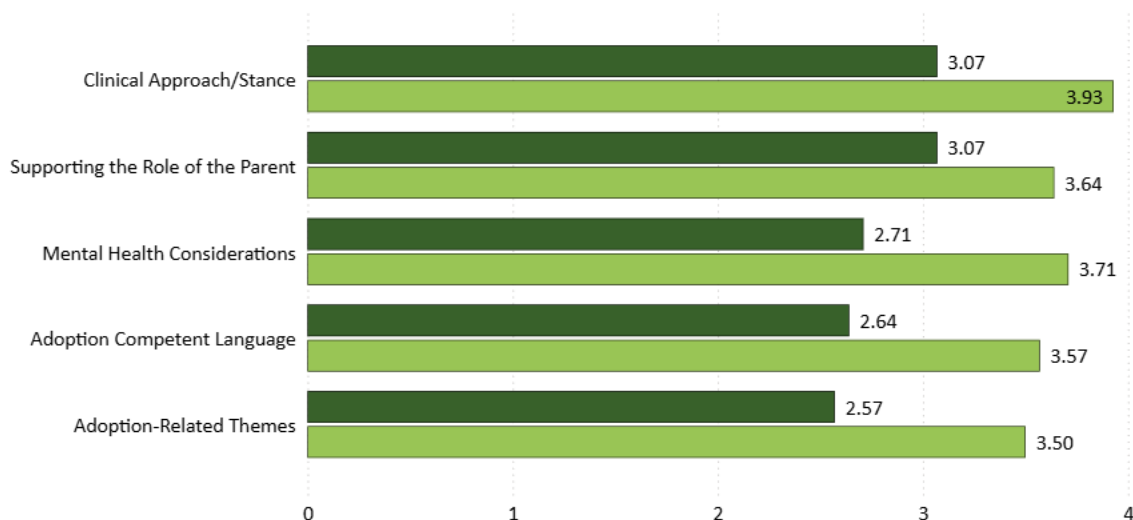|	Pretest	Posttest
Module 1	64%	91%
Module 2	69%	90%
Module 3	49%	86%
Module 4	64%	91%
Module 5	69%	91%
Module 6	65%	89%
Module 7	59%	89%
Module 8	62%	94%
Module 9	66%	92%
Module 10	65%	92%

Simulation Rubric

Simulation Assessment Rubrics, commonly referred to as Objective Structured Clinical Examination (OSCE) scores, were collected to assess changes in interns' application of adoption-competent clinical skills in simulated sessions. A total of six interns completed two simulations during the 2024–2025 program year: Simulation 1 at the start of the program and Simulation 2 at the end. The OSCE measured five domains of clinical competency, summarized below:

1. Clinical Approach/Stance: How the student utilized a therapeutic and clinical approach or stance throughout the interaction with the adoptive.
2. Adoption Competent Language: How the student discussed adoption with the parent.
3. Adoption-Related Themes: How the student identified and interacted with adoption-related themes present in the scenario.
4. Supporting the Role of the Parent: How the student approaches working with the adoptive parent in the scenario.
5. Mental Health Considerations: How the student discusses the mental health of the adopted child in the scenario, as well as the rest of the family members.

As shown in Figure 2, average scores improved across all five domains from Simulation 1 to Simulation 2. The largest gains were observed in Mental Health Considerations (2.71 to 3.71; +1.00) and Adoption Competent Language (2.64 to 3.57; +0.93). The smallest gain was in Supporting the Role of the Parent (3.07 to 3.64; +0.57).

OSCE Simulation Scores by Domain (AVG)

● Simulation 1 ○ Simulation 2

Domain	Simulation 1	Simulation 2
Clinical Approach/Stance	3.07	3.93
Supporting the Role of the Parent	3.07	3.64
Mental Health Considerations	2.71	3.71
Adoption Competent Language	2.64	3.57
Adoption-Related Themes	2.57	3.50

Intern and Supervisor Competency Assessment

Assessment scores were collected to measure changes in interns' knowledge and attitudes across three periods: Initial (interns only), Interim, and End of Term (both interns and supervisors). A total of 10 interns and 10 supervisors completed all or part of the assessment during the 2024-2025 program year.

Each assessment evaluated ten (10) competencies relevant to adoption and permanency work. For the Interim and End of Term assessments, scores were compared against both intern self-perceptions and supervisor evaluations to examine alignment and discrepancies in perceived competency development. These competencies are summarized below:

1. **Foundational Approaches:** General professional and therapeutic skills applied across cases.
2. **Address Mental Health (MH) Needs:** Ability to identify and respond to clients' mental health needs.
3. **Attachment:** Knowledge and application of attachment principles in working with children and families.
4. **Grief/Loss:** Ability to address grief and loss experiences in clients.
5. **Trauma:** Recognition and integration of trauma-informed practices.
6. **Identity:** Supporting clients' sense of self and personal identity.
7. **Race/Diversity:** Awareness and application of culturally responsive practices.
8. **Parenting Strategies:** Guidance and strategies to support adoptive and permanent families.
9. **Assessment/Treatment Planning (TPI):** Competence in assessment and treatment planning for families.
10. **Post-Permanency:** Skills to support families after adoption or permanency is achieved.
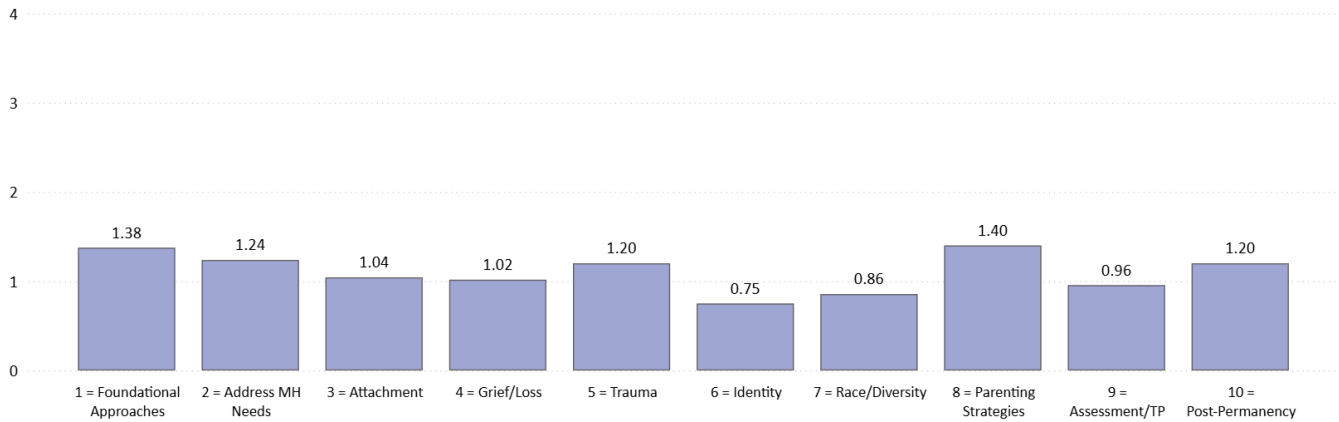
Initial Assessment (Interns Only)

Interns scored highest in Parenting Strategies (1.40) and Foundational Approaches (1.38), and lowest in Identity (0.75) and Race/Diversity (0.86), with a range of 0.75–1.40 across competencies. See Figure 3 below for Initial Assessment of competency ratings.
Figure 3. Initial Assessment

Initial

○ Initial - Intern

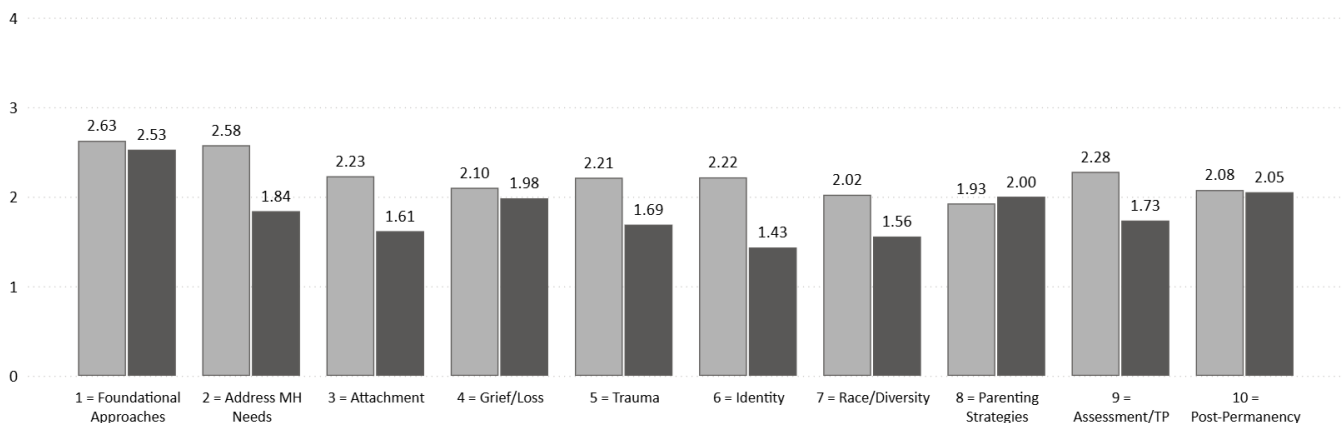| Category	Value
1 = Foundational Approaches	1.38
2 = Address MH Needs	1.24
3 = Attachment	1.04
4 = Grief/Loss	1.02
5 = Trauma	1.20
6 = Identity	0.75
7 = Race/Diversity	0.86
8 = Parenting Strategies	1.40
9 = Assessment/TP	0.96
10 = Post-Permanency	1.20

Interim Assessment (Interns and Supervisors)

At the interim period, intern and supervisor ratings were most closely aligned for Post-Permanency (Intern 2.08; Supervisor 2.05; difference = 0.03) and Parenting Strategies (Intern 1.93; Supervisor 2.00; difference = 0.07). The largest gaps were in Identity (Intern 2.22; Supervisor 1.43; difference = 0.79) and Address MH Needs (Intern 2.58; Supervisor 1.84; difference = 0.74). See Figure 4 below for Interim assessment competency ratings.

Figure 4. Interim Assessment

Interim

○ Interim - Intern ● Interim - Supervisor

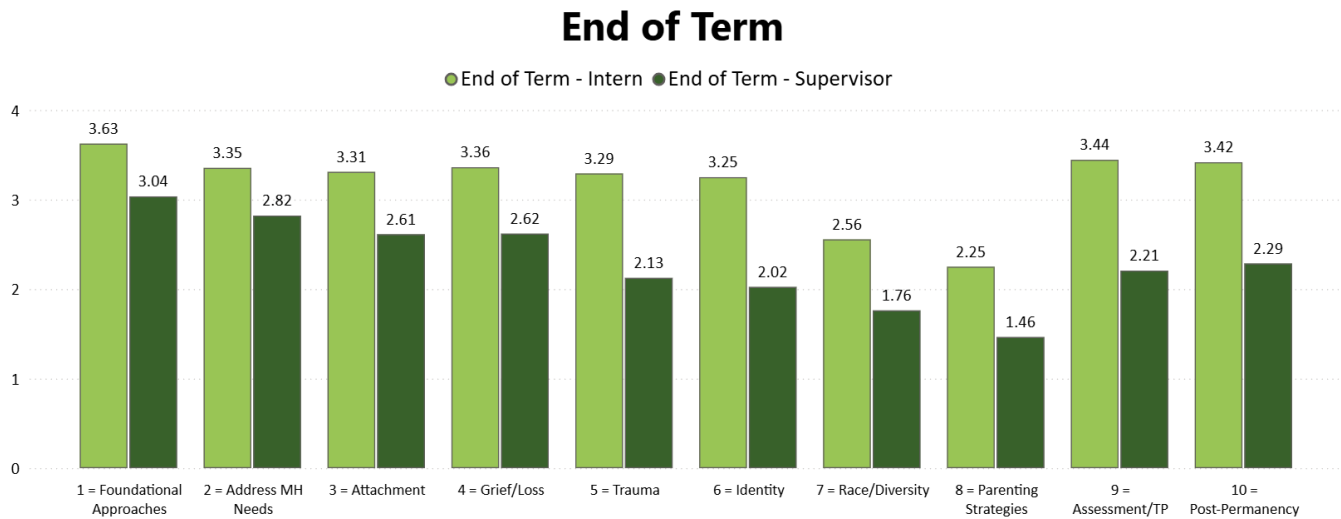| Category	Interim - Intern	Interim - Supervisor
1 = Foundational Approaches	2.63	2.53
2 = Address MH Needs	2.58	1.84
3 = Attachment	2.23	1.61
4 = Grief/Loss	2.10	1.98
5 = Trauma	2.21	1.69
6 = Identity	2.22	1.43
7 = Race/Diversity	2.02	1.56
8 = Parenting Strategies	1.93	2.00
9 = Assessment/TP	2.28	1.73
10 = Post-Permanency	2.08	2.05

End of Term Assessment (Interns and Supervisors)

At the end of the term, intern and supervisor ratings were most closely aligned for Address MH Needs (Intern 3.35; Supervisor 2.82; difference = 0.53) and Foundational Approaches (Intern

3.63; Supervisor 3.04; difference = 0.59). The largest gaps were in Identity (Intern 3.25; Supervisor 2.02; difference = 1.23) and Assessment/TP (Intern 3.44; Supervisor 2.21; difference = 1.23). See Figure 5 below for the End of Term assessment competency ratings.

Figure 5. End of Term Assessment

End of Term

● End of Term - Intern ● End of Term - Supervisor

Category	Intern	Supervisor
1 = Foundational Approaches	3.63	3.04
2 = Address MH Needs	3.35	2.82
3 = Attachment	3.31	2.61
4 = Grief/Loss	3.36	2.62
5 = Trauma	3.29	2.13
6 = Identity	3.25	2.02
7 = Race/Diversity	2.56	1.76
8 = Parenting Strategies	2.25	1.46
9 = Assessment/TP	3.44	2.21
10 = Post-Permanency	3.42	2.29

Internship Program Exit Survey

This survey was designed to assess satisfaction levels with completion of the program. A total of six interns and five supervisors completed all or part of the survey during the 2024-2025 program year.

Exit Survey Outcomes

Overall Experience

Interns and supervisors were asked to rate their overall experience with the internship program and supervision. All respondents (100%) indicated satisfaction ("Satisfied" or "Very Satisfied") with their overall experience. See Figure 6 below.

Figure 6. Overall Experience

Overall Internship & Supervision Experience

○ Very Satisfied ● Satisfied

Intern	100%
Supervisor	60% / 40%

0%   50%   100%

Intern Experience & Supervisor Performance Expectation Alignment

Interns were asked to rate how the internship experience aligned with how it was presented, while supervisors were asked to rate how well intern performance aligned with their expectations. All interns (100%) reported that the internship experience was aligned ("Mostly Aligned" or "Completely Aligned") with how it was presented, and all supervisors (100%) reported that intern performance was aligned with their expectations. See Figure 7 below. Figure 7. Intern Experience & Supervisor Performance Expectation Alignment

Alignment: Intern's Experience & Supervisor's Performance Expectations

○ Completely Aligned ● Mostly Aligned

Intern	83% / 17%
Supervisor	40% / 60%

0%   50%   100%
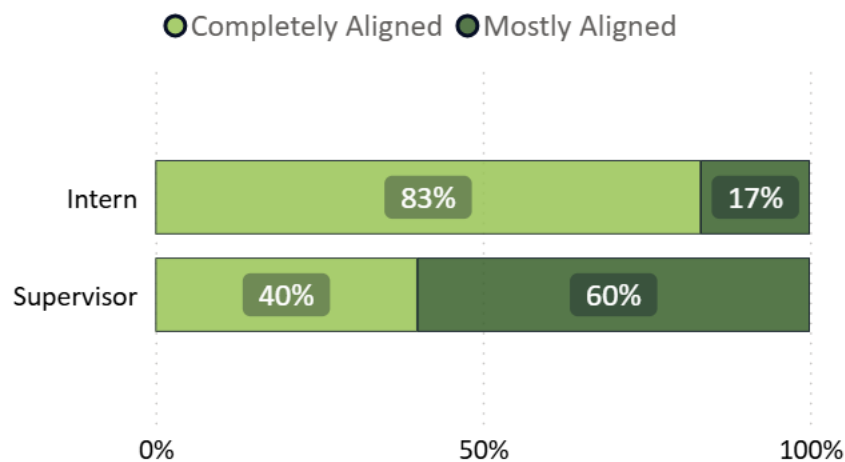
Workforce Preparedness

Interns were asked to rate their preparedness to enter the adoption and permanency workforce following their internship, while supervisors were asked to rate the intern's preparedness at the conclusion of the internship. Both interns (4.3/5) and supervisors (4.4/5) reported high levels of workforce preparedness. See Figure 8 below.

Figure 8. Intern Workforce Preparedness

Workforce Prepardness (Intern)

4.33

1.00   5.00

Workforce Preparedness (Supervisor)

4.40

1.00   5.00

Confidence in Skills Application

Interns were asked to rate their confidence in applying internship skills. Interns reported an average confidence rating of 4/5 in applying internship skills. See Figure 9 below.

Figure 9. Intern Confidence in Skills Application

Confidence in Applying Internship Skills

4.50

1.00   5.00

Clinical Supervision

Supervisors were asked to rate interns' receptiveness to guidance, and interns were asked to rate the effectiveness of their clinical supervisors. Supervisors reported high levels of intern receptiveness (average rating of 4.8/5), while interns reported high levels of supervisor effectiveness (average rating of 4.83/5). See Figure 10 below.

Figure 10. Intern Receptiveness to Guidance & Effective of Clinical Supervision

Supervisor Rating: Intern Receptiveness to Guidance

1.00   4.80   5.00

Intern Rating: Effectiveness of Clinical Supervision

1.00   4.83   5.00
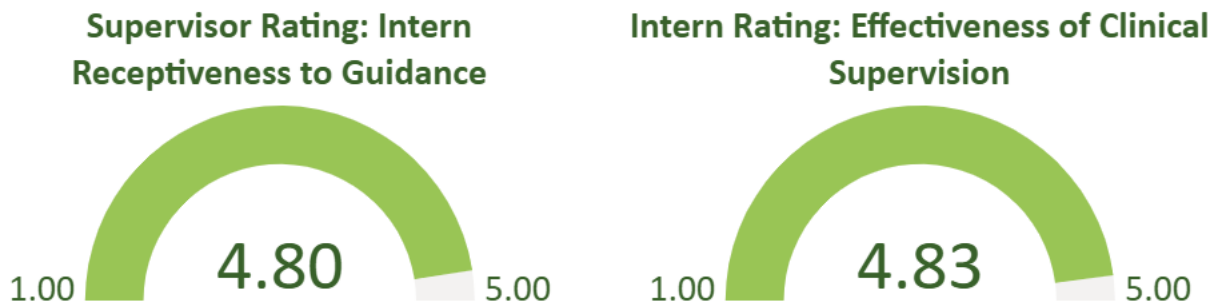
Examples of Clinical Supervision Received

Interns were asked to provide examples of the supervision they received during the internship program. Several key themes are highlighted, including empowerment to think critically, application of NTI and psychoeducation resources, and a safe space to process complex client issues. See Figure 11 below.
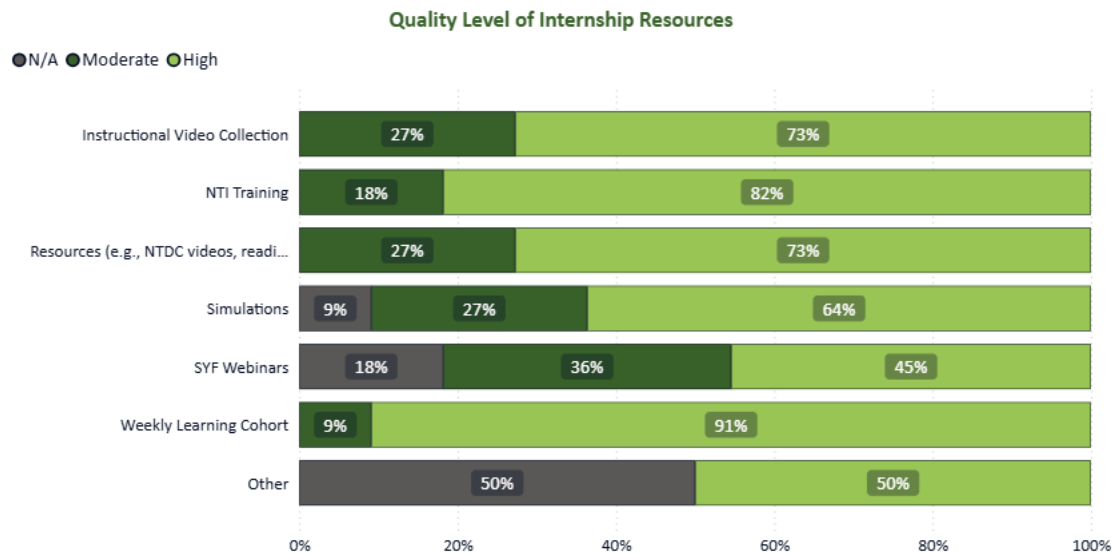
Figure 11. Examples of Clinical Supervision Received

Responses

I appreciated having Casey as a supervisor and thought partner. She empowered me to think critically and more deeply about the families I was serving and concerns they were navigating. She offered a wealth of knowledge and resources that inspired me to integrate client interests with interventions first introduced in NTI as well as psychoeducation materials I could share and unpack with parents.

I appreciated the opportunity to dig deep into client issues/challenges with my direct supervision. Susan always provided great insight and suggestions for therapeutic approaches. I also appreciated the structure of the intern cohort which had a more theoretical approach. Interfacing with the OK folks also broadened my understanding with the diverse perspectives they brought to the table.

Resource Quality

Both interns and supervisors were asked to rate the quality level of resources presented during the internship. The top 4 resources rated as high quality were the instructional video collection, NTI training, Resources, & weekly learning cohort. See Figure 12 below.

Figure 12. Resource Quality

Quality Level of Internship Resources

● N/A ● Moderate ○ High

Resource	N/A	Moderate	High
Instructional Video Collection		27%	73%
NTI Training		18%	82%
Resources (e.g., NTDC videos, readi...)		27%	73%
Simulations	9%	27%	64%
SYF Webinars	18%	36%	45%
Weekly Learning Cohort	9%		91%
Other	50%		50%

Growth & Professional Development

Interns were asked how they had grown professionally and personally, particularly in their ability to work with foster, guardianship, and kinship families. Several key themes emerged, including understanding the intersection of attachment, identity, and the nervous system; using nonverbal approaches such as play therapy, expressive arts, and somatic tools; gaining confidence and self-compassion as clinicians; and deepening awareness of adoption's complex emotional terrain. See Figure 13 below.

Figure 13. Examples of Growth & Professional Development

Open-Ended Feedback

⊟ **In what specific ways do you feel you have grown professionally and personally during the internship, particularly in your ability to work with foster, adoptive, and kinship families?**

Being able to work with clients and groups and put what I learned in trainings and supervision was very impactful and powerful. The internship helped me understand the COMPLEXITIES in adoption and how to support clients and families in understanding and working through the complexities.

I have more insight into how attachment disruptions can impact identity development. I have more understanding on the relationship between attachment and the nervous system. I feel better equipped to provide psychoeducation for parents that enable them to be a therapeutic support for their child. I have more tools in my wheelhouse to help youth process in ways that do not rely on talk therapy alone. Personally, I feel more confident as a clinician and I have increased my capacity to give myself grace.

In addition to the Exit Survey, interns (n=2) at the Center for Adoption Support and Education completed an exit interview with Human Resources. Common themes noted include:

- Loved being able to get real time feedback
- Would like to get started with shadowing sooner
- Felt very included and supported
- Great support from everyone
- Working in collaboration with case management was great
- Loved the KAN experience
- Would recommend C.A.S.E. as a place to work without hesitation

Post- Internship Survey

This follow-up survey was designed to evaluate the sustainability and application of skills learned during the internship. It assesses whether interns remained in adoption and permanency, how often they use specific competencies, and what gaps or ongoing support needs exist for post-completion. A total of six interns completed all or part of the survey during the 2024-2025 program year.

Post-Internship Outcomes

Professional Practice

Interns were asked to rate how often they have used the skills learned post-internship. 100% of interns reported using these skills frequently ("Always" or "Often"). See Figure 14 below.

Figure 14. Frequency of Internship Skills Application

Frequency of Internship Skill Use
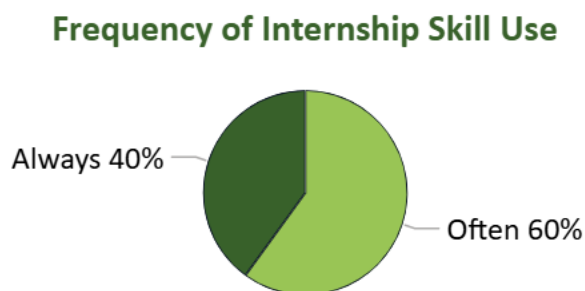
Impact of Internship Competencies on Practice

Interns were asked to provide examples of how the competencies gained in working with foster, adoptive, and kinship families have influenced their professional practices. Several themes were highlighted, including reigniting passion for family work, applying skills with multiple families and referring to the PAS-C program, deepening understanding of adoption's impact on family systems, and using the seven (7) core issues framework to better understand adoptees' grief and loss. See Figure 15 below.

Figure 15. Impact of Internship Competencies on Practice

Impact of Internship Competencies on Practice

My experience reignited my passion for working with families and refined the knowledge in my arsenal to where I am not just pacifying with statements like my peers "Just give it time." and am able to connect with families and ensure they are supported in their struggles and their triumphs. I have utilized my knowledge with multiple families and referred multiple families to the PAS-C program.

The competencies have allowed me to deeper and broaden my understanding of the impact of adoption on families and how these impacts effect each family system differently. Additionally, the application of the 7 core issues has really deepened my understanding of the grief and loss that an adoptee experiences, intertwined with the other core issues.

They are an integral part of my practice every day and I continue to learn.

Skills Development & Application

Interns were asked to rate how their understanding of working with foster, adoptive, and kinship families has evolved since the end of the internship program. Interns reported high levels of growth in their understanding, with 80% indicating they gained new insights and 20% reporting that their understanding had significantly deepened. See Figure 16 below.

Figure 16. Growth in Understanding of Working with Foster, Adoptive & Kinship Families

Interns were asked to describe a specific instance where they applied an intervention or strategy learned during the internship with foster, adoptive, or kinship families. Several themes were highlighted including reframing family experiences to reduce pressure around adoption decisions, promoting OACN Lunch & Learns and referring adoptive families to clinical services, applying therapeutic modalities and parenting strategies in practice, and using expressive techniques such as mask making with adoptees to explore identity. See Figure 17 below.

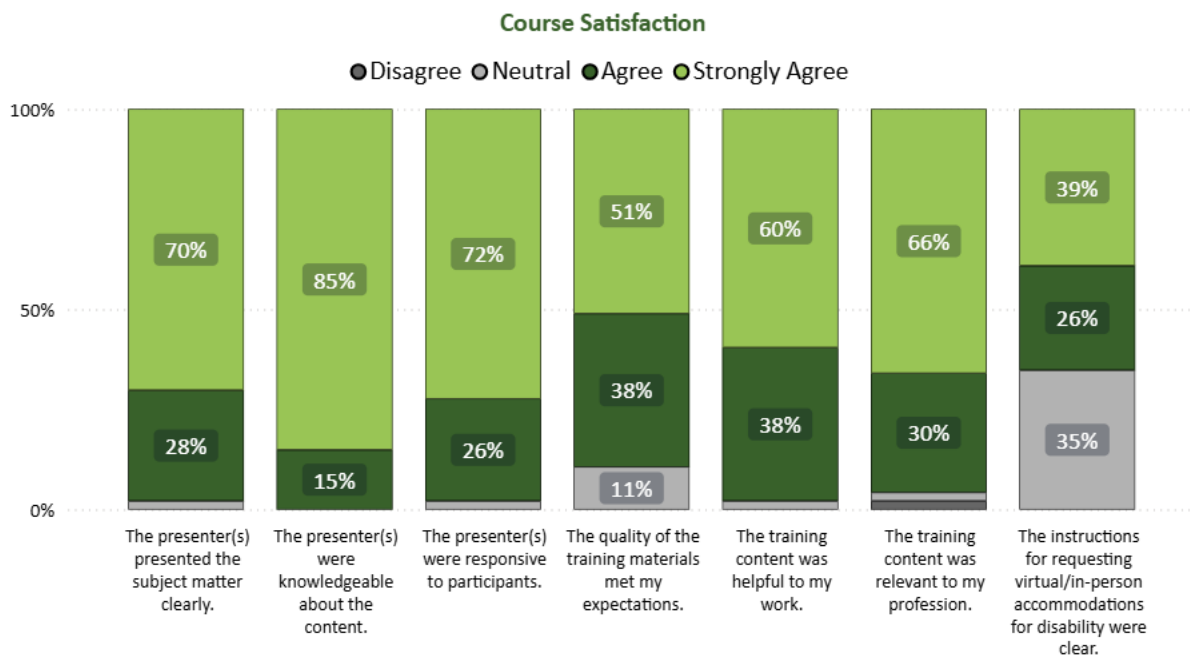Figure 17. Real-World Examples of Program Interventions Applied

Advanced Courses Post-Course Survey

This survey was designed to measure course satisfaction, pre- and post-course knowledge/skills gains, skills improved, and the most impactful training aspects contributing to knowledge gains. A total of 49 clinicians completed all or part of the survey during the 2024-2025 program year.
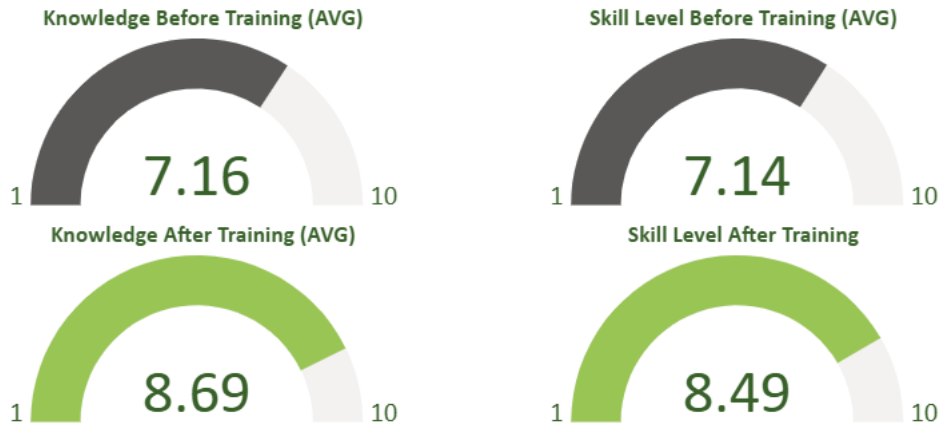
Post-Course Outcomes

Course Satisfaction

Clinicians were asked to rate their level of agreement with several course satisfaction items. Percentages represent those who selected Agree or Strongly Agree. Clinicians reported high ratings of satisfaction with the courses. 100% rated the presenters as knowledgeable, 98% indicated the presenters presented the subject matter clearly, and 98% reported the presenters were responsive to participants. In addition, 98% indicated the training was helpful to their work, 96% reported that the content was relevant to their profession, 89% reported that the quality of the training materials met their expectations, and 65% that the instructions for requesting virtual or in-person accommodation for disability were clear. See Figure 18 below.
Figure 18. Course Satisfaction

Course Satisfaction

⬤Disagree ◯Neutral ⬤Agree ◯Strongly Agree

	The presenter(s) presented the subject matter clearly.	The presenter(s) were knowledgeable about the content.	The presenter(s) were responsive to participants.	The quality of the training materials met my expectations.	The training content was helpful to my work.	The training content was relevant to my profession.	The instructions for requesting virtual/in-person accommodations for disability were clear.
Strongly Agree	70%	85%	72%	51%	60%	66%	39%
Agree	28%	15%	26%	38%	38%	30%	26%
Neutral				11%			35%

Knowledge & Skills Gains

Clinicians were asked to rate their knowledge and skills related to the course topic before and after the training on a scale from 1 to 10. Knowledge ratings increased from an average of 7.16 before the training to 8.69 after, reflecting a 1.53-point increase. Similarly, skills ratings rose from an average of 7.14 pre-training to 8.49 post-training, showing an improvement of 1.35 points. See Figure 19 below.

Figure 19. Knowledge & Skills Gains

Knowledge Before Training (AVG)

7.16

1   10

Skill Level Before Training (AVG)

7.14

1   10

Knowledge After Training (AVG)

8.69

1   10

Skill Level After Training

8.49

1   10

Skills Improvement

Clinicians were asked to describe the specific skills they felt improved most during the training. Several themes were highlighted, including applying the Adoptee Consciousness Model in work with adult adoptees, assessing sibling dynamics, and taking a holistic approach to adoption-competent assessments. Clinicians also emphasized improving their ability to tailor discussions about adoption and reunions to the adoptee's needs, conducting objective assessments to inform treatment planning, and increasing confidence in facilitating family sessions. Additional skills gained included expanding curiosity and ideas for Lifebook work, practicing language around adoption and sibling issues through role plays, and deepening understanding of how core issues manifest in adulthood. See Figure 20 below.

Figure 20. Skills Most Improved During Training

What specific skills do you feel you improved most during the training?
Ability to apply the Adoptee Consciousness Model to my work with adult adopted persons
areas of curiosity; increased awareness
Assessing for sibling issues.
being able to zoom out and see the whole, complex, integrated clinical picture when completing an adoption competent assessment.
Being mindful of the where the adoptee is and remembering to slow down the search/reunion discussion accordingly.
capacity to conduct an objective assessment and use results to incorporate into treatment planning.
expanded curiosity, resources
expanded ideas for use of lifebook work
Have a more detailed assessment.
Higher confidence in talking directly about adoption
I appreciate the role plays in being able to practice using language around sibling dynamics. I also am excited to revisit some work with lifebooks!
I learned even more on how to talk about the history of adoption, challenging status quo and being even more attuned and attentive to the specifics of an adoptees lived experience, and learning more about how the core issues manifest in adulthood.
I think discussing the complexities was helpful. Not a lot of new skills, but I might use the model with a client so that would be a new skill.
I think my confidence and comfort relating to family sessions went up.
Information regarding adoptees who were moved into other homes due to the parents being having financial concerns.

Most Impactful Training Aspects

Clinicians were asked to describe the specific aspects of the training that contributed most to their increased knowledge. Several themes were highlighted, including learning from professionals with lived experience, which helped apply concepts in context and encouraged critical thinking; gaining insights into the importance of sibling relationships and how to incorporate this knowledge into psychoeducation; deepening understanding of the Adoptee Consciousness Model and adoption policy history; and appreciating historical and legislative context relevant to adoption practice. Additional factors included interactive components such as role plays, breakouts, and debriefs, as well as exposure to practical examples and real-world applications that reinforced learning. Some participants noted that certain sessions challenged their prior assumptions and provided new perspectives on supporting adoptees across the lifespan. See Figure 21 below.

Figure 21. Most Impactful Training Aspect

What specific aspects of the training contributed most to your increase in knowledge?
hearing from those with lived experience who are also professionals- they took concepts I knew and helped me apply additional context and challenged me to think critically about my work
I appreciated the facts on the importance of sibling relationships. I think it would be easy to incorporate into psychoeducation with families.
I described my knowledge as the same, as I wouldn't say I came away with any additional or new information.
I do not work directly with adoptees so knowing the thoughts that go through their heads, learning about the adoptee consciousness model, and how the policy history can effect them was very eye opening.
I knew about a good bit of the history from session 1 but learned more about the importance of bringing it into session in a more meaningful way to support adoptees in processing their adoption stories.
Session 2 was the most eye opening and showed me I know less than I thought I did as an adoption competent therapist. The content was so important but presented a bit beyond what I was ready for. The topic is better off being its own course than one of the sessions in this series.
I learned A LOT during this course. The ghost kingdom and adoptee consciousness model have came up in multiple recent sessions and really resonated with my clients.
I liked the weaving in and out of content vs relating the content to the trainer's personal experience vs. skill building.
I think the role plays are challenging but helped with growth. The breakouts and the debriefs of the breakouts were particularly valuable.
I thought Tony did an excellent job explaining the legislative timeline; I have heard it many times, but as a clinical social worker, I appreciated the review and I thought he presented it in an engaging way. Angela's session and the review of the adoptee consciousness model was very helpful and interesting. I found Hollee's focus on needs of adult adoptees was in a way a continuation of Angela's session w respect to the "ruptures" that happen not just in childhood and early adulthood, but over the lifespan.

Advanced Courses Follow-Up Survey

This survey was designed to assess sustained impact over time and changes in knowledge and skills. A total of three (3) clinicians complete all or part of the survey during the 2024-2025 program year.

Follow-Up Outcomes

Knowledge & Skills

Clinicians were asked to rate how often they applied the knowledge or skills gained in their professional practice since completing the courses. 100% of respondents reported that they 'often' applied what they learned across all courses. See Figure 22 below.

Figure 22. Application of Knowledge & Skills in Professional Practice

Application of Knowledge and Skills Since Courses
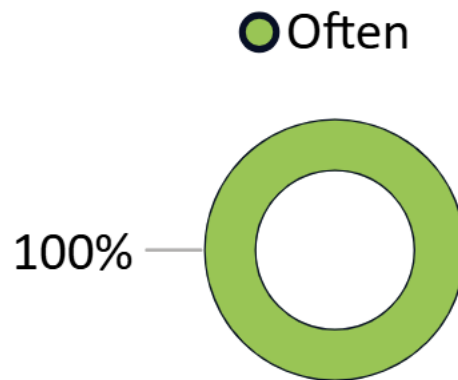
Clinicians were asked to rate how much of the course content they still use in their professional practice. 100% of respondents reported continued use across all courses, with ratings of either 'Some' or 'A Moderate Amount'. See Figure 23 below.

Figure 23. Continued Use of Course Content Across All Courses

Course Content Usage

Skills Relevance

Clinicians were asked to rate their agreement with the statement that the courses helped improve the quality of care or interventions they provide for children and families, in which 100% of respondents agreed ('Agreed' or 'Strongly Agreed'). See Figure 24 below.

Figure 24. Improved Quality of Care & Interventions

Improvements in Quality of Care

⬤ Strongly Agree ⬤ Agree

33%

67%
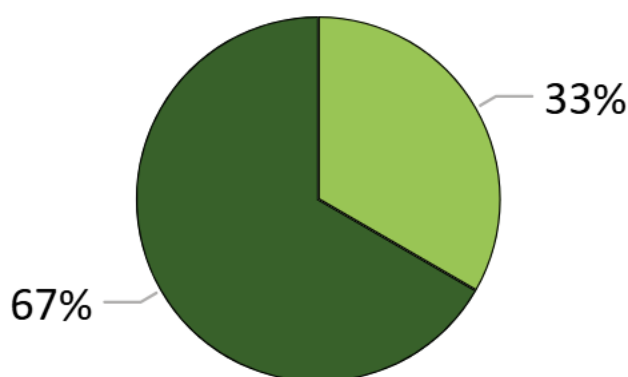
Clinicians were asked to provide suggestions to improve future courses. Several themes were highlighted, including the value of the Adoptee Consciousness Model, the need for more time to discuss its application, breaking content into smaller segments, and interest in additional courses on young adult and adult adoptees. See Figure 25 below.

Figure 25. Course Improvements or Changes

What improvements or changes would you suggest for future versions of this course(s)?

I found the entire course to be helpful, in particular the introduction of the adoptee consciousness model. I use it from a psychoeducation perspective to help client's understand what they are experiencing and would have loved more time to discuss this model further and how it can be used in clinical practice.

Perhaps break it up into a smaller chunks. I think it was two sessions but don't recall exactly, but I remember running out of time.

While I do not have a clinical caseload now, I still do consultations and that is what I used for the questions above.

For the future, I would love to see more courses related to working with young adult or adult adoptees as I believe this is a need.

Job Satisfaction

Clinicians were asked what aspects of their job they found more satisfying after applying the knowledge and skills from the courses. The most frequently reported areas of improved satisfaction were enhanced ability to manage challenging situations (66.7%), increased confidence in addressing complex cases (66.7%), and increased professional growth and development (66.7%). See figure 26 below.

Figure 26. Areas of Improved Job Satisfaction
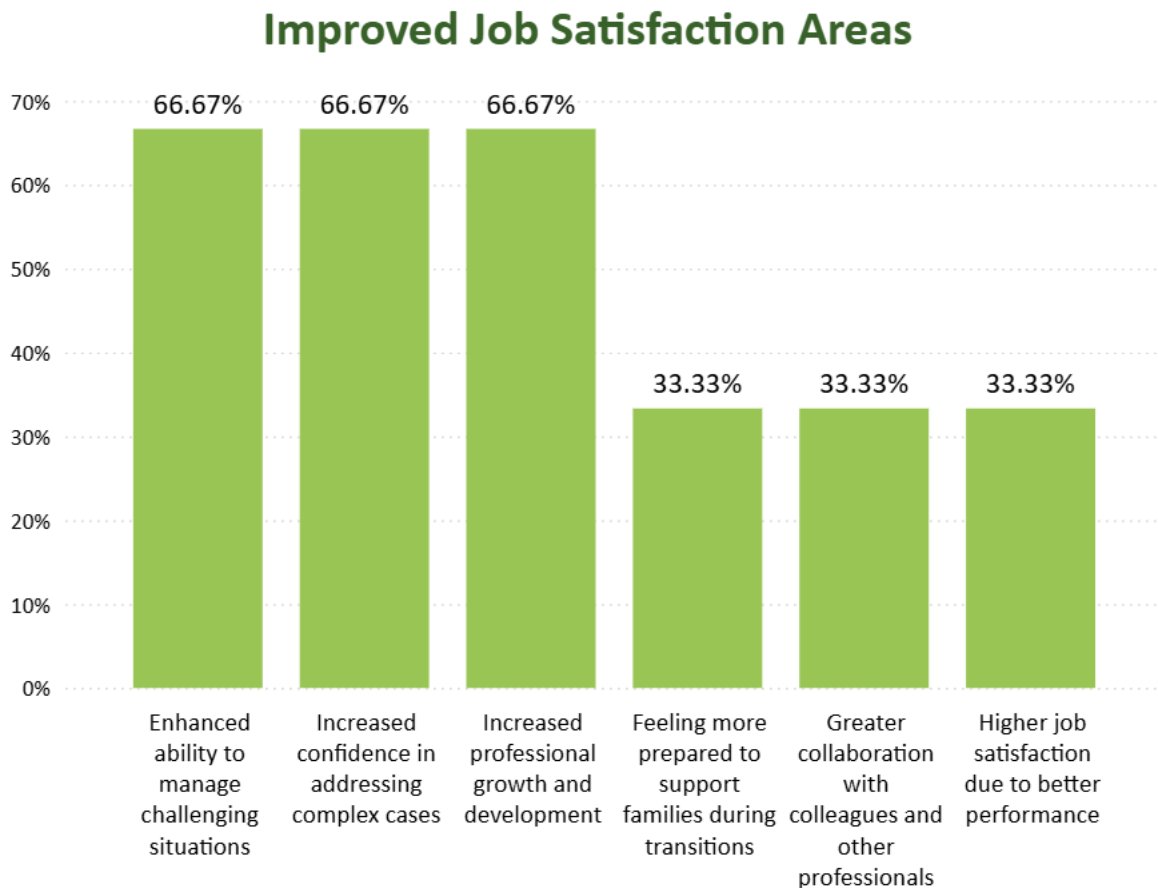
Course Impact

Clinicians were asked to indicate which skills or concepts from the course(s) enhanced their ability to address challenges in adoption and permanency. The top three skills identified were: providing tools for assessing and treatment planning for families (100%), increasing understanding of key issues in adoption and permanency (66.7%), and offering new perspectives and approaches for supporting families (66.7%). See Figure 27 below.

Figure 27. Top Skills Enhanced for Adoption & Permanency Challenges

## Top Skills Enhanced for Adoption & Permanency
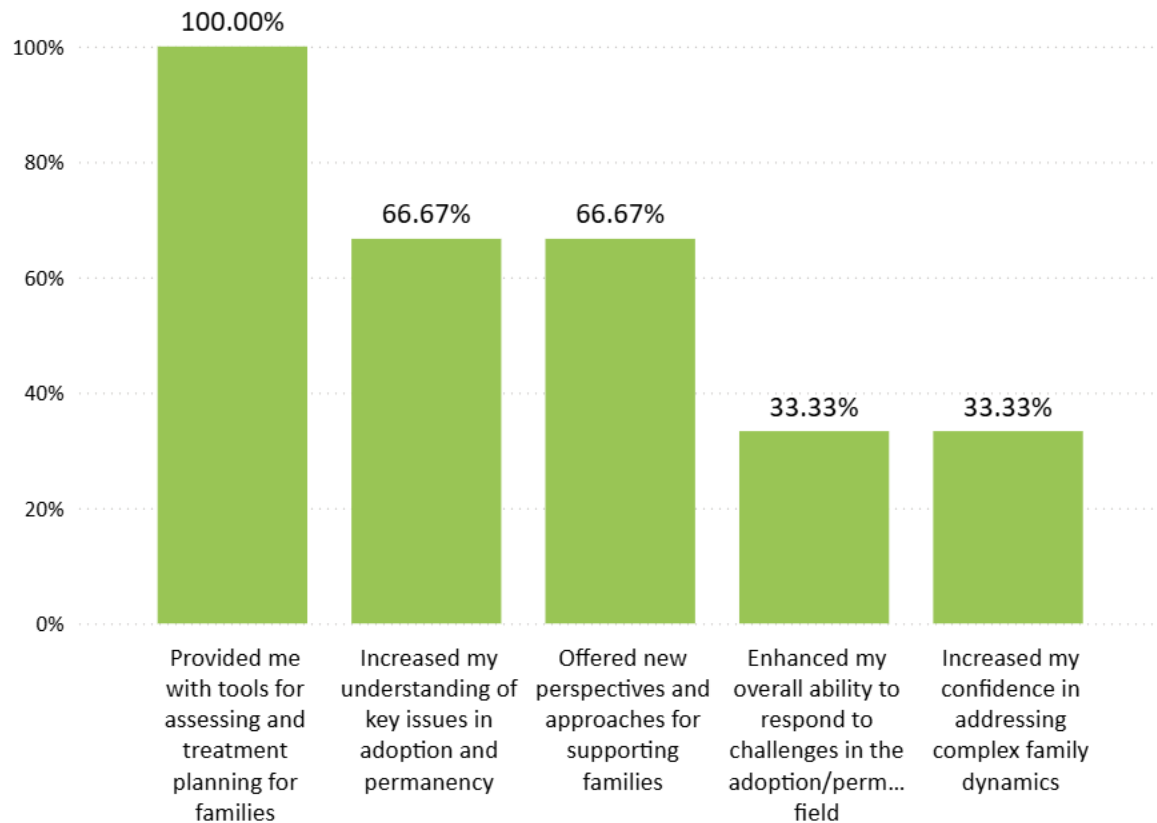
Advanced Course Pre/Post (LMS)

Knowledge Gains

The Advanced Courses tests were designed to measure knowledge gains across the training. The pre-test score (66%) reflects a single assessment from Course 3: Beyond the Textbook: Incorporating the Wisdom of Lived Experience. The post-test score (87%) reflects six assessments spanning three courses. The Advanced Courses tests were designed to measure knowledge gains. The average pre-test score was 66%, based on a single assessment from Course 3: Beyond the Textbook: Incorporating the Wisdom of Lived Experience. The average post-test score was 87%, based on six assessments spanning three courses. While these scores are not a direct one-to-one comparison, they show that average test scores increased by 21 points from
pre-test to post-test, reflecting clear growth in knowledge. See Figure 28 below

Figure 28. Advanced Courses Average Test Score

Advanced Courses AVG Test Scores

Pre-Test — 66%

Post-Test — 87%

(0% — 50% — 100%)
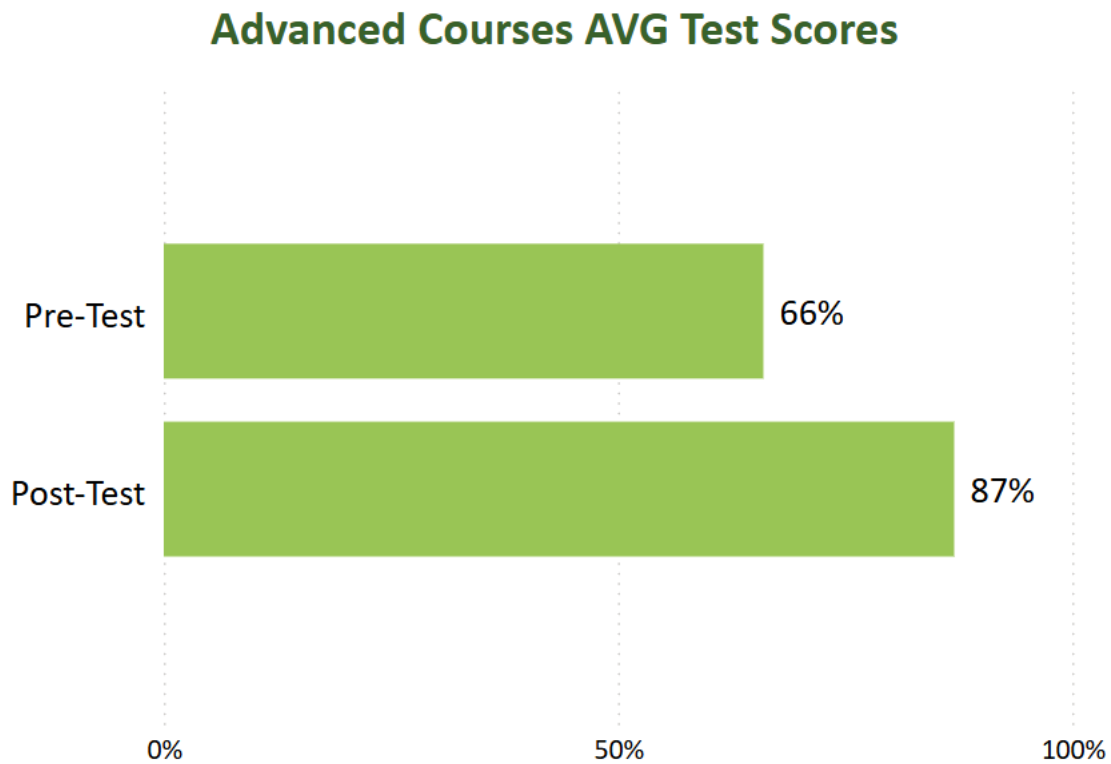
Discussion and Recommendations

Interpretation of Findings

The evaluation findings show that the Academy made significant progress toward its intended goals. Interns gained knowledge across most NTI training modules and simulation exercises and felt more confident using adoption-competent skills. Competency assessments further demonstrated growth in key areas, including parenting strategies and post-permanency skills. However, differences between intern self-ratings and supervisor evaluations highlight areas for improvement. These findings suggest that while interns believe they are applying these skills, supervisors see more limited skill progression. The internship exit survey results indicate high levels of satisfaction among interns and supervisors, with interns reporting strong confidence in their ability to apply skills. The post-internship follow-up survey confirmed that knowledge and skills learned during the Academy are being used regularly in practice, and the majority of respondents are practicing in adoption and permanency. Overall, these results suggest that the Academy is successfully achieving its goals of building specialized knowledge and skills and strengthening the workforce.

Clinicians in the advanced courses also showed growth. Their knowledge and skills increased after taking the courses, and they reported continued use of what they learned in their everyday

practice. Clinicians also reported high satisfaction with training content and delivery. Follow-up results showed that clinicians continued to apply what they learned in their professional settings and believed the training improved the quality of care they provided to families. This means the Academy not only increases professional knowledge but also supports workforce growth and helps professionals strengthen their ability to serve adoptive, foster, and kinship families.

Across all activities, the Academy demonstrated strengths in its curriculum, supervision, and integration of the materials into practice. Satisfaction with the Academy was very high. Both interns and clinicians valued the training content, supervision, and resources provided. This supports the Academy's goal of building the workforce. Early evidence also suggests the skills learned are being applied to practice, which helps move toward better outcomes for children and families. At the same time, some limitations emerged. The late inclusion of the learning cohort in the evaluation process meant that valuable qualitative data were not collected, thereby missing an opportunity to gain a deeper understanding of participants' experiences. Data were also not collected for the Mental Health Statistical Improvement Program Survey (MHSIP) and Early Satisfaction Therapeutic Alliance was not used in this report due to the small sample size (n=2). This information would have demonstrated improved outcomes for children and families for the intern program.

Strengths and Areas for Improvement

The Academy's strengths include a comprehensive learning model that integrates NTI modules, simulations, supervision, advanced courses, learning cohort, clinical library, and supplemental resources. Satisfaction was consistently high among interns, supervisors, and clinicians, indicating that the Academy delivers relevant and engaging content that supports adoption and permanency at both emerging and advanced professional levels. The program also provided evidence of knowledge and skill gains, with interns reporting workforce preparedness and clinicians continuing to apply course content after course completion. Strong clinical supervision and high-quality resources were also noted as important contributors to growth and confidence among participants.

The evaluation also highlighted several areas where the Academy can grow. The gap between intern self-ratings and supervisor ratings signals a need for more focused training, opportunity to practice, and supervision in specific areas where larger gaps exist (i.e., identity). Small sample sizes were to be expected, as the intern program is designed for a small group and the advanced courses were in the pilot stage. The sample sizes did limit the ability to fully measure long-term impact. In addition, the evaluation planning did not fully capture the learning cohort outcomes, thereby missing an opportunity to collect additional qualitative data.

Several limitations in the data collection process should be noted. Small sample sizes, especially in follow-up surveys, limit the ability to generalize findings. Many measures relied on self-report data, which may lead participants to overestimate growth. Supervisor ratings varied and sometimes conflicted with intern self-ratings, pointing to potential bias in how competency tools

were applied. Potential biases from the competency tools may include interns rating themselves higher due to social desirability. Missed data from the learning cohort reduced the ability to capture participant experiences. Incomplete or missing survey responses also weakened statistical comparisons. Lastly, follow-up surveys were conducted only a few months after completion, providing an early snapshot of impact but may not reflect longer-term outcomes.

Recommendations

Several recommendations are provided based on these findings. Training on identity and cultural responsiveness should be expanded and reinforced through both coursework and supervision. Supervisors should receive additional guidance to ensure their ratings align more consistently with the intern's self-assessments. Participants in the advanced courses also expressed interest in additional training focused on adoptees in later developmental stages, such as young adulthood and adulthood. This reflects a gap in the current training and presents an opportunity to expand course offerings. Developing courses that address different stages of development would demonstrate that the Academy provides a continuum of learning opportunities across the lifespan.

Evaluation activities should be considered in advance for all new programs to ensure that both quantitative and qualitative data can be systematically collected. Strategies such as reminders or small incentives should be used to increase participation in follow-up surveys, which are critical for measuring sustained impact. In addition, the Academy should continue to highlight qualitative stories from interns, supervisors, and clinicians to bring the data to life. Structured focus groups or brief interviews with participants could provide more in-depth information on how training is applied in practice and on the supports and barriers that influence long-term outcomes. This could also help explain the difference in ratings between interns and supervisors and provide stories that demonstrate the Academy's value to funders and stakeholders. Finally, the Academy should seek partnerships and funding opportunities to sustain and expand advanced courses.

Conclusion

The evaluation of the Academy for Elevating Clinical Practice shows that the program is making strong progress in preparing adoption-competent professionals. Interns demonstrated gains in knowledge across NTI modules and simulation exercises, and reported confidence in applying their skills, with supervisors confirming their growth in certain competencies. Clinicians in advanced courses also showed increases in knowledge and skills, with many reporting that they continue to use what they learned in practice. These findings support the Academy's goals of strengthening workforce capacity, increasing job satisfaction, and laying the foundation for improved outcomes for children and families.

The evaluation also highlighted several strengths, including a comprehensive learning model, high satisfaction across interns, supervisors, and clinicians, and evidence of workforce preparedness. Participants valued the supervision and resources provided, and shared examples of how their training informed practice. These results suggest that the Academy is achieving immediate gains and fostering sustainable improvements within the professional community it serves.

At the same time, important limitations should be considered when interpreting the results. Small follow-up sample sizes limited the ability to measure long-term impact. Some measures relied on self-report data, which can inflate ratings. The ability to measure improvement in children and families could not be fully captured due to the limited sample sizes available for the Mental Health Statistical Improvement Program and the Early Satisfaction Therapeutic Survey, which were not fully used with all interns in the program. Most notably, the competency assessment tool showed interns and supervisors may have applied the rating scales differently, with some discrepancies being higher than others. In addition, the learning cohort was not fully integrated into the evaluation, thereby missing an opportunity to capture richer qualitative data.

In conclusion, the Academy is making a difference in preparing emerging and advanced professionals for adoption-competent practice and in strengthening the child welfare and mental health workforce. By expanding training, especially around topics like identity, and planning evaluation activities earlier, the Academy can build on its success and continue to serve as a national model for adoption-competent training and practice.

Appendix A - Intern & Supervisor Self-Assessment

Initial Assessment

Embedded Link: Click Here to view the full survey.

Interim Assessment

Embedded Link: Click Here to view the full survey.

End of Term Assessment

Embedded Link: Click Here to view the full survey.

Appendix B - Intern Exit Survey

Embedded Link: Click Here to view the full survey.

Appendix C - Intern Exit Survey Data Visuals

Embedded Link: Click Here to view all data visuals.

Appendix D - Intern Six-Month Follow-Up Survey

Embedded Link: Click Here view the full survey.

Appendix E - Intern Six-Month Follow-Up Survey Data Visuals

Embedded Link: Click Here to view all data visuals.

Appendix F - Advance Course Post-Evaluation Survey

Embedded Link: Click Here to view the full survey.

Appendix F - Advance Course Post-Evaluation Data Visuals

Embedded Link: Click Here to view all data visuals.

Appendix G - Advance Course Follow-Up Survey

Embedded Link: Click Here to view the full survey.

Appendix H - Advance Course Follow-Up Survey Data Visuals

Embedded Link: Click Here to view all data visuals.