



National Adoption Competency
Mental Health **Training Initiative**

Advancing Practice for Permanency & Well-Being

TM

***NTI Transfer of Learning Guide
for Mental Health Professionals
in Private or Group Practice***

Revised January 2026



The Value of Supervision & Coaching

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

After completing training, people might incorporate some new skills, or they might go back to using the same familiar skills they used before. However, when coached to use newly learned skills in their daily work, the result is changed behavior that can be sustained. Clinical Supervisors and Consultants have the opportunity to coach and support colleagues and/or team members in the application of the new skills, tools, and resources they will learn throughout the NTI Training.



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Being a supervisor is hard work. You may be tasked with fulfilling mandates and assuring compliance tasks within timeframes while supporting your staff through what is often heartbreaking work. There are many challenges before you: large caseloads, complex family issues, bureaucratic policies, high staff turnover, burned-out or desensitized colleagues, and initiative overload. **You do not need more to do; you need the confidence that those you supervise or for whom you provide consultation are using the skills and doing the work that can make a difference for children and families.**

We believe that those with the right skills and tools and who are coached in 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.

About this Guide

This *Transfer of Learning Guide* is intended to support the work you are already doing in individual or group supervision, coaching, or consultation. You can choose activities from the suggestions or come up with your own that relate to the objective or key skills. This guide will use the terms “supervisor,” “coach,” “coaching,” “colleague,” and “supervisee,” understanding that mental health professionals may be working within a public or private agency, mental health organization, or private practice.

When a challenge arises about a particular issue or topic area, you can choose activities that are specific to that module. Because drifting from best practice happens even in the best of circumstances, you can use these activities periodically in supervision to support the continued use of the new skills in daily practice.

You are encouraged to partner with 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 within an agency or organization, **coaching is most effective when supported and encouraged by leadership and administration.** Some agencies and systems have fully embraced coaching of staff, including field observation with feedback. Others have no structure in place for coaching or supervision. This is not an all or nothing proposition, and taking small steps will move everyone 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 the infusion of the Guiding Principles can be demonstrated in practice. For the remaining modules, the guide is divided into sections with activities focused on key skills.

This guide includes different types of activities listed, including:

- **Team Discussion:** Team discussion about assumptions, challenges, and the use of tools in practice. For example, how to 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, review an assessment and the child's risk and protective factors. Discuss what can be done to mitigate risk factors or strengthen protective factors.
- **Role Play:** Role play of applied skills. For example, practicing conversation starters that can be used with parents to discuss the importance of honoring their child's culture.
- **Team Activities:** Shared activities with colleagues to improve practice. For example, inviting a speaker or panel to discuss an issue or share information about resources.
- **Application:** Practice suggested tools provided throughout the curriculum. For example, invite supervisees and colleagues to use the ACEs survey with foster/adoptive/ guardianship parents to assess their trauma history, discuss what they learned, and how it correlates with their child's history.

Module 1: A Case for Adoption Competency

This module provides an overview of the National Adoption Competency Mental Health Training for Mental Health Professionals and makes the case for the need for adoption competency in working with children, youth, and families experiencing adoption or guardianship. Lessons in this module orient participants to the training and highlight the guiding principles that provide the foundation for working with children and families through an adoption or guardianship lens; provide context for the changes in adoption and guardianship practice today; emphasize the urgent need for permanency for children; and introduce salient clinical issues for children and youth and families experiencing adoption or guardianship from foster care, private infant adoption, or inter-country adoption.



Application of Guiding Principles in Practice

In supervision or with colleagues, discuss one or more of the guiding principles and specific ways of incorporating these principles in work with families, children, and youth. In what ways have these principles informed or changed your practice since completing NTI training thus far?

- Adoption is a lifelong process that impacts the individual throughout their lifespan.
- Loss is at the heart of every adoption 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.

Learning Objectives. Upon completion of this training module, the trainee will:

- Acquire appropriate expectations for this course based on an accurate understanding of the focus, nature, and main goals of the training.
- Identify core knowledge, values, and skills that characterize an adoption-competent mental health professional.
- Recognize the importance of using positive adoption language.
- Identify and integrate into practice the guiding principles that inform adoption competent clinical interventions to address the unique mental health needs of children, youth, and their families.
- Understand the negative impact of impermanence on mental health and adjustment in adoptive and guardianship families.
- Integrate this understanding into the foundation of practice with children, youth, and families.
- Describe the pathways to adoption and guardianship, and how practice has changed over time.
- Identify common myths about adoption and describe the accurate information associated with each myth.
- Identify the salient clinical issues associated with the various adoption and guardianship options.

Activities:

In supervision or with colleagues, consider how NTI has enhanced your understanding of adoption and guardianship, and discuss:

- The negative impact the lack of a safe, stable, nurturing family has on mental health and adjustment in adoptive and guardianship families, and how to integrate this understanding into the foundation of your practice with children, youth, and families.
- The pathways to adoption and guardianship, and how practice has changed over time.

- Common myths about adoption and describe accurate information associated with each myth.
- The salient clinical issues associated with the various adoption and guardianship options.

Module 2: Understanding and Addressing the Complex Mental Health Needs of Children & Youth in Adoptive and Guardianship Families



This module provides context for the complex mental health needs of children experiencing adoption or guardianship and the importance of helping children/youth understand their life stories. Lessons focus on new frameworks for assessment; limitations of current diagnostic and

medication practices commonly used with children with foster and/or institutional care experiences; skills and techniques for helping children/youth make sense of their adoption/guardianship stories; challenges related to developmental stages of the adoptive family life cycle; goals for therapeutic work and strategies for engaging families; and how to collaborate effectively with child welfare and other professionals to support appropriate treatment planning and intervention.

Learning Objectives. Upon completion of this module, the trainee will:

- Identify and understand the risk and protective factors for children and families through the lens of adoption and guardianship.
- Integrate the impact of risk and protective factors through the exploration of case examples.
- Understand how early life experiences and risk and protective factors impact a child's or youth's mental health and well-being.
- Conduct assessment through the lens of adoption, foster, and kinship care.
- Recognize the importance of knowing children's unique and complete story and the negative impacts of missing or mistaken information and secrets.
- Help children and youth construct a coherent life narrative that makes sense of their experiences and supports a positive identity.
- Identify and describe the developmental stages and challenges of the adopted individual's and adoptive family's life cycle.
- Recognize the need for family systems to work with parents as primary agents of healing and the experts on their child.
- Identify and describe goals for family work and strategies for engaging families.
- Identify and describe the core mental health issues that are addressed in adoption competent clinical interventions with children, youth, and their adoptive and guardianship families.

- Recognize limitations of current diagnostic assessment and medication practices commonly used with children and youth with foster and/or institutional care experiences.
- Identify and describe strategies for effective collaboration with child welfare and other professionals that promote information sharing, appropriate treatment planning and intervention, and parental involvement in the therapeutic process.

Supervisors can support supervisees in understanding key concepts and using the following skills from this module in their daily practice:

- **Understanding the Factors that Shape Children’s Adjustment in Adoptive and Guardianship Families**
- **Tools and Techniques for Helping Children Integrate Their Life Stories**
- **Engaging and Working with Adoption and Guardianship Families**
- **Issues in Diagnosis and Treatment of Adopted Children’s Mental Health Needs.**



Activities:

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

The Big Picture: Understanding Factors that Shape Children’s Adjustment in Adoptive and Guardianship Families

1. Review Dr. Brodzinsky’s video and article, “A Need to Know,” and discuss why specialized training is essential for mental health professionals to meet the unique needs of children and families in adoption and guardianship relationships.
2. View the video, “Removed,” the story of Zoe’s journey through the foster care system with colleagues and supervisees. Discuss the deep sense of isolation Zoe feels, her need to have someone listen to her story and feel heard. Consider how giving children a voice can enable mental health professionals to understand more fully their past, inform more effective interventions with the child, and provide therapeutic parenting strategies that address the underlying issues of behavioral and emotional challenges.
3. Using the Handout: *Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture* (Appendices), have supervisee choose a child or family with whom they are working and discuss the application of this framework. 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 their mental health and behavior? What specific risk and protective factors have shaped this child’s adjustment? Discuss how to engage the child

in a conversation to facilitate their understanding of their history. The Four Areas of Functioning include:

- Capacity for relationships
- Felt safety and control
- Self-regulation
- Identity/sense of self

Tools and Techniques for Helping Children Integrate Their Life Stories

1. In individual or group supervision, or with a colleague, answer the following questions, then discuss what it feels like to know your own life story. Why is it important for a child to know their life story regardless of how hard it was? How would it feel to not know how to answer or whom to ask to help you remember?
 - Do you have a picture of yourself when you were a baby?
 - How many siblings do you have? Where are they today?
 - Where did you go to school in first grade, and who was your teacher?
 - Are your birth parents still living?
2. Digital stories are a great tool to use with teenagers who are accustomed to chronicling their lives through social media. In group or individual supervision, watch the video story created by Brondalyn (Module 2, Lesson 3). While this technique allows for tremendous creative expression and retelling of their story, keep in mind that this process is likely to evoke deep and powerful emotions for the youth.

Discuss:

- How might you process the feelings evoked through this activity with the youth?
- How can they use this to share their story with people who are important to them?
- How can you validate the youth's story even if it deviates from your understanding of their history?
- What can you do if the youth has questions, wants to fill in the missing pieces, or have a better understanding of their history?

Family Life is Paramount in Healing: Engaging and Working with Adoption and Guardianship Families

1. Review the handout, *Life Cycle Development and Adoptive and Guardianship Families* (Appendix). In group or individual supervision, discuss a family with whom you are working that is adopting and has no previous experience with parenting. How might you help them understand the differences in parenting an adopted child vs. a child born to them, including ways of seeking social validation of parenting competence and dealing with others' responses to adoption?

2. Fostering a secure parent-child relationship is foundational to child development and well-being. Many families whose children came from compromised beginnings will require support to strengthen these attachments. Choose a foster/adoptive/guardianship family with whom you or a supervisee works and complete an assessment of the family using the handout “Assessing Attachment-Readiness and Capabilities in Prospective Adoptive Parents” (Appendices). Discuss ways in which the assessment can be used with the parents to build their readiness and skills.

Issues in Diagnosis and Treatment of Adopted Children’s Mental Health Needs



1. Have supervisees 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 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 with colleagues how to reframe the behaviors, how to demonstrate and practice reframing with the parents. Process the interactions in a later discussion.
2. In group or individual supervision, identify a current case in which parents need to address how their own unresolved grief and loss impact their parenting capacity. Discuss these issues and develop ideas for assisting parents in understanding their own loss and grief could complicate the child’s healing. Have the supervisee refer the parent to an adoption support group for peer support, if appropriate.

Module 3: Attachment, Child Development, and Mental Health - Promoting Security in Adoptive and Guardianship Families

This module focuses on understanding the impact of early insecure attachment, poor nurture, separation, and abrupt moves on attachment and supporting the process of rebuilding or strengthening attachments. Lessons focus on understanding the continuum of attachment styles and challenges, and the importance of accurate diagnosis of attachment disorders; provide tools for assessing attachment in children and parents and common goals for reparative work in your clinical practice; review behaviors associated with child and parent attachment styles and implications for clinical intervention; highlight therapeutic tasks for children and parents to promote attachment



and bonding and integrating therapeutic parenting strategies to enhance children's safety and attachment; and discuss evidence-based/evidence-informed attachment-based therapies to address attachment challenges and create a healing environment that facilitates attachment. Attachment and Biobehavioral Catch-Up; Attachment, Regulation, and Self-Competency; Dyadic Developmental Psychotherapy; Trust-Based Relational Intervention; and Theraplay are discussed in this module, among others.

Learning Objectives. Upon completion of this module, the trainee will:

- Comprehend attachment and recognize its critical importance for children's development.
- Synthesize an understanding of attachment patterns and challenges in your work with families and the importance of appropriate diagnosis of attachment disorders.
- Assess the impact of early insecure attachment on brain structure and social, emotional, verbal, and cognitive development.
- Integrate common treatment goals for reparative work in your clinical practice with children, youth, and families.
- Describe the process of early attachment formation and behaviors associated with child and parent attachment styles.
- Integrate adoption competent clinical practices to assess attachment history.
- Integrate into clinical practice strategies and therapeutic tools for helping families understand and honor their children's previous attachments and unique story.
- Integrate into clinical practice strategies and therapeutic tools for helping families address attachment challenges, create a healing environment that facilitates attachment, and employ therapeutic parenting strategies that enhance children's safety and attachment.
- Identify clinical practices associated with attachment that are not effective and could even be potentially harmful.
- Identify and describe strategies and therapeutic tools for helping families understand and honor their children's and youth's previous attachments and unique story.
- Integrate therapeutic parenting strategies that enhance children's and youth's attachment.

Supervisors can support supervisees in using the following three skills from this module in their daily practice with foster/adoptive and kinship/guardianship families:

- Understand attachment as the foundation for child development and mental health.
- Assessing and addressing attachment challenges in children and parents
- Practice models for working with parents and their children to address children's complex attachment challenges
- Practice models for enhancing parent-child attachments

Activities:

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



Understand attachment theory as the foundation for child development and mental health.

1. Review the definitions of attachment developed by John Bowlby and Mary Ainsworth. Reflect on and discuss in supervision or with colleagues how these definitions inform your work with children who have experienced multiple moves.

■ **John Bowlby:** “Attachment is a lasting psychological connectedness between human beings.”

■ **Mary Ainsworth:** “Attachment may be defined as an affectional tie that one person or animal forms between himself and another specific one – a tie that binds them together in space and endures over time.”

2. Watch the video “The Role of Attachment Outcomes,” then choose a family with whom you are working where the child is exhibiting attachment challenges. Discuss in supervision or with colleagues the negative outcomes manifested throughout a lifetime as a result of insecure attachment (depression, anxiety, aggression, physical disease). What strategies can you suggest to the parents to help them optimize their relationship with the child, reduce the child’s stress level, and respond to their need for affection in a timely, warm, and consistent manner?
3. Study the DSM-5 definitions of Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED). Some mental health professionals diagnose attachment disorders very freely, but experts in the field emphasize that these disorders are rare, even in at-risk populations. Consider how misdiagnosing a child with RAD or DSED can impact parents’ expectations of their child and their hope for recovery.

Assessing and addressing attachment challenges in children and parents

1. In group or individual supervision, review the handout, “Observation Checklist: What to Look for in Assessing Attachment and Bonding” from Vera Fahlberg’s *A Journey Through Placement* and the case study of Susanna and her parents in Module 3, Lesson 3. What are the specific behaviors on the checklist that can be observed in this example? Consider a family with whom you are working – does the child and/or family exhibit similar behaviors? How would you address the challenges you see?

2. Review the handout activity “Bird’s Nest Drawing” in group or individual supervision. This tool is often less threatening to children than asking them to draw a picture of their family, and typically involves attachment-related themes. Discuss how you could use this activity with a child in your practice. What might this activity tell you about the child’s sense of loss and/or abandonment? How might you use this activity to help the parents have a greater understanding of the child’s attachment history?
3. Have supervisees discuss the extent to which their current practice honors children’s healthy attachments with significant people in their lives. What can they do differently to support children in maintaining those attachments? What would it take for foster/adoptive/guardianship parents to truly embrace the value of children maintaining connections with positive attachment figures? What are the therapist’s challenges to doing this work? Have supervisees brainstorm strategies for a specific child/youth and their family.
4. Have supervisees 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. Discuss the 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?
5. Have a group discussion about how therapists can support the move of children with the least negative impact. Do current child welfare practices provide opportunities for the therapist to assist in the preparation of the removal/move of children? What is the clinician’s understanding of their role in this process? Discuss implementing strategies that were discussed in the module that could assist in preparing children through moves. For example, encourage child welfare professionals to prepare information books with photographs of resource families to share with children moving to their home. Encourage child welfare professionals to have foster families provide a “Good Goodbye” letter to children leaving their homes, recounting positive memories, positive feelings about the child, as well as some challenges, and include a picture of the child with the family.

Practice models for working with parents and their children to address children’s complex attachment challenges

1. In individual or group supervision, review the models introduced in this module, including ARC, Collaborative Problem Solving, and TBRI. Discuss which models you are currently using, are familiar with, or would like to pursue additional training.

Practice models for enhancing parent-child attachments

1. Review lesson 5 of this module, Dyadic Developmental Psychotherapy (DDP), and ask supervisees to share the case of a child who has an attachment-related diagnosis. Use role play to practice working with a child or youth to develop reflective abilities and discuss feelings using PACE to get to the core of the feelings.

Addressing relational trauma in their work with children and youth

1. Ask supervisees 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.
2. Lesson 3 reviewed many strategies (below) to minimize the trauma that children experience in the child welfare system. Discuss these strategies and consider how supervisees can utilize them in practice. Are there other strategies they have developed to support children through the traumatic experiences of removal and moves in care? Create a list that each supervisee could refer to later.
 - Support/encourage child welfare professionals to reduce the number of moves for a child
 - Prepare the child for separation and reduce the level of surprise
 - Involve birth or foster parents in preparing the child
 - Have consistency in support and collaboration with child welfare professionals
 - Support keeping 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; share with child welfare professionals
3. Discuss ways in which supervisees can better prepare children for the initial removal into foster care and strategies to support them through this process.
4. Discuss the clinical resources that exist in your community for attachment work. Do they include the parents in treatment? Are there clinicians in your community who use unsafe attachment techniques? What strategies might you consider for bringing other mental health professionals along to support this work?

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

1. Have supervisees choose a case 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 you have reflect the child's early attachment experiences and the impact of those experiences on the child?
2. Have supervisees identify a child with attachment challenges and evaluate which of the symptoms identified in the handout *Ways to Encourage Attachment* (in the Appendices) are characteristic of this child. What are the appropriate goals that can be addressed with the child and parents? What is the treatment plan to help with the attachment issues, and what are the outcomes?
3. Have supervisees 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 supervisees 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 supervisee's experience using these tools.

Module 4: The Impact of Loss and Grief Experiences on Children's & Youth's Mental Health

This module focuses on the central role of loss and grief in foster care, adoption, or guardianship, and how ambiguous and unresolved loss, abandonment, rejection, and disenfranchised grief impact the mental health of children. Lessons will emphasize the different kinds of loss and grief, and children's developmental understanding of loss; focus on how loss and grief manifests developmentally, behaviorally, and emotionally; review therapeutic strategies and tools for helping children grieve and heal; provide strategies and evidence-informed therapies to help professionals and parents support grieving children; identify special issues in relative caregiving; and highlight the importance of, and provide



strategies for, supporting openness and maintaining family, community, and cultural connections to mitigate losses.

In this training module, we 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 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. We also focus on openness and factors that need to be considered in planning to maintain connections for the child.

Supervisors can support supervisees and colleagues 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

Learning Objectives. Upon completion of this module, the trainee will:

- Identify and describe principles and key features of grief models and the mental health impacts and behaviors associated with ambiguous loss and unresolved grief.
- Describe the child's developmental understanding of loss in adoption.
- Describe the stages of grief for a child and common behaviors associated with those losses.
- Integrate two loss and grief models that support grief work in your clinical practice.
- Identify the impact of abandonment and rejection on mental health, how it presents clinically, how to support children through separation, and implications for therapeutic intervention.
- Describe the nature and therapeutic value of life books, loss boxes, journaling, bibliotherapy, and other tools that facilitate reflection about losses and the grieving process and build readiness for new relationships.
- Identify and describe therapeutic strategies that help caregivers become aware of their own losses, understand their child's behaviors within the context of their loss and grief history, employ rituals and experiences that help children and youth put a voice to their loss, and identify special issues in relative caregiving, adoption, and guardianship.
- Recognize the therapeutic value of openness.
- Describe the importance of past connections in mitigating loss and grief.

Activities:

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. In individual or group session, have supervisees choose a case and ask them to list all the losses they are aware of that the child has experienced. What barriers can they identify to 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 the 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 supervisee can do differently to help the child cope with grief?
2. Have supervisees discuss a situation 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 supervisee prevent this (not knowing about the loss) from happening in current/future cases? How can supervisees address this previously unacknowledged grief and loss with children?
3. Either independently or as a group, have supervisees identify a youth who is struggling to cope with grief and loss. What behaviors or statements make this apparent? Have supervisees 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?



With the youth chosen above, have supervisees identify the mental health diagnoses that have been given to them. What aspects of the child's difficulties may be due to grief? Does the diagnosis need to be reconsidered in the context of loss and grief?

4. In a group or individual coaching session, have supervisees 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?
 - 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 mental health 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, jeopardizing a future placement.

- 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 doing the things they needed to do to take care of the child. It is okay to say you are not sure why, except that it is a grown-up problem and not one a child could cause. 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 why the losses occurred with the child. 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 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 Life Book to help the child recognize the continuity of their life and to build the child's story. We have talked about the Life Book process and how important the child's story is (Module 2, Lesson 3).

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

1. Have supervisees discuss a case that reflects ambiguous loss. In what ways is this loss different from other types of loss? What can mental health professionals do to mitigate the ambiguity? Discuss the loss with the child and process the experience with a colleague or in supervision. What was hard about the conversation? How did they respond to the child?
2. Have supervisees discuss the extent to which openness, when it is safe, is embraced by your local child welfare system. If it is not, how might you work with the child welfare professionals to provide more opportunities for the child to maintain connections? What is the mental health professional's role in discussing openness and advocating for opportunities to maintain connections?

3. Choose a child who experienced a 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.
4. How can mental health professionals 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 that can help birth parents and/or children prepare for this last meeting and manage the “Good Goodbye?”

Promoting the integration of old and new attachments

1. In group or individual supervision, 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 them? Review the 5 goals of pre-placement work with children listed below and discuss how these might be addressed by professionals or parents. Role-play how to have a conversation with parents about this work.
 - Diminish fears and worries of the unknown – for the child, the foster parents, and the adoptive or guardianship parents.
 - Transfer attachments – The stronger the attachment to the previous caregiver, the more important it is to facilitate the transfer of attachment. Contact between the current and future parents is essential 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. How might mental health professionals assist in this?
 - Empower new caregivers – The new parents provide emotional nurturing and structure to create a safe environment for the child and feel entitled to parent. They may need a lot of support, including from other parents who have already been through it. Doubts and fears are normal!
 - 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 themselves. This includes how contact will be maintained with important relationships, including siblings, professionals, former foster parents, and extended family members. Collaboration between child welfare and mental health professionals is critical. This will help to minimize losses.

2. Have supervisees 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. In group or individual supervision, choose a case involving a child whose parents/guardians do not understand the grief the child is experiencing. How can mental health professionals help parents understand what triggers and exacerbates the grief, and how they can support the child? Identify strategies from the lesson that your mental health professionals can use. Role-play how to have these conversations.
4. In group or individual supervision, 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 their grief and seek their own counseling, if indicated? Role-play how to broach this topic.
5. Discuss the unique aspects for relatives in moving toward adoption or guardianship of a child with colleagues or in individual or group supervision. Review the following issues experienced by relative providers and ask for examples they have observed. Share how mental health professionals could or did address these issues with kin.
 - Mixed feelings about the child's loss of a parent
 - Mixed feelings about loss of role as grandparent, aunt, uncle, etc.
 - The decision to become a caregiver is usually unplanned and occurs during a crisis
 - Unanticipated requirements to become a foster or adoptive parent
 - Grandparents' guilt and fear that they may have contributed to the birth parents' problems
 - Guilt for taking over the parental role for the child
 - Perception that they are betraying the birth parent by becoming the legal parent
 - May set up a competition with a birth parent if the child becomes attached to the relative
 - Split loyalties and hesitation to legalize the relationship – hard to put the child first
 - 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
6. In group or individual supervision, 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 siblings—relationships that are positive sources of nurture and identity; other caring adults in the child's life who would commit to being a continuous resource for the child
- Child's emotional and developmental functioning
- Psychological resilience and ability to form or extend attachments
- Extent of trauma the child experienced with the 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
- Birth family 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 are extremely important

Share in individual or group supervision, or with colleagues, how your own painful feelings are triggered when 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, coach, or colleague, support others in managing their painful feelings?

Module 5: Addressing the Impact of Trauma on Child Development and Mental Health

This module focuses on the impact of trauma, including trauma from separation, on brain development, behavior, and mental health of children experiencing adoption or guardianship, as well as the implications for therapeutic interventions. Lessons focus on diagnostic limitations and tools to assess trauma history and its impact on functioning; the importance of helping parents shift thinking from “what’s wrong with you” to “what happened to you,” and strategies to support parents in providing a healing environment and managing trauma triggers for their child; strategies and evidence-based/evidence-informed interventions to establish felt safety, build coping and regulatory skills, and readiness for children to process emotions related to traumatic experiences; and the impact of, and strategies to address, secondary trauma for parents and professionals.



Several evidence-based interventions are shared, including the Neurosequential Model of Therapeutics, Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization Reprocessing, and Child Parent Psychotherapy.

The last lesson also focuses on mental health professionals addressing their own secondary traumatic stress. While many mental health 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, 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

Learning Objectives. Upon completion of this module, the trainee will:

- Identify and describe types of trauma and implications for therapeutic intervention with each.
- Describe the impact of trauma and early and ongoing adverse experiences on brain development, behavior, and identity formation.
- Identify relevant diagnoses associated with trauma and the diagnostic limitations.
- Describe adoption competent clinical assessment practices and tools to assess trauma history and its impact on functioning to assure appropriate diagnosis.
- Identify and describe therapeutic strategies and interventions with children that establish feelings of emotional safety, build coping and regulatory skills, and readiness to process emotions related to traumatic experiences.
- Integrate into your clinical practice therapeutic strategies that assist parents in providing a healing environment for their children to begin the development of coping and self-regulation strategies.
- Synthesize therapeutic interventions in your clinical practice that establish safety and readiness to help children process emotions, build coping and regulatory skills with children and youth, assist parents to provide structure and routines, experiences that nurture and heal, and support the development of coping and self-regulation strategies.

Activities:

For each skill listed, supervisors can choose from a number of 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.” Discuss a child in your practice individually, with colleagues, or in group supervision how to reframe externalizing behaviors in light of the child’s traumatic experiences.
2. In individual or group supervision, identify a case where the therapist will educate parents as to the impact of early trauma on the developing brain. Explain how the trauma manifests in “can’t vs. won’t” behavior and warrants an alternate, therapeutic parenting approach. Discuss key points that should be included in this conversation with the parents. In a subsequent supervision, process the experience of educating the parents: were they able to understand the impact of trauma and were they open to a different way of parenting their traumatized child?

3. Have supervisees review “*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 supervisees use a homework assignment with a family and process the experience with you.
4. Have supervisees identify strategies for promoting felt safety in children and how they can apply these in their own work with children and parents.

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

1. Select a child or teen with whom you work who has experienced extensive trauma. Using the handout, *The Impact of Complex Trauma*, assess the extent of impact in the 7 domains for this youth. The seven domains are:
 - Attachment
 - Biology
 - Affect regulation
 - Dissociation
 - Behavior
 - Cognition
 - Self-concept
2. In group or individual supervision, identify a child who has experienced extensive trauma. 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. In group or individual supervision, discuss the goals listed below for helping children develop a coherent and integrated narrative of their lives. Help supervisees 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 the 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).
4. Have supervisees discuss the various trauma-focused treatments reviewed in NTI. Do you or your colleagues use any of these modalities with clients? Consider additional training on one or more of the interventions noted in NTI to build your toolkit for working with adoptive/foster/guardianship families.
 5. Discuss with colleagues or supervisees how they collaborate with child welfare 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?
 - Are mental health professionals regularly included as part of the Child & Family Team? How might this be enhanced?
 - How do child welfare and mental health professionals collaborate to assess the child's progress in addressing goals?
 6. In group or individual supervision, discuss a case involving a child who disclosed traumatic experiences late in the treatment. Mental health and child welfare professionals 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 or previously disclosed, the child never experienced it.
 - How did they handle the disclosure?
 - What is the supervisee's understanding of why the child disclosed when they did rather than earlier?

Understanding the impact of Secondary Traumatic Stress (STS) and the value of self-care

1. Parents and clinicians working with traumatized clients often struggle with Secondary Traumatic Stress. The brief from NCTSN mentions a tool to explore a clinician's own experience of STS. This Professional Quality of Life Scale (ProQOL) assesses needs on 3 factors – compassion satisfaction, burnout, and STS.
 - In individual or group supervision, have each supervisee complete the ProQOL. The scoring is at the bottom. www.tendacademy.ca/proqol-self-test-v/. Next, complete a self-care plan, choosing among the individual strategies listed in the ProQOL, setting one goal for better managing STS. In subsequent supervision, reflect on how effective this strategy has been.

2. What is the impact of STS in your practice? In individual or group supervision, or consider for yourself, what are the strategies that exist to support colleagues and supervisees in your practice, and what others are needed? What new strategies could be used for reducing STS?
3. As a supervisor, consider the ways you model a healthy work/life balance. What can you do to support others as they manage their STS?

Other activities related to assessing and addressing trauma in families served

1. Have supervisees discuss the effective practices for an initial trauma screening. If a trauma screening tool is not already part of practice, have supervisees 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 supervisees select a case and complete a comprehensive trauma assessment on the child using 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 supervisees 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 be used in therapy to minimize trauma through moves and separations?

Module 6: Identity Formation and the Impact of Adoption and Guardianship

This module focuses on the nature of identity formation in the context of adoption and guardianship and the impact of missing and inaccurate information, and the implications of the integration of one's adoption story.

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.



This module focuses on the 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.

Learning Objectives. Upon completion of this module, the trainee will:

- Identify and describe how our identity is shaped, and the impact of adoption on identity formation.
- Understand adolescence as the pivotal time for clarifying identity.
- Integrate identity work in your clinical practice with adoptive youth and families.
- Recognize adolescence as a pivotal time in identity formation and understand the importance of helping the youth integrate their story.
- Identify and describe the nature of “stuck spots” in identity formation experienced by adopted children and youth, related developmental tasks, and therapeutic interventions recognized as effective.
- Identify and integrate clinical practices to assist youth in exploring dimensions of their identity and integrating their life story.
- Integrate into your clinical practice strategies to help youth manage difficult or intrusive questions or comments about their adoption story.
- Identify and describe therapeutic interventions appropriate to assist parents to understand the identity formation process, support identity exploration, and share difficult information.
- Build skills to enhance parental capacity to parent children of various communities or identities.
- Integrate into your clinical practice therapeutic strategies for assisting parents to initiate conversations with their children to support the integration of identities.
- Describe the clinical implications of current search and reunion practices.
- Integrate into your clinical practice adoption competent strategies appropriate to assist parents to understand the identity formation process in connection with search and reunion, and the importance of parental support.
- Discuss the implications of change in economic circumstances for children.
- Gain skills in assessing and responding to the impact of change in status for children.

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

Activities:

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. Individually or in group supervision, have supervisees select an adolescent foster or adopted youth and review the details of their history. For each negative experience, discuss the impact it either 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? Identify barriers to positive identity formation. 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?
2. Encourage supervisees and/or colleagues to ask adolescents in foster/adoptive/guardianship families in their practice the following questions, and when reviewing cases in individual supervision, 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 therapists feel more comfortable and provide prompts to open the discussion with adolescents about their identity struggles. Remember, each professional acts as 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 supervisees can help youth solidify their identity.

3. For the same youth chosen earlier, have the supervisee 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 supervisee talked with the youth about these issues? If not, have the supervisee plan and roleplay a discussion with the youth. After the supervisee has the conversation, process it with the supervisee to see what they learned about the youth.

4. In group or individual supervision, have supervisees brainstorm the positive and negative influences on identity formation that youth with whom they work have experienced. Which ones 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 the youths' identity.
5. In group or individual supervision, discuss supervisees' observations related to both the positive and negative impact of adoption or guardianship on youths' identity.
6. Ask each supervisee 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 of this contact? What do they perceive as the drawbacks of this contact?

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

1. Discuss in group or individual supervision: 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? What is the therapist's role in improving this communication?
2. In group supervision, have supervisees role-play telling difficult information to each other as one plays the child, and one plays the therapist 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 therapist become more comfortable with talking about difficult information so they can support parents and guardians.
3. Have supervisees choose a child with whom they work and review the child's history to identify any 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 or later, and how the mental health professional guides the parents in sharing the information.

Supporting youth and parents in the search and reunion process

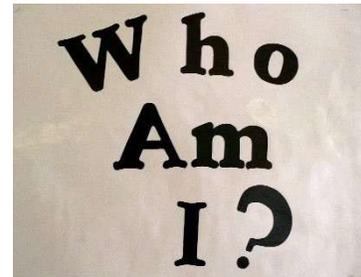
1. In individual or group supervision, discuss the pros and cons of search and reunion, considering the possibility of the youth finding a birth parent who, 1) rejects them; 2) disappoints them because of negative behavior; 3) wants more than the youth wants in a relationship; 4) welcomes them in a reasonable way. Develop strategies to support the youth in each situation.
2. In individual or group supervision, choose an older youth and review the information available to them and how it is packaged for the best accessibility (i.e., Life Book), making sure that it is as complete as possible. Have the supervisee review that information with the youth, ask the youth what additional questions need to be

answered, and plan to support the search for more information with the youth. If the youth wants to initiate a search for birth family members, help the supervisee to plan to pursue this with the youth and family in a safe and strategic way.

3. Develop a list of questions that should be discussed and addressed by all youth and their parents when considering the search and reunion process.
4. Make a list of documentaries to watch – there are so many good ones!

Other activities related to identity formation

1. Have supervisees think about their own identity. Ask them 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 group or individual supervision, discuss information about the child that was passed on to foster and adoptive parents. Begin by reviewing the questions at the beginning of Lesson 7. 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 by the child welfare agency with adoptive parents or guardians? If the information is insufficient, how might the mental health professional obtain additional details? Remember, information sharing is also important for relative adopters and guardians.
3. Have supervisees choose a child in foster care on their caseload who is waiting for an adoptive family or guardian. Discuss the information the child has been given about their past, the reasons why they came into care, and cannot go home. Does the child have a Life Book? Do they have pictures of his birth parents, siblings, extended family, and friends? Do they know every place they have lived and why they left? Do they have copies of all original paperwork and case notes (as permitted)? Have they been helped to find answers to burning questions that they struggle with? What more work needs to be done with this child to support a positive identity?



Module 7:

Assessment and Treatment Planning

This module will integrate and apply the information learned from previous modules to the assessment and treatment planning process, with a focus on the overlay of adoption and guardianship-related issues and questions that should be incorporated to ensure that clinical work is provided with an “adoption lens.” Lessons will also focus on how to formulate treatment plans that support more secure attachment, resolution of grief, and promotion of self-regulation; the integral role of parents in therapeutic work; and special assessment issues of relative caregivers.

Learning Objectives. Upon completion of this module, the trainee will:

- Understand and integrate an adoption competent assessment protocol into your clinical practice.
- Determine the applicability of standardized assessment tools in working with adoption and guardianship families.
- Recognize issues in assessment unique to relative care providers.
- Synthesize your understanding of these issues into your clinical practice.
- Explore key clinical considerations for mental health professionals working with Native American families.
- Formulate treatment plans that support secure attachments, resolution of grief and loss, self-regulation skills, and continued positive identity formation within a healing family environment.
- Recognize the family as the core client and demonstrate a commitment to family systems work.
- Understand the treatment implications regarding Fetal Alcohol Spectrum Disorder for this population.

Activities:

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

Assessment Through the Adoption/Guardianship Lens

1. In the article, *Using Clinical Assessment to Enhance Adoption Success*, authors Kathryn J. Murray and Kelly M. Sullivan identify five key domains to include in the clinical assessment: 1.) Child trauma & traumatic stress; 2.) Child & adolescent functioning; 3.) Parent-child relationship & attachment; 4.) Parent functioning; 5.) Adoption specific adjustment. Murray and Sullivan suggest using the assessment process as an opportunity to provide families with feedback and psychoeducation to help them shift from blaming the child or themselves to a more realistic understanding of what has happened to the child and the resulting difficulties.

Based on the article, choose a youth in a foster, adoptive, or guardianship family, and complete an assessment of the five domains. Considering the issues raised in

the article, develop a treatment plan to address challenges in each domain. A complete history must include factors such as the number of moves, prenatal substance exposure, early deprivation, institutional care, malnutrition, neurocognitive functioning, the family's history of help-seeking, a cultural assessment, and the strengths of the child and family.

Unique Assessment Issues when Working with Relative Caregivers

1. Relatives are preferred resources for foster and adoptive placements because they maintain the children's connections with their birth parents, and they are already their family! Research indicates that foster children finding permanency with kin have superior outcomes (stability, well-being measures, satisfaction) when compared with other types of foster care adoption. The needs and challenges in kin families are likely to differ from other types of permanencies: • Role changes in families • At times, conflict between the relative parenting the child and other members • Caregiver conflicts related to loyalty, guilt & setting boundaries with birthparents • Less income and fewer services
2. Dr. Joseph Crumbley identifies five issues to assess in kinship caregiving families: guilt; loss and ambivalence; projection and transference; hope, fantasy, and denial; and loyalty issues. Over time, review Dr. Crumbley's excellent video training series, *Engaging Kinship Caregivers: Managing Risk Factors in Kinship Care*, which has a 20-minute module on each of these five important issues.
<https://www.aecf.org/blog/engaging-kinship-caregivers-with-joseph-crumbley/>

Utilizing the Assessment in Goal Setting and Treatment Planning and Effective Practice Models with Adoptive and Guardianship Families

1. It is highly unlikely that a single diagnosis or treatment model will address the range of challenges present with an adopted youth and family. While a cluster of behaviors may lead to a specific diagnosis, it typically does not reveal their underlying causes. The case study of Samuel in Lesson 3 illustrates this point. Review the case study and discuss in individual or group supervision. How does the example of case study inform and change your work with children and families?
2. Prenatal exposure to toxic substances is a challenge for some youth in any type of adoption. While a range of legal and illegal drugs, including tobacco, can have negative impact on a fetus, alcohol exposure is particularly harmful. This disorder tends to be missed or misdiagnosed by professionals. In group or individual supervision, review and become familiar with the range of symptoms and diagnoses related to Fetal Alcohol Spectrum Disorder (FASD), including ND-PAE, from the DSM-5, from the NIH brief, *Fetal Alcohol Exposure*. How will increased awareness and understanding of FASD improve practice and choice of therapeutic interventions?

Module 8: Using Therapeutic Parenting Strategies to Address Children’s Challenging Behavior

This module focuses on the nature of challenges and concerning behaviors commonly seen in adoptive and guardianship families and the therapeutic parenting strategies that professionals can teach and support parents to use. Lessons focus on supporting parents to promote attunement and felt safety with children; understand and reframe behaviors; develop realistic expectations; provide a balance of nurture and structure; and teach self-regulation and coping skills. The lesson also addresses challenging behaviors that are often the most problematic for parents and threaten adoption stability. Strategies are based on ARC, TBRI, Circle of Security, and Collaborative Problem-Solving models.

Learning Objectives. Upon completion of this module, the trainee will:

- Describe the therapeutic strategies for helping parents develop realistic expectations and support the use of psychoeducation.
- Help parents develop a healthy environment for their child and establish parents as the primary agents of healing and safety.
- Identify and describe specific therapeutic strategies to assist parents in developing nurturing, trusting relationships with children who have attachment and behavioral challenges; provide a healthy balance of nurture and structure in the parent-child interaction; and support the development of the child’s capacity for self-regulation and healthy coping.
- Identify and describe specific therapeutic strategies to assist parents to build awareness of and improve their own regulation skills, provide a healthy balance of nurture and structure in the parent-child interaction; and support the development of the child’s capacity for self-regulation and healthy coping.
- Identify and describe very challenging behaviors that lead to adoption instability.
- Integrate into your clinical practice specific therapeutic strategies with parents and youth to manage challenging behaviors.

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

- Laying the Foundation for Change
- Therapeutic Parenting Strategies for Connecting with Children and Youth Who Push Parents Away
- Teaching Self-Regulation Skills through Therapeutic Parenting

Laying the Foundation for Change

1. In individual or group supervision, identify a family whose child is at risk of being placed outside the home. How might the following dynamics inform the work with this family?
 - Severe power struggles

- Difficulty connecting/empathizing with the child
- Marital tension
- Sibling conflicts
- Mother takes the brunt of the child's anger
- Parental burnout and isolation
- Parents have no contact with other parents in similar situations, e.g., parent groups, trainings, etc.

Therapeutic Parenting Strategies for Connecting with Children and Youth Who Push Parents Away

1. In individual or group supervision or with colleagues, learn more about therapeutic parenting strategies in Lessons 2 and 3, which are based primarily on Trust Based Relational Intervention (TBRI), Attachment, Regulation and Competency (ARC), and Theraplay. • Parents become aware of the dynamics influencing parent-child interactions in challenging situations. • Parents can be attuned to their own emotions and responses in interactions with their child. • Parents become attuned to the child's triggers, needs, and feelings.

Teaching Self-Regulation Skills through Therapeutic Parenting

1. In group or individual supervision or with colleagues, review the resource, *Assessing Attachment Readiness and Capabilities in Prospective Adoptive Parents*. While this resource was designed for assessing preadoptive parents, it is useful for addressing parental issues in treatment. Apply this in your work with an adoptive or foster parent. Therapeutic parenting stresses the need for parents to come to terms with their own history, particularly their own parenting and attachment style. Parents could benefit from developing self-awareness of their own self-regulation capacities in difficult interactions with their child. How can you support parents in developing self-regulation? What strategies can you utilize to help them do so?

Module 9: Family Stability and Wellness Post Permanency



This module looks at adoption as a life-long process, including the factors that shape adoption or guardianship adjustment and either support or threaten children's and the family's ongoing safety, permanency, and well-being. Lessons will explore the needs of children and families after adoption or guardianship and the continuum of post-adoption/guardianship services that help to prevent adoption disruption or dissolution.

Additionally, this module covers the importance of positive adoption language, as well as provides clinicians with the opportunity to reflect on the impact of this training on their clinical practice.

Learning Objectives. Upon completion of this module, the trainee will:

- Recognize adoption as a life-long process, with ongoing elevated mental health needs often years after placement.
- Identify and describe the continuum of post-adoption mental health needs and the services that help to sustain families and promote stability.
- Understand the different types of adoption and guardianship instability, and the contributing factors present.
- Identify key characteristics of post-adoption work across the life cycle.
- Assess the need to collaborate and advocate with multiple systems to support family stability and child well-being.
- Engage relevant professionals and systems in addressing child and family needs.
- Identify and describe practice change behaviors to incorporate in your clinical practice as an adoption competent mental health professional.

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

- Matching Child and Family Needs After Permanency with Effective Services to Maintain Stability
- Post-Adoption Therapeutic Services: Working with Families Across the Life Cycle and Across Systems to Maintain Stability
- The impact of NTI Training on Your Clinical Practice

Activities:

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

Matching Child and Family Needs After Permanency with Effective Services to Maintain Stability

1. In group or individual supervision or with colleagues, discuss what formal and informal post-adoption or guardianship services are available in your 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?
2. Have supervisees 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?
3. In group supervision, have supervisees choose a family with whom they are working that is close to adoption finalization with a child with significant mental health challenges. Have them role-play how they will discuss the anticipated challenges with parents and normalize the need for ongoing adoption competent mental health services.
4. In group or individual supervision, 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.
 - Unresolved loss and grief
 - Identity issue
 - Triggers previous traumas
 - Mental health issues not addressed fully in the past
 - Sexual promiscuity
 - Academic challenges related to early deprivation
 - Search and reunion - desire to meet birth family members
 - Adoption adjustment issues
 - Identity challenges

- Bonding and attachment

Post-Adoption Therapeutic Services: Working with Families Across the Life Cycle and Across Systems to Maintain Stability

1. In a team meeting, have supervisees 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?
 - Severe power struggles
 - Mother taking the brunt of the child's anger
 - Marital tension
 - Conflict between siblings and within the family
 - Parental isolation and exhaustion
 - Parents feeling like failures and hopeless
 - Difficulty empathizing with their children

1. In individual or group supervision, choose an adoptive family from your practice who experienced a breakdown in their relationship. List all the risk factors in the youth, parents, and environment that contributed to instability. What supports might have been useful in repairing those relationships and facilitating healing? What steps, if any, might be taken at this time to repair the relationship?

2. In individual or group supervision or with colleagues, discuss what formal and informal post-adoption or guardianship services are available in your 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?

The impact of NTI Training on Your Clinical Practice

The last lesson has many self-assessment questions to help you reflect on what you have learned and new skills you hope to implement in your practice. Reflecting on the content of this training, in group or individual supervision, with colleagues, or for yourself, list the concepts and skills that you intend to integrate into your practice. Which evidence-based practices are you interested in learning more about?

The challenges of adoptive and guardianship families seeking mental health services are often embedded in a multilayered context. The therapist needs to join with the family to collaborate and advocate with multiple systems. When families are involved with multiple helping professionals, such as child welfare, crisis intervention workers, psychiatrists, school social workers or psychologists, or specialized assessment resources, communication between them is critical.

This course represents a framework that embodies the knowledge, values, and skills that are critical in meeting the complex and diverse needs of adoptive and guardianship families. To develop further mastery in this special field, a clinician needs to dig deeper through self-guided study, supervision, and consultation.

Thank you for completing this curriculum and using these coaching and supervision activities to enhance your supervisees' skills in meeting the mental health-related challenges of youth seeking or having achieved permanency through adoption or guardianship!

