Meeting the Complex Mental Health Needs of Children Moving to Permanency Through Adoption and Guardianship:
A Review of the National Adoption Competency Mental Health Training Initiative for Child Welfare and Mental Health Professionals

Rudd Adoption Institute
April 13, 2018

Debbie Riley, LMFT, CEO, Center for Adoption Support & Education
Dawn Wilson, MSW, NTI Director, Center for Adoption Support & Education
Need For Adoption-Competent Mental Health Services
For most children, adoption itself is a huge protective factor, bringing permanency, safety and a nurturing environment to children who have generally been in less-than-adequate situations.
Adoptive Families Today . . .

- CHILDREN join families at different ages, may be American by birth, or not
- PARENTS may be singles or couples, heterosexual or same sex
- PARENTS may be a different race from each other or their children
- PARENTS may be relatives, or not
- FAMILIES may include birth children as well as adopted children
- Relationships may exist with BIRTH FAMILIES, or not
Contributing Risk Factors for Children Experiencing Adoption or Guardianship

- Birth and genetic factors
- Histories of complex trauma
- Frequently changing situations, transitions, and caregivers
- Broken or severed family relationships
- Inconsistent and inadequate access to mental health services
- The over-prescription of psychotropic medications
And...

- Lack of resolution of loss and grief
- Adjustment and attachment to new family
- Entitlement and claiming
- Cultural/racial/ethnical integration
- Community acceptance of adoption
- Preparation of child prior to adoption
- Coping skills, resiliency
What this means for many of our children and families?

- Elevated risks for developmental, health, emotional and/or behavioral issues.
- The impact poses challenges for children and their families at various times in the adoptive family life cycle.
Mental Health Profile of Children in Foster Care

The incidence of emotional/behavioral problems is 3 to 6 times higher for youth in foster care than those in non-custodial placements.

40% of youth adopted from foster care are diagnosed with ADD/ADHD with high incidence of pre-natal drug/alcohol exposure.

The American Academy of Pediatrics estimates 30% of children in foster care have severe emotional, behavioral and developmental problems.

Smith, 2006

Barbell & Freundlich, 2002
Adoptive families utilize clinical services triple the rate reported by families formed by birth.

Howard, Smith & Ryan, 2004; Vandivere, Malm & Radel, 2009

Adopted children are disproportionately represented in the psychiatric population

Foster/adopted parents reported 1/3 of children had emotional problems and 40% had educational problems

Festinger, 2006
Studies indicate most mental health professionals lack the training to meet the diverse, complex, clinical needs of adoptive families.

65% of clinical psychologists are unable to recall any training course that focused upon adoption related issues.

Professors teaching doctorate level clinical programs spent on average 7.59 minutes per semester on the topic of adoption.

What are families saying?
C.A.S.E 2011/2013 Surveys: 400-485 respondents

- 87% adoptive parents and 9% adoptive persons
- Respondents from across US and 8 countries
- 81 percent reported seeking support from at least 1 mental health professional
- 25% noted therapist had lack of knowledge about trauma, attachment, loss, adoption language, or any real understanding of adoption.
- 80% rated specialized training or certificate in adoption competency as very important

Atkinson et al., 2013
NACAC Study 2011: 1,100 Parents Respond

► 43% of adoptive parents indicated that they could not find needed services
► 39% responded that providers don’t understand adoption
► 25% noted that appropriate services don’t exist in their community
► 21% indicated they don’t know how to find post adoption services

Post-Adoption Needs Survey Offers Direction for Continued Advocacy Efforts, Adoptalk, NACAC, Winter 2011
“Every time I left my son’s therapist’s office I felt like a failure. He is so angry at me for being white... when I try to bring it up, his therapist says we need to focus on his risky behaviors...”

-Aña Alicia (Mother, age 51)

- Antwoine (Son, age 15) African American
“We tried many different therapists who did not specialize in adoption, our daughter always had to train the therapist.”
“We need competent mental health professionals who understand the issues in adoption and don’t blame us for things we had no control over. We are not bad parents.”
“I was sitting in the hospital after trying to kill myself, and the social worker lady told me, I should be happy that I was adopted, as my parents had gotten me out of the horrible orphanage.”

- Roberto (Age 14)
Access to adoption-competent mental health services is a critical factor in promoting positive outcomes for adoptive families.
Responding to the Need...
Multi Year Initiative 2014-2019

State of the art web–based training for child welfare and mental health providers

NTI is funded through a 5 year cooperative agreement between C.A.S.E. and the US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CO1121.

The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit the National Adoption Competency Mental Health Training Initiative.
- Enhance capacity of professionals
- Improve outcomes for children & families
- Improve collaboration between child welfare and mental health
1. Create two state-of-the-art web-based trainings
   • Child welfare professionals
   • Mental health professionals

2. Deliver trainings through pilot sites with certificates of completion and CEUs provided

3. Evaluate findings, make revisions

4. Launch trainings nationally
Strategic Partnerships
• 21 National Advisors include adoption researchers/scholars, child welfare administrators, behavioral health therapists, and individuals with lived experience as foster and adoptive parents, adoptees and former foster youth.

• Extensive research review of existing national training programs

• Advisors convened in early 2015 to identify the core competencies – knowledge, values and skills - needed for adoption and mental health competent child welfare practice.

• Advisors convened in early 2016 to identify the core competencies – knowledge, values and skills - needed for adoption competent mental health practice.

• These competencies provide the foundation for each curriculum.
Child Welfare Training

- 20 hours for staff
- 2.5 CEUs after each completed module
- 23 hours for supervisors
- Downloadable workbook for supervisors
- Casework focused
- 8 modules

Mental Health Training

- 25 hours for all users - CEUs awarded at completion of curriculum
- Opportunity for live virtual coaching
- 4.5 CEUs will be awarded if all 3 coaching calls are completed, no partial credit
- Clinical focus on assessment & treatment options
- 10 modules

NTI is free web-based training with CEU’s provided
Child Welfare Professionals Training

Target Audience

Child Welfare Professionals in public and private settings who work with:

- Children and adolescents in foster care moving to permanency through adoption/guardianship
- Families preparing to/adopting a child from foster care
- Families preparing to/assuming guardianship of a child
- Adoptive or guardianship families post-placement or post-finalization
Child Welfare Professional Competencies

✓ Understanding Children’s Mental Health Needs
✓ Supporting and Strengthening Attachment
✓ Understanding the Impact of Race, Culture and Diversity on Adoptive & Guardianship Families
✓ Supporting Loss and Grief
✓ Understanding the Impact of Trauma on Brain Development and Behavior
✓ Supporting Positive Identity Formation
✓ Promoting Family Stability Post Placement
Mental Health Professionals Training
Target Audience

Agency-based and private clinicians and mental health professionals providing or interested in providing clinical services to:

• Children in foster care preparing for adoption/guardianship
• Families preparing to/assuming guardianship of a child
• Families preparing to/adopting a child from foster care, private domestic or inter-country adoption
• Adoptive or guardianship families post-placement or post-finalization
Mental Health Professional Competencies

✓ Understanding Children’s Mental Health Challenges
✓ Healing from Loss and Grief
✓ Impact of Trauma on Brain Development
✓ Re-building and Strengthening Attachment
✓ Supporting Positive Identity Formation
✓ Understanding the Impact of Race, Culture and Diversity on Adoptive & Guardianship Families
✓ Providing Post-Adoption Supports
✓ Assessment and Treatment Planning through an Adoption Lens
✓ Therapeutic Parenting Strategies to Address Challenging Behaviors
Transfer of Learning

Child Welfare Curriculum
- 3 hour additional supervisor lesson
- Downloadable Supervisor Coaching & Activity Guide

Mental Health Curriculum
- 3 Live coaching/ consultation calls will be piloted
- Pilot sites working with NTI staff may also provide other transfer of learning opportunities
Desired Outcomes - What All Stakeholders Want:

- Improved outcomes for all children and families
  - Family Stability
  - Child well-being
  - Family well-being
- Competent professionals
- Available services that are appropriate
- Systems that have a shared language and effective collaboration
- Ongoing development in all systems
- Belief in our collective ability to create a better future for all
Benefits of NTI

- Enhances collaboration through aligned curricula for child welfare and mental health professionals
- No cost to users
- NASW approved CEU’s provided
- 508 Compliance for accessibility
Benefits of Web-Based Learning

- Standardized curricula
- Accessible and portable – Available 24/7
- Access on laptop, tablet or smart phone
- Self-paced and self-navigated
- Opportunities for reflection
National Adoption Competency Mental Health Training for Mental Health Professionals

NTI Curriculum Demonstration
Pilot Site Selection

✓ Reviewed jurisdictional scans for representativeness:
  • State/county administered
  • Public/privatized systems
  • Demographic indicators
  • Size/location

✓ Interviews with systems to assess:
  • NTI fit with system priorities and practice improvements
  • System readiness
  • Tribal participation
  • QIC-AG participation
NTI Pilot Sites

- California
- Illinois
- Maine
- Minnesota
- Oklahoma
- South Carolina
- Tennessee
- Washington
- The Cherokee Nation
## NTI Comparison of Pilot Sites

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Quintiles</th>
</tr>
</thead>
<tbody>
<tr>
<td># children in care</td>
<td></td>
</tr>
<tr>
<td>Nat’l Avg. 7,674</td>
<td>CA IL</td>
</tr>
<tr>
<td></td>
<td>TN WA OK</td>
</tr>
<tr>
<td></td>
<td>MN SC</td>
</tr>
<tr>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>ME</td>
</tr>
<tr>
<td># children waiting</td>
<td></td>
</tr>
<tr>
<td>Nat’l Avg. 1,987</td>
<td>CA IL WA OK</td>
</tr>
<tr>
<td></td>
<td>TN</td>
</tr>
<tr>
<td></td>
<td>MN SC</td>
</tr>
<tr>
<td></td>
<td>ME</td>
</tr>
<tr>
<td></td>
<td>-</td>
</tr>
<tr>
<td># children adopted</td>
<td></td>
</tr>
<tr>
<td>Nat’l Avg. 984</td>
<td>CA IL WA OK</td>
</tr>
<tr>
<td></td>
<td>TN OK</td>
</tr>
<tr>
<td></td>
<td>SC</td>
</tr>
<tr>
<td></td>
<td>MN ME</td>
</tr>
<tr>
<td></td>
<td>-</td>
</tr>
<tr>
<td>% exiting to adoption</td>
<td></td>
</tr>
<tr>
<td>Nat’l Avg. 29.77%</td>
<td>IL WA ME OK</td>
</tr>
<tr>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>CA SC</td>
</tr>
<tr>
<td></td>
<td>TN</td>
</tr>
<tr>
<td></td>
<td>MN</td>
</tr>
<tr>
<td>% exiting to guardianship</td>
<td></td>
</tr>
<tr>
<td>Nat’l Avg. 6.27%</td>
<td>MN</td>
</tr>
<tr>
<td></td>
<td>CA WA ME</td>
</tr>
<tr>
<td></td>
<td>IL OK</td>
</tr>
<tr>
<td></td>
<td>TN SC</td>
</tr>
<tr>
<td></td>
<td>-</td>
</tr>
<tr>
<td>% &gt;12 in Group Homes</td>
<td></td>
</tr>
<tr>
<td>Nat’l Avg. 2.62%</td>
<td>MN SC</td>
</tr>
<tr>
<td></td>
<td>ME</td>
</tr>
<tr>
<td></td>
<td>WA OK</td>
</tr>
<tr>
<td></td>
<td>CA TN</td>
</tr>
<tr>
<td></td>
<td>IL</td>
</tr>
<tr>
<td>% &gt;12 in Institutions</td>
<td></td>
</tr>
<tr>
<td>Nat’l Avg. 2.75%</td>
<td>MN SC</td>
</tr>
<tr>
<td></td>
<td>CA IL OK</td>
</tr>
<tr>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>TN</td>
</tr>
<tr>
<td></td>
<td>WA ME</td>
</tr>
</tbody>
</table>

Sources: Children’s Bureau; Cornell University National Data Archive, 2015
## NTI Comparison of Pilot Sites

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Quartiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption subsidy penetration Nat’l Avg. 92.70%</td>
<td>1: - 2: CA WA 3: TN ME SC OK 4: IL 5: MN</td>
</tr>
<tr>
<td>Foster care entry rate (H/L) Nat’l Avg. 3.91%</td>
<td>1: OK 2: MN TN 3: CA WA 4: ME SC 5: IL</td>
</tr>
</tbody>
</table>

Sources: Children’s Bureau; Cornell University National Data Archive, 2015
## NTI Comparison of Pilot Sites

<table>
<thead>
<tr>
<th>CW System Organization</th>
<th>State admin</th>
<th>County admin</th>
<th>Hybrid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IL TN WA ME SC OK</td>
<td>CA MN</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CW Privatization</th>
<th>NONE</th>
<th>Small Scale</th>
<th>Large Scale</th>
<th>System-wide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CA MN WA ME SC OK</td>
<td>TN</td>
<td>IL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV-E Waivers</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CA IL TN WA ME OK</td>
<td>MN SC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subsidized Guardianship</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CA IL TN WA ME OK</td>
<td>MN SC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma Grantee</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TN</td>
<td>CA IL MN WA ME SC OK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QIC-AG Site</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IL TN</td>
<td>CA MN WA ME SC OK</td>
</tr>
</tbody>
</table>

Sources: Children’s Bureau; Cornell University National Data Archive, 2015
Implementation Support Provided to Pilot Sites

Specialists work with site implementation teams to:

• Plan for training implementation and recruitment of training participants
• Review data reports to support implementation and data-informed decision-making
• Troubleshoot challenges to implementation, progression and completion
• Assist with integration and sustainability planning by systems

Lisa Maynard: Maine, Minnesota, Washington

Emily Smith Goering: California, Oklahoma, Cherokee Nation

Mary Wichansky: Illinois, South Carolina, Tennessee
Examples of Implementation Supports Provided

Identify champions for NTI and cohort leads to message training expectations to staff

Develop Tip Sheets to support user’s transfer of learning to practice

Message, monitor and troubleshoot enrollment, progression and completion with twice monthly data reports

Facilitate planning for training integration and sustainability

Identify who will be trained and whether staff will be mandated? Will incentives, work time or protected time be provided?

Develop marketing plan to recruit users
Child Welfare Training Launch
January 2017 – January 2018

• 6,149 child welfare professionals enrolled across all 9 sites
  • 4,613 staff and 1,536 supervisors
  • Mix of mandated vs. voluntary participants
• 72.5% completion rate
Participants*: Who are they?

Workers
• 87% female
• 38 years old (range: 20-71)
• 7 years working in Child Welfare
• 5 years working in adoption & guardianship
N=3854

Supervisors
• 86% female
• 44 years old (range: 24-71)
• 15 years working in Child Welfare
• 11 years working in adoption & guardianship
• Supervise 8 people
• 7 years supervision experience
N=1293

*individuals who consented to the NTI evaluation
Participants: Where do they Work?

**CW Worker**
- State: 50%
- Private: 30%
- County: 12%
- Other: 8%

N=3854

**CW Supervisor**
- State: 52%
- Private: 34%
- County: 6%
- Other: 8%

N=1293
Participants: Education

**CW Worker**
- Bachelor's: 59%
- Master's: 37%
- Other: 2%
- No degree: 2%
- N=3854

**CW Supervisor**
- Bachelor's: 34%
- Master's: 64%
- Other: 1%
- No degree: 1%
- N=1293
Participants: Race Ethnicity

**CW Worker**
- White or Caucasian: 60%
- Black or African American: 19%
- Hispanic: 10%
- Multi-racial: 5%
- Other: 6%

**CW Supervisor**
- White or Caucasian: 64%
- Black or African American: 19%
- Hispanic: 5%
- Multi-racial: 5%
- Other: 7%

N=3854

N=1293
What do we know about participants?

Workers

- 90% required by their employer to participate
- 92% employers gave them time during work to complete the training
- 22% hold a professional license
- 45% completed a specialized adoption training program previously
- 39% have personal connection to adoption

Supervisors

- 79% required by their employer to participate
- 93% employers gave them time during work to complete the training
- 23% hold a professional license
- 41% completed a specialized adoption training program previously
- 45% have personal connection to adoption

N=3854  N=1293
Average Pre and Post Test Scores

N=3854

N=1293
Average change in scores between pre and post test

1. Case for Adoption MH Competency
2. Understanding MH Needs of Children/Youth
3. Enhancing Attachment and Bonding
4. How Race, Ethnicity, Culture, and Diversity Impact Adoption Experience
5. Impact of Loss and Grief
6. Impact of Early/Ongoing Trauma
7. Positive Identity Formation
8. Promoting Family Stability and Preservation

Worker N=3854  Supervisor N=1293
Completers*: The impact of NTI

Workers

- 75% of all study participants completed NTI
- 59% of workers have already applied NTI to their practice
- 45% have shared NTI learning with coworkers
- 85% ‘agree’ or ‘strongly agree’ that they can use NTI in their current job.
- 82% are likely to recommend the training to other professionals.

N=2884

Supervisors

- 69% of all study participants completed the NTI
- 56% of workers have already applied NTI to their practice
- 63% have shared NTI learning with coworkers
- 90% ‘agree’ or ‘strongly agree’ that they can use NTI in their current job.
- 84% are likely to recommend the training to other professionals.

N=890

*individuals who consented to NTI evaluation and completed the training
Selected Comments from Users

“I liked this training more than any other I've done in my 23 years as a Child Welfare Professional! The info is pertinent, important and I appreciated the fact that someone is finally talking about the fact that the challenging behavior of children in care is the result of unresolved grief and loss.”

“I will be able to write better home studies and use my time with families to educate them about what issues to pay attention to.”

“I have examined my own implicit bias and encouraged my co-workers to do the same. I also have started viewing all children and child/parent relationships through a trauma-aware lens.”
Selected Comments from Users

“The impact of the video *Removed* on me and how it made me observe a child's body language and listen to what they are not saying.”

“I learned a lot about my own personal history as a child and the effect it has had on my life as an adult.”

“We should explain to the children the reasons they left their parent's home. I really did not know that this should be told. By completing the training I understand the reasons behind that now.”
“Handouts for families; techniques and ways to approach families and youth about certain topics.”

“The tools for parents were most helpful.”

“The discussions about trauma and race were most impactful.”

“The impact of grief and loss in relation to mental health.”
What did you share with colleagues or coworkers?

“The impacts of culture, race, ethnicity in how a child may respond behaviorally/emotionally to their trauma may look strange to some, but not to those who are a part of their culture/race/ethnicity. The concept of white privilege from an outside perspective.. being a white/Caucasian person... mind blowing and humbling.”

“Emphasizing the need to see through the trauma lens, to see the impact of loss and grief, and to redefine the typically negative behaviors as survival behaviors that have developed under much different conditions than most foster homes, but are very long lasting.”
One Participant’s Email

I just finished the 5th module yesterday and I have to say... It was very helpful and has made me REALLY re-think how I have been practicing social work. I always knew grief/loss and trauma affected children, but not like I do now...

I am working on an Adoption Home Study with a family. The relative caregiver has never raised children and the little girl has experienced serious trauma. As I was going through the modules yesterday, I thought of this little girl/family so much and thought this would benefit them so much...
▪ Infusion of adoption of mental health competencies in professional practice

▪ Integration of trainings into state training systems for sustained use, free of charge, by CW and MH professionals in all States, Tribes, and Territories
Lessons Learned from Implementation

✓ Role of Implementation Specialists was critical for pilot success, engaging leadership buy-in, keeping initiative on track and planning for sustainability
✓ Time commitment of pilot leads in each site was underestimated
✓ Timing of kick-off communications needs to be close to training launch to sustain momentum
✓ Phased-in launch of modules made progression through training more difficult
✓ Leadership changes – both within child welfare systems and with project leads creates barriers for messaging and shifting of priorities
✓ Rewards and recognition for staff to complete training were helpful – protected time, token incentives, Success is Sweet chocolate bars
Lessons Learned from Implementation

✓ Real time data reporting on enrollment, progression and completion was essential for course correction
✓ Tip sheets and other motivational communications supported progression through training and application of learning to practice
✓ Sites are interested in having Transfer of Learning activities and booster sessions to support application of learning to daily practice
✓ Integration of NTI in training systems requires consideration of how NTI fits with existing trainings to avoid duplication
✓ Pilot sites need the following to make sustainability decisions:
  ✓ 1) Informal feedback via testimonials and qualitative comments as well as formal data about knowledge gains/effectiveness of the training
  ✓ 2) How modules can be used by sites; if there is flexibility in packaging to complement current trainings
Activities through September 2019

**Child Welfare Curriculum**
- CW Curriculum pilot ends December ‘17
- Data Analysis, Evaluation Findings through June ‘18
- CW Curriculum Revisions by December ‘18

**Mental Health Curriculum**
- Plan for MH Curriculum Launch & Recruit participants early ‘18
- MH Curriculum Pilot March - September ‘18
- Data Analysis, Evaluation Findings through January ‘19
- Curriculum Revisions by June ‘19

**National Launch**
- Work with Pilot Sites to integrate training into their training systems
- Plan for hosting of trainings on CapLEARN
- National Launch of CW and MH Curricula with all States, Tribes, & Territories mid 2018-through 2019
Dawn Wilson, wilson@adoptionsupport.org
Debbie Riley, riley@adoptionsupport.org

www.adoptionsupport.org

@nti.case

www.facebook.com/nti.case