C3 Creating Systems Change: Building Adoption Competency in Child Welfare and Mental Health

Wednesday. June 13, 2018 3:30 - 5:00 p.m.

Emily Smith Goering, Theresa Thurmond

Salon 6

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National Adoption Competency Mental Health Training Initiative

Creating Systems Change:
Building adoption competency in child welfare and mental health

UC Davis Partnership for Wellbeing
June 13, 2018

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Need For Adoption-Competent Mental Health Services

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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.

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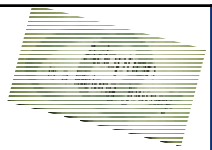
Adoptive Families Today . . .



- 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

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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

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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

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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.

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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

Smith, 2006

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

Barbell & Freundlich, 2002

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Mental Health Profile of Adopted Children

Adopted children are disproportionately represented in the psychiatric population

Adoptive families utilize clinical services **triple** the rate reported by families formed by birth.

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

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

Festinger, 2006

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Lack of Adoption Focused Training for Professionals

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.

Sass and Henderson 2002, Mc Daniel & Jennings, 1997 and Post, 2000

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What are families saying?

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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

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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

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"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)

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Access to adoption-competent mental health services is a critical factor in promoting positive outcomes for adoptive families.

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NEED: *System Change for Children*

What: Better Outcomes for children and their forever families

How: Child Welfare professionals and mental health professionals speak a shared language & possess improved knowledge and skill

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

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Responding to the Need…

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nti **National** Adoption Competency Mental Health **Training Initiative**

A Service of the Children's Bureau, Administration on Children and Families, Department of Health and Human Services

- ✓ **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.

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Children's Bureau

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C.A.S.E. *the nonprofit* **CENTER FOR ADOPTION SUPPORT AND EDUCATION** *since 1998*

- ✓ Adoption competent clinical services
- ✓ Adoption competency training for professionals
- ✓ Publications and educational programs
- ✓ Life skills programming for transitional youth

www.adoptionsupport.org

nti **National** Adoption Competency Mental Health **Training Initiative**

C.A.S.E. 20 YEARS 1998-2018

nti

- Enhance capacity of professionals
- Improve outcomes for children & families
- Improve collaboration between child welfare and mental health

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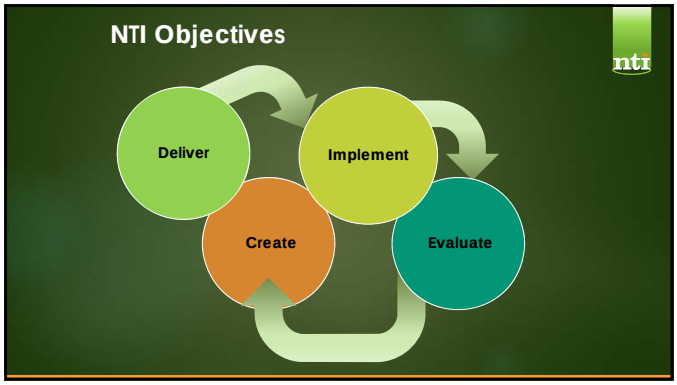
NTI Objectives
Deliver
Implement
Create
Evaluate

Dave Thomas Foundation For Adoption
PolicyWorks, Ltd.
Program Evaluation • Practice Effectiveness
Rudd Adoption Research Program
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National Advisors & Strategic Partnerships
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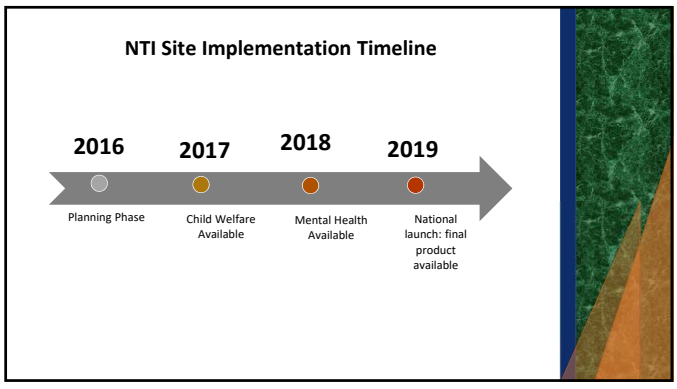
NICWA
Alliance
University of Maryland School of Social Work
The Institute for Innovation & Implementation
nti


NTI Site Implementation Timeline
2016
2017
2018
2019
Planning Phase
Child Welfare Available
Mental Health Available
National launch: final product available

The NTI Curriculum…….

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Child Welfare Curriculum
20 hours
Supervisors – 23 hours
Pilot closed 12/31- Still Available

Mental Health Curriculum
25 hours
+ Coaching for some users
Pilot (March 28-Sept 30, 2018)

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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

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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

NTI Curriculum Demonstration

Transfer of Learning

<u>Child Welfare Curriculum</u>

- **3 hour additional supervisor lesson**
- **Downloadable Supervisor Coaching & Activity Guide**

<u>Mental Health Curriculum</u>

- **3 Live coaching/ consultation calls will be piloted**
- **Pilot sites working with NTI staff may also provide other transfer of learning opportunities**

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

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NTI in California: The focus on Trauma Informed Care

- ✓ Assembly Bill 403, Stone, 2015, Continuum Of Care Reform, requires the provision of core services for all children placed in congregate care and foster family agencies and for these services to be delivered in a manner that is Trauma-Informed, culturally competent, and permanency-focused.
- ✓ California Department of Social Services (CDSS) issued Interim Licensing Standards (ILS) that require each existing licensed facility to submit an application and Program Statement that demonstrates that the program is culturally relevant, Trauma-informed, and age and developmentally appropriate.

NTI in California: The focus on Trauma Informed Care

- ✓ The State's Integrated Core Practice Model (ICPM) and companion Integrated Training Guide (ITG) contain an informational framework which is grounded in a Trauma-Informed set of principles and practices for service providers.
- ✓ CDSS has issued an All County Informational Notice (ACIN) that provides guidance to the State's provider community regarding expectations for embedding Trauma-Informed Care practices. The department is now requiring all Short Term Residential Therapeutic Programs and Foster Family Agencies to demonstrate an organizational climate and culture that supports Trauma-Informed approaches and provide this documentation to the State.

NTI in California: The focus on Trauma Informed Care

- ✓ CDSS issued an ACIN 1-26-16 to provide information regarding the barriers and recommendations that were identified from a stakeholder workgroup that was convened as a result of the passage of Assembly Bill 1790, Chapter 766, Statutes of 2014. Children adopted from the foster care system that are receiving or eligible to receive Adoption Assistance benefits including Medi-Cal, are eligible to receive medically necessary specialty mental health services by local mental health providers. AB 1790 required the CDSS to convene a workgroup to identify barriers to the provision of these mental health services by mental health professions **with specialized clinical training in adoption or permanency issues** and to make specific recommendations for voluntary measures available throughout the state to address those barriers.

NTI in California: The focus on Trauma Informed Care

- ✓ NTI identified as a recommendation as a result of the AB 1790 workgroup because of the focus on trauma.
- ✓ NTI identified as a recommendation as a result of the AB 1790 workgroup because of the availability on line, free, and access to a variety of service providers including social worker, mental health providers, governmental and private agencies.

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

Pilot Site Results

NTI Pilot Sites

- California
- Illinois
- Maine
- Minnesota
- Oklahoma
- South Carolina
- Tennessee
- Washington
- The Cherokee Nation

Child Welfare Training Launch
January 2017 – January 2018

- **6,074** child welfare professionals enrolled across all 9 sites
  - 4,613staff 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

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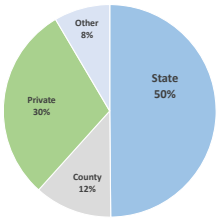
Participants: Where do they Work?

CW Worker



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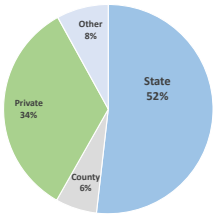
CW Supervisor



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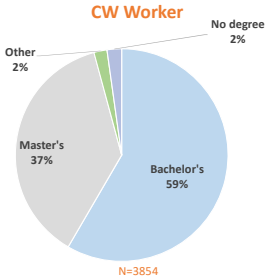
Participants: Education

CW Worker



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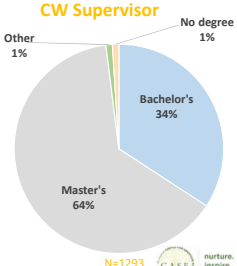
CW Supervisor



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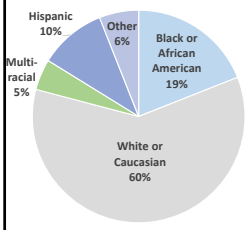
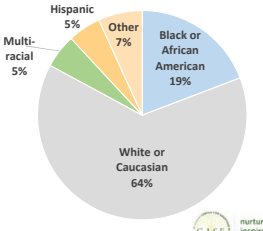
Participants: Race Ethnicity

CW Worker



N=3854

CW Supervisor



N=1293

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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

N=3854

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=1293

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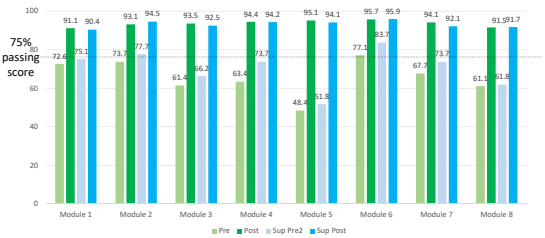
Average Pre and Post Test Scores



N=3854

N=1293

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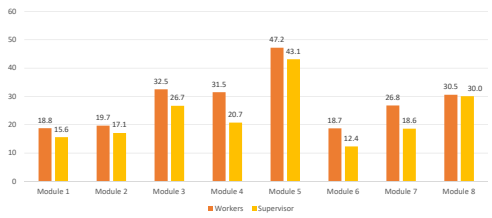
Average change in scores between pre and post test



Worker N=3854

Supervisor N=1293

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

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.

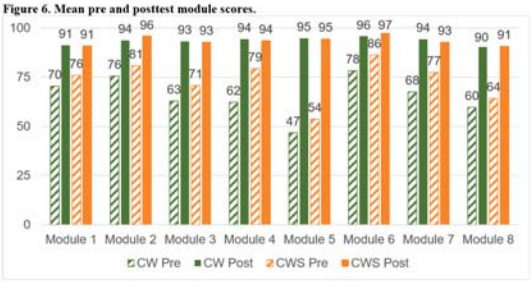
N=890

*individuals who consented to NTI evaluation and completed the training

- **854 child welfare workers participated**
  - 62% completion rate
- **306 child welfare supervisors**
  - **55% completion rate**
- A mix of state, county, and private agencies participated

California Findings

Figure 6. Mean pre and posttest module scores.



California Application to Practice

The following themes emerged from qualitative responses to the question, *'In what ways have you applied Adoption Mental Health Competence achieved through the training to your practice?'*

- Recruitment, Training, and Selection of Foster Parents
- Improved Referrals and Assessments
- Working with Resource Parents
- Working with Children
- Worker Confidence and Self-Efficacy

Selected Comments from pilot 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."

"What Did You Like Best…"

"It was comprehensive in covering the most important topics inherent in this work. I especially appreciated the Resources to expand my follow up and support to families and workers who also call for support."

"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's Next

- Recruitment of mental health professionals for the pilot
- Engagement of States, Tribes and Territories for National Launch

Get Involved!

- Sign up for more information about National Launch
- Take sample lessons online
- Advocate for local system integration

- **Infusion of adoption 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

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Q & A