nurture.
inspire.
empower.

Center for Adoption Support and Education (C.A.S.E.)
is a 501 (c) (3) charitable organization.

Adoption Competent Mental Health Professionals: An Overview

Background

Adoption competency is not a single practice or protocol but a comprehensive set of knowledge, values, and skills competencies rooted in decades of research and embedded in evidence-informed best professional practices that are more responsive to and effective with adoptive families.

Understanding of the need for and benefits of mental health services that are adoption competent has grown steadily over the past nearly three decades and continues to advance. Research and practice have revealed the presence and psychological impacts of "core issues" of adoption (i.e., loss, grief, guilt, shame, rejection, and identity) and made clear that family formation that differs from formation by birth within a nuclear family brings with it normative challenges that can influence identity, family relationships, and psychological adjustment *(Ji et al., 2010; Roszia & Maxon, 2019)*. The importance of attachment-focused, trauma-informed approaches became clearer with increasing numbers of children entering adoption with compromised beginnings (e.g., from orphanages in other countries and foster care in the U.S.) *(Briere et al., 2008; Geeson et al., 2011; Samuels, 2011; Kerr & Cossar, 2014)*. Adoption competent practices are now recognized as appropriate and more responsive to some of the needs of other types of families (e.g., kinship or foster). Knowledge from research and practice continues to advance and will inevitably produce new insights that will further inform professional practices with families who experience different paths to family formation.

Multiple studies have captured the voices of adoptive family members who have spoken eloquently about the need for mental health professionals who "understand the unique issues that adoptive families face" *(p. 32, Casey Family Services, 2003; Smith, 2010; NYS Citizens' Coalition for Children, 2010; NACAC, 2011; C.A.S.E., 2012)*. The case for adoption competency training was further bolstered by a major report from the Donaldson Adoption Institute presenting compelling evidence that graduate programs for mental health professionals typically contain little or no content on adoption-related clinical issues *(Brodzinsky, 2014)*.

1. Use of the term "adoption competency" arises from the fact that the body of knowledge established to date has been rooted historically in decades of research and practice with adoptive families. In the past decade, it has become more apparent that some children and youth in adoptive, foster, and kinship families present common challenges and that selected adoption competent professional practices apply also, in varying degrees, to therapeutic interventions with foster and kinship families. Within child welfare contexts, the term "child welfare competent" has recently begun to be used connoting the application of adoption competent practices with child welfare-involved populations.

Recognizing the need, the Center for Adoption Support and Education (C.A.S.E.) took the lead in convening an expert panel involving researchers, advanced practitioners, and those with lived experience with an aim of developing a model training. In 2009, after comprehensive reviews of research and practice literature, the expert panel specified more than 200 adoption-related knowledge, values, and skills competencies, organized in 18 domains, for licensed mental health clinicians.

Once competencies were defined, the panel provided expert advisory guidance in developing Training for Adoption Competency (TAC) *(Atkinson & Riley, 2017; Riley & Singer, 2020)*. TAC is recognized by the California Evidence-Based Clearinghouse as a promising practice with high relevance to child welfare and is the only nationally accredited, assessment-based certificate program in adoption competency.

In 2014, C.A.S.E. was awarded a cooperative agreement by the Administration for Children and Families, Children's Bureau to establish a National Adoption Competency Mental Health Training Initiative. Panels of experts, including those with lived experience were again convened and in 2015-2016 defined hundreds of foundational competencies for child welfare and mental health professionals and produced two web-based trainings now widely available throughout the U.S. *(Wilson et al., 2019)*. Both TAC and NTI curricula have undergone updates that ensure competencies and training content reflect current research and best practice.

The knowledge, values, and skills competencies that constitute adoption competency are especially well-defined as a result of these foundational efforts and ongoing updates to curricula that are informed by reviews of current research and practice literature and consultation with subject matter experts, including families.

Our understanding of adoption competent practices continues to advance. An ongoing comprehensive evaluation of TAC is further illuminating the overarching approaches and specific practices that distinguish adoption competent clinical practice as a specialty whose practitioners are better qualified to recognize and address the needs of adoptive families *(Atkinson, 2020)*. Emerging research has begun to demonstrate superior treatment experiences and outcomes for families treated by clinicians with adoption competency training when compared to clinicians without adoption competency training.

An ongoing comprehensive evaluation of TAC is further illuminating the overarching approaches and specific practices that distinguish adoption competent clinical practice as a specialty whose practitioners are better qualified to recognize and address the needs of adoptive families.



The Adoption Competent Mental Health Professional

Adoption competent mental health professionals are, first, fully qualified clinicians, having met requisite education and clinical licensure requirements in their respective professions. Their practice reflects a deep understanding of the nature of adoption and the normative challenges that can influence self-esteem, family relationships, and psychological adjustment. Approaches are family-based, attachment-focused, trauma-informed, and strengths-based. Listed below are examples of some distinguishing features of adoption competent mental health practice.

Adoption competent mental health professionals…

- Are informed by belief that healing occurs best in the context of family and demonstrate a commitment to work with the family—not the child in isolation.
- Understand that family-based, attachment-focused approaches are necessary in addressing the critical issues of trauma and attachment.
- Place relatively less emphasis on assigning diagnostic labels and greater emphasis on addressing underlying issues of trauma, loss and grief, attachment, and identity formation.
- Recognize challenging behaviors as manifestations of the array of biological and experiential risk factors that pre-date adoptive placement and, consequently, avoid blaming the parents.
- Acknowledge the critical role of parents in facilitating the child's healing and support them in strengthening their capacity for therapeutic parenting and for communicative openness related to adoption.
- Collaborate effectively with other systems (e.g., child welfare, health care) and services providers, including helping them understand the unique issues of adoptive families.
- Assist parents to develop an in-depth understanding of their child's unique history and related implications, to re-frame behaviors based on their deeper understanding of the child's experiences, and to establish developmentally appropriate behavioral expectations.
- Are deeply trauma-informed, understanding the implications of trauma in brain development.
- Work directly with children, youth, and adults to help them make sense of their past and current experiences as part of an adoptive family and process related emotions so they can begin to form new attachments, healthy relationships, and positive identity.
- Acknowledge and honor connections to the child's past and current relationships with birth family members and kin, recognizing these connections support healthy identity formation, attachment, and lifelong relationships.

Importantly, adoption competent mental health practitioners recognize both the complex mental health needs of children and the limitations of current diagnostic, treatment, and medication practices. While they may strategically employ selected evidence-based interventions (e.g, California Evidence-Based Clearinghouse, Tiitle IV-E Prevention Services Clearinghouse) they understand that most interventions have not demonstrated their effectiveness with adoptive populations and, if used alone, lead to very narrow treatment approaches that do not fully attend to the complex issues inherent in adoption *(Kerr & Cossar, 2014; Harris-Waller et al., 2018; Chobhthaigh & Duffy, 2019; Brodzinsky & Palacios, 2023).* A more comprehensive approach to treatment integrates knowledge, values and skills of adoption competency, along with counseling, integrating specific evidence-based therapeutic interventions, link to NTI Directory of Therapies handout.

Adoption competency is gained through specialized training, enhanced through supervision and coaching, and continues through engagement in ongoing adoption competency professional education.

References

Atkinson, A.J. (2020). Adoption competent clinical practice. In G. Wrobel, E. Helder, & E. Marr (Eds.), The Routledge handbook of adoption (pp. 435-448). London: Routledge. https://doi.org/10.4324/9780429432040

Atkinson, A.J. & Riley, Debbie B. (2017). Training for adoption competency: Building a community of adoption-competent clinicians. Families in Society, 98(3), 233-56. https://doi.org/10.1606/1044-3894.2017.98.23

Briere J, Kaltman S, Green BL. (2008). Accumulated childhood trauma a nd symptom complexity. Journal of Traumatic Stress. 21(2):223–226. doi: 10.1002/jts.20317.

Brodzinsky, D. M. (August 2013). A need to know: Enhancing adoption competence among mental health professionals. New York: Donald Adoption Institute. Retrieved from https://njarch.org/wpress/wp-content/uploads/2015/11/2013_08_ANeedToKnow.pdf

Brodzinsky, D. & Palacios, J. (2023). The Adopted Child. Elements in Child Development. Cambridge University Press. https://doi.org/10.1017/9781009339193

Casey Family Services. (Oct. 2003). Promising practices in adoption-competent mental health services. Report from Casey Family Services, New Haven, CT. Retrieved from https://www.aecf.org/resources/promising-practices-in-adoption-competent-mental-health-services/

Center for Adoption Support and Education (C.A.S.E.). (2012). What does adoption competence mean? Findings from a survey of adoptive parents and other members of the adoption kinship network. Burtonsville, MD: Author.

Chobhthaigh, S.N. & Duffy, F. (2019). The effectiveness of psychological interventions with adoptive parents on adopted children and adolescents' outcomes: A systematic review. Clinical Child Psychology and Psychiatry, 24(1), 69-94. https://doi.org/10.1177/1359104518786339.

Greeson, J. P., Briggs, E. C., Kisiel, C. L., Layne, C. M., Ake III, G. S., Ko, S. J., ... & Fairbank, J. A. (2011). Complex trauma and mental health in children and adolescents placed in foster care: findings from the national child traumatic stress network. Child Welfare, 90(6), 91–108.

Harris-Waller, J., Granger, C., & Hussain, M. (2018). Psychological interventions for adoptive parents: a systematic review. Adoption & Fostering, 42(1), 6–1. https://doi.org/10.1177/0308575918754481

Ji, J., Brooks, D., Barth, R. P., & Kim, H. (2010). Beyond preadoptive risk: The impact of adoptive family environment on adopted youth's psychosocial adjustment. American Journal of Orthopsychiatry, 80, 432–442. https://doi.org/10.1111/j.1939-0025.2010.01046.x

Kerr, L., & Cossar, J. (2014). Attachment interventions with foster and adoptive parents: A systematic review. Child Abuse Review, 23, 426–439. https://doi.org/10.1002/car.2313

NACAC – North American Council on Adoptable Children. (2011). Findings from national survey of adoptive families. Adoptalk, Winter, St. Paul, MN: Author.

NCTSN (2007). Creating trauma-informed child-serving systems. NCTSN Service Systems Briefs, 1(1). Retrieved from: http://www.nctsn.org/sites/default/files/assets/pdfs/Service_Systems_Brief_v1_v1.pdf.

NYS Citizens' Coalition for Children (2010). Parents and professionals idenitfy post adoption service needs in New York State. Retrieved 11/16/2016 http://affcny.org/wp-content/uploads/PAS-Survey-Full.pdf.

Riley, D. & Singer, E. (2020). Training for adoption competence curriculum. In G. Wrobel, E. Helder, & E. Marr (Eds.), The Routledge handbook of adoption (pp. 449-463). London: Routledge. https://doi.org/10.4324/9780429432040

Roszia, S.K, & Maxon, A.D. (2019). Seven core issues in adoption and permanency: A comprehensive guide to promoting understanding and healing in adoption, foster care, kinship families, and third party reproduction. Philadelphia, PA: Jessica Kingsley Publishers.

Samuels BH. (2011). Addressing trauma to promote social and emotional wellbeing: a child welfare imperative. Child Welfare. 90(6):19

Smith, S.L. (2010) Keeping the promise: The critical need for post-adoption services to enable children and families to succeed. New York: Donaldson Adoption Institute. Retrieved from https://affcny.org/wp-content/uploads/EBDKeepingThePromise.pdf

Wilson, D., Riley, D. & Lee, B. (2019). Building an Adoption Competent Workforce: A Review of the National Adoption Competency Mental Health Training Initiative. Rudd Adoption Research Program Publication Series: The Future of Adoption. University of Massachusetts Amherst. Full text: https://www.umass.edu/ruddchair/sites/default/files/rudd.wilson.et_al.pdf