



NTI Final Summary Report: ALL Curricula

September 2019



This report was produced for use of the State Implementation Team (SIT) by the University of Maryland School of Social Work NTI Evaluation team. Please direct any questions about these findings to Evaluation Director, Tony Bonadio, PhD, fbonadio@ssw.umaryland.edu, 410-706-4882.

I. Introduction and Executive Summary

The National Adoption Competency Mental Health Training Initiative (NTI) has developed three state-of-the-art, standardized, web-based trainings to build the capacity of child welfare and mental health professionals to effectively support children, youth, and their foster, adoptive, and guardianship families. NTI was designed to help the workforce better understand and address the mental health needs of children, youth and their families moving toward or having achieved permanency through adoption or guardianship. It also seeks to improve collaboration between the child welfare and mental health service systems with shared language and aligned curricula. Three different curricula were designed to address the specific needs of each workforce: child welfare professionals (CW), child welfare supervisors (CWS), and mental health professionals (MH). More information regarding these curricula can be found at: <https://adoptionsupport.org/nti/>.

As part of the development and evaluation of these curricula, two multi-state pilots were conducted—one for CW and CWS from January 17, 2017 through December 31, 2017 and a second for MH from April 2, 2018 through September 30, 2018. The following report provides a summary for pilot data collected from CW, CWS, and MH who consented to the evaluation and completed their group-specific NTI curriculum. This report includes both quantitative and qualitative data collected from the 3,870 CW, 1,293 CWS, and 2,403 MH who participated in the respective training curricula. The following sections include participant characteristics, work and training experiences, changes in adoption mental health competency (AMHC), knowledge gains from the curricula, participant experiences with NTI, and the impact on practice behaviors reported at training completion and follow-up. Some sections of the report have smaller sample sizes due to attrition and non-response.

I-a. Executive Summary

- A total of 3,870 CW, 1,293 CWS, and 2,403 MH enrolled in their respective training curricula during the pilot period and consented to participate in the evaluation of the training.
- Of those enrollees who consented, 2,830 (73%) CW, 872 (67%) CWS, and 1,146 (48%) MH completed all modules of the training.
- Of participants across all curricula, about 6 out of 10 were white and about 9 of 10 identified as female. A higher percentage of MH had earned master's degrees (85%) and were licensed (64%), as compared to CW (37% and 24%, respectively) and CWS (64% and 32%, respectively).
- Fewer MH were required by their employers to complete NTI and were offered less work time to do so, as compared to CW and CWS.
- Across all curricula, there were significant increases in pretest to posttest scores for all modules. For CW, mean pretest scores ranged from 48 to 77 and for CWS, mean pretest scores ranged from 52 to 84 while posttest scores for both groups ranged from 91 to 96. For MH, mean pretest scores ranged from 34 to 66 while posttest scores ranged from 91 to 97.
- CW, CWS, and MH who completed the training reported significant increases in adoption mental health competence in both their knowledge and abilities.

- At least 58% of all participants reported that NTI improved their effectiveness as a child welfare or mental health professional “a lot” or “a great deal”.
- Overall satisfaction with NTI was highest among MH, with 93% describing themselves as “extremely” or “somewhat” satisfied. CW and CWS also reported high levels of overall satisfaction (78% and 83%, respectively). CW and CWS were most satisfied with the ease of use of the training (82% and 88%, respectively).

II. Description of Participants

- Participant completion rates for the NTI CW, CWS, and MH training curricula were 73%, 67%, and 48%, respectively (Table 1).
- Across all groups, participants were predominantly female and white.
- CWS and MH were older on average than CW.
- At enrollment, a higher percentage of CW reported having a bachelor’s degree (58%), while CWS and MH reported having a master’s degree (64% and 85%, respectively).
- MH reported the highest rates of licensure (64%).
- Nearly 40% of all participants had a personal connection to adoption.

Table 1. Participant demographic characteristics

	CW		CWS		MH	
	Enrollees (n=3,870)	Completers (n=2,830)	Enrollees (n=1,293)	Completers (n=872)	Enrollees (n=2,403)	Completers (n=1,146)
Female	86%	87%	85%	86%	90%	90%
Mean Age in Years (SD)	38 (11)	38 (11)	44 (10)	44 (10)	41 (11)	41 (11)
Race						
Hispanic/Latino	10%	10%	5%	5%	8%	7%
White/Caucasian	59%	61%	62%	65%	66%	64%
Black/AA	19%	19%	19%	19%	14%	18%
Asian	2%	2%	2%	2%	2%	2%
AI/AN or NH/PI	3%	3%	3%	4%	1%	1%
Other	1%	1%	1%	1%	1%	1%
Multi-racial	5%	4%	5%	5%	5%	5%
Highest Education Level						
Bachelor’s	58%	61%	34%	39%	6%	4%
Master’s	37%	35%	64%	60%	85%	89%
Other	3%	3%	1%	1%	8%	6%
Licensed	24%	22%	32%	31%	64%	64%
Personal connection to adoption	39%	39%	45%	45%	43%	42%

Abbreviations: AA = African American, AI/AN = American Indian or Alaska Native; NH/PI = Native Hawaiian or Pacific Islander

- At enrollment, half of CW and CWS were employed by state agencies, and half of MH were employed by public agencies (Table 2).
- Most CW and CWS reported that their employers required them to complete NTI (89% and 78%, respectively) and were provided time to do so (91% and 92%, respectively).

Alternately, less than half of MH reported the same requirement (43%) and had less time provided (68%).

- CWS and MH had more professional experience and adoption/guardianship experience on average than CW.

Table 2. Participant work and training experiences

	CW		CWS		MH	
	Enrollees (n=3,870)	Completers (n=2,830)	Enrollees (n=1,293)	Completers (n=872)	Enrollees (n=2,403)	Completers (n=1,146)
Agency Type						
State	49%	54%	52%	52%	--	--
County	12%	10%	6%	6%	--	--
Public		--	--	--	50%	57%
Private	29%	28%	34%	34%	31%	27%
Group Private Practice	--	--	--	--	3%	2%
Solo Practitioner	--	--	--	--	7%	5%
Other	9%	8%	8%	8%	9%	8%
NTI Training Arrangements						
Required to complete NTI	89%	94%	78%	85%	43%	58%
Time Provided	91%	92%	92%	93%	68%	71%
Work Experience in Years						
CW or MH Experience* (SD)	7 (8)	7 (8)	15 (9)	14 (8)	10 (9)	10 (9)
Adoption/Guardianship Experience (SD)	5 (6)	5 (6)	11 (8)	10 (8)	8 (9)	8 (10)

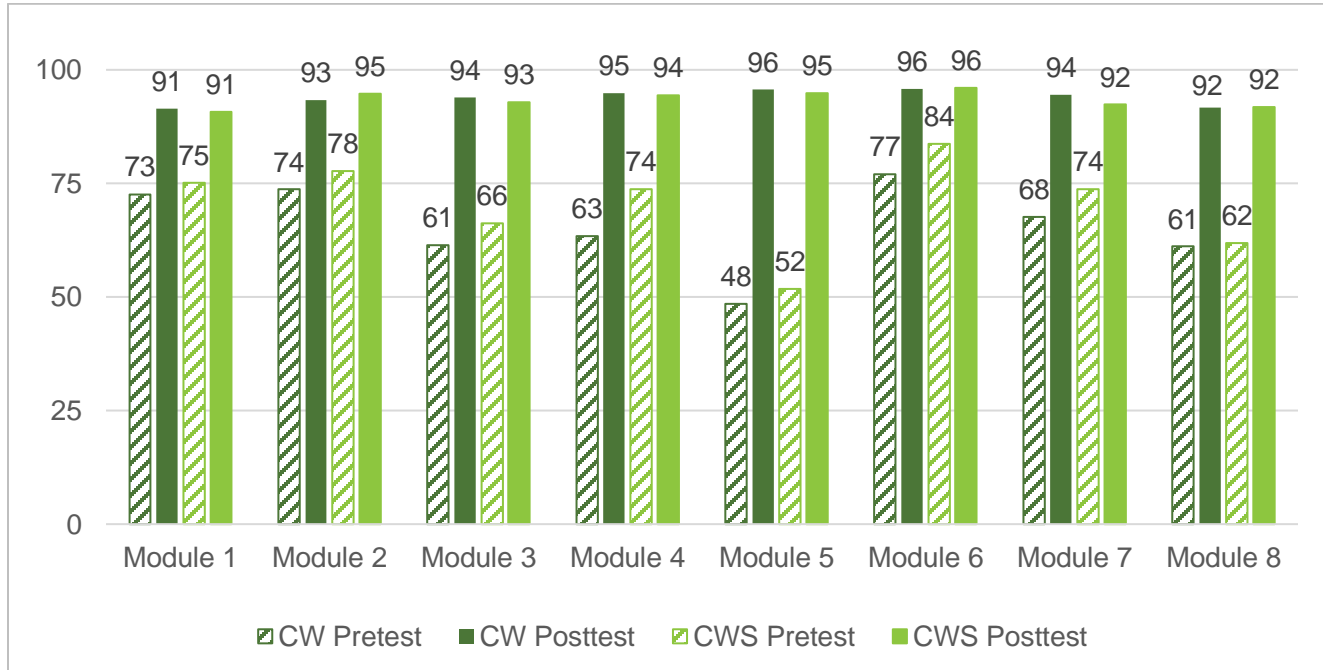
*CW Experience was collected for CW and CWS only; MH Experience was collected for MH only.

III. Changes in Adoption Mental Health Competence

- The CW and CWS curricula were composed of the following eight modules:
 - 1) A Case for Adoption Competency,
 - 2) Understanding Mental Health Needs of Children and Youth,
 - 3) Enhancing Attachment and Bonding for Children,
 - 4) How Race, Ethnicity, Culture and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children,
 - 5) Impact of Loss and Grief Experiences on Children’s Mental Health,
 - 6) Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health,
 - 7) Positive Identity Formation, and
 - 8) Promoting Family Stability and Preservation Pre and Post Adoption and Guardianship
- Pre- and posttests were given to assess knowledge for each module.
- The CW supervisor curriculum contained additional lessons at the end of each module that were specific to clinical supervision.

- CW's and CWS' test scores increased significantly between pre- and posttest on Modules 1 through 8 ($p < .01$) suggesting knowledge gains across all modules (Figure 1).
- CWS and CW had the lowest mean pretest scores on *Module 3– Attachment and Bonding*, *Module 5– Loss and Grief*, and *Module 8– Promoting Family Stability and Preservation* which may be a reflection of training needs prior to NTI.

Figure 1. Mean pre-/posttest module scores for CW (n=2,830) & CWS (n=872)

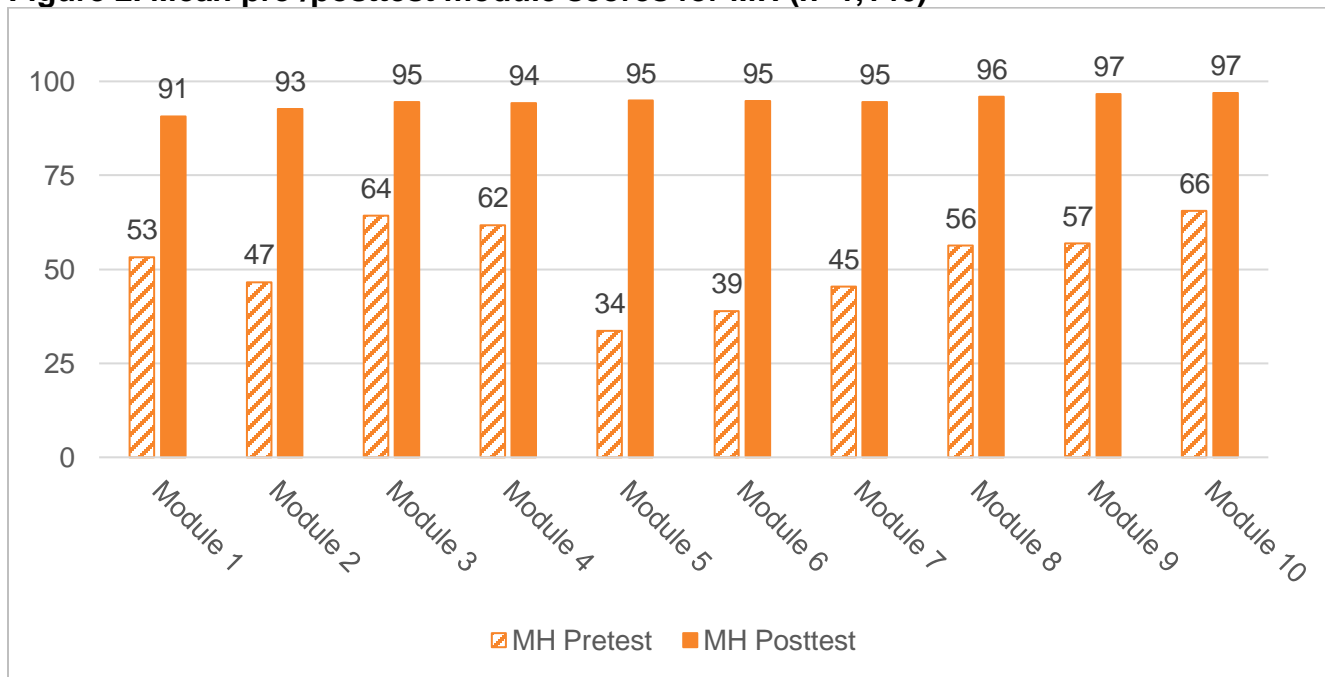


Abbreviations: CW = Child Welfare Professionals; CWS = Child Welfare Supervisors

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

- Pre- and posttests were given to assess knowledge for each module.
- Participants' test scores increased significantly between pre- and posttest on Modules 1 through 10 ($p < .001$) suggesting knowledge gains across all modules (Figure 2).
- Participants had the lowest mean pretest scores on *Module 5—Attachment, Child Development, and Mental Health* and *Module 6—Understanding the Impact of Race, Ethnicity, Culture, Class, and Diversity on Children and Families*, which may be a reflection of training needs prior to NTI.

Figure 2. Mean pre-/posttest module scores for MH (n=1,146)

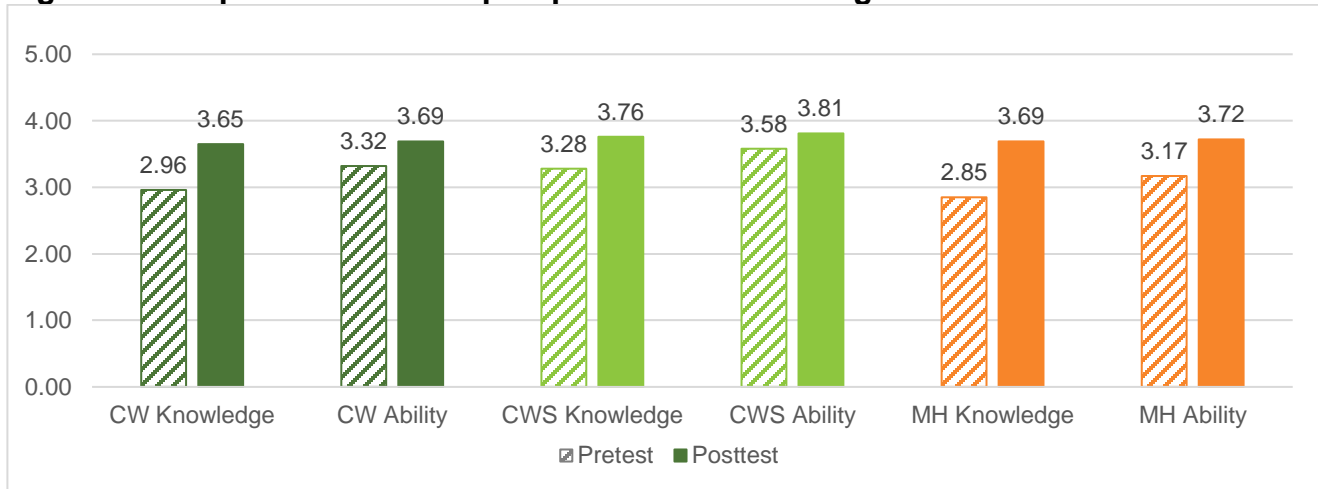


Abbreviations: MH = Mental Health Professionals

III–a. Participants' Perceptions of Adoption Mental Health Competence

- Participants completed the *Self-perceived Adoption Mental Health Competence* scale at enrollment (pretest) and completion (posttest). The scale considered both AMHC knowledge and AMHC ability. Participants rated each item on a scale from 1= “Beginning Awareness” to 5= “Mastered.”
- Figure 3 shows the mean score for CW, CWS, and MH at pretest compared to posttest on their perceptions of AMHC ability and knowledge.
- Both self-perceived AMHC knowledge and ability increased significantly between pre- and posttest for CW and CWS ($p < .001$) and MH ($p < .001$).

Figure 3. Self-perceived AMHC pre-/posttest score change



IV. Participant Experiences with NTI

IV-a. NTI Relevance to Practice

- Those who completed the training were asked to rate how NTI improved their effectiveness in their position. Figure 4 provides responses from CW (n = 1,112), CWS (n = 445), and MH (n = 308) who completed this survey.
- Overall, more than half of all participants who completed the training reported that it improved their effectiveness in their role.
- Table 3 reflects exemplar quotes from qualitative feedback obtained from participants at completion and follow-up for each area of improved effectiveness assessed at completion.

Figure 4. NTI Improved effectiveness: Participants reporting "A great deal" or "A lot" of improvement

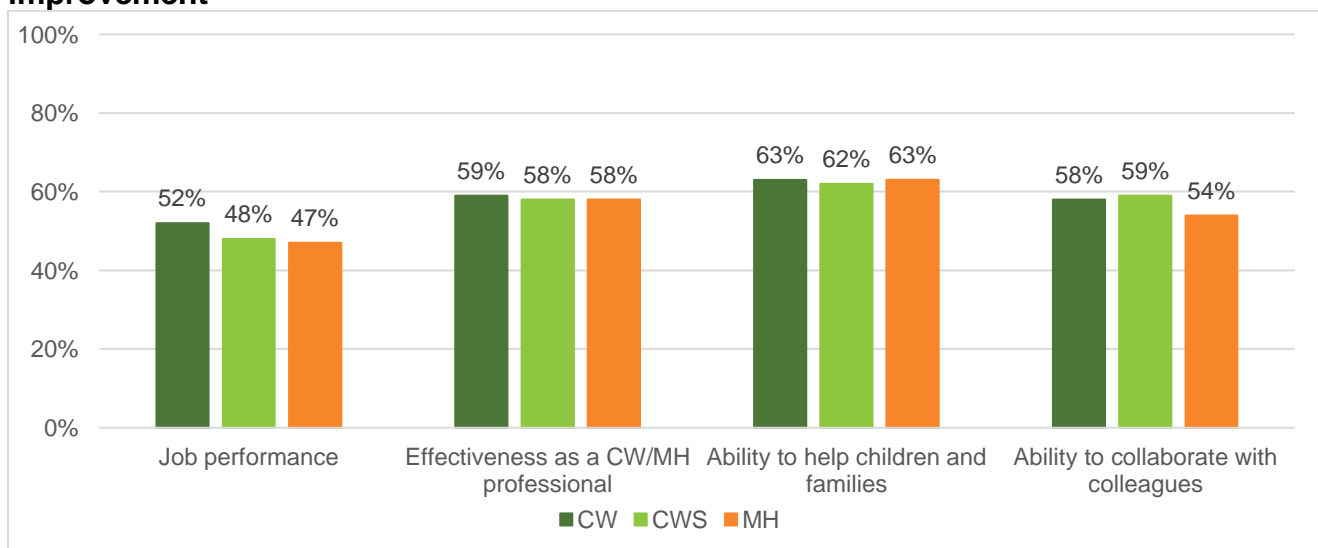


Table 3. NTI Improved effectiveness: Quotes from qualitative feedback

Area of Improved Effectiveness	Exemplar Quote
Job performance	<i>“It significantly increased my level of competence in the adoption mental health area. It all seems common sense, but there are too many failed adoptions. Anyone and everyone working with youth should be required to take this training, especially child welfare workers.”</i>
Effectiveness as a CW/MH professional	<i>“I am using the concepts with a child who is going to be adopted this week. I am meeting individually and jointly with the caregiver to view the child's behaviors through an adoption lens. Even more importantly, I was seen as an "expert" on another case. A judge requested a report from me as the child's therapist. I was able to use material from the course to make my case and the judge fortunately allowed the child to stay with his current caregivers. The child had suffered a horrible trauma and would have been traumatized further if he had had to be moved to live with relatives he didn't remember.”</i>
Ability to help children and families	<i>“Have placed more emphasis on assisting families who plan on adopting with developing understanding of the issues that they will face as well as the adoptive children such as loyalties to biological parents, racial differences, grief and loss, the impacts of trauma etc.”</i>
Ability to collaborate with colleagues	<i>“It makes me more adoption aware and able to bring this into consultation with other staff and into supervision. We have a lot of clients who are adopted and this is often not a focus of treatment. We also will update our training for staff and adoptive parents.”</i>

IV–b. NTI Participant Satisfaction

- Those who completed the training were asked to rate how satisfied they were with NTI. Figure 5 provides responses from CW (n = 1,052), CWS (n = 421), and MH (n = 308) who completed this survey.
- Overall, satisfaction with NTI was high with about 8 of 10 CW and CWS, and 9 of 10 MH, describing themselves as “extremely” or “somewhat” satisfied.
- Table 4 reflects exemplar quotes from qualitative feedback obtained from participants at completion and follow-up for each area of satisfaction assessed at completion.

Figure 5. NTI Satisfaction: Percent of participants "Extremely" or "Somewhat" satisfied

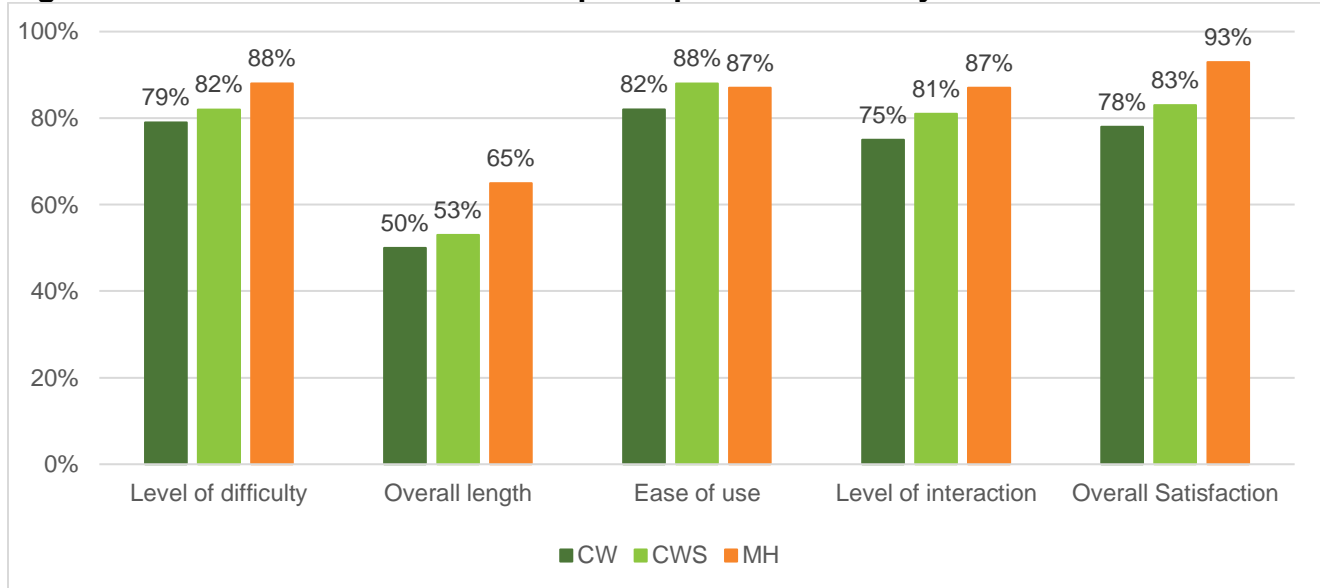


Table 4. NTI Satisfaction: Quotes from qualitative feedback

Area of Satisfaction	Exemplar Quote
Level of difficulty	<i>"The way the material is presented is so simplified you can understand it well."</i>
Overall length	<i>"I feel like there is a lot of useful information in the training, but I think that is overshadowed by how long and redundant the training is. I think it would be better to separate the training into trainings for families and trainings for therapists."</i>
Ease of use	<i>"The online format made it very accessible."</i>
Level of interaction	<i>"Even after all this time, there is nothing I can think of that needs to be added. It was organized and presented in a way that held my interest and made me want to learn more about what was in the next section."</i>
Overall satisfaction	<i>"I loved everything about this program. It is very relevant and has the most up to date research."</i>

V. Impact on Practice Behaviors

Beyond just knowledge gains, the goals of NTI were to impact how CW, CWS, and MH work with youth and families experiencing adoption and guardianship. Quantitative and qualitative data were collected on the impact of NTI on specific practice behaviors "since completing NTI". Overall, participants reported significant changes to their practice across the multiple specific practice behaviors. Table 5 provides an illustration of these changes based on the open-ended responses.

Table 5. Impacts on Practice Changes: Quotes from qualitative feedback

Area of Practice Change	Exemplar Participant Response
Assessment and treatment planning	<i>“I have been using more assessments and asking more specific questions related to the child's background and how it is currently impacting them.”</i>
Referral practices	<i>“I am careful to refer to specific programs known to have adoption competent services and providers.”</i>
Collaboration with other service providers	<i>“The communication, collaboration and consistency of service application is much improved and effective.”</i>
Practice with children and youth	<i>“Underlying everything I do now, I better understand the role of past trauma, attachment, and sense of belonging of every child--no matter what they say or how they present.”</i>
Practice with families	<i>“Changed how I deal with adoptive parents in some ways, helping them with understanding and their responses to the difficult behaviors the child may present.”</i>
Incorporation of adoption competent language	<i>“I take the time to help others explore why shifting the language they are using could actually strengthen the therapeutic effectiveness.”</i>
Using NTI content in clinical supervision	<i>“My supervisor has held team meetings to discuss the NTI training. Our agency has developed a manual with the handouts to use as resources with our families when appropriate.”</i>

VII. Conclusion, Limitations, and Implications

Overall, participants showed significant improvement from pretest to posttest for each module, as well as changes in Adoption Mental Health Competence and effectiveness in their role as a child welfare or mental health professional. The significant improvements in pre- to posttest scores demonstrate an increase in knowledge regarding the material presented throughout the training. This increase in knowledge is coupled with self-reported increases in abilities related to adoption mental health competence, suggesting participants who completed the training have greater self-efficacy regarding working with guardianship/adoption cases. Participants also reported improvements in their effectiveness in professional roles. These ratings are further reflected in the participant-provided comments regarding how the training improved their practice. Comments ranged from describing newfound confidence in working with adoption/guardianship cases to the use of NTI-specific content in supervision. This suggests that NTI can provide a valuable training experience for a wide range of child welfare and mental health professionals, from those beginning their careers to experienced clinicians.

These findings show clear improvements in knowledge transfer and self-reported improvements in adoption mental health knowledge and abilities. Additionally, the qualitative data provide further information regarding practice change. However, one limitation of these findings is the self-reported nature of these data. Although promising, observational data would bolster the evidence for practice change based on the NTI training. Future evaluations could include efforts to examine changes in practice by assessing practice behaviors prior to and

following the training. Furthermore, nearly 40% of all participants across groups had a personal connection to adoption. As such, data collected describing post-training adoption mental health competence and impacts on practice may not be representative of the larger child welfare and mental health workforce. Despite these limitations, findings regarding knowledge transfer and practice change are encouraging.

Beyond the improvements in knowledge acquisition and Adoption Mental Health Competency, participants also rated high levels of satisfaction with the level of interaction and difficulty, ease of use, length, and overall satisfaction. This suggests that the NTI training provides a well-received alternative to in-person training that addresses an area of clear need for child welfare and mental health professionals. These results provide initial evidence that this training can improve knowledge, skills, and practice through an accessible and engaging online format.

We would like to provide our sincere thanks to the child welfare professionals, child welfare supervisors, and mental health professionals who participated in NTI and provided helpful feedback to the evaluation.