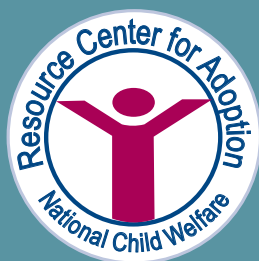




ADOPTION COMPETENCE

A GUIDE TO DEVELOPING AN ADOPTION CERTIFICATE PROGRAM FOR MENTAL HEALTH PRACTITIONERS



NATIONAL CHILD WELFARE
RESOURCE CENTER
for Adoption

at Spaulding for Children
-A Service of the Children's Bureau-

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INTRODUCTION

Adoption through our States' systems has changed significantly over the years, and indeed even over the past decade. Once a service to infertile middle class Caucasian couples, adoption most often involved infants placed into families that "matched" their ethnicity and physical features. Adoptive parents were advised to raise these children "as if" they were born to them, and some took the advice literally by not even telling the children that they were adopted!

Fortunately, the experiences inherent in adoption that differentiate it from growing up in one's birth family have become more widely recognized. In our field of child welfare, we now know that adopted children, even those

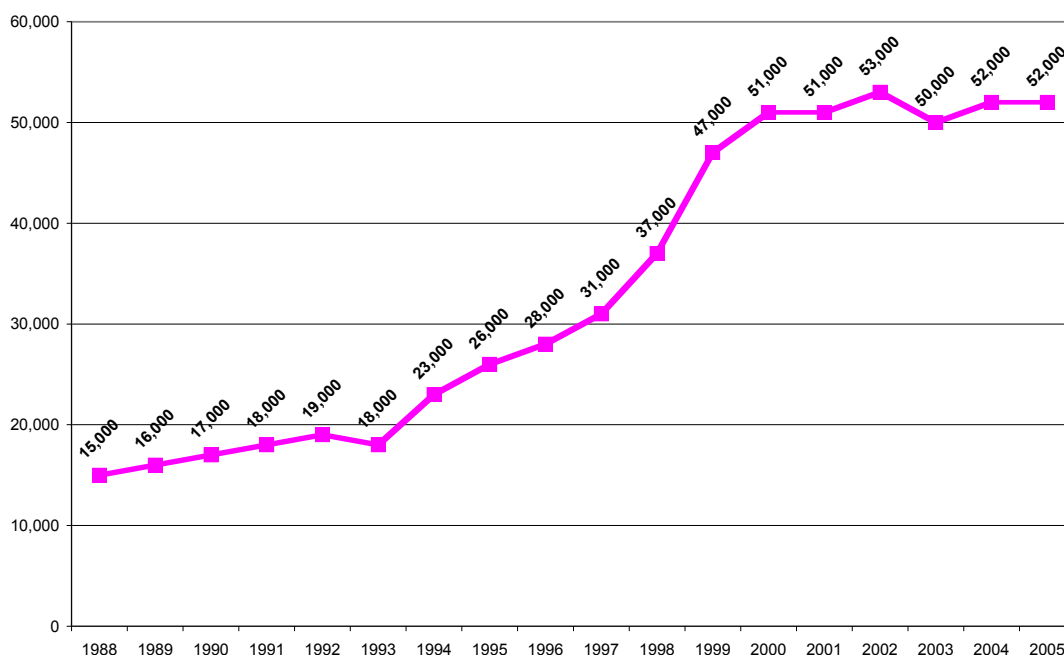
placed as newborns, face identity formation and other developmental tasks in addition to the normative tasks of their non-adopted peers. Today's adoption social workers guide parents towards acknowledging all aspects of their children, including their families of origin, and the grief and loss imbedded in adoption.

Adoption in and of itself warrants special knowledge on the part of professionals who assist adoptive families. But as more and more children are past infancy when placed into adoption, the family tasks and challenges become more complex, warranting a highly specialized set of insights and skills for professional success in assisting and treating these families.

According to Children's Bureau studies, 50,000 or more U.S. foster children are adopted into families each year since 2000. Their average age at the time of adoption is six years old.¹

¹AFCARS Data from U.S. DHHS, ACF,ACYF, CB Preliminary Estimates for FY 2005 as of Sept. 2006, www.acf.hhs.gov/programs/cb.

Trend in Number of Adoptions with Public Agency Involvement



AFCARS Adoption Data Update presented at the 10th National Child Welfare Data and Technology Conference, July 2007, Washington, DC, by Penelope L. Maza, PhD, Senior Policy Research Analyst, Children's Bureau.



Adding to the circumstances of today's adoptions from foster care is the increase in pre-adoption "connections" between children and adopting families.

What was the relationship of the adoptive parents to the child prior to the adoption?²

Non-Relative	15%
Foster Parent	60%
Stepparent	<1%
Other Relative	25%

A quarter of the children placed are related biologically to their adoptive parents. As well, a significant number of foster parents (some related biologically to the child and others not) apply to adopt children they have cared for in foster care. The confusion of changing or blending roles (when "Auntie" becomes "Mommy," for example) and the shift in commitment when "foster parent" becomes "adoptive parent," call for treatment specialists who can help children and parents sort out myriad relational nuances.

As the children and the varied "types" of adoptions change over the years, so do the kinds of supports needed to maintain adoptive placements and promote healthy adoptive family integration and functionality. Today's adoptive families need treatment specialists who understand the unique nature of family building by adoption, the complications of relationship connections and shifts, and the impacts of toxins and traumas on both the child and on the adoptive family unit.

The certificate in adoption programs described in this manual are not the first attempts to bring adoption education to mental health providers. In response to the changing needs in mental health services, many States, private collaborations, and national groups have offered, and continue to offer, adoption work-

shops or seminars geared towards counselors and therapists. A few examples:

- At each annual conference over the last five years, the North American Council on Adoptable Children (NACAC) has conducted a pre-conference all-day workshop on Adoption Competency for Mental Health Professionals, as well as conference sessions on therapeutic techniques. (www.nacac.org).
- Preceding its current Adoption Certificate Program by over a decade, Oregon offered a full day adoption training for the mental health community, produced a booklet listing therapists who had attended, and distributed the booklet to State adoption units and private licensed adoption agencies for use in adoptive family referrals. An Adoption Opportunities Grant from the Administration of Children and Families, U.S. Department of Health and Human Services funded the project.
- In 2007, the Adoption Community of New England completed its 13th consecutive "Annual Training Day for Professionals Who Work with Adoptive and Foster Families." (www.adoptioncommunityofne.org)

These and many other similar efforts demonstrate that the need to educate mental health practitioners on the unique issues of adopted children and adoptive families has long been recognized. The more extensive Adoption Certificate programs were the logical progression as States found the sporadic seminar approach less effective than an in-depth, hands-on, continuous course.

We go to workshops and come away with information, but not with a feeling of competence in therapy. We need more!³

²IBID. AFCARS Data.

³Quotation from Washington State therapist as reported by the Northwest Resource Associates Cascadia Advisory Committee. 5/2007.



Several States have implemented extensive Adoption Certificate training programs for therapists and clinicians. The goal shared by all of these programs is to increase the availability of adoption-competent mental health providers, by educating them on both core adoption issues and the challenges inherent in the adoption of children through the public child welfare system. Using instructors who are experts in the field, the programs orient therapists to the latest “best practice, evidence-based” approaches. A list of providers who have earned the Certificate is made accessible to adoptive parents, generally through posting on the websites of the State’s child welfare agency, adoption resource centers or clearinghouses, or adoptive parent associations.

This Guide begins with a look at the history and development of four Adoption Certificate programs, focusing on the factors that lead towards successful programs and examining obstacles that delayed or detracted from the programs. We identify commonalities in the experiences of all the States’ programs. The programs’ developers, administrators, Advisory Committees, and participants (the students themselves) have been interviewed and surveyed to obtain their evaluation of the strong and weak points of the programs, their views on how the programs might have been

improved, and their suggestions to States that might undertake such a program.

(Our Multi-State Survey to Certificate Program Graduates appears in Appendix A.) Part Two of the Guide includes step by step procedures to create a similar program within your State. The Tools You Can Use section offers documents to modify and replicate for your State’s use. These include sample goal statements, a work plan, needs assessment surveys to adoptive parents and professionals, a curriculum abstract, recommended course readings, and course evaluations. We end with a list of resources helpful to those wishing to develop new adoption training programs for mental health providers.

A Note on Terminology

The Certificate Programs’ developers acknowledge that many of the challenges adoptive families face, and many of the skills therapists need, apply to other types of families: foster families, guardianship families, step-parent families, and “kinship” families. In fact, one of the programs expanded its title to “Certificate in *Foster Care and Adoption Therapy*.” This Guide will use the catch-all phrase “adoptive families” or “adoption.” We ask that the reader bear in mind the relevance to varied types of families served.

PART ONE:

THE CERTIFICATE PROGRAMS

A BRIEF HISTORY STATE BY STATE

NEW JERSEY: CERTIFICATE PROGRAM IN ADOPTION

Background and Identification of Need

A leader in the development of post adoption services, New Jersey “has long recognized the need many adoptive families have for easily accessible professional support.”⁴ In the mid 1980’s the State developed Post Adoption Counseling (PAC), a public-private agency network which has continued since its inception to provide counseling at no charge to State adoptive families. The services are provided via “purchase of service” contracts with the nine private PAC agencies, which draw on a combination of State and federal funds.

A Department of Youth and Family Services (DYFS) Adoption Administrator initiated regular meetings of the PAC agency representatives to review progress, needs, and gaps in services. One outstanding need the group identified was support for the staff of both the State and the private agencies who place challenging children into adoptive homes, and who work with the children and families post-adoptively. With the shared goals of maintaining and strengthening adoptive placements, the member agencies cohered into a strong advocacy network.

Independently and almost simultaneously another New Jersey group, the Adoption Services Advisory Council (ASAC), also identified a need in the State for more in-depth training on adoption for therapists and clinicians. The

composition of ASAC differed from PAC: its inclusion of juvenile court judges, adoptive parents, and the director of a child welfare legislative advocacy group, gave it a different bent in garnering resources and networking with State legislators and administrators to meet adoptive family needs. The alignment of two groups both acknowledging the same unmet need and advocating for a training program motivated New Jersey towards assuring adoption competency in the State’s clinicians.

Along with the juxtaposition of two groups advocating for the same need, the timing was fortuitous in terms of the national scene. President Clinton had introduced the **Adoption 2002 Initiative** (Dec. 1996), calling on States to “double the number of foster children placed into adoptive homes over the next five years.”⁵ As New Jersey worked hard to meet that challenge, the surge in its adoptive placements warranted an increase in post adoption support. The State applied for and was awarded funding through an Adoption Opportunities Grant (90-CO-0943) from the Administration of Children and Families, U.S. Department of Health and Human Services, to re-vitalize all aspects of its adoption program: the training of new workers, the delivery of post adoption services, and the preparation of the children who had adoption as the designated goal of their case plan. The “Forging Family Connections” grant, awarded for a three year period (1999-2002), enabled New Jersey to initiate, and in subsequent years to amend and modify, the Certificate Program in Adoption. The training has been offered each year since its inception, and has served as a model for other States.

⁴Kelly, Ellen. (2004). New Jersey’s Post Adoption Services and Provider Certification Program. *The Roundtable*, 18(1), 1.

⁵U.S. Dept of Health and Human Services, Administration for Children, Youth and Families. Log No. ACYF-CB-PI-98-07. Issuance Date: 04/30/98. www.acf.hhs.gov/programs/cb/laws-policies.

Forming a Partnership

The Advisory Committee members of the New Jersey Certificate Program acknowledge that their experience in forming the collaboration and setting up the program may have been “atypical.” Due to the prior efforts of a noted child psychologist and a family court judge, the School of Social Work’s Continuing Education and Professional Development Program at Rutgers, the state University of New Jersey, had already been collaborating with DYFS on a seminar to train psychologists on how to testify effectively as expert witnesses in child welfare court cases. Thus, the planning for the Certificate Program in Adoption was smooth and efficient because the “groundwork” of team building and trust had already been established. Whereas the prior program took two years to mature from concept to course offering, the Certificate Program in Adoption was up and running in six months!

Funding

As mentioned, federal grant monies funded the New Jersey program in its first year of needs assessment, curriculum development, and piloting the course to partner with private adoption agency staff. Then the State child welfare agency accessed ongoing federal funds to pay the tuition each subsequent year for 18 of the maximum of 35 student “slots.” The State offers these slots to DYFS staff, accounting for the mix of child welfare professionals and mental health professionals in the classes. The State funding has enabled Rutgers University to keep the program affordable (\$110 fee for each of the nine sessions).

Student Qualifications

The Certificate Program in Adoption is a post graduate program intended for mental health professionals who hold a graduate degree. The classes are designed as clinical workshops.





In addition to mental health providers, the program accepts other graduate level professionals from relevant fields such as school personnel and social workers. Students receive a Certificate of Completion after each workshop. To receive the final certificate participants must attend seven required and two elective workshops.

Outcomes

The New Jersey Certificate Program in Adoption requires students to complete nine classes of five hours each for a total of 45 CEU's. Seven are required "Foundation" or "Core Clinical" workshops, and two are chosen "electives." Page 14 contains a list of the New Jersey class session topics. As of the completion of the 2006/07 academic year, New Jersey has granted 85 Certificates.

Sustainability and Quality Improvement

The Certificate Program in Adoption has been offered continuously since it began in 1999. Ongoing State funding for half of the student slots contributes to the program's sustainability. A university representative emphasized, "We simply could not have maintained this program without the State's fiscal support."

The University also attributes the program's longevity to the high level of commitment among its instructors. The program employs only local experts who reside in and work in New Jersey, and therefore take great pride in their State's program. Although the instructor payment is modest and does not include an additional payment for class preparation time as it did in the inaugural year, the instructors willingly modify their courses every year. They meet individually with the Dean to review student evaluations and to plan improvements based upon student feedback. They continually update their course materials. And they have willingly traveled without additional compensation to offer the program in alternate locations.

Student Comments

"Extremely worthwhile! The information was current and presented in an interesting way."

"The program was excellent."

For more information, go to www.cfcenter.rutgers.edu. (Go to the green box "Continuing Education." Click on "course catalogue" then on "Certificate in Adoption.")

WASHINGTON: POST GRADUATE CERTIFICATE IN FOSTER CARE AND ADOPTION

New Jersey was the first State to launch its program, and it has indeed served as an inspiration and a model for successive Adoption Certificate programs. However, recognition of the need for adoption education for therapists long preceded any of the current Certificate programs. While the New Jersey group was discussing this need and planning the Certificate Program strategies, so too were other adoption oriented entities. Washington is one such State in which similar discussions had been occurring among adoption experts, parents, and advocates.

Background and Identification of Need

With more than 27 years of adoption experience, the Northwest Adoption Exchange (NWAE), a program of Northwest Resource Associates (NWRA) of Seattle, Washington, was well aware of the need for adoption-competent therapists. Through its interaction over more than two decades with thousands of families adopting children from the States' foster care systems, it had heard, first hand and frequently, that "post-adoption services are very difficult to find, especially therapy attuned to and appropriate for adoption-related issues."⁶ Adoptive parents had reported to the NWAE that "many therapists have a limited understanding of the unique aspects of adoption and fail to recognize how family building through adoption differs from a biological family."⁷

In 1999, NWAE decided to address the need by establishing a Post Graduate Adoption Certificate Program for therapists wanting to hone their skills in adoptive family work. Grants from two private foundations, the Bill and Melinda Gates Foundation and the M. J. Murdoch Charitable Trust funded the program for two years: the planning year and the first year

of program operation. A part-time staff person was hired and assigned the tasks of researching and documenting the needs expressed by adoptive parents and professionals and assembling an Advisory Committee to steer the program development. The committee opted for a course that would be "continuous rather than modular," with students taking the same nine required classes as a cohort, without the option of electives. Washington envisioned a program that would propel graduate-degree level therapists (with some exceptions made for non-graduate degreed professionals who had abundant experience in the field) to a higher level of therapeutic competence.

Forming a Partnership

NWAE reached out to State and private adoption agencies for support and collaboration in initiating a therapist training program. The Adoption Program Manager within the Department of Social and Health Services (DSHS), as well as two individual DSHS Regional Managers gave input and encouraged the program. NWAE approached Antioch University Seattle, which was very receptive to collaboration in developing this educational program. Two Antioch faculty members were actively involved in course curriculum development, logistics, and marketing. The Advisory Committee included several adoptive parents who also played professional and/or advocacy roles in the adoption community.

Funding

Initiated with funds from private foundations, the Washington program had hoped to become self-sustaining after the first year based solely on tuition. However this goal was not realized. Without a stable financial resource, the private university partner was unable to continue its involvement, and the program ended, temporarily.

⁶Kelly, Ellen; Ledesma, Kathy; McCartney, Sharon; and Pearson, Barbara. (2004.) "Does Anyone Speak Adoption?" *Bridges*. Fall 2004, 3.

⁷IBID, 3.

Unwilling to totally eliminate the program, Northwest Resource Associates/Northwest Adoption Exchange and Certificate Advisory Committee members strategized to recreate the program without a university affiliation. The decision was made to incorporate the Certificate Program into NWRA's existing "Cascadia Training," a branch of the agency's services that offers trainings for social service professionals. The Advisory Committee altered the Certificate curriculum to include a set of core required classes mixed with a choice of electives to be selected from among relevant courses already being offered through Cascadia. This revised curricula reduced instructor costs.

Student Qualifications

Like the New Jersey program, Washington's Certificate in Foster Care and Adoption is designed to improve and increase the therapeutic skills of post graduate level mental health providers. In addition, the program accepts other professionals in relevant fields as long as they have a graduate degree or ample experience in the field. An increasing number of private adoption agency staff have attended in the past few years. Students must complete 72 hours of coursework as outlined below to receive the Certificate.

Outcomes

The Washington Post Graduate Certificate in Foster Care and Adoption offers 72 CEU's:

- 36 hours of core curriculum;
- 6 hours of adoption-specific ethics; and
- 30 elective course hours.

See page 15 for a list of the Washington class session topics.

As of the completion of the 2006/2007 academic year, Washington has granted 39 Certificates.

Sustainability and Quality Improvement

The Advisory Committee members of the Post Graduate Certificate in Foster Care and Adoption are frank about the struggles they have faced to sustain a program without a fiscal base of ongoing support. Modifications to maintain program accessibility have included the addition of elective courses, a flexible "pay as you go" system that allows students to spread their course attendance and payments over a two year period, and a slight reduction from 90 to 72 CEU's required to obtain the Certificate.

Like the New Jersey program, the dedication of instructors and Advisory Committee members assures ongoing program evaluation and improvement. A highly regarded (and nationally known) local expert serves as the lead instructor and teaches the majority of the required courses. The lead instructor and the Advisory Committee members review student evaluations and meet with other instructors to suggest changes and improvements. As well, the Advisory Committee keeps current on relevant research, publications, and trends; and advises on incorporating these into the curriculum and the recommended readings.

One innovation recently implemented in response to student input is a follow-up year to reinforce and advance learning gained during the core year. Students who earned the Certificate attend a structured Consultation Group, which has specific goals and objectives, and offers 2.5 continuing education credits. Students are also invited to retake one course session.

Student Comments

"The quality of the information presented has been excellent."

"The curriculum offered opportunity to explore an important topic in depth."

For more information, visit www.cascadia-training.org.

OREGON: THERAPY WITH ADOPTIVE FAMILIES: POSTGRADUATE TRAINING CERTIFICATE

Background and Identification of Need

Oregon's Adoption Certificate Program was a logical sequel to Washington's. During the same year, the Northwest Adoption Exchange undertook the planning of the Washington Certificate Program, its parent agency, Northwest Resource Associates (NWRA), was developing a new partnership with its neighbor to the south. NWRA had been selected by the Oregon Department of Human Services (DHS), via a request for proposal (RFP) process, to administer a new statewide post adoption center in Oregon. The Oregon Post Adoption Resource Center (ORPARC) opened its doors in early 1999, and it continues to serve State adoptive families as a program of NWRA.

Shortly after its inception, ORPARC staff visited adoptive parent support groups throughout the state to introduce their services and to learn of adoptive families' needs. In each session, the call for "therapists who truly understand adoption" topped the parents' list of unmet or under-met needs. In its second year of operation, ORPARC partnered with a social research group to undertake a statewide post adoptive family needs survey. The survey's results supported the views expressed at the parent support group meetings, reaffirmed similar findings from a post adoption survey by the DHS a few years earlier, and echoed the input adoptive parents had been sharing with the Northwest Adoption Exchange regarding the scarcity of adoption competent therapists.⁸

Thus, with the need for adoption training for therapists well documented, and with the successful experience of ORPARC's parent agency in developing the Washington Post Graduate Certificate in the Foster Care and

Adoption Program, the stage was set for a similar program in Oregon.

Forming a Partnership

Excellent programs rarely develop in isolation. To address the need for more adoption-competent therapists, ORPARC and the DHS partnered with Portland State University's Continuing Education Program in the Graduate School of Education and the Graduate School of Social Work to develop a Post Graduate Training Certificate in Therapy with Adoptive Families. DHS provided fiscal support for a half-time Program Liaison position, which was initially housed at ORPARC, and in later years transitioned to Portland State's Child Welfare Partnership with DHS Program management, including financial and contract responsibilities being handled by the Continuing Education/ Graduate School of Education.

A survey of adoptive parents and professionals statewide (included in the Tools You Can Use section) was used to develop the topics for the 10 class sessions.



⁸Fine, D.N. (2000). *Adoptive Family Needs Assessment: Final Report*. Salem, OR; Oregon Post Adoption Resource Center, Oregon Department of Human Services.

Funding

Like New Jersey, Oregon identified ongoing federal funding it could dedicate to the Certificate Program. This has provided a permanent Program Liaison/Coordinator position since the program's initial planning stages. The program receives no funding from DHS for participants, so it must cover the program's costs through tuition. As a result, costs for the participants are higher than those of some of the other States. (Oregon graduates rated their satisfaction with the program's tuition and fees lower than graduates of the other three States' programs. See Appendix B for more survey information.) Attempts to obtain funding for scholarships from private foundations were unsuccessful. In 2006/07, the program received some scholarship dollars from the State's mental health division. These funds are currently in doubt for the future.

A one-time gift from the private Hanna Andersson Children's Foundation enabled the program to purchase materials for a lending library, maintained by the Oregon Post Adoption Resource Center, for the exclusive use of program enrollees and graduates.

Sustainability and Quality Improvement

An important aspect of program stability is the permanent Program Liaison/Coordinator position that the State provides. This person is responsible for coordination of committee meetings, assuring adherence to work plan work, program logistics, communications with instructors, advertisement and promotion, response to program inquiries, and the preparation and dissemination of application materials.

As mentioned in the discussions of the previous two programs, fees are a factor in program sustainability. The high cost of the Oregon program may have attributed to the drop in student applications after the second year. With an insufficient number of applicants, the

program was put "on hold" for a year. During this hiatus, the partners explored ways to re-vamp the program. They decided to alter the course format by alternating "distance learning" sessions with on-site sessions, bringing the costs down slightly from \$23 to \$20 per hour for a 100-hour program, and reducing the travel time needed for out-of-area participants. During the year off, the program developed the four on-line modules with national subject matter experts. The program restarted in 2006/2007 with these innovations. (The on-line modules are available to other States; see Resources section for titles of modules and contact information.)

As with the other programs, Oregon relies upon student evaluations, which it shares with the instructors, to assure quality improvement. The program has not hesitated to change instructors when necessary. Based upon both student feedback and the Advisory Committee's input, the program is adding a



component on “adoption preservation” that will examine current research on adoption disruptions, teach therapists how to help families learn to “reframe” behaviors, and show therapists how to incorporate the child’s “life book” into the therapeutic sessions.

Student Qualifications

To be admitted to the program, students are required to have a master’s degree in a mental health field. Preference is given to applicants who are licensed or in supervision toward licensure by a State licensing board or an accrediting professional body such as the National Association of Social Workers or the American Association for Marriage and Family Therapy.

To receive the Certificate, students must attend all classes and present a final project demonstrating application of the skills learned.

Outcomes

The Oregon Adoption Certificate Program offers eight classes of 12.5 hours each for a total of 100 CEU’s. Half of the courses are on-site and half are distance learning. The class session topics are listed on page 15.

As of the completion of the 2006/07 academic year, Oregon has granted 44 certificates.

Student Comments

“The program was invaluable to my understanding of parent-child interactions and childhood attachment, neurology, and mental health disorders.”

“The materials used were fantastic.”

For more information, visit www.ceed.pdx.edu/adoption.

NEW YORK: POST GRADUATE CERTIFICATE PROGRAM IN ADOPTION THERAPY

Background and Identification of Need

As has been discussed, the need for in-depth training on adoption for mental health providers has been recognized far and wide. Through an extensive needs assessment, the New York State Office of Children and Family Services (NYSOCFS) found that its adoptive families need to access a variety of services which are often available from professionals or systems unfamiliar with adoption issues.

- 77% of respondents reported seeking therapeutic treatment.
- 51% of respondents sought treatment for an adoption-related concern.
- 50 respondents went to multiple types of therapists.
- 26% of respondents believed their therapists had no knowledge of adoption issues.
- 82% of respondents indicated they would tend to use a therapist who they knew received adoption therapy.⁹

In 2004, the NYSOCFS Adoption Program Improvement Plan/Improving Child Welfare Outcomes Workgroup was formed to work collaboratively with New York state adoption stakeholders to improve several aspects of adoptions. Among the workgroup’s goals were the development of strategies to address service needs for parents, children and adoption professionals; and the promotion of cross-systems collaboration to support adoption.

⁹From *Client Satisfaction Survey* as reported at 10/21/06 Minority Adoption Leadership Development Institute Presentation: Adoption Competency in New York State: Developing a Post Adoption Certificate Program. Presenters: Ernest Anderson, *Adoption Specialist*, New York City Regional Office; Brenda Rivera, *Director*, New York State Adoption Service.

Citing research on mental health needs of adoptees and adoptive families, the concerns raised by New York state adoption advocacy groups on need for adoption competent therapeutic services, and the successful efforts by other States in developing adoption competency training for mental health professionals, the Workgroup proposed to the State of New York implementation of a university-based adoption competency training program for mental health professionals.

NYSOCFS hosted an Informational Forum for New York state universities and agencies. Representatives of adoption-competency training programs were invited to present on how they created and sustained their programs. Then the State issued an RFP for universities to develop an Adoption Competency Certificate Program.

As the administrator of the National Resource Center for Family-Centered Practice and Permanency Planning, The Hunter College School of Social Work had been well aware of the need for this kind of intensive adoption education for mental health practitioners. In

fact, one of its professors had recently taught a class session in the Oregon Adoption Certificate Program, an experience which left him and his colleagues pondering how their own State might implement a similar training opportunity. They did not have to ponder long before NYSOCFS issued its RFP. The Hunter College School of Social Work, City University of New York, applied for and was awarded the contract to develop and administer the program.

Forming a Partnership

The New York State Office of Children and Family Services and the Hunter College School of Social Work invited a private non-profit adoption institute to partner on the planning and executing of the program. The Center for Family Connections (CFFC), based in Cambridge, Massachusetts, had long been a provider of post adoption counseling services, and a proponent of adoption education for mental health providers. In fact, their Director had been invited to many areas of the country to offer seminars on therapy with adoptive families at conferences and staff trainings, and was also involved in the Oregon Certificate Program. With a satellite office in New York, the CFFC was a logical partner to the New York collaboration, both in the breadth of its experience and expertise, and in its geographical proximity.

An advisory mantra that you will read repeatedly though this Guide is “Don’t reinvent the wheel!” The New York program was developed effectively and efficiently from planning stages to implementation because the collaboration built upon what had already been successfully put into place. The program’s “need statement” came from the language written by the State’s Adoption PIP/Improving Child Welfare Outcomes Committee. The curricula and schedule for the inaugural year were modeled upon the Oregon format. One significant change was the merging of the core themes of attachment and trauma throughout several of the course sessions.



Previous trauma and attachment challenges are intricately related.

*Joyce Maguire Pavao, EdD
Program Instructor*

A format change that the New York collaboration decided upon was to have two lead instructors responsible for planning and teaching all 10 classes, rather than 10 different instructors. Additional subject matter experts were invited in as guest presenters for portions of classes, but the lead instructors took on the major responsibility for all curricula design, planning, teaching, evaluations, and development of classroom materials.

Funding

New York State also identified ongoing federal funding streams to initiate its program. Freedom from concern over fiscal resources has allowed the Hunter College team to keep the program tuition affordable and to provide course reading materials to the students without additional charge. Our survey confirmed that the New York students indeed found the tuition—\$750 for State employees; \$1,500 for private practitioners—quite acceptable, rating their satisfaction with the tuition at 3.8 on a scale of 1-5 (with 5 being the most satisfied). New York charges \$2,000 for out-of-state attendees.

Student Qualifications

As a program to offer social workers and mental health providers the opportunity to learn advanced skills, preference is given to master's level applicants employed by public child welfare agencies or licensed foster care agencies within the state. Applicants with a bachelor's degree combined with several years' experience working with populations affected by adoption may also apply.

To earn the Certificate, students must attend all classes, complete all reading assignments, and complete an approved research project demonstrating competency and knowledge of the program content.

Outcomes

The New York Post Graduate Certificate in Adoption Therapy offers 10 classes of 10 hours each for a total of 100 CEU's. Page 16 lists the New York class session topics.

Seventeen certificates have been granted in the inaugural year. The Collaboration is reviewing student evaluations for suggested alterations to the program.

Student Comments

"This was a marvelous experience and opportunity."

"(1) recommend replication of a model (this one) that works."

For more information, visit www.hunter.cuny.edu/socwork/nrcfcpp/adoptiontherapy.





THE PROGRAMS' CURRICULA

The programs we examined built their course curricula around similar topics, with some variations. All included sessions or portions of sessions on these topics:

- The life cycle of adoption/adoption as a life-long process
- The significance of birth family members; relationships among triad members
- Diversity in adoption, including transracial and transcultural placements
- Grief and loss in adoption
- Impact of abuse, neglect, and trauma
- Attachment in adoption
- The effects of drug or alcohol exposure

Several programs have modified their curricula from their earliest offerings in response to instructor observation and student feedback. One State added in a distance-learning component to accommodate therapists in outlying areas, and developed a "pre-session DVD" to disseminate information about State adoption procedures and to provide an overview of the Certificate Program. Two States modified their curricula to offer a choice of elective sessions in addition to required classes. One State removed the requirement of a final project, replacing it with a "second tier" in which

students who have completed the classes meet for case consultations and "hands on" practical application.

Below are the lists of current session topics from each program. The programs' websites offer more detailed outlines of the sessions, and are worth examining. In our "Tools you can Use" section, you will find a sample curriculum outline from the New York program. We present it not because we deemed it superior to the other programs, but simply for expediency. (The Hunter College School of Social Work has given permission for its replication.)

NEW JERSEY CURRICULUM

Required Workshops:

1. The Psychology of Adoption
2. Life Cycle Experience of Adoption: Infant Placement
3. Life Cycle Experience of Adoption: Older Child Placement

Core Clinical Workshops: (required)

1. Attachment-Focused Therapy for Post-Institutionalized Children
2. Family-Focused Therapy for Post-Institutionalized Children
3. Behavior Management and Discipline with Traumatized Children
4. Individual Therapy with Adopted Children

Sample Elective Workshops: (students choose two)

- Transracial Issues in Adoption
- Therapeutic Group Services in Adoption
- The Impact of Deprivation and Trauma on Development—Implications for Adoption
- Birth Family Issues in Adoption
- Clinical Services to Birth Families
- Diversity in Adoption
- Understanding and Responding to Children Who have Sexual Behavior Problems

45 CEU's.

WASHINGTON CURRICULUM

Required Core Courses: (6 CEU's each)

1. Trauma, Anxiety and Pathological Grief
2. Attachment and Bonding
3. Chemical Exposure to Drugs and Alcohol
4. Emotional Stages, Adoption Stages, Neurodevelopmental Shifts
5. Ethical Considerations in Adoption and Foster Care (6 hours)

Sample Elective Courses: (30 hours required)

- Psycho-pharmacology
- Complexity of Later Placed Children
- Raising Resilient Rascals
- Child Sexual Development and the Impact of Sexual Abuse
- Pre-approved Workshops at Various Regional and National Conferences

Second Level:

Educational Structured Consultation Groups (prerequisite—completion of coursework, 4 sessions required, 3 CEU's each)

72 CEU's

OREGON CURRICULUM

Introductory Pre-session on DVD. (Participants complete the pre-session activities prior to the first class session.)

1. Overview of Adoption and the Oregon Adoption System
2. Clinical Practice with Children Adopted from the Child Welfare System (On-line format)
3. Special Clinical Issues: Impacts of Abuse and Neglect, Drug and Alcohol Effects, and other Neurological Disorders
4. Assessment, Diagnosis and Intervention: Attachment and Bonding (On-line format)
5. Trauma, Sex Abuse and Dissociative Disorders: Coaching Families to Promote Positive Development
6. Clinical Practice with Diverse Children and Families (On-line format)
7. Clinical Practice: Therapeutic Strategies That Work for Adoptive Families (On-line)
8. Putting Adoption Therapy into Practice

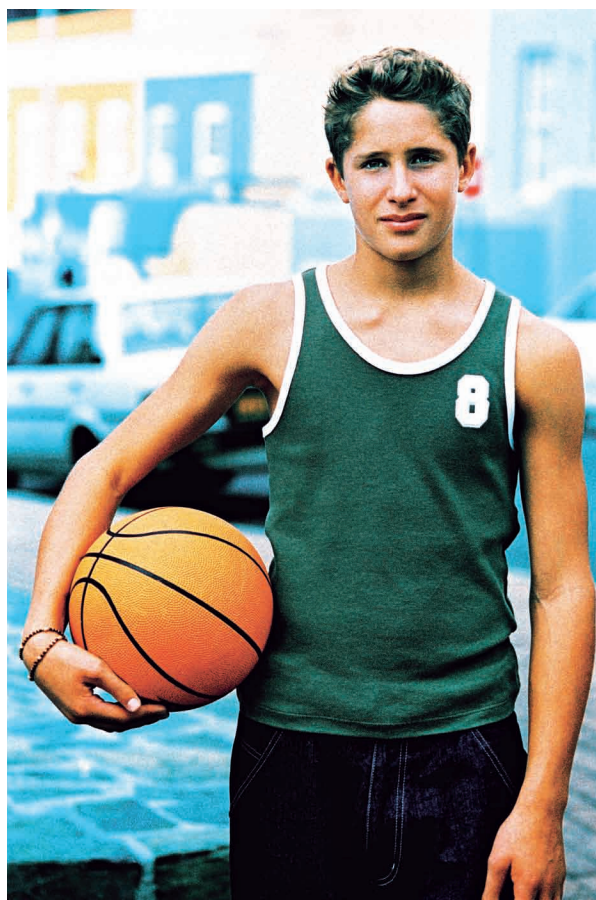
100 CEU's



NEW YORK CURRICULUM

1. Overview: Changing Trends in Foster Care and Adoption
2. Core Clinical Issues in Adoption/Adoption Family Systems
3. Pre- and Post Adoption Issues in Adoption/Adoptive Family Systems
4. & 5: Assessing, Intervening, and Creating a Treatment Plan
6. The Impact of Abuse and Neglect on Child Development
7. Child Centered and Sensitive Treatment in Adoption
8. Clinical Practice in Diverse Children, Youth, and Families
9. Search and Reunion Issues for Adoption Triad Members
10. Clinical Practice/Therapeutic Strategies and Adoption Triad Members

100 CEU's



PROMOTING THE PROGRAMS

Existing programs agree that the internet is the single most successful promotional vehicle. All offer attractive, easy to follow websites with linkages from the State child welfare sites, private adoption agency sites, and adoption associations or parent group sites. Most accept applications on-line.

The ubiquitous internet cannot replace in-person communication, particularly for our "helping" professionals. Most States had a program representative available to respond to questions and phone calls, and to talk knowledgeably about the program.

The States also recruited participants by providing fliers and brochures at adoption conferences and mental health provider conferences. Some hosted information tables and were on hand to "chat" with potential students and answer questions. Notices were submitted to organizational newsletters and professional journals. In-person meetings with mental health organizations were helpful in program information dissemination. Some States did direct mailings to the state's licensed therapists and licensed clinical social workers. One State focused on communicating with former students to identify potential new students for the upcoming year.

Universities promoted the programs via their catalogue listings, departmental "open houses," and information disseminated at university-sponsored conferences.

(A weakness of this Multi-State Survey was its omission of "website" or "email" as an option in asking students how they heard about the program. One might assume that "word of mouth" or "agency" may have included email messages from colleagues or supervisors, and that "university catalogues" may have been obtained on-line.)

Sample promotional materials appear in Appendix D.

EVALUATING THE PROGRAMS

All four States used varied formats to obtain and assess student input for the purpose to improve the programs. They especially noted the student evaluations of instructors. Some of the programs gave the instructors copies of their evaluations; one had their university representative summarize the feedback to the instructors and make concrete suggestions for improvements.

The Washington program used a “Mid-Point Student Assessment” in its initial year to assure that the program was “on track” with student expectations.

Program Advisory committees found that in general the evaluations given after each class session contained commentary on the less salient aspects of the course (such as the coffee service) but that an overall program evaluation given after the conclusion of the entire course proved more useful.

Sample course evaluations appear in the Tools You Can Use section.

ON THE HORIZON

Four States are in the early stages of developing Adoption Certificate programs. Brief preliminary information follows. The programs’ contact persons are listed in the “resources”

section. They will be available to provide additional updated information upon request.

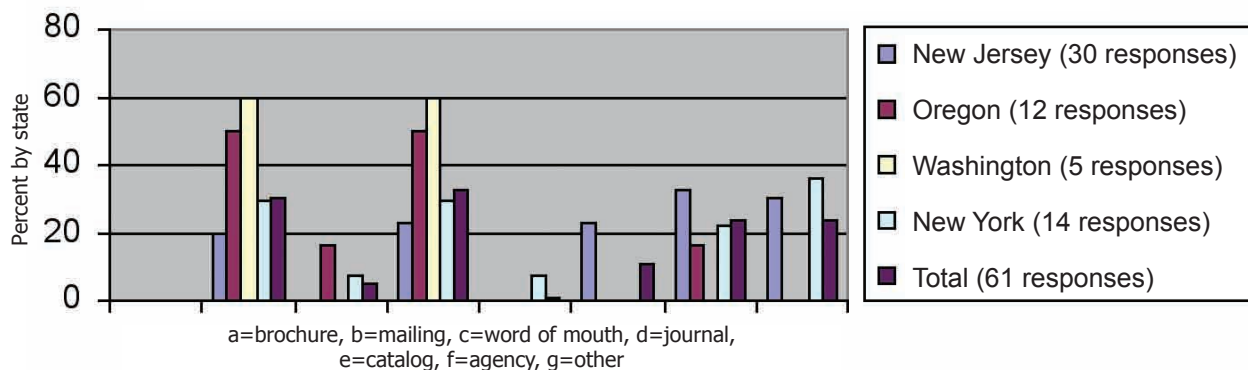
COLORADO

Colorado is developing a collaborative Adoption Certificate Program. The program is in response to input from the State’s adoptive families, who have clearly communicated their findings through an on-line survey that there are not enough adoption-competent clinicians in Colorado.

In addition, mental health professionals who responded to a similar on-line survey indicated interest in participating in such a program to increase their skills in working with adoptive families.

The program partners are the Colorado Department of Human Services, the Rocky Mountain Adoption Exchange, and the University of Denver’s Butler Institute for Families. The program will be offered through the University of Denver’s Graduate School of Social Work Professional Development Program. The Colorado Adoption Certificate Program is modeled upon the Adoption Certificate program at Hunter College in New York City, and it also incorporates some aspects of the Oregon and Washington programs. One overarching goal is to assure that those receiving the “Certificate” have truly mastered the knowledge and skills needed to work effec-

How did you hear about the program?



tively with adoptive families. The developers emphasize the importance of partnering with a reputable university and working within a State system “to assume responsibility for certifying the skills, not just the attendance.”

The program format will be six full days of classes, followed by a period of supervised work. During the class time, the instructors will continually assess students’ levels and build relationships—an achievable goal with a small cohort of just 15 participants. The instructors will assist with the clinical supervision of the students. To this end, the program will employ two local expert instructors rather than bringing in “national experts.”

The program offers continuing education credits. With no tuition involved, the costs are fee-based, in keeping with one of the program’s goals of financial accessibility. All the partners are donating staff time to develop the program. The State, several mental health centers, Colorado’s Post-Adoption Resource Center and two of the local counties have contributed to financing the final curriculum development.

To assure that the program is attended by the therapists who are available to treat most of

the State’s families, a program advocate is visiting the mental health centers to share program information and to advocate for the centers’ paying for a certain number of slots for their staff.

The Colorado Adoption Certificate Program will be piloted in the 2007/08 academic year.

CONNECTICUT

Connecticut has recently implemented the Post Master’s Certificate Program in Adoption. This program will “create a community of resources with the clinical expertise to competently support adoptive families, particularly those who have adopted through the Department of Children and Families.” The Connecticut Certificate Program is cosponsored by the University of Connecticut School of Social Work and Southern Connecticut State University, in cooperation with the Connecticut Department of Children and Families (DCF).

The 45-hour Certificate Program is similar to Oregon’s in that it combines face-to-face class sessions with distance learning segments. The on-location courses are offered at the two different university sites, thus expanding accessibility to students. The two cohorts come together periodically to hear local, regional, and national guest faculty.

In addition to content areas similar to the programs discussed earlier, such as the Psychology of Adoption, Birth Family Issues, and Clinical Practice with Diverse Families, the Connecticut program includes a session on “School Advocacy Needs and Strategies.”

Students admitted to the program have a master’s degree in social work or related fields, and professional interest and/or experience in adoption. The program requires periodic written assignments and a final case analysis integrating the knowledge, skills, and values gained through the program.





Funded primarily through a grant from the Connecticut Department of Children and Families (DCF), the Certificate Program is offered without charge to DCF employees. A \$600 registration fee is required of other students.

KANSAS

The Kansas Children's Services League (KCSL) has completed two all-day intensive adoption therapy training events, incorporating evidence based practices and using national expert instructors from other States' Adoption Certificate programs. Funding for the training was provided by the State by means of its Adoption Incentive Award. The goal was to provide training to the mental health providers who work with the State's adoptive families.

The first seminar, geared towards the directors of community mental health centers, provided adoption data and general information, shared the challenges facing adoptive families and what adoptive parents say they need, reviewed attachment theory and gave an overview of effective therapeutic interventions.

The intent of the session was to encourage agency directors to send their clinicians to the more intensive follow-up session. The KCSL also marketed the training through a mailing to therapists on the State Licensing Board's mail list.

The second session focused on the neuroscience of the brain, the impacts of early abuse and neglect on the ability to interact, and the subsequent effects on adoptive family relationships. This session explored specific interventions for children who have experienced unhealthy attachments and/or interruptions in attachments. A theme that ran through both sessions was the interplay of family blending through adoption with normal developmental stages and tasks.

Participants received a printed notebook and a DVD containing the instructors' power point presentations to share with their colleagues at their clinics. The KCSL has put the sessions on-line as a self-paced training. These include recorded dialogue from the live sessions so that a user may hear the dialogue as well as read the slides. The training is available on a fee for service basis.

The State of Kansas contracts with the KCSL for adoption recruitment and placement services for children identified as “at higher risk of adoption disruption.” Building on that contract, KCSL sent its family therapists to the training and then assigned them to work closely with new adoptive families for several weeks, starting before the child was placed. Through the use of experiential activities, the therapists helped adoptive parents and children share their expectations of each other, address the anxiety and uncertainties inherent in a new adoption, and define themselves as a new family. The therapists coached the parents on how to depersonalize their child’s “trauma-related” behaviors. A key goal of this early post adoption work was to familiarize parents with therapy and set the stage for them to seek therapeutic interventions when needed in the future. The agency found some families were resistant at first, but those who completed the process were very enthusiastic about its benefits.

The KCSL is optimistic that their State, known for its progressiveness in child welfare, will continue to fund the adoption training for mental health professionals on a regular basis.

OHIO

The Mandel School of Applied Social Sciences, Case Western Reserve University, in collaboration with the Adoption Network Cleveland, has recently completed its first series of class sessions in the “Post Graduate Continuing Education and Supervision/ Adoption Mental Health Service.”

The goal of this new program for mental health professionals is “to strengthen the capacity of the Greater Cleveland area therapeutic community to receive referrals to provide sensitive and responsive services to all members of the adoption triad.”¹⁰

The program consists of two components. The first is a series of three full day trainings on Key Issues for Mental Health Practitioners. These classes are:

- **Day One:** Clinical Issues in Adoption for Triad Members
- **Day Two:** Assessment and Treatment Approaches for Adoptive Families: Towards Empirically Based Practice
- **Day Three:** Medical and Psychosocial Issues for Children Adopted Internationally

The class instructors are two Case Western Reserve University professors who each has adoption expertise and national acclaim, and a medical doctor who specializes in adoption health services.

The second component of the program is participation in a clinical supervision group.

The group meets once a month for 1.5 hours. Students completing six months of clinical supervision group earn a certificate and are added to a referral list for agencies that work with adoptive families.

The program is funded by a generous grant from the Cuyahoga County Department of Child and Family Services, in collaboration with the Mandel School of Applied Social Sciences, Case Western Reserve University, and Adoption Network Cleveland. The program is offered free of charge to area mental health practitioners, with a small fee of \$15 per class to cover lunch and incidentals.

The Post Graduate Continuing Education and Supervision/ Adoption Mental Health Service illustrate the positive impact a community can make when it networks locally to meet its families’ needs.

¹⁰Mandel School of Applied Social Services. www.msass.case.edu/downloads/contedu/adoptionflyer.pdf.

PART TWO:

SIX STEPS TO CREATING YOUR PROGRAM

- Step 1: Establish the Need for Your Program
- Step 2: Determine the Target Audience
- Step 3: Secure the Funding
- Step 4: Identify Community Partners
- Step 5: Develop Committees and Identify Responsibilities
- Step 6: Test a Pilot Program

STEP 1: ESTABLISH THE NEED FOR YOUR PROGRAM

A brief written summary of the need for adoption education for mental health practitioners will be useful when you seek advocates, collaborators, partners, and support for your new program.

Cite current national literature and research. Feel free to use any or all of the following statements. You may access the sources cited for more details:

1. In December 2000, Casey Family Services held its first National Conference on Post Adoption Services. More than 500 people, who attended in State teams, came to learn from, and network with, one another. State Adoption Program Managers and others from state teams who attended the conference shared practice, policy, and research concerns. The availability and accessibility of qualified adoption-competent mental health services for adopted children and their families was a high priority.

The Casey Center for Effective Child Welfare Practice Strengthening Families and Communities: Promising Practices in Adoption-Competent Mental Health Services. 2005.
www.caseyfamilyservices.org

2. Recommendations for Policy and Practice: Provide consistent, reliable support. Post adoption services are increasingly viewed as critically important, both to lessen the possibility of termination and to enhance the functioning of intact adoptions. Families with children who have histories of severe abuse, neglect, or other comparable challenges are particularly vulnerable. Availability of mental health services and access to temporary residential care when necessary also appear to enhance stability.

*Evan B. Donaldson Adoption Institute
What's Working for Children: A Policy Study of Adoption Stability and Termination. 2004.
Executive Summary.*
www.adoptioninstitute.org/publications

3. In a recent study of young adults who had emancipated from foster care, researchers from Casey Family Programs and Harvard University Medical School found: More than half have at least one mental disorder, including 25 percent with post-traumatic stress disorder in the past year. That's more than six times the post-traumatic stress rate for adults of the same age, and even higher than war veterans' levels."

The Casey National Foster Care Alumni Studies. Assessing the Effects of Foster Care.
Kessler, Ronald and Pecora, Peter. 2005.

4. Research has demonstrated that abuse, neglect, in-utero exposure to drugs and alcohol, and multiple placements in foster care all have damaging effects on children and youth, and that special services are often required to ensure the healthy development of children and youth who have spent time in foster care. Children and youth in foster care have been found to have disproportionately higher rates of physical, developmental, and mental health problems.

Practice recommendations:

To ensure the training of practitioners, schools of social work—in conjunction with child welfare experts—should develop BSW and MSW courses as well as post-certification programs that educate students and service providers on the effects of abuse, neglect, and foster care placement on a child's or youth's development as well as physical and mental health. Similarly, schools that prepare professionals who serve children in foster care (including schools of education, law schools, medical schools, nursing programs) should develop curricula materials and classes that highlight the effect of abuse, neglect, and foster care on a child's or youth's development as well as physical and mental health.

North American Council for Adoptable Children Cognitive, Social, Emotional, Physical, Developmental, and Educational Needs of Foster and Adopted Children and Youth. 2005. www.nacac.org



Documenting the need within your state or region will be useful in garnering funding from local foundations, local parent and professional group advocacy, and legislative support.

A survey of adoptive parents can verify that the families whom your program is designed to benefit do indeed see the need. You might include an insert with the monthly adoption assistance checks that contains either the survey itself, or notice of the survey's availability on line. If you send a survey with a self-addressed, stamped envelope, you can expect a 20-25 percent return rate.

A sample survey form is in Appendix C.

The following excerpt from the Oregon program provides an example of a statement of local need:

Oregon is home to over 8,000 adopted children with such special needs, and this population continues to grow. Since 1997, Oregon has increased adoption of children from the child welfare system by 160 percent. Due to Oregon's success in increasing adoptions for children in foster care, demand for adoption-specific mental health services far exceeds supply. In a recent survey of their needs, Oregon's adoptive families ranked as a top priority mental health support from clinicians with the skills and knowledge necessary to treat the unique issues facing adopted children.

Adoption professionals corroborate the lack of adoption-competent mental health professionals. Department of Human Services staff in Clackamas, Lane, Marion, and Multnomah counties estimates that there are fewer than 30 adoption-knowledgeable clinicians available to serve the approximately 2,000 adoptive families in their combined metropolitan areas.

STEP 2: DETERMINE THE TARGET AUDIENCE

Decide who will attend your program. Is the aim to provide adoption education to mental health therapists? To train the State's caseworkers and/or private adoption agency staff? Can a program meet multi-purposes? Will interested adoptive parents be allowed to attend? The States we examined have wrestled with these questions. A clearly defined audience helps focus a program.

The Washington Program founders were surprised by the high numbers of State caseworkers who wanted to take the course. They did accept caseworkers in order to make the program viable, but they retained the definition as "a program for therapists." The Advisory Committee members, however, do not see this mixed audience as a conflict. One lead instruc-

tor points out therapeutic benefits to families from caseworkers' attending the course: caseworkers often provide therapy with adoptive families and children—especially when they plan and oversee the transitioning of children into adoptive homes. As well, caseworkers are a primary source of referrals to therapists, and with increased knowledge gleaned from the course they are able to make more appropriate referrals.

Much of the casework of adoption is therapeutic.

Washington Advisory Committee

Perhaps more pertinent than whether the students are therapists or caseworkers are their educational level and academic abilities.

Every student should have a base-line education. Decide if your course is a post MA program or a post BA program, and do not waiver. It's a mistake to take in others, but at the same time be cautious about turning away applicants who may not have the graduate degree but who do have a plethora of experience and knowledge in the field.

Washington Program Developer

Some States used an application process that included a personal essay to help assess the students' level. The Oregon program targets licensed mental health providers and presupposes that they are already knowledgeable about therapy.

This is not intended to be a "how-to-do therapy" course, but an advanced training on adoption therapy.

Oregon Program Developer



Washington expected students accepted into its program to be “familiar with theoretical perspectives that are commonly used to interpret the emotional and behavioral problems presented in therapy by foster care and adopted children.”¹¹

But in reality some programs accept undergraduate level students because of economic necessity.

Similar to the Washington program, the New Jersey program also blends caseworkers and therapists, as the State reserves approximately half of the student slots for its child welfare personnel, with the goal of having all the DYFS adoption staff attend. The program is designed to meet the needs of a variety of professionals. To address the diversity of needs,

Rutgers University developed a secondary track for child welfare staff, composed of specifically assigned workshops without elective choices.

We find that the brand new post adoption therapists have an expertise granted them by virtue of their title and position, but they may know very little about adoption.

New Jersey Certificate Program Instructor

Interestingly, 30 percent of the program graduates responding to our survey had neither training nor professional experience in adoption prior to attending the program.

Although the students in its initial years included caseworkers, the Oregon program identifies its purpose to increase the level of competence of therapists; not to train caseworkers.

¹¹Northwest Adoption Exchange and Antioch University Seattle. *Report on Post Graduate Certificate in Foster Care and Adoption Therapy*. 1/02. P. 3



We offer a therapy program, not social work or caseworker training. The training of adoption staff requires a different curriculum—you cannot effectively mix the two. The curriculum for adoption caseworkers is not relevant to therapists.

Oregon Certificate Program University Partner

In response to the need for training to adoption staff, the Oregon program will experiment in the upcoming year with opening one session to this group, and then breaking the class into two distinct groups for follow-up discussions.

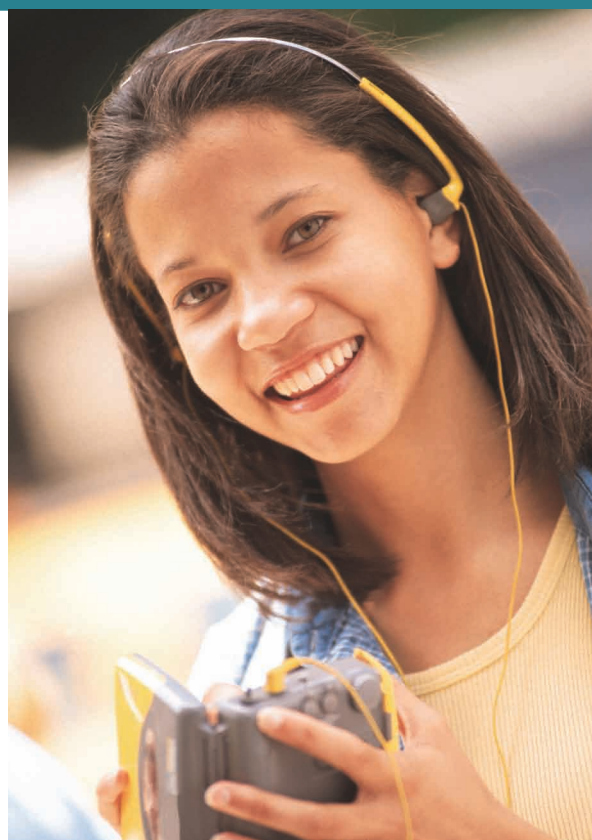
The students responding to our survey expressed strong opinions about the “intended audience.” Please do give their views due consideration:

Much of the program is based towards BA level workers. We need more clinical training rather than education. Separate the master’s from the others and create a much more clinically based program for therapists.

Decide who is being targeted for the program—clinicians or child welfare adoption staff—somewhat different focus and needs.

The program was a good introduction for people new to adoption, but it didn’t provide much for those with some adoption experience. When developing Certificate programs, determine and advertise to the targeted population.

Many students were adoption workers for DHS or private agencies. They need an advanced training with a slightly different curriculum than a course for therapists. Two separate but overlapping



courses, one for adoption workers and one for mental health therapists, would provide a strong program.

The program should be limited to mental health professionals. Too much time was spent getting others up to baseline knowledge.

Related to determining the targeted audience, a State initiating a Certificate Program must also decide if a particular type of adoption is to be emphasized. With a child welfare agency sponsorship and government funding, it is appropriate for the programs to emphasize adoption from the child welfare system.

Some States have experienced an influx of children into protective custody due to disruptions of non-State adoptions. These placements, with their costs to the taxpayers, may justify the inclusion in the Certificate Programs aspects of private and international adoptions.

A program might identify commonalities between local and international adoptions, such as placement at older ages, histories of severe neglect or abuse, interracial or intercultural adjustments, prenatal drug or alcohol exposure, and attachment challenges.

Student comments on types of adoptions emphasized in course:

Our program seemed a bit tilted towards international adoption and adoption of younger children. I would have appreciated more insight on "later placed" children, children coming out of foster care, and services available to them from the State.

The program must be diversified if it is to meet the needs of private adoption agencies, international adoptions, and public child welfare agency adoptions. It is hard to balance the varying needs of these three very diverse groups.

Be aware that private practitioners may focus more in private agency infant adoption or international adoption. While the goal of the course is to address needs of State-placed children, ask your instructors to make their classes relevant to other kinds of adoption as well.



STEP 3: SECURE THE FUNDING

In an earlier section we described the funding streams of the programs we examined. Most garnered fiscal support through combining federal and State dollars with tuition and fees. Private foundation grants established one program for its first year. Private agency in-kind donations and small private gifts have augmented some programs.

The collective advice of the current programs' planners is to explore funding options and develop your funding strategy BEFORE you approach a university to propose a collaboration. Experience indicates that one-time private gifts or grants can help with program start-up or augmentation, but program sustainability relies on predictable government funding.

Work with your Federal Regional Office to strategize the appropriate use of federal funding streams within the context of your State's Child and Family Service Plan.

Title IV-B of the Social Security Act, Subpart 2 (Promoting Safe and Stable Families) is worth exploring as a main source of support. Federal rules dictate the amount each State will receive under this Title. Each State works with its Federal Regional Office to determine how it will spend the funds and is subject to that Office's approval. Your program may qualify for funding under two categories in Subpart 2, categories (2) and (4), which address family preservation and adoptive family support.

Title IV-B of the Social Security Act, Subpart 2 (Promoting Safe and Stable Families): *Enables States to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to (1) prevent child maltreatment among families at risk through the provision of supportive family services (2) assure children's safety within the home*



and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively (3) address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner (4) support adoptive families by providing necessary support services.

Title IV-E of the Social Security Act contains two sections to explore with your Federal Regional Office for possible support of adoption education for mental health providers:

1. Title IV-E of the Social Security Act: Training Dollars for Child Welfare Services

SEC. 474. [42 U.S.C. 674] (a) For each quarter beginning after September 30, 1980, each State which has a plan approved under this part shall be entitled to a payment equal to the sum of—

(1) an amount equal to the Federal medical assistance percentage (as defined in section 1905(b) of this Act) of the total amount expended during such quarter as foster care maintenance payments

under section 472 for children in foster family homes or child-care institutions; plus

(2) an amount equal to the Federal medical assistance percentage (as defined in section 1905(b) of this Act) of the total amount expended during such quarter as adoption assistance payments under section 473 pursuant to adoption assistance agreements; plus

(3) subject to section 472(i)[334] an amount equal to the sum of the following proportions of the total amounts expended during such quarter as found necessary by the Secretary for the provision of child placement services and for the proper and efficient administration of the State plan —

(A) 75 per centum of so much of such expenditures as are for the training (including both short-and long-term training at educational institutions through grants to such institutions or by direct financial assistance to students enrolled in such institutions) of personnel employed or preparing for employment by the State agency or by the local agency administering the plan in the political subdivision....

2. Title IV-E of the Social Security Act: Adoption Incentive Program

Provides incentive funds to States if the State's foster care and older child adoptions exceed the base number of foster care and older child adoptions for the State in the fiscal year. Incentives awarded to a State may be spent on any service allowed under Titles IV-B and IV-E.

SEC. 473 A (1) IN GENERAL.—Except as provided in paragraph (2), the adoption incentive payment payable to a State for a fiscal year under this section shall be equal to the sum of—

(A) \$4,000, multiplied by the amount (if any) by which the number of foster child adoptions in the State during the fiscal year exceeds the base number of foster child adoptions for the State for the fiscal year;

(B) \$2,000, multiplied by the amount (if any) by which the number of special needs adoptions that are not older child adoptions in the State during the fiscal year exceeds the base number of special needs adoptions that are not older child adoptions for the State for the fiscal year; and

(C) \$4,000, multiplied by the amount (if any) by which the number of older child adoptions in the State during the fiscal year exceeds the base number of older child adoptions for the State for the fiscal year.

(2) PRO RATA ADJUSTMENT IF INSUFFICIENT FUNDS AVAILABLE—For any fiscal year, if the total amount of adoption incentive payments otherwise payable under this section for a fiscal year exceeds the amount appropriated pursuant to subsection (h) for the fiscal year, the amount of the adoption incentive payment payable to each State under this section for the fiscal year shall be—

(A) the amount of the adoption incentive payment that would otherwise be payable to the State under this section for the fiscal year; multiplied by

(B) the percentage represented by the amount so appropriated for the fiscal year, divided by the total amount of adoption incentive payments otherwise payable under this section for the fiscal year.

STEP 4: IDENTIFY COMMUNITY PARTNERS

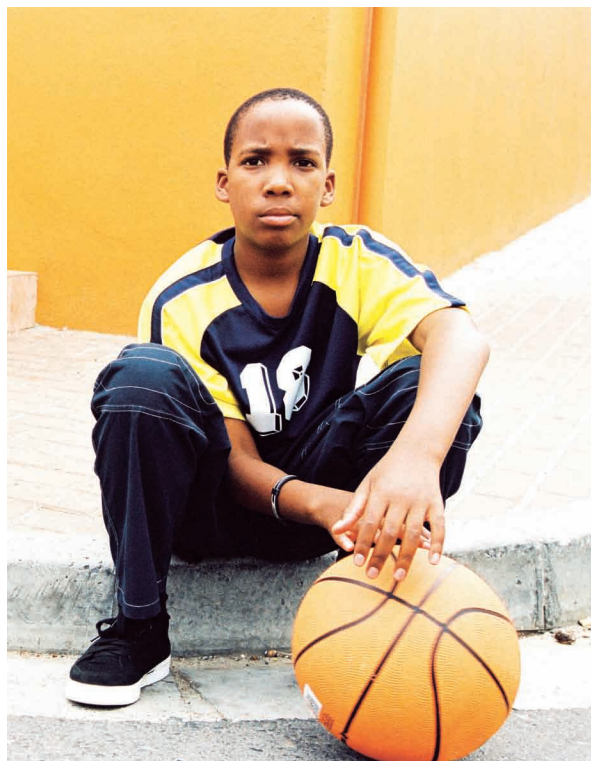
The programs interviewed for this guide emphasized the importance of “a strong inter-agency collaboration.”

A program built in isolation is fragile.

Washington Advisory Committee

Build a Collaboration

Start planning your inter-agency collaboration by assembling your State agency's adoption supervisors, along with some of the more experienced adoption caseworkers, for a “brainstorming” session. Ask the group to identify community partners who may be interested in collaborating on an adoption education program for mental health providers. Be sure to include on your list of potential partners private agency adoption personnel, administrators, or board members; public mental health division administrators or supervisors;



seasoned adoption professionals; and astute adoptive parent leaders with demonstrated advocacy skills.

When asked to identify challenges or “mistakes made” in developing their Certificate Program, one State’s Adoption Manager explained:

The diverse priorities between a mental health system and the child welfare system have been a challenge. In retrospect, I would have engaged the mental health system much earlier in the process and at a higher level. Earlier conversation with the mental health division would have paved the way for soliciting participation in the program of the therapists who serve the targeted children and families. Collaborate early on to develop clarity around aligning the priorities.

Involve your State’s adoptive parents at all levels of the process. This can take the form of needs assessment surveys, presentations to adoptive parent groups, and invitations to adoptive parent leaders to participate on the planning committees. In the States we re-

viewed, the exuberance of adoptive parents played a key role in making the program a reality.

Be sure to meet with adoption professionals and adoptive parents to identify the needs of the target audience.

New Jersey Program Graduate

Designate a Permanent Program Manager Position

The success of your program will depend largely upon its ongoing representation by a competent, knowledgeable, professional-level “spokesperson.” This is crucial for the planning and development year and equally vital for ongoing program sustainability.

In spite of strong commitment and intentions, busy professionals who are asked to tack on program development to their other responsibilities will simply not be able to devote the time and energy needed to create and operate a Certificate Program. A professional Program Manager or Coordinator assures coordination and fulfillment of tasks. The Program Manager speaks knowledgeably to therapists, caseworkers, and other professionals about the program, and answers questions from prospective students.

Some programs asked their partners to share responsibility of interviewing and hiring the Program Manager, an exercise that enhanced cooperative working relationships.

Invite University Partnership

Either simultaneously or just after you have identified community partners from the public mental health system, the private adoption agencies, the adoptive parent associations and the like, focus on building a partnership with a university.



Note: The Advisory Committee of the New Jersey program attributes their program's success to "three key factors: ample funding, a trusting relationship, and a strong link between the State and the university."

Connection with a university is essential to provide an academic stamp of approval and to assure academic rigor.

Washington Advisory Committee

In our Multi-State Survey to Certificate Program Graduates, approximately half of the students who had completed a university-affiliated Certificate Program indicated they would not have attended had the program not been affiliated with a university.

States working with public institutions were able to resolve some of the issues that States working with private schools faced. They found their Certificate Programs' goals consistent with the mission and objectives of the state universities, and they benefited from the public universities' abilities to match State funds.

*Kathleen Ledesma, U.S. Children's Bureau
Acting Adoption Specialist*

Plan a strategy to approach the university. Start by identifying the departments that might be most interested in collaborating with your program. Some to consider:

- School of Social Work
- School of Education
- Department of Psychology
- Department of Counseling
- Department of Continuing Education

A partnership might incorporate multiple departments within the university, facilitating outreach to several groups of professionals: LCSW's, LPC's, and LMFT's.



Research any connections your State agency has with the university. Do you have a distinguished alumnus on your staff or among your state's adoptive parents? Is there an adoptive triad member, adoption researcher or author on the faculty at the university? Is there a university faculty member or university benefactor known to have an interest in or personal connection to adoption?

Note:

New Jersey used a "bridge" person who had already established strong credibility with both entities—Rutgers University and the State child welfare unit.

Ohio is developing a Certificate Program in collaboration with Case Western Reserve. A noted adoption researcher and author on the faculty will teach in the program.

A former State post-adoption therapist on faculty at Portland State University School of Social Work facilitated the collaboration to initiate the Certificate Program.

Decide on a spokesperson to address an inquiry to the dean of the department(s) you think might be best suited for your intentions. You might send a letter of introduction and intent, and the brief statement of need that you have prepared. Propose an in-person meeting at the university.

Composite Advice from Certificate Program Developers

In a partnership with a university, the State or private agency entity must understand the university's profit-line. The School of Social Work or the Department of Psychology may be "100 percent supportive" of the program, but if the program operates at a loss, the university will be unable to maintain its involvement. Research the numbers ahead of time to assure the university a cost-effective program.

An advantage to working with a public university is their access to funding for public services that may not be available to a private school.

Too many professionals are ignorant of adoption issues. I'd like to see graduate programs include adoption in their curriculum.

Graduate of New Jersey Certificate Program



Additional suggestion: A long-term benefit of collaboration with a university is the awareness-raising that occurs. As university representatives become aware of the "missing pieces" in their training of social workers and therapists, they may incorporate these pieces into their courses.

Maintain State Involvement

Those interviewed for this Guide consistently identified State involvement as crucial to sustaining programs designed to increase the numbers of adoption-competent therapists. Universities and private entities are not set up to shoulder full responsibility for these programs. They depend upon the State to lend support that exceeds simply endorsing the program. Vital State contributions are (1) Identifying ongoing fiscal support and (2) committing high-level staff to partner in program planning, execution, and evaluation.

The State must give not only its verbal support, but it also must provide "ownership." Otherwise the State is not likely to disseminate the list, educate their staff about the program, encourage staff to make referrals to therapists on the list, or provide a means for the therapists who serve State adoptive families to attend the training.

Program Advisory Committee Member

Additional suggestion: Early in your program's evolution, discuss "program ownership." Who "owns" the curriculum? The training materials? The promotional items? Failure to clarify ownership can lead to awkward situations or legal conflicts. What will happen to the program materials if the university discontinues its involvement? Will the State or the private agencies be able to them? Who will give permission if another State asks to reproduce your program materials? Be sure all the partners have discussed and agreed on these issues, and follow up with written Memos of Understanding.

STEP 5: DEVELOP COMMITTEES AND IDENTIFY RESPONSIBILITIES

Once you have identified your partners and secured the commitment of a university, your next step is to develop a work plan. A clear delineation early on of which tasks are appropriate for each participating entity will avoid misunderstandings and delays. Assure that all partners have had a chance to review the work plan and to give input. Especially verify that each agrees to the appropriateness of the assigned tasks.

Some States have utilized both an Executive Committee and an Advisory Committee to accomplish the myriad tasks of program development and maintenance. If you use two committees, ask one or more key persons, such as your overall Program Manager, to serve on

both committees to assure clear communications and coordination of tasks and timelines.

Advisory Committee

An Advisory Committee, composed of experienced mental health professionals, adoption professionals, educators, and adoptive parents, helps inform program development and provides oversight and quality assurance. An Advisory Committee is not assigned the day-to-day tasks and it is not involved with program logistics. It may recommend potential instructors but it is not involved with faculty recruitment or contract negotiation.

The Advisory Committee includes members who keep abreast on current adoption related research, evidence-based therapeutic interventions, and current literature, to assure the latest information is incorporated into the sessions. (Of course, some of this responsibil-



ity lies with the instructors as well.) The Advisory Committee continually evaluates the program. It reviews student input and suggests modifications. It also helps to identify resources in the community, such as guest lecturers or panel presenters, and to assure the students' access to these.

Additional suggestion: Be careful not to wear out your Advisory Committee by assigning tasks more suitable for the program's Executive Committee, such as planning class logistics, reviewing course applications, overseeing the budget, negotiating contracts with instructors, determining course readings. The Advisory Committee members should be welcomed to give input on any of these areas if they would like to do so, but do not overburden them with tasks not in their domain. The Advisory Committee will meet less often than the Executive Committee—perhaps quarterly in the planning year and start-up year and semi-annually afterward to review progress and to suggest modifications.

Executive Committee

The Executive Committee is responsible for initiating and executing the program, from curriculum design to mundane logistics. Of course, not all the tasks need to be processed by the group. Some can be assigned to individual members and those members will assign appropriate tasks to their support staff.

The Executive Committee should include a high level State adoption program representative, as well as a high level mental health system representative. Participation from these representatives will help build capacity and sustainability for your program.

Bear in mind that good programs with multiple partners need time to develop. Twelve months seems a reasonable allotment to accomplish the preliminary tasks. (A sample

task timeline is included in the Tools You Can Use section.)

Once the curriculum has been determined, the instructors identified, the program advertised, the applications accepted and processed, and the course logistics resolved, your State is ready to offer its inaugural Certificate Program!

STEP 6: TEST A PILOT PROGRAM

The strength and sustainability of the programs we reviewed lie largely in their ongoing assessments. Modifications are continually put into place to assure that the program meets the needs of its students and offers current and “best practice” information.

- Use mid-program input questionnaire
- Use end of year survey
- Make needed changes

Sample surveys are available in the Tools You Can Use section.

The programs we examined obtained student evaluations immediately after completion of each class session, as well as an overall program assessment given at the conclusion of the last session. None have yet employed a longer term evaluation, but all thought that an evaluation obtained six to twelve months after the students have completed the program might provide additional helpful information when viewed from this vantage point.

After your program has been in place a year or more, consider a follow-up survey to graduates to measure successful integration of course teachings into practice. Ask therapists if they have incorporated strategies and methodologies gleaned from the course into their work with adoptive families.

PART THREE:

ADDITIONAL COLLECTIVE WISDOM AND ADVICE

WHAT ALL THE PROGRAMS OFFERED OR WISH THEY COULD HAVE OFFERED

(Distribute this section to your Executive and Advisory Committees!)

CURRICULUM CONSIDERATIONS

Develop a Core Curriculum

A required core curriculum should teach therapeutic interventions which are *“practical and include applications of brain research and evidence-based practices;”* and which offer *“the latest information on techniques and trends.”*

Washington Program, www.cascadia-training.org

As well, the interventions must be consistent with your State’s mental health regulations.

Do not allow instruction to include controversial methodologies.

Strive to make the training “truly intensive,” a required core curriculum enables students to interact with the material (and with each other) to a degree that is not possible through random, separate training seminars.

Oregon Advisory Committee



If offered, electives should be varied to meet personal interests and professional goals.

Don’t allow your program to become overly concerned or possessive about the curriculum. No single entity “owns” the core concepts of adoption. Think of your “curricula” as a body of information that needs to keep developing and changing.

While each program will write its own wording for program goals, descriptions of courses, and the like, there is no need to re-invent the wheel. One program developer suggests you “Borrow and share shamelessly!” (Remember that our Tools You Can Use section offers a curricula outline that you are welcome to use.) The curricula will be fleshed out as individual instructors develop their sessions.

Make sure the curriculum reflects the intended audience. If you offer a “Post Graduate” certificate, then the courses should be much more advanced than an “Introduction to Adoption.” Do not reduce the academic level, even if you accept non post graduate students into the program. (Use pre-requisite readings to get students up to a basic level of Adoption knowledge.) Remember the goal is to enrich and augment the abilities of **graduate level** therapists.

Ask your instructors “to give a strong foundation in theoretical perspective, current research and the development of therapeutic skills that will enable students to work at multiple levels (individual and family) of clinical practice.”¹² Ask each instructor to present draft curriculum to the Advisory Committee or to the university department representatives.

Ask your university partners to review all the courses’ curricula to assure academic rigor and reinforcement of core ideas and materials throughout. Some programs have set up a one-time meeting or conference call with the instructors to examine cohesion and reinforcement from session to session.

Assure Cohesion and Connections

Assure connections among and between the courses. Anchor your program’s content by identifying core themes to be woven through the curriculum of all the class sessions. Ask all instructors to include these in their session. The repetition of specific key concepts helps reinforce them.

...needs more course integration; less stand-alone presenting.

*Washington Program first year
mid-point course evaluation*

Examples:

Themes around which the New Jersey program built its workshops:

- Family is the primary healing agent for children.
- Issues of loss, grief and abandonment underlie the adoption experience.
- A need to integrate child development and adoption as clinical interventions may be stage-appropriate rather than age-appropriate.
- Adoptees placed beyond infancy have experienced trauma.
- Recognize issue of resiliency and de-pathologize treatment.

The New York program emphasized two key themes:

- Adoption (as well as placement into foster care or other life-altering family changes) is not an isolated event, but a part of a life-long process.
- Trauma and attachment difficulties are intricately connected.

The Oregon program emphasized the concept of family as the healing agent. Instructors focused on strategies to treat the child within the context of the family rather than as “a problem” to be “fixed.”

The adopted child is not the client. The adoptive parent is not the client. Their relationship is the client.

*Vera I. Fahlberg, MD
Author, A Child’s Journey Through Placement*

¹²Northwest Adoption Exchange and Antioch University Seattle. (2002). *Report on post graduate certificate in foster care and adoption therapy*, 2.

Several programs use sample cases and asks all their instructors to develop a treatment plan that incorporates their specific topic or specialty. (For example: How do racial and cultural issues affect this case? How should prenatal alcohol exposure be taken into consideration? Might a history of sexual abuse be a factor in this family?)

The Washington program identified the intrinsic impacts on adoption of culture, attachment, and trauma, and asked each instructor to weave these into each class session.

Assign a Facilitator

To provide continuity between the courses, assign a knowledgeable, professional-level “Facilitator” to attend each session. The Facilitator can review key concepts from the previous session, address any logistics issues, clarify assignments for the next session, and introduce the instructor or guest speakers.

In one State’s program, the university’s Psychology Department Chairperson attended all the classes and provided a “wrap-up” at each session, tying the sessions together from a clinical perspective.



The course needs a coordinating “lead instructor” to provide leadership and maintain cohesiveness among presenters and topics.

Student input. Mid-point Evaluation Washington, 1999/2000 class

PEDAGOGICAL CONSIDERATIONS

Use “Top Level” Instructors

One of the Certificate programs states that the courses “are taught by local and national professionals who are experts in this growing field.” The integrity of your program depends upon use of instructors who are respected in their field, informed of the latest research, and knowledgeable about accepted therapeutic techniques. Confirm that the practices of the instructors you invite are evidence-based and consistent with State and federal mental health standards.

Decide early on if your instructors will be local professionals or national experts, or a blend of the two. Some programs have cited cost, ability to replicate the program from year to year, ability to offer the program in varied state locations and parts of the state, as advantages to using local talent.

Our local experts create the spirit of our program. They know the demographics, systems, laws, and policies of the State or region. They are able to participate in the Advisory Committee. Because they live and work here, they have a high level of commitment. Our local experts are extremely dedicated—they are willing to travel from other parts of the state to teach without additional compensation. They also “tweak” their curriculum without further compensation. We save “the big national names” for our annual statewide adoption conference.

New Jersey Advisory Committee

Some programs have invited nationally known presenters in their inaugural year to promote the program. Use of video and distance-learning segments can capture the presentations of national experts to make them available in subsequent sessions.

Coach Instructors on Adult Learning Theory and Group Management

Expertise in the field does not guarantee effectiveness in the classroom. Look for subject matter experts who can use varied approaches for effective teaching with adult learners. Inform instructors, especially those who do not have teaching experience, of these composite pointers from the programs' students and lead instructors:

- Use interactive modalities rather than straight lecture
- Show a video, especially recommend for a Friday evening session when folks are coming in exhausted from a full week of work (see list of suggested videos in the Resources section)
- Use "real case" examples
- Teach real skills by role-playing them with the students
- Bring in guests (members of adoption triads) to share their experiences
- Teach hands-on skills-training as this is most effective for therapists
- Include personal experiences and anecdotes
- Include examples of therapeutic interventions
- Refer to recent research to supplement your information



- Organize and pre-assemble handouts rather than passing them out sporadically during the class
- Provide handouts of power point slides

(One program provided each student a three-ring binder and assigned an administrative person to collect and pre-punch each instructor's handouts prior to class.)

Review your student evaluations after each session and share those with the instructors. Use them to make suggestions. Change the instructors if necessary.

You may not think this necessary with adult students, but prepare your instructors to undertake "classroom management" tasks, as indicated by the representative student comments below!

Please ask students to turn off their cell phones before class.

Instructor needs to be assertive in not allowing one or two students to monopolize the discussion.

Additional suggestions:

Do not expect the instructors to prepare months in advance so that you can have the handouts for the year. It won't happen!

Advisory Committee Member

Consider using a smaller number of instructors. Use the same instructor for several core classes.

Reinforce Transfer from Theory into Practice

(There was) little opportunity to apply theories.

Student input. Mid-point Evaluation Washington, 1999/2000 class

Provide ample case examples and opportunities to put theories into practice. Some ways to do this:

Oregon provided several sample "cases" and asked each instructor to address those. A matrix charted the development of each treatment plan. The students and instructors added to the matrix as each session examined the cases through slightly differing perspectives, and developed additional approaches.

Some States required a "project" or "practicum" whereby students demonstrate to the class an application of course teachings.



I learned almost as much preparing for the project as I did from the required readings for the course.

Oregon Certificate Program Graduate

Program Delivery: On-site or Distance Learning?

One of the most important decisions about your program is its mode of delivery. Will you use fully on-site classes? Or on-line courses? Or a combination of the two?

None of the programs reviewed offered a full on-line format. Oregon developed a hybrid which alternates in-person sessions with on-line courses. Feedback from this past year's students, the first to attend in new format, was very positive. They reported liking the mix of in-person with "distance." They found the format interesting and challenging, as they were required to read and to think about the materials ahead of time. Convenience, affordability, and access to national expert instructors are other benefits of an on-line component.

Advice offered for those considering a distance component:

- Provide a thorough orientation to the university's web-based course management system.
- Show the students how to log in and how to write and submit questions and comments.
- Assign a reasonable amount of reading (three hours) before each on-line session. When the Oregon program heard that student were spending over 30 hours preparing, it culled back the material required and put optional materials in a resource center that students could access on line.
- Employ an on-line facilitator with a solid background in adoption to monitor student process and to respond to questions.



- Keep modifying your on-line sessions to keep the material and presentations current.
- Be aware of how much work it takes to create on-line sessions. Consider purchasing those that have already been developed.

(The on-line modules of the Oregon program are available for purchase. Please refer to the Resources section for details.)

Therapists are relational. We found the combination of distance and in-person sessions enhanced the communications. The on-line sessions provided an alternate mode of interacting.

Oregon Advisory Committee

For this audience, I don't think a fully on-line program is advisable. The mix of distance with face-to-face is ideal. Use the distance part to augment rather than to replace traditional approaches.

Richard Delaney, PhD, Program Instructor

THE REQUIRED AND/OR RECOMMENDED READINGS

All the programs reviewed required some pre-course readings to assure all the students were starting the program with a basic level of adoption knowledge. In addition, required readings prior to each class session assured the instructors that the students would be familiar with specific theories, cases, or research.

A sample reading list appears in the Tools You Can Use section.

Composite suggestions from programs and students:

- Solicit instructor input on required texts.
- Suggest that instructors assign particular chapters from books, rather than entire books, for their class sessions.
- Ask instructors to request any additional readings well in advance so the program can list the items and assure accessibility to them.
- Make sure the readings are current.

Consider assembling a packet of "pre-program" information to distribute and ask the students to read it prior to the first session. These materials might include:

- Your State's adoption practices and policies
- Information about local resources
- Information on evidence-based practices in mental health services to adoptive families
- An overview of the mental health system in your State
- A list of national and local resources' websites (see Resources section)

Several of the programs' instructors warned against assigning too much reading, and suggested limiting the required reading to articles, studies, and particular chapters of books, rather than entire books. Students can buy the books and read the additional sections at their own pace.

PROMOTION

A viable program needs strong advocacy and strong publicity. Consider whether you might ask a respected public figure to become a spokesperson for your program. Might your Governor or first spouse take on the adoption training for therapists as a cause?



Additional suggestions:

- Have your marketing person attend the class sessions one time so that he/she can speak knowledgeably about the program.
- Use multiple marketing strategies.
- Create an attractive, easy to navigate website. Assure linkages to it from the State's child welfare department; the State or county mental health organizations; and, of course, the various university departments involved.
- Put a "request for more information" option on your website. Develop a "list-serve" and add to it each person who inquires.
- Send out via email program news, brief articles and information about new research in the field. These regular communications help engage potential new students, and keep students who have completed the program informed. One program received applications from professionals who had learned of it from colleagues' forwarding email notices.
- Using email rather than the postal system allows recipients to forward your messages to coworkers and acquaintances.
- Focus your recruitment of students on the mental health services that are accessible to most of your State's adoptive families. Marketing to therapists in private practice is fine, but it should not be the highest priority (unless your state has a pathway for private practitioners to become a part of the State system and to accept State payment plans).
- Send information to the HMO's and public mental health centers. Ask to meet with the Family Mental Health Coordinators or Clinical Supervisors. (One successful program marketer described herself as a



“stalker” of the mental health organizations!) Send or bring announcement fliers and brochures. (Several therapists who attended the Oregon program learned of it through a brochure posted in the clinic staff room.)

- Call every former student to ask who they know that might also benefit from the courses. Then contact those persons.
- Include program information at any relevant “Open House” events at the university. Ask the university to host an open house specifically for your program.
- Offer CEU’s—they help market the program, especially in states that require therapists to acquire yearly CEU’s to maintain their licenses.
- Clearly explain in presentations, on promotional materials, and on your website that program graduates will be included on a list of “Adoption Competent Therapists” accessible to adoptive parents, adoption agencies, State offices, and the like.
- “Customer satisfaction” is an important marketing force. Your State’s maintenance and distribution of the “Certificate List” is a strong component of student satisfaction. Develop a plan to keep the list up-

dated and to regularly distribute it to State and private adoption agency staff, to parent groups, and the like. Trained therapists’ feeling “underused” does not reflect well on the program. One State’s Advisory Committee reported only isolated examples of caseworkers’ referring families to therapists on the list, and lamented the lack of an overall statewide system for disseminating the list.

The issue used to be a lack of resources. Now it has become the lack of adoptive parents and caseworkers knowing how to locate the resources.

A Program Advisory Committee

“NEXT STEP” TO YOUR PROGRAM

Build in a follow-up component. A one year course is not enough to create “adoption-competence.”

Richard Delaney, PhD, Program Instructor

Most programs found their students asking for continued support, education, and communications after completion of the course. Start planning early on for the second phase of your program.

One program states: “Our small class size allows you to forge connections with fellow students and instructors alike, providing a forum for professional camaraderie, networking and referrals—even after you leave the program.” And indeed, several programs found a handful of attendees did forge follow up communications with each other. But the reality is that few graduates of the program forged these connections on their own.

On the Washington program first year mid-point evaluation, 11 of 13 students agreed that “mentoring from instructors or peer support

from classmates would be an attractive follow-up to the course work.” In response, Washington has added a “second tier” to its program: after completing the required courses, the students enrolled for case consultation sessions with a lead instructor from the program.

Other programs use an email list-serve to share articles, research, publications; put students in touch with local resources; and offer program graduates free attendance in one seminar each subsequent year.

I would like to see past and future course materials made available to those who took the course so they can remain informed and updated regarding current trends and research.

Oregon Certificate Graduate

ADDITIONAL PROGRAM DESIGN CONSIDERATIONS

The “Certificate”

Think about the implications of the “certificate” in advance. Decide what the “certificate” signifies and clearly indicate this on program literature and on the list itself. Is inclusion on the list a statement of attendance? An endorsement or recommendation? Clarifying this up front with the students can help avoid misunderstandings later.

Imagine this scenario: An adoptive family selects a therapist from your State’s “certificate list” and later learns that the therapist was not licensed! Employ a simple protocol to limit this kind of mishap: Confirm with your State’s Licensing Board that each applicant you admit to the program is licensed and in good standing. Verify their standing with the board every year when you update your certificate list.

If your State is going to provide a list of “adoption-competent” therapists—will that create hard feelings among the very excellent and knowledgeable therapists who do not take the course? Perhaps you have even asked some of these therapists to teach sessions, or you may have consulted with them in course development. Think about how you might award “honorary” certificates or in some other way include these therapists on the list.

Print the Certificate on high quality paper, suitable for framing. When the student has satisfactorily completed the program, send the Certificate in a timely manner.

Affordable, Flexible, and Practical

One State allows potential students to “check out” the program by taking one course.

Several States built in flexibility by allowing more than one year to complete the program.

“Pay as you go” options have enabled students who might not have been able to pay the full tuition at one time to complete the program.

Offer the administrative service of tracking student attendance and verifying when they have met all the requirements. A small administrative fee can be added to the tuition make this do-able.

You can enter the Certificate Program at any time during the year, with up to two years to complete your training. We will track your progress automatically and issue your Certificate when you have completed the required 72 hours of coursework.

Washington Program

CONCLUSION

The positive experiences of the State administrators, instructors, and university personnel; the favorable evaluations by the participants; and most importantly, the appreciative communications from adoptive parents and adoptive family support groups echo the view that “specialized training

opportunities for mental health clinicians are the logical next step in expanding meaningful support services to adoptive families.”¹³ By developing a sustainable Adoption Certificate Program, your State can assure its current and future adoptive families of the availability of knowledgeable therapists.

¹³Kelly, Ellen. (2004). New Jersey’s Post Adoption Services and Provider Certification Program. *The Roundtable*, 18(1), 1.



TOOLS YOU CAN USE

SAMPLE WORK PLAN

This work plan is developed and is subject to review and modification by the Deans of the Portland State University Graduate School of Social Work and the Portland State University School of Extended Studies, and the State of Oregon Adoption Manager.

The curriculum will be approved by the above persons as well.

Participants Involved:

ACADEMY Committee (planning and implementation):

- Portland State University Graduate School of Social Work and Child Welfare Partnership
- Portland State University School of Extended Studies and Continuing Education/ Graduate School of Education
- Oregon Post Adoption Resource Center (ORPARC) Manager
- (New position) Project Manager
- State Adoptions Manager
- State Mental Health Representative

Survey Participants:

- State and private agency adoption workers
- Experienced state adoptive parents
- Mental health professionals knowledgeable of adoption issues
- Representative from the Graduate School of Education, Counselor Education Program
- Representative from the Graduate School of Social Work Alumna Association

Early in the project, we will survey these groups for two purposes:

1. To ask what they think a curriculum should look like.
2. To seek support and spread the word about the coming project.

By October 2003, everything will be in place and the first year Certificate Program will have begun.

Program Manager's position to transfer to the university.

Post Adoption Resource Center involvement in the committee will remain, but other functions will belong to Portland State University.

TOOLS YOU CAN USE

TASKS:	
August - September 2002:	<u>Pre-funding tasks (in process now in anticipation of DHS funding):</u> <ul style="list-style-type: none"> • ORPARC, in consultation with the Academy Committee, will develop a position description for Program Developer; advertise; interview and hire; position begins October 1, 2002.
October 2002 - September 2003:	Program Developer meets monthly with Executive Committee.
October 2002:	<u>First function of new staff person and Executive Committee:</u> <ul style="list-style-type: none"> • Formalize Portland State University's (PSU) commitment. PSU is very enthusiastic about this project. The specific level and type of involvement needs to be clearly defined in writing. These commitments can then be reviewed by the appropriate department chairs (and from the financial division) and agreements reached.
	<u>Program Developer Information Gathering:</u> <ul style="list-style-type: none"> • Survey at least 25 persons from the groups listed above. • Contact universities that have developed similar programs. • Review their materials (curriculum, evaluations, reports).
	<u>Executive Committee Meeting:</u> <ul style="list-style-type: none"> • Develop list of potential class topics.
November 2002:	<ul style="list-style-type: none"> • Collect information from survey. • Report survey resource and research results to Executive Committee. • Start identifying instructors for suggested topics.
December 2002:	<ul style="list-style-type: none"> • Meet with Executive Committee to review list of topics and potential trainers. • Make decisions on what topics can be merged and what should be eliminated. • Finalize curriculum TOPICS. • (By end of December—will NOT yet have a curriculum but will have list of topics to cover.)
October - December 2002: (Ongoing)	<ul style="list-style-type: none"> • Identify a few foundations that might fund this project. • Research requirements, deadlines and the like. • Develop a fund-raising grid.
January 2003:	<ul style="list-style-type: none"> • Based on PSU advertising time frames, start developing a pre-announcement flyer. • Develop mail lists; identify who will receive flyers. • Work with Portland State University design team to develop promotional materials. • Decide the flow of the curriculum, identify the tentative instructors. • Develop a page on a website—to go to for more information. • Determine how fund-raising will occur and how funds received will be managed. Start fund-raising. (Continue fund-raising activities from January through September 2003.)

TOOLS YOU CAN USE

TASKS:	
February 2003:	<ul style="list-style-type: none"> • Send out flyer. • Start networking—talk about program to adoption councils, mental health organizations, and the like.
February - September 2003:	<ul style="list-style-type: none"> • Update website announcement. • PSU takes over doing a contract/agreement with the instructors. • Promote the program: <ul style="list-style-type: none"> » Talk to any groups or individual who may be interested in registering. » Write foundation grants to sustain the program in the coming years.
March 2003:	Work with PSU to define application process and define system PSU will use in selecting applicants.
April 2003:	A second round of information dissemination and promotions. Send flyer or post card announcing that the application packet is ready and it's time to apply.
April - May 2003:	<ul style="list-style-type: none"> • Instructors firmed up. • Recruit graduate work-study student to pick up coordination tasks (to work from PSU).
May - August 2003:	<ul style="list-style-type: none"> • Work with instructors on content of their presentations, and their needs (handouts; films and books to be books, and the like). • Discuss the content of each weekend class: <ul style="list-style-type: none"> » Assure that we are meeting PSU academic standards. » Assure we are meeting the needs identified in the surveys.
August - September 2003:	Finalize all plans.
October 2003:	Everything will be in place, this position will be over, the first year Certificate Program will have begun.
October 2003 forward:	ORPARC involvement in the committee will remain, but other functions will belong to PSU.

Courtesy Oregon Post Adoption Resource Center and Oregon Department of Human Services.

TOOLS YOU CAN USE

SAMPLE PROGRAM DESCRIPTION, GOALS AND OBJECTIVES*

Program Description:

The Post-Graduate Adoption Certificate Program offers comprehensive training to mental health practitioners on the core issues of adoption, with emphasis on later-placed children with histories of abuse, neglect, and prenatal drug and alcohol exposure. Based upon evidence-based theory and practice, our classes equip therapists with the specialized knowledge and skills need to work effectively with adoptive families.

Upon successful completion of the program, therapists receive a Certificate in Adoption and are added to the Certificate Referral List, accessible to State adoption offices, private adoption agencies, and State adoptive parent organizations for adoptive family referrals.

Program Objectives:

- To strengthen the capacity of the State of _____ to provide accessible, affordable, adoption-competent mental health services to state adoptive and foster families.
- To provide the State child welfare agency and private adoption agencies a list of therapists knowledgeable about clinical and practice issues in adoption
- To reduce the rate of adoptive family placement disruption.

Program Goals:

- To increase the mental health community's clinical competency in preserving, supporting, treating, and strengthening state adoptive and foster families.
- To provide mental health professionals with the knowledge and therapeutic skills to:
 - Identify strengths and resiliencies of adoptive families to support their children's development.
 - Guide adoptive families in expectations and strategies to help their children thrive.
 - Treat the mental health issues of childhood neglect and trauma.
 - Enhance family relationships and family functioning.
- To expand the availability of adoption competent therapists.

*This sample is a composite of several programs' goals and objectives.

TOOLS YOU CAN USE

SAMPLE PROGRAM ANNOUNCEMENT



University of Connecticut School of Social Work
&
Southern Connecticut State University
are pleased to co-sponsor



Clinical Issues in Adoption: A Post Master's Certificate Program in cooperation with the Connecticut Department of Children & Families

In Connecticut, there are over 4,500 families who have adopted children through the public child welfare system. There are many more families who have adopted privately, domestically, and internationally. This 45-hour Certificate Program will explore the challenges and complexities of clinical work with diverse adoptive families. **The goal of the program is to bring together child welfare staff, therapists and private providers, to create a community of resources with the clinical expertise to competently support adoptive families, particularly those who have adopted through the Department of Children & Families.**

The Certificate Program will include two cohorts and will be held in two locations: Southern Connecticut State University in New Haven and University of Connecticut School of Social Work in West Hartford. Enrollment is limited to 30 participants; 15 students at each school. Periodically, all students will come together at one location to hear local, regional, and national guest faculty.

All students must have regular access to a computer with high-speed internet capability. In addition to face-to-face class sessions, there will be a minimum of two on-line sessions. Participants will utilize Vista, the University of Connecticut internet-based course delivery system to access reading materials and announcements and facilitate discussion between sessions. Participants will be expected to periodically submit written assignments. At the end of the program, a final case analysis integrating the knowledge, skills, and values gained through the presentations will be required.

At the conclusion of the 45-hour program, participants will receive a Certificate of Completion and can elect to earn 45 social work CECs. Certificates of Completion, including documentation of Continuing Education Credits (CECs), will be issued to participants who have attended **all** scheduled program hours and whose registration fees are paid. CECs will not be prorated, so attendance at **all** sessions is required.

Content areas include:

- **Adoption Overview:** *Adoption Practice Today*: Family-centered, child-focused philosophy, values, and practice; psycho-educational approach rather than a medical therapeutic model; diversity within families.
- **Psychology of Adoption:** Normal child development; stages of development of adoptive families; loss and grief; attachment, bonding, and neurological and medical perspective.
- **Assessment, Diagnosis and Interventions with Diverse Adoptive Families:** Impact of early/past trauma; transracial issues; parenting challenging children; enhanced clinical approaches; individual, family, group work; and behavioral management.
- **Clinical Practice with Diverse Adoptive Families:** Infants and older children; international, domestic, public/private; and special needs and disabilities.
- **Birth Family Issues – Circle of Adoption.**
- **School Advocacy Needs and Strategies.**

TOOLS YOU CAN USE

Faculty Coordinator: Cathy Gentile-Doyle, LCSW, is an adjunct faculty member at Central Connecticut State University and Smith College School for Social Work. Cathy's professional experience working with children and families includes child protection services, specialized foster care and adoption and clinical practice in mental health treatment settings. Her professional career has been dedicated to advocating for the needs of children in DCF care through effective supports and quality resources for foster and adoptive parents. For the past 15 years, she coordinated a DCF grant funded collaborative multi-disciplinary evaluation program for children in foster care. Her many community activities include serving on the board of the Connecticut Association of Foster and Adoptive Parents and on the DCF Training Academy Advisory Board. Cathy earned her MSW in 1983 from the University of Connecticut School of Social Work and has completed her coursework and comprehensive exams toward her Ph.D. in Social Work at University of Connecticut.

***Local, regional, and national guest faculty
will be featured at various points in the program.***

Admission Criteria: Applicants must submit a completed application form, a current resume, and a 1-2 page typewritten statement of interest. Participants must hold a Master's degree in Social Work or a related discipline and have a professional interest and/or experience in the adoption field.

Proposed Dates & Times **October 2007—June 2008**

Southern Connecticut State University

One Friday* Per Month
9:00 a.m. – 3:30 p.m.

*Anticipated to be the 4th Friday of the month.

University of Connecticut

One Monday* Per Month
9:00 a.m. – 3:30 p.m.

*Anticipated to be the 3rd Monday of the month.

The exact session dates will be provided in the acceptance letters.
The letters will be mailed the week of September 10, 2007.

Fee: The Post Master's Certificate Program in Adoption is funded primarily through a grant from the Connecticut Department of Children & Families. All non-DCF employees must pay a \$600 registration fee. This fee will cover expenses not included in the grant. The fee is payable upon acceptance. Refund of the \$600 registration fee will be processed if written notice of withdrawal is received at Southern Connecticut State University, Social Work Department, two weeks prior to the first session. No refunds will be issued after this date.

If you have questions, please contact _____

TOOLS YOU CAN USE

SAMPLE ADOPTION CERTIFICATE SURVEY TO STATE CHILD WELFARE WORKERS*

NACAC, the University of Minnesota and the Minnesota Department of Human Services are meeting to develop an 80-100 hour training program leading to an Adoption Certificate for mental health practitioners, social workers, and others working in the adoption field. The Certificate Program is intended to increase the knowledge base regarding core issues of adoption while expanding clinical skills in treating children who have a history of abuse and neglect, strengthening their family systems, and for enhancing parental and children's resiliencies. Professionals will be able to extrapolate new skills to work with other nontraditional families, such as blended, kinship, and foster families. The program will focus on interventions and strategies. Your answers will help us know if the training would meet your needs for improving adoption competency.

We care what you think. There are no right or wrong answers on this survey! Date_____

Name_____ Email_____

Address_____

Agency_____

Phone #_____

Title and previous academic degrees, training_____

Please rate yourself below by putting an X in the box that fits you best:

Please rate the following....	Excellent	Good	Just Okay	Poor	Very Poor
1. Your understanding of the core issues of adoption: loss, rejection, guilt & shame, grief, identity, intimacy, mastery/ control.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
2. Confidence as an adoption professional: particularly in the special needs of attachment disorders, trauma, FASD, transracial families, and transitioning to new family.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
3. Ability to meet the needs of the families when the realities of their "new" family develop.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
4. Have been able to help families make positive changes to parent effectively.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
5. You have been able to help families from disrupting and have the tools for useful intervention.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
6. How well you can lead efforts to make the system work for the families.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
7. You can find resources to help the parents and children, including support groups.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
8. Energy and enthusiasm to support families.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
9. Skill level prepares you for assessing the "best interests" of the child, pre- and post placement work with the child, adoptive family and perhaps the foster family.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
10. Your skills prepare you for the most common special needs in adoption of attachment disorders, trauma, FASD, transracial families, transitioning to new family.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
11. You are able to integrate your knowledge base and skill level to create strategies/interventions that are family centered.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

TOOLS YOU CAN USE

12. How long have you been doing permanency-planning work?

- ☐¹ Less than 1 year ☐² 1 to 2 years ☐³ 3 to 5 years ☐⁴ 6 or more years

Future Goals:

13. If an Adoption Certificate Program were offered, would you be interested in attending?
Why?

14. What would get in your way of attending?

15. What would make you decide to come to the certificate training?
What do you hope to get out of it?

Would you want a credit, CEU's or non-credit certificate?

- ☐ Credit ☐ CEU's Only ☐ Non-Credit

Reasoning _____

Please return to _____

*Courtesy of the North American Council on Adoptable Children. Permission to duplicate granted.

TOOLS YOU CAN USE

SAMPLE COVER LETTER AND CURRICULUM TOPIC SURVEY TO PARENTS AND PROFESSIONALS*

Dear _____(*Child Welfare Specialist or Adoptive Parent*):

_____ (*name of agency*) is collaborating with _____ (*name of university*) to develop a Post-Graduate Adoption Certificate Program to train post-graduate level professionals in how to work with adopted children and their families. As you know, special knowledge and skills are required to effectively provide therapeutic services to assist these families. Professionals who complete the Certificate Program will be prepared beyond their core graduate studies to offer targeted therapeutic services to this special client population.

Due to your expertise and experience in this area, we invite you to complete the enclosed survey to aid us in identifying the primary topics mental health professionals need to know to provide support and therapy to adopted children and their families. We would appreciate receiving your input by _____ (*insert date*). To that end, you may return your survey to us via mail in the attached self-addressed, stamped envelope, or fax it to our office to my attention at _____ (*insert fax number*).

Thank you in advance for your assistance in helping to create a supportive resource for adopted children and their families. We look forward to learning from you.

Sincerely,

Project Developer

*Courtesy Oregon Post Adoption Resource Center and Oregon Department of Human Services. Permission granted to duplicate.

TOOLS YOU CAN USE

SAMPLE CURRICULUM TOPIC SURVEY*

1. What do mental health professionals need to know about the following topics in order to best support adopted children and their families? Please include sub-topics that should be addressed under each item. Also, please rank how important it is for mental health professionals to know about each topic by circling a number between 1 and 4, with 1 indicating “crucially important” and 4 indicating “not important at all.”

- a) State adoption laws and policies

1 <i>Crucial</i>	2 <i>Important</i>	3 <i>Somewhat Important</i>	4 <i>Not Important</i>
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- b) Supports and services for families (please indicate which ones)

1 <i>Crucial</i>	2 <i>Important</i>	3 <i>Somewhat Important</i>	4 <i>Not Important</i>
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- c) Preparation of the prospective adoptive family

1 <i>Crucial</i>	2 <i>Important</i>	3 <i>Somewhat Important</i>	4 <i>Not Important</i>
----------------------------	------------------------------	---------------------------------------	----------------------------------

- d) Preparation of the adopted child

1 <i>Crucial</i>	2 <i>Important</i>	3 <i>Somewhat Important</i>	4 <i>Not Important</i>
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- e) Issues specific to working with fostered and adopted children (please indicate which are most important)

1 <i>Crucial</i>	2 <i>Important</i>	3 <i>Somewhat Important</i>	4 <i>Not Important</i>
----------------------------	------------------------------	---------------------------------------	----------------------------------

- f) Impact of adoption on families (please include topics related both to birth and adoptive families)

1 <i>Crucial</i>	2 <i>Important</i>	3 <i>Somewhat Important</i>	4 <i>Not Important</i>
----------------------------	------------------------------	---------------------------------------	----------------------------------

- g) Issues related to diverse adoptive families (e.g. transracial/transcultural, gay and lesbian families, single parent families, socio-economically diverse families, open adoptions)

1 <i>Crucial</i>	2 <i>Important</i>	3 <i>Somewhat Important</i>	4 <i>Not Important</i>
----------------------------	------------------------------	---------------------------------------	----------------------------------

TOOLS YOU CAN USE

- h) Child development and the abused, neglected or traumatized child

1	2	3	4
<i>Crucial</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Not Important</i>

- i) Attachment issues and the adopted child

1	2	3	4
<i>Crucial</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Not Important</i>

- j) Sexual development and the adopted child

1	2	3	4
<i>Crucial</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Not Important</i>

- k) Developmental/organic challenges and the adopted child (e.g., Fetal Alcohol Syndrome/Effect, Attention Deficit Disorder, Attention Deficit and Hyperactivity Disorder)

1	2	3	4
<i>Crucial</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Not Important</i>

- l) Behavior management and discipline of the adopted child

1	2	3	4
<i>Crucial</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Not Important</i>

- m) Clinical skills necessary for working with the adopted child and family

1	2	3	4
<i>Crucial</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Not Important</i>

- Which, if any, of the topics listed above would you omit in a curriculum for mental health professionals working with adopted families?
- About what other topics should mental health professionals know in order to support and provide therapy to adopted children and their families?
- Whom would you recommend as trainers on any of the topics listed in Items #1 or #3 above?

*Courtesy Oregon Post Adoption Resource Center and Oregon Department of Human Services. Permission granted to duplicate.

TOOLS YOU CAN USE

SAMPLE CURRICULUM CORE THEMES*

The Life Cycle of Adoption

- Adoption is a life-long process, not a one-time event
- Adoptive families process through developmental tasks in predictable stages

The Adoption Triad

- Family systems: birth family, adoptive family
- Search and reunion issues
- Relationships and roles

Diversity in Adoption

- Adoptive parenting differs from parenting birth children
- Race, culture, and ethnicity intrinsically impact adoption
- Challenges of transracial and transcultural placements; placements with sexual minority parents; sexual minority youth
- Kinship adoptions

Grief and Loss in Adoption

- Issues of loss, grief and abandonment underlie the adoption experience
- Grief re-processed at each developmental stages and key life events

Impact of Abuse, Neglect, and Trauma

- Adoptees placed beyond infancy have experienced trauma
- The effects of pre- or post-natal exposure to drugs or alcohol impact development

Attachment in Adoption

- Attachment issues are endemic to children who have experienced abuse and neglect
- Trauma and attachment are inter-connected

Treatment Considerations

- Family centered, child focused practice
- Family is the primary healing agent for children
- Treatment recognizes resiliency and de-pathologizes
- Coaching parents to recognize behavioral or emotional challenges in context of life histories
- Integrate clinical interventions that are stage-appropriate rather than age-appropriate

*This sample is a composite of several programs' themes.

TOOLS YOU CAN USE

SAMPLE CURRICULUM ABSTRACT

Hunter College CUNY Adoption Certificate Program Curricula Abstracts

FIRST SESSION

Overview: Changing Trends in Foster Care and Adoption

Dr. Gerald P. Mallon, Hunter College School of Social Work, Adoptive Parent

This session will provide:

- participation, discussion of program outcomes, and assigned coursework necessary for certification
- thorough grounding of participants in the changing trends in foster care and adoption in New York and nationally
- an overview of the child welfare, mental health, and adoption systems in New York and nationally
- a full historical grounding of adoption in the U.S.
- an overview of strength-based, family centered, culturally competent perspectives for working with those affected by adoption and foster, kin and guardianship
- a discussion of the importance of advocacy in the world of foster care and adoption
- introduction of the concept of the adoption triad and the importance of understanding that adoptive families are extended families
- discussion about the use of the adoption practice log

SECOND SESSION

Core Clinical Issues in Adoption/Adoption Family Systems

Dr. Joyce Maguire Pavao and CFFC staff

This session will provide:

- an introduction to the normative crises in the development of the adoptive family and the child
- a discussion of the treatment needs of birth and adoptive families
- a review of child and adolescent developmental issues
- a discussion of the predictable adjustment stages in adoptive child and family development
- a thorough discussion about kinship care issues as they relate to adoption
- a discussion about the importance of working with children and youth who are free for adoption, and not yet in permanent homes
- a discussion about behavior problems as coping strategies.
- a discussion about the detrimental nature of multiple placements and impermanence on a child or youth who has experienced foster care.
- a thorough review of family systems theory and dynamics in adoptive families
- an opportunity to compare and contrast theories

TOOLS YOU CAN USE

THIRD SESSION

Pre- and Post adoption issues for birthparents and families and for adoptive parents and families (including a discussion of impact of infertility on adoption)

This session will provide:

- an introduction to birth family issues at the time of placement or removal and issues that impact and effect the extended birth family
- a panel of birth parents, including birth mother and birth fathers will be invited to meet with and present to the class
- a review of the issues of grief, loss, depression as a result of placing a child or having child removed—mother/father perspectives
- an introduction to an individual or couple and their families' way of dealing with infertility issues
- a review of grief, loss, depression as a result of infertility (even though many who adopt from the public system may not have come to adoption because of infertility issues) and how that might impact the issues of parenting a child by adoption

FOURTH AND FIFTH SESSIONS

Assessing, Intervening and Creating a Treatment Plan

This module will introduce diagnosis and assessment as they pertain to addressing issues commonly experienced by adopted children and their families. Our goal in these sessions, are not to pathologize adoption or any member of the adoption triad, but to acknowledge the critical importance of appropriate assessment and interventions which are clinically sound and promote adoption competent practice.

This introduction will refer to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) to provide the theoretical and skill basis for this session. Unique to this module will be an exploration of the underlying trauma experienced by children who have experienced abuse, and/or neglect in addition to the separation from their birth families. Participants also will distinguish between trauma and dissociative disorders-such as Post Traumatic Stress Disorder-that may emulate other trauma-related diagnoses. Participants will explore the various interventions mental health professionals can use and strategies to offer to parents in order to assist the child in coping with trauma-related symptoms and behaviors.

Assessment, Diagnosis, and Intervention: Attachment and Bonding

Attachment issues are endemic to children who have experienced abuse, neglect, and separation from primary caregivers. Building on the theories and strategies covered in Session VI, this module will apply diagnostic assessment techniques to identify and address attachment disorders vs. normal issues of trust/mistrust. This module will present attachment-oriented theory, address how to rule out or diagnose reactive attachment disorder (RAD), and how to explore the various interventions mental health professionals can use and offer to parents to facilitate their child's attachment. In addition, we will look at the attachment styles of the adults and how those may enhance or decrease the attachment process of the child.

Assessment, Diagnosis, and Intervention: Mental Health and Neurological Disorders

Professionals and parents must first understand the link between brain development and behavior before they can develop skills to support children who have neurological challenges. Recent research confirms that abuse, neglect and trauma can "rewire" a child's brain. Likewise,

TOOLS YOU CAN USE

fetal alcohol syndrome/effect (FAS/E) and other alcohol, and drug-related neurological disorders can shape a child's behavior and relationships. Similarly, mental health disorders such as depression, anxiety, and obsessive-compulsive disorder (OCD) often are linked to differences in brain chemistry. Children with brain injuries often face challenges similar to children with other neurological impairments. This module is a comprehensive look at the current research in the field. It will present specialized parenting skills that professionals can teach families to use with their neurologically impaired child.

SIXTH SESSION

Impact of Abuse and Neglect on Child Development

The experience of children adopted through the child welfare system shapes their development—from infancy through adulthood. This module compares normal childhood development and its tasks with developmental interruptions and transformations resulting from childhood abuse, neglect, and trauma. It will reference recent brain research to explore the impact of these traumas on the child's psychological and physiological development. The module also will study the impact of abuse, neglect and trauma on the parent's as well as the child's attachment style and process and the behaviors that can result, and in will teach interventions that mental health professionals and parents can use to facilitate positive developmental progress. Medical issues specific to maltreated children will also be address in this session.

Promoting Positive Sexual Development after Abuse and Neglect

The majority of children in foster care and those who are adopted have been sexually abused. Due to this extremely high rate, this module will explore the impact of sexual abuse on children throughout their development. Participants will explore the various interventions mental health professionals can use and offer to parents to facilitate their child's positive sexual development. We will also look at the impact of past abuses to the parent and how to address the adult's needs so as not to trigger reactions in the child.

SEVENTH SESSION

Child Centered and Sensitive Treatment in Adoption

Dr. Joyce Maguire Pavao and CFFC staff

Family centered, child focused practice is the norm in today's therapeutic work with children, youth, and families. This session—using film, role plays, and discussion—will focus on promoting and assisting therapists in developing adoption sensitive and competent treatment for members of the adoption triad and others connected to that family who may seek their assistance.

EIGHTH SESSION

Clinical Practice with Diverse Children, Youth and Families

Issues of difference, identity, and belonging affect adopted children, birth parents and adoptive parents alike. Birth parents have been parents to a child, at least during gestation, but are no longer the parent of that child after adoption. Adoptive parents may feel they are different from biological parents because they did not give birth to this child. Children feel different because of their histories and connections to two families and the feelings of loss and lost information that is a part of their story. These differences may be compounded by additional issues of diversity brought on by transracial or transcultural adoptions, adoption by gay or lesbian couples, and/or adoption by a child's relatives. This module will explore the

TOOLS YOU CAN USE

therapeutic implications for working with diverse families and will briefly address the issues around inter-country adoption.

NINTH SESSION

Search and Reunion Issues for Adoption Triad Members

Dr. Joyce Maguire Pavao, CFFC

Search and reunion—two very separate issues—need to be viewed on a continuum. The continuum of closed adoption, open adoption, internal search, external search, minor search, adult searches, and a plethora of reunion options.

Although the search process can begin at any point in one's life, and is really an ongoing internal process for everyone (adopted or not), school age children begin to understand the implications that are inherent in not living with one's birth family. Many children start to feel a sense of loss for not being with their birth parents. Certainly this is true for children who are adopted as school-age children or older; but even if a child is adopted or fostered as an infant, he or she will experience a sense of loss for their birth family and will grieve in their own unique way for this loss.

Often, as Brodzinsky and colleagues (1992, p. 71) note, "the adopted person doesn't even know why he feels so sad or so angry; the possibility that his feelings are related to grief is too abstract for him to grasp, and he suffers his emotions without being able to put a name on them." Almost all adopted persons search for their birth families.

Why did I get adopted? What is my birth family really like? I wonder if they ever think about me?—These are all questions that children and youth who are separated from their families ask out loud, or in the quiet privacy of self reflection. This search usually begins during the early school years and intellectual development progresses as the child grows. Some children delay this search until young adulthood, adulthood, and others, may never engage in a formal search, although a litany of changed, jobs, marriages etc. can be an outward manifestation of an inward search.

Although not all adopted persons will have a reunion with their birth families, all will search in some ways for them. Whether the search is a private one, not discussed with other family members, done on-line or by a visit to vital statistics, or one which is facilitated with assistance from a professional adoption search expert, all members of the adoption triad may need support and assistance in this process. This session, will address these critical issues from the perspectives of all members of the adoption triad: adopted person, adopted parent, and birth parent. We will also look at the bias and judgment that a professional can bring to session and how important it is to reflect on self as we work with these complex families.

TENTH SESSION

Clinical Practice/Therapeutic Strategies with Adoptive Triad Members

Dr. Joyce Maguire Pavao and CFFC staff, Dr. Jill Croizer, Therapist

Participants will integrate the concepts and skills they have learned throughout the course through participation in interactive case studies of adoptive families. This module will feature a live therapy session between a nationally-known adoptive family therapy expert and an adoptive family. This final module will also provide an opportunity for students to consider various theoretical approaches and how they address issues specific to children with histories of abuse, neglect and trauma, as well as to the families who raise them.

TOOLS YOU CAN USE

SAMPLE COURSE EVALUATION*

DEMOGRAPHIC INFORMATION

This information will be used for evaluation purposes. Participants will not be linked to their answers. Each evaluation will be accompanied by these forms, so it is important to be consistent in number of hours of training.

Age _____ Race _____ Ethnicity _____ Gender _____
Highest degree earned _____

ADOPTION EXPERIENCE

Previous hours of training in adoption _____

What is your involvement in adoptions? i.e., adoptive parent, adoption worker, adopted person _____

Current position held in adoption field _____

Years of experience as adoption worker _____ yrs.

Years of experience as adoptive parent _____ yrs.

Years of experience as other (fill in blank _____) _____ yrs.

TRAINING EVALUATION

Please **COMPLETELY DARKEN** the circle corresponding to your answer. A dark pen will produce the most accurate results. All information entered on this form is anonymous and confidential. Shade circles like this: ●

Please evaluate the training you have just completed:	Very Low	Low	Average	High	Very High
■ Trainer(s) were knowledgeable about the content of the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■ Trainer(s) were prepared and organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■ Trainer(s) taught effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■ Trainer(s) were responsive to participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■ Course content supported my job duties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■ Training materials were useful and available for ongoing use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■ Stated course objectives were achieved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■ Training helped me improve specific skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
■ Overall rating for the course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very Low	Low	Undecided	High	Very High
■ My supervisor encourages use of the skills taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What features of the course were most helpful?

What features of the course could be improved?

*Courtesy of Hunter College, CUNY, School of Social Work. Permission to duplicate granted.

TOOLS YOU CAN USE

SAMPLE MID-POINT STUDENT ASSESSMENT*

1. Please comment on the major strengths of the Certificate Program as you see them at this point.
2. Please comment on any weaknesses or omissions you have observed thus far.
3. Which parts of the program thus far were most applicable to your practice?
4. Which parts of the program thus far were least applicable to your practice?
5. Overall, is the course meeting your expectations so far?
6. Would mentoring from instructors or peer support from classmates be an attractive follow-up to course work?
7. Any comments about the course not elicited by the previous questions?

*Courtesy of Northwest Resource Associates. Permission to duplicate granted.

TOOLS YOU CAN USE

SAMPLE COURSE RECOMMENDED READINGS*

- Brodzinsky, D.M., Schechter, M.D., & Marantz, R. (1992). *Being adopted: The lifelong search for self*. NY: Anchor Books.
- Crumbley, J. (1999). *Transracial adoption and foster care: Practice issues for professionals*. Washington, DC: CWLA Press.
- Eldridge, S. (1999). *Twenty Things Adopted Kids Wish Their Adoptive Parents Knew*. NY: Delta.
- Fahlberg, V. (1994). *A Child's Journey Through Placement*. Indianapolis, IN: Perspectives Press.
- Gray, Deborah D. (2007). *Nurturing Adoptions*. Indianapolis, IN: Perspectives Press.
- Hart, A. & Lucock, B. (2004). *Developing Adoption Support and Therapy: New Approaches for practice*. London: Jessica Kingsley Publishers.
- Mallon, G.P. & Hess, P. (2005). *Child welfare for the 21st century: A Handbook of policies, practices, and programs*. New York: Columbia University.
- Melina, L.R. (2002). *Raising adopted children: Practical, reassuring advice for every adoptive parent*. New York: Quill.
- Pavao, Joyce Maguire. (2005). *The Family of Adoption*. Boston: Beacon Press.
- Smith, Susan Livingston, and Howard, Jeanne A. (1999). *Promoting Successful Adoptions*. London: Sage Publishing.

*A composite of several programs' recommended readings.

TOOLS YOU CAN USE

VIDEOS FOR USE IN CERTIFICATE IN ADOPTION PROGRAMS*

American Experience: The Orphan Trains

Available from www.PBS.org

The Broken Child: Case Studies of Child Abuse

2001. Available from HBO. www.films.com. (800) 257-5126

Catfish In Black Bean Sauce

Excellent vehicle for discussing trans-racial and trans-cultural adoptions

Characteristics of Successful Adoptive Families

Core Issues in Adoption

The above two videos are available through the Center Source Catalogue
www.spaulding.org/institute or www.nrcadoption.org

Daddy and Papa: A Story About Gay Fathers in America

www.newday.com/films

The Impact of Transracial Adoptions on the Adopted Child and Adoptive Family

Joseph Crumbley. Office@drcrumbley.com

Multiple Transitions: A Young Child's Point of View on Foster Care and Adoption

1997, 16 minutes. Michael Trout, Director, The Infant-Parent Institute
www.infant-parent.com

Struggle for Identity: Issues in Transracial Adoption

1998, 20 minutes. <http://www.photosynthesisproductions.com/store.cfm>
or call (607) 272-4242

Unlocking the Heart of Adoption: Bridging the Gap between Birth and Adoptive Families

Sheila Ganz. <http://www.unlockingtheheart.com>.

Email: unlockingheart@hotmail.com

*Video list is a composite of several programs' recommendations.

TOOLS YOU CAN USE

QUESTIONS FOR ADOPTIVE PARENTS TO ASK WHEN INTERVIEWING A MENTAL HEALTH PROFESSIONAL *

- How does the mental health professional involve parents in the treatment process? Ask specifically about:
 - What can parents expect in terms of training and guidance in parenting their child?
 - What homework might the mental health professional ask parents to do?
 - Does the mental health professional have an observation room for the infrequent times when parents are not direct participants in therapy?
- How does the mental health professional work with families when the adoption is transracial or transcultural?
- Is the mental health professional willing to work with other professionals involved with the family's adoption, such as social workers, teachers and other mental health professionals?
- Can the therapist estimate a timeframe for the course of therapy?
- What are the mental health professional's policies about reimbursement and scheduling? Ask specifically about:
 - How much does the mental health professional charge?
 - Does she/he accept the Oregon Health Plan card?
 - Is there a sliding scale if the mental health professional is not an approved provider on the OHP card or the adoptive family's health insurance policy?
 - When is payment expected (for instance, after each session, at the end of the month, or after reimbursement by the family's insurer)?
 - What is the mental health professional's arrangement for coverage when she/he is not available, especially in an emergency?
 - Are daytime, evening or weekend appointments available? What about after-school appointments?

*Compiled by Oregon Post Adoption Resource Center.

TOOLS YOU CAN USE

REFERENCES*

- Creech, M.C. "Finding the Best Therapy for Your Child," *Adoptive Parent Mentor Link Update*, (Spring 2000), Northwest Adoption Exchange: Seattle, WA, pp. 1-2.
- National Child Welfare Resource Center for Adoption. "Tips on Selecting an Adoption Therapist," (date unknown), NAIC: Washington, DC, pp. 1-4.
- National Child Welfare Resource Center for Adoption. "After Adoption: The Need for Services," (Revised May 1994), NAIC: Washington, DC, pp. 1-6.
- Simpson, N. "Unraveling the Therapy Maze," *Family Matters: Oregon's Special Needs Adoption Newsletter*, (July 1993), Special Needs Adoption Coalition: Portland, OR, pp. 1-2.
- Watson, Ken. "A Few Thoughts on Choosing an Effective Adoption Therapist," *Adoptalk*, (Summer 2002). North American Council on Adoptable Children, pp. 6-7.

*Courtesy Oregon Post Adoption Resource Center and Oregon Department of Human Services. Permission granted to duplicate.

TOOLS YOU CAN USE

SAMPLE APPLICATION FOR ADMISSION*

Applicants to _____ (name of program) are evaluated on their academic background, practical experience in the field and personal qualifications appropriate for effective application of the program studies. Please complete the following sections and return by _____ insert due date.)

Section A: Background and Practical Experience. Complete the Application for Admission form and submit a current resume.

Section B: Essay. Please insert essay responses of no more than two typed, double-spaced pages for *each* question:

1. How will the Certificate Program prepare you to work with or enhance your work with adopted children and their families?
2. Based on your current knowledge of counseling/therapy in working with adopted children and their families, what theoretical/philosophical approaches make the most sense to you? Why?
3. What areas of study or research are of particular interest to you?

Section C: References. Provide enclose two professional letters of reference that speak to your professional qualifications. One letter should be from a clinical supervisor acquainted with your practical experience in the field. References may be contacted for additional information.

Please provide the following information:

Name _____
 Address _____ City _____ State _____ Zip Code _____
 Home phone _____ Work phone _____
 Social Security # _____ Birth date _____
 Employer: _____
 Address _____ City _____ State _____ Zip Code: _____
 E-mail: Home _____ Work _____

Educational background: Colleges and Universities attended, most recent first.

Name of Institution	Location	Date Attended	Degree Earned

Practice information: Which category best describes your practice setting?

- ☐ Public agency ☐ Community mental health organization
☐ Private practice ☐ Managed care network provider ☐ Other, specify _____

Are you a licensed therapist or in supervision for licensure? ☐ Yes ☐ No ☐ In Supervision

With which board? _____

What client groups do you serve? _____

Do you currently practice with adoptive families and/or adopted children? Yes____ No____

If yes, what percent of your practice is with adoptive families or children? _____%

Do you accept the _____ (state) medical card? Yes____ No____

*Courtesy of Northwest Resource Associates.

RESOURCES

CERTIFICATE PROGRAM WEBSITES

New Jersey: Rutgers University: Certificate Program in Adoption
www.cfcenter.rutgers.edu (Go to the green box "Continuing Education." Click on "Course Catalogue." Click on "Certificate in Adoption.")

New York: Hunter College CUNY: Post Graduate Certificate Program in Adoption Therapy
www.hunter.cuny.edu/socwork/nrcfcpp/adoptiontherapy

Oregon: Portland State University: Therapy with Adoptive Families: Postgraduate Training Certificate
www.ceed.pdx.edu/adoption

Washington: Northwest Resource Associates: Post Graduate Certificate in Foster Care and Adoption
www.cascadia-training.org

RESOURCES

NEW CERTIFICATE PROGRAMS

Several States are in the process of developing adoption training programs for mental health professionals. The persons listed below can be contacted for more information:

Colorado:

Sandra Spears at sspears@du.edu
Melody Roe at melody@adoptex.org
Sharen Ford at Sharen.Ford@state.co.us

Connecticut:

Stephanie Wallace, Manager of Educational Programs, DCF Training Academy
stephanie.wallace@ct.gov, (860) 550-6389

Jodi Hill-Lilly, Director, DCF Training Academy
JODI.HILL-LILLY@ct.gov, (860) 550-6691

Sarah B. Greenblatt, Director, The Casey Center for Effective Child Welfare Practice
sgreenblatt@caseyfamilyservices.org, (203) 401-6900

Reesa F. Olins, Director, STEP Program & Alumni Relations
University of Connecticut School of Social Work
www.ssw.UConn.edu, (860) 570-9123

Dr. Todd W. Rofuth, Chairperson, Department of Social Work
Southern Connecticut State University, (203) 392-6557

Minnesota:

Contact Diane Martin Hushman at hushman@nacac.org

Ohio:

Contact Pamela Cornwell at the Kansas Children's Service League
PCornwell@kcsll.org, (316) 942-4261

RESOURCES

MATERIALS, TRAININGS AND CONSULTATION

The National Child Welfare Resource Center for Adoption provides training and technical assistance to States, tribes and other child welfare organizations in the areas of Adoption and Adoption Support and Preservation Services. Free consultation can be available to assist your State in creating an Adoption Certificate Program for Mental Health Practitioners upon approval by your Federal Regional Office. Contact John Levesque, Associate Director of Technical Assistance, at (207) 899-2617 or email him at jlevesq7@maine.rr.com.
www.nrcadoption.org

The Oregon Portland State University Certificate Program's distance learning segments will be available for purchase. They are:

- Clinical Practice with Children Adopted from the Child Welfare System
Subject Matter Expert: Gerald Mallon, BSW, MSW, DSW
- Assessment, Diagnosis and Intervention: Attachment and Bonding
Subject Matter Expert: Joyce McGuire Pavao, EdD, LCSW, LMFT
- Clinical Practice with Diverse Children and Families
Subject Matter Expert: Carol Spigner, MSW, DSW
- Clinical Practice: Therapeutic Strategies That Work For Adoptive Families
Subject Matter Expert: Richard Delaney, PhD

For more information, contact Marion Sharp at sharpml@pdx.edu.

North American Council on Adoptable Children (NACAC) annual conference offers workshops on adoption competency for mental health professionals
www.nacac.org

The Adoption Community of New England offers an annual Training Day for Professionals Who Work with Adoptive and Foster Families
www.adoptioncommunityofne.org

RESOURCES

E-NEWSLETTERS, LIST-SERVES, AND RESOURCE WEBSITES

National Child Welfare Resource Center for Adoption

www.nrcadoption.org

Child Welfare Information Gateway

www.childwelfare.gov

U.S. Children's Bureau

www.acf.dhhs.gov/programs/cb/

National Resource Center for Family Centered Practice and Permanency Planning

www.hunter.cuny.edu/socwork/nrcfcpp/

North American Council on Adoptable Children

www.NACAC.org

Evan B. Donaldson Adoption Institute

www.adoptioninstitute.org

APPENDIX A

MULTI-STATE SURVEY TO ADOPTION CERTIFICATE PROGRAM GRADUATES

1. How did you hear about the program? (check all that apply)

<input type="checkbox"/> Flyer or brochure	<input type="checkbox"/> Mailing
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Announcement in professional journal
<input type="checkbox"/> University catalog	<input type="checkbox"/> State child welfare agency
<input type="checkbox"/> Other (specify):	

2. What motivated you to attend the program? (check all that apply)

<input type="checkbox"/> My interest in adoption	<input type="checkbox"/> To increase number of clients
<input type="checkbox"/> To increase client diversity	<input type="checkbox"/> To be on state list of adoption therapists
<input type="checkbox"/> Other (specify):	

3. Did you have any training or professional background in adoption prior to entering this program?

<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If yes, please elaborate:

4. Are you a member of an adoption triad?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please identify:
<input type="checkbox"/> Adopted person <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Birth parent

5. Did your program require a final project?

<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how worthwhile did you find the final project?	Very worthwhile 5	4	Moderately worthwhile 3	2	Hardly worthwhile 1
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
And if yes, what was the title or topic of your project?					

6. Did an agency pay your tuition for the program?

<input type="checkbox"/> Yes <input type="checkbox"/> No

APPENDIX A

7. Are you on a list of therapists who have completed the program?

<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, have you received referrals from the list? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, about how many referrals over what time period?	Number of referrals:	During period of time:

8. Did you have an opportunity to fill out a course evaluation or provide feedback in other formats?

<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Please rank each of the following aspects of the program in which you participated:

Aspect of Program	Excellent 5	4	Average 3	2	Poor 1
Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required or recommended readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location and logistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency / ease of distance learning (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition, fees, scholarship availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. In which state did you attend the Certificate program?

State:	
In which state do you practice?	

11. Was your program affiliated with a college or university?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you think you would have attended if it had not been?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Did your program offer CEU's?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you think you would have attended if CEU's were not offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Feel free to include additional comments or suggestions for those interested in developing similar Adoption Certificate programs.

APPENDIX B

SURVEY RESULTS

Due to the relatively small sample size and the self-selecting nature of the sample, it is not possible to reach conclusions about these classes with any stated degree of statistical certainty. On the other hand, there are observations that are worth noting. These observations are presented below:

- Respondents from New York and New Jersey were more likely to hear of the program through university catalogs or state agencies. Those from Oregon and Washington were more likely to hear of the program through brochures or word of mouth.
- Respondents from Oregon and Washington were far more likely to attend the program in order to be on a state list for adoption professionals than were those from New York or New Jersey.
- Thirty percent of the participants in the programs had neither previous training nor professional experience in the adoption field.
- Nearly half (47 percent) of the program participants were part of an adoption triad. Of these, most of them (80 percent were adoptive parents). The other 20 percent were adopted.
- The programs received good-to-excellent ratings in all areas from each state. There were, however, some interesting differences when the program ratings in each state were compared:
 - In states in which the class was heavily populated by adoption professionals, the readings and the instructors were given relatively higher ratings. In New Jersey, with a much higher percentage of nonprofessionals, the curriculum was given the highest rating.
 - There was a similar connection between professional participation in the class and the perceived value of doing a project. The greater the percentage of professionals in the class, the more highly the projects were rated.
- Only one-half of the respondents would have participated in the program if it had not been associated with a college or university; 70 percent of them would have participated had CEU's not been offered.

APPENDIX C

ADOPTIVE FAMILY NEEDS ASSESSMENT

(Name of state agency or names of collaborating agencies) is/are interested in finding out more about adoptive parents' need for services that fit the issues they face in their families. We appreciate your taking the time to answer the questions below. The answers will help us identify and plan services for families like yours.

Instructions: For each question below please write in an answer on the blank like provided or circle the number for the response that best answers the question.

This is an anonymous survey. Do **not** put your name or address anywhere on these pages. Only summary results will be presented in any reports generated from this sample. If you have any questions about the survey, please call _____.

Return the survey in the envelope provided as soon as possible. Thank you!

Family Background

1.	How many people are living in your household now?	___ ___ People								
2.	In your household now, there are how many:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Birth Children</th> <th style="width: 35%;">Adoptive Children (public/private and pre-finalized)</th> <th style="width: 20%;">Other Children</th> <th style="width: 20%;">Adults</th> </tr> <tr> <td style="text-align: center;">___ ___</td> <td style="text-align: center;">___ ___</td> <td style="text-align: center;">___ ___</td> <td style="text-align: center;">___ ___</td> </tr> </table>	Birth Children	Adoptive Children (public/private and pre-finalized)	Other Children	Adults	___ ___	___ ___	___ ___	___ ___	
Birth Children	Adoptive Children (public/private and pre-finalized)	Other Children	Adults							
___ ___	___ ___	___ ___	___ ___							
3.	How would you describe the area in which your family lives?									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Rural Area</th> <th style="width: 25%;">Small Town</th> <th style="width: 25%;">Suburb</th> <th style="width: 25%;">Urban Area</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Rural Area	Small Town	Suburb	Urban Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rural Area	Small Town	Suburb	Urban Area							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
4.	Do you or other adults in the household have any relatives living close to your home (i.e., within a 30-minute drive)?	<input type="checkbox"/> Yes <input type="checkbox"/> No								

Your Family's Adopted Child or Children

5. For each adopted child, fill in their **sex** (circle M for male and F for female), **race** (circle a letter based on the following—W: White, B: Black, A: Asian, N: Native American, and H: Hispanic), **age when first placed** with your family and **age now**.

Adopted Child	Sex	Race	Age at Placement	Age Now
Adopted Child #1	M F	W B A N H	___ ___	___ ___
Adopted Child #2	M F	W B A N H	___ ___	___ ___
Adopted Child #3	M F	W B A N H	___ ___	___ ___
Adopted Child #4	M F	W B A N H	___ ___	___ ___

APPENDIX C

The following is a list of health conditions. For each condition, answer if it is a problem for any of your adoptive children. That is, if you have one adopted child, answer for him or her. If you have two or more adoptive children, answer “No” if none of them have the condition, answer “Yes” if any of them have the condition.

6. Do **any** of your adoptive children have the following health conditions:

Health Condition	No	Yes
a. Attention deficit/hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>
b. Behavioral/emotional problems	<input type="checkbox"/>	<input type="checkbox"/>
c. Learning problems	<input type="checkbox"/>	<input type="checkbox"/>
d. Speech or language problems	<input type="checkbox"/>	<input type="checkbox"/>
e. Autism	<input type="checkbox"/>	<input type="checkbox"/>
f. Serious mental health disorders (diagnosed)	<input type="checkbox"/>	<input type="checkbox"/>
g. Chronic health problems (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>
h. Physical disability, orthopedic/neurological problem	<input type="checkbox"/>	<input type="checkbox"/>
i. Problems due to prenatal exposure to alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
j. Sensory problem (e.g., hearing, vision problems)	<input type="checkbox"/>	<input type="checkbox"/>
k. Mental retardation/developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
l. Attachment problems	<input type="checkbox"/>	<input type="checkbox"/>

The next questions refer to behaviors **any** of your **adoptive** children may have experienced recently. If more than one of your adoptive children has done the same behavior listed below, circle only one answer for the child who has done this most frequently.

Family Issues

7. In the last six months how frequently have **any** of your adoptive children done the following:

Description	Never	Rarely	Sometimes	Often	Very Often
Threatened to hurt you or other family members:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmed or hurt you or other family members:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmed or hurt anyone in your community:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged or broken things on purpose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatened or harmed animals around the home:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

8. In the last six months, how often did supervision of **any** of your adoptive children:

Description	Never	Rarely	Sometimes	Often	Very Often
Make it difficult to get chores done around the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit activities you do with other family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interfere with your social life with friends and neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead to problems getting work done at your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interfere with your hobbies or things you like to do alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Issues

	Description	Yes	No
9.	Were any of your adoptive children on an ISP during the most recent school quarter?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Did any of your adopted children receive special education services in the most recent quarter?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Did any of your adopted children have problems getting to school or attending classes in the most recent quarter?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Were any of your adoptive children schooled at home during the most recent quarter?	<input type="checkbox"/>	<input type="checkbox"/>

13. During most recent school quarter, did any of your adoptive children:

Description	Yes	No
Get suspended or expelled	<input type="checkbox"/>	<input type="checkbox"/>
Get sent to detention > 1 time	<input type="checkbox"/>	<input type="checkbox"/>
Participate in school sports, club or music program	<input type="checkbox"/>	<input type="checkbox"/>
Get in a fight with another student	<input type="checkbox"/>	<input type="checkbox"/>
Receive recognition for academic achievement	<input type="checkbox"/>	<input type="checkbox"/>
See principal/ authority figure more than once	<input type="checkbox"/>	<input type="checkbox"/>
Skip school without permission	<input type="checkbox"/>	<input type="checkbox"/>
Bring a weapon to school	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

Legal Issues

	Description	0, No Times	1+ Times
14.	In past year, have any of your adoptive children run away from home?	<input type="checkbox"/>	<input type="checkbox"/>
15.	In past year, have any of your adoptive children been in trouble with the law (criminal/juvenile justice system)?	<input type="checkbox"/>	<input type="checkbox"/>
16.	In past year, have any of your adoptive children had problems with alcohol or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
17.	In past year, have any of your adoptive children said or done anything that makes you think s/he may be suicidal?	<input type="checkbox"/>	<input type="checkbox"/>
18.	In past year, any adoptive children had a really frightening or stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you had any concerns about any of your adoptive children behaving in a sexually inappropriate way in the past year?	<input type="checkbox"/>	<input type="checkbox"/>

Services for Family Members, Past Year

20. During the past year have you or any of your family members received any of the following services for issues concerning your adoptive children?

Description	Yes	No
General support groups	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling for adults in household	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling for children in household	<input type="checkbox"/>	<input type="checkbox"/>
Family counseling	<input type="checkbox"/>	<input type="checkbox"/>
Respite care	<input type="checkbox"/>	<input type="checkbox"/>
Professional advice about rights or services	<input type="checkbox"/>	<input type="checkbox"/>
Recreational activities for adoptive families	<input type="checkbox"/>	<input type="checkbox"/>
Residential treatment for adoptive children	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospitalization for adoptive children	<input type="checkbox"/>	<input type="checkbox"/>

21. How satisfied were you with services received related to your adoptive children?

Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. During the past year, how often was your family able to solve adoptive children's problems without outside assistance?

Rarely	Sometimes	Often	Very Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

23. Please rate the importance of each of the following barriers to your getting adoption-related services.

Description	Not Important	Somewhat Important	Very Important
No services available in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services cost too much money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty coordinating schedules of family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services available but adoptive children do not qualify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services not available at convenient times of day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services not available on convenient days of the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services were ineffective for what we needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. During the next year how important is it to you and your family to receive any of the following services:

Description	Not Important	Somewhat Important	Very Important
General support groups for children or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling for adults in household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling for children in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional advice about rights or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational activities for adoptive families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential treatment for adoptive children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospitalization for adoptive children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX D

Therapy with Adoptive Families: Postgraduate Certificate Program

A Collaboration of:



Portland State
UNIVERSITY

Continuing Education/Graduate School of Education

The Child Welfare Partnership

Graduate School of Social Work

Counselor Education/Graduate School of Education

COMMUNITY PARTNERS

Oregon Department of Human Services

Oregon Post Adoption Resource Center



Website: <http://www.ceed.pdx.edu/adoption/>

A 100-hour program combining on-line training and face to face class sessions

A program for mental health professionals with a graduate degree

Advanced education and skills in therapy with adopted children and their families

This training is also applicable to therapy with children and families impacted by trauma, abuse and neglect, especially those in foster and kinship care

Certificate awarded upon completion

Listing in a statewide directory

A limited number of small scholarships may be available through Portland State University Continuing Education. Email sharpml@pdx.edu for information.

Applications are accepted beginning April 1, 2007. Application deadline is June 15, 2007. Late submissions will be reviewed on a space available basis.

Weekend Schedule—September through May

Program meets 4 times in Portland, Oregon. The remainder of program is delivered online. See website for technical requirements

100 contact hours for Continuing Education

For More Information:

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Adoption Certificate Program
Coordinator
Child Welfare Partnership
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(503) 725-8539
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Email: kellieh@pdx.edu

Marion Sharp, Program Manager
PSU Continuing Education
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APPENDIX E

MEMORANDUM OF AGREEMENT

BETWEEN

DEPARTMENT OF CHILDREN AND FAMILIES

AND

SOUTHERN CONNECTICUT STATE UNIVERSITY

Fiscal Year 2007-2008

Agreement made between the Department of Children and Families (hereinafter referred to as DCF) acting herein by its Commissioner and Southern Connecticut State University (hereinafter referred to as SCSU) acting herein by the President of the SCSU.

WHEREAS DCF seeks to encourage DCF staff and professionals serving DCF clients to pursue training in post adoption competencies, which will enhance staff service delivery skills and improve the quality of services for foster and adoptive children and families.

WHEREAS SCSU offers a continuing education program and the SCSU is in a unique position to provide this education and fulfill this training need.

WHEREAS SCSU Social Work faculty possess and have access to experts who have advanced knowledge in education regarding child welfare programs and policies in post adoption competencies.

WHEREAS DCF employees who need post adoption competencies will be given the necessary release time during the work week to complete a training certificate program.

WHEREAS DCF staff and other professionals serving DCF clients (hereinafter referred to as participants) who undertake the training will hold a masters degree such as MSW, MCW, MFT or other relevant degrees.

WHEREAS the participants will be divided into two cohorts to undertake the full training with a series of sessions taking place for one cohort at SCSU and the other cohort at the University of Connecticut School of Social Work.

NOW, THEREFORE, the parties agree as follows:

DCF and SCSU agree to:

1. Collaborate together with the University of Connecticut School of Social Work to develop and offer a post masters program in post adoption competencies.

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2. Together prepare Personal Service Agreements, payroll authorizations, or other appropriate accounts payable documents for curriculum development and trainers. Review the documents and possible sole source providers and select contractors. If DCF identifies future project contractors, DCF will submit the initial contractor documentation required for Personal Service Agreements to SCSU at least two months in advance for contracts under \$3,000 and three months in advance for contracts that are over \$3,000. For those contractors who have multiple contracts with the state during the same calendar year totaling more than \$3,000, this documentation will also be forward to SCSU at least three months in advance.
3. Recruit participants. A cohort of not more than 30 participants will be selected by a steering committee with representation from DCF and SCSU. Half of the participants will be DCF employees and the other half will be from the community. DCF will conduct the recruitment process for the DCF employees and SCSU will conduct the recruitment process for the community participants. The committee will then make the final selection of 30 participants.
4. Develop and select curriculum.
5. Participate with the steering committee established by DCF for approval of the final curriculum.
6. Recruit and select trainers and contractors with input from the steering committee.
7. Review the program and collaborate on plans for subsequent years.
8. Any unexpended funds will be returned to DCF or at DCF's discretion be utilized to offset expenditures in the following year.
9. Either party may amend or dissolve this agreement by giving (30) thirty days written notice to the other parties.
10. The term of the agreement shall be from June 1, 2007 until June 30, 2008.

DCF agrees to:

1. Authorize and transfer funding during the period July 1, 2007 through June 30, 2008 in an amount not to exceed \$71,070 to SCSU for the purpose of administering a post master's certificate in post adoption competencies including for the delivery of courses; and providing for SCSUs administration of the program.
2. To pay SCSU the funds indicated in paragraph 1 above upon submission and approval by DCF of a service transfer invoice. Transferring funding of the first half of the total funds (\$35,535) on or about January 1, 2008, and transferring the second and final

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payment of \$35,535 on or about June 1, 2008. Deliverables for the first payment will be the completion of the first half of the course offerings. Deliverables for the second payment will be completion of the course offerings.

3. Recruit up to 30 participants from Area Offices and Facilities using a competitive recruitment process. Final selection of participants will be by a committee with representation from DCF and SCSU and the University of Connecticut.
4. Assist in the identification of possible trainers.
5. Arrange, if possible, assistance from the National Resource Center on Adoption in order to use trainers for some of the curriculum content.

SCSU agrees to:

1. SCSU agrees to institute a MOU with the University of Connecticut School of Social Work so that the University of Connecticut can participate as a collaborator in the development and implementation of the post masters certificate program
2. Hire and maintain staff to administer the program.
3. Develop curriculum.
4. Select service provider contractors for curriculum material and provision of curriculum.
5. Administer the program, including offering 45 hours each to two different cohorts of 15 students, one at SCSU and one at UConn, by providing space for training and food for participants with a start date of October 1, 2007 for the first curriculum session.
6. Market the program and recruit and select students who will not be drawn from the DCF employee pool.
7. Create and enforce student attendance policy needed for successful completion of the program. The attendance policy must address hours or sessions missed by participants.
8. Create and administer an educational capstone experience for all students.
9. Grade the assignments which will be used to measure achievement of certificate program competencies.
10. Provide for make-up sessions due to inclement weather or trainer's illness. Trainers must keep attendance and encourage participants to participate fully.
11. Maintain policies regarding participants who start the program but complete it in a later year.

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12. Provide a joint graduation ceremony with UConn.
13. Create and distribute certificates of completion.
14. Provide social work Continuing Education Credits (CEC).
15. Develop, administer and analyze student evaluation of program.
16. Provide DCF an end of year program report, due August 1, 2008. This report will include information on SCSU and UConn activities and the number of students, trainers, contractors and others that participated in the program. This report will provide information on program progress and program participants including the names of participants who have completed the program.
17. Provide DCF quarterly fiscal reports which shall include (a) the total funds transferred from DCF, and (b) the expenditures made by SCSU.
18. Keep full and accurate books and records with respect to all funds. These records shall be subject to monitoring, inspection, review and audit by authorized employees of DCF. SCSU shall retain all such records for a period of three (3) years after completed audit.
19. Provide to DCF any information pertaining to the use of funds as may be required from time to time for the preparation of reports, information requests and renewal applications.

State of Connecticut: Required Provisions

- 1) **Applicable Law:** This agreement shall be governed by the laws of the State of Connecticut, without regard to its principles of conflicts of laws. The contractor shall at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this contract and which in any manner affect the work or its conduct.
- 2) **Contract Assignment:** No right or duty, in whole or in part, of the contractor under this agreement may be assigned or delegated without the prior written consent of the University.
- 3) **Claims Against the State:** The contractor agrees that the sole and exclusive means for the presentation of any claim against the State of Connecticut arising from this agreement shall be in accordance with Chapter 53 of the Connecticut General Statutes (Claims Against the State) and the contractor further agrees not to initiate legal proceedings in any state or federal court in addition to, or in lieu of, said Chapter 53 proceedings.

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- 4) Non-Discrimination: The Contractor agrees to the following provisions required pursuant to section 4a-60 of the Connecticut General Statutes:
- a) For the purposes of this section, “minority business enterprise” means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or person: (1) who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Conn. Gen. Stat. section 32-9n; and “good faith” means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations. “Good faith efforts” shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements. For purpose of this section, “Commission” means the Commission on Human Rights and Opportunities. For purposes of this section, “Public works contract” means any agreement between any individual, firm or corporation and the state or any political subdivision of the state other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the state, including, but not limited to, matching expenditures, grants, loans, insurance or guarantees.
 - b) (1) The Contractor agrees and warrants that in the performance of this contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not be limited to: blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by the Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an “affirmative action – equal opportunity employer” in accordance with regulations adopted by the Commission; (3) the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers’ representative of the Contractor’s commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this section and with Conn. Gen. Stat. sections 46a-56, 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to Conn. Gen. Stat. sections 46a-56, 46a-68e and 46a-68f; (5) the Contractor agrees to provide the

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Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as they relate to the provisions of this section and section 46a-56. If the contract is a public works contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.

- c) Determination of the Contractor's good faith efforts shall include but shall not be limited to the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.
- e) The Contractor shall include the provisions of subsection (b) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Conn. Gen. Stat. section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.
- f) The Contractor agrees to comply with the regulations referred to in this section as they exist on the date of this contract and as they may be adopted or amended from time to time during the term of this contract and any amendments thereto.
- g) The Contractor agrees and warrants that in the performance of the contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation; the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said Commission pursuant to section 46a-56 of the

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general statutes; the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this section and section 46a-56 of the general statutes.

- h) The Contractor shall include the provisions of the foregoing paragraph in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56 of the general statutes; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

Executive Orders Nos. 3, 17, 16 & 7C:

- 5) Executive Order No. 3: This contract is subject to the provisions of Executive Order No. 3 of Governor Thomas J. Meskill promulgated June 16, 1971 and as such this contract may be canceled, terminated or suspended by the State Labor Commissioner for violation of or non-compliance with said Executive Order No. 3, or any state or federal law concerning nondiscrimination, notwithstanding that the Labor Commissioner is not a party to this contract. The parties to this contract, as part of the consideration hereof, agree that said Executive Order No. 3 is incorporated herein by reference and made a part hereof. The parties agree to abide by said Executive Order and agree that the State Labor Commissioner shall have continuing jurisdiction in respect to contract performance in regard to nondiscrimination, until the contract is completed or terminated prior to completion. The Contractor agrees, as part consideration hereof, that this contract is subject to the Guidelines and Rules issued by State Labor Commissioner to implement Executive Order No. 3, and that it will not discriminate in his employment practices or policies, will file all reports as required, and will fully cooperate with the State of Connecticut and the State Labor Commissioner.
- 6) Executive Order No. 17: This contract is also subject to provisions of Executive Order No. 17 of Governor Thomas J. Meskill promulgated February 15, 1973, and, as such, this contract may be canceled, terminated or suspended by the contracting agency or the State Labor Commissioner for violation of or noncompliance with said Executive Order No. 17 notwithstanding that the Labor Commissioner may not be a party to this contract. The parties to this contract, as part of the consideration hereof, agree that Executive Order No. 17 is incorporated herein by reference made a part hereof. The parties agree to abide by said Executive Order and agree that the contracting agency and the State Labor Commissioner shall have joint and several continuing jurisdiction in respect to contract performance regard to listing all employment openings with the Connecticut State Employment Service.

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7) Executive Order No. 16: This contract is also subject to provisions of Executive Order No. Sixteen of Governor John J. Rowland promulgated August 4, 1999, and, as such, this contract may be cancelled, terminated or suspended by the contracting agency or the State for violation of or noncompliance with said Executive Order No. Sixteen. The parties to this contract, as part of the consideration hereof, agree that:

- a) The Contractor shall prohibit employees from bringing into the state work site, except as may be required as a condition of employment, any weapon or dangerous instrument as defined in section (i) below;
 - i) Weapon means any firearm, including a BB gun, whether loaded or unloaded, any knife (excluding a small pen or pocket knife), including a switchblade or other knife having an automatic spring release device, a stiletto, any police baton or nightstick or any martial arts weapon or electronic defense weapon. Dangerous instrument means any instrument, article or substance that, under the circumstances, is capable of causing death or serious physical injury;
 - ii) The Contractor shall prohibit employees from attempting to use, or threaten to use, any such weapon or dangerous instrument in the state work site and employees shall be prohibited from causing, or threatening to cause, physical injury or death to any individual in the state work site; and
 - iii) The Contractor shall adopt the above prohibitions as work rules, violation of which shall subject the employee to disciplinary action up to and including discharge. The Contractor shall require that all employees are aware of such work rules.

The Contractor agrees that any subcontract it enters into in the furtherance of the work to be performed under this contract shall contain these provisions.

8) Executive Order No. 7C: This Agreement is subject to Executive Order No. 7C of Governor M. Jodi Rell, promulgated on July 13, 2006. The Parties to this Agreement, as part of the consideration hereof, agree that:

- a) The State Contracting Standards Board (“the Board”) may review this contract and recommend to the state contracting agency termination of the contract for cause. The state contracting agency shall consider the recommendations and act as required or permitted in accordance with the contract and applicable law. The Board shall provide the results of its review, together with its recommendations, to the state contracting agency and any other affected party in accordance with the notice provisions in the contract no later than fifteen (15) days after the Board finalizes its recommendation. For the purposes of this Section, “for cause” means:
 - i) a violation of the State Ethics Code (Conn. Gen. Stat. Chapter 10) or Section 4A-100 of the Conn. Gen. Statutes or
 - ii) wanton or reckless disregard of any state contracting and procurement process by any person substantially involved in such contract or state contracting agency.

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- b) For the purposes of this Section, "contract" shall not include real property transactions involving less than a fee simple interest or financial assistance comprised of state or federal funds, the form of which may include but is not limited to grants, loans, loan guarantees, and participation interests in loans, equity investments and tax credit programs. Notwithstanding the foregoing, the Board shall not have any authority to recommend the termination of a contract for the sale or purchase of a fee simple interest in real property following transfer of title.
- c) Effective January 1, 2006, notwithstanding the contract value listed in Conn. Gen. Stat. §§ 4-250 and 4-252, and section 8 of Executive Order Number 1, all procurements between state agencies and private entities with a value of \$50,000 (fifty thousand dollars) or more in a calendar or fiscal year shall comply with the gift affidavit and campaign contribution certification requirements of said Sections. Certification by agency officials or employees required by Conn. Gen. Stat. § 4-252 shall not be affected by this Section.

Department of Children and Families


 Brian Mattiello
 Acting Commissioner

5/17/07

Date


 Provost and Vice President for Academic Affairs
 Southern Connecticut State University


5/21/07

Date

DCF_SCSU 2007-2008 Post Adoption MOA.doc

Office of the Attorney General
(approved as to form and legal
sufficiency)

Date


 Richard J. Lynch, AA 6

6/18/2007

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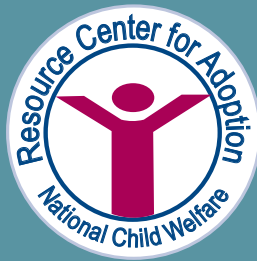
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**NATIONAL CHILD WELFARE
RESOURCE CENTER**
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*at Spaulding for Children
-A Service of the Children's Bureau-*

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