**Title: Specifying and Measuring the Complex Construct “Adoption Competency”**

In the field of child welfare, and particularly the area of post-adoption services, it is widely believed that adoptive families are best served by professionals, including mental health clinicians, who are “adoption competent.” Evidence for this is based largely upon studies chronicling the often negative experiences of adoptive families (Casey Family Services, 2003; Freundlich, 2006; Lenerz, Gibbs, & Barth, 2006). Two Donaldson Adoption Institute reports (Smith, 2010; Brodzinsky, 2013) and a special double issue of *Adoption Quarterly* (16:3-4, 2013) emphasized the importance of adoptive families accessing services provided by professionals who have specialized knowledge and skills associated with what is referred to in practice literature as “adoption competency.”

The need for the construct “adoption competency” to be more formally defined and to better specify the clinical practices associated with adoption competency became evident with the context of a multi-component, mixed-method evaluation of an adoption competency training program designed specifically for mental health clinicians. Although an advisory board of nationally recognized experts who informed the development of the curriculum contributed to the body of knowledge about adoption competence by first defining knowledge, skills, and beliefs in 18 domains and then developing an expert-consensus definition of an adoption competent mental health professional, evaluation of the competency-based training required the development of operational definitions that would allow the observation and measurement of clinical practices. Operational definitions are essential to research because they permit investigators to measure abstract concepts and constructs and permit scientists to move from the level of constructs and theory to the level of observation (Kerlinger, 1986).

An evaluation being conducted by the presenters includes a component designed to further define the complex construct “adoption competency” by specifying and developing operational definitions of the clinical practices associated with the construct. Participants in a post-graduate training for licensed mental health clinicians are asked to describe any changes in their clinical practices that have occurred as a result of their learning. Their descriptions are helping illuminate and specify “adoption competent” clinical practice and differentiate it from standard clinical practices. Based on a preliminary analysis of more than 2,200 descriptive comments collected to date (August 2014), the following aspects of clinical practice appear to be most closely associated with adoption competency.

**Aspects of Clinical Practice Influenced by Adoption Competency Training**

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| --- |
| *Global influence across multiple aspects of clinical practice* |
| * Strong adoption orientation
* Use of adoption competent language
 |
| *Information collected at intake/ with referral/ in initial phase of assessment* |
| * Includes specific inquiry about adoption
* More thorough exploration of children’s and parents’ adoption stories and adoption-related issues
* More strongly trauma informed
* More time allocated to intake
* More in-depth information about family of origin
 |
| *Methods used to assess family and/or child* |
| * Strong adoption orientation
* Increased use of tools (i.e., genogram, eco-map, timelines, parent attachment profile, behavior checklist)
* Trauma as a primary area of assessment
* Asking difficult questions
 |
| *Clinical approaches used* |
| * Strong adoption (rather than behavioral) orientation
* Increased focus on family
* Strongly trauma-informed
* Focus on grief and loss
* Increased use of evidence-based and adoption-informed approaches (i.e., DDP, EMDR, Henry’s 3-5-7, Hughes on attachment, Perry on trauma)
* Increased psycho educational work with parents; strengths based; capacity building.
 |
| *Techniques used in work with children and youth* |
| * Increased specific focus on adoption related issues
* Diminished focus on behavior
* Increased use of tools (i.e., Life books, birth parent puzzle, Mask, loss box, claiming rituals, genogram, ecomap)
 |
| *Use of or referral to other resources/therapies* |
| * Elevated valuing of adoption competency in other services providers
* Increased understanding of and referrals for evidence-based interventions
 |
| Types of services/support your organization provides |
| * Strengthened intake/assessment protocols
* Additional/reinforced commitment to psycho educational services and peer supports
* Expansion of services (e.g., psychoeducational offerings; support and education groups.
 |

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Key Reference:

Anne J. Atkinson , Patricia A. Gonet , Madelyn Freundlich & Debbie B. Riley (2013) Adoption Competent Clinical Practice: Defining Its Meaning and Development, *Adoption Quarterly*, 16:3-4, 156-174

For additional information about TAC, visit the Center for Adoption Support and Education at <http://www.adoptionsupport.org>

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