Key Differences Between TAC-Trained and Non-TAC-Trained Clinicians

Adoption Competent Mental Health · https://bridges4mentalhealth.org/hub/adoption-competence/key-differences-between-tac-trained-and-non-tac-trained-clinicians/

This infographic summarizes the additional qualifications of a TAC-trained clinician as evaluated in theTAC Effectiveness Study.

KEY DIFFERENCES BETWEEN TAC-TRAINED AND NON-TAC-TRAINED CLINICIANS

The Center for Adoption Support and Education (C.A.S.E.) in collaboration with PolicyWorks, LTD., conducted the ***Training for Adoption Competency (TAC) Effectiveness Study*** to assess the effectiveness of TAC, the specialized curriculum designed to equip clinicians with knowledge, values, and skills to engage in more effective mental health practices with adoptive families.

The study not only confirmed that **TAC training is effective in treating children and families** but also identified significant **differences in TAC-trained and non-TAC-trained clinicians**.

TAC-Trained Clinicians	Non-TAC-Trained Clinicians
Training provides specialized knowledge of adoption-specific issues, including trauma & attachment, loss & grief, identity, communicative openness, family cohesion, and parent self-care.	Training is broad, covering typical diagnoses with little to no training around adoption-related treatment.
TAC-trained clinicians view adoption as a lifelong developmental context, not a one-time event.	Non-TAC-trained clinicians more often treat adoption as background information rather than a central clinical framework.
TAC-trained clinicians are skilled in cross-system collaboration and the child welfare system. They have stronger therapeutic alliances, indicating greater collaboration, trust, and empowerment.	Non-TAC-trained clinicians are less likely to be trained in cross-system collaboration in treatment.
TAC-trained clinicians use psychoeducation related to adoption with a strong emphasis on adoptive parenting skills development and relationship-building strategies.	Non-TAC-trained clinicians have limited use of adoption-specific psychoeducation or parenting skill-building and often position parents as observers rather than therapeutic agents for healing.
Families working with TAC-trained clinicians reported feeling understood, validated, and seen as a whole family system.	Families working with non-TAC-trained clinicians often report neutral experiences and felt misunderstood or unseen n adoption-specific needs.
TAC-trained clinicians understand behaviors as survival responses, fear responses, trauma activation, or attachment injuries.	Non-TAC-trained clinicians may conceptualize behaviors as defiance, oppositionality, or parent-child conflict.

The evidence is clear: **TAC provides the specialized knowledge, training, and**

Key Differences Between TAC and Non-TAC Providers