

Effects of TAC on Treatment Quality and Effectiveness: A Brief Summary

Background and Rationale

The ongoing evaluation of Training for Adoption Competence (TAC) has established a substantial body of evidence that TAC is an effective training model that increases knowledge and influences clinical practices in ways consistent with specified learning objectives. The logical next step – beyond confirming TAC is an effective model of training -- was to test TAC’s theory of change by studying the effects of TAC on the quality and effectiveness of clinical services in real-world settings, collecting data from adoptive families about their treatment experiences and outcomes. That study was completed in 2020 using data from 89 adoptive families treated by 34 TAC-trained clinicians and 70 adoptive families treated by 36 comparably qualified clinicians who were not TAC-trained.

Areas of Inquiry

Study questions focused on a) treatment experiences and b) treatment outcomes for adoptive families and included four main areas of inquiry:

- 1. Adoptive parent satisfaction with treatment.** Satisfaction refers to a patient’s positive attitude toward therapy and includes an acceptance of the rationale for treatment and expectation of benefit. Satisfaction has been shown to be a good indicator of quality-of-service delivery, treatment compliance, and to be significantly linked to outcomes, including reduction in emotional difficulties. The Mental Health Satisfaction Improvement Program Family Satisfaction Survey (MHSIP-FSS) has shown high levels of validity and reliability as a measure of consumer satisfaction with mental health services. Use of this instrument was familiar to and viewed favorably by behavioral health officials whose cooperation was essential for study approval.
- 2. Therapeutic alliance.** Therapeutic alliance, or the quality of the relationship between therapist and adoptive parents, is considered by some researchers to be the most important variable influencing therapeutic outcomes. Numerous studies have demonstrated the reliability, validity, and predictive value of the Therapeutic Alliance Scale for Caregivers (TAS-C).
- 3. Family outcomes.** Family outcomes were assessed using outcomes items from the MHSIP-FSS questionnaire that focused on family well-being and child/youth emotional/behavioral/social functioning.
- 4. Adoption relevance of treatment.** Relevance was measured by an instrument developed for the study that was purposefully aligned with key adoption-related therapeutic tasks and outcomes illuminated by prior research and the ongoing TAC evaluation.



Demographic data on families and clinicians were also collected for the purpose of demonstrating the comparability of sub-groups compared.

Findings

Across all variables responses of adoptive families treated by TAC-trained clinicians were compared with those of comparably qualified clinicians who were not TAC-trained.

Treatment Experiences of Families

Families treated by TAC-trained clinicians sustained engagement in treatment over a higher number of sessions, experienced greater parental involvement in treatment (i.e., parents present in more sessions), a broader range of therapeutic interventions (i.e., counseling plus support group, psycho-education, parenting skills training), and treatment that was more adoption relevant (i.e., stronger focus on adoption core issues and normative adoptive family development).

Treatment Outcomes for Families

Families treated by TAC-trained clinicians reported more positive outcomes at statistically significant levels across all variables examined.

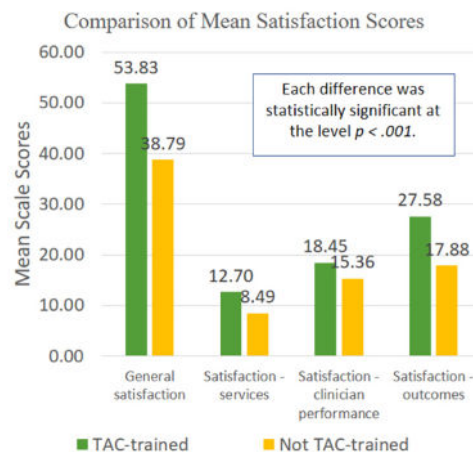
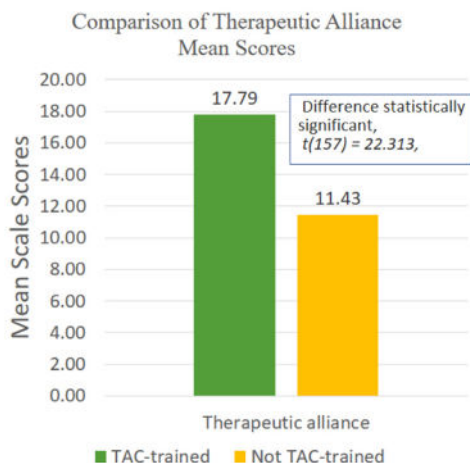
Satisfaction

General satisfaction, satisfaction with services, satisfaction with clinician performance, and satisfaction with outcomes were studied, comparing families treated by TAC-trained and not TAC-trained clinicians.

On each comparison, statistically significant differences were found at the .001 level. Satisfaction is not only a good indicator of quality of treatment and treatment compliance, but significantly linked to outcomes, including reduction in emotional difficulties.

Therapeutic Alliance

Therapeutic alliance scores for families treated by TAC-trained clinicians were also more positive at a .001 level of statistical significance. Therapeutic alliance is seen as crucial for client motivation to attend and engage in the work of therapy and for positive client outcomes to be achieved.





Family Outcomes

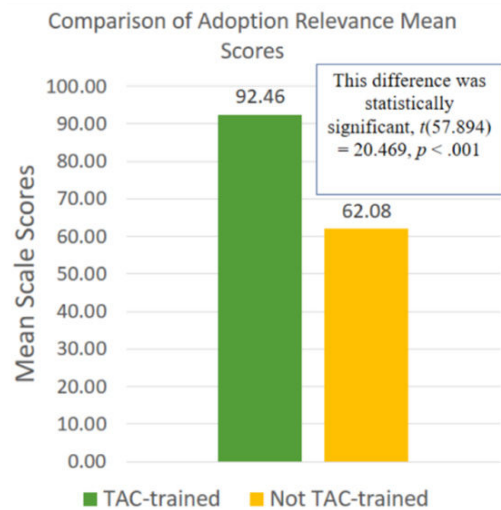
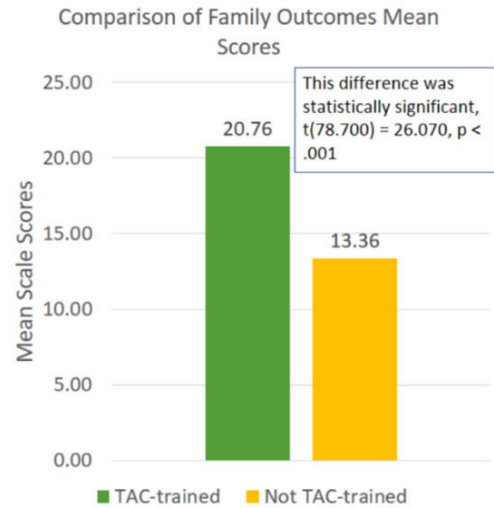
Family outcomes that were assessed focused on family well-being and child/youth emotional, behavioral, and social functioning. Families reported more positive outcomes for their families on measures of communicative openness, adoption knowledge, relationships, and parenting skills and for their child on measures of daily functioning and relationships. Again, mean scores for families treated by TAC-trained clinicians were higher at statistically significant levels.

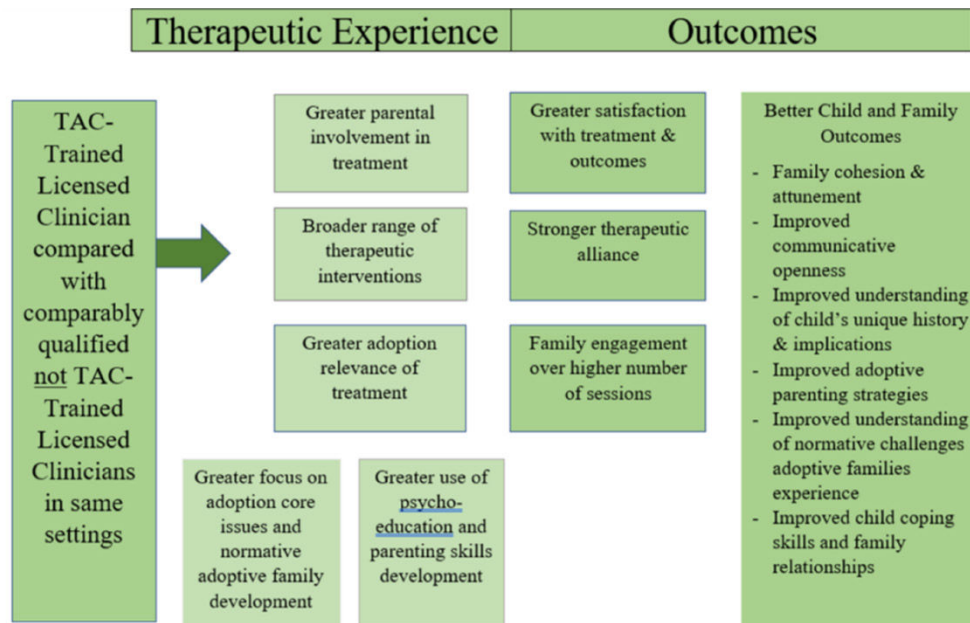
Adoption Relevance

Description automatically generated Adoptive families also rated treatment by TAC-trained clinicians significantly more adoption-relevant, featuring a greater focus across all therapeutic issues examined -- normalization, trauma and attachment, loss and grief, uncovering the child’s unique story, supporting communicative openness, family cohesion and attunement, and parent support and self-care. It is likely that the strong adoption relevance of the intervention contributed to higher levels of satisfaction, better therapeutic alliance, and more positive outcomes.

The strong evidence that therapeutic intervention by TAC-trained clinicians is more adoption relevant reflects important distinguishing features of clinical practice that is regarded as adoption competent. Evidence of greater use of psychoeducation and strategies to develop parenting skills by TAC-trained clinicians is consistent with a strengths-based approach that recognizes parents as partners in the therapeutic process and as primary agents of healing. Although parental claims of more positive outcomes for families and children were not independently verified in this study and must be taken at face value, they are very credible and significant indicators of more effective treatment being delivered by TAC-trained clinicians.

Overall findings from the study are summarized in the graphic abstract on the next page:





Conclusions and Implications

The primary purpose of this study was narrowly defined to assess the effects of the TAC on the quality and effectiveness of clinical services with adoptive families in community-based outpatient treatment settings. Findings clearly and consistently support a conclusion that TAC has positive effects on the quality and effectiveness of clinical services with adoptive families. Findings confirm that the real-world clinical practices of TAC-trained clinicians in the study are consistent with intended training outcomes and are more effective in achieving positive outcomes with adoptive families. The primary implication of findings is that TAC should be expanded to train additional clinicians in order to increase access for adoptive families to more effective adoption competent treatment. Online registries listing clinicians who have completed TAC should be further expanded so that adoptive families can more readily identify adoption competent clinicians.

Additionally, behavioral health organizations that treat adoptive families should ensure through their hiring and training practices that a sufficient number of clinicians in their organizations are qualified to provide appropriate assessment and effective treatment for these families. Adoption services providers, including child welfare agencies, that refer families for mental health assessment and intervention services should recognize those who have completed TAC as preferred providers and establish referral policies that reflect that preference.

More formalized credentialing standards should also be considered as a means of ensuring that adoptive families, as consumers of mental health services, can better identify and access qualified providers. More formal credentialing standards would likely advance recognition by insurance companies of adoption competent practice as a specialized practice, justifying higher reimbursement rates that would, in turn, likely encourage additional clinicians to seek specialized training.

Finally, although this study produced strong and consistent findings clearly established an association between TAC and better therapeutic experience and outcomes, deeper insights into the connections between therapeutic approaches and specific interventions and outcomes are needed. 