



**National Training and
Development Curriculum**
FOR FOSTER AND ADOPTIVE PARENTS

2021

Evaluation of the NTDC Right-Time Training

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Executive Summary

Background

National Training and Development Curriculum for Foster and Adoptive Parents (NTDC) includes three components: self-assessment, classroom-based training, and Right-Time training. Right-Time training is an online as-needed training resource for caregivers who wish to reinforce their knowledge and skills after the classroom-based curriculum (Salazar et. al, 2020). This report evaluates the training effectiveness of the Right-Time training based on data collected from the Right-Time pre-, post-, and course assessments.

Right-Time training is a trauma-informed learning program that provides timely access to information about emergent areas of need for caregivers. Caregivers can access Right-Time training themes via a mobile application or website as needed. There are 15 Right-Time themes included in this report. Each Right-Time training includes learning segments such as a video, a “My Story” podcast, and discussion questions. The videos showcase two to three professionals’ perspectives on the theme along with real-life examples of an adoptive or foster parent. The podcast features either a former foster youth, adopted youth, or kinship youth who describe their perspectives on the theme of a specific Right-Time training. Finally, the discussion questions provide opportunities for parents who are fostering or adopting to think through, discuss, and process training content.

Families were originally recruited by the pilot sites. Midway through the evaluation, the evaluators opened the Right-Time evaluation to foster/adoptive/kinship parents who met the criteria but were not in one of the pilot sites. At that point, families were recruited by the North American Council on Adoptable Children (NACAC) and the National Council for Adoption (NCFA). These entities sent out flyers regarding the Right-Time training program to local adoptive, kinship, and foster parents. In order to participate in the Right-Time program the foster/adoptive/kinship parents needed to be licensed or approved and currently have children in the home or have had children in their home within the past year through foster care or adoption. Originally all parents from a specific pilot site were assigned themes to review. This process changed once NCFA and NACAC began recruiting families. At that point families were either assigned specific themes to review or could choose the themes to review based on the themes that still needed more people to review them. Families were recruited from child welfare but were also recruited if they had adopted via the private domestic process or intercountry. Originally families that adopted

via the private domestic process or intercountry process were only reviewing the themes specific to this target population. This changed during the evaluation in that they could review additional themes. The parents were asked to complete the specific themes assigned to them within one month of receiving an introductory email. Parents who completed the assigned themes within the designated timeframe received an electronic gift card from Amazon.

Each Right-Time theme takes approximately one hour to complete. Each theme is designed for parents to complete on their own online, in support group settings, or in partnership with parenting partners or caseworkers (Salazar et. al, 2020). For the purposes of this study, parents were recruited individually and were asked to complete the Right-Time themes on their own. Parents were not given an option to complete them through support groups, with caseworkers or in partnership with other parents.

Caregivers complete a pre- and post-test immediately prior to and after completion of each Right-Time training theme. The pre- and post-tests of caregiver competency are designed to measure parenting attitude, motivation, preparedness, and knowledge base of each training theme. Caregivers were also asked to report their opinions about the usability/usefulness, quality of training, and the training efficacy after the Right-Time training.

Key Findings

In general, the Right-Time trainings had a positive impact on participants' self-reported competency levels. After the Right-Time training, mean rates of perceived competency increased on all questions, and did so with statistical significance on 86% of individual questions and 100% of themes. Our results indicated that one caregiver competency question in the Building Parental Resilience theme should be revisited.

Additionally, participants improved their accuracy in answering the knowledge-based quiz questions after completing the Right-Time trainings. The overall accuracy rate improved with statistical significance from 86.2% to 93.3%. All quiz questions with a pre-test accuracy of 88% or below improved with statistical significance except one (in the Building Children's Resilience theme). All other quiz questions that did not improve with statistical significance began with a pre-test accuracy of 88% or higher and ended with a post-test accuracy above 90%, indicating the lack of significant improvement was due to high baseline understanding for those questions, rather than ineffectiveness of the training.

Moreover, the Right-Time training measured self-reported usability, usefulness, and efficacy of each training theme. Overall, participants reported that they agreed that Right-Time trainings were relevant to their needs, that the trainings were applicable to the real life, that they would recommend the training session to other parents, and that they planned to use the information and skills they learned to take care of the child they are parenting despite already being acquainted with much of the information prior to the trainings. On average, they reported the trainings to be “very useful.” Participants also reported the three learning segments (i.e., videos, ‘My Story’ podcasts, and discussion questions) to be “very useful.” Participants also generally agreed with the usability of each training. Additionally, participants reported that they received the right amount of information from the training except for too little amount of information for Intercountry Adoption Medical Considerations. Finally, some participants provided detailed feedback on specific elements of each training that were particularly helpful or could be improved in two free response questions at the end of the course evaluation. This feedback often included specific content that the participants would like to see covered and suggestions on how to make the information easier to access and understand.

Recommended Next Steps for Improving Right-Time Training Themes:

This section provides both general recommendations as a result of feedback received in multiple themes, and prevalent feedback in particular themes.

General recommendations:

- Add closed captioning for all audio
- Use language that is clear, simple, and free of grammatical errors
- Keep the wording on all discussion question and answers concise and allow for audio versions when possible
- Provide large text boxes for typing answers to discussion questions
- Improve navigation of the trainings by adding functionality like a “next” button
- Add more interactivity to the trainings
- Make sure examples and terminology in videos is up-to-date
- Diversify video narrators, particularly when discussing race-based themes
- Add more knowledge-based quiz pre- and post-test questions and allow participants to easily view the accuracy of their responses

- The Likert-scales on the pre- and post-test have 10 choices but only need 5
- Allow for easy access of resources after each training
- Allow for easy printing of resources from each training
- Provide citations for books that are referenced in videos
- Provide advice and guidance differentiated by age of child for all themes
- Make guidance as localized as possible

Theme-specific recommendations:

- [Accessing Services and Supports:](#)
 - Add podcast
- [Building Children’s Resilience:](#)
 - Address typos
 - Reevaluate the training in relation to the quiz question “What are some concrete things that parents who are fostering or adopting can do to create an environment to help build a child’s resilience?”
- [Building Parental Resilience:](#)
 - Add podcast
 - Add content on how to discuss self-care with a spouse
 - Reevaluate the training in relation to the competency question “I expect children to always be grateful for what I am giving to them.”
- [Common Feelings Associated with Being Adopted:](#)
 - Add podcast
 - Add more content on how to navigate racism in transracial families
- [Education:](#)
 - For both the pre- and post-tests, questions #8 and 9 are identical
- [Intercountry Adoption Medical Considerations:](#)
 - Add podcast
 - Add discussion questions
 - Add more content
 - Remove use of the word “retardation” in the video
 - Acknowledge that children’s files may not always have correct medical info
 - Revise the quiz question on malnutrition
- [Life Story: Birth and Adoption Story](#)
 - Add content on how to address issues related to discussing life stories for parents with children who have special needs
- [Preparing for Adulthood:](#)

- Add content on youth who have experienced challenges during this process and how they overcame those challenges
- **Responding to Children in Crisis:**
 - The article titled “Seven Key Principles to Self-Regulation in Context” is linked to the wrong article
 - Address “painful/painfully” typo in discussion questions
 - Avoid repeating definitions in discussion questions
- **Sensory Integration:**
 - Add podcast
 - Add content on additional strategies for parents
 - Eliminate question #11 on the pre- and post-tests
- **Sexual Development and Identity:**
 - Address grammatical errors in video key points PDF
 - Add content on how to support a variety of situations across the LGBTQ spectrum
 - Use gender neutral language in the menstruation section of the training
- **Sexual Trauma:**
 - Add content on dissociation, grooming, and the normalization of masturbation regardless of gender
 - Shorten or combine some of the discussion questions as this could be a sensitive topic to discuss for a long period of time

I. Outcome Evaluation of Right-Time Training: Caregiver Competency

Measurement

The assessment of caregiver competency is developed to reflect on parenting attitude, motivation, preparedness, and knowledge base of the training theme. The scale evaluates participants' degree of agreement with caregiver competency. Caregiver competency was assessed through self-report using a Likert-scale. The number of questions range from five to eight per Right-Time theme. Each question is rated on a ten-point ordinal scale, ranging from 0 to 10 (i.e. 0 = Strongly Disagree, 1 = In between Strongly Disagree and Moderately Disagree, 2 = Moderately Disagree, 3 = In between Moderately Disagree and Slightly Disagree, 4 = Slightly Disagree, 5 = In between Slightly Disagree and Slightly Agree, 6 = Slightly Agree, 7 = In between Slightly Agree and Moderately Agree, 8 = Moderately Agree, 9 = In between Moderately Agree and Strongly Agree, 10 = Strongly Agree). Participants' scores indicate their degree of agreement with the scale items. The total score indicates participants' overall self-rated caregiver competency. For most questions, the higher the score, the more competent the participant perceives themselves as a foster/resource/adoptive parent in a given area. A few questions (called "reverse scoring" questions) are negatively worded so that a lower score indicates a higher degree of caregiver competency.

Eleven scales were developed before the Right-Time training to assess the Right-Time themes. These assessments include Accessing Services and Supports, Building Children's Resilience, Building Parental Resilience, Education, Family Dynamics, Managing Placement Transitions, Preparing for Adulthood, Preparing for and Managing Visitation, Responding to Children in Crisis, Sexual Development and Identity, and Sexual Trauma. Each scale was measured before and after the right-time training. Participants' scoring change between the pre-test and post-test indicates their subjective change in a specific area of caregiver competency. While all fifteen themes are represented in the other sections of this report, note that four themes (Common Feelings Associated with Being Adopted, Intercountry Adoptions Medical Considerations, Life Story – Birth & Adoption Story, and Sensory Integration) are not included in this section of the analysis. These four themes are not included in the self-reported caregiver competency section because the pre- and post-tests did not include questions on self-reported caregiver competency for these themes.

Data Analysis

First, to evaluate participants' perceived caregiver competency in a given area, trainers' responses were recoded into numeric score. For any of the negatively worded "reverse scoring" questions, the reciprocal of the score out of 10 (e.g. 3 out of 10 becomes 7 out of 10) was taken so that all analysis of all questions is going in the same direction (i.e. higher scores indicate greater perceived competence). Samples were then filtered for quality assurance. This filtering process entailed two steps. First, any participant who did not complete at least one of the pre-test, post-test, and course evaluation was removed from the sample. The scores of the adjusted "reverse scoring" questions (i.e. the scores of the negatively worded questions after taking their reciprocal out of 10) were used to filter out low quality responses. This was done by comparing the adjusted scores of these questions to the scores of the preceding question from the same theme. If these scores differed by more than five, the participant's response for that theme was removed. This was done because tests with widely differing competency scores for questions with similar content can be an indication that a participant was not closely reading the questions.

Once the data was cleaned, the average of each item was calculated, indicating their degree of agreement with the scale item (i.e. any specific area of the training theme). The average of each theme was also presented as the umbrella construct of its items. This allows one to grasp the participants' perceived caregiver competency in specific areas, before and after the Right-Time training.

Finally, in order to evaluate participants' level of change for each question of a theme and the theme as a whole after the Right-Time training, a series of paired-sample t-tests were performed. Specifically, test were run to determine if the mean score of each specific question and theme changed at a statistically significant level after the Right-Time training. If the resultant p-value of the t-test was lower than at least the significance level of $\alpha = .05$, we are at least 95% confident that the tested competency increased or decreased significantly between the pre-test and post-test. The p-values were also adjusted based on the number of other questions in each theme using a Benjamini & Hochberg adjustment. This was done in order to control the false discovery rate for multiple testing of the same hypothesis (i.e. in order to avoid attributing significance to a change in caregiver competency for a specific theme that would have only resulted from chance due to running multiple tests).

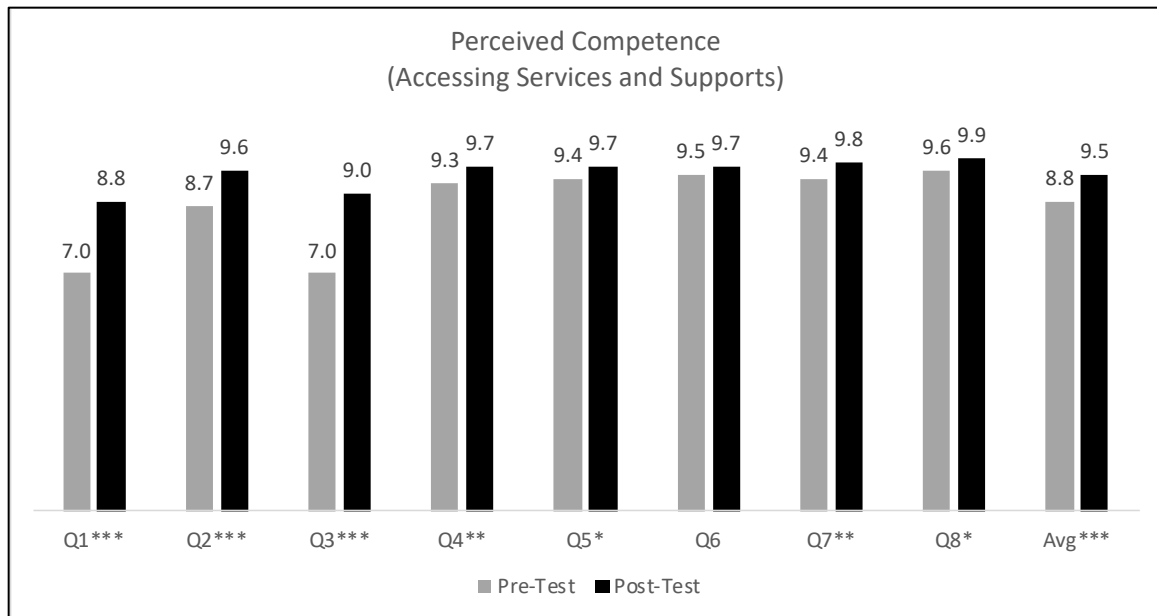
Results

The following findings present the evaluation outcome of the assessment on each theme (i.e. caregiver competency) and on its questions (i.e. specific area of the caregiver competency).

Accessing Services and Supports

87 participants completed the Right-Time training entitled “Accessing Services and Supports” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved on all questions, and did so significantly on 7 questions. The only question where the improvement was not shown to be significant was one where the pre-test level was 9.5 out of 10. This high pre-test score reveals that caregivers already felt confident in this area, rather than any ineffectiveness of the training itself. On average across all questions, participants’ perceived competency in understanding this theme changed significantly from 8.8 on the pre-test to 9.5 on the post-test. More details on each question and the specific t-test results can be found in Table 1.1 in the appendix.



* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

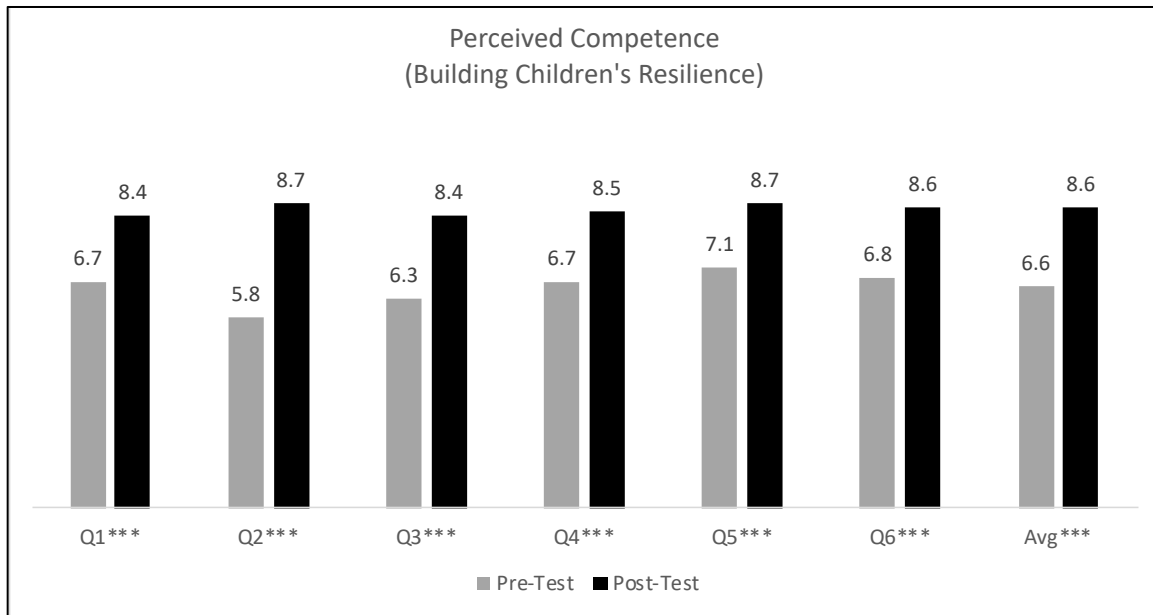
Figure 1.1 This chart shows mean pre-test self-reported competency scores for each question of the Accessing Services and Supports theme in gray and mean post-test scores

in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All questions showed improved competency after taking the training, and 7 showed statistically significant improvements. For the overall average across all questions, the results also indicate a statistically significant improvement of 0.7 on the scale of perceived competency after completing the training.

Building Children’s Resilience

71 participants completed the Right-Time training entitled “Building Children’s Resilience” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved significantly on all 6 questions. On average across all questions, participants’ perceived competency in understanding this theme changed significantly from 6.6 on the pre-test to 8.6 on the post-test. More details on each question and the specific t-test results can be found in Table 1.2 in the appendix.



*p ≤ .05; **p ≤ .01; ***p ≤ .001

Figure 1.2 This chart shows mean pre-test self-reported competency scores for each question of the Building Children’s Resilience theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows

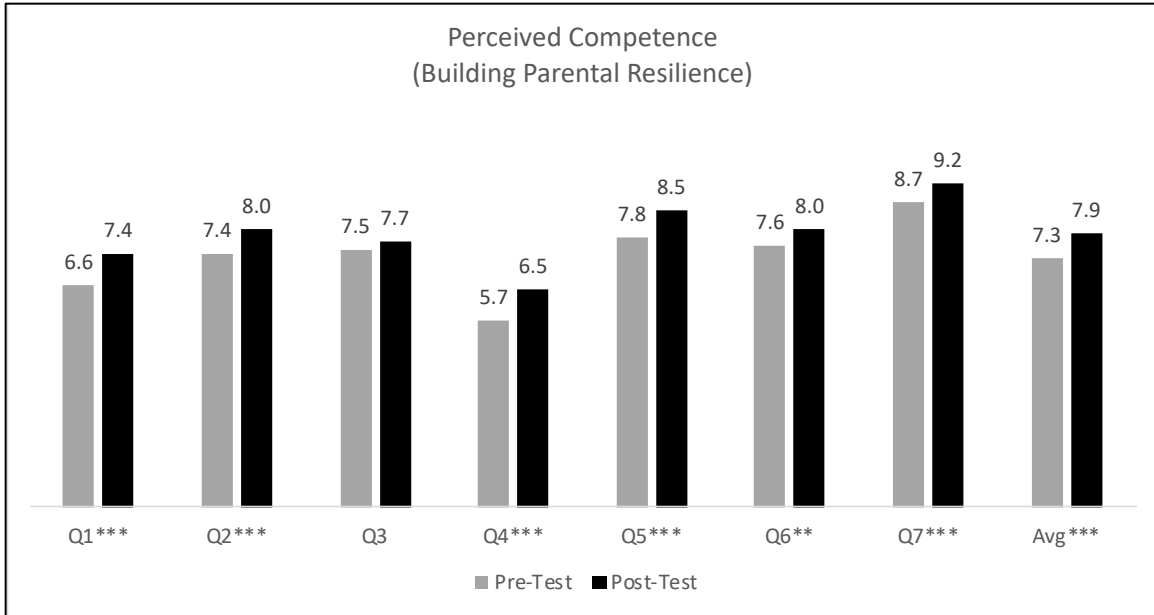
the average pre- and post-test scores for all questions combined on the far right. All 6 questions showed statistically significantly improved competency after taking the training. For the overall average across all questions, the results also indicate a statistically significant improvement of 2.0 on the scale of perceived competency after completing the training.

Building Parental Resilience

94 participants completed the Right-Time training entitled “Building Parental Resilience” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved on all questions, and did so significantly on 6 questions. The only question where the improvement was not shown to be significant stated: “I expect children to always be grateful for what I am giving to them.” The pre-test level (with scores reversed to account for negatively worded question) of 7.5 out of 10 increased marginally to 7.7 on the post-test. A higher (reversed) score on the post-test would be ideal as it would indicate that parents understand children should not be expected to be grateful all of the time. While this score change indicates some improvement and the score still indicates moderate competency, the lack of significance could suggest value in either a rephrasing of a potentially confusing question or an adjustment to the training to ensure that parents know not to expect children to be always be grateful.

On average across all questions, participants’ perceived competency in understanding this theme changed significantly from 8.8 on the pre-test to 9.5 on the post-test. More details on each question and the specific t-test results can be found in Table 1.3 in the appendix.



*p ≤ .05; **p ≤ .01; ***p ≤ .001

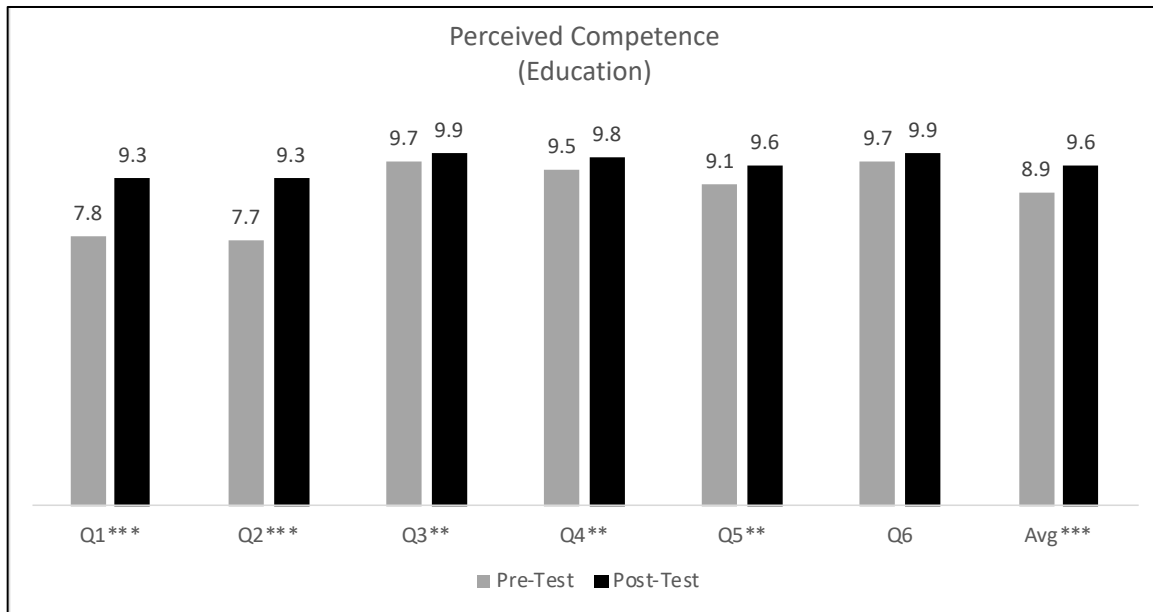
Figure 1.3 This chart shows mean pre-test self-reported competency scores for each question of the Building Parental Resilience theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All questions showed improved competency after taking the training, and 6 showed statistically significant improvements. For the overall average across all questions, the results also indicate a statistically significant improvement of 0.6 on the scale of perceived competency after completing the training.

Education

81 participants completed the Right-Time training entitled “Education” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved on all questions, and did so significantly on 5 questions. The only question where the improvement was not shown to be significant was one where the pre-test level was 9.7 out of 10. This high pre-test score reveals that caregivers already felt confident in this area, rather than any ineffectiveness of the training itself. On average across all questions, participants’ perceived competency in understanding this theme changed significantly from 8.9 on the pre-test to 9.6 on the post-test. More details on each question and the specific t-test results can be found in Table 1.4

in the appendix.



* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

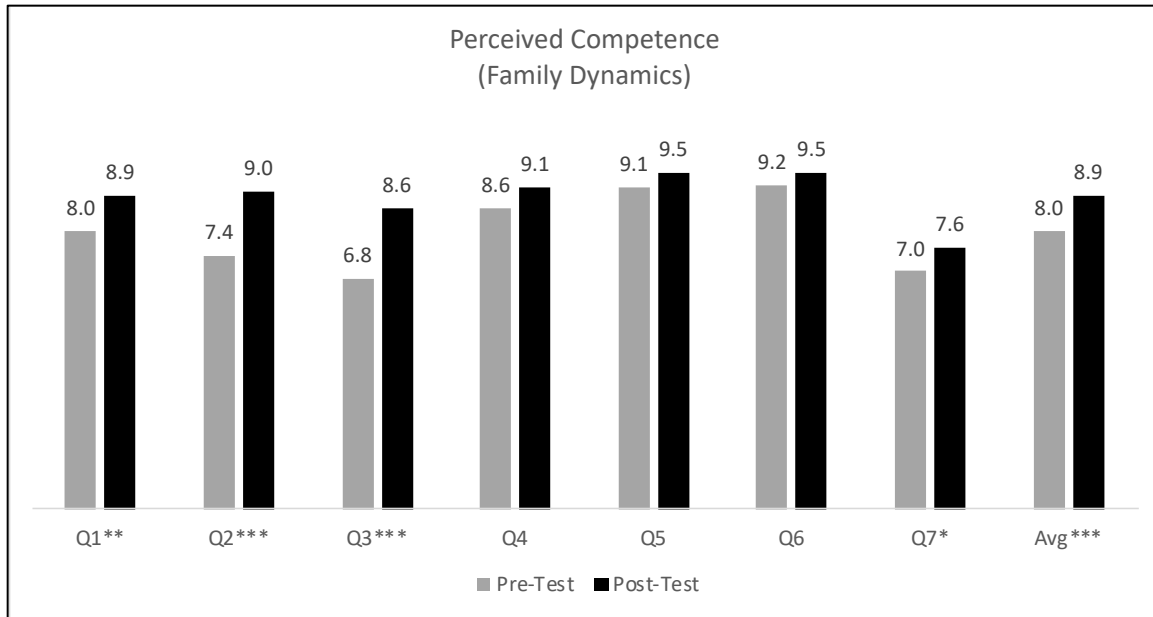
Figure 1.4 This chart shows mean pre-test self-reported competency scores for each question of the Education theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All questions showed improved competency after taking the training, and 5 showed statistically significant improvements. For the overall average across all questions, the results also indicate a statistically significant improvement of 0.7 on the scale of perceived competency after completing the training.

Family Dynamics

68 participants completed the Right-Time training entitled “Family Dynamics” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved on all questions, and did so significantly on 4 questions. The 3 questions where the improvement was not shown to be significant were ones where the pre-test level was 8.6, 9.1, and 9.2 out of 10, and the post-test levels were all above 9. These high pre-test scores reveal that caregivers already felt confident in these areas of the theme, rather than ineffectiveness of the training itself. On average across all

questions, participants’ perceived competency in understanding this theme changed significantly from 8.0 on the pre-test to 8.9 on the post-test. More details on each question and the specific t-test results can be found in Table 1.5 in the appendix.



*p ≤ .05; **p ≤ .01; ***p ≤ .001

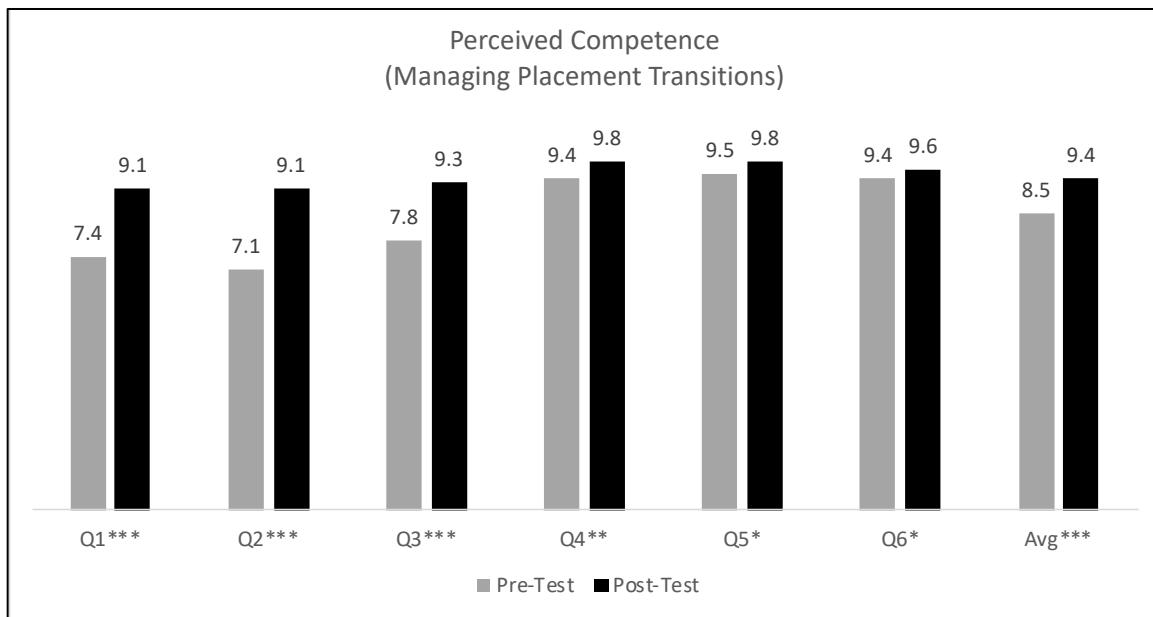
Figure 1.5 This chart shows mean pre-test self-reported competency scores for each question of the Family Dynamics theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All questions showed improved competency after taking the training, and 4 showed statistically significant improvements. For the overall average across all questions, the results also indicate a statistically significant improvement of 0.9 on the scale of perceived competency after completing the training.

Managing Placement Transitions

78 participants completed the Right-Time training entitled “Managing Placement Transitions” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved significantly on all 6 questions. On average across all questions, participants’ perceived competency in understanding this theme

changed significantly from 8.5 on the pre-test to 9.4 on the post-test. More details on each question and the specific t-test results can be found in Table 1.6 in the appendix.



* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

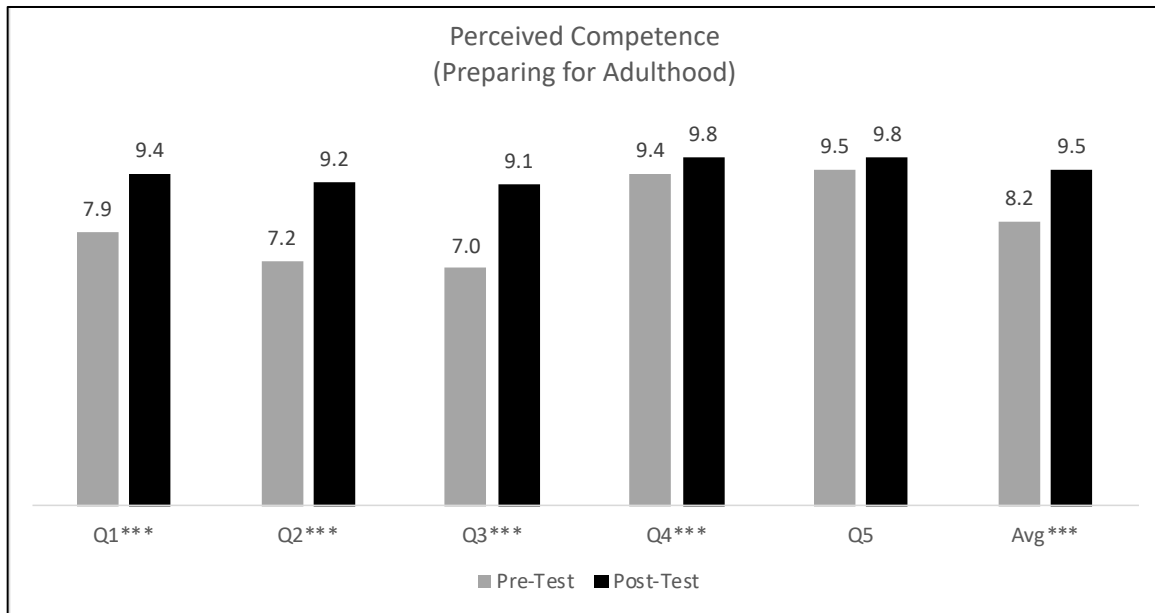
Figure 1.6 This chart shows mean pre-test self-reported competency scores for each question of the Managing Placement Transitions theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All 6 questions showed statistically significantly improved competency after taking the training. For the overall average across all questions, the results also indicate a statistically significant improvement of 0.9 on the scale of perceived competency after completing the training.

Preparing for Adulthood

82 participants completed the Right-Time training entitled “Preparing for Adulthood” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved on all questions, and did so significantly on 4 questions. The only question where the improvement was not shown to be significant was one where the pre-test level was 9.5 out of 10. This high pre-test score reveals that caregivers already felt confident in this area, rather than any ineffectiveness of the training

itself. On average across all questions, participants' perceived competency in understanding this theme changed significantly from 8.2 on the pre-test to 9.5 on the post-test. More details on each question and the specific t-test results can be found in Table 1.7 in the appendix.



*p ≤ .05; **p ≤ .01; ***p ≤ .001

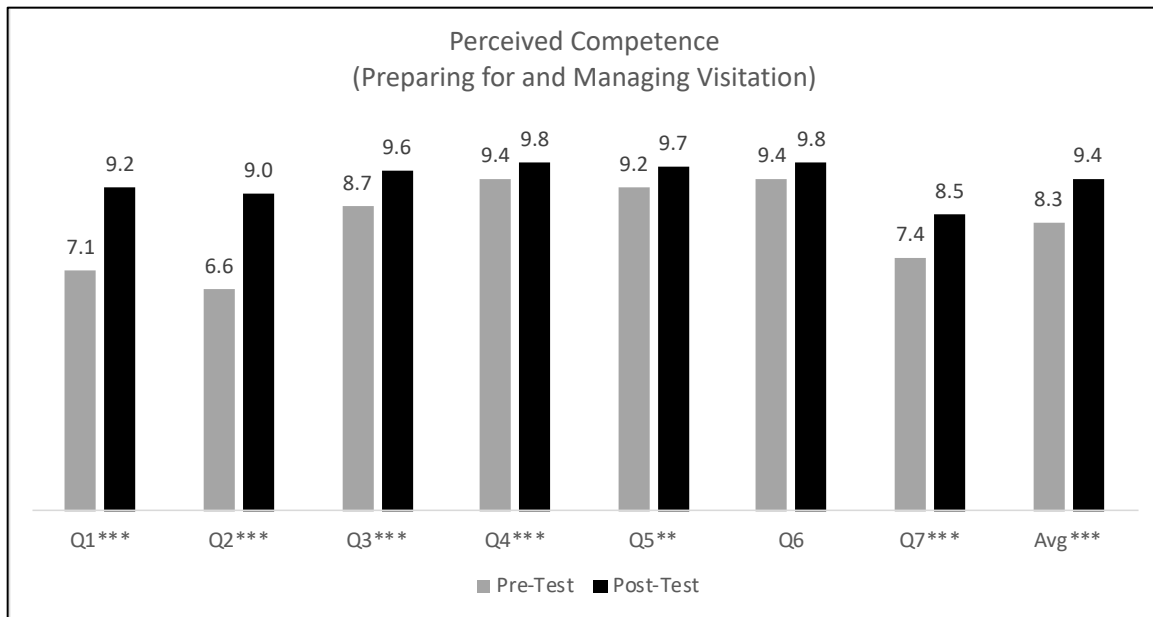
Figure 1.7 This chart shows mean pre-test self-reported competency scores for each question of the Preparing for Adulthood theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All questions showed improved competency after taking the training, and 4 showed statistically significant improvements. For the overall average across all questions, the results also indicate a statistically significant improvement of 1.3 on the scale of perceived competency after completing the training.

Preparing for and Managing Visitation

71 participants completed the Right-Time training entitled “Preparing for and Managing Visitation” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants' perceived competency improved on all questions, and did so significantly on

6 questions. The only question where the improvement was not shown to be significant was one where the pre-test level was 9.4 out of 10. This high pre-test score reveals that caregivers already felt confident in this area, rather than any ineffectiveness of the training itself. On average across all questions, participants' perceived competency in understanding this theme changed significantly from 8.3 on the pre-test to 9.4 on the post-test. More details on each question and the specific t-test results can be found in Table 1.8 in the appendix.



* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

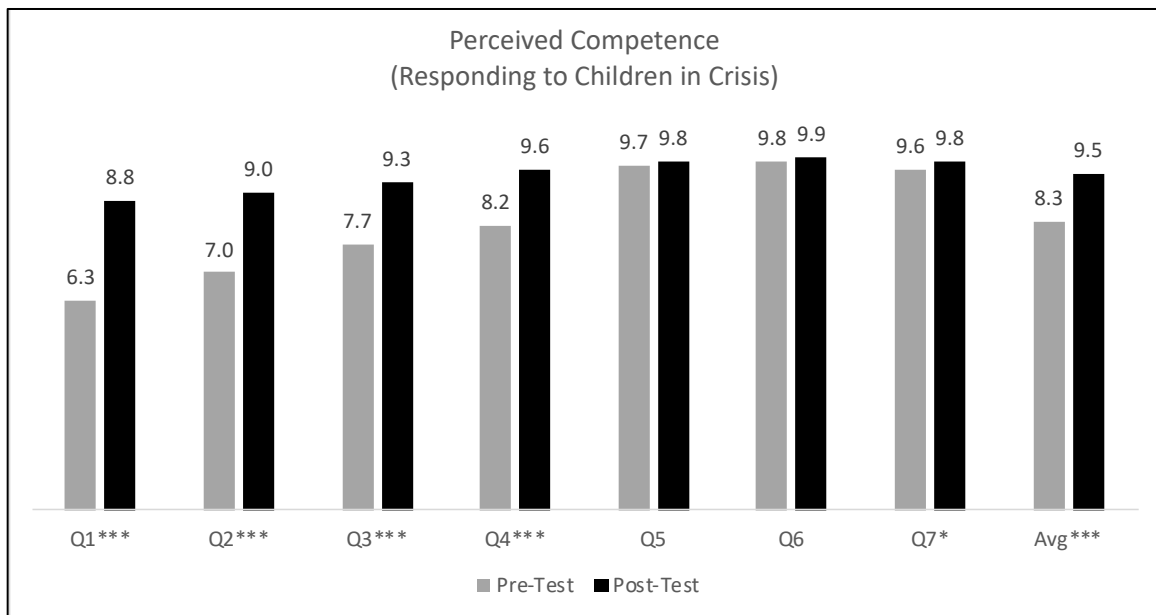
Figure 1.8 This chart shows mean pre-test self-reported competency scores for each question of the Preparing for and Managing Visitation theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All questions showed improved competency after taking the training, and 6 showed statistically significant improvements. For the overall average across all questions, the results also indicate a statistically significant improvement of 1.1 on the scale of perceived competency after completing the training.

Responding to Children in Crisis

98 participants completed the Right-Time training entitled “Responding to Children in Crisis” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this

theme.

Participants' perceived competency improved on all questions, and did so significantly on 5 questions. The 2 questions where the improvement was not shown to be significant were ones where the pre-test level was 9.7 and 9.8 out of 10. These high pre-test scores reveal that caregivers already felt confident in these areas of the theme, rather than ineffectiveness of the training itself. On average across all questions, participants' perceived competency in understanding this theme changed significantly from 8.3 on the pre-test to 9.5 on the post-test. More details on each question and the specific t-test results can be found in Table 1.9 in the appendix.



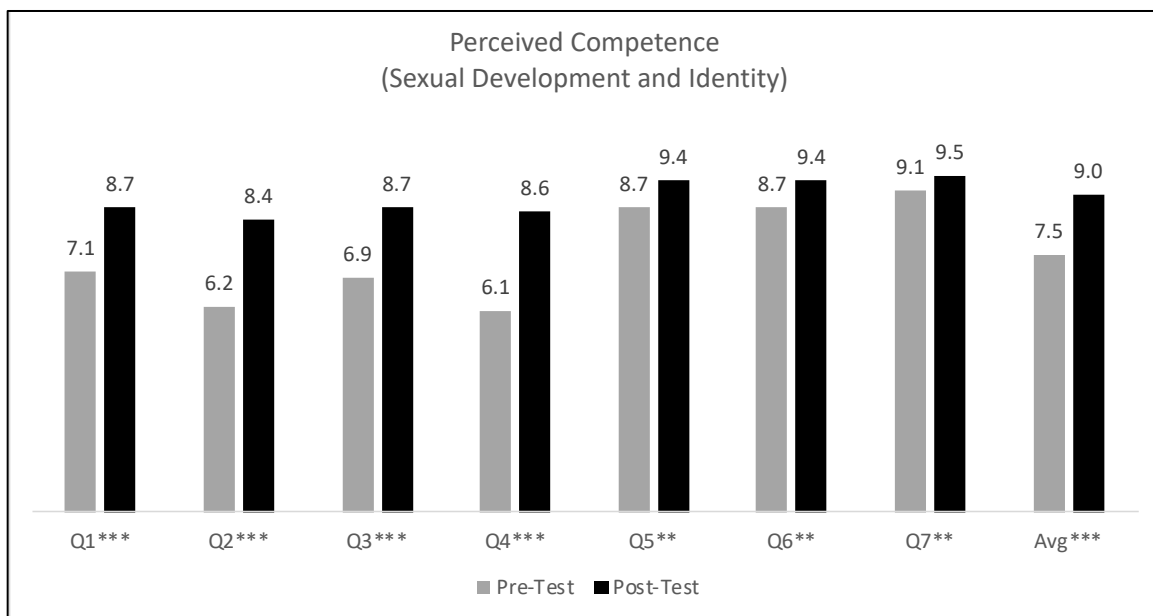
* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Figure 1.9 This chart shows mean pre-test self-reported competency scores for each question of the Responding to Children in Crisis theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All questions showed improved competency after taking the training, and 5 showed statistically significant improvements. For the overall average across all questions, the results also indicate a statistically significant improvement of 1.2 on the scale of perceived competency after completing the training.

Sexual Development and Identity

89 participants completed the Right-Time training entitled “Sexual Development and Identity” and met the data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved significantly on all 7 questions. On average across all questions, participants’ perceived competency in understanding this theme changed significantly from 7.5 on the pre-test to 9.0 on the post-test. More details on each question and the specific t-test results can be found in Table 1.10 in the appendix.



* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

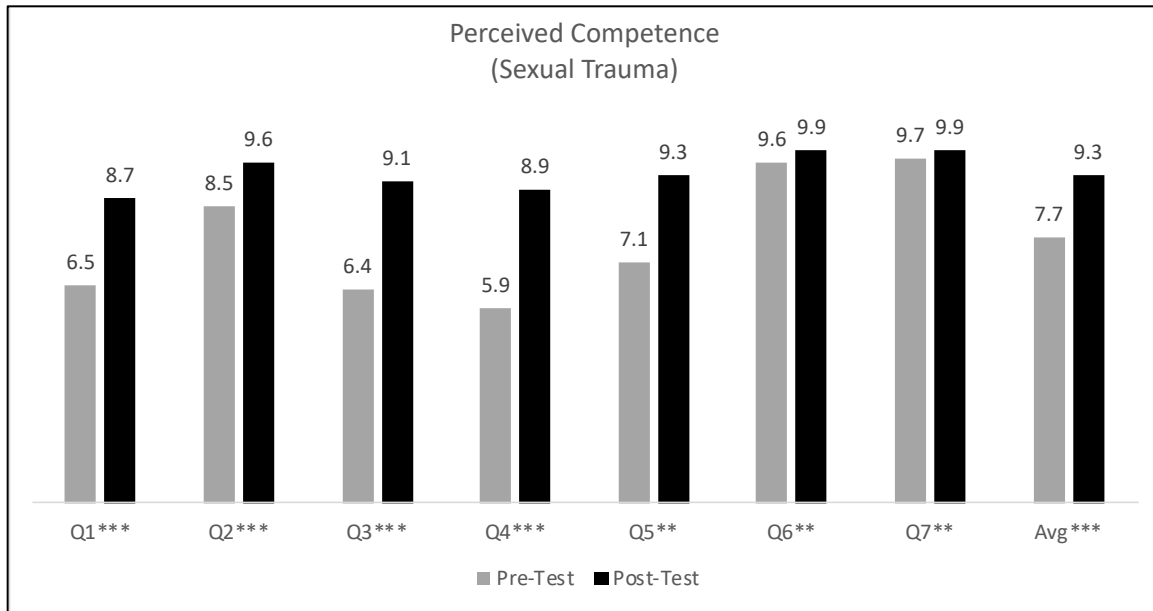
Figure 1.10 This chart shows mean pre-test self-reported competency scores for each question of the Sexual Development and Identity theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All 7 questions showed statistically significantly improved competency after taking the training. For the overall average across all questions, the results also indicate a statistically significant improvement of 1.5 on the scale of perceived competency after completing the training.

Sexual Trauma

100 participants completed the Right-Time training entitled “Sexual Trauma” and met the

data filtering criteria outlined in the Data Analysis section above. The results indicate that the training helped to improve caregiver feelings of competency in this theme.

Participants’ perceived competency improved significantly on all 7 questions. On average across all questions, participants’ perceived competency in understanding this theme changed significantly from 7.7 on the pre-test to 9.3 on the post-test. More details on each question and the specific t-test results can be found in Table 1.11 in the appendix.



*p ≤ .05; **p ≤ .01; ***p ≤ .001

Figure 1.11 This chart shows mean pre-test self-reported competency scores for each question of the Sexual Trauma theme in gray and mean post-test scores in black. The number of stars next to the question number indicates the level of statistical significance of the result based on the p-value adjusted paired t-test. The chart also shows the average pre- and post-test scores for all questions combined on the far right. All 7 questions showed statistically significantly improved competency after taking the training. For the overall average across all questions, the results also indicate a statistically significant improvement of 1.6 on the scale of perceived competency after completing the training.

Conclusion

In general, the Right-Time training had a positive impact on participants’ self-perceived competency levels. After completing the Right-Time trainings, absolute post-test scores were quite high, as 83.6% of post-test scores were 8.5 or above. Not only was absolute perceived competency high, general improvement in competency was observed as well. Participants’ mean scores increased on 100% of questions and did so with statistical

significance on 86% (63 out of 73) of those questions. The pre-test scores averaged 9.2 on the 10 questions without a statistically significant increase after taking the trainings. This is indicative of several possible conclusions. One is that participants were already confident in these areas, rather than a lack of effectiveness of the training itself. Another possibility is that the questions are not capturing real increases in competency derived from the training, as the initial high scores prevent participants from demonstrating significant improvement. It may be worth reworking questions with high pre-test scores and a lack of statistically significant improvement in order to rule out this type of “ceiling effect” as a rationale for scores without much observed improvement for one or more questions on the Accessing Services and Supports, Building Parental Resilience, Education, Family Dynamics, Preparing for Adulthood, Preparing for and Managing Visitation, and Responding to Children in Crisis themes.

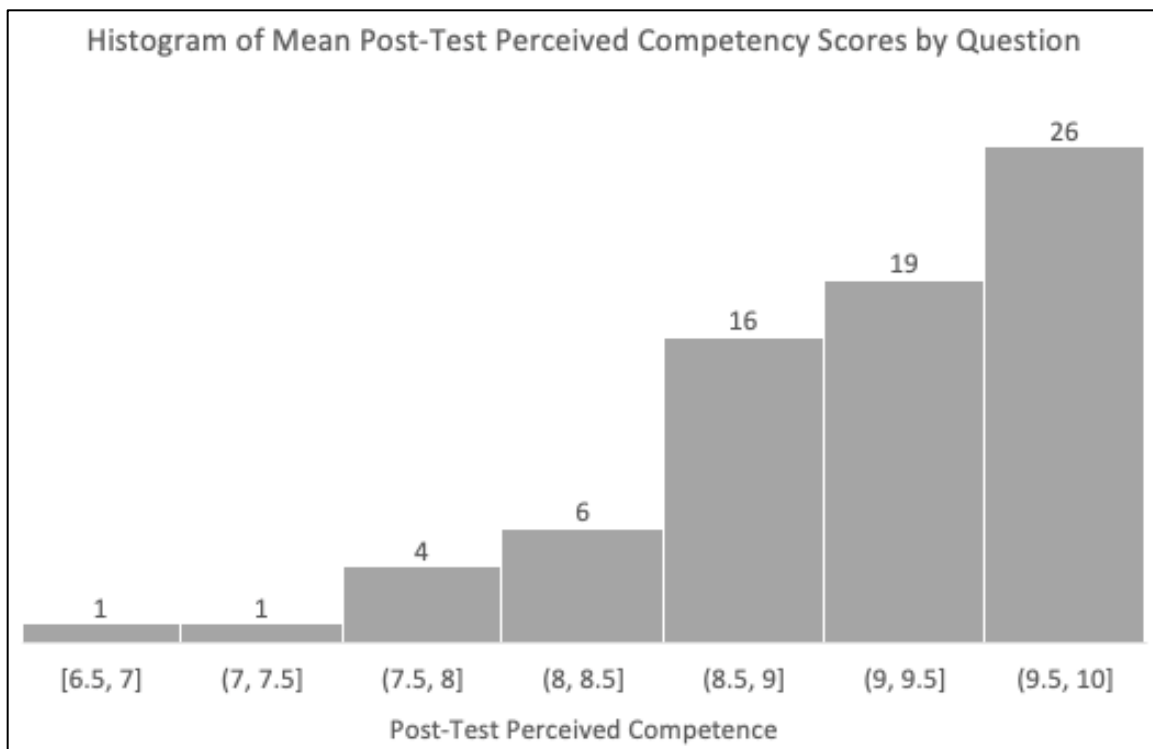


Figure 1.12 This chart shows the distribution of mean post-test self-reported competency scores for each of the 73 questions across all of the trainings. Post-test scores above 9.5 were most common and few post-test scores fell below 8.5. These high absolute post-test scores indicate that participants left the trainings feeling generally confident.

II. Outcome Evaluation of Right-Time Training: Quiz

Measurement

Participants were asked to answer two quiz questions before (pre-test) and after (post-test) each Right-Time training theme. Quiz questions were developed to measure participants' general knowledge base in each specific training theme. Participants picked the only answer from four options to each single-selection question. All 15 themes had exactly two quiz questions presented to participants before and after the training.

Data Analysis

The participants whose responses we analyzed in this section were the same as in the caregiver competency section above. We only included participants who completed all three of the pre-test, post-test, and course evaluation, and we used the same criteria as in the caregiver competency section to filter out low quality responses based on inconsistent answers to the “reverse scoring” competency questions.

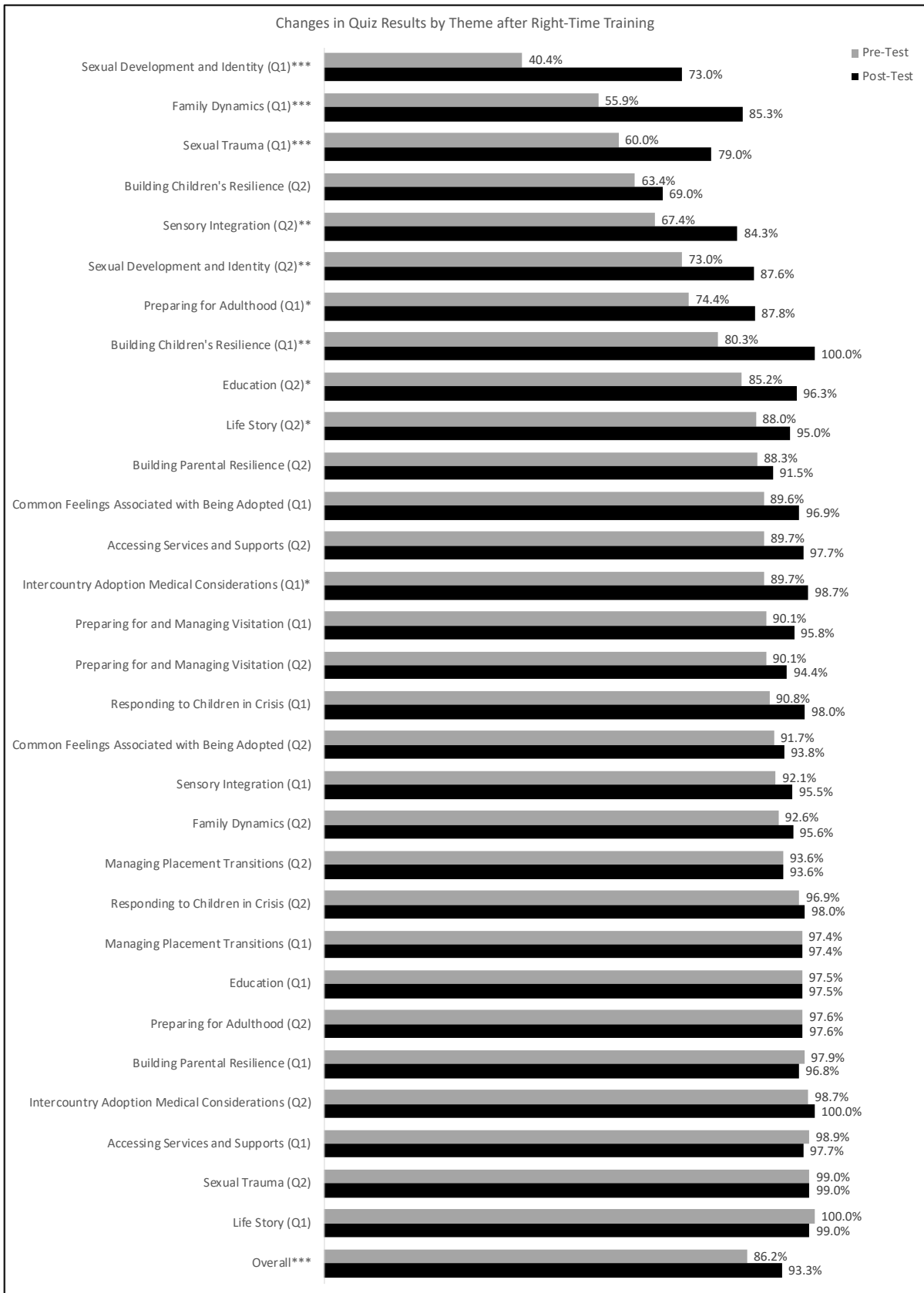
Once our dataset was established, we coded participants' response to the quiz questions into Correct (if the participant selected the correct answer) and Incorrect (if the participant selected the incorrect answer). In order to evaluate if the quiz results varied significantly between pre-test and post-test, we conducted McNemar's tests (X^2) for each question. Used rather than the similar Chi-squared test of independence, McNemar's test is appropriate for our data as each quiz question was analyzed at a level where there existed only two possible nominal and mutually exclusive results (i.e. Correct and Incorrect). Next, we created a 2x2 contingency table and performed McNemar's test on the difference in response accuracy for each question between pre-test and post-test. If the p-value of the statistic result is smaller than .05, we are at least 95% confident that there is a significant difference in the accuracy between pre-test and post-test groups. We also adjusted our p-values based on the number of other questions in each theme (and across all 30 questions for the overall test) using a Benjamini & Hochberg adjustment. We did this in order to control the false discovery rate for multiple testing of the same hypothesis (i.e. in order to avoid attributing significance to a change in quiz results for a specific theme that would have only resulted from chance due to running multiple tests). Through this procedure, we can see if the Right-Time training had a significant impact of participants' response accuracy and knowledge in specific area of the training theme and across all themes as a whole.

Results

Overall, our findings indicate that the trainings resulted in significant improvements in participant knowledge-based response accuracy after completion of the training themes. The mean accuracy rate of participants across all 30 questions combined increased from 86.2% pre-test to 93.3% post-test. This increase was statistically significant, with a p-value less than .001. In terms of individual quiz questions, 10 of the 30 questions had statistically significant increased scores from pre- to post-test. These statistically significant increases clustered heavily around those questions with the lowest pre-test scores, as 9 of the lowest 10 pre-test scores rose with statistical significance after the training. Of the questions without significant increases, all but one had mean pre-test scores of 88% or higher and mean post-test scores above 90%. This high score at pre-test indicates that these questions were areas of significant prior knowledge for participants, and there was little room for improvement rather than any indication of ineffectiveness of the trainings. On the whole, these results show that the trainings are an effective tool for increasing knowledge across the wide range of training themes.

The only question without a statistically significant increase or a high pre-test accuracy rate was one from the Building Children's Resilience theme. This question stated: "What are some concrete things that parents who are fostering or adopting can do to create an environment to help build a child's resilience?" The question had a mean pre-test accuracy rate of 63.4%, which rose to 69.0% post-test, but the increase was not statistically significant. This was the only question with a mean post-test accuracy rate below 70% so the Building Children's Resilience training might be revised to help better address this content.

More details can be found on each specific question and the results of the statistical tests in Table 2.1 in the appendix.



*p ≤ .05; **p ≤ .01; ***p ≤ .001

Figure 2.1 This chart shows the mean pre-test and post-test accuracy rates for all 30 quiz questions, as well as the overall mean pre- and post-test rates for all questions combined. The questions are labeled by their theme name and the question number (1 or 2). Gray bars show the pre-test rates and black bars show the post-test rates for each question. The number of stars next to the theme and question number indicate the level of statistical significance of the McNemar's test for determining a significant change in accuracy rate after taking that theme's training. The questions are ordered from top to bottom by descending pre-test accuracy rate. Overall, the chart indicates that questions where participants had limited prior knowledge showed significant improvements after the training, and the training as a whole is an effective way for participants to learn.

Conclusion

Overall, participants improved their accuracy in answering the quiz questions after the Right-Time theme trainings. The improved accuracy indicates participants gained knowledge in most areas of caregiver competency through the training, particularly in areas that they began with limited prior knowledge. The only training that we suggest revisiting might be the Building Children's Resilience theme, where participants struggled with naming concrete strategies for improving the resilience of children.

III. Outcome Evaluation of Right-Time Training: Self-Reported Usefulness, Usability, and Training Efficacy

Measurement

Right-Time training is designed to provide caregivers with timely access to a range of online trainings. Each Right-Time training includes three learning segments to foster caregiver learning: a “My Story” podcast, a training video, and discussion questions. Each Right-Time theme takes approximately one hour to complete, and the trainings are designed for parents to complete on their own online, as well as in support group settings or in partnership with parenting partners or caseworkers.

After each Right-Time training, caregivers report their evaluation of their individual experience. The evaluation includes self-reported usefulness of each learning segment, usability of the training, a variety of user behaviors, and perceived efficacy of the training. In the usefulness assessment, caregivers rate the usefulness of the three different learning segments on a five-point ordinal scale. The scale ranges from 1 (“Not at all useful”) to 5 (“Extremely useful”). In the usability assessment, caregivers rate their agreement with items reflecting on the various dimensions of usability, including the relevance, clarity, applicability, likelihood of recommending to others, planned use of, and amount of prior knowledge related to each training. The usability metrics are measured on a five-point Likert scale. Caregivers rate their degree of agreement with each item of the scale ranging from one (“Strongly Disagree”) to five (“Strongly Agree”). Caregivers also rate their agreement with the training efficacy by reporting their perception of the amount of information received in each Right-Time training based on a five-point ordinal scale ranging from one (“Far Too Little”) to five (“Far Too Much”).

Data Analysis

The participants whose responses were analyzed in this section were the same as in the previous two sections above. This means that only participants who completed all three of the pre-test, post-test, and course evaluation were included, and the same criteria were used as in the caregiver competency section to filter out low quality responses based on inconsistent answers to the “reverse scoring” competency questions. Not all themes have discussion questions and/or podcasts so data only exists for those segments that exist in each theme. Also, not all participants completed all three of the segments for each theme,

so numbers of participants are tabulated for each theme / segment combination. More details can be found in Table 3.1 in the appendix.

The analysis also required the reversal of scores for two usability metrics that were negatively worded. By reversing these two usability scores, all usability data points in the same direction so that the closer to five each metric is rated, the more usable the training is for the participant.

Once the dataset was ready for analysis, descriptive statistics were run including mean and standard deviation on the training usefulness, usability, and efficacy. In doing so, we are able to understand the central tendency of these measurement outcomes.

Results

1) Training Usefulness

Overall, participants reported the Right-Time trainings to be very useful. This was true for all themes and all three training segments (i.e. video, discussion questions, podcast). All themes and segments received ratings above 4.0 out of 5, which indicates consistent perceptions of usefulness.

The mean usefulness rating for the 15 video trainings was 4.6 out of 5 (SD = 0.6; N = 1,277). The lowest mean rating for the video trainings was 4.2 for the Building Parental Resilience and Intercountry Adoption and Medical Considerations themes. The highest mean rating for the video trainings was 4.9 for the Sensory Integration theme.

The mean usefulness rating for the 14 discussion question trainings was 4.4 out of 5 (SD = 0.8; N = 1,201). The lowest mean rating for the discussion questions was 4.1 for the Building Parental Resilience theme. The highest mean rating for the discussion questions was 4.6 for the Responding to Children in Crisis theme.

The mean usefulness rating for the 10 My Story podcast trainings was 4.5 out of 5 (SD = 0.7; N = 834). The lowest mean rating for the podcast trainings was 4.3 for the Family Dynamics and Sexual Trauma themes. The highest mean rating for the podcast trainings was 4.7 for the Managing Placement Transitions and Responding to Children in Crisis themes.

More details on the self-reported usefulness of each training by theme and segment can be

found in Table 3.1 in the appendix.

2) Training Usability

Overall, participants reported the Right-Time trainings to be very usable despite already knowing a lot of what was covered. On average across all of the themes (N = 1,282), participants indicated that they found the trainings relevant (mean = 4.3, SD = 0.8), easy to understand (mean = 4.7, SD = 0.9), learned things applicable to their life (mean = 4.4, SD = 0.7), would recommend them to other parents (mean = 4.5, SD = 0.7), and plan to use the information they had learned (mean = 4.4, SD = 0.7). On the other hand, participants did indicate that they already knew a lot of what is covered in the trainings (mean = 2.6, SD = 1.2). As the evaluation included families already licensed/approved/certified who have likely gone through previous trainings, this finding is not necessarily surprising. It is also not necessarily a negative, as the other categories indicate that the training is still perceived as relevant and helpful for learning and application. A refresher can be useful even for the best of caregivers.

More details on the self-reported usability of each training by theme for each of the six questions can be found in Table 3.2 in the appendix.

3) Training Efficacy

Overall, participants reported that they received an “about right” amount of information from the trainings (Mean = 3.0; SD = 0.4) (See Table 3.3). This “about right” designation can be accurately applied to most individual theme trainings as well, as all training themes but one received mean efficacy ratings between 2.9 and 3.1 from participants. One theme (Intercountry Adoption Medical Considerations) received a mean rating of 2.6, which indicates that participants were split between feeling that there was “too little” and “about right” amount of information. More information might be added to this theme. More details on the efficacy of each training theme can be found in Table 3.3 in the appendix.

4) Free Response

At the end of the course evaluation, participants were asked two open-ended free response questions: “What did you find most helpful about this Right-Time training and why?” and “What would you change to make this Right-Time training more effective?” We read through each of these responses and highlighted quotes that bring up specific, targeted feedback not as easily communicated through the multiple choice and scaled-response questions in the rest of the evaluation.

A summary of the key points made in these free response questions is as follows:

- Participants appreciate specific, practical, and readily applicable information
- Participants like a variety of media (videos, podcasts, discussion questions)
- Content based in lived-experience is appreciated
- Discussion questions should be succinct and have large text boxes for typing responses
- Closed captioning should be available for all audio
- Podcasts and discussion questions should be available for all themes
- Language should be clear, simple, and free of grammatical errors
- A diversity of video narrators is appreciated
- Videos should use up-to-date examples and terminology
- There should be more pre- and post-test quiz questions and participants should be able to see if their responses were correct
- People were confused about question #11 on a few different trainings
- Abstracts or summaries of resources would be appreciated
- The website is hard to navigate, and particularly a “next” button is commonly requested for moving from one section to the next of each training
- Being able to easily access resources after the training and/or print resources is ideal
- Specific content-related suggestions include:
 - Building Parental Resilience:
 - Add content on how to discuss self-care with a spouse
 - Common Feelings Associated with Being Adopted:
 - Add more content on how to navigate racism in transracial families
 - Intercountry Adoption Medical Considerations:
 - Remove use of the word “retardation” in the video
 - Acknowledge that children’s files may not always have correct medical info
 - Revise the quiz question on malnutrition
 - Life Story:
 - Add content on how to address these issues for parents with children who have special needs
 - Preparing for Adulthood:
 - Add content on youth who have experienced challenges during this process and how they overcame those challenges
 - Sensory Integration:

- Add content on additional strategies for parents
- Sexual Development and Identity:
 - Add content on how to support a variety of situations across the LGBTQ spectrum
 - Use gender neutral language in the menstruation section of the training
- Sexual Trauma:
 - Add content on dissociation, grooming, and the normalization of masturbation regardless of gender
 - Shorten or combine some of the discussion questions as this could be a sensitive topic to discuss for a long period of time

Specific quotes for each training theme can be found on pages 56 - 63 of the appendix for more detailed and verbatim feedback.

Conclusion

The Right-Time training evaluation measured self-reported usefulness, usability, and efficacy of the trainings by theme. Participants reported the trainings to be useful and usable across all themes and segment types (i.e. videos, discussion questions, and podcasts), despite reporting that they often knew much of the information prior to the trainings. Participants reported that almost all trainings contained the right amount of information.

Three areas of potential improvement might be adjusting the study design to better understand if participants naturally gravitate toward trainings at the time when a relevant situation occurs, how trainings resonate when completed with other people outside the participant's family like a caseworker or support group, and adding some additional information to the Intercountry Adoption Medical Considerations theme. Also, the quotes from the free response question feedback on pages 56 - 63 of the appendix should be considered in order to address detailed feedback on each theme. The high quantitative ratings indicate that overall the trainings are very effective but the specific, detailed feedback can be seen as an opportunity to make them even better.

Appendix

Table 1.1 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Accessing Services and Supports training. The significance of the change was measured with a paired t-test. The self-reported scores were reversed (e.g. 3 out of 10 becomes 7 out of 10) for one negatively worded question so that all improvements in competency would show as an increase in score. All questions had improved mean perceived competence after completing the training, and 7 had statistically significant improvement. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 0.7 on the scale.

Accessing Services and Supports (N = 87)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistic
I know strategies to effectively advocate for support services for the children I parent, such as school, medical, counseling, and so on.	7.0 (2.0)	8.8 (1.4)	-9.73***
I understand the benefits of a support network for me and the child.	8.7 (1.7)	9.6 (0.8)	-5.74***
I know how to develop a support network.	7.0 (2.0)	9.0 (1.2)	-9.60***
I believe that seeking services and supports for both children and the parent is a sign of strength.	9.3 (1.3)	9.7 (0.7)	-3.69**
I believe that therapy with a qualified therapist can be helpful to children.	9.4 (1.1)	9.7 (0.7)	-3.27*
I do not believe that therapy can be helpful for parents. <i>(scores reversed)</i>	9.5 (1.3)	9.7 (0.9)	-2.52
I am open to engaging in education services to support the academic needs of the children I parent.	9.4 (1.0)	9.8 (0.6)	-3.85**
I am committed to finding the resources I need to better understand the children I parent.	9.6 (0.9)	9.9 (0.4)	-3.15*
Overall	8.8 (1.8)	9.5 (1.0)	-14.42***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.2 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Building Children’s Resilience training. The significance of the change was measured with a paired t-test. The self-reported scores were reversed (e.g. 3 out of 10 becomes 7 out of 10) for one negatively worded question so that all improvements in competency would show as an increase in score. All 6 questions had statistically significant improved mean perceived competence after completing the training. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 2.0 on the scale.

Building Children’s Resilience (N = 71)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistic
I know the characteristics and protective factors that promote resiliency in children.	6.7 (1.7)	8.4 (1.1)	-9.18***
I can identify healthy coping skills and how children can use these skills in difficult situations.	5.8 (1.9)	8.7 (1.1)	-12.38***
I know how to help children increase their ability to identify and regulate their own thoughts, emotions and survival behaviors.	6.3 (1.7)	8.4 (1.0)	-11.46***
I can identify ways to intervene and redirect behaviors without increasing children's sense of shame.	6.7 (1.7)	8.5 (1.2)	-9.82***
I believe I can model good coping skills for handling stress and being attuned to my own needs	7.1 (1.7)	8.7 (1.0)	-10.19***
I believe that children are born with the ability to cope. <i>(scores reversed)</i>	6.8 (2.3)	8.6 (1.8)	-6.38***
Overall	6.6 (1.9)	8.6 (1.2)	-22.72***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.3 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Building Parental Resilience training. The significance of the change was measured with a paired t-test. The self-reported scores were reversed (e.g. 3 out of 10 becomes 7 out of 10) for one negatively worded question so that all improvements in competency would show as an increase in score. All questions had improved mean perceived competence after completing the training, and 6 had statistically significant improvement. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 0.6 on the scale.

Building Parental Resilience (N = 94)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistic
I try something new when I am frustrated with a parenting situation.	6.6 (2.1)	7.4 (2.0)	-5.31***
I notice even the smallest steps of a child's progress.	7.4 (1.6)	8.0 (1.5)	-4.65***
I expect children to always be grateful for what I am giving to them.	7.5 (2.2)	7.7 (2.3)	-2.19
<i>(scores reversed)</i>			
I am pretty good at not letting children push my buttons.	5.7 (1.9)	6.5 (1.9)	-5.40***
If the child I am parenting and I work together to solve a problem, we'll eventually find a way to resolve it.	7.8 (1.7)	8.5 (1.4)	-6.52***
I know ways of calming myself down after a difficult situation.	7.6 (1.7)	8.0 (1.6)	-3.56**
I believe that it is more important to celebrate a child's successes than calling attention to past mistakes or current setbacks.	8.7 (1.6)	9.2 (1.2)	-4.74***
Overall	7.3 (2.0)	7.9 (1.9)	-11.91***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.4 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Education training. The significance of the change was measured with a paired t-test. The self-reported scores were reversed (e.g. 3 out of 10 becomes 7 out of 10) for one negatively worded question so that all improvements in competency would show as an increase in score. All questions had improved mean perceived competence after completing the training, and 5 had statistically significant improvement. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 0.7 on the scale.

Education (N = 81)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistics
I know how to partner with teachers and schools to get children's educational needs met.	7.8 (2.0)	9.3 (1.0)	-7.24***
I understand the challenges that children in foster care and children who have been adopted may face in school settings.	7.7 (1.8)	9.3 (0.9)	-9.84***
I DON'T BELEIVE there is an emotional impact on children as they transition into or out of different schools. <i>(scores reversed)</i>	9.7 (0.9)	9.9 (0.4)	-3.36**
I believe I play an important role in the child's educational experience.	9.5 (1.1)	9.8 (0.5)	-3.70**
I believe the children I parent should have an educational experience that meets their needs based on their developmental age.	9.1 (1.4)	9.6 (0.9)	-3.79**
I am willing to advocate to meet the educational needs of the children that I parent.	9.7 (0.8)	9.9 (0.4)	-2.33
Overall	8.9 (1.6)	9.6 (0.8)	-12.10***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.5 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Family Dynamics training. The significance of the change was measured with a paired t-test. The self-reported scores were reversed (e.g. 3 out of 10 becomes 7 out of 10) for one negatively worded question so that all improvements in competency would show as an increase in score. All questions had improved mean perceived competence after completing the training, and 4 had statistically significant improvement. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 0.9 on the scale.

Family Dynamics (N = 68)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistics
I know how fostering/adopting can impact all people in my family including existing relationships, work and social lives, and overall functioning.	8.0 (2.2)	8.9 (1.9)	-3.73**
I understand how birth order (oldest child, middle child, youngest child) changes can challenges for children.	7.4 (2.4)	9.0 (1.3)	-6.71***
I know techniques for responding to extended family members who do not support my family's decision to foster or adopt.	6.8 (2.5)	8.6 (1.7)	-6.54***
I am willing to change my family environment to meet the needs of the children I parent.	8.6 (1.5)	9.1 (1.5)	-2.73
I am willing to realistically examine my family's ability to effectively parent children of different ages and developmental stages to inform our decision to foster or adopt.	9.1 (1.2)	9.5 (1.2)	-2.49
I am willing to assess the impact of fostering or adopting children on our family.	9.2 (1.1)	9.5 (1.2)	-2.71
I believe that children coming into my home have to adjust to my way of doing things. <i>(scores reversed)</i>	7.0 (2.1)	7.6 (1.9)	-3.24*
Overall	8.0 (2.1)	8.9 (1.6)	-10.76***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.6 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Managing Placement Transitions training. The significance of the change was measured with a paired t-test. All 6 questions had statistically significant improved mean perceived competence after completing the training. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 0.9 on the scale.

Managing Placement Transitions (N = 78)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistics
I know practical techniques and strategies to ensure that children feel welcomed and connected when moving into my home.	7.4 (1.8)	9.1 (1.1)	-8.72***
I am aware of practical techniques and strategies to ensure smooth transitions for children who are moving out of my home.	7.1 (1.9)	9.1 (1.1)	-10.40***
I understand the impact that transitions have on all aspects of children’s lives, including emotional, educational, relational, and physical.	7.8 (1.9)	9.3 (1.0)	-7.66***
During placement transitions, I believe children should experience as few losses as possible, such as possessions, relationships, schools.	9.4 (1.0)	9.8 (0.7)	-3.98**
I believe it is my responsibility as a parent to support children through planned and unplanned placement transitions.	9.5 (0.9)	9.8 (0.6)	-3.17*
I value maintaining connections with children after they leave my home.	9.4 (1.3)	9.6 (0.9)	-2.78*
Overall	8.5 (1.8)	9.4 (1.0)	-14.33***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.7 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Preparing for Adulthood training. The significance of the change was measured with a paired t-test. All questions had improved mean perceived competence after completing the training, and 4 had statistically significant improvement. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 1.3 on the scale.

Preparing for Adulthood (N = 82)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistics
I know the common skills that young adults will need to effectively navigate as an adult (for example: understanding personal finances, connecting to medical providers, finding adult support services, and obtaining college and/or work readiness skills).	7.9 (1.9)	9.4 (0.8)	-7.74***
I know how to teach independent living skills to prepare children for adult life, work, and college.	7.2 (2.3)	9.2 (0.9)	-7.20***
I understand how to teach independent living skills throughout all of the developmental stages.	7.0 (2.3)	9.1 (1.2)	-9.35***
I believe an important part of my role as a parent is to continue to support and provide a lifelong connection as children transition into adulthood and beyond.	9.4 (1.1)	9.8 (0.5)	-4.42***
I am committed to helping the children I am caring for apply for benefits and services that they qualify for as they transition into adulthood.	9.5 (1.2)	9.8 (0.7)	-2.34
Overall	8.2 (2.1)	9.5 (0.9)	-13.5***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.8 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Preparing for and Managing Visitation training. The significance of the change was measured with a paired t-test. The self-reported scores were reversed (e.g. 3 out of 10 becomes 7 out of 10) for one negatively worded question so that all improvements in competency would show as an increase in score. All questions had improved mean perceived competence after completing the training, and 6 had statistically significant improvement. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 1.1 on the scale.

Preparing for and Managing Visitation (N = 71)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistics
I know strategies to help prepare children for visits with their parents and other family members.	7.1 (2.3)	9.2 (1.0)	-9.29***
I can identify strategies to help children manage challenging behaviors prior to or after visits with their parents.	6.6 (2.3)	9.0 (1.2)	-10.17***
I understand the importance of children visiting with their parents even when visits may lead to disruptive behaviors.	8.7 (1.8)	9.6 (0.8)	-5.45***
I know that it is my role to work in partnership with the agency and the child's family to support visitations.	9.4 (1.0)	9.8 (0.5)	-4.29***
I believe that allowing visitations between the child and his/her parents and other family members are extremely important.	9.2 (1.3)	9.7 (0.7)	-4.00**
I believe it is important to not to say negative things about a child's parent.	9.4 (1.8)	9.8 (1.2)	-1.64
I believe visitations between the child and his/her parents and other family members cause more harm to the child.	7.4 (1.9)	8.5 (1.7)	-6.34***
<i>(scores reversed)</i>			
Overall	8.3 (2.1)	9.4 (1.2)	-14.10***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.9 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Responding to Children in Crisis training. The significance of the change was measured with a paired t-test. All questions had improved mean perceived competence after completing the training, and 5 had statistically significant improvement. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 1.2 on the scale.

Responding to Children in Crisis (N = 98)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistics
I know strategies that can be used to calm children who are very upset and out of control.	6.3 (1.8)	8.8 (1.3)	-13.82***
I identify ways to make children feel physically and psychologically safe.	7.0 (1.6)	9.0 (1.2)	-12.2***
I understand how children demonstrating a fight, flight, or freeze response are reacting from a place of fear.	7.7 (2.0)	9.3 (1.0)	-8.77***
I understand how my own psychological and physiological reactions impact my ability to intervene effectively in a crisis.	8.2 (1.7)	9.6 (0.8)	-8.87***
I am willing to learn techniques to keep myself calm during a crisis.	9.7 (0.8)	9.8 (0.5)	-1.69
I am willing to learn strategies that help children feel safe.	9.8 (0.7)	9.9 (0.3)	-1.45
I am willing to seek support from professionals when my child or family has a crisis.	9.6 (0.9)	9.8 (0.6)	-2.83*
Overall	8.3 (2.0)	9.5 (1.0)	-18.09***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.10 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Sexual Development and Identity training. The significance of the change was measured with a paired t-test. All 7 questions had statistically significant improved mean perceived competence after completing the training. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 1.5 on the scale.

Sexual Development and Identity (N = 89)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistics
I know the language related to sexual orientation and gender that is most respectful and inclusive.	7.1 (2.0)	8.7 (1.3)	-8.36***
I understand how to prepare children to manage bias and discrimination associated with their sexual orientation, gender identity, and expression.	6.2 (2.3)	8.4 (1.5)	-9.97***
I can describe ways that bias and discrimination connected to sexual orientation and gender impacts children's self-esteem.	6.9 (2.1)	8.7 (1.3)	-9.82***
I know how to talk to children about healthy sexual development and relationships across all sexual identities and gender expression.	6.1 (2.4)	8.6 (1.5)	-10.4***
It is important for me to be familiar with definitions, language, and the difference between gender expression and gender identity and sexual orientation.	8.7 (2.0)	9.4 (1.1)	-4.07**
I believe it is important for me to assess my own bias and/or discomfort around children exploring their gender or sexual identity expression.	8.7 (2.1)	9.4 (1.3)	-3.57**
I accept the children that I am parenting as they are, including their gender expression or sexual orientation, even if it is different from my own.	9.1 (1.6)	9.5 (1.4)	-3.58**
Overall	7.5 (2.4)	9.0 (1.4)	-18.08***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 1.11 This table compares the mean perceived competence (on a scale of 0 – 10) of participants pre and post taking the Sexual Trauma training. The significance of the change was measured with a paired t-test. All questions had improved mean perceived competence after completing the training, and 6 had statistically significant improvement. Analyzing all responses for all questions together showed a significant improvement in perceived competence by 1.6 on the scale.

Sexual Trauma (N = 100)	Pre-Test Perceived Competence mean (s.d.)	Post-Test Perceived Competence mean (s.d.)	Paired T-test Statistics
I can identify behaviors associated with sexual abuse.	6.5 (2.2)	8.7 (1.4)	-12.56***
I understand that children who have experienced abuse are at a higher risk of future physical and/or sexual abuse.	8.5 (1.8)	9.6 (0.8)	-7.02***
I know how to create safe boundaries for children exposed to sexualized knowledge and/or behaviors.	6.4 (2.1)	9.1 (1.0)	-13.79***
I can identify parenting techniques and strategies that are effective in parenting children who have been sexually abused.	5.9 (2.2)	8.9 (1.1)	-15.64***
I understand how sexual abuse and inappropriate exposure to sexual activity can affect sexual development.	7.1 (2.1)	9.3 (1.0)	-11.43***
I am committed to learning about signs of sexual abuse and how to identify these signs in the children I parent.	9.6 (1.0)	9.9 (0.4)	-3.31**
I am committed to creating safe boundaries inside my home and out in the community for children who have experienced sexual abuse.	9.7 (0.8)	9.9 (0.4)	-2.67
Overall	7.7 (2.3)	9.3 (1.0)	-22.99***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 2.1 This table shows the accuracy rates both pre-test and post-test for all quiz questions for all Right-Time themes. It also shows the McNemar's Chi-Squared statistic with the number of stars indicating the level of significance of the observed difference in score. Of the 30 questions, 9 showed statistically significant improvements after training. Also, the overall mean quiz score across all 30 questions improved significantly from 86.2% to 93.2%.

Right-Time Theme Quiz Questions	Pre-Test Accuracy Rate	Post-Test Accuracy Rate	McNemar's Chi-Squared Statistic
<u>1. Accessing Services and Supports</u>			(N = 87)
1. Why is it important for families to get connected early with services?	98.9%	97.7%	0.00
2. All of the following are key strategies for advocacy except:	89.7%	97.7%	4.00
<u>2. Building Children's Resilience</u>			(N = 71)
1. All of the following statements are true except for one. Circle the one that is not correct.	80.3%	100%	12.07**
2. What are some concrete things that parents who are fostering or adopting can do to create an environment to help build a child's resilience?	63.4%	69.0%	0.56
<u>3. Building Parental Resilience</u>			(N = 94)
1. How is self-care a critical part of good parenting?	97.9%	96.8%	0.00
2. The following are practical tips that parents can follow to build their own resilience, except:	88.3%	91.5%	0.44
<u>4. Commons Feelings Associated with Being Adopted</u>			(N = 96)
1. All of the following are common feelings for children who are adopted except for?	89.6%	96.9%	4.00
2. How would a parent know if they need to seek professional help for their child to process feelings associated with adoption?	91.7%	93.8%	0.08
<u>5. Education</u>			(N = 81)
1. What are some specific things that parents who are fostering or	97.5%	97.5%	0.00

adopting can do to partner with teachers?			
2. All of items listed below are challenge's children who have experienced trauma, separation or loss may encounter in school except for?	85.2%	96.3%	7.11*
<u>6. Family Dynamics</u>			(N = 68)
1. All of the items below are things that parents who are fostering or adopting should do to ensure their family dynamics remains healthy except for:	55.9%	85.3%	16.41***
2. All of the following statements are true except:	92.6%	95.6%	0.25
<u>7. Intercountry Adoption Medical Considerations</u>			(N = 78)
1. Malnutrition can significantly impact many areas of a child, except:	89.7%	98.7%	5.14*
2. When preparing for the adoption of a child with special needs, the following are important, except:	98.7%	100%	0.00
<u>8. Life Story</u>			(N = 100)
1. When sharing information with your child about their adoption you should:	100%	99.0%	0.00
2. All of the following statements are true except for one. Please identify the statement that is not correct:	88.0%	95.0%	5.14*
<u>9. Managing Placement Transitions</u>			(N = 78)
1. How can parents who are fostering prepare and support children before a transition into their home?	97.4%	97.4%	0.00
2. Which of the actions would you NOT complete to help a child transition smoothly out of your home?	93.6%	93.6%	0.00
<u>10. Preparing for Adulthood</u>			(N = 82)
1. At what age/stage do you start preparing children for transition into adulthood?	74.4%	87.8%	7.69*

2. Why is it important to continue to support and stay connected with teenagers through the transition into adulthood and beyond?	97.6%	97.6%	0.00
<u>11. Preparing for and Managing Visitation</u>			(N = 71)
1. What is a strategy that parents who are fostering or adopting can use to ease the transition when a child's visit ends with his/her family?	90.1%	95.8%	1.50
2. All of the following are things that parents who are fostering or adopting can do to help prepare for a visit with the child's parent, except which one.	90.1%	94.4%	0.57
<u>12. Responding to Children in Crisis</u>			(N = 98)
1. What are the four phases of crisis?	90.8%	98.0%	4.00
2. What is an important thing for parents to do when their child becomes escalated?	96.9%	98.0%	0.00
<u>13. Sensory Integration</u>			(N = 89)
1. What is Sensory Integration?	92.1%	95.5%	0.57
2. All of the following are true of sensory integration except for:	67.4%	84.3%	10.32**
<u>14. Sexual Development and Identity</u>			(N = 89)
1. All of the following reflect age appropriate sexual development except for:	40.4%	73.0%	27.03***
2. All of the following are things that parents who are fostering or adopting can do to promote healthy sexual development for children in their home except for:	73.0%	87.6%	11.08**
<u>15. Sexual Trauma</u>			(N = 100)
1. All of the items listed below are potential indicators of a child who has been sexually abused except for:	60.0%	79.0%	17.05***
2. All of the items listed below are important things for a parent who is fostering or adopting to do if they see or hear signs of sexual abuse, except for which one:	99.0%	99.0%	0.00
<u>Overall</u>			(N = 2,605)
30 Questions	86.2%	93.2%	126.8***

*p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 3.1 This table shows mean scores for the self-reported usefulness of each training by theme and segment type. The higher the score is to the maximum on the scale of 5, the more useful participants found it.

Theme	<u>Video</u>	<u>Discussion Questions</u>	<u>Podcast</u>
	mean (s.d.) (N)		
Accessing Services and Supports	4.3 (0.7) (N = 87)	4.3 (0.8) (N = 85)	N/A
Building Children's Resilience	4.6 (0.6) (N = 69)	4.3 (0.9) (N = 71)	4.5 (0.7) (N = 71)
Building Parental Resilience	4.2 (1.0) (N = 93)	4.1 (0.9) (N = 94)	N/A
Common Feelings Associated with Being Adopted	4.7 (0.6) (N = 96)	4.5 (0.7) (N = 96)	N/A
Education	4.7 (0.6) (N = 79)	4.4 (0.9) (N = 80)	4.5 (0.7) (N = 80)
Family Dynamics	4.6 (0.7) (N = 68)	4.2 (0.8) (N = 68)	4.3 (0.8) (N = 68)
Intercountry Adoption Medical Considerations	4.2 (0.9) (N = 78)	N/A	N/A
Life Story	4.7 (0.6) (N = 100)	4.3 (0.7) (N = 100)	4.5 (0.7) (N = 100)
Managing Placement Transitions	4.7 (0.5) (N = 78)	4.4 (0.7) (N = 78)	4.7 (0.5) (N = 78)
Preparing for Adulthood	4.7 (0.6) (N = 82)	4.5 (0.7) (N = 82)	4.5 (0.7) (N = 82)
Preparing for and Managing Visitation	4.7 (0.6) (N = 71)	4.3 (0.8) (N = 71)	4.6 (0.7) (N = 71)
Responding to Children in Crisis	4.8 (0.4) (N = 98)	4.6 (0.6) (N = 98)	4.7 (0.6) (N = 97)
Sensory Integration	4.9 (0.4) (N = 89)	4.5 (0.7) (N = 89)	N/A
Sexual Development and Identity	4.7 (0.6) (N = 89)	4.3 (0.8) (N = 89)	4.4 (0.8) (N = 88)
Sexual Trauma	4.7 (0.5)	4.4 (0.8)	4.3 (0.9)

	(N = 100)	(N = 100)	(N = 99)
	4.6 (0.6)	4.4 (0.8)	4.5 (0.7)
Overall	(N = 1,277)	(N = 1,201)	(N = 834)

Table 3.2 This table shows the mean scores for usability of each Right-Time training by theme. Two questions are noted as having *(scores reversed)* here for consistency because they were negatively worded questions. This means that for all six questions here, the closer the score is to the maximum on the scale of 5, the more usable the participants found the training.

Theme	The Right-Time training was relevant to my needs.	The Right-Time resources were difficult to understand. (<i>scores reversed</i>)	I learned things in the Right-Time training that I can apply to my life.	I would recommend this session to other parents.	I plan to use the information and skills I learned to take care of the child I am parenting.	I already knew a lot of what was covered. (<i>scores reversed</i>)
mean (s.d.)						
Accessing Services and Supports (N = 87)	4.3 (0.9)	4.8 (0.8)	4.2 (0.8)	4.4 (0.7)	4.3 (0.8)	2.4 (1.2)
Building Children's Resilience (N = 71)	4.4 (0.5)	4.8 (0.7)	4.5 (0.5)	4.6 (0.5)	4.5 (0.5)	3.2 (1.2)
Building Parental Resilience (N = 94)	4.3 (0.7)	4.8 (0.7)	4.3 (0.8)	4.1 (1.1)	4.3 (0.9)	2.2 (0.9)
Common Feelings Associated with Being Adopted (N = 96)	4.5 (0.7)	4.8 (0.7)	4.5 (0.5)	4.6 (0.6)	4.5 (0.6)	2.4 (1.1)
Education (N = 81)	4.2 (1.0)	4.7 (0.9)	4.4 (0.7)	4.6 (0.5)	4.5 (0.7)	2.6 (1.3)
Family Dynamics (N = 68)	4.1 (0.8)	4.6 (1.0)	4.3 (0.7)	4.4 (0.7)	4.3 (0.6)	2.3 (0.9)

Intercountry Adoption Medical Considerations (N = 78)	4.0 (1.0)	4.8 (0.7)	3.8 (1.0)	4.1 (1.1)	3.7 (1.0)	1.9 (1.1)
Life Story (N = 100)	4.3 (0.8)	4.7 (0.9)	4.5 (0.5)	4.6 (0.6)	4.5 (0.6)	2.1 (1.1)
Managing Placement Transitions (N = 78)	4.3 (0.6)	4.4 (1.2)	4.5 (0.6)	4.6 (0.6)	4.3 (0.8)	2.6 (1.1)
Preparing for Adulthood (N = 82)	4.3 (0.6)	4.7 (0.9)	4.4 (0.6)	4.6 (0.6)	4.5 (0.6)	3.1 (1.3)
Preparing for and Managing Visitation (N = 71)	4.3 (0.8)	4.9 (0.4)	4.5 (0.7)	4.6 (0.8)	4.4 (0.7)	2.5 (1.2)
Responding to Children in Crisis (N = 98)	4.5 (0.7)	4.8 (0.9)	4.6 (0.6)	4.6 (0.8)	4.7 (0.5)	2.8 (1.1)
Sensory Integration (N = 89)	4.4 (0.7)	4.6 (1.1)	4.7 (0.5)	4.8 (0.4)	4.6 (0.6)	3.4 (1.5)
Sexual Development and Identity (N = 89)	3.9 (1.0)	4.6 (1.0)	4.2 (0.7)	4.3 (1.0)	4.2 (0.9)	2.9 (1.3)
Sexual Trauma (N = 100)	4.2 (0.7)	4.6 (0.9)	4.4 (0.5)	4.5 (0.7)	4.4 (0.7)	3.0 (1.4)
Overall (N = 1,282)	4.3 (0.8)	4.7 (0.9)	4.4 (0.7)	4.5 (0.7)	4.4 (0.7)	2.6 (1.2)

Table 3.3 This table shows the mean scores for “the amount of information participants received in this session” for each theme.

Theme	Amount of Information in Training (1 = “Far too little” ... 3 = “About right” ... 5 = “Far too much”)	
	mean (s.d.)	
Accessing Services and Supports (N = 87)	2.9 (0.5)	
Building Children’s Resilience (N = 71)	3.0 (0.4)	
Building Parental Resilience (N = 94)	2.9 (0.4)	
Common Feelings Associated with Being Adopted (N = 96)	3.0 (0.3)	
Education (N = 81)	3.1 (0.4)	
Family Dynamics (N = 68)	3.0 (0.4)	
Intercountry Adoption Medical Considerations (N = 78)	2.6 (0.6)	
Life Story (N = 100)	3.0 (0.2)	
Managing Placement Transitions (N = 78)	3.0 (0.3)	
Preparing for Adulthood (N = 82)	3.0 (0.4)	
Preparing for and Managing Visitation (N = 71)	2.9 (0.3)	
Responding to Children in Crisis (N = 98)	3.0 (0.3)	
Sensory Integration (N = 89)	3.0 (0.4)	

Sexual Development and Identity (N = 89)	3.0 (0.4)
Sexual Trauma (N = 100)	2.9 (0.4)
Overall (N = 1,282)	3.0 (0.4)

Table 3.4 This table shows the number of kinship caregivers in our sample who took each training by theme.

Kinship Caregiver Representation in Sample	
Theme	N (%)
Accessing Services and Supports (N = 87)	11 (12.6%)
Building Children’s Resilience (N = 71)	2 (2.8%)
Building Parental Resilience (N = 94)	9 (9.6%)
Common Feelings Associated with Being Adopted (N = 96)	9 (9.4%)
Education (N = 81)	4 (5.0%)
Family Dynamics (N = 68)	2 (3.0%)
Intercountry Adoption Medical Considerations (N = 78)	1 (1.3%)
Life Story (N = 100)	8 (8.0%)
Managing Placement Transitions (N = 78)	9 (11.6%)
Preparing for Adulthood (N = 82)	7 (8.5%)
Preparing for and Managing Visitation (N = 71)	10 (14.0%)
Responding to Children in Crisis (N = 98)	8 (8.2%)
Sensory Integration (N = 89)	4 (4.5%)
Sexual Development and Identity	7 (7.8%)

(N = 89)

Sexual Trauma

5 (5.0%)

(N = 100)

Overall

89 (6.9%)

(N = 1,282)

Quotes from Free Response Question Feedback by Theme

Accessing Services and Supports (N = 99):

“Most helpful were the suggestions on sites and agencies which can offer insight and assistance”

“I think I got so used to the Mystory podcasts that I missed having one in this training. I would have liked to have seen an experienced foster parent featured who could address a specific child that he/she had in foster care and all of the different professionals as well as personal supports that were there to help the child thrive.”

Building Children’s Resilience (N = 106):

“There are a few typos: in the test, the first question ‘no’ should be ‘not.’ Discussion question 5: I think ‘signing’ is supposed to be ‘singing.’ And at the start of the podcast text, is ‘Mystery’ supposed to be ‘My story’? Or capitalizing the S of story would help if it's supposed to be one word. It would be nice to be able to reference the quiz again even if answers can't be changed. I'm wondering if I completely misread a question the first time, if I'm misremembering it, or of it changed between the pretest and post-test. I love that the modules don't have to all be done at one time!”

“I am doing this by myself and for me it would be better for me to do it with others and discuss.”

“I truly appreciate not only this training but also the others before this one. The content was very specific and practical. Since it is a lot to read, I do like the option of logging out and being able to come back where you left off. I wish I would have known about this training before our adoption, and when we first started fostering. By far this is the best online training I have ever had. Thank you”

Building Parental Resilience (N = 109):

“Maybe include a section on how you explain to your spouse that you need self-care time”

“The video has great info but is laughably out of date in places which is distracting. This goes for the handout from 2005 that references Hurricane Katrina, etc, too. The content is pretty much the same but the package delivering it is old.”

Common Feelings Associated with Being Adopted (N = 96):

“I thought it was fantastic. I am in the middle of a lot of this with my 9-year-old from China right now. I started crying reading some of the discussion questions. Just when I started feeling the video needed some adult adoptee voices, they appeared. Having those women was so important. Also, giving parents examples of things to say and do was fantastic. I loved this video a lot. Also, I was happy to see LGBTQ kids and

families mentioned.”

“More adult adoptee voices in the video. Less older, white, not adopted ‘experts’”

“Adding a MyStory Podcast would be beneficial to hear from another adoptee. Also, the pre and post-test only had 2 questions. Why?”

“More info/support and real discussion about navigating racism for transracial families. Thank you.”

“When a book is referenced, it would be great for it to be cited as well!”

Education (N = 85):

“I found it helpful to learn the difference between a 504 and an IEP.”

“pre/post test questions #8 and 9 were the same”

“add closed captioning to any audio - without it, you've created inequitable and inaccessible training!”

“I would LOVE to have a state-by-state guideline/checklist for incoming foster parents so they know what to expect and how to advocate for their placements. It can be SOOOO confusing, and a lot of times, the schools themselves have no idea what to do, either.”

Family Dynamics (N = 112):

“I always appreciate the podcasts or the videos from people who have already experienced foster care or been foster parents.”

“CC on the video would help. Also, the Q&A seemed the least useful portion -- lots of words, not easy to read on a screen.”

“The Discussion questions were good but I thought the layout should be different. Bullets etc to highlight information. I kept wanting to jump ahead and not fully read the material.”

“Single parenting not adequately addressed. Not realistic in time management, when accommodating school, therapy, etc there isn't time in the day to work, clean house, get groceries, etc.”

Intercountry Adoptions Medical Considerations (N = 79):

“I like the video but would liked more accounts from families that had intercountry adoptions”

“I would remove the female presenter saying ‘retardation’ that is already a dated word and is going to make your training video seem super old even before it's out there. As a parent of a child with cognitive delays, we have already lived through this word being replaced by professionals that my daughter works with. It really jarred me hearing it said by a professional (especially early in the video) and I am sure I am not the only one who will notice.”

“I may have missed it but didn't see ‘my story.’”

“Focuses on FAS rather than FASD - this is outdated and inaccurate information and is overfocused on the presence of facial features even though 90% of kids with FASD have no facial features.”

“It is unclear what question 12 means - I am completing this training years after adopting.”

“Your training should have a non-white presenter who is an intercountry adult adoptee. There are plenty of adult intercountry adoptees who work in the medical and/or adoption field and do advocacy and education work, so there is no excuse to not have one of their voices and knowledge in this training. Also, I think it would be helpful if the training mentioned the hard truth that no matter how hard you try to obtain medical information and get pre-adoption medical reviews, children's files are not always correct! Prospective adoptive parent's need to be aware and prepared that needs may be greater than listed in the child's file AND children may have special needs and conditions that are currently undiagnosed but may be diagnosed at home. There are too many kids dealing with disruptions because prospective adoptive parents are not being made aware and prepared for worst case scenarios. AND... The pre-test and post-test wants people to select one area from the list that is NOT impacted by malnutrition. After going through the training and listening to what areas your training lists as impacted, it's clear the ‘correct’ answer you want people to select is ‘hair color’ which isn't entirely correct. It bothered me having to select that answer when I know from experience that hair color IS impacted by malnutrition. My own daughter came home with light brown hair due to malnutrition but now has black hair. It is a known fact and you can even find papers on PubMed.gov discussing the topic of malnutrition and lightening of hair color (hypochromotrichia). Maybe consider mentioning this in your training and changing your pre-test and post-test so people don't have to select a wrong answer that isn't technically wrong just to get through the quiz.”

“In comparison to the training on moving into adulthood, this training was very short. The video was valuable, but I was expecting much more material, such as kinds of medical conditions (the checklist), as well as how to evaluate whether one's pediatrician will be capable of a new adoptee (ours was), and the Birth-to-3 program,

as well as obtaining services. Also, helping parents to understand what developmental delays might occur, as opposed to medical conditions. So much more needs to be offered!”

“The video looked out of date. Also, the pre and post-test answers could be answered with common sense. There should be more questions and they should be more in depth.”

Life Story (N = 100):

“The variety of media (video, questions, audio story, etc). Seeing real adoptive families and adoptees share their experiences, good and bad, for me to learn from.”

“Once you are done with a part it would be nice to be able to click ‘next’ instead of having to go back to the beginning to get to the next part.”

“address what to do with kids with special needs who do not cognitively understand adoption”

“I wasn't sure what the purpose of the pre-test and post-test were, but I would suggest adding significantly to the post-test, including essay or discussion questions, to display comprehension.”

“Closed captioning on videos”

“More interactivity. Maybe a graphic organizer/blank outline to take notes on as you watch the video”

Managing Placement Transitions (N = 79):

“Loved the resources! I wish I would have had something like this when I began fostering.”

“I'm not sure how to view my quiz results to know if I was correct or not.”

“Closed captioning on videos; Q/A section seemed very redundant”

Preparing for Adulthood (N = 83):

“The Q & A and the resources were invaluable”

“Nothing! The wealth of resources (articles) is helpful. Perhaps abstracts to assist knowing which article to read.”

“Question 11 on this quiz?”

“The former foster youth podcast. He seems like a very successful adult who benefited from the programs, mostly provided by the agency. I think this is unusual. It was nice to hear but didn't necessarily give me tips on how, as a foster parent, to access those services to help youth or what would be beneficial from my standpoint of our relationship. I think including some youth who have experienced challenges transitioning would be really helpful, too.”

Preparing for and Managing Visitation (N = 84):

“The video, MyStory segment, and Q&A were Excellent!!!!”

“Some of the questions answers are lengthy and might be nice if they were shortened or made into an audio reading as well”

“Let us know how we did on the quiz.”

“Give actual space to type out responses to discussion questions, just for the viewer's own benefit. Otherwise, it's too easy to skim through them. Also, it would help to have a ‘next’ button at the end of each segment instead of having to click the back button to go back to the home page for the segment.”

Responding to Children in Crisis (N = 99):

“The video and the resources were very helpful. I can always use this course as a reminder - probably need it at least once a month”

“I liked the podcast. Because it explained of someone who experienced this situation.”

“Double check the resources tab- one of them is linked to the wrong article (the one titled Seven Key Principles to Self-Regulation and Self-Regulation in Context)”

“‘Painful/painfully’ spelling mistake in the Q&A”

“The website is clunky and you have to click on things like ‘take the test’ too many times.”

“Some repetition during the Q & A page; since this section is fairly long to begin with, I don't feel it's necessary to repeat definitions in multiple answer sections (for example, defining trigger in the answer to both #3 and #4) I feel that repeating definitions and making the answers longer will only cause the learners to bypass the section more.”

“Include a response dialog box after the case study questions in the Questions section of this theme. Actually, writing ideas down and not just thinking about them would help to make better connections in the brain so we are more prepared the next time a crisis occurs.”

Sensory Integration (N = 90):

“The summary sheet was so informative!”

“I would have liked to hear a personal pod cast story from a real child that has had experiences and have gone through the challenges.”

“As previously stated, just that all the resource materials be made available for future reference and reading.”

“The quiz is a little short and really only asks two knowledge questions”

“More videos in question and answer”

“Eliminate Question 11 because it is unnecessary yet I have to go back in and fill it out.”

“Possibly include more actual strategies parents could try. They may not be able to access an OT for a while and additional concrete ideas they could try could be helpful for them.”

Sexual Development and Identity (N = 89):

“This is the best NTDC training I have experienced! It was very affirming and practiced ‘calling in’ instead of ‘calling out.’”

“SOGIE was great and telling us what is not appropriate for different ages.”

“I think this training would be good to be a bit longer to explain the differences between the definitions, what they mean, and just to offer deeper discussion and information. This is still a relatively ‘new’ area for lots of folks, and it is confusing if you don’t know all of the verbiage and how to correctly identify someone or the feelings that a child might be experiencing. Also, to print out all of the resources to refer back to at a later date.”

“Far too many grammatical errors in this whole series. Not a big deal to have errors here and there, but on the Sexual Development and Identity Right Time Video Key Points pdf on page 3 under Part 3: Bias and

Discrimination on the 4th bullet point down is this fragmented sentence that makes absolutely no sense. I am retyping it here verbatim: Be absolutely clear a child that the child is less valuable if they are not identifying in the mainstream and do not tolerate any forms of prejudice or homophobia including humor: Any form of humor that puts down another person can send a message to the child that it is not safe to be who they are. It's as if these pdf documents were dictated and never reread. That would be an important sentence to comprehend.”

“The tests were confusing - I didn't know if my answers were correct or not. Also, a ‘next’ button at the end of each session would be helpful to know we completed them correctly.”

“A bit more details about how to support various situations across the LGBTQ spectrum with ones foster kids”

“There are several times when the caregiver is encouraged to use gender neutral language in order to be inclusive of LGBTQ kids, but the training does not model this. For example, the section of menstruation and menstrual products only refers to girls and does not acknowledge that trans boys will also need these products. Also, several sections and articles talk about preschool age kids being curious about the difference between girls’ and boys’ bodies. This does not seem to model the advice to be gender neutral.”

“Having text field boxes after the questions would be helpful for families to reflect and respond right away and it would ensure they are doing the reflection and not just reading the questions and moving on. The questions are good questions that deserve reflection time. There is no time like the present to further cement the information learned by typing responses.”

Sexual Trauma (N = 103):

“The questions and answers were detailed, informative, without being too much like a textbook. The information could be applied to real life situations.”

“A good refresher on understanding issues in sexual trauma”

“I appreciated the video, my story, and the practical content. I have taken similar courses before, but there wasn't as much information. It was very informative and helpful.”

“Your likert scales on the pre/post-test should not have 10 choices. You only need 5.”

“Closed captioning on videos”

“The pre- and post-test questions are not good. (Neither is this evaluation.) Much of the content in the "discussion questions" (after the video) was not covered in the video. There should be MUCH more content about dissociation.”

“Printable material”

“The Q&A is long for a sensitive topic such as this. Perhaps considering combining some of the questions/situations together or dropping some of them. This information and discussion needs to happen, but could also be a huge trigger for others.”

“I think I would like to see appropriate conversations acted out for different age levels.”

“The discussion questions, in particular, the one about grooming. It wasn't covered in the material.”

“I felt the discussion about masturbation in the podcast was tentative, and almost seemed as if the speaker didn't agree with the absolutely normal practice for both boys and girls, and I think it is important to note it is common practice for both”

“Make the course easier to navigate. Landing page lists the coursework twice, once with who the intended audience is and then with the actual links. Couldn't the two be combined? It's confusing and frustrating to have to follow a tip sheet on how to access then navigate through the session”