From the Bottom Up: How Training Affects Policy in Public Child Welfare Agency Practice

By

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A CalSWEC Research and Development Project
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Module I
Models of Policy Development

(1-Hour Presentation)
Overview

This curriculum contains five modules:

- **Module I**: How practice and policy change, and the role of training
- **Module II**: Survey of trained vs. untrained workers to assess training’s impact
- **Module III**: Measuring trained interviewing skills in practice with a pretest/posttest design, using cognitive strategies, and examining how novices and experts learn
- **Module IV**: Qualitative study utilizing Grounded Theory to explore key agency administrators’ reactions to how training affects policy and practice
- **Module V**: 1-hour summary presentation called Practice to Policies highlighting Modules I, II, III, and IV
Background

- From 1995-2000, the U.S. Dept. of Health and Human Services (DHHS) funded a program held at UCLA to train Public Child Welfare (PCW) workers on the intersection between Domestic Violence and PCW.

- Approximately 1,350 L.A. County Dept. of Children & Family Services (DCFS) workers, supervisors, and managers were trained at one of two levels:
  - 1-Day
  - Fellows (extended 3-6 days)
Background (cont’d)

- Training spanned fundamental change in PCW, signaled by the Adoptions & Safe Families Act (ASFA)

- Author obtained CalSWEC Research & Curriculum Development grant to use the UCLA training vehicle to examine three questions:
  - How does training affect practice?
  - How does training affect policy?
  - How do child welfare workers balance the need to empower parents and preserve families with child safety mandates?
Module I

- Three theories explain policy change and the role of training and practice. What is the role of training in each of these three theories?
  - A. Top Down
  - B. Bottom Up
    - Street Level Bureaucrats
    - Learning Laboratories
    - Breakthrough Series Collaborative
    - Agency Buy-In
  - C. Combination
    - Results-Oriented Management
A. Top Down Theory

- Centralized management and rigid lines of authority
- Decisions are not reliant on the experiences of caseworkers
- Policy changes affect the whole organization at once, rather than specific units within the organization
- Higher-ups in an organization make policy and their subordinates implement it
- In organizational parlance, those who fund, make decisions, and those who receive funding, implement them
- Management decides the content of training: Preparing the workers to implement policy
Bottom-Up Theory: Four Methodologies

- Bottom-Up: Street Level Bureaucrats
  - Policy is made by the worker in practice
  - Loose supervision, low accountability
  - Weak penalties for acting contrary to administrative directives
  - Actions get translated into policies
  - Professional discretion enhances worker job performance (Web, 2006)
  - One study linked work autonomy with family compliance (Littell & Tajima, 2000)
  - Training follows practice; seems chaotic
B. Bottom-Up: Learning Laboratories

- Work units rather than whole organizations are targets for change
- Shared decision making between line workers and managers
- Innovations spread throughout agency in an organizational learning process
- Training is launched by joint manager-worker taskforce
B. Bottom-Up: Breakthrough Series Collaborative

- Originated in health care as a way to implement small successful changes quickly and not replicate failures
- BSC team presentations to each other considered training; small changes that work are ratcheted up to train the larger workforce
- Has five tenets:
  - There is a gap between knowledge and practice. The BSC does not “create” new knowledge. It uses existing knowledge based on evidence of what has worked in the past and tries to help systems modify and apply the knowledge to fit their systems’ individual needs.
  - There is significant variation in practice in the field. Some agencies already may do it well; others do not have as much success. Thus, there is a lot of room for improvement.
B. Bottom-Up: Breakthrough Series Collaborative (cont’d)

- All improvement requires change, but not all changes lead to improvement. Measurement for improvement is important to make sure that all changes are resulting in positive outcomes. Small tests of change are done to allow for rapid implementation and careful tracking of the impact each small change has on the system.

- “Every system is perfectly designed to achieve the results it gets.” People within the system want to do good work; they are mission-driven and well-intentioned, but systems are typically designed to achieve the results they get. It is the system that needs fixing—not the people in the system.

- We can learn more from collaborating than from working alone. There is no need for every agency in the country to make the same mistakes—and every reason for them to benefit from others’ successes. Collaboration done in a thoughtful, systematic, carefully facilitated way ensures that this sharing occurs.” (Adapted from National Resource Center for Foster Care and Permanency Planning, 2005.)
B. Bottom-Up: Agency Buy-In

- Policy change can start at different places in an organization
  - Agency recognizes need, attempts implementation via grant, etc.
  - New grant or focus may require additional training; sometimes collaborative training
  - Relies on supervision-worker dyad to set the tone for change in agency
  - CBOs influence this dyad via relationship
- Caseworkers are in process of becoming better informed; supervisors encourage training; special grant incentives used to encourage activity and evidence-based practice
- Training is launched by supervisor-worker expressed need and that, in turn, is influenced by CBO relationships
- Training can also be implemented in response to external funding (i.e., a grant)
Combination Theory

C. Combination: Results-Oriented Management

- Predicated on systematic data gathering
- Relies on tracking, organizing, and analyzing data in multiple systems
- Performance indicators set by management
- Data gathered and interpreted by supervisor-worker dyad; thus both management and line contribute to policy
- Linking this methodology with ASFA & California’s CFSR performance indicators
- Training launched after analysis of performance indicators
- Training itself is tracked to determine if it affects performance indicators
Key Components of ASFA

Effective November 19, 1997

- Continues and expands family preservation programs & eligibility for Federal IV-E Adoption Assistance Subsidies
- Requires states to document adoption efforts, and requires concurrent planning (efforts for adoption or guardianship & reunification proceed simultaneously)
  - expands Healthcare Coverage for Special Needs Adoptions
  - authorizes Technical Assistance for Adoption
  - establishes Kinship Care Advisory Panel
  - establishes New Timeline and Conditions for Filing for Termination of Parental Rights (TPR)
  - requires Criminal Background Checks
Key Components of ASFA (cont’d)

- requires foster parent be noticed on Court Reviews and have an opportunity to be heard
- requires study and report on the problems of substance abuse and child protection
- directs states to use Adoption and Foster Care Analyst Reporting System (AFCARS) standards and establishes performance-based incentives for states; expands conditions under which states can apply for IV-E waivers
- authorizes use of Federal Parent Location Services
- extends Independent Living Services
- identifies funding for these provisions
Websites: Evidence-Based Practice

California Evidence Based Clearinghouse for Child Welfare:  
www.cachildwelfareclearinghouse.org


Campbell Collaborative (no search capacity at site):  
www.campbellcollaboration.org

California Child Welfare Resource Library:  www.csulb.edu/projects/ccwrl

Center for Social Services Research (links to several Child Welfare-related research resources):  www.cssr.berkeley.edu/research_units/cwrc/links.html

American Professional Society on the Abuse of Children:  www.apsac.org

Minnesota Center Against Violence and Abuse:  www.mincava.umn.edu
Discussion Questions

1. Which one of these theories and methodologies do you see in operation at field placement? What’s the best way to bring about change at your agency?

2. Visit any of the evidence-based practice websites listed on the overhead. What should you do if your agency-based training or practice is inconsistent with what you find?

3. Familiarize yourself with key provisions of ASFA. What is the relationship to California’s CFSR, and how do they both participate in results-oriented management?
Module II
How Does Training Affect Practice and Policy?

(1-hour presentation)
To reach a large set of respondents in order to determine if UCLA-trained DCFS workers answered a series of questions about domestic violence differently from their untrained counterparts.

Survey:
- Web-based (from internal computer system)
- Divided into five parts, addressing:
  - Demographics
  - Vignette
  - Knowledge
  - Restraining orders
  - Attitudes and beliefs
Respondents

- *Trained workers*: those workers who had been trained in the DHHS-funded, DCFS training program held at UCLA
  - *Fellows*: received an extended 3-6 days of training
  - *1-Day Trainees*: received 1 day of training

- *Untrained Workers*: those workers who did not participate in the training
Research Goals

We wanted to learn about:

- Whether trained workers could answer questions (based on knowledge, understanding, attitude, and demonstration of decision-making skills provided by the training) any differently from the DCFS workers who were untrained.
- Whether trained or untrained workers believed that any new policies were needed to assist DCFS workers handling domestic violence cases.
- Whether or not the “dosage” of training (1-Day vs. Fellows) made a difference in their responses.
Findings

- Poor response rate: Target was 500, less than 35 responded on the web. Confidentiality was guaranteed.

- Supplemented with about 71 pen-and-pencil surveys, gathered at one regional office, because an administrator supported the training and what we were trying to learn.

- No significant differences between groups on their answers, except for two attitude responses. The training may have enhanced the workers’ desire to use remedies available when domestic violence is treated as a crime.
Findings (cont’d)

- Survey revealed the need for policy development according to majority in:
  - Mandatory step-by-step on how to handle DV/Child Welfare cases
  - Mandatory collaborative call consultation with domestic violence service providers
- Author met with DCFS Administration
  - Some changes were made
    - New worker academy training
      - Conducted by both DCFS supervisor and DV advocate
      - Included focus on legal remedies and attitude anomaly
    - DV Ombudsman created
  - Some changes occurred later or not at all
    - Eventually developed a DV policy
    - Taskforce not created
Limitations

- Web-based survey did not work as intended. Potential time and perceived confidentiality issues
- Flawed test construction may have made it too easy
- Workers’ domestic violence training outside of UCLA training may have influenced their answers and resulted in responses consistent with UCLA trained workers
- There were additional threats to validity: contagion, contamination, history, instrumentation, maturation, social desirability
Separate Study Inquired About History of Violence Exposure and Decision Making

- Conducted by Yoshihama & Mills (2003)
- Worked with a convenience sample of 303 DCFS trainers
- Trainees were given an anonymous questionnaire that contained vignettes and asked what course of action they would be likely to take with regard to removing children from the home
- Asked about personal history and work-related decision making
Separate Study Inquired About History of Violence Exposure and Decision Making (cont’d)

Results:
- 50% of the respondents reported experiencing physical or sexual violence by an intimate partner
- 33% reported experiencing physical abuse during childhood
- 22% reported experiencing child sexual abuse during childhood
- The experience of childhood sexual abuse, especially by female CSWs, was associated with increased support for removal of the children whose mother is being abused
Separate Study Inquired About History of Violence Exposure and Decision Making (cont’d)

- Those CSWs with a history of partner violence and who self-reported as identifying with the battered woman were less likely to approve removing children from the battered mother than were CSWs without an abuse history or who did not identify with the battered mother. CSWs who were less likely to approve removing children from the battered mother also self-rated as highly competent in negotiating domestic violence issues with the battered mother.
This study found a complex relationship:

- High rates of victimization among CSWs
- If CSWs with these kinds of histories can be recruited, then trained in ways that enhance client identification, they may have high potential to be “in sync” with ASFA goals of keeping children in families when safety issues can be negotiated and assured
- Trainings on domestic violence should address CSWs’ potential histories of victimization in an effort to maximize the positive impact on the client
Discussion Questions

1. Why should trainings that promote transfer have concurrent focus on knowledge (acquisition and understanding), as well as opinions, attitudes, and skill demonstration?

2. Are you surprised by the findings that CSW trainees who have abuse histories and identify with battered women are the least likely to remove children?

3. Identify one or two threats to validity and offer a suggestion (other than those tried) on what the researchers could have done.
Discussion Questions (cont’d)

4. Consider other inhibitors that may have accounted for the low response rate to this survey. How would you have approached this problem with different solutions? What other methods could the researcher have used?

5. The majority of trainees indicated that new policies would be necessary in these two areas:
   1. Mandating a step-by-step approach on how to handle domestic violence cases
   2. Mandating collaborative case consultation with domestic violence service providers

What are the pros and cons of having mandatory policies?
Module III
Phase II: Helping Child Welfare Workers Learn Interview Skills
Four Segments

1. Summary of Phase II research with a link to the American Humane Association’s (AHA) training evaluation

2. An exercise that uses cognitive and evidence-based research strategies

3. An analysis of extreme scorers

4. A summary of focus groups held with a sample of DCFS workers, including response patterns and themes
Phase II Research

- This research was needed because there are challenges in the DCFS worker/parent encounter.

- This is a skill set that has not been well identified, trained, practiced, or even evaluated.

- All studies up to this point on PCW interviewing are in the specialty area of child sexual abuse with adults acting as if they are children.
Link With the AHA Model of Training Evaluation

- Although original training was published prior to AHA model, the point is that using an evaluation model is a good tool to determine if all the elements for effective training are present.
## Link With the AHA Model

<table>
<thead>
<tr>
<th>AHA training evaluation level</th>
<th>Elements present in this training</th>
</tr>
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<tbody>
<tr>
<td>Course: Overall evaluation including content</td>
<td>Developed content with Advisory Group</td>
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<tr>
<td>Satisfaction</td>
<td>Determined that the trainers needed to have experience, be credible, and facilitate work-related discussions</td>
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<td>Chose multiple modalities: overheads, movies, etc.</td>
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<tr>
<td>Opinion</td>
<td>Addressed potential feeling reactions for trainees</td>
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<td>Acknowledged tensions between providers and workers</td>
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<td>Built on appropriate beliefs and assessed where to target change</td>
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</table>
## Link with the AHA Model (cont’d)

<table>
<thead>
<tr>
<th>AHA training evaluation level</th>
<th>Elements present in this training</th>
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</thead>
<tbody>
<tr>
<td>Knowledge acquisition</td>
<td>- Determined what to emphasize</td>
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<td>- Decided what needs to be retained</td>
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<tr>
<td>Knowledge comprehension</td>
<td>- Explained theories and concepts</td>
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<td>- Utilized complex practice examples for group problem-solving</td>
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<tr>
<td>Skills demonstration</td>
<td>- Utilized SC as a baseline and embedded evaluation, provided feedback</td>
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<td>- Trained to ensure reliability and validity</td>
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<td>- Switched the SC and vignette at posttests</td>
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<tr>
<td>Transfer</td>
<td>- Utilized the SC as a client proxy, could be a first line skill transfer to job</td>
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</tbody>
</table>
Evaluation Skill Demonstration and Skill Transfer

1. Skill demonstration
   - Using what was learned on a new task
   - Embedded evaluation
   - Providing feedback
   - *Discuss*: if you do this with a peer role play, how can you ensure reliability and validity?

2. Skill transfer
   - Performance on the job
   - Appreciation of new skills outside the classroom
   - *Discuss*: What are the pros and cons of the supervisor’s involvement in evaluating skill transfer?
Synopsis of This Experiment

- Quasi-experimental model \((O_1 \times O_2)\) design
- Utilized two SCs matched and trained
- Switched SCs at posttest (2 weeks after training)
- Rated by 2 paired teams
- Used 5 instruments to collect data:
  1. Demographic data
  2. Phase II, Part I Questionnaire (this was the to do list)
  3. Child Welfare Domestic Violence Interview Skill Scales:
  4. Had to establish reliability and validity through use of subscales from an established instrument; Interview Skills Role Plan Test (Finn and Rose Subscales)
  5. Patient Physician Interaction Form
Experimental Results

- Using *t*-tests, the training made a significant difference in the post-test scores, leading us to speculate that the training had an impact on their practice.
- Quasi-experimental design has limitations, precluding an if-then link, may have been other factors involved in impact.
- We were curious about the *family test* results:
  - We asked our SCs to identify which subjects they would want to interview their family member; they agreed on only one.
- Led us to wonder: Does statistical significant equate to clinical competency? Wanted to more closely examine highest and lowest scores.
Analysis of Extreme Scorers at Posttest

- **Expert**
  - Executed a perfect *to do* list
  - Focused on engagement and listening entire first 10 minutes
  - Moved into domestic violence and threat assessment at the end
  - Was nonjudgmental
  - Explained what would be doing
  - Developed a relationship above all else

- **Novice**
  - Improved *to do* plan
  - Explained, gave options, and established a partnership
  - Reduced but did not eliminate judgmentalness
  - Terminated the interview (only used 2/3 of the allotted time)
  - May not have done enough to develop a relationship

- **Discuss:**
  - How can this apply to your work with clients?
  - How do you think experts and novices learn differently?
Summary of Focus Groups

- Process
  - Held two groups in 2001; *N* = 19 subjects
  - Volunteers who participated in interview experiment
  - Co-led by one PCW trainer and one DV trainer
  - Notes coded for themes
  - Focus group modality because of power differential, complex motivations being investigated, and need to be welcoming
  - Incentives: Lunch and training credit
  - Directors tend to bring a focus; recently relaxed child safety emphasis for children under 5 years; new direction perceived as not totally focused this way
  - Workers acknowledge that emphasis on safety has affected ability to empower parents
Summary of Focus Groups (cont’d)

- Anxiety about potentially being held responsible for child deaths; this pressure leads to more detentions
- Workers have strategies for aligning with parents and removing less: Keep up with home calls, return phone calls, and issue stern warnings.
- Training and practice are clearly connected positively (i.e., training leads to practice changes). Workers want more in-service training, but work demands get in the way.
- Some subjects said they already knew much of the content of the training offered. When asked to clarify they said they go to training in order to get tips on how to do the work faster.
Summary of Focus Groups (cont’d)

- Neither group saw a connection between policy and training.

- **Conclusion**: Workers see a clear connection between training and practice.
  - A subset of trainees said they do not need much training. They have strategies for balancing both mandates. Clearly their decisions are affected by fear of being disciplined when a child is injured or dies.
  - Although this pressure appeared to be relaxing, when they experience it, they acknowledged over-detaining.
  - This set of line workers described having high workloads, which may have precluded their seeing a connection between policy and training.
Discussion Questions

1. In developing a training, in what kinds of activities would you engage in order to be able to evaluate whether or not the following had taken place:
   1. Skill demonstration
   2. Skill transfer

2. What did you learn from this module about the value of a *to do* list when it comes to interviewing a battered woman? What five good practice items did you find the most compelling?

3. Name one way the highest and lowest skill demonstrators performed differently in this training research. How do you evaluate your own interviewing skills on the novice-expert continuum?

4. Remembering the focus groups with the subjects, name one finding for each:
   - How did workers see training connected to practice?
   - How did workers see training connected to policy?
   - How did workers say they balance child protection with parent empowerment?
Module IV
Phase III: A Grounded Theory Approach in Exploring Agency Administrator Reaction to the Effect of Training on Policy & Practice
Grounded Theory

- This is a qualitative method that allows the theory to emerge from the data
- Very little was known, published
- CalSWEC has taken a leadership position in putting conference proceedings on its website; allows others to build on those findings
- Developed three more questions to the basic three research questions
- Student researcher interviewed
- Thick descriptive notes; coded with another researcher using the constant comparative method
Grounded Theory (cont’d)

- Theoretical sample $N = 9$ from an initial sample of 11
- Categories emerged (13), some with properties; five core categories
  1. Training = beneficial impact on practice; complexities of child exposure; Fellows utilization uneven
  2. Make DV training mandatory
     - Property: make a subset of highly trained workers, rather than training all
  3. Workers need experiential training
  4. Emphasis on child safety and not wanting worker fears to drive assessment; separating domestic violence from child safety
     - Property: Worker fear factor
  5. Move towards removal of child only in most unsafe circumstances, training came at right time
Handout 13
Categories and Properties

- **Category (1):** The “training” (UCLA Domestic Violence training) was a big benefit to those who took it, although there were a range of answers on exactly “how” beneficial.

- **Category (2):** There is strong acknowledgment of a parallel process between supervisor and worker and worker and client. If we want the workers to be responsive to clients, then the supervisors have to be responsive to what workers need.

- **Category (3):** Strong opinions and responses emerged (pro and con) for training on domestic violence being:
  - **Property a:** Mandatory: We should train all workers well and make it mandatory. Then trust workers to make the right decisions.
  - **Property b:** Selective: There should be special sections of highly trained (implying neither universal nor mandatory) workers in each region.
Handout 13
Categories and Properties (cont’d)

- **Category (4)**: It takes a combination of policy, training, good supervision, and good workers to solve problems.

- **Category (5)**: It takes a community to solve problems emphasized on prevention.

- **Category (6)**: Training for new workers sets the tone for their career practice.
  - *Property a*: Revise the training academy to make it a year-long process!
  - *Property b*: Good training inspires confidence in worker’s judgment.
  - *Property c*: Child safety so driven into workers’ minds presents bias view of child safety—nothing else. People fear getting in trouble for not focusing on child abuse.

- **Category (7)**: Some social workers remove children due to a fear factor, we don’t want supervisors to narrowly reinforce this; the assessment has to be comprehensive.
Category (8): Perhaps we haven’t utilized the individuals who took the training in the most effective way, some of them were going to be involved in policy writing; there were promises made that that would take place—then the individuals got transferred, etc. The task was not completed.

Category (9): We need to review each one of our policies for many things—including sensitivity to domestic violence.

Category (10): Developing policy on domestic violence does call for more and improved training.

  Property a: Keep your policies generic and say you resolve questions on an individual basis on the merits of the case.

Category (11): In addition to original training, we have to increase training by having recurring training cycles. Some subjects noted that because of attrition; a perception that knowledge complexities evolve, and workers need more skills as they grow in the field.
Category (12): We need to train social workers to do a total comprehensive assessment for current and future problems. Domestic violence might be hidden or part of the future risk.

Category (13): Workers need to be trained experientially. Role plays are good, but take them to the community to let them observe and see real dilemmas, then bring them back to discuss how the whole picture is connected. They will see how domestic violence and child abuse are connected.
### Table 12: Response Matrix

Themes or categories emerged from first 2 subjects, and are identified in the next table.

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<th>Subsequent subject numbers</th>
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Internal Validity Check

- Triangulation; work reviewed by colleague
- Validity check with two subjects
- Subject asked to help write
- Clarity and identify our potential bias
- Feedback to Agency Director
- Much accomplished, but more needs to be done
Strengths and Limitations

- **Strengths**
  - First study known that explored PCW management’s perceptions of a training’s impact on policy and practice
  - Exposed management’s perceptions and led to theory development
  - Demonstrated Director’s political and personal power

- **Limitations**
  - Different theoretical sample may have yielded other results
  - Potential for socially desirable response from subjects
  - Despite researcher bias check, bias may be present
Theory Development

- DCFS was not committed to the full utilization of the training—probably more of a reflection of workload demand.
- Managers saw child safety trumping the option of empowering parents.
- A paradox emerged: Holding workers accountable for child safety and not wanting them to be fear driven.
- Managers could foresee movement to strengths and last resort removal of children; by allowing this training to move them into this new stance, they were participating in an Agency Buy-In methodology in both training and practice with regard to this training.
- Director’s influence consistent with Top Down Hierarchy; however, ASFA & CFSR was pushing system toward Results-Oriented Management.
- Conclusion: DCFS was in a change process, moving from Agency Buy-In to Results-Oriented Management with regard to its training at the intersection of domestic violence and child abuse.
Overall: UCLA DV Training’s Impact on Policy and Practice

- Summarized from Handout 14
- Trained most of the DCFS workforce in a new method of assessment
- May have fomented change from the Bottom-Up
  - Training demonstrated complexity, downside of removal
  - Facilitated changes in academy training delivery and context
  - Facilitated ombudsman establishment
  - Contributed to subsequent DV policy
- Pioneered first DCFS-wide follow-up on a specific training’s impact on practice and policy
- Illuminated the paradox: Need to recognize that an emphasis on child safety may lead to fear-driven assessments and over-detention
Overall: UCLA DV Training’s Impact on Policy and Practice (cont’d)

- Facilitated DCFS and CBO/DV agency communication
- Emphasized the need for experimental training; this is an area DCFS plans to link with technology
- Sharing aggregate results may have a longer-term impact
- DCFS was in a change process moving away from Agency Buy-In to Results-Oriented Management with regard to its training at the intersection of domestic violence and child abuse.
- Reinforced cognitive strategies such as *to do* lists, mnemonics, etc.
Discussion Questions

1. Why was Grounded Theory chosen as the method for this research?

2. Define the following Grounded Theory concepts: theoretical samples, saturation, categories and properties.

3. Now that the terms have been identified, and their emergence has been explained, recall at least two categories and a property subset.

4. Recall one of each of the strengths and limitations of the findings and whether or not you agree with the Grounded Theory findings that emerged.
Background II: A Time of Great Change

- Summarized Confluence of Factors Nationwide:
  - NYC Taskforce: Behind Closed Doors (1993)
  - High profile cases
  - Dramatic increase in number of children entering foster care (ACS, 2001)
    - From the mid-1980s to 1995 number approximately doubled
  - Casey Family Programs launches Family to Family Initiative (1992)
  - Los Angeles DCFS joins Family to Family in 1996
  - ASFA effective November 1997; ramp up and implementation takes longer
  - Los Angeles DCFS Family Preservation Networks: 500 CBOs by 1999
  - DHHS Provides five training grants (1995-2000)
  - Nicholson lawsuit filed 1999; 2001 ruling
  - Aron & Olson (1997) highlights five model programs
In sum:

- Training provided the context in time of great change
- Walk you through how we attempted to measure our training’s impact on the largest PCW agency in the world
- Some of the our efforts were more “successful” than others
Background IV

- **Important for you to be thinking:**
  - How does my training affect *my* practice and can training affect practice on a macro level?
  - How does training affect policy?
  - What strategies do I have for protecting children while I try to preserve families and empower parents?
Four Modules to Answer These Questions

*Module I*

- Examined theories for how practice, policy, and training change in an agency
- 3 broad theories with subsidiary methodologies
- Author felt this training may have fomented change From the Bottom Up, and its Agency Buy-In methodology
- PCW was also moving into a Results-Oriented Management methodology
Four Modules to Answer These Questions

Module II

- Web-based survey over 6 months in 2001
- What we did: constructed a survey to measure:
  - Attitudes/beliefs
  - Knowledge/understanding
  - Decision making
- Among three groups: trained (1-day, fellows) vs. untrained
- Used questions and vignettes
- Used intranet DCFS system
- Needed 500; got 35
- Resorted to pencil and paper in one region
- Netted $N = 106$
- Found only two significant differences among three group discussions: deserves beating; criminal matter
Results of Module II

- In 2001, took results to DCFS administration, along with:
  - Results of CBO/DCFS forum at UCLA
- Examined low response rate
- Examined only two significant differences
- Asked for more DV training based on results: attitude anomaly; legal remedies
- Results:
  1. Academy training transformed to focus on above; utilized DV advocate and DCFS supervisor
  2. DV ombudsman office created
  3. Taskforce considered specific DV policy created 3 years later
Module III

Assessing skill in practice

- n = 15, PCW workers, Los Angeles Co. DCFS (core)
- Quasi-experimental design: O X O
- X = intervention = training = independent variable
- Used two Standardized Clients (SC)
- Used t-tests to determine if difference in pre-/posttest group scores
- Used qualitative content analysis to evaluate skill acquisition of extreme scorers (expert v. novice)
- Developed a measurement instrument to code the interaction; tested for reliability and validity with another sample of six (developmental)
Module III: More detail

- Used multiple measures; measured to do list, and actual interaction with SC
- Developed an instrument that measured skill demonstration on 14 domains
- Developed cognitive strategies to help CSWs develop a plan; checked consistency with good practice training, measured with a rubric
- Collected demographic data
- Asked the SC for feedback on which interviewers passed the *family test*
Training Content Targets

- See handout (?)
- Level I targets
  - Course
  - Satisfaction
  - Opinion
- Level II targets
  - Knowledge (acquisition)
  - Knowledge (comprehension)
  - Skill demonstration
- Level III (formulated with Community Advisory Group)
  - Skill transfer
- Level IV
  - Agency impact
  - Client outcomes
  - Community impact
Module III: What Did We Learn?

- 1-day training did make a significant difference in pre-/posttest skill demonstration.

- Labor intensive to developing instruments, training SC, alternating SC, training coding teams, coding skills and errors, and coding skill demonstrators; assessing this qualitatively.

- SCs agreed only one CSW met the “family test,” empowering her and going to first try to preserve the family.
Module III: What Did We Learn (cont’d)

- *Highest Demonstrator:*

  1. Able to develop and execute perfect *to do* plan
  2. Focus on engagement and listening for entire first portion; focus on DV and threat at end
  3. Nonjudgmental throughout
  4. Explains what he will do
  5. Had 5 years experience, but also scored higher than experienced peers
Module III: What Did We Learn (cont’d)

- *Lowest Demonstrator:*

  1. Improved *to do* plan at posttest
  2. Established a partnership and explained only in posttest
  3. Reduced (but did not eliminate judgmentalness) in posttest
  4. Brief: Chose to end interview early
Outcomes: Agency Impact

- Developed DV ombudsman
- Developed training taskforce
- Urged DCFS to assess skill with more than peer role-play; recommended use of SC, train to cognitive strategies and nonjudgmental responses
- Recommended DV policy development
- Reluctant reception: Issue of cost with SC
- Training with SC is being considered by IUC now
- DCFS is creating online interactive training with vignettes; trainee presented with multiple choice “how do you respond when the clients says …?”
Module III:
Summary of Focus Groups

- **Process**
  - Held two groups in 2001; $N = 19$ subjects
  - Volunteers who participated in interview experiment
  - Co-led by one PCW and one DV trainer
  - Notes coded for themes
  - Focus group modality because of power differential, complex motivations being investigated and need to be welcoming
  - Incentives: lunch and training credit
  - Directors tend to bring a focus; recently relaxed child safety emphasis for children under 5 years; new direction perceived as not focused this way.
Module III: Summary of Focus Groups (cont’d)

- Workers acknowledge that emphasis on safety has affected ability to empower parents.
- Anxiety about potentially being held responsible for child deaths; this pressure leads to more detentions.
- Workers have strategies for aligning with parents and removing less: keep up with home calls, return phone calls, and issue stern warnings.
- Training and practice are strongly connected positively. Workers want more in-service training, but work demands get in the way.
Some subjects said they already knew much of the content of the training offered. When asked to clarify they said they go to training in order to get tips on how to do the work faster.

Neither groups saw a connection between policy and training.

Conclusion: Workers see a clear connection between training and practice. A subset of trainees said they do not need much training. They have strategies for balancing both mandates, clearly their decisions are affected by fear of being disciplined when a child is injured or dies. This set of line workers described having high workloads, which may have precluded their seeing a connection between policy and training.
Qualitative Study

- Interviewed nine key DCFS administrators involved in training and policy
- Used Grounded Theory
- Several propositions emerged:
  - Training was a much needed improvement on practice, showed complexity, and downside of removal
  - Unsure if it impacts policy; yet it came at the right time as policy moved toward only removing in the most unsafe circumstances
    - This agency may be a Top Down Hierarchy
  - Seemed to be a perception that child welfare could carve out the part that made children unsafe and just deal with that
You Be the Judge: The Value of Cognitive Strategies

- We will now play a 3-minute clip of our SC responding to her understanding of a report being made to DCFS about her and her child.

- In Module III, we showed this to inspire CSWs to come up with a 10-point plan to do list (PPQ).

- For practice: What is the value of a cognitive strategy?

- For training: Could this work as a web-based training with multiple choice follow-up questions?

- What are the pros and cons of this approach?
Contemplation of Training Evaluation: The AHA Model
Strengths of Our Three Research Efforts

- Targeted the shaping of policy and practice
- Developed target in RFP to HHS and with local Advisory Group
- Pioneered agencywide follow-up on training’s impact on practice and policy with this curriculum
- Brought concerns to administration and asked for change, potentially fomented change from the bottom up
- Some practice, training policy changes were made
- Any policy changes may be only partially attributable to this training alone
- This training was part of a policy shift toward only removing children in the most unsafe circumstances.
Limitations of Our Three Research Efforts

- Ability to generalize limited by quasi-experimental design and small samples emanating from recruitment problems
- Quasi-experimental design
- Convenience and theoretical samples
- Additional threats to validity:
  - attrition, contamination, social desirability, history, instrumentation, maturation
- Can you think of more?
Links to EBP Websites in Child Welfare and Family Violence

- **California Evidence-Based Clearinghouse for Child Welfare**: [http://www.cachildwelfareclearinghouse.org](http://www.cachildwelfareclearinghouse.org)
- **National Clearinghouse on Child Abuse and Neglect**: [www.childwelfare.gov](http://www.childwelfare.gov) (this address if for Child Welfare Information Gateway)
- **Family Violence Prevention Fund**: [http://endabuse.org](http://endabuse.org)
- **American Professional Society on the Abuse of Children**: [http://www.apsac.org](http://www.apsac.org)
- **Child Welfare League of America**: [http://www.cwla.org](http://www.cwla.org)
- **Minnesota Center Against Violence and Abuse**: [http://www.mincava.umn.edu](http://www.mincava.umn.edu)
- **Center for Excellence for Child Welfare**: [http://www.cecw-cepb.ca](http://www.cecw-cepb.ca)
- **Center for Social Services Research**: [http://cssr.berkley.edu](http://cssr.berkley.edu)
- **California Social Work Education Center**: [http://calswec.berkeley.edu](http://calswec.berkeley.edu)
- **Casey Family Programs**: [http://www.casey.org](http://www.casey.org)
Discussion Questions

1. Why do trainings have to assess beliefs/attitudes as done in the initial training? Give two benefits for this.

2. Can you think of a time in school or field where you acquired some knowledge but you didn’t have to demonstrate it? Did this have any effect on your ability to demonstrate that skill later with a client?

3. What are the pros/cons of doing a role play with a peer vs. a role play with an SC? Name three of each.
Discussion Questions (cont’d)


5. Can training affect practice? What is your evidence? Provide three points.

6. When DCFS administrators are interviewed about training and policy, identify three issues that could impact the content of their answers.