

*California Social Work Education Center*

*C A L S W E C*

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**FROM THE BOTTOM UP:  
HOW TRAINING AFFECTS POLICY IN  
PUBLIC CHILD WELFARE  
AGENCY PRACTICE**

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## CalSWEC PREFACE

The California Social Work Education Center (CalSWEC) is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 19 accredited schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CalSWEC is an educational one. Our central task is to provide specialized education and training for social workers who practice in the field of public child welfare. Our stated mission, in part, is "to facilitate the integration of education and practice." But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CalSWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CalSWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become "educated" and then cease to observe and learn.

To foster continuing learning and evidence-based practice within the child welfare field, CalSWEC funds a series of curriculum sections that employ varied

research methods to advance the knowledge of best practices in child welfare. These sections, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, and worldwide, curriculum sections are made available online through the CalSWEC Child Welfare Resource Library ([www.csulb.edu/projects/ccwrl](http://www.csulb.edu/projects/ccwrl)).

The section that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.

## ABOUT THE AUTHOR

In the 1990s, Colleen Friend and Linda Mills developed their partnership for training social workers while they were both at the UCLA School of Public Policy and Social Research (now the School of Public Affairs), Department of Social Welfare. Colleen was the CalSWEC Coordinator and member of the field education faculty and Linda was an Assistant Professor.

Initially, the information generated for this curriculum was the collaborative work of Colleen Friend and Linda Mills, who worked together on numerous projects, including several "UCLA trainings" referred to in this curriculum. Over time, Colleen took primary responsibility for and oversight of the production of this revised curriculum. Linda's appointment to New York University's Office of the Provost, combined with her other academic demands, significantly reduced her ability to contribute to this final product.

Colleen Friend is now the Director of the Child Abuse and Family Violence Institute where she teaches, conducts research, and offers professional training in the areas of interviewing, child maltreatment, and family violence. She also manages the CSULA Child Maltreatment and Family Violence Certificate Program. More information on the Institute and Certificate Program can be obtained from: [www.cafvi.calstatela.edu](http://www.cafvi.calstatela.edu).

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## **ABSTRACT**

This Research and Development Curriculum Project was a partnership between UC Berkeley's CalSWEC, the Los Angeles County Department of Children and Family Services (DCFS), and the researchers. The research asked three questions in three phases of research: how does classroom training in the child welfare field affect practice, how does it affect policy, and how do child welfare workers balance the need to protect children with the need to empower parents? The research was conducted with a convenience sample of predominantly DCFS direct service workers (with a small percentage of supervisors and managers) who signed up for the in-service training we offered. Each research sample is more specifically described in the module that addresses that phase of the research. This curriculum covers three phases of the CalSWEC-funded research project and is presented in five modules.

Module I describes theories that explain how organizations change. This module is independent of the research. (See Table 1 for a summary of the research phases and their relationship to the modules contained in this curriculum.)

Module II describes the first phase of the research, a workforce web-based survey that yielded few significant differences between trained and untrained workers. It also includes additional research examining worker's own victimization histories in relationship to their decision making.

Module III describes the second phase of the research, which examined a small sample (N = 15) of DCFS workers on a performance-based skill demonstration before and after a 1-day training. When the workers' pretest and posttest training skills were



measured with an instrument, a significant difference was found. In addition, Module III also examines (a) how training made a difference in skill level, (b) an exercise in developing a *to do* list, (c) a qualitative analysis conducted on the extreme scoring subjects to assess how a novice learned and performed differently from an expert, and (d) results of focus groups done with a set of workers examining perceptions on how workers balanced the mandate to protect children with the need to empower parents.

Module IV covers the third phase of the research, which was a Grounded Theory analysis of nine interviews with DCFS managers who had a direct role in some aspect of policy, practice, or training.

Module V summarizes the key aspects of all the modules in a format designed to encourage students to explore the other modules. It includes a summary that ties the curriculum project together and speculates on how large public child welfare agencies develop policy, manage practice, and utilize training.

**Table 1: Relationship of Research Phases to CalSWEC Curriculum Modules**

<p style="text-align: center;"><b>Module I</b></p> <ul style="list-style-type: none"> <li>➤ Presents theories on policy, practice, and training development</li> <li>➤ Examines Bottom Up, Top Down, and Combination Theories</li> <li>➤ Explains role of the Adoption &amp; Safe Families Act (ASFA)</li> </ul>	
<p><b>Research Phase I</b></p> <ul style="list-style-type: none"> <li>➤ Surveyed DCFS workforce on a web-based survey</li> <li>➤ Compared attitudes and knowledge of trained vs. untrained workers</li> </ul>	<p><b>Module II</b></p> <ul style="list-style-type: none"> <li>➤ Places the Phase I research in the context of the agency's political atmosphere</li> <li>➤ Discusses strengths and limitations of this approach</li> </ul>
<p><b>Research Phase II</b></p> <ul style="list-style-type: none"> <li>➤ Described a training; actual skill development was measured using an instrument and a standardized client (SC)</li> <li>➤ Examined what a novice vs. an expert demonstrated</li> <li>➤ Described focus groups with workers who related how they balance protection with empowerment</li> </ul>	<p><b>Module III</b></p> <ul style="list-style-type: none"> <li>➤ Analyzes the value of training in skill development</li> <li>➤ Discusses the SC's reactions/ratings as a proxy for clients</li> <li>➤ Examines the strengths and limitations of this approach</li> </ul>
<p><b>Research Phase III</b></p> <ul style="list-style-type: none"> <li>➤ Conducted individual interviews with 10 administrators</li> <li>➤ Used qualitative methods (grounded theory) to analyze the data.</li> <li>➤ Explored the role of training in practice and policy development</li> <li>➤ Asked about balancing child safety with parent empowerment</li> </ul>	<p><b>Module IV</b></p> <ul style="list-style-type: none"> <li>➤ Places the Phase III research in the context of the agency's political atmosphere</li> <li>➤ Engages macro students in reviewing their responses</li> <li>➤ Develops summary conclusions</li> <li>➤ Discusses strengths and limitations of this approach</li> </ul>
<p style="text-align: center;"><b>Module V: Summary Module</b></p> <ul style="list-style-type: none"> <li>➤ Sets the concept of the original training in a "time of great change"</li> <li>➤ Provides an overview of Modules I, II, III, and IV</li> <li>➤ Describes three key questions and the efforts to answer them</li> <li>➤ Explores students' personal responses to the three questions</li> <li>➤ Reviews the role of cognitive strategies in skill demonstration and transfer</li> </ul>	

## INTRODUCTION

This CalSWEC Research and Development Curriculum Project, *From the Bottom Up: How Training Affects Policy in Public Child Welfare Agency Practice*, is designed to address three broad questions:

- How does training affect practice?
- How does training affect policy?
- How do child welfare workers balance the need to protect children with the need to empower parents?

In being more specific about these questions, we were asking about how classroom training would affect the actual child welfare co-worker's direct practice with clients. All of the child welfare workers referred to in this curriculum were currently employees. As we explain later in the curriculum, most of the participants were direct line child welfare workers. A few supervisors and administrators participated. Beyond that, we wanted to know if and how training would have an effect on policy in the public child welfare agency. Finally, the author hoped that preservice workers, specifically students, would be able to utilize this curriculum to explore the questions asked here as well as contemplate how they might approach their future practice differently because of what they learn here.

The hypotheses that guided our inquiry into the first two questions was that training would have an influence on practice, and that together, both practice and training had a substantial influence on policy development. Through our training experience with a large sample of child welfare workers, we caught some glimpses of

how these workers attempt to balance the necessity both to protect children and empower parents, and we wanted to learn more about these important issues. The Los Angeles County Department of Children and Family Services (DCFS) and members of its staff generously agreed to become the subjects of this research and curriculum development project.

We divided the research project into three phases, and it was linked to a multi-year domestic violence (DV) training effort that the researchers began in 1995. The researchers received two U.S. Department of Health and Human Services (DHHS) grants to train child welfare workers on methods of assessment and intervention in domestic violence cases. During a 5-year training effort, we trained over 1,350 workers in Southern California. We opened the training to the entire workforce—line workers, supervisors, and administrators. We used lectures, discussions, community speakers who represented agencies that also interacted with DV cases, videos, and role-plays. Because the training was held at UCLA, it is referred to here as the UCLA training. The trained workers were further divided into “Fellows,” those who received extended training (some received 3 days, others 6 days), and “1-Day” trainees (who received the standard version of the training). We focused most of our efforts on the Los Angeles County DCFS, the largest public child welfare agency in the country. DCFS workers were taught a method for intervening in domestic violence cases, including assessing for domestic violence and how to approach the batterer, that helped workers manage the potential conflict between protecting the child and empowering the battered parent<sup>1</sup>.

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<sup>1</sup>The DCFS worker is more likely to encounter a mother as the battered parent, although it is possible for a father to be battered.

We pursued the answers to our three broad questions in each of the three phases of the research described below. In Phase I, we conducted a survey of both *trained* (i.e., those workers who had been trained in the DHHS-funded, DCFS training program at UCLA), and *untrained* workers (those workers who did not participate in the training). We conducted this phase of the research as both a web-based survey and an individually distributed pencil and paper survey. We wanted to learn more about whether trained workers could answer questions based on knowledge, understanding, attitude, and decision-making skills any differently from DCFS workers who were untrained. We also inquired whether trained or untrained workers believed that any new policies were needed to assist them in handling domestic violence cases.

Phase II had two components. In the first one, we assessed the worker's interview/interaction/intervention skills in a mock interview with a battered woman to understand what workers did *in practice*. We hired standardized clients (SC) who were experienced actresses to simulate a woman whose child was *at risk* because of the domestic violence she reportedly experienced. Here we wanted to get beyond the self-report data we collected in Phase I and gain an understanding into how workers employed training principles and balanced child safety with parental empowerment. We developed an instrument that measured the interaction. We utilized a pretest/posttest design to see if the worker's scores on an instrument we developed improved post training and whether trained worker responses to the mock situation differed from untrained worker responses.

In the second part of Phase II of the research, we held focus groups with the same workers who participated in the mock interview. These focus groups were

designed to determine whether policies were needed to address the intersection of domestic violence and child welfare, and how the workers saw themselves balancing the issues of child safety and parental empowerment.

In Phase III of the research, we turned our attention to the administration of this large public child welfare agency, known as DCFS. We conducted individual interviews with nine designated administrators with key roles in policy, training, and management. We interviewed them about the role this training played in policy development and what their views were about balancing child safety and parent empowerment.

This curriculum is broad in that it addresses questions such as the role of training in developing policy and influencing practice in a public child welfare agency. It also explores the important question of how child welfare workers balance the interests of children and parents. It is specific in that it examines the extent to which workers have integrated domestic violence training into their practice and how agency policy has changed in relation to the domestic violence training provided.

CalSWEC suggested that we focus this curriculum on second-year MSW students who have a concentration or field placement emphasizing public child welfare *macro* areas. Those macro areas broadly include administrative policy development, and training development and delivery, as well as administration and management of the agency. The curriculum committee expressed an interest in placing an emphasis on how training impacts practice. Thus, the objectives and exercises in each module will have that orientation.

**Module I.** This module presents conflicting theories on models of policy development and implementation. Using bottom-up theories, we hypothesized that

DCFS workers have not only an obvious impact on practice, but also a direct impact on policy through their *street-level* bureaucracy practices, or as we have suggested, from the bottom up. If the plan is to use all the modules, it would be important to start instruction here in order to draw out the overall lessons for macro/micro practice. *Timeframe*: 45 minutes for presentation including module discussion questions.

**Module II: Phase 1.** The research surveyed trained vs. untrained workers on knowledge, skill, attitude, understanding, and decision making, and asked them if new policies were needed. This module also explores the complexities of doing survey research in a large public child welfare agency. Although few significant differences were found between the groups, these differences were notable. *Timeframe*: 45 minutes for presentation including module discussion questions.

**Module III: Phase II.** The research measures pre- and posttest observations of how workers interacted with an alleged battered woman (represented by an SC) whose child was presumably at risk. This module summarizes the initial training and draws the current trainees in by having them view a video of the SC, then instructing them to develop a “*to do*” list as a cognitive preparation strategy. This module also identifies what the expert interviewer was doing differently from the novice interviewer. Focus groups were also conducted with the participants about their perceptions of their work in balancing child protection with parent empowerment. Questions about policies were also asked. *Timeframe*: 2 hours for presentation including module discussion questions.

**Module IV: Phase III.** The research reveals themes that emerged in individual interviews with agency administrators in key areas of policy, training, and overall management in regard to domestic violence. This module also contains a conclusion

that assesses the lessons from the project and comments on both the limitations and future directions for the research on which the curriculum is based. *Timeframe*: 1 hour for presentation including module discussion questions.

**Module V: Summary Presentation: Practice to Policies.** This module presents a summarized version of all three research phases and the accompanying Modules I, II, III and IV in a format that can be delivered and discussed in a brief timeframe. *Timeframe*: 1 hour for presentation including module discussion questions.



## ACKNOWLEDGMENTS

Special thanks for their support and contribution to this work are extended to Sherrill C. Clark, Esther Gillies, Susan Jacquet, Amy Levin, Kristin Long, Jon Won Min, Gerry Moland, James J. Rubin, and Pina Shaw.

The *1-Day* training that was central to the research in this new curriculum was also published as a curriculum entitled, *Assessment and Intervention Approach to Domestic Violence Cases Involving Children: An Innovative Training Program for Child Welfare Workers*. (Note: This curriculum and companion video, *The Heart of Intimate Abuse*, are available to borrowers who are authorized to use the CalSWEC Library.) We also adapted this material for social work training programs in a separate curriculum funded by CalSWEC entitled, *Assessment and Case Management of Domestic Violence in Public Child Welfare* (This curriculum is also available through the CalSWEC Library: [www.csulb.edu/projects/ccwrl](http://www.csulb.edu/projects/ccwrl)). The approach for the training and an instrument developed for this training have been summarized in an article co-written by Friend and Mills (2002) in *The Social Worker's Desk Reference*. The *1-Day* training was adapted for the Interview Training conducted with a small sample of DCFS workers who were part of the larger Phase II CalSWEC Training Research. This CalSWEC Training Research encompassed all three research phases, and included additional methods (survey, analysis of extreme scorers, focus groups, and interviews) for investigating the three research questions.

The author wants to thank Linda Mills for her substantial contribution to this project and all the joint endeavors on which it rests. Because of her increasing

responsibilities at New York University's Office of the Provost, she was unable to partner on this final product, but her presence and thoughts are evident. Where the reader finds insight, inspiration, and innovative ideas, it is no doubt from our collaboration. Any omissions or oversights are the author's alone.

A project of this size requires sustained attention to detail and patience. James J. Rubin, of Oh Cee Dhee Productions, has been both an editor and a colleague on this project. He is also a co-author on the UCLA Training Curriculum, and was our Project Manager for the UCLA-DHHS Domestic Violence Training Program. He is currently completing a Masters degree at Johns Hopkins University.

Finally, Anne Preddy and Rachel Dorr, graduate students at California State University, Los Angeles, made many useful edits and suggestions; they helped the author pull all of the loose details together and deliver the curriculum.

## COMPETENCIES

Below are the 2002 Revised CalSWEC competencies that are addressed in each module. Please visit <http://calswec.berkeley.edu> for a full list of competencies. The numbers at the end of each competency indicate in which module(s) the competency is taught.

- 2.6 Student understands the dual responsibility of the child welfare caseworker to protect children and to provide services that support families as caregivers. (2, 3, 4, 5)
- 2.8 Student understands the dynamics of family violence, and can develop appropriate, culturally sensitive case plans to address these problems. (2, 3, 5)
- 2.9 Student recognizes the need to monitor the safety of the child by initial and ongoing assessment of risk. (3, 5)
- 2.14 Student understands the importance of working together with biological families, foster families, and kin networks, including involving them in assessment and planning and helping them cope with special stresses and difficulties. (3, 5)
- 2.17 Student demonstrates the ability to assess his or her own emotional responses to clients, co-workers, and situations in which the worker's values are challenged. (3, 5)
- 2.18 Student demonstrates the ability to engage and work with involuntary clients. (3, 5)
- 2.19 Student is able to engage and assess families from a strengths-based *person in environment* perspective and to develop and implement a case plan based on this assessment. (2, 3, 5)
- 3.3 Student demonstrates understanding of the potential effects of poverty, racism, sexism, homophobia, violence, and other forms of oppression on human behavior. (2, 3, 5)
- 3.5 Student demonstrates understanding of how the strengths perspective and empowerment approaches can influence growth, development, and behavior change. (3, 5)

- 4.4 Student is able to identify an organization's strengths and limitations and is able to assess its effects on services for children and families. (4, 5)
- 4.6 Student is able to seek client, organization, and community feedback for evaluation of practice, process, and outcomes. (1, 5)
- 6.3 Student understands the requirements for effectively serving and making decisions regarding children with special needs and the balancing of parental and child rights. (3, 5)
- 7.2 Student demonstrates the ability to recognize potential for violence, suicide, and other potentially harmful behaviors. (3, 5)
- 7.4 Student is able to identify agency and legislative policies and procedures that create barriers to the growth and development of children and families. (1, 5)
- 8.2 Student understands how political activities and regulatory, legislative, and judicial processes at local, state, and national levels influence agency policies, procedures, and programs. (1, 2, 3, 4, 5)
- 8.3 Student understands how leader/managers use the collaborative process for the purpose of planning, formulating policy, and implementing services. (4, 5)
- 8.4 Student understands how to use information, research, and technology to evaluate practice and program effectiveness, to measure outcomes, and to determine accountability of services. (1, 3, 5)
- 8.5 Student demonstrates knowledge of how organizational structure and culture affect service delivery, worker productivity, and morale. (4, 5)
- 8.6 Student demonstrates basic knowledge of various federal, state, and local child welfare funding sources and consequent implications for agency policy, objectives, and service delivery. (1, 3, 5)
- 8.9 Student demonstrates the ability to negotiate and advocate for the development of resources that children and families need to meet their goals. (1, 5)

## GLOSSARY OF TERMS

### *The American Humane Association Model (AHA Model)*

A model of training evaluation developed by the American Humane Association. It includes 10 levels, listed below:

- *Course*: The evaluation of the training's content, methods, and delivery;
- *Satisfaction*: Measures the trainee's feelings about the trainer and the material presented;
- *Opinion*: Refers to the trainee's attitudes toward the training's job relevance;
- *Knowledge Acquisition*: Refers to what was learned or can be recalled;
- *Knowledge Comprehension*: Includes understanding concepts and relationships and being able to problem solve;
- *Skill Demonstration*: Refers to using what was learned to perform in the classroom;
- *Skill Transfer*: Focuses on evaluating performance on the job, in a novel situation;
- *Agency Impact*: Refers to how the training influences the agency's performance;
- *Client Outcomes*: Refers to how client outcomes are responsive to training; and
- *Community Impact*: Attempts to link a community's change to training.

### *Adoption and Safe Families Act (ASFA)*

Adoption and Safe Families Act. This 1997 legislation now drives public child welfare agency practice nationally. For highlights of this legislation, please see PowerPoint slides 15-16 or Handout 1.

### *Bottom Up Theories*

This describes a situation where there is a progression from small or subordinate units to a larger or more important unit, as in an organization. (This includes: *Street Level Bureaucrats*, *Learning Laboratories*, *Breakthrough Series Collaborative [BSC]*, and *Agency Buy In*).

<i>Breakthrough Series Collaborative (BSC)</i>	This is a methodology for discovering, testing, and making small successful changes on a small scale, then spreading them to the larger organization. Online available: <a href="http://www.casey.org/Resourses/Projects/BSC/CBO">http://www.casey.org/Resourses/Projects/BSC/CBO</a>
<i>Community-Based Organizations (CBOs)</i>	This term is often used to refer to community agencies that offer a service to either the public or a specific group, while being run as a private nonprofit or some other type of organization.
<i>Categories</i>	A theme or a variable which makes sense of what the subject says.
<i>Child and Family Services Review (CFSR)</i>	This is a federal review of performance-based outcomes for children and families which (a) determines if a state is in conformity with Federal child welfare requirements; (b) examines what is actually happening to children and families as they are engaged in child welfare services; and (c) assists States to enhance their capacity to help children and families achieve positive outcomes.
<i>Combination Theory</i>	Management theory in which policy and practice change is believed to arise from both Top Down and Bottom Up sources (with a Results-Oriented Management methodology, and Baldwin and Ford's model for transfer of training).
<i>Contagion</i>	When subjects and potential subjects discuss their responses outside of the research context.
<i>Contamination</i>	When the comparison group is in some way affected by, or affects, the treatment group, causing an increase of effort.
<i>Convenience Sample</i>	A sample for which cases are selected on the basis of feasibility or ease of data collection.
<i>DCFS</i>	Department of Children and Family Services of Los Angeles County, California; the DCFS workforce participated in all phases of this research.
<i>DHHS</i>	Department of Health and Human Services; this United States federal agency funded a 6-year training effort for DCFS workers, held at UCLA.
<i>Distractors</i>	Incorrect answers on a survey or a test.

<i>Evidence-Based Practice</i>	Integration of current best evidence, clinical expertise, and client state/preferences. This integration is achieved through the process of posing an answerable question, querying a database in order to find current best evidence, evaluating evidence found, and applying it to client and clinical context.
<i>Family Preservation Networks</i>	This innovation was developed by Los Angeles County DCFS as part of its 1996 buy-in to Casey's Family to Family Initiative and the funding made available by the 1994 Family Preservation and Support Act (later renamed Promoting Safe and Stable Families). At its height, the network collaborated with over 500 CBOs in the service of preserving children in their own homes.
<i>Family to Family Initiative</i>	Launched by the Casey Foundation in 1993, this is a set of value-driven principles that guide the implementation of a test group of strategies in child welfare agencies. Essentially the strategies promoted family-centered, neighborhood-based child welfare and foster care service systems.
<i>Grounded Theory</i>	A qualitative research method that attempts to develop a theory to explain a phenomenon from the data collected.
<i>History</i>	An outside event or occurrence which might have produced effects on the dependent variable.
<i>Instrumentation</i>	The reliability of the instrument may change in calibration (if using a measuring device) or from change in human ability to measure differences (due to fatigue, experience, etc).
<i>Internal Validity Check</i>	A method for checking the validity of qualitative research findings.
<i>Interview Training</i>	Refers to the training conducted with a small sample ( $N = 15$ ) of DCFS workers, who also participated in Phase II of the CalSWEC training research. This training utilized SCs as client proxies during a pretest/posttest skill demonstration.
<i>Intimate Partner Violence (IPV)</i>	In this curriculum, this phrase is used in some circumstances to mean Domestic Violence. When we have cited other's work, we kept their term.
<i>Institutional Review Board (IRB)</i>	A university-based decision-making board designed to protect human subjects.

<i>Macro</i>	Social work education often divides the study of social work into macro vs. micro. Although many believe this to be a problematic segregation, in this curriculum we use this term to refer to administrative policy development, training development and delivery, as well as general management/administration.
<i>Maturation</i>	Changes due to aging or development, either between or within groups.
<i>Phase II, Part I Questionnaire (PPQ)</i>	This instrument was designed to elicit a <i>to do</i> list from the child welfare worker as part of a cognitive strategy to execute a complex list of skills required as a result of an interview.
<i>Properties</i>	This is a concept that further requires a category; it is a subset of a category.
<i>Propositions</i>	Indicate generalized relationships between a category and its concepts and between discrete categories.
<i>Saturation</i>	This occurs when subsequent subject interviews add nothing to what you already know about a category or its properties.
<i>Standardized Client (SC)</i>	In this project, SCs were actresses trained to stay in character as a battered woman who was reported to DCFS.
<i>Significant Difference</i>	A difference that is attributable to something other than chance.
<i>Social Desirability</i>	The need for people to report change or improvement to fit program expectations or to inflate perceived improvement on those items that are most important to them personally.
<i>Theoretical Sample</i>	A sample of participants that are selected to inform the researchers about the issue.
<i>Top Down Theories</i>	This describes a situation in which decisions are made by a few people in authority rather than by the people who are affected by the decisions.
<i>Transfer Skills</i>	When used in the context of training, it refers to the transfer of knowledge to the trainee, so that it may be used on the job.



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The author was part of the Department of Social Welfare. This was where all the Domestic Violence trainings referred to in this curriculum were held.

*UCLA Training*

This was the Domestic Violence Training, with a two-tiered approach. About one third of the trainings lasted 3-6 days. These trainings were offered to workers designated by their DCFS supervisor as “Fellows.” Fellows were distinguished from other trainees by receiving additional training days; these *Fellows* became in-house consultants for other DCFS workers who needed information and resources on the domestic violence cases they were managing. Another group of trainees participated in a “1-Day” edited version of the training program. The training was funded by one of five national grants awarded by the U.S. Department of Health and Human Services.

# **MODULE I**

## **MODELS OF POLICY DEVELOPMENT**

# MODULE I

## MODELS OF POLICY DEVELOPMENT

### ***Synopsis***

This section develops the theoretical bases for our hypothesis that child welfare workers can influence policy by their daily practices. Conflicting theories are presented to illuminate how scholars have thought about policy development and implementation. This section describes three clusters of theories: *Top Down*, *Bottom Up*, and *Combination Theories*.

We began by asking our three central questions:

1. How does training affect practice?
2. How does training affect policy?
3. How do child welfare workers balance the need to protect children with the need to empower parents?

The hypothesis that guided our inquiry into the first two questions were that training positively impacted practice, and that together, practice and training had a substantial impact on policy development. Conflicting theories are presented to illustrate how scholars have thought about policy development, implementation, and the role of training. Those theories have been clustered into these categories: Top Down, Bottom Up, and Combination. The specific ways these theories have been operationalized are called methods or methodologies.

### ***Goals & Objectives***

- I. Students will increase their understanding of how political activities and regulatory, legislative, and judicial processes at multiple levels influence agency policies, procedures, and programs.

*Objectives:* At the completion of the module, students will be able to:

- 1.1 Explain key features of the Adoption & Safe Families Act (ASFA).
  - 1.2 Explain key features of a judicial case, which may have had an impact on the agency.
- II. Students will increase their understanding of theories that may explain how administrative agency-based policies are developed and implemented.

*Objectives:* At the completion of the module, students will be able to:

- 2.1 Differentiate between Top Down, Bottom Up, and Combination Theories.
  - 2.2 Identify a theory (from theories presented) that most closely approximates his/her experience in field placement.
- III. Students will understand that some agency policies and procedures may create barriers to their own growth or the growth of the children and families they serve, and what they might be able to do to address this.

*Objectives:* At the completion of the module, students will be able to:

- 3.1 Identify if they have experienced policy and procedures that create barriers.
- 3.2 Develop strategies to address possible barriers and to gather information on evidence-based practices.

### **Competencies**

- 4.6 Student is able to seek client, organization, and community feedback for evaluation of practice, process, and outcomes.
- 7.2 Student is able to identify agency and legislative policies and procedures that create barriers to the growth and development of children and families.
- 8.2 Student understands how political activities and regulatory, legislative, and judicial processes at local, state, and national levels influence agency policies, procedures, and programs.
- 8.4 Student understands how to use information, research, and technology to evaluate practice and program effectiveness, to measure outcomes, and to determine accountability of services.

- 8.6 Student demonstrates basic knowledge of various federal, state, and local child welfare funding sources and consequent implications for agency policy, objectives, and service delivery.
- 8.9 Student demonstrates the ability to negotiate and advocate for the development of resources that children and families need to meet their goals.

### ***Tips and Instructional Guide***

**Materials Needed:** Equipment to project PowerPoint slides; print slides as a handout for distribution.

- Read through the curriculum to develop a basic familiarity with the theories presented and the research activity described in this module.
- Keep in mind that although you may feel that a particular theory describes your own experience in working with public child welfare agencies, your macro students may have had different experiences and they are/have been placed in a range of different agencies/counties. The curriculum encourages you to engage them in brainstorming from their various perspectives, as students will need to draw upon that diversity of perspective when they attempt to navigate their agencies during their employment. You can ask them what they think is the theory that best explains their experience, and how they might go about initiating change at their agency.
- In testing the curriculum, we found that students say they know all about ASFA when they really only know some specific aspects of ASFA. The overhead/handout we developed (Handout 1) outlines key features, and can serve to springboard students into a discussion of how ASFA continues to have an impact on both direct and macro practice in public child welfare agencies.

*Note:* This module links ASFA implementation with a combination theory (the results-oriented management approach). In addition to this, you can ask students to speculate about ASFA's reach into CBO practice. (CalSWEC students would have already experienced [or are currently experiencing] a student placement in a CBO that services Title IV-E clients.)

- A useful way to illustrate the Bottom Up theory is with this concrete example:

Suppose the administrators of an agency that delivers services to homeless individuals develop a policy that each client can receive one free meal per day. The administrators ensure that all their staff members adhere to this agency-wide policy. Some of the staff members who provide direct services to the clients learn that their clients will fare much better at job interviews and

living on the street if they are fed one free meal plus a free snack per day. When these staff members are out in the field, they start providing a free snack to their clients, in addition to a free meal. Because the administrators do not closely supervise the staff members' interactions with their clients, staff members develop wide discretion in dealing with their clients. Thus the staff members are able to circumvent the agency policy and meet their client's needs by providing more than one free meal per day. Over time, the staff members' delivery of free snacks becomes the norm and the administrators agree to fund free snacks in addition to one free meal per day. The one free meal per day policy was a Top Down policy developed by higher-level administrators that subordinate staff must follow. The staff members' giving out free snacks (and in turn changing agency policy) is an example of a Bottom Up approach.

- The curriculum overheads will provide our perspectives on how the concepts in this module connect to each other and training. You should encourage the students to think of their own connections in the service of fostering independent thinking and problem-solving skills.
- In testing the curriculum, we found students to be very interested in having a handout of the overhead on web-based resources for evidence-based practices in child welfare (see Handout 2). Some discussion questions are embedded in the content overview. They are listed here:
  - Which one of these theories and methodologies does the student see in operation at their field placement? What's the best way to bring about change at their own agency?
  - Encourage students to visit any of the evidence-based practice websites listed on the overhead. What should they do if their agency-based training or practice is inconsistent with what they find?
  - Familiarize students with key provisions of ASFA. Ask the students to describe the relationship to California's CFSR, and how they both participate in results-oriented management.

### ***Models of Policy Development***

In general, researchers describe change within organizations as occurring from the Top Down or from the Bottom Up. When a theory borrows from both, it is described here as Combination. We will explore first the differences between Top Down and

Bottom Up theories in order to understand how policies and practices might evolve within a public child welfare or CBO institution. We will then focus our attention on Combination Theories.

Traditionally, organizations are run according to Top Down hierarchies. This means that a small, centralized group of high-level administrators makes decisions for the other staff members within the organization and for the organization as a whole. That is, those with the most power and authority within an organization make decisions with which their subordinates must comply. Subordinates might also choose to actively sabotage or leave the organization. In human services organizations, like the Los Angeles County Department of Child and Family Services (DCFS), the administrators who develop policies, which in turn influence practices, generally do not have direct contact with the organization's clients, but do have limited contact with caseworkers. They are also accountable for implementing a range of federal guidelines, driven by The Adoption and Safe Families Act [ASFA] (1997). As a result, their decisions about how the organization should run are often developed in response to ASFA guidelines and less often informed by the experiences of caseworkers. The best way to help students think about an organization that employs a Top Down approach is to envision a pyramid with a few influential administrators on top and many staff members below them. Policies flow down from the top of the pyramid to all the staff members below who are then expected to implement policies.

Some human services organizations operate according to Bottom Up theories, which are more innovative and democratic. The key to Bottom Up theories is that the

workers who have direct contact with an organization's clients strongly influence how practices and policies are shaped within an organization. According to the Street-Level Bureaucracy theory (Lipsky, 1978), when workers have wide discretion, receive loose supervision, are confronted with limited resources and burgeoning caseloads, and are not penalized for acting contrary to agency objectives, then they are able to affect change within an organization through their direct work with clients. That is, by implementing agency policies, they also influence them. The *Learning Laboratory, Breakthrough Series Collaborative* (BCS), and *Agency Buy-In* methodologies also emphasize shared decision making between caseworkers and managers as well as affecting change within an organization one department at a time. The key to Bottom Up approaches is that change occurs slowly and diffuses to the entire organization over time. This contrasts with Top Down theories that aim to change the whole organization at once.

There is a third theory that borrows from both previously described theories, a Combination theory with a Results-Oriented Management methodology. Federal legislation over the past two decades has emphasized measuring outcomes for children in the child welfare system (Salus, 2004). Chief among these is ASFA which requires states to measure designated outcomes for safety, permanency and child well-being. A federal data collection system called the Child and Family Services Review (CFSR) was created in the hopes of measuring outcomes between and among states (U.S. Department of Health and Human Services, 2004). These data systems can be used by federal and state administrators to set goals, evaluate outcomes, and inform decisions



regarding practice and policy. Because the policy is set by administrators, they participate in a Top Down theory. Because data gathering is highly dependent on line worker and supervisor interpretation, reporting, and initial monitoring, it participates in a Bottom Up theory.

As you read in more detail about Top Down and Bottom Up theories, ask students to ponder: What is the best way to bring about policy change within their own agency—through a Top Down, Bottom Up, or Combination approach?

### ***Top-Down Theories***

*Models of Policy Development and Implementation: Top-Down Theories (Lipsky, 1978; Cohen & Austin, 1994)*

Imagine an organization in which a few high-level administrators make all the decisions for the organization. The administrators develop policies that they expect their subordinates to follow. The subordinates have little or no say in the development of these policies and the policies are often uninformed by the experiences of the subordinates. Management is centralized, there are rigid lines of authority, and the organization is run somewhat like a monarchy. Information, policies, decisions, and authority flow from the Top Down. Policy changes within the organization occur when high-level administrators observe problems and make changes. Key features of theory and related methodologies:

- Centralized management and rigid lines of authority.
- Decisions are not based on the experiences of caseworkers.
- Policy changes affect the whole organization at once, rather than specific units within the organization.

- Higher-level administrators in an organization make policy and their subordinates implement it.
- In organizational parlance, those who oversee the funding in the organization make decisions and those who receive funding implement them.
- Management controls training and its content; prepares workers to implement policy.

### ***Bottom-Up Theories***

According to Bottom Up theories, policies and practices change within an organization in a more democratic way than with top-down hierarchies. Bottom Up theories have been used to describe policy change in human services organizations in which caseworkers, who have direct contact with an organization's clients, are instrumental in changing agency policies and practices. Four Bottom Up methodologies are described and outlined below: Street Level Bureaucrats, Learning Laboratories, Breakthrough Series Collaborative, and Agency Buy-In.

#### Street-Level Bureaucrats (Lipsky, 1978; Brodtkin, 1986, 1997; Miller, 1991)

According to the Street-Level Bureaucrat methodology, developed by Lipsky (1978), caseworkers who have wide discretion in providing services to clients and who do not receive close supervision influence agency policies by controlling how those policies are actually carried out. That is, an agency may have many policies about how services should be delivered to clients, but ultimately those policies are only effective if the caseworkers adhere to them. If the caseworkers use approaches that differ from agency policies, but that may be more effective than the original policies, then they can begin to change agency practice and policy through the service delivery process. Key features of this methodology are:

- The focus is on line workers as the source of policy development and implementation
- This methodology works when three conditions exist:
  - 1) Workers have wide discretion
    - a) Public employees interact with citizens in delivering services (social workers, teachers, police officers)
    - b) Agencies that receive federal grants have local autonomy
    - c) By applying general public policies to the circumstances of people's lives, street-level bureaucrats give practical meaning to policies,
  - 2) Loose supervision is a common expectation
    - a) When tasks compete, resources are limited, and those in authority do not closely monitor compliance with policies, then policy implementers have latitude to choose among many objectives
    - b) Workers develop areas of discretion when their orders from supervisors conflict with their other responsibilities and preferences on the job
  - 3) There are weak penalties for acting contrary to administrative directives
- "Street-level bureaucrats' discretion in making policy operational gives them considerable, but disaggregated, influence over the shape and substance of policy-as-delivered" (Brodin, 1986, 1997).
- The ability to exercise professional discretion appears to help child welfare workers perform their jobs better. It has been speculated that this helps them develop individualized plans and take the initiative in experimenting with new ideas (Wells, 2006).
- One research study found that the higher the child welfare worker's autonomy, the greater the family compliance with preservation plans (Littell & Tajima, 2000).
- Innovations follow practitioners' adaptations rather than preceding, which may seem chaotic to some.

### Learning Laboratories (Cohen & Austin, 1994)

According to the Learning Laboratory methodology, policy change occurs in small units within organizations. For example, rather than DCFS' adopting an agency-wide policy about how to deliver services to families experiencing both child abuse and domestic violence, it might begin a pilot program at its Hawthorne site. The caseworkers at this site might test a new approach for handling child abuse and domestic violence cases. The caseworkers and the supervisors/administrators would work together to decide how to incorporate this new approach into the agency's current practices. If the approach proves successful, then DCFS can try it at other sites and eventually throughout the whole agency. This strategy presupposes that change within a small agency unit evolves into change within the entire agency and there is shared decision making between those workers delivering services and their supervisors. Here are the key features of this methodology:

- Work units, rather than the whole organization, are targets for change
  - 1) Innovative policies are identified and tested in small units within larger organizations
  - 2) There is support from top management, but small units are left alone to develop their own innovative policy ideas
- Shared decision making between line workers and managers (decentralization)
- Innovation is spread throughout an agency through an organizational learning process enumerated below. Here the organization continuously improves its performance over time and through experience.
  - 1) *Problem definition*: question current organizational realities
  - 2) *Invention*: imagine alternatives to status quo policies

3) *Action*: test ideas in practice

4) *Generalization*: examine results and apply them to the larger agency

- A training is launched by joint manager-worker groups/taskforces

According to Bottom Up theories, supervisors must set the tone for change within an agency. Whether a new service is developed or practices within an entire agency are changed, supervisors and administrators must encourage their subordinates to become informed about the changes and to try to implement them. In addition, supervisors and administrators themselves must be knowledgeable and monitor how the changes affect agency practice. Policy change within an agency can occur only if the agency staff is receptive to it.

Breakthrough Series Collaborative [BSC] )National Resource Center for Foster Care and Permanency Planning, 2005)

Somewhat related to the Learning Laboratory methodology is the Breakthrough Series Collaborative (BSC) methodology that is characterized by small-scale rapid tests of change. Notably, these changes are evaluated closely so that successes can be expanded quickly and failures are not replicated. Borrowed from the healthcare field, this methodology was used in 2002 by Casey Family Programs to address two key issues: health care for children in foster care, and the recruitment and retention of resource families (National Resource Center for Foster Care and Permanency Planning, 2005). When a BSC is implemented, an organization and its partners convene with a commitment to making a specific major change. A team of line workers, managers, and experts plan, test, study, and implement change following these key features:

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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.
- (5) 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)

In the BCR methodology, team presentations are considered training; small changes that work are implemented and ratcheted up to train the larger workforce. Both policy and practice can change quickly with this Bottom Up approach. Ask students to think of an issue they might want to examine at their internship with a Breakthrough Series Collaborative methodology. The instructor can direct students to visit the Casey Family program website for more information on the application of this method (<http://www.casey.org/Resources/Projects/Breakthrough+Series+Collaborative>).

### Agency Buy-In (Aron & Olson, 1997; Friend, 1998)

This methodology takes place when the agency recognizes there is a need that they have not been able to meet, so it attempts to implement a large-scale or service-focused remedy that primarily relies on a supervisor-worker dyad to set the tone. Sometimes this *recognition* drives a special grant application. If funding is received, the meeting of the grant objectives can begin to influence policy. Aron and Olsen (1997) described how this approach was used by different public child welfare agencies who sought to weave a Domestic Violence response into the public child welfare typical menu of services. For example, in Massachusetts, all child welfare workers now have access to a Domestic Violence Advocate from a CBO who can offer a range of interventions such as consultation on risk, resource location, and home visit accompaniment. This grew out of a grant-funded pilot project in one jurisdiction. In contrast, the Homebuilders Program in Hawaii was offered to a specific set of clients managed in one unit. Similarly, Friend (1998) described the planned DCFS implementation of the “DV Fellows” program where a specially identified and trained DCFS worker cohort of Fellows became internal case consultants for line worker colleagues. These fellows also developed special projects to help sensitize the agency workforce to a particular aspect of domestic violence. These special project proposals included such innovations as: parenting groups for mothers experiencing domestic violence, groups for teenaged girls experiencing current violence in dating relationships, and mentor pairings for clients who are choosing to remain in high-risk relationships.

The Agency Buy-In methodology relies on the supervisor-worker dyad to set the tone for change within the agency. It is this *dyad* that has the most contact with community-based organizations (CBOs) that are also providing services to mutual clients. The CBOs have a stake in fomenting change, which they do incrementally by influencing the public agency supervisor-worker dyad through their relationships. Using the Massachusetts example, the worker from the CBO used a friendly relationship to convey how they see the client's needs. It is in the context of the relationship between the CBO worker and the child welfare worker that caseworkers become more informed about the issue. The benefit to the CBO, is that the service delivered to the client reflects this influence. When this powerful influence is *met* by supervisory encouragement of child welfare's workers' utilization of ongoing training and special resources, then *Agency Buy-In* is set in motion. Key features of this methodology include:

- Policy change can start at different places in an organization.
  - (1) It may start with the goal of effecting change in the whole agency; change such as Domestic Violence Advocates in Massachusetts or the Domestic Violence Fellows (UCLA Training) program at DCFS in Los Angeles. May also start with a service focus that may be driven by a special funding source; examples include a grant that establishes a new unit that bridges CPS and adult probation, develops a Family Violence Project to manage a specific subset of cases which were the target of the grant, or use specially trained Fellows as case consultants/resource advisors. These new service foci may call for additional training; sometimes public and CBO workforce are trained together.
  - (2) Select a point and begin to implement the change.
- The supervisor-worker dyad sets the tone for change within the agency through supervision sessions, communications with high-level administrators about needs, and encouraging workers to go to training.



- Caseworkers can affect policy by becoming more informed about the relevant issue and incorporating their evidence-based knowledge into evidence-based practice; caseworker and supervisor dyads then become active in influencing the administration to develop policies and trainings that are supportive of their needs, and reflective of evidence-based practice.
- Collaboration between large public child welfare agencies and CBOs is essential for changing how the public agency handles cases involving any issue, including domestic violence. CBOs have a stake in this change and need to work it through with caseworkers and supervisors.

The instructor may want to encourage students to visit the evidence-based websites listed in the PowerPoint overheads/handouts.

### ***Combination Theories***

Combination Theories draw on both Top Down and Bottom Up Theories. Because policy is set by upper management administrators, and is responsive to funding stream dictates, Top Down theories explain the change process. Because information gathering is dependent on caseworker and supervisor interpretation, collection, reporting, and monitoring, Bottom Up theories also explain the agency change process.

### **Results-Oriented Management (Salus, 2004)**

This methodology is predicated on having a systematic data gathering system for tracking, organizing, and analyzing. The system might have multiple modalities for collecting data: calendar, computer, log, notebook, and quality assurance. Here performance indicators are established and they are tracked at the individual, unit, and organizational levels. The purpose of the tracking and monitoring is to determine when there are problems, develop corrective action plans, identify trends, achieve program

outcomes and goals, and identify training needs. Salus (2004) notes that this methodology has been used to respond to the Adoption and Safe Families Act (ASFA), which requires states to measure outcomes for safety, permanency, and child well-being. ASFA provided incentives to states to improve outcomes by having them compete with each other for financial awards for top performance. Key features of this methodology include:

- A systematic data gathering system, with reduplication that must be in place: computer, log, calendar, quality assurance, etc.
- Performance indicators are set by highest level of administration (may emanate from federal guidelines).
- Performance indicators are tracked consistently at individual, unit, and agency-wide levels.
- Tracking facilitates: early problem identification with corrective action plans, identification of trends, measuring progress on achieving goals, and assessing training needs.
- Although policy is set by administration, implementation and data point collection (which participates in practice) is controlled by line and supervisory workers. This is where practice can actually diverge from policy.

Many public child welfare agencies moved to this methodology in order to report outcomes. In Results-Oriented Management, training is driven by an analysis of performance indicators. Training itself is tracked to determine if it affects performance indicators.

In 2004, California began Child and Family Service Reviews (CFSRs). California's performance indicators are consistent with federal administrative data indicators, and in some areas California's indicators are more comprehensive in order to detect early performance issues and performance over time (Lemon, D'Andrade &

Austin, 2005). Counties also conduct peer quality reviews that helps build the capacity of the child welfare system. It has been speculated that this is an early warning system, designed to prevent federal audit exceptions, and identify workforce training issues. While it is beyond the scope of this curriculum to delve into specifics, students should review and understand the link between ASFA and CFSR, and how both participate in Results-Oriented Management.

In conclusion, this section provided several theoretical frames by which child welfare workers may have influence over policy in their daily practices. Reflection on these theories helps make the process of change explicit and deliberate and helps students understand the avenues for change in child welfare practice.

In the next section, we learn more about how a study of DCFS workers who were trained in assessment and intervention techniques in domestic violence fared in comparison to untrained workers in terms of knowledge, skill, attitude, understanding, and decision making. We will also explore the limitations associated with attempting to survey this population. In addition, the next module teaches us more about whether workers believe that new policies on domestic violence cases should be adopted

## **MODULE II**

### **HOW DOES TRAINING AFFECT PRACTICE?**

## **MODULE II**

### **HOW DOES TRAINING AFFECT PRACTICE?**

#### ***Synopsis***

This module describes the process and findings of a survey conducted with the Los Angeles DCFS workforce. This study was specifically designed for this CalSWEC grant. We wanted to learn if the UCLA-trained DCFS workers answered a series of skill-based and attitude questions about domestic violence any differently from their untrained counterparts. We believe that DCFS authorized the survey as a demonstration of their commitment to supporting both the UCLA Training effort, and their ongoing relationship with CalSWEC. Designed originally as a web-based survey, we encountered many unanticipated problems that caused us to change how we collected data mid-cycle. Ultimately, few significant differences were found between the trained and untrained groups, with the exception of two attitude responses. Other interesting findings emerged from a related study on the relationship between abuse histories and workers attitudes toward battered women (see the section titled “Relationship Between History of Violence Exposure and Decision Making for further details). Because the sample ended up being smaller than anticipated, we were unable to generate conclusions applicable to the larger population from which it was drawn. While this was disappointing, it is a problem commonly encountered by researchers. What follows is the summary of the study and its findings.

## **Goals and Objectives**

- I. Students will learn how a small sample of trained and untrained workers responded to a survey about knowledge, understanding, attitudes, and decision-making skills with respect to domestic violence.

*Objectives:* At the completion of the module, students will be able to:

- 1.1 Describe at least one finding
  - 1.2 Describe at least one reason that could account for the lack of significance between the groups
  - 1.2 Discuss the characteristics of the sample that might influence how they made decisions determining whether the children should be removed.
  - 1.4 Speculate as to whether or not additional training might help trainees to see the need for new policies
- II. Students will understand the importance of following up training with attempts to measure knowledge, understanding, attitudes, and decision making.

*Objectives:* At the completion of the module, students will be able to:

- 2.1 Identify at least one reason why it is important to follow up with attempts to measure knowledge, understanding, attitudes, and decision making following a training effort
  - 2.2 Consider options when findings do not support transfer skills
- III. Students will learn about issues encountered in the implementation of a research protocol at a large public child welfare agency and be able to problem solve on options.

*Objectives:* At the completion of the module, students will be able to:

- 3.1 Describe at least three obstacles experienced in implementing a survey about training
  - 3.2 Identify at least one alternative option for each obstacle

## **Competencies**

- 2.8 Student understands the dynamics of family violence, and can develop appropriate, culturally sensitive case plans to address these problems.
- 2.19 Student is able to engage and assess families from a strengths-based *person-in-environment* perspective and to develop and implement a case plan based on this assessment.
- 3.3 Student demonstrates understanding of the potential effects of poverty, racism, sexism, homophobia, violence, and other forms of oppression on human behavior.
- 8.2 Student understands how political activities and regulatory, legislative, and judicial processes at local, state, and national levels influence agency policies, procedures, and programs.

## **Terms Related to Threats to Validity:**

<i>Contagion</i>	When subjects and potential subjects discuss their responses outside of the research context.
<i>Contamination</i>	When the comparison group is in some way affected by, or affects, the treatment group, causing an increase of effort.
<i>History</i>	An outside event or occurrence which might have produced effects on the dependent variable.
<i>Instrumentation</i>	The reliability of the instrument may change in calibration (if using a measuring device) or from change in human ability to measure differences (due to fatigue, experience, etc).
<i>Maturation</i>	Changes due to aging or development, either between or within groups.
<i>Social Desirability</i>	The need for people to report change or improvement to fit program expectations or to inflate perceived improvement on those items that are most important to them personally.

## **Tips and Instructional Guide**

**Materials Needed:** Equipment to project PowerPoint slides; print slides as a handout for distribution

The instructor should review the module and can utilize the following discussion questions that are embedded in the module's content.

- (1) Ask students why effective trainings that promote transfer skills should also focus on knowledge (two types: acquisition and understanding), opinions, attitudes, and skill demonstration.
- (2) Ask students if they were surprised by the findings that CSW trainees who have abuse histories and identify with battered women, are also the least likely to remove children. [Note: It is important to be respectful in pursuing this question as it is possible that some of the current students may have their own histories of abuse and may be self-conscious or reluctant to engage in this discussion. The take-away message needs to be hopeful and instructive. Since CSWs are expected to be *objective* in their decision making, it would be important for students training to become DCFS workers to be mindful about what influences them. Some people who have been exposed to violence or abuse choose to process these experiences with another trained professional so that they would be better able to integrate the experience and be aware of how the past can potentially influence current or future decision making.]
- (3) Ask students to identify one or two threats to validity and to offer a suggestion (other than those tried) on what the researchers could have done differently.
- (4) Ask students to consider other inhibitors that may have accounted for the low response rate to this survey. How would students have approached this problem with different solutions? The instructor may want to ask students about other methods we may have used if students are reluctant to share problems observed at their own agencies. Instructors could engage them in a cost-benefit analysis for solutions they might propose.
- (5) The majority of trainees indicated that new policies would be necessary in these two areas:
  - Mandating a step-by-step approach on how to handle domestic violence cases
  - Mandating collaborative case consultation with domestic violence service providers

Ask students to identify the pros and cons of having mandatory policies in the above areas.



### ***How Does Training Affect Practice?***

This section describes a survey conducted at DCFS. Referred to as “Phase I,” both trained workers (i.e., those workers who had been trained in the UCLA Training program) and untrained workers (those workers who did not participate in the training) were surveyed. UCLA trained workers were further divided into “Fellows,” those who received extended training (some received 3 days, others received 6 days), and “1-Day” trainees, those who received a shortened version of the intensified training. Thus, there were three groups surveyed. The survey was administered in a web-based format as well as in an individually distributed pencil-and-paper survey. We wanted to learn more about whether the *trained* workers answered questions based on knowledge, understanding, attitude, and demonstration of decision making skills differently from the DCFS workers who were untrained. These four levels (knowledge acquisition, knowledge understanding, opinion attitude, and skill demonstration) are part of the spiral model of the Training Evaluation model offered by the American Humane Association (Parry & Berdie, 1999). We also inquired whether trained or untrained workers believed that any new policies were needed to assist DCFS workers handling domestic violence cases. In addition, we looked at whether or not the *dosage* of training (1-Day vs. Fellows) made a difference in their responses.

### ***Demographic Characteristics of the Sample***

Table 2 presents demographic characteristics of 106 respondents who participated in the survey. It describes characteristics of a total sample who were classified into three groups depending upon their UCLA Training status: (a) workers

who did not attend a UCLA workshop ( $n = 62$ ), (b) workers who attended a 1-day UCLA workshop ( $n = 33$ ), and (c) workers who attended a 3- or 6-day UCLA workshop ( $n = 11$ ). In the total sample ( $N = 106$ ) approximately 71% of the workforce respondents were female. Their average age was 38 years. Just under 35% of the respondents were 30 years old and younger. Another 22.6% were in their 30s, and approximately 20% of the sample was 51 years or older. Respondents were diverse in their racial makeup. For example, approximately 39% were White, 28% were Latino, 20% were African American, and 10% were Asian/Pacific Islander. We did not tabulate the answers according to other ethnicities.

Respondents reported that, on average, they worked at DCFS for more than 5 years. The vast majority (96%) held the position of CSW, and the remaining 4% were either supervisors, or in a few instances, administrators. When asked whether respondents received domestic violence training outside of DCFS, about half of them reported that they had. Less frequently reported DV related activities were volunteer experiences (17.9%) and development of DV programs (13.2%).

**Table 2: Demographic Characteristics of the Sample**

	Total (N = 106)	UCLA Training		
		Not attended (n = 62)	1-day (n = 33)	3- or 6- day (n = 11)
	%			
Gender				
Male	29.0			
Female	71.0			
Age				
30 or younger	34.9			
31-40	22.6			
41-50	21.7			
51 or older	20.8			
Racial background				
African American	19.8			
Asian/Pacific Islander	10.4			
Latino/a	28.3			
White	38.7			
Others	2.8			
Mean length of employment at DCFS in years (SD)	5.64 (5.24)	5.34 (5.27)	5.89 (5.78)	6.55 (3.56)
Job Title				
CSW	96.2			
SCSW	3.8			
Domestic Violence training outside of DCFS				
Yes	51.0			
No	49.1			
Domestic violence related activities				
Volunteer experience	17.9			
Developed DV programs	13.2			
Worked with DV victims	51.9			
Attended UCLA 1-day training	33.0			
Attended UCLA 3- or 6-day training	10.4			
Additional DV workshop/training	42.5			
Educational background				
Non bachelor's degree	0.9			
BA, BS not in a behavioral science	9.4			
BA, BS in behavioral science	34.0			
BA, BS with Title IVE stipend	3.8			
BSW	13.2			
BSW with Title IVE stipend	7.5			
MA, MS not in behavioral science	3.8			
MA, MS in behavioral science	17.9			
MSW	18.9			
MSW with Title IVE stipend	8.5			
PhD	1.9			

Percentages add up to more than 100% because some workers had more than one degree, and perhaps not wanting to rank one over the other, checked both. The author also suspected that some Title IV-E stipend graduates (BSW and MSW) selected more than one category (e.g., having a BSW and a BSW with a Title IV-E stipend).

The survey was conducted over a 6-month period in 2001. The tasks were clustered in three segments: development of the survey instrument, administration of the survey, and interpretation of results. The survey was developed with five areas: (a) identification of demographic data, (b) a test of attitudes and beliefs, (c) response to scenario (i.e., decision making), (d) a test of knowledge and understanding, and (e) a test of knowledge about restraining orders. The items surveyed in areas 1, 3, 4 and 5 are included in the data tables in this section. The “responses to scenario” section is outlined in Table 4, and will be detailed later in this module. The findings included no significant differences between the groups, with the exception of two attitude responses: Untrained Workers and Fellows agreed with the statement that a man has no right to beat his partner even if she breaks agreements she has made with him (Table 3). Surprisingly, 1-Day trainees disagreed overwhelmingly. “Agree” was the desirable response. We sought to understand the reasons for this discrepancy. This statement was adapted from the conflict tactic scales (Straus & Gelles, 1990), and was in widespread use, so its construction was not anticipated to be problematic. We could not know the validity and reliability of this one item, as the reliability and validity of an instrument or its subscale cannot be ascribed to an individual item (DeVellis, 1991). We did test this question on a developmental sample and did not find this to be a problem. We also reexamined the data collection process to see if the problem was a result of a data tabulation error. The researcher who supervised the data collection acknowledged that this could be a coding error. The original documents no longer exist, so this possibility could not be verified. Another possible explanation for this split between the

1-Day and Fellows trained groups might be that the question was misunderstood or confusing. In other words, the double negative of “no right” and “even if she breaks agreements” confused the 1-Day respondents. In addition, the question may have been perceived by the respondents as a “trick,” so they may have responded in a counter-intuitive way. Alternatively, we may not have succeeded in reaching this group of trained workers with only 1 day of training.

The other significant divergence in attitude between trained and untrained workers was that both 1-Day trainees and Fellows agreed that domestic violence should be treated as a crime. Only 8% of the untrained workers thought it should be treated as a crime. We believe that the UCLA training helped workers see that legal remedies available to clients stemming from criminalization (i.e., restraining orders, arrest, mandatory intervention programs for batterers) were valuable (Table 6). *Note:* The instructor might ask students why effective trainings that promote transfer should have a concurrent focus on knowledge acquisition and understanding, as well as opinion attitudes and skill demonstration.

**Table 3: Attitude Survey**

Sample attitude items	Not attended UCLA training (n = 62)	Attended UCLA training (n = 44)	
		1-day (n = 33)	3- or 6-day (n = 11)
		%	%
A woman does not deserve a beating even if she keeps reminding her partner of his weak points.			
Agree	98.4	96.6	100.0
Disagree	1.6	3.4	0.0
Women could avoid being battered by their partners if they knew when to stop talking.			
Agree	9.8	9.1	0.0
Disagree	90.2	90.9	100.0
A woman who constantly refuses to have sex with her partner is asking to be beaten.			
Agree	1.6	0.0	0.0
Disagree	98.4	100.0	100.0
Episodes where a man beats his partner are the woman's fault.			
Agree	1.6	6.1	0.0
Disagree	98.4	93.9	100.0
A sexually unfaithful woman deserves to be beaten by her partner.			
Agree	0.0	0.0	0.0
Disagree	100.0	100.0	100.0
A man has no right to beat his partner even if she breaks agreements she has made with him.			
Agree	87.1	9.1	81.8
Disagree	12.9	90.9	18.2
Occasional violence by a man towards his partner can help maintain the marriage (relationship).			
Agree	3.2	0.0	0.0
Disagree	96.8	100.0	100.0
Even if a woman's behavior challenges her partner's manhood, he is not justified in beating her.			
Agree	95.1	87.9	90.9
Disagree	4.9	12.1	9.1
There are situations where it is okay for a wife to slap her husband.			
Agree	3.2	3.4	0.0
Disagree	96.8	96.4	100.0
There are situations where it is okay for a girlfriend to slap her boyfriend.			
Agree	3.2	3.4	0.0
Disagree	96.8	96.6	100.0
There are situations where it is okay for a husband to slap his wife.			
Agree	0.0	3.4	0.0
Disagree	100.0	96.6	100.0

<b>Table 3: Attitude Survey (cont'd)</b>			
	Not attended UCLA training (n = 62)	Attended UCLA training (n = 44)	
		1-day (n = 33)	3- or 6-day (n = 11)
	%	%	%
There are situations where it is okay for a boyfriend to slap his girlfriend.			
Agree	0.0	3.1	0.0
Disagree	100.0	96.9	100.0
The police should not intervene in cases of a husband's or boyfriend's violence against his wife or girlfriend.			
Agree	1.6	0.0	0.0
Disagree	98.4	100.0	100.0
A man's violence against his wife or girlfriend should be treated as a crime just like violence towards strangers.			
Agree	8.1	84.4	100.0
Disagree	91.9	15.6	0.0

### ***Other “No Significant” Findings: Why?***

In retrospect, there are several things that could account for no significant differences in the responses between the two groups on all the areas except the two attitude responses mentioned already. All of the following are considered *threats to validity*. First, our test construction techniques may have been flawed. The desirable answers may have been very easily identified and our distracters seemed not to have attracted many subjects. In other words, the test was too *easy*. Second, many *untrained* workers checked that they had indeed attended additional domestic violence workshops or trainings. It is possible their answers were influenced by this additional training (this threat to validity is known as maturation). Third, workers could have talked to each other about the survey, and thus their *correct* answers were obtained from co-workers (this could be considered contagion and contamination). Fourth, we were unsuccessful in obtaining the target sample of over 500 workers. With that robust number, we would

have greater *power* to make some inferences about the population of DCFS workers. We attracted so few web participants (less than 35) that we had to supplement this survey effort by administering pen-and-pencil tests on two dates in one regional office. We were only able to do this because we had the support of a regional administrator who participated in the UCLA training. This administrator allowed the researchers to circulate in the DCFS office and offer the survey to workers sitting at their desks. We were inhibited from doing more assertive solicitation because we had to comply with our original Institution Review Board clearance. (We asked if we could modify our IRB protocol to offer an incentive such as movie tickets and we were told we could not.) Unfortunately, the administration of the survey took a total of 6 months. Reasons for this long study period included scheduling problems and subsequent meetings with DCFS, re-administration with another pen-and-paper modality, and petitioning the IRB for modifications. This enhanced effort only yielded a total sample of 106. These delays may have given rise to other threats to validity, such as maturation. *Note:* The instructor may want to ask students what those threats to validity might be and how they might have been addressed.

Although web-based surveys can be convenient, quick, anonymous, and valid, it proved not to be a good method for gathering data in this large public child welfare agency. We suspect that workload demands kept many workers from taking the survey, although it only took about 10 minutes. While confidentiality was guaranteed, workers may not have trusted that their answers would remain *private*. On the other hand, there may have been other inhibitions we did not identify at the outset. *Note:* The instructor



may want to ask students to identify other inhibitors and consider how students who become researcher might approach this problem differently.

### ***Attention to Decision Making***

Respondents were presented with a scenario and asked a few questions regarding decision making. The scenario described a mother with two children, who was currently experiencing domestic violence. Although the children had reportedly witnessed the violence, no other information about injury was provided in the scenario. None of the groups diverged significantly when it came to decision making (see Table 4). Here again our distracters may have been too easy. It is possible that the training may not have added value to their baseline decision-making skills. It is also possible that decision making was fairly uniform in the agency already, as few of the trained or untrained workers moved to immediate removal.

A third question asked respondents if they saw a need for new policies to enhance assessment and intervention in the scenario presented. Overall, more UCLA-trainees (69.6% and 72.7%) reported that new policies would be necessary than non-UCLA trainees (69.6%). As for types of new policies that are necessary, policies mandating a step-by-step approach on how to handle domestic violence cases was the most frequently selected by all three groups; 75.8% for non-UCLA trainees, 60% for 1-day UCLA trainees, and 81.8% for 3-day UCLA trainees. The next most frequently selected policy was a set of policy changes that mandate collaborative case consultation with domestic violence service providers: 54.8% for non-UCLA trainees, 45.5% for 1-day UCLA trainees, and 81.8% for 3-day UCLA trainees. This could be

understood in the context of the training's emphasis on finding ways for DCFS workers to work with domestic violence service providers. The pioneering work done in the Massachusetts Department of Social Services where DV advocates and child protection workers were co-located and collaborated on cases was highlighted in the training (Aron & Olsen, 1997). Fellow trainees were encouraged to conceive of new programs they would like to see in their agency and many said they wanted to have DV advocates located in their offices, similar to the existing model of public health nurses who were co-located within DCFS. While all three groups wanted this step-by-step approach, it does have the potential to limit flexibility in responding to domestic violence cases. *Note:* Students could be asked the following: While the value of co-locating DV advocates might be obvious, what are the pros and cons of a mandatory step-by-step protocol for responding to DV?

**Table 4: Distribution of Responses to Scenario by Three Groups**

	Not attended UCLA training (n = 62)	Attended UCLA training (n = 44)	
		1-day (n = 33)	3- or 6-day (n = 11)
	Answers displayed in percentages		
	%	%	%
Best course of action for the scenario			
*Listen to Jill's Story	82.2	87.9	90.9
Give Jill the option to go to a shelter	9.7	3.0	0.0
Give Jill an ultimatum	1.6	0.0	9.1
Interview children and detain them	6.5	9.1	0.0
The most influential factor for the course of action			
Age of children	41.9	42.4	36.4
Policy mandating protective order in DV cases	25.8	27.3	27.3
Need to provide reasonable efforts	54.8	57.6	45.5
*Importance of listening and explaining to Jill	27.4	45.5	45.5
None of the above	4.9	15.2	18.2
Any new policies necessary			
*Yes	62.9	69.6	72.7
No	37.1	30.3	27.3
If yes, what kind of policy			
*Step-by-step approach	75.8	60.6	81.8
*Keeping victims of DV safe	41.9	39.4	27.3
Focus exclusively on the needs of the child	20.9	27.3	0.0
Structured decision-making	35.4	39.4	36.4
Use of videotaping	4.9	9.1	0.0
*Collaborative case consultation	54.8	45.5	81.8

*Totals may add up to more than 100.0% due to multiple responses to some questions. Responses are rounded to the nearest 10<sup>th</sup>*

*\*The most desirable answer(s) for each question*

### ***Relationship Between History of Violence Exposure and Decision Making***

Although we did not inquire in this study about previous exposure to violence, CalSWEC has suggested that we address this issue. Two UCLA colleagues, Linda Mills, a social work faculty member, together with Mieko Yoshihama, a social work PhD candidate, explored the influence of a history of abuse on case decision making. The subjects were drawn from the trainees that attended the UCLA Training and therefore there may be some overlap with subjects who responded to the survey just described.

Working with a convenience sample of 303, those trainees were given an anonymous questionnaire that contained vignettes regarding children at risk for both child maltreatment and domestic violence and asked what course of action they would be likely to take with regard to removing children in the vignette from the home. The trainees were DCFS workers and supervisors of both genders. The sample is referenced here collectively as CSWs. Trainees were asked about their exposure to Intimate Partner Violence (IPV) as an adult and child, and asked if they identified (self report: yes/no) with the battered women in the vignettes. The findings were as follows:

- 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.
- Those CSWs with a history of IPV and who self-reported as identifying with battered women were less likely to approve removing children from the battered mother compared to CSWs who did not have an abuse history or who did not identify with the battered woman. The CSWs with a history of partner violence and who self-reported as identifying with the battered woman also self rated as highly competent in negotiating domestic violence issues with the battered mother in their capacity as CSWs.

In summary, this study found a complex relationship between CSW trainees' abuse histories, gender, and their response to domestic violence decision making. First, high rates of childhood abuse and intimate partner violence were consistent with studies of other helping professionals when it came to high rates of IPV (Yoshihama & Mills, 2003; Nuttall & Jackson, 1994). Still, the finding of high rates of abuse was surprising.

However, only when CSW's personal experience of IPV was coupled with identification with the battered mother, was the CSW less likely to endorse the children's' removal as the best course of action. Again, surprisingly, it was only these CSW's who expressed a *sense of competence* in intervening in such cases.

The authors concluded that these significant findings presented some potential recruitment incentives: if CSWs with these abuse histories can be recruited and trained in ways that enhance identification with battered mothers, they may have high potential to be *in sync* with ASFA goals of keeping children in families whenever safety issues can be negotiated and assured. Another conclusion was that trainings on domestic violence should address the CSW's personal histories of victimization in an effort to maximize the positive impact on the client.

*Note:* The instructor might ask students what they think/feel about this other study of trainees who experienced a history of abuse and how that was correlated with removal of children decisions.

Also, the instructor might want to ask the students if this information is congruent with what they previously thought. It is important to be respectful in pursuing this line of questioning, as it is possible that some of the students may have a similar history, and may be reluctant to engage in this discussion. The take-away message needs to be hopeful and instructive. Since CSWs are expected to be objective in their decision making, it would be important for them to be mindful about what influences them. Some people who have been exposed to violence or abuse choose to process these experiences with another trained professional so that they would be better able to

integrate the experience and be aware of how the past can potentially influence current decision making.

**Table 5: Knowledge and Understanding Survey**

	Not attended UCLA training (n = 62)	Attended UCLA training (n = 44)	
		1-day (n = 33)	3- or 6-day (n = 11)
	%	%	%
Battered women should leave a relationship when they see the impact of the domestic violence on a child, even if it is dangerous or financially ill-advised to leave.			
Agree	88.7	90.9	100.0
Disagree	11.3	9.1	0.0
Threat assessment is difficult to predict.			
Agree	71.0	54.5	18.2
Disagree	29.0	45.5	81.8
Battered mothers are responsible for the abuse inflicted on their children by their batterers.			
Agree	56.5	51.5	54.5
Disagree	44.5	48.5	45.5
Working with a family referred for domestic violence under a Voluntary Family Maintenance agreement can be just as effective as removing the child.			
Agree	75.8	78.8	90.9
Disagree	24.2	21.2	9.1
If a battered mother has not left an abusive partner in the past, it is unlikely that she will leave now with a child welfare worker's help.			
Agree	40.3	30.3	9.1
Disagree	59.7	69.7	90.9
Every intervention makes a difference in a family.			
Agree	85.5	87.9	54.5
Disagree	14.5	12.1	45.5
When interviewing in domestic violence cases, child welfare workers should interview the battered mother first and explain to the mother the range of options.			
Agree	80.6	90.9	90.9
Disagree	19.4	9.1	9.1

Table 5: Knowledge and Understanding Survey (cont'd)	Not attended UCLA training (n = 62)  %	Attended UCLA training (n = 44)	
		1-day (n = 33)  %	3- or 6-day (n = 11)  %
In assessing a domestic violence case, child welfare workers should not ask battered women about the positive aspects of their relationships.			
Agree	21.0	15.2	18.2
Disagree	79.0	84.8	81.8
There are cultural reasons that explain why battered women stay in abusive relationships.			
Agree	87.0	75.7	81.8
Disagree	13.0	24.3	18.2
Child welfare workers' personal experiences or exposure to child abuse or domestic violence does not impact their own feelings about the cases they work on.			
Agree	6.5	15.2	0.0
Disagree	93.5	84.8	100.0
In a first interview, child welfare workers need to be clear about the possibility of removing the child while still indicating that removal is not their first option.			
Agree	95.1	93.9	0.0
Disagree	4.9	6.1	100.0
Battered women are not able to protect their children.			
Agree	31.0	18.2	18.2
Disagree	69.0	81.8	81.8

**Table 6: Restraining Order Knowledge Survey**

	Not attended UCLA training (n = 62)  %	Attended UCLA training (n = 44)	
		1-day (n = 33)  %	3- or 6-day (n = 11)  %
A Restraining Order always protects someone who obtains one.			
Yes	6.5	9.1	9.1
No	93.5	90.9	90.9
Battered woman can obtain emergency protective orders from police officers.			
Yes	51.6	63.6	63.6
No	48.4	36.4	36.4

## **Outcomes**

In 2001 we took both the results of these survey findings and the summarized needs from a Community-Based Forum we held in 2000 to the DCFS administration and asked for the following: (a) the development of a DV Ombudsman, (b) a training taskforce to facilitate training with a DV advocate in the training academy to help explain legal remedies fully and address the trained/untrained attitude anomaly discussed above, and (c) a specific step-by-step policy for responding to DV and outlining how to collaborate with DV service providers. As a result, the academy training was transformed to include those elements, and it was co-delivered by a DCFS supervisor and a DV advocate from a CBO. A DV ombudsman was appointed about 3 years later and a specific DV policy was developed. The ongoing taskforce was considered, but not acted upon.

The authors' assessment of these changes in the context of the training is provided in the curriculum's conclusion, located in Module IV.



**MODULE III**

**TRAINING CHILD WELFARE WORKERS TO INTERVIEW  
BATTERED WOMEN**

## **MODULE III**

### **TRAINING CHILD WELFARE WORKERS TO INTERVIEW BATTERED WOMEN**

#### ***Synopsis***

This module summarizes the Phase II research, then draws the students in to one aspect of that research to see if they can devise a *to do* list based on good Evidence-Based Practice. The *to do* list is part of developing the cognitive strategies workers need to be able to demonstrate a skill. The module also outlines how *experts* and *novices* demonstrate skill differently, supporting the idea that they may be learning differently. Finally, the module summarizes the results of focus groups held with the research subjects who were asked to address three fundamental questions: (a) How does training affect practice? (b) How does training affect policy?, and, (c) How do workers balance the need to protect children with the importance of empowering parents? The sample for this module was a convenience sample of 15 DCFS workers.

#### ***Goals & Objectives***

- I. Students will learn the key components of training preparation and evaluation when training for a skill.

*Objectives:* At the completion of the module, students will be able to:

- 1.1 Identify at least three components of training development and evaluation

- II. Students will learn the elements of a *to do* list whose contents meet good practice standards for interviewing a battered mother.

*Objectives:* At the completion of the module, students will be able to:

- 2.1 Identify at least 5 good practice items for a *to do* list for interviewing a battered mother

- 2.2 Appraise their own ability to identify and implement five elements of good practice.
  - 2.3 Be familiar with at least one strategy that is useful in balancing the need to protect children with the need to empower parents
- III. Students will become aware of how experts and novices demonstrate skill and potentially learn differently

*Objectives:* At the completion of the module, students will be able to:

- 3.1 Identify at least one way in which those who demonstrated the highest and lowest levels of skill performed differently
  - 3.2 Speculate on at least one reason that might account for the differences
  - 3.3 Critically self-evaluate their own skills
- IV. Students will understand how this sample of workers answered the three basic questions asked in the research.

*Objectives:* At the completion of the module, students will be able to:

- 4.1 Identify one way these workers saw the connection between training and practice.
- 4.2 Identify one way these workers saw the issues in balancing protecting children with empowering parents.
- 4.3 Identify one way these workers saw the issues in balancing protecting children with empowering parents.

### ***Competencies***

- 2.8 Student understands the dynamics of family violence, and can develop appropriate culturally sensitive case plans to address these problems.
- 2.9 Student recognizes the need to monitor the safety of the child by initial and ongoing assessment of risk.
- 2.17 Student demonstrates the ability to assess his or her own emotional responses to clients, co-workers, and situations in which the worker's values are challenged.

- 2.18 Student demonstrates the ability to engage and work with involuntary clients.
- 2.19 Student is able to engage and assess families from a strengths-based "person-in-environment" perspective and to develop and implement a case plan based on this assessment.
- 3.3 Student demonstrates understanding of the potential effects of poverty, racism, sexism, homophobia, violence, and other forms of oppression on human behavior.
- 3.5 Student demonstrates understanding of how the strengths perspective and empowerment approaches can influence growth, development, and behavior change.
- 6.3 Student understands the requirements for effectively serving and making decisions regarding children with special needs and the balancing of parental and child rights.
- 7.2 Student demonstrates the ability to recognize potential for violence, suicide, and other potentially harmful behaviors.
- 8.2 Student understands how political activities and regulatory, legislative, and judicial processes at local, state, and national levels influence agency policies, procedures, and programs.
- 8.4 Student understands how to use information, research, and technology to evaluate practice and program effectiveness, to measure outcomes, and to determine accountability of services.
- 8.6 Student demonstrates basic knowledge of various federal, state, and local child welfare funding sources and consequent implications for agency policy, objectives, and service delivery.

### ***Tips and Instructional Guide***

Timeframe: This module, with the exercise, will require 2 hours.

Materials Needed: Equipment to project PowerPoint slides; print slides as a handout for distribution. The trainer will also need to upload the 3-minute movie (available online where this document was located) of the SC portraying Donna Jones, a mother who has been referred to DCFS for having loud fights with her husband and because her 8-year-old son, Billy, has an eye injury. Access to an easel with paper and markers, or a chalkboard and chalk is needed for each

small breakout group as part of the exercise. You will also need Handouts 1-7, 11, 15, 16 (Creating a Good Practice *To Do* List).

This module is divided into four segments: (a) A summary of Phase II research with a link to the American Humane Association's (AHA) Model of Training Evaluation; (b) An exercise that asks the students to use their cognitive and evidence-based research strategies to compile a *to do* list in a small group; (c) An analysis of extreme scorers: how the performance of the most experienced interviewer (dubbed the expert) differs from that of the least experienced interviewer (dubbed the novice); (d) A summary of two focus groups held with a sample of DCFS workers, with response patterns and themes from the focus groups.

It is recommended that the trainer divide this module over two sessions. The exercise requires the students to access websites for evidence-based research in order to develop a proposed *to do* list with group members. It may be possible to complete the module in one long session if the trainer has access to a computer lab and the students are coached to share previously identified research websites

The following specific guidance is offered for each segment: In Segment 1, we are providing a general overview of a very complex experiment, and linking it to AHA's Model of Training Evaluation. The overheads match the content's narrative. The author has chosen to omit many details of the research in order to focus on the practice aspect of the research for this module. If the trainer wants to know more research details, click on the *Research Report* link where this module was found to access "Helping Child Welfare Workers Learn Interviewing Skills." In this module, we are trying to give the student an appreciation for both the difficulties and benefits for trainer and trainee in

developing and evaluating a skill training. We also wanted to show students that they were joining in some part of the original experiment to draw them in and get them thinking about what they would do in a similar situation.

The activity contained in this module helps the student experience how this method of training (using SCs) can be very useful in skill development. The activity also helps students understand how using a cognitive strategy, such as developing a *to do* list, can blend with research strategies for imparting and evaluating evidence-based practice skills.

In Segment 2, the following exercise is suggested:

### **CLASS ACTIVITY: Creating a Good Practice *To Do* List**

#### **Goal:**

To show students how developing a *to do* list based in good practice can help them manage the demands of an interview. The exercise will also show students how an SC can be used as a good *proxy* for a client; we did this in the research described for this module.

#### **Materials:**

This activity will require the following: the DVD of the SC, equipment to play a DVD, a separate writing space for each group (e.g., chalkboards or dry erase easels) and the Practice Quality Rating Rubric (Handout 7). It is also included behind this exercise for your review. The exercise (in student-friendly format) can be printed from Handout 15). Please read the student version of the activity in class. The instructor version is more detailed and it provides a range of expected homework assignment answers.

#### **Time:**

This exercise will take approximately 1 hour (15 minutes to explain it and the rubric on the first day; 45 minutes to process the homework on the second day). This is only the exercise time; completion of the rest of this module will finish out the 2 hours.

**Activity:**

The instructor will show a previously recorded introduction to a SC, explaining to the students that they should be thinking about what they would do in an interview with that SC if she were their client. Following the video, the students will be given a handout of the Practice Quality Rating Rubric (hereafter referred to as Rubric), which the instructor will review with the class. As a homework assignment, students will create a *to do* list of 10 good practice items for an interview with the SC, drawing on the best practices they are able to locate online. Students are to use the Web Resources on Child Welfare and Family Violence (Handout 2) to help support their list items, using the Rubric as a guide. In the following class session, the instructor will divide the students into a manageable number of groups. Each group will be responsible for narrowing the members' homework down to their top 6-10 items (trainer discretion, based on time) and recording them on a board. There should be active discussion within each group to determine which items are the most essential. The Rubric will be used to critique the *to do* lists from each of the groups. Each group will present its list to the class, explaining why they felt each item was important.

At the end of the short presentation, the student audience will critique the items presented, justifying their responses with respect to the Rubric. Each group will have an opportunity to present and be critiqued. The instructor will then allow the groups 5 minutes to discuss the input of their classmates, reflect on the Rubric and rank order their choices to be included in a *master list* of 6-10 items (depending on how many groups there are) which the instructor will write on the board. The group must support their nominations using the Rubric. There is likely to be some overlap in different groups' choices. The instructor can tally the votes for identical or similar nominations, and include less popular items as long as they qualify as good practice. At the completion of the "master list" students will be encouraged to share their thoughts about their own ability to develop a good practice *to do* list that responds effectively to the clients' needs. Students can also be asked how engaging in this cognitive process prepares them to better perform the items on their *to do* list. Finally, students should be asked to identify two or three strengths and challenges they expect this SC to present and how they would continue to engage her should such challenges materialize.

**Note:** This client has an injury over her eye that you can see on the DVD. This is similar to the child's alleged injury. It was put in the exercise to give students the opportunity to inquire about the injury.

## Practice Quality Rating Rubric for Class Activity

Grade	Points	Description
Best or Good Practice	2	<ul style="list-style-type: none"> <li>Some research-based evidence</li> <li>May have a few RCT studies</li> <li>Some clinical trial studies</li> <li>Several case studies and consumer reports</li> <li>Strong expert or professional association endorsement</li> <li>Fits with practice guidelines</li> <li>Most evidence supports safety and effectiveness</li> </ul>
Acceptable Practice	1	<ul style="list-style-type: none"> <li>Some research-based evidence</li> <li>Few clinical trial studies</li> <li>Some case studies and consumer reports</li> <li>Some expert or professional association acceptance</li> <li>Evidence reflects few risks and some indication of effectiveness</li> </ul>
Questionable to Dangerous Practice	0	<ul style="list-style-type: none"> <li>Lack of research-based evidence</li> <li>Few or no case studies or consumer reports</li> <li>Experts or professional associations are neutral or against its use</li> <li>Evidence reflects some to considerable risks and minimal indication of effectiveness</li> </ul>

Adapted by Colleen Friend, from Cournoyer, B. (2004). *The evidence-based social work skills book*. Boston: Allyn and Bacon.

Although each group will be unique in what they *find*, the trainer can expect some convergence on these points:

### *Best or Good Practice:*

- Validating what the victim says; be empathetic
- Giving the victim opportunities to ask questions, give him/her options



- Responding nonjudgmentally; avoiding labeling, using language that is culturally and linguistically appropriate
- Considering safety a top priority at all time (both short- and long-term)
- Informing about the limits of confidentiality or reporting requirements prior to conducting a screening/assessment
- Respecting a victim's right to make his/her own decisions
- Given that change is probable, revisiting safety as the situation changes
- Assisting the victim in accessing resources and legal remedies; offering a choice of available referrals
- Listening with your full attention
- Children's witnessing of domestic violence should be a potential risk factor rather than conclusive evidence of abuse
- Being aware of your own response to domestic violence; bracket it in the moment, and discuss it with your supervisor
- Collaborating with DV CBOs/advocates; cultivating cooperative relationships
- Using the resources of the neighborhood, friends, church or other personal/community supports
- Dealing with the issue directly, ask about injuries
- Conducting a Threat on Safety assessment, use a tool so you cover specific questions
- Being clear about the role of child welfare
- Interviewing the victim alone, no friends, relatives or caregivers should be present
- Coordinating in a multidisciplinary manner, so that no single provider is responsible for the entire intervention
- Screening all new clients routinely; revisit periodically as signs and symptoms raise concerns

- Using, if needed, only interpreters who have been trained to ask about abuse and who do not know the client, etc.
- Planning strategies with the client to deal with difficult emotions post-assessment interview
- Responding to all victims regardless of gender

*Acceptable Practice:*

- Not buying into a victim's denial (on the other hand, some experts and professional associations recommend not confronting the client; instead, honoring his/her own choices, letting the client know you are available should the situation change, and educating about risk while offering resources (Mills, 2003; Family Violence Prevention Fund, 2002))
- Making eye contact (this is not specifically mentioned in the research; perhaps it is assumed)
- Taking notes on what is being said
- Not referring to family treatment, or marriage/couples' counseling (some experts and professional associations disagree with this; see Mills, 2003; Bograd & Medeiros, 1999; Barnett, Miller-Perrin, & Perrin, 2002)

*Questionable to Dangerous Practice:*

- Informing the batterer about what the victim said; interviewing together
- Lacking inquiry about obvious injury; failing to conduct a safety assessment or give information resources
- Interrupting, dominating the conversation
- Staying focused only on child safety
- Making promises you may not be able to keep
- Assuming all females are victims, all males are batterers
- Labeling abusive behavior
- Telling the victim what to do

- Using a family member, relative, or caretaker as an interpreter
- Replacing the victim in a location accessible to and likely to be found by the batterer
- Interviewing in the presence of a partner, relative, caretaker, etc.

In Segment 3, an analysis of extreme scorers, the trainer should try to elicit the level of identification the students have with either the expert or the novice, or where they might see themselves somewhere in-between. Those discussion questions will appear on the PowerPoint overheads.

In Segment 4, a summary of two focus groups with response patterns and themes, a similar approach on the students' ability to resonate with workers' response in the focus group is recommended. Those discussion questions will appear on the overheads. It is important that the trainer follow these prompts, because they draw the student into a personal assessment they may not otherwise make.

Because this module introduces the AHA Training Evaluation Model, trainers who wish to expand on this model's applications could utilize the Training Evaluation Framework Report (Parry & Berdie, 2004) available online from CalSWEC. The instructor may want to use this article to: (a) become more familiar with the model; and (b) engage students in proposing how they would develop and evaluate a future PCW training.

### ***Training Child Welfare Workers to Interview Battered Women***

Central to the federal mandate to investigate child abuse and neglect is the child welfare worker's ability to interview the parents who come to their attention. But there is an inherent adversarial stance between the interviewer and interviewee, since these

interviews are the mechanism the state uses to gather information in the exercise of its social control function. Parents who come to the child welfare system's attention correctly perceive the stakes as high, despite the fact that relatively few children are removed from their homes following these encounters. According to 1998 Summary Data, less than 16% of substantiated child victims of sexual abuse or other forms of maltreatment were removed from their parent(s)' home; however, rates appear to be on the rise as indicated by the 2003 removal rate rising to 19% (Britner & Mossler, 2002; U.S. Department of Health and Human Services, 2004). Practice wisdom validates the likelihood that the child welfare worker will be given very limited disclosures about facts or feelings from defensive parents, making these interviews difficult to conduct. In this encounter, the interviewer must explain the visit, build rapport, ask a series of difficult questions, de-escalate anger, and manage his/her own emotions. The challenge of balancing all these tasks simultaneously has the potential to hijack the twin goals of determining if the child is safe or in need of protection, and assessing what the protective parent may need to protect both themselves and the child(ren). The temperament of the interviewer is also an influential factor. An interviewer who avoids conflict or becomes overly aligned with parents could run the risk of making a false negative assessment on safety issues, while an interviewer who becomes emotionally engaged with hostile parents could conversely make a false positive assessment of the same issue. Some child welfare workers seem to have a talent or skill set for minimizing the power differences; others are unaware, unwilling, or poorly skilled at doing so. It

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

### ***Summary of Phase II Research***

The curriculum for this Interview Training intervention was adapted from the UCLA Domestic Violence Training (UCLA Training) and a summarized version previously published by CalSWEC as: *Assessment and Case Management of Domestic Violence in Public Child Welfare* (Friend & Mills, 1997). The curriculum was also summarized in a subsequent publication in the Social Workers' Desk Reference (Friend & Mills, 2002). Both publications contain a shorthand version of the original assessment instrument; its content was the foundation of the 14 skill clusters contained on The Child Welfare Domestic Violence Interview Skills Scales (CWDVISS). That original assessment instrument is contained in Appendix A.

Although the original UCLA Training was developed prior to the publication of the AHA training evaluation model (see Handout 6), our key training interventions for the training conducted with the research subjects (i.e., the Interview Training—summarized in Handout 4) illustrate how we covered all the elements of that model up to and including skill transfer.

An evaluation model is a good tool to use to determine if all the elements for effective training are designed into the training at its inception. Because the two curricula were so closely related, we will describe the elements that were common to both. Note that once the concept of the SC is introduced, that discussion pertains only to the Interview Training.

We thought about our overall course evaluation while we gathered content suggestions for the curriculum from our Advisory Group. The Advisory Group included DCFS Administrators, CBO DV agency representatives, and managers from public agencies that respond to domestic violence and child abuse (e.g., law enforcement, child abuse councils, etc.). To foster participant satisfaction, we insured that our trainers had credible, relevant experience and were able to facilitate shared experiences about the trainees' work. Presenting the material through overheads, handouts, movies, etc. also contributed to satisfaction. By addressing potential feeling reactions on the part of the trainee and acknowledging the tension between service providers in domestic violence and child welfare, we were aiming to create an alliance between these two kinds of providers that builds on appropriate beliefs and tensions, and assess where we needed to target our change. In this way, we were targeting the opinion level of the AHA model. We shared techniques, theories, concrete visuals, and instructor demonstrations to assure that we had addressed the knowledge level, both its acquisition and comprehension. We had to determine what to emphasize and what we really wanted the workers to retain.

We asked the trainees to participate in SC vignettes because we knew that skill demonstration was a prerequisite for skill transfer (Finn & Rose, 1982; Reitz, 2005). The pre- and postdemonstration of skill with an SC served many purposes. First, the pretest demonstration was a baseline that helped us adapt the training to the groups' collective need. Second, the embedded evaluation at the posttest told us the extent to which our training had made a significant difference in the trainees' collective skill level. The

author contends that although peer-to-peer role play is a convenient approach and typically no-cost, its lack of reliability and validity calls into question whether or not it is an adequate skill demonstration tool. Third, because the SC was a proxy for a client, and the trainees actually experienced the SC's reactions, we can argue that this created a first-line skill transfer. Skill transfer can also be measured by linking a trainee with the assigned supervisor who might be able to assess a trainee's interaction with a client using an instrument, but that raises additional concerns about effectively training the supervisor. It becomes apparent that conducting an effective skill demonstration or an embedded evaluation calls for using additional resources such as an SC. It is also important for students to understand that developing a training involves not only multiple activities but also a conceptual framework for how the curriculum and trainer will approach levels of the AHA model (see Handout 6, the AHA Training Evaluation Model; also contained in PowerPoint slides for this module). We also targeted agency, client, and community impact; those efforts are discussed in Modules IV and V.

Next, we will summarize how we assessed the Interview Training's effectiveness. First, the author consulted with research colleagues before and after the training about the possibility that the training contained too much information/content for a 1-day training. Although obtaining a significant pre-/posttest difference might preclude this concern, it was re-raised due to the difference in novice and expert scoring patterns. Satisfaction and opinion were initially measured by having the anonymous subjects rate the training on a satisfaction form, using a five-point Likert scale. The mean score was 4.7. Knowledge in Module III was measured at first with the subject's ability to complete

a *to do* list. Here the subject had to use recall memory, rather than recognition options available when knowledge tests use multiple-choice questions. Skill demonstration (and potentially transfer, since the SC was a client proxy) was measured, as discussed, with an SC and the CWDVISS instrument. Knowledge for the overall UCLA Training was measured twice: once with a survey as outlined in Module II, and the other was the subject's ability to formulate a good practice *to do* list.

This study examined, for the first time, exactly what public child welfare workers actually do in the course of an interview with a parent who is also a client. The Los Angeles County Department of Children and Family Services (DCFS) was responsive to a request to conduct the proposed CalSWEC-funded research, with 120 workers. In sum, a voluntary sample of workers was offered a 1-day training about child abuse and domestic violence using several approaches to intervention summarized in Handout 4. Actresses portrayed standardized clients (SCs), which allowed for practice and evaluation without the potential risk of harm to real clients. An instrument was developed to capture and measure the interaction between child welfare worker and the SC. SCs were asked to provide feedback regarding the worker's effectiveness. Overall, it was hypothesized that training would make a significant difference in skill demonstration, and it did.

This experiment used a quasi-experimental model with a pretest/intervention/posttest ( $O_1 \times O_2$ ) design. A small volunteer sample of Public Child Welfare workers was recruited from one region of a large public child welfare agency. Although the researcher was not able to recruit the ideal number of subjects at this office, the



decision was made to conduct this research as a small pilot study instead. The experiment began with 19 subjects, but two subjects did not return for the posttest and two sets of records could not clearly be identified as pre- or posttests, rendering them unusable. This then reduced the number of subjects to 15. The independent variable was the training and the dependent variable was the demonstrated interview skill level. Two SCs, who had been previously employed in the UCLA Medical School's Identified Patient Program, were utilized for the research. Thus they readily adapted to several hours of training in order to reliably represent the same allegedly battered mother who was "reported" to the local public child welfare agency. The SCs were matched on gender, ethnicity, age, and the ability to stay in character. They were Caucasian females in their early thirties. Two vignettes, rated at the moderate level by three researchers, were utilized. Both the vignettes and the SCs were switched at the posttest to assure subjects would not become overly familiar and to provide some coverage on the range of elements that might present in this type of a situation. Two teams operated simultaneously, resulting in data collection on all subjects in a concise timeframe: the same process was repeated at time two, less than 2 weeks after the training intervention. Subjects were rated by two raters in the interaction with the SC. The raters were the author and three Title IV-E stipended MSW students, who trained together for 12 hours, in order to ensure acceptable reliability.

Overall, five instruments were used to collect data. They are summarized in Handout 5 and will be briefly described here. First, demographic data on each subject was gathered, on the Demographic Data (DD) form. Next, the Phase II, Part I

Questionnaire (PPQ) asked the trainees to list what specific things they planned to do. The actual interaction of the subject and the SC was coded on The Child Welfare Domestic Violence Interview Skills Scales (CWDVISS), an instrument developed for this study. Ultimately, this instrument included 14 fields, or “skill clusters,” that specifically pertain to skills needed for interviewing with cases involving the intersection of domestic violence and child abuse. These skill clusters were scored quantitatively, with points assigned for repeated, specific skill demonstration, and points subtracted for repeated, specific errors. The CWDVISS served as an anchor for a later qualitative content analysis, which included a post hoc analysis of the audiotaped interview. Its reliability and validity was piloted with a separate and small “developmental sample” of actual workers using three subscales from Finn and Rose’s (1982) Interview Skills Role Play Tests (ISRPT), referred to as the Finn and Rose Subscales (FRS).

The standardized client (SC) used the Patient-Physician Interaction Form (PPIF) to rate the subjects. Although there were no published reports of this instrument’s validity or reliability, its use is widespread in Identified Patient Programs in California Medical Schools, and it was copyrighted by the University of Southern California’s Keck School of Medicine. This instrument has seven fields rated on a five-point Likert scale. It measures the patient’s global level of satisfaction during their interaction with the medical student. It was expected that a correlational analysis would reveal a positive relationship between the PPIF score and the CWDVISS, and it did. It was important to approach the experiment with concurrent measures for two reasons: first, the measures captured similar behaviors that were expected to be correlated with each other, and

second, feedback could be given to the subject from both the professional rater as well as the client proxy.

In sum, Module III summarizes the research done with a small sample ( $N = 15$ ) of DCFS subjects who interviewed two standardized clients (SC) pre and post training. This is considered a quasi-experimental design; our training was the independent variable. Once the validity and reliability of the CWDVISS was established with a small, separate developmental sample, we measured the subjects' skill demonstration using this instrument. Using  $t$ -tests, it was determined that the training made a significant difference in the posttest scores, the mean score being approximately 28 points higher. This led to speculation that the training had an impact on the subjects' practice. Furthermore, a qualitative content analysis of the highest and lowest scorers (expert vs. novice) was conducted to assess what they were doing differently. We briefly describe the process of measuring this skill demonstration and the cognitive strategies used to teach the workers to be better interviewers at the intersection of Domestic Violence and Child Abuse.

### ***An Exercise***

Because the complexity of the experiment cannot be replicated in its entirety, students in this module will only simulate one aspect of the experiment by creating a *to do* list just prior to interviewing. The students will develop items for their lists by accessing websites provided in the training. The exercise direction and the exercise are part of the Tips and Instructional Guide.

## ***An Analysis of Extreme Scorers***

While it is important to note that the subjects did significantly better in skill demonstration post training, only one of the 15 subjects met the *family test*. The *family test* consisted of asking the SCs to identify the subjects they would choose to interview their own family member about DV. The identification by the SCs independently converged on the choice of this one subject. In other words, the SCs independently chose the same person. These startling results led us to wonder if perhaps statistical significance was not equivalent to clinical competency.

The one subject who met the *family test* was our highest score demonstrator. In an effort to identify what this subject was doing that set him (subject #9) apart from the others, we decided to analyze both qualitatively and quantitatively the extreme scorers. We learned that the highest score demonstrator had 5 years of experience on the job, so we dubbed this subject our *expert*. We observed five key distinctions about this subject at the posttest. First, he was able to execute a perfect *to do* plan at both the pre- and posttests. Second, the subject focused on engagement and listening for the entire first 10 minutes of the interview, then switched to a focus on domestic violence and threat assessment at the end. Third, the subject was nonjudgmental at both the pre- and posttests. Fourth, the subject explained what he would be doing. Finally, although it could be argued that experience gave this subject the edge, this subject scored higher than like-experienced peers. Thus the quality of all the previously mentioned distinctions led us to conclude that this subject was developing a relationship with the “client” above everything else. In the end, it moved his SC(s) to give him perfect scores at the posttest.

Turning our attention to the lowest scorer, we see a different picture. Because this subject had only 1 year of experience on the job, he (subject #2) was referred to as the *novice*. This subject improved three ways on the posttest, suggesting the training helped him. First, he improved his *to do* plan. Next, he was able to listen, explain, give options, and establish a partnership. Third, he reduced judgmentalness according to a score change at the posttest, but it was still present. Although he had three small gains, this subject's overall brevity in client interactions contributed to a perception that not enough time was spent developing the relationship. This gives rise to speculation that since the expert has fewer new skills to implement, from the pretest to the posttest experience, he can narrow his concentration on those few things. On the other hand, the novice may not have a perspective on what is important and may be overwhelmed in his attempt to do everything. Clearly, he appears to be making progress although his ability to develop a relationship seemed limited. These were speculations based upon careful analysis of the extreme scorers' CWDV issues results and qualitative coding of their audiotapes.

### ***A Summary of Two Focus Groups***

An integral part of Phase II was the focus groups. Originally intended to recruit a sample of 92-120 subjects, we had to abandon the original plan when the response rate was very low. In retrospect, the opportunity to demonstrate interview/skills and receive feedback was both anxiety producing and possibly unattractive for the subjects. In addition to this, the agency limited our access to workers to their 1-hour lunch break, hence the task of arranging a 30-minute focus group and a brief interview session

became complex. As a result of all this, we held focus groups with only the volunteers we recruited for the interview training. This consisted of two focus groups, 9 subjects in one, 10 in the other (total  $N = 19$ ). These groups were conducted on the day of the role play pretest. They were both conducted in DCFS Region II at two separate offices. Subjects were gathered at the noon hour; lunch was provided as well as an hour of DCFS training credit for professional in-service training.

The researchers promised confidentiality and they asked the group members to offer it to and honor it with each other as well. The focus group leaders were the author, Colleen Friend, PhD, LCSW, and Kristin Long, MA. Ms. Long was the executive director of the Los Angeles County Domestic Violence Council. We were attempting to conduct these focus groups with a trainer team that brought both a PCW and DV perspective. The leaders agreed that one person would lead the discussion and the other would take notes and then alternate roles for the other group. The notes became the transcripts, which were coded for themes. We chose this modality to examine the three research questions because:

- There was a potential power differential between the subjects and the researchers who were perceived as having access to their administrators. By alternating roles, we hoped to avoid the perception that one of us was the leader and the other was taking notes to immediately share with administration. Since these workers were from the same region, most of them knew each other and were likely to speculate on our motivations during extra-group contact.
- A “friendly” research method that was respectful and welcoming to the target audience was needed.
- Complex behaviors and motivations were being investigated.

A qualitative approach is recommended when these kinds of behaviors and motivations are targeted (Morgan and Krueger, 1993). Here, again, the three research questions were asked of the group:

- (a) How does training affect practice?
- (b) How does training affect policy?
- (c) How do workers balance the complex demands of protecting children and empowering parents?

### ***Response Patterns and Themes***

- The subjects were feeling a “change” under a new director. The previous director had emphasized child safety, especially for children whose age was less than or equal to 60 months. There had been some perceived relaxation of that with the new director. However, some dependency court cases had once again increased the scrutiny of caregiving to young children, especially children with nonparent caretakers.
- Subjects definitely felt that they previously had to act in the service of child safety at all costs and that supervisors felt this pressure as well. They acknowledged that this stance had affected their ability to empower parents.
- There was considerable anxiety about being held accountable for child deaths; exactly when subjects felt this danger was hard to assess because they mentioned that this “feeling” was diminishing but still present. This theme came up repeatedly; they specifically said that when they felt this “pressure” they were more likely to detain (remove) the child.
- It is difficult for subjects to begin to form an alliance with parents, and then possibly have to remove the children. One strategy was to keep up with home calls and returning phone calls so that small problems can be address earlier. Another strategy was to warn of the possibility of removal sternly, and hope that this would cause the parents to *do* whatever DCFS told them to do.
- Subjects agreed wholeheartedly that training impacts practice. They were sharing personal examples of what they used from trainings, drawing specifically on the UCLA Training. For example, they spontaneously mentioned LEGO (Listen, Explain, Give Options), which was a cognitive strategy they had devised in the Interview Training. They expressed the desire to attend in-service trainings, but that was often thwarted by daily work demands. They explained

that they would register and then see if they were able to go when the training date arrived. The emergency nature of the work often prevented them from following through.

- There was a subset of subjects who said that they were aware or already knew of much of the content of the training that was offered. The leaders probed further. They did not mean the currently offered DV training. They were asked why they would register for training they already *knew*. They said they were looking for ways to do the work faster.
- It was not clear to these two groups how policy change could arise from training. Both groups of practitioners appeared not to have given this prospect much thought until we raised the question. In contrast to the spirited agreement that training impacts practice summarized above, the subjects seemed puzzled by questions about the intersection of policy and training.

In sum, the focus groups revealed that subjects struggled with the demand to both protect children and empower parents. We were left with the impression that although they stated that removing children was a last resort, they were inclined to detain, regardless of risk, if they felt that they would be held accountable for a subsequent child injury. By accountable, they meant disciplinary action and possible termination. Some research has been conducted on how a child's death adversely affects a PCW agency and the specific worker assigned (Regeher, Chan, Leslie, & Howe, 2002). The co-facilitators concluded that this self-protective response, coupled with the awareness that families of color are overreported to the child welfare system, could be a partial explanation for how children of color remain overrepresented in the foster care system. This conclusion was validated by a qualitative study of the child welfare community's perceptions of how this overrepresentation developed (Chibnall, Dutch, Jones-Aarden, Brown, & Gourdine, 2003). Conducted at nine sites, the study acknowledged that workers and supervisors felt vulnerable under increased media and



administrative scrutiny. These feelings of uncertainty were one factor in a substantial rise in more cases (Chibnall et al.).

The subjects positively endorsed the connection between training and practice, but they did not draw a connection between training and policy. The co-facilitators also checked with two of the focus group members (subjects) to determine if the response patterns and themes reported were an accurate perception of what was discussed. The subjects confirmed the accuracy. We did this in an attempt to maintain some objectivity and neutrality in dealing with the subjects and topics.

Future research with child welfare workers should try to explore in more depth how decision making is affected by a worker's fear of disciplinary action. It would be interesting to know how workers in 2006 would react to the same questions about balancing child protection with parent empowerment. Currently, with caseloads being considerably lower than at the time this research was conducted (Hitchcock, personal communication, 2006), workers may have more time to reflect on the connection between training and policy, and they may not be as pressured to detain children when faced with safety decisions.

In conclusion, our three research efforts are outlined in Modules II, III, and IV. The strengths of these efforts are that some policy and practice changes were made, as outlined on Handout 14. The author began with the end in mind by leading the local advisory group to consider how we might be able to make both practice and policy changes through training. Through giving workers knowledge and skills in training, we possibly fomented change from the *Bottom-Up*. This movement was met by changes

initiated by AFSA, and DCFS's attempts to implement Results-Oriented Management. This training was seen by management as coming at the right time, as the agency shifted policy and practice to a position of only removing the most unsafe children. The agency appeared to have acquiesced in allowing its practice and policies be influenced by an outside agency (UCLA) in its pledge to cooperate with a federal (DHHS) training grant. This research pioneered agency-wide follow-up on a specific training's impact.

The Phase II Interviewing training research accomplished:

- Creating an instrument and a methodology utilizing an SC to measure skill demonstration from multiple perspectives;
- Illustrating that the deployment of cognitive strategies, such as development of a *to do* list, where the planned activities are consistent with good practice, is a foundation of good skill demonstration;
- Identifying what the expert was doing differently from the novice;
- Developing trainings with an appreciation for the elements of training evaluation subsequently identified in the American Humane Association Model (illustrated on a slide and handout);
- Evaluating the UCLA Training's impact on the agency in multiple ways;
- Developing an awareness in management about the worker's answers to the research questions;
- Facilitating several changes in the agency; and,
- Producing this curriculum.

The next module takes our inquiry to DCFS managers.

## **MODULE IV**

### **A GROUNDED THEORY APPROACH IN EXPLORING AGENCY ADMINISTRATOR REACTION TO THE EFFECT OF TRAINING ON POLICY AND PRACTICE**

## **MODULE IV**

### **A GROUNDED THEORY APPROACH IN EXPLORING AGENCY ADMINISTRATOR REACTION TO THE EFFECT OF TRAINING ON POLICY AND PRACTICE**

#### ***Module Synopsis***

In this 1-hour module we focus on managers who had a role in analyzing or directing some aspect of policy, practice, or training on an agency-wide basis at DCFS. The research was conducted in late 2001 on a sample of nine managers. A Grounded Theory approach was utilized to develop some theory about the patterns in their answers for the three basic research questions: how does training affect practice, how does training affect policy, and how do workers balance the need to empower parents and protect children? What emerged from this analysis were 13 categories and various properties of those categories (see Handout 13). We synthesized this into an emergent theory, and identified the implications and limitations of our study.

#### ***Goals and Objectives***

I: Students will learn how a qualitative research method such as Grounded Theory can be utilized to analyze information gathered in face-to-face interviews.

Objectives: At the completion of the module, students will be able to

- 1.1 Define Grounded Theory.
- 1.2 Identify Grounded Theory terms such as: theoretical sample, saturation, categories, and properties.
- 1.3 Identify the author's conclusions and state whether or not he/she agrees with the author's contention about what emerged.

- II: Students will learn about the specific categories and properties (see Handout 13) of those categories that emerged.

Objectives: At the completion of the module, students will be able to:

- 2.1 Recollect at least three categories that emerged
- 2.2 Recollect at least one set of properties that emerged.

- III: Students will be able to learn the strengths and limitations of this approach in addressing the top management's response to the research questions.

Objectives: At the completion of the module, students will be able to:

- 3.1 Identify at least three strengths
- 3.2 Identify at least three weaknesses

### **Competencies**

- 4.4 Student is able to identify an organization's strengths and limitations and is able to assess its effects on services for children and families.
- 8.2 Student understands how political activities and regulatory, legislative, and judicial processes at local, state, and national levels influence agency policies, procedures, and programs.
- 8.3 Student understands how leader/managers use the collaborative process for the purpose of planning, formulating policy, and implementing services.
- 8.5 Student demonstrates knowledge of how organizational structure and culture affect service delivery, worker productivity, and morale
- 8.6 Student demonstrates basic knowledge of various federal, state, and local child welfare funding sources and consequent implications for agency policy, objectives, and service delivery.

### **Tips and Discussion Questions**

Timeframe: 1 hour.

Materials Needed: Equipment to project PowerPoint slides; print them as a handout for distribution. Content for discussion questions is on the overheads,

(i.e., the categories and properties summarized). Handouts 12, 13, 14, and 15 are also needed.

Both the theory and practice literature cite the role of the work environment and management in assessing training's relationship to overall practice. Baldwin and Ford (1988) first posited that the work environment was a critical element in training's transfer to actual job skill. In their model, the work environment has been defined as the total workplace atmosphere including morale, physical space, management expectations, and work demands (Baldwin & Ford).

Aaron and Olsen (1997) argued that child welfare manager's attitudes and priorities have a direct impact on training opportunities offered for workers. When it comes to the specific field of public child welfare, very few academic articles have been written on the intersections among research, practice, and policy, or on how training helps workers balance the need to empower parents and protect children.

Gelles (2000) drew attention to the lack of experimental or quasi-experimental research designs in public child welfare practice. With the advent of Federal Title-IV funds to support public child welfare training, programs have greatly expanded in the last 35 years (Costin, Karger, & Stoesz] 1996; Zlotnick, 2001). However, evaluations of these training programs had not been published in the peer review literature when this research was conducted in 2000-2001. Recent conferences and articles have begun to assess the outcomes of agency-based and university-based trainings targeted at the preparation of the child welfare workforce (Reitz, 2005; Scannapieco & Connell-Corrick, 2001). It is important to recognize CalSWEC's role publishing the proceedings of the Annual National Human Services' Training Evaluation Symposium on its website since

2001. Easy access to these proceedings has enabled the child welfare training community in the United States to build on each other's discoveries.

Our Phase III research was focused on management in order to develop a comprehensive response to our research questions and to compliment the earlier focus of Phases I and II on line staff. Although Phase I questionnaires were sent to all professional staff, only 12 respondents (3.8%) held the title of SCSW or above. Respondents were asked to disclose their employment classification, but we had no way of verifying that disclosure. All of this was complicated by the previously-discussed low response rate. Here we wanted to examine management's perception of the relationship of training to practice and policy development, and their impressions about how workers balanced the competing demands of protecting children and empowering parents. Our focus remained on the UCLA Training with the DCFS workforce. Because the UCLA Training had been delivered to a large percentage (over half) of DCFS' workforce, this was a natural focal point of the discussion.

A qualitative approach, specifically, a Grounded Theory approach, was chosen because very little is actually known about public child welfare managers' perceptions of the three main research questions. The research team began with the three familiar questions, and then added three more to develop a semi-structured questionnaire. Those first three questions were: (a) How does training impact practice? Specifically, how has the UCLA Training effort impacted agency practice? (b) How does training impact policy? Specifically, how has the UCLA Training effort impacted agency policy? (c) How does the worker balance the need to empower parents and preserve families

with child safety mandates? These are important questions for managers to explicitly consider in the process of designing and implementing trainings. Next, three more questions were added: (d) What policies do you think need to be developed? (e) What would be your ideal vision of how training and policy should be developed to best meet the needs of children and families? (f) What is your background and work history with regard to training policy and practice?

Although three DCFS managers did serve on the UCLA Training's Advisory Board, their participation was centered on content practice issues. It was the author who was the impetus for wanting to have an impact on both practice and policy. Among the many *practice* goals of the training, workers were helped to broaden their perspectives about a strict child safety centered approach to a joint child and protective parent alliance. The UCLA Training helped the worker to empower the parent (typically the mother) to evaluate danger as the expert in her own experience. Workers were encouraged to excavate for family strengths and not blame domestic violence victims for the actions of the batterers. Workers were reminded of the importance of safety planning, even when their clients were fairly uncooperative.

Workers were also trained on the impact of domestic violence on children's physical and emotional well being. They were also advised that some children, while exposed to domestic violence, were also asymptomatic. While some of these practice concepts may be gleaned from the assessment instrument in the Appendix, some of the concepts were conveyed with the use of overheads, video, etc. Although these concepts seem to have general acceptance in the DCFS workforce today, they met with



some resistance in the mid to late 1990s and thru 2000, when the UCLA Training was conducted. The conclusion of this paper will address other factors that helped account for this movement. When this research was conducted in 2001, management's perspective on these issues was virtually unknown.

The trainer will need to use the overheads to explain the background for this research and curriculum development project. Because very little was known about public child welfare management's perspective on the central research questions, Grounded Theory was chosen as the method to allow a theory to emerge. Discussion questions should include: (a) Why was Grounded Theory chosen as the method for this research? (b) How do you define these Grounded Theory concepts: theoretical samples, saturation, categories and properties? (c) Can you recall at least two categories and a property subset? (d) Can you recall one strength and one limitation of the findings and do you agree with the findings on the Grounded Theory that emerged?

### **Content**

The Phase III research pertaining to the managers will now be summarized. A Grounded Theory approach was chosen for the reasons previously described. We "selected" our theoretical sample from a DCFS management roster. A range of candidates with the term *manager* or *training* were identified according to their job title on a DCFS roster. The researcher selected candidates according to the following criteria: Was this person in a position to analyze or direct some aspect of policy, practice, or training on an agency-wide basis? A *theoretical* sample of participants was selected to inform the researchers about the issue. The plan was to interview the

subjects and take thick descriptive notes utilizing structured interview questions, which would then be systematically coded. This coding then begins to reveal categories and properties that may lead to propositions and emergent theory. The constant comparative method was used, which included setting as the unit of analysis any meaningful segment of the subjects' utterance (i.e., this could be a phrase). In addition, because the researcher's notes were typically in phrases, that became the unit of analysis. When categories and properties are analyzed with the constant comparative method, then a theory has a good opportunity to emerge. These Grounded Theory methods prescribed by Straus and Corbin (1990) and Merriam (1998) have been reproduced considerably over the last 15 years.

Prior to beginning the research, the UCLA Institutional Review Board had to be assured that the subject's responses would remain confidential despite their identities being "known" in face-to-face interviews. An MSW Title IV-E stipend student who had some background in child welfare conducted the interviews. The student was trained extensively in both interview methods and later, in Grounded Theory's constant comparative method for coding. The student and the curriculum author developed the semi-structured interview questions. The sample and questions were selected in 2000. A 6-week window in 2001 was identified to conduct the research. All subjects were approached by phone by the student researcher, after a letter invitation had been sent. A range of reactions were encountered. Some subjects committed right away, but cancelled and rescheduled the meeting. One subject deferred the interview to an

assistant. The interview was held, but not coded. One subject cancelled due to personal time off. From an original sample of 11, this left us with a sample of nine.

The student researcher noted that all the subjects took the questions seriously. In the engagement process some were forthcoming with information, others were hesitant, a few were suspicious, and some were absolutely consistent with the Agency Director's publicly stated opinions about the agency's direction and the role of training. While this spoke to the Agency Director's political and personal power and communicative ability, it may have camouflaged some of the real issues the research was after. For example, at the time of the research, the Director had recently announced her plan to develop a year-long training academy for beginning child welfare workers. This would be a departure from the 11-week model in place. The same proponents of the year-long academy also advocated training all workers on domestic violence. They may have felt that training all workers was consistent with the extended training academy, which appeared likely to happen at that time.

The researchers began with the first two interviews, looking for similar broad category responses and then looking for properties, which further described the categories. A category is a variable, which makes sense of what the subject says through the researcher's analysis of themes emerging from the responses. What resulted from this process were 11 categories (with some properties). From our memos, we developed these into a matrix, as part of the open coding process. Our next step was to see if these 11 categories became *saturated* in subsequent interviews, or if new categories emerged. Saturation occurs when subsequent subject interviews add nothing

to what you already know about a category or its properties. Several of those 11 became saturated with subject's subsequent interviews, and only two new categories emerged in the process. The categories and properties are identified in Handout 13, and the Response Matrix associated with the categories and properties can be found in Handout 14. They are also summarized in the overheads that accompany the module. Next we sought the relationship between the categories and properties and weighed the value of the repeated categories. This was part of our coding process. The core categories developed were these:

- The training was a big benefit to those who took it; but how it is currently impacting policy is unknown at this point. It would have been greater if we utilized the Fellows in the way we promised. It has impacted practice by showing the workers (a) the complexity of the child's exposure to violence and (b) the downside of the removal from the parent who was doing her or his best to protect the child.
- Domestic violence training should be mandatory for the workforce; perhaps staff should be trained at the community agencies.
- Workers need experiential training to understand the issue. This could be role-play or take them out to the community and let them work with real clients to see the dilemmas for themselves. They can then see how domestic violence and child abuse are connected.
- Somewhat of a contradiction emerged. Most subjects allowed that domestic violence was a serious problem, but some said domestic violence should only be dealt with as it pertains to child safety. There was a palpable focus on child safety, child injury, and death. They generally saw the child safety focus as the way workers had to balance two competing demands. There was a paradox in emphasizing the worker's accountability for child safety, but not wanting the worker's own fear to drive the assessment. There seemed to be a perception that child welfare could carve out the part of domestic violence that made the child unsafe, and only deal with this aspect of the family situation.
- There was a lingering focus on worrying that child safety would trump any other aspect of a comprehensive assessment. There was an appreciation that child safety concerns would result in more removals of children from their homes and,

with the growing emphasis on the strengths perspective and avoiding unneeded placement, the training came at the “right” time to move towards removing children only in the most unsafe circumstances. Managers spoke openly about how ASFA and the new Director were moving them in the direction of research-supported policy design and practice outcome analysis. This new emphasis was perceived as a dramatic change. This was how they said it impacted practice.

In order to establish some internal validity for these findings, we incorporated Merriam’s (1998) strategy to enhance validity into the following five procedures. First, we returned to the interviewer’s original notes to find evidence that these five core categories were indeed there. Next, we engaged in triangulation, which means we used multiple investigations and methods to confirm the data. Thus, the author and the student researcher asked another researcher to review their work. This additional researcher confirmed the existence of core categories. Third, we took tentative interpretations of data back to two of the subjects to ask them if they found the results plausible. They agreed with our results. Fourth, we asked one of the subjects to assist with the writing of the findings, which the subject agreed to do. Finally, we attempted to identify and clarify any assumption bias that we may have had at the beginning of the study by discussing this issue with another researcher. This last part was a challenge for the researchers as they resonated strongly with category 8, which stated that the agency had not made optimal use of the training by using the Fellows as models and advisors as they had originally committed to do. Only one subject advanced that idea. The researchers also felt that there was some acquiescence to the Agency Director’s point of view, which could have been sincere, insincere, or politically motivated.

What seemed to emerge as part of our Grounded Theory was a range of responses about how the subjects viewed domestic violence, especially in relation to

training. We worked to distill these categories. For example, some felt that child welfare could carve out only a part of domestic violence. Yet others felt that if there was an element of safety risk for the child that removal of the child was necessary, meanwhile acknowledging that the system was attempting to remove fewer children. There was palpable relief that the UCLA Training had come at the right time to emphasize a strengths-based perspective to the PCW workforce, thereby reinforcing the view that child removal be considered only under the most unsafe circumstances. In that sense, the agency managers were *Buying-In* to the proposals that UCLA was suggesting through the trainings. The motive for this *Buy-In* remained unclear: Was it being done (a) due to perceived expertise on the part of UCLA or the trainers, (b) because the training's funding originated with the U.S. Department of Health and Human Services, or (c) since the new ASFA was already moving in this direction? There was a clear sense that this training had established a leadership role in proposing a new way of working with domestic violence as well as a perception that more training was needed. Some managers even mentioned the need for experiential training. The managers were aware of the Director's focus on ASFA outcomes and how it could influence both policy and training. The Director expressed plans to lengthen the training academy to 1 year, which was viewed positively by those who expressed an opinion. It appeared to the researcher that this agency was undergoing an in-progress shift to Results-Oriented management, which is compatible with key ASFA components.

These are the same findings we shared in a meeting with the Agency Director (Anita Bock, 1999-2002), in 2002. She was receptive to our findings from the CalSWEC

Research and Curriculum Development Project, which included five areas (followed by the module containing them in parentheses): workforce survey (Module II), Interview Training (Module III), worker focus groups (Module III), qualitative survey conducted with the administrators (Module IV), and the author's perceptions of the UCLA Training's impact on practice and policy. The Director's overall reaction included resonating with the author's contention that workers' training should be experience oriented and full of cognitive strategies. The Director stated that her plan to expand training would help reduce the workers' fear factor and enhance their ability to both protect and empower.

With regard to the workforce survey it was noted that, despite the small sample, training on attitude, legal remedies, and the development of a specific DV policy was recommended. Furthermore, the new workers' DCFS Academy training could be revised utilizing several of these recommendations and employing a co-trainer team of a DCFS supervisor and a CBO DV advocate. The two could serve to model collaboration and a blending of perspectives. (Although an offer was made to develop an instrument for training evaluation, the Director declined as plans to develop a statewide instrument were already under way.) The Director was also receptive to the suggestion that a DV Ombudsman position be created.

Finally, with regard to the qualitative survey of administrators, the Director validated the emerging Grounded Theory that the UCLA Training may have influenced the agency's evolved practice and policy from the *Bottom Up*. In addition, this movement was met by AFSA and DCFS's attempt to implement Results-Oriented Management. The Director explained in great detail the efforts she made to initiate and

integrate a data-driven approach into this large bureaucracy. The Director agreed that DCFS was moving towards removing children in only the most egregious circumstances, pointing out that rates of children in foster care in our community were declining. The author thanked the Director for the agency's unprecedented cooperation and access granted to its workforce in fulfillment of both the DHHS funding grant and the CalSWEC-funded grant. It appeared that the impact of specific trainings had not been tracked to this extent before at this agency.

The Director expressed some regret that the agency was not able to make better use of the Fellows portion of the training. Although the matrix of what was accomplished (see Handout 15) was indeed satisfying given public child welfare's historic reluctance to use outside research and training, there remains more to be done. The curriculum's conclusion will elaborate on this point.

### ***Summarized Conclusion***

Any discussions or conclusions have to begin with an examination of the study's limitations. As identified earlier, given the small voluntary samples and the quasi-experimental design, we cannot draw definitive conclusions about cause and effect. Beyond this, each phase of the research had to navigate a set of threats to validity. Yet given these issues, this was the first study to examine what actual PCW workers did in response to their adult clients, using a client proxy (SC) and an instrument (CWDVISS) that demonstrated some preliminary reliability and validity. These SCs represented clients, and it can be argued that this experiential effort involved both embedded evaluation and a transfer of skills.



With regard to the three research questions, the following conclusions are drawn: this research attests to the effect training has on practice. Specifically, our focus group responses, significant posttest skill demonstration results, and most manager interviews all provided evidence that training has a positive affect on practice. The author felt that the research validated training's impact on policy despite the workers' reaction to the contrary in the focus group. This is based on (a) the administrators' response in the qualitative survey, and (b) the Matrix of Impacts listed in Handout 15 (summarized on slide 14 in the Module IV PowerPoint presentation). The Matrix itemizes the changes brought about at DCFS as a result of the training-related efforts. The curriculum's Module I also theorized about other methods for examining training's potential impact on both practice and policy. This research was conducted with a large public child welfare agency that appears to function in accord with Results-Oriented Management, a combination theory. Its policies have been overwhelmingly influenced by AFSA which mandated the tracking of specific outcomes. Part of what the AFSA brought was a shift in attitude toward emphasizing permanency, safety, and child well-being that caused fewer children to be removed from their own homes; for children who were removed, adoption was the preferred plan. Over 30,000 children (or about one third of the Foster Care 1999 caseload) left foster care in Los Angeles County in 2000 and 2001 (Douglas Steinmeyer, personal communication, July 15, 2002). The training may have arrived just in time to facilitate workers' ability to navigate this trend.

Workers said they struggled with balancing parental empowerment and protecting children. That theme recurred throughout this research in the focus groups,

the Interview Training, and the qualitative study with administrators. While training may help workers make those decisions with more confidence, they also approached the issue with some preexisting strategies. Notably the expert subject spent considerable time in rapport building before discussing the complexities of safety planning. This appeared to cause the SCs to rate him much higher than the novice. This may hold a clue for assisting PCW workers in their attempt to balance these demands more effectively with parents. The message distilled from this research is that a brief training does help, but workers need considerably more training to develop in themselves a higher level of overall clinical competency. They also need training that is experiential, utilizes multiple cognitive strategies, and enables them to learn from each other.

Turning our attention to the overall impact, the UCLA Training educated over half of the DCFS workforce in a new method of assessment. Beyond this concrete benefit, several more changes were implemented at the new worker training academy, including the establishment of a new co-training cross-disciplinary team and a new ombudsman position. This appeared to be the first time DCFS systematically allowed a training's impact on practice and policy to be tracked throughout the agency. Importantly, management revisited the conflict faced by PCW workers over a decision to detain. The UCLA Training was allowed to lead the way toward the practice of detaining less; thus, there was a type of *Buy-In* occurring. With the advent of the ASFA and the Director's focus on data collection and analysis, a Results-Oriented Management approach took shape. DCFS was in a time of transition on several levels.

The inclusion of SCs in this research as a proxy for clients has implications for the future role of current or former clients in this kind of skill training and research design. Increasingly, PCW agencies are moving toward a long delayed consumer consciousness. The Institute for the Advancement of Social Worker Research (IASWR) has recently addressed this issue in its Workforce and Accountability Report, which identified agencies where families are being engaged in the ASFA outcomes review process and are more aware of their rights (IASWR, 2004). Finding opportunities for workers and clients to work in mutually designed training and research partnerships participates in a form of reciprocity that can help reduce the adversarial nature and power disparity that surfaces in these interviews (Freire, 1993; Perez, Garcia, & Sivak, 2004). Ultimately, it is the relationship between the worker and the parent that allows any appraisal of the parent's protective capacity to take place; thus, interviewing skills that help PCW workers to develop a relationship with their clients are integral to PCW's mission and success.

Given looming federal budget deficits and contention over ongoing defense spending, Congress may once again threaten to restructure Title IV-E funding, the heart of PCW service and training funds. An overhaul may combine and "cap" direct service funds with training funds. This, in turn, could affect both PCW training and MSW education as they will likely receive fewer funds over time to prepare the workforce for navigating the nuanced and substantive skills described in this research. Unfortunately, as this research indicates, subjects need more, not less training. What is recommended is that PCW workers and MSW students who are preparing for PCW work be trained in

ways that allow for measurable skill demonstration, and that SCs or clients be included in the training, research, and outcome review process. These organizations might then be able to enhance their case for insuring ongoing stable training funds in this important public policy area.

It is imperative that CalSWEC continue to publicize its efforts to evaluate PCW training and establish training's impact on practice outcomes (Johnson, 2004). While this experiment established that a brief training did have a significant relationship to the small trained group's skill improvement, we need more research, larger studies, and more forums to disseminate this information. Database and web-based searches for PCW training evaluation outcome research yield notably few results, although CalSWEC and other partnerships are working to build this knowledge base. In the future, hopefully, other states and research universities may follow this example and identify ways for public agencies to openly share their practice challenges, with the goal of greater mutual proficiency in connecting measurable outcomes to training, practice, and policy.

# **MODULE V**

## **1-HOUR SUMMARY PRESENTATION**

## **MODULE V**

### **1-HOUR SUMMARY PRESENTATION**

#### ***Synopsis***

This module is an effort to summarize the content from Modules I, II, III, and IV as well as interest the students in further exploring those modules. There is an emphasis on five elements: (a) understanding the *time of great change* in which the original training was conducted; (b) developing the student's personal applications for the three questions which shaped this CalSWEC Training Research; (c) considering some of the theories and methodologies that explain how organizations implement changes in their practice, policy, and training; (d) becoming familiar with how this research attempted to measure training outcomes and answer the three questions through a survey, skill demonstration, analysis of extreme scorers, focus groups, and qualitative interviews; and, (e) knowing the importance of having cognitive strategies to prepare the student for conducting an interview. The student will be drawn into a brief activity to illustrate some of the training points in the overall curriculum. The strengths and limitations of the overall effort are described in the conclusion.

#### ***Goals and Objectives***

I. To summarize the content from Modules I, II, III, and IV.

Objectives: At the completion of the module, students will be able to

- 1.1 Identify at least one key concept from each of the four modules summarized here.
- 1.2 Identify the importance of having both cognitive preparation strategies and an opportunity to put them in practice in order for transfer to occur.

II. To interest students in exploring Modules I, II, III, and IV

Objectives: At the completion of the module, students will be able to:

- 2.1 Respond to at least one discussion question that is designed to draw their attention to the content of the original module.
- 2.2 Identify at least three characteristics of the *time of great change*, which was the context for the original training.

III. To encourage students to develop their own personal response to the overall three questions this curriculum asks.

Objectives: At the completion of the module, students will be able to:

- 3.1 Respond to the question of how training affects their practice.
- 3.2 Respond to the question of how they see training affecting policy.
- 3.2 Respond to the question of how do child welfare workers balance the need to empower parents and preserve families with child safety mandates.

IV. To familiarize students with the need to evaluate training on multiple levels, as is suggested in the AHA model.

Objectives: At the completion of the module, students will be able to:

- 4.1 Identify at least three levels of training evaluation in the AHA model.
- 4.2 Identify at least one instance in their professional education or agency based training when they experienced training facilitating skill transfer, agency impact, client outcomes, or community impact.

**Competencies**

- 2.14 Student understands the importance of working together with biological families, foster families, and kin networks, including involving them in assessment and planning and helping them cope with special stresses and difficulties.
- 2.6 Student understands the dual responsibility of the child welfare caseworker to protect children and to provide services that support families as caregivers.
- 4.6 Student is able to seek client, organization, and community feedback for evaluation of practice, process, and outcomes.

- 8.2 Student understands how political activities and regulatory, legislative, and judicial processes at local, state, and national levels influence agency policies, procedures, and programs.
- 8.4 Student understands how to use information, research, and technology to evaluate practice and program effectiveness, to measure outcomes, and to determine accountability of services.
- 8.5 Student demonstrates knowledge of how organizational structure and culture affect service delivery, worker productivity, and morale.
- 8.6 Student demonstrates basic knowledge of various federal, state, and local child welfare funding sources and consequent implications for agency policy, objectives, and service delivery.

### ***Tips and Instructional Guide***

**Materials Needed:** Equipment to project PowerPoint slides; print slides as a handout for distribution. The instructor will need a copy of the 3-minute DVD showing the SC portraying Donna Jones, a mother who has been reported to DCFS for having loud fights with her husband and because her eight-year-old son, Billy, has an injury. The DVD should be introduced as the instructor covers the, “You Be the Judge” slide. The discussion questions are identified on that slide. The instructor will need to copy Handout 8, Module V Discussion Questions; alternately, he or she may rely on the same question appearing on the last slides. Additional handouts needed for this module are: 1, 4, 6, and 15. Handout 15 summarizes the impacts.

Instructors who have only a limited amount of time to be able to cover the maximum amount of material may want to begin with this module. It sets the context in which the original training was developed and delivered. It describes three key questions and the efforts to answer them. The questions are: (a) How does training affect practice? (b) How does training affect policy? and (c) How do child welfare workers balance the need to protect children with empowering parents and preserving families? Those questions were addressed in Modules I, II, III, and IV. It is important to note that the emphasis in Module I is on how practice, training, and policy changes



occur. It describes three theories and their derivative methodologies that explain this process: Top Down, Bottom Up, and Combination. Because students generally enter the organizational hierarchy at the bottom levels, they are typically interested in the ways workers can change policy from the Bottom Up.

Discussion questions are listed here:

- (1) Ask students why trainings have to assess beliefs/attitudes as done in the initial training? Have them give two benefits for this.
- (2) Can you think of a time in school or field where students were trained to acquire some skill but didn't have to demonstrate it? Did this have any effect on their 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? Have students name three for each.
- (4) Can training affect policy? Have students provide three supports as evidence of this.
- (5) Can training affect practice? Have students provide three supports as evidence of this?
- (6) When DCFS administrators are interviewed by researchers about training and policy, can students identify three issues that could possibly impact the content of their answers?

This module closes with a slide presenting evidence-based practice websites. In addition to their use in the Module III activity, students should take this opportunity to get familiar with what the websites have to offer as they can enhance their practice and develop their understanding of the interrelationship between policy, training, and practice.

## **Content**

This Module summarizes all the modules, thus it refers to the UCLA Training, CalSWEC Training Research, and Interview Training. In Module II, the subjects are a voluntary sample of DCFS workers; some have had the UCLA training (two tiers) and some have not. In Module III the subjects are a voluntary sample of DCFS workers who participated in the Interview Training and focus groups. In Module IV, the subjects were part of a theoretical sample selected from DCFS managers who had some management responsibilities with regard to practice, policy, or training.

This curriculum emerged from the CalSWEC-funded research studying a Domestic Violence (DV) and Public Child Welfare (PCW) training conducted at UCLA. The original UCLA Training was attended by approximately 1,350 L.A. County DCFS employees who were trained at one of two levels: 1-Day, or the Fellows model which was either 3 or 6 days.

## ***A Time of Great Change***

Offered from 1995 until 2000, the UCLA Training spanned a time of fundamental change in PCW, signaled most prominently by the passage of the Adoption and Safe Families Act (ASFA) in 1997. The act was an attempt to deal with growing child welfare caseloads which were a reflection of the crack cocaine epidemic, dramatic crime increases, growth in births to unmarried parents, and more single parent households (Price, 2005). In fact, in 1993, 2.9 million child abuse and neglect reports were filed, nationwide up from 1.7 million in 1984 (U.S. DHHS data cited in Price). Foster care caseloads went from approximately 300,000 in 1986 up to nearly 500,000 by 1995

(LaRavire, 2002). High profile cases in New York (1987) and Illinois (1993) galvanized public opinion and private organizations to press for alternative strategies. In 1992, the Casey Foundation launched the Family to Family Initiative (Oman & Bonk, 1999). Essentially this is a set of tested strategies that encouraged a family-centered and neighborhood-based child welfare system. Several communities joined first; however, New York and Los Angeles did not join until the mid-1990s. In 1993, the federal government granted waivers for testing innovative child welfare services with the goal of decreasing caseloads by experimenting with promising pilot programs that could be replicated on a bigger scale (Price).

This next section highlights important events during this time of great change in New York City and Los Angeles County. In response to a high profile case and general tensions between PCW and DV CBO providers, a Child Welfare Committee was formed in 1987 in New York City. Composed of members from both groups, it developed trainings, position papers, and protocols. The PCW workforce saw this joint committee as being dominated by outsiders, thus its initiatives were not institutionalized. In a partial remedy for this, the Behind Closed Doors taskforce was announced in 1992; one year later, its report concluded that the city's existing services were ineffective in combating the dual abuse of women and children (Moles, 2006). As a corrective measure, the city's public child welfare agency partnered with a local CBO and Columbia University to train over 400 workers in from 1995 through 1997 to use a specific protocol (Moles). This training was one of the five DHHS grants awarded in 1995, along with the UCLA grant, to train PCW workers at the intersection of domestic violence and child abuse

(Mills, et al., 2000). Workers trained to use this protocol in a specific zone of the city ended up reducing the rate of child removals (Moles).

Yet another high profile case in New York City in 1995 hit the national media and signaled a counter-reaction. Unfortunately, high profile deaths of children have had this effect on both local and national systems. New York's subsequent reform plan set out the principle that, "any ambiguity regarding the safety of the child will be resolved in favor of a removing the child from harm's way" (Moles, 2006). After this, child detentions increased by nearly 50% (Moles). In a subsequent reaction against this approach, the *Nicholson* lawsuit filed in 2000 resulted in a 2002 order prohibiting a child's removal when exposure to domestic violence was the only issue (*Nicholson v. Scopetta*, 2003). This significant case law was noticed by every child welfare agency in the country and was the subject of much debate among academics and advocacy groups (Edleson, Mbilinyi, & Shetty, 2003; Edleson & Williams, 2004). New York's experience with these wide legal vacillations is difficult to follow for someone without legal training; thus, clients, PCW workers, and DV CBO advocates all struggled to stay abreast of these rulings. The system chaos springing from reactions to counter-reactions resulted in inconsistent service delivery and the perception that PCW workers were absolutely arbitrary in their decision making.

In Southern California a parallel time of great change was occurring. In 1994, the Los Angeles County Board of Supervisors issued a report from a Special Panel on Domestic Violence (Los Angeles County Board of Supervisors, 1994). It made several recommendations pertinent to children and families, yet not a single representative of

DCFS was among its 18 members. In the mid-1990s L.A. County launched its Family Preservation Networks, which drew local CBOs and the media in to the new Family Preservation philosophy and action plan. However, in 1995 Los Angeles County experienced the high profile death of a 3-year-old dependant child, Lance Helms, an event that was not ascribed to domestic violence (California Senate Online Info., 1999). The local juvenile court had ordered him to be returned to his father, over the objections of DCFS. Under the direction of Peter Digre (1991-1999), the L.A. County DCFS embraced a strong protective position for children under 5 years old exposed to domestic violence. The UCLA initial training quoted Digre as saying this exposure was child abuse. Later, a Los Angeles appeals court provided parallel support for his position in proclaiming this exposure, if only secondary, to be tantamount to neglect (*In re: Heather A.*, 1997). As a result, there were considerable tensions between the DV CBOs and DCFS. The pendulum swung again in 1997 with the passage of the ASFA. Its increased financial support for both adoption and family preservation led to an emphasis on keeping the child in the home, whenever safety could be reinforced by providing additional family preservation services. At the same time, it moved in the direction of shortening the timelines for permanency once children were removed. Concurrent planning services provisions were mandated, meaning that for children who were removed, both reunification and permanent alternative plans would be simultaneously pursued.

Just prior to ASFA's passage, national publications and web-based articles began to publicize other innovative programs and calls for collaboration efforts to assist

child welfare agencies in meeting the needs of children and families exposed to DV (Schechter & Edleson, 1994). Chief among these was Aron and Olson's (1997) article highlighting five model programs. Mills and Friend drew upon information from other publications and grantees as they began to collect ideas for the DHHS Training grant they received in 1995. As mentioned, they were among the five training grants awarded that year. Ultimately these trainings developed protocols, curricula, co-location of staff, and multidisciplinary collaborations that led to institutional change. That path was not easy, and the next section attempts to describe how this was navigated.

### ***Personal Application of Three Questions***

For this curriculum, we have asked three questions: (a) How does training affect practice? (b) How does training affect policy? and (c) How do child welfare workers balance the need to empower parents and preserve families with child safety mandates? The current trainees should be focusing on the personal application of these questions as they engage in the rest of this module because it will explore the connections between training, practice, and policy as well as the need to balance client needs.

### ***Theories of Organizational Change: How It Started***

Against this backdrop, the original UCLA DV training was designed and delivered. Mills and Friend designed the training in conjunction with a Community Advisory Group. This group included the key representatives from DCFS, DV CBOs, and other governmental agencies that focused on DV. Although tensions were high at the first meeting, they managed to facilitate several discussions that got to common

ground. At its inception, Mills and Friend, with the Advisory Group, designed training to impact practice and plant the seed for policy change. Our aim was to have training impact policy by creating an awareness in the workforce that included the following common ground: (a) DCFS had to work collaboratively with DV organizations; (b) workers need to conceive of the non-offending parent and the child as a unit, considering the consequences of removing the child along with the safety risks; (c) workers had to create a partnership alliance with the non-offending parent, and be willing to work with her or him as they took incremental steps toward a freer life; and, (d) workers needed to be aware of how their own feelings and histories might impact decision making. Taken all together, we hoped that this might create a groundswell for change, from the *Bottom Up* (theory). The author felt Agency *Buy-In* (methodology) took place when DCFS let the UCLA DV training lead their workforce in response to a grant, but in 1995 it cannot be said that DCFS understood the potential for policy and practice change that was fomenting in the Community Advisory Group. This theory and methodology on the change process is explained in Module I. But this could not account for the DCFS overall movement into new practices and policies. The passage of the ASFA in 1997 brought a new set of mandates into public child welfare. Chief among them was the importance of measuring outcomes, and following incentives to improve outcomes. This very big PCW organization, reportedly the largest in the world (Mills, et al., 2000), was now facing a huge challenge: the need to move into a Results-Oriented Management methodology. In Module I we describe this methodology and the

Combination Theory from which it is derived. In Module IV, we explain how this all tied together.

### ***Measuring Training Outcomes and Answering Three Questions***

In Module II we recount the training survey we did with three sets of DCFS workers: (a) those who took the original 1-Day training, (b) those who took the Fellows training, and (c) those who were untrained. Our goal was to measure opinions/attitudes, beliefs, knowledge acquisition, and knowledge comprehension with both objective questions and responses to vignettes. While this had been done with pen and pencil immediately posttraining, it was important to reassess this 6 months to 1 year posttraining because opinions/attitudes and beliefs fundamentally underlie behaviors. Without adequate knowledge acquisition, comprehension, and retention, trainees will not have cognitive concepts to anchor their activities. We designed this as a web-based survey targeted to get 500 responses. Because our web response rate was low ( $n = 35$ ) we resorted to finishing the survey with pen and pencil instruments, distributing them personally, finally yielding a sample of  $N = 106$ . Only two significant differences were found among the groups because ultimately our survey was not able to discriminate between the groups. In other words, it was too easy and there were likely to be other threats to its validity as discussed in Module II.

To recap those validity threats here, there were four concerns:

- First, there were instrumentation issues identified above.
- The second concern, maturation, occurred in two ways—untrained workers identified that they had acquired other training in this area and the delay in the survey-taking timeframe may have allowed for the agency to institute changes in



its decision making. This may have resulted in the trained and untrained workers responding in similar ways.

- The third concern, a low response rate (leading to small samples) compounded all the threats to validity.
- Fourth, since the researcher has very little control over how the survey was taken, there could have been contamination between the two groups.

Surprisingly, 1-Day trained workers did not endorse an item saying that a man has no right to beat his wife even if she breaks agreements made with him. The Fellows group and untrained workers endorsed the item. The author thinks the item was confusing and accounts for this anomaly. Focusing on the other significant difference, both sets of trained workers differed from untrained workers in believing that DV should be treated as a crime. It is believed that the original UCLA training helped workers recognize that legal remedies available to clients (e.g., restraining orders, arrest, mandatory intervention programs for batterers, etc.) were helpful. The majority of respondents felt that having a specific step-by-step policy for dealing with DV would be helpful. Module II also summarizes research conducted by Yoshihama and Mills (2003) with a sample of over 300 DCFS trainees. They asked about personal history and worker-related decision making. They found that 50% of the respondents experienced physical or sexual violence by an intimate partner. Those who had this history and reported that they identified with the battered woman were less likely to remove children from a battered mother than their counterparts who lacked either an abuse history or identification with the battered mother.

Module III summarizes the Interview Training conducted with a small sample (N = 15) of DCFS workers who interviewed two standardized clients (SC) in an interview skill

demonstration pre and post training. Skill demonstration is important in training evaluation because it is the place where the trainee must apply and act on new knowledge. Because this was considered a quasi-experimental design, our training was the independent variable. Using *t*-tests, we determined that the training made a significant difference in the groups' posttest scores, leading us to speculate that the training had an impact on their practice. However, a causal statement cannot be made about the link. It can be said that using SCs and measuring the interaction with multiple measurements dramatically improves upon traditional peer role play strategies. Research with MSW students confirms that trainees report that role play exercises do not capture the anxiety of interacting with a client as an SC can (Carillo, Gallart, & Thyer, 1993). This method of training with SC(s) offers validity without risking client harm, and reliability derived from intensive training devoted to keeping the SCs consistently in character. Furthermore, in Module III the argument is made that this method goes beyond an embedded evaluation and participates in an actual skill transfer, which occurs when a trainee demonstrates the skill in a work context, outside of training. The use of an SC provides this bridge from training to workplace because trainees experience authentic reactions from the SCs.

In the Interview Training, although the subjects did significantly better in skill demonstration post training, only one of the 15 subjects met the *family test*. The *family test* consisted of asking the SCs to identify the subjects they would choose to interview their own family member about DV. These startling results, detailed in Module III, led us to explore if perhaps statistical significance was not equivalent to clinical competency.

That one subject who met the *family test* was our highest scoring demonstrator. In an effort to identify what this subject was doing that set him apart from the others, we decided to analyze both qualitatively and quantitatively the extreme scorers' posttest performance. We learned that the highest score demonstrator had 5 years of experience on the job, so we dubbed this subject our *expert*. Although it could be argued that experience gave this subject the edge, this subject scored higher than like-experienced peers. We observed five key distinctions about this subject. First, he was able to execute a perfect *to do* plan at both the pre- and posttests. Second, the subject focused on engagement and listening for the entire first 10 minutes of the interview, then switched to a focus on domestic violence and threat assessment at the end. Third, the subject was nonjudgmental at both the pre- and posttests. Fourth, the subject explained what he would be doing. Fifth, taking all of the above into consideration, this subject was probably developing a relationship before doing anything else.

Turning our attention to the lowest scorer, we see a different picture. Because this subject had only 1 year of experience on the job, he was referred to as the *novice*. This subject improved three ways on the posttest, suggesting that the training helped him: (a) he improved his *to do* plan; (b) he was able to explain and establish a partnership; and, (c) he reduced judgmentalness at the posttest, but it was still present. Although he had three small gains, this subject's overall brevity contributed to a perception that not enough time was spent developing the relationship. These very different behaviors caused the author to speculate (Module III) that experts learn differently from novices. For example, at a training session, the expert, by virtue of more

extensive experience and knowledge, would be very discriminating about what he/she took notes on, committed to use, etc. The novice, by virtue of inexperience and a lower level of knowledge, would take notes on everything, and commit to do it all. One might say that this could partially account for the novice's low score—he was trying to do it all. The expert focuses on and incorporates the more important aspects into practice, and the novice thinks everything is important and doesn't know how to prioritize.

In the last section of Module II we held focus groups with the same DCFS worker subjects that participated in the interview training. We asked them our three questions to determine what they would share about their training experience. This was targeted at AHA levels of satisfaction and opinion, an important point as trainees should feel that the training experience provided them with something useful, valuable, and relevant to their job. In sum, the workers indicated how the focus of their agency shifted with each new director. They expressed anxiety about being held accountable for a child's death, thus they admitted to being more likely to detain (remove) children when they experience cases that present young children who could be in a violent situation. This anxiety limited their perceived ability to empower parents to change their behaviors while the child remained in the home. Looking for strategies to contend with these issues, they shared ideas such as keeping up with home calls, returning phone calls, and issuing stern warnings. There was general agreement among the subjects about the positive connection between training and practice. They found the interview training very useful, and this was consistent with anonymous pen-and-paper feedback and ratings, solicited at the end of the training.

### ***You Be the Judge: Cognitive Strategies***

At this point, students will be drawn into an activity that illustrates several points in the curriculum. They are shown a brief movie of an SC responding to abuse allegations. This movie was shown to the subjects in the Module III research before they met with the SC in person. This movie is of Donna Jones, who is reacting to a report made to the DCFS hotline that alleged that she and her husband, Mark, fight frequently and that her 8-year-old son, Billy, may have been caught in the crossfire. Billy reportedly has a bruise over his eye. Students will observe the SC's affect, anxiety, attitude, and parallel (to the child's) injury. (*Note to trainer:* Discussion questions for this activity are on PowerPoint slide #78 entitled, "You Be the Judge.")

### ***Meeting with DCFS***

When the results of the research were shared with DCFS in 2002, we first recognized what DCFS had done so far to change and we made recommendations. We shared research results from the CalSWEC Research and Curriculum Development Project which included: the Interview Training, the workforce survey, the worker focus groups, the qualitative survey with administrators, and the author's perceptions of the UCLA Training's impact on policy and practice. Part of our strategy to engender change had been the hosting of a Community-Based Forum (2000) where the invitees included DCFS trainees, DCFS administrators, and CBO representatives who worked in the area of DV. The purpose of the Forum was to gather ideas to be considered for the possible development of a DCFS policy on DV. As a result of all these efforts DCFS made the following changes: (a) developed a DV ombudsman, and (b) developed a training

taskforce to facilitate training changes in delivery and content. From this taskforce emerged a DCFS and CBO DV advocate team of trainers who incorporated a focus on workers' attitudes and legal remedies in their new worker training academy curriculum. Several other recommendations were made, for example, we requested that a policy on DV be developed. In 2003, it was. Further, we recommended the use of SC(s) in interview trainings, and moving away from practicing skills in peer role plays. Specifically, we recommended using cognitive strategies and practicing nonjudgmental responses. Although cost issues were raised by DCFS, they are currently moving towards SC utilization in their Inter-University Consortium (IUC) Hotline training and their web-based video training for interviewing adults (Donna Toulmin, USC IUC director of training, personal communication, 2006).

The limitations throughout this CalSWEC Training Research included: utilization of small convenience samples which preclude generalizability in this quasi-experimental design. In addition, there were maturation and instrumentation issues with the survey described in Module II. Our grounded theory sample was small and theoretical. Nevertheless, we were disappointed to be able to use only nine interviews. Although we made great efforts to maintain descriptive and interpretive validity, one could argue that subjects told us in face-to-face interviews what they thought we wanted to hear in order to be socially desirable.

In Module IV, we interviewed a theoretical sample of nine DCFS administrators, and analyzed the interview data with Grounded Theory. Using the constant comparative method, we coded the notes to develop categories and their properties. From the

categories the following theory emerged. DCFS managers welcomed the UCLA DV training on several levels but they were not fully committed to using it as it was offered. The Fellows were not fully utilized. They perceived the training as coming at the *right time* to facilitate moving to a strengths perspective and only removing children when absolutely necessary. In this way, it seems that the Agency Buy-In methodology (Module I) was at work, meaning that the agency allowed its practice training policy to be influenced by its pledge to cooperate with a grant. This may have been viewed as a grant with which they had to cooperate since it was funded by the U.S. Department of Health and Human Services (DHHS), Children's Bureau. If this were true, then the strategy initially developed by DHHS Children's Bureau and followed by other U.S. government grants offering incentives for collaborations between PCWs and DV CBOs worked. A subsequent government report stated that these two large grants actually brought about institutional changes such as multidisciplinary collaborations, co-location of staff, training and curricula for child welfare, protocols, and possibly other responses (National Clearinghouse on Child Abuse and Neglect Information, 1998). In addition, the author felt that DCFS was also attempting to embrace Results-Oriented Management, signaled by the ASFA's push to measure outcomes and provide incentives to improve outcomes. Finally, many of the agency's director's ideas were echoed by the managers, providing some partial evidence that this influence was consistent with elements of a Top-Down Hierarchy, as described in Module I. Taken as a whole, it means that this very big bureaucracy, indeed the largest public child welfare agency in the United States, was in the throes of change and was adaptive in its methods of coping with the

requirements of a grant (allowing itself to be influenced by an outside agency) and the changes imposed by ASFA.

In sum, our three research efforts are outlined in Modules II, III, and IV. The strengths of these efforts are that some policy and practice changes were made, as outlined on Handout 14. The author began with the end in mind by leading the local advisory group to consider how we might be able to make both practice and policy changes through training. Through giving workers knowledge and skills in training, we possibly fomented change from the *Bottom-Up*. This movement was met by changes initiated by the AFSA, and the DCFS director's attempts to implement Results-Oriented Management. This training was seen by management as coming at the right time, as the agency shifted policy and practice to a position of only removing the most unsafe children. The agency appeared to have "bought into" letting its practice and policies be influenced by its pledge to cooperate with a training grant. This research pioneered agency-wide follow-up on a specific training's impact.

Relevant to the current CalSWEC students, the research accomplished:

- (1) Creating an instrument and a methodology utilizing an SC to measure skill demonstration from multiple perspectives;
- (2) Illustrating that the development of a *to do* list, where the planned activities are consistent with good practice, is a foundation of good skill demonstration;
- (3) Identifying what the expert was doing differently from the novice;
- (4) Developing trainings with an appreciation for the elements of training evaluation subsequently identified in the American Humane Association Model (illustrated on a slide and slide handout);
- (5) Evaluating the UCLA training's impact on the agency in multiple ways;



- (6) Examining management's attitudes about the connections between practice, policy, training, and their appraisal of the UCLA training;
- (7) Developing an awareness in management about the worker's answers to the research questions;
- (8) Implementing several changes in the agency; and,
- (9) Producing this curriculum.

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## HANDOUTS



## KEY FEATURES OF THE ADOPTION AND SAFE FAMILIES ACT OF 1997 (ASFA)

- Continues and expands family preservation programs
- Continues and expands eligibility for federal IV-E adoption assistance subsidies
- Authorized adoption incentive payments for states
  - ◆ Typical foster child adoption = 4,000
  - ◆ Special needs child adoption = 6,000
- Requires states to document adoption efforts, and requires concurrent planning (efforts for adoption or guardianship and 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)
  - ◆ When child in foster care for 15 of the last 22 months
  - ◆ Describes egregious situation in which timelines are immediate, when “reasonable efforts” do not apply, and when exceptions can be made
  - ◆ Typically shortens timelines from 18 months to 12 months from the time of the child’s entry into care
- Requires criminal background checks
- Requires foster parent be noticed on court reviews and have an opportunity to be heard
- Directs states to use Adoption and Foster Care Analyst Reporting System standards and establishes performance-based incentives for states
- Expands conditions under which states can apply for IV-E waivers
- Requires study and report on the problems of substance abuse and child protection
- Authorizes use of federal parent location services
- Extends independent living services
- Identifies funding for these provisions
- Effective November 19, 1997

## WEB RESOURCES ON CHILD WELFARE AND FAMILY VIOLENCE

<b>Family Violence Prevention Fund</b> → <a href="http://endabuse.org">http://endabuse.org</a>	Focuses on public education and contains information on national awareness campaigns. It also posts legislative updates.
<b>California Evidence-Based Clearinghouse for Child Welfare</b> → <a href="http://www.cachildwelfareclearinghouse.org">http://www.cachildwelfareclearinghouse.org</a>	Provides up-to-date information on evidence-based practice and facilitates its utilization. The scientific rating process is explained here.
<b>American Professional Society on the Abuse of Children</b> → <a href="http://apsac.org">http://apsac.org</a>	Focuses on all aspects of services for maltreated children and provides links to other resources, membership, their publications, and guidelines.
<b>Child Welfare League of America</b> → <a href="http://www.cwla.org">http://www.cwla.org</a>	Provides information on child advocacy, statistics on abuse and neglect, foster care, child welfare, and membership. Their <i>Children's Monitor</i> is a public policy update that can be read free online.
<b>Center for Social Services Research</b> → <a href="http://cssr.berkeley.edu">http://cssr.berkeley.edu</a>	Provides data on the Child and Family Services Review (CFSR) for all California and by California County. Reports are extracted from California's CWS/CMS system. Located at UC Berkeley.
<b>Minnesota Center Against Violence and Abuse</b> → <a href="http://www.mincava.umn.edu">http://www.mincava.umn.edu</a>	Offers information and resources on violence and various types of abuses. Provides links to related resources, published articles, and other manuscripts; many articles can be downloaded from this site. Center is located at the University of Minnesota.
<b>Center for Excellence for Child Welfare</b> → <a href="http://www.cecw-cepb.ca">http://www.cecw-cepb.ca</a>	Fosters research, develops policy, forges networks, and disseminates information. Family violence research can be conducted with the search functions. The Center is part of the Bell Canada Child Welfare Research Unit, located at the University of Toronto.
<b>US Department of Health and Human Services, Administration on Children, Youth, and Families</b> → <a href="http://www.acf.hhs.gov/programs/cb/stats_research/index.htm">http://www.acf.hhs.gov/programs/cb/stats_research/index.htm</a>	Offers information on programs, policies, monitoring, and training as well as the Child and Family Services Review (CFSR).
<b>California Social Work Education Center</b> → <a href="http://calswec.berkeley.edu">http://calswec.berkeley.edu</a>	Provides a range of information on child welfare training in California and nationwide, and has evidence-based practice on its website menu. Located at UC Berkley.
<b>Casey Family Programs</b> → <a href="http://www.casey.org">http://www.casey.org</a>	Provides information summarizing the state of child welfare. Also provides data on its projects, such as the BSC publications.

## RELATIONSHIP OF RESEARCH PHASES TO CaISWEC CURRICULUM MODULES

<p style="text-align: center;"><b>Module I</b></p> <ul style="list-style-type: none"> <li>➤ Presents theories on policy, practice, and training development</li> <li>➤ Examines Bottom Up, Top Down, and Combination Theories</li> <li>➤ Explains role of the Adoption &amp; Safe Families Act (ASFA)</li> </ul>	
<p><b>Research Phase I</b></p> <p>Surveyed DCFS workforce on a web-based survey</p> <p>Compared attitudes and knowledge of trained vs. untrained workers</p>	<p><b>Module II</b></p> <ul style="list-style-type: none"> <li>➤ Places the Phase One research in the context of the agency's political atmosphere</li> <li>➤ Discusses strengths and limitations of this approach</li> </ul>
<p><b>Research Phase II</b></p> <ul style="list-style-type: none"> <li>➤ Described a training; actual skill development was measured using an instrument and a standardized client (SC)</li> <li>➤ Examined what a novice vs. an expert demonstrated</li> <li>➤ Described focus groups with workers who accounted for how they balance protection with empowerment</li> </ul>	<p><b>Module III</b></p> <ul style="list-style-type: none"> <li>➤ Analyzes the value of training in skill development</li> <li>➤ Discusses the SC's reactions/ratings as a proxy for clients</li> <li>➤ Examines the strengths and limitations of this approach</li> </ul>
<p><b>Research Phase III</b></p> <ul style="list-style-type: none"> <li>➤ Conducted individual interviews with nine administrators</li> <li>➤ Used qualitative methods (Grounded Theory) to analyze the data.</li> <li>➤ Explored the role of training in policy and practice development</li> <li>➤ Asked about balancing child safety with parent empowerment</li> </ul>	<p><b>Module IV</b></p> <ul style="list-style-type: none"> <li>➤ Places the Phase III research in the context of the agency's political atmosphere</li> <li>➤ Engages macro students in thinking about how they may have responded</li> <li>➤ Develops summary conclusions</li> <li>➤ Discusses strengths and limitations of this approach</li> </ul>
<p style="text-align: center;"><b>Module V: Summary Module</b></p> <ul style="list-style-type: none"> <li>➤ Sets the concept of the original training in a "time of great change"</li> <li>➤ Provides an overview of Modules I, II, III, and IV</li> <li>➤ Describes three key questions and the efforts to answer them</li> <li>➤ Explores students' personal applications for the three questions</li> <li>➤ Reviews the role of cognitive strategies in skill demonstration and transfer</li> </ul>	

## FROM THE BOTTOM UP: HOW TRAINING AFFECTS POLICY IN PUBLIC CHILD WELFARE AGENCY PRACTICE

### Training Highlights: Practice to Policies

*Key Training Interventions Summarized (AHA level of evaluation in parenthesis)*

- Acknowledged the tension between domestic violence and public child welfare service providers (**opinion: attitudes and belief**).
- Addressed potential feeling reactions (fear, overwhelmed, helpless) and normalized them (**opinion: attitudes and beliefs**).
- Recognized that higher rates of family violence exposure exist among helping professionals. Addressed how this could be a help or a hindrance in job performance. Discussed what to do if it becomes a hindrance (**opinion: attitude**).
- Empathized with workload/organizational demands and their impact on trainees' decision making, addressed paradox of demand to do more work (**opinion: attitudes**).
- Elicited trainer's work history/experience, previous knowledge, and built on it (**opinion**).
- Utilized a trainer who could discuss the shared experience of PCW work (**satisfaction**).
- Acknowledged previous academic training was probably not addressing complexity of balancing child protection with family preservation (**opinion**).
- Utilized visuals (family violence tree, heart of intimate abuse video demonstration) to explain concepts (**knowledge, understanding**).
- Provided instructor skill demonstration before role-play performance (**knowledge, comprehension**).
- Collaborated on using cognitive techniques, such as a *to do* list, and developed group's own mnemonic devices (**knowledge**).
- Shared techniques for aligning with and empowering the battered mother, while honoring child safety (**knowledge, comprehension**).

- Rotated role-play roles and SCs to facilitate experiencing new clients and new dilemma, (**skill demonstration, skill transfer, embedded evaluation**).
- Provided feedback to trainees on strengths demonstrated in role play first and then coaching on other options (**skill demonstration, embedded evaluation**).
- Solicited trainees' anticipations of benefits to using this method, and appraisal of utility; asked for negative feedback (**satisfaction, opinion, attitude**).
- Disseminated information on using DV resources, legal remedies (**knowledge**).
- Provided conceptual theories/strategies for the development of a framework in the trainee: Feminist Theory, Person-in-Environment, Motivational Interviewing Principles and Stages of Change theory (**knowledge**).
- Utilized the structure of an instrument to summarize training, guide initial role plays, SC interviews, and trainees' future action plans (**skill transfer**).
- To some extent, the pretest interview with the SC participated in the intervention because trainees *experienced* the SC's reaction to their baseline interviewing. In practice skill demonstrations could be considered an embedded evaluation (**skill demonstration**).

## EXPERIMENTAL INSTRUMENTS

Name	Acronym	Purpose
Demographic Data	DD	Asked subject's age, race, education, years of experience, level of previous training. Used in both developmental sample and core study.
Phase II, Part I Questionnaire	PPQ	Asked three preliminary questions to help subjects form a plan used in the core study only. Maximum points: 18.
Child Welfare Domestic Violence Interview Skills Scale	CWDVISS	Measured skill demonstration in both developmental sample, test for reliability and validity, and in the core study; 14 fields: Engagement; Assessing for DV; Demonstrating Priority of Safety; Addressing Potential for Child Removal; Establishing a Partnership; Providing Feedback Nonjudgmentally; Inquiring about Strengths; Inquiring about Injury; Listening; Conducting Threat Assessment; Conducting Social Support Inventory; Engaging in Safety Planning; Explaining Options; Providing Resources. Maximum points: 137.
Patient-Physician Interaction Form	PPIF	Measured the SC's reaction to and appraisal of the subject's skill demonstration; 7 fields: Listening; Gathering Information; Establishing Rapport; Exploring Perspective; Addressing Feelings; Appearing Competent, Meeting Patient Needs. Used in the developmental sample test and core study. Maximum points: 35.
Finn and Rose Subscales of Interview Skills Role-Play Test (ISRPT)	FRS	Measured three subscales (verbal following from seeking concreteness, nonjudgmental responding) of the Interview Skills Role Play test. Used as a validity check in developmental sample test only. Maximum points: 90.

## AHA TRAINING EVALUATION MODEL



## PRACTICE QUALITY RATING RUBRIC

Grade	Points	Description
Best or Good Practice	2	<ul style="list-style-type: none"> <li>- Some research based evidence</li> <li>- May have few Random Control Trials</li> <li>- Some clinical trial studies</li> <li>- Several case studies and consumer reports</li> <li>- Strong expert or professional association endorsement</li> <li>- Fits with practice guidelines</li> <li>- Most evidence supports safety and effectiveness</li> </ul>
Acceptable Practice	1	<ul style="list-style-type: none"> <li>- Some research-based evidence</li> <li>- Few clinical trial studies</li> <li>- Some case studies and consumer reports</li> <li>- Some expert or professional association acceptance</li> <li>- Evidence reflects few risks and some indication of effectiveness</li> </ul>
Questionable to Dangerous Practice	0	<ul style="list-style-type: none"> <li>- Lack of research-based evidence</li> <li>- Few or no case studies or consumer reports</li> <li>- Experts or professional associations are neutral or against its use</li> <li>- Evidence reflects some to considerable risks and minimal indication of effectiveness</li> </ul>

Adapted by Colleen Friend from Cournoyer, B. (2004). *The evidence-based social work skills book*. Boston: Allyn and Bacon.



## **FROM THE BOTTOM UP: HOW TRAINING AFFECTS POLICY IN PUBLIC CHILD WELFARE AGENCY PRACTICE**

### **MODELS OF POLICY DEVELOPMENT**

#### **Module I: Discussion Questions**

1. Which one of the theories and methodologies do you see in operation at your field placement? What's the best way to bring about change at your own 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. Describe the relationship between the key provisions of the ASFA and California's CFRS, and how they both participate in results-oriented management.

## **FROM THE BOTTOM UP: HOW TRAINING AFFECTS POLICY IN PUBLIC CHILD WELFARE AGENCY PRACTICE**

### ***HOW DOES TRAINING AFFECT PRACTICE?***

#### **Module II: Discussion Questions**

1. Why should effective 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 finding that CSW trainees with abuse histories who 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.
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?
5. The majority of trainees indicated that new policies would be necessary in these two areas:
  - Mandating a step-by-step approach on how to handle domestic violence cases
  - Mandating collaborative case consultation with domestic violence service providers

What are the pros and cons of having mandatory policies?

## **FROM THE BOTTOM UP: HOW TRAINING AFFECTS POLICY IN PUBLIC CHILD WELFARE AGENCY PRACTICE**

### ***TRAINING CHILD WELFARE WORKERS TO INTERVIEW BATTERED WOMEN***

#### **Module III: 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:
  - Skill demonstration
  - 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?

## **FROM THE BOTTOM UP: HOW TRAINING AFFECTS POLICY IN PUBLIC CHILD WELFARE AGENCY PRACTICE**

### **A GROUNDED THEORY APPROACH IN EXPLORING AGENCY ADMINISTRATORS' REACTION TO TRAINING'S EFFECT ON POLICY AND PRACTICE**

#### **Module IV: 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 findings on the Grounded Theory that emerged.

# FROM THE BOTTOM UP: HOW TRAINING AFFECTS POLICY IN PUBLIC CHILD WELFARE AGENCY PRACTICE

## PRACTICE TO POLICIES 1-Hour Module

### Module V: Discussion Questions

**Directions:** In dyads or small groups, you will be assigned one question. Please prepare a short answer you can give to the group.

1. Why do trainings have to assess beliefs/attitudes. Give five benefits for this.
2. Can you think of a time in school or field where you acquired some knowledge but 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.
4. Can training affect policy? What is your evidence? Provide three points.
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.

## 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 parallel processes between the supervisor and worker and the worker and client. If we want the workers to be responsive to clients, then the supervisors have to be responsive to what the 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.
- 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 for two reasons. Some subjects noted that because of workforce attrition, considerable expertise is lost and the new workers who replace those who exit need to be trained. Second, there is a perception that knowledge complexities evolve, and workers need more skills as they grow in the field, so they need to be able to have increasingly sophisticated training.

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.

## RESPONSE MATRIX

Themes or categories emerged from first two subjects  
And are identified on the next table

Subsequent Subject Numbers							
	3	4	5	6	7	8	9
1	✓	✓		✓	✓	✓	✓
2							
3	3a	3b	3b	3a, 3b		3b	3a
4							
5			✓	✓		✓	
6	6a, 6b			✓			✓
7	✓						
8							✓
9						✓	
10	10a					✓	
11	✓	✓					✓
12	✓	✓			✓		
13	✓	✓			✓		✓



## MATRIX OF UCLA TRAINING'S IMPACT ON POLICY AND PRACTICE

- Demonstrated complexity of the child's exposure to violence, and the downside of removal from parents.
- Contributed to some managers' belief that DV training should be mandatory for the DCFS workforce.
- Reinforced cognitive strategies to enhance self-efficacy, such as *to do* lists, mnemonic devices, etc.
- Shared aggregate results of survey, focus group, Interview Training, and qualitative research with management.
- Developed an instrument for assessment and another one for measuring PCW skill demonstration with an adult client, utilizing an SC.
- Emphasized the need for experiential training, which is an integral part of DCFS training now; with regard to SC utilization, DCFS is now: (a) considering the use of SC in IUC training, and (b) currently developing web-based video vignettes for online training interviewing adult clients.
- Pioneered first DCFS agencywide follow-up on a specific training's impact on practice and policy; this was the first time DCFS collaborated with an "outside" agency to evaluate workers' skills.
- Illuminated the paradox between emphasizing child safety and not wanting all assessments to be worker fear driven; moved DCFS to recognize this more.
- Received by management that training came at the right time, to emphasize a strength perspective and only remove children in the most unsafe circumstances; may have contributed to dramatic caseload reduction.
- Acknowledged by managers: The UCLA Training was allowed to lead the way.
- Held a CBO/DV agency and DCFS forum in 2000 to address how each envisioned what a DCFS DV policy might include.
- Requested and facilitated new worker DCFS academy training on DV having new content with an emphasis on worker attitude and legal remedies.
- Requested and facilitated a co-trainer team of a DCFS supervisor and a CBO DV advocate delivering the new DCFS academy training.
- Requested and facilitated the position of DV Ombudsman; this was a person CBOs could contact to resolve case complaints, etc.
- Contributed to DCFS developing a policy on DV in 2003.
- Most of the workforce (1,350) trained in a new method that emphasized victim strength and removing in only the most unsafe circumstances; may have fomented change from the Bottom Up and may have facilitated the ASFA's Results-Oriented Management methodology as well as its content in taking hold at DCFS.

## MODULE III: CREATING A GOOD PRACTICE *TO DO* LIST

### **Goal:**

To show you how developing a *to do* list based on good practice can be a strategy that helps you manage the demands of an interview. The exercise will also show you how an SC can be used as a good *proxy* for a client; this was done in the research described here.

### **Directions:**

You will watch a DVD of an SC playing the role of a client, Donna Jones. She is a mother who is reacting to a report made to the DCFS hotline alleging that she and her husband, Mark, fight frequently. Her 8-year-old son, Billy, may have been caught in the crossfire because he reportedly has a bruise over his eye. Please observe closely the SC's affect, anxiety, and attitude; look closely to see if she has a similar injury. While you are watching, please start thinking how you would go about conducting an interview with this SC if she were your client.

Following the video, you will be given a handout of the Practice Quality Rating Rubric (hereafter referred to as the Rubric). Review it with the instructor in class. As a homework assignment you will create a *to do* list of 10 items that can be rated as good practice, drawing on the best or good practices you are able to locate. Be sure to note the evidence that supports your choices.

At the next class meeting, you will break into small groups as the instructor directs. Each group will narrow the member's homework down to a specified number of items as the instructor directs. Use the Rubric. Record items on a board. Each group will present their list briefly to the class, explaining why they felt each item was important. At the end of this short presentation, the class will critique the items presented, justifying their responses with respect to the Rubric. Each group will take a turn at this. The small groups then reconvene and take 5 minutes to discuss classmates' input and rank order their choices to be included in a master list (length to be determined by the instructor). The instructor will tally the votes for the most popular and novel items, including them as long as they qualify as good practice.

At the completion of the master list, share your thoughts about your ability to develop a good practice *to do* list. In what ways does making the list prepare you to perform the items? If Donna Jones were your client, what strengths and challenges would you anticipate, and in what ways would you still try to engage her?