Interdisciplinary Training for Public Agency Workers and Supervisors to Improve Child Welfare Services

Structure of Training:
- Address child welfare cases with co-existing domestic violence, substance abuse and/or mental health problems
- 3 day initial training
- 1 day follow-up meeting

Design of Evaluation:
- Quasi-experimental design comparing trained workers with a comparison group of untrained workers who registered for the training but who did not attend the training (n=44). A comparison group consisting of registered but untrained workers will help to hold constant the motivational levels of the two groups.

- Depending on the type of measure, measures are being administered to the trained group “post only”, to both groups “post-only”, or to both groups “pre” and “post”. These differences are described below. One advantage of “post-only” administration is that responses are not affected by pre-training administration of the measure. In most cases “post” measurement means administration of the measure at the one-day follow-up meeting 10-12 months after the training. We will thus be able to gauge relatively long-term effects of the training.
Measures:

1) **Evaluation of Community Plan.** Participants will develop a community plan as part of the training. The trainers and the trainees will evaluate the quality of the plan on several dimensions using simple rating scales. Nine general criteria for rating the Community Plan have been developed, covering such areas as selection of screening instruments, identifying a case coordinator, case monitoring, and outcome assessment. Trainees will make comparisons with the quality of collaboration they perceived prior to the training. Qualitative data will also be gathered during group discussions at the follow-up sessions regarding successes and remaining barriers to implementation of the plan. By definition, this will be a post-only measure administered to the trained group.

2) **Progress on Case Example.** Trainees provided a case example prior to training that fits the multi-problem focus of the training. They were given several areas to guide the writing of their case example. A type of Goal Attainment Scaling will be used to evaluate progress on the case along two major dimensions: a) the level and quality of professional collaboration involved with the case; and b) outcomes for the family. Individualized goals will be established on a five-point scale from “Most Unfavorable Outcome” to “Best Anticipated Outcome”. By definition, this will be a pre-post measure administered to the trained group.

3) **Self-perceived Competency.** A 23-item measure of self-perceived competency was developed for the project, originally to help assess the needs of trainees prior to the training. It is designed to assess the competencies for assessing and intervening in the areas addressed in the training. The measure was mailed to those registered for training about two months prior to training. The returned questionnaires were used in preparation for the trainings. The measure was also used to gauge changes in self-perceived competency. It was administered the first day of training, just prior to the start of training, and again at the end of the three-day training. It will be administered again at the follow-up meeting. The first administration, prior to training, cannot be linked to the other administrations since identifiers were not used. Both the pre and post versions of this questionnaire showed very good psychometric scale properties. Factor analyses (principle component analysis) supported the existence of three major scales: competence working in the areas of domestic
violence, mental health, and substance abuse. Internal reliability coefficients for these scales ranged from .86 to .91. The items on awareness of community resources and understanding the impact of the problem on children contributed the least to these scales and tended to load on other scales, revealing a more general dimension of awareness of resources and the impact of problems on children. Three items on understanding the role of the courts and the legal system, and identification of child maltreatment formed another scale with good internal reliability (.77).

4) **Knowledge Acquisition.** A measure of knowledge acquisition called, “Identification of Parental Problems,” was developed for the evaluation. It consists of four open-ended questions for each of three areas: mental health, domestic violence, and substance abuse. The questions assess the trainees’ ability to understand the impact of these problems on children, identify risk markers for these problems, understand cultural variations, and be aware of effective interventions. These open-ended questions are preferable to multiple choice or true-false knowledge questions because respondents will be required to show their level of knowledge based on recall of information. These questions will be administered to both the trained and untrained groups at follow-up.

5) **Stereotypes of Other Professionals.** A 14 item semantic differential (Osgood, Tannenbaum, & Suci, 1957) was used to assess positive and negative stereotypes of one’s own profession and others. A similar set of adjective pairs in this semantic differential was used to evaluate the perceptions that domestic violence advocates and police officers had of each other (Saunders & Size, 1986). Stimulus categories in this evaluation were: Child Welfare Workers, Substance Abuse Specialists, Domestic Violence Workers, Mental Health Professionals, and Prosecutors. Adjective pairs, at either end of a seven point scale, included: “caring-uncaring”, “dishonest-honest”, “lazy-hardworking”, “skilled-unskilled”, “close-minded—open-minded”, and “cooperative-uncoooperative”. This measure is being administered to both the trained and untrained groups at the pre-training and follow-up points in time. A preliminary factor analysis shows sub-scales can be developed with this measure.

6) **Agency Support/ Worker Stress.** The five-item Agency Support Scale was developed for this evaluation by Daniel Saunders. It asks respondents their level of agreement (strongly agree to strongly disagree on a 7 point scale) regarding the support they receive from their agency for inter-agency
coordination in the areas of policy development, case coordination, community education, referrals, and agency practices. Factor analysis (principal component) showed that the scale is uni-factorial. It has very good internal reliability (.86). This is a pre-post measures being administered to both groups. It is not expected to change as a result of training. However, the scale can be used as a covariate in the analysis to see if agency support helps to explain a change or lack of change in other measures.

7) **Worker Stress.** This scale consists of six items from previously developed measures of worker burnout in the child welfare field (Maslach, 1982; Winefield & Barlow, 1995). Factor analysis (principal component) revealed two factors: two items related to time pressure and work load and four items related to “burn-out”, being emotionally drained, becoming more calloused toward others, and feelings of “wasted effort”. The two item scale has low internal reliability (.63) and the four item scale has very good internal reliability (.86) Worker stress may not change as a result of the training but can be used as a covariate to explain change or lack of change in other measures. Ideally, however, increased collaboration with other agencies will decrease stress because they receive more support from workers in other agencies and because they see more positive client outcomes.

8) **Problems in Our Community**. Trainees were asked to indicate “the 3 most important causes of problems affecting children, families, and others” in their communities. They were provided with a list of 28 potential causes from which to choose. This measure is part of the “Collaborative Values Inventory”. This measure will be used to assess whether or not trainees are more similar than non-trainees in their views of causes of community problems.

9) **Demographics and Background.** The following information was gathered and will be used to determine if some groups benefited more from the training than others: gender, race, rural/suburban/urban work community, highest level of education, and primary and secondary areas of specialization (mental health, substance abuse, child welfare, domestic violence, criminal justice). Future trainings can also benefit from knowing in advance which areas of specialization are most in need of training in particular types of competencies.

Evaluation Team: Daniel G. Saunders, Chyrell D. Bellamy, Melnee D. McPherson & Kathleen Coulborn Faller