



California Common Core Curricula for Child Welfare Supervisors

SUPERVISOR CORE: EVIDENCE-BASED PRACTICE

Trainer's Guide

Version 1.0 | March 2006



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TAB 1

Title Page

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TAB 2

Acknowledgments

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Acknowledgments

California's Common Core Curricula for Supervisors is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), STEC has a wide membership that includes Regional Training Academy (RTA) representatives, county representatives, university-based Title IV-E Project Coordinators, the Inter-University Consortium in Los Angeles (IUC), and other key stakeholders.

A subcommittee of STEC, the Content Development Oversight Group (CDOG), provided oversight and approval for the research, writing, and revising performed by curriculum developers. Additional review and guidance for the curricula was provided by a Content Advisory Team (CAT) composed of representatives from California's regional training entities, universities, and county development programs. As with many large curriculum projects in public child welfare, significant portions of the Supervisor Core were adapted from existing curricula.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:

http://calswec.berkeley.edu/CalSWEC/CCCCA_Citation_Guidelines.doc



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

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TAB 3

Background and Context

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BACKGROUND AND CONTEXT

COMMON CORE CURRICULA FOR CHILD WELFARE SUPERVISORS

Curriculum Development

The Common Core Curricula is the result of a multi-year statewide collaborative effort to develop standardized curricula for California’s newly hired child welfare supervisors and child welfare workers. Development and implementation of the Common Core Curricula was mandated by California’s Program Improvement Plan (PIP) as part of the 2003 federal Child and Family Services Review (CFSR). Although in-service core training had historically been provided by the Regional Training Academies (RTAs), the IUC and county staff development departments, the PIP stipulated that the California Department of Social Services (CDSS) “develop a common core curriculum for all new child welfare workers and supervisors that is delivered by all training entities statewide.” The goal of this mandate was defined as the implementation of “a common core curriculum...in every county to train all new child welfare workers and child welfare/probation supervisors.”

The **Statewide Training and Education Committee (STEC)** developed the initial series of Common Core Curricula in FY2004/2005, marking the first implementation of supervisor and new worker training that was *standardized* for the entire state. The purpose of statewide standardization is to achieve consistency and equity in the application of best and evidence-based practice in all 58 California counties. Each of the content areas of the Common Core has a set of measurable learning objectives for knowledge, skills and values essential to the provision of excellent service to families and children who participate in California’s county child welfare programs.

Values Underlying the Development of Common Core Training

STEC used the following underlying values in developing recommendations for common core training:

- Common core training is grounded in social work values and ethics.¹

¹ The National Association of Social Workers (NASW) Code of Ethics states, “Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics...” (NASW Code of Ethics, 1996, revised 1999, Section 3.08).

CalSWEC’s Standards and Values support the use of ongoing training as a form of best practices: “Standards of practice are by their nature subject to change. In view of shifting societal standards, as well as advancing knowledge

- Common core training builds upon, but is not limited to, new worker training currently underway in California, and utilizes existing training structures.
- Standards encourage flexibility in the way counties meet identified training needs.
- Standards encourage the application of best practices aimed at improving outcomes for children and families, by training strategies that progress from knowledge acquisition to building and demonstrating skills.
- Standards endorse training delivery methods for common core training that yield measurable learning objectives and that provide the basis for evaluation of knowledge, skills, and attitude acquisition in order to promote positive outcomes for children and families.
- Standards are consistent with those endorsed by California's Title IV-E university programs for the bachelor's and master's degrees in social work.
- Common core training encourages inclusion of community partners, whenever possible, in order to share responsibility for child safety, permanency, and well-being.

Levels of Standardization

STEC determined that content areas of the Common Core Curricula for Child Welfare Supervisors would vary in their level of standardization:

One content area has **standardized information and standard delivery**, statewide:

- *Casework Supervision*

Five other content areas have **standardized information**, with detailed instructions on delivery:

- *Child Welfare Policy and Practice for Supervisors*
- *Evidence-based Practice*
- *Fiscal Essentials*
- *Educational Supervision*
- *Managing for Results*

Completion of the Common Core

All content areas of the Common Core Curricula for Child Welfare Supervisors must be completed within twelve months from the date of hire or promotion.

about children, human behavior, and human ills, standards must be subject to continuous reflection and review.”
(CalSWEC Website)

http://calswec.berkeley.edu/CalSWEC/CalSWEC_Standards_Revised.html and
http://calswec.berkeley.edu/CalSWEC/CalSWEC_Values_Revised.html

Foundational Themes to Guide Training and Practice

Five foundational themes were identified for the Common Core Curricula series. The themes and their working definitions are:

Fairness and Equity

A principle that promotes equivalent opportunity for all children and families to achieve positive outcomes from child welfare interventions. Fairness and equity issues often concern reducing disparities in service access across population groups and diminishing overrepresentation of ethnic minorities in the child welfare system. Policies, procedures, and/or practices based on fairness and equity principles consider the unique sociocultural context of each individual and frequently involve the expansion of culturally responsive community resources.

Family & Youth Engagement

Practices and strategies congruent with relevant sociocultural dynamics that effectively engage parents, youth and extended family members in a respectful and collaborative manner in the assessment, intervention and case planning processes.

Strength-based Practice

Practice that identifies strengths in an individual, family, or system, and the formulation of service arrays and interventions that acknowledge and build on those strengths. A strength-based approach honors and respects the dignity of family members and incorporates the family's collective knowledge about the resources and strengths in their family system. Strength-based practice involves joining with the family to reach goals for improvement in family functioning.

Outcomes-Informed Practice

Practice that supports and is informed by federal and state outcomes. All training in California supports the federal outcomes of Safety, Permanency and Well-Being. California also has developed state-specific performance measures. These performance measures are referenced in the curricula where they apply. For more information on the performance measures in California, please refer to the website for the Child Welfare Dynamic Report System at the Center for Social Sciences Research (CSSR) at UC, Berkeley: http://cssr.berkeley.edu/ucb_childwelfare/.

Evidence-based Practice (“EBP”)

The application to service delivery of research evidence related to child welfare, integrated with clinical expertise and client values. The existing body of research reflects varying levels of methodological rigor and efficacy, and differences in applicability to child welfare practice. Where available, research on child welfare practice is integrated into the common core.

Training Evaluation

The evaluation components of the Common Core Curricula for Child Welfare Supervisors were developed concurrently with the creation of the curricula content. They are based on the *Training Evaluation Framework Report* developed by CalSWEC in FY 04/05 in response to the Program Improvement Plan (PIP). In addition to evaluating trainee satisfaction with the entire Common Core, *Casework Supervision* features an embedded skill evaluation. By this method of evaluation, trainees practice the skill of casework supervision and are evaluated on the basis of their responses to case scenarios presented during the course of the training. Analysis of the satisfaction and skill evaluation data is used to assist training evaluation experts to improve the training.

More information on the *Training Evaluation Framework*, as well as on training evaluation generally, can be found at: <http://calswec.berkeley.edu/CalSWEC/CWTraining.html>.

Revision Process

Major revisions to the Common Core Curricula are conducted every three years or sooner, based on developments critical to effective social work practice. Minor revisions occur systematically as needed, to reflect current practice and changes in policy and legislation. Each common core curriculum is delineated by a version number (e.g., Version 1.0, 1.1, 1.2, 2.0, etc.). The type of version number indicates whether the version contains minor revisions or major revisions. For example, minor revisions are indicated by the numbered sequence Version 1.1, 1.2, 1.3, etc., while major revisions are delineated by a sequence of integer version numbers, e.g., Version 1.0, 2.0, 3.0, etc. The latest version of each curriculum is posted on the CalSWEC website.

Principles and Values of the Revision Process

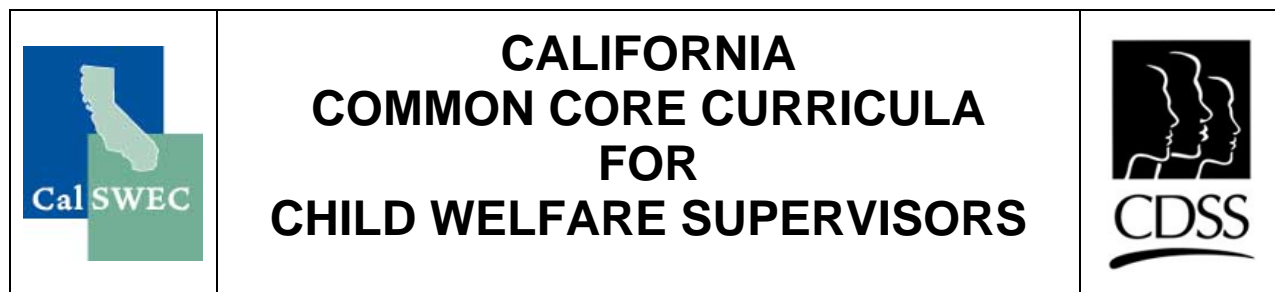
The following principles and values are applied to the design of the revision process:

- Content will reflect “state of the art” knowledge and applications
- Content will apply transfer of learning principles and strategies
- Content will support and expand upon the competencies established in the Title IV-E bachelor’s- and master’s-level social work programs
- The revision process will draw upon the combined expertise of practitioners and university partners

TAB 4

How to Use This Guide

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HOW TO USE THE TRAINER'S AND TRAINEE'S GUIDES

Please read carefully as a first step in preparing to train this curriculum.

IMPORTANT NOTE: Each curriculum within the Common Core series is mandated and standardized for all new child welfare supervisors in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized *Training Content* as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new supervisor training statewide.

GENERAL INFORMATION

The Common Core Curricula model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. The Trainee's Guide contains the standardized information which is to be conveyed to trainees. The Trainer's Guide includes guidance to assist the trainer in presenting the standardized information. *Casework Supervision* requires a standardized delivery to support the embedded skill evaluation contained in the curriculum, while the other five modules in the Common Core Curricula for Child Welfare Supervisors allow some flexibility in the delivery of the content.

The list of components of the Trainer's and Trainee's Guides described under the subheadings below vary slightly for each module of the Supervisor Common Core. It is recommended that trainers first review the Background and Context, Agenda, and Suggested Lesson Plan. Trainers can then read the Training Content and Tips in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the suggested training activities.

The curricula are developed with public funds and intended for public use. For information on use and citation of the curricula, please refer to the Guidelines for Citation:

http://calswec.berkeley.edu/CalSWEC/CCCCA_Citation_Guidelines.doc

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For questions regarding the curricula, contact Melissa Connelly mconnelly@berkeley.edu or Phyllis Jeroslow pjero@berkeley.edu, or call CalSWEC at 510-642-9272.

COMPONENTS OF THE TRAINER’S AND TRAINEE’S GUIDES

Background and Context

The Background and Context describes how and why the Common Core was developed, as well as the values, levels of standardization, completion requirements, and revision process associated with the Common Core series. As an additional resource for trainers, the Background and Context also provides working definitions of the foundational themes that are interwoven throughout the Common Core, and basic information about the use of embedded skill testing for evaluating the effectiveness of the training.

Competencies and Learning Objectives

The Competencies and Learning Objectives serve as the basis for the Training Content that is provided to the trainees. All the Competencies and Learning Objectives for each curriculum are listed in a separate tab in both the Trainer’s and Trainee’s Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives for each segment of the curriculum are also indicated in the suggested Lesson Plan.

Competencies are defined as broad indicators of essential and best practices. Typically, several *Learning Objectives* support the development of each *Competency*. The *Learning Objectives* are more specific than the *Competencies* and are designed to provide measurable indicators of learning.

Knowledge Learning Objectives entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require demonstration of the skill. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

Agenda (most modules)

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, training activities, evaluation (if applicable), lunch, and break times.

Suggested Lesson Plan (*most modules, Trainer's Guide only*)

The Suggested Lesson Plan is a mapping of the structure and flow of the training. It presents each topic in the order recommended and indicates the duration of training time for each topic. The Suggested Lesson Plan is offered as an aid for organizing the training.

The Suggested Lesson Plan is divided into major sections by Day 1 and Day 2 of the training, as applicable, and contains three column headings: Topic, Methodology, and Learning Objectives. Some Lesson Plans may have a fourth column for key Learning Points to emphasize. The Topic column is divided into training segments. The Methodology column indicates suggested training activities that accompany each segment, and the Learning Objectives column reflects the specific objectives that are covered in each segment.

Evaluation Protocols (*Trainer's Guide; for Casework Supervision only*)

It is necessary to follow the step-by-step instructions detailed in this section concerning the embedded skill evaluation in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of *any* test materials so that test security can be maintained.

Training Content and Tips (*Trainer's Guide only*)

The Training Content and Tips section is the main component of the Trainer's Guide. It includes detailed descriptions, guidance, and step-by-step tips for preparing, presenting, and processing the activities. The descriptions also indicate the Training Content in the Trainee's Guide and the PowerPoint slides that accompany each activity. Thumbnails of the slides are also provided.

Training Content (*Trainee's Guide only; can be inserted into the Trainer's Guide*)

The Training Content in the Trainee's Guide contains the standardized text of the curriculum that accompanies the trainer's lectures and other training activities.

Supplemental Handouts

Supplemental Handouts refer to additional handouts not included in the Training Content tab of the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

Glossary

A glossary may be provided. It defines words and acronyms commonly used in child welfare practice that appear in the training content or supplemental information. The glossary is provided to help trainees learn language and terms specific to the field.

Bibliography (*most modules, in one or both guides*)

The Bibliography indicates the sources that were reviewed by the curriculum designers to prepare the main and supplemental content information, training tips, training activities and any other information conveyed in the training materials. It may also include additional resources that apply to a particular content area. In certain curricula within the Common Core series, the Bibliography may be subdivided by topic area.

Materials Checklist (*Trainer's Guide only*)

In order to facilitate the training preparation process, a Materials Checklist may be provided. The Materials Checklist indicates all the materials needed for the *entire* training. Multi-media materials may include such items as videos, CDs, posters, and other audiovisual aids.

TAB 5

Competencies and Learning Objectives

**SUPERVISOR CORE:
EVIDENCE-BASED PRACTICE
-TRAINER'S AND TRAINEE'S GUIDES-**

COMPETENCY AND LEARNING OBJECTIVES

Competency

Trainee will gain knowledge of evidence-based and promising practices.

Learning Objectives

K1. Trainee will understand the definitions and criteria of evidence-based practice and promising practices.

K2. Trainee will be knowledgeable of promising practices and emerging evidence-based practices for achieving:

- A. Timely reunification
- B. Preventing re-entry into foster care
- C. Timely adoption
- D. Minimizing placement moves
- E. Keeping kids safe in care
- F. Avoiding reoccurrence of maltreatment
- G. Transition to adulthood
- H. Fairness and equity

TAB 6

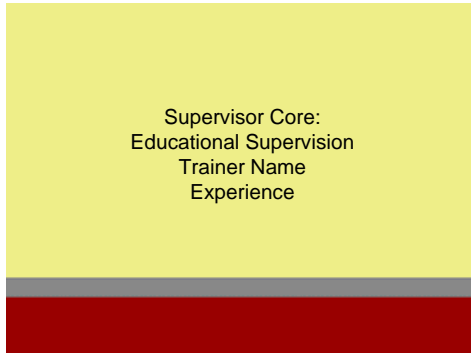
Training Content and Tips

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**SUPERVISOR CORE:
EVIDENCE-BASED PRACTICE
*-TRAINER'S GUIDE-***

TRAINING TIPS AND CONTENT

Slide 1



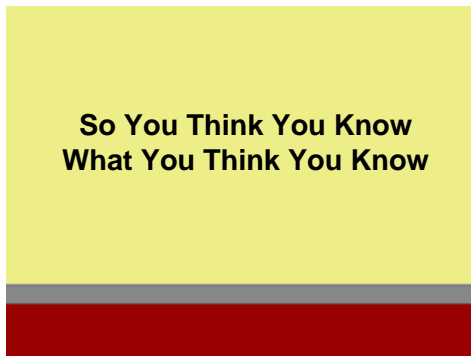
Introductions—Ice Breaker (10 minutes)
(Distribute Handout 1)

Trainer introduces him/herself to the group.

This afternoon we are going to talk about Evidence-based Practice. It is a term you are hearing a lot these days, but not everyone means the same thing. We are going to sort out the rhetoric and help you think about how you can move to evidence based practice in the work you and your workers do in the field.

Look at Handout #1. Jot a few notes in the spaces provided so we can talk about your experience in a couple of minutes.

Slide 2



Ways of Knowing (25 minutes)

Trainer asks trainees to share what they wrote on Handout #1. Each person gives his/her name and number of years in child welfare before offering their thoughts on one of the items on the handout. Trainer reflects what the trainees say fitting their comments into the following 'categories of knowing.'

Data: Tracking process data on the practice or program, e.g., how many visits workers made to families, or how many sessions of a parenting class a family attended.

Benchmarking: Comparing your data to an established benchmark set by your agency or state or the Federal government. For example, length of time in care should not exceed 15 of the last 22 months.

Program Evaluation: Findings from an evaluation of a program or practice. For example: the study looked at responses on a questionnaire given to a group of parents before and after taking the parenting classes (pre-post test quasi experimental

design); or a study compared parents who took the class with parents who did not (non equivalent group design); or two randomly assigned groups of parents are tested before and after the class and several times later (randomized control group design).

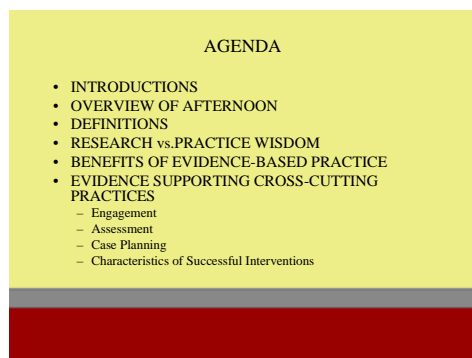
Outcome Evaluation: Evaluates differences in behavior, e.g., the extent to which parents discipline their children differently after taking the parenting class. Generally uses an experimental design.

Anecdotal: Workers and supervisors learn from hearing other people talk about what works.

Experience: From working in the field for years, workers gain knowledge of what they believe has been successful with their families.

Trainer summarizes the exercise by explaining that all ways of knowing have value, but ‘evidence-based child welfare practice’ is defined as the application of scientific findings to work with children and families in child welfare. This does not deny experience or anecdotal knowledge as evaluation often confirms what veteran workers know, but it does mean that experiential knowledge is not enough. We must submit what we do and what we know to rigorous testing so that we can be sure that each child and family is getting the best intervention to help them succeed.

Slide 3



AGENDA

- INTRODUCTIONS
- OVERVIEW OF AFTERNOON
- DEFINITIONS
- RESEARCH vs. PRACTICE WISDOM
- BENEFITS OF EVIDENCE-BASED PRACTICE
- EVIDENCE SUPPORTING CROSS-CUTTING PRACTICES
 - Engagement
 - Assessment
 - Case Planning
 - Characteristics of Successful Interventions

Agenda-Afternoon

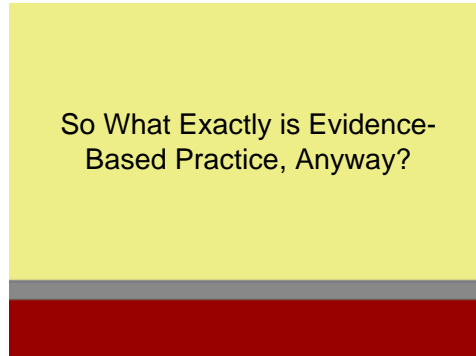
Trainer walks trainees through the agenda.

This morning/afternoon we will distinguish research from practice wisdom as we just talked about during the introductions. We will define terms you have heard like ‘promising practice’ and ‘model practice’ and we will outline the benefits of evidence-based practice. Most of our time will be spent looking at the evidence supporting cross-

cutting issues in child welfare—like doing quality assessments, and collaborative case planning. Also the research supporting engagement and what characteristics have been found in successful interventions.

We have a busy morning/afternoon so let's get started.

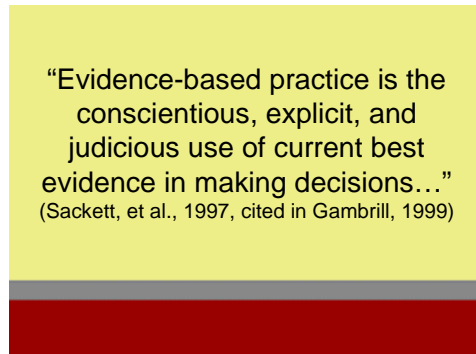
Slide 4



Handout # 3 So What Exactly is Evidence-Based Practice, Anyway (5 minutes)

Handout # 3 in your packets provides an overview of evidence-based practice (EBP). EBP in child welfare and the human services is being widely talked about, but not everyone has the same understanding of what it means. This handout is to be used as a reference tool. For now, there are three key points that are important to understand: First, “evidence-based” can be used to refer to a defined program model such as Functional Family Therapy or Nurse Family Partnerships, or to an individual practice, such as family engagement, mutual agreement on service goals, or family visitation for children in foster care. .Secondly, what is “evidence-based” changes as new research expands the knowledge base; third, (reference slide 5) EBP implies using the best available evidence to enable practitioners and families to make decisions in service planning.

Slide 5

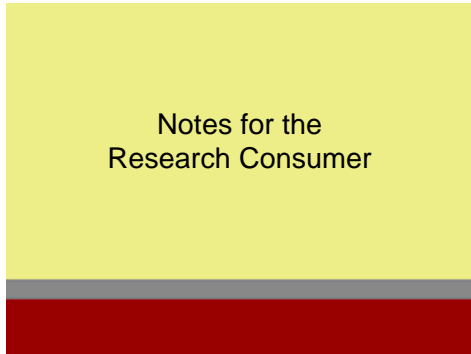


Handout #4 Look on the Web! (5 minutes)

Trainer calls trainees' attention to the handout in their packets. Practitioners, managers, and administrators are almost always too busy to keep up with research on their own. In order to use evidence to inform and improve their work, they must have resources available that summarize and synthesize research in key areas of practice. Increasingly, agencies are developing research and data management capacity or partnering with universities or research centers to make research findings more accessible, In California, for example, the state has created The California Evidence-Based Clearinghouse for Child Welfare based at the Chadwick Center of Children's Hospital in San Diego. Even with such centers, keeping up with studies across the continuum of

child welfare services can be daunting. Fortunately, there are also an increasing number of Internet resources that can help provide up to date information in key practice areas. Handout #4 provides you with a list of some selected web sites that can be helpful. Keep it to use as a reference tool as you strive to make your practice more evidence-based.

Slide 6



Handout #5 Notes for the Research Consumer (5 minutes)

Research Knowledge vs. Practice Wisdom

Trainer calls trainees attention to Handout #5 and asks, “How many of you remember taking a research course in college or graduate school?” Trainer acknowledges the expertise that exists within the group.

We are surrounded by research—headlines blare the latest results. **STUDY SAYS AMERICANS CONSUME TOO MUCH FAT. Or RESEARCH CONFIRMS LINK BETWEEN EXERCISE AND HEART DISEASE.**

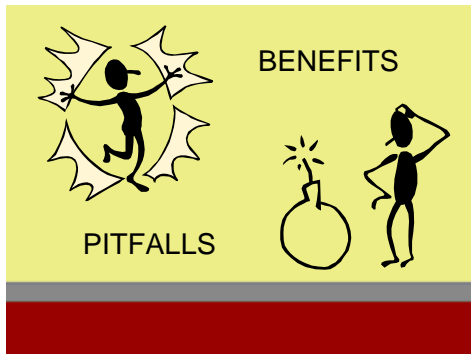
In social services we also have research-based knowledge (although it rarely reaches the headlines). The important thing is for workers and supervisors to be able to understand the findings and know how to use them in their practice.

Trainer recognizes the strength of ‘Practice Wisdom’:

When you have done child welfare work for many years you come to ‘know’ things because you have experienced them before. As we discussed in the first exercise, there are many ways of knowing things and practice wisdom is a valuable tool. We must be careful, however, not to let our experience lead us to ignore evidence-based knowledge. And we must be sure that we stay current by offering our families the best program or practice to respond to their problems or issues. Practice ‘wisdom’ does not mean doing it the same year after year; it means having the wisdom to grow and develop effective ways of serving children and families.

This handout is a primer of basic research terms that will serve as a reference tool to help you evaluate reports of research that you come across in journal articles, on the Internet or through other sources in your practice.

Slide 7



Benefits and Pitfalls of Evidence-based Practice (15 minutes)

Trainer asks: What do you think are the benefits of evidence-based practice? Write the responses on a flip chart. If the trainees do not mention all the issues listed below add them to the list.

Benefits

- ✓ Describes effective interventions
- ✓ Provides empirical support for practice
- ✓ Defines target population (i.e., what works for whom)
- ✓ Identifies resource needs
- ✓ Maximizes effective use of resources
- ✓ Produces better outcomes
- ✓ Provides greater accountability to clients, funders, courts, and the public
- ✓ Increases practitioners' credibility and autonomy
- ✓ Anticipates needs
- ✓ Generates empirical evidence to support practice wisdom
- ✓ Supports good practice
- ✓ Informs case planning decisions and clinical interventions

Next, ask: What do you think are the risks or pitfalls of EBP? Record the ideas on the flip chart.

Pitfalls

- ✓ Fear of adaptation/innovation
- ✓ Narrows service array (may eliminate programs/practices that are not evidence-based)
- ✓ Cost of replication, research, dissemination
- ✓ Backlash against evidence-based approach when EBP is over-sold and fails to measure up

-
- ✓ States legislating EBP
 - ✓ Funders/Legislatures want results/savings now
 - ✓ Reality is “pay now, save later”
 - ✓ **One system pays, another saves**

Slide 8

The Child & Family Services Reviews

- Common Findings
 - Inconsistent or inadequate engagement of families;
 - Assessments did not address underlying issues or were not ongoing;
 - Services plans “boilerplate” and families not included in development; and
 - Services did not consistently address individual and family needs

Today, we want to apply what we have learned about EBP to some cross-cutting practices that are critical to service delivery in child welfare. The reports of the federal Child and Family Services Reviews (CFSRs) yielded some common findings in almost all states. Among those were:

- ✓ Inconsistent or inadequate engagement of families;
- ✓ Assessments did not address underlying issues or were not conducted on an ongoing basis;
- ✓ Service plans were “boilerplate” and families were not included in their development; and
- ✓ Services did not consistently address individual family needs

There is an evidence base in child welfare that informs each one of these areas. First let’s look at engagement.

Slide 9

ENGAGEMENT

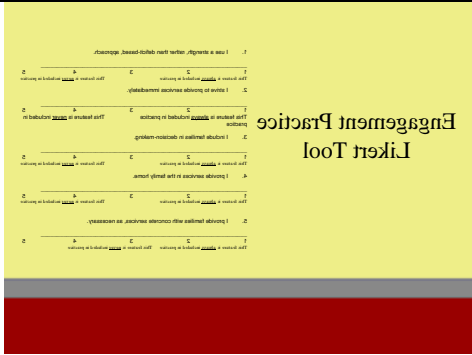
Positive involvement in the helping process (Yatchmenoff, 2001)

Engagement (30 minutes)

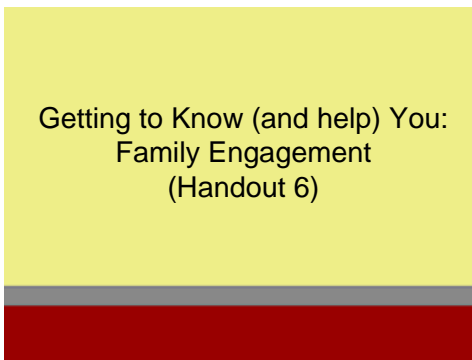
Trainer: One researcher who has explored family engagement in child welfare services defines it simply as “positive involvement in the helping process” (Yatchmenoff, 2001). Before we look more closely at research findings related to engagement, I would like to ask you to take a few minutes to assess your own practice in this area.

Slide 10

Trainer calls trainees’ attention to the Likert tool on engagement in the trainee packets, explains that the items on the tool are derived from the evidence base about effective practice in family engagement, and asks trainees to complete it individually.



Slide 11



Trainer: **Handout #6** in your packets provides an overview of research related to family engagement in child welfare practice. The mental health field, which serves a largely voluntary population, has long been concerned with engagement. Engaged persons stay in treatment longer, participate in setting goals for treatment, and work more actively to make positive change. Some have dismissed or minimized the role of engagement in child welfare because our clients are viewed as involuntary, but research is showing that individuals and families served by child welfare can be engaged and that it makes a difference in the degree to which they benefit from services. Let's spend a few minutes taking a look at the key evidence-based components of engagement in child welfare:

- ✓ Receptivity: openness to receiving help, characterized by recognition of problems or circumstances that resulted in agency intervention and by a perceived need for help;
- ✓ Expectancy: the perception of benefit; a sense of being helped or the expectation of receiving help through the agency's involvement; a feeling that things are changing (or will change) for the better;
- ✓ Investment: commitment to the helping process, characterized by active participation in planning or services, goal ownership, and initiative in seeking and utilizing help;
- ✓ Working Relationship: interpersonal relationship with caseworker, characterized by a sense of reciprocity or mutuality and good communication; and
- ✓ Mistrust, a negatively related factor, defined

as the belief that the agency and/or worker is manipulative, malicious or capricious, with intent to harm.

Trainer asks trainees to compare and contrast their current practice with those demonstrated through research to promote engagement.

Questions to move discussion might include:

Are families regularly included in the identification of needs; in goal setting; selection of services?

Do caseworkers work more intensively with families at the beginning of the casework process and in important transitions or crises?

Do caseworkers communicate openly and honestly with families about what to expect from the caseworker/agency and the alternatives available to them?

Are caseworkers sensitive to the need to provide concrete services to meet immediate needs?

Slide 12

Assessment

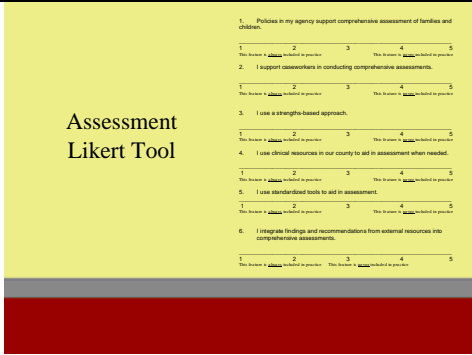
– the process of gathering information on which to make decisions

Assessment (30 minutes)

Trainer says: We all know that information about families' strengths and needs is key to effective service delivery; but let's take a minute to think about how we conduct assessments.

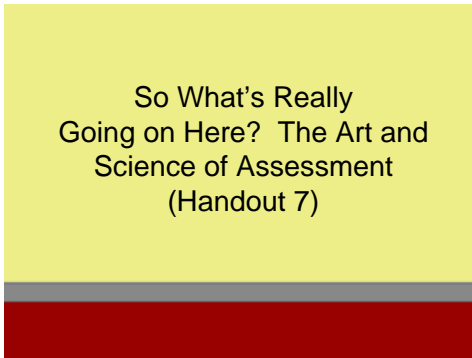
Slide 13

Trainer calls attention to the Likert scale tool on engagement, explains that, like the tool used for engagement, this one simply applies a five-point scale to the key evidence-based features of assessment. Use this tool to help you examine your current assessment practices.



Trainer reviews the information on **Handout #7**. Asks trainees how their current practice compares/contrasts with the evidence base around effective assessment.

Slide 14



Questions to guide discussion:

What goes into family assessment in your practice?

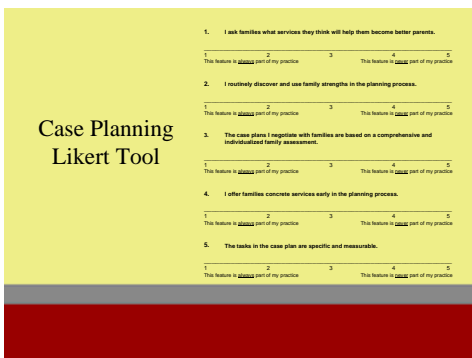
Is input from multiple sources considered in assessing families?

Are strengths as well as need considered?

What is the process for integrating information from multiple sources?

What would it take to more closely align your assessment practice with the evidence base? Where would be a realistic place to start?

Slide 15

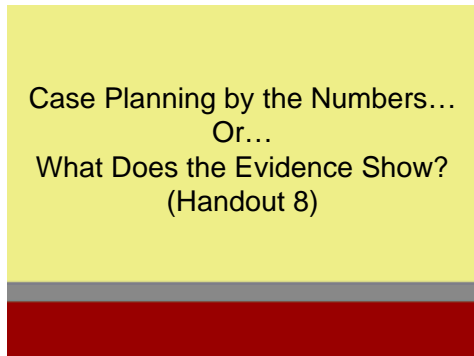


Case Planning (30 minutes)

Trainer asks: How do you/or your workers do case planning now?

Each worker, each unit, and every agency do some process of case planning now. Maybe you've done it the same way for years—maybe you have a new process in place. Once again, let's use a scale like you did for Engagement and Assessment to get an idea what you are doing now. Remember, this exercise is designed to give you an opportunity to think about your practice in relation to the factors that have been linked through research with effective case planning.

Slide 16



Trainer presents **Handout #8** information on case planning emphasizing that each of the items represents an empirically based finding.

Trainer asks trainees to look at the tool they completed and discuss how much their current practice is based on the evidence. Trainer asks questions like:

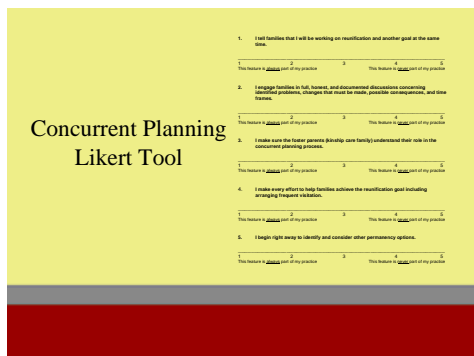
Are your case plans negotiated **with** the family or do workers tend to write them and then show them to the family?

Are families invited to talk about what they think has contributed to their problems?

What would it take to move from where you are now in terms of case planning practice to where the evidence leads you? Think about changes to your practice that you can make that are supported by the evidence.

Trainer directs a discussion of changes identifying those that individual supervisors and workers can make by themselves and those that need administrative support from the agency.

Slide 17



Concurrent Planning

Trainer points trainees' attention to the Concurrent Planning Likert scale tool and **Handout #9** listing Concurrent Planning evidence-based practices. Trainer recognizes the press of time and offers trainees these tools for use with their workers.

Our time today is limited so we will not go through an exercise on concurrent planning as we did for case planning. We know, however, that the planning components are the same—the difference

is that concurrent planning asks the worker to focus on two plans simultaneously. Note that the evidence supports clear, open disclosure with families about both plans being pursued.

Slide 18

Effective Interventions Likert Tool

1. My intervention with families is built on a helping relationship.	1	2	3	4	5
<small>This item is a _____ on the evidence base. This item is a _____ on the evidence base.</small>					
2. I recognize families' strengths and consider them along with their needs.	1	2	3	4	5
<small>This item is a _____ on the evidence base. This item is a _____ on the evidence base.</small>					
3. I offer families concrete services to meet their immediate needs.	1	2	3	4	5
<small>This item is a _____ on the evidence base. This item is a _____ on the evidence base.</small>					
4. The interventions I use with families and individuals have a cognitive-behavioral orientation.	1	2	3	4	5
<small>This item is a _____ on the evidence base. This item is a _____ on the evidence base.</small>					
5. I plan interventions using an ecological approach, considering the multiple systems (community, school, extended family, etc.) which families and individuals experience.	1	2	3	4	5
<small>This item is a _____ on the evidence base. This item is a _____ on the evidence base.</small>					
6. I use interventions that have a strong focus on skill building (communication, problem-solving, parenting, interpersonal relationships).	1	2	3	4	5
<small>This item is a _____ on the evidence base. This item is a _____ on the evidence base.</small>					

Effective Interventions in Child Welfare (30 minutes)

Trainer says: Now let's look at some of the evidence about effective interventions for children and families. Once again, use the Likert tool in your packet to assess your current practices in serving families against the key features of the evidence base.

Trainer reviews **Handout #10** and leads discussion using the following questions:

Slide 19

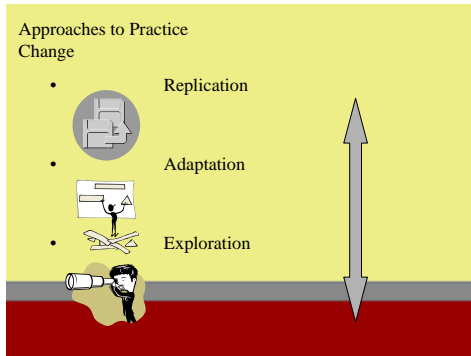
So How Can We Help?
Effective Child Welfare Interventions
(Handout 10)

Is there always a clear linkage between the services you provide and the family needs identified in an individualized assessment?

When clinical services are provided, do they have a behavioral, skill-building focus?

Do services target children's and families' functioning in multiple domains, e.g., school, neighborhood, home, work, etc. ?

Where current practice is not aligned with research, what are some reasons for this?



Trainer: Now that we have had an opportunity to examine the evidence base for key practices in child welfare service delivery and to draw comparisons with your own practice, we will spend a few minutes focusing on how we can move toward greater compliance with the evidence in areas where your practice may be lacking.

Reviews Slide 19: There are different approaches to evidence-based practice change.

- ✓ *Replication* means designing and implementing an evidence-based model exactly the way it was done in the place(s) where it was tested. Some agencies choose to do this, especially if they are adopting more rigorously researched models like Multidimensional Treatment Foster Care, Functional Family Therapy, or Nurse Family Partnerships (trainees may find more information about these at the Center for the Study and Prevention of Violence website on Handout #3).
- ✓ *Adaptation* means making some changes in a model or practice to fit unique conditions. This may be done to accommodate client needs or culture, or agency or community resources.
- ✓ *Exploration* describes the process most agencies and practitioners go through when they are contemplating or initiating practice change. It involves examination of data to assess areas of need and perhaps trying out new practices to see if they make a positive difference.

Slide 21

Approaches to Practice Change (cont'd.)

- True replication seldom possible
 - Documentation not sufficient
 - Key variables not defined, isolated
- Most agencies must adapt
 - Target population
 - Resources
 - Other contextual factors
- Evaluate

True replication is rare; agencies usually approach practice change through exploration and adaptation. These are still legitimate approaches to evidence-based practice as long as evaluation is being conducted to assess the outcomes that are achieved and to inform the need for adjustments to attain greater effectiveness.

Evaluation doesn't necessarily require a sophisticated design, at least not at first. It does require that you identify what you hope to achieve (e.g., shorter stays in foster care, fewer children returning to care, fewer substantiated reports of child maltreatment, greater client satisfaction) and how these goals will be measured (e.g., agency data base, satisfaction questionnaire, etc.). Sometimes graduate students at local colleges can be engaged to help in designing and carrying out evaluation if this capacity does not exist in your office.

Slide 22

Final Thoughts

- Evidence-Based System
 - Builds On:
 - Research
 - Theory
 - Practice Wisdom

Trainer: We have seen today that EBP rests on both research and practice wisdom, but that true practice wisdom means being open to new knowledge and skills.

EBP also considers research findings in light of practice context. There are many considerations that influence child welfare practice (economic, political, cultural, etc.). EBP means that empirical knowledge about effectiveness is also considered.

Slide 23

Final Thoughts (cont'd.)

- Evidence-Based Practice
 - Considers:
 - Research
 - Context
 - Requires:
 - Culture change

EBP in any field requires a culture change, a new way of thinking about practice, and it's happening around the world now in child welfare.

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TAB 7

Trainer's Supplements

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Supervisor Core:
Educational Supervision
Trainer Name
Experience

**So You Think You Know
What You Think You Know**
(Handout 1)

AGENDA
(Handout 2)

- INTRODUCTIONS
- OVERVIEW OF AFTERNOON
- DEFINITIONS
- RESEARCH vs.PRACTICE WISDOM
- BENEFITS OF EVIDENCE-BASED PRACTICE
- EVIDENCE SUPPORTING CROSS-CUTTING PRACTICES
 - Engagement
 - Assessment
 - Case Planning
 - Characteristics of Successful Interventions

So What Exactly is Evidence-Based Practice, Anyway?

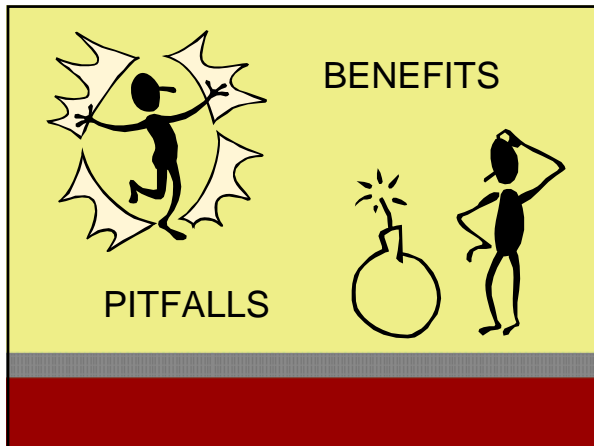
(Handout 3)

“Evidence-based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions...”

(Sackett, et al., 1997, cited in Gambrill, 1999)

Notes for the Research Consumer

(Handout 5)



The Child & Family Services Reviews

- Common Findings
 - Inconsistent or inadequate engagement of families;
 - Assessments did not address underlying issues or were not ongoing;
 - Services plans “boilerplate” and families not included in development; and
 - Services did not consistently address individual and family needs

ENGAGEMENT

Positive involvement in the helping process (Yatchmenoff, 2001)

Engagement Practice Likert Tool

1. I use a strength, rather than deficit-based, approach.
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice
2. I strive to provide services immediately.
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice
3. I include families in decision-making.
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice
4. I provide services in the family home.
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice
5. I provide families with concrete services, as necessary.
1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice

Getting to Know (and Help) You: Family Engagement (Handout 6)

ASSESSMENT

The process of gathering information
with which to make decisions

Assessment Likert Tool

1. Policies in my agency support comprehensive assessment of families and children.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
2. I support caseworkers in conducting comprehensive assessments.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
3. I use a strengths-based approach.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
4. I use clinical resources in our county to aid in assessment when needed.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
5. I use standardized tools to aid in assessment.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
6. I integrate findings and recommendations from external resources into comprehensive assessments.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	

So What's Really Going on Here? The Art and Science of Assessment (Handout 7)

Case Planning Likert Tool

1. I ask families what services they think will help them become better parents.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	
2. I routinely discover and use family strengths in the planning process.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	
3. The case plans I negotiate with families are based on a comprehensive and individualized family assessment.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	
4. I offer families concrete services early in the planning process.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	
5. The tasks in the case plan are specific and measurable.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	

Case Planning by the Numbers... Or... What Does the Evidence Show? (Handout 8)

Concurrent Planning Likert Tool

- I tell families that I will be working on reunification and another goal at the same time.
1 This feature is absolutely part of my practice 2 3 4 5 This feature is not part of my practice
- I engage families in full, honest, and documented discussions concerning identified problems, changes that must be made, possible consequences, and time frames.
1 This feature is absolutely part of my practice 2 3 4 5 This feature is not part of my practice
- I make sure the foster parents (kinship care family) understand their role in the concurrent planning process.
1 This feature is absolutely part of my practice 2 3 4 5 This feature is not part of my practice
- I make every effort to help families achieve the reunification goal including arranging frequent visitation.
1 This feature is absolutely part of my practice 2 3 4 5 This feature is not part of my practice
- I begin right away to identify and consider other permanency options.
1 This feature is absolutely part of my practice 2 3 4 5 This feature is not part of my practice

Effective Interventions Likert Tool

- My intervention with families is built on a helping relationship.
1 This feature is absolutely included in practice 2 3 4 5 This feature is not included in practice
- I recognize families' strengths and consider them along with their needs.
1 This feature is absolutely included in practice 2 3 4 5 This feature is not included in practice
- I offer families concrete services to meet their immediate needs.
1 This feature is absolutely included in practice 2 3 4 5 This feature is not included in practice
- The interventions I use with families and individuals have a cognitive-behavioral orientation.
1 This feature is absolutely included in practice 2 3 4 5 This feature is not included in practice
- I plan interventions using an ecological approach, considering the multiple systems (community, school, extended family, etc.) which families and individuals experience.
1 This feature is absolutely included in practice 2 3 4 5 This feature is not included in practice
- I use interventions that have a strong focus on skill building (communication, problem-solving, parenting, interpersonal relationships)
1 This feature is absolutely included in practice 2 3 4 5 This feature is not included in practice

So How Can We Help? Effective Child Welfare Interventions
(Handout 10)

Approaches to Practice Change

- Replication
- Adaptation
- Exploration

Approaches to Practice Change

- True replication seldom possible
 - Documentation not sufficient
 - Key variables not defined, isolated
- Most agencies must adapt
 - Target population
 - Resources
 - Other contextual factors
- Evaluate

Final Thoughts

- Evidence-Based Systems Change
 - Builds On:
 - Research
 - Theory
 - Practice Wisdom

Final Thoughts (cont'd.)

- Evidence-Based Practice Change
 - Considers:
 - Research
 - Context
 - Requires:
 - Culture change

TAB 8

Bibliography

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SUPERVISOR CORE: EVIDENCE-BASED PRACTICE - TRAINER'S AND TRAINEE'S GUIDES -

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