

Evaluation of Training for Successful Implementation

identifying key intervention components, intervention integrity may be evaluated and the question of adoption innovation could also be answered.

- In the context of training evaluation in California, one participant remarked that the state has engaged in many conversations about how to standardize its core training for public child welfare so that implementation integrity can be identified and assessed. However, the state also wanted to allow for flexibility so that counties and regions may customize the curricula according to their specific needs.
- Dr. Barth distinguished evidence-*supported* interventions (ESI) from evidence-*based* interventions (EBI) by clarifying that ESIs: (1) are manualized and (2) have gone through a rigorous evaluation, though not necessarily in the form of randomized clinical trials (RCT). Fidelity of an intervention or manualizing an intervention may be determined without undergoing a RCT. Dr. Barth noted that 95% of what is practiced in medicine and education is not supported by evidence from RCTs. Rather, specific protocols and guidelines are developed, with an expectation of fidelity and rigor around these procedures.
- Participants also discussed issues of turnover and instability in the public child welfare workforce and how these may factor into intervention integrity and fidelity. One person noted how training duration and activity is often dictated by availability of resources rather than evidence, and how this also poses challenges to encouraging integrity and fidelity in implementation.
- Finally, one participant noted that theory seems to be missing in many child welfare interventions, and how further incorporation of theory into practice and research may help advance work in the field.

Accompanying Reference Articles

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- Fraser, M.W., Richman, J.M., Galinsky, M.J., & Day, S.H. (2009). *Intervention research: Developing social programs*. New York: Oxford University Press.
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Developing a Research Agenda for Child Welfare Training Evaluation

Anita Barbee, *Ph.D.*, *University of
Kentucky, Louisville*

Dr. Anita Barbee facilitated a discussion about developing a common research agenda for training evaluation in child welfare. She began by inviting participants to generate lists of:

- What is known in the field
- What needs further research
- What are future directions for research and marketing of the field

What follows are the summary lists generated from the discussion among symposium participants.

What Do We Know about Child Welfare Training Evaluation?

- How to assess a training system
- Who trainees are makes a difference in the effectiveness of training (goes back to employee selection and ensuring learning readiness).
- The impact of special child welfare education efforts in preparing students for practice
- The impact of activities at different stages of training: preparing for training, what happens in training, what happens at follow-up
- The efficacy of specific training delivery models for certain skills
- Training content needs to be stable.
- Curriculum needs to be clearly defined.
- Skills- and behavior-focused training is important to facilitate practice change.

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- Training must be reinforced with supervisors and key co-workers for skills and knowledge to transfer.
- Having a practice model or other specific evidence-supported interventions (ESIs) helps in measuring transfer in evaluation.
- Supervisors must be trained, and should be involved in the training.
- Booster interventions can come in multiple forms and reinforce better practices, especially if they are conducted face-to-face by experts, rather than in peer-to-peer formats.
- Evaluation measures need to be tied to learning objectives.
- Able to create valid and reliable measures
- Able to create fair measures
- Able to develop and implement embedded evaluations
- Able to measure different levels of training outcomes
- Able to tie together measures to demonstrate the chain of evidence
- Able to develop and administer knowledge tests
- Able to develop and administer high-stakes tests
- Able to measure participant reactions and what parts of reactions affect learning, attitude change and transfer
- The Kirkpatrick model of evaluation is not enough.
- Integrating Kirkpatrick's and Bloom's models allow for a better evaluation model. (Parry & Berdie, 1999; 2004).
- For evaluation to be successful there needs to be collaboration between practitioners, curriculum writers, trainers, and evaluators (participatory evaluation model).
- When we put all the strengths together, it works; we have models of success.
- An organization has to have a commitment to implement practices taught in training along with evaluation efforts (know all barriers to gathering data).

What Do We Still Need to Know or Want to Understand Better?

Organizational and practice level

- There needs to be a greater emphasis on theory to drive practice.

Research Agenda for Child Welfare Training Evaluation

- Need to know how to tie individual- and cohort-level learning and transfer to organizational change and effectiveness (What is the saturation point? The tipping point?) (Kelman, 2005)
- Need to know how to better sell implementation findings to leaders (including judges and other community partners); need to apply motivational theories
- Need to include measures of organizational readiness for change in change efforts
- Need to focus on the roles of leaders and managers on the transfer process

Training

- There needs to be a greater emphasis on theory to drive training.
- Need to use the “green light, red light, yellow light” system when developing curricula and when designing a training intervention; need to understand the duration and intensity needed for the intervention to be effective
- Relevant literature from other fields needs to be synthesized and translated for use by curriculum writers, trainers and evaluators on the following topics:
 - Learning (from Education and Psychology)
 - How stress (including secondary traumatization) affects both learning and practice (e.g., impact of cortisol levels)
 - The amount of time it takes to develop or learn new skills and behaviors versus undoing old habits and behaviors
- Need to know how to sustain best practices in training, practice in the context of constantly changing leadership and economic conditions
- Need to develop evidence for how to best train highly charged content
- Need to think of training as an intervention itself

Evaluation

- There needs to be a greater emphasis on theory to drive evaluation efforts.
- Need to focus more on how to measure value and attitude change (another literature that can be synthesized for

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translational use) and to actually measure when appropriate (e.g., for cultural competence training)

- Need to evaluate at a more precise level so as to ascertain the critical elements
- Need to understand the relationship between levels of training evaluation, and determine if/when levels can be skipped?
- Need to think and write about ethical issues of evaluating outcomes that potentially harm children and families (e.g., ASFA timelines)
- Need to refine observational and other behavioral measures of transfer and rely less on self report
- Need to further evaluate the different methods now used for training reinforcement

Developing a Research Agenda

Potential research questions and objectives:

- What is and is not essential in the chain of evidence at what times?
- Which of our child welfare practices are EBP, ESI, or based on practice guidelines (i.e., begin to study or find evidence for curriculum content)?
- What educational technology is most applicable to training evaluation?
- Map out what an EBP or ESI training process is (including classroom training methods, web-based methods, coaching, etc.).
- Refine evaluation measures so as to capture critical elements in training.
- What is the link between training and organization effectiveness?
- How does organizational change affect practice and training?

Future Directions and Next Steps for Marketing

1. Send all NHSTES *Proceedings* to the Children's Bureau Information Gateway to ensure that the papers are listed there so that when people do literature searches, our material will come up.

Research Agenda for Child Welfare Training Evaluation

2. Get members of our group involved in the American Public Human Services Association (APHSA) Positions in Public Child Welfare Initiative to ensure that information on training and training evaluation is included.
3. Get involved with the American Evaluation Association (AEA), particularly the Human Services Topic Interest Group (HSTIG) and Social Work Topic Interest Group (SWTIG).
4. Get involved in the Council on Social Work Education (CSWE) Child Welfare and Research and Evaluation groups.
5. Participate in Webinars and teleconferences sponsored by National Resource Center on Organizational Improvement (NRCOI) and Chapin Hall.
6. Create one-page information sheets on aspects of training and evaluation to put into a tool kit for administrators, trainers, and evaluators: post on CalSWEC's website and other relevant websites (perhaps as part of Handbook creation, have every author come up with a one-pager for the field).
7. Use the conference logo with all these efforts so that people begin to associate the products with this group.

Scholarly Pursuits

1. Develop *Handbook on Child Welfare Training Evaluation*: Edited by Anita Barbee and Todd Franke with a team of co-editors to help with specific sections of the handbook. The *Handbook's* aim will be for multiple levels: academics, other evaluators, trainers, and administrators.
2. Submit special issues for journals; examples might include:
 - a. *Journal of Public Child Welfare*
Special issue: *Leadership Issues in Child Welfare* (could include training that has been offered to leaders in different states, by the National Leadership Center at Utah, in the new National Workforce Institute, and how those were and will be evaluated, issues of placement of leaders and the impact that has on the

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- workforce, practice, organizational culture and change, etc.)
- b. *Children and Youth Services Review*
Special issue: *Findings from Child Welfare Training Evaluation* (since this is a more child welfare content-oriented journal)
 - c. *New Dimensions* (AEA) or other AEA journal
Special issue: *Child Welfare or Social Service Training Evaluation Methods and Measures* (more technical approach to evaluation since this is a technical audience rather than a content (child welfare) audience)
 - d. *Child Welfare*
3. Develop an evidence-based literature review to submit to the Campbell Collaborative.

Accompanying Reference Articles

- Kelman, S. (2005). *Unleashing change: A study of organizational renewal in government*. Washington, D.C.: The Brookings Institution.
- Parry, C., & Berdie, J. (1999). *Training Evaluation in the Human Services*. Washington, D.C.: American Public Human Services Association.
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Advancing the Field of Training Evaluation: Where Do We Go From Here?

Cindy Parry, *Ph.D., Consultant*

Building on Dr. Anita Barbee's discussion on developing a research agenda, Dr. Cindy Parry led a discussion with symposium participants on ways to publicize and disseminate information regarding training evaluation, with the aim of furthering the field's scope and impact. The main topics of the discussion included: potential audiences for outreach, strategies for dissemination, potential funding sources, suggestions for dissemination topics, and future directions and next steps. What follows are summary lists generated from this discussion.

Potential Avenues for Dissemination and Outreach

- Create separate dissemination and marketing tools to reach different audiences
 - Academic/research audience
 - Practitioner/administrator audience (these dissemination pieces should be brief and perhaps take the form of "Practice Notes" or a newsletter)
 - Doctoral/graduate students (build on CSWE's research/evaluation track)

Specific Contacts

- APHSA: Anita Light
- *Children and Youth Services Review* (Todd Franke to contact Duncan Lindsay)

Strategies for Dissemination

- Publish a book or series with an accompanying "companion" website supplementing the book with more resources and/or information (e.g., a handbook on training evaluation in human services).

Advancing the Field of Training Evaluation

- Publish articles in refereed journals (so that they appear in research databases); include both practitioner- and academic-oriented journals.
 - Child Welfare League of America (CWLA): *Child Welfare* journal
 - American Evaluation Association (AEA): *American Journal of Evaluation* and *New Directions*; consider a special edition where one topic might be: measurement and instrument use in training evaluation.
- Link NHSTES *Proceedings* to Child Welfare Information Gateway and other research/information databases to gain wider attention/audience
- Link NHSTES and NSDTA to relevant websites, including:
 - PPCWI (Positioning Public Child Welfare Initiative)
 - NAPCWA (National Association of Public Child Welfare Administrators)
- Create “Tool kits” for child welfare directors.
- Hold Webinars: conduct a “special topic series.”
- Link work with Campbell Collaboration.
- Develop standards for child welfare training programs.
- Connect with National Association of Welfare Researchers & Statisticians (NAWRS).

Potential Funding Sources

- Foundations
 - Casey Foundation (funding for practice-oriented handbook)
- Link training evaluation to “hot topics” in child welfare.
 - “Fostering connections”
 - HR6893 Act includes a focus on accountability, training and outcomes.

Possible Topics for Dissemination Pieces

- Topics from Anita Barbee’s NHSTES presentation (“what we know...”)
- Measurement and use of instruments
 - Include sample measures
- Theoretical framework of training evaluation

Advancing the Field of Training Evaluation

- Collaboration with larger stakeholder networks
- Communicating with stakeholders re: utilization of training evaluation information
- Training evaluation and evidence-based practice (EBP)
- “Nuts & bolts” of training and training evaluation
- Ties to practice/outcomes
- Pick themes from past *Proceedings* (Michael Nunno to review past *Proceedings*).
- Practice context: lessons learned.
- Tie to organizational effectiveness.
- *Handbook* logistics:
 - Find *Handbook* example in related topic/field (e.g., public health) to look at section organization/format and publisher name, etc.
 - Todd Franke: editor for measurement and instrument use section
 - Cindy Parry: assist in editing section on “nuts and bolts”
 - Anita Barbee: help with editing
 - Need to identify/define role of editor for *Handbook* (emphasis on subject integrity vs. different perspectives)
 - Michael Nunno has connections to publishers; would need a prospectus.

Future Directions and Next Steps

- Subgroup to convene via conference call re: ideas for articles for special journal issues and for *Handbook* (Anita Barbee to organize conference call)
- Develop group name. Send a survey to listserv members re: formalization of group and group name; consider including training as intervention in the group name.
- Also, use listserv to solicit ideas for articles.

Gender Disproportionality among Social Workers: What Are the Implications for Training?

*Susan Jacquet, Ph.D., & Amy Benton,
Ph.D. candidate, CalSWEC, University
of California, Berkeley*

Introduction

Dr. Susan Jacquet and Ms. Amy Benton presented a discussion about gender disproportionality in the field of social work, and its possible implications for practice, training, and evaluation. Dr. Jacquet began the discussion by presenting California state data on the proportion of females and males present in the number of: children currently served by the child welfare system; recent MSW graduates throughout the state; and supervisors in the child welfare system. She noted that while the percentage of girls and boys served by child welfare are fairly similar (50/50), males represent less than 20% of recent MSW graduates and a slightly higher percentage among child welfare supervisors.

A current study being conducted by Dr. Jacquet and Dr. Sherrill Clark of CalSWEC is revealing other slight differences between women and men in the social work field. For example, while the actual proportion of men who stay in the field of social work is greater than the number of women, data analyses indicate that this disparity is not significantly different, and men stay equally as long in the field as do women. In regards to work preferences, men when compared to women significantly prefer clinical practice or management and planning over direct service provision. A greater number of men than women also report being more interested in career advancement over service to others in their future job aspirations. Dr. Jacquet posed a question at this point: Do these preferences make a difference when they go into child welfare?

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Data Analysis

Dr. Jacquet then presented some data from CalSWEC's training evaluation analyses. She provided graphs displaying test data from four knowledge tests conducted as part of the California Common Core training—*Placement and Permanency, Family Engagement in Case Planning and Case Management, Child and Youth Development in a Child Welfare Context, and Critical Thinking in Child Welfare Assessment*—which indicated that women are generally scoring higher than men across all knowledge tests. Additionally, women are coming in with more knowledge (according to results of pre-tests) and leaving with more knowledge (according to post-tests results). Dr. Jacquet referred to an article participants read in preparation for the symposium and highlighted that evidence suggests that there are differences in learning styles according to gender. She related this to today's discussion and posed another question for participants: Why are women scoring higher?

Participants were particularly intrigued by Dr. Jacquet's overview of the training evaluation data and asked to examine the information more in depth. Dr. Cindy Parry, who was involved in the data analysis for Dr. Jacquet and Ms. Benton's presentation, stated that it wasn't clear what these results meant in the context of California's training evaluation efforts, or whether the results should be cause for concern or not. One participant asked if the goal of the training was to have all trainees leave with relatively the same level of knowledge (as measured by the knowledge post-tests), regardless of what level of knowledge they entered training. Dr. Parry addressed this question by reporting that the goal of California's training evaluation is to ensure that all trainees are learning overall (leaving with more knowledge than they came in with) and benefiting from the training. Another participant inquired about California's use of cut-off scores and Dr. Parry reported that the state does not use cut-off scores due to political reasons rather than training or evaluation factors.

Impact of Gender on Training

Ms. Benton proceeded to facilitate the rest of the discussion, and referenced the symposia readings related to gendered styles

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of learning. She noted that the literature suggests that there are differences in learning between women and men, and age may also impact this difference. Ms. Benton also discussed the influence that training format and styles may have on trainees' learning, and asked participants if they thought that the curriculum they worked with was more concrete or abstract. One participant reported that CalSWEC developed its curriculum with the intent of being as concrete as possible. Another member pointed out that, as a result, most of the test questions also tend to be concrete.

Ms. Benton asked participants: What about what's happening in the classroom? What is the gender of the trainers, the gender of the trainees, and what is the impact on learning (if any) if the gender of the trainer and most of the trainees are different? For example, will the learning or motivation of a lone male trainee in a group of female trainees be more negatively or positively impacted, especially if the gender of the trainer is male versus female? Also, does the training or learning style of the trainer affect the learning of her/his trainees? For example, if a male trainer trains in a male-preferred style, what impact does this have on female trainees and vice versa? In response, one participant referenced evidence from the literature that suggests that when men work in female-dominated fields (e.g., social work, nursing), they tend to be "silently applauded" simply for going into the field. However, this phenomenon is not the same for women who enter into male-dominated fields; rather, women often have to work harder to "prove themselves."

One of the participants pointed out that just as women and men may have different learning styles, different fields may also attract individuals with certain learning styles (e.g., social work versus engineering). In response, a participant noted that evidence suggests that social work tends to involve more analytical, linear thinking and reported being surprised to learn that males aren't performing just as well as women because it seems that men who choose to enter social work might have particular learning styles or ways of thinking conducive to social work practice (and training). Ms. Benton also stated that most of the men included in their data sample had reported a preference for management and

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planning in their job aspirations, so perhaps they were not as interested or engaged in the Core training because it relates to aspects of direct service. In line with this idea, another participant wondered if trainees were to undergo training and a test related to practice in management and planning if men would perform better than women.

Delving more into the test data analysis, a participant asked if results indicated differences in performance among women and men according to specific test items. Dr. Parry reported that she had examined individual test questions for the *Placement and Permanency* evaluation, which did not reveal any significant or consistent differences that could help explain the gap between women and men. She suggested that stereotype threat could be playing a role in test performance because the demographic survey that all trainees are asked to fill out before undergoing any training or evaluation asks trainees to identify their sex. Dr. Parry also asked if the literature addressed variations within each gender in regards to learning styles. Dr. Jacquet reported that while the literature does note variation in learning styles within gender, evidence suggests that women foster the stereotypes as much as men do. For example, she introduced the notion of the “glass elevator,” which alludes to how women will often encourage men to “climb the ladder” into upper level positions and support men being promoted even when men do not report an interest in promotion or career advancement. The literature also suggests that people tend to assume that men are competent and knowledgeable, regardless of whether they have evidence to support this claim.

Ms. Benton asked if any other participants had examined the role of gender in the context of training evaluation. One participant who instructs child welfare workers in a classroom setting offered an anecdotal observation: the females in her class tend to be timelier with submitting their assignments and produce more quality work. However, not having conducted any statistical analyses, she could not report whether there were any significant differences in quality or performance according to gender. Another participant who oversees a training program that teaches crisis prevention and management skills reported that in the first

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15 years of conducting their program they made a conscious effort to have both females and males train the material. However, they did not examine test performance according to gender. The participant reported that since the training program involves both knowledge and skills evaluations and their trainers are teamed up in mixed pairs (i.e., female/male, two females, or two males), it would be interesting to analyze the data according to trainer pairings and see if any significant patterns emerge.

At this point, the discussion turned to training and curricula styles and the impact that these factors may have on learning, in addition to test construction. Participants noted that the way information is disseminated (e.g., lecture versus more interactive formats) may also influence learning. How trainees perceive a training (i.e., believing that the training is useful and/or applicable to their job) is also an important factor to consider. Taking the discussion a little further, one participant suggested that it would be interesting to also see if gender has an impact on whom or how transfer of learning occurs. Do both women and men transfer the training successfully and consistently? Or does this significantly differ by gender?

When asked about “next steps,” one of the participants clarified that one’s guiding theoretical framework will influence the direction taken in further analyzing the impact of gender on learning, training, work performance, and practice out in the field. Dr. Parry brought up the theory of stereotype threat, and perhaps one future decision could be to start administering the demographic survey at the very end of training, after all trainings and evaluations are completed. Stereotype threat could also play a role by simply having one male in a training group of mostly females. Taking the discussion in yet another direction, one participant voiced concern with publishing information reporting gender differences in evaluation performance. He suggested that this could be easily misinterpreted, potentially leading to legal complications. Participants generally agreed that the purpose of evaluating training is for feedback on how to improve curriculum and training, and should be considered a useful source of information rather than a controversial matter.

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On a final note, one of the participants reported a change they recently incorporated into the knowledge test format. Previously, trainees had been told that results of knowledge tests were used to enhance and improve training. However, recently, trainees were being informed that the intent of the knowledge tests was to help trainees assess their own knowledge and learning. After trainees complete a knowledge test, trainers debrief and facilitate discussion regarding the training and test results so that trainees can informally assess themselves. Anecdotally, the participant reported seeing an improvement in overall test scores and trainee motivation; it appears that the change in how evaluations have been framed has led to an improvement in student performance and motivation.

Accompanying Reference Articles

- Philbin, M., Meier, E., Huffman, S., & Boverie, P. (1995). A survey of gender and learning styles, *Sex Roles*, 32:7/8 (1995:Apr.) p.485–494.
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Measurable Casework Skills: Training Evaluation Successes and Challenges

Facilitator: Douglas Pratt, *D.S.W.,
LCSW, Consultant*

Dr. Douglas Pratt spoke about the importance of trainers having the opportunity to shape the system's definition of behaviorally specific skills that are the content of training, transfer of learning (TOL), and supervisory coaching. New York City was mentioned as one example of a system utilizing curriculum and staff development strategies around core skills as behavioral anchors for measuring training effectiveness. Dr. Pratt facilitated a discussion on trainers' successes and challenges in measuring specific training behaviors.

National Training Tools and Challenges

One state developed an extensive tool to train workers on testifying in court. From this training, workers learned how to provide testimony in court and gain practice being cross-examined in videotaped mock court settings. Afterwards, workers' court skills were evaluated by trainers. In conjunction with the videotape evaluation, this tool provided workers with specific suggestions on appropriate court attire, speech, amount of information that should be disclosed on the stand, and how to answer questions. In this case, behaviorally specific skills were related to multiple categories. This tool translated unconscious competence to identifiable behavioral skills by manualizing observed behaviors.

Challenges

- Operationalizing skills needed for workers to give good testimony
- Establishing inter-rator reliability and maintaining the tools' fidelity

Measurable Casework Skills

- Navigating county proprietary practices once the tool was developed
- By manualizing skills, workers expressed worry about manualized protocol undermining their abilities to utilize their professional skills.

Another state has begun redesigning their assessment tools. They recognized the many steps needed for them to a shift from unconscious competence to identifiable behaviors.

Challenges

- Fostering collaboration and having time to go through the process

An agency representative reported on developing a performance dimension strategy for licensing. The agency developed five performance dimensions and conducted extensive meetings with focus groups, administrators, and staff which resulted in the categorization of certain behaviors into one of the five dimensions. The dimensions differentiated behaviors that would lead to the conclusion of desirable worker performance.

Challenges

- It took six months to redesign and reevaluate the tool.

Texas is currently moving towards a system of extensive task analysis. It concluded with 83 paths to become a conservatorship worker. For each task there is a page listing 50 steps to complete the particular task. The state is going to develop their entire training program to teach every step of every task. This modality of training is task oriented, concrete, and really breaks things down.

Challenges

- It is expensive.

California implemented an embedded assessment to measure people's decision making around child maltreatment. This tool helped workers look at discrete elements that they are taught to identify and determine whether or not those elements are present in their assessment of a home. This tool was developed to assist workers in recognizing relevant information as opposed to using their own personal judgment or biases in decision making.

Challenges

- Tension between implementing discrete skills versus holistic evaluation

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- Given the constraints on statewide resources, agencies face difficulties in streamlining their practices.
- Because of the different standards across agencies, there are no unifying practice models.

Other Challenges with Discretely Identifying Behaviors

- One challenge with discretely identifying behaviors is that it compartmentalizes and creates a natural tension between teaching discrete skills versus evaluating a situation using a holistic approach.
- A consideration to take into account when identifying effective skill sets is that in diverse regions, child welfare workers have a wide spectrum of practicing skills such as engagement. This presents a huge obstacle in getting feedback in identifying in a skill versus having flexibility in working with families. For example, one method of successful engagement with a particular population could be viewed as disrespectful to another population. Tools that were deemed effective for a population were not deemed effective when used in the field with other populations.

Adapting Evaluation Measures to Specific Populations and State Practices

- One participant suggested focusing on aspects of evaluation where the team has consensus, but balance this against identifying important skills. Try not to be so discrete that the skill is no longer meaningful.
- One state applied early intervention observational scales to early childhood environments. The trainers then applied all the complex scales composed of observations and the coding of those observations to many different settings that were culturally diverse. This group also brought in “experts” to be cultural brokers for the evaluation to help trainers clarify aspects of culturally specific environments. This was helpful for measuring concepts such as nurturance because the culture of the environment may determine how nurturance was expressed by a particular

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group. The cultural broker assisted trainers in reading behaviors and environments.

- Neglect substantiations account for a large number of children in care. Evaluating how workers identify neglect in the training setting continues to be a challenge and suggests class- and race-based biases.
- In Alaska, 60% of children in care are Alaskan Natives, who comprise only 20% of the state population. Alaska trainers have a concession of tribes they work with to provide new workers with cultural training. Workers are trained to understand the aspects of living in a village or rural environment and what housing conditions are like. This training was designed to assist workers in understanding cultural differences in terms of how to assess neglect if a family is living in one room and there is no bathroom. Although this is not an evaluation tool, it at least makes workers sensitive to cultural differences and how to evaluate neglect.

Decision-Making Practices and Challenges

- The Structured Decision Making (SDM) work by Will Johnson analyzed the relationship between SDM, race, and subsequent decisions. His paper in Dennette Derezotes' book *Race Matters* argues that race matters but the more factors you take into account, the less is matters. Instead, cumulative risks are argued to heavily impact disproportionality because certain groups will have more cumulative risks during certain times. (Derezotes, et al., 2005.) This suggests that it is not clear that the tools currently being used by child welfare are not working. Taking this information into account, trainings and evaluations could be designed to have workers look at a broad spectrum of risk factors, which could be itemized on a check-off list to establish evaluation criteria.
- One of the challenges in California is that some counties use SDM as their assessment tool and other counties use a different tool, the Comprehensive Assessment Tool (CAT). The SDM tool attempts to help workers identify neglect by

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providing a structure to unpack the skills related to neglect. Because of the differences among counties, not every county is getting this.

- Both the SDM and CAT assessment tools are used in California. SDM leads workers to a recommended decision which the worker can accept or override. Data are also collected on the elements which can be later used as outcome data. They look at what is predictive of their jurisdiction to try to build a model. The CAT tool does not lead workers to a recommended decision. It encompasses the same factors, but is not as structured.
- While SDM's structure is supposed to help workers make decisions, there are concerns that it may not be a helpful tool for the beginning worker. Family and risk assessments, as well as safety assessments could be done to augment the decision-making process for the novice workers. This would ensure their use of SDM in a more effective way.
- The way workers view and assess problems may be thought of separately from how they decide to take action. The problem may not be the way in which workers are assessing the situation, but instead their community standard, county policy, or some other personal factors may be leading their decisions.
- In California, with its different jurisdictions, it is challenging to set a standard and train workers who are operating in 58 counties and their respective court jurisdictions. Because of the diverse counties and judges within counties, social workers may make a decision that can be overruled by a judge with a different interpretation. There are also large differences within the training academies regarding standards for assessing risk and neglect.
- In some jurisdictions the workers tend to use SDM after they make decisions to validate the decisions they made.

**Engagement Skills and Solution-Focused Questions:
Successes and Challenges**

One county videotaped workers in a training where they engaged in two mock interviews. Workers repeated the process 6 months and 12 months later for a booster training. Workers were evaluated on how they developed their questions, i.e., whether they asked open-ended questions, properly used multiple-choice questions, or asked leading questions.

Challenges

- The time and effort to score videos to track progress
- Keeping the situation/task stimulus similar enough to elicit certain behaviors so the task does not become a factor in what is being observed (holding everything constant)

Successes

- The video was helpful for them and some participants showed their videos to work units for critiques. Participants also watched the video with a trainer for individual immediate feedback.

Oregon is currently doing an embedded evaluation of specific skills. This evaluation is a part of a model developed by Action for Child Protection (ACP) called the Oregon Safety Model. In this evaluation workers write the conditions to be met for the return of children to their families. The conditions written about in the home environment are such that children could return home once the environment is deemed safe. Families and workers reach out to relatives and other adults who can help mitigate risk factors.

Challenges

- There may be different perspectives for determining the conditions necessary for a child to return home.
- Individual trainee assessments convey that workers do not understand the model.

Successes

- The trainers were surprised that the group assessments convey that workers as a group understand the model.

Kentucky currently implements a case review process that expands on the CFSR case review process. This tool is based on outsider evaluation and encompasses relationships between policy, practice, and outcomes. Kentucky has 6,000 cases over several years and can predict the outcomes of safety, permanency,

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and well-being based on whether workers adhere to the model or not. The next step in further developing this tool is figuring out who adheres and why, what takes place in supervision, and what about the relationship with the worker causes them to adhere or resist. No worker or client characteristics are gathered at the outcome level. The state has the data to locate regional problems and use them for trainings, needs assessment, and data-base trainees' assessments. There are training measures but not variables that affect worker practice. Not all data has been analyzed; so far, only the practice part has been analyzed. All data will eventually be linked to the level three training.

Challenges

- Supervision of workers in the practice and other issues may be influencing outcome data in the evaluation.
- No one is watching the case review of documents due to lack of funding.

Successes

- Client characteristics may hint at disproportionality issues.
- This is a good example of an accountability measure that has direct implications for evaluating the practice of what the caseworker is doing with the family.

Measuring Worker Performance in the Field

- Distal supervision, rather than on-site supervision, is when a supervisor accompanies a worker on a client visit in person—versus having the worker report to the supervisor secondhand what occurred on a client visit.
- One agency had field-based trainers work with workers and supervisors. The evaluation was not valid because at the three-month follow-up with the observed workers and supervisors, the workers were no longer in the unit or the supervisors were different. With that particular evaluation, the trainer developed a checklist sheet of expected worker skills with the supervisor. The trainer also helped coach the supervisor.
- Another agency utilized a practice model for residential care which encompassed an observation sheet that was used to observe cottages at different times of the day. Workers were observed in how they used the principles of

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the care model. This was a way for supervisors to measure their workers' successes with integrating the principles. This tool is currently in the pilot stage. This agency also piloted the same care model at a conference workshop, "How to get the most from your supervisors," which was well received and attended. It will be included in a follow-up with supervisors and staff to continue to develop worker-supervisor relationships.

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Conducting a Level Four Evaluation with a State Agency: Realistic or Not?

Suzanne Sutphin, *Ph.D.*, & Rechelle
Paranal, *M.A., M.S.W.*, *University of
South Carolina*

Dr. Suzanne Sutphin began by reviewing the context of the work that she and Rechelle Paranal do at The Center for Child and Family Studies, which is part of the School of Social Work at the University of South Carolina. The center's main contract is with the Department of Social Services but it also has a training division. Dr. Sutphin does the evaluations for the Department of Social Services, and Ms. Paranal does all the evaluations for The Center's training curriculum in child protection. They both also conduct other research that the Department of Social Services requests.

South Carolina Research Study Background

Last year Dr. Sutphin took over the Basic Training evaluation for South Carolina, where an underdeveloped training evaluation tool was being used. Dr. Sutphin, who does not come from a social work background, was asked to do a Level Four evaluation. Now, she is responsible for self-assessment of competency to measure how workers feel about their ability to conduct a variety of tasks. The self-assessment is a pre/post/post-post test that is given three weeks apart and administered again six months later. At the initial pre/post test, workers' beliefs about their abilities significantly increased, but, at the six-month follow-up, their beliefs about their abilities had significantly decreased. In two sets of the tests, this phenomenon occurred in 20 of 25 competencies. The concern was that the workers were overestimating their abilities; when they actually went to the field, they realized the

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had less knowledge than they initially thought. Team and organization were two important factors missing from the predictor variables. This could be because workers were not getting the support that they needed from supervisors or their organizations, regardless of the training.

Currently, South Carolina has not taken into consideration demographics because the main concern is the 50% attrition rate. Many child welfare workers in the state also do not have a social work background. These factors must be taken into consideration when doing program evaluation to better assess what is being measured.

State Agency Limitations and Challenges

Politics and scarcity of resources create limitations in state agencies. Because of the current national economic crisis, South Carolina has had lay-offs, which has caused the number of participants in trainings to drop dramatically. The state is shifting from centralized trainings to regional trainings, and it is not certain what effect this may have on training evaluation. Currently, The Center does not conduct knowledge evaluations so this type of data is not analyzed with the pre/post/post-post results. The researchers report that they also experienced a policy struggle because the agency wanted to make changes after the initial implementation of the evaluation, not understanding how changes affect research.

In North Carolina, for example, evaluations are county-administered, but a state training director has the authority to set up regional training centers. One difficulty is that the training activities vary according to the county. With a state-administered system, like in South Carolina, it is easier to maintain a cohesive practice model throughout the state.

Practices for Gathering Survey Data and for Access to Workers

Collecting web-based surveys continues to be a problem in multiple states. Some have given up entirely on web-based surveys due to low response levels. South Carolina reported obtaining 60% of participant responses after multiple attempts. Dr. Sutphin and Ms. Paranal were concerned that the agency did not understand the time and resource commitment involved in

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the evaluation process. However, being new to the project, they are trying to have honest dialogue with the agency.

To increase response rates of evaluations, Texas does not provide certificates of completion until workers complete their evaluation forms. Representatives from other states reported that this would not work for their agencies because their human subjects' protocol requires that respondents have the right to refuse to share their information with others. South Carolina considered the Texas strategy but reported resistance from the state because without certificates of completion workers would not be able to be in the field. There was also a discussion about respecting workers' autonomy in not providing information about themselves for research purposes.

Nebraska's principle strategy for implementing successful evaluations is maintaining a high level of trust between the evaluation team and the agency. The 20 years during which the evaluation team has spent building trust was facilitated by their communicating with the agency about the purpose and benefits of evaluation.

One participant reported that according to social science research, survey response rates can be improved by including survey questions in the body of the email as opposed to a separate website or as an attachment. This participant used a Google-based form embedded in an email survey. It was unclear if response rates improved as a result, but the method is being used in hopes of motivating workers to complete evaluations. There are, however, limitations as to the appearance of the survey form.

Supervisor/Caseworker Relationships

One group reported that in their transfer of learning (TOL) research they suspect they had a biased sample. Workers reported that they generally found their supervisors supportive. However, the behaviors that occurred during supervisory sessions did not encourage the use of strength-based skills.

In one study, Dr. Anita Barbee focused on the coaching and mentoring of workers by supervisors in order to identify a set of behaviors. It was difficult to gather the data; the next step is to observe supervisor/worker interactions. Workshop attendees tend to be motivated workers who have good supervisors, which

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implies that data about workers with poor supervision are not being captured.

Dr. Cindy Parry reported that when she administers self-reports, she notices that everyone reports having good supervision. But when questions are structured around specific behaviors of supervisors, workers who initially reported having a good supervisor, and a good relationship with their supervisor, report that they are not supported in implementing training skills. Tweaking questions to be more specific about more concrete behaviors, such as supervisor support, is essential in gathering data. In the training evaluation questionnaire developed by Dr. Parry, supervisors and workers provided very different reports about time spent together and if that time was spent discussing or reviewing training.

Support for Evaluation versus Support for Training

Dr. Sutphin and Ms. Paranal reported that agency staff were eager to let them pilot evaluations. The two were concerned, however, about the amount of access they would have to supervisors and workers once the evaluation begins. They wondered whether the focus should be more on data collection or TOL, especially if funders expect data that demonstrate progress.

One state reported that their state agency was more motivated once they linked the trainings with the CFSR. There was renewed interest in finding out what was working and what was not working. There was new support for supervisory skills training and support for re-evaluating the training to make it more effective. This co-occurred during a period of diminishing resources at the state level and greater pressure from the legislature.

Participants from California spoke about the CFSR process as an opportunity for improving evaluation. The state agency collaborated with the training system during the formulation of the first Program Improvement Plan (PIP), and the PIP therefore included development and implementation of an evaluation framework. The framework provides a basis to plan and implement training evaluations that all of the partners understand.

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Another participant commented on the importance of building relationships and understanding the political context in which they operate, realizing who the stakeholders and their interests are. The participant noted that supervisors may not care about a questionnaire or take the time to complete it when they have more important things to do like protecting children. Another helpful strategy for successful evaluation is having participants from different levels participate in the decision-making process in planning the evaluation and the instruments involved. Inclusion is key; it can be achieved through disseminating emails to agency staff and negotiating a procedure that will be institutionalized for making changes for the evaluation process.

Making Adjustments During Data Collection

In Tennessee, no systematic procedure for evaluation existed. In 2004, a training team was identified and created. Despite the desire to jump to research projects, the state had to first evaluate how well the training was going, if the curriculum was meeting the needs of workers, and if the trainers were experts in the content. Tennessee focused on these basics to evaluate the new training system. It is tempting to skip stages when hearing about other states' experiences; Tennessee's training system remains in the interim stage of development, and the state wants to make sure they create a solid training system before implementing a more complex evaluation.

Another participant commented that state agencies are the clients, so if they want to change their curriculum, that is their prerogative; evaluators serve them. If the agency has an informed reason to change policy, evaluators cannot refuse just because it may impact the evaluation. Researchers work on making themselves indispensable to agencies by being responsive and giving them information.

South Carolina researchers are in the early stages of trying to gather usable data. They are also learning to accept when the agency is not interested in collecting or sharing certain data.

After reading an article about another evaluation team's experiences, Dr. Sutphin and Ms. Paranal were enlightened to discover that others were having similar experiences with their

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respective agencies. Because their agency wants data to be quickly produced, the researchers sometimes become concerned that what they provide the agency is not as complete as it could be.

Discussion

The group offered Dr. Sutphin and Ms. Paranal several suggestions for how to prepare and begin Level Four evaluations, including:

- Pick a course that has objectives and can easily relate to a particular outcome. Next, partner with one small, supportive county to tie objectives to outcomes for children and families.
- Review the CalSWEC framework to assist in a planning and education process to develop products. This will help educate agencies about the process.
- Try a county-based random assignment research project. One county that did this was able to establish a relationship between retention and the intervention that was provided.
- One county reported completing a small study with assessments in case planning before and after training. They presented results in every region of the state to supervisors and workers. Prior to receiving a federal grant they worked eight years to build good relationships with various counties. Although they did not complete all that was planned at once, they continue to provide agencies with basic data which has supported longevity in the relationship. Not every aspect of evaluation has to be completed at once; it can be done over time.
- Give counties a concise summary of the data you have to let them know what information is available about their county.
- When people go through training it changes their perspective about the training material as well as the evaluation questions. A retrospective pre-test can recalibrate the understanding of what the trainees are being asked. Recent articles comparing bias from retrospective pre/post tests found that among the several

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types of bias, much more bias results if retrospective tests are done because people are programmed to believe that an improvement or a difference in their rating should occur. This also occurs in normal pre/post test but can be overcome by making items on the test more behaviorally specific.

Dr. Sutphin and Ms. Paranal ended their presentation by thanking the group for their feedback and discussion.

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Setting Cut Scores—What Are They and Why Should We Care?

Todd Franke, *Ph.D., University of California, Los Angeles*
Facilitator: Leslie Zeitler, *LCSW, CalSWEC, University of California, Berkeley*

Introduction

Dr. Todd Franke led a workshop focused on the development and use of cut scores in training and performance evaluation. He engaged participants in a practice exercise of setting cut scores and introduced them to the various aspects involved in setting and applying cut scores in practice. Before delving into the practice exercise, Dr. Franke also provided useful foundational information and definitions of relevant concepts. What follows is a summary of Dr. Franke's facilitated presentation and accompanying discussion.

Methods for Setting Cut Scores

Dr. Franke introduced many concepts relevant to setting and using standards and cut scores. He began by defining a *cut score standard*, which is a thoughtfully designed statement about whether performance on an examination is good enough for a particular purpose. In other words, cut scores help identify: What level(s) of performance is "good enough"? What is an acceptable level of "minimal competence"? Dr. Franke also explained that there are several benefits to having a cut score. For example, cut scores can provide standards that are fair and more valid from a psychometric perspective. In addition, cut scores assist in focusing people's attention on successful performance and offering them increased understanding and trust during the training and evaluation process.

Setting Cut Scores—What Are They and Why Should We Care?

Standard setting approaches have been categorized in numerous ways, two of them being *examinee-* versus *test-centered* approaches. *Examinee-centered* focuses on examinees and their qualities, while *test-centered* relates to items on the test. The National Association of Educational Progress (NAEP) follows an example of the *examinee-centered* approach, setting standards that entail scoring students in a “below basic,” “basic,” and “proficient” category system. Dr. Franke noted that having multiple “cut” categories usually involves a lot more work than having one “cut” such as pass/fail; today’s workshop exercise entails setting a cut score standard with two categories. Dr. Franke also reminded participants that while it is called standard “setting,” a more accurate description might be standard “recommending,” depending on how the cut scores are ultimately used.

“Cut” boundaries are determined by *cut scores*, which Dr. Franke explained as a rational system of rules or procedures resulting in the assignment of a number to differentiate between two or more states or degrees. The number that differentiates between two or more states, or levels, is the *cut score*; and there are many different models for scoring, or setting cut scores. Two basic models for scoring include the *compensatory* and *conjunctive* models. The *compensatory scoring model* assigns a total score based on overall performance on a test, which determines a pass or fail. This model allows room for an individual to pass even if they might not have done well in all domains or segments of a test. The *conjunctive scoring model* utilizes a combination of sub-tests in which students must receive a passing score for each sub-test in order to pass. This approach sets a much higher bar for passing.

Dr. Franke indicated that in Los Angeles they use the compensatory scoring model, so if a test-taker answers all the items in one domain (e.g., safety) incorrectly but all the items in the other domains correctly, they can still pass the test. He noted that while stakeholders like having an established cut score, they only use it to see who is failing and may need additional support. Cut scores may be used in multiple contexts and for various reasons, however, such as for licensure, certification, assessing knowledge, legislative mandates, public interest, selection

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constraints, preparation for independent practice, professional knowledge, or establishing minimal competence. There are additional factors to consider when using cut scores in practice, such as how to deal with cut scores with decimals, which can be an issue if rounding up or down impacts the difference between passing and failing. Making changes to test items can also impact cut scores, as these scores are directly tied to the items on the test. Dr. Franke strongly recommended a book that addresses these and other “real life” issues (Cizek & Bunch, 2007). Finally, he reminded participants that even though primary interest may be in the cut score, there is no replacement for creating a well designed test.

Stages of the Standard Setting Process

Though there are various methods for developing and setting score standards, the process involves common elements and stages, which Dr. Franke summarized. Before proceeding with any standard setting method, it is important to identify and clarify the purpose of the test, which is usually done before the test is developed. The purpose of the test will help to determine which method of standard setting to use, the next step in the process. A large and representative panel of members (ideally 15 to 20 members) should be selected and trained in the chosen standard setting method. The panel should consist of subject matter experts (SMEs), which are persons with expertise in the area(s) being tested. The remaining stages of the process involve activities relevant to setting cut standards, which Dr. Franke focused on for the remainder of his presentation.

Before proceeding, it is important to ensure that panel members understand the process of standard setting and how the cut scores might be applied. Once panel members are ready, performance levels or categories are identified; for example, deciding whether to use a “pass/fail” scoring method versus a multiple-category scoring method. If using more categories than two categories (e.g., pass/fail), definitions and descriptions of each performance level or category should be developed. At this time, the test objectives and purpose should also be written out and clearly conceptualized. Each item on the test is then rated

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individually by panel members, and these ratings are compiled and discussed as a group. The object of this discussion is to reach a general consensus on how each item should be rated. A second round of item ratings and discussion may take place if the panel of members deems this necessary. Once consensus is reached, panel members are ready to make recommendations for setting standards and designating a cut score. During the whole process a feedback loop should be in place to promote open communication and feedback. The process ends with an evaluation of the entire standard setting process.

Choosing a standard setting method

There is no “gold standard” for cut scoring methods; however, the method should be thoughtfully chosen, as the chosen method largely influences the resulting cut score. For example, an older model known as the Delski Method generally produces lower cut scores than other methods. The standard setting method and purpose of the test should also be logically linked, and the method should relate to the level of complexity of the knowledge, skills and abilities that are being assessed on the test. The method should also be appropriate for the test format because not all methods work with all formats. Some methods make it easier to set performance categories than others. Finally, availability of necessary resources should be considered when choosing the method. What ever method is chosen, it should be defensible, credible, supported by literature, feasible to carry out, and acceptable to stakeholders and policy makers.

Selecting and training standard setting panel members

Theoretically, panel members should be representative of the population that will be required to meet the criteria for standard setting. The purpose for setting a cut score will also influence who to select as a panel participant. For example, panel members who are subject matter experts (SMEs) in the area of entrance into a profession will bring a different perspective than those who are SMEs in certification or licensure. The latter will most likely advocate for higher cut off scores than someone who is looking at entry-level knowledge. Also, individuals extremely proficient in the test subject area may have an unrealistic expectation of what minimal competence entails. In Los Angeles, the panel consisted

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of a combination of child welfare workforce trainers and supervisors.

Dr. Franke also reminded participants of the importance of providing feedback to panel members during the whole process. There are multiple forms of useful feedback that might be provided, such as normative information about how individual participant's ratings compare to the group. Other helpful information might be actual performance scores to inform the standard setting process. Additionally, it could also be useful to provide impact information such as the percentage of people that would have passed or failed had cut scores been in place.

Standard Setting: The Angoff Method

Dr. Franke focused on two standard setting methods for his workshop presentation: the Angoff Method and Direct Consensus. He reminded participants that regardless of the method, all require a panel or group of subject matter experts. He also spoke briefly about the Bookmark Method, which is based on Item Response Theory (IRT). He reported that this method requires actual data and results and the cut score is set post-test.

He then introduced the Angoff Method, the method used for the workshop exercise. He explained that this method requires members to make judgments about each individual test item, unlike other standard setting methods. The group also identifies a subpopulation that they designate as “minimally competent,” which Dr. Franke anecdotally cautioned as a challenging aspect of the process. Additionally, SMEs review each operational item to be included in the test and provide an estimate of the proportion of people they predict would answer the item correctly.

Performance level labels and descriptions

Once the standard setting method is selected, it is useful to decide how many performance levels will be identified, and explicitly define each level. Examples of labels might be “basic,” “proficient,” and “advanced.” In California schools, test scores are categorized as: “below basic,” “far below basic,” “basic,” “proficient,” and “advanced.” The simplest categorization that may be used is “pass” and “fail.” Performance level definitions or descriptions usually consist of several sentences or paragraphs that provide a complete description of each level.

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Determining “minimal competence”

Dr. Franke reported that agreeing on what comprises “minimal competence” was the single greatest challenge in his previous standard setting experience in Los Angeles. He reported that it can be a complicated issue in which it is easy to make mistakes. Everyone who participates in the process brings with them different assumptions about minimal competence, which must be addressed in order for the process to move forward. For example, differences in knowledge and expectations may differ between evaluators and supervisors, presenting challenges for reaching a consensus on minimal competence. Dr. Franke also cautioned that each may have their own beliefs about testing and quality of tests. Most people will likely be new and unfamiliar with the process and its underlying psychometric concepts. It is important to discuss with panel members the test content, familiarity of the test, work done prior to setting the standard, and how the cut score will be used. In some cases, the panel should discuss how standard setting fits in the overall scheme of the personnel process.

Clarifying the process for panel members

As mentioned before, it is important to provide panel members with an overview of the process. Panel members’ roles should also be clarified and they should be informed why they were chosen to participate. Relevant forms and tools should be explained to members, such as the data collection form and how it will be used. It may be helpful to briefly demonstrate to members how their responses will be tabulated and used in the process. Finally, evaluators must be prepared to answer any questions members may have and address any concerns regarding their ability to perform the required tasks.

Cut Score Exercise

After providing participants with basic information about standard setting and cut scores, Dr. Franke began the workshop exercise with participants practicing setting a cut score. He reminded participants of the importance of clearly delineating the correct test answers. Substantial differences in test content knowledge among panel members are always a factor to consider (for example, evaluators may know more about test content than

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supervisors). Panel members are also likely to vary in their support in the use of the tests. Dr. Franke identified several processes that should be reviewed with panel members: establishing the need for the test, selecting the content to cover, and writing and reviewing the actual test items.

Dr. Franke also provided examples of some initial challenges he faced in Los Angeles. When the group initially came together, he posed the question: What is a minimally competent child worker who is just out of the academy? The discussion of minimal competence quickly moved to a discussion that had nothing to do with knowledge but about the ability to problem-solve and build relationships. He noted that all of these things may be very important to child welfare practice but they are not taught in the core academy. After the discussion went off track, it was difficult to re-focus panel members back on the test. The standard setting process itself took a long time and may take as long as two to three days for consensus to be reached on an understanding of a minimally competent child welfare worker.

Another challenge that Dr. Franke faced relates to how the core academy in Los Angeles is structured. The core academy in Los Angeles is composed of recent MSW graduates and workers with Bachelor's degrees. Therefore, there was discussion as to whether minimal competence should be established at the Bachelor's or Master's level. The two levels present additional problems for training because one level is generalist and the other level is specialized at the Master's levels. Finally, in regards to panel member backgrounds, the trainers in the group were fairly familiar with the test vignettes, having seen them before, while the supervisors were not. This may have influenced their perspectives on "minimal competence."

Review of sample case scenario/vignette

Before beginning the exercise, Dr. Franke presented examples of strategies for reaching consensus on minimal competence. One method is called contrasting, which entails coming up with a group of test-takers that everyone is familiar with. The panel then divides the people into those who they believe are successful and those who are not. This might be done in a school where instructors know students very well. Another strategy involves

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having the facilitator collect panel members' definitions of minimal competence ahead of time and compiling them before meeting together in person. This could help to save time. However, in Dr. Franke's experience there was a large difference in knowledge base and opinions. He also reported that panel members in Los Angeles spent time discussing which items they thought that every worker should get correct.

At this point, Dr. Franke handed out materials for the cut score exercise and asked participants to review the "Toby" case scenario. He asked them to read the scenario and accompanying embedded evaluation, then identify a percentage for each test item—representing the percent of "minimally competent" child welfare worker trainees they believed would answer the test item correctly. Leslie Zeitler provided an overview of the scenario to familiarize everyone in the room and explained that it is one of the examples used in the curriculum for *Child Maltreatment Identification (CMI)*, which focuses on child abuse, neglect, and emotional abuse. The embedded evaluation, however, focuses solely on physical abuse. The training is mostly taken by new child welfare workers, while some are pre-service depending on the area of state they are from. In Los Angeles, the CMI curriculum follows the *Framework for California Practice and Child and Youth Development* training, but precedes the training for *Assessment, Case Planning, and Permanency and Planning*.

Authentic assessment process

Dr. Franke proceeded to take participants through the next step of the authentic assessment process. This step involves having group members compare the percentages they identified for each question representing the number of "minimally competent" trainees they believe would answer that particular question correctly. Dr. Franke had participants compare their percentages for the first two questions for the Toby case scenario. Some of the participants reported writing down high percentages, the highest being 90%, while others reported lower percentages, with the lowest reported being 60%. Dr. Franke initiated a discussion between participants, asking them to offer the rationales behind their scores. The main objective behind discussion during the authentic assessment process is to work

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towards a point of consensus around identifying the hypothetical “minimally competent child welfare social worker.”

Dr. Franke emphasized that the discussion process can be quite challenging. In his experience, discussion often inspired the group to return to focusing on desirable traits and abilities for child welfare workers rather than knowledge acquired during training. In his Los Angeles experience, he reported spending much of his time redirecting the discussion back to focusing on acquired knowledge rather than traits and abilities. He often had to remind the group members that the purpose behind the exercise and discussion was to come closer to identifying a percentage of “minimally competent” trainees that would correctly answer each test question.

Dr. Franke also shared more information about variations of the authentic assessment process different from the one he presented in today’s workshop. The method presented in the workshop is often referred to as the “*Angoff method*,” however, he noted that this is not the method originator William Angoff first introduced. The original method is referred to as the “yes/no method,” where, in lieu of identifying percentages for each question, SMEs simply identify with a “yes” or “no” whether they believe a minimally competent trainee would get a particular question correct. Over time, the method using percentages gained greater popularity, hence becoming known as the Angoff method.

The workshop continued on to the next step of the process, which involves comparing the percentages everyone noted for each of the questions and then working towards consensus and designation of an overall score for “minimal competence.” A participant inquired whether the group in Los Angeles had ever reached full “agreement” in the exercise. Dr. Franke replied that although absolute agreement was never achieved, variance between suggested scores was narrowed to within 5 to 10%. Returning to the current exercise, Dr. Franke called out for the highest and lowest scores given for each question to determine the “minimum” and “maximum” score participants had written down for each question. He reported that though they would not be doing this in today’s workshop due to time constraints, this step of the process would also include averaging all the scores

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given for each question in order to identify an “average” score for each question. After three scores are identified for each question (minimum, maximum and average) then discussion would occur in an effort to reach consensus on a score for each question. Dr. Franke reminded participants that though perfect consensus is the ideal outcome of this process, the more realistic aim of this segment is to reduce the range or variation in scores panel members identify as the level for “minimum competence.” And in aiming for consensus, the focus should not be on a specific number, but rather, reaching consensus on the conceptual idea of what makes a “minimally competent social worker.”

Finally, the last step of the authentic assessment exercise involved averaging all the final scores that were identified for each individual question during the discussion process, then multiplying the percentage by the number of items on the test. For example, if the average percentage from all the questions is 67% and there are 100 items on the test, then the final recommended cut off score would be $.67 \times 100 = 67$. A participant asked if actual data from test scores are ever used in this process, and Dr. Franke noted that real data might be shared along the way to help with the consensus-building process. However, actual numbers for cut off scores should be a result of discussion and not numbers based on data. He reported that the premise behind the consensus building process is to explicate what an SME thinks the “minimally competent” person should score on a particular test. Dr. Franke reported that the group in Los Angeles went through this cycle twice in an effort to get as close as possible to consensus, although they only achieved slight improvement in the second round.

Final Thoughts And Conclusions

Dr. Franke ended his workshop presentation by engaging in further discussion about the standard setting process and answered any questions participants had for him. The following is a summary of the final thoughts and questions participants raised along with Dr. Franke’s responses.

- One participant asked: If a second round of item rating is conducted, do raters keep the scores they gave during the

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first cycle so that they can use them to inform the scores they give during the second cycle? Dr. Franke replied that members should not retain their first round scores, and they should be collected before the second round is conducted.

- Dr. Franke reminded participants that this process allows the use of cut scores to be much more defensible than arbitrarily picking “70%” as a cut off score simply because it represents the “average” or a “C.”
- He also reported that the group he worked with in Los Angeles was comprised of both trainers and supervisors, and a participant asked if he noticed whether trainers or supervisors tended to suggest higher or lower scores than the other. Dr. Franke answered that after examining the overall scores once both rounds were complete, he saw that the supervisors tended to recommend higher cut scores than the trainers. He surmised that this pattern emerged because trainers may have a more “realistic” sense of what is minimally competent. However, he also guessed that supervisors had higher expectations for their workers because they would be the ones actually working with them in the field.
- One participant asked about the impact of having supervisors who are not familiar with the curriculum or the test to sit in on the authentic assessment process. Participants discussed how it might be statistically more valid and involve less error to have a more homogeneous subject matter group; however, for political reasons this would probably not be the best options.
- Another participant asked if it might make more sense to actually select 40 or 50 “minimally competent” new case workers, ask them to take the test, and then average their scores to determine a cut off score. Dr. Franke noted that this could be quite difficult in itself as it would require supervisors to come to a consensus on which of their new case workers they identify as being “minimally competent.”

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- The participant pursued the question further by stating that they saw that process as being similar to the current process they had just completed in the workshop, but easier because they would not be trying to “imagine” what the minimally competent social worker looks like. Dr. Franke stated that the two processes are slightly different in that the cut off process involves identifying how a trainee *should* score, rather than how they actually *do* score. However, it might be interesting to identify the cut-off score first, and then compare actual test scores of workers that are identified as “minimally competent” and see how close their real scores come to the recommended cut score.
- Another participant asked: What about holding a focus group comprised of trainees that have taken the training and test, and ask them what they think a “minimally competent” trainee should walk away with from the training? The results of these focus groups could be compared with the results of discussions held among SMEs and supervisors in order to reach a closer consensus on “minimal competence.”
- Another participant added to this idea by suggesting that in addition to focus groups, trainees could be given a sheet to explain their rationale behind the answers they chose on the test to inform future discussions on “minimal competence.”
- One of the participants also asked how Dr. Franke might address a conflict that might arise from disagreement on cut scores, for example if the numbers are really close to each other. Dr. Franke reminded participants that the role of facilitating these authentic assessment discussions is to only facilitate, and final recommendations on cut-off scores are made by SMEs.

Additional assessment methods

In conclusion, Dr. Franke provided participants with more information on additional references and also presented another method similar to the authentic assessment method they just completed. The other method is referred to as the Direct Consensus method, where instead of focusing on percentages for

Setting Cut Scores—What Are They and Why Should We Care?

minimal competence, panel members are asked to suggest the number of questions they believe a “minimally competent” person should get correct. The aim is to reach consensus on the number of items needed for minimal competence, and is a less-intensive process than the one just completed for the Angoff method. The Bookmark method is another option, which involves creating portfolios of information comprised of written tests and other relevant information regarding performance. Each portfolio is scored before being presented to the SMEs. The SMEs then examine each portfolio and identify them as being “good enough,” “not good enough,” or “better” than good enough. The goal of this process is to identify a whole portfolio that represents minimal competence, rather than a specific cut score for a test. In summary, Dr. Franke reported that authentic assessments and establishing cut scores are difficult and can be challenging, and requires much more research and evidence to facilitate smoother and reliable standards and processes.

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Wrap-up and Strategies for 2010

Barrett Johnson, LCSW, Director of In-Service Training Project, & Leslie Zeitler, LCSW, CalSWEC, University of California, Berkeley

Bringing the 2009 National Human Services Training Evaluation Symposium to a close, Barrett Johnson and Leslie Zeitler facilitated a discussion around possible directions for next year's symposium. Following is a summary of the discussion that took place:

Future Strategies and Ideas

Participants made the following suggestions for strategies to move the work of the symposium forward:

- Have a workshop that is more in-depth and hands-on.
- Email an article once/month to listserv either from previous *Proceedings*, or a new, relevant article.
- Use the listserv to solicit ideas for articles.
- Incorporate an *Implementation Science* connection on the listserv.
- Invite people from public health to participate.
- Create regional support networks (via social networking, etc.) for training evaluation.
- Be more visible re: symposium and training evaluation with:
 - NSDTA/APHSA
 - NAPCWA (follow-up with Norma Harris)
- Hold sessions presenting "works-in-progress." Inform presenters in advance of specific questions or things we want to know (e.g., measures).
- Provide write-ups from previously presented works-in-progress.

Wrap-up and Strategies for 2010

- Recruit international participants (Michael Nunno has some contacts).
- Conduct an assessment of who is evaluating training in each state.
- Look at what states are doing in regards to core competencies and measures.

Themes/Topics

The following were recommended as future symposium themes and topics:

- Essential parts in the chain of evidence: What can we let go of?
- Expand more into theory-based training evaluation.
- Perhaps write a white paper or hold presentations on different overarching theories.
- Theories of change and logic modeling
- Issues in training evaluation for projects in early stages



May 21-22, 2009

The Faculty Club
University of California, Berkeley

Synopses of Projects

Participants in the NHSTES are asked to submit summaries of their current work in training evaluation. These synopses are distributed at the NHSTES, and included here, along with contact information for those interested in obtaining more information.

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Tennessee Center for Child Welfare

The Tennessee Center for Child Welfare (TCCW) at Middle Tennessee State University provides training to the Tennessee Department of Children's Services (TDCS) staff and resource parents. TDCS is a state run agency and not county-based. TCCW works with eight universities across the state to offer online, classroom, and coaching /learning opportunities, including a standard core curriculum.

We have recently revised the core curriculum. As part of the process, we are revising the assessment components of core. The biggest change in core, both in the delivery and the assessment, is a greater involvement of the region for which the new hire will be working. We are excited about and value the partnership with the TDCS regions and want to create a structure to ensure regional involvement. The challenge is to reach a balance between the need to allow for regional variations and the need to have a standard assessment process. Another aspect of training evaluation that we are focusing attention on is transfer of learning—for core, in-service, and coaching. We have recently begun exploring strategies and developing tools to evaluate transfer of learning.

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**Public Child Welfare Training Academy—
San Diego State University
Children’s Interviewing Institute**

The Children’s Interviewing Institute is a week-long training series that guides participants in developing a stronger knowledge base around conducting interviews with children as well as developing the participants’ skills at conducting, documenting, and articulating the methods used in communicating with children. Gathering information from children is a fundamental part of the job of a child welfare professional or law enforcement investigator. The ability to communicate with children can be the difference between success and failure, safety and danger, or simply an accurate glimpse into the mind of a developing personality.

Evaluation Focus

Participants at this week-long training institute are provided with the opportunity to engage in two mock interviews. These mock interviews are individually critiqued by expert field interviewers. The mock interviews are also videotaped. In addition, participants are brought back 6 and 12 months after the initial training for a half-day refresher training. The refresher training also provides the participants another opportunity to engage in additional mock interviews.

Evaluation Design and Data Collection Plan

At the beginning of the institute, participants are provided with a self-assessment of their interviewing skills. During the week-long institute, participants are taught the different stages of the interviewing process with a child. Participants are also taught how to effectively create open-ended questions which are known to elicit the most information from a child. As each interview is

taped, a scoring rubric has been created to score the videos. Participants are tracked 12 months after the initial training to see if they have incorporated the knowledge and skills that were presented at the training.

Cultural Competency Academy/Training Series

The Cultural Competency Academy/Training Series is a potential program to be designed for the county of San Diego. It will be a 30- to 40-hour certification program for Behavioral Health Services (BHS) staff. The development of the Academy is in response to a statewide cultural competency initiative that recognizes the need to expand beyond the current process of individual trainings in order to improve the cultural competency of BHS staff.

The series would provide an introduction to cultural competency and resiliency in behavioral health, as well as specifics regarding how provider culture influences the view of therapeutic resiliency. Among other elements, the series would include an overview of culture, methods of self-assessment, and the utilization of cultural assessment in treatment. Participants will be equipped to define culture and recognize its influence on the provision of services and treatment, as well as to develop action plans for their agencies/organizations that integrate cultural competency into assessment and treatment.

The training series would be evaluated to assess participant outcomes as a result of their participation in the Cultural Competency Academy/training series. Specific elements of evaluation would determine levels of integration of training into practice, follow-up, and tracking of participants upon their departure from the program, as well as participant satisfaction in the program.

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**Center on Children, Families and the Law
University of Nebraska—Lincoln:**

The UNL—Center on Children, Families and the Law (CCFL) provides pre-service training to all new Child and Family Services Specialist/Trainees (CPS worker title in Nebraska) employed by the Nebraska Department of Health and Human Services. This state-administered system requires new workers to complete a one-year training program, divided into two phases: pre-service and required in-service. Trainees assume limited case management responsibilities after the completion of the pre-service phase (at approximately 12 to 15 weeks, depending on upcoming job assignments), with a gradual increase to a full caseload by the 12th month of employment. After the first year, additional in-service training is offered on a wide variety of subjects. Our team at CCFL is involved in a broad range of activities including: training evaluation, needs assessment, curriculum development, research, and consultation on human resource management issues to support the training. Current training evaluation and human resource management projects include:

- **Evaluating Trainee Reactions**
 - Collecting, summarizing, and reporting trainees' written ratings and comments for each training unit
 - Conducting online post-training surveys to gather perceptions of training from recent trainees and their supervisors, both at the end of training and six months later
- **Evaluating Trainee Knowledge and Skills**
 - Creating new knowledge and skill assessments, and refining existing assessments to respond to curriculum changes
 - Collecting and summarizing data from trainee knowledge and skill assessments, such as for testifying, documenting, and meeting with families

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- **Evaluating Trainee Attitude and Behavior**
 - Collecting and summarizing trainers' behavioral ratings and comments regarding trainee attitudes and behavior in each training class (e.g., alertness, respectfulness, participation, etc.)
- **Reporting Trainee Progress**
 - Preparing routine trainee progress reports that summarize trainee assessment scores, performance feedback, and attitude and behavior evaluations; distributing reports to trainees and supervisors
- **Evaluating Job Performance and Turnover**
 - Providing in-service training to supervisors across the state on the use of our performance evaluation tool that assesses workers' task performance in 17 performance dimensions
 - Analyzing trainee and probationary employee job performance data
 - Completing a longitudinal study to determine predictors of employee job performance and turnover
- **Personnel Selection System Redesign**
 - Working with subject matter experts to update job analysis, redesign selection interview, create a writing skills assessment, and implement a test of critical thinking skills for selection of all new hires, based on previous validation study evidence
 - Advising on development of policy and procedures for use and trained all systems users (front line supervisors and human resources staff across state) on new selection system
 - Continuing validation research to investigate additional potential measures to optimize selection of child protection staff

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**Residential Child Care Project
Cornell University¹
Measuring Fidelity of Implementation of a Crisis
Intervention System**

Description

Therapeutic Crisis Intervention (TCI) has been available for children's residential centers since 1981. The successful crisis management system developed by Cornell University's Residential Child Care Project (RCCP) had evidence from the field purporting its success in reducing crisis, physical restraints, and child and staff injuries in agencies that had implemented TCI. Concurrent studies were conducted in the mid-1990s with agencies both in the United States and the United Kingdom. Findings from those studies indicated that successful implementation of TCI was related to five (5) criteria: leadership/administration, clinical participation, supervision, training, and critical incident monitoring, and feedback. The hypothesis was "if each of the five (5) criteria were addressed and implemented exactly as intended, there would be reductions in crisis, physical restraints, and injuries to staff and youth".

Fidelity refers to "the methodological strategies used to monitor and enhance the reliability and validity of behavioral interventions" (Bellg et al., 2004), "the extent to which delivery of an intervention adheres to the protocol or program model originally developed, and the match between an intervention as it was intended to be delivered" (Mowbray et al., 2003), and "the intervention as it is actually delivered in real world circumstances" (Hill, Maucione, & Hood, 2006). Although the RCCP has never formally assessed the fidelity for implementation of TCI, a contracted implementation process has taken place with many agencies over the past 10 years using the five (5) domains discussed earlier. Agencies have reduced crisis, restraints, and injuries to staff, and other agencies that have used the TCI

¹ Two synopses were submitted by the Residential Child Care Project at Cornell University. The other appears on Synopses of Projects/17 (p. 77).

implementation process have reported reductions in restraints as well (Farragher, 2004; Nunno, Holden, & Leidy, 2003; Titus, 1989).

The importance of assessing fidelity allows the question “Is it a failure of the model of treatment or a failure to implement the model of treatment as intended?” to be answered. Research suggests that failed implementation is the most common grounds for failed outcomes and that programs with failed outcomes had not used the strategies, techniques, and protocols as intended by the particular interventions. Additionally, agency adaptations to the interventions may create less fidelity in the intervention and therefore systematic data describing why the changes occurred need to be considered. As a result, it is incumbent upon each fidelity study to investigate the range of adaptations.

This fidelity study intends to provide a fidelity assessment model for the TCI crisis management system to determine if the hypothesis “if each of the five (5) criteria were addressed and implemented exactly as intended, there would be reductions in crisis, physical restraints, and injuries to staff and youth,” as stated earlier, is true and the model can be replicated. The study will follow the three (3) step model described by Mowbray et al. (2003):

- (1) Identifying and specifying fidelity criteria
- (2) Measuring fidelity
- (3) Assessing the reliability and validity of fidelity criteria

Additionally, guidelines from the Behavioral Change Consortium (BCC) project on treatment fidelity (Borelli et al., 2005) will be followed. These guidelines are study design, training intervention, delivery and receipt of the intervention, and the enactment of the intervention in real settings.

Context

The TCI train-the-trainer program has been used for more than 25 years nationally and internationally and was originally funded by the New York State Office of Children and Family Services in conjunction with Cornell University as a training program for residential workers. The program continues to be mandated for direct care workers in New York State and is the approved crisis intervention for many states, provinces and other local authorities. The program is one of several outreach/extension

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programs offered through the Family Life Development Center and the Residential Child Care Project.

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**California Social Work Education Center (CalSWEC)
Title IV-E Stipend Project**

CalSWEC is a consortium of California's 19 accredited social work graduate schools, its 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. CalSWEC's Title IV-E Child Welfare initiative offers stipends to social work graduate and undergraduate students in exchange for work in public child welfare.

I am a research specialist for the project, and manage the database on the students and graduates in the program and with Dr. Sherrill Clark, monitor the evaluation of the program.

Context for the project:

California: A state supervised/county administered child welfare system. Standardized core curriculum is mandated in California.

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Butler Institute for Families
Evaluation of the National Child Welfare Workforce
Institute

The purpose of the National Child Welfare Workforce Institute (NCWWI) is to build the capacity of the nation's child welfare workforce and improve outcomes for children and families through activities that support the development of skilled child welfare leaders in public, private and tribal child welfare systems. The NCWWI also serves as a workforce resource to other members of the T&TA Network. NCWWI staff include faculty from social work schools at eight universities around the country that were funded by the Children's Bureau in 2003 as grantees for "Developing Models of Effective Child Welfare Staff Recruitment and Retention Training." The eight grantees established collaborative working relationships during their 5-year projects, and this partnership has been carried over to the NCWWI. Leading the effort is the University at Albany, State University of New York, which is joined by the University of Denver, Fordham University, University of Iowa, Michigan State University, University of Michigan, University of North Carolina, and University of Southern Maine. They are joined by the National Indian Child Welfare Association, which brings expertise in tribal issues.

The Butler Institute is conducting a comprehensive evaluation of the NCWWI, which includes a multi-method design to measure process and outcomes. Part of the evaluation will include formative and summative training evaluation of the Leadership Academy for Mid-level Managers (LAMM) and the Leadership Academy for Supervisors (LAS). The outcome evaluation for LAMM will utilize an experimental design to look at transfer of leadership skills to the job for manager participants compared to a matched control group, and explore the use of multilevel feedback to assess training outcomes, facilitators, and barriers.

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**Pennsylvania Child Welfare Training Program
University of Pittsburgh
On-going Evaluation of Transfer of Learning in
Pennsylvania Child Welfare Services**

Investigator(s): Julie McCrae, Helen Cahalane, and Mary E. (Beth) Rauktis; Pennsylvania Child Welfare Training Program: Jody Price and Maryann Marchi

The federal government invests well over \$200 million every year in training for child welfare workers (U.S. Government Printing Office, 2004). Yet, little is known about the extent to which trainees use new knowledge and skills on-the-job ("Transfer of Learning"; TOL). This study aims to assess the extent of TOL in Pennsylvania child welfare services. The study addresses the following questions: (1) Do trainees use new knowledge and skills on the job one year after training?, (2) What agency, individual, and training-related factors are related to TOL one year after training?, and (3) Does organizational support for training change in relation to receiving a TOL-enhanced training curriculum?

One study found that trainees recall and use just 40% of training material immediately following training, 25% of training material six months later, and 15% of training material one year later (Newstrom, 1986). Factors that may improve training transfer include incorporating adult learning strategies into the training curriculum (Curry, 1996), participative goal-setting (Wexley & Baldwin, 1986), and increasing supervisory support for training material and use (Facteau, Dobbins, Russell, Ladd, & Kudisch, 1995). A meta-analysis of the relationship among training characteristics found that trainee utility reactions, or their perceptions of the value of the training and relevance to their job, correlated with on-the-job performance more so than other criteria, including their affective reactions (e.g., liking the training) and immediate learning (Alliger, Tannenbaum, Bennett, Traver, & Shotland, 1997).

This is an ongoing outcome study using a comparative pre-post study design. Training outcomes will be observed among

two naturally-occurring groups: trainees who participate in a TOL training package, and those who participate in training alone. The study hypothesizes that trainees who receive a TOL training package will be more likely to use new knowledge and skills on-the-job compared with trainees who receive training-as-usual. The TOL training package includes agency-wide strategies to increase the likelihood that TOL occurs. TOL specialists meet with individual caseworkers, supervisors, and managers both before and after training to discuss learning points and application, and barriers to applying skills.

The study will: (1) document the level of Transfer of Learning (TOL) among newly trained child welfare workers in Pennsylvania, (2) identify individual, agency, and training-related characteristics that contribute to TOL, and (3) compare training outcomes among trainees who receive a TOL package and trainees who receive training only. Study participants will be asked to complete questionnaires at baseline, 60 days, 6 months, and 12 months post-training.

Measures include a project-developed On the Job Assessment (OTJA) that is designed to measure knowledge and skills gained during training, the use of such skills in the previous 60 days, and trainee confidence-level. Four subscales of the Learning Transfer System Inventory (LTSI; Holton, Bates, & Ruona, 2000) are used to measure factors that may influence training transfer. This includes levels of peer support, supervisor support, supervisor sanction, and resistance/openness to change regarding training. The extent to which trainees feel the training material is useful and relevant to their work (perceived utility) is measured using five items developed by Wehrmann, Shin, & Poertner (2002), 2 items from Curry (1996), and 1 item from the LTSI (Holton et al., 2000).

Pennsylvania CWS are state-led and county-administered. Core curriculum is required.

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**Residential Child Care Project
Cornell University
Developing Best Practices & Competency Based
Children and Residential Experiences: Creating
Conditions for Change (CARE) Curriculum for Residential
Child Care Agencies**

The purpose of the project is to develop, implement, and evaluate a curriculum and organizational strategies that support and maintain research-based and best practice principles in residential treatment facilities.

The curriculum uses eight principles as unifying themes that have the potential to create the conditions for change in children's lives. The principles sustain care and treatment in residential placements that is developmentally focused, family involved, relationship based, competency centered, trauma informed, and ecologically oriented. These best practice principles are grounded in theory, in evidence-based practices, and in practice wisdom.

The project will train agency trainers, and ensure on-the-job use of best practice principles through supervisory strategies, organizational self-assessment and participation-centered management strategies, and continuous quality improvement methods.

Initially the evaluation will focus on measuring learning, and assessing the immediate impact of the curriculum, and determining appropriate implementation strategies. Eventually the evaluation will move to a quasi-experimental design with intervention and control groups to test effectiveness to increase organizational congruence, more positive organizational cultures, increased knowledge and skills, and on-the-job use of best practices. Eventually the evaluation will address the CARE model's impact on child outcomes.

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**Child Welfare Training Partnership
Portland State University
Child Welfare Caseworker Core Training Evaluation**

Description

Oregon has a four-week comprehensive child welfare new caseworker training. The first two weeks of training includes training of the Oregon Safety Model. A knowledge assessment of the Oregon Safety Model is conducted using a 70-item multiple-choice test. Participants record their answers both on a hard copy of the assessment and using Classroom Performance System "clickers." After the assessment, participants and trainers go over the answers. Participants self-grade their test and are able to ask questions, and trainers revisit material commonly missed by the class using the results from the CPS "clickers." This knowledge assessment is in its pilot phase. Further analysis of results need to be examined to determine their reliability and validity.

Context

Oregon has a state-administered child welfare system. All new child welfare caseworkers must complete CORE training within one year of hire. CORE is centrally offered in one location. Many sessions are provided by our own internal trainers with a written curriculum. There are some sessions (e.g., mental health, substance abuse) which we hire content experts to train.

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**Center for Child and Family Studies
University of South Carolina
South Carolina Department of Social Services
Evaluation Projects²**

Evaluation Projects

1. South Carolina Department of Social Services—Foster Care Supervisor/Case Worker Pilot Training
2. South Carolina Department of Social Services—The Art of Supervision In Human Services
3. South Carolina Department of Social Services—Leadership for Today and Tomorrow
4. South Carolina Department of Social Services—Enhancing Skills for Adoptive Parenting
5. South Carolina Department of Social Services—Creating Conditions for Client Change

Project Descriptions

1. *Foster Care Pilot* training focuses on group-level skills among supervisors and case workers in the Child Welfare division and evaluates a model to allow for appropriate case supervision and review. It also assesses the individual's comprehension and administration of existing policies/mandates. Evaluation utilized for possible expansion into other divisions within the Department of Social Services.
2. *Art of Supervision* training participants are typically new unit supervisors who have been advanced from case manager positions. This training aims to develop core skills for program management and administration. This evaluation assesses the curriculum delivery and measures the participant's self-report and demonstration of core competencies.
3. *Leadership* training participants are typically new unit supervisors. Many have not had policy experience in the

² Two synopses were submitted for the South Carolina Department of Social Services Evaluation Projects. The other appears on Synopses of Projects/25 (p. 85).

division they are now assigned, so training aims to develop key skills for balancing policy priorities while managing their unit's case worker needs. This evaluation assesses the curriculum delivery and measures the participant's self-report and demonstration of core competencies.

4. *Enhancing Skills* training participants include supervisors and caseworkers in child welfare adoption units. This training aims to develop essential skills for assessing individual case needs, meeting mandated priorities, and understanding the psycho-social states of all key stakeholders in the adoption process. The evaluation assesses the curriculum delivery and measures the participant's self-report and demonstration of core competencies.
5. *Creating Conditions* training participants include supervisors and caseworkers from foster care, independent living, child welfare, and adoption units. This evaluation assesses the curriculum delivery and measures the participant's self-report and demonstration of core competencies.

Context for the Project

Trainings are conducted throughout the state of South Carolina. The child welfare system is state-supervised/county-administered with a standardized core curriculum integrated into the mandated basic training.

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**Evaluation of the New SKILS Training for New Child
Protection Workers
with the State of Alaska Office of Children’s Services**

Background

The Family and Youth Services Training Academy (FYSTA), a partnership between the University of Alaska School of Social Work and the State of Alaska Department of Health and Social Services, was established in 1998. Its mission is to provide ongoing training and education to the staff of Alaska’s Office of Children’s Services (OCS), the child protective services agency for the entire state. Since its inception, FYSTA has worked closely with OCS to develop curriculum to meet the changing needs of the workforce. Until recently, the “core” two-week training for all new workers was based on a model originally developed by the Institute for Human Services. Other training was added as needs, knowledge gaps, and issues were identified. Training evaluation consisted of participant reaction sheets and informal verbal feedback from managers and past participants.

New Program

In 2007/2008, OCS shifted from its risk assessment model to a safety intervention model based on the *Action for Child Protection* program. This prompted a revamping of the Training and Orientation of New Employees (TONE) program. A joint FYSTA/OCS committee worked for nearly a year to redesign the core training, culminating in the new SKILS (Standards, Knowledge, and Insight Leading to Success) training, comprised of two weeks of face-to-face training, one month back in the field, and two more weeks of face-to-face training in Anchorage. The goal of the new training, launched at the beginning of 2009, is to introduce new workers to the safety intervention model and give them a deeper understanding of the environment in which they will work, including policies, procedures, legal frameworks, child development, and cultural contexts. The hope is that workers will begin their jobs with a better grasp of their roles, responsibilities,

and the expectations placed upon them. FYSTA is taking this opportunity to assess the impact of the new training program on the knowledge and confidence of new child protection workers.

The Evaluation Project

OCS is divided into four widely varying geographical regions which report directly to the home office in Juneau. The SKILS standardized curriculum is mandated for all new employees. Subsequent training is at supervisory discretion. The evaluation plan for the new SKILS program will consist of four components: compilation of daily participant feedback sheets; a structured discussion at the close of each cohort session of new employees; and two-month follow-up interviews with SKILS participants as well as their immediate supervisors. At this symposium, I hope to discuss this plan with experienced evaluators, receive feedback, brainstorm possible interview questions, and generally “think through” the process. I would also like to learn how to make evaluation sustainable beyond simple reaction sheets.

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**Center for Children and the Courts, San Francisco
Child Welfare Curricula**

The Center for Families, Children and the Courts (CFCC) has long developed curricula regarding child welfare. These curricula have addressed many issues facing children and families in foster care including federal and state dependency laws, education, mental health, ICPC, and other issues. These curricula often vary in the amount of content and breadth of information and have not been developed in a way that all the courts and its partners can access the information as needed. They have often been presented to the courts and its partners as requested by such county leadership.

For the past many years, the CFCC and the Judicial Council have been making diligent efforts to support the improvement of the lives of children and families by increasing the knowledge and abilities of the courts and its partners. One goal on which we are making progress is to provide comprehensive curricula to all court users addressing the multitude of issues facing the children and families before, or at risk of coming before, the court. These include comprehensive basic and advanced curricula addressing, for example, mental health, education, and domestic violence that would be available to all judicial officers, attorneys, social workers, probation officers, CASAs, and other court participants and partners.

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**Center for Child and Family Studies
University of South Carolina
South Carolina Department of Social Services
Evaluation Projects**

Evaluation Projects

1. South Carolina Department of Social Services—Child Welfare Basic Training
2. South Carolina Department of Social Services—Family Independence: Supplemental Nutrition Assistance Program (SNAP), Eligibility and Case Management

Project Descriptions

1. I evaluate the child welfare basic training for the Department of Social Services. It is a three-week-long training conducted by trainers from Professional Development and Leadership. To evaluate the effectiveness of the training, participants complete a series of three evaluations. They first take a pre-test at the very beginning of basic training. Three weeks later, they complete a post-test before their final exam. Six months after they have been working, they will complete a follow-up test. The evaluation largely consists of self-reported competencies on a variety of areas taught in the training. The goal of the evaluation is to determine if self-evaluation of the competencies improve over the course of the training and ultimately, after time spent using the knowledge gained.
2. Family Independence training participants complete an evaluation upon the conclusion of the training. This evaluation is designed to measure the effectiveness of the training and of the material used in the teaching.

Context for the Project

These trainings are conducted in Columbia, South Carolina. In South Carolina, the child welfare system is county-administered. A standard core curriculum has been developed and aspects of the curriculum are implemented in the state-mandated Basic Training.

Synopses of Projects/26

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Program

Thursday, May 21

8:30 a.m.

Registration begins outside Heyns Room

9:30-9:45 a.m.

**Convene, Welcome, and Introduction
to the Symposium**

*Heyns
Rooms*

*Barrett L. Johnson, LCSW, Director, Child Welfare In-Service
Training Project, CalSWEC, University of California, Berkeley*

9:45-10:45 a.m.

**Keynote: Evaluation of Training for Successful
Implementation**

*Richard Barth, Ph.D., Dean, University of Maryland,
Baltimore*

10:45-11:00 a.m. | Break

11:00 a.m.-12:30 p.m.

**Developing a Research Agenda for Child Welfare Training
Evaluation**

*Facilitator: Anita Barbee, Ph.D., University of Kentucky,
Louisville*

12:30-1:30 p.m. | Lunch

Patio

1:30-3:00 p.m.

**Advancing the Field of Training Evaluation—Where Do We Go
from Here?**

Facilitator: Cindy Parry, Ph.D., Consultant

Program

3:00-3:15 p.m. | Break

3:15-4:15 p.m.

Gender Disproportionality among Social Workers: What Are the Implications for Training?

Facilitators: Susan Jacquet, *Ph.D.*, and Amy Benton, *Ph.D. Candidate*, both of *CalSWEC, University of California, Berkeley*

4:15-4:30 p.m.

Logistics for evening and morning

Leslie W. Zeitler, *LCSW, CalSWEC, University of California, Berkeley*

Break for Evening

Friday, May 22

9:30-9:45 a.m.

Reconvene

*Heyns
Rooms*

Barrett L. Johnson, *LCSW, Director, Child Welfare In-Service Training Project, CalSWEC, University of California, Berkeley*

9:45-10:45 a.m.

Measurable Casework Skills: Training Evaluation Successes and Challenges

Facilitator: Douglas Pratt, *D.S.W., LCSW, Consultant*

10:45-11:00 a.m. | Break

11:00 a.m.-12:00 noon

Conducting A Level 4 Evaluation with a State Agency: Realistic or Not?

Facilitators: Suzanne Sutphin, *Ph.D.*, and Rechelle Paranal, *M.A., M.S.W.*, both of *the University of South Carolina*

12:00 noon-1:00 p.m. | Lunch
Patio

1:00-3:00 p.m.

Setting Cut Scores—What Are They and Why Should You Care?

Presenter: Todd Franke, *Ph.D., University of California, Los Angeles*

Facilitator: Leslie W. Zeitler, *LCSW, CalSWEC, University of California, Berkeley*

3:00-3:15 p.m. | Break

3:15-3:30 p.m.

Closing Remarks

Barrett L. Johnson, *LCSW, Director, Child Welfare In-Service Training Project, CalSWEC, University of California, Berkeley*

3:30-4:30 p.m.

Wrap up and Strategize for 2010

Barrett L. Johnson, *LCSW, Director, Child Welfare In-Service Training Project*, and Leslie W. Zeitler, *LCSW, both of CalSWEC, University of California, Berkeley*

Acknowledgments

CalSWEC extends its gratitude to the members of the Steering Committee of the 11th Annual National Human Services Training Evaluation Symposium, who made this event possible:

Anita Barbee	Barrett L. Johnson
Jane Berdie	Michael Nunno
Dale Curry	Cynthia Parry
Bill Donnelly	E. Douglas Pratt
Todd Franke	Marcia Sanderson
Michelle I. Graef	Leslie W. Zeitler
Norma Harris	

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Keynote

Richard P. Barth, Ph.D.

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Richard P. Barth is the author of numerous books, articles, and chapters on children's services. He has received awards for research from APHSA, USC, the University of Chicago, and NASW. He is currently co-principal investigator of the Atlantic Coast Child Welfare Implementation Center.

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Bryn Bakoyéma is a member of the team responsible for evaluating the training program at the Tennessee Center for Child Welfare that includes pre-service and in-service classes for staff, coaching activities with staff, and resource parent trainings.

Sevaughn Banks, M.S.W., Ph.D.

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Sevaughn Banks' duties include helping practice communities, research communities, and academia to collaborate on research-related projects to provide better outcomes for children and families in child welfare. She coordinates all evidence-based practice activities, forums, and projects. She is also a trainer and a

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lecturer in the California State University system and has connections to three of the four schools of social work in the Bay Area. Ms. Banks began her career in social work as a generalist practitioner, working in substance abuse with at-risk children and their families, and in mental health.

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Anita Barbee was principal investigator or co-principal investigator on seven grants totaling \$1.2 million for 2004–2005. She has spent the past 13 years evaluating child welfare training and outcomes for the Cabinet for Health and Family Services in Kentucky. Dr. Barbee also served as the evaluator for the Children’s Bureau Training and Technical Assistance Network of National Resource Centers for October 2004–September 2009.

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Jillian Barber received her B.A. in biology and women’s studies from Bowdoin College in 2001. She has a wealth of experience in a variety of human service organizations in Massachusetts and Rhode Island. She provided primary oversight to a national college screening and education program for mental health, eating disorders, alcohol use, and suicide prevention, and also

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supervised the national alcohol screening and education program for colleges, community organizations, primary care providers, and military installations. Ms. Barber has had significant experience coordinating training activities, including material design and development, publicity, and database management.

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Amy Benton is a doctoral candidate at the University of California, Berkeley. She received a B.S. in psychology from Vassar College and an M.S.W. from the University of Texas, Austin. Her primary areas of interest are management and administration of human service agencies and how to improve support to staff and students.

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Susan Brooks has nearly 20 years of experience in social services, with expertise in substance abuse, collaboration, team-building, and supervision. For seven years, Ms. Brooks supervised the multidisciplinary team for children's services in San Mateo County. She was also the founder and executive director of the San Mateo Perinatal Council, a nonprofit community collaborative.

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Soledad Caldera-Gammage coordinates and implements the evaluation efforts for the Central California Training Academy. The Academy's evaluation projects include the training evaluation of Child Welfare Social Worker and Supervisor Core Training, evaluation of the Field-Based Training Program, and trainer evaluations.

Sherrill Clark, Ph.D., ACSW, LCSW

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Sherrill Clark, formerly curriculum specialist and executive director at CalSWEC, has taught policy, practice, and research methods to first- and second-year Master's students in the School of Social Welfare at the University of California, Berkeley. Her primary research responsibility is the evaluation of the CalSWEC project, including workforce preparation, retention of specially educated MSW child

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- James Coloma, M.S.W.**
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- James Coloma focuses on training evaluation for the Public Child Welfare Training Academy; Tribal STAR, a training program to increase outcomes for Tribal foster youth; Leaders in Action, an executive development training program; Project MASTER, a training program for Adult Protective Service workers; and Behavioral Health Education & Training Academy.
- Melissa Connelly, M.S.W.**
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- Melissa Connelly's background includes 10 years of child welfare direct service as a social worker and supervisor. Since she joined CalSWEC in 2008, she has worked on the California Core Curricula and projects related to the California Child and Family Services Review.
- Nancy S. Dickinson, Ph.D., M.S.S.W.**
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- Nancy Dickinson is a clinical professor as well as the executive director of the Jordan Institute for Families. The Institute focuses on strengthening families through research and educational and technical assistance projects. Dr.

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Dickinson is currently principal investigator and director of a five-year Children's Bureau-funded project, "Child Welfare Staff Recruitment and Retention: An Evidence-Based Training Model," in which a resources and curriculum model will be developed and delivered to supervisors, managers, and directors in 17 North Carolina counties. A rigorous experimental evaluation will compare outcomes within each of the trained counties before and after training and with outcomes in 17 comparison counties.

**Todd M. Franke, M.S.W.,
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Todd Franke has numerous years of experience in research, teaching, and evaluation in the field of education and child welfare. He has considerable experience in designing and conducting cross-sectional and longitudinal research and evaluation in the areas of child abuse and adolescent violence. He is currently the principal investigator for the evaluation of Partnership for Families, a community-based child abuse and neglect prevention initiative in Los Angeles County. In addition, he is currently working with the Department of Children and Family Services on the

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	<p>redesign of the Core Academy Assessment and on evaluating the implementation and impact of training numerous modules including strength-based family-centered case planning and concurrent planning.</p>
<p>Carrie Gibson, B.A. Research & Evaluation Analyst Public Child Welfare Training Academy Academy for Professional Excellence 6505 Alvarado Rd., Ste. 107 San Diego, CA 92120 619-594-6717 619-594-1118 cgibson@projects.sdsu.edu</p>	<p>Carrie Gibson received her B.A. in anthropology in Missouri. Before joining the Academy in May 2001, she performed various research duties for other non-profit agencies in San Diego. She has experience in supervising, data collection, survey design, data entry and analysis, and reporting. At the Academy, Ms. Gibson conducts research activities for: Parents and Children Together (PACT), Leaders in Action (LIA), the Southern Area Consortium of Human Services (SACHS), and the Network for Excellence (NEHS).</p>
<p>Elizabeth Gilman, M.A., J.D. Curriculum Specialist CalSWEC School of Social Welfare University of California, Berkeley Marchant Bldg., Ste. 420 6701 San Pablo Ave. Berkeley, CA 94720-7420 510-642-9273 510-642-8573</p>	<p>Elizabeth Gilman, who joined CalSWEC in March 2002, is responsible for, among other projects, curriculum development, evaluation, and planning associated with the statewide Title IV-E MSW Program and the newly launched BASW Program. She also serves as staff to the CalSWEC Board Curriculum Committee. Prior to joining</p>

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CalSWEC, Ms. Gilman was an associate research scientist in the Psychology Department at Yale University, where she served as an instructor and policy analyst specializing in child development and social policy issues. Her direct service experience includes several years as a group facilitator with troubled adolescents and as a protective services social worker.

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Under a contract with the Nebraska Health and Human Services, the Center on Children, Families & Law designs and implements all the training evaluation procedures for the pre-service training for child protection and juvenile parole workers in Nebraska. Michelle Graef's work also includes research and consultation with human services agencies in Nebraska and other states on staff recruitment, selection, and retention issues. Her latest adventure is as the co-principal investigator on a new cooperative agreement with the Children's Bureau for the Midwest Child Welfare Implementation Center. The Center's primary role is to support sustainable systems change to improve the quality and effectiveness of state and

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tribal child welfare services in a
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Norma Harris is currently
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Safe Families Act of 1997*. She is a
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Model System of Protective Services
for Abused and Neglected Children
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Jack C. Holden, Ph.D.
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Jack Holden's background is in
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project consultant with The Cornell University Family Life Development Center (FLDC) since 1985. Dr. Holden is currently involved with an evaluation of a new course for Residential Child Care Workers.

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Susan Jacquet works with Dr. Sherrill Clark on CalSWEC's research component, including ongoing surveys of California's MSW students and Title IV-E MSW graduates who have completed payback work in child welfare, and the development of new research initiatives on outcomes for child welfare and the efficacy of the Title IV-E program. Dr. Jacquet manages the Student Information System (CSIS), the database of all CalSWEC Title IV-E students and graduates. She is also responsible for coordinating CalSWEC's funded research process from RFP through review of proposals.

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Phyllis Jeroslow works on the development and revision process for California's standardized Common Core Curriculum. She also produces the annual Symposium on Fairness & Equity Issues in Child Welfare Training & Education. She is currently a doctoral student in the School of Social

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Barrett Johnson oversees
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Chris Lee received her M.S.W.
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Brian D. Leidy, Ph.D.

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Brian D. Leidy’s main activities
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Chris Mathias, M.S.W.

Director
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Chris Mathias joined CalSWEC
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As director of the Title IV-E Stipend Program, she leads the development and evaluation of the Title IV-E Stipend Program for Public Child Welfare and the Regional Training Academy Coordination Project. She heads a consortium that includes 19 universities, the County Welfare Directors Association, the Mental Health Directors Association, the four Regional Training Academies, the Inter-University Consortium in Los Angeles, and the California Department of Social Services. For 14 years prior to joining CalSWEC, Ms. Mathias worked primarily in the private non-profit sector with children in out-of-home care. During that period, she developed curriculum, training, and quality assurance methods for practice for direct care workers, clinicians, and administrators.

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Julie McCrae's work focuses on early intervention around children's emotional and developmental needs following contact with child welfare, and transfer of learning concerning child welfare-mental health interventions and strengths-based practice.

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Michael Nunno is the principal investigator of the Residential Child Care Project, coordinating and supervising the evaluation of the project's international training efforts in the prevention and de-escalation of aggression and violence in children's residential care programs. He also evaluates the impact of the Children and Residential Experience: Creating Conditions for Change curriculum for

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residential child care personnel on participants' learning, and organizational congruence and climate.

Kirstin O'Dell is the training evaluator for the child welfare partnership at Portland State University. She has eight years of research and evaluation experience in child welfare and early childhood development. Her current projects include evaluation of the training for the Excellence in Child Welfare Practice in rural Oregon and Alaska grant and evaluation of Oregon DHS-funded trainings provided by CWP.

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former director of Program Analysis and Research at the American Humane Association. She is currently involved in evaluations of training effectiveness in Colorado, California, Nevada, and Washington, and has been a co-facilitator for a strategic planning process for training evaluation in California. Her doctorate is in educational psychology with a strong emphasis on curriculum design and assessment from the State University of New York, Albany, as well as permanent Teacher Certification from New York State. She is a co-author of the NSDTA publication *Training Evaluation in the Human Services* and co-chair of the NSDTA Evaluation Committee. She has also served for several years as a Planning Committee member for the National Human Services Training Evaluation Symposium, and has made numerous presentations on the evaluation of training at this meeting and nationally.

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projects have included the Alaska Foster Care Alumni Study: developing curricula in the areas of FASD and prevention of abuse and neglect of vulnerable adults; evaluating new employee and supervisory training for child welfare staff; and, in partnership with the Russian National Foundation for the Prevention of Cruelty to Children, improving social work education and child welfare service delivery systems in Russia.

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Alabama's model child welfare reform from 1991 through 2004 (*Making Child Welfare Work*, Bazelon, 1998). He co-designed the MAPP curricula (GPS- and CSA-MAPP) used by adoptive and foster care systems in 14 states, Israel, and the Netherlands. He has trained MAPP trainers in North Carolina, New York, Alabama, Montana, Georgia, California, South Dakota, and Tennessee. He also led North Carolina's evaluation of MAPP implementation.

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- Charlene Urwin is site manager for the Protective Services Training Institute of Texas at the University of Texas—Austin. She has directed training needs assessments and competency projects in child and adult protection and recently completed a performance dimension approach in Child Care Licensing. Dr. Austin has extensive experience in teaching and directing social work education programs.
- Leslie W. Zeitler, M.S.W., LCSW**
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