

The Interactive Systems Framework: Lessons in Implementing Demonstration Projects and Disseminating Results



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OVERVIEW



- Macro view of this enterprise in which we are all engaged as knowledge builders
- Children's Bureau Grantees -Areas of Focus and Stages of Project Implementation
- Models of Implementation
 - Interactive Systems Framework and GTO
 - NIRN Model
- Examples
 - Integrated Service Delivery
 - System Integration of a Practice Model
 - CB Supervisory Training Demonstration Project
- Take Away Message

KNOWLEDGE BUILDING



THE KNOWLEDGE BUILDING ENTERPRISE



- What is the knowledge building enterprise?
- What role does it play in society and human services?
- What is its role in Child Welfare specifically?

TYPES OF KNOWLEDGE BUILDING



- Qualitative forms of inquiry
- Descriptive accounts and correlational studies
- Pilot studies and case studies
- Single group pre-post test studies
- Case studies and cohort studies
- Quasi-experiments
- Experiments and Randomized controlled trials (RCTs)
- Meta-analyses and systematic reviews of the literature

THE ROLE OF DEMONSTRATION PROJECTS



- Take what is known in the literature:
 - Build an intervention or approach from scratch and conduct the preliminary test
 - Adopt a new intervention or approach and conduct the first test of this new intervention
 - Adopt an established intervention (EBP or EIP) or approach and conduct a more sophisticated test or show how to take it to scale or replicate it in another setting

WHAT IS THE ROLE OF A DEMONSTRATION PROJECT IN SOCIETY?



- ✦ To begin to test out different ways to solve a problem that many states, counties and tribes are experiencing
- ✦ To find out what works in different settings
- ✦ To work out the details of implementing a program so that it can be manualized and replicated in other settings
- ✦ To cut down on time it takes others to pick up the intervention and execute it in their settings
- ✦ To add to knowledge of how to deliver services in an effective way
- ✦ To add to knowledge so that other systems can build capacity to serve clients better

WHAT IS THE ROLE OF A DEMONSTRATION PROJECT IN CHILD WELFARE?



- Because of the complexity of child welfare systems, it is difficult to determine what works.
- Thus, there is little research in the field. This is a place to generate more knowledge in the field.
- That is why it is important that the implementation be documented well, evaluated thoroughly, manualized and evaluation findings disseminated.
- An important step is for others to replicate what has been done to see how generalizable programs are to different situations.
- Also important for the rigor of demonstration projects to increase over time so that we have a solid base from which to practice.

CHILDREN'S BUREAU GRANTEES



ALL GRANT PROPOSALS



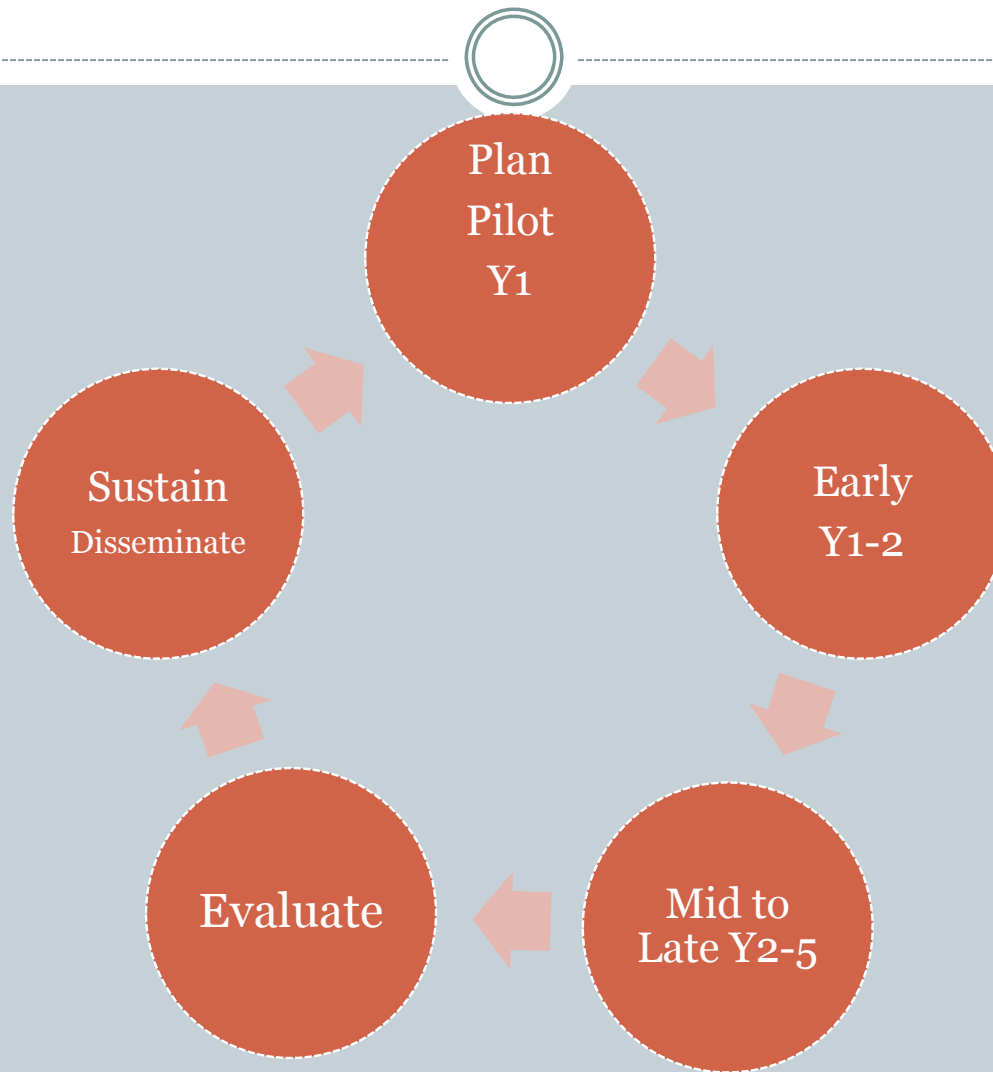
- Gathered information from the literature
- Gathered information on the particular nature of the problem in your state, county, or tribe.
- Collected some qualitative data in your own state, county or tribe to verify what is needed (needs assessment).
- Either developed or found an intervention, program or approach you want to implement and evaluate for this grant

STAGES OF WORK AMONG GRANTEEES



- Planning stage and pilot of implementation (Y1)
- Installation and Early Implementation Phase and finding all of the problems that can come up along the way of implementing a complex project with multiple partners across time (Y1-2)
- Full Operations Phase (Y3-4)
- Completion and Outcome Evaluation Phase (Y5)
- Sustainability Phase (Y5)
- Dissemination Phase (Y5 and beyond)
- Planning for Replication and Extension (Y5 and beyond)

CYCLE OF IMPLEMENTATION



GRANTEE MEETING



- Over the course of the next several days you will share what you are learning in your demonstration projects
- You will learn more specific ways to improve collaborations, planning, implementing and evaluating your projects
- You will learn how to trouble shoot problems that arise in all of these areas
- You will learn about and think about ways to sustain what you are doing and how to disseminate in a way that moves knowledge forward
- This session is designed to give you some frameworks for thinking about your work, resources to help you solve problems in your work and examples to give you concrete ideas of what we have done in our own work in child welfare through the years.

IMPLEMENTATION MODELS



INTERVENTION VS IMPLEMENTATION



- With the new emphasis on Evidence Based Practice- much research has been devoted to understanding particular interventions- many of those interventions are targeting individuals
- There was less emphasis in the research literature on the process of creating and implementing interventions or the systems and organizational changes that impact delivery of services or case management practices to enhance client outcomes in complex settings like child welfare

ISF and NIRN



- In 2005 Abe Wandersman led a task force at the Center for Disease Control to develop a framework for moving research to practice that allowed for both integrity to the research findings or practices that were evidence based while also allowing for innovation at the community level. Special issue in the *American Journal of Community Psychology* 2008
- The next year Fixsen et al (2005) posted their review of over 700 studies on implementation and also developed what many people call the NIRN Model
- What both show is that in order to develop, establish or study an EBP or EIP certain conditions need to take place
- Both conceptualizations can be useful to you as CB grantees

INTERACTIVE SYSTEMS FRAMEWORK



- The ISF includes three systems:
 - The Synthesis and Translation System
 - The Support System
 - The Delivery System.
- The function of the first system is to distill information about innovations and prepare them for implementation by end users such as administrators (in the case of policies and processes) and practitioners (in the case of programs and principles).
- The Support System's function is to support the work of those who will put the innovations into practice. This is where the CB T/TA Network organizations fall.
- The Delivery System is the place where implementation of innovations occurs in the field.

The Synthesis Process



- The Synthesis process involves systematic reviews, integrative reviews, meta-analysis, reviews of the literature, and state of the science reviews (Stevens, 2002).
- Different types of literature reviews are needed in emerging fields like child welfare. For example, if only randomized control trials are reviewed, then other rigorous, but less controlled studies are excluded.
- Some of the system level work in child welfare can not be studied through randomization. Thus, an analysis of evidence at multiple levels is necessary in this step.
- One goal of synthesis should be to identify key characteristics and core elements of programs, processes, principles and policies so that these key features can be replicated in the field and modified appropriately for unique needs and contexts of different agencies and at-risk populations.

The Support System



- The Support System engages in two activities.
- The first is innovation specific capacity building which is focused on a particular innovation such as
 - Providing information about an innovation before an organization adopts it,
 - Providing training on how to carry out the innovation,
 - Providing tools that operationalize the innovation and providing technical assistance while the innovation is being rolled out and embedded in the organizational delivery system.

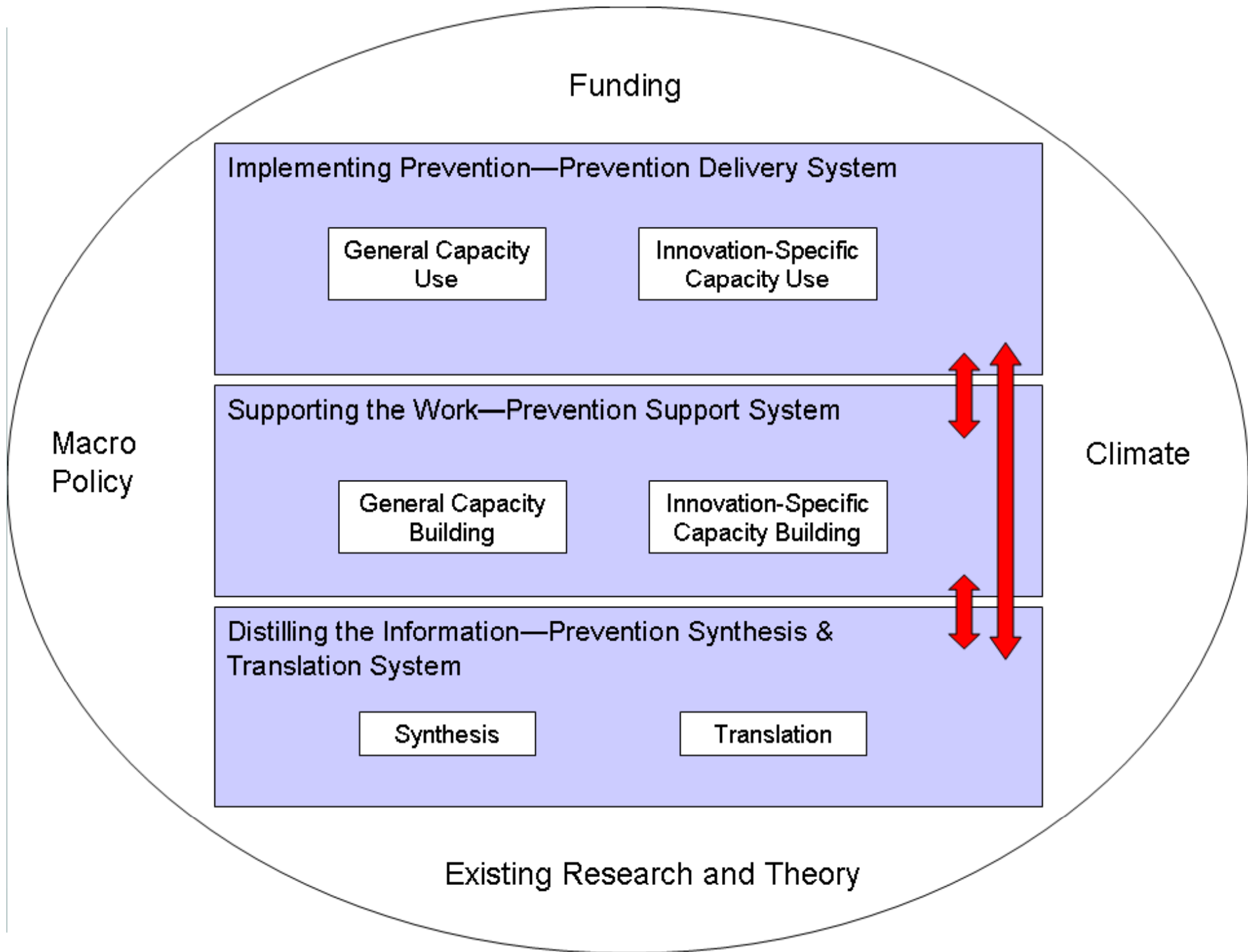


- **New research finds that developing and supporting the new skills for innovation through**
 - Developing tools
 - Delivering training
 - Delivering Technical Assistance through coaching and supervision
 - Monitoring of fidelity and adherence through Quality Assurance and Continuous Quality Improvement
- **The second activity is general capacity building, which is intended to enhance**
 - Infrastructure
 - Skills and motivation of an organization. Research has found that organizations that function well are better able to implement innovations (e.g, Livet & Wandersman, 2005).

The Delivery System



- The Delivery System carries out the tasks necessary to implement innovations. The organizations that carry out delivery of services have varying levels of existing capacity, including both ability and motivation to implement evidence based or evidence informed innovations. These activities also include innovation specific and general activities (e.g. workforce strength, leadership, partnerships).
- The way implementation happens is through the Getting to Outcomes Process



IMPLICATIONS FOR CB AND YOU



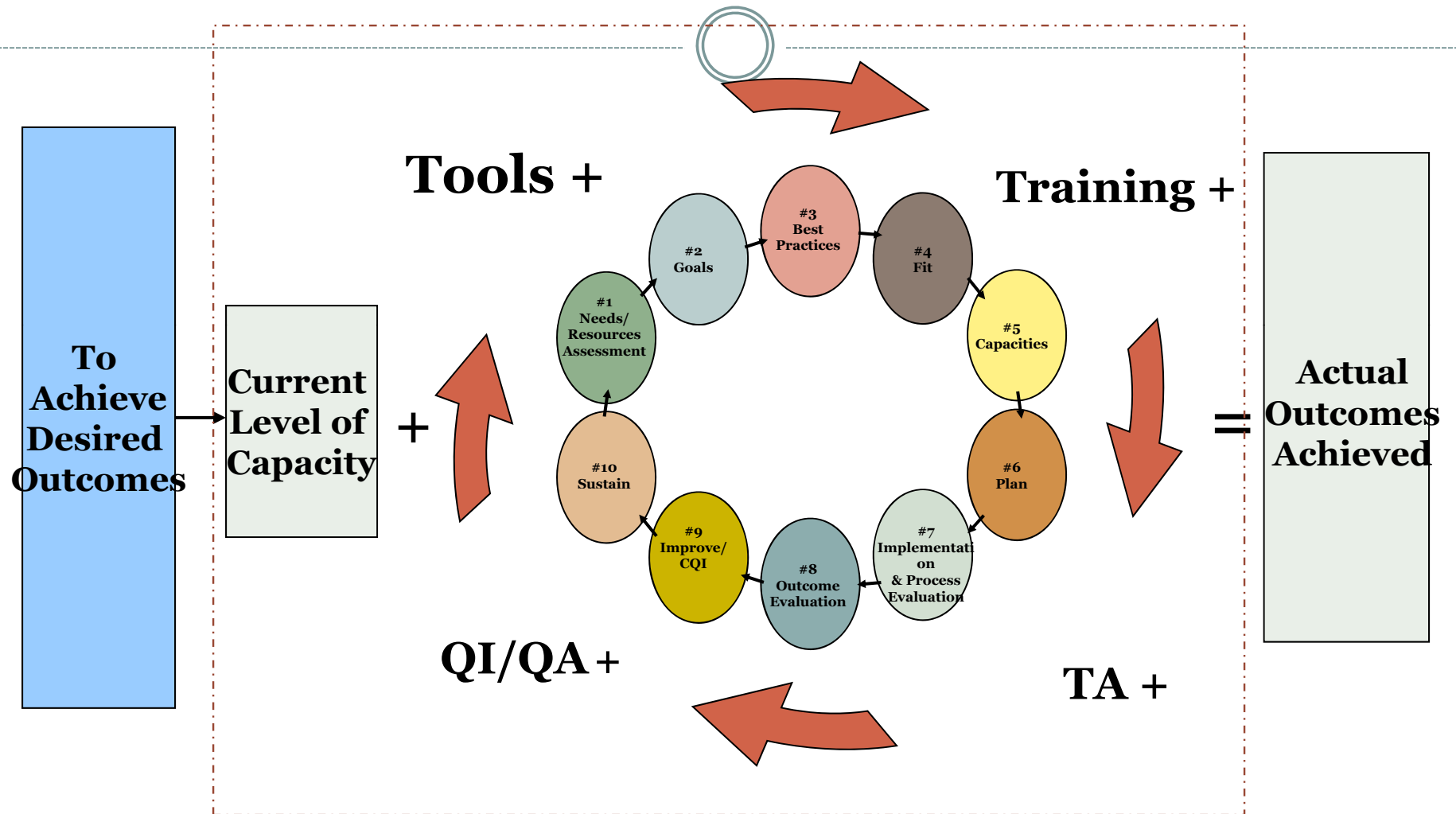
- 1) There needs to be more funding for research on promising child welfare practices
- 2) We need to push ourselves to adopt the most rigorous evaluation and research designs in our demonstration projects to have a more solid foundation
- 3) We need to make sure our T/TA providers are grounded in the research literature and best evidence when building capacity in agencies, states, counties and tribes

10 STEPS IN GETTING TO OUTCOMES



- 1) *Identifying* needs and resources,
- 2) *Setting goals* to meet the identified needs,
- 3) Determining what science based, *evidence based (EBP) or evidence-informed practices* or casework practice models exist to meet the needs,
- 4) Assessing actions that need to be taken to ensure that the EBP *fits* the organizational or community context,
- 5) Assessing what organizational *capacities* are needed to implement the practice or program,
- 6) Creating and implementing a *plan* to develop organizational capacities in the current organizational and environmental context,
- 7) Conducting a *process evaluation* to determine if the program is being implemented with fidelity,
- 8) Conducting an *outcome evaluation* to determine if the program is working and producing the desired outcomes,
- 9) Determining, through a *continuous quality improvement (CQI) process*, how the program can be improved and
- 10) Taking steps to ensure *sustainability* of the program.

GTO Support System Model



National Implementation Research Network (NIRN)



- Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., Wallace, F. (2005). Implementation research: A synthesis of the literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network
- Now the team is at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill
- <http://www.fpg.unc.edu/~nirn/>

NIRN Model



- “Every aspect of implementation is fraught with difficulty, from system transformation to changing service provider behavior, and restructuring organizational contexts.”
- Three degrees of implementation
 - Paper implementation- policies and procedures
 - Process implementation- training, supervision, change forms
 - Performance implementation- putting procedures and practices in place that affect change for consumers

NIRN Model



- **Contextual factors:**
 - Engaging all stakeholders
 - Readiness (learner, practitioner, organizational, community) to adopt intervention and change to accommodate it- to engage in the implementation process
- **Conceptual Framework for Implementing Defined Practices and Programs**
 - Source
 - Destination
 - Communication Link
 - Feedback
 - Influence

NIRN Model



- **Source-** Intervention and evidence of what works for whom under what circumstances
- **Destination-** individual practitioner, organization that adopts, houses, supports and funds the installation and use of the intervention
- **Communication Link:** Individuals or groups that are experts in the intervention who work to implement the defined practice or program with fidelity at the implementation site
- **Feedback-** flow of information through evaluation about performance of individuals, teams and organizations

NIRN Model



- **Influence-** the social, economic, political, historical and psychosocial factors that impinge on people, organizations or systems
- **Implementation Outcomes**
 - Changes in professional behavior
 - Changes in organizational structures and cultures
 - Changes in relationships to clients, stakeholders and partners

NIRN Model: Stages of Implementation Process



- Exploration and Adoption
 - Program Installation
 - Initial Implementation
 - Full Operation
 - Innovation
 - Sustainability
-
- My favorite example is Kelman's Book *Unleashing Change*

NIRN Model: Implementation Drivers



- Staff Selection
- Pre-service and In-service Training
- Consultation and Coaching
- Staff and program evaluation
- Facilitative administrative supports

EXAMPLES



Integrated Service Delivery



- **Neighborhood Place example**
 - A lot of emphasis on the exploration phase
 - ✦ Coming together of potential partners
 - ✦ Leadership
 - ✦ Needs Assessment
 - ✦ Development of model
 - Program Installation and Initial Implementation across a 10 year period
 - Fully Operational and Sustained across 19 years

KENTUCKY CONTEXT



- Mid-1990s Cabinet for Health and Human Resources was split between Health and Mental Health vs Social Services focused on Family and Children
- Cabinet for Families and Children- Secretary sat on the Governor's Cabinet
- Economy was strong and Clinton in the White House
- Secretary Viola Miller was head of the CFC for 8 years (Generally Child Welfare Leaders last 2 years)
- Federal laws spurred change
 - TANF
 - ASFA
 - Chafee

Adaptive Leadership

(Heifetz & Linsky, 2009)



- An adaptive leader knows the distinction between technical and adaptive work. Technical skills help a leader deal with problems and issues that arise or already exist. Adaptive skills are used by leaders to help the organization shift to adapt to an every changing environment by both anticipating likely changes and leading organizational change to be ready for and thrive in the new environment.



- **Adaptive leaders have 6 mindsets:**
 - Keep what is valuable and change what is not
 - Use experiments and the scientific method to test new ideas, processes, products, etc.
 - Has a way of thinking that utilizes environmental scanning to identify new challenges
 - Improvises responsively based on bringing lifetime of experiences to bare on new circumstances
 - Models values in actions
 - Takes losses. Change entails loss as well as gain- must move on from past to create the future which has some inherent risks



- Viola Miller was an Adaptive Leader- one who can adapt and thrive in challenging environments. She was able to ensure execution of current activities and adapt them in order to face future opportunities and challenges.
 - For example, early on staff conducted mapping exercises by listing all steps in processes in order to determine if there were excess steps, find ways to eliminate waste so as to streamline services (this turned out to be essential when the economy had a downturn part way through her administration).

Driver 1: Staff Selection



- Hired more workers to lower caseload
- Developed PCWCP program which selected the best BSW students to receive focus on child welfare policy and practice

Drivers 2 and 3: Training and Consultation and Coaching



- Emphasis on Training- Strengthened University-Agency Partnership
- Leadership Training
- Field Training Specialist Program to reinforce training on the job with special coaches and mentors
- Behavioral Anchors to measure training transfer and performance evaluation
- Credit for Learning
- MSW Stipend Program
- PCWCP Program

Driver 4: Staff and Program Evaluation



- Aligned staff evaluation with behavioral anchors
- Relied on evaluation and research throughout the 8 year period
- TWIST Administrative data improved
- Surveys of foster families, youth and clients were conducted and institutionalized

Driver 5: Facilitative Administrative Supports



- Toppled silos and integrated service delivery as much as possible between protection and permanency, family support and child support
- Increased pay for entry level workers
- Lowered caseloads
- Sought and achieved COA Accreditation
- Developed a Learning Organization- Human Services Leadership Academy, Everyone a Leader
- Developed a Child Welfare Casework Practice Model- Solution Based Casework which included collaboration- a SOC approach to practice
- Supported the PM with changes in policy, forms, TWIST System, training and what measured in case reviews

Children's Bureau Demonstration Project



- So, in this context our practice model was developed and integrated into the system (See Barbee, Christensen, Antle, Wandersman & Cahn, 2011 in *Children and Youth Services Review* for details of how to integrate a practice model into a child welfare system using GTO).
- And we responded to the RFP for supervisory training to address ASFA and the coming CFSRs
- Supervisors needed refresher in the practice model and needed more information on ASFA and the coming CFSRs



- In 2000 we received a 3 year grant from the CB to develop, deliver and evaluate a supervisory training that would be responsive to ASFA legislation and prepare our state for the first round of CFSRs
- Created several goals
- We had a positive context with engaged agency and supervisors who were ready to learn
 - Develop and deliver the training to supervisors with fidelity to the practice model
 - Develop evidence for the Practice Model in supervisor and worker behavior and change in organization and outcomes for clients



- While SBC Practice Model was embedded in the agency in policy, at some level in New Worker Training, TWIST- we had been distracted from practice with other initiatives
- Supervisory training had been only trained by originators of the model- and not manualized for replication
- So in the Adoption and Installation Phases of Implementing the Supervisory training, we observed the originators as they trained and had them help us manualize the model and the training so we could deliver it



Family Solutions

SOLUTION BASED CASEWORK TRAINING

“Sometimes the simple things are the most radical.”

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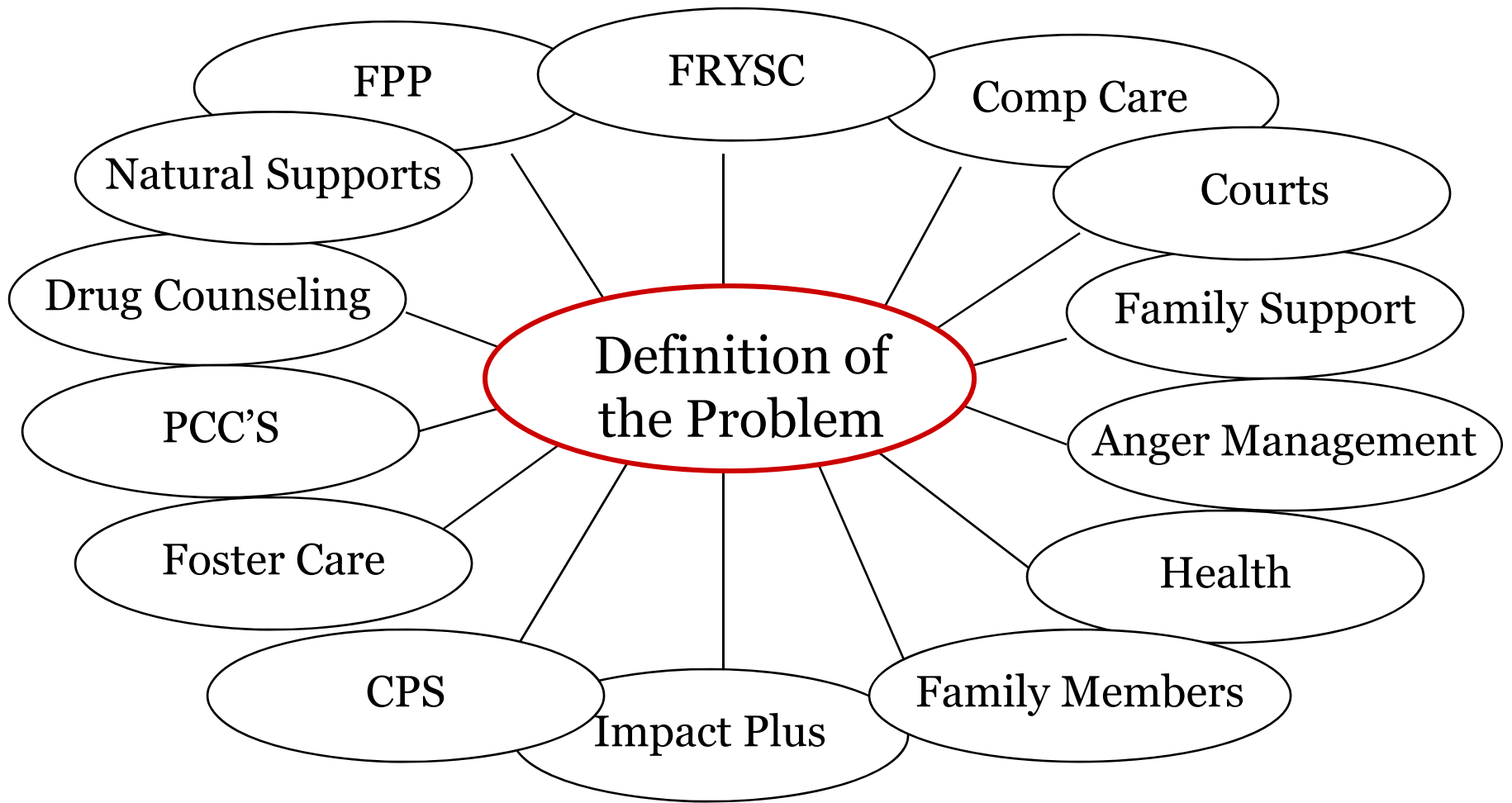
www.solutionbasedcasework.com

Why was Solution Based Casework Developed?

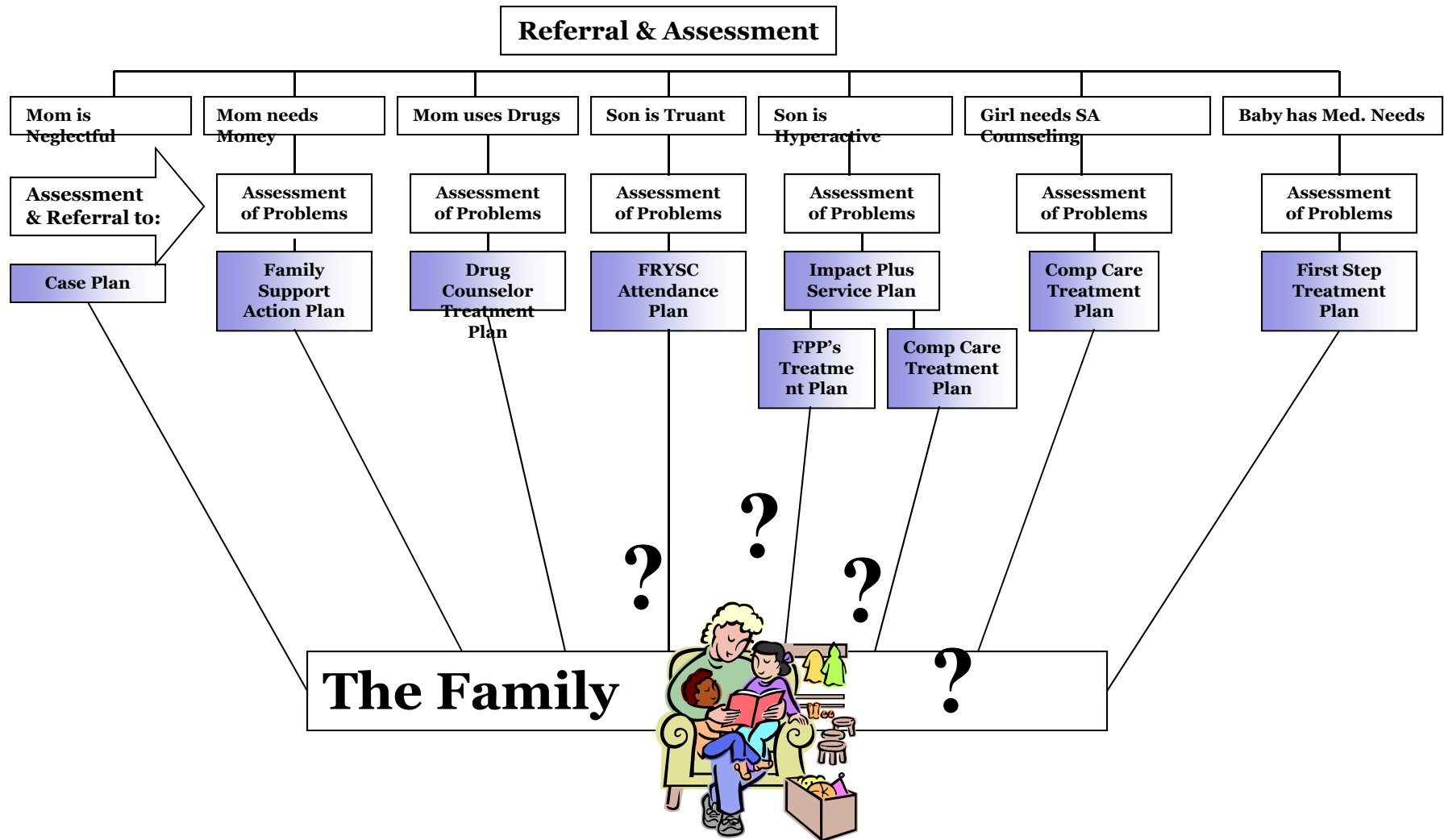


Too Often:

- **Casework had become adversarial**
- **Assessments led to open-ended list of problems**
- **Those problem lists led to service lists**
- **Service completion was measured, not skill acquisition**
- **Outcomes were diffuse and couldn't be documented**
- **Case plans were worker based, minimal partnership**
- **Federal guidelines required a more managed time frame**
- **Case network didn't share a common conceptual map**



The All-Too-Familiar Approach



Family Solutions

SOLUTION BASED CASEWORK TRAINING



Family Solutions

SOLUTION BASED CASEWORK TRAINING

Mental Health: Comp Care

Work Issues: Family & Child Support

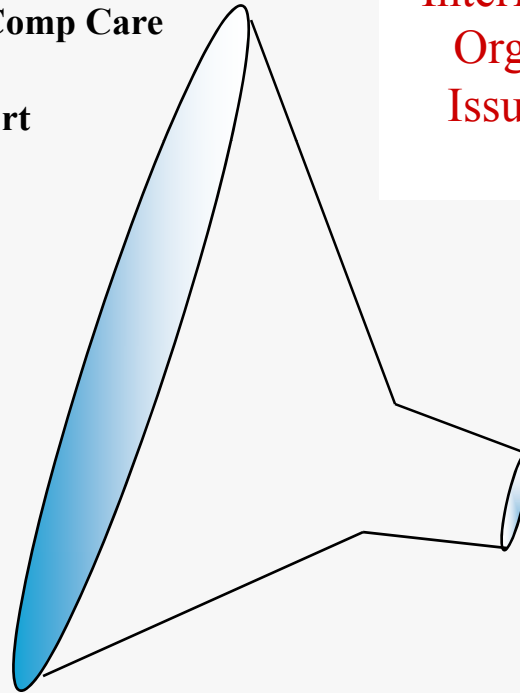
Supervision: Family Members

School Attendance: FRYSC

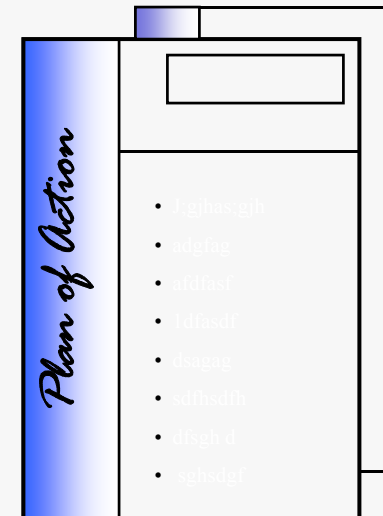
Substance Use: AA Counselor

Home & Child Cleanliness: FPP

Protection issues: Courts and P & P



**A Family Friendly
Interface that Helps to
Organize Complex
Issues and Multiple
Partners**



How does SBC Accomplish This ?

This Best Practice Model:

- Prioritizes *Partnerships* with Families
- Anchors problem identification in the *everyday situations of family life* (family life cycle)
- Organizes case plans around *Family Level Plans* and *Individual Level Plans* (skill based vs. service based)
- Documents and credentials family members in skill acquisition at both levels (*FLO and ILO*) of casework intervention

How do we get organized ?

1. Family members are helped to develop plans they can all work as a family, to make family activities or tasks go better, such as plans to:

- Improve child supervision,*
- Keep the house clean,*
- Become financially stable, or to*
- Secure good housing*

How do we get organized ? (cont.)

2. Individual members who have personal issues related to risk area are assisted in developing their own Plan of Action, e.g..

- Overcome their substance abuse*
- Manage their temper, or*
- Stay motivated during tough times*

Integrated Theory from:

- Family Development Theory
 - *(Carter and McGoldrick, 1999)*
- Cognitive Behavior Theory *(Relapse Prev. Therapy)*
 - *(Marlatt & Gordon, 1985, Pithers, 1990, Beck, 1993)*
- Solution Focused Theory
 - *(Berg, 1994, DeShazer, 1988)*

Integrated Theory from:

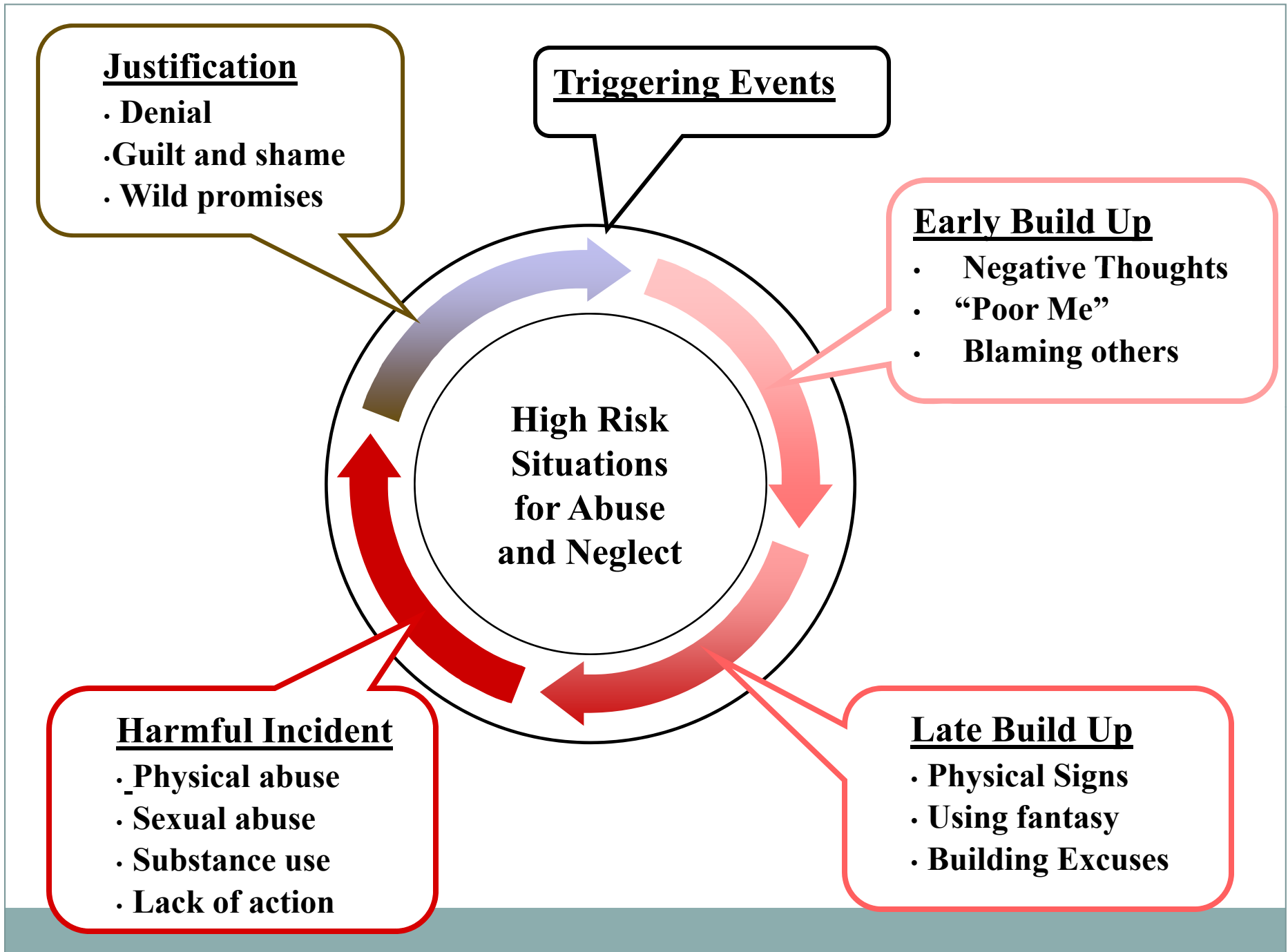
- Family Development Theory

SBC uses the stages of a family's life with children to help them stay focused on the everyday, developmental challenges that all families face who share children of a certain age. This provides a level playing field for collaboration and keeps accountability grounded in the everyday life of the family (problem is situationally anchored)

Integrated Theory from:

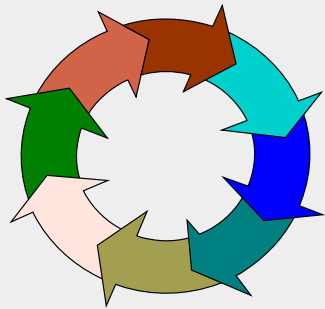
- Cognitive Behavior Therapy *(relapse prevention strategies)*

SBC teaches case managers how to manage treatment providers so they focus on the critical skills needed to manage individual and family high risk behavior, as well as how to measure, document and celebrate the mastery of those skills (risk reduction is behaviorally documented vs. trusting the opinion of providers).



What Skills are we Talking About ?

Able to:



- *Identify difficult situations/triggers*
- *Identify early warning signals*
- **P**revent *high risk situations*
- **I**nterrupt *risk situations not avoided*
- **E**scape *situations not interrupted*

Integrated Theory from:

- Solution Focused Therapy
 - *Normalize Family Struggles.*
 - *Celebrating Exceptions to the Pattern*
 - *Old vs. New “T” Charts*
 - *Tracking the Sequence of Family Life*
 - *Scaling Questions.*
 - *Time Oriented Questions.*
 - *Influence Between Session Change*
 - *Externalizing the Problem.*
 - *Reinforcing Progress through Credentialing*



- One innovation was to train supervisors and workers together
- We utilized a quasi-experimental research design in that we had a treatment and a comparison group
- We also tested the effects of training with and without additional boosters (TA) through case consultations with supervisors
- We manualized the SBC content and made sure it was infused in the New Worker Training
- We worked with the Training Branch who continued after the grant ended

Evaluation Research



- 6 major studies over 10 years
 - Study 1: Chart File Review (Martin, Barbee, Antle & Sar, 2002 *Child Welfare*)
 - ✦ To explore issues with implementation and short-term outcomes
 - Study 2: Qualitative Interviews with Workers and Clients
 - ✦ To explore client and worker experiences with the model (Antle, Christensen, Barbee & Martin, 2008 *Journal of Public Child Welfare*)
 - Studies 3 & 4: Training Evaluation (Antle, Barbee, & van Zyl, 2008 *Children and Youth Services Review*; Antle, Sullivan, Barbee & Christensen, 2010 *Child Welfare*)
 - ✦ To identify most effective strategies to promote transfer of the model
 - Study 5: Management **Data** (van Zyl, Antle, & Barbee, 2010 *chapter*; Antle, Barbee, Sullivan & Christensen, 2010 *Children and Youth Services Review*)
 - ✦ To examine the impact of general model use on safety, permanency, and well-being
 - Study 6: Continuous Quality Improvement Data (Antle, Christensen, van Zyl & Barbee, in press *Child Abuse and Neglect*)
 - ✦ To examine the impact of specific model skills at various stages of the casework process on CFSR items and ASFA outcomes

IMPLEMENTATION AND SHORT-TERM OUTCOMES



STUDY 1: CHART FILE REVIEWS
(MARTIN, BARBEE, ANTLE & SAR (2002) *CHILD*
***WELFARE* AND**
ANTLE, CHRISTENSEN, BARBEE & MARTIN,(2008)
***JOURNAL OF PUBLIC CHILD WELFARE*)**

Overview of Study



- **Research Questions**
 - Can the SBC model be implemented with the child welfare population?
 - What is the effect of this strengths-based approach on the worker-client relationship?
 - What is the effect of the SBC model on case outcomes?
- **Sample**
 - 178 cases reviewed
 - Cases did not differ in severity of maltreatment, comorbid complexity, or CPS chronicity
- **Design**
 - Experimental-Control: Cases divided into SBC (experimental) and non-SBC (control) groups using level of training and implementation data
- **Procedure**
 - Chart file review process using the SBC Case Plan Evaluation Scale

SBC Implementation Findings

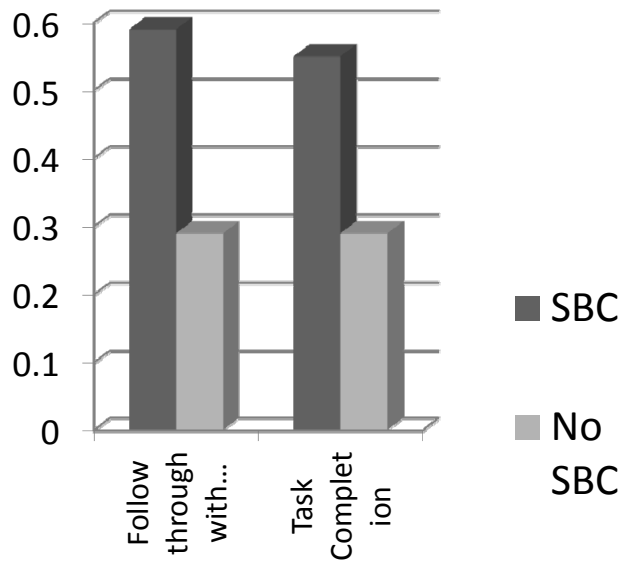


- Implementation successful across urban/rural sites and for all racial groups
- Model can be used with all types of maltreatment
- SBC can be applied to cases with multiple comorbid factors, such as mental illness, mental retardation, substance abuse, and domestic violence
- SBC can be used with families who have chronic CPS involvement or a history of termination of parental rights

Worker-Client Relationship: Client Compliance

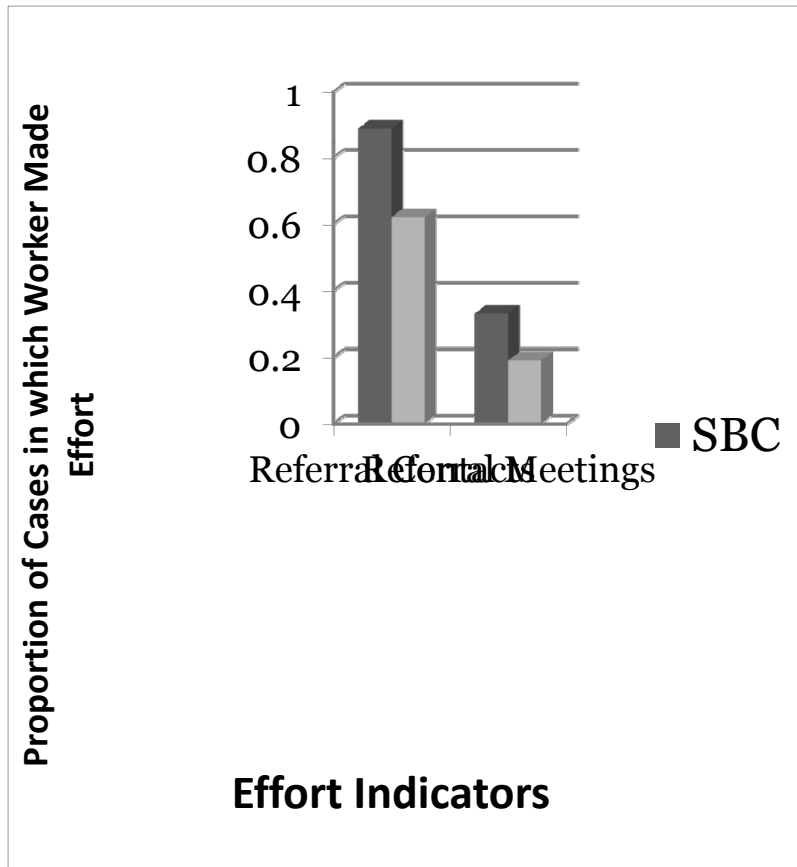


Proportion of Cases Indicating Compliance



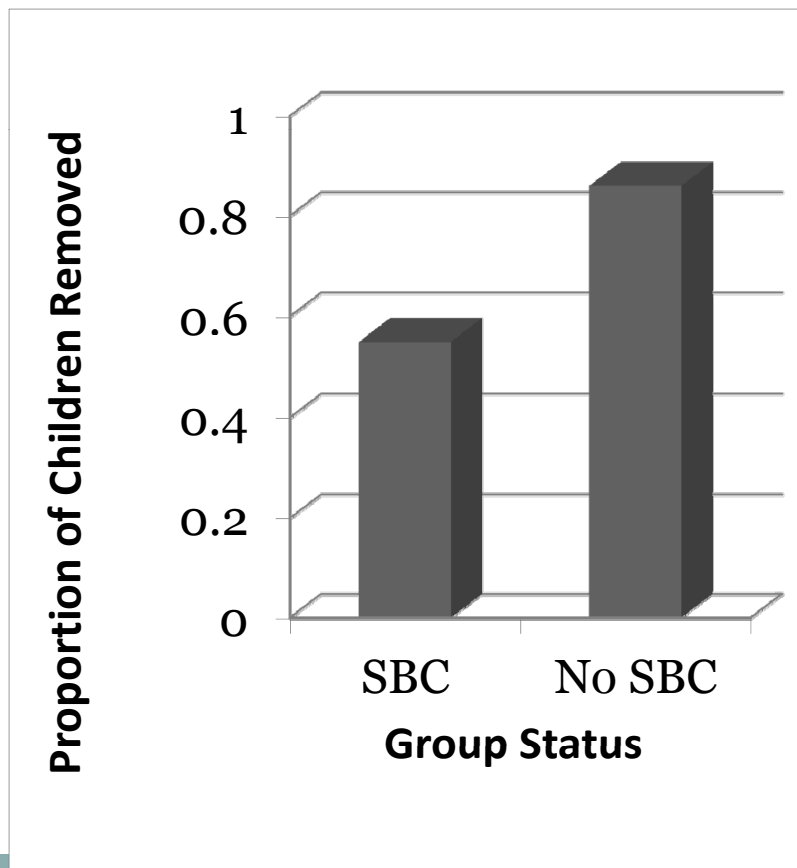
- There was a significantly higher proportion of clients in the SBC group that demonstrated compliance with referrals, $\chi^2(3)=9.56$, $p<.05$, and task completion, $\chi^2(3)=14.64$, $p<.01$.
- 59% of clients in the SBC followed through with referrals, and 55% completed tasks assigned by the worker.
- 29% of clients not in the SBC group followed through with referrals and completed tasks.

Worker-Client Relationship: Worker Effort



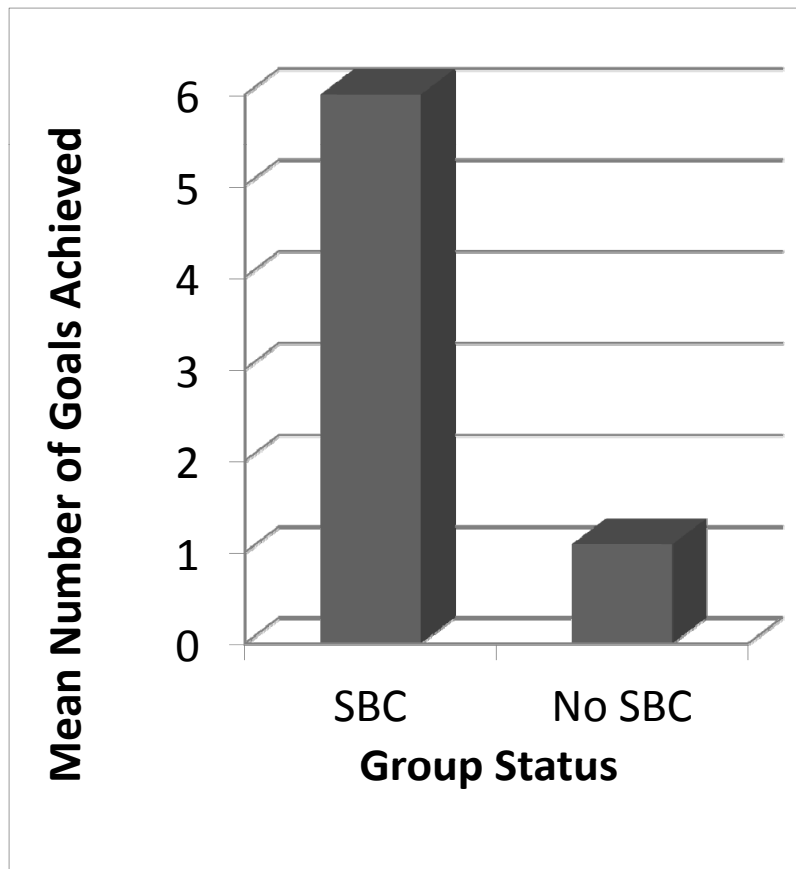
- There was a significantly higher proportion of workers in the SBC group than expected who made direct referral contacts, $\chi^2(2)=7.47$, $p<.05$; and attended referral meetings, $\chi^2(2)=7.83$, $p<.05$.
- 89% of workers in the SBC group contacted referral sources directly, and 33% attended meetings.
- 62% of workers not in the SBC group contacted referral sources directly, and 19% attended meetings.

Case Outcomes: Child Placement



- Placement of children was considered to be a primary case outcome.
- There was a significantly smaller proportion of children removed by workers using SBC than expected, $\chi^2(1)=5.43$, $p<.05$.
- 55% of cases in which SBC were used resulted in removal of children from their homes.
- 86% of cases in which SBC was not used resulted in removal of children from their homes.

Case Outcomes: Goals



- There were significantly more case goals achieved by families with the SBC model, $F=30.53$, $p<.0001$.
 - The mean number of goals achieved by the SBC group was 6, while the mean number for the non-SBC groups was 1.7
- Families with chronic CPS involvement were even more likely to experience success with SBC.
- Families with all types of maltreatment and comorbid factors achieved more goals with the use of SBC.

Summary of Study 1



- SBC can be used with child welfare population
- SBC promotes client compliance; improves worker effort and attitude
- SBC improves outcomes for families: family preservation and goal achievement
- Findings of quantitative study checked with qualitative interviews of families and workers

CLIENT AND WORKER EXPERIENCES OF THE MODEL



**STUDY 2: QUALITATIVE INTERVIEWS:
(ANTLE, CHRISTENSEN, BARBEE & MARTIN, 2008
JOURNAL OF PUBLIC CHILD WELFARE)**

Overview of Study



- **Research Questions:**
 - What is the experience of families with whom the SBC model is used? If they have prior involvement with the Cabinet when the model was not used, can they detect a difference?
 - What is the experience of workers trying to implement the model?
- **Sample**
 - 5 families currently involved with child welfare
 - 10 workers across two counties (urban and rural)
- **Method**
 - Qualitative interviews
 - Conducted face to face with semi-structured interview guide
 - Client interviews lasted approximately 1 hour; workers interviews lasted approximately 30 minutes
 - Written documentation of responses

Family Experiences



- **Very practical**
 - Gave tips and developed plan that helped avoid repeat incidents of neglect, abuse
 - Liked the way worker used language that made sense (family's own language)
- **Success in parenting**
 - Felt empowered to be a better parent
 - More success than in the past
- **Positive relationship with worker**
 - For those with previous involvement with child welfare agency, noticed a difference
 - Identified strengths
 - Asked for my opinion and ideas for solutions
 - Involved in case planning and decision making
- **Changed view of child welfare agency**
 - Now view as a resource instead of enemy

Worker Experiences



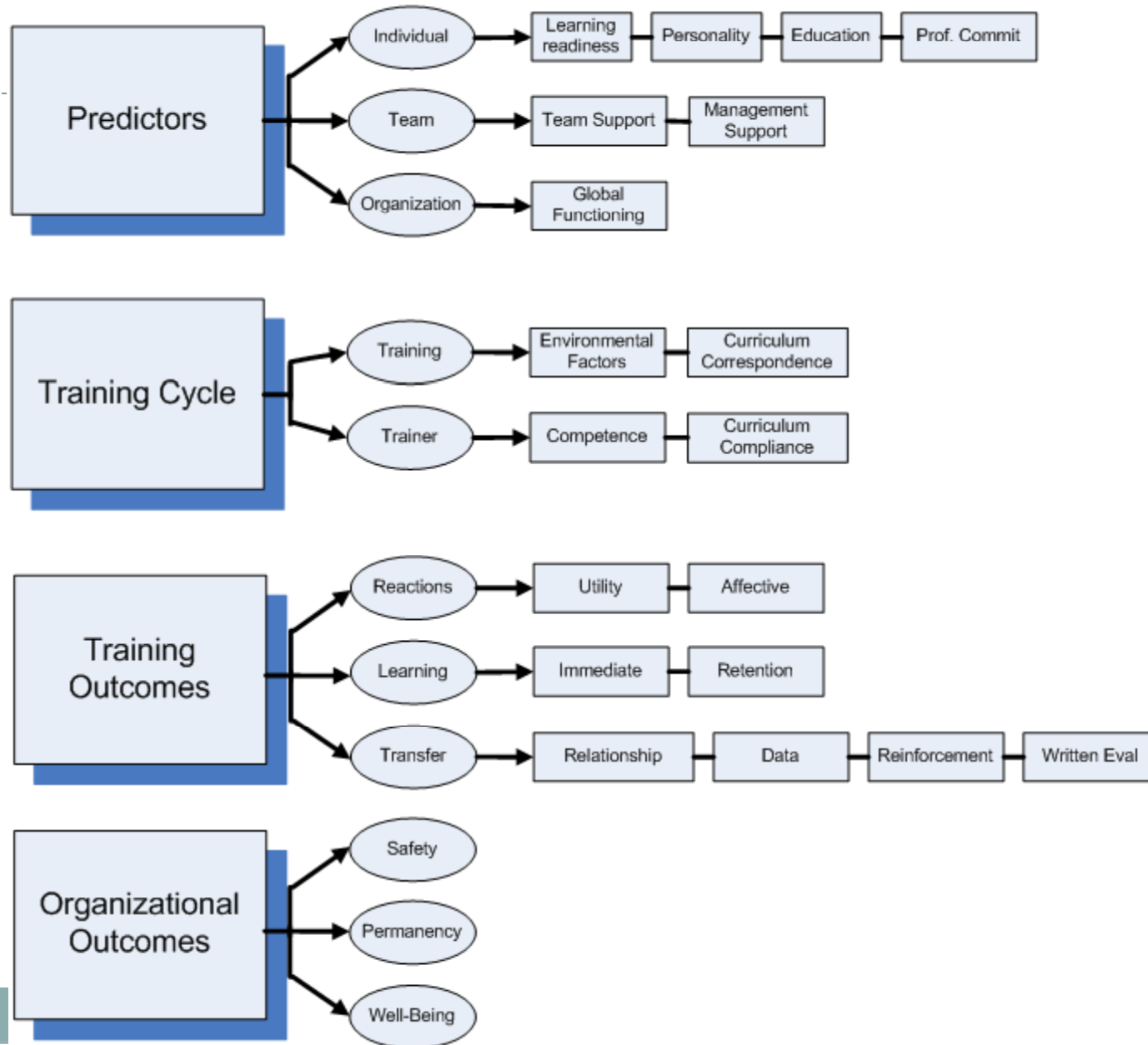
- Helps with relationship building
- Positive elements of model
 - Developmental stages provide a non-threatening way to start with families (versus immediately talking about abuse incident)
 - Everyday life events and tip sheets are very practical
 - Exploring exceptions to the problem
 - Charting, tracking behaviors
 - Focus on strengths of family
 - Involving collaterals and others to help the family
- Barriers to use of model
 - Workers need more training
 - Supervisors need more training to support workers
 - Caseload size—need more time with clients and less paperwork
 - Need more time to learn cycle work
 - Need more information on how to handle unique cases
 - Need to make case plans specific to each client
 - Need agency wide implementation
- Findings used to advocate for strengths-based and effective approach with families
- Given findings on effectiveness of model, next study focused on most effective way to prepare workforce to use model

EFFECTIVE TRAINING TO PROMOTE MODEL TRANSFER



**STUDY 3: TRAINING EVALUATION RESEARCH:
(ANTLE, BARBEE, & VAN ZYL, 2008
CHILDREN AND YOUTH SERVICES REVIEW;
ANTLE, SULLIVAN, BARBEE & CHRISTENSEN,
2010
CHILD WELFARE)**

Louisville Child Welfare Training Evaluation Model



Overview of Studies



- Research Questions
 - What is the most effective training delivery method to promote transfer of the model?
 - What are the individual, team, and organizational predictors of training outcomes?
 - How do trainee attitudes affect training outcomes?
 - Do trainees experience an increase in knowledge and retention of learning over time?
 - Do trainees transfer skills from training to practice?
- Sample
 - Supervisors
 - ✦ 72 total supervisors
 - ✦ 40 experimental, 32 control
 - Workers
 - ✦ 331 total workers
 - ✦ 195 experimental, 136 control
 - Cases
 - ✦ 120 cases reviewed to evaluate casework skills
 - ✦ 40 cases from each of three groups: training plus refreshers, training only and no training
 - ✦ The sample was randomly selected from a list of cases that had been opened for each team since completion of training

Overview of Study



- Design
 - Pre-Post Experimental-Control Group Design
 - ✦ Pre-Post
 - Supervisors and workers surveyed pre-, immediately post-, and two months post-training
 - Cases reviewed post-training only
 - ✦ Experimental-Control
 - Two levels of experimental group: Training Only and Training Plus Refreshers
 - Control group received no training (waiting list)
- Variables and Measurement
 - Pre-Training Surveys
 - ✦ Supervisors: predictor variables, knowledge
 - ✦ Workers: supervisor use of skills (transfer)
 - Post-Training Surveys
 - ✦ Supervisors: reactions (attitudes), knowledge
 - ✦ Workers: supervisor use of skills (transfer)
 - Chart File Review
 - ✦ Data on casework skills was obtained through a chart file review process
 - ✦ Evaluation of assessment and case planning with tool adapted from the SBC Case Plan Evaluation Scale (Study 1)

Changes Over Time: Learning



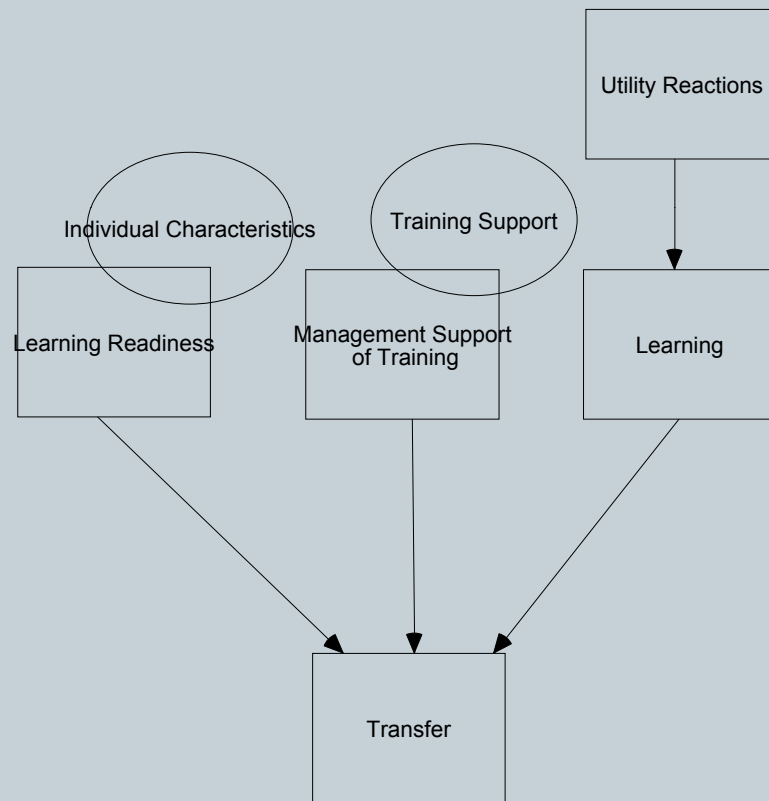
- Significant increase in knowledge pre- to immediate post-training (immediate learning)
- Significant increase in knowledge pre- to one month post-training (retention)
- Also a significant correlation between utility reactions and learning

Modeling

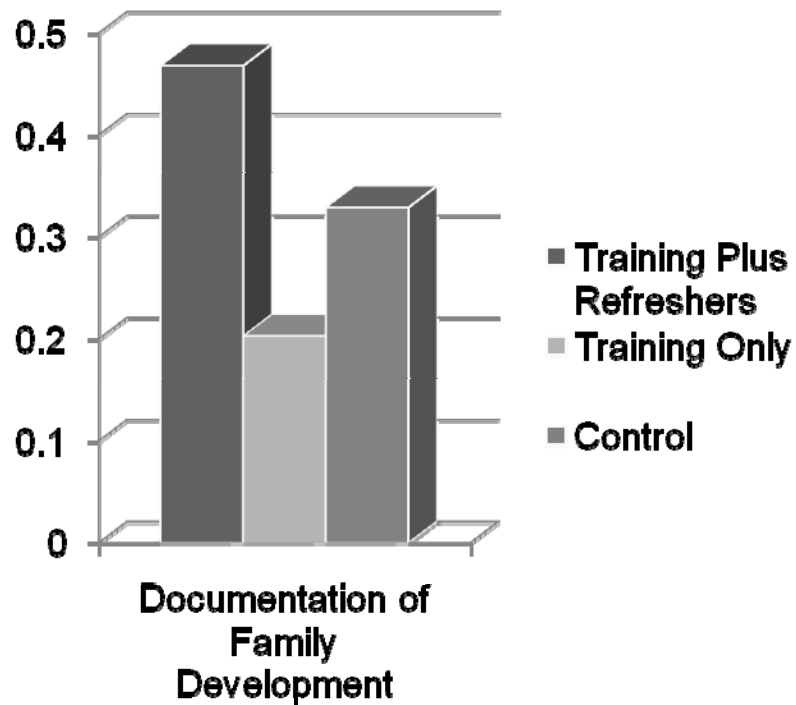


- Two models generated to predict training transfer
- Both models meet criteria for sound model given small sample size: ratio of parameters estimated to sample size; chi-square not significant; ratio of chi-square to degrees of freedom; and assumptions of chi-square
- Model 1: Learning Readiness and Immediate Learning predict Transfer
- Model 2: Management Training Support and Immediate Learning predict Transfer

Comprehensive Training Transfer Model

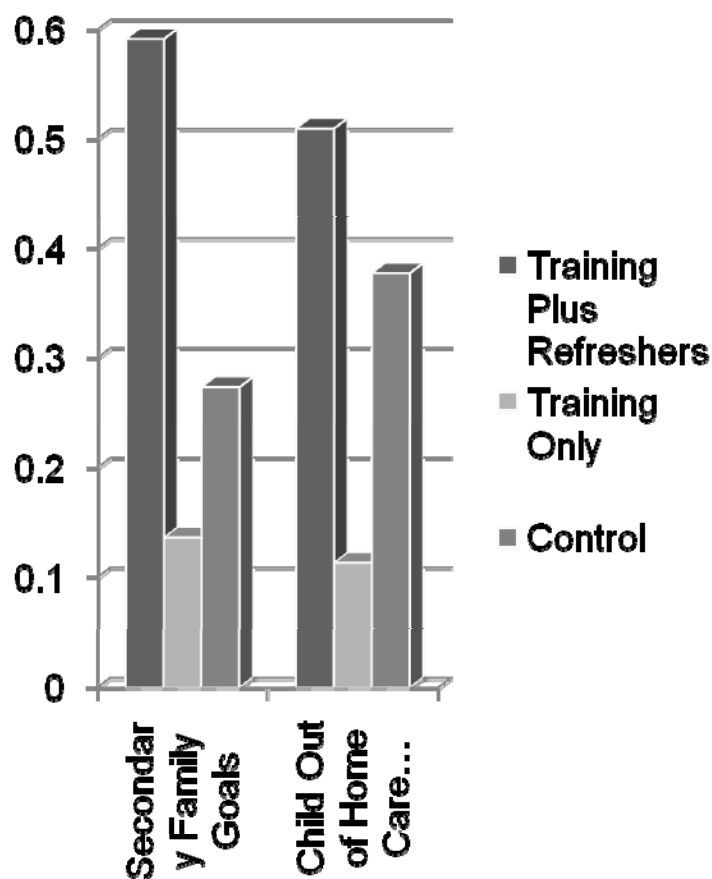


Differences in Assessment Skills



- Positive impact of training on certain assessment skills
- Training Plus Refreshers Group completed the family development assessment correctly at a significantly higher rate, $\chi^2(2,111)=32.43, p<.0001$.
 - Training Plus Refreshers Group: 46.8% correct
 - Training Only Group: 20.3% correct
 - Control Group: 32.9% correct

Differences in Case Planning Skills



- Positive impact of training on certain case planning skills
- Training Plus Refreshers Group correctly completed secondary family objectives related to well-being at a significantly higher rate, $\chi^2(2, 101) = 8.93, p < .05$.
 - Training Plus Refreshers Group: 59.1% correct
 - Training Only Group: 13.6% correct
 - Control Group: X=27.3% correct
- Training Plus Refreshers Group correctly completed out of home care goals for children at a significantly higher rate, $\chi^2(2, 82) = 8.33, p < .05$.
 - Training Plus Refreshers Group: X=50.9%
 - Training Only Group: X=11.3%
 - Control Group: X=37.7%

Relationships between Predictors, Training Outcomes and Casework Skills



- Relationships to total transfer score:
 - Significant positive correlation between transfer score and supervisor learning confidence, $r(113) = .20, p < .05$
 - Significant positive correlation between transfer score and supervisor learning self-direction, $r(113) = .19, p < .05$
- Relationships to goals achieved:
 - Significant positive correlation between organizational learning conditions and number of goals achieved, $r(102) = .319, p < .001$.
 - Significant positive correlation between supervisor training support and number of goals achieved, $r(102) = .22, p < .05$.

Summary of Studies 3 and 4 Findings



- Explain utility/relevance of training to promote learning and transfer
- Use learning readiness data to maximize training transfer
 - Target those ready to learn to train first
 - Intervene with others to promote learning readiness and subsequent benefit from training
- Important to reinforce training material following training (training refreshers, Field Training Specialist program)
- Enhance organizational support to promote training transfer
- Given findings on training outcomes, next study focused on organizational outcomes related to SBC

IMPACT OF SBC ON CHILD WELFARE OUTCOMES



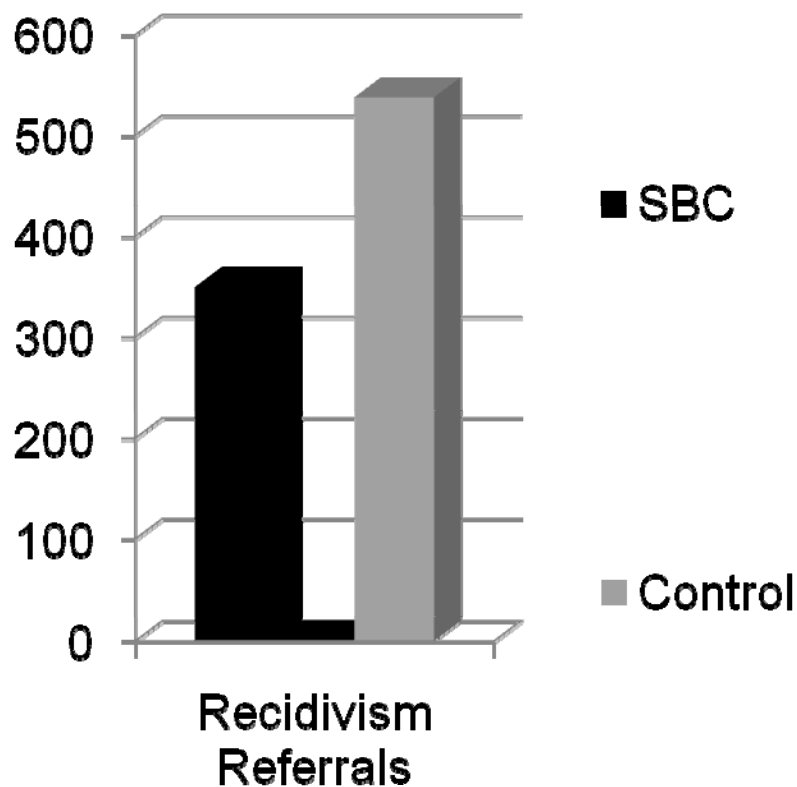
**STUDY 4: MANAGEMENT DATA:
VAN ZYL, ANTLE, & BARBEE, 2010 *CHAPTER*;
ANTLE, BARBEE, SULLIVAN & CHRISTENSEN,
2010 *CHILDREN AND YOUTH SERVICES REVIEW***

Overview of Study



- **Research Questions**
 - What is the impact of using SBC on child welfare outcomes of safety, permanency, and well-being?
- **Sample**
 - Over 1000 cases were tracked for outcome data
- **Design: Experimental-Control Pre-Post**
 - Experimental group received training in model and link to federal outcomes
 - Control group received NO training
 - Data collected 6 pre- and post-training (and equivalent period for control group)
- **Procedure**
 - Outcome data on child safety, permanency and well-being was obtained through standardized state data reports and the Kentucky Foster Care Census

Outcomes: Child Safety



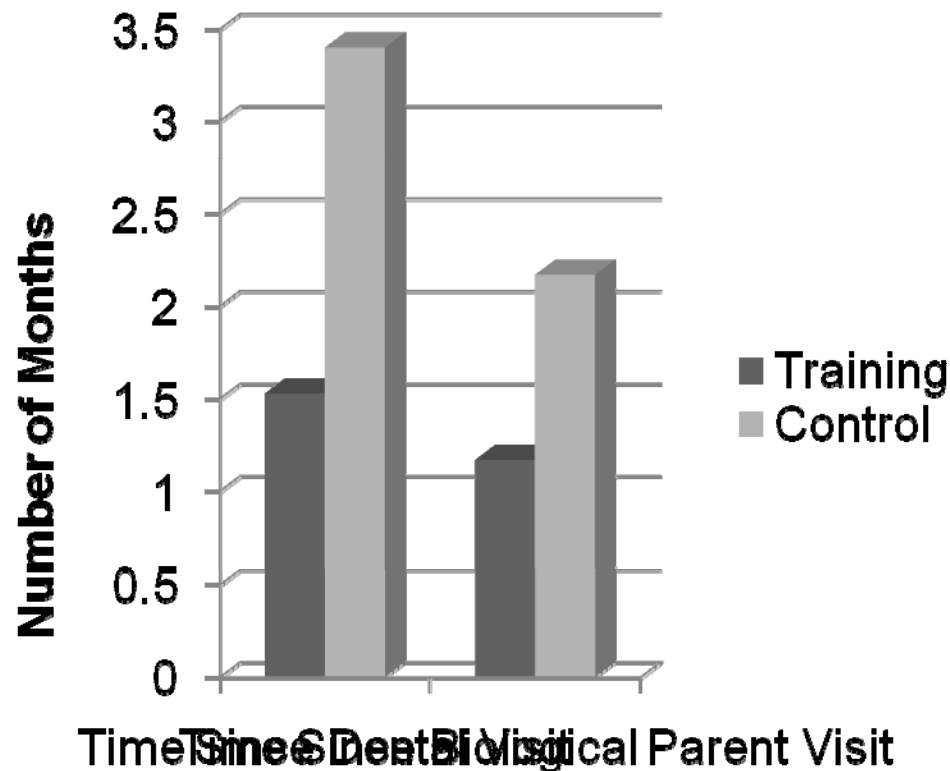
- Positive impact of training on child safety
- The SBC group had significantly fewer recidivism referrals for child maltreatment than the Control Group, $F(2, 112) = 18.63, p < .0001$.
 - SBC: $n = 350.00$
 - Control: $n = 538.00$

Outcomes: Permanency



- There was no impact of training on permanency outcomes
- There is a significant negative correlation between number of placements and number of strengths identified, $r(105) = -.199, p < .05$

Outcomes: Well-Being



- There was a significantly longer period of time since the last dental visit for the control group than the training groups, $t(30) = -18.45, p < .0001$.
 - SBC: $x = 1.53$
 - Control: $x = 3.40$
- There was a significantly longer period of time since last visit with biological parents, $t(30) = -5.48, p < .0001$.
 - SBC: $x = 1.17$
 - Control: $x = 2.17$

Summary of Study 5 Findings



- Training had significant positive impact on child safety and well-being
 - There were fewer recidivism referral reports for the SBC group
 - The SBC group had more recent visits with biological parents and dental professionals
- No impact of training on permanency because training did not target these outcomes (although placement outcomes were significantly different in Study 1)
- Limitations in research design led to next study through which implementation of specific elements of SBC model were linked to federal measures of outcomes

LINK BETWEEN MODEL AND FEDERAL REVIEWS/ OUTCOMES



**STUDY 5: STATEWIDE QUALITY ASSURANCE
DATA: ANTLE, CHRISTENSEN, VAN ZYL &
BARBEE, IN PRESS *CHILD ABUSE AND NEGLECT*)**

Overview of Study



- **Research Questions**
 - What is the relationship between SBC use and performance on federal review items and outcomes?
 - What are the most critical points in the child welfare casework process to use SBC in order to promote positive outcomes?
- **Sample**
 - 4559 cases over four year time period (2004-2008)
- **Variables and Measurement**
 - Solution-Based Casework
 - ✦ Total, Intake/investigation, Case Planning, Case Management
 - Safety 1 and 2
 - Permanency 1 and 2
 - Well Being 1,2, and 3
- **Procedure**
 - CQI Review Process
 - Merged data across four years
 - Extracted SBC items from review tool
 - Federal review items and outcomes mapped onto CQI tool by CFSR/PIP team in KY

SBC Items



- **Intake/Investigation**
 - Is the documentation of the Sequence of Events thorough **and** rated correctly?
 - Is the documentation of the Family Development Stages, including strengths, thorough **and** rated correctly?
 - Is the documentation of the Family Choice of Discipline (including strengths) thorough **and** rated correctly?
 - Is the documentation of Individual Adult Patterns of Behavior, including strengths, thorough **and** rated correctly?
 - Is the documentation of Child/Youth Development (including strengths) thorough **and** rated correctly?
 - Is the documentation of Family Support or Systems of Support, including strengths, thorough **and** rated correctly?
- **Ongoing**
 - Same as above
 - Was the parent involved when changes were made to any of the following: visitation plan, case plan, or placement?

SBC Items



- **Case Planning**
 - Does the case plan reflect the needs identified in the assessment to protect family members and prevent maltreatment?
 - Was the individual/family, child/ren, and foster parents/relative/kinship engaged in the Case Planning **and** decision-making process?
 - Were non-custodial parents involved in the case planning process, if appropriate?
 - Were the community partners and/or others invited by the family engaged in the Case Planning process, or was there documentation that all efforts were made to engage the family in accepting community partners?
 - Are the primary Family Level Objective/s and Tasks appropriate and specific to the Maltreatment/Presenting Problem?
 - Have services been provided related to the primary Family Level Objective/s and Tasks?
 - Does the secondary Family Level Objective and Tasks address all well being risk factors identified in the current CQA?
 - Have services been provided related to the secondary Family Level Objective and Tasks?
 - Are the Individual Level Objective (ILO) based on the issues identified in the CQA?
 - Does the Individual(s) Level Objective and tasks address the perpetrator's or status offender's individual pattern of high-risk behavior?
 - Have services been provided related to the Individual Level Objective and Tasks?

SBC Items



- **Case Management**
 - Is there documentation that the FSW has engaged the family and community partners in the decision making process?
 - Is there ongoing documentation that comprehensive services were offered, provided or arranged to reduce the overall risks to the children and family?
 - Is the progress or lack of progress toward achieving EACH objective (every FLO, ILO, and CYA objective) documented in contacts?
 - Is the need for continued comprehensive services documented, at least monthly?
 - Has the SSW made home visits to both parents, including the non-custodial parent?
 - Did the SSW make the parental visits in the parents home, as defined by SOP 7E 3.3?
 - Prior to case closure was an Aftercare Plan completed with the family/community partners?
 - Was the decision to close the case mutually agreed upon?

ASFA Outcomes



- Safety 1
 - Timeliness of initiating investigations of reports of child maltreatment
 - Repeat maltreatment
- Safety 2
 - Services to family to protect children in home and prevent removal
 - Risk of harm to children
- Permanency 1
 - Foster care re-entries
 - Stability of foster care placement
 - Permanency goal for child
 - Reunification, guardianship or permanent placement with relatives
 - Adoption
 - Permanency goal of other planned permanent living arrangement

ASFA Outcomes



- **Permanency 2**
 - Proximity of foster care placement
 - Placement with siblings
 - Visiting with parents and siblings in foster care
 - Preserving connections
 - Relative placement
 - Relationship of child in care with parents
- **Well Being 1**
 - Needs and services of child, parents, and foster parents
 - Child and family involvement in case planning
 - Worker visits with child
 - Worker visits with parents
- **Well Being 2**
 - Educational needs of the child
- **Well Being 3**
 - Physical health of child
 - Mental health of child

Relationship between SBC and Outcomes/Review Items



- There is a significant positive correlation between SBC scores (Total, Intake/Investigation, Ongoing, Case Planning, and Case Management) and all ASFA outcomes/CFSR items
- The higher the SBC score (greater degree of implementation), the better were the safety, permanency, and well-being outcomes for each case

Predictors of Safety Outcomes



- In order to identify critical components of model for each federal outcome, SBC sub-scale scores were entered into regression analyses. All analyses identified significant regression models. Contact presenters for details of analyses.
- Regression analyses showed the following significant predictors of SAFETY 1 are (in this order of strength of prediction), accounting for 46.5% of the variance in this outcome variable:
 - Intake/Investigation
 - Ongoing
 - Case Management
 - Case Plan
- Regression analyses showed the following significant predictors of SAFETY 2 are (in this order of strength of prediction), accounting for 57.3% of the variance in this outcome variable:
 - Intake/Investigation
 - Case Management
 - Ongoing
 - Case Plan

Predictors of Permanency Outcomes



- Regression analyses showed the following significant predictors of PERMANENCY 1 are (in this order of strength of prediction), accounting for 54.9% of the variance in this outcome:
 - Case Management
 - Ongoing
 - Case Plan
 - Intake/Investigation
- Regression analyses showed the following significant predictors of PERMANENCY 2 are (in this order of strength of prediction), accounting for 29.6% of the variance in this outcome:
 - Case Plan
 - Case Management
 - Intake/Investigation
 - ✦ Ongoing was not a significant predictor

Predictors of Well Being Outcomes



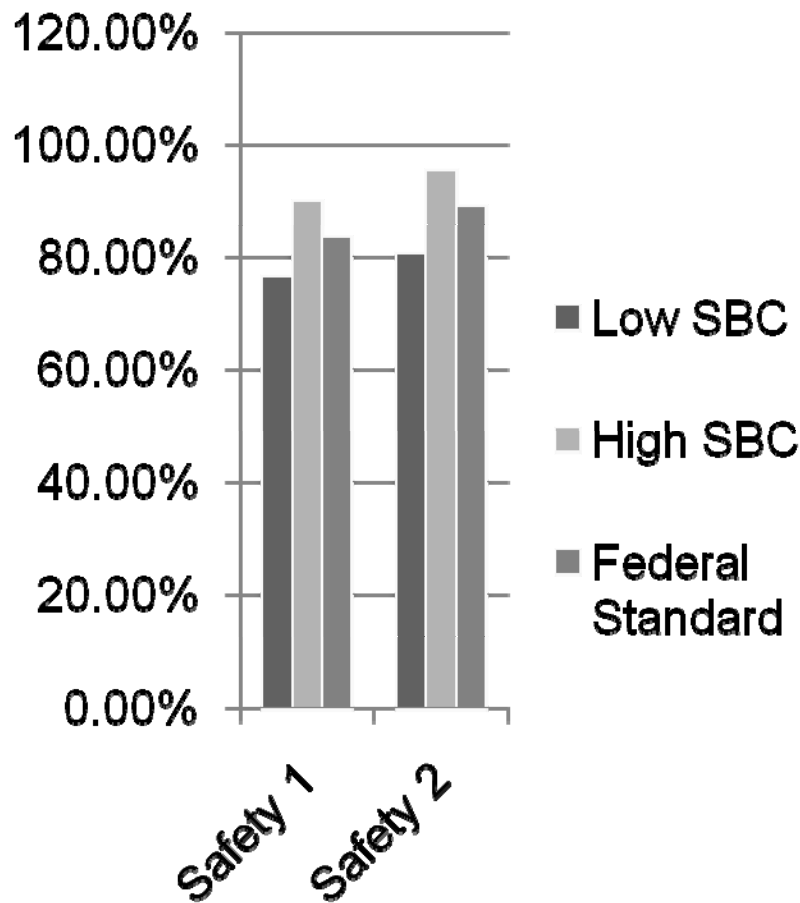
- Regression analyses showed the following significant predictors of WELL BEING 1 are (in this order of strength of prediction), accounting for 72.8% of the variance in this outcome:
 - Case Management
 - Case Plan
 - Ongoing
 - Intake/Investigation
- Regression analyses showed the following significant predictors of WELL BEING 2 are (in this order of strength of prediction), accounting for 35.6% of the variance in this outcome:
 - Ongoing
 - Case Plan
 - Case Management
 - ✦ Intake/Investigation was not a significant predictor
- Regression analyses showed the following significant predictors of WELL BEING 3 are (in this order of strength of prediction), accounting for 46.7% of the variance in this outcome:
 - Case Plan
 - Ongoing
 - Case Management
 - ✦ Intake/Investigation was not a significant predictor

Contribution of Other Components of Casework



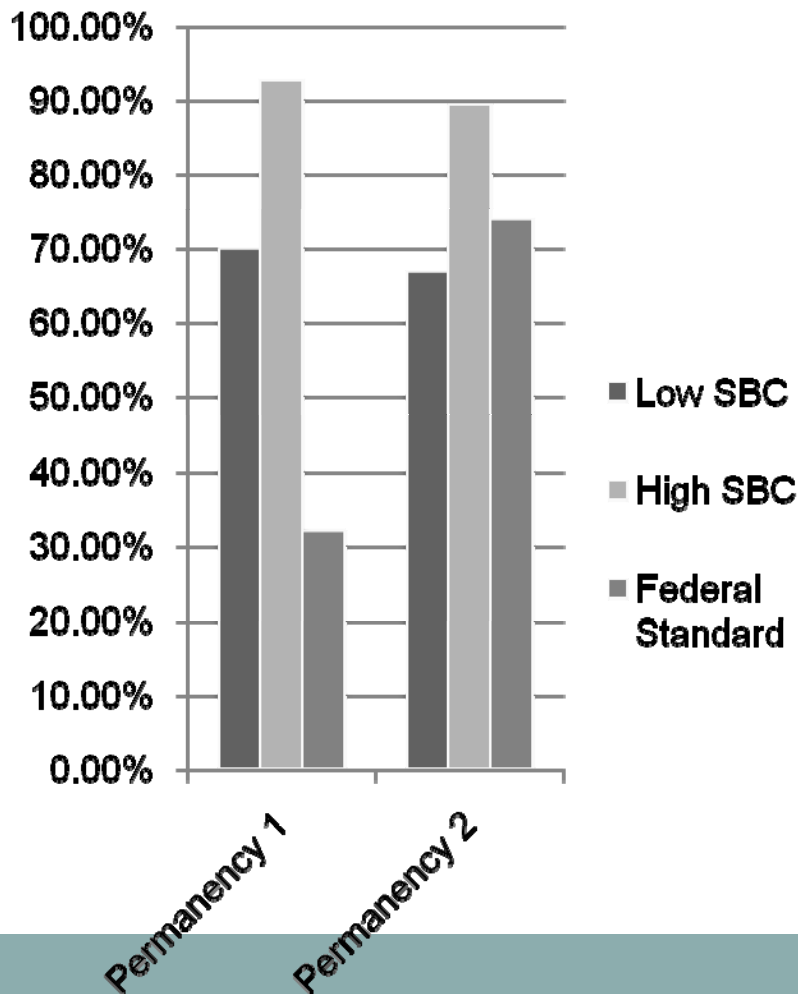
- Factor analysis was used to identify other components of casework *other than SBC* that might contribute to federal outcomes
- PCA with Varimax Rotation identified seven other casework process factors
- If SBC scales are predictive of these difference casework factors, it would mean that there are not any factor contained in the CQI that is not accounted for by SBC
- The four SBC scales were predictors of all seven non-SBC casework factors in the CQI Review Instrument
- All models of predictions were significant at the .001 and the variance explained ranged from moderate (22%) to very high (78%)

Impact of SBC on Compliance with Federal Standards for Safety



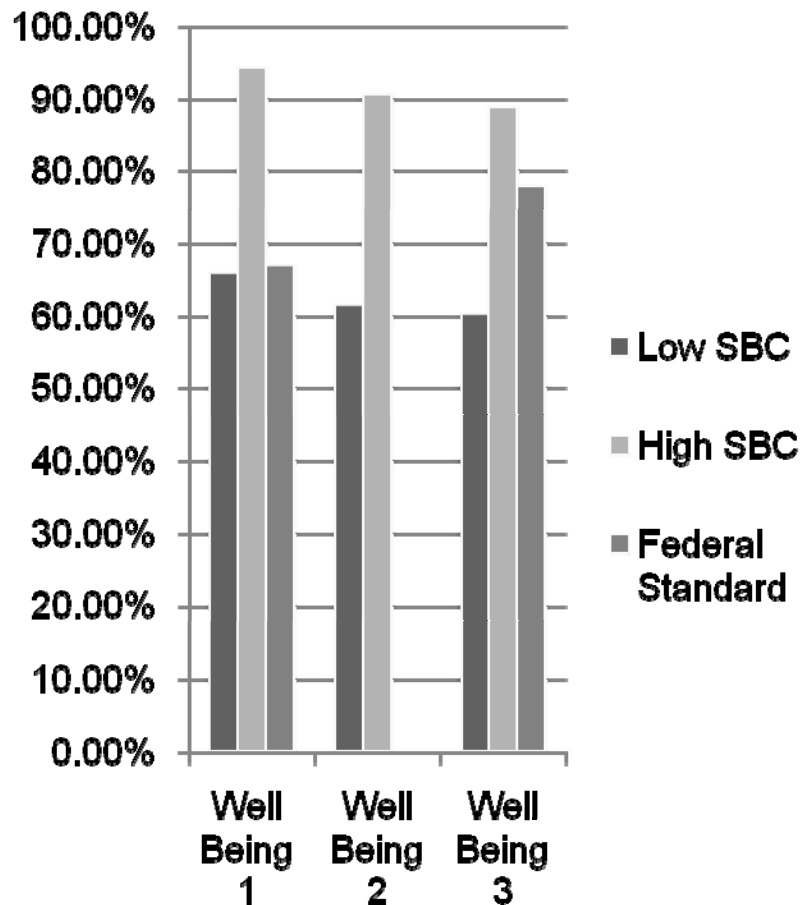
- There is a significant difference between high and low SBC groups for all federal outcomes.
- There is a significant difference between high and low SBC groups for SAFETY 1, $t(4417)=-20.20, p<.0001$. For SAFETY 1, the federal goal was 83.7%. The mean % for low SBC group was 76.50% and the mean % for the high SBC group was 89.98% (exceeding the federal standard).
- There is a significant difference between high and low SBC groups for SAFETY 2, $t(4405)=-23.40, p<.0001$. For SAFETY 2, the federal goal was 89%. The mean % for the low SBC group was 80.66%, and the mean % for the high SBC group was 95.53%.

Impact of SBC on Compliance with Federal Standards for Permanency



- There is a significant difference between high and low SBC groups for PERMANENCY 1, $t(3513)=-24.62$, $p<.0001$. For PERMANENCY 1, the federal goal was 32%. The mean % for the low SBC group was 70.07% and the mean % for the high SBC group was 92.72%.
- There is a significant difference between high and low SBC groups for PERMANENCY 2, $t(1533)=-14.54$, $p<.0001$. For PERMANENCY 2, the federal goal was 74%. The mean for the low SBC group was 66.89% and the mean for the high SBC group was 89.57%.

Impact of SBC on Compliance with Federal Standards for Well Being



- There is a significant difference between high and low SBC groups for WELL BEING 1, $t(4336) = -35.22, p < .0001$. For WELL BEING 1, the federal goal was 67%. The mean for the low SBC group was 66.01% and the mean for the high SBC group was 94.29%.
- There is a significant difference between high and low SBC groups for WELL BEING 2, $t(2988) = -19.5, p < .0001$. For WELL BEING 2, the federal goal was not established in the reports. The mean for the low SBC group was 61.59% and the mean for the high SBC group was 90.58%.
- There is a significant difference between high and low SBC groups for WELL BEING 3, $t(3467) = -23.93, p < .0001$. For WELL BEING 3, the federal goal was 78%. The mean for the low SBC group was 60.38% and the mean for the high SBC group was 88.81%.

Summary of Study 6



- Use of the SBC model is associated with significantly better scores on all 23 CFSR review items and the 7 outcomes of safety, permanency, and well being
- There are differential effects of SBC on outcomes based upon the stage of the case
 - The most critical points in a case for SBC use to promote safety outcomes are in the intake/investigation stages
 - The most critical points in a case for SBC use to promote permanency outcomes are in case management and case planning
 - The use of SBC during case planning, case management, and ongoing stages is important for well-being outcomes
 - The SBC scales account for very high percentages of the variance in these outcomes
- ***Higher degree of use of the SBC model (across all stages of the case) results in exceeding federal standards for each of the key outcomes of safety, permanency, and well being. When the model is not used or used to a lesser degree, cases fail to meet these federal standards for most outcomes.***

Implementation Issues:

- Best practice is not philosophy, it is policy
 - *Standards of Practice*
 - *Job Performance Evaluations*
- Training must be in concert to policy
 - *New worker Academy*
 - *Supervisor Consultation Seminars (ongoing)*
 - *Worker Consultation Seminars (ongoing)*
 - *Tier 2 Practice Model Coaches with policy input*
- Information Systems Reflect Practice
 - *Accept that “Function follows Forms”*

Study 7



- We are analyzing the statewide CQI data further
- We found particular indicators of SBC practice impacted outcomes most
 - We are examining those results to better understand what is most critical in the 33 SBC behaviors that leverage impact most

Results and Next Steps



- We found that 31% of cases were in adherence to the SBC model
 - That tells us there may be a training issue, but probably more likely a Regional Administration issue, a team supervisory issue and/or individual worker issues
- We have requested more data on the 4300 cases we have to determine Regional, Supervisory and Individual effects on practice
- Once we get a glimpse of the variables that are impacting adherence we plan further research

What are the Take Away Messages?



Organizational Culture and Climate are Important:



- We have worked on projects within positive and negative cultures and climates. So, we can implement either way, but it is much easier to implement in an organization that has the capacity and readiness to learn and change than one that is not.
- In our current grant we are implementing training to youth at 11 Community Based Organizations with varying levels of capacity. This project will help build capacity in those agencies.

Timeliness of Intervention Matters- Tie to Needs Assessment:



- Part of the organization's readiness was the fact that they needed this intervention at this time. That helped in the execution of the project and speaks to doing this work after a relationship is built and the importance of doing a formal or informal needs assessment early on to ensure that the audience is ready for the intervention you are about to introduce.

Planning:



- During the planning stages- think long term and big. Build in measures and evaluation protocols that can help you answer important questions for the field that relate not only to your demonstration project, but to other issues facing the field

Collaboration and Impact on Execution and Sustainability:



- Because we had worked with the state child welfare agency for over 8 years, we already had a good relationship with administrators, trainers and field staff. This helped us develop the training curriculum and helped us implement the training and the evaluation study. That history and this grant also helped with sustainability and future work.
- In 2003 we got a 5 year grant to develop training about Healthy Couple Relationships and how building those can help prevent child maltreatment or move the family along to becoming a more healthy system for children to live in once a case is closed.
- In 2005 we got another 3 year supervisory training grant on Independent Living. The results of these studies have been similar in terms of training outcomes and implications for practice and client outcomes.
- So, the relationships you are building in these grants can lead to sustainability and future projects to continue to build capacity in your states and tribes.

Develop Products:



- Be willing to get the protocol down as clearly as possible while you are developing it. Make notes along the way of any changes you make and create a manual- training curriculum- whatever captures the work so that the program can be passed on to others in the agency when the federal grant ends, so that other states and tribes can benefit from what you learned, so that T/TA providers can see what you did.

Content Matters- Measure it:



- Pay attention to the content of your intervention. Make sure you measure not only how well the program was executed but whether or not the content had an impact on knowledge gains, attitudes and practices in the field.

Evaluation and Research:



- ✦ Make your evaluation as rigorous as you possibly can. We were only able to do a quasi experimental design, but that helped us understand the impact of the training and the practice model on outcomes more than if we had just done a pre-post design.
 - We have been so used to limiting the type of evaluations we can do that we got out of practice in pushing for enhanced rigor or expecting it of ourselves, even.
 - When we wrote the Teen Pregnancy Prevention grant in June, we decided to do a randomized trial comparing 2 interventions. We did not originally include a control group.
 - When we got to the grantees meeting we discovered that all other Tier 2 grantees had control groups- so we talked with the TA providers from Mathematica and discovered that they really preferred that we include a control group and do an RCT to make the findings more clear for the field.



- So, we are redesigning the study. Most of the people in OAH and their contractors have public health or other scientific backgrounds- so they are more accustomed to doing and pushing for the best science in their demonstration project work. So, this has pushed us to think this way in our child welfare work as well.

Dissemination



- We not only created the training manual, we also wrote articles and published them in the literature from our research findings.
- We took our findings and presented at numerous conferences.
- We took our findings and consulted with numerous states about how to build a good supervisory training, how to develop or adopt a practice model or how to evaluate training that helps to tie training to practice to outcomes.
- In the CB Independent Living Supervisory Training Demonstration Project (2005-2008) we edited a special issue of a journal to house all of the projects in that grantee cluster
- We hope these products inform other professionals, social work educators, policy makers and state administrators and trainers.

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