

# **Recommendations and Suggested Models for Colorado's Court Improvement Program Training Evaluation System**

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## **Introduction**

This report provides the court in Colorado with essential information about training evaluation with which to create an effective system for evaluating the training component of the Court Improvement Program (CIP). The report is divided into two parts. Part One discusses the efficacy of the training evaluation approach and the tools utilized in the two sets of multi-disciplinary trainings sponsored by the Court Improvement Program of the Colorado State Court Administrator's Office and the Child Welfare Division of the Colorado Department of Human Services. These were conducted over the past year and included the training conducted at the 2008 Summit and the CIP training conducted over the summer of 2008.

Part Two explains in detail other methods and measures that should be considered in improving evaluation approaches and tools and how to execute those alternatives. We explain, in detail, findings from the training evaluation literature with an emphasis on child welfare training evaluation. Included in this section is the Kirkpatrick model as well as the training evaluation model developed and tested by the research team at the University of Louisville, Kent School of Social Work. In the Appendices are actual sample tools for the various levels of a comprehensive training evaluation which have been used in other evaluation programs as well as tools for developing multiple choice questions to test knowledge developed by the Louisville research lab. Lastly, the Appendices include a discussion of the research supporting the training evaluation models described in this report. All of this information can be used as guidance in developing a more effective evaluation system for the CIP trainings.

The next essential step in this process is for Colorado to develop a well articulated written curriculum for core training for court personnel and partners. Once this is developed, tools measuring readiness to learn, pre-post training perceptions, knowledge tests and transfer of learning tools can be constructed using the principles and sample tools included in this report.

It is important to acknowledge here the differences in cultures between the various stakeholders that make up the audience for this multi-disciplinary training. The approaches to evaluation described here are the ideal for measuring effectiveness of training in the child welfare arena in which training is sometimes mandatory and caseworkers and supervisors in some states receive certification based on satisfactory completion of training courses. In the Judicial sector, where these incentives may not be present, it may be more difficult to obtain an adequate response to the three levels of evaluation (pre-training, post training and follow-up) that are recommended here. In the process of developing written curricula and developing an evaluation system in conjunction with that, it may be necessary to think about adapting this approach to reflect the reality of the different cultures and what is feasible for the key players in the Judicial sector. It should be noted that the CIP in Colorado has already developed some of these approaches to make participation in evaluation efforts as user-friendly as possible for the diverse range of stakeholders who participate in the trainings. They have created an

interactive web site that includes information about the trainings as well as the evaluation instruments which can be filled out on line prior to the training sessions, right after the sessions and as a follow-up six months later. Any further measures should be considered jointly by the key players involved in terms of altering the methods of surveying participants and/or modifying the tools themselves in order to generate an adequate response.

# Part One:

## Assessment of the Colorado Court Trainings and Evaluations

In this section, we analyze the training evaluation tools and approaches currently being used by the CIP in Colorado and make recommendations for improvement. Sample tools in the Appendices are included to provide guidance on implementing these recommendations.

There were several training evaluation tools and results evaluated for this report. The trainings included:

- The one day “Multi-Disciplinary Resource Guideline Training” that occurred three different times in the summer of 2008 in Pueblo, Montrose, and Brighton.
  - *The evaluation included a pre-training measurement via Survey Monkey with a 50% return rate which was given to the trainers and a post training measurement one week after the training via Survey Monkey with a 50% return rate.*
- The one-day “Multi-Disciplinary Training” that occurred at the Summit in the spring of 2008.
  - *The evaluation included an on-site post training measurement, and a follow-up measurement three to six months after they returned to their offices via Survey Monkey.*

### What the Evaluation Approach and Instruments Reveal

Examination of the 2008 Summer Training Instrument revealed several strengths and areas for improvement detailed below:

#### Strengths

- It is appropriate and best practice to measure information before training, at the end of training and three to six months after the training as a follow-up. The approach here included two of these three steps.

- In the evaluation tool developed for the Summer trainings, the useful items on the instrument included demographic items of a) judicial district b) job/role c) process questions like ease of online registration, d) number of years in field
- The item “Why did you attend the training?” is a short way to ascertain learning readiness, but doesn’t give enough variability across participants.
- The post-training question about utility (“Did the training give you the skills, knowledge and understanding necessary to participate in the team efforts?”) is a good one. I would use a rating scale of extent to which training gave skills on a 1 (not at all) to 5(very much) scale (See Appendix B1 for an example of such a scale.)
- The post-training question about intent to change individual practice is a good one but needs to be a separate question from the knowledge of resource guidelines.
- Including a question about recommendation of the training to other colleagues is a good one.
- I like the use of grades to anchor the scales, but I would add “D” to make it a 5 point scale. The literature points to the importance of having a mid-point in this type of evaluation measure.
- The open-ended questions about what was most and least helpful are good questions.

### **Areas for Improvement**

- It would be important to include a follow-up evaluation tool three to six months after the training to gauge how well participants are applying what they learned to their practice. (See Appendices D1 and D2 for examples.) Such a tool is already being planned as part of the interactive web site established by the CIP so that evaluators can determine how well participants are applying what they learned in the training to their practice.
- It would be helpful to also include other demographics such as gender, race, ethnicity and other trainings of this type attended.
- Always use a rating scale that includes a mid-point. So instead of using a 4 point scale, use a 5-point scale. (See Appendix B1 for an example of such a scale.)
- It would be helpful to include a rating scale to ascertain the attitudes court personnel have towards child welfare as a field and the child welfare agency. For example, on a scale of 1(not at all) to 5(very much) rate your views of the child welfare field (followed by agency) on the following dimensions
  - Intrusive
  - Appropriate given the need to protect children
  - Policies and practices are appropriate
  - Workforce is competent
  - Adequacy of assessment tools
  - Adequacy of case planning tools
  - Adequacy of case management
  - Accuracy of decision making
  - Outcomes are achieved

- It would be helpful to know the level of team and organizational support for training.
- At some point the training cycle needs to be examined in terms of the content and how well the training is delivered. (See Appendix A2 for an example of a curriculum and trainer rating tool).
- The participant reactions need to include measures of affect and utility (See Appendix B1 for examples.)
- It would be ideal to create knowledge and skill questions and deliver those both pre and post to show gains in learning. (See Appendices C1 and C2 for guidance on developing questions to measure learning.)
- It would be helpful to create a set of “behavioral anchors” based on the content of the training and have the participants rate their use of the behaviors and level of competence in executing these behaviors three to six months after the conclusion of the training. Behavioral anchors are skill sets needed to do a job. For example, in child welfare that might be the ability to assist someone reporting child abuse/neglect to provide clear and concrete information. (See sample questionnaires in Appendices D1 and D2 for examples of measures of behavioral anchors.)

The 2008 Summit Approach and Instrument also revealed several strengths and areas for improvement detailed below:

### **Strengths**

- It is appropriate and best practice to measure information before training, at the end of training and to follow up after training. This training evaluation included two of the three steps but did not include a pre-training evaluation tool.
- In the evaluation tool developed for the Summit, the useful items on the instrument included demographic items of a) judicial district # b) job/role c) years in position, d) whether or not a member in a Cross System Judicial District Team, e) number of years on the team, f) other members of the team present and g) indication of previous participation.

### **Areas for Improvement**

- It would be helpful to measure level of knowledge before training.
- It would be helpful to also include other demographics such as gender, race, other trainings of this type attended.
- Always use a rating scale that includes a mid-point. So instead of using a 4 point scale, use a 5-point scale (see Appendix B1 for an example of such a scale.)
- There are too many open-ended questions. Simply have one or two open-ended questions at the end to the instrument to generate strengths and weaknesses of the training.
- It would be helpful to include a rating scale to ascertain the attitudes court personnel have towards child welfare as a field and the child welfare agency. For

example, on a scale of 1(not at all) to 5(very much) rate your views of the child welfare field (followed by agency) on the following dimensions

- Intrusive
  - Appropriate given the need to protect children
  - Policies and practices are appropriate
  - Workforce is competent
  - Adequacy of assessment tools
  - Adequacy of case planning tools
  - Adequacy of case management
  - Accuracy of decision making
  - Outcomes are achieved
- 
- It would be helpful to know the level of readiness to learn. (See Appendix A1 for sample questions that measure this.)
  - It would be helpful to know the level of team and organizational support for training.
  - At some point the training cycle needs to be examined in terms of the content and how well the training is delivered. (See Appendix A2 for an example).
  - The participant reactions need to include measures of affect and utility. (See Appendix B1 for examples.)
  - It would be ideal to create knowledge and skill questions and deliver those both pre and post to show gains in learning. (See Appendices C1 and C2 for guidance in developing questions measuring learning.)
  - It would be helpful to ask participants what actions they plan to take back at the office based on what they learned at the training.
  - It would be helpful to create a set of “behavioral anchors” based on the content of the training and have the participants rate their use of the behaviors and level of competence in executing these behaviors three to six months after the conclusion of the training. Behavioral anchors are skill sets needed to do a job. For example, in child welfare that might be the ability to assist someone reporting child abuse/neglect to provide clear and concrete information. (See Appendices D1 and D2 for examples on measures of behavioral anchors.)

## **Examination of Preliminary Results from Summer 2008 Tools**

Next we examined the data from the surveys used in this training evaluation. What the preliminary results indicate is that court personnel are open to learning, want to be notified via e-mail from the CIP about training sixty days before it occurs for planning purposes. Participants also saw the Save the Date notice as helpful. While participants indicated the training increased skills and knowledge, the yes/no format doesn't give the trainers much to work with in improving the training or creating curricula for the future. The open-ended responses were helpful in allowing evaluators to know more about the content of the training. This methodology is useful for helping to refine or create



curricula, but in the long term is too burdensome for ongoing evaluation efforts. The responses can be broken down into themes and possibly used for knowledge and skill multiple choice questions for the learning portion of the training evaluation. (See Part Two for an explanation of the various levels of measures in a comprehensive evaluation system.)

The ratings of the training are within the normal range for trainings of this type.

## **Implications for Future Curriculum Development**

Examination of the curriculum outline and goals provided indicates:

- There may be great variability in how training content is explained and delivered across sites. Development of a trainer manual with learning objectives, lesson plans, exercises and content fully written out would be ideal (See Appendix F for an example of a curriculum layout called the ITIP Model).
- More comprehensive evaluation tools will give more information about the efficacy of the content, the training delivery methods and the correspondence across trainings. This information will be essential for making improvements in the curriculum and the delivery of the training.

## **Recommendations**

Next we developed recommendations, based on the evaluation models described in Part Two and our examination of the training evaluation instruments, preliminary results and curriculum outline and goals provided. These can provide guidance in the development of an effective evaluation approach that is integrated with future curriculum development. Our recommendations are as follows:

- Use the information that will follow in the second part of this report to create measures for pre-training, post-training and to follow up three to six months after training.
- For a process evaluation, the following are observations and suggestions:
  - **Attendance:** A database needs to be developed in the court that can keep a file on each employee and partner that participates in a court sponsored training including their names, dates they attended particular trainings and participant reaction data. It should be noted that a web site has already been developed by the CIP in Colorado which can serve as the basis for keeping track of evaluation results in the aggregate and over time.
  - **Marketing approaches:** The evaluation you already conducted shows that training alerts need to come from CIP two months before a training

date. Satisfaction with what's covered and measures of learning need to be included. (See Appendices B1, B2, C1 and C2 for examples)

- **Identifying areas of need:** Asking participants to identify areas of need that were not covered: Can mine the open-ended questions for this information.
  - **Application of what they learned:** A transfer measure needs to be developed once the curriculum is fleshed out and standardized. (See Appendices D1 and D2 for examples.)
  - **Outcomes on safety, permanency, well being:** It is premature to think about this level of evaluation but can be assessed once the satisfaction, learning and transfer measures are in place. One way to look at this is to compare court districts which have been saturated with training (meaning all people affiliated with the courts participate in the training) to court districts which have not had participants in the training and to examine differences between the two districts (preferably both pre-training and post-training) on case outcomes for 6-12 months before training saturation versus no training and for 6-12 months post- training saturation versus no training.
- 
- In terms of measuring participant information, the pre-training survey should include the demographic questions already asked in the Spring and Summer 2008 cohorts with the addition of gender, race and attitudes toward child welfare.
  - Readiness to learn and reactions to training can be captured using the special surveys. (Examples of items in those surveys are provided in Appendices A1, A2, B1 and B2.)
  - In terms of ascertaining knowledge, pre-post multiple choice tests need to be developed based on the content of the training, once a standardized curriculum is developed. (See Appendices C1 and C2 for guidance in developing questions measuring learning.)
  - In terms of understanding no-show rates, the fact that the training is not mandatory is only part of the issue. Most participants also had work or personal issues interfere with their ability to break away. This is common, even for mandatory training. One way to mitigate this problem is to offer the training on different days of the week, to accommodate everyone's schedule.

# **Part Two: Training Evaluation Principles and Best Practices**

## **Introduction**

This section of the report will provide a framework for developing a comprehensive training evaluation approach. While some of the information here can also be used to make short-term improvements in the evaluation approaches and tools currently being used, the primary purpose of including this body of evaluation research (and the research on measures and variables included in Appendix E) is to guide the court in developing a longer-term and more uniform evaluation system that is integrated with the development of formal, standardized written curricula for core training.

In beginning to conceptualize, develop and implement an effective training evaluation system it is important to acknowledge the very real challenges inherent in the task such as:

- Overcoming the fear of trainers and establishing collaborative relationships.
- Costs to pay for the evaluation itself and for trainers' time, costs to the participants and their colleagues in completing measures, costs of utilizing experts in developing, delivering, analyzing and reporting.
- Coordination of this complicated process.
- Getting reliable data.
- Creating effective feedback mechanisms

In order to provide a framework for developing an evaluation system that addresses these challenges and is responsive to need, we first outline two evaluation models. The steps to designing an evaluation approach within the context of these models are then outlined.

## Two Child Welfare Training Evaluation Models

### *Kirkpatrick Model*

Child welfare training evaluation has historically been guided by the Kirkpatrick model of training evaluation. Kirkpatrick (1959, 1964, 1976, 1994, 2008) identified four levels at which training should be evaluated:

Level I (*Reaction*) evaluation involves assessing participant reactions to the training. It is based on the assumption that satisfaction with the content, delivery, and environment of training enhances effectiveness of the learning process.

Level II (*Learning*) evaluates knowledge and skill increases immediately after the training. This evaluation of learning measures the direct outputs of training in terms of new knowledge and skills.

Level III (*Behavior*) evaluates transfer of knowledge and skills to performance on the job.

Level IV (*Results*) evaluates organizational change as a result of training. This impact evaluation is the most difficult training outcome to assess. Ideally, impact evaluation would determine the extent to which training makes a difference in specific outcomes for clients. In practice, however, a number of factors may affect client outcomes and any inferences about the effects of training could be more speculative than empirical.

In the Kirkpatrick model, higher levels of evaluation build upon lower levels, thus evaluation begins with conducting periodic evaluations of the various training courses, participant satisfaction and opinion and then moves to knowledge acquisition and comprehension. After these Level I and II areas are assessed, then Level III issues such as skill demonstration and skill transfer can be assessed.

The last areas to be assessed are Level IV areas such as agency impact, client outcomes and community impact; evaluations at this level are less common because they are more difficult to measure and to relate directly to the training. If research finds that training is not having the desired agency or client impact, then if the first levels of evaluation are in place, the agency will know that it is not because training was not relevant, comprehended or skill based. Other organizational variables might be serving as barriers to the impact of training on these higher order outcomes and would then need to be addressed.

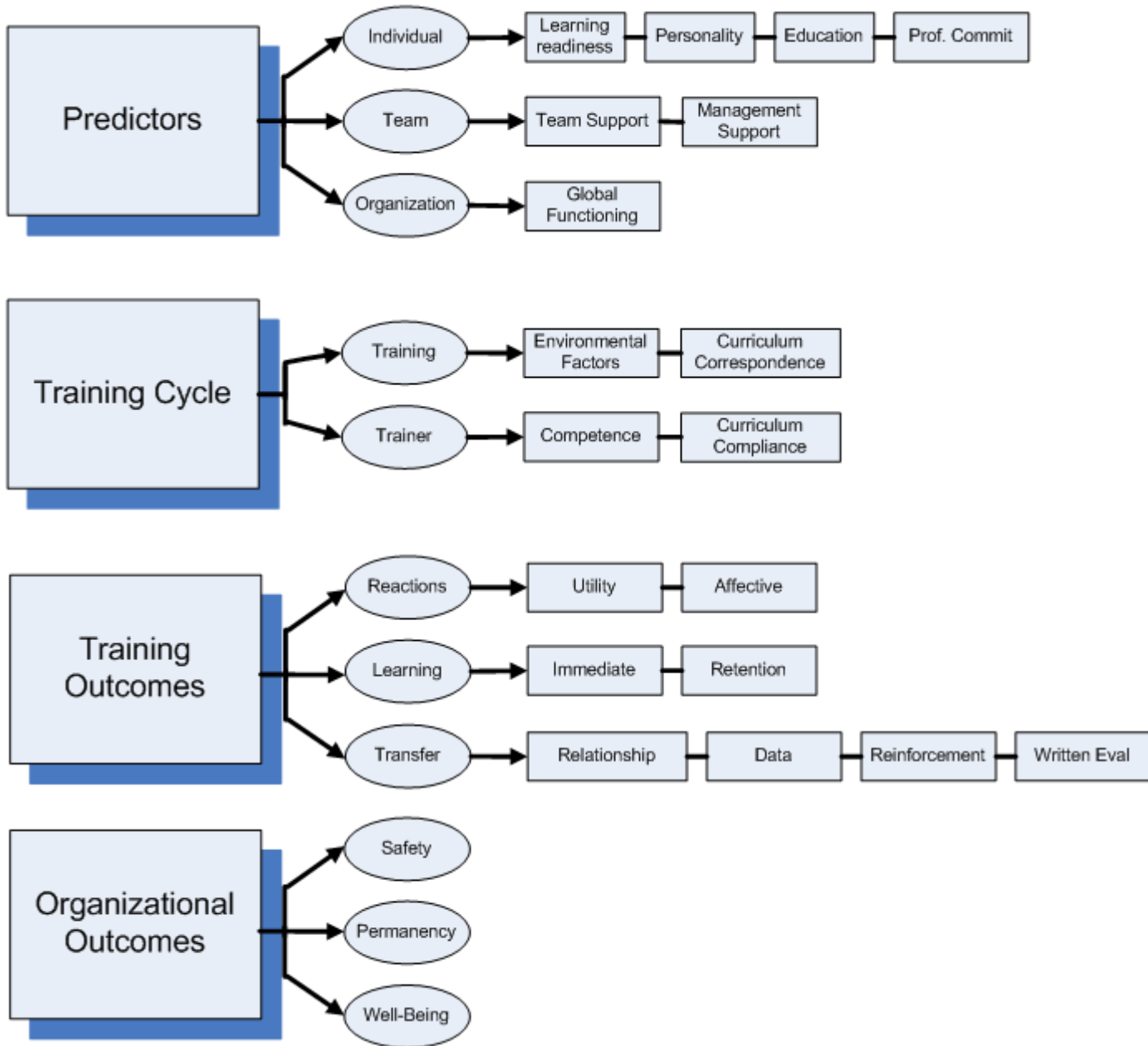
### ***Louisville Child Welfare Training Evaluation Model***

The Louisville model expands on the Kirkpatrick model (and other evaluation models not included in this discussion) by considering the unique organizational and practice constraints of child welfare while also including key predictor variables for training success. The key assumption of this model for child welfare training evaluation is that there are *predictor variables*, such as individual and organizational characteristics, that predict *training outcomes*, such as *trainee reactions* (attitude change, sense of competence, comfort with issue, affective reactions, and utility of training), *learning* (behavioral, immediate and retained gains in knowledge and skills and planned action), and *transfer of learning* (both cognitive and behavioral application on the job). This predictive relationship is mediated by the *training cycle* (content, structure, methods, content and delivery). These training outcomes predict larger *organizational outcomes* such as employee competence, employee retention, return on investment, child safety, child permanency and child well-being, as the use of key skills from training promotes best practice.

This training evaluation model, developed for child welfare in Kentucky and now adopted in Georgia, Hawaii, Indiana, Maine, Oklahoma and Tennessee, incorporates the latest knowledge in the field of training evaluation. Three studies have thoroughly tested the model. For example, Yankeelov & Barbee (1996) found that more conscientious workers learned more in the training (greater gains from pre to post-testing) and conducted higher quality assessments and case plans. In addition, higher supervisory support, co-worker support and lower caseload size also significantly predicted greater transfer of training in the form of assessments and case plans documented in the field. (See Appendix E for more information on all of these research studies.)

This model can be modified for training court personnel about the child welfare practices and system issues. (See Figure 1 below).

Figure 1



## Designing an Evaluation Approach

The goal in developing an effective evaluation system is to measure all of the key variables that impact training as shown in our model above and to coordinate the development of the evaluation approach and tools with development of the curriculum. Given the differences in cultures between child welfare and the Judicial sector, it is also important throughout this process to consider adaptations of what is recommended here to reflect the realities of likely responses from the key players in the Judicial sector.

As described earlier, the first area of inquiry in an effective evaluation system, before addressing the measures outlined in the Kirkpatrick model, is to address the “predictors” which include variables that affect a participant’s willingness and ability to learn and practice in human services settings (Learning Readiness, Conscientiousness, Perceived Caring). (See Appendix A1 for examples.) In addition, if possible, assess the actual support of supervisors, teams and organizational culture around training and then focus on the training event itself. Examine the lesson plans, consistency of trainers in delivering the material across time and place, ability of trainers to train effectively. (See Appendix A2)

Kirkpatrick’s training evaluation measures can come next.

- Level One: Participant reactions to the training at the end of the training (need to measure both affective ratings about the trainer and training experience as well as utility or usefulness of the training material to the job).
- Level Two: Learning (pre-post tests, observations of practice in class).
- Level Three: Transfer of Learning (survey training participants and their supervisors 3-6 months to a year out for perceptions of learning and use of the material in practice, review of pieces of casework such as assessments and case plans, full review of cases, observation of casework practice).
- Level Four: Impact on outcomes (agency outcomes such as retention, promotion and child and family outcomes such as safety, permanency, well-being and self sufficiency).

It is important to measure these stages sequentially and not skip measures. Otherwise, it will be difficult to determine why you have obtained the results you have from your evaluation instruments. It is also important to give feedback from your evaluation to trainers, administrators and participants for overall continuous quality improvement purposes and to ensure that the training, in particular, improves based on this feedback.

## **Instruments to be Included in a Comprehensive Training Evaluation**

In the Appendices we provide examples of the tools listed below that will help guide the development of the instruments needed in an effective evaluation system. They are labeled according to which of the levels below they represent.

- Predictors: Pre-questionnaire for all trainees (includes predictor variables)
- Level 1: Post-questionnaire reaction to training for all trainees
- Level 1: Supervisor satisfaction with training of their employees
- Level 2: Pre-test knowledge test
- Level 2: Post-test knowledge test
- Level 3: Worker and supervisor three to six months post-test, related back to behavioral anchors
- Level 3: Review of case records, observation of practice in the field.
- Level 4: Documentation of agency records related to employee outcomes (competence and retention) and client outcomes (safety, permanency and well-being)

## **Delivering Training Evaluation Measures**

This section details how to deliver the various tools used in an effective evaluation system from pre-training through follow-up three to six months after the training and the key players who should be provided with the results of these surveys.

**Pre-Surveys and Pre-tests for Course:** Trainees take the pre-survey for all workers (including measures such as personality, learning readiness, team/organizational support, and demographic information) and a pre-test of the training content before attending their first day of in-class training. An alert should be sent to all participants via a personal e-mail including the website where surveys and tests reside, the username and password. The survey should include demographic questions, other measures that predict learning such as learning readiness scale, and personality scales, as well as measures of attitudes, comfort with material and confidence about the skills covered in the material. A knowledge and skills pre-test focuses on the content of the training.

**Post-tests and Surveys for Course:** Either conducted at the end of the last day of training OR alert is sent to all participants via an e-mail immediately after the training has been completed. Trainers should remind participants to take the participant reaction survey and the evaluation post-test. Either hard copies are made of the instruments or participants are sent the website where tests and surveys reside. Tests include knowledge and skill items. Surveys include items about affect, utility, attitude change (if applicable), comfort with material, level of competence.

**Follow-up/Transfer of Learning:** Three to six months after the training, trainees and their supervisors are sent follow up questionnaires via e-mail to evaluate the application of what was learned at the training to worker performance on the job using a survey



instrument that includes ratings of behavioral anchors, use of the training materials since training, etc. If they do not return the questionnaire, then a follow up interview is scheduled to ensure that information is received.

**Sharing Results:** Data is then downloaded from the web or entered into computer from hard copies. Individual and group level results are downloaded and analyzed. Results are then sent via e-mail as follows: Level I *group* results should be sent monthly to trainers. *Individual* and *group* Level II pre-post test scores should be calculated and sent quarterly to trainers and administrators.

# Appendix A1:

## “Predictors” Pre-Training Sample Questionnaire

### WORKER PRE-TRAINING QUESTIONNAIRE (ALL DIVISIONS)

Name: \_\_\_ E-Mail Address: \_\_\_

Last four digits of social security number (for matching purposes only): \_\_\_\_\_

Training you are enrolled to attend:

- a. Protection and Permanency Course I
- b. Protection and Permanency Course II
- c. Adult Medical
- d. Food Benefits
- e. K-TAP
- f. Family Related Medical
- g. Child Support

### DEMOGRAPHICS

- 1. Educational background (check highest degree attained)
  - a. High School
  - b. GED
  - c. Associate’s Degree
  - d. Bachelor’s Degree in Social Work
  - e. Bachelor’s Degree in Other Field

f. Master's Degree in Social Work

g. Master's Degree in Other Field

2. Race

a. Caucasian

b. African American

c. Asian American

d. Native American

3. Ethnicity

a. Hispanic/Latino/a

4. Gender

a. Female

b. Male

5. Age: \_\_\_\_\_

6. Length of Employment by Cabinet (in months): \_\_\_\_\_

Place a number beside each question using the scoring key at the top of each section. Just enter the number that reflects your situation the best. The shaded area has been included to help you in selecting a number. Example:

### ANSWER KEY

None of the time 1	A little of the time 2	Some of the time 3	A good part of the time 4	All of the time 5

1. 4 I think of my vacation.

## TEAM LEARNING CONDITIONS: EXAMPLE QUESTIONS

### ANSWER KEY

None of the time 1	A little of the time 2	Some of the time 3	A good part of the time 4	All of the time 5

### IN MY SELF DIRECTED WORK TEAM WE...

1.  Share our knowledge with one another.
2.  Learn through trying out new things.

None of the time 1	A little of the time 2	Some of the time 3	A good part of the time 4	All of the time 5

### MY SUPERVISOR/FTS...

1.  Encourages me to use my training on the job.
2.  Uses job aids to remind me of my training.

Expects me to use my training.

## LEARNING BENEFIT INVENTORY

### ANSWER KEY

None of the time 1	A little of the time 2	Some of the time 3	A good part of the time 4	All of the time 5

#### SECTION A

1. \_ Things I learn are useful.
2. \_ It is easy for me to use what I know in new situations

### ANSWER KEY

None of the time 1	A little of the time 2	Some of the time 3	A good part of the time 4	All of the time 5

**BIG FIVE: Place a number beside each adjective using the scoring key at the top of each section. Just enter the number that reflects your personality the best. The shaded area has been included to help you in selecting a number.**

### ANSWER KEY

Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5

1. \_ bashful
2. \_ bold
3. \_ careless
4. \_ cold

5. \_ complex
6. \_ cooperative
7. \_ creative
8. \_ deep
9. \_ disorganized
10. \_ efficient
11. \_ energetic
12. \_ envious
13. \_ extraverted
14. \_ fretful
15. \_ harsh
16. \_ imaginative
17. \_ inefficient
18. \_ intellectual
19. \_ jealous
20. \_ kind
21. \_ moody
22. \_ organized
23. \_ philosophical
24. \_ practical
25. \_ quiet
26. \_ relaxed
27. \_ rude

- 28. \_ shy
- 29. \_ sloppy
- 30. \_ sympathetic
- 31. \_ systematic
- 32. \_ talkative
- 33. \_ temperamental
- 34. \_ touchy
- 35. \_ uncreative
- 36. \_ unenvious
- 37. \_ unintellectual
- 38. \_ unsympathetic
- 39. \_ warm
- 40. withdrawn

# Appendix A2: Trainer and Content Observation Evaluation Tool

## THIRD PARTY REVIEW TOOL DEMOGRAPHICS AND CULTURE

Element	Unacceptable	Needs Improvement	Proficient	Mastery
<b>1. Instructor Interactions with Participants</b>	Instructor interaction with at least some participants is negative, demeaning, sarcastic or, inappropriate to demographics/culture of the participant. Participants exhibit visible frustrations with instructor.	Instructor-participant interactions are generally appropriate but many reflect occasional inconsistencies, favoritism, or disregard for participants cultures. Participants exhibit minor frustration with instructor.	Instructor-participant interactions are friendly and demonstrate general warmth, caring and respect. Such interactions are appropriate to demographic and cultural norms. Participants exhibit comfort/trust with instructor.	Instructor demonstrates genuine caring and respect for individual participants. Participants exhibit respect for instructor as an individual perhaps even in a mentoring role.
<b>2. Participant Interaction</b>	Participant interactions are characterized by frustration, confusion and a lack of understanding and low tolerance. Ground rules often ignored. Disagreements are disruptive and ignored.	Participant interactions reflect they feel safe in speaking out and are in accordance with classroom ground rules. Disagreements are resolved.	Participant interactions reflect a supportive/safe atmosphere, ground rules are followed, participants feel they have a part in the learning process. Instructor proactively handles disagreements.	Participant interactions demonstrate genuine willingness to help drive the learning process and contribute toward classroom content.
<b>3. Management of Instructional Groups</b>	Participants not working with the instructor are not productively engage in learning.	Tasks for group/independent work are partially organized, resulting in some off-task behavior when the instructor is involved with one group.	Tasks for group/independent work are organized, and groups are managed so most participants are engaged at all times and productive.	Groups/Individuals working independently are productively engaged at all times, with participants assuming responsibility.



<b>Element</b>	<b>Unacceptable</b>	<b>Needs Improvement</b>	<b>Proficient</b>	<b>Mastery</b>
<b>4. Management of Transitions</b>	Much time is lost during transitions. Segments are not related.	Transitions are sporadically efficient, resulting in some loss of instructional time. Segments are related.	Transitions occur smoothly, with little loss of instructional time. Segments are tied together and built upon each other.	Transitions are seamless, with participants assuming responsibility for productivity. Segments are tied together and built upon prior learning.
<b>5. Management of Instructional Materials</b>	Materials are handled inefficiently, resulting in loss of instructional time.	Routines for handling materials and supplies function moderately well.	Routines for handling instructional materials occur smoothly with little loss of instructional time.	Routines for handling materials and supplies are seamless, with participants assuming some responsibility for efficient operation.
<b>6. Response to Participants</b>	Instructor ignores or brushes aside participants' questions or interests.	Instructor attempts to accommodate participant's questions or interests. The effects on the coherence of a lesson are uneven.	Instructor successfully accommodates participant's questions or interests.	Instructor seizes a major opportunity to enhance learning, building on a spontaneous event.

## INSTRUCTION

<b>Element</b>	<b>Unacceptable</b>	<b>Needs Improvement</b>	<b>Proficient</b>	<b>Mastery</b>
<b>7. Delivery and Knowledge of Content</b>	Instructor makes content errors or does not correct content errors participants make.	Instructor displays basic content knowledge but cannot articulate connections with other subject matter and field experience.	Instructor displays solid content knowledge and makes connections between the content and other parts of field experience, at appropriate participant level.	Instructor displays extensive content knowledge, with evidence of continuing pursuit of knowledge and achievement of Cabinet outcomes.

<b>Element</b>	<b>Unacceptable</b>	<b>Needs Improvement</b>	<b>Proficient</b>	<b>Mastery</b>
<b>8. Lesson and Unit Structure</b>	Instructor is unfamiliar with the different approaches to learning that participants exhibit, such as learning styles, life experiences, and incoming knowledge levels. Instructor adheres rigidly to the lesson plan, even when a change will clearly improve the lesson.	Instructor has general understanding of the different approaches to learning that participants exhibit, but does not alleviate student misconceptions. Instructor attempts to adjust a lesson with mixed results.	Instructor uses different approaches to learning to meet different participants needs and anticipates student's misconceptions. Instructor makes needed adjustments to a lesson and the adjustment occurs smoothly.	Instructor effectively and consistently uses knowledge of participants varied approaches to learning in instructional planning, and alleviates misconceptions. Instructor successfully makes major adjustments to lessons that greatly improves learning.
<b>9. Knowledge of Participants' Skills and Experience Level</b>	Instructor displays little knowledge of participants' skills and experiences, does not make adjustments.	Instructor assesses participants' skills and experience but does not make adjustments.	Instructor assesses participants' knowledge and experience and makes adjustments to meet participants needs.	Instructor displays knowledge of participants' skills/experience knowledge for each participant, including those with special needs.
<b>10. Clarity of Objectives</b>	Objectives are not clear and represent low expectations and no conceptual understanding for participants. Objectives do not reflect important learning.	Objectives are moderately clear in either their expectations or conceptual understanding for participants and in importance of learning.	Objectives are clear in their level of expectations, conceptual understanding, and importance of learning.	Not only are the objectives clear but instructor can also clearly articulate how objectives establish high expectations and relate to curriculum.

## INSTRUCTION

Element	Unacceptable	Needs Improvement	Proficient	Mastery
<b>11. Checking for Understanding and Feedback</b>	Checking for understanding and feedback are either not provided or are not specific to the task or participants	Checking for understanding and feedback are inconsistent in quality. Some specificity is present.	Checking for understanding and feedback are consistently non-judgemental, individualized and specific to the participant.	Checking for understanding and feedback are consistently high quality. Provision is made for participants to self assess and use feedback in their learning.
<b>12. Oral and Written Language</b>	Instructor's spoken language is inaudible, or written language is illegible. Spoken or written language may contain many grammar and syntax errors. Vocabulary may be inappropriate, vague or used incorrectly.	Instructor's spoken language is audible, and written language is legible. Both are used correctly. Vocabulary is correct but limited or is not appropriate to participants' backgrounds or knowledge.	Instructor's spoken and written language is clear and correct. Vocabulary is appropriate to participants' knowledge and background.	Instructor's spoken and written language is correct and expressive, with well-chosen vocabulary that enriches the lesson.
<b>13. Quality of Questions</b>	Instructor's questions are virtually all of poor quality and/or do not invite any response.	Instructor's questions are a combination of low and high quality. Only some invite a response.	Most of Instructor's questions are of high quality, such as ORID. Adequate time is available for participants to respond.	Instructor's questions are of high quality, with adequate time for response. Participants asks questions.
<b>14. Discussion Techniques</b>	Interaction between instructor and participant is predominantly recitation style, with instructor mediating questions/answers.	Instructor makes some attempt to engage participants in a true discussion, with uneven results.	Classroom interaction represents true discussion, with instructor stepping, when appropriate, to the side. Involves all participants.	Instructor empowers participants to assume considerable responsibility for the success of the discussion, initiating topics, making unsolicited contributions.

Element	Unacceptable	Needs Improvement	Proficient	Mastery
<b>15. Activities and Assignments</b>	Activities and assignments are unrelated to the course objectives. Participants are not engaged mentally and/or unable to complete the activities.	Some activities and assignments are related to instructional objectives and engage them mentally, but others do not. Debriefing is minimal.	All activities and assignments are related to instructional objectives. Almost all participants are cognitively engaged, and complete assignments. Debriefing enhances understanding.	All participants are cognitively engaged in the activities and assignments in their exploration of content. Participants initiate or adapt activities and projects to enhance understanding.

# Appendix B1:

## Level I: “Participant Reactions to Training” Post-Training Sample Questionnaires

*Example* (Modified for the Court)

Use the following 1 to 5 scale for each question:

Fails to meet 1	Barely meets 2	Adequately meets 3	Exceeds 4	Greatly Exceeds 5
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1. Learning objectives were explained at the beginning of the training \_\_\_\_
2. Learning objectives were achieved by the end of the training \_\_\_\_
3. Instructional aids were beneficial (e.g., handouts, video, etc.) \_\_\_\_
4. The teaching methods used were effective \_\_\_\_
5. The training was well organized \_\_\_\_
6. Ample time was given to practice to demonstrate knowledge/skills \_\_\_\_
7. The training will help me perform my job more effectively \_\_\_\_
8. Content was presented at an appropriate level to my background and experience \_\_\_\_

9. How likely will you be to apply the knowledge you have learned in this training?

Not at all likely 1	2	Somewhat likely 3	4	Very likely 5
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10. Overall, how would you rate the training you have received?

Not at all practical 1	2	Somewhat practical 3	4	Very practical 5
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Not at all important 1	2	Somewhat important 3	4	Very important 5
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Not at all enjoyable 1	2	Somewhat enjoyable 3	4	Very enjoyable 5
---------------------------	---	-------------------------	---	---------------------

Not at all satisfying 1	2	Somewhat satisfying 3	4	Very satisfying 5
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Did not increase my knowledge 1	2	Somewhat increased my knowledge 3	4	Greatly increased my knowledge 5
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<b>Did not increase my skill</b>	<b>1</b>	<b>2</b>	<b>Somewhat increased my skill</b>	<b>3</b>	<b>4</b>	<b>Greatly increased my skill</b>	<b>5</b>
<b>Did not increase my confidence</b>	<b>1</b>	<b>2</b>	<b>Somewhat increased my confidence</b>	<b>3</b>	<b>4</b>	<b>Greatly increased my confidence</b>	<b>5</b>

Section 2: Please rate the following instructors on each of the items below that MOST AGREES with your expectations.

Use the following 1 to 5 scale for each question:

<b>Fails to meet</b>	<b>Barely meets</b>	<b>Adequately meets</b>	<b>Exceeds</b>	<b>Greatly Exceeds</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

For each section of the training such as Introduction by Judge

- 11. Trainer used effective time management \_\_\_\_\_
- 12. Content presented in a clear and understandable manner \_\_\_\_\_
- 13. Trainer demonstrated good knowledge of training content \_\_\_\_\_
- 14. Trainer demonstrated willingness to assist participants \_\_\_\_\_
- 15. Trainer kept participants involved and on task \_\_\_\_\_
- 16. Trainer displayed interest and enthusiasm \_\_\_\_\_

Collaboration Lessons Learned (Judge Lowenbach)

- 17. Trainer used effective time management \_\_\_\_\_
- 18. Content presented in a clear and understandable manner \_\_\_\_\_
- 19. Trainer demonstrated good knowledge of training content \_\_\_\_\_
- 20. Trainer demonstrated willingness to assist participants \_\_\_\_\_
- 21. Trainer kept participants involved and on task \_\_\_\_\_
- 22. Trainer displayed interest and enthusiasm \_\_\_\_\_

Instructor C: \_\_\_\_\_

- 23. Trainer used effective time management \_\_\_\_\_
- 24. Content presented in a clear and understandable manner \_\_\_\_\_
- 25. Trainer demonstrated good knowledge of training content \_\_\_\_\_
- 26. Trainer demonstrated willingness to assist participants \_\_\_\_\_
- 27. Trainer kept participants involved and on task \_\_\_\_\_
- 28. Trainer displayed interest and enthusiasm \_\_\_\_\_

Instructor D: \_\_\_\_\_

- 29. Trainer used effective time management \_\_\_\_\_
- 30. Content presented in a clear and understandable manner \_\_\_\_\_
- 31. Trainer demonstrated good knowledge of training content \_\_\_\_\_
- 32. Trainer demonstrated willingness to assist participants \_\_\_\_\_
- 33. Trainer kept participants involved and on task \_\_\_\_\_
- 34. Trainer displayed interest and enthusiasm \_\_\_\_\_

## **Appendix B2:**

# **Level I: “Supervisor Reactions to Employee Training” Post-Training Sample Questionnaire**

**KY CHFS CUSTOMER SATISFACTION SURVEY**

**SUPERVISORS OF NEW EMPLOYEES**

**SATISFACTION WITH TRAINING PROGRAMS**

**You are being invited to participate in a research study. The purpose of this study is to evaluate your satisfaction with child welfare and family support training. This study is being conducted by Dr. Becky Antle and Dr. Dana Sullivan and is sponsored by the Kent School of Social Work. Your participation is completely voluntary. You may refuse to participate or discontinue participation at any time without being subject to any penalty or losing any benefits to which you are otherwise entitled. If you agree to participate, you will complete this survey. The survey should take approximately twenty minutes. You may decline to participate or to answer any specific question on this survey. There are no known risks to you for participation. However, the knowledge gained may benefit employees of the Cabinet for Health and Family Services as well as their clients, through the enhancement of training.**

**You will be asked to provide your name and e-mail address for the purpose of matching this survey to the worker you are supervising. Your email address may be shared with training branch personnel and supervisors. Absolute confidentiality cannot be guaranteed. Individuals from the Kent School of Social Work, the Institutional Review Board (IRB), and the Human Subjects Protection Program Office (HSPPPO) may inspect these records. In all other respects, however, the data will be held in confidence to the extent permitted by law. Should the data be published, your identity will not be disclosed. By completing this questionnaire, you are indicating that all your present questions have been answered in language you can understand. All future questions will be treated in the same manner. If you have any questions about this study, you may contact Dr. Dana Sullivan at (502) 852-2920. If you have any questions about your rights as a research subject, you may call the HSPPPO at (502)852-5188 or the Cabinet for Health and Family Services IRB at (502) 564-2767x4102. You will be given the opportunity to discuss any questions about your rights as a research subject, in confidence, with a member of the IRB. The IRB is an independent committee composed of members of the**

**University community, staff of the institutions, as well as lay members of the community not connected with the institutions. The IRB has reviewed this study. By completing this questionnaire and providing your name and e-mail, you are agreeing to participate. Thank you! (revised 08/04)**

Name: \_\_\_ E-Mail Address: \_\_\_

Last four digits of social security number (for matching purposes only): \_\_\_\_\_

Your supervisee's name, the one that just completed new employee training:

\_\_\_\_\_

Your gender \_\_\_\_\_ M \_\_\_\_\_ F      Supervisee's gender \_\_\_\_\_ M  
 \_\_\_\_\_ F

Your years of experience supervising other people: \_\_\_\_\_

Your highest degree: \_\_\_\_\_ Your supervisee's highest degree:  
 \_\_\_\_\_

Your number of years employed by the Cabinet for Families and Children:  
 \_\_\_\_\_

The supervisee's number of years employed by the Cabinet for Families and Children:  
 \_\_\_\_\_

Your service region:  
 \_\_\_\_\_

**DIRECTIONS:** Read through each statement and place a number beside each question using the scoring key provided for each group of statements. (Adapted from Coetsee & vanZyl, Training Transfer Inventory, 1997. Some material drawn from other Cabinet training surveys.)

**ANSWER KEY EXAMPLE**

None of the time 1	A little of the time 2	Some of the time 3	A good part of the time 4	All of the time 5
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Example: \_\_\_\_5\_\_\_\_ I return surveys promptly to ensure my input is included.

**ANSWER KEY for questions 1 – 16, below. Type “D” in the blank if you don’t know the answer.**

None of the time 1	A little of the time 2	Some of the time 3	A good part of the time 4	All of the time 5
--------------------------	------------------------------	--------------------------	---------------------------------	-------------------------

How often do you do the following with new employees?

- \_\_\_\_\_ 1. Encourage them to use the training they have received on the job.
- \_\_\_\_\_ 2. Encourage the use of job aids to remind them of training received.
- \_\_\_\_\_ 3. Expect them to use training received.
- \_\_\_\_\_ 4. Set performance goals for them which are based on the training they have received.
- \_\_\_\_\_ 5. Prepare them prior to the beginning of training, for example, by discussing the purpose of the training and its importance to their jobs.
- \_\_\_\_\_ 6. Before training, set expectations with employees for classroom/training behaviors  
(e.g., attendance, note-taking, asking questions).
- \_\_\_\_\_ 7. After the training, seek feedback from employees regarding the usefulness of the training received.
- \_\_\_\_\_ 8. After the training, seek feedback from the instructor regarding employees’ performance during training.
- \_\_\_\_\_ 9. On the job, demonstrate the use of my own training.
- \_\_\_\_\_ 10. Give employees opportunities to discuss with me the training received.

- \_\_\_\_\_ 11. Give employees opportunities to discuss with co-workers the training received.
- \_\_\_\_\_ 12. Involve them in making decisions that will use the training they have received.
- \_\_\_\_\_ 13. Use the Cabinet’s terminology.
- \_\_\_\_\_ 14. Ask them about any difficulties encountered in applying the training to practice.
- \_\_\_\_\_ 15. Ease work pressure to allow time to integrate new training into practice.
- \_\_\_\_\_ 16. Approve meetings between the employee, the training instructor and myself (as needed) to discuss ways of integrating the training into practice.

Use the same answer key for questions 17 – 25, below. Type “D” in the box if you don’t know the answer.

None of the time 1	A little of the time 2	Some of the time 3	A good part of the time 4	All of the time 5
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How much do you agree with the statements?

Since the employee completed the recent training,

\_\_\_\_\_ 17. I have observed (or heard of) desirable change in the employee’s ATTITUDE toward clients.

\_\_\_\_\_ 18. I have observed (or heard of) desirable change in the employee’s BEHAVIOR toward clients.

\_\_\_\_\_ 19. I have observed (or heard of) desirable change in the employee’s ATTITUDE toward co-workers.

\_\_\_\_\_ 20. I have observed (or heard of) desirable change in the employee’s BEHAVIOR toward co-workers.

\_\_\_\_\_ 21. I have observed (or heard of) desirable change in the employee’s ATTITUDE toward community partners.

\_\_\_\_\_ 22. I have observed (or heard of) desirable change in the employee’s BEHAVIOR toward community partners.

\_\_\_\_\_ 23. I am aware of positive change in the employee’s skills related to engaging clients in service.

\_\_\_\_\_ 24. I am aware of positive change in the employee’s skills related to accessing community resources on behalf of clients.

\_\_\_\_\_ 25. I am aware of positive change in the employee’s skills related to knowledge of policy in the specific program trained.

**ANSWER KEY for questions 26 – 41, below. Type “D” in the box if you don’t know the answer.**

Not at all satisfied 1	Only a little bit satisfied 2	Somewhat satisfied 3	Pretty much satisfied 4	Very satisfied 5
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Considering yourself the customer for the training division, how satisfied are you with the “product” you have received now that your employee has completed the most recent training?

Consider the following specific areas:

\_\_\_\_\_ 26. The amount of time spent training this employee on this topic.

(If applicable, check one: too much time spent \_\_\_\_\_ not enough time spent \_\_\_\_\_ )

\_\_\_\_\_ 27. The method used to train (classroom, computer based, or a combination).

\_\_\_\_\_ 28. The values the employee has regarding the topic trained.

\_\_\_\_\_ 29. The knowledge the employee has regarding the topic trained.

\_\_\_\_\_ 30. The skills the employee has regarding the topic trained.

\_\_\_\_\_ 31. The relevance of the training to the needs of our specific service region.

\_\_\_\_\_ 32. The amount of material covered.

- \_\_\_\_\_ 33. The degree of confidence the employee displays in the subject matter.
- \_\_\_\_\_ 34. The apparent competence of the trainer/instructor.
- \_\_\_\_\_ 35. The feedback I received regarding the progress of my supervisee.
- \_\_\_\_\_ 36. The degree to which this training is consistent with the organization's mission and goals.
- \_\_\_\_\_ 37. The degree to which this training is aligned with current policy.
- \_\_\_\_\_ 38. The degree to which this training is aligned with field practice.
- \_\_\_\_\_ 39. The degree to which this training met my expectations for strengthening this supervisee.
- \_\_\_\_\_ 40. The degree to which this training was disruptive to my work center.
- \_\_\_\_\_ 41. The degree to which I felt like an integral part of the training process with this new employee.

Comments regarding the survey or other information you would like to provide:

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# Appendix C1:

## Level II: Learning: Sample Test Items

Name: \_\_\_ E-Mail Address: \_

Last four digits of social security number (for matching purposes only): \_\_\_\_\_

1. Which of the following is NOT one of the four components of the Child Welfare Pyramid?
  - a. Outcomes
  - b. Skills
  - c. Process
  - d. Data
  - e. Foundation (values and policies)
  
2. TPR refers to what?
  - a. timing, placement and referral
  - b. termination of parental rights
  - c. transitional assistance to parents with rights
  - d. transitioning parental rights
  
3. ASFA relates to \_\_\_\_\_ while MEPA refers to \_\_\_\_\_
  - a. the role of time in placement; the role of ethnicity in placement
  - b. the role of ethnicity in placement; the role of time in placement
  - c. safety; well being
  - d. well-being; safety
  - e. both a and c

4. The Adoption and Safe Families Act mandates...
  - a. Substance abuse treatment and psychotherapy for abusive parents
  - b. Expedited casework, support services and collaboration among key agencies
  - c. Expedited adoption for all children who have experienced abuse and neglect
  - d. Safety, Permanency, and Well-Being for all families and children involved with the Cabinet
  
5. When a worker is conducting an intake and investigation of potential child abuse and neglect, what Cabinet outcomes is one's work linked to the most?
  - a. Safety
  - b. Permanency
  - c. Well-being
  - d. Both A and C
  
6. If a worker substantiates abuse or neglect, what are the next steps in the process of that case?
  - a. conduct an aftercare plan, refer to community supports, close the case
  - b. open the case for ongoing services, give notice to the families and alleged perpetrator of right to appeal, initiate court proceedings
  - c. remove the child from the home, write a case plan
  - d. place the child in foster care and go to court
  - e. either A or B

# Appendix C2:

## Level II - Tips on Designing Tools to Measure Learning

### I. Course Objectives

- A. Make sure your test items align with course objectives
- B. Some objectives will be focused on knowledge gain- thus some questions will need to test knowledge (See Blooms Taxonomy)
- C. Some objectives will be focused on application- thus some questions will need to test application
- D. Some objectives will be focused on integration- thus some questions will need to test integration of knowledge

### II. Course Content

- A. Focus questions on content that aligns with objectives rather than obscure facts that aren't critical
- B. Try to ensure that there is a sampling of questions across the material to be covered for the test rather than just focusing on a few areas
- C. Use the content to help devise the stem of the question and the possible alternatives

### III. Writing the Items

- A. Different types of stems (see "Types of Stems" in Tips on Designing Survey Questions section below)
- B. Have 4-5 options for multiple choice questions
- C. Don't have just yes or no (two options)
- D. Try to avoid negative wording if possible
- E. Try to have at least one option that is not the answer help to discriminate between really knowing the material vs. surface knowledge of the material
- F. Limit number of questions with all of the above, none of the above

G. One way to make questions with all of the above better is to include items that have both a and b, etc.

H. Try to be as clear as possible

#### **IV. Assessing items once a test is given**

A. There are programs that can help you do an item analysis after a test is given. Best to know how many people missed each question and how many chose each of the 4 or 5 options

B. First look at how many people missed an item. If it was 90+% getting it correct, then it is an easy question. Students who missed it may have been careless or didn't know or understand the material.

C. If it was 70-89% getting it correct, then it is a moderately hard question.

D. If it was less than 70% that got it correct, it may be a poorly written question, a question that is hard that high scorers get and others don't- thus discriminates between people who really know the material vs those that don't, or it is too hard and may need to be modified (if high scorers people miss the question, it may be flawed or too hard)

E. If people often give the same alternative answer, then the alternative answer may be too similar to the correct answer, may be ambiguous in some way or may be just right in discriminating between those that really know the material vs those that don't.

F. Again, if the people who score higher on the test get the answer and those that score lower pick the close alternative, then the test is helping to discriminate level of knowledge or application skill.

#### **V. Giving Feedback To Students**

A. When going over the test, have the data about the items and go over each question, one at a time

B. When students raise questions about items they missed, give the data on how others did to put it in context.

C. If many students missed an item, show how the wrong answer is close but not correct- use as a learning moment

D. If many students missed an item and they give compelling reasons why the question was faulty then I often drop the question to improve their scores.

E. Then revise the test for the next go around so that the questions meet the objectives and are clear.



### **Examples of Knowledge Questions**

Which one of the following statements about culture is accurate?

- a. All people in a cultural group share values, beliefs and ways of behaving.
- b. There are central tendencies to which many people in a cultural group gravitate.\*
- c. Only extremists in a cultural group live according to the values and beliefs of that group.
- d. It is unlikely that all people in a cultural group share core values and beliefs.

Which of the following statements describe a good assessment?

Assessment:

- a. Is comprehensive and covers every aspect of an adolescents life
- b. Is not necessarily connected to any decision that must be made
- c. Is fully completed in a timely manner
- d. Focuses on strengths and minimize challenges\*

### **Examples of Application Questions**

When a social worker focuses more on filling out the paperwork properly than on working towards the best solution for a client's problem, the social worker has succumbed to:

- a. retreatism
- b. innovation
- c. ritualism\*
- d. rebellion

A client comes to you because she has just lost her job and is homeless. She is seeking shelter and help from your agency. Using social network theory, how would you help this client?

- a. map out her network to see if anyone can give her shelter until she gets a job\*
- b. map out her network to see if anyone lived in her old neighborhood
- c. look at the strengths of the relationships between her friends
- d. see if she has family in Ohio

People who have had secure attachments as infants are most likely to have what kind of relationships with romantic partners?

- a. distant ones
- b. ones full of jealousy and emotional highs and lows
- c. close and trusting ones\*
- d. non-existent ones

A cynical individual, who believes that love is a myth perpetuated by lawyers in order to maintain the institution of divorce probably had what pattern of attachment as a child, using Ainsworth's typology?

- a. secure
- b. insecure, anxious, and ambivalent
- c. insecure, anxious and avoidant\*
- d. raised by wolves

### **Examples of Integration Questions**

A client has come to your clinic seeking help for depression. As you interview her for the assessment, you find out that her boyfriend recently broke up with her, she recently lost her job, and that she has a tendency to complain. You assume that \_\_\_\_\_ lead to her depression. Two weeks later, after the anti-depressants kick in, she says that her mood has greatly improved. You notice, however, that she continues to complain in her sessions with you. You wonder how much \_\_\_\_\_ affected her condition. Later you find that her romantic partner was hypersensitive to criticism. You conclude that her depression probably stemmed from \_\_\_\_\_

- a. the person; the environment; the environment
- b. the environment; the person; the interaction of the person and the environment\*
- c. the interaction of the person and the environment; the person; the environment
- d. societal transactions; the person; the environment

The Hernandez family has four children ages 9 months, 2, 4 and 6. The 9 month old is listless, still doesn't sit without support, doesn't babble and doesn't choose his food in the morning. The 2-year-old uses three word sentences, is very expressive and seems good at playing with blocks and other toys, but throws temper tantrums when he has to go to bed at night. The 4-year-old does not share, hits his 2-year-old brother often and has been sent home from pre-school several times a week for hitting and biting other children. The 6-year-old repeated kindergarten to try to catch up with the other children in writing and other language skills, has set three fires over the past 6 months and masturbates in public often.

The sign that the infant has possibly been abused or neglected is:

- a. the baby's listless behavior
- b. the baby's inability to sit without support
- c. the baby's inability to choose his good in the morning
- d. both a and b\*
- e. none of the above, the child is too young to sit unassisted, babble or choose food.

The two-year-old's behavior tells the worker that:

- a. the child is behaving normally for his age \*
- b. the temper tantrums are problematic and may be a sign of abuse or neglect
- c. the child should be speaking more fluently
- d. the child should be removed from the home immediately

What should the worker recommend for the 4-year-old?

- a. that he be tested for social and emotional well-being
- b. that the situation be investigated for abuse or neglect
- c. that the parental discipline skills be assessed
- d. all of the above \*

The 6-year-old may be a victim of:

- a. physical abuse
- b. avoidant attachment
- c. sexual abuse\*
- d. emotional abuse
- e. both c and d

What is **NOT** a key question that the worker should ask parents in trying to understand how culture can affect family functioning?

- a. what is the family's culture of origin
- b. what is the family's racial make-up\*
- c. what specific cultural values are important to the family
- d. what individual family member characteristics influence the family's functioning

## **Types of Stems**

### **Response to a statement**

Only white Americans are capable of prejudice. Give the best answer.

- a. True, white Americans historically have endorsed the oppression of African Americans due to slavery
- b. True, white Americans are more authoritarian than people from other countries
- c. False; Americans, in general, are more prone to prejudice than people from other countries who are raised to be more tolerant
- d. False; cognitive processes such as social categorization are at the root of prejudice and all humans are susceptible to such processes in thinking\*

### **Answer a question**

If social workers in your office label a client who doesn't comply with all of the treatment tasks as resistant, what type of attribution are they making?

- a. internal attribution\*
- b. external attribution
- c. base rate attribution
- d. fundamental attribution

**Fill in the blank**

According to Symbolic Interactionism the generalized other is \_\_\_\_\_

and the significant other is \_\_\_\_\_

whole society; ethnic group

whole society; friends and family\*

group you aspire to be like; friends and family

friends and family; group you aspire to be like

**Finish the sentence**

Social workers use Labeling Theory to justify:

a.use of the DSM-IV in diagnosing patients

b.use of the DSM-IV in treating patients

c.resisting using the DSM-IV when doing a client assessment\*

d.referring to juveniles in the justice system as delinquents

**Negatively worded questions**

Which of the following is NOT a core condition of Interpersonal Helping Skills?

a.Respect

b.Genuineness

c.Sympathy\*

d.Empathy

### **Nonsense answers**

A person with a physical disability is most interested in what aspect of the physical environment?

- a. meaning
- b. legibility
- c. control
- d. accessibility\*

### **Three from same category- 1 different**

The environment excludes which of the following?

- a. spirituality\*
- b. the neighborhood
- c. the workplace
- d. friends

### **Discriminating between two concepts**

If social workers in your office label a client who doesn't comply with all of the treatment tasks as resistant, what type of attribution are they making?

- a. internal attribution\*
- b. external attribution
- c. base rate attribution
- d. fundamental attribution



If a person holds a negative evaluation of a social group and its members, then that person:

- a. discriminates
- b. is prejudiced\*
- c. is ethnocentric
- d. is evil

**Best answer is longest**

Collaborative models of social change urge people to:

- a. engage in civil disobedience
- b. form picket lines when hiring practices are unfair
- c. advocate from the outside to get agencies to comply
- d. bring agencies and communities together through coalitions to bring about change\*

**All of the above with other options**

A couple is talking to you about one of their problems. The wife thinks she is sloppy because she is busy and her husband thinks she is sloppy because she is not conscientious. Conversely, the husband thinks he is sometimes inattentive at meals because he has a lot of responsibilities that are weighing on his mind and the wife thinks he does not really love her or he would listen better. In helping the couple you seek to normalize their perspectives by explaining which phenomenon that you see in their situation?

- a. availability heuristic
- b. actor-observer effect
- c. fundamental attribution error
- d. both c and d\*
- e. all of the above

A main take away message from cross cultural studies such as those by Ford and Beach, 1951 is:

- a. culture asserts a strong impact on sexuality
- b. biology asserts a stronger impact on sexuality than culture
- c. sexual behavior is tremendously varied across the world
- d. both a and c
- e. both b and c

Why is it important for social workers to find ways to join with people from the upper class?

- a. they can help publicize social movements
- b. they can help legitimize social movements
- c. they can underwrite social movements
- d. all of the above\*
- e. none of the above, that is selling out

Resistance is a term used to describe:

- a. a family member's apparent unwillingness to fully participate in the casework process.
- b. a protective mechanism for families that can be seen as a family strength.
- c. an unhelpful tendency on the part of the client that the case worker must forcefully overcome.
- d. All of the above
- e. a and b, but not c.\*

**Problematic items**

One major change in the institution of family over the last thirty years is:

- a. divorce takes a longer time to get today
- b. couples are marrying at later ages
- c. unmarried cohabitation is no longer illegal\*
- d. fewer mothers are entering the workforce

# Appendix D1:

## Level III: Follow-up Participant Sample Questionnaire

Public Child Welfare Certification Program

Graduate/New Worker Questionnaire

New Worker Name \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor Name** \_\_\_\_\_

Office  
Address \_\_\_\_\_

\_\_\_\_\_

Office Phone Number \_\_\_\_\_

Date Started Position \_\_\_\_\_

Major duties (i.e. CPS: Intake, Investigation, Ongoing; Family Support)

\_\_\_\_\_

Rate how prepared you felt you were to conduct the following job duties when you began as a full-time employee with the Cabinet. Please use the following scale:

	<b>Not at all</b>					<b>Very</b>	<b>N/A</b>
	<b>Prepared</b>					<b>Prepared</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>
___1.	Working with superiors						
___2.	Building positive working relationships with clients						
___3.	Building positive working relationships with clients of ethnic groups different from my own						
___4.	Building positive working relationships with community agencies						
___5.	Joining with clients						
___6.	Dealing with resistant clients						
___7.	Utilizing the permanency planning philosophy						
___8.	Remaining safe and disease free						
___9.	Asking appropriate questions during an intake						
___10.	Demonstrating knowledge of acceptable criteria for referrals						
___11.	Remaining respectful during the referral process						
___12.	Demonstrating knowledge of appropriate time frames for investigations						
___13.	Demonstrating knowledge and skills in child development						
___14.	Demonstrating knowledge of parenting strategies						
___15.	Identifying dynamics and indicators of abuse and neglect						
___16.	Conducting a risk assessment and making accurate determinations						

- \_\_\_17. Demonstrating knowledge of the dynamics and indicators of domestic violence
- \_\_\_18. Demonstrating knowledge of the effects of domestic violence on children in the home
- \_\_\_19. Demonstrating knowledge of the dynamics and indicators of child sex abuse
- \_\_\_20. Demonstrating knowledge of the particular strategies to use when investigating a child sex abuse case
- \_\_\_21. Writing a case assessment utilizing the family level and individual level patterns and issues
- \_\_\_22. Writing a case plan utilizing the solution-based casework approach
- \_\_\_23. Demonstrating knowledge of the law and the use of legal documents
- \_\_\_24. Demonstrating competent courtroom preparation and behavior
- \_\_\_25. Demonstrating ability to close a case

To what extent do you recommend that the PCWCP program continue?

**Do Not Recommend      Recommend a**

**At All                      Great Deal**

**1 2 3 4 5**

How likely will you be to recommend to other students to participate in the PCWCP program?

**Not At All      Very Likely**

**Likely**

**1 2 3 4 5**

To what extent do you recommend that supervisors hire graduates of the PCWCP program?

**Do Not Recommend      Recommend a**

**At All                      Great Deal**

**1 2 3 4 5**

Overall, how well do you think the PCWCP Program prepared you for your job with the Cabinet?

**Did Not                      Did**

**Prepare me                Prepare me**

**Well at all                Well**

**1 2 3 4 5**

**Please use as much space as needed to answer the following questions.**

1. What knowledge did you learn from the PCWCP program that has helped you in your job with the Cabinet?
  
  
  
  
  
  
  
  
  
  
2. What skills did you acquire during the PCWCP program that have helped you in your job with the Cabinet?





# Appendix D2:

## Level III: Follow-up Sample Supervisor Questionnaire

### SUPERVISOR POST-TRAINING QUESTIONNAIRE ((PROTECTION & PERMANENCY)

*You are being invited to participate in a research study. The purpose of this study is to evaluate the effectiveness of child welfare training. This study is being conducted by Dr. Becky Antle and Dr. Dana Sullivan and is sponsored by the Kent School of Social Work. Your participation is completely voluntary. You may refuse to participate or discontinue participation at any time without being subject to any penalty or losing any benefits to which you are otherwise entitled. If you agree to participate, you will complete this survey. The survey should take approximately ten minutes. You may decline to participate or to answer any specific question on this survey. There are no known risks to you for participation. However, the knowledge gained may benefit employees of the Cabinet for Health and Family Services as well as their clients, through the enhancement of training.*

*You will be asked to provide your name and e-mail address for the purpose of matching pre- and post-training surveys. Individuals from the Kent School of Social Work, the Institutional Review Board, and the University Human Subjects Protection Program Office may inspect these records. Data may also be shared with training branch personnel and supervisors for the purpose of enhancing training and worker readiness. In all other respects, however, the data will be held in confidence to the extent permitted by law. Should the data be published, your identity will not be disclosed. By completing this questionnaire, you are indicating that all your present questions have been answered in language you can understand. All future questions will be treated in the same manner. If you have any questions about this study, you may contact Dr. Dana Sullivan at (502) 852-2920. If you have any questions about your rights as a research subject, you can contact the University Human Subjects Protection Program Office at (502) 852-5188 or the Cabinet for Health and Family Services IRB at (502) 564-2767x4102. The committee has reviewed this study. By completing this questionnaire, you are agreeing to participate. Thank you! (revised 08/04)*

Your Name: \_\_\_ E-Mail Address: \_\_\_

Name of New Worker: \_\_\_

Last four digits of social security number (for matching purposes only): \_\_\_\_\_

Please rate the new worker as he or she compares with other new workers in the following areas, using the scale provided. The shaded area has been included to help you

in selecting a number. If any areas are not applicable to you or cannot be evaluated at this time, please indicate with an “N/A” in the blank.

ANSWER KEY

Unacceptable 1	2	3	Acceptable 4	5	6	Superior 7

1. Attitude toward superiors
2. Attitude toward social work
3. Relationship with clients
4. Relationships with ethnic groups
5. Relationships with community agencies
6. Joining with clients
7. Dealing with resistant clients
8. Utilizing the permanency planning philosophy
9. Remaining safe and disease free
10. Asking appropriate questions during intake
11. Demonstrating knowledge of acceptable criteria for referrals

ANSWER KEY

Unacceptable 1	2	3	Acceptable 4	5	6	Superior 7

12. Remaining respectful during the referral process
13. Demonstrating knowledge of appropriate time frames for investigations

14. Demonstrating knowledge and skills in child development.
15. Demonstrating knowledge of parenting strategies
16. Identifying dynamics and indicators of abuse and neglect
17. Conducting a risk assessment and making accurate determinations
18. Demonstrating knowledge of the dynamics and indicators of domestic violence
19. Demonstrating knowledge of the effects of domestic violence on children in the home
20. Demonstrating knowledge of the dynamics and indicators of child sex abuse
21. Demonstrating knowledge of the particular strategies to use when investigating a child sex abuse case
22. Writing a case assessment using family level and individual level patterns and issues
23. Writing a case plan utilizing the Family Solutions approach
24. Demonstrating knowledge of the law and the use of legal documents
25. Demonstrating competent courtroom preparation and behavior
26. Demonstrating ability to close a case

# Appendix D3:

## Level III: Sample Case Record Review Follow-up Tool

### Sample CQI Tool

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Region: \_\_\_\_\_  
 Worker: \_\_\_\_\_ FSOS: \_\_\_\_\_

County: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  
 \_\_\_\_\_ M112 Month: \_\_\_\_\_

Level 1 2 3 Type of Case: \_\_\_\_\_

<i>TCM (All Cases)</i>			
1. Was the TCM documentation completed by a qualified staff person that met the criteria for a case manager (Bachelor's degree and 1 year experience)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Does the contact information on the Contact Screens (individual served, contact type, location, and date) match the description of the contact/service in the service recordings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Does the written documentation reflect progress/regression toward the goal(s)/task(s) of the child/family as defined by the Cabinet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Is there at least one (1) valid TCM note per month? (Case record). Valid means that the worker has properly chosen 1 of the 6 TCM codes. (Note: While a negative home visit or telephone call should be chosen as a TCM attempt, it is not a valid TCM hit).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

INTAKE AND INVESTIGATION (I&I)			
5. Was the FINSA or Investigation referral initiated timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Is the documentation of the Maltreatment/Presenting Problem/Statement of Need thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Is the documentation of the Sequence of Events thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Is the documentation of the Family Development Stages, including strengths, thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Is the documentation of the Family Choice of Discipline (including strengths) thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Is the documentation of Individual Adult Patterns of Behavior, including strengths, thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Does the CQA reflect a total history of ALL previous reports <b>and</b> repeat maltreatment for each child/adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Is there any indication that the SSW has reviewed any previous investigation(s) prior to completing the investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Is the documentation of Child/Youth Development (including strengths) thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Is the documentation of Family Support or Systems of Support, including strengths, thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Is the Investigation Conclusion complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Is there documentation that all appropriate parties were notified of the results of the Investigation or FINSA in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

17. Is there documentation that a DPP 154 was given to the perpetrator and family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18. If appropriate, was a safety plan completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Did the investigator assess for substance abuse issues for ALL family members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
20. Did the investigator assess for mental health issues for ALL family members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Did the investigator assess for domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
22. Is there documentation that a joint decision was made between worker and FSOS when a child is to be removed for CPS, or to determine appropriate services for status, or prior to any court action for APS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
23. By reading the contacts, during the past 18 months, have ALL incidents of alleged maltreatment been investigated/assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Have assessments by collateral agencies been completed as appropriate and included in the CQA and case file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
25. If appropriate, was an aftercare plan completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
26. This is the first and only incident of maltreatment (Sub. INV or found FINSA) for the child/ren or adults in the past 18 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Were comprehensive services provided throughout the investigation/assessment to protect the victim and prevent risk of maltreatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Were services provided that matched the level of risk of maltreatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
29. If services were assessed to be needed,	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

were they provided?			
30. Was the Assessment (CQA) completed and approved within 30 working days? If not, is a legitimate reason for an extension documented in contacts, by the supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Total Number of Yes'(TY)</b>			
<b>Total Number of No's(TN)</b>			
<b>(TY) divided by(TY+TN) = TPP (Total Possible Points) = %</b>			
ONGOING (All Cases)			
31. Was the Assessment (CQA) completed and approved within 30 working days? If not, is a legitimate reason for an extension documented in contacts, by the supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Have assessments by collateral agencies been completed as appropriate and included in the CQA and case file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Is the documentation of the Maltreatment/Presenting Problem/Statement of Need thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
34. Is the documentation of the Sequence of Events thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
35. Is the documentation of the Family Development Stages, including strengths, thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
36. Is the documentation of the Family Choice of Discipline (including strengths) thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
37. Is the documentation of Individual Adult Patterns of Behavior, including strengths, thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

38. By reading the contacts, during the past 18 months, have ALL incidents of alleged maltreatment been investigated/assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
39. Is the documentation of Child/Youth Development (including strengths) thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
40. Is the documentation of Family Support or Systems of Support, including strengths, thorough <b>and</b> rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
41. Is the Assessment Conclusion completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
42. Was an Aftercare Plan developed with the family, as appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
43. Were services provided that matches the level of risk and maltreatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
44. Were all services provided that were identified by the CQA and Case Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
45. Has the risk been reduced or alleviated through the services or interventions being provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
46. Have educational needs been assessed for all children in the case?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
47. Does the Case Plan address what the current level of educational functioning is for all children in the case?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
48. Do all the children in the case have current immunizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
49. Have preventative health and dental needs been assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
50. If health or dental needs were identified, were services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



51. Was the parent involved when changes were made to any of the following: visitation plan, case plan, or placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Case Planning</b>			
52. Is the case plan current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
53. Does the case plan reflect the needs identified in the assessment to protect family members and prevent maltreatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
54. Was the individual/family, child/ren, and foster parents/relative/kinship engaged in the Case Planning <b>and</b> decision-making process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
55. Were non-custodial parents involved in the case planning process, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
56. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
57. Have the child's mental health needs been assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
58. If mental health needs were identified, were services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
59. Are the primary Family Level Objective/s and Tasks appropriate and specific to the Maltreatment/Presenting Problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
60. Have services been provided related to the primary Family Level Objective/s and Tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
61. Does the secondary Family Level Objective and Tasks address all well being risk factors identified in the	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

current CQA?			
62. Have services been provided related to the secondary Family Level Objective and Tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
63. Are the Individual Level Objective (ILO) based on the issues identified in the CQA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
64. Does the Individual(s) Level Objective and tasks address the perpetrator's or status offender's individual pattern of high-risk behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
65. Have services been provided related to the Individual Level Objective and Tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
66. Was CFS 1 signed, for all parties appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
67. Is there documentation that a DPP 154 was given to the client at the case planning conference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Case Management</b>			
68. Is there documentation that the FSW has engaged the family and community partners in the decision making process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
69. Is there ongoing documentation that comprehensive services were offered, provided or arranged to reduce the overall risks to the children and family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
70. Is the progress or lack of progress toward achieving EACH objective (every FLO, ILO, and CYA objective) documented in contacts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
71. Is the need for continued comprehensive services documented, at least monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

72. Has the SSW made home visits to both parents, including the non-custodial parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
73. Did the SSW make the parental visits in the parents home, as defined by SOP 7E 3.3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
74. If visits are/were occurring less frequently than monthly, is/was the frequency consistent with the needs of the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
75. Do visits between the SSW, or other responsible, party and the parents focus on issues pertinent to the case planning, service delivery, and goal attainment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
76. Has the SSW made home visits, appropriate to the type of case and needed services, as required by SOP 7?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
77. If there was a change in workers, is there evidence that services were uninterrupted and did not delay the family/permanency goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
78. If there is a child in the case who is committed and is within 6 months of his/her 18 <sup>th</sup> birthday, is there documentation that the worker discussed opportunities for extending commitment or terminating services upon their 18 <sup>th</sup> birthday?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
79. Are FSOS case reviews, MSW consultations, periodic reviews <b>and</b> permanency hearings held timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
80. Are FSOS case reviews, MSW consultations, periodic reviews <b>and</b> permanency hearings documented in contacts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
81. Prior to case closure, was an updated assessment completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

82. Did the risk rating justify closure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
83. Prior to case closure was an Aftercare Plan completed with the family/community partners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
84. Was the decision to close the case mutually agreed upon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
85. Is there a closing summary containing reason for closure, evidence of reduced risk, recommendations, and summary aftercare plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Total Number of Yes'(TY)</b>			
<b>Total Number of No's(TN)</b>			
<b>(TY) divided by(TY+TN) = TPP (Total Possible Points) = %</b>			
<b>APS and GENERAL ADULT</b>			
86. Is the documentation of the victim thorough <b>and</b> is it rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
87. Is the documentation of the <b>(PERSON WITH ACCESS PWA)</b> thorough <b>and</b> is it rated correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
88. Is there documentation that the adult's right <b>not</b> to be interviewed was respected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
89. If the adult was unable to give consent for services, was there documentation of consultation sought from the guardian, non-PWA caretaker or court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
90. In <b>DV cases</b> , did the adult give permission to interview <b>PWA and/or</b> in all <b>other APS cases</b> , was the adult informed that the <b>PWA</b> would be interviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
91. In DV cases where the child resides in the home, was the children's safety assessed?			

92. If involuntary hospitalization for mental illness (KRS 202A) was needed, was it pursued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
93. If guardianship/conservator (387.500) was needed, was it pursued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
94. If guardianship/conservator (387.500) was needed, was it the least restrictive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
95. Was the Office of Inspector General (OIG), Division of Long-Term Care contacted if necessary? <b>Were all appropriate agencies notified if necessary?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
96. Was Medicaid Fraud and Abuse Control Division of Office of Attorney General (OAG) contacted if indicated by the type of referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
97. If appropriate, was an exit interview conducted with the alternate care facility staff upon completion by FSW and approved by the FSOS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
98. If Emergency Protective Services were needed (209.100), were they pursued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Total Number of Yes'(TY)</b>			
<b>Total Number of No's(TN)</b>			
<b>(TY) divided by (TY+TN) = TPP (Total Possible Points) = %</b>			
<b>OOHC</b>			
99. Was this child assessed to determine if concurrent planning was appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
100. If the case is identified as concurrent planning, does the Case Plan reflect this (TWIST Placement Background Screen)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
101. If the case was identified as concurrent planning, was the child placed in	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

a concurrent planning resource home?			
102. The child/ren have experienced only two placements or less in their most recent entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
103. Was the noncustodial parent approached for placement prior to placing the child into foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
104. Were caretaker needs assessed to promote safety and stability for the child/ren in relative/foster placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
105. Have cultural issues been addressed (related to biological family or OOHC placement) and connections with Native American tribes been assessed and addressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
106. Was the child/ren involved in the development of the case plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
107. If medically fragile, are services driven by the child's current Individual Health Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
108. Were the primary connections of the child to his/her neighborhood, community, faith, family, friends identified and documented in the Case Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
109. Were those connections supported and promoted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
110. After reviewing the CQA, Case Plan, and Service Recordings, if barriers were identified to preserving family connections, were they documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
111. Is there documentation that a Lifebook has been initiated? (all Foster Children should have a Lifebook)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
112. Was the child assessed for Native American heritage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
113. If the child is Native American, were ICWA requirements followed as	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

outlined in SOP Chapter 7?			
114. Is there documentation that describes barriers to achieving permanency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
115. If the child has been in OOHC for 15 of the most recent 22 months, has termination of parental rights been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
116. Was the 161 filed timely as described in SOP 7D?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
117. Was the Petition completed and filed timely as described in SOP 7D?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
118. Was the Presentation Summary completed timely as described in SOP 2.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
119. Was TPR granted timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
120. Was Adoption finalized timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
121. Has the SSW discussed with the adoptive and biological parents, the biological parents involvement post TPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
122. If the child and siblings are not placed together, is there clear evidence that separation is necessary to meet the needs/best interest of the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
123. Is there clear evidence that efforts were made to keep siblings together?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
124. For children placed outside the community, county, or State of their parent's residence, is/was the reason for the location of the placement clearly related to helping the child achieve their case plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
125. For children placed outside the State, was the child visited at least every 12 months by a caseworker of the supervising agency and a report filed to DCBS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
126. Is the permanency goal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

appropriate?			
127. Were both maternal and paternal relatives identified and considered as placement resources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
128. If a relative placement was made, was a referral sent to the Kinship Care program?			
129. Were relatives assessed at every Family Team meeting or Case Planning Conference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
130. If the permanency goal is PPLA, have relative resources been assessed for placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
131. If a relative evaluation was not completed, do the service recordings reflect a legitimate reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
132. If a relative was found for placement but the child was not placed into the home, do the service recordings clearly reflect a legitimate reason for not placing the child into the relative home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
133. Is/was there evidence of a strong, emotional supportive relationship between the child in foster care the child's parent(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
134. Where appropriate, has the SSW made efforts to promote or maintain a strong, emotionally supportive relationship between the child in foster care and the child's parent(s)? Reviewers should check not applicable if such a relationship is contrary to the child's safety or best interests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
135. Were both parents, as appropriate, involved in decision making process regarding the child's needs and services? (Such as education, medical, and religious decisions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
136. Were both parents, as appropriate, asked to be involved in activities with the child? For example, school functions and	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



special occasions.			
137. If the child is in OOHC, were the resource parents provided educational records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
138. Is the OOHC placement provider within its placement limit, or is there an approval letter for additional children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
139. Is there evidence that services were offered/arranged to meet Foster Parents/caregivers needs and support the safety and stabilization of child/ren in their placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
140. Were supportive services provided to offset extra stress/issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
141. Is the child/ren placed in the most appropriate setting to meet current treatment needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
142. Was the decision to place in the least restrictive setting based on need and risk of placement disruption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
143. Is the child's current placement in close proximity to the parent's home, or if not, is it related to meeting the child's current needs, in the child's best interest, or to achieve the permanency goal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
144. If the child/ren experienced a move(s) during the current OOHC episode, did it occur for reasons directly related to helping the child maintain family connections or achieve the permanency goal(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
145. If the child changed schools (for reasons other than promotion or return to parent), was there an explanation documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
146. Was educational information transferred to the new school using the educational passport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

147.	Was the foster parent provided the child's medical passport and all other relevant medical/dental information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
148.	Are there appropriate Objectives and Tasks for <b>permanency</b> for each child in care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
149.	Have services been provided for Objectives and Tasks for permanency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
150.	Are there appropriate Objectives and Tasks for <b>education/development</b> for each child in care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
151.	Have services been provided for Objectives and Tasks for education/development for each child in care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
152.	Are there appropriate Objectives and Tasks for <b>physical health</b> for each child in care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
153.	Have services been provided for Objectives and Tasks for physical health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
154.	Is there current medical, dental, and visual information in the case file for each child in OOHC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
155.	Are there appropriate Objectives and Tasks for <b>mental health</b> for each child in care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
156.	Was an initial formal mental health screening or assessment provided upon the most recent entry into care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
157.	Were the child's medications logged in the DPP 106A-5 Medication Administration History form by the foster parent and placed in the case file on no less than a quarterly basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
158.	Have services been provided for Objectives and Tasks for <b>mental health</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

159.	Are there appropriate Objectives and Tasks for <b>attachment</b> for each child in care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
160.	Have services been provided for Objectives and Tasks for <b>attachment</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
161.	Are there appropriate Objectives and Tasks for <b>independent living</b> for each child 12 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
162.	Have services been provided for Objectives and Tasks for independent living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
163.	Are there appropriate Objectives and Tasks for <b>other/court orders</b> , other than commitment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
164.	Have services been provided for Objectives and Tasks for other/court orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
165.	Has an absent parent search been completed and efforts made to establish paternity, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
166.	Is there a current, appropriate visitation agreement (including parents/siblings/others)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
167.	Are visits occurring with parents as required by the Visitation Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
168.	Are visits occurring with siblings as required by the Visitation Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
169.	Is the frequency of visits consistent with the child's need for connection with his parents and siblings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
170.	Does the frequency of visits support achieving the permanency plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
171.	Are all modifications signed and a copy in the file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

172. Did the worker persist in helping the family overcome barriers to visitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
173. Is there documentation that <b>care providers</b> and <b>children</b> in placement are visited no less than once per month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
174. Is there documentation that copies of the Case Plan were distributed to all participants of the Family Team Meeting, including the parents, child, courts, foster parents, community partners involved with the family and/or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
175. Was the permanency goal achieved within 12 months of the child entering OOHC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Total Number of Yes' (TY)</b>			
<b>Total Number of No's (TN)</b>			
<b>(TY) divided by(TY+TN) = TPP (Total Possible Points) = %</b>			
Status Only - Also complete all other relevant sections (I&I, APS Ongoing, OOHC, TCM) <b>STATUS ONLY</b>			
176. Does the case plan for a child who resides in their home or relative care include provisions for curfew as outlined in SOP 8.4?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
177. Is there documentation that the worker cooperated with DJJ and the court in diverting the status offender as an alternative to commitment or probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
178. If the case involves an out of state runaway, was the DJJ Interstate Compact on Juveniles Office called within 24 hours, exclusive of weekends and holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
179. If the status offender has been adjudicated, was a pre-disposition report for the court prepared (unless there is clear documentation in service recordings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

that the status offender has waived the report)?			
180. Is there a court order in the file that outlines the terms and conditions with which the status offender and family are to comply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
181. If the status offender is placed in detention, is there documentation that the worker <b>did not</b> recommend detention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
182. Were attempts made to utilize alternatives to detention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
183. Upon case closure, did the SSW submitted a letter to the court summarizing the case and notifying case closure no less than two (2) weeks prior to the proposed case closure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
184. Was an Aftercare Plan was completed prior to case closure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Total Number of Yes' (TY)</b>			
<b>Total Number of No's (TN)</b>			
<b>(TY) divided by(TY+TN) = TPP (Total Possible Points) = %</b>			

CQI Case Review Notes

**Required Improvements:**

1. 6.
2. 7.
3. 8.

4. 9.

5. 10.

### **Strengths**

1. 6.

2. 7.

3. 8.

4. 9.

5. 10.

# Appendix E:

## Research Supporting the Training Evaluation Models

### Individual, Team and Organizational Predictor Variables and Measures

There are three units of analysis for the predictors of child welfare training outcomes:

- individual learners
- teams
- organizations

What an individual brings to training affects their willingness and ability to learn and to transfer training concepts back on the job. These factors include past education, learning readiness, conscientiousness, self efficacy and perceived support. So we measure these variables and have found:

#### *Measures for Individual Learner Variables*

- The best measure of education is whether or not a trainee has a social work degree, and whether or not they have specialized education in child welfare during their social work studies as well as level of educational attainment (bachelors or masters). BSW prepared social workers in a specialized child welfare education program (Public Child Welfare Certification Program) are more confident and engage in best practices (Barbee, et al, in press *Journal of Social Work Education*; Huebner, 2003, Barbee, et al, under review *Child Welfare*).
- The best measure of readiness to learn is measured in a 10 item brief scale developed by Coetsee and van Zyl. It can be purchased for a small fee at <http://innovativeproductivity.com/>. Learning Readiness (Coetsee, 1998; van Zyl & van Zyl, 2000) predicts gains in learning which in turn predicts training transfer as measured through complete case file review of cases (Antle, Sullivan, Barbee & Christensen, in press *Child Welfare*).
- The best measure of personality is the Big Five Scale measuring extraversion, emotional variability, openness to experience, agreeableness and conscientiousness (See Appendix B, Goldberg, 1992). Conscientiousness (Goldberg, 1992) predicts learning which in turn predicts training transfer as measured through case file review of assessments and case plans (Barbee & Yankeelov, 1996).

- There have been several measures of Perceived Social Support by supervisors and co-workers used. Any standardized measure will suffice. See the above website for the training transfer inventory that includes team and organizational support measures. High PSS (perceived social support- Cutrona & Russell, 1987) from supervisors and co-workers predicts training transfer (Barbee & Yankeelov, 1996, Curry, et al, 2005).

Within the second level of analysis, teams, there are the following constructs: team attitude and supervisor support (Ford et al, 1992). What the supervisor and team mates do to support training and the worker affects a worker's willingness and ability to transfer training concepts back on the job. Team attitude may be measured by the team's reaction to training material.

#### *Measures for Team Variables*

- The best measure of team attitude and supervisor support can be found in the xyz van Zyl measure found at <http://innovativeproductivity.com/>. Perceiving that co-workers and supervisors support training affects a worker's willingness and ability to transfer training concepts back on the job and to stay on the job (Yankeelov, Barbee, Sullivan, & Antle (in press) *Children and Youth Services Review*).

For the final level of analysis, organizations, the primary construct is organizational support. What the organization does to support best practices in terms of work environment (Yankeelov, et al in press), caseloads (Barbee & Yankeelov, 1996), and career ladders (Ellett & Ellett, 2006) affects a worker's willingness and ability to transfer training concepts back on the job. So we measure these variables:

#### *Measures for Organizational Variables*

- Organizational support includes organizational cohesion, policy and procedure concordance and other dimensions measured by the Global Scale of Organizational Functioning (Coetsee & van Zyl, 1997). An organizational culture that supports learning and outcome achievement is essential to quality child welfare practice (Moore et al, 2000).

### **Training- and Trainer-Level Variables and Measures**

There are two levels of analysis for the training cycle:

- training
- trainer

At the training level of analysis, there are two constructs in the model: curriculum correspondence and environmental factors. Curriculum correspondence refers to the degree to which the training curriculum addresses the key goals and objectives of the



organization. Environmental factors refer to variants in the training environment, such as season, comfort of training location, etc.

There are also two constructs at the trainer level of analysis: compliance with curriculum and competence. Compliance with curriculum refers to whether or not the trainer teaches the material directly from the training manual or changes this material. Competence refers to the trainer's speaking ability and skill to engage the training audience. How a trainer behaves is important in transmitting knowledge and skills. Use of Adult Learner methods (citations from Collins 2007 report), being competent in delivering training content and following the lesson plans all affect training effectiveness. The content of the training and environment in which the training is delivered affect training effectiveness as well.

### *How Training-Level Factors Impact Transfer of Learning*

#### **Structure of training delivery:**

- 1.) Delivering classroom training interspersed with on the job training is more effective in terms of satisfaction, learning and transfer than classroom training alone-especially when the classroom training is for an extended block of time (Yankeelov, Barbee, Barber & Fox, 2000). **Insight: Trainees learn classroom material better when they have time to absorb the material with intermittent work in the field between training sessions.**
- 2.) Following up classroom training with structured training reinforcement such as our Field Training Specialist program (Barbee, et al, in press *Child Welfare*) is effective in producing transfer of learning. **Insight: New workers need to talk about classroom training learning, watch professionals execute key job tasks, practice those tasks in the field and receive specific feedback on the observed performance of the task until they reach minimal competence for the task before taking on complex caseloads. This training reinforcement needs to occur in the weeks between core training and in the first 6 months of employment while the new worker is getting a sense of the key job tasks.**
- 3.) Training teams together (supervisor and their team) is more effective than not training teams together (See full test of the model below, Antle, 2002).
- 4.) Conference format may enhance training participation (2005-2008 CB Independent Living Grantees).
- 5.) Retreat format may enhance training participation, especially for foster parents and adoptive parents (Sar, 2008, personal communication).
- 6.) Barbee & Antle (2004) found in a review of the national CFSR results in all 50 states that states with better new worker training had better outcomes on the Well-Being 1 measure which is enhancing the family's capacity to care for children's

needs. States with better ongoing training had better outcomes on Safety 2 (maintaining children safely in the home), Permanency 2 (preserving family relationships and connections), and Well-Being 1 (enhancing family capacity to care for children's needs), 2 (educational service receipt) and 3 (physical and mental health service receipt). Finally, states with better foster parent training had better outcomes on Well-Being 1 and 3. **Insight: Ongoing training, including supervisory training, is essential to achieving ASFA outcomes. All training is essential for achieving child well-being outcomes.**

7.) The effects of distance learning on training outcomes in child welfare still need to be tested.

**How curricula are created:** Whether or not it is filled with material from the research literature, based on the needs of the field, and tested to ensure it is evidence-based in terms of impacting practice and outcomes.

1.) DACUM is a methodology for developing curriculum content based on focus groups with key supervisors, front line workers and experts.

2.) ITIP is a method for designing the curriculum lesson plans and enhances continuity from one trainer to another. (See Appendix F for an example of the ITIP model.)

3.) Use of a 3<sup>rd</sup> Party Reviewer Observation Tool ensures excellent curriculum execution, and correspondence (Dever, 2003).

4.) Use of the Louisville Training Evaluation Model ensures creation of evidence of training effectiveness through the chain.

**How curricula are chosen:** It is best to choose high quality or evidence based curricula if they exist, but then the trainers must ensure fidelity to the content, methods and model presented. In doing so, it is critical that the trainers conduct the training as it is intended, thus we have paid a great deal of attention to training fidelity and have had great success both in measuring the construct and finding good adherence to the standardized training curricula and their training manuals.

1.) Training Fidelity Assessment tools use a behavioral rating system to assess the degree to which trainers cover core concepts from each curricula. Across all trainings, the fidelity assessment showed that 100% of the core concepts from the *Within My Reach* curriculum were adequately covered by the majority of trainers (Barbee, Antle & Sullivan, 2008).

**Base training on a practice model:** Dr. Dana Christensen, in collaboration with the Cabinet developed Solution Based Casework as the practice model for Kentucky

(Christensen, Todahl and Barrett, 1999). Our team conducted several studies that lend support to the efficacy of the model. **Insight: Training teams together with supervisors present has a positive impact on training transfer and casework practice and outcomes. An agency that adopts and trains a theory-based practice model produces best practices in the field of child welfare.** The model has been adopted in Tennessee and Washington state and a comprehensive evaluation is taking place in Washington state.

### *How Trainer-Level Factors Impact Transfer of Learning*

- 1.) Trainers who include the rationale for the training and demonstrate the importance of the training content to the day to day job enhance transfer (Barbee, Barber & Taylor, 1995).
- 2.) Trainees who find the training information useful actually learn more knowledge and skills. The learning enhances training transfer (Antle, 2002; Antle, et al, 2008).

### **Kirkpatrick Model Levels I-IV Measures**

As noted above, Kirkpatrick's model identifies four levels for evaluation of training. Level One refers to the reactions of trainees to the training. Level Two refers to the learning of training concepts. Level Three refers to training transfer- the application of learning to the job. Level Four evaluates the impact of training on the organization such as employee retention, and client outcomes such as safety, permanency and well-being.

#### **Level One: Participant Reactions**

##### *Measures*

- The best way to measure reactions is to include both affective reactions to the content and trainer as well as ratings of the usefulness of the training (utility). Every state uses a slightly different version of a reaction inventory. **Affect predicts attitude change** (Barbee, Schloemer, & Taylor, 1996). In a training on "Substance Abuse in Families" found that when the trainees liked the trainer more, they were more likely to change their attitudes in a positive direction towards substance abusers. Affect did not predict learning (Barbee, et al, 1996).
- Measuring attitude change depends on the attitudes being targeted. Sometimes the evaluation team can construct attitude items based on the content of the training (Barbee, Taylor & Schloemer, 1996). Other times there is a validated scale already in existence which can be used (e.g., COBRAs for racial attitudes that we use in our Undoing Racism). Attitude change about substance abusers

predicted willingness to work with them at the end of training and perceived success at a 3 month follow-up (Barbee, et al, 1996).

## **Level Two: Learning**

### *Measures*

- The best way to measure gains in knowledge and skills is to create multiple choice test items that are based on the learning objectives and content of the training (See Appendix 2 for how to develop test items).
- Administer the test before training has occurred (pre-test) and at the very end of the training (post-test) and possibly a week or a month after training (post-post-test for retention). The first comparison between the pre-test and post-test demonstrates that the participants learned as a result of the training. The second comparison between the post-test and post-post-test demonstrates the amount of information that is retained.

## **Level Three: Training Transfer**

### *Measures*

- Measure through triangulation of worker, supervisors and FTS self reports using a behavioral anchor rating scale.
- Measure through self reports of attitude change, behavioral change usually using quality measures.
- Measure through supervisor (customer) satisfaction with what the employee learned.
- Measure through observation of key behaviors.
- Measure through chart file reviews, including Continuous Quality Improvement measures of cases.
- 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, FTS program, coaching and mentoring)
- Enhance organizational support to promote training transfer
- Evaluation key in detecting where fidelity breakdown occurs

#### **Level Four: Training Outcomes**

- Worker Competence (could also be seen as a level 3 training transfer measure).
- Worker Retention (Fox, Burnham, Barbee, & Yankeelov, 2000; Fox, Miller, & Barbee, 2003; Barbee, et al, in press *Journal of Social Work Education*, Yankeelov, et al, in press).

# Appendix F: Model Curriculum

## Module Using ITIP

This curriculum module is an example of the ITIP approach. ITIP stands for Instruction Theory into Practice. It is a structured approach to curriculum development and lesson plan outlining. It includes stating clearly the learning objectives, the purpose of the material about to be covered, delivering an anticipatory set to increase participant motivation, seeking input from participants, modeling the skill for participants, checking with participants for understanding and allowing participants to engage in guided practice and independent practice. It is included here as a model to consider as Colorado develops a curriculum for the CIP training.

### KENTUCKY CABINET FOR FAMILIES & CHILDREN

#### MODULE 1 LESSON PLAN TITLE:

#### Why Study Couple Relationships in Child Protection Work?

<b>CONTENT</b>	<b>TRAINER NOTES</b>
<p><b>Anticipatory Set</b></p> <p>Provide welcome and introductions (trainer and participants).</p> <p>Distribute and have participants complete the pre-test.</p> <p>Facilitate ice breaker activity and then ask the following questions:</p> <ol style="list-style-type: none"> <li>1. Why are you here?</li> <li>2. What do you hope to gain from our time together?</li> <li>3. List 2 to 4 characteristics of healthy families.</li> </ol>	<p>Have participants write answers to questions on index cards and then share with group.</p>
<p><b>Performance Objectives</b></p> <p><b>At the end of this training session participants will be able to:</b></p> <ol style="list-style-type: none"> <li>1. Identify why healthy couple relationships are important for child welfare</li> <li>2. Articulate their concerns about addressing healthy marriage/couple relationships with this population</li> <li>3. Identify diverse family/couple arrangements that occur in the child welfare population</li> </ol>	

<b>CONTENT</b>	<b>TRAINER NOTES</b>
<ol style="list-style-type: none"> <li>4. State how the skills learned in this training relate to the state Program Improvement Plan (PIP)</li> <li>5. Develop an action plan that identifies what they want to learn in this training on healthy marriage and family relationships</li> </ol>	
<p><b>Instructional Input</b></p> <p>The Healthy Marriage Initiative is a federal initiative that spans numerous agencies, including the Department for Health and Human Services. The University of Louisville recently received a grant through the Children’s Bureau, a subsidiary of the Department for Health and Human Services, to provide training to child welfare teams on healthy marriage and family formation issues. Research has demonstrated the importance of a healthy couple relationship for the prevention of child maltreatment and well-being of the family. Data from Kentucky child protection case records and focus groups with workers and foster families also confirms the need to address these issues. This training grant will provide workers with additional skills for assessment, case planning, and referral of families for services to address these issues. The purpose of this training is to enable workers to identify couple issues that affect parenting so that they can make appropriate service referrals to address these issues. There are many training programs for marriage/couple enrichment, such as PREP, PAIRS, and others. These training programs cover couple issues in much more depth and equip service providers and couples to have healthy relationships. This child welfare training is simply trying to enable workers to identify needs in this area, engage families around this need, and make successful referrals for services.</p> <p>Why Couple Issues Are Not Addressed (15 minutes)</p> <p>What is a couple? What kind of couples do you see? What is a parent? Who does parenting? There are diverse definitions of family that occur within the child welfare population. What are the different family configurations that you have</p>	<p>Use flip chart to record answers to questions about couple and family configurations. Refer to Handout “Glossary of</p>

<b>CONTENT</b>	<b>TRAINER NOTES</b>
<p>seen in your casework? All of these are families. Many involve a couple relationship.</p> <p>In addition to a discussion of skills or needs of couples in general, this training will address diverse couple and family configurations, including</p> <ul style="list-style-type: none"> <li>• Divorced/separated couples</li> <li>• Dating couples/paramours</li> <li>• Cohabiting couples</li> <li>• Blended families</li> </ul> <p>What are some of the challenges with discussing healthy marriage and family formation for the child welfare population?</p> <p>There are many challenges to conceptualizing couple issues in child protection cases:</p> <ul style="list-style-type: none"> <li>• <b>Abuse typically presents itself as behavior by an individual.</b> It is easiest to illustrate this issue in physical or sexual abuse cases. In the vast majority of these cases, these are events in which a given individual's behavior harms a child in a specific measurable way. The primary goal is naturally focused on keeping that individual behavior from reoccurring. Contextual issues that may put the child at increased risk (such as couple teamwork) are seen as secondary at best, and sometimes seen as attempts to minimize the responsibility of the abuser by inferring some sort of "shared responsibility". Neglect cases though also have a tendency to present themselves as the outcome of individual behavior. Neglectful families are often under-resourced families in which one parent is trying to raise the children alone. This may be because the couple relationship never really began, or failed due to substance use, physical abuse, failure to accept responsibility, or any number of other individual behavioral reasons. Even if a partner is present, it is</li> </ul>	<p>Relationship Terms”</p> <p>Use flip chart to generate list of concerns about training on couple issues.</p> <p>Slide 1: Challenges to Conceptualizing Couple Teamwork in Child Protection Cases</p>



<b>CONTENT</b>	<b>TRAINER NOTES</b>
<p>often easier for the worker to conclude (decide) that it would be better if the partner wasn't present at all and so exploration of the couple's teamwork seems counterproductive.</p> <ul style="list-style-type: none"> <li> <p><b>Clients often fear disclosing and or discussing their couple relationships.</b> Because many abuse and neglect clients (or their families) have also had experience with social service systems, they may have learned that disclosure of their personal relationships may cost them financial support, or lead to actions against their partner's income or even freedom. Threats against such disclosures my actually have been voiced by their partners. Even when the client's have nothing to fear, they may be reluctant to share couple information simply to be "on the safe side". Of course, it has to be said that some of this fear may be justified if the worker has a tendency to typically conclude that their clients should "get rid of the bum" rather than attempt to first work through the couple difficulties.</p> </li> <li> <p><b>Clients are often unclear about their commitment to their current partner.</b> Parents who are young, have experienced trauma, and/or are under-resourced, often enter into relationships without much of a discerning process regarding the eventual or hoped for outcome of the relationship. The realities of the immediate need determine boundary decisions rather than long-term goals. For instance, a lonely weekend for a young mother night might turn into a new acquaintance spending the night, which might turn into the same person being asked to watch the kids the next day while an errand is run, which might turn into the person just showing up later the next night and staying again, which might turn into the mothers request for some money to pay a bill, which might turn into the partner feeling they can show up at anytime for food, shelter, or intimacy. In return, the mother might expect additional help with rides, watching the kids, or other domestic requests. If six months later the couple is asked about their</p> </li> </ul>	

<b>CONTENT</b>	<b>TRAINER NOTES</b>
<p>relationship and its future, each might have difficulty even defining themselves as a couple/parenting team. If one adds to this many clients past traumatic or failed experience with intimate relationships, clients may not have a positive or hopeful view of a committed union.</p> <ul style="list-style-type: none"> <li> <p><b>Workers often feel they are intruding into "private matters" when questioning couple relationships.</b> Although many of these feelings can be the result of the client's attitude, it should also be recognized that it is a universal social norm to respect a couples privacy by not "asking embarrassing questions" or "sticking their nose into other people's business". There are exceptions to this social rule but very few, only in therapy is it expected or allowed, and of course that is the reason that many people resist going to therapy, they don't want to "air their dirty laundry". Even clergy and family physicians are hesitant to ask people specifics about their marriage. Needless to say, where there is a social sanction against discussion, there is little opportunity to learn the skills that would allow such a discussion.</p> </li> <li> <p><b>Many workers have little or no personal experience regarding parenting teamwork.</b> Clinical research does not support the need to have experienced a problem in order to "treat" it, primarily because there are so many other variables that can play a more influential role in effective treatment. And even those who have not parented may be at a slight disadvantage, at least they have been parented and have observed parenting and can read parenting texts as preparation. However, the process by which a couple balances their intimate relationship issues with their ability to work as at team in parenting is fairly complex, fairly private, and even fairly confusing to the participants themselves. Such complexity is difficult to observe from the outside and it is a challenge for those who haven't experienced it to learn the issues. It is challenging but not impossible, and there are ways to reduce the</p> </li> </ul>	

<b>CONTENT</b>	<b>TRAINER NOTES</b>
<p>challenge. However, this challenge is another reason why some caseworkers might unfortunately decide it is just too hard to deal with.</p> <p>In addition to our own struggles to conceptualize these cases in terms of couple issues, there are also systemic barriers to healthy couple relationships in child welfare. Although the precise national rate of marriage among the child welfare population is unknown, feedback from the field suggests that the majority of clients are not married. There are various barriers and stressors that complicate the formation of healthy marital and family relations for clients in the child welfare system. There are structural barriers to marriage such as laws governing welfare benefits. Specifically, the second adult's income may count against the family in determining TANF eligibility and benefits. Many states do not count the income of a cohabiting partner who is not the biological parent of the child in the family. Some cohabiting couples may decide not to marry in order for the partner's income to be not counted in determining eligibility and benefits. There are economic barriers to marriage and family formation, as many child welfare clients live in poverty, and the rate of marriage for low-income individuals is significantly lower. There are neighborhood and environmental stressors such as the absence of positive role models, a culture of violence, and insufficient resources, which provide additional stress on the coping capacity of families and marriages. Some researchers found that community affluence was strongly associated with the stability of marriages and cohabitations, while community impoverishment was not conducive to these outcomes. There are risk factors related to marriage such as domestic violence, substance abuse and mental health issues that occur at high rates in this population.</p> <p><b>Why Couple Relationships Matter for Child Welfare (15 minutes)</b></p> <p>Healthy marriage and family formation is of utmost importance to families involved with the child welfare</p>	<p>Slide 2: Barriers to Healthy Couple Relationships in Child Welfare</p> <p>Show Video Interview with Case Workers on the Importance of Couple</p>

<b>CONTENT</b>	<b>TRAINER NOTES</b>
<p>system. The child welfare literature has identified that child physical abuse and domestic violence co-occur at rates of approximately 40-70%. Research at the University of Louisville identified that domestic violence and child neglect co-occur at rates of 65% There are significant additive effects of domestic violence and child maltreatment on multiple domains of child functioning</p> <p>Foster parents identify strong marriages as one of the keys to successful foster parenting and the integration of foster children into the family as a risk factor for undermining relational functioning. The placement or removal of foster children or relatives adds additional strain on the marital relationship of foster parents and kinship care providers.</p> <p>There are significantly higher rates of child abuse in stepfamilies and couples with a history of domestic violence. Many child welfare clients have already experienced divorce and are forming blended families, which present more challenges and place them at higher risk for problems in both marital and parenting relationships.</p> <p>Hence, there are numerous issues related to couple functioning in the child welfare population. Issues related to couple conflict may inhibit the couple’s ability to provide safe and adequate parenting. Similarly, issues related to child behavior or developmental tasks of the family based upon the age of the child may serve as a stressor for the couple relationship. Couple functioning and child rearing/child well-being have a reciprocal influence on one another.</p> <p>Research reveals that the benefits of healthy marriages for children are numerous. On average, children raised by parents in healthy marriages are less likely to fail at school, suffer an emotional or behavioral problem requiring psychiatric treatment, be victims of child abuse and neglect, get into trouble with the law, use illicit drugs, smoke cigarettes, abuse alcohol, engage in early and promiscuous sexual activity, grow up in poverty, or attempt suicide. On average, children raised by parents in healthy marriages are more likely to have a higher sense of self-esteem, form</p>	<p>Issues for Child Welfare</p> <p>Slide 3: Research on Healthy Family Relationships and Child Welfare</p>

<b>CONTENT</b>	<b>TRAINER NOTES</b>
<p>healthy marriages when they marry, attend college, and are physically healthier. The absence of a strong marriage/couple relationship produces anxiety for children that affects every other area of functioning. When there is harmony in the couple relationship, there is an infused stability within the family.</p> <p>The discussion of healthy marriage/couple relationship is critical because of the impact of the couple relationship on child welfare. Couples who can work together effectively are better able to manage children and avoid high-risk cycles for abuse and neglect. These couples must learn to co-parent, even if they are not in a romantic relationship. Let’s watch a video of several workers and foster families on these issues.</p> <p><b>COMMUNITY PARTNERS</b> Why do you think couple relationships are important for parenting? How might addressing couple issues help keep children safe?</p> <p>What the Case Records Show (5 minutes)</p> <p>The University of Louisville reviewed 120 child protection case records in an effort to understand the couple issues that are present for this population. The themes that emerged from this study include the following</p> <ul style="list-style-type: none"> <li>• Disputes over custody and visitation after divorce/separation</li> <li>• The impact of domestic violence on children and safety of home environment</li> <li>• Conflict between biological parents and paramours</li> <li>• Absence of fathers</li> <li>• Impact of couple relationship on children: children refuse to accept paramour; relationship ended/suspended due to abuse of children</li> </ul> <p>These findings provide evidence on the importance of couple issues for child welfare. In this review, we found that abuse or neglect may be directly related to the couple issues, such as the case of domestic violence or physical/sexual abuse by a stepparent. We also found that the couple relationship is affected by children—relationships are terminated or suspended based upon the needs or desires of children.</p>	<p>Refer to handout Marital/Couples Issues Identified in Child Welfare Case Records</p>



<b>CONTENT</b>	<b>TRAINER NOTES</b>
<p>cultural diversity in families, which will be offered through an advanced training module on-line at a later date. There are different definitions of healthy families based upon ethnic, religious, and other differences. This course provides the foundation on couples.</p> <p><b>How This Training Relates to the PIP (1 minute)</b></p> <p><b>This training has been developed with the provisions of Kentucky’s PIP in mind. The knowledge and skills you can acquire through this training can equip you to better meet the mandates of the PIP in the following areas. You can see this information in your manuals.</b></p>	<p>Slide 4: How Building Couple Teams Training Relates to the PIP</p>
<p><b>Closure (10 minutes)</b></p> <p>What do you hope to learn through this training? How might this training help you with a current child protection case?</p>	<p>Have workers write their goals for training on the worksheet “Individual Action Plan for Training on Healthy Marriage and Family Formation “</p>



## Challenges to Conceptualizing Couple Teamwork in Child Protection Cases

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- Abuse typically presents itself as behavior by an individual
- Clients often fear disclosing and or discussing their couple relationships
- Clients are often unclear about their commitment to their current partner
- Workers often feel they are intruding into "private matters" when questioning couple relationships
- Many workers have little or no personal experience regarding parenting teamwork



## Barriers to Healthy Couple Relationships in Child Welfare

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- Welfare laws serve as a disincentive for marriage
- Marriage rate lower for couples in poverty, and community impoverishment does not promote positive marriage outcomes
- Substance abuse, mental illness, and domestic violence occur at high rates and are predictive of poor marriage outcomes





## Research on Healthy Family Relationships and Child Welfare

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- When there is a healthy marriage/couple relationship, children are less likely to
  - Be victims of child abuse and neglect
  - Fail at school
  - Suffer an emotional or behavioral problem requiring psychiatric treatment
  - Get into trouble with the law
  - Use illicit drugs, alcohol or cigarettes
  - Engage in early and promiscuous sexual activity
  - Attempt suicide
- When there is a healthy marriage/couple relationship, children
  - Have a higher sense of self-esteem
  - Form healthy marriages when they marry
  - Attend college
  - Are physically healthier



## How Building Couple Teams Training Relates to the PIP

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- Safety
  - Family engagement skills
  - Family Team Meeting skills
  - Service gaps and development of resources
- Permanency
  - Family engagement skills
  - Family Team Meeting skills
  - Service gaps and development of resources
- Well-Being
  - Relationship building
  - Family-centered case planning

## **GLOSSARY OF RELATIONSHIP TERMS**

**Parents:** Traditionally Mother and Father; sometimes mother and stepfather or father and stepmother. Parents also could be Mother and boyfriend or Father and girlfriend. Mother and girlfriend, Father and boyfriend are other possibilities.

**Family:** Includes traditional family; 2 married parents and their children, but can also refer to family as defined by the client such as parent, paramour, children of one or both, and extended family members such as grandparents, aunts, uncles and cousins.

**Couple:** Two adults in a romantic relationship. This can be a married couple or two unmarried persons.

**Separation:** The act of a couple deciding not to cohabit. This can occur with married or unmarried couples.

**Divorce:** A legal procedure that finalizes a broken union between a married couple.

**Domestic Violence:** Two types: Patriarchal terrorism or common couple violence.

**Remarriage/Blending:** Two adults marrying who have children from previous relationships. Stepfamily is another term for this situation.

**Cohabitation:** Two adults who decide to live together. The adults may or may not be in a romantic relationship.

## **COUPLE/FAMILY RELATIONSHIP ISSUES IDENTIFIED IN CHILD WELFARE CASE RECORDS**

- Disputes over custody and visitation after divorce/separation
- The impact of domestic violence on children and safety of home environment
- Conflict between biological parents and paramours
- Absence of fathers
- Impact of couple relationship on children: children refuse to accept paramour; relationship ended/suspended due to abuse of children

### Sample Quotations:

- Child's father is alcoholic and mother does not want him around children if he could not be sober. Father has only seen child twice since birth. Other father of child is in prison and mother does not know when he will get out. He tries to help when he is out. (of prison) This child visits with paternal family almost every other weekend.
- Family appears enmeshed and it is hard to differentiate between parents and child in regard to who cares for whom. Father has significant and lengthy history of mental health issues including Bipolar II Disorder and Major Depressive Disorder with some impairment in reality. History of at least one DV instance.
- The family exists in separate households: father maintains an apartment for himself, his daughter, and wife's son. Wife/paramour is in and out of house sporadically. Oldest child lives with maternal grandmother. One child lives with paternal grandmother. Mother has been married and divorced once, and is presently maintaining some degree of relationship with the father of her youngest two children.
- Mother reports that relationship with oldest two children's father was filled with domestic violence in which she was seriously hurt on several occasions. To date mother does not understand the effects of domestic violence and how it directly impacts her children nor is she able to fully understand how she is perpetuating a cycle of DV in her own family. Mother is married but separated and has to insure that all of their needs are met. (has 5 children—three fathers some of which are supportive and others were aren't)
- Mother and father are going through a divorce and both parents have new significant others. There is still a current no contact order between parents due to domestic violence and parents have continually violated this order under the guise of helping children.
- Family is in the blended family with teenager's life stage. Mother has expressed that she will be maintaining her relationship with her husband away from the children.
- Child's bio father came back in the child's life in 2002 after her stepfather adopted her in 1995. Allegations of sexual abuse have been made toward stepfather. Mother asked stepfather to leave the home during investigation, but has not mentioned to worker that she plans to divorce.
- Mother states that neither of the child's fathers plays a role in their lives. Mother knows that all boys need a male role model in their lives, but that child does not want to deal with mother's present husband due to him not being his father.
- Dad has sole custody of two sons. Bio mother is schizophrenic and has a no contact order. The paramour of dad passed away. Bio mother has had no contact order for three years; this was ordered with the divorce and cannot have visitation unless she attends counseling and if the therapist states she is not a risk to the children.
- Mother reports no support from family, has few friends, and a very unstable relationship with her boyfriend. She is unemployed and appears to be significantly depressed but will not follow through with counseling. Son has recently moved in with his bio dad because he does not like the way mom's boyfriend treats her.
- Mother moved out of residence because he drinks alcohol and she didn't want her children to live in that environment. Making that decision based on what is in the best interests of her children is a strength for mom. She and boyfriend remain friends and date occasionally.

## **COUPLE/FAMILY RELATIONSHIP ISSUES IDENTIFIED BY CHILD WELFARE CASE WORKERS**

Important themes or issues identified by child welfare case workers include the following:

- When the couple has different priorities
- Blended families—issues of yours vs. mine
- Paramours—when they are unable to meet expectations of parenting; when there is conflict with children or other biological parent
- Lack of understanding of a healthy relationship
- Multiple short-term dating relationships and the impact on children (attachment and loss)
- Disagreement over discipline
- Couples only deal with surface issues, not underlying causes of family conflict
- May be inadequate resources for referrals for couple issues—material is applicable if workers know where to refer
- Need better communication and conflict resolution skills
- Barriers to addressing couple issues include worker lack of experience/training, and value-laden topic

**INDIVIDUAL ACTION PLAN FOR TRAINING ON BUILDING  
COUPLE TEAMS FOR CHILD PROTECTION**

My primary goals for this training are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The area that I want to learn more about is:

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I would like to develop new skills such as:

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# Appendix G: References

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