Successful Implementation Of Solution-Based Casework; A Child Welfare Casework Practice Model?

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SUCCESSFUL IMPLEMENTATION OF SOLUTION-BASED CASEWORK; A CHILD WELFARE CASEWORK PRACTICE MODEL?

by

NAOMI WEISEL SCHEAR

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SUCCESSFUL IMPLEMENTATION OF SOLUTION-BASED CASEWORK: A CHILD WELFARE CASEWORK PRACTICE MODEL?

by

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Across the country, child welfare agencies have started to implement casework practice models in an effort to improve the safety, permanency and well-being of vulnerable children and families. In their effort to do so, child welfare systems have faced complex contextual challenges to implementation. To date, however, there has been limited empirical research describing successful implementation of these practices. Moreover, little systematic feedback exists concerning service providers’ perspectives of various aspects of the implementation process.

The purpose of this qualitative research study was to explore child welfare supervisors’ and case workers’ responses to various methods of implementation of Solution-Based Casework (SBC); a promising casework practice model recently introduced into this organizational context. For the study, case planners and supervisors were recruited within four different child welfare agencies in New York City. Participants then described their experiences with different modes of SBC implementation and efforts to adopt the model to their work in foster care and preventive services.

The research applied the constructivist approach to grounded theory methodology (Charmaz, 2006). Grounded theory posits that individual perspectives and actions are fundamentally influenced by contexts and social interactions (Charmaz, 2006). The use of this
methodology helped capture the organizational contexts and processes, which shaped practitioners’ conceptualizations of SBC.

The results showed that organizational support for SBC, on-going practical training and continuous coaching from peers greatly influenced practitioners’ operationalization of SBC strategies. Findings also revealed ways in which caseworkers struggled to use the model with various client populations and how many foster care practitioners, unlike preventive caseworkers, expressed the need for additional clinical training to effectively use the model. Overall, the study highlighted critical contributions of service providers in SBC implementation and, more broadly, the importance of seeking feedback on practitioner experiences with evidence-supported model.

Although data were drawn from practitioners’ feedback with a specific evidence supported model, the issues uncovered and generalizations derived were consistent with other research studies on program implementation in social services. This suggests that the results may be highly transferable and strategies for improving program implementation may be applicable to a variety of settings as well as intervention approaches.
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CHAPTER 1: INTRODUCTION

In recent years, child welfare agencies across the country have begun to implement various innovative casework practice models. This has been done in an effort to shape the thinking and behavior of case planners to improve the safety, permanency and well-being of vulnerable children and families (Antle, Barbee, Christensen, & Martin, 2008; Christensen, Todahl, & Barrett, 1999). Nonetheless, there are relatively few empirical studies on implementation practice specific to child welfare.

And yet, there is a substantial research literature on organizational factors associated with implementation of new practices in business settings (Aarons & Sawitzky, 2006). Whether in business or in social welfare organizations, implementation can be defined as an identified set of activities designed to put into practice an intervention or program (Fixen, Naoom, Blase, Friedman, & Wallace, 2005). Unfortunately, little research has examined organizational factors that may facilitate or hinder the implementation of evidence-supported practice in child welfare settings.

More positively, the science related to developing and identifying evidence-supported child welfare models has improved over the past several decades. Despite the advances in this form of knowledge, there has been limited empirical research revealing the elements of successful implementation of these practices. In addition, little research exists on service providers’ perspectives on various implementation processes. This is particularly troubling when the desire for such implementation originates strongly from community agencies that will be carrying out the model (Aarons, 2005; Fixen et al., 2005; Pipkin, Sterrett, Antle, & Christensen, 2013).
Child welfare practice models are not self-executing or self-sustaining. Research is needed to better understand the complex processes and contextual factors that improve or undermine program implementation and adoption. The study of implementation is also critically important in determining the effectiveness of any child welfare practice model. Established practice models, implemented poorly, will not be sustained and will not achieve their intended outcomes (Elliott & Mihalic, 2004; Fixen et al., 2005). Inadequate implementation could lead to a falsely negative assessment of the effectiveness of the model when it is really the failure of the implementation process that is at issue (Aarons, 2005; Fixen et al., 2005). Thus, effective implementation is as important as the evidence-supported practice intervention itself. Together, they make the intervention fully evidence supported and effective.

Concurrent with these implementation efforts, child welfare systems face complex contextual challenges affecting structure, processes, staffing, and various client populations. Child welfare organizations are often extremely bureaucratic and notoriously resistant to change. In addition, a high degree of bureaucracy has been linked to poor staff attitudes toward adopting evidence-based practices (Aarons, 2004). Alternatively, child welfare work itself is often unpredictable and crisis-oriented, requiring staff to spend significant time offsite, attending court hearings or visiting with families. This makes internal communication challenging and primarily centered on the welfare of each case rather than on organizational strategic planning or change. In addition, child welfare settings are characterized by high staff turnover, high documentation demands and high caseloads; which renders training and the reinforcement of any new evidence-supported casework practice model difficult. Lastly, child welfare practice involves considerable variability in clientele, in regard to parental age, education level, cognitive ability, culture and engagement in services, as well as, the age of the children, and number of children in the home.
Implementation may be impacted by systemic, structural and individual factors. Unfortunately, however, there has been little research on obstacles and facilitators on the implementation of practice models in these unique environments. Moreover, there has been even less research that highlights the perspectives of service providers. Research focusing specifically on implementation efforts in child welfare settings can inform policymakers, administrators, providers, and researchers about dynamics that facilitate or hinder the implementation process. A better understanding of such factors can lead to the development of implementation strategies, which are designed to meet the needs of specific organizational and service contexts. Ultimately, an evidence-informed exploration of these elements can contribute to the development of “organizational best practice” principles for SBC and by implication for other forms of innovation (Lalayants, 2010).

More specifically, this dissertation research seeks to contribute to the child welfare research literature through a qualitative analysis of supervisors’ and case workers’ responses to various methods of implementation and efforts to maintain “model fidelity” of a child welfare casework practice model, Solution-Based Casework (SBC). The study was conducted within four quite different child welfare agencies in New York City. The following literature review will provide background information and further context for this study by reviewing and analyzing the relevant research on implementation of evidence-supported practices in child welfare.
CHAPTER 2: EVIDENCE-SUPPORTED APPROACHES IN CHILD WELFARE: A HISTORICAL PERSPECTIVE

The History of The Child Welfare System

The child welfare system was designed to improve the safety, permanency and well-being of vulnerable children and families (Barth, 2008). Throughout history, the United States child welfare system has developed according to shifting attitudes about what role government should play in the protection and care of maltreated children (Murray & Gesiriech, 2004). Early government interventions were minimal and were shaped by practical concerns about children’s physical needs. From the Colonial period until the late 1800s there was very little effort made by the government to keep children with their biological parents. It was assumed that all dependent children were better off without their parents, and it was common practice to discourage parents from having contact with their children (Smith, 1996). In the 1700s, youth whose parents could not care for them and orphans were usually indentured to work for other families (Fraser, 1976; Murray & Gesiriech, 2004). After the 1832 cholera epidemic left many children orphaned, private religious organizations established orphan asylums (Gendell, 2001).

During the mid-nineteenth century, out of concern for the wellbeing of children in orphanages, charitable groups began placing orphans with foster families. One example of this was the orphan train movement, which was started by the New York Children’s Aid Society in 1853. In an effort to “protect children from the urban environment and their own parents, who were incapable of rearing children properly”, the Children’s Aid Society sent children west by railroad to live with families (Hasci, 1996).

In time, these efforts became increasingly bureaucratized. The Social Security Act of 1935 established Aid to Dependent Children (ADC), which allocated federal funding to states to
provide financial assistance for children with single parents. Grace Abbott and Katherine Lenroot, at that time the previous and current directors of the U.S. Children's Bureau, designed ADC with the hope that the funding would allow single parents to care for their children.

However, bureaucratization did not necessarily bring greater or more equitable access to services. For example, during the 1950s an increasing number of families were being denied ADC benefits, under unsuitable home policies. In 1960, Louisiana barred 23,000 minors from receiving benefits solely because the mothers had borne the children out of wedlock (Murray & Gesiriech, 2004). This incident prompted the creation of the Flemming Rule by the Secretary of the Department of Health, Education, and Welfare. Under this rule, states were mandated not to ignore the needs of children living in households that were deemed unfit. Instead, families had to be provided with appropriate services to make the home suitable. If this was not possible, the child had to be moved to a foster care placement where the minor continued to receive financial support (Murray & Gesiriech, 2004).

In the mid-1970s, Congress became concerned about the growing numbers of children in foster care, that inadequate efforts were being made to reunify these minors with their families, and that foster care agencies had a financial incentive to keep youth in care. These concerns were warranted. By the late 1970s, approximately 500,000 children were in foster care and the average length of stay was two and a half years (Gendell, 2001). In response, Congress passed the Adoption Assistance and Child Welfare Act (AACWA) of 1980 (Adoption Assistance and Child Welfare Act, 1980). AACWA established a major federal role in the administration and oversight of child welfare services (Gendell, 2001).

AACWA was initially considered a success because the number of youth in foster care declined in the early 1980s (Gendell, 2001). By the late 1980s, however, AACWA was no longer
living up to its promise. This was evidenced by the dramatic increase of the number of children in foster care between 1986 and 1995 from 280,000 to nearly 500,000 (Gendell, 2001; Murray & Gesiriech, 2004). The foster care system continued to grow despite the federal government’s efforts. From the mid-1980s until 1998, more children entered foster care each year than exited. Additionally, youth spent longer periods of time in out-of-home care, with increasing numbers of children staying in the system for five years or longer (US Government Accountability Office, 1999).

Policy researchers postulated that this trend was due to a multitude of reasons: the economic slowdown, the crack cocaine epidemic, AIDS, and increased incarceration rates for female offenders (Murray & Gesiriech, 2004). Concerns about minors’ lengths of stay in foster care culminated in the passage of the Adoption and Safe Families Act of 1997 (ASFA) (Adoption and Safe Families Act, 1997).

ASFA marked a shift in child welfare policy in the US. Under ASFA, states were no longer required to make reasonable efforts to prevent the removal of a child. Nor were reasonable efforts mandated for the return of a minor if: the biological parent had already lost parental rights to that child’s sibling, had committed specific felonies, or had subjected the child to aggravated circumstances such as abandonment, torture, chronic abuse, and sexual abuse (Adoption and Safe Families Act, 1997). Second, under ASFA, states were mandated to begin the process of terminating a child’s parental rights when a youth had been in foster care for 15 of the most recent 22 months (ASFA, 1997). Proponents of the bill believed these provisions rightly deemphasized family preservation and placed the safety of the child over the needs, rights and desires of the parent.
Critics of ASFA posited that the act penalized single parents and those in poverty. They also contended that the act’s emphasis on adoption would bias placement decisions in that direction, even when reunification would be in the best interest of the child (Hollingsworth, 2000; Stein, 2003). The debate between the rights of parents versus the health and safety of children has influenced US child welfare policy throughout American history.

Currently, the American child welfare system involves a complex network of public and private social and legal services meant primarily to ensure the safety of children and secondarily the integrity of families (Paxon & Haskins, 2009). Public child welfare agencies are specifically tasked with seeing to it that children who have been found to be victims of abuse or neglect are not re-maltreated (“Child Welfare Outcomes 2008-2011: Report to Congress,” 2012).

**Who is Served by the American Child Welfare System?**

Every state bases its unique definitions of child abuse and neglect on minimum standards set forth by the Child Abuse Prevention and Treatment Act (*Child Abuse Prevention and Treatment Act*, 2010). Most states recognize at least four categories of maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse. In 2011, 70% of substantiated reports of maltreatment were cases of neglect, 15.6% were cases of physical abuse and 6.8% were sexual abuse cases (“Child Welfare Outcomes 2008-2011: Report to Congress,” 2012).

Research on the etiology of child maltreatment has focused on three primary categories of associated risk: characteristics of the child, types of parental dysfunction, and negative sociological factors (“Child Welfare Outcomes 2008-2011: Report to Congress,” 2012). Although children are not responsible for being maltreated, certain traits are associated with their increased potential for abuse and neglect. For example, children who are mentally or physically disabled face a heightened risk for abuse and neglect (Crosse & Ratnofsky, 1993), and the rate of

Certain family and socio-economic variables are also associated with child maltreatment. Research links parental substance abuse with child abuse, and especially neglect (Testa & Smith, 2009). Other co-occurring family risk factors, such as parental mental illness, social isolation, single parenthood, and domestic violence, may be more powerful predictors of abuse and neglect than substance abuse (Testa & Smith, 2009). Research has also established a relationship between social context and child abuse and neglect. For example, socio-economic variables such as poverty, child care burden, unemployment, and residential instability are associated with higher risk for child abuse and neglect (Wulczyn, 2009). Although some studies found that rates of harsh disciplining methods were not significantly different for low versus high income families (Theodore et al., 2005), the presence of multiple risk factors likely increases the probability of child maltreatment.

The dynamics of abuse and neglect are complex. Although, children of all races and ethnicities are equally likely to suffer from abuse and neglect (US Department of Health and Human Services, Administration on Children, Youth and Families, 2009), racial and ethnic minority children are disproportionately represented in the US child welfare system. This is particularly evident for African American children. The rate of substantiated reports of maltreatment among black children in 27 states in 2011 was at least one and a half times greater than the percentage of black children in the state’s population. In addition, although African American children comprise fifteen percent of the US child population, they represent 18.7 percent of the foster care population (“Child Welfare Outcomes 2008-2011: Report to Congress,” 2012).
Researchers offer two explanations for this situation. Some propose that racial bias within Child Protective Services makes minorities more likely to be reported for maltreatment, and their reports are more likely to be substantiated. This leads to higher rates of foster care placement for Black children. Others assert that racial and ethnic minorities experience higher rates of poverty, which is associated with increased likelihood of maltreatment (Wulczyn, 2009).

Rates of Child Maltreatment in the US

Child maltreatment is a major social problem in the United States. In 2011, state child protective services identified 742,000 incidents of child maltreatment (“Child Welfare Outcomes 2008-2011: Report to Congress,” 2012). The short and long-term effects of child maltreatment can be quite serious. So, for example, child maltreatment is the primary cause of injury-related death for children one year old and younger (Waller, Baker, & Szocka, 1989). According to the Children’s Bureau, 1,537 child died because of abuse and neglect in 2010 (2012). These data may be underestimates because not every minor who has suffered from abuse or neglect is reported to state child protective services and not every child fatality caused by maltreatment is recorded as such (Paxon & Haskins, 2009).

Impact of Child Maltreatment

Even when child maltreatment does not result in death, the impact on the individual and society is profound. Children who have suffered from maltreatment are more likely to experience psychological and emotional problems, mental impairment, and poor physical health than youth who have not been maltreated (Trickett & McBride-Chang, 1995). Adverse effects can last into adulthood. For example, (Stagner & Lansing, 2009) have found an association between childhood maltreatment and long-term social and psychological problems such as depression,
aggression, self-injurious behavior, post-traumatic stress disorder, increased risk of criminal activity, and substance abuse.

Childhood abuse and neglect places a financial burden on society as well. In 2004, federal, state, and local child welfare agencies spent over $23.3 billion on case management, administrative expenses, foster care, and adoption programs (Paxon & Haskins, 2009). This does not include the costs of hospitalization, law enforcement, and mental health services directly related to child maltreatment. In 2007, the estimated costs for these additional services were eight billion dollars (Paxson & Haskins, 2009).

**Maltreatment Recidivism**

Identifying and preventing the recurrence of child maltreatment on a case-by-case basis are primary objectives of the American child welfare workers as well as other those in other more advanced industrialized nations. Unfortunately however, there is a dearth of effective casework practice models that ensure the safety of children in the system (Antle, Barbee, Christensen, et al., 2008). According to the US Child and Family Service Reviews, children who have been prior victims of maltreatment are more likely to experience a repeat incidence of abuse than those who were not prior victims. In 2011, maltreatment recidivism rates ranged across states from 1.0% to 12.2% with a median of 5.2% (“Child Welfare Outcomes 2008-2011: Report to Congress,” 2012). In addition, 21% of children who were reported to child protective services for abuse or neglect had previously received preventive services in 2010 (“Child Welfare Outcomes 2008-2011: Report to Congress,” 2012).

Research on recidivism offers several theoretical explanations for it. One theory is linked to “deficit orientation” in many casework approaches. Child welfare services are largely delivered through case management. This is a method of service delivery where a case worker
assesses the needs of the family and then provides, coordinates, monitors and advocates for multiple services to meet the family’s needs (Christensen et al., 1999). Research indicates that child welfare case management focuses more on the culpability of parents rather than on the systemic context of abuse and neglect (Christensen et al., 1999). An ecological assessment of abuse, looking at individuals and families in their social context, is not always considered in child welfare (Antle, Barbee, Christensen, & Sullivan, 2009). This leads to the unintended consequence of ostracizing rather than strengthening families.

Most parents in the child welfare system are involved on an involuntary basis and may not recognize and accept the need for services. These individuals often react to external intervention with shame, confusion, hostility, suspicion or depression. A deficit approach only intensifies their reluctance to participate in services (Antle, Barbee, Christensen, et al., 2009). As a result, many child welfare experts now believe that evidence-supported, family-centered casework practice models that effectively reduce maltreatment recidivism are desperately needed.
CHAPTER 3: EVIDENCE-SUPPORTED PRACTICE MOVEMENT IN CHILD WELFARE

History of Evidence-Supported Practices in Child Welfare

Since the mid-1980s, the child welfare system in America has been increasingly focused on and held accountable for outcomes related to services and interventions provided to families since the mid-1980s (Kessler, Gira, & Poertner, 2005). This attention to the linkage between intervention and outcome is reflective of the increasing professionalization of child welfare social work. During the 1990s, this process of greater rationalization required a political consensus about what the results of interventions with maltreated children should be. This was then codified with the passage of the 1997 Adoption and Safe Families Act (ASFA) (Adoption and Safe Families Act, 1997; Antle, Christensen, van Zyl, & Barbee, 2012; Gendell, 2001). ASFA identified key safety, permanency and well-being outcomes, which state child welfare agencies, were held accountable to.

In order to assess whether these outcomes were being achieved, the federal government implemented the Child and Family Service Review process. This mandated process included: (a) a statewide assessment prepared by the state, (b) a review of 65 cases, (c) a data report by US Department of Health and Human Services, and (d) focus groups with stakeholders such as children, parents, foster parents, child welfare agents, family court personnel and attorneys (Antle et al., 2012). During the first review process between 2001 and 2004, only six states were found to be in compliance with the federal safety outcomes and only seven states were considered in conformity with preserving family relationships and connections. Most remarkably, no states were found to be in compliance with the permanency outcomes that centered on stable living situations for children or enhancing families’ capacity to care for their
children. Not surprisingly, there was wide unevenness in states’ conformity with the federal child well-being outcomes (Antle et al., 2012). Consequently, all states came under political and financial pressure to comply with the federal standards and perform well on the reviews.

The Evidence-Supported Practice (ESP) movement has been increasingly applied to enhance the effectiveness of child welfare services and help state child welfare systems and contracted agencies meet federal outcome measures (Barth, 2008). The increased use of ESPs has also been attributed to the gap between research findings and practice, economic pressures, and the internet (Gray, 2001). ESPs differ from the more commonly understood evidence-based practices. Evidence-based practices are traditionally informed by rigorous research that has taken place in academia, not in real world settings. Additionally, evidence-based practices have historically excluded practitioner knowledge and client viewpoints and minimize the contextualization of the research evidence (Shera & Dill, 2012). ESPs, on the contrary, “use current best evidence in making decisions in the care of individuals…[while] integrating individual clinical expertise with the best available external clinical evidence” (Sackett, Richardson, Rosenberg, & Haynes, 1996), p 71). Moreover, ESPs are intended to help guide the decision making process of practitioners (Gibbs, 2002).

**Challenges Using Evidence-Supported Practices in Child Welfare**

Child welfare agencies and government entities have not started using ESPs with the same level of frequency as the fields of medicine, education and mental health, however (Barth, 2008). Adopting ESPs requires a volume of research that allows intervention models to be applied with diverse communities (American Public Human Services Administration, 2005). The knowledge base of empirically tested child welfare models is still developing. The level of government resources focused on child welfare research is growing, but has historically been a
low priority. As a result, the field of child welfare has suffered from a lack of well-funded rigorous research. The National Association of Public Child Welfare Administrators has cautioned that the research base in child welfare is still in its early stages and that the pace of science may not yet meet the urgent needs of families (American Public Human Services Administration, 2005). In addition, replication in child welfare is difficult and costly. Families and communities are highly individualized, and as a result, some argue that evidence supported programs could not and should not be replicated with consistency.

**Review of Child Welfare ESPs**

Despite the prevalence and impact of child maltreatment, effective child welfare interventions remain elusive. A review of the literature reveals that there is a dearth of ESP models that reduce child maltreatment recidivism and the research that does exist is hard to generalize because of diverse client populations (Kessler et al., 2005). Moreover, there is a lack of research on how to successfully implement the interventions that do exist. Nevertheless, several primary and secondary prevention intervention models have undergone quasi-experimental and experimental evaluation and the review that follows explores this current state of knowledge. It focuses on Family Preservation Services, the Nurse Family Partnership, Triple P-Positive Parenting Program and Solution-Base Casework. The review also examines existing scholarship on what variables induce successful adoption and implementation of social service programs.

**Family Preservation Services**

Family Preservation Services is an intensive, short-term, in-home program for families who are at risk for having their children placed in foster care (Littell, 1997; Ryan & Schuerman, 2004). The program is intended to strengthen family functioning and prevent maltreatment
recidivism. The short duration of the program, which runs from four to six weeks, is thought to help workers and families focus their attention on realistic and achievable objectives. This type of short intervention stems from crisis intervention theory (Barth, 1990; Littell, 1997). Family preservation workers use this brief period to meet with families several times a week to provide emotional support, parenting information and tangible resources. Family Preservation case planners have small caseloads compared with conventional case planners (usually two to ten cases) in order to have the ability to see families so often.

The intensity of Family Preservation Services is intended to differentiate services from those that clients have already received and have not benefitted from. Littell (1997) found, however, that the intensive services are not always suitable or needed, and the intervention itself may be overly intrusive for some families. Moreover, Littell’s study specifically showed that duration and intensity of services were not associated with a reduction in out-of-home placements for children or decreased maltreatment recidivism (Littell, 1997).

Systematic evaluation research on Family Preservation Services has yielded mixed results. Some quasi-experimental and experimental studies found significant differences in placement prevention rates among families receiving Family Preservation Services (Dagenais, Bégin, Bouchard, & Fortin, 2004; Feldman, 1991; Jones, 1981; Pecora, 1970), while others found no such significant differences between groups (Meezan & McCroskey, 1996; Schuerman, 1994; Yuan, McDonald, Alderson, & Struckman-Johnson, 1988). This research effort has not focused on whether the difference in program outcomes are attributed to disparate implementation methods, lack adherence to model fidelity or limitations of the model itself.
Home Visiting Services

Home-visiting programs have a great deal of variability, in terms of target population, risk status of the family, scope of services offered and who provides the services (Howard & Brooks-Gunn, 2009). The common thread among home-visiting services is that they are targeted primary prevention programs that take place in families’ homes. Moreover, the mission of most of these services is to have a positive impact on parenting practices and children’s development.

There is a growing body of research on effective approaches for the primary prevention of child maltreatment. Targeted primary prevention programs focus on families identified as at-risk for child maltreatment (Stagner & Lansing, 2009). Usually these programs focus on demographic characteristics such as first-time parents or low-income families (Stagner & Lansing, 2009). In a review of the effectiveness of targeted primary prevention programs for child abuse and neglect, (MacMillan, MacMillan, Offord, Griffith, & MacMillan, 1994) identified that intensive home visitation by nurses to disadvantaged mothers before they gave birth was the most effective way to prevent child maltreatment. The primary objective of home visiting programs is to improve parenting practices through information, emotional support and referrals for other resources (Howard & Brooks-Gunn, 2009).

The Nurse Family Partnership Program (NFP) is one of the most popular home visiting programs employed in this country. Operating in 26 states registered nurses trained to provide services to low-income, first time parents, who are often teenagers, provide services via home visits. Visits begin before the birth of the child and continue until the child’s second birthday (Howard & Brooks-Gunn, 2009). The NFP curriculum focuses on teaching healthy behaviors during pregnancy, encouraging developmentally appropriate parenting, as well as improving the
maternal life course by decreasing subsequent births and increasing the length of time between pregnancies. Prenatal visits occur weekly during prenatal and postnatal periods then decrease to biweekly once the child is six months old and taper off to monthly visits during the four months prior to the child’s second birthday.

Programs in Elmira, New York, Memphis, Tennessee, and Dallas, Texas have been evaluated. A randomized control study in Elmira, New York included 400 predominantly white, rural, adolescent mothers randomly assigned to home visitation or services as usual in a control group. During the first two years, 80% fewer cases of verified child maltreatment occurred among the low-income, unmarried teenage mothers that received NFP services compared with the control group (Donelan-McCall, Eckenrode, & Olds, 2009). The Elmira study also found that during the first four years of the child’s life, parenting improved among mothers who had received the intervention. The authors of this study (Donelan-McCall et al., 2009), asserted that NFP mothers provided more appropriate play materials, demonstrated less harsh disciplinary practices and kept safer home environments. Moreover, NFP mothers had fewer subsequent pregnancies and longer intervals between births. Consequently, they were more likely to participate in the work force than women in the control group were. Comparable results were found among 1,139 predominantly African American adolescent mothers in Memphis, Tennessee and an ethnically diverse sample of 735 low-income mothers in Dallas, Texas (Howard & Brooks-Gunn, 2009).

There is evidence demonstrating the efficacy of the NFP for the primary prevention of child maltreatment. However, MacMillan et al., (2005) did not find that the program had a significant impact on maltreatment recidivism. MacMillan et al., (2005) conducted a randomized controlled trial study with families who had at least one child with a history of abuse or neglect.
The results indicated that, at three years post intervention, there was no difference in maltreatment recidivism rates for families enrolled in the NFP and the control group. Only when effective programs are fully implemented should we anticipate positive outcomes (Fixen et al., 2005). Future research should look at model fidelity, to discern whether the studies’ disparate outcomes are attributable to program inadequacy or implementation variations.

**Triple-P Positive Parenting Program**

The Triple P-Positive Parenting Program is an international prevention initiative, which originated in Australia, and has been implemented in other countries including the US. Triple-P is the most widely evaluated, evidenced-supported primary prevention intervention. Universal prevention efforts target the population at large, rather than specific high-risk groups. The first major implementation and evaluation of Triple-P in the US, took place in South Carolina, where the outcomes were viewed as “promising” (Barth, 2009).

Five principles guide Triple-P and inform every stage of the intervention: (a) creating a positive learning environment, (b) ensuring safety, (c) establishing realistic expectations, (d) utilizing assertive discipline, and (e) taking care of oneself as a parent. Self-regulation guides all aspects of the program and assumes every parent can improve the behavior of their child through their own actions (Sanders, 2008). Similar to primary prevention programs that promote smoking cessation or healthy eating, Universal Triple-P begins with a media and social marketing campaign designed to educate community residents in the principles of positive parenting. This stage of the program offers basic strategies for dealing with common childcare issues such as: behavior management, safety, discipline techniques and how to access basic health care. This information is disseminated through local newspapers, radio spots, mass mailings, school newsletters, presentations at community meetings, and the internet (Barth, 2009; Daro & Dodge,
Every community member can actively seek out the behavior management techniques or receive the information passively through normal interaction with the media.

For parents who need more psycho-social assistance, Selected Triple-P provides more intensive interventions (Daro & Dodge, 2009). At this level, parents receive the program through facilities such as day care centers, preschool settings and other places where they have routine access. Primary Care Triple-P level three is for parents who are concerned about their child’s development or conduct (Barth, 2009). During this stage, parents attend four, 80-minute sessions on how to manage their child’s behavior. Standard and Enhanced Triple-P, levels four and five, are for dysfunctional families and parents of children with serious behavioral issues (Barth, 2009). During successive levels, parents receive intensive individual behavioral therapy sessions, which are tailored towards their specific needs. These interventions take place in a clinic and at the parents’ home, so a practitioner can ensure that parents are utilizing the skills correctly.

Working together, the Centers for Disease Control and University of South Carolina evaluated a state-wide implementation of the Triple-P Program for population indicators of child maltreatment (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). They employed a randomized controlled trial; with 18 South Carolina counties randomly assigned to the Triple-P Program or a services-as-usual control group (Daro & Dodge, 2009). The findings of this study were positive. In a community with 100,000 children under eight years of age, there were 688 fewer cases of child maltreatment than in the control counties. In addition, the counties who received the program intervention had an 18% reduction in child maltreatment related injuries that required medical attention, while there was a 20% increase in the control counties (Prinz et al., 2009).
Although the findings are encouraging, the evaluation did not examine how the model “differentially” impacts families involved in the child welfare system (Tripodi, Fellin, & Epstein, 1978). In order to determine if Triple-P influences child maltreatment recidivism, future studies need to look at how families who have already experienced abuse or neglect are affected by the intervention. In addition, neither the program nor the evaluation focused on the ethnicity and race of the clients or practitioners. Social and cognitive psychological research indicates that racial and cultural biases exist within US human service institutions and that diverse individuals experience services in different ways (Wells, Merritt, & Briggs, 2009). As a result, further research needs to determine how the variables of race and culture affected the impact of the Triple-P Program.

**Conclusion**

Despite scholarship on promising ESP practices to promote child safety and well-being, none of the research has focused specifically on case management strategies that address the needs of all families in child welfare to reduce maltreatment recidivism. Family Preservation Services are used for a targeted sub-group of families in child welfare to prevent out of home placement. In addition, studies indicate mixed results on the efficacy of Family Preservation Services to impact maltreatment recidivism (Feldman, 1991; Meezan & McCroskey, 1996; Pecora, 1970; Ryan & Schuerman, 2004; Yuan et al., 1988). Research on the NFP indicates that the program is an effective primary prevention intervention for low-income, first time parents, but not a secondary prevention program for families who have already maltreated their children (Donelan-McCall et al., 2009; MacMillan et al., 2005). Scholarship on the Triple P-Positive Parenting Program reveals that the program is an effective primary prevention intervention for
the general population, but there has not been any research on the program’s impact on maltreatment recidivism (Prinz et al., 2009).

Solution-Based Casework (SBC) is a casework model that centers on assessment, case planning and case management techniques. Recent research suggests that SBC is one casework practice model that shows promise in reducing maltreatment recidivism among families in child welfare (Antle, Barbee, Christensen, et al., 2008). The following chapter reviews the research for SBC, as well as, other casework practice models.
CHAPTER 4: EVIDENCE-SUPPORTED CASEWORK PRACTICE MODELS

A Child Welfare Casework Practice Model Defined

Evidence-Supported Programs (ESPs) integrate clinical expertise with the best available research to guide the decision making process of practitioners in social service settings (Sackett et al., 1996). One ESP employed in child welfare is essentially a casework management practice model. (The National Child Welfare Resource Center for Organizational Improvement, 2008) define a practice model as a conceptual map and organizational ideology of how agency workers, families, and community resources come together to plan for the safety, permanency, and well-being of maltreated children. (Barbee, Christensen, Antle, Wandersman, & Cahn, 2011) further specify:

A practice model for casework management in child welfare should be theoretically and values based, as well as capable of being fully integrated into and supported by a child welfare system. The model should clearly articulate and operationalize specific casework skills and practices that child welfare workers must perform through all stages and aspects of child welfare casework in order to optimize the safety, permanency and well-being of children who enter, move through and exit the child welfare system. (p. 673).

Both definitions leave out an integral step – i.e., “faithful” implementation. Child welfare practice frameworks require a method for ongoing monitoring of fidelity to the model in order for it to be successfully evaluated and ultimately adopted (Wandersman, 2009). Although this issue is discussed in the article by Barbee, et al., (2011), it was not included in their definition of the basic elements of a child welfare model.

Casework practice models provide a conceptual framework for how child welfare agents should partner with families and stakeholders to work towards the safety, permanency and well-being of children and families in foster care and preventive services (The National Child Welfare Resource Center for Organizational Improvement, 2008). State child welfare systems and
contracted agencies have begun to implement casework practice models in an effort to shape the attitudes and behaviors of child welfare supervisors and front line case workers (Barbee et al., 2011).

**Family Centered Practice**

Despite the prevalence of child maltreatment and its negative consequences, effective child welfare casework practice models that focus on assessment, case planning, and casework management for all families that are served by child welfare agencies remain elusive. The only child welfare casework practice models generally recognized by child welfare experts as consistent with Barbee’s definition were Family Centered Practice (FCP) and Solution-Based Casework (SBC) (Antle et al., 2012). FCP was developed in Alabama and has been adopted in Utah, Indiana and in three sites in Florida (Falconer & Thompson, 2012; Folaron, 2009).

The FCP model represents a collection of beliefs, values and basic practice principles about how child welfare services are to be delivered (Falconer & Thompson, 2012). These principles include: (a) focusing on the family as a whole unit, (b) families are seen as partners in the change process, (c) engagement involves trust, respect and empathy, as well as, (d) the child and family are involved in the assessment, planning, decision making and participation in services (Falconer & Thompson, 2012). FCP provides core values but is lacking the links to theory and explicit practice behaviors that social workers require to carry out the framework throughout the life of the case (Folaron, 2009). Most importantly, the model does not have any systematic research or evaluation evidence to support it.
Solution-Based Casework

History of SBC Model Development

Dana Christensen, PhD, from the Kent School of Social Work at the University of Louisville, developed SBC. The model emerged from meetings with best practice study groups comprised of front line workers and supervisors in Kentucky’s child welfare system. The groups experimented with various methods that were showing promise with different populations and adapted them to a general approach to casework management (Christensen et al., 1999). To date, SBC has been implemented and outcome-evaluated across the state of Kentucky seeking indicators of effective child welfare casework practice. There have been several quantitative published studies on the effectiveness of SBC.

Theoretical Underpinnings of SBC

SBC is currently being implemented in Kentucky, Washington State, some jurisdictions in Florida, New Hampshire, New York, and parts of Australia. In New York, SBC is being adopted within 12 child welfare agencies, as well as, the Administration for Children’s Services’ Family Service Units and one Child Protective unit in Brooklyn.

Theoretical Frameworks of SBC

SBC is an approach to assessment, case planning and case management for families in child welfare (Christensen et al., 1999). It is considered a “secondary prevention model”, meaning that it addresses the needs of families who already have a substantiated report of abuse or neglect (Waldfogel, 2009). The model itself is based on three theoretical underpinnings: solution-focused family therapy, family life cycle theory and relapse prevention (Christensen et al., 1999). Consequently, SBC is a tri-partite, integrated approach that requires case planners to
employ concepts and skills from each of the model’s three theoretical underpinnings throughout the entire process with families. These theoretical components are described below.

**Solution-Focused Family Therapy.**

Solution-focused family therapy is based on a constructivist perspective that assumes clients want to change and that change is constant. The theory was developed by Steve de Shazer and Insoo-Kim Berg and their colleagues beginning in the late 1970’s at the Brief Family Therapy Center in Milwaukee, Wisconsin. It is a future-focused, goal-directed, and solution-focused method. Solution-focused therapy is a time-limited model. A guiding principle of the model is being unconcerned about the etiology of problems, and contends that the knowledge of the problem is not necessary to solve it (Shazer, 1991). The relationship between therapist and client is intended to be collaborative, with the understanding that the therapist is not the expert. This type of approach tends to view client “resistance” as a product of the misguided behaviors of the therapist or caseworker rather than client inflexibility (Berg, 1994; O’Hanlon & Weiner-Davis, 1989; Shazer, 1991). It is a present and future focused method that routinely asks clients about their strengths, resources and exceptions to the presenting problem. Rather than blaming the client, this “strength-based” approach is a cornerstone of the SBC model.

The model is also designed to help clients understand how they were able to deal safely with parenting problems in the past, to promote hope for the successful parenting in the future and to build plans around pre-existing coping strategies (Christensen et al., 1999). SBC assumes that even parents brought to the attention of child welfare agencies have previously solved many parenting problems and have some ideas of how to solve their current problems. In instances when a client does not have a previous solution that can be repeated, most have recent examples of exceptions to their problem. These are times when a problem could have occurred, but did not.
The difference between a previous solution and an exception is small, but noteworthy. A previous solution is something that the family has tried on their own that has worked, but later discontinued. An exception is something that happens instead of the problem. Both are skills and coping mechanisms, which the family has successfully used before and could employ again.

Celebrating behavior change is another essential part of Solution Focused Therapy. By letting clients know that they have noticed the positive changes in their parenting patterns, practitioners encourage lasting behavior change. Compliments can help to illustrate what the client is doing that is working. Souza (Souza, 2005) found that this type of solution-focused approach was particularly useful in working with multicultural populations.

Family Life Cycle Theory.

Family Life Cycle Theory posits that although differences exist among families based on family structure and cultural, racial and religious diversity, all families with children encounter comparatively predictable life stages and associated challenges (Christensen et al., 1999; duvall, 1971; McGoldrick, Carter, & Garcia-Preto, 2010). The family life cycle concept is the classifying system of operationally dividing the family stages into segments (Mattessich & Hill, 1987) Stages are typically defined in terms of the presence and ages of children in the family (Kapinus & Johnson, 2003). Common developmental stages include the beginning couple, infant, pre-school years, school age, the adolescent stage, launching, post parental, and some experience divorce and remarriage (Carter & McGolrick, 1980). Raising children necessitates considerable time, financial, and emotional resources (Kapinus & Johnson, 2003).

SBC utilizes this cyclic theory to organize assessment and normalize the challenges that families face and help case planners engage clients based on this shared understanding (Christensen et al., 1999). Although many families may not progress through the family life-
cycle stages in a consistent fashion, knowing the ages of the children in a household can give case planners consequential information about the role demands facing the parent(s) (Kapinus & Johnson, 2003; Mattessich & Hill, 1987). For example, (MacDermid, Huston, & McHale, 1990) found that compared to childless couples, parents of young children share less leisure time together, are more occupied by child-oriented activities, and are more traditional in their division of labor. (Rexroat & Shehan, 1987) found that even when employed, mothers who have children aged three years or younger spend more time doing housework than mothers of older children.

During the SBC assessment process, family life cycle theory is used to frame safety issues that all families confront as a developmental task and locate inappropriate caretaker behavior within that task. For example, any mother would become upset if her daughter stayed out after curfew, but one who hits her daughter with a belt employs an unsafe way and ultimately ineffective way to deal with a common parental authority problem. Using family life cycle theory, the case planner would frame the issue as the mother struggling with managing curfews; a task related to the adolescent stage of family development, and would frame the mother’s excessively punitive behavior as “losing her cool when disciplining”. This intervention strategy also provides case planners with a non-threatening entry point to help families develop more appropriate safety plans, which are anchored in the everyday developmental tasks where previous maltreatment has occurred.

**Relapse Prevention Theory.**

The concept of “relapse prevention” has emerged as an innovative application of our understanding of compulsive habit patterns (Ward & Hudson, 1996). The theory, which has its roots in the substance abuse field, was developed by Marlatt and Gordon and has been the focus of considerable research (1985). Relapse prevention theory has been shown to be effective in
areas of addiction counseling, sexual offender counseling and aggression management (Marlatt & Gordon, 1985).

Application of the theory relies on a skill building approach that is derived from cognitive behavioral therapy. Relapse prevention aims to build clients’ self-management skills in order to bring about behavior change (Larimer, Palmer, & Marlatt, 1999; Marlatt & Gordon, 1985; Ward & Hudson, 1996). Relapse Prevention Theory proposes that most individuals who strive to change their behavior will experience setbacks or lapses that may worsen and become relapses. A lapse is defined as a single instance of the previous problematic behavior and relapse is described as the return to high frequency, dysfunctional repetitions of habit (Hanson, 1996; Marlatt & Gordon, 1985). A lapse does not need to have more than minor personal or social consequences though it is perceived as problematic by the client (Hanson, 1996). The relapse process has three main components: events and processes that (a) lead individuals to high-risk situations that set the groundwork for possible relapse, (b) lead from high-risk situations to lapse, and (c) facilitate the transition from lapse to relapse (Ward & Hudson, 1996).

A traditional casework treatment approach often perceives relapse to be negative outcome or failure (Larimer et al., 1999). This dichotomous lens views people as abstinent or relapsed. In contrast, relapse prevention theory views relapse as a process rather than as an event. It uses a broader framework for intervening in the process to reduce and prevent relapse episodes. Relapse Prevention Theory contends that practitioners must help clients recognize when they are likely to engage in negative behavior and identify the skills needed to prevent this behavior in the future (Antle, Barbee, Christensen, et al., 2008).
It is vital for case planners to help families develop skills to prevent the recurrence of neglectful and abusive behavior. SBC employs relapse prevention strategies to provide front-line practitioners with a method for focusing case plans around specific caretaker behavior goals that are requisite for prevention. According to the theory, prevention involves four steps: (a) identification of patterns, (b) learning the details of high-risk patterns, (c) taking small steps toward change, and (d) developing a relapse prevention plan (Christensen et al., 1999).

Although the model contains three distinct theories, SBC is an integrated approach that requires caseworkers to draw on skills and insights from each theory. For example, during the assessment process family life cycle theory is used to frame the problem as a struggle with a developmental task and solution-focused therapy is applied to help the case planner engage the family and identify exceptions to the problem pattern (Antle, Barbee, Christensen, et al., 2008). Relapse prevention is then used to develop a plan to prevent future maltreatment. In addition, throughout the life of a case, solution focused concepts are used to celebrate a family’s progress.

**SBC’s Key Concepts and Techniques**

For it to be effective, SBC encourages child welfare workers to: (a) form full partnerships with families (b) focus the partnership on everyday family life safety concerns and (c) develop detailed plans of action with families to create the requisite behavior change to ensure the safety and well-being of their children (Christensen et al., 1999).

To assist case planners in forming partnerships with families, they are encouraged to collaboratively track problem pattern sequences, search for exceptions to that sequence and separate intentions from actions (Antle et al, 2008). The theory here is that if clients are engaged in the case planning process then they will be more likely to use their case plan and achieve their safety outcomes.
Similarly, SBC teaches case planners to use engagement techniques while helping clients identify the details of their unsafe behavioral patterns. The SBC model assumes that families face common developmental challenges, which occur as patterns instead of isolated incidents. Families learn ways to interrupt their old way of trying to meet these challenges and replace those behaviors with more productive methods for managing high-risk situations. Individual caretakers are assisted in learning how to manage their own behaviors in these situations. This is done by: (a) identifying their high risk situations; (b) identifying these early warning signals; and then developing strategies to (c) prevent their high risk situations; (c) interrupt those they could not prevent, and (d) escape (or exit) those they could not interrupt (Christensen et al., 1999). (See Figure 1)
Figure 1. Cycle of Abuse

- Triggering Events
  - Justification
    - Denial
    - Guilt and shame
    - Wild promises
  - Early Build Up
    - Negative thoughts
    - Blaming Others
  - Cycle of Abusive Behavior
  - Late Build Up
    - Physical signs
    - Using fantasy
  - Harmful Incident
    - Physical abuse
    - Sexual abuse
    - Lack of action
Genograms are intergenerational visual family maps of three or more generations. They have often been used as an information gathering and assessment tool for understanding family history. In SBC, genograms are developed with families to help identify supportive relationships. These individuals may be called upon later to support families’ efforts to change their parenting practices.

**Tracking unsafe parenting patterns.**

Tracking unsafe parenting patterns is termed: “tracking the sequence of events” and can be exemplified through the following hypothetical example. When a case planner tracked the sequence of events with a stepfather, together they discovered that the stepfather was already frustrated about finances at the end of the month, then found out his hours were being cut back at work, which triggered his negative thoughts about his own capacity as a provider and resentment about supporting his girlfriend’s children. This early build up continued until he smoked marijuana and went to sleep, which is something he does not usually do unless he is feeling depressed. For him, it was an attempt to cope with his own feelings of anger and powerlessness. Clearly, it was not successful. His mood persisted in the morning, with flashes of anger and verbal outbursts directed at his two-step children. In response, he reported feeling flushed and fantasized about moving away. In the early afternoon, his three-year-old stepson spilled his juice all over the carpet; the stepfather became enraged and punched the child in the stomach. The stepfather then felt panicked and minimized what happened when his girlfriend came home and saw that her son had bruising from the incident. Tracking this sequence of events, together with a caseworker, helps the stepfather understand the sources of his own problematic behavior and consider more appropriate ways to deal with his anger.
**Helping the family understand their safe parenting patterns.**

Case planners also track occasions when families came close to maltreating their children, but were able to keep themselves and their children safe. Through this type of tracking, called “searching for exceptions”, case planners help families understand what coping skills they already possess. Searching for exceptions can be exemplified through the following example: when a case planner tracked the exception with the stepfather who had punched his stepson, they discovered that he had been frustrated about finances the month before. He also learned that he was able to not to strike the child when the child misbehaved when his girlfriend was home and he was able to absent himself by taking a walk. This is obviously not an adequate behavior management strategy to assure safety, but it would be important for the case planner and the family to know that the stepfather had successfully managed his anger when he had taken a walk after being triggered. Still, this information could be one part of a more comprehensive and effective future self-control plan.

**Developing safety goals, relapse prevention plans and celebrating progress.**

Once parents are aware of their positive and negative behavioral patterns, case planners help them develop safety outcomes and plans to achieve those outcomes. Family level outcomes and plans are established to address the high-risk situation that occurred. The family must address these issues together. For example, a family level outcome may be for the family to use their safe discipline plan to ensure the children are safety disciplined. Individual level outcomes and plans are also created to help the parent address their individual factors that the parent must address to ensure safety in the home. For example, an individual level outcome may be for the parent to use their keep calm plan to manage their temper while disciplining the children.
Plans are written by families, using their language and include the coping skills that were discovered while searching for exceptions. Family level plans can include children as well. SBC plans also include strategies to recognize triggers, as well as avoid, interrupt and escape high-risk situations (Christensen et al., 1999). Case planners guide families to create plans that are specific, measurable and realistic. They also ask families to share a copy of their plan with a supportive individual in their lives such as a relative or friend who can help hold the family accountable as they learn to change their behavior.

Case planners work with families to utilize their safety plans. Through a solution-based approach case planners are taught to recognize and reinforce even small incremental changes. Progress is celebrated through verbal reinforcement, certificates, and other modes of celebration.

**SBC Outcome Literature**

SBC was implemented in the state of Kentucky and systematically evaluated in several different studies for evidence of effective child welfare casework practice. All of the evaluation research used quasi-research designs and did not include random assignment to conditions. In addition, all of the studies took place in Kentucky. Child welfare services are experienced differently by racially and culturally diverse populations, it would be important for future research to occur in other communities and states.

**Achievement of case goals.**

In the first evaluation of SBC, (Antle, Barbee, Christensen, et al., 2008) looked at short-term outcomes. A quasi-experimental research design was employed to study 148 urban and rural families receiving in-home child welfare services ((Antle, Barbee, Christensen, et al., 2008). The first study looked at 27 rural cases, which were opened in 1999 and 2000, whose caseworkers and supervisors had received a five-day course on SBC. The supervisors of the
comparison group of 21 urban cases only received one day of SBC training and were expected to pass the information on to their caseworkers. The results of this part of the study were promising. Families who were involved with the group that had more training achieved significantly more case goals than the group who received less training ($p < .05$). The cases in each group were not significantly different across the following observable co-morbid risk factors: mental health illness, mental retardation, substance abuse and domestic violence. They were also not distinct in terms of their history of child welfare involvement, which is important as families who have recurring involvement with child protection are considered to be particularly difficult to help (Inkelas & Halfon, 1997).

Although the quantitative study results were positive, the study did consider model fidelity or any other measures of implementation. Without understanding whether, the experimental group and the comparison group implemented SBC fully it is difficult to conclude that the model was responsible for the significant findings. In addition, the study had a small sample size and the group who received more training had only worked with Caucasian families (Antle, Barbee, Christensen, et al., 2008). Lastly, the study solely used a quantitative approach.

A second quasi-experimental quantitative study used a different sampling method and design to study 100 families receiving in-home preventive services in Kentucky (Antle, Barbee, Christensen, et al., 2008). In this study, a 16-item case record review instrument was used to identify cases that had high model fidelity and with low fidelity. The sample included: 46 urban cases receiving a high level of SBC, five rural families receiving a high level SBC, 23 urban families receiving a low level of SBC, and 26 rural families receiving a low level of SBC (Antle, Barbee, Christensen, et al., 2008). Like the first study, the families in each group did not differ in case severity or history of child welfare involvement.
Clients in the high fidelity group were found to be significantly less likely to miss scheduled meetings with their case workers \((p < .01)\), more likely to complete tasks \((p < .0001)\) and follow through with referrals to outside service providers \((p < .001)\). Clients receiving a high level of fidelity to the model were also significantly less likely to have their children placed into foster care than the low fidelity clients \((p < .05)\), with 90% removed by the low fidelity case workers and 59.3% by the high fidelity case workers (Antle, Barbee, Christensen, et al., 2008). This suggests that families in the high fidelity group were able to keep their children safe from abuse at a significantly higher rate. These outcomes were not affected by clients’ geographic location, co-morbid risk factors or chronic child welfare involvement.

This study did not look at what factors induced the one group of case planners to implement the model with higher fidelity. In order for other institutions to adopt SBC, it is imperative for scholarship to focus on precisely which implementation variables led to successful adoption of the model.

**Caseworker effort.**

Both of the foregoing SBC evaluation studies focused on the efforts of caseworkers. Workers utilizing SBC in both studies were significantly more likely to contact collateral individuals and professionals who were related to the case directly, than case planners who did not use SBC (Antle, Barbee, Christensen, et al., 2008). Caseworkers were also more likely to attend appointments with professionals who were associated with the case such as: the children’s teachers, the family’s counselors, and legal advocates. Neither the caseworkers who used SBC nor the caseworkers who did not use SBC, however, attended a majority of these meetings.

Antle, Barbee, Christensen, et al., (2008) did not examine how race and culture affected the impact of SBC. Neither the program nor the evaluation focused on the ethnicity and race of
the clients or practitioners. Further research needs to determine how the mediator variables of race and culture influence SBC outcomes.

**Recidivism.**

Another quasi-experimental quantitative study of SBC was conducted in Kentucky and examined the model’s impact on recidivism of child maltreatment for 760 families receiving in-home preventive services (Antle, Barbee, Christensen, et al., 2009). Recidivism was operationalized as the number of children who experienced another substantiated case of abuse or neglect within a six-month period. The study found that families whose case workers utilized the SBC model with higher fidelity were significantly less likely to re-maltreat their child than their counterparts who used the model with low fidelity \((p < .0001)\) (Antle, Barbee, Christensen, et al., 2009). Although these findings were impressive, the study did not consider whether cases that had a high level of model fidelity differed from cases with low model fidelity in severity of abuse, history in child welfare, type and number of parental risk factors and demographic characteristics. Without controlling for these variables research concerning case planners who implemented the model with high and low fidelity, cannot definitively determine which factors induced them or dissuaded them from fully implementing SBC and ultimately what its impact is.

**Impact of SBC on federal outcome measures.**

In the most recent and largest SBC outcome study available, (Antle et al., 2012) evaluated 4,559 child welfare cases in Kentucky to study the relationship between the use of the model and performance on the federal Child and Family Services Review process (CFSR). The study was conducted from 2004 to 2008. Researchers used a quasi-experimental design; assigning some cases to an adherence to SBC group and some cases to a low adherence to SBC group. SBC fidelity was measured using a 33 item CQI review tool, which was used in previous
studies and was developed by Christensen (Antle et al., 2012). The cases were evaluated by quality improvement specialists from Kentucky’s child welfare system.

Standard multiple regression was performed using SBC implementation measures and CFSR outcome measures (Antle et al., 2012). In general, there was a significant difference between the high SBC usage group and the low usage group for all federal outcomes. More specifically, the study showed that the high SBC implementation group was significantly more likely to meet the federal safety outcome on the CFSR ($p < .0001$). The federal safety goal was 83.7%. The mean percentage score for the low adherence to SBC group was 76.5% and the mean percentage score for the high adherence SBC group was 89.98%, which exceeded the federal standard (Antle et al., 2012).

There was also a significant difference between the high adherence and low adherence SBC groups for federal safety standard on permanency ($p < .0001$). For the first federal permanency goal was 32%. The mean percentage score for the low adherence SBC group was 70.07% and the mean percentage score for the high adherence SBC group was 92.72%. In addition, there was a significant difference between the high model usage group and the low usage group for the second permanency goal ($p < .0001$). The second federal permanency goal was 74%. The mean for the low adherence SBC group was 66.89% and the mean for the high adherence SBC group was 89.57% (Antle et al., 2012).

For the federal well-being goals, there was also a significant difference between high adherence and low adherence SBC groups ($p < .0001$). The first federal well-being goal was 67%. The mean for the low adherence SBC group was 66.01% and the mean for the high adherence SBC group was 94.29%. There was a significant difference between high SBC implementation group and the low SBC implementation group the second federal well-being
goal as well ($p < .0001$). There was no a pre-established goal for the second federal goal. The mean for the low adherence SBC group was 61.59% and the mean for the high adherence SBC group was 90.58% (Antle et al., 2012).

Finally, researchers found that use of SBC was associated with significantly better scores on all 23 CFSR review items and the federal outcomes of safety, permanence, and well-being. As the SBC implementation score for cases increased, the compliance score for the CFSR review goals also increased (Antle et al., 2012).

Still, the study had several limitations. The research used a quasi-experimental design and did not include random assignment to intervention conditions. Clearly, for research purposes, it would be beneficial for future research to conduct a random controlled trial. Moreover, like previous SBC outcome research, the study took place in a single state—i.e., Kentucky. It would be beneficial for future research to be conducted in different states with different populations and different child welfare systems. There was also limited data on case characteristics, such as race, culture and other family variables. In addition, like all previous studies, the research only used a quantitative approach. Lastly, the study demonstrated that there was a great deal of variability in practitioners’ application of the model (Antle et al., 2012). This illustrates the importance of conducting research on SBC implementation to gain a better understanding of what induces staff to use the model and what the consequences of various patterns of utilization are.

**Gaps in Research**

Scholarship on the impact of SBC is proceeding apace, but it has not assessed the explanatory impact of the model on parental engagement or parenting practices; which research indicates is correlated with positive outcomes (MacLeod & Nelson, 2000). Additionally, prior studies have either not taken differences in race or ethnicity into account or have only looked at
samples with entirely Caucasian treatment groups (Antle, Barbee, & van Zyl, 2008; Barbee et al., 2011). Since child welfare services are experienced differently by racially and culturally diverse populations, the mediating impact of these variables need to be assessed when evaluating child welfare models (Wells et al., 2009). Moreover, all of the studies to date have relied on a quantitative approach.

**Systematic Implementation of SBC**

Considering the state of intervention research development in child welfare, it is not surprising that there is a dearth of research on what factors induce successful implementation of casework practice models. The limited scholarship that does exit has looked at the impact of supervisor learning readiness, organizational support and the use of ongoing training reinforcement on the adoption of the model (Antle, Barbee, Sullivan, & Christensen, 2009; Antle, Barbee, & van Zyl, 2008; Barbee et al., 2011). Although reviewing this research was informative, it relied entirely on a quantitative approach, did not consider service setting factors or the child welfare agents’ demographic variables.

Current research also suggests that SBC successfully reduces maltreatment recidivism among families in child welfare when the model is completely employed by front-line staff; it is therefore paramount to gain a fuller understanding of what induces supervisors and practitioners to use the model. Even though a growing body of knowledge demonstrates the effectiveness of SBC reducing child maltreatment recidivism, there is a significant gap in the qualitative research literature on the process of and variations in successful implementation of the model. There is a need for increased qualitative research on supervisors and caseworkers’ experiences with various methods of implementation within different organizational settings.
There has been increased scholarship on evaluating child welfare interventions, but a lack of research on how organizations and individuals adopt those practice models (Kitson, Harvey, & McCormack, 1998). More evaluative studies on SBC program outcomes alone will not help implement programs. Implementation of an intervention must be carefully understood and evaluated for its impact on practitioners, managers, organizations and systems. As indicated earlier, (Antle, Barbee, Sullivan, et al., 2009) found when SBC was implemented with high fidelity by case planners; families were significantly less likely to re-maltreat their children. It is therefore paramount to have a thorough understanding of what induces case planners and supervisors to adopt the model fully and consistently. Clearly, there is a dearth of research on what factors lead to successful implementation of SBC. Nevertheless, a few SBC implementation efforts have undergone, quasi-experimental evaluation and show promise in shedding light on what induces successful adoption of the model.

**Retention of training concepts.**

To learn more about successful SBC training, a pre-post experimental, control group study was conducted with 72 supervisors and 331 case planners in Kentucky to look at the relationship between supervisor learning readiness, team support and organizational climate on the retention of SBC training concepts (Antle, Barbee, & van Zyl, 2008). The experimental group participated in the first wave of training, while the control group participated in the second wave of training a year later. The groups were compared across several variables including knowledge of SBC and use of supervisory skills (Antle, Barbee, & van Zyl, 2008).

Post-training measures of training outcomes were collected at the end of the training and then again one month-post training. Response rates for one-month post-training measures were: 41% for the experimental group supervisors and 31% for the control group supervisors (Antle,
Barbee & Van Zyl, 2008). These surprisingly low response rates do not augur well for successful implementation. Consequently, findings from the study must be considered in the light of this relatively low response rate, which may have affected the results. Not surprisingly however, the study findings revealed that among those who responded, learning readiness ($p < .051$) and management support of training ($p < .052$) was associated with retention of training concepts (Antle, Barbee & van Zyl, 2008). Although these findings are suggestive, the authors did not systematically explore or even speculate about why so few responded to the survey. Nor did they research what variables affected supervisors’ use of the model with their staff and clients. Supervisors may have understood the model in theory, but that did not mean they are able to apply it in practice.

**Impact of learning readiness and organization support on outcomes.**

Another quasi-experimental, quantitative study of SBC also conducted in Kentucky examined how learning readiness and organizational support impacted maltreatment recidivism (Antle, Barbee, Sullivan, et al., 2009). Importantly, the study systematically compared the work of 39 case planners who used SBC fully and 38 case planners who were trained to use SBC, but did not employ the model. The total number of cases tracked over a six-month period for the Solution-Based Casework group was 339, and the total number of cases for the comparison group was 421. All cases from the caseloads of both groups of case planners were included in the study (Antle, Barbee, Sullivan, et al., 2009). Recidivism was defined in the study as the number of children who experienced another incident of substantiated report of maltreatment within a six-month period. These data were collected through the Recidivism Referral Report. Learning readiness was measured using the Learning Benefit Inventory, team support was measured using the Team Learning Conditions Sub-Scale of the Training Transfer Inventory and Organizational
support was measured using the Organizational Learning Conditions and Support Sub-Scale of the Training Transfer Inventory (Antle, Barbee, Sullivan, et al., 2009).

Evaluators found that the SBC group had significantly fewer recidivism referrals for child maltreatment than the comparison group ($p < .0001$). Accordingly, SBC cases had an average of 350.69 recidivism referrals compared to an average of 538.00 recidivism referrals in the non-SBC cases over the previous 6 months. There was also a significant negative correlation between supervisor learning readiness and recidivism referrals ($p < .0001$). Likewise, there was a significant negative correlation between team learning conditions and recidivism referrals ($p < .05$). Finally, there was a significant negative correlation between organizational learning conditions and recidivism referrals ($p < .0001$) (Antle, Barbee, Sullivan, et al., 2009).

Although the study added to what we know about SBC effectiveness and implementation, it did not consider and/or control for differences in complexity or severity of the cases that each group was assigned. Clearly, such differences may have also affected SBC implementation and outcomes. In addition, evaluators relied solely on a quantitative, quasi-experimental design. Workers were not randomly assigned to the comparison groups and there may have been characteristics of the case planners that contributed to the differences in outcomes. Another limitation of the study was the period of measurement for the recidivism outcome. Different patterns may have emerged if this outcome had been evaluated over a greater length of time than six months. It would also be beneficial for future research to include a qualitative design that studies the perspectives’ of the case planners on how they have experienced model implementation and the model itself. A qualitative study of learning readiness would have added to our understanding of SBC uptake.
Training intensity.

Another quasi-experimental, quantitative study was conducted with Kentucky case planners and supervisors. That study focused on how training intensity or “dosage” influenced case planners’ utilization of SBC (Antle, Barbee, Christensen, et al., 2008). In the study, researchers compared teams of supervisors and case planners that received a five-day SBC training, as well as 24, one hour monthly follow up coaching sessions with a group of supervisors who received one day of training. The supervisors in the latter group were expected to pass relevant SBC principles and practices on to their case planning staff. The case records of each group were then compared, using a 16-item quantitative assessment tool, to determine how fully SBC was implemented (Antle, Barbee, Christensen, et al., 2008). The study sample consisted of 27 cases from the more intensely trained group and 21 cases from the group that received one day of training. Unlike the previous study, the groups were found to not have significantly different cases in terms of type or severity of abuse. This made interpretation of study findings and SBC outcomes less ambiguous.

As predicted, researchers found that there was a significant difference in the SBC implementation scores for the group experienced more intensive training than the comparison group \((p < .0001)\). This indicates that training supervisors and case planners together, as well as, providing intensive training and reinforcement promote model adoption and implementation. It should be noted however, that the group that received more training and ongoing model reinforcement was located in a rural area while the comparison group was located in an urban setting. This may have affected the results and confounded the generalizations that could be made from the study. Nevertheless, the finding that training supervisors and case planners together may increase model fidelity is noteworthy.
Gaps in SBC Implementation Research

As additional child welfare agencies implement SBC in practice, it is critical to conduct more in-depth research with supervisors and case planners to gain a fuller understanding of what factors induce the adoption, selective revision or rejection of the model. Research on SBC implementation has indicated that supervisor learning readiness and organizational support encourage front-line case planners to employ SBC (Antle, Barbee, Sullivan, et al., 2009; Antle, Barbee, & van Zyl, 2008). (Antle, Barbee, Christensen, et al., 2008), also found that ongoing training reinforcement enhances utilization of the model. Although this body of SBC research is informative and cumulative, it relies entirely on a quantitative approach and does not consider staff demographic variables such as educational backgrounds or professional experience. In addition, the scholarship did not consider the impact of organizational processes. Future research should make use of qualitative study designs, exploring the experiences and perceptions of staff who are implementing SBC. Hence, there are lessons to be learned that are difficult to capture by more quantitative research methods. Ultimately, SBC researchers may employ mixed-method designs as well. This study however, seeks to contribute to the growing body of SBC knowledge through qualitative implementation research.

Conclusion

As more child welfare agencies implement SBC it is critical to conduct in-depth, qualitative research with supervisors and case planners to gain a fuller understanding of what factors induce the adoption of the model. There is a serious gap in our understanding of barriers and facilitators of evidence supported model implementation (Aarons, 2005; Aarons, Hurlburt, & Horwitz, 2011; Aarons & Palinkas, 2007; Aarons & Sawitzky, 2006; Palinkas et al., 2011). Limited research exists on service provider perspectives on actually implementing ESPs. The
ability to explore the implementation process and implementation outcome (impact on the system, programs, providers, clients) is imperative to understanding the likelihood that such practices will be plausible in multifaceted real world settings.

SBC does not have standardized practice instructions not is it “manualized”. This is common among community-based ESPs. Nonetheless, even Critical Time Intervention (CTI), an ESP that has a manual for practitioners to follow and is used with individuals who are homeless and mentally ill, displays considerable variation in implementation from organizational setting to setting (Chen, 2012). Hence, Chen found that there was a lack of uniformity in CTI practitioners’ use of the intervention based on differences in organizational culture, structure and history. She posited that these differences also stemmed from the need to accommodate complex cases in diverse service settings. Differences in the adoption of programs may have significant implications for model fidelity and program outcomes (Chen, 2012). Similarly, in the context of SBC, it is important to explore how organizational variables influence model implementation and fidelity. A step toward addressing this gap is to qualitatively explore the first-hand practice experiences of practitioners and supervisors implementing SBC in various service settings and training processes.
CHAPTER 5: IMPLEMENTATION LITERATURE

Implementation Defined

Implementation is defined in many different ways (Goggin 1986; Fixen et al. 2005; Hernandez & Hodges 2005). For the purposes of this study, implementation is defined as “a specified set of activities designed to put into practice an activity or program of known dimensions” (Fixen et al., 2005). According to this definition, implementation processes are purposeful and can be described by independent observers who can study its fidelity and dosage. Implementation research refers to the use of applied research methods to translate evidence-supported practice models into routine practice (Mildon & Shlonsky, 2011).

Stages of Implementation

Several researchers have conceptualized specific stages for program implementation (Aarons, Hurlburt, & Horwitz, 2011; Fixen et al., 2005; Proctor et al., 2009). A review of their writing reveals several common themes. First, there is general agreement that implementation may not always move in a linear pattern (Chamberlain et al., 2012; Fixen et al., 2005). Second, there are common components across implementation models; pre-implementation, implementation, maintenance and enhancement, though different models highlight specific factors above others. A final developing theme from across discussions of stages of implementation is the relative lack of scholarly research on their implications for model effectiveness (Aarons et al., 2011). The following review discusses the proposed stages of implementation put forth by Fixen et al. (2005) and (Aarons et al., 2011). Neither of their conceptual frameworks has been empirically tested.
Implementation is an ongoing process, not a single event (Fixen et al., 2005). Fixen et al. (2005) at the National Implementation Research Network have identified four stages of implementation: (a) exploration, (b) program installation, (c) initial implementation, and (d) full operation and sustainability. Aarons, Hurlburt and Horowitz, note that each of these stages are impacted by the inner organizational context and outer system context (Aarons et al., 2011).

**Exploration**

The desire to implement an ESP is influenced by several factors in child welfare agencies. The most common are: reactions to crises, legislative mandates, lawsuits, CFSR results, leadership initiatives, or publicized incidents such a child death (Antle, Barbee, & van Zyl, 2008; Barbee et al., 2011). Child welfare agencies are often bureaucracies, which are designed for stability and consistency. As a result, they do not welcome change and often resist it. Nonetheless, the aforementioned threats to stability may provide enough necessity, energy and resources to move an agency's stable state (Barbee et al., 2011).

The purpose of the exploration stage is to assess the potential match between the organization’s needs, existing community resources and the ESP to make a decision to proceed or not to proceed (Fixen et al., 2005). It is important to understand the underlying needs of the organization that have led to the desire for change. During the exploration process the child welfare organization or state agency explores their inner context by looking at the underlying needs, resources and conditions that may be addressed by an ESP (Aarons et al., 2011). The culture, organizational capacity, perceived need for change, organizational costs and benefits must all be considered in weighing a potential ESP.
**Inner context.**

Research suggests that an organization’s absorptive capacity, readiness for change and receptive context are all important in this early stage of implementation (Proctor et al., 2009). Absorptive capacity refers to an organization’s ability to incorporate new techniques and skills into practice. Some organizations that are more adept than others at incorporating new knowledge and have mechanisms to spread that knowledge are more likely to explore ESPs and adopt them (Aarons et al., 2011). Child welfare agencies often struggle in this area due to high staff workloads, high staff turnover at the line level and low staff turnover at the supervisory level, staff with varied levels of educational attainment and possess few mechanisms for knowledge sharing (Aarons et al., 2011; Yoo, Brooks, & Patti, 2007).

The exploration stage requires an assessment of human resource capacity (Barbee et al., 2011). Characteristics of individual staff are important determinants of whether an agency will explore or initiate an ESP. Individual implementers can be at the provider, organization or system level. A review of the literature indicates that values, social network and perceived need for changes are all important features of individual ESP adopters (Aarons et al., 2011). An assessment of the clinical skills of staff is also vital because some ESPs require the use of more advance clinical skills than others do.

**Outer context.**

The outer context must also be considered during this stage. The private agency or governmental bureaucracy agency must assess current legislation, potential funding, inter-organizational networks and the impact of the potential change on external stakeholders. Child welfare is a publically funded sector and is particularly sensitive to social and political forces (Aarons et al., 2011). State legislatures often mandate practice change in response to public
concerns over child welfare crises or controversies. Legislators with a reform agenda may also use funding to encourage the use of ESPs. Conversely, budget limitations may discourage the exploration of costly ESPs and related change processes.

States may use a number of other strategies to encourage the exploration of ESPs. In mental health, numerous states have established offices for ESPs to serve as supports to agencies interested in exploration. For child welfare, the California Evidence-Based Clearinghouse for Child Welfare, funded by the California Department of Social Services, identifies and disseminates information on ESPs (Aarons et al., 2011). The Clearinghouse also rates individual practices for level of evidence as well as level of applicability to child welfare.

Private foundations, professional organizations and educational forums also shape the context for ESP exploration. For example, the Annie E Case Foundation Family to Family initiative strives to help children remain with their own families. This national, 18-year effort to improve child welfare systems sought to expand family and community involvement in child protection through the development of neighborhood-based foster care and family supports (Annie E Casey Foundation, 2008). In addition, professional organizations for child welfare administrators can provide agency leaders with knowledge and information about ESPs, as well as the specific steps required for full implementation. For example, the National Association of Public Child Welfare Administrators supports networking, collaboration, and support for implementing ESPs (Aarons et al., 2011).

A key external organizational variable that may encourage the implementation of ESPs are the network of organizations that agencies are involved with (Aarons et al., 2011). When agencies or organizations interact with other organizations that employ ESPs this may increase their own potential for adopting an ESP. The Community Development Team model is an
implementation initiative adopted by the California Institute for Mental Health, which organizes agencies and specific ESPs. This is a good example of the power of an inter-organizational network (Aarons et al., 2011).

**Program Installation**

After an organization decides to implement an ESP there are innumerable tasks that need to be accomplished before the first client is seen. These activities define the installation stage of implementation (Fixen et al., 2005).

**Inner context.**

After a decision is made to implement an ESP, there are multitudes of steps that must be taken. Internal pre-implementation steps include: (a) the development of an implementation team, (b) a plan to train and maintain staff competency, (c) a plan for infrastructure change, (d) creation of outcome measures and quality assurance mechanisms, as well as, (e) securing funds for the implementation process (Aarons et al., 2011; Barbee et al., 2011; Fixen et al., 2005). During the installation stage, implementation teams help organizations manage the change and prepare staff for the adoption of the new practice.

In addition to the above, a clearly articulated, multi-stage plan for training is needed at various levels of the organization. First, organizational leadership should to be trained in the principals of the intervention and the research that supports the model. This is an integral first step as the leadership creates the organizational culture conducive to the adoption of an ESP (Aarons et al., 2011). The second stage of training is the development of a transfer of training program. Fixen et al. (2005) argue that training alone is less effective than training supported with transfer of learning supports such as in-house coaches who will reinforce key concepts and trouble-shoot when implementation problems and concerns arise. Thoughtful selection of this
group is essential as these internal trainers can have a significant positive or negative impact on the acceptance of the ESP by staff (Barbee et al., 2011). The wrong people in these positions can formally or informally sabotage even the most promising organizational innovation. Lastly, user-friendly training materials need to be developed and a plan to rollout the training to all staff must be created.

Internal infrastructure changes are often needed as well. This calls for a comprehensive assessment of what policies, technology, quality assurance systems and personnel changes are requisite to successfully adopt the ESP. Alignment of policies and procedures with the new program is essential so that there is no confusion on how to conduct practice. In addition, computer and paper systems that support practice need to be modified to adopt the new program or model. These may include designing new forms, assessment and case planning tools, as well as, the development of electronic or computerized progress note systems. Lastly, in order to ensure a high level of service, quality assurance systems need to be in place. The new intervention model should be incorporated and integrated into evaluation systems to promote model fidelity and to assess the impact of the model on service outcomes (Barbee et al., 2011).

Securing the necessary fiscal resources for implementation is crucial during this stage. The costs of implementation involve additional resources to: hire new staff, support staff in leading or attending internal and external meetings, staff trainings, computer systems, and other materials (Simpson, 2002). These startup costs are necessary first steps when embarking on the implementation of an ESP. Sustaining the practice requires on-going, additional resources.
External organizational context.

For an ESP to be effective, the organization’s external environment needs to be aligned with the new practice as well as its internal environment. External partners should not only be apprised of the change, but also engaged in designing how the change will affect the system. These partners or stakeholders may include: foster parents, treatment providers, judges, family court attorneys, advocacy groups, governing auspices, community leaders, as well as, clients (Barbee et al., 2011). Effectively involving external providers and client constituencies may be accomplished by inviting them to planning meetings or trainings.

Intervention model developers and their sponsoring organizations also play a key role in the initial implementation stage. There is great variability in the degree to which intervention developers understand the challenges of implementation across service systems and organizations. Interventions that have been developed in one human service sector—e.g., juvenile corrections, may be very difficult to implement in a different human service sector—e.g., protective services, even though they may outwardly appear to be quite similar. Those who espouse “universal” intervention models may downplay these difficulties. Alternatively, some intervention developers may appreciate problems of application in different contexts are willing to invest in developing local expertise in the model, while others retain the training and fidelity support processes (Szapocznik & Williams, 2000).

Initial Implementation

Implementation is a complex process that does not occur simultaneously or evenly in all aspects. During this initial implementation stage, staff are trying to make use of newly learned skills in the context of a provider organization that is just learning how to accommodate and support the new practice. This is probably the most fragile stage of intervention implementation
During this stage, the persuasive force of fear of change and investment in the status quo combine with the difficult and complex work of adopting something novel. In addition, this occurs at a time when ESP advocates are straining to begin and when confidence in the decision to implement the program is being tested by doubters and naysayers. When forces of opposition are powerful enough, implementation of a new practice may end at this point (Fixen et al., 2005).

**Inner context.**

Effectively introducing changes to the point of adoption into daily practice is unlikely unless there is support for the change at the practice, supervisory and administrative levels of the organizational hierarchy. During this stage and every stage of implementation it is important to consider how characteristics of the organization and the different interests of these internal organizational stakeholders influence the process of implementation (Aarons et al., 2011). In general, more hierarchical, centralized organizations have an easier time initially implementing ESPs than do flatter, more de-centralized and geographically dispersed organizations (Aarons et al., 2011).

It is critical for organizations of any size or shape to set model-relevant goals during this stage. Likewise, these goals must be consistent with employees’ sense of mission and purpose at all organizational ranks (Aarons et al., 2011). Communicating the agency’s priorities help guide staff toward a common purpose. Specific steps can be taken to achieve this. For example, official communications and policies can be set to support the organizational mission and the importance of the ESP. Aarons (2004) found that the formalization of policies supporting the use of an ESP in mental health organizations was associated with greater openness to adopting a new ESP by staff.
Implementation teams, established during the program installation phase, can help shape these formal organizational policies and continue to develop staff competencies (Fixen et al., 2005). Implementation teams help reinforce ESP skills, assist administrators by ensuring that their roles align with the program, and help leaders in the organization fully support the process of using the intervention.

**Outer organizational context.**

Whether the ESP is being added to existing services, being integrated into current programs, or replacing services, fiscal resource availability is critical (Aarons et al., 2009). During this stage, it is important to assess the projected implementation expenditures and ensure that there are sufficient resources to cover them. Resources for targeted services may face competing priorities of legislatures that may favor funding to cover other increasing costs. Creative policy-based solutions can be developed. For example, the Mental Health Services Act in California provides for a one percent tax on personal income over $1 million annually to be allocated for mental health care (Aarons et al., 2011).

**Full Operation and Sustainability**

Given the intensity of implementing an ESP in any organization, the momentum of implementation needs to be sustained. Skilled practitioners and other trained employees leave and must be replaced with other skilled staff. Managers, funding streams, and program requirements must be maintained as well (Fixen et al., 2005). All the while, external systems change frequently and often unpredictably. Through it, all agency administrators and lower-level staff, together with the community, must make adjustments without losing the functional aspects of the ESP. The goal of this stage is the continued effectiveness of the implementation in the context of a changing internal and external environment (Fixen et al., 2005).
During this stage, the ESP effort is made to carry out model practice imperatives with proficiency. With staff members newly skilled in the ESP, managers must fully support the innovative program particularly when the external community has already adapted to the presence of the new practice (Fixen et al., 2005). Summative evaluations of the effectiveness of the ESP should occur only after the intervention model is operational. As Fixen et al, (2005) caution, evaluations of incompletely implemented ESPs may result in poor results. This is not due to program ineffectiveness, but because the results were assessed before, the program was operational. At this point in the history ESP evaluation research, there is little systemic, organization-based knowledge about what factors facilitate or limit the sustainment of an ESP in a service setting. The term fully operational is used to denote the continued use of an innovation in practice. We currently lack comprehensive models of factors that support maintenance or sustainment of ESPs in public service sectors (Aarons et al., 2011). Most of the commonly cited models of implementation discuss sustainability as a key component, but there is little empirical research in this area. With such research, knowledge of “organizational best practices” in implementing ESP’s and other forms of innovation can be accumulated and applied (Lalayants, 2010).

**Inner context.**

Aarons (2011) contends and many are aware that strong leadership support is a *sine qua non* of successful ESP adoption. With it, a climate conducive to initial and continued buy-in can be created. Without it, a program is doomed to fail. Sustainability is likely to be successful only when agency leaders publicly support it and commit their prestige and resources in its follow-through.
Schein, (2010) identified a number of organizational “culture embedding” tools by which leaders and organizations can set the stage for establishing organizational values and actions that support ESP implementation. Primary facilitators of positive organizational culture include: what managers pay attention to, what they measure, resource allocation, and criteria by which employees are recruited, selected, and promoted (Aarons et al., 2011). The foregoing attributes must be consistent with the technological and ideological requisites of the ESP. For example, highly skilled and experienced devotees of psychodynamic approaches to family treatment are a very poor match in implementing an ESP built on behavioral principles.

Continued fidelity monitoring is necessary to ensure that staff are not subverting implementation. This will maximize the chances of ESP effectiveness. Even when the intervention model is not manualized, this requires a high degree of procedural specificity in worker and supervisory activities. Once an ESP is implemented, organizational processes and procedures should support providers’ understanding that they now have new skills to learn and are expected to work toward perfecting those skills (Aarons et al., 2011). Continuing quality assurance mechanisms such as fidelity checklists, web-based remote observations, or coding of session audiotapes are useful in this regard. In addition, ongoing fidelity support in the form of coaching is associated with lower staff turnover in child welfare and higher program fidelity (Aarons et al., 2009).

Staffing for ESP sustainability has received even less empirical attention than other sustainability concerns. Agencies usually have standard hiring procedures but these are frequently not geared to the sustainability of a particular ESP effort (Fixsen et al., 2005). Most frequently, in child welfare settings, unstructured interviews are used in vetting candidates for staff positions. More generally, the literature on personnel selection in organizations suggests,
however, that such interviews have very low validity in predicting job performance. Aarons et al., (2011) posit that this may be improved by adopting practices used by personnel psychologists. For example, a complete job analysis should be conducted in order to determine conditions for selecting the best candidates. Selection criteria should include knowledge, skills, attitudes and other characteristics central to learning and use of ESPs. A well trained staff is critical to the continued delivery of ESPs (Aarons et al., 2011).

External context and sustainability.

Policies and programs that support sustainment of ESPs may be useful during this stage. At the legislative level, funds can be allocated for particular initiatives. For example, New York has established an Evidence-Based Treatment Dissemination Center to support training and year-long consultation to front-line clinicians (Bruns et al., 2008). The State of Ohio has also developed Coordinating Centers of Excellence’ to promote the use of ESPs (Ohio Department of Mental Health, 2009). Additionally, some federal grants now require planning for sustainability. The Substance Abuse and Mental Health Services Administration’s (SAMSA) children’s mental health system of care request for proposals had such a requirement. Use of these types of strategies can promote organizational policies and cultures that support continued use of ESPs (Aarons et al., 2011).

Conclusion

In this chapter, the stages of implementation put forth by the National Implementation Research Network (Fixen et al., 2005) and (Aarons et al., 2011) provide a conceptual framework for considering challenges and opportunities for ESP implementation. The nature of the outer and inner organizational contexts varies considerably in practice. Many of the factors described
above are likely to have relatively more or less importance depending on the subtleties of the particular service system, organizations, providers, and clients involved.

There are few, if any, good measures of the progression through the phases. Process-based measures of implementation phases would not only be useful for practitioners, but researchers as well. This would allow for the comparison of implementation efforts in terms of status and progression within each phase, as well as, the speed with which each phase is accomplished. Such measures could then be assessed in relation to implementation. It is critical for empirical research be conducted on these stages to gain an understanding of their effectiveness. There is some empirical work on different aspects of implementation in child welfare and the following review explores the limited research that does exist. Ultimately, this research will contribute to our understanding of organizational best practices in successful ESP implementation and maintenance.
CHAPTER 6: IMPLEMENTATION RESEARCH IN CHILD WELFARE

The Evidence-Supported Practice (ESP) movement in social work has been only recently been applied to enhance the effectiveness of child welfare services (Barth, 2008). As a result of this brief history and of the emphasis placed on model efficacy—i.e., conclusively demonstrating that there is a cause-effect association between intervention and outcome, there is a critical gap in our understanding of obstacles and facilitators of ESP implementation (Aarons, 2005; Becker & Stirman, 2011; Burns, Hoagwood, & Mrazek, 1999; Garland, Kruse, & Aarons, 2003; Palinkas & Aarons, 2010). There is also a lack of research on child welfare service providers’ perspectives on adopting ESPs. However, the vagaries of implementation and the perceptions of those who are expected to implement are critically important in determining the effectiveness and sustainability of ESPs in complex, real world settings. Studies of these human and organizational elements are essential.

Challenges of Implementation in Child Welfare

Child welfare organizations have unique challenges to ESP implementation in terms of their structure, processes, staffing and service population (Aarons & Palinkas, 2007). As stated earlier, child welfare systems tend to be highly bureaucratic, and a high degree of bureaucracy has been associated with poor staff attitudes toward adopting ESPs (Aarons, 2004). Additionally, clients in child welfare are typically involved in services on an involuntary basis, which is challenging. Moreover, there is a large degree of variability in clients in respect to parent age, education level, cognitive ability, mental health impairment, engagement in services, age of children, and number of children in the family (Aarons & Palinkas, 2007). Thus, effective implementation may be negatively impacted by system, structural, practice, and client factors. Still, there has been little empirical research to date on these obstacles to ESP implementation in
child welfare. The implementation research that does exist has focused on the adoption of specific interventions. It does suggest how the external organizational environment, internal organizational climate, context, and culture influence both agency effectiveness and successful implementation of the ESP. Practitioner perceptions of model utility also were found to impact model receptivity. The following literature review focuses on the limited child welfare implementation research that does exist.

**External System Influences on ESP Implementation**

**Positive external relations.**

Palinkas & Aarons (2010) conducted a qualitative study with 13 executives and program directors from Oklahoma’s’ Children’s Services. These administrators were in charge of providing comprehensive home-based services and participating in a statewide effectiveness trial of SafeCare (SC), an ESP that is intended to reduce child neglect. Researchers used grounded theory methodology to look at factors, which promoted and inhibited implementation. The study had a relatively small sample size and only focused on executives implementing one type of ESP. It would be useful for future studies to include larger sample sizes, the perspectives of staff from different organizations and look at the implementation of multiple ESPs. Nevertheless, the findings from the study were useful.

The study showed that local government administrators perceived the influence of the state-run Oklahoma Child Services to be essential to the successful implementation of SafeCare. Although positive relations with the government system responsible for funding agency activities and monitoring performance was seen as critical to the success of state contracts, they were considered to be especially important to the success of new initiatives. As one executive director explained: “I think if I were to advise another agency that was going to get into this, make sure
your relationships with the State department, with whoever you’re dealing with..., foster those relationships as best you can because that is what makes or breaks your program.” (Palinkas & Aarons, 2010).

Study participants also described the need for outside researchers and ESP designers to be flexible with their approach to implementation. One manager stated: “Even though, you know, they have a very strict focus on the research and making sure everything stays, you know, tight with respect to research, they also want to make sure that it’s delivered in a way that is implementable and really useful to the family and, I guess, customer friendly in terms of serving families.” (Palinkas & Aarons, 2010, p 50). Another executive emphasized the importance of the research partners being “very realistic, adaptable and supportive.” (Palinkas & Aarons, 2010).

**Availability of resources.**

In Palinkas and Aarons’ (2010) study, the participants agreed that ESPs in child welfare could not be successfully implemented or sustained unless there was support at the policy level. This backing was reflected in the priorities of the Department of Health Services and Oklahoma Children’s Services and of the State’s elected officials. ESPs were of little value unless there were sufficient funds available for implementation while maintaining existing programs. Even when such resources were in place, the participants were not convinced the funding would continue. This was exemplified through one participant’s comment: “I mean we certainly couldn’t afford..., in the existing contract, dollars to cover the ongoing consulting, whether or not it shows effectiveness or not, we, it's just not in the budget.” (Palinkas & Aarons, 2010).
Inter-organizational collaboration.

Elsewhere, Palinkas et al. (2014) examined the role of inter-organizational collaborations in implementing ESPs through a qualitative study with 38 system leaders who worked in probation, mental health and child welfare departments in 12 California counties. A purposive sampling strategy and a grounded theory approach was used to analyze the semi-structured interviews with agency administrators (Palinkas et al., 2014).

These high-level respondents described inter-organizational collaboration as integral to the successful implementation of ESPs. None of those leaders who described successful implementation efforts did so without reference to positive collaboration between two or more organizations (Palinkas et al., 2014). Moreover, none of them described inter-organizational relations as a hindrance to implementation. The positive perception of inter-organizational collaborations was described through one probation officer, “My recommendation to any county that really wants to develop a good, worthwhile, comprehensive program is, you’ve got to establish relationships with the other departments who are offering specialized services” (Palinkas et al., 2014, p 77).

Organizational Support

Leadership support.

At a lower level in the organizational hierarchy, Aarons and Palinkas (2007) conducted another qualitative, grounded theory research investigation with 15 child welfare case managers and two external consultants involved in the implementation of SafeCare (SC); an intervention created to reduce child neglect among at-risk parents (Gershater-Molko, Lutzker, & Wesch, 2003). The case managers were selected by maximum variation sampling to capture individuals who had the most positive and negative views of SC. The selection was based on results of a
web-based quantitative survey that asked about the perceived value and usefulness of the intervention. Two consultants regularly offered advice regarding implementation and were both interviewed as well. A semi-structured interview guide was used to conduct interviews over a two-week period. The researchers found several factors emerged as determinants of ESP implementation, one of which was extent of organizational support for implementation (Aarons & Palinkas, 2007). Researchers focused on the implementation of one intervention, on participants who were from one system, and contained a relatively small sample size. Nevertheless, the study provides in depth knowledge of the perspectives of direct service providers.

Study findings underscored the importance of multi-level organizational support for implementation to the case managers (Aarons & Palinkas, 2007). For example, at the administrative level there was perceived extensive leadership support for implementation: ‘‘...Yeah, they are real supportive and the agency that we work for, as far as they back us up and are there for us...’’ (Aarons & Palinkas, 2007, p 415). At the supervisory level, there was also support for SC. This was illustrated in examples of descriptions of relationships with supervisors: ‘‘... I couldn’t have lucked into a better [supervisor] if I would’ve handpicked her. She’s very supportive of the [EBP] model...’’ (Aarons & Palinkas, 2007, p 415). Lastly, support from the ongoing consultants was appreciated.

Aarons & Palinkas’ (2010) study also showed that executives felt that ESPs could not be successfully implemented without the active support of those like themselves in leadership positions. Respondents shared that an ESP would not be supported by leadership if the intervention were seen as disruptive to routine operations or likely to incur financial loss. Agency administrators also perceived that it was extremely important for them to show their
support for the ESP to a front-line staff. This was exemplified through a participant’s comment: “And more than anything else in the beginning it was … trying to convince staff that it was good… that number one we were happy to be doing it, and number two, it was something that we needed to get behind and actually buy into it.. so it was, kind of a, almost a cheerleader for the program at the beginning.” (Palinkas & Aarons, 2010).

**Ongoing Supervisory consultation support.**

Shapiro, Prinz, & Sanders, (2012) examined facilitators and barriers to the use of the Triple-P Positive Parenting Program (PPP), another ESP, in South Carolina. The study included 174 service providers who had been trained two years prior in Triple-P. Study participants were service providers who worked with parents in a variety of settings including schools, mental health centers, childcare settings, and organizations providing parent education services. Of 292 eligible participants, 174 completed the survey, which represents a 59.5% response rate.

Facilitators and barriers to program use were measured through a survey instrument that had items describing 15 facilitators and 18 barriers. Program use was measured by a series of questions about whether or not providers were using Triple-P interventions with families through their work or outside of their work (Shapiro et al., 2012).

Implementation of Triple-P occurred in a context of varying degrees of organizational supports (Fixen et al., 2005). In this study, the ability to discuss cases and receive consultation or supervision significantly predicted program use ($p < .05$) (Shapiro et al., 2012). Such support was necessary to integrate new skills into existing service delivery. The importance of ongoing supervision in child welfare has long been recognized as key to delivering quality services to children and families (Frey et al., 2012).
Suitability of ESP to the Caseworker and the Family

In Aarons and Palinkas’ (2007) study, researchers found that perceptions of the utility of the ESP among caseworkers varied greatly. Some respondents thought using a more structured intervention was helpful and provided a common language for the staff. Some caseworkers appreciated that the model allowed for flexibility and was able to be adapted to a diverse group of families. More experienced caseworkers, however, reported not needing this much structure (Aarons & Palinkas, 2007). A similar negative association between professional experience and worker attitude toward the adoption of ESPs was found by researchers who studied ESP implementation among mental health service providers (Aarons, 2004, 2005). Hence, experienced workers may resist any treatment innovation.

The perception of suitability of the model to the needs of the clients was also seen as important to study participants. Many reported that the new intervention approach was useful in facilitating communications with a diverse range of families. However, there were some clear negative reactions to SC. Some respondents claimed the model impeded engagement with families and did not allow them to address families’ complex issues: “I would rather sacrifice the [ESP] being perfect than sacrifice the rapport that I have with my clients with their other bigger issues.” (Aarons & Palinkas, 2007, p 413). Other participants perceived the complex nature of clients’ problems and situations limited the appropriateness and effectiveness of the ESP. As described by one caseworker, “...we do run into problems sometimes where we may go into...the families’ homes and they have other issues... I’ve had a couple of cases where I can’t even touch on the [ESP] stuff until we get everything else straightened” (Aarons & Palinkas, 2007, p 414). This is a common issue when ESPs are moved from academia to real world
settings where clients may have a more multifaceted range of characteristics and problems than intervention development samples (Aarons & Palinkas, 2007).

The age of parents and children was also seen as an important determinant of perceived suitability of the intervention. Caseworkers were generally of the opinion that the SC intervention was less suitable for parents with older children. In addition, respondents felt that SC was more effective with families where the child was recently returned to the home after having been in foster care than with families where the child had not been removed and acceptance of the intervention was voluntary.

While there are some ESP proponents who take the position that no adaptation of an ESP should be permitted, others suggest that adaptation will and must happen to fit the ESP to the local context (Chen, 2012). These findings suggest that some adaptability is necessary in real world settings. Admittedly, however, these adaptations may sacrifice strict notions of fidelity for client or worker engagement.

**Training experiences.**

The importance of the process of training was another issue that arose in the study of SC implementation. Consistent with adult education principles, training recipients were not passive receptacles of training of the ESP model but were actively engaged in internal assessment of the training quality and process. The caseworkers’ interactions with and opinion of the trainers, as well as, their candid views of the training itself were reflected in their responses (Aarons & Palinkas, 2007). Responsiveness of the trainers was perceived as a positive aspect of the training. There were concerns expressed, however, that the trainers did not have a true understanding of what it was like to actually work with clients in child welfare settings and that while they were
experts in the ESP, they were not “real” experts in the practice of working with the client population or the agency setting.

It would be beneficial for future researchers to evaluate whether there is a positive association between trainers with on the ground professional experience and acceptability of ESP implementation by staff. Caseworkers also felt that they could have been better prepared for the training: “...it would’ve probably done us a world of good if we had had the book [training manual]... And could’ve read about the research model first. And read that maybe in advance, maybe like two weeks ahead of time to know what the premise was behind it all.” (Aarons & Palinkas, 2007, p 415).

**Provider Characteristics and ESP Use**

Shapiro, Prinz, and Sanders’ study examined whether service provider demographic characteristics had any impact on their use of the ESP (2012). These researchers specifically looked at the independent variables of gender, education, profession and work setting. Using linear regression, they found that these variables were not significantly associated with intervention use ($p < .539$) (Shapiro, Prinz, & Sanders, 2012). At least in this study and for these characteristics, it suggests that the training model was “universally” accepted by the trainees.

**Integrating ESPs into Daily Work Activities**

The one organizational barrier identified as a significant negative predictor of program use in Shapiro, Prinz and Shaprio’s study was the ESP not being integrated with caseload or other responsibilities at work ($p < .05$) (2012). This highlights the importance of examination of elements necessary to support program delivery, as well as, fit of the program within the organization and with provider work duties. For example, if use of an ESP requires additional time to prepare for casework sessions with families, time for supervision, or the use of additional
quality assurance tools, organizations will need to consider whether and how to accommodate these activities (Shapiro et al., 2012).

The examination of variables related to program implementation by a real-world sample of providers from multiple service settings was incredibly useful, but the findings should be examined within the context of several methodological limitations. The Shapiro et al., study did not describe the training process or the availability of ongoing supports that practitioners received and/or how this differed across program sites (2012). In order to understand how to best train and support staff implementing an ESP it is critical to understand the details of the training process. In addition, future research efforts should include measures of organizational and contextual-level variables, such as agency origins, leadership style, auspices and factors related to agency culture, as well as measures of model fidelity.

**Conclusion**

A review of the limited SBC implementation research demonstrates that it does reduce child maltreatment recidivism when it is fully utilized by practitioners (Antle, Christensen, Van Zyl, Barbee, 2012; Antle, Barbee, Christensen & Sullivan, 2009; Antle, Barbee, Christensen, & Martin; 2008). It is therefore imperative for child welfare researchers to examine what factors induce successful implementation and utilization of this model. This dissertation research study is intended to fill some gaps in SBC scholarship, as well as to inform the work of practitioners and policy makers responsible for the safety, permanency and well-being of children in child welfare. More generally, it will add to our knowledge of salient elements and significant dynamics of social welfare program implementation.
CHAPTER 7: METHODOLOGY

The purpose of this multi-method, qualitative study was to explore how caseworkers and supervisors experienced the process of SBC implementation and efforts to maintain model fidelity at four different child welfare agencies in New York City (Creswell, 2012). In particular, the study aimed to identify and describe the various implementation strategies that shaped the successful adoption of the casework practice model so that implementation “best practices” might be derived. To arrive at these, the study focused on two stakeholder groups, i.e., caseworkers and supervisors—and explored in depth their perceptions of SBC implementation approaches employed in the four agencies. Data collection was completed in 2014 and Human Subjects Approval was received in December 2013 from the Hunter College Institutional Review Board (see Appendix I).

Overview of Research Procedures and Design

Qualitative Research

In this study, implementation was defined as a specified set of activities designed to put SBC into practice. More than other evidence-supported, child welfare intervention models, SBC implementation of SBC allows practitioners considerable latitude in making sense of the model and seeking ways to integrate it into their practice and their service settings (Lyon, Frazier, Mehta, Atkins, & Weisbach, 2011). This latitude lent itself particularly well to qualitative analysis and specifically a grounded theory approach within the context of a multiple, comparative case study.

Merriam, (2007) described the nature of qualitative research as (a) process oriented, (b) concern with meaning making, (c) assumption of multiple constructions of reality and (d) the active role of the researcher in data collection and analysis. Qualitative research helps us
understand the complex phenomena of life, particularly people’s experiences, stories and behaviors (Strauss & Corbin, 1994). It provides us with an in-depth look at these phenomena in order to arrive at meaningful interpretations (Guba & Lincoln, 1998). Rather than a top-down approach, which applied existing theories, this study used a bottom-up approach focused on the front line workers’ and supervisors’ experiences and acknowledged their role in defining and implementing SBC (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004).

**Grounded Theory**

Grounded theory was used in this dissertation study. It is a research method developed for the purpose of inductively generating theory, in contrast to logically deductive reasoning (Charmaz, 2006). Glaser and Strauss developed grounded theory as an alternative epistemological strategy at a time when most “mainstream” sociologists were devoting their attentions to verifying the grand theories built upon logical deduction. This inductive approach to knowledge development was first presented in their book, *The Discovery of Grounded Theory*, which was first published in 1968 (B. Glaser & Strauss, 1999). Research focusing on theory verification usually limits itself to confirming or disconfirming a theory, rather than embracing approaches to generating new theory and its modification. Consequently, Glaser and Strauss advocated for researchers to challenge the ways in which they conventionally constructed and tested theory and instead emphasized theory discovery. In so doing, they introduced grounded theory, a method that allows for the discovery of a theory through systematic analysis of data.
Glaser and Strauss (1999) presented four requirements for the development of grounded theory: fit, understanding, generality and control. They explained that the theory should fit the substantive area in which it would be used. In addition, it should be understood by lay people and generalizable to other situations.

Glaser and Strauss (1999) later differed with each other in their approach to data analysis. Strauss stressed the use of open, axial and selective coding methods (Strauss & Corbin, 1994). He also viewed the researcher as an active participant in the research. Conversely, Glaser emphasized the looser process of generating logical connections in the data collected and that the researcher should be more passive and less interpretive (B. G. Glaser, 1992). Despite their differences, grounded theory continued to evolve through the work of a growing segment of other sociological researchers (Charmaz, 2006).

Although Glaser and Strauss did not explore the theoretical underpinnings of grounded theory when it was first developed, scholars later recognized the theory to be a form of symbolic interactionism (Strauss & Corbin, 1994). Although grounded theory was established in the field of sociology, it is well matched with social work. This may be partially attributed to the common origins of the two fields, since grounded theory is based on symbolic interactionism, which like social work, has roots in the Progressive Era (Oktay, 2012). The Progressive Era and symbolic interactionism share many basic principles. Symbolic interactionism, developed at the University of Chicago between 1920 and 1950, has had important influences on grounded theory (Blumer, 1986). There are three fundamental concepts in symbolic interactionism: the self, society, and social interactions (Charon, 2009). An individual is active and engaged in society through social interactions. Like symbolic interactionism, social work practice traditionally focuses on the person in environment (Greene & Ephross, 1991). Both focus on individuals as active beings
who develop their identity based on interactions and derive meaning from society. The importance of self in symbolic interactionism and use of self in the field of social work demonstrate the commonalities of the two fields (Oktay, 2012).

Oktay, (2012) contends that since the goal of grounded theory research is to create theories from the real world, it is an apt fit for the field of social work. Okatay (2012) specifically stated that:

These theories can be used to develop theoretically based interventions that can be tested in practice settings… The fact that the methodology of grounded theory was designed to be ‘of use’ is important for social worker researchers who aim to develop theories that can be applied in practice situations. (p. 5)

Moreover, grounded theory is a clear fit as this dissertation study is intended to be anchored in the experiences of child welfare practitioners from real world practice settings and have real world applications; grounded theory is a clear fit.

The study aimed to explore case managers and supervisors experiences with implementation from their own perspective. Grounded theory enables researchers to illicit a particular perspective embedded in the use of language and actions. Therefore, by applying this methodology, case managers and supervisors’ perspectives could be explored through their own voices and in regards to how they conceptualized the ESP and how they described their work with families in child welfare.

Grounded theory research contends that interactions are contextual (Charmaz, 2006). This study focused on case managers’ and supervisors’ interactions with the process of implementation within the context of four different agencies. Grounded theory permitted the analysis not only of the consequences of interactions but also of interactive social processes in a context where the interactions occurred and, in turn, created the process of engagement that affected the supervisor, case manager, and families (Yoo et al., 2007).
Lastly, researchers have not gained sufficient empirical understanding about the facilitators and barriers of ESP implementation and specifically implementation in the context of child welfare. Therefore, the purpose of this research was to establish an intermediate practical theory regarding implementation. With grounded theory methodology, a theoretical framework could be generated directly from the data that demonstrated the theoretical relationships among primary concepts.

**Multiple Comparative Case Study Methodology**

This research used collective case studies (Stake, 2005) to study four child welfare agencies’ approaches to implementing an ESP. In this study, each agency represents a case and a unit of analysis. Collective case studies are multiple instrumental case studies (Creswell, 2012). Unlike intrinsic case studies, which explore a case because the case itself is of interest, instrumental case studies explore a phenomenon. Comparative case studies, explore the phenomenon across units of analysis. In this study, the cases provided insight into case planners and supervisors’ experiences with various modes of implementation of the same ESP. Thus, a key part of the dissertation was intended to give voice to case planners and supervisors. Multiple cases were used to examine patterns naturally occurring within the agencies, which allowed insights into the phenomena, not just the idiosyncrasies one agency’s implementation process.

In addition, a methodology using multiple case studies was used to strengthen theoretical generalizability. Theoretical generalizability is the ability to generalize the results to “populations” (Yin, 2013); in this context populations of agencies. Theoretical generalizability was strengthened with multiple case studies because multiple case studies provided instances of replication, analogous to the replication of results through multiple experiments (Yin, 2013).
Participant Observation

The methodology of participant observation is also suitable for social work research. Through participant observation, the researcher is able to study processes, relationships among events, the organization of people, patterns and sociocultural contexts (Jorgensen, 1989). In participant observation, the researcher is a participant in the process (Marshall & Rossman, 2015; Yin, 2013). Rather than uncovering objective or quantifiable facts, the participant observer seeks in-depth data concerning experiences. Yin (2013) notes that participant observation has the advantage of providing an inside perspective and can allow the researcher to create more opportunities for the collection of data.

Denzin and Lincoln, (2012) argue that it is critical for the researcher to be self-reflective and locate him or herself in the study. Moreover, it is essential to articulate how the researcher’s biases may influence how they analyze the study phenomenon. It is therefore paramount to then note that I was the individual who lobbied for Agency A to implement SBC. I then became charged with the co-management of SBC at Agency A. I also participated in an inter-agency implementation group, which included all of the agencies in this study. The group met on a monthly basis to share knowledge about implementation. As a result, I participated in the implementation process at one agency and observed a great deal about the implementation efforts at the other agencies. This informed how the focus group interview protocols were designed (See Appendixes B and C) and how I interpreted the data. It should be noted that researchers can become too much of an insider (Yin, 2013). I took steps to remain unbiased and use reflexivity, which is described in detail in the section on Study Rigor.
Study Questions

With grounded theory as a guide, general questions were developed that could lead to a better understanding of the experiences of front-line child welfare staff in implementing an ESP. The following central research questions guided this study:

- How do organizational factors affect SBC practice?
- How did the participants experience the organizations’ different implementation strategies?
- In what ways do these factors affect caseworkers’ and supervisors’ understanding of and use of SBC?

In the study, participants’ perceptions of the implementation process were explored in depth. As knowledge was gained about their experiences, meanings were drawn from the participants’ statements. Theoretical categories were discovered and clarified through writing and rewriting (Charmaz, 2008). The ultimate aim in the data-analytic process was to create key theoretical categories from the data and then analyze relationships between key categories. To do this, it was necessary to check and refine the developing ideas, without using preconceived hypotheses (Charmaz, 2008).

To answer the foregoing three questions, multiple qualitative data-gathering strategies were employed, including the use of focus group interviews, surveys with managers of implementation at each agency and participant observation. Focus group interviews were conducted with caseworkers and supervisors at the four different child welfare agencies in New York City implementing SBC. The agencies were at similar stages of implementation when the data were gathered, however they used different strategies to adopt SBC. Managers responsible for implementation at each agency also filled out a qualitative questionnaire on what methods
their organization used to adopt and implement SBC (See Appendix A). The triangulation of data-gathering strategies provided a fuller understanding of the different implementation approaches that were used at each agency.

**Service Settings**

In the study, the names of the agencies will not be used for confidentiality purposes. Instead, the organizations will be referred to as Agency A, B, C, and D. Each organization is represented by a letter in order to make distinctions between them. All of the agencies were contracted to provide foster care and in-home preventive services by the New York City Administration for Children’s Services (ACS). All of the organizations were established in the 1800s. The agencies varied, however, in terms of their respective auspices, cultures, structures and the steps they took to implement SBC and reinforce model fidelity. The various implementation approaches that were described by senior managers at each agency are described in the subsequent chapters.

**Participants and Recruitment**

As noted above, the study was conducted at four different child welfare agencies in New York City. I recruited study participants by contacting the managers of implementation at each agency. I developed a verbal recruitment tool (See Appendix F), which was approved through the IRB process and an IRB approved recruitment email (See Appendix E). The managers of implementation then sent out the email to all of their respective case planning and supervisory staff, and read the verbal recruitment tool aloud at all staff meetings. I did the same for potential participants at the agency A, where I worked. Participants who had just started working and had not gone through SBC training were not included in the study.

I met with the managers of implementation to stress that staff could not be compelled in any way to participate. I stressed to the managers of implementation the need to stick to the IRB
approved script, to ensure that their recruitment techniques were in line with what I proposed to the Institutional Review Board. Both the verbal and email recruitment tools (See Appendix F and Appendix E) stressed to potential participants that they were not obligated to participate and their decision would not impact their employment. Study participants were also told through the recruitment tools that they would receive a $5 gift card for their involvement in the study. There were a total of seven case planner focus groups and four supervisor focus groups. Ultimately, 32 caseworkers and 24 supervisors agreed to participate in the study (See Table 1). It should be noted that there were no supervisors included as participants in Agency C. This was due to scheduling conflicts and will be further discussed in the limitation section in the conclusions chapter below.
Table 1

*Participants from Each Agency.*

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of Case Planners</th>
<th>Number of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency A</strong></td>
<td>11 Total Case Planners</td>
<td>10 Total Supervisor</td>
</tr>
<tr>
<td></td>
<td>6 from foster care</td>
<td>5 from foster care</td>
</tr>
<tr>
<td></td>
<td>5 from preventive services</td>
<td>5 from preventive services</td>
</tr>
<tr>
<td><strong>Agency B</strong></td>
<td>10 Total Case Planners</td>
<td>9 Total Supervisor</td>
</tr>
<tr>
<td></td>
<td>4 rom foster care</td>
<td>4 from foster care</td>
</tr>
<tr>
<td></td>
<td>6 from preventive services</td>
<td>5 from preventive services</td>
</tr>
<tr>
<td><strong>Agency C</strong></td>
<td>5 Total Case Planners</td>
<td>0 Total Supervisor</td>
</tr>
<tr>
<td></td>
<td>0 from foster care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 from preventive services</td>
<td></td>
</tr>
<tr>
<td><strong>Agency D</strong></td>
<td>6 Total Case Planners</td>
<td>5 Total Supervisor</td>
</tr>
<tr>
<td></td>
<td>6 from foster care</td>
<td>5 from foster care</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32 Case Planners</td>
<td>24 Supervisors</td>
</tr>
</tbody>
</table>
Managers of implementation participants.

I recruited the managers of implementation to complete a qualitative survey on what steps their agency took to implement the model. I did this through the email recruitment tool (See Appendix D). The structure of the survey was informed by the four stages of implementation identified by Fixen et al. (2005) at the National Implementation Research Network, which were described earlier. Although none of the agencies explicitly followed this framework for implementation, the framework provided a heuristic by which to understand what steps the organizations took to adopt the model. All of the managers that I reached out to, via email, agreed to participate in the study. It should be noted that I had prior professional relationships with most of these managers. In order to mitigate any pressure they may have felt to participate, they filled out a consent form (See Appendix G), which outlined how participation was voluntary. The co-manager of implementation at Agency A, where I worked filled out the survey.

Sample and Sampling

The sampling objects in grounded theory studies are events and experiences not individuals (Corbin & Strauss, 2014; Miles, Huberman, & Saldaña, 2013). Sampling decisions are guided by theoretical sampling, which is unique to grounded theory research. Theoretical sampling is a purposive sampling approach. Researchers collect events related to the key concepts emerging from ongoing analysis, so that they can be compared to those experiences for similarities and differences (B. Glaser & Strauss, 1999). Development of the key concepts occurred gradually during ongoing analysis.

Consistent with grounded theory methodology emergent themes were explored throughout the data collection and analysis process. This was done until no categories or
concepts emerged and saturation was met (Glaser & Strauss, 1999). In grounded theory research it is critical to continue with data collection until saturation (Creswell, 2012). The data collection process started with 31 caseworkers and 20 supervisors as focus group participants. Data from these respondents participants provided saturation of categories and themes to the point of redundancy (Glaser & Strauss, 1999); as a result, no additional cases were necessary.

Through the analytical process described in the data analysis section below, I identified four key factors that were most influential in how case managers and supervisors’ perceived SBC implementation and the model itself. These factors were: (a) perceived organizational support for SBC, (b) experiences with being trained in SBC, (c) experiences with on-going coaching in SBC and (d) experiences with using SBC with families. After identifying these key factors, the participants were asked to cite specific examples of their experiences. Variations in their experiences, from agency to agency, yielded the major study findings.

**Focus Group Interviews**

Semi-structured protocols were used for the focus group interviews (See Appendixes B and C). One guide was used with caseworkers who were working directly with families involved in child welfare services and one was for supervisors. Both guides contained open-ended questions and topics to be covered (Patton, 2002). The questions in the guides had been scrutinized by the research group, my dissertation chair and me. This was done to ensure clarity and direct relationship to the study purpose. Each question had a singular idea, so respondents did not become bewildered or aggravated by multi-pronged questions (Patton, 2002). The questions did not utilize SBC terminology, so not to assume that the respondents understood the model thoroughly or in a particular way. Additionally, the questions were structured in a temporal fashion in order to understand how and if the participants’ experiences with the model
changed over time. Measures were taken to ensure that the interview guides were not too lengthy. The focus groups were designed to last no longer than an hour.

Probes were utilized to increase the richness and depth of responses through cues to the participant (Patton, 2002). When offered in a natural style, probes can help clarify a response and understand the chronology of an experience (Schatzman & Strauss, 1973). Probes were designed for most questions. For example, the question, “What kinds of agency supports do you think you could have used more of?” helped elicit a rich response about participants’ experiences with training and supervisory support. If respondents did not have a response, a detail-oriented elaboration prompt was developed: “Such as coaching, training, supervisor support, support from upper level managers and directors?”

Clarification probes were also used when a response was ambiguous or perplexing (Patton, 2002). If the response was unclear, it would be important to gently convey that the failure to understand was the interviewer’s fault and not the fault of the respondent (Patton, 2002). This was intended to avoid respondents’ feeling confused or anxious. Clarification probes included: “I don’t quite understand” and “why”, rather than “that was confusing can you please explain that more clearly” (Patton, 2002).

**Data Collection and Analytic Measures**

Dimensional analysis was used to analyze transcripts that were transcribed verbatim (Schatzman, 1991). Dimensional analysis is an analytical model that is informed by the main concepts and practices of grounded theory (Schatzman, 1991). This analytical model assumed that a concept was defined within a perspective, and exposed the multiple ways in which the concept was constructed and used.
Dimensional analysis involved two distinct analytic processes (Schatzman, 1991). The first phase involved the identification of dimensions. Through line-by-line coding of the interview transcripts as many potential dimensions as possible were identified, which were important and meaningful about a concept. For example, a supervisor described her struggle to help seasoned caseworkers in her unit implement SBC:

Change. Getting them to accept change. They were very resistant because they were accustomed to practicing one way, and especially being that I do have the most senior caseworkers in my unit trying to sell this practice to them and because my workers they have years of experience. So they’ve been through the system with all the different practices. So trying to assure them this is not just a practice that we’re going to do today and tomorrow we’re going to be doing something different. So getting them to accept change.

From this excerpt, identified dimensions of the concept barriers to seasoned caseworkers implementing SBC included: (a) experienced many different models over time; (b) fleeting organizational changes; and (c) expected dissatisfaction of staff and difficulty accepting change.

The second phase of dimensional analysis is logistics. In this phase, conceptual relationships among dimensions are formed and integrated into a theoretical model. For example, it appeared that the more supervisors and caseworkers felt their organization’s management did not believe in the model, the less likely they were to believe the model was useful and the more difficult they thought it was to use it with clients. This conclusion, in turn, reinforced the importance of executive commitment to and investment in the intervention model.

Additionally, in the logistics phase there was a focus on differentiating contexts, processes, consequences and conditions, among dimensions (Schatzman, 1991). Contexts were the situations in which the dimensions were rooted. Processes were sets of actions or interactions, and consequences were the outcomes of a given process. Conditions were factors that may have altered the course of action or interaction. In the case of SBC implementation,
examples of conditions included the practitioner’s access to skill-based SBC trainings, perceived supervisor support, understanding of why the organization was adopting the model, if the supervisor was well-versed in the model, whether the practitioner worked in foster care or preventive services. The conditions identified through the focus group interview allowed exploration of the influences of service setting variations on the operationalization of that practice model.

**Study Rigor**

Credibility, similar to internal validity in quantitative studies, addresses how accurately analyses reflect participants’ perspectives (Guba & Lincoln, 1998). “Reflexivity is the process of reflecting critically on the self as researcher, the human as instrument” (Denzin & Lincoln, 2012). I was very close to this study, as described in the participant observer section above. It was therefore critical to try to mitigate any potential biases that I imposed on the analysis.

Study rigor was enhanced by conducting and presenting the analysis my research group. The research facilitation group was comprised of managers of implementation from all of the agencies in the study. Every member of the group had a Master’s Degree in Social Work or Public Administration or a PhD in Social Work. The individuals in the group had managed some aspect of SBC implementation at their respective agencies. We met on a monthly basis for a year and a half to discuss the research design, methodology, protocols, study roll out, recruitment of participants and results of the study.

Members of the group also conducted the focus group interviews at agencies where they did not work to mitigate bias. A member of the research group who held a PhD in Social Work and had experience with qualitative research methods provided two, two-hour trainings on how to conduct the interviews. We also held an hour practice session with mock interviews before the
actual focus group interviews began. In addition, the group practiced how to read the IRB approved consent form to participants and have them both verbally consent and sign a consent form, before beginning the interviews.

**Conclusion**

For this study, I conducted a multi-method, constructivist grounded study to establish an intermediate practical theory regarding facilitators and barriers of ESP implementation in four New York City child welfare settings. Each was committed to implementing SBC. Each did that in its own way. Semi-structured focus group interviews, participant observation and the qualitative manager surveys served as the primary means of data collection. Then dimensional analysis was used to identify dimensions through line-by-line coding of the interview transcripts. Through the logistics phase, conceptual relationships among dimensions were formed and integrated into a model. Moreover, in the logistics phase, there was an emphasis on differentiating contexts, processes, consequences and conditions, among dimensions. The analysis was then presented to the research group for data checking and for validating interpretations. Five dimensions emerged from the data analysis, which provided the basis for an intermediate practical theory. This is described in the results chapters and subsequent conclusions.
CHAPTER 8: DIFFERENT MODES OF IMPLEMENTATION ACROSS AGENCIES

This qualitative research study explored child welfare supervisors’ and case workers’ responses to varied agency approaches to implementation of SBC. At the start of this multi-agency project, case planners and supervisors were recruited within the four participating child welfare agencies in New York City. Research subjects then described their experiences with different modes of SBC implementation and efforts to adopt the model to their work with children and families in foster care and preventive services. This chapter will focus on the differences between agencies and the various approaches each took to implement the ESP. The chapters that follow will describe how case planners and supervisors in each setting perceived their agency’s implementation efforts.

Agency Origins

Every organization develops its own unique identity and culture over time. These unique characteristics distinguish an organization from other agencies and are fairly enduring (Dhingra & Pathak, 1972). Organizational culture is considered one of the primary components of successful or unsuccessful organizational change (Jung et al., 2009). Nonprofits’ origins have an important impact on their cultures (Harwood, 2005). Consequently, it is important to explore the origins of the agencies in this study. All of the agencies were established in the 1800s, but varied in terms of their original missions.

Agency A was a non-sectarian organization that was established in the early 1800s as an Orphan Asylum, according to the organization’s website. In fiscal year 2013, the agency had an operating budget of over $58 million. According to the organization’s annual report, the agency served more than 7,000 children and families in their foster care, preventive service and
residential programs. The findings of the manager of implementation survey indicated that SBC was adopted in every program at Agency A.

Agency B had religious auspices and was established in the mid-1800s. According to the agency’s website, the organization started as a residential program for “troubled” young women who could not remain in their homes. Agency B was a youth development, education and family service organization with more than 80 programs that served over 26,000 children, youth and families each year. According to their website, in fiscal year 13, Agency B had an operating budget of over 74 million dollars. According to the manager of implementation survey, agency B implemented SBC in its foster care, preventive and juvenile justice programs.

Agency C was established in the late 1800s and had religious auspices. According to their website, Agency C began as a convalescent home for babies. The home cared for medically fragile children when they were released from the hospital before they returned home. At the time of the study, Agency C operated more than 87 programs at over 111 locations. They provided a variety of social support services to over 60,000 individuals, including homeless families, struggling teenagers and at-risk families and disabled adults. According to their fiscal year 2013 annual report, the agency had an operating budget of over 200 million dollars, which was the largest operating budget of the four organizations. ESP adoption in Agency C was limited to its preventive service and foster care programs, according to the manager of implementation survey.

Drawing from its website, Agency D was established in the early 1800s and had religious auspices as well. Its initial mission was to provide social services to immigrants who had recently arrived in New York City. In Fiscal Year 2012, the organization served 1,400 children in their early child educational programs, 108 families in preventive services, 390 children in
foster care, 58 developmentally delayed adults in community residences and 36 young adults in a juvenile justice program. According to their website, Agency D had the smallest operating budget of over 40 million dollars in fiscal year 2013. Agency D adopted SBC only in their foster care program according to the manager of implementation survey.

**Auspices**

**Administration for Children’s Services.**

Sosin, (1985) argues that an organization’s auspices have an enormous impact on an agency’s culture and ability to effectively carry out its mission. All of the agencies in the study have multiple auspices including the New York City Administration for Children’s Services (ACS), foundations that provide the organizations with grants and support from donations by members of the agencies’ boards of directors. Despite their various funding sources, these organizations are primarily contract agencies and receive most of their funding and oversight from ACS. In New York City, outside of child protective investigations, the large majority of child welfare services are contracted out to nonprofit service providers including the delivery of foster care and preventive services (Yaroni, Shanahan, Rosenblum, & Ross, 2014).

ACS is responsible for holding child welfare agencies accountable for performance. This is done through several mechanisms including a database, monitoring and evaluation process called ChildStat and an instrument termed Scorecard. In July 2006, ACS introduced ChildStat, which was intended to be an organizational learning process and staff accountability initiative for ACS and its contracted agencies (Yaroni et al., 2014). The purpose of ChildStat is to review case practice and decision making to learn about what areas need to be strengthened and to hold ACS and agency leaders accountable (Yaroni et al., 2014). ChildStat was expanded in 2009 to
incorporate foster care cases and again in 2011 to include cases receiving preventive services (Yaroni et al., 2014).

In 2009, ACS’s divisions of Quality Assurance and Policy and Planning introduced Scorecard, a new performance monitoring system to evaluate the performance of contract foster care and preventive service providers (Yaroni et al., 2014). Scorecard relied on case record reviews and administrative data to generate scores for the performance of provider agencies. Scorecard tracked each agency’s performance in key areas such as safety, permanency, wellbeing, and foster parent support. Agencies received Scorecard marks quarterly and were required to develop plans with ACS to address challenges.

Although ACS was in the process of implementing SBC in its child protective division and one family service unit, SBC fidelity measures were not explicitly included in ChildStat or Scorecard. This caused some dissonance between the agencies’ SBC practice approaches and the government’s quality assurance measures. This dissonance was discussed at multi-agency implementation meetings that I attended, which included all of the agencies in this study. Participants in my study also described how there was discord between ACS’ expectations and the practice of SBC, which is described in the following chapters. Speaking generally, it is important for quality assurance measures to match practice expectations (Fixen et al., 2005).

**Faith-based and secular auspices.**

The four agencies in the study differed in terms of whether they had religious or non-religious auspices. Faith-based organizations, at a minimum, are implicitly or explicitly connected with an organized faith community (Wuthnow, 1999). These organizations vary in terms of the level of religious content incorporated into their missions, administration, environment, funding and programming. Agency A was a secular organization with no religious
auspices. Their website specifically detailed how they were not founded by a religious organization and did not receive funds from religious entities. I also worked at the Agency during the conduct of my study and observed that there were no religious icons or symbols on the walls of the organization’s buildings and religious messages were never given during staff meetings. I did observe, however, that Christian prayers were sometimes said by staff at holiday lunches. Although this was not promoted by the agency leadership, it was condoned.

In contrast, agencies B, C and D all had religious auspices, but varied in how connected they were to faith-based organizations. All of these three agencies were founded by religious organizations. On their respective websites however, none mentioned religion or had religious overtones in their mission statements. As stated by their public financial reports, agency B, C and D all accepted donations from religious institutions. Agency B and D had larger proportions of their budgets coming from religious organizations than Agency C.

**Staff Involvement**

Research in business organizations suggests that program implementation is more successful when employees at every level are included in the process (Cooperrider, 2008). The agencies in this study varied greatly in their efforts to have case planners and supervisors understand the rationale for implementation. They also differed in how they allowed for case planners and supervisors to provide feedback about implementation. This information was gathered through the manager of implementation surveys and is illustrated in table 2 below.

**Explaining the rationale for implementation.**

Agency A took many steps to ensure that staff at every level understood the rationale for implementing SBC. First, senior executives considered adoption of multiple models. After much consideration, they became quite interested in SBC. In response, Dana Christensen, PhD, the
model developer, presented the principles of SBC to the agency’s directors, senior administrators, senior quality assurance staff, human resources staff, information technology staff and fiscal department. The group then collectively decided to adopt the model. After the meeting, the agency then held a half-day retreat for all supervisors, directors, and administrative managers where the rationale for SBC implementation was discussed and workshops were held to help prepare staff to manage the change effort. Lastly, the Senior Vice President for Quality Assurance and the Program Vice Presidents attended staff meetings to discuss the implementation with staff.

According to the survey of implementation manager, Agency B took several steps to explain the rationale for implementing SBC to their frontline staff. The Executive Director, senior administrative staff, senior program staff, senior quality assurance staff mid-level administrative staff were all involved in the decision to adopt the model. Unlike Agency A, this team did not consider any other innovative models. After the decision was made, emails were simply sent out to all staff to inform them that the agency was implementing SBC. Each program then held staff meetings to communicate the decision and answer staff questions. Additionally, published SBC research articles were distributed to further expose staff to the model’s purpose. Agency C took even fewer steps to help staff understand the rationale for implementation, according to the manager of implementation survey. Its senior administrative staff and senior program staff were involved in the decision to adopt SBC. These staff did consider other intervention models, but decided adopt SBC because it was an ESP. Once the determination was made to implement SBC emails were sent to staff alerting them to the decision. Staff meetings were also held to announce that the agency was adopting a new, “evidence-supported” casework practice model. The manager of implementation survey stated, however, that case planners and
supervisors did not fully understand the rationale or the decision to implement the model until they attended SBC trainings.

By contrast, with the other agencies, Agency D took only limited steps to explain to case planners the rationale for implementation, which was described in the manager of implementation survey. First, the Executive Director, senior administrative staff and senior program made the unilateral decision to implement SBC without weighing other possible intervention models. Once the decision was made however, the Vice President of Foster Care from Agency A was asked to explain the rationale for implementation to the Executive Director, Assistant Executive Director, program directors, Assistant Program Director, Quality Assurance Director and all supervisors in Agency D. There was nothing said in the implementation manager survey about how case planners were informed of the decision to implement SBC.

In general, it is thought to be critical for staff to understand and accept the rationale behind any organizational change effort. The case planners and supervisors’ understanding of why each of their agencies implemented SBC and experiences with receiving this information is described in the following chapters.

**Feedback mechanisms.**

Despite the foregoing differences, all agencies in this study created formal mechanisms for case planners and supervisors to provide feedback on the SBC implementation process. Data concerning these mechanisms were gathered from the manager of implementation surveys. At Agency A, staff were allowed to provide critiques of the organization’s implementation methods through open staff meetings. In addition, senior program managers made decisions about implementation at implementation team meetings. According to the manager of implementation survey, however, Agency A’s feedback structure and process could have been improved.
Specifically, the survey indicated that case planners and supervisors would have preferred to have had the opportunity to provide input into decisions *before* they were made rather than discussing their concerns decisions had been made. Agency B had strong formal feedback mechanisms. At Agency B, feedback was *elicited* at multiple levels and in various ways—i.e., staff meetings, coaching sessions, individual supervision and informally. Agency C only had a minimal level of feedback mechanism. Agency C allowed staff to voice their opinions only at regular staff meetings. Lastly, Like Agency B, Agency D offered many opportunities for input about the SBC implementation process by providing staff with feedback opportunities at staff meetings, in supervision and at training debriefings. Finally, Agency D also sought staff feedback at specially organized SBC book groups, where staff read an SBC book, published articles about the model, and discussed key concepts. Clearly Agency B and D provided the most comprehensive and diverse opportunities for feedback and staff “buy in”.

In human relations theory of organizations (Etzioni, 1964), and in the business research literature, providing case planners and supervisors the opportunity to ask questions, share their discoveries and provide critiques about the implementation process is critical. Ultimately, it is the front-line staff who are the ones adopting the model with clients and successful implementation is dependent on their understanding of the model and ability to use it. Therefore, it is important to seek feedback from case planners and supervisors about implementation to gain a complete understanding of whether the process needs to be modified. Table 2 below illustrates how involved staff was in the implementation process across agencies.
Table 2

Involving Staff in Implementation Process

<table>
<thead>
<tr>
<th>Commitment to explaining the rationale for implementation</th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment to seeking feedback about the implementation process</th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium/Low</td>
<td>High</td>
<td>Low</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

Inter-Organizational Collaboration

As described earlier, Palinkas et al., (2014) found that inter-organizational collaboration was integral to successful implementation of ESPs. All of the agencies in this study were involved in an inter-organizational implementation group, comprised of all the NYC child welfare agencies adapting SBC. The group met monthly. I was a participant-observer at these meetings in the dual capacity of implementation manager at Agency A and PhD student.

Implementation Teams

Fixen at al. (2005), suggest that organization implementation teams contribute significantly to the success of adopting any ESP. Specifically they note that implementation teams can help reinforce ESP skills, assist administrators by ensuring that their roles align with the program, and assist leaders in the organization fully support the process of using the intervention. Each of the agencies in the study formed its own implementation team. These teams were comprised of different levels of staff and met more or less regularly; this was confirmed by
data gathered from the managers of implementation surveys. Nonetheless, agency differences are described in *Table 3* below. The only major difference between the agencies was that Agency A and B included quality assurance staff in their implementation teams, while Agency C and D did not.

Table 3.

*Implementation Teams*

<table>
<thead>
<tr>
<th></th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had an implementation team</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Frequency of implementation team meetings</td>
<td>Once a month</td>
<td>Twice a month</td>
<td>Once a month</td>
<td>Once a month for the first six months then quarterly</td>
</tr>
<tr>
<td>Members of implementation team</td>
<td>Senior administrative staff, senior program staff and senior quality assurance staff</td>
<td>Senior administrative staff, senior program staff and senior quality assurance staff</td>
<td>Senior administrative staff and senior program staff</td>
<td>Senior administrative staff, senior program staff and mid-level program staff</td>
</tr>
</tbody>
</table>
Changes in Infrastructure

As suggested in the implementation steps chapter, changes to organizational policies, technology and quality assurance systems are often requisite to successfully adopt an ESP (Barbee et al., 2011). The infrastructural modifications that the agencies made to accommodate to SBC were recorded in the managers of implementation surveys and are described in *table 4* below. Here, the data indicate that Agency A had the highest level of infrastructure changes, followed by Agency B. Agency D made the minimal modifications to their infrastructure to implement SBC.
Table 4.

*Infrastructure Changes*

<table>
<thead>
<tr>
<th>Infrastructure Changes</th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of infrastructure changes</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Computer systems</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Quality assurance tools</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Forms</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Revised employee job descriptions</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Revised employee evaluation</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Other</td>
<td>Documentation desk guides were given</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Commitment to Certification

In addition to program evaluation tasks, my staff position in Agency A involved managing the SBC certification process. In addition, I was a participant observer at the inter-agency implementation meetings at which I represented Agency A. That is where the information about agency differences in certification was gathered.

Certification is essentially a credentialing process. In this context, SBC certification involved a three-part process that first required an interview to test the employee’s ability to describe the model. Second, for case planners, it included an observation of them using the model with a family. For supervisors, it included an observation of them using the model in supervision. Lastly, it involved a case record review to assess whether the ESP was being documented appropriately. The process was designed by the model developer, Dana Christensen, PhD.

The agencies took various approaches to certification and made varying investments in the process, as illustrated in Table 5 below. Again, this information was gathered from the managers of implementation surveys. At Agency A, supervisors and caseworkers were required to become certified. They had three opportunities to pass and if they were not successful after three times they lost their employment at the agency. When individual staff members were certified, they received a monetary bonus and participated in a “graduation” celebration. As a participant observer at Agency A, I attended the celebration. Staff received certificates signed by Dana Christensen, PhD, pictures were taken, speeches were given and dinner was served. Agency B required caseworkers, but not supervisors, to go through the certification process and used the exam to inform the employees’ annual evaluation. The certification was not directly linked to monetary rewards as it was in Agency A. Agency C and Agency D did not require any
employees to be SBC certified at the time of this study nor did they provide the opportunity for staff to become certified on a voluntary basis.

Table 5.

*Certification Process Across Agencies*

<table>
<thead>
<tr>
<th></th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commitment to certification</strong></td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Directors were certified in SBC</strong></td>
<td>Yes, but in a less structured process</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Supervisors were certified in SBC</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
| **Caseworkers were certified in SBC** | Yes and their jobs were contingent on passing | The certification process had just begun. Not all of the participants in the study had started the process. The certification informed employee evaluations, jobs were not contingent on passing. | Certification had not started at the time of the study | Certification had not started at the time of the study.
On-Going SBC Coaching

Taken alone, ESP training is thought to be less effective than training that is also supported by in-house coaches who reinforce key concepts and trouble-shoot when implementation problems and concerns arise (Fixen et al., 2005). At every agency, staff received coaching. Information about coaching was gathered from the manager of implementation surveys. Coaches were individuals who had received in-depth SBC training prior to the project and then provided on-going small group and individual meetings. Agency A, C and D trained internal staff as coaches, while Agency B hired an external consultant for this role. Agency A, C and D also included caseworkers in coaching sessions. Variations in coaching at the different agencies are further illustrated through Table 6 below.

Table 6.

Coaching at Agencies

<table>
<thead>
<tr>
<th>Commitment to coaching</th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal staff were trained as coaches</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Staff who received on-going coaching</td>
<td>Directors, supervisors and caseworkers</td>
<td>Directors and supervisors</td>
<td>Supervisors and caseworkers</td>
<td>Supervisors and caseworkers</td>
</tr>
</tbody>
</table>
Training

Differences in the SBC training process was another dimension that emerged from the implementation manager survey data. The number of trainings, who received the trainings and the types of trainings received, were differences documented through the manager of implementation surveys. Agency A provided on-going, “hands-on” skill-based SBC trainings, while Agency B, C and D mostly provided conceptual trainings that gave an overview of the model and provided some skill-specific follow up trainings. The variations in how training was implemented, at the different agencies, were gleaned from the managers of implementation surveys and are illustrated in Table 7 below. Their consequences will be discussed in subsequent chapters.
Table 7.

*Training Across Agencies*

<table>
<thead>
<tr>
<th></th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commitment to training</strong></td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Were senior managers trained in ESP</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Type of training</strong></td>
<td>Theoretical and skill specific trainings</td>
<td>Mostly theoretical, with some skill specific trainings</td>
<td>Theoretical</td>
<td>Theoretical</td>
</tr>
<tr>
<td><strong>Amount of training</strong></td>
<td>High amount of trainings. Staff received regular trainings after the initial training.</td>
<td>Medium amount of trainings. Staff received refresher training 10 months after initial training.</td>
<td>Minimal amount of trainings. Staff received some follow up trainings after initial training.</td>
<td>Minimal, staff went to a two day refresher training after the initial training</td>
</tr>
</tbody>
</table>
Conclusion

Implementation is a specified set of activities designed to faithfully and effectively put an ESP into practice. As a foundation for this implementation project, each agency had unique origins, auspices and cultures, which had implications for the implementation process. Moreover, they took different approaches to implementation and had varying degrees of commitment to SBC implementation. These differences are illustrated in table 8 below.
Table 8.

*Summary of Each Agency’s Commitment to Different Aspects of Implementation*

<table>
<thead>
<tr>
<th></th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to explaining the rationale for implementation</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Commitment to seeking feedback about the implementation process</td>
<td>Medium/Low</td>
<td>High</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>Frequency of implementation team meetings</td>
<td>Once a month</td>
<td>Twice a month</td>
<td>Once a month</td>
<td>Once a month for the first six months then quarterly</td>
</tr>
<tr>
<td>Commitment to infrastructure changes</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Commitment to certification</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Commitment to coaching</td>
<td>High</td>
<td>Medium</td>
<td>Medium/Low</td>
<td>Low</td>
</tr>
<tr>
<td>Commitment to training</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>
Case planners and supervisors experiences with the organizations’ disparate implementation approaches are described in the chapters to follow. As described in chapter 7, each agency represents a case in this collective case study (Creswell, 2012). The data from each case, which provides insight into case planners and supervisors’ experiences, are separated by chapters. Then chapter 13 focuses on common dimensions across the agencies.
CHAPTER 9: SBC IMPLEMENTATION IN AGENCY A

Background

As described in chapter 8, Agency A was a non-sectarian organization that was established in the early 1800s as an Orphan Asylum. In fiscal year 2013, the agency had an operating budget of over $58 million. According to the organization’s annual report, the agency served more than 7,000 children and families in their foster care, preventive service and residential programs in fiscal year 2013.

Organizational Support for SBC

Rationale for Implementation.

Understanding the rationale for SBC implementation was intended to promote buy-in by Agency A’s staff. As a staff member myself, I participated in monthly inter-agency SBC implementation meetings in the dual roles of a PhD student and a co-manager of implementation at Agency A. As a staff member of this committee, I was privy to the information that the agency’s senior leadership chose to implement the model. On Agency A, SBC was not imposed by ACS. Nonetheless, focus group discussions with staff revealed varying degrees of understanding and commitment to the agency’s decision to implement SBC.

The manager of implementation survey illustrated how the senior staff at Agency A took many steps to help staff understand why SBC was being implemented, which were described in detail in chapter 8. Caseworkers and supervisors at Agency A had a very clear appreciation of why SBC was being implemented. In focus groups, the participants described reasons such as the need for: (a) uniformity in practice; (b) the skills to help parents change their unsafe behavioral patterns; (c) a reduction in maltreatment recidivism and (c) a way to build partnerships with families. For example, supervisors noted:
I felt that [Agency A] took on this practice, this model, was because a lot of families were doing compliance and not showing behavior changes. With SBC, it enforces not only the case planners to be able to monitor the family’s behavior changes instead of just saying they completed services. But completed services doesn’t mean they were able to demonstrate the behavior changes that resulted with their children being returned back to them. As well as, giving the families a voice. With SBC the families have more of a voice because they have to develop their plans, and they have to be committed to the plans that they develop. It’s not the agency developing the plan, the families are developing the plans.

Basically, they want a new way of doing things, a new way of working with the families and children in terms of permanency and to try to, I guess, actively engage the parents more so than in the past. So they researched this model, felt that it would work here in New York City because it was something that was being used outside of the state. They brought it here to change the dynamics of how we do child welfare.

I believe that [the agency] actually brought SBC here because of the number of children in foster care, leaving foster care and returning into foster care. Where now we’re using SBC you’ll have – because of families I guess adopting their way or changing their behavior or changing the way that they parent from learning the skills that we teach through SBC, kids are staying home longer. They’re not – you’re not finding so many kids returning to foster care after a short amount of time leaving. So I think that SBC kind of reduced the recidivism of coming back into care, and I think that’s one of the reasons.

In focus groups with Agency A, caseworkers also described why the organization chose to implement the ESP. One case planner described the underlying reason as: “[The agency] wanted to be kind of pioneers in finding a new technique or a new way to deal with families... they felt the regular just parenting and the orders directed by the court or ACS was not sufficient, and they wanted something a little bit more specific for each family.” Another case planner stated:

I guess it was for us, to assist us on how to work with the families and children that we have, that we work with on a daily basis. How to pretty much help them with whatever services that they felt that they needed, or take responsibility, or to make some behavior changes. So this was a tool given to us to work with the families.
In focus groups, case planners also described how it was an effort to improve practice:

Also, just to add, I think it’s just a way to improve practice altogether because obviously [the agency] has sat back and they studied and they look at what was working and what was not working. So in order to move forward and improve how we do child welfare practices, I guess this was the best approach they decided to move forward with in the way we interact and engage our families to have a better success rate of having permanency.

It also gave the parents a role of how to work with us. Instead of us dictating what they need to do, it forms a partnership with the parent so they understand; this is what we need to do to make sure that the children are safe at home, and for the children to go home. A lot of the parents seem to be responsive to that.

**Leadership support.**

In focus groups with Agency A, there was a shared perception that leadership support was important but that there was mixed buy-in for SBC at the director level. One caseworker described how they felt the agency’s leadership was responsive to trainings needs:

For me I came in, when I started we hadn’t launched SBC yet so I got to see how the old model worked. So being part of the first group that actually did it, there was a lot of trial and error for us. They let us try it out and we in turn would come to our supervisors and say: Okay, well look. We’re having a hard time with this, we’re having a hard time with that. They were in turn able to gear the trainings to things that we were struggling with, which actually helped a lot during the entire process. That was really big for me.

Some directors at Agency A were perceived to have supported SBC implementation, which was illustrated through one supervisor’s comments in a focus group: “…our director at the time…she took SBC at the very beginning very seriously. Where it seems like other managers didn’t take it as serious as she did. So that was also something that helped us.” Another caseworker, in a focus group, described how his or her director did not understand SBC: “This director told me to my face and said, ‘I do not understand SBC.’” Supervisors in the focus groups described how it would have been beneficial for managers to be trained before the supervisors.
This was illustrated through the statement: “I think they should have trained the managers first and then brought it down [to supervisors and case planners]”.

Certification.

In focus groups, participants equated the high level of organizational support for SBC by referring to the universal staff Certification requirement. As described in chapter 8, SBC certification was rigorous—requiring passage of a three-part exam, created by the model developer Dana Christensen, PhD, which tested staff proficiency in all aspects of the model. Data drawn from the manager of implementations survey detailed the three-part process, which included an informational interview, direct observation of work with clients and case record review. At Agency A, unlike the other agencies, supervisors and caseworkers were required to become certified. Directors, however, were not required to become certified, which is something that the participants in this study described as frustrating. As a participant observer, I learned that when staff were certified at Agency A they received a monetary bonus and participated in a graduation celebration. Of all participating agencies, Agency A put into place the strictest certification process.

In focus groups, supervisors at Agency A described how it would have been beneficial for directors to undergo the certification process before they did. On supervisor stated:

I think it would have been nice to have more like a trickle-down approach. Because we were certified before our directors. I mean, our directors were not certified. Yeah I guess the certification process had started higher up, it would have made more sense to me.

In the manager of implementation survey, it described that supervisors and case planners were required to become certified in SBC to maintain their employment at Agency A. Staff were notified of this through formal letters. In focus groups, supervisors described how this was not experienced as “supportive”. For example, one Agency A supervisor commented:
I think that I feel that management could have been more supportive in helping reduce the anxiety that we had working towards the certification in a number of levels. We had a job, and then in the process of the job you get a letter from your home indicating that you have to be SBC certified or you lose your job. That was nerve-wracking for me as a person, and it took me a long time to grow past that and be able to tailor myself and say that I have to pass this process.

**Supervisor support.**

In focus groups, Agency A case planners did described feel supported by their supervisors. Through the implementation manager survey, it was learned that supervisors at Agency A were certified *before* the case planners. In focus groups, participants from Agency A described how this timing was critical. This was reflected in one case planner’s statement:

I feel grateful and lucky… I had good supervision. My supervisor was certified and the way that worked for me, she showed a family agreement that was done incorrectly and then we fixed it, then I caught on. Okay, I won’t make this mistake because I already know this is wrong, this doesn’t belong there. It was much clearer. If you’re revising something that’s wrong and you know how to fix it, then the next time you know how to do it properly. So that’s how I was lucky, with supervision.

In focus groups, Agency A case planners also described how the supervisors’ understanding of the model helped facilitate their own learning. For example, as one case planner remarked:

I also have to credit my supervisor for helping me with the same thing with the plans. So if she noticed that there was something that I needed to revise, she would say, “This needs to be changed,” or, “Your family needs to be a little bit more engaged in whatever.” So that’s what helped me.

In focus groups, supervisors at Agency A also described how they supported their caseworkers by not displaying their anxieties about the transition:

I think also as a supervisor you had to be able to kind of check yourself. When I say that is that this process was frustrating for us, and we couldn’t allow our planners to see all that frustration because then it’s like encouraging the kind of negativity…You had to be able to keep it in a box, or – I know for us, the site that I work at, we would meet with our supervisor, our director, and she would give that arena to vent about it. But she would always remind us, You vent about it in here, never take it out there, because when you
allow it to spill you then take responsibility for the way your planners are going to react
to it. You can’t encourage your planners if you yourself, two months ago, were sitting
there telling them, Oh, this SBC stuff is driving me crazy, and not being as positive as
possible.

Similarly, Agency A supervisor focus group discussions, also described how they
acknowledged and supported their staff’s different learning styles:

Also learning their learning process… Like I have one worker who’ll learn, I had
to actually give her the textbook because she likes to read. Then I have one
worker who I had to do a role model play, that’s how she was able to catch it.
Then one worker who had to give her written counseling summaries. So this
learning how, learning what would take them, the way they learn. So learning
how my workers process and what they needed in order to get this practice down.

**SBC Coaching**

The manager of implementation surveys were intended to describe the coaching structure
and process at every agency. At every agency, staff received coaching. Coaches were individuals
who received more in-depth SBC training and then provided on-going small group and
individual support. Coaches were not certified in SBC, however. The focus groups indicated that
caseworkers and supervisors’ perception of coaching seemed to differ based on whether the
coach was an internal staff or an external consultant and if caseworkers were included in the
coaching. As a participant observer, I learned that Agency A trained two staff in their quality
assurance department as coaches. Eventually Agency A received a grant to hire a full-time SBC
coach. This coach was a former supervisor in foster care. Coaching was mandatory and Agency
A and included caseworkers in coaching sessions.

In Agency A focus groups, both caseworkers and supervisors reported very positive
experiences with the coaching component of SBC implementation. Staff expressed feeling
supported by coaching and that it helped them use the model with families. This was illustrated
through the following statements:
I found that the coaching piece was very helpful... I think with the coaching and you’re meeting with someone on a weekly basis to kind of go through the steps and encourage you and support you in that way, I think that was the most supportive.

We did role-play. Our supervisor at the time, she was learning the process as well but she bounced off and she role played with us and we did individual coaching and we did team coaching, which helped because she took SBC at the very beginning very seriously.

In the focus group, another supervisor described how the small size of the coaching groups was beneficial to learning:

I think the coaching because each person in the room has different aspects of foster care that they deal with. So doing in a general way does not help if you have a specialized group that you actually do work with. Therefore, doing coaching to focus on your particular section that you work with in foster care is much better than doing it in a large group... [coaching] works better.

**SBC Training Experiences**

Perception of the process of being trained in SBC was another dimension that differentiated participating agencies. In the focus groups, participants’ described how it was it was a useful learning tool to receive on-going, skill-specific trainings, rather than theoretical trainings. Two other reported relationships were that larger trainings were perceived as overwhelming and that trainings that are more theoretical did not help caseworkers learn how to use the model. As described in chapter 8, Agency A delivered trainings that were more practical while other agencies provided less training and the trainings that were more theoretical.

In a focus group discussion, one of the caseworkers from Agency A noted commented as follows: “I really liked when we had sessions where, they were training sessions, and they were very specific on each part of SBC ... So to me that was helpful. It was really good” Likewise, a case planner at Agency A expressed how beneficial role-playing and skill specific trainings were:
Trainings, it’s a big plus. They pretty much broke it down in modules, so if you felt that you were strong and assisting the families developing a genogram but you were a little weak on tracking the sequence, you could just enroll yourself in a Module 2 for tracking the sequence and they would just focus on that and how to see – we’ll break up in groups, do role play, we would practice documentation on papers on the wall. They make it fun as well as educational.

In one focus group, a caseworker from Agency A spoke about how helpful handouts were: “They gave diagrams; they gave a lot of handouts”. Another caseworker described how the trainings helped them discuss SBC with external stakeholders: “They were very informative in breaking down … how to introduce it to other service providers, including the legal system.”

**Conclusion**

SBC implementation in Agency A involved a range of positive strategies and practices including comprehensive training in the SBC model, perceived organizational, leadership and managerial support and effective coaching. The implementation process also included some less than positive strategies including, not certifying directors and administrators and linking certification to employment. The data suggests that organizational, leadership and supervisory support is critical. It also seems that staff felt more supported when their direct boss was certified and trained in the ESP before them, which was not what occurred for supervisors at Agency A. Directors, administrators and coaches were not certified. This is something that should be considered. Moreover, staff appeared to be very anxious about the certification process. The fact that certification was linked to employment caused a great deal of stress and even dissatisfaction. When agencies consider how and whether to use a certification process, they should consider the negative impact of linking employment to the credentialing process. Conversely, staff found small group coaching and skill-specific trainings to be useful learning tools. This illustrates how complex implementation was and the importance of ongoing assessment, adjustment, and
adaptation in a process that includes give and take between model developers, service systems, organizations, and providers.
CHAPTER 10: SBC IMPLEMENTATION IN AGENCY B

Background

Agency B had religious auspices and was established in the mid-1800s. According to the agency’s website, the organization started as a residential program for “troubled” young women who could not remain in their homes. Currently, Agency B is a youth development, education, and family service organization with more than 80 programs that served over 26,000 children, youth, and families each year.

Organizational Support for SBC

Understanding the rationale for implementation.

As described in chapter 8, the President, senior administrative staff, senior program staff, senior quality assurance staff and mid-level administrative staff were all involved in the decision to implement SBC at Agency B. The implementation manager survey also indicated that supervisors and case planners learned about this decision through email communications and staff meetings. Scholarly articles about SBC were given out at these meetings.

Despite these efforts, the focus groups at Agency revealed different understandings of the rationale behind the agency’s decision to implement SBC. The supervisors perceived that there were a number of reasons that the organization implemented the ESP. This was expressed through one supervisors’ statement:

Well there are various – there are some best practices considerations which support it. I think there’s a pragmatic consideration too which is that funders want more outcome-based practice, and this has the ability to show outcomes. The other way would have gone with some sort of evidence-based approach, and this is probably a good compromise for that. So I think that’s the main reason why it was decided to use this model, and it’s a strength-based model so hopefully it would resonate with the people using it.
As a participant observer in the inter-agency implementation meetings, I knew that the organizations were not mandated to adopt SBC by ACS. In focus groups however, some of the Agency B case planners expressed their view that the organization had to adopt the model. This was illustrated through the comment:

So I don’t think that our agency or most other agencies have had a choice in whether they want to implement it or not, it’s been more or less a mandate. Otherwise funding wouldn’t be continuing from bureaucratic agencies such as the Administration of Children’s Services.

This showed that the intended rationale behind model implementation was not internalized by all Agency B case planners and supervisors.

**Leadership support.**

In focus groups, at agency B leadership was perceived as flexible and responsive to the case planners’ needs around implementation. This flexibility was seen as positive:

I think that they acknowledged that – upper management acknowledged that our site was having some challenges and decided to change how the rollout was going to happen. So they slowed the process down, when they realized that we weren’t doing quite as well as we should be. So I think that was helpful. They listened to our feedback and instead of pushing the deadlines and forcing us to implement this, they heard our concerns and they slowed down the process.

**Certification.**

Through the implementation manager it was learned that Agency B required caseworkers, but not supervisors, to go through the certification process. In addition, their exam performance was to inform their annual evaluations. The certification was not directly linked to employment.

**Supervisor support.**

In focus groups, Agency B caseworkers agreed that supervisory support was essential to implementing SBC, but that this needed support varied at the agency. Likewise, Agency B supervisors commented that traditional supervision, where they met with case planners and
discussed cases, was inadequate for SBC. They perceived a need for more hands on guidance for their case planners than traditional supervision entailed. This was described through a supervisor’s statement:

As a supervisor even if we had one way mirrors, things like that, where we could provide direct feedback, direct observation. So just the way we’ve implemented, I think we need to make some changes. So the challenges are that some people seem to get it – and also learning styles are different. We need to be very adaptable to the individual person’s concerns or way of learning.

The case planners, in focus groups, described how supervisory support varied across units: “I think I’m really lucky because my supervisor actually has a background in solution-focused theory, so it’s easier for him to adjust, I think, than other people's supervisors.” The participants felt that there was a great deal of unevenness in terms of how well the supervisors understood the model. This was expressed through another case planner’s statement:

Then it’s even on which supervisor you have, because there’s two units with two different supervisors. So it comes down to how our supervisor interpreted and then the other one. So where she could be doing one thing, I could be doing another, and there is this always gray line of; am I doing it right or is she doing it wrong, or who is right?

The case planners also perceived the need for supervisors to be trained first. This was exemplified through a case planner’s statement in a focus group:

I think that this SBC can work, but I think that it’s like two [part] process. It should be like – the supervisor to be trained first and have different cases, you know, all the cases that we are involved and being trained on that before us to take over. Because we’re doing everything at the same time and I think that the frustration that we have is, when we go to this person that is supposed to know, to understand better than us…. It has to be like, your supervisor’s supposed to know, to be prepared.
This sentiment was not expressed by case planners at Agency A where the supervisors were certified before the case planners.

**SBC Coaching**

Through the implementation manager survey, it was learned that Agency B first hired an external consultant to provide ongoing support to staff and eventually hired an internal staff member to perform this function. However, concerns were raised in the focus groups that the external consultant did not have a deep enough understanding of what it was like to work with the kinds of families that were seen in child welfare settings like Agency B. There was also a perception that consultants did not have sufficient experience using SBC with families as was summed up in the following case planner’s statement: “I think it would be helpful if we had people who have implemented it as coaches…That would be more helpful than having a consultation with people who haven’t really done this work with the population.” The supervisors, in the focus groups, also expressed the need for more hands-on coaching, rather than classroom training: “I am starting to see the need for much more in-the-field, hands-on coaching and that kind of thing.”

The manager of implementation survey indicated that Agency B, like all the other agencies included directors and supervisors in coaching sessions. Unlike the other agencies however, Agency B did not include case planning staff in coaching sessions. In focus groups, case planners from Agency B perceived this as problematic and insufficient: “We get the trickle-down information…We have had to give our supervisor our cases that we’ve been working on and they, I guess, present it or consult on it … then we get the trickle-down feedback”. And the caseworkers did not feel they received correct and consistent instruction as a result. This is
shown through the comment: “We got different messages…So it comes down to how our supervisor interpreted it…Am I doing it right or is she doing it wrong, or who is right?”.

**SBC Training Experiences**

According to the manager of implementation survey, Agency B trainings mainly provided a theoretical overview of the SBC model and provided only limited, skill-specific follow up trainings. Participants in the Agency B focus groups described how the theoretical trainings were helpful in the beginning:

I think that the way the model was explained; I thought they did a good job in terms of explaining what the theoretical framework was based on. I didn’t see any confusion or questions around that. I think that there was certainly a fair amount of training on the onset with the supervisors... There were some good efforts there.

The Agency B supervisors, in the focus groups, however described a need for more role-playing in trainings and more guidance in training on how to incorporate the ESP into their existing paperwork:

I think probably opportunities for more role playing. I think also it took a while, but if we’d gotten some examples of how this would be implemented with the existing paperwork that we have. I think that would have been certainly helpful. I don’t think essential, but I’ve certainly heard enough feedback. In my mind I’m not entirely clear about it.

This speaks to the need for more practical trainings, as implementation progresses, that focus on the everyday work and less on the theoretical underpinnings of the ESP.

According to the implementation manager, survey trainings included staff from different programs. Participants in the focus groups perceived this as making it difficult to learn: “Unfortunately, sometimes they were mixed agencies…so they would tend to focus on foster care or school system, and it was not anything that we could relate to.” This illustrates a need to group staff from similar or the same programs together in trainings.
Conclusion

The data from Agency B provided several themes. In terms of understanding the rationale for implementation, it highlights the importance of including case planning staff in meetings where the rationale for SBC implementation is effectively described and discussed. In general, Agency B respondents had strong positive opinions about organizational, leadership and supervisory support. The case planners and supervisors felt that the leadership was flexible and responsive to their needs, which was greatly valued. However, Agency B case planners opined that it was vital for supervisors to be certified in the model before them. Moreover, Agency B staff described how they needed coaching from expert consultants – whether internal or external - who understood child welfare and their client population better. Lastly, Agency B staff felt that they needed more skill specific training that was practical and “hands-on”. Finally, Agency B data demonstrate the need for organizational leadership to seek on-going feedback about implementation from front-line staff and supervisors.
CHAPTER 11: SBC IMPLEMENTATION IN AGENCY C

Background

Agency C was established in the late 1800s and had religious auspices. According to their website, the organization started as a convalescent home for babies, caring for medically fragile children when they were released from the hospital before they returned home. Currently, Agency C operates more than 87 programs at over 111 locations. They provide a variety of social support services to over 60,000 individuals, including homeless families, struggling teenagers and at-risk families and disabled adults. The survey of implementation managers indicates that SBC was adopted by Agency C’s preventive service and foster care programs.

As described in the methodology chapter, there was only one focus group for Agency C. This group was limited to case planners working in preventive services only. As a result, the following results do not necessarily reflect supervisors’ perceptions at Agency C or the experiences of staff in foster care. This will be discussed further in the study limitations section in the final chapter.

Organizational Support

Understanding rationale for implementation.

As described in chapter 8, the Executive Director, senior program staff and senior administrative staff of Agency C were all involved in the decision making process concerning adoption of SBC. Supervisors and caseworkers were supposed to be informed about the decision through emails and at staff meetings. However, according to the implementation manager survey Agency C, caseworkers reported that were not really made aware of the decision until they attended actual SBC trainings.
In their focus group, Agency C preventive service case planners, described first hearing about the implementation of the new ESP by attending SBC training: “we first heard about it, it was …through a training.” Moreover, they reported not knowing the organization’s rationale for the adoption of the model. They did have hypotheses however. Some were illustrated through one case planner’s focus group comments:

Maybe because the previous way maybe it wasn’t working …Then maybe they were like, let’s try something new. So this may be, I don’t want to say an experiment, but maybe it is an experiment to see if this model will work better with families because you’re making the consensus with the families. It’s not like ACS is coming in and saying, you have to do A, B, C, D. You’re making the decisions with the family and maybe the family will respond better. Maybe they’re thinking that the family will respond better because you’re coming to consensus together instead of it being one-sided, maybe.

In focus groups, these preventive service case planners expressed the opinion that SBC might not be adopted permanently by the organization: “I think it’s experimental. I think that they want to implement it for a course period of time to see what the results are, at the end to see if it’s worth keeping it or not. That’s what I think.”

**Certification.**

From the Agency C implementation manager survey, it was learned that there was no SBC certification requirement for any staff, nor was there a certification process in place at the time of the study.

**Leadership and Supervisory support.**

In Agency C focus groups, preventive service caseworkers claimed that leadership and supervisory support for SBC was important to them. At all superior organizational ranks caseworkers reported support for SBC implementation. As one Agency C focus group participant commented:
Yeah, we’re always supported. Like I said, [the coach] does come in. From time to time she’ll sit in and she’s very resourceful as far as the information that she helps us out with. Our supervisor sits in all the time. Sometimes our director comes in, she sits in.

Another participant noted:

Our director does a really good job when we do have the team meetings. She really does a good job when [the coach is] not there, she can’t make it, she helps to understand different steps and go through it with our cases.

The participants, in the focus group, did express some consternation that directors and supervisors were being trained in SBC at the same time that they were. This may again illustrate the need to train and/or certify supervisors, managers and administrators before front-line staff.

As one Agency C case planner noted:

Because we’re all learning. All of us, the directors, supervisors, case planners, we’re all learning. So there are some questions that – there have been times when directors and supervisors they would give their answer, only to find the answer they gave was not right.

**SBC Coaching**

Data from the Agency C implementation manager survey indicated that internal staff were selected to be trained as coaches who would provide ongoing support to staff. The survey did not specify how they were selected or how many became coaches. Accordingly, Agency C focus group participants perceived coaching as quite positive: “So the coaching helped you really learn”, said one caseworker. Another remarked that the coaching was more valuable than the formal group trainings:

I would say I think the coaching is better because the training, when you’re doing a team meeting and [the coach is] actually there, it’s more specific to your cases. It’s a smaller group. So she can – if you have questions or if she needs to chime in when you’re presenting your case. You get more feedback.
SBC Training Experiences

As reported previously, Agency C trainings emphasize a conceptual and theoretical understanding of SBC. This was reflected in the survey data from the implementation managers. In focus groups, preventive service case planners commented that these trainings were not useful and sometimes even frustrating. As one caseworker put it: “The training was like a history class.” Another participant noted:

They’re just throwing, they’re just vomiting the information to you, and at one point you’re there for a whole day or four hours. You checked out after a while out because you’re like, bored. You mentally check out. For whatever reason, you mentally check out.

Clearly, Agency C caseworkers found the primarily theoretical content of trainings and the didactic style of delivery more alienating than instructive.

Conclusion

The description and conclusions drawn from Agencies B and C were similar. Staff at both agencies thought that it was important for managers and supervisors to be trained and/or certified in SBC before front-line staff. Moreover, Agency C case planners perceived “hands on” coaching as essential and wanted more practical, skill-based, SBC trainings.
CHAPTER 12: SBC IMPLEMENTATION IN AGENCY D

Background

Agency D was established in the early 1800s under religious auspices. When the organization opened its doors, it was as a social service agency for immigrants who had recently arrived in New York City. A description of its initial mission and clientele exists on Agency D’s website. In Fiscal Year 2012, the website indicated that Agency D served 1,400 children in their early child educational programs, 108 families in preventive services, 390 children in foster care, 58 developmentally delayed adults in community residences and 36 young adults in a juvenile justice program.

Agency D’s foster care and preventive service programs were much smaller than those of the other agencies in this study were. As a participant observer in the inter-agency implementation meetings, I learned that this limited the agency’s ability to provide the same number of trainings and intensity of coaching as the other agencies in the study sample. Still, Agency D’s total operating budget was $40,000,000 in fiscal year 2012 with a budget of over $11,000,000 for foster care and preventive services.

Organizational Support for SBC

Understanding rationale for implementation.

As described in chapter 8, at Agency D’s Executive Director, senior program and senior administrative staff were all involved in the decision to implement the ESP. According to the implementation manager survey, Agency A’s Vice President introduced the SBC model to program directors, supervisors and quality assurance staff at Agency D. Supervisors and case planners in Agency D had some hunches about why their organization chose to implement this particular ESP approach and commented about the fact that they were not provided a rationale
for the decision in their focus groups. This was exemplified through a supervisor’s statement: “I personally don’t really have any kind of in-depth knowledge [of the organization’s] reason for choosing this model.” Another supervisor, in the focus groups, reiterated: “Yeah, because it wasn’t really told to us why they chose the model.” Supervisors also described first hearing about the ESP by being asked to attend training: “We didn’t even know why. We were just – last year we were told, okay, the workers is two-day training, the supervisors four-day training, for this SBC. Didn’t have a clue what it was.”

Agency D supervisors and case planners hypothesized in their respective focus groups that SBC implementation was intended to improve services. One supervisor expressed that: “The [organizational leadership] believe that it worked for other agencies and it also worked in other states, so it might work here in New York.” Another supervisor stated: “They [organizational leadership] wanted to see if this model would help the families to engage more in services also, since they’re a part of the planning and not just being told what to do.”

The case planners, like the supervisors, perceived the implementation as a method for service improvement. One commented: “So I just thought that they were just going through the agencies and it was like, hey this is the new they were going to do case planning, to like make it better.” Another case planner expressed, in the focus group, that the agency was adopting the model to shorten the length of stay for youth in foster care:

I think they’re looking at their numbers, honestly, to see what works in the past and how they can change it. Because I feel like with that whole 15 to 22 months that the children should be placed back in care with the parent, it’s not being fulfilled. So they’re trying to find a new way to maybe lessen either the caseload or lessen the time that the kids stay in care and try to actually give them a permanency plan. So they want to see if they get more of an input from say the parents, if it will help with the permanency for the child. Whether it be adoption, return to parent or their goal has changed. So I think that’s what they’re trying to do. Not sure if it is fully working on every single case, but I think that’s what they are trying to do with it.
Overall, the Agency D staff believed that the agency was implementing the ESP as a positive effort to improve their programming with children and families.

**Leadership support.**

Discussions in Agency D focus groups suggested that staff questioned the degree of multi-level organizational support for SBC. In this regard, concerns were raised by caseworkers about the amount of organizational support that would be available to them once SBC training was completed. One caseworker stated:

> The trainings are good, but the implementing it afterwards, the notes are not written in that form. No supervisor says anything, no directors. The implementation, it’s just not being - they’ll send you to training but actually being an agency it’s not.

In their focus groups, Agency D caseworkers also commented about insufficient positive feedback from managerial staff. This is illustrated in the following statement:

> Just like with the families when you celebrate with something that is done good or well, that can be done with the workers as well. To encourage them to continue that type of casework. So that’s not being done. If SBC is working well with the case no one is saying, “Well good job. Let me send this person a card… you know, so you could keep doing it. You’re going to these meetings, they’re telling you that they want you to change the way your case planning style, but how do you know it’s going good?”

Likewise, lower level staff at Agency D believed that support for the ESP was critical at the administrative level but claimed it was insufficient at their agency.

**Certification.**

Data from Agency D’s implementation manager survey indicate that SBC certification was not required at the agency nor did they provide the opportunity for staff to voluntary go through the process while the study was being conducted.
Supervisor support.

There was a shared staff perception, articulated in Agency D caseworker focus groups, that supervisory support and expertise in SBC was critical to its successful implementation. However, Agency D supervisors expressed the feeling that they were ill-equipped to properly support case planners in the implementation process. As one supervisor stated:

I think that because the model is new, the supervisors have to be offering a lot of support to the workers, literally sitting down with them and the kids sometimes to get this paperwork done... But when we’re pulling everybody who thinks they know and this one – you know, it’s hard because I think everybody is still shaky.

SBC Coaching

According to responses to the implementation manager survey, Agency D did provide any coaches to support staff learning, during the course of this study. In focus groups, supervisory and direct service staff agreed that receiving ongoing coaching was critical and that not having this resource was detrimental to the implementation of the ESP. For example, one supervisor stated:

I think that it would definitely be beneficial for us to have a full time SBC Coordinator going through this process and supporting the workers and the supervisors through this time. It’s a very new process and it’s a very new implementation for the agency. For us all to be just learning it and basically figuring out our way through it, it’s like the blind leading the blind. It doesn’t make sense.

Another supervisor also noted that it was important for the coach to have child welfare experience:

Someone who knows what they are talking about on site, and a coordinator who has been through this, knows that works in and out. Someone sitting here and it could even be one person. I know we have two sites but maybe if they’re here two days of the week and two days in the Bronx, that would be beneficial. But for all of us not to know what we’re doing, it doesn’t make sense.
SBC Training Experiences

Agency D provided trainings that gave a theoretical overview of the SBC model but also provided some skill-specific follow up trainings, according to the manager of implementation survey. The quality of training was perceived as vitally important by Agency D staff. In focus groups, they offered judgments about the quality of the SBC trainings, the number of participants in the trainings, the length of trainings and the number of trainings that were offered. In general, Agency D staff reported that they found the SBC training “overwhelming” and “confusing”.

Well I think training overall was very overwhelming. It was just too much information in too little time. Even though training was provided I still don’t think, and I’m only speaking for myself in this instance, that I still don’t have as much knowledge as I would like to have in order to practice this model effectively. So, training overall for me was just overwhelming.

Another case planner stated: “for me the first training was confusing.” The participants also found that the training was hard to translate into practice. This was exemplified through the case planner’s statement:

I think the biggest challenge is the practical, the practicality of it. The practical part of doing it. You get the training yes, yes, yes, training, training, training but the actual doing of it, besides the agreements and presenting the cases. You know the other stuff that goes along with it.

Some of the focus group participants in Agency D shared that they thought the reason training for their confusion was that different trainers presented the SBC model in different and conflicting ways. One participant stated: “So those were the two different ways that it was presented to me. It wasn’t – I mean I did the whole three day training with this agency, but like I said it was presented in two different ways.”
Overall, Agency D staff agreed that the training they received was insufficient as well as inconsistent and that more training was warranted. One case planner, in a focus group, noted: “I do believe we should get ongoing training because of the simple fact that this is a new model, it’s new to many people. Some people learn faster than others”.

**Conclusion**

The data from Agency D highlighted how critical both training and coaching was to successful ESP implementation. The participants expressed the need for on-going, practical support from coaches. This is in keeping with (Antle, Barbee, Christensen, et al., 2008) study. Their child welfare study demonstrated that when supervisors and case planners received on-going, one hour, monthly follow up coaching sessions there was a significant difference in their implementation scores when compared with staff who did not receive follow up coaching. At Agency D, staff perceptions were that the quality of training was poor, the amount was inadequate and the absence of coaching undermined any possibility of successful SBC implementation.
CHAPTER 13: PERCEIVED SBC IMPLEMENTATION AND EFFECTIVENESS:

COMMON DIMENSIONS ACROSS THE AGENCIES

Comparison across agencies revealed several common perceptions of the conditions that affected SBC implementation and of its effectiveness and utility. These fell into the following categories: (a) system support for the ESP implementation; (b) perceived effectiveness of ESP with children and families; and (c) overall perception of model utility.

Child Welfare System Supports

The data collected, particularly from the focus groups, reflected a shared perception by supervisory and line-level staff of the importance of multi-level organizational support for implementation. At the child welfare system level however, there was a lack of support for SBC at all of the agencies was strongly and widely perceived. This was captured in the following case planner’s statement: “Because even ACS is not with the model yet, and they should have been the first to be trained.” Another case planner noted: “Other agencies including ACS and the courts are not with this program”. One case planner fully articulated the issue:

Because I felt like CPS [New York City Administration for Children’s Services’ Child Protective Services] is not onboard, the judges are not on board. So many people are not on board. It’s a lot of – it sounds really, really nice but when you say, “Oh this is the way that me and this birth parent we thought of how we can resolve this issue,” a judge will shut you down and they’re not doing SBC. I think it should start from the top. I think it should have been the judges and people that can release a child, that have the power to release a child, they should have done SBC first and let it trickle down to us because we don’t have that problem. I understand the parent’s frustration; why make an agreement when somebody can just shoot it down? So all that time and energy we’ve spent on this agreement, if somebody says, ”No, I don’t care what you say, what you do, this child isn’t going home”…It doesn’t make sense.

Another case planner noted how ACS undermined the use of SBC with parents:

Absolutely. I would say – I have parents up to today that have not worked with me within SBC because the first thing they said to me, “ACS didn’t tell me to do
that. ACS didn’t ask me to do that. That was part of ACS and I’m refusing to do it because I have to talk to my attorneys”.

**Experiences Using SBC with Families**

**Client suitability.**

In focus groups, there was a general perception of suitability to SBC approach to the needs of the families the agencies served. For instance, caseworkers from across the different agencies generally perceived SBC to be more appropriate than whatever their former intervention strategies had been for “typical” families who recently came into the child welfare system. This was shown through the following caseworkers’ statements:

It’s more easy when you've got like a new case. When you have an old case going all the way back to start asking all those questions and trying to start tracking events and everything, it’s more difficult. But when you have a new case that you start working with that since the beginning, knowing already the SBC process and everything.

Well mine were, the cases I had to implement it with, they were here for over a year, over two years, so it was like; why are you trying to do something now and my kid has been in care for three, four years? It helps when a cases is brand new, so you could phase it into and speak to them about it and then if they want to participate. Because parents will be like, no. You have my child already. You should know everything and just don’t want to participate at all... then you have the parents who are like, my kid has been in care for years, they should have been doing it when my child first came into care, not six years later.

Just for me, I mean, since a lot of my cases were not new cases, so revisiting the reason why the child came into care was very arduous. It was very like, “Well, you already – you’ve been my case worker for X, Y years. Why are you doing this?” So even though you explain that the agency is implementing something new, it was to the point where some of those cases were about to go to TPR [Termination of Parental Rights].
At the same time, the focus groups evidenced a shared perception that clients who were illiterate, had a low level of educational attainment, or were developmentally delayed were not suited for the model. For example, clients who struggled to write had difficulty writing behavioral plans, which is a key component of the model. On this point, one caseworker commented: “Writing the plans. Writing out the plans was a big challenge to the families… Some of them have struggled with literacy, so writing was a big deal for them. Those were the challenge.” This problem was again illustrated through another caseworker’s statement:

Especially in devising the plans with the families because they want the family to write the plan and for you to encourage the family along. But some of our families have minimal education. Some of them were illiterate to where they cannot write a plan. Likewise, in focus groups across agencies, there was a commonly expressed view that clients who were developmentally delayed struggled to understand and comply with the monitoring requirements of SBC. This was illustrated through the caseworker’s statement:

Especially when the model first came up, it did not address those families that were mentally challenged. They didn’t understand, “Oh, why you didn’t track what the family?” It’s really hard when you have a family that has, diagnosed as being mentally retarded. They just didn’t understand that you couldn’t do the model the way that it was designed with this specific population.

**Perception of SBC with families in crisis.**

Another criticism commonly expressed in focus groups was that SBC was difficult to use when families were experiencing a crisis. The following comment from a caseworker reflected how client emergencies took attention away from the linear, specific, problem-focused requirements of the SBC model:

I think that oftentimes our families come with a lot of crises as well, so we have to meet them in the moment and we have to help them in that crisis…so we shift our focus to address that…is the continuous crises that just kind of take our attention away.
In fact, some reported that when emergencies occurred caseworkers reverted to their previous and/or “traditional” casework practices. For example, one caseworker stated,

> So then we have a case that’s been open for over a year where we’re just – we’re not focused. We’re not implementing SBC because we are not addressing the original reason why the case came in, and then we’re reverting back to the old model then we’re just trying to fix everything…As emergencies erupt we just keep putting Band-Aids and Band-Aids [on].

This may indicate a need for additional training to help case planners use the model when their families are in crisis or it may indicate a limitation of the existing model.

**Foster care implementation problems.**

Across agencies, there was a commonly reported problem by both supervisors and caseworkers that the SBC requirement to track the sequence of events surrounding unsafe parenting practices was difficult. When using SBC caseworkers and clients are expected to collaboratively track unsafe parenting patterns with birthparents. The following statement from a caseworker reflects the difficulty of tracking unsafe parenting behaviors with a pair of biological parents whose children were in foster care:

> I know I got grilled down by my supervisor because one of my visits she read the connections that I was there for an hour and a half, and we’re not supposed to be there that long. The reason why I was there for an hour and a half is because I was doing the SBC model, opened up a wound that caused a crisis to the point where the mother couldn’t handle the kid, the kid couldn’t talk to the mother. So I had to go from mom in the kitchen to kid in the bedroom. Dad’s coming in and he’s yelling at me because I have disrupted that household.

Concern about re-traumatizing troubled family members by asking SBC-required questions about previous unsafe parenting practices was further illustrated through this caseworker’s comments, “Then you’re right about that because we’re evoking all these feelings where we traumatize them, because this is …Opening wounds, you’ve got to close them up.”
In focus groups across agencies, foster care caseworkers also expressed the feeling that they did not possess the necessary skills to manage complex problems and difficult conversations with clients. This was illustrated through the statement:

My clients like talking to me. They like hanging around on my caseload because I build trust with them and they feel comfortable. A lot of my co-workers can tell you, most of my clients, almost all my clients feel very comfortable with me because they can talk to me. But if I’m going there and I’m reopening a wound and I’m making the child feel uncomfortable, or I’m making the parent feel uncomfortable, they’re not going to work with me. So now I’ve got to figure out a way to work with them after I did this traumatic event, and I am not a therapist. I do not know how to close that wound back up…Nowhere in this model tells me how to open up this wound and safely examine it, make sure everything is okay, and then sew it back up. Nothing in this model tells me that.

These perceptions were not shared, however, in focus groups with preventive service workers. One potential explanation is that parents in preventive services have not lost custody of their children. As a result, the tension between the case planner and the client may be less, which may make these conversations easier.

**Overall Perceptions of SBC Utility**

In the focus groups, perceptions of the overall utility of SBC noticeably varied *within* all of the agencies, but there was no apparent difference *across* agencies. In every agency, a sizeable proportion of caseworkers and supervisors stated that the model was positive. This was illustrated through the following comments:

Also, it helped because I deal with the foster parents basically; it helped foster parents look at – because I deal with adoption. Because I do adoption, it makes my adoptive parents look long term. Look at the developmental stages that this 3 year old that I’m adopting now one day is going to be a 16 year old with a mohawk and not following curfew. So it makes them start thinking of; how am I going to be able to deal with the different developmental stages, versus waiting until the child is 16 and now you’re calling back the agency where you could have put some kind of plan in place to ensure or to prepare you how to deal with the different developmental stages in your household.
Yeah. It’s a lot to the families because they’re used to people coming in their homes and judging them or speaking – like belittling them or just not giving them the respect that they deserve. Then here you come along and every time you come you do give them a compliment about something positive that you can measure that they’ve been doing, and you give them something to work towards. You give them a little hope and motivation and the next time you come you praise the goals that they are accomplishing, as minor as they may be. Because sometimes to us something they may accomplish may not be a big deal, but to them it’s a huge, huge deal, and we have to recognize that.

I also agree. My thing is, for the families that are fully engaged and they actually are participating in developing their plans, I think there’s a sense of empowerment for the families. Because if they are able to track and identify the exception, and they’re willing to work on the plans, even with our assistance, for us to celebrate with them.

However, in the focus groups across agencies, foster care caseworkers and supervisors reported that SBC did not provide them with the necessary skills to manage the clients’ traumatic histories. This is illustrated through the following foster care caseworkers’ statements:

The approach itself is more therapeutic. So to me I like it in working with the families, however, like she said, how equipped are we? We are not therapists. We’re being asked to go there and do psychotherapy because once you start with a genogram, mention mom. Mom left me. Dad died. This one abused me. So they want to get into each and every one of those.

Then what about the trauma that the worker is actually facing because you have to understand these issues that some of our families really have it affects us too, when we’re facing this. What supports are there for us? ... Nobody’s really trying to sit down and process what you’re going through, and that’s hard.

Here again, caseworkers and supervisors in preventive services did not share this perception. The abuse histories may have been more traumatic for foster care clients than preventive clients, which may be a reason. Moreover, the shear loss of losing one’s child to foster care is inherently more traumatic than have in-home preventive services.
In focus groups across agencies, foster care caseworkers expressed concern that families seeking the return of their children may “fake” behavior change in order to appear to achieve the measurable objectives of SBC Preventive caseworkers did not report this concern. This was illustrated through the statement:

I think, like I said, given the dynamic of our particular families it could work. But there are a lot of families it’s just not going to make a difference. A lot of families you’re going to do all this arduous work and at the end of the day it may not benefit. So they either will, for that short period of time… some families can put up a front to make things look great for the court, and even you as the worker know, “Okay, this is just BS.”

Because when the families go home you only monitor them six months to a year. From there – and not even that, even when they’re paroled. When they’re paroled then it’s court-ordered supervision. If it’s you that then takes on the case, they monitor it for like six months. After that six month period, that’s it. So then the family is now; you’re on your own, whatever, then crises and things come back up.

In focus groups, preventive workers did not report struggling with tracking unsafe parenting patterns with families as foster care workers did. This was illustrated by the following comments from case planners:

Well my cases actually I haven’t really gotten any resistance from it…So far all of my families have been welcoming to SBC so far. I don’t want it to change later. This is our goal. This is what we’re going towards. We’re going to make a plan because this is why the case came in. Along the way I’m going to explain to you as much as I can why we’re doing each step.

Then once they – because I have a couple of families that they’re so afraid and they’re so protective of their families and their children, they want to make sure that the incident doesn’t happen again. So they hit the ball rolling. They’re doing it and the plans are working. So the plans are working and the change has begun…I’m in constant communication with the services that [the families are] utilizing and [they are] telling me, “Oh, they’re working. The behavior’s changing.”… The plans are working, they said they’re using them, and then that’s pretty much it.
This may indicate that families in preventive are more comfortable tracking the sequence of unsafe parenting patterns and developing plans because they have not lost custody of their children to foster care. Similarly, this may make it easier for preventive planners to use SBC with families in preventive services.

The preventive caseworkers did describe some difficulties with tracking, but it was not the same issue foster caseworkers had. Preventive case planners seemed to struggle with not being able to explain the purpose behind tracking to families and families not remembering the details of their unsafe parenting patterns. This was exemplified through the following statements from preventive case planners:

Yeah. Even in cases where there is ACS involvement, sometimes there is no one moment. Then again the pulling teeth when you’re asking over and over again, trying to get that out of the family of saying like, remember that one time. Just tell me one time, for the love of god. You get frustrated sometimes because the family of course goes in different directions and you’re trying to just reel them in, back in to like, “So what happened the night before?” They’re like, “Well, I went to sleep.” “I was okay.” Or like, “Oh, I don’t really remember that. I mean, I don’t remember what I did this morning.” Things like that where realistically it’s like we’re asking sometimes – I don’t know if it’s the wrong question, or a question that maybe can’t be answered to the full extent that we expect it to be answered. So that’s difficult.

Then also thinking about the plans themselves and also I do similar stuff, but to me one of the biggest disconnects is in; they don’t know what we’re doing. I try to explain and say, “Okay. This is our goal. This is what we’re going towards. We’re going to make a plan because this is why the case came in. Along the way I’m going to explain to you as much as I can why we’re doing each step.” But they’re still is a “Why are you here” look, of like, “Why are we doing this? Why do you want me to go back this one time?” So that sometimes is incongruous and it’s really hard.
These difficulties suggest a need for increased training around how to describe SBC to families and how to help them talk about the details of their parenting practices.

**Conclusion**

The findings reveal the complexity, variability and commonality of case planners and supervisors’ views of implementing SBC with families in child welfare. The complexity is reflected in the numerous facets that case planners consider simultaneously when working with families. For example, when helping families reach their safety goals, case planners assess clients’ immediate basic needs for housing, food, childcare and employment and the interrelationship among these factors all at the same time while trying to use SBC. The findings indicate a need to have practical guidelines to help manage the multiple competing demands of families in practice.

It also appeared from the data that the dimensions of experiences using SBC with families and acceptability of the model differed more by whether the staff worked in foster care or preventive services. SBC may need to be modified to meet the needs of staff in foster care. This may mean equipping foster care staff with additional clinical skills to carry out the model. This is keeping with several implementation scholars who are beginning to argue that adaptations are necessary to fit the model into local contexts (Aarons & Palinkas, 2007).
CHAPTER 14: DISCUSSION, CONCLUSIONS, AND FUTURE IMPLICATIONS

This grounded theory, qualitative research study focused on the implementation of a particular ESP model in four New York City child welfare agencies. The implementation of SBC is considered from the standpoint of those who are most responsible for putting it into practice—i.e., caseworkers and their supervisors. Participants in this study were eager to share their experiences with the process and consequences of implementing SBC. In a mixed-method study, information about agency history came from their respective websites. Data concerning differential implementation patterns came from a survey of managers responsible for SBC implementation. These findings were supplemented by participant observation at interagency meetings and one on one interviews. Focus groups provided the richest source of data concerning supervisor and caseworker perceptions of SBC implementation. Some of their statements were anticipated, based on the existing empirical literature, whereas other themes were new and unexpected. Throughout the focus groups and individual interviews, case planners and supervisors provided clear and intelligible descriptions of ESP implementation.

In sum, five primary themes emerged from the data: (a) perceived organizational support for SBC, (b) experiences with being trained in SBC, (c) experiences with on-going coaching in SBC, (d) experiences with using SBC with families and (e) utility of the model. These dimensions fell into three broader themes of organizational support for the ESP, experiences learning the ESP and attitudes toward or assessments of the ESP itself.

System Level and Organizational Support for ESP

Goldman et al., (2001) state that a “major challenge is to identify policy interventions that facilitate implementation of evidence-based practices but also minimize barriers to implementation” (p 1592). In this study, it was evident in all of the agencies that significant work
needed to be done to help the larger child welfare system, which comprises family court, service providers and the New York City Administration for Children’s Services, accept and accommodate the model. Child welfare practitioners worked within this external system and it was hard to change their practice behavior when the system did not allow for it. This finding is in keeping with Palinkas and Aarons (2010) study, where senior managers perceived the support of external partners as critical to successful implementation.

Similarly, organizational support for implementation was found to be critical at multiple levels. Palinkas & Aarons, (2010) also found that organizational support for ESP implementation was key. However, research on the impact of such factors is currently minimal. If the model is seen as significant in attaining outcomes that are valued by case planners, there is likely to be greater acceptance and more effective implementation of the model (Aarons & Palinkas, 2007). It is not surprising that understanding the rationale for implementation of the ESP was seen as important. Participants described feeling more supported by the senior leadership if they understood the rationale for ESP implementation. This underscores the need for proactive leadership in an organization to create opportunities to explain why new and particular practice models are being adopted.

**Certification**

As described above, in at least one agency, certification was training, credentialing, and screening-out process. Rigorously applied, it involved a three-part process that included a verbal interview to test the employee’s ability to describe the model. For caseworkers it involved an observational component to assess their direct practice with families. For supervisors, an observational component assessed their use of SBC in supervising caseworkers. Finally, both were assessed via case record reviews to determine whether ESP practice with clients was being
appropriately and accurately documented. The certification process itself was designed by the model developer, Dana Christensen, PhD.

Organizational, leadership and supervisory support was seen as critical by case planners and supervisors across the agencies. One manifestation of this support was expressed by the availability and organizational policy regarding certification. Certification was intended to ensure supervisory and casework staff had a base knowledge of SBC. However, where certification was required of them and their subordinates, supervisors expressed the need for their directors to be certified. They felt that this illustrated “buy-in” and commitment to SBC as well as helping to support and inform their own work in teaching case planners the model.

In Agency A where supervisors had to be certified to keep their positions, they described feeling more comfortable with the model as a result. The case planners from Agency A also reported feeling more supported by their supervisors because their supervisors were certified first. In general, case planners who had been certified in SBC expressed a greater sense of competency in implementing the model than did those who were not certified. Direct service staff from Agencies B, C, and D, where supervisors were not certified, expressed the need for supervisors to be certified. This points to the need for staff at the top and middle of an organization become “experts” in the model, so that they can thoroughly support their staff both symbolically and instrumentally.

A large body of research has illustrated that highly functional organizations use staff evaluations as part of a sequence of supports that help employees work effectively (Fixen, et al., 2005). It is also critical that assessments of performance are well integrated and should not be a surprise to the practitioner. According to the results of this study, SBC certification can be a very positive component of implementation and staff evaluation, for all levels of staff. Consequently,
for implementation of any ESP, a structure and process of certification is advisable. Ultimately, however, the certification evaluation should be completely compatible with the employee’s role-requirements. Finally, the skill-sets and techniques used in the ESP should also be fully integrated into all future employee evaluation and reward systems.

**Experiences Learning SBC**

**Training factors.**

Across the agencies, participants were not simply passive recipients of the training; rather they were occupied with an internal evaluation of the training quality and content. However, in those agencies where caseworkers and supervisors received ongoing, skill-specific training described feeling more confident in using the ESP with clients. Trainings that included role-playing and incorporated lessons on how to use and document the model were also considered very positive by caseworkers and supervisors.

Documentation is an integral part of child welfare in general and SBC in particular. More guidance on how to integrate the model into required documentation was considered necessary. Staff also reported the need to be in trainings with staff from similar programs and that smaller settings were useful. In contrast, staff who received inconsistent or predominantly theoretical trainings, expressed feelings of inadequate guidance.

Although some studies have found that all service providers express a desire for more training (Lehman, Greener, & Simpson, 2002). However, it is unlikely that lecture style, theoretically based training sessions alone will have a positive or lasting impact on services and lead to ESP implementation with fidelity.
The robust organizational research literature on transfer of training suggests that more comprehensive training strategies are critical to the promotion of practice change (Aarons, 2004). Similarly, training in this study was perceived as the most useful when it was paired with ongoing coaching, this is keeping with implementation research from other social service settings (Fixen et al., 2005).

**Coaching factors.**

Research has demonstrated in a variety of social service settings that the “train and hope” approach does not work (Fixen et al., 2005). For example, (Kelly et al., 2000) randomly assigned HIV service organizations to one of three groups: technical assistance manuals only, manuals plus a two day training, or manuals plus training plus follow-up consultations. The addition of training produced a modest gain compared to the manuals-only group, but the largest increase in reported adoptions of the HIV service guidelines occurred when consultation and consultation were added to the mix.

Similarly, studies in educational and medical settings have shown that coaching is an important component of successful implementation (Fixen et al., 2005). Joyce's (2002), meta-analysis of ESP implementation in educational settings showed that successful adoption occurred primarily when training was combined with coaching in the classroom. The results in this dissertation study found that case planners and supervisors conceptualized coaching to be a positive and even critical support. They viewed this as an organizational support that helped them take what they learned in training and apply it with families in practice. In addition, they found role-plays in coaching sessions to be beneficial. Lastly, insufficient resources have been seen as a barrier with peer support and coaching (Milne, Dudley, Repper, & Milne, 2001). This
was observed in this study with Agency D, where coaching was not offered due to insufficient resources.

Van den Hombergh, Grol, Van den Hoogen, & Van den Bosch, (1999) compared two different types of coaches in a randomized group design. One group of physicians was assigned to a coach who was a peer physician and the other group was assigned to a coach who was not a physician. The results indicated that both groups improved on many of the 33 measures of practice management but peer-visited physicians showed significantly greater improvement on several practice dimensions. Fullan and Joyce, (2002) also recommended the use of peer coaches although an experimental design was not used to support this conclusion. Similarly, this dissertation study revealed that caseworkers and supervisors felt more comfortable receiving coaching from peers. They expressed that internal staff were teachers that were more credible because they understood the work from a practical perspective. In addition, coaches who had used the model with clients themselves were considered even more useful. This illustrates the importance of identifying and training key organizational staff to support implementation. Fixen et al., (2005), point out that amount of time spent on coaching appears to be critical, but this variable is often unreported. In assessing the impact of SBC coaching in the present context, it would have been beneficial to know how many hours and what type of coaching each staff person received.

**Attitudes Toward and Assessment of SBC**

The study found that attitudes toward SBC assessment were a broad and significant aspect of respondent perceptions of implementation. Providers were concerned with acceptability and fit with the needs and preferences of the family. This appears to emphasize the (Institute of Medicine, 2001) definition of ESP that includes a balance of the best research, practitioner
expertise, and client preference. The present study showed that case planners were most positive about SBC when they believed the model helped meet the family’s safety goals and gave the clients’ a voice in the process. Study participants were also concerned with the fit of the model to the family’s needs. This finding is in keeping with Aarons and Palinkas’ study, which found that if an ESP enhances the process of engaging clients and working with families, it is likely to be, viewed more positively (2007). They also found that ESP is seen as being instrumental in attaining outcomes that are valued by front-line staff there is likely to be greater acceptance of the ESP.

Client suitability.

Study findings reflected a struggle to fit SBC practices and requirements to the complex and volatile problems presented by the population these agencies were serving. Case planners from across the different agencies perceived the model to be more useful for some families than others did—e.g., more literate and educated families versus those that were illiterate or had developmental disabilities. Practitioners in preventive services found SBC easier to apply.

Respondents also expressed the view that clients who just entered the child welfare system benefited more from SBC than those who had been in the system already and for a longer period. Not unexpectedly, clients who had writing difficulties had difficulty writing behavioral plans—a key component of the SBC model. Similarly, clients who were developmentally delayed struggled to understand the theoretical underpinnings of the model. These reported limitations may provide valuable lessons about necessary SBC accommodations for certain populations within child welfare.
**SBC with families in crisis.**

There was a widespread perception across all agencies and programs that SBC was difficult to use when families were experiencing a crisis. It was commonly reported that when family emergencies erupted caseworkers reverted back to traditional casework practices. Though this might be advisable, it also might indicate a need for more training around how to use the model when families are in crisis or a need for the model to be adapted to meet the needs of families when they are in crisis. Certainly, this suggests the need for further exploration among model developers and users.

**SBC tracking of unsafe parenting behaviors.**

A theme emerged in discussions with foster care supervisors and caseworkers from all agencies (but not participants who worked in preventive services), that it was difficult and possibly even harmful to do what was necessary to “track” unsafe patterns of parenting behavior with parents. In SBC, caseworkers collaboratively track unsafe parenting patterns with birthparents. Foster care caseworkers expressed the perception that they lacked the necessary skills to manage these difficult and event traumatic conversations with clients. Again, this may be an issue of training or point to a deficiency in the SBC model. Further research is needed to clarify this question.

More broadly, the concept of “fit” of an ESP with the context of an organization’s culture and mission is supported in the organizational literature on implementation of innovation. This research suggests where an innovation is consistent with the values and methods of the ESP, the implementation will be enhanced (Aarons & Palinkas, 2007). The present study amply illustrates and supports this proposition.
Conclusions

This study contributes to our understanding of how case planners and supervisors conceptualize barriers and facilitators to ESP implementation in child welfare. The study identifies areas in which practitioners, administrators, policy makers and researchers can and should further enrich our understanding of ESP implementation.

This dissertation study focused on how case planners’ and supervisors’ perceptions of implementation of an ESP across four different organizations. How the case planners’ and supervisors’ conceptualized facilitators and barriers to implementation was explored, how the participants perceived the suitability and the contextual factors that influenced these perceptions were all examined. These findings were described in the foregoing chapters and summarized in the present. To reiterate, five primary dimensions emerged from the data: (a) perceived organizational support for SBC, (b) experiences with being trained in SBC, (c) experiences with on-going coaching in SBC, (d) experiences with using SBC with families and (e) acceptability and utility of the model. These dimensions fell into three broader themes of organizational support for the ESP, experiences learning the ESP and attitudes toward or assessments of the ESP itself.

These themes provide a perspective of case planners and supervisors in child welfare that is often assessed at an-depth level. Moreover, the data revealed themes that would be difficult to capture through more quantitative research methods. Child welfare service providers have a multifaceted and challenging job. Their work responsibilities occur in conjunction with the implementation of the ESP. Productivity and paperwork requirements are often in conflict with service provision. In addition, it is rare that a case planner will deliver only one specific service. The complexity inherent in a real-world service setting does not generally promote this. The
results presented above reflect struggles to provide services to a complex service population, while learning a new ESP and implementing it with clients. These results have implications for front-line staff, managers, child welfare executives, policy makers and researchers.

As with all research, there were limitations as well as areas that can be improved for future research. The following section describes the limitations of this study followed by, implications for practice, policy, and future research.

**Study Limitations**

I applied grounded theory methodology to this study. Rooted in symbolic interactionism grounded theory studies take the view that human beings are active actors engaging and being engaged in social interactions. This study demonstrates how case planners and supervisors are active actors in ESP implementation. Grounded theory methodology successfully facilitated my exploration of the processes involved with ESP implementation with four different case studies of four agencies from the perspective of case planners and supervisors. I still encountered some limitations, however, in my use of this method.

First, I could maximize my exploration only to the degree represented by the data that emerged. The significance of some issues could not be explored as much as I would have liked because the participants did not voluntarily raise them. Moreover, in grounded theory studies, researchers can identify numerous topics to pursue in the ongoing analysis. Decision-making regarding which topic to pursue is a constant challenge faced by grounded theory researchers. In determining pursuable topics, I adhered to primarily two principles: whether the topics were salient among participants and whether the topics sharpened the study’s focus on the dynamics between agencies, the case managers and supervisors. Consequently, many topics that emerged in the process of the inquiry were not pursued. For example, I focused on supervisor support as it
related to the implementation of the ESP, although I collected a few examples where supervisory support was described in ways that were not related to implementation. Naturally, these were not reported in the study.

The current dissertation study’s design was limited to case planners and supervisors’ perceptions of SBC implementation, which was not triangulated with managers’ perspectives on due to resource and time constraints. This may have affected the data. To facilitate comparative analysis across different perspectives, researchers should look at the perspectives of senior staff.

The study may also have been limited by the mode of interview that was used; focus group interviews. Although efforts were taken to ensure participants’ confidentiality, some participants may not have felt comfortable to share their experiences in a group of their colleagues. This may have influenced the results of the study.

Lastly, Agency C had fewer participants than the other agencies and did not include supervisors in the focus group. This may indicate a lack of enthusiasm for the model amongst staff. This may have affected the depth of the data at the agency and the study’s findings should be considered in light of this limitation. Notwithstanding these limitations, the study provides a unique and under researched data on front-line child welfare providers’ perspective of ESP implementation and the implications of these findings are described below.

**Implications for Practice**

Practicing SBC is clearly a complicated endeavor that is importantly influenced by organizational settings and approaches to implementation. The results of this study suggest that both agency structural factors and implementation steps critically influence supervisors and caseworkers’ perceptions of SBC practice. Moreover, this study underscores the importance of attaining the perspectives and experiences of practitioners implementing any child welfare ESP.
Feedback from practitioners in conjunction with knowledge of organizational context helps assess, explain and improve the success of the implementation process.

Ultimately, the study revealed the necessity of supporting ESP implementation at every level of an organization. Firstly, it is crucial to include front-line staff in discussions about the rationale for implementation. This helps staff feel included in the change effort. Secondly, it is vital for directors to receive training and have a thorough understanding of how to use the ESP. This may be done through a certification process. Similarly, supervisors should be trained in the ESP and certified in the model so that they can fully support their staff.

With reference to practice skill and mastery, on-going, practical trainings and coaching are integral to case planners and supervisors’ ability to implement an ESP. It is also beneficial for the staff that train and coach staff to have first-hand child welfare experience. This provides staff with a sense of credibility. Lastly, it is helpful for staff from similar programs to be in trainings together.

These findings are in keeping with (Aarons & Palinkas, 2007). This approach involves a sequence of preparation, planning, action, evaluation and modification of plans and processes. In this way, the implementation process is an adaptive process.

Through such an adaptive process, the ESP itself can be modified as necessary. The increasing use of ESPs, such as SBC, necessitates the exploration of program adaptation. This perspective is keeping with (Chen, 2012) who argued that ESPs as originally developed cannot usually be transferred to another setting without modification. In fact, she argued that adaptation is the norm rather than the exception. The results of this study showed that the front-line staff had difficulty using SBC with clients who been in child welfare for longer periods of time, with parents with low levels of educational attainment and parents with mental health issues. In
addition, foster care case planners described needed additional training to be able to engage clients and assess their needs.

Implications for Future Research

There are several recommendations for future research on implementation of ESPs in child welfare. Future research should include a larger sample from more diverse geographical locations. More demographic data should be collected from the participants. In addition, future research should include the perspectives of individuals at the executive and leadership levels. Future research may also further investigate whether foster care practitioners’ struggle to track unsafe patterns of behavior with parents was a limitation of implementation or the model itself. Moreover, future research should examine how a new ESP may be customized to fit a child welfare agency and how the agency may accommodate a new ESP (Chen, 2012).

Comprehensive theories of ESP implementation should take into account the needs of moving ESPs into child welfare settings. This study provides insight on the perspectives of front-line staff that highlights attitudes towards and experiences with ESP implementation. Taken along with findings from other studies, this represents a new direction in the study of implementation of ESPs.

These findings indicate general strengths as well as specific limitations of SBC and ways in which the model itself may require modification and/or the process of implementation can be enhanced. More implementation research is required to advance the value of SBC and to reflect on ESP implementation in general. This study represents a single step toward addressing these questions by exploring the first-hand experiences of child welfare case planners and supervisors implementing SBC in their unique organizational contexts.
Appendix A

Manager of Implementation Survey

Thank you for taking the time to answer this questionnaire about your agency’s Solution-Based Casework (SBC) implementation process. Since introducing a practice model into a child welfare agency is a major undertaking that involves an entire set of changes in order to accommodate and integrate the new model into the system, we are studying the implementation of SBC to gain an understanding of what factors affects successful model implementation.

The information you and administrators from other agencies provide through this questionnaire will be collected and used for research purposes and to help improve SBC implementation. In the research findings your name and the names of your agency will not be identified. We will refer to the organizations anonymously as Organization A, B, C, and D.

1. Which agency staff were involved in deciding to adopt Solution-Based Casework (Circle all that apply):
   President/CEO, Senior Administrative Staff, Senior Program Staff, Senior Quality Assurance Staff, Mid-Level Administrative Staff, Mid-Level Program Staff, Mid-Level Quality Assurance Staff, Front-Line Program Staff, Other (please list)

2. Did you consider other models before choosing SBC? Yes ___ No___
3. Once you decided to implement SBC across your agency, how did you let the program staff know of this decision?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. In the beginning was there an opportunity for the agency’s senior managers to hear an overview of the model, ask questions and discuss answers together? Yes ___ No___

5. Did your agency form an implementation team to oversee and plan for the Solution-Based Casework (SBC) implementation process? Yes ___ No___

*If you answered “yes” to question one then please answer the following two questions*

a. Which staff made up the implementation team? (Circle all that apply):
   Senior Administrative Staff, Senior Program Staff, Senior Quality Assurance Staff, Mid-Level Administrative Staff, Mid-Level Program Staff, Mid-Level Quality Assurance Staff, Front-Line Program Staff, Other (please list)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
b. How often does the implementation group meet? (Circle one):
   Once a week   Twice a month   Once a month   Once a quarter

c. Did this change over time? If so, how long into the process did this change take place?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

6. Did any of your agency’s infrastructure (e.g. information systems, policy, staffing and/or quality assurance systems) change before training began? Yes ___  No___

*If you answered “yes” to question six then please answer the following question*

   a. What infrastructure changes were made? (Check all that apply)
      i. Computer systems ___
      ii. Quality assurance tools ___
      iii. Forms ___
      iv. Increase quality assurance case record reviews ___
      v. Other (please describe):
         __________________________________________________________________
         __________________________________________________________________
         __________________________________________________________________
         __________________________________________________________________
         __________________________________________________________________
7. Did any of your agency’s infrastructure (e.g. information systems, policy, staffing and/or quality assurance systems) change after training began? Yes ___ No___

*If you answered “yes” to question seven then please answer the following question*

a. What infrastructure changes were made? (Check all that apply)
   i. Computer systems ___
   ii. Quality assurance tools ___
   iii. Forms ___
   iv. Increase quality assurance case record reviews ___
   v. Other (please describe):
      ______________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
      ______________________________________________________________

8. Were senior managers trained in SBC? Yes ___ No___

9. If senior managers (Program Directors and other top level staff) at your agency were trained in SBC were they trained:
   a. At the same time as front line staff and supervisors
   b. Before front line staff and supervisors
   c. After front line staff and supervisors

10. Were internal staff trained to become coaches who provided ongoing mentoring and support to staff around SBC concepts? Yes ___ No___
11. Please describe your coaching structure if coaching took place (e.g. how often, whether supervisors were coached with their staff, if front line staff were coached by themselves, if supervisors were coached by themselves)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. After staff were trained did your agency take any of the following steps: (Check all that apply)

   a. Provide staff with additional materials for learning ___
   b. Formed supervisors reading groups ___
   c. Reduced caseworkers’ case loads ___
   d. Had caseworkers’ only use SBC with one case at first ___
   e. Changed agency policies ___
   f. Please elaborate on any of the steps you checked off:

      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________
13. Did staff receiving follow up trainings? (Circle one)
   a. None
   b. Some
   c. Many

14. If staff received follow up trainings what were the topics covered?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

15. Did supervisors and management staff have opportunities to voice concerns and/or make recommendations around the implementation? Yes___ No___

16. How was this done?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
17. Is there any additional information you would like to add?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix B

Caseworker Focus Group Interview Guide

Thank you for taking the time to speak with me about Solution Based Casework (SBC). We are studying the implementation of SBC to see what aspects of the roll out of the model you and other caseworkers have found useful and what areas need improvement. When I refer to “implementation”, I mean the steps your agency and you have taken to make SBC a routine part of your work.

I am going to ask you about five questions. As we go through the questions, feel free to add anything that you wish. If at any time you feel confused or uncomfortable about a particular question please let me know and I will address it. If at any point during the interview you would like to stop the interview for any reason, you are free to do so.

Your name will not be associated with anything you tell me, although the information you and other caseworkers share with me will be collected and used to help (agency name) and other agencies improve SBC implementation. As this is a group interview it is important that everyone here keep what anyone says in this group confidential. Is that something everyone can commit to?

I am going record the interview, so that I do not miss anything you tell me. The tape of this interview will be kept in a locked file cabinet on days that I am interviewing and then in my apartment outside of the agency when the interviews are complete. The tapes will not be shared with others.
Do you have any questions before we begin?

Caseworker Guide

Think back to when you first heard about SBC.

1. Why do you think (agency name) decided to implement a new casework practice model?

2. What aspect of SBC implementation do you think went well?

   *If there are no responses here are follow up prompts you can use:*

   a) Such as coaching, training, supervisor support, support from upper level managers and directors?

3. What were some of the obstacles that you have faced when trying to use SBC with families?

4. What kinds of agency supports you think you could have used more of?

   *If there are no responses here are follow up prompts you can use:*

   a) Such as coaching, training, supervisor support, support from upper level managers and directors?

5. I am curious to know what you think of SBC as an approach to working with families.

   *If there are no responses here are follow up prompts you can use:*

   a) What aspects of the model do you find most helpful?
b) What aspects of the model do you not like? Explain?

c) If it were up to you to recommend that another child welfare agency use SBC, would you recommend that they do? If so, why? If not, please explain.

Thank you for taking the time to speak with me today, this was very helpful. Is there anything else you wish to share?
Appendix C

Supervisor Focus Group Interview Guide

Thank you for taking the time to speak with me about Solution Based Casework (SBC). We are studying the implementation of SBC to see what aspects of the roll out of the model you and other supervisors have found useful and what areas need improvement. When I refer to “implementation”, I mean the steps your agency and you have taken to make SBC a routine part of your work.

I am going to ask you about five questions. As we go through the questions, feel free to add anything that you wish. If at any time you feel confused or uncomfortable about a particular question please let me know and I will address it. If at any point during the interview you would like to stop the interview for any reason, you are free to do so.

Your name will not be associated with anything you tell me, although the information you and other caseworkers share with me will be collected and used to help (agency name) and other agencies improve SBC implementation. As this is a group interview it is important that everyone here keep what anyone says in this group confidential. Is that something everyone can commit to?

I am going record the interview, so that I do not miss anything you tell me. The tape of this interview will be kept in a locked file cabinet on days that I am interviewing and then in my apartment outside of the agency when the interviews are complete. The tapes will not be shared with others.
Do you have any questions before we begin?

**Supervisor Guide**

Think back to when you first heard about SBC.

6. Why do you think (agency name) decided to implement a new case work practice model?

7. What aspect of SBC implementation do you think went well?

   *If there are no responses here are follow up prompts you can use:*

   b) Such as coaching, training, supervisor support, support from upper level managers and directors?

8. What were some of the obstacles that you have faced when trying to help your staff use SBC with families?

9. What were some of the obstacles that your caseworkers have faced when trying use SBC with families?

10. What kinds of agency supports you think you could have used more of?

   *If there are no responses here are follow up prompts you can use:*
b) Such as coaching, training, supervisor support, support from upper level managers and directors?

11. I am curious to know what you think of SBC as an approach to working with families.

*If there are no responses here are follow up prompts you can use:*

d) What aspects of the model do you find most helpful?

e) What aspects of the model do you not like? Explain?

f) If it were up to you to recommend that another child welfare agency use SBC, would you recommend that they do? If so, why? If not, please explain.

Thank you for taking the time to speak with me today, this was very helpful. Is there anything else you wish to share?
Appendix D

Email Announcement for Managers of Implementation Survey

Good Afternoon,

As many of you know I am a PhD Candidate Hunter School of Social Work within the CUNY Graduate Center and am conducting a study on Solution-Based Casework (SBC) implementation at multiple child welfare agencies in New York City.

I am inviting you to take part in the study by filling out a survey on what steps your agency took to implement SBC. As the manager of SBC at your agency, I thought you would be best positioned to answer this survey. Your participation could lead to improved SBC implementation at your agency and other child welfare agencies.

**How long:** The survey should take about a 45 minutes to complete it

**Gift Cards:** Anyone that fills out a survey will be given a $5 gift card to Dunkin Donuts

**Please note:** Your participation in this study is completely voluntary and will not affect your current or future employment status. Additionally, your name will not be associated with anything you say in the survey. My position, as a manager, should not influence you to participate in the study.

**If you would like to participate and fill out a survey or have any questions please email Naomi Weisel at** [nweisel@hunter.cuny.edu](mailto:nweisel@hunter.cuny.edu).
Appendix E

Email Announcement for Caseworker and Supervisor Focus Group Recruitment

Good Afternoon,

I am conducting a study on Solution-Based Casework (SBC) implementation at four agencies in New York City. I will be holding focus group interviews for caseworkers and supervisors and one-on-one interviews for Directors and Vice Presidents to find out how you have felt about coaching, training, and other SBC supports. Your participation could lead to improved SBC implementation your agency and other child welfare agencies across the city and country.

**Where:** The interviews will take place at (pending on the organization)

**How long:** The interviews will take about an hour

**Gift Cards:** Anyone that participates in the interview will receive a $5 gift card Dunkin Donuts. Refreshments will also be served at the interview.

**Please note:** Your participation in this study is completely voluntary and will not affect your current or future employment. Additionally, your name will not be associated with anything you say during the interviews. My position at Graham Windham, as a manager, should not influence you to participate in the study. The focus group interviews will be audio taped.

If you would like to sign up or have any questions please email me at:

nweisel@hunter.cuny.edu
Appendix F

Verbal announcement for all staff about the study for recruitment purposes

Good Afternoon

- Naomi Weisel, a PhD Candidate at the Hunter School of Social Work within the CUNY Graduate Center, is conducting a study on Solution-Based Casework (SBC) implementation multiple child welfare agencies in New York City. Focus group interviews will be conducted with case planners and supervisors, who have received at least one SBC training, to find out how you have felt about coaching, training, and other SBC supports.

- As we continue to roll out SBC and as other agencies begin to adopt the model it is important to understand what leads to successful implementation. Your participation in this study could improve implementation your agency, as well as, at other agencies.

- The focus group interviews will take place in _______ (pending on the agency)

- Anyone one that participates in the interview will receive a $5 gift card to Dunkin Donuts

- Your participation in this study is completely voluntary and will not affect your current or future employment status. Additionally, your name will not be associated with anything you say during the interviews. My position, as a manager, should not influence you to participate in the study. The focus group interviews will be audio taped.

- If you would like to sign up or have any questions please email Naomi Weisel at: nweisel@hunter.cuny.edu
Appendix G

Consent Form For Managers of Implementation Survey

CITY UNIVERSITY OF NEW YORK

Hunter Silberman School Of Social Work

Department of Social Welfare

CONSENT TO PARTICPATE IN A RESEARCH PROJECT

**Project Title:** Improving Implementation of Solution-Based Casework; A child welfare casework practice model

**Principal Investigator:** Naomi Weisel, PhD Candidate CUNY Graduate Center

Email: nweisel@hunter.cuny.edu

Phone Number: 212. 592.6445 (314)

**Faculty Advisor:** Irwin Epstein, PhD, H. Rehr Professor of Applied Social Work Research (Health & Mental Health) Silberman School of Social Work Hunter College, City University of New York

Email: iepstein@hunter.cuny.edu

Phone Number: **212-396-7560**

**Site where study is to be conducted:**

This is a survey that can be filled out on your personal or work computer and then emailed to Naomi Weisel at nweisel@hunter.cuny.edu

_________________________________________________________________________________________
**Introduction/Purpose:** You are invited to participate in a research study that will be used as Naomi Weisel’s dissertation for her PhD in Social Welfare. The study is conducted under the direction of Naomi Weisel with affiliation of CUNY Graduate Center of NY. The purpose of this research study is to learn how child welfare staff have experienced Solution-Based Casework (SBC) training, coaching and support in order to gain a better understanding of what factors lead to successful implementation of the model. The results of this study may help us improve SBC training at your agency, as well as, at other agencies in New York City.

**Procedures:** To have the managers of implementation at each agency fill out a survey on what steps their agency took to implementation SBC at their organization. If you are interested you will email Naomi Weisel at nweisel@hunter.cuny.edu and she will email you this consent form. Once you have signed the consent form you will scan it and email it back to her at nweisel@hunter.cuny.edu. Once you have done that she will email you the survey. Once the survey has been filled out on your personal or work computer you will email it back to Naomi Weisel at nweisel@hunter.cuny.edu.

**Possible Discomforts and Risks:** If you are bothered or upset as a result of the survey you should contact your agency’s Employee Assistance Program.

**Benefits:** Participation in the study may increase knowledge of what causes successful SBC implementation.

**Financial Considerations:** Participation in this study will involve no cost to you. For your participation in this study you will receive a $5 gift card to Dunkin Doughnuts. This will be mailed to you after the survey is complete. You will provide me with the address where you want me to send the gift card when you submit the survey.
Voluntary Participation: Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. If at any time while filling out the survey you wish to stop or not answer a question you are free to do so. Participation in the research will not affect participants’ current or future employment status.

Confidentiality: Your name and your agency’s name will not be associated with your completed survey. When Naomi Weisel receives the survey it will be given a code such as A, B, C or D and that code will represent the agency where you work. Naomi Weisel and Irwin Epstein her dissertation chairperson, will be the only two people who have access to the surveys or these codes.

Data Storage: Once the surveys are submitted Naomi Weisel will keep them in her apartment until the data analysis is complete. When the study is finished the surveys will be kept for a minimum of three years in a locked cabinet in Naomi Weisel’s Chair Person’s office, Irwin Epstein. Only Irwin Epstein and Naomi Weisel will have access to this cabinet. After three years the surveys will be destroyed.

Contact Questions/Persons: If you have any questions about the research now or in the future, you can contact Naomi Weisel at nweisel@hunter.cuny.edu. If you have questions about your rights as a participant in this research study please contact Hunter College Human Research Protection Program (HRPP) at (212) 650-3053.

Statement of Consent:
“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I have will also be answered by
the principal investigator of the research study, Naomi Weisel. I voluntary agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.

I will be given a copy of this statement.”

______________________________  ___________________  __________
Printed Name of Subject  Signature of Subject (Person completing survey)  Date Signed

Subject

__________________________  ____________________________  __________
Printed Name of PI  Signature of Primary Investigator  Date Signed
Appendix H

Consent Form for Focus Group Participants

CITY UNIVERSITY OF NEW YORK

Hunter Silberman School Of Social Work

Department of Social Welfare

CONSENT TO PARTICPATE IN A RESEARCH PROJECT

Project Title: Improving Implementation of Solution-Based Casework; A child welfare casework practice model

Principal Investigator: Naomi Weisel, PhD Candidate CUNY Graduate Center

Email: nweisel@hunter.cuny.edu

Phone Number: 212. 592.6445 (314)

Faculty Advisor: Irwin Epstein, PhD, H. Rehr Professor of Applied Social Work Research (Health & Mental Health) Silberman School of Social Work Hunter College, City University of New York

Email: iepstein@hunter.cuny.edu

Phone Number: 212-396-7560

Interviewers:

Primary Investigator Naomi Weisel, PhD Candidate CUNY Graduate Center

Bianca Reid, LMSW, Senior Performance Analyst at Graham Windham

Wesley Santos, LMSW, Solution-Based Casework Coordinator at Good Shepherd Services

Cheryl Accardi, LCSW, Director of Quality Improvement at Episcopal Social Services
Carol W. Retting, LMSW, Director of Professional Development and Best Practices at SCO Family of Services

Sherri Clarke, MSW, at SBC Coordinator for Preventive Services SCO Family of Services

**Site where study is to be conducted:**

Graham Windham 33 Irving Place, New York, NY 10003

Graham Windham 540 Atlantic Avenue, Brooklyn, NY 11217

Graham Windham 1946 Webster Avenue, Bronx, NY 10457

Episcopal Social Services, 305 Seventh Ave. New York, NY 10001

Episcopal Social Services, Paul’s House, 500 Bergen Avenue, Bronx, NY 10455

Episcopal Social Services, Paul’s House Annex (The Annex), 412 East 147th Street, Bronx, NY 10455

Good Shepherd Services, 71 Sullivan Street, Brooklyn, NY 11231

Good Shepherd Services, 503 Fifth Avenue, Brooklyn, NY 11215

Good Shepherd Services, 2190 University Avenue, Bronx, NY 10453

Good Shepherd Services, 2471 Morris Avenue, 3rd fl. Bronx, NY 10468

SCO Family of Services, 570 Fulton Street 89-30 161st Street, Brooklyn NY 11217

SCO Family of Services, 613-619 Throop Avenue, Brooklyn NY 11216

SCO Family of Services, 89-30 161st Street, Jamaica, NY

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**Introduction/Purpose:** You are invited to participate in a research study that will be used as Naomi Weisel’s dissertation for her PhD in Social Welfare. The study is conducted under the direction of Naomi Weisel with affiliation of CUNY Graduate Center of NY. The purpose of this research study is to learn how child welfare staff have experienced Solution-Based Casework
(SBC) training, coaching and support in order to gain a better understanding of what factors lead to successful implementation of the model. The results of this study may help us improve SBC training at your agency, as well as, at other agencies in New York City.

**Procedures:** Approximately 64 individuals are expected to participate in this study. Each individual will either participate in a focus group or a one-on-one interview. The time commitment of each participant is expected to be about an hour.

**Possible Discomforts and Risks:** If you are bothered or upset as a result of this study you should contact your agency’s Employee Assistance Program.

**Benefits:** Participation in the study may increase knowledge of what causes successful SBC implementation.

**Financial Considerations:** Participation in this study will involve no cost to you. For your participation in this study you will receive a $5 gift card to Dunkin Doughnuts. This will be given to you after the interview is finished.

**Voluntary Participation:** Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. If at any time during the study you wish to stop the interview or not answer a question you are free to do so. Participation in the research will not affect participants’ current or future employment status.

**Confidentiality:** Once the focus group will be audio taped when the interviews are finished your interviewer, who does not work at your agency, will send the tape to Naomi Weisel. The interviewer will keep everything you say confidential. Once the tapes are sent, the audio tapes will only be accessible to Naomi Weisel and Irwin Epstein, Naomi’s Dissertation Chairperson. The focus groups and individual interviews will then be transcribed into written text. Naomi will
code the data so that your name will not appear in the written transcript of the audio tapes. The focus group interviews will involve participants being interviewed with their colleagues. The importance of confidentiality will be stressed at the beginning of every interview, but we cannot guarantee the confidentiality of participants’ responses since other members may repeat comments made during the discussion.

**Data Storage:** The collected data will be stored in a locked cabinet in your interviewer’s office on days that interviews are being conducted. Once the interviews are over the tapes will be sent to Naomi Weisel who will keep the tapes in her apartment until all of the interviews are finished. When the study is finished the tapes will be kept for a minimum of three years in a locked cabinet in Naomi Weisel’s Chair Person’s office, Irwin Epstein. Only Irwin Epstein and Naomi Weisel will have access to this cabinet. After three years the tapes will be destroyed.

**Contact Questions/Persons:** If you have any questions about the research now or in the future, you can contact Naomi Weisel at nweisel@hunter.cuny.edu. If you have questions about your rights as a participant in this research study please contact Hunter College Human Research Protection Program (HRPP) at (212) 650-3053.

**Statement of Consent:**

“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I have will also be answered by the principal investigator of the research study, Naomi Weisel. I voluntary agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.
I will be given a copy of this statement.

I give permission to have my interview audio taped.  □ Yes □ No

_________________________  ________________________________  ___________
Printed Name of Subject       Signature of Subject               Date Signed

Subject

_________________________  ________________________________  ___________
Printed Name of Interviewer  Signature of Interviewer          Date Signed

Interviewer
Appendix I

Human Research Protections Program
Hunter College (CUNY) HRPP Office

DATE: January 15, 2013
TO: Naomi Weisel
FROM: Hunter College (CUNY) HRPP Office
PROJECT TITLE: [322248-3] Successful Implementation of Solution-Based Casework, A Child Welfare Casework Practice Model
SUBMISSION TYPE: Revision
ACTION: APPROVED
APPROVAL DATE: January 15, 2013
EXPIRATION DATE: January 14, 2014
RISK LEVEL: Minimal Risk
REVIEW TYPE: Expedited Review
REVIEW CATEGORY: Expedited review category # 6.7

Thank you for your submission of Revision materials for this project. The University Integrated IRB has APPROVED your research. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

Please remember that informed consent is a process beginning with a description of the project and assurance of the participant's understanding, followed by a signed consent form(s). Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any modifications/changes to the approved materials must be approved by this IRB prior to implementation. Please use the appropriate modification submission form for this request.

All UNANTICIPATED PROBLEMS (UPS) involving risks to subjects or others, NON-COMPLIANCE issues, and SUBJECT COMPLAINTS must be reported promptly to this office. All sponsor reporting requirements must also be followed. Please use the appropriate submission form for this report.

This research must receive continuing review and final IRB approval before the expiration date of January 14, 2014. Your documentation for continuing review must be received with sufficient time for the IRB to conduct its review and obtain final IRB approval by that expiration date. Please use the appropriate continuation submission forms for this procedure. PLEASE NOTE: The regulations do not allow for any grace period or extension of approvals.

If you have any questions, please contact Sarah Leon at (212) 650-3053 or bleon@hunter.cuny.edu. Please include your project title and reference number in all correspondence with this committee.
This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within the City University of New York's records.
References


of Community Psychology, 43(1-2), 3–21.

doi:http://dx.doi.org.proxy.wexler.hunter.cuny.edu/10.1007/s10464-008-9212-x


