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**Clinical Consultation for Child Welfare Supervisors  
October 1, 2000 – September 30, 2003**

**FINAL REPORT**

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## **Purpose of the Project:**

The purpose of the project was to provide clinical consultation to child welfare supervisors in order to strengthen their ability to function in the role of mentor, coach and educator with casework staff. Sponsored by Fordham University Graduate School of Social Service (GSSS) in collaboration with the New York City Administration for Children's Services (ACS), the project met an identified need in the NYC child welfare system to increase the effectiveness of supervisory practice in order to enhance services for children and families. A specific focus was the enhancement of child-centered, family focused and culturally relevant casework practice. The project was undertaken within the larger context of a university-child welfare partnership devoted to the stabilization and professionalization of the workforce.

### **Original goals**

1. To develop and evaluate a training curricula for MSW-level child welfare supervisory staff:
  - a) To enhance Supervisors' ability to coach, mentor and involve casework staff in sound decision-making case practices aimed at ensuring children's safety and well being.
  - b) To increase Supervisor's capacity to convene and facilitate service planning case conferences where permanency and the child's well-being are the paramount focus.
2. To increase Supervisors' ability to support staff in the implementation of ASFA and related legislation;

- a) To improve supervisory practice in the development of child centered culturally relevant safety plans.
- b) To improve Supervisors' ability to involve casework staff in the development of individualizes, family focused and culturally relevant permanency plans;

**I. MAJOR ACTIVITIES: YEARS ONE – THREE**

**Development of the Consultation Model**

While both training and consultation are important modalities in the preparation and retention of qualified child welfare supervisors, the approach in this project centered on consultation, partly because of the context within which the project was launched. The inception of the project coincided with a period in which the public child welfare agency had committed to a 10-day management and administratively-focused training program for all public agency supervisors. The consultation program followed the implementation of that project and built on the largely management-oriented focus which that program had taken. The project coincided with the emergence of a university-public agency partnership in New York City that involved six schools of social work and the public child welfare agency, the Administration for Children's Services (ACS). This partnership was committed to the professionalization and stabilization of the child welfare workforce in New York City.

The components of the consultation model included 1) a curriculum that was developed based on a needs assessment conducted with potential

participants of the program, 2) consultants who were members of full-time faculty at schools of social work, 3) supervisors (mostly MSW-level) from both the public and voluntary child welfare agencies in New York City, and 4) a 10-session format over the academic year which emphasized participant presentations.

A beginning review of the literature on consultation indicates that consultation is an especially effective intervention if conducted within the context of an ongoing collaboration, and more effective than a brief consultation model alone (Bower & Cook, 2000). A review of studies carried out in British social service agencies found that individual supervisory sessions with caseworkers were insufficiently rigorous in improving the quality of case planning. Outside or external consultants who provided individual or group consultation that offered opportunities for supervisors to explore feelings, receive critical appraisal and consider alternative courses of action were more helpful. (Clare, 2000). In another study involving clinical and academic consultation, the author concluded that the consultation process was a way of helping clinicians understand the dynamics of child-foster parent interactions better and complete assigned tasks. (Briggs, 1994). Nathan (1993) identifies a number of reports in which supervision in child protective services was characterized as ad hoc, sessions missed or infrequent and reactive rather than planned. He suggests that the role of the supervisor must be not only to provide administrative clarity but to deal with the anxiety that the job engenders. He used a consultation group to generate hypotheses about the work presented by a member, construct a plan and develop a theoretical framework for intervention (Nathan, 1993).

In another study (Garrett & Baretta-Herman, 1995), consultation was conceptualized as one form of professional development that could be used to support school social work staff. Consultation is subdivided into two processes: client-centered and agency-centered. The former is concerned with: discussing client dynamics, identifying approaches for helping clients make change, developing new practice skills and providing information about new and/or effective treatment skills. Agency-centered professional development, on the other hand, is concerned with orienting the staff person to the philosophy of the agency, the processes and procedures, task assignment, the presentation of roles, and resources. Of concern is their finding that workers "professional orientation blur the contribution of the social work perspective and diminishes the commitment of social workers to professional values and practice standards (Garrett et.al., 1995, " p. ). In our consultation project, the focus was client-centered as opposed to agency-centered.

The program's philosophy was guided by the strength-based model (Cohen, 1999). Cohen argues persuasively that learning from success is one of the best motivations for social work innovation and achievement of excellence. He also specifically argues that "Supervision for strength-based practice should not be crisis-driven consultation, initiated when the supervisee 'needs help' " but rather "proactive supervision provided to the worker on a regular, predetermined time schedule, with the twin purpose of enhancing professional development and sustaining quality control" (p.464).

A second guiding principle was the development of "self-sustaining" supervisors (Lowe, 2000). The "self-sustaining supervisor" concept is extrapolated from a conceptual framework introduced by Lowe (2000) to help therapists function as "self-sustaining" therapists. He believes that the end goal for many therapists is to become capable of self supervision, or as he defines this, to become a "self-sustaining therapist". By this he means that the therapist is experienced enough to know that his or her own reflections need to be enhanced through consultation with a supervisor, peer or other professional. The method he employs in his supervision of therapists is to facilitate expertise rather than to formally instruct. In his model, the therapist's input is conceptualized as "expert wonderings". Phases identified in his model include goal setting, opportunity to demonstrate competence and change, identifying challenges and resources, contributions from the supervisor's frame, preparing for future work and reflecting on the consultation (Lowe, 2000). We re-defined this concept to describe a goal for the supervisors participating in the Clinical Consultation project and used this concept to guide the interventions undertaken in this project.

### **Description of program**

The ten session consultation model developed for this project incorporated the overall project goals identified above and followed a consultation model. Sessions one, which stresses the need for the individual supervisory sessions, session two, which addresses the need for the supervisor to assess each of his supervisors, and session three, which introduces the stages of change model to

support this assessment, all support the goal of enhancing supervisors' ability to coach, mentor and involve casework staff in sound decision-making case practices aimed at ensuring children's safety and well-being (Objective 1a.) Session four is specifically designed to increase the understanding of group dynamics and reinforce this understanding in the application to case conference situations and addresses Objective 1b.

While all of the supervisors in the project were in units which only involved working with children in their own homes, sessions two and five through seven supported the development of culturally-relevant safety (Objective 2a) and permanency plans (Objective 2b). Attention to differences and values-clarification exercise early on in session two helped set the framework for this emphasis throughout. Sessions five through nine focus on problems presenting serious challenges to both caseworker and supervisors (sexual abuse, mental illness, domestic violence, substance abuse, and adolescent clients) and also address Objectives 2a and 2b.

For session ten all participants met together for a half-day forum which provides for summary and evaluation of the project. A copy of the entire consultation 10-session outline, including handouts used in each session and a trainer's guide for each session was submitted with the second semi-annual report for year three in October, 2004 and is not duplicated here.

In the first year of the project, the curriculum outline was developed and tested. An evaluation at the end of the first year led to revisions in the curriculum

which were implemented in years two and three. Results of the evaluation for the three years of the program are described below.

The participants in the program were supervisors in child welfare agencies from both the public and private sector in New York City. They were drawn from preventive services, foster care and court-ordered supervision units, but not from child protective services units. Approximately 160 supervisors participated over the three years of the project, and the large majority held MSW degrees. They had an average of 4 – 5 caseworkers who collectively were responsible for over a hundred cases. In year one, five groups of approximately six supervisors met for 10 sessions. In the second and third years of the project, a managers group was added to the supervisory groups. Eight supervisory groups met in Year Two with an average attendance of eight members per session. In Year Two a group of 21 managers met and in Year Three the managers group had six members. The average attendance in the seven supervisory groups in Year Three was four members. See Appendix A for a detailed description of group participation by borough.

Faculty who served as consultants were drawn from schools of social work in the New York metropolitan area. By and large, the faculty were experienced practitioners who taught social work practice or clinical courses at their respective schools. In addition to backgrounds in child welfare, faculty brought experience in supervision, group work, sexual abuse, domestic violence, mental illness, adolescence and substance abuse to their work as consultants, (See List of Faculty in Appendix B for more detailed description of Faculty background).

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Faculty met monthly as a group to discuss sessions and plan for upcoming units. (See Appendix C for list of meetings by year).

The program consisted of ten, three-hour consultation sessions, held approximately every three weeks from October through the middle of June. (See outline of sessions in Appendix D). In year two there were eight groups of supervisors and in year three, seven groups of supervisors. To provide maximum flexibility for both faculty and participants, the sessions were held in the field offices of the public agency in four of the five boroughs in New York City. They were also scheduled at a time that was most convenient for the group. Thus, while all groups generally met on the same week, one might meet on Tuesday morning, another on Wednesday afternoon, others on Thursday, etc.

While the sessions relied heavily on the participant supervisors to present situations which were providing challenges around casework practice and supervision strategies, there was a curriculum "outline". Key aspects of this outline included the stress on 1) an assessment of their caseworkers readiness to use an individualized supervisory structure that emphasized an educative as opposed to ad hoc, crisis intervention model of supervision; 2) a focus on the use of group process to enhance the supervisors ability to lead affective team or unit meetings and case conferences; 3) utilization of the stages of change model in educating caseworkers about the motivation of clients to change and 4) a focus on strategic client problem situations, including sexual abuse, work with adolescents, domestic violence and mental illness. Each session had a theme,

and supervisors were encouraged to bring to the session supervisory issues that addressed that theme.

There was a formal assignment each week, with supervisors bringing in a piece of process recording that illustrated interaction between the caseworker and supervisor (See Appendix E for copy of process recovery form). Supervisors also completed an activity log at the beginning of each session that indicated how many individual sessions with caseworkers they had had during the previous week, and if they had held a team meeting in the time period since the last consultation session (See Appendix F for a copy of the Activity Log).

### **Evaluation Activities**

#### *Method*

At the first Clinical Consultation session, participants were asked to complete a Self-Assessment Instrument (See Appendix G). They signed their names to the form, which took approximately 15 minutes to complete. At the last session, they completed an identical Self-Assessment Instrument. Also during the final session, we asked participants to evaluate the overall program, including its content and format, by completing an anonymous Post-Program Satisfaction Questionnaire (See Appendix H).

During the summer following the conclusion of the Year Three program, we interviewed 28 former Year Two and Year Three participants for the purpose of determining whether the program's goals were not only achieved but survived at

3-month and an 18-month intervals of time. An interview schedule (see Appendix I) was developed for that purpose.

## **Measures**

*Self-Assessment Instrument:* The overall purpose of the evaluation component was to examine the degree to which the Supervisors in the project improved their supervisory skills from program entry to conclusion. We used the same Self-Assessment Instrument in each of the three years. The self-assessment instrument has 33 items divided among five domains: 1) Helping workers with engagement skills; 2) Effectively evaluating workers' assessment skills with cases; 3) Helping workers with on-going case management; 4) Motivating caseworkers; and Managing professional challenges. Each item is measured on a 4-point Likert scale (1=strongly disagree, 4=strongly agree) and the items are summed for total domain Subscale Scores as well as a Total Scale Score. Both the Supervisors and the project staff found the instrument to be acceptable and a content-valid measure of skill acquisition. Internal consistency reliability was high (pretest alpha = .97; posttest alpha = .96).

*Post-Program Satisfaction Questionnaire:* This instrument was designed to measure participants' the overall satisfaction with the program at its conclusion. The first ten questions, measured on a 3-point Likert Scale (1=not really, 2=somewhat, 3=a lot) comprised a curriculum satisfaction scale. Each item referred to the specific activity of each of the ten sessions. Questions 11 through 20 covered practical considerations that might have an impact on satisfaction and benefit, such as the frequency and interval between sessions, the quality and

preparedness of the facilitator, and the attitude toward the evaluation component. Internal consistency reliability of the first ten items, which we combined into a scale score, was relatively high ( $\alpha = .79$ ).

*Interview Schedule for Post Program Evaluation:* This schedule was designed to elicit 3-month and 18-month follow-up satisfaction and skill retention data from Year 2 and Year 3 participants. The Schedule includes both closed-end and open-ended questions, with a predominance of the latter. It therefore can yield both qualitative and quantitative data.

## **II. PROBLEMS**

The major problems encountered in the administration of the program were under-enrollment (especially in years one and three), a poor fit between the duties of the staff that were enrolled in the program in year three and the curriculum goals for the consultation program, and the inability to complete a behavioral impact study due (to inadequate resources). As we analyzed the issue of low attendance, we came to the conclusion that this was related to conflicting training demands and other agency demands on supervisors' time, particularly in the context of budget shortfalls and retrenchment of the child welfare system that was experienced by the child welfare system in New York City by year three of the project. This affected both the number of supervisors available to attend the program in the first place and the ability for them to arrange for the time to attend the consultation sessions, once they were enrolled. This was an issue with both the public and private agencies.

A second factor was the move to recruitment of supervisors from a new division of the public agency in year three. This division, the Division of Foster Care Services (DFSCS) had an internal structure different from that of the Division of Child Protection, the program from which supervisors had been recruited for the previous two years of the project. In the foster care division, the Level II supervisors, who had been the target group for the first two years, functioned as the managers and were less available to attend training. While there were a number of Level I supervisors, many were new to that position and did not necessarily supervise a unit of workers. While the plan within the division was to move the Level I supervisors into supervision of workers, this was not in operation for many of those designated to attend the consultation program.

Another group of staff whom ACS wanted to have attend were those with a title of Child Evaluation Specialist (CES). Their responsibilities included providing assistance and consultation to workers around the case plan in situations of severe abuse and neglect. While they theoretically could make use of the material covered in the consultation program, they, too, did not supervise a unit of workers. In this respect, they were also a poor fit for the much of the consultation content which focused on the supervisory-worker relationship. Due to the low enrollment of appropriate supervisors, however, a decision was made to go forward with many of the Level I Supervisory staff and some CES supervisors. This sometimes presented difficulty for the faculty consultants, who had to stretch to make the consultation relevant for these supervisors.

The low attendance at the final session also effected the collection of post-test and post-program data, especially in Year 3. The post-program interviews with 25 staff from the second and third years of the program was therefore especially helpful in the analysis of the program for the third and final year.

We were also not able to undertake an evaluation of a behavioral impact of training, as had been initially planned, due to lack of resources. However, even without that, we believe that we were able to answer a number of questions regarding how the program, from a self-assessment perspective, impacted on supervisory practice, and how educational levels and former training may increase the benefit of a consultation model.

### **III. SIGNIFICANT FINDINGS**

#### **Results**

Over the three years, 158 Supervisors participated in the evaluation component of the project. They had worked as supervisors for an average of 7.2 years (sd=5.8) and represented the five boroughs of New York (see Table 1).

Table 1

Participation by Borough

Borough	Frequency	Percent
Bronx	47	29.7
Brooklyn I	49	31.0
Brooklyn II	35	22.2
Manhattan/Staten Island	22	13.9
Queens	5	3.2
Total	158	100

Self-Assessment Scale

One hundred-fifty eight supervisors completed the Self-Assessment Pretest; 73 of these supervisors completed only the pretest and 84 completed both the Pretest and the Posttest. Four supervisors completed only the Posttest self-assessment. The group that participated in both the pretest and posttest self-assessment (n=84) is the main focus of the overall evaluation. Those who completed the survey at both occasions were not significantly different from their colleagues who completed only the pretest with regard to education (Bachelors or Masters Degree; see Table 2) or number of years as a supervisor ( $t = -.004$ ,  $df = 151$ ,  $p = .997$ ).

Table 2

*Comparison of Pretest Only and Both Pretest and Posttest Groups on Education Level*

Degree	Group				$X^2$
	Pretest Only		Both Pretest and Posttest		
	N	%	N	%	
BA / BS	18	25	23	28	.187
MA / MSW	55	75	60	72	
	73	100	83	100	

They were also statistically equivalent on the Self-Assessment Pretest Total Score and on each of its five Subscales (see Table 3).

Table 3  
*Comparison of Total Self-Assessment Scores and Subscale Scores Between Pretest Only and Both Pretest and Posttest Groups*

Pretest Scales	Group				t
	Pretest		Both Pretest and Posttest		
	N=74		N=83		
	Mean	SD	Mean	SD	
Assessment	2.5	.73	2.6	.68	-.98
Helping	2.9	.82	2.9	.67	-.89
Case Management	2.8	.82	2.8	.75	.56
Motivation	2.8	.73	2.8	.73	-.31
Challenge	2.5	.72	2.5	.68	-.71
Total Pretest Score	89.6	21.6	91.6	19.3	-.62

The borough and number of Supervisors participating in the complete evaluation are shown in Table 4.

Table 4

*Evaluation Participants by Borough*

Borough	Project Year			Total
	1	2	3	
Bronx	4	15	7	26
Brooklyn	8	11	13	32
Manhattan/SI	5	12	2	19
Queens	4	3	0	7
Total	21	41	22	84

The descriptive statistics of the total pretest and posttest scores, and the pretest and posttest subscale scores, are shown in Table 5.

Table 5

*Descriptive Statistics of Pretest and Posttest Total Self-Assessment and Subscale Scores*

Domain	Time	Project Year					
		1		2		3	
		Mean	SD	Mean	SD	Mean	SD
		N= 21		N=41		N=22	
Total Scale	Pretest	69.7	12.9	99.0	15.7	91.6	19.3
	Posttest	77.9	9.3	110.7	14.8	109.2	12.8
Helping	Pretest	2.3	.43	3.2	.64	3.2	.50
	Posttest	2.4	.31	3.6	.39	3.4	.42

Assessment	Pretest	3.2	.42	3.2	.64	2.9	.72
	Posttest	2.2	.51	2.7	.43	3.2	.50
Management	Pretest	2.2	.52	3.1	.71	2.9	.81
	Posttest	2.4	.47	2.9	.44	3.2	.98
Motivation	Pretest	2.1	.53	3.7	.62	3.1	.49
	Posttest	2.2	.49	3.4	.55	3.2	.98
Challenge	Pretest	1.94	.55	2.8	.63	2.9	.49
	Posttest	2.38	.36	3.3	.66	3.4	.36

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. Analysis of Covariance with Time as a main effect and the Self-Assessment Total Score Pretest or Pretest Subscale Score, respectively, as covariates indicated that both the Total Scale score and each of the Subscale scores were significantly improved from pretest to posttest; in all analyses, Years 2 and 3 were significantly greater than Year 1 (see Table 6).

Table 6

*ANCOVA of Posttest Total Self-Assessment Scale and Domain Subscale Scores with Pretest Scores as the Covariate\**

Dependent Variable Scale		F	P value
<b>Self Assessment Posttest</b>			
	Pretest	26.47	.000
	Year	20.53	.000
<b>Helping Subscale Posttest</b>			
	Pretest	1.61	.208
	Year	35.25	.000
<b>Assessment Subscale Posttest</b>			
	Pretest	4.27	.042
	Year	18.03	.000
<b>Management Subscale Posttest</b>			
	Pretest	23.87	.000
	Year	7.57	.001
<b>Motivation Subscale Posttest</b>			
	Pretest	9.11	.003
	Year	13.21	.000
<b>Challenge Subscale Posttest</b>			
	Pretest	14.49	.000
	Year	6.82	.002

\* All F values had 1,83 degrees of freedom

In addition, when education, a modifying variables, was added as a factor, it was significant in three of the analyses: Supervisors with a Master's Degree improved more than their colleagues with a Bachelor's Degree on the Self-Assessment Posttest and the Challenge and Motivation Subscales (see Table 7). The interaction between program year and education, however, was not significant in any of these analyses.

Table 7

*Self-Assessment Total Scale, Challenge, and Motivation Subscale Posttest Scores by Level of Education<sup>#</sup> with Pretest Scores as Covariate*

Scale	Year	Level of Education				F
		Bachelors		Masters		
		Mean	Std. Error	Mean	Std. Error	
Total Scale Posttest	1	83.5	3.9	87.9	3.2	4.5*
	2	105.4	3.2	110.5	1.9	
	3	98.4	5.3	107.4	2.5	
Challenge Posttest	1	2.6	.17	2.6	.14	4.0*
	2	2.8	.14	3.4	.08	
	3	3.1	.27	3.3	.12	
Motivation Posttest	1	2.2	.17	2.5	.14	15.1***
	2	3.1	.14	3.6	.08	
	3	2.4	.26	3.3	.11	

<sup>#</sup> All F values had 1,83 degrees of freedom

\* p <.05

\*\*\* p<.001

## Post Program Evaluation of Program Goals

During the final Session 10, as in both the preceding years, we asked the supervisors to evaluate the overall program, including its content and format. The first ten items of the Post Program Questionnaire requested ratings, on a three point Likert-type response scale (1 = not really, 2 = somewhat, and 3 = a lot), of the specific activities and content of the consultation sessions. A general trend, though not significant, was an increase from Program Year One to Program Year Three in the percentage of Supervisors who found the sessions to be useful in their supervisory work. The percentage of supervisors endorsing the sessions on both Domestic Violence and on Adolescents were significantly greater in each subsequent year of the program. Results are shown in Table 8.

Table 8

*Percent Responding "A lot" to Post Program Questionnaire Items 1 through 10 by Program Year*

Post Program Question	Program Year			$\chi^2$
	1	2	3	
1. Did the program <b>meet the needs</b> you identified for yourself in the first session of the program?	52.4	61.0	80.0	.185
2. Were you able to <b>implement individual supervisory sessions</b> with your caseworkers?	72.0	82.3	70.8	.289
3. Did the <b>value clarification session</b> have an impact on your supervisory practice with your caseworkers?	56.0	61.3	68.0	.84
4. How useful was the <b>stage of change model in addressing caseworker's readiness for change</b> ?	65.2	63.9	72.0	.607
5. How useful was the <b>stage of change model in assessing your readiness for supervision</b> (especially in areas difficult for you)?	58.3	62.9	76.0	.491
6. Did you use what you learned about <b>group work</b> process in your supervision practice (team meetings, group supervision, case conferences)?	72.0	62.9	54.2	.433
7. Did you use what you learned on <b>substance abuse</b> to guide workers who have difficulty confronting clients around substance abuse issues?	37.5	40.0	48.0	.92
8. How much did the session on <b>domestic violence</b> help in supervising workers who are challenged by clients involved in domestic violence?	31.8	48.4	75.0	11.3**
9. How much did the session on <b>adolescents</b> help you develop strategies for supervising workers who struggle with adolescent clients?	34.8	53.5	82.6	11.2**
10. How helpful was the session on <b>sexual abuse</b> in your supervision of workers around this type of case?	30.0	60.7	60.9	.183

\*\*p<.05

The Post Program Satisfaction Questionnaire also asked for feedback on the format, frequency, and location of the consultation sessions and the quality of the faculty facilitator. The same Likert-type format was used for the response scale (i.e., 1 = not really, 2 = somewhat, and 3 = a lot). The results are shown in Tables 9 and 10. The faculty facilitators were uniformly endorsed as good leaders, well prepared, and knowledgeable.

Table 9

*Chi-Square Analyses of Post Program Satisfaction Questionnaire Format Questions*

Post Program Question	Program Year #						X <sup>2</sup>
	1		2		3		
	N	%	N	%	N	%	
	N = 25		N = 60		N = 25		
Did you like having the program at the field office? (% A Lot)	19	76.0	28	57.1	10	40.0	.083
Was the length of each session:							2.99
Too Short	1	4.0	4	6.7	3	12.0	
Just right	22	88.0	52	86.7	22	88.0	
Too Long	2	8.0	4	6.7	-	-	
The ideal time between sessions?							14.2**
2 Weeks	15	63.5	16	36.0	9	27.6	
3 Weeks	7	29.2	12	20.7	6	24.0	
1 Month	2	8.3	30	51.7	10	40.0	

Meeting at Fordham on the first and last session a good idea (% Yes) 23 100 55 91.7 24 96.0  
 # Some analyses have missing values

\*\* p<.05

Table 10

*Chi-Square Analyses of Post Program Questions Related to Consultant*

	Program Year #						<i>X</i> <sup>2</sup>
	1		2		3		
	N	%	N	%	N	%	
Was Consultant:	N = 25		N = 60		N = 25		
Knowledgeable? (% Very)	25	100.0	55	96.5	25	100.0	.409
A good leader? (% Very)	25	100.0	55	96.5	25	100.0	.409
Prepared? (% Very)	25	100.0	53	91.4	23	92.0	.322

# Some analyses have missing values

*Qualitative Interviews Summer 2003*

During the Summer of 2003, following the end of the three year consultation program, nine supervisors who had participated in Year 2 and eleven supervisors who had participated in Year 3 were interviewed about their experience. Most questions were open-ended, i.e., respondents had an opportunity to volunteer as many comments as they liked while a few requested a “yes” or “no” response.

Twenty supervisors (9 from Year Two and 11 from Year Three) and five managers participated in the interviews. Most said that the consultation program was initially presented as a mandatory training program, and the majority were not excited about the opportunity to attend. Responses to these open-ended questions are shown in Table 11 (See Appendix J for Tables 11 and 12). The majority (60%) of the supervisors indicated that they were wary of the request to participate in the Consultation Program, 30% (of whom) because they were already involved in multiple other training programs and 45% because it seemed like more work. Fifty percent said they “dreaded” or expected to be “bored” while 40% were “excited.” However, once they experienced the consultation format of the first session, 40% of the Supervisors said they were “delighted” to be a participant and that they were much “more motivated” and “eager” to take part. Eighty five percent said that over the course of the Consultation Program, they experienced agency support for their participation in the project.

Over half of the supervisors considered the Consultation Program as an opportunity to “apply knowledge,” 84% as an opportunity to increase their skills, and 32% to address the challenges of their work. Eighty-five percent said that they could apply the materials presented in the consultation session in their role as supervisors, and 75% stated that they found the handouts useful. Sixty percent said that it changed the manner in which they supervised.

Among the expressed benefits of the Consultation Program over a training format were the participatory nature of the sessions (63% of Supervisors), its relevance to their work (32%), and an equal 26% said they liked the individualized

attention, feedback they received, and the size of the group, respectively. They particularly liked the interactive-participatory nature of the consultation, and the chance to “share” their experiences and professional frustrations with supervisors from other offices.

Particularly noteworthy is the fact that many who had taken the mandated supervisory core training introduced by the Administration for Children’s Services and coinciding with the implementation of this project felt that this basic training prepared them to make better use of the consultation model.

While we were not able to implement the behavioral impact evaluation component envisioned at the time the proposal was submitted, our follow-up at a 3-month post completion interval for staff from Year Three, and at a 15-month interval with staff from Year Two suggests that the perceived benefit, including the use of what was learned in the consultation, persisted beyond the program itself.

#### **IV. DISSEMINATION ACTIVITIES**

In two of the three years of the project (Year 1 and Year 3), a conference was held at the end of the program year. In June 2001, we co-sponsored with the Administration for Children’s Services a major conference entitled “Empowering Supervisors to Mentor and Coach”. The goals of this conference were to provide educational experiences for the supervisors and to introduce information about a mandatory training program that is being introduced by the Administration for Children’s Services. Approximately 175 people attended this all-day conference. The program included participant round table discussions, a keynote speaker, and

workshops presenting a number of different supervisory training programs that were currently being offered in New York City, including our Clinical Consultation model. The conference was rated as either "Good" or "Excellent" by over 90 percent of the participants who completed the evaluation at the end of the program.

In June, 2003, a half-day conference was held for program participants, faculty at the schools of social service and administrators from the Administration for Children's Services. The purpose of the conference was to review the highlights of the Clinical Consultation program and facilitate discussion of the impact for supervisors and managers. Approximately 40 people attended this conference. Dr. Alma Carten was the keynote speaker. These two conferences provided forums for presentation and discussion of the Clinical Consultation model in New York City.

In addition, in July, 2003, a manuscript was submitted to Child Welfare for publication. It was accepted in October, 2003, and a copy was forwarded with the second semi-annual report for year three (in October, 2003). A second manuscript is under preparation. We had hoped to include it with this final report but will forward it in January after we have submitted it for publication.

## **V. SUMMARY AND CONCLUSION**

In this project, a clinical consultation model for child welfare supervisors in both the public and private agencies was developed and tested. The model was developed using focus groups of supervisors in both the public and private child welfare agencies in New York City, and interviews with key informants in the

public child welfare agency. After curriculum revisions at the end of the pilot year (year 1), the program was delivered to two more cohorts of supervisors. In year two, the supervisors were drawn from family preservation and court-ordered supervision units in the public agency, and from preventive units in the voluntary agencies. In year three, the supervisors came from both court-ordered supervision and foster care units in the public agency and from foster care units in the voluntary agencies.

The year two cohort scored significantly higher than the year one cohort on the pre-post self assessment measure. (The cohort for year one was drawn from the same units as the cohort for year two.) Year Two and Year Three cohorts were not significantly different from each other on the pre-post self assessment measure, suggesting that the revisions made in year one were effective and fidelity of the clinical consultation methodology was achieved in the delivery of the program in years two and three. Significant differences on pre-post self assessment scores were achieved within each cohort from the beginning to the end of the project for each of the three years.

The Post-Program Questionnaire was a consumer satisfaction instrument that captured the reaction to the content, format and consultant knowledge and style. Approximately two-thirds of the participants in Year Two and Three In each session of the program felt that they had been helped "a lot" by the themes addressed in each of the ten sessions. Most appreciated the format and they almost universally endorsed positively the knowledge and skill of the consultants.

The interviews with staff from Year Two and Year Three at 3-month and 15-month intervals post completion of the program in the summer of 2003 provided amplification for the results obtained on the Pre-Post Self Assessment and the Post Program Questionnaire. As indicated above, attendance was a problem, particularly in year three. A number of factors appear to be associated with this, including a major retrenchment in foster care services and a resulting attrition of staff, and other mandatory training programs being offered at the same time. We wondered, however, if the manner in which the program was introduced might have played a role in discouraging participation. The results from the qualitative data suggest that regardless if the participant was hostile as a result of how training was introduced, if the consultant was viewed as effective in initial session, then the participant was motivated to continue.

Other factors motivating high levels of satisfaction appear to include the opportunity for feedback from group members, the child welfare knowledge of the faculty member, the skill of faculty member in facilitating group process, the stage of change framework for evaluating their caseworkers, the focus on mental illness, sexual abuse and domestic violence, and the fact that the sessions were held in field offices.

Of particular relevance for potential replications of this model is the finding that if supervisors has an MSW, they are more likely to experience greater benefit from the program. Additionally, for supervisors where participation in this program followed the Supervisory Core Training, they believed that they were better able to make use of consultation model.

# **APPENDIX A**

## **Schedule/Attendance of Consultation Sessions**

**Clinical Consultation for Child Welfare Supervisors**  
*Children FIRST*  
 Fordham University Graduate School of Social Service  
 2000-2001

**Schedule/Attendance of Consultation Sessions**

<b>BOROUGH</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Avg</b>
<b>Bronx</b> Virginia Strand, DSW	12/11/00	1/25/01	2/20/01	3/20/01	4/3/01	4/17/01	5/1/01	5/15/01	6/5/01	6/21/01	
<b>Attendance</b>	8	9	8	8	5	6	6	6	5	5	6.6
<b>Brooklyn 1</b> Denise Ellis, DSW	12/11/00	1/29/01	2/12/01	3/12/01	3/26/01	4/23/01	5/14/01	5/29/01	6/5/01	6/21/01	
<b>Attendance</b>	6	4	9	6	4	8	5	5	4	4	5.5
<b>Brooklyn 2</b> Yvette Sealy, PhD	12/11/00	1/25/01	2/15/01	3/8/01	3/29/01	4/5/01	4/25/01	5/17/01	6/7/01	6/21/01	
<b>Attendance</b>	8	6	6	6	4	7	8	7	7	5	6.4
<b>Manhattan/Staten Island</b> Patricia Dempsey, CSW	12/11/00	1/31/01	2/28/01	3/14/01	3/21/01	4/25/01	5/9/01	5/23/01	6/13/01	6/21/01	
<b>Attendance</b>	9	7	10	6	8	7	7	6	7	6	7.3
<b>Queens</b> Manny Gonzalez, DSW	12/11/00	1/29/01	2/12/01	3/26/01	4/9/01	4/30/01	5/14/01	5/24/01	6/4/01	6/21/01	
<b>Attendance</b>	7	5	6	5	5	6	4	3	3	5	4.9
<b>Session Totals</b>	38	31	39	31	26	34	30	27	26	25	

Clinical Consultation for Child Welfare Supervisors and Managers  
 Children FIRST  
 Fordham University Graduate School of Social Service

Schedule/Attendance of Consultation Sessions

BOROUGH	Consultant	1	2	3	4	5	6	7	8	9	10
<b>Manhattan</b>	<b>Dr. Wilmore-Schaffer</b>	10/22/01	11/29/01	12/3/01	1/14/02	2/11/02	3/11/02	4/8/02	5/13/02	6/10/02	6/13/02
<b>Attendance</b>		9.00	10.00	8.00	9.00	4.00	9.00	4.00	6.00	6.00	8.00
<b>Manhattan</b>	<b>Dr. Carten</b>	10/22/01	11/5/01	12/3/01	1/7/02	2/4/02	3/4/02	4/8/02	5/20/02	6/3/02	6/13/02
<b>Attendance</b>		9.00	9.00	9.00	8.00	7.00	7.00	6.00	6.00	8.00	7.00
<b>Brooklyn</b>	<b>Dr. Sealy</b>	10/22/01	11/8/01	12/6/01	1/10/02	2/7/02	3/7/02	3/21/02	4/11/02	5/2/02	6/13/02
<b>Attendance</b>		9.00	6.00	8.00	5.00	4.00	9.00	9.00	9.00	9.00	7.00
<b>Brooklyn</b>	<b>Dr. Embry</b>	10/22/01	11/15/01	12/6/01	1/17/02	2/7/02	3/7/02	4/4/02	5/16/02	6/6/02	6/13/02
<b>Attendance</b>		7.00	15.00	15.00	13.00	12.00	11.00	8.00	10.00	7.00	9.00
<b>Bronx</b>	<b>Dr. Dempsey</b>	10/22/01	11/15/01	12/13/01	1/8/02	2/5/02	3/5/02	4/9/02	5/7/02	6/4/02	6/13/02
<b>Attendance</b>		7.00	6.00	4.00	7.00	7.00	6.00	5.00	4.00	7.00	3.00
<b>Bronx</b>	<b>Dr. Ellis</b>	10/22/01	11/19/01	12/3/01	1/28/02	2/4/02	3/11/02	4/8/02	5/6/02	6/3/02	6/13/02
<b>Attendance</b>		7.00	8.00	9.00	6.00	6.00	5.00	9.00	6.00	7.00	7.00
<b>Bronx</b>	<b>Dr. Baez</b>	10/22/01	11/18/01	12/3/01	1/7/02	2/4/02	3/11/02	4/1/02	4/29/02	6/13/02	6/13/02
<b>Attendance</b>		7.00	8.00	8.00	9.00	9.00	6.00	6.00	5.00	8.00	4.00
<b>Queens</b>	<b>Dr. Cooper-Altman</b>	10/22/01	11/8/01	12/6/01	1/10/02	2/7/02	3/7/02	4/4/02	5/9/02	6/6/02	6/13/02
<b>Attendance</b>		7.00	9.00	6.00	5.00	4.00	2.00	5.00	5.00	3.00	5.00
<b>Managers</b>	<b>Dr. Gonzalez</b>	10/22/01	11/19/01	12/10/01	1/28/02	2/11/02	3/18/02	4/22/02	5/13/02	5/30/02	6/13/02
<b>Attendance</b>		19.00	14.00	11.00	16.00	13.00	11.00	16.00	15.00	13.00	16.00
	<b>Session Totals</b>	<b>81.00</b>	<b>85.00</b>	<b>78.00</b>	<b>78.00</b>	<b>66.00</b>	<b>66.00</b>	<b>68.00</b>	<b>67.00</b>	<b>68.00</b>	<b>66.00</b>

Avg.
7.30
7.60
7.50
10.70
5.60
7.00
7.00
5.10
14.40

Clinical Consultation for Child Welfare Supervisors and Managers  
 Children FIRST  
 Fordham University Graduate School of Social Service

Schedule/Attendance of Consultation Sessions

<b>BOROUGH</b>	<b>Consultant</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Manhattan</b>	<b>Dr. Wilmore-Schaffer</b>	11/4/02	11/22/02	12/11/02	1/15/03	2/5/03	2/19/03	3/7/03	4/16/03	5/7/03	6/5/03
<b>Attendance</b>		8.00	3.00	3.00	4.00	3.00	3.00	4.00	4.00	4.00	3.00
<b>Brooklyn</b>	<b>Dr. Sealy</b>	11/4/02	12/3/02	1/7/03	2/4/03	2/25/03	3/25/03	4/8/03	4/29/03	5/20/03	6/5/03
<b>Attendance</b>		6.00	6.00	6.00	5.00	7.00	5.00	3.00	7.00	5.00	5.00
<b>Brooklyn</b>	<b>Dr. Embry</b>	11/4/02	12/6/02	1/9/03	1/30/03	2/27/03	3/20/03	4/10/03	5/1/03	5/22/03	6/5/03
<b>Attendance</b>		5.00	5.00	3.00	4.00	4.00	4.00	2.00	3.00	3.00	5.00
<b>Bronx</b>	<b>Dr. Dempsey</b>	11/4/02	11/20/02	12/11/02	1/9/03	1/29/03	2/26/03	3/19/03	4/30/03	5/28/00	6/5/03
<b>Attendance</b>		5.00	3.00	3.00	3.00	4.00	3.00	2.00	3.00	4.00	4.00
<b>Bronx</b>	<b>Dr. Ellis</b>	11/4/02	12/2/02	1/27/03	2/10/03	3/10/03	3/31/03	4/7/03	4/28/03	6/2/03	6/5/03
<b>Attendance</b>		5.00	3.00	4.00	5.00	4.00	4.00	1.00	3.00	0.00	1.00
<b>Bronx</b>	<b>Dr. Baez</b>	11/4/02	12/5/02	1/13/03	1/30/03	2/27/03	3/13/03	4/10/03	5/1/03	5/22/03	6/5/03
<b>Attendance</b>		3.00	3.00	3.00	4.00	2.00	3.00	4.00	3.00	4.00	4.00
<b>Queens</b>	<b>Dr. Cooper-Altman</b>	11/4/02	12/4/02	1/15/03	2/5/03	2/26/03	3/26/03	4/30/03	5/7/03	5/21/03	6/5/03
<b>Attendance</b>		8.00	9.00	3.00	3.00	4.00	2.00	2.00	1.00	1.00	3.00
<b>Managers</b>	<b>Dr. Edwards</b>	11/4/02	12/2/02	1/13/03	1/27/03	2/3/03	2/24/03	3/24/03	4/28/03	5/19/03	6/5/03
<b>Attendance</b>		7.00	5.00	5.00	5.00	4.00	4.00	5.00	4.00	5.00	3.00
	<b>Session Totals</b>	<b>47.00</b>	<b>37.00</b>	<b>30.00</b>	<b>33.00</b>	<b>32.00</b>	<b>28.00</b>	<b>23.00</b>	<b>28.00</b>	<b>26.00</b>	<b>28.00</b>

Avg.
3.90
5.50
3.40
3.40
3.00
3.30
3.60
4.70

# **APPENDIX B**

## **List of Faculty 2000-2003**

**Clinical Consultation for Child Welfare Supervisors  
List of Faculty      2000 - 2003**

Year One 2000-2001

Patricia Dempsey, CSW  
Associate Professor  
Hunter College School of Social Work

Denise Ellis, D.S.W.  
Adjunct Assistant Professor  
Fordham University Graduate School of Social Service

Manny Gonzalez, Ph.D.  
Assistant Professor  
Fordham University Graduate School of Social Service

Yvette Sealy, Ph.D.  
Clinical Assistant Professor  
Fordham University Graduate School of Social Service

Virginia Strand, D.S.W.  
Associate Professor  
Fordham University Graduate School of Social Service

Year Two—2001- 2002

Anney Baez, Ph.D.  
Assistant Professor  
Shirley Ehrenkrantz School of Social Work  
New York University

Alma Carten, Ph.D.  
Professor  
Shirley Ehrenkrantz School of Social Work  
New York University

Julie Cooper-Altman, Ph.D.  
Assistant Professor  
Adelphi School of Social Work

Patricia Dempsey, CSW  
Associate Professor  
Hunter College School of Social Work

Denise Ellis, D.S.W.  
Adjunct Assistant Professor  
Fordham University Graduate School of Social Service

Richard Embry, Ph.D.  
Assistant Professor  
Columbia University School of Social Work

Manny Gonzalez, Ph.D.  
Assistant Professor  
Fordham University Graduate School of Social Service

Yvette Sealy, Ph.D.  
Clinical Assistant Professor  
Fordham University Graduate School of Social Service

Rosetta Wilmore-Schaeffer, Ph.D.  
Associate professor  
Werzweiler School of Social Work  
Yeshiva University

Year Three 2002-2003

Annecy Baez, Ph.D.  
Assistant Professor  
Shirley Ehrenkrantz School of Social Work  
New York University

Julie Cooper-Altman, Ph.D.  
Assistant Professor  
Adelphi School of Social Work

Patricia Dempsey, CSW  
Associate Professor  
Hunter College School of Social Work

Jane Edwards, Ph.D.  
Clinical Associate Professor  
Fordham University Graduate School of Social Service

Denise Ellis, D.S.W.  
Adjunct Assistant Professor  
Fordham University Graduate School of Social Service

Richard Embry, Ph.D.  
Assistant Professor  
Columbia University School of Social Work

Yvette Sealy, Ph.D.  
Clinical Assistant Professor  
Fordham University Graduate School of Social Service

Rosetta Wilmore-Schaeffer, Ph.D.  
Associate professor  
Werzweiler School of Social Work  
Yeshiva University

## **APPENDIX C**

### **List of Consultant/Faculty Meetings 2000-2003**

**Children and Families Institute for Research, Support and Training  
Children FIRST**

**Consultation for Child Welfare Supervisors and Managers**

**Schedule of monthly program meetings for faculty:**

October 19, 2000	12:30 – 2:30
November 19, 2000	1:00 – 3:00
December 11, 2000	1:00 – 3:00
January 9, 2001	1:00 – 3:00
February 5, 2001	1:00 – 3:00
March 5, 2001	1:00 – 3:00
April 2, 2001	1:00 – 3:00
May 7, 2001	1:00 – 3:00
June 4, 2001	1:00 – 3:00

Children and Families Institute for Research, Support and Training  
Children FIRST

Consultation for Child Welfare Supervisors and Managers

As you know, there is a meeting for the faculty who missed the Sept 27<sup>th</sup> meeting and for those joining the project this year on Thursday, October 18, 2001 at 1:00, room 726 -E, 113 W. 60<sup>th</sup> Street. We will be reviewing the plan for the first small group session on October 22, 2001. Please hold from 12:30 - 2:30 on October 22 for the de-briefing meeting as well, if you have not already done so.

**Suggested schedule of monthly program meetings for faculty:**

November 15, 2001	1:00 - 3:00
December 13, 2001	1:00 - 3:00
January 24, 2002	1:00 - 3:00
February 14, 2002	1:00 - 3:00
March 14, 2002	1:00- 3:00
April 12, 2002	1:00 - 3:00
May 23, 2002	1:00 - 3:00

The 10<sup>th</sup> session is tentatively scheduled for June 13, 2002 from 9:00 - 12:00.

**Suggested schedule of supervision sessions for participants:**

Session 2	Week of November 5 <sup>th</sup> or November 12 <sup>th</sup>
Session 3	Week of December 3 <sup>rd</sup> or December 10 <sup>th</sup>
Session 4	By week of January 21 <sup>st</sup> if possible
Session 5	Week of February 11
Session 6	Week of March 11
Session 7	Week of April 8 <sup>th</sup>
Session 8	Week of May 13 <sup>th</sup>
Session 9	Week of June 1 <sup>st</sup>

**Children and Families Institute for Research, Support and Training  
Children FIRST**

**Consultation for Child Welfare Supervisors and Managers**

**Orientation:** Monday, November 4, 2002 9:00 – 12:30

**Suggested schedule of monthly program meetings for faculty:**

Monday, November 4, 2002	12:30 – 2:00
Friday, December 6, 2002	1:00 – 3:00
Tuesday, January 7, 2003	1:00 – 3:00
Monday, February 4, 2003	1:00 – 3:00
Monday, March 4, 2003	1:00 – 3:00
Monday, April 1, 2003	1:00 – 3:00
Friday, April 26, 2003	1:00 – 3:00
Friday, May 16, 2003	1:00 – 3:00
Monday, June 2, 2003	1:00 – 3:00

**Final Session:** Thursday, June 5, 2003 9:00 – 1:00

**Suggested schedule of supervision sessions for participants:**

Session 2	Week of December 3, 2002
Session 3	Week of January 6, 2003
Session 4	Week of January 27, 2003
Session 5	Week of February 24, 2003
Session 6	Week of March 21, 2003
Session 7	Week of April 7, 2003
Session 8	Week of April 29, 2003
Session 9	Week of May 19, 2003
Session 10	Week of June 6, 2003

## **APPENDIX D**

### **Orientation to the Program And Overview of the Supervisory Process**

# **CLINICAL CONSULTATION FOR CHILD WELFARE SUPERVISORS**

## **Session 1 Orientation to the Program and Overview of the Supervisory Process**

### Objectives

- To orient supervisors to the program: purpose and structure
- To discuss the roles of a supervisor, emphasizing the roles of educator, mentor and supporter
- To identify the goals of supervision
- To plan for implementation/support of individual supervisor-caseworker supervisory sessions: steps in structuring a supervisory session
- To review program expectations

## **Session 2 Tools for Developing Competent staff: Incorporating discussion of differences into supervisory sessions**

### Objectives

- To provide an opportunity for supervisors to report on success in setting up and meeting in individual sessions with caseworkers
- To review the individual consultation plans of the supervisors
- To introduce a discussion of values and differences and the implications for supervision

## **Session 3 Developing Competent Staff: Stages of Change and Motivational Interviewing**

### Objectives

- To introduce the stages of change as a framework for assessing motivation to change
- To assess self in relationship to working on consultation plan
- To assess caseworkers in relationship to motivation to improve their casework practice
- To introduce strategies for assessing clients' motivation to achieve service plans

## **Session 4 Using Group Work Skills to Develop Competency**

### Objectives

- To introduce and discuss the dynamics of group process
- To apply group work concepts to the service plan review, emphasizing the tasks of preparation, coordination, and meeting facilitation;
- To apply task group concepts to team meetings, emphasizing the issues in motivating staff and in time management

## **Session 5 Working Individually with Caseworkers: Enhancing case practice skills with substance abusing clients**

### Objectives

- To introduce a framework for motivating staff working with substance-abusing clients
- To identify factors helpful in dealing with worker stress when working with substance-abusing clients
- To assist supervisors with methods to help casework staff work effectively with service providers
- To provide information about treatment resources for substance-abusing clients

## **Session 6 Working Individually with Caseworkers: Enhancing case Practice with clients experiencing intimate partner violence**

### Objectives

- To introduce a framework for motivating staff working with clients experiencing intimate partner violence
- To identify factors helpful in dealing with worker stress when caseworkers are working with clients experiencing intimate partner violence
- To assist supervisors with methods to help casework staff work effectively with service providers
- To help supervisors identify treatment resources for clients experiencing intimate partner violence

## **Session 7 Working Individually with Caseworkers: Enhancing case practice skills with clients where child sexual abuse is an issue**

### Objectives

- To introduce a framework for motivating staff working with clients where child sexual abuse is an issue
- To identify factors helpful in dealing with worker stress when caseworkers are working with clients where child sexual abuse is an issue
- To help supervisors identify treatment resources for clients where child sexual abuse is an issue
- To assist supervisors with methods to help casework staff work effectively with service providers

## **Session 8 Working Individually with Caseworkers: Enhancing case Practice with adolescent clients**

### Objectives

- To introduce a framework for motivating staff working with adolescent clients
- To identify factors helpful in dealing with worker stress when working with adolescent clients
- To help supervisors identify treatment resources for adolescents
- To assist supervisors with methods to help casework staff work effectively with service providers

## **Session 9 Enhancing casework practice with mentally ill clients**

### Objectives

- To introduce a framework for motivating staff working with mentally ill clients
- To identify factors helpful in dealing with worker stress when caseworkers are working with mentally ill clients
- To help supervisors identify treatment resources for mentally ill clients
- To assist supervisors with methods to help casework staff work effectively with service providers

## **Session 10 Summary and Evaluation**

### Objectives

- To provide for summary and evaluation of the clinical consultation project
- Luncheon and presentation of certificates

# **APPENDIX E**

## **Process Recording Form**

**Clinical Consultation for Child Welfare Supervisors**

Process Recording Form

List at least four statements/questions you make and four statements/questions from the worker

Worker-Supervisor Interaction	Supervisor's Feelings
<p data-bbox="262 1079 598 1112">Worker-Supervisor Interaction</p>	



# **APPENDIX F**

## **Record of Activity**

Code Name \_\_\_\_\_ Case Identification # \_\_\_\_\_

### Record of Activity

Please circle the number that applies in the following questions:

1. I supervise [1 2 3 4 5 or more] caseworkers
  
2. Over the past week, I met in individual supervisory sessions with [1 2 3 4 5 or more] of my caseworkers.
  
3. Overall, I was \_\_\_\_\_ with my supervisory sessions.
  1. Very satisfied
  2. Somewhat satisfied
  3. Somewhat dissatisfied
  4. Very dissatisfied
  
4. I conducted a unit / team meeting (Please insert # that corresponds to the correct answer: ) \_\_\_\_\_
  1. Within the last week
  2. In the last two weeks
  3. I have been unable to meet with my unit/team since the last consultation session
  
5. If I held a unit/team meeting, overall I was \_\_\_\_\_ with my unit/team meeting
  1. Very satisfied
  2. Somewhat satisfied
  3. Somewhat dissatisfied
  4. Very dissatisfied
  
6. I facilitated a case planing conference attended by agency staff, family members and /or service providers since the last consultation session. (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

# **APPENDIX G**

## **Self Assessment Instrument**

1.	neglectful and abusing parents	0	1	2	3
2.	adolescents	0	1	2	3
3.	clients who abuse substances	0	1	2	3
4.	clients involved in domestic violence	0	1	2	3
5.	sexually abusing clients	0	1	2	3
6.	mentally ill clients	0	1	2	3

	strongly disagree	disagree	agree	strongly agree
<b>E. I feel effective in managing the following <i>professional challenges</i>:</b>				
1. my time	0	1	2	3
2. my agency's demands for work, i.e., meeting the demands of the job	0	1	2	3
3. structuring the job of caseworker	0	1	2	3
4. dealing with secondary traumatic stress	0	1	2	3
5. arranging supervisory sessions	0	1	2	3
6. structuring supervisory sessions	0	1	2	3
7. engaging my caseworkers in supervision	0	1	2	3
8. establishing the supervisory relationship	0	1	2	3
9. identifying between-supervisory session tasks for workers	0	1	2	3
10. dealing with caseworker resistance to my suggestions	0	1	2	3
11. upgrading my knowledge and skills	0	1	2	3
12. managing stress	0	1	2	3
<b>F. All in all, I feel adequately prepared to be taking on the role of child welfare manager.</b>	0	1	2	3

1. I work for ACS \_\_\_\_\_ A preventive services program \_\_\_\_\_
  2. How long, in years, have you been a child welfare manager? \_\_\_\_\_
  3. What is your highest academic degree? \_\_\_\_\_ In what year did you receive it? \_\_\_\_\_
  4. How many supervisors do you currently supervise? \_\_\_\_\_
  5. What is the largest caseload of those supervisors you supervise? \_\_\_\_\_ The smallest? \_\_\_\_\_
  6. In how many supervisor/management training programs have you participated? \_\_\_\_\_  
If you have participated, how long ago, in years, was that? \_\_\_\_\_ (If you have participated in more than one program, please indicate the most recent).
  7. Are there any comments you would like to add?
- 
-

3.	clients who abuse substances	0	1	2	3
4.	clients involved in domestic violence	0	1	2	3
5.	sexually abusing clients	0	1	2	3
6.	mentally ill clients	0	1	2	3

	strongly disagree	disagree	agree	strongly agree
<b>E. I feel effective in managing the following professional challenges:</b>				
1. my time	0	1	2	3
2. my agency's demands for work, i.e., meeting the demands of the job	0	1	2	3
3. structuring the job of caseworker	0	1	2	3
4. dealing with secondary traumatic stress	0	1	2	3
5. arranging supervisory sessions	0	1	2	3
6. structuring supervisory sessions	0	1	2	3
7. engaging my caseworkers in supervision	0	1	2	3
8. establishing the supervisory relationship	0	1	2	3
9. identifying between-supervisory session tasks for workers	0	1	2	3
10. dealing with caseworker resistance to my suggestions	0	1	2	3
11. upgrading my knowledge and skills	0	1	2	3
12. managing stress	0	1	2	3
<b>F. All in all, I feel adequately prepared to be taking on the role of child welfare supervisor.</b>	0	1	2	3

- I work for ACS\_\_\_\_\_ A preventive services program \_\_\_\_\_
- How long, in years, have you been a child welfare supervisor? \_\_\_\_\_
- What is your highest academic degree?\_\_\_\_\_ In what year did you receive it? \_\_\_\_\_
- How many caseworkers do you currently supervise?\_\_\_\_\_
- What is the largest caseload of those caseworkers you supervise?\_\_\_\_\_ The smallest?\_\_\_\_\_
- In how many supervisor training programs have you participated? \_\_\_\_\_  
If you have participated, how long ago, in years, was that?\_\_\_\_\_ (If you have participated in more than one program, please indicate the most recent).
- Are there any comments you would like to add?

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Code Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**CLINICAL CONSULTATION FOR CHILD WELFARE SUPERVISION**

In response to each of the statements below, please indicate how *effective you currently feel you are as a child welfare manager* by circling the number corresponding to the following scale:

- 0 = strongly disagree
- 1 = disagree
- 2 = agree
- 3 = strongly agree

	strongly disagree	disagree	agree	strongly agree
<b>A. I feel effective in helping my supervisors mentor caseworkers regarding engagement skills, such as:</b>				
1. developing empathy for their clients	0	1	2	3
2. establishing rapport with their clients	0	1	2	3
3. listening actively to their clients	0	1	2	3
4. building a relationship with their clients	0	1	2	3
5. building a value orientation regarding self-determination	0	1	2	3
6. building a value orientation regarding individuality	0	1	2	3
<b>B. I feel effective in assessing my supervisor's ability to teach skills regarding:</b>				
1. their emotional responses to their cases	0	1	2	3
2. their ability to conduct a systematic review of life domains, such as medical, educational, religion, occupation, etc.	0	1	2	3
3. their capacity to summarize these critical domains	0	1	2	3
4. their competence to formulate and prioritize a service plan	0	1	2	3
5. their ability to implement a service plan	0	1	2	3
<b>C. I feel effective in helping my supervisor teach workers on-going case-management and intervention, such as:</b>				
1. establishing a service plan	0	1	2	3
2. implementing a service plan	0	1	2	3
3. coordination with community agencies	0	1	2	3
4. preparation for case conferences	0	1	2	3
5. participation in case conferences	0	1	2	3
6. preparation for court	0	1	2	3
7. testimony in court	0	1	2	3
<b>D. I feel effective in motivating my supervisors in their work with:</b>				

Code Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**CLINICAL CONSULTATION FOR CHILD WELFARE SUPERVISION**

In response to each of the statements below, please indicate how *effective you currently feel you are as a child welfare supervisor* by circling the number corresponding to the following scale:

- 0 = strongly disagree
- 1 = disagree
- 2 = agree
- 3 = strongly agree

	strongly disagree	disagree	agree	strongly agree
<b>A. I feel effective in helping my workers with engagement, such as:</b>				
1. developing empathy for their clients	0	1	2	3
2. establishing rapport with their clients	0	1	2	3
3. listening actively to their clients	0	1	2	3
4. building a relationship with their clients	0	1	2	3
5. building a value orientation regarding self-determination	0	1	2	3
6. building a value orientation regarding individuality	0	1	2	3
<b>B. I feel effective in assessing my workers' skills regarding:</b>				
1. their emotional responses to their cases	0	1	2	3
2. their ability to conduct a systematic review of life domains, such as medical, educational, religion, occupation, etc.	0	1	2	3
3. their capacity to summarize these critical domains	0	1	2	3
4. their competence to formulate and prioritize a service plan	0	1	2	3
5. their ability to implement a service plan	0	1	2	3
<b>C. I feel effective in helping my workers with on-going case-management and intervention, such as:</b>				
1. establishing a service plan	0	1	2	3
2. implementing a service plan	0	1	2	3
3. coordination with community agencies	0	1	2	3
4. preparation for case conferences	0	1	2	3
5. participation in case conferences	0	1	2	3
6. preparation for court	0	1	2	3
7. testimony in court	0	1	2	3
<b>D. I feel effective in motivating my caseworkers in their work with:</b>				
1. neglectful and abusing parents	0	1	2	3
2. adolescents	0	1	2	3

# **APPENDIX H**

## **Post Program Questionnaire**

## ***Clinical Consultation for Child Welfare Supervisors***

### **POST PROGRAM QUESTIONNAIRE**

	<b>Not Really</b>	<b>Somewhat</b>	<b>A Lot</b>	<b>Not Applicable</b>
1. Did the program meet the needs you identified for yourself in the first session of the program?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
2. Were you able to implement individual supervisory sessions with each of your caseworkers?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
3. Was the record of activity useful in tracking supervisory sessions?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
4. Did the value clarification session have an impact on your supervisory practice with your caseworkers?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
5. How useful was the stage of change model in addressing caseworker's readiness for change?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
6. How useful was the stage of change model in assessing your readiness for supervision (especially in areas difficult for you)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
7. Did you use what you learned about group work process in your supervision practice (team meetings, group supervision, case conferences)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
8. Did you use what you learned in the session on substance abuse to guide workers who have difficulty confronting clients around substance abuse issues?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
9. How much did the session on domestic violence help in supervising workers who are challenged by clients involved in domestic violence?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>
10. How much did the session on adolescents help you develop strategies for supervising workers who struggle with adolescent clients?	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>

- 11. How helpful was the session on sexual abuse in your supervision of workers around this type of case? 1            2            3            9
- 12. How helpful was the session on mental health in your supervision of workers around the issue of mental illness? 1            2            3            9
- 13. Was it helpful for you to present a process recording as part of your discussion regarding a supervisee? 1            2            3            9

14. Please rank in order (1 being the most useful) three activities you found most useful in the Clinical Consultation Program:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

15. If you found any activities that were not helpful, please list them here:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

	Not at All	Somewhat	A Lot
	1	2	3
16. Did you like having the program at the field office?	1	2	3

17. Was the length of each session (3 hours):

\_\_\_\_\_ **Too Short**

\_\_\_\_\_ **Just Right**

\_\_\_\_\_ **Too Long**

18. What would be the ideal time between sessions?

\_\_\_\_\_ **2 Weeks**

\_\_\_\_\_ **3 Weeks**

\_\_\_\_\_ **1 Month**

19. Was the idea of meeting at Fordham all together on the first and last session a good one?

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO**

	2	Not at All	Somewhat	Very Much
		1	2	3
20. Was the consultant a) well prepared?	2	1	2	3

21. Did you find the reading material and handouts helpful? 1                      2                      3

22. As you probably noticed, we started these Clinical Consultation sessions with more members. We aimed to have 8-12 supervisors each month. You seemed to be able to attend on a regular basis. Do you know what caused some of your colleagues to be unable (or unwilling) to attend?

	Not Likely	Maybe	Very Likely
a) lack of support from the agency?	1	2	3
b) time of day?	1	2	3
c) location?	1	2	3
d) interval between sessions-too long, short?	1	2	3
e) the group dynamic?	1	2	3
f) the group leader?	1	2	3
g) the curriculum?	1	2	3

23. As you know, the only way for program trainers to determine if they are doing any good (i.e., meeting the program objectives) is to ask the "trainees." That's why we asked you to complete a survey when we met last winter and again today. Some of you expressed objection to the survey and we would like to have you help us understand why, and what we might do to make it less objectionable.

	Not At All	Somewhat	Very Much
a) Did <u>you</u> object to the survey?	1	2	3
b) Were you concerned about confidentiality?	1	2	3
c) Did you find the questions or the wording to be a problem?	1	2	3

24. Is there anything that would have made this a more effective program, in your opinion?

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# **APPENDIX I**

## **Interview Schedule**

## **Clinical Consultation for Supervisors and Managers**

### **Interview Schedule for Post Program Evaluation**

I'd like to ask you some questions about your experience as a participant in the clinical consultation program that you participated in this past year. I'll be asking questions about your experience at the beginning, middle and end of the process. The questions are open-ended and designed to help you reflect on your experience. Please feel free to add comments if I don't ask specifically about an issue you would like to highlight.

#### **1. How was the program introduced to you by your agency?**

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- **Do you remember how you were feeling about participating in the program at the beginning?**

\_\_\_\_ **good/excited/enthusiastic-positive**

\_\_\_\_ **dreading/board-negative**

- **What do you think affected your feelings?**

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#### **2. Do you remember how you felt once you participated in the first session ?**

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- **Where did you attend the first session**
- **Fordham** \_\_\_\_\_
- **Field Office** \_\_\_\_\_

At the very beginning, on a scale of 1 – 10, with 10 being the most motivated, and 1 being the least motivated, how motivated were you to participate?\_\_\_\_\_

**3. As you started the program how did you understand your role and functions as a supervisor?**

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- **What do you see as the goals of the consultation program as per the roles and functions of your supervision?**

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- **How did the goals of the consultation program match with your supervisory responsibility?**

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**4. Do you remember the themes of the 1<sup>st</sup> two or three sessions that you attended?**

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- **Were you excited about the group, i.e. did you look forward to going?**

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- **If so, what was it that was of interest to you about this consultation?**

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- **Were you able to apply any of this material to your supervision of staff? (Better able to assess cw, stages of change and grp dynamics)**

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- **If so, could you give me an example of what you did?**

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- **Were you at the sessions that covered assessment, stages of change and group dynamics, are you able to integrate it into supervision?**

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- **If so, could you give me an example of what you did?**

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- **On a scale of 1-10, with 10 being the most useful, and 1 being the least useful, how useful did you find one or more of these conceptual tools? (assessment, stages of change, or group dynamic knowledge).**

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- **The consultant presented some information regarding conceptual tools in the first part of the consultation (how to organize a supervisory session, ways to assess staff you supervise, stages of change model). Was this information helpful?**

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**5. What were your feelings about other members of the group?**

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- **Were there members from agencies other than your own?**

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- **Did you feel that you could share freely? Why or why not?**

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- **How did that sense of safety evolve?**

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**6. The consultant for your group was a full-time faculty member at a school of social work.**

- **Did you have confidence in your leader's ability to relate to your work environment?**

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- **Was it important to you that the leader had a background in child welfare?    Yes\_\_\_\_\_    No\_\_\_\_\_**
- **Did you feel the consultant managed the group effectively?**

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- **Does anything specific come to mind, that she or he did to make it effective?**

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**Were there any advantages to having a faculty member from a school of social work as opposed to a trainer?**

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- **What were they?**

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- **Were there any disadvantages?**

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**7. As the consultation sessions went forward, say from February through May, what was your experience in the group?**

- **What were some of the activities that were the most helpful? (the presentation of a supervisory situation, problem-solving with peers, information presented by faculty consultant, etc)? (handouts, grp discussion)**

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- **Did you present a supervisory situation of your own?**

Yes \_\_\_\_\_

No \_\_\_\_\_

- **If No, why not:**

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- **What was that experience like for you?**

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- **The consultant presented some information on special client situations (i.e. sexual abuse, domestic violence, working with the mentally ill). Was this information helpful?**

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- **Were you able to apply any of this to your supervision with staff?**

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- **If so, could you give me an example of what you did?**

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8. As you think back now, over the entire program did it change the way that you supervise?

- yes
- no
- sometimes

○ Why or why not?

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○ If yes, did the individual format (frequency, asking your supervisee to come with an agenda) of your supervision change? Can you give an example?

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○ If yes, did the content (substantive issues you discussed with your supervisee) change? Can you give an example?

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○ Did you hold team/unit meetings at the beginning of the consultation program?

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- **Were you holding them with the same or greater frequency at the end?**

\_\_\_\_\_yes

\_\_\_\_\_no

- 9. **Did your agency support your participation in the program?**

\_\_\_\_\_yes

\_\_\_\_\_no

- **Please explain more?**

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- **What steps do you think that the agency should take to help supervisors and managers implement in a consultation program like this?**

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- 10. **In summary, was there any other consultation session that stands out as particularly helpful or unhelpful to you?**

- **Session # (or subject)**\_\_\_\_\_

- **What happened?**

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- **What did the consultant do that was helpful or unhelpful?**

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- **What did other members do that was helpful or unhelpful?**

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- **Was this a situation where you felt you gained a lot because you took a risk?**

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- **Could you say more about that?**

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- 12. How was the consultation program different from other training or in-service opportunities in which you have participated?**

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- **Did the consultation provide benefits that training does not offer?**

\_\_\_\_\_yes

\_\_\_\_\_no

- **If yes, what were some of those benefits?**

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- **On the other hand, are there benefits to training that a consultation program cannot offer?**

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- 13. Would you take a few minutes, think through the entire experience, and sum up for me what you considered to be the major benefits of the program?**

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- 14. Likewise, what are the things that you would most like to see changed?**

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- 15. Is there anything that you would like to add – anything that I did not ask about?**

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**Thank you for your time, and your work in this field.**

## **APPENDIX J**

### **Responses to Open-Ended Interview Questions About Consultation Program**

Table 11

*Responses to Open-ended Interview Questions About Consultation Program<sup>#</sup>*

Open-ended Question	Count	% Total Responses	% of Cases
What were your initial feelings about participation?	(20)		
Excited	8	40.0	40.0
Bored or dreading it	10	50.0	50.0
Mixed	2	10.0	10.0
What affected your feelings about participation?	(32)		
Too much other training	6	18.8	30.0
Felt like more work	9	28.1	45.0
Unsure what to expect	4	12.5	20.0
The facilitator was welcoming	1	3.1	5.0
Other group members appeared positive	1	3.1	5.0
Getting away from the office	2	6.3	10.0
An opportunity to broaden knowledge	4	12.5	20.0
other	5	15.6	25.0
What are your primary goals for this Program?	(38)		
Address the challenges of my work	6	15.8	31.6
Increase my skills	16	42.1	84.2
Apply knowledge	11	28.9	57.9
Other	5	13.3	26.3
How do you envision your role as a Supervisor?	(24)		
Leader	7	29.2	46.7.0
Motivator	6	25.0	40.0
Administrator	2	8.3	13.3

Educator	7	29.2	46.7
Other	2	8.3	13.3
How consultation was different from training?		(70)	
Individualized Attention	5	13.9	26.3
Participatory	12	33.3	63.2
Relevant to Job	6	16.7	31.6
Feedback	5	13.9	26.3
Size of Group	5	13.9	26.3
Other	3	8.3	15.8
Helpful things done by the consultant?		(28)	
Focused the group	5	17.9	33.3
Role Play	3	10.7	20.0
Brainstormed	4	14.3	26.7
Was assessable	3	10.7	20.0
Gave handouts and other resources	7	25.0	46.7
Gave Individual attention	6	21.4	40.0
What were the benefits of the Consultation Model?		(44)	
Rewarding	8	18.2	42.1
The feedback	8	18.2	42.1
Networking	6	13.6	31.6
Validation-the group process	9	20.5	47.4
The handouts	2	4.4	10.5
The facilitator (Consultant)	1	2.3	5.3
Other miscellaneous	10	22.7	52.6

# Many Supervisors provided multiple responses

Table 12

*Responses to Close-ended Interview Questions*

Interview Question	Count	Percent
<b>Did you have confidence in your Consultant?</b>		
Yes	18	90.0
Mixed	2	10.0
<b>Important the Consultant had Child Welfare background?</b>		
Yes	18	90.0
No answer	2	10.0
<b>Could you apply the materials to your supervision?</b>		
Yes	17	85.0
No answer	3	15.0
<b>Which session particularly stands out in your memory?</b>		
None	2	10.0
Case presentation	3	15.0
Stages of change	1	5.0
Mental health	4	20.0
Substance abuse	1	5.0
Domestic violence	3	15.0
Sexual abuse	1	5.0
Don't know	3	15.0