

**DIRECT PRACTICE CONSULTATION PROGRAM
FOR CHILD WELFARE SUPERVISORS AT
CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES**

Report prepared for the Recruitment and Retention Advisory Board

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DIRECT PRACTICE CONSULTATION FOR CHILD WELFARE SUPERVISORS

Background

There appears to be general agreement in the literature that supervision in child welfare has increasingly become administrative or agency-centered in nature, as the demands for accountability have increased the paper work requirements (Clare, 1988, Scott & Farrow, 1993 & Tsui, 1997), making it more difficult for the caseworker to spend time with clients and for the supervisor to attend to direct practice concerns in supervision. This predicament has its roots in a number of historical developments, such as creating huge public human resource agencies in the 1930s and after (Brashears, 1995), an emphasis on child protective services in child welfare after the 1970s, and preoccupation with statutory obligations (Scott & Farrow, 1993). Increasingly, research has documented that contributors to effective child welfare practice include strong supervisory support (Landsman, 2001; Smith, Russell & Giddings, 2007) and competent supervision (Smith, 2005). Supervisors play a critical role in strengthening organizational culture (Ellett, Collins & Ellett, 2006; Zlotnik, 2005) and are critical to retaining frontline workers (Jacquet, Clark, Morazes & Wither, 2007). Supportive supervision is among the organizational factors identified as contributing to employee retention (Ellett, Ellis, Westbrook & Dews, 2006). The need for a renewed emphasis on child welfare supervisors is supported by a number of researchers, policy makers and practitioners (Hopkins, Mudrick & Rudolph, 1999; Maluccio & Anderson, 2000; Tracy & Pine, 2000).

Purpose

The purpose of the Direct Practice Consultation project is to provide consultation to child welfare supervisors in order to strengthen their ability to function in the role of mentor, coach and educator with casework staff. Developed by Fordham University Graduate School of Social Service (GSSS) the project meets an identified need in child welfare to increase the effectiveness of supervisory practice in order to enhance services for children and families. The project was undertaken at the Connecticut Department of Children and Families within the larger context of a university-child welfare partnership devoted to the stabilization and professionalization of the workforce. Four faculty from Connecticut schools of social work collaborated with Fordham faculty in the implementation of this project. Four groups of supervisors from three office- : Hartford, Meriden and Norwich - participated in the project

Factors in the decision to introduce a consultation rather than a training model included the availability of MSW-level supervisors as the target training group, a desire to engage with supervisors over an extended period of time to allow for the growth and development of the individual supervisor through exploration and dialogue, and the availability of social work faculty on a time-limited yet

consistent basis (Garrett & Barretta, 1995; Nathan, 1993). A training model, in contrast, would have emphasized the delivery of a prescribed curriculum and limited the ability to proceed with the work based on the needs of the individual supervisor (Strand & Badger, 2005).

Goals of the Project

Previous implementation of this model indicated significant change in the participants' feelings of effectiveness in five domains. These goals were retained in the current project after focus groups were held with two groups of supervisors, one from the Hartford office and one combining supervisors from Meriden and Manchester. The goals are as follows:

1. Help workers with engagement
2. Assessing worker's skills
3. Assist worker's with on-going case management and intervention
4. Motivate caseworkers in their work with difficult clients
5. Help manage professional challenges

Description

The six session consultation model developed for this project incorporates the overall project goals identified above. Session one stresses the need for the individual supervisory sessions, session two provides tools for developing competent staff (Information regarding Stages of Change and Motivational Interviewing model of practice), and session three introduces techniques and strategies for crisis intervention and conflict mediation skills. Sessions four through six focus on specific client problem areas. Each group chose three of the five topics for these three sessions. Topics include: 1) working with adolescents, 2) working with mentally ill clients, 3) situations of intimate partner, 4) cases of sexual abuse, and 5) substance abusing clients. One group this year chose to focus on work with seriously emotionally disturbed (SED) children, and this topic was substituted as one of the three client problem areas. An outline of the 8 session model is included in the Appendix (supervisors pick 6 of 8 sessions) The Appendix also lists the 6 sessions by topic for each of the four groups at DCF.

Key aspects of this curriculum included an emphasis on (1) an assessment of 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 (Prochaska, DiClemente, & Norcross, 1997) in educating caseworkers about the motivation of clients to change; and (4) a focus on strategic client problem. Each session had a theme,

and supervisors were encouraged to bring to the session supervisory issues that addressed that theme. The sessions relied heavily on the participant supervisors to present situations that were providing challenges around casework practice and supervision strategies through a process recording. The process recordings were brief, usually about four interchanges between the supervisor and a caseworker. The supervisor who was presenting was responsible for making enough copies of the process recording for the group prior to the meeting.

In each session, the consultant sets the stage for the discussion by providing specific information, discussion aids or role play scenarios based on the curriculum outline. Following that supervisors introduce situations regarding one or more of their workers using the process recording as a tool. Thus, after the introduction of the day's topic the format very much follows a case presentation, discussion and problem solving format, where the "case" discussed is that of the supervisor's worker, and the challenges that worker is presenting. All sessions 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.

A focus group was held prior to the implementation of the project at the Hartford office and with a mixed group from Meriden/Manchester. The Manchester supervisors opted not to continue in the program. Due to time constraints, a focus group was not held at Norwich. The group composition for each office as of the first session was as follows.

OFFICE	FACULTY CONSULATANT	NUMBER OF SUPERVISORS
Hartford - #1	Dr. Joan Letendre	12
Hartford - #2	Dr. Antonia Cordero	12
Meriden	Dr. Esther Howe	8
Norwich	Mr. Mark Senzer	11

The two Hartford groups met at the University and the other two groups met in the agency.

Participants

Forty-three supervisors initially registered for the four groups and thirty seven received certificates of completion. They were drawn from across units (investigation, foster care, adoption, etc) in the area offices. On average, they supervised five workers. The participants had worked as supervisors for an average of 7.1 years (S.D.= 4.3). Of those reporting their highest educational degree attained, 12 had MSWs, two had MAs, four had BSWs and two had other bachelor's degrees.

Faculty

Faculty who served as consultants were from two schools of social work in Connecticut: the University of Connecticut and Southern Connecticut University. By and large, the faculty were experienced practitioners who taught social work practice or clinical courses at their respective schools. In addition to some background in child welfare, faculty brought experience in supervision, group work, domestic violence, mental illness, adolescence, and substance abuse to their work as consultants. The faculty met regularly with the project director and Training Academy staff to discuss their sessions with participants, highlight strengths and weaknesses of the program, and plan for the upcoming sessions.

Evaluation

Method

At the first clinical consultation session, participants were asked to complete a Self-Assessment Instrument, which took approximately 15 min to complete. At the last session, they completed an identical Self-Assessment Instrument. Also during the final session, participants were asked to evaluate the overall program, including its content and format, by completing an anonymous Post-Program Satisfaction Questionnaire.

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 a Self-Assessment Instrument that has been used with other child welfare supervisors in a comparable program (see Strand & Badger, 2004). 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 $\alpha=0.97$, posttest $\alpha=0.96$).

The Self Assessment measure has 33 items divided among 5 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 (0=strongly disagree, 3=strongly agree) and the items are summed for total domain subscale scores as well as a total scale score.

Post-Program Satisfaction Questionnaire:

This instrument was designed to measure participants' overall satisfaction with the program at its conclusion. 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 10 sessions. The remaining questions 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 10 items, which we combined into a scale score, was relatively high ($\alpha=0.79$) (Strand & Badger, 2004).

Findings

Thirty-six participants completed the Self-Assessment Pretest; twenty-four completed the post test, and 19 completed both the pretest and the posttest. (Due to an error, the measures were not distributed to the Meriden group, reducing the number of evaluations at post-test). The group that participated in both the pretest and posttest self-assessment ($n=19$) is the main focus of the evaluation. Those who completed the survey at both occasions were not significantly different from their colleagues who completed only the pretest ($n=17$) with regard to education (Bachelors or Masters Degree or number of years as a supervisor).

Results reveal significantly increased ratings of effectiveness from pre to post test on each of the subscales, as well as in the total score (item F. "All in all, I feel adequately prepared to be taking on the role of child welfare supervisor). Increases were especially significant on subscales C: "Helping workers with on-going case management and intervention" and E: "Managing professional challenges". Reliability of the instrument was very high for this group of participants with .93 for the pre-test and .90 for the post test (Cronbach's *alpha*). Table 1 displays the findings

TABLE 1		
Self Assessment Ratings at Pre and Post Test		
Item	Pre-test Mean (N =19)	Post-test Mean (N=19)
A. I feel effective in helping my workers with engagement, such as:	2.1*	2.4
1. developing empathy for their clients	2.2	2.3
2. establishing rapport with their clients	2.2	2.6
3. listening actively to their clients	2.1	2.4
4. building a relationship with their clients	2.1	2.4
5. building a value orientation regarding self-determination	1.9	2.4
6. building a value orientation regarding individuality	2.0	2.4
B. I feel effective in assessing my workers' skills regarding:	2.3*	2.5
1. their emotional responses to their cases	2.1	2.6

2. their ability to conduct a systematic review of life domains, such as medical, educational, religion, occupation, etc.	2.3	2.5
3. their capacity to summarize these critical domains	2.2	2.4
4. their competence to formulate and prioritize a service plan	2.4	2.6
5. their ability to implement a service plan	2.5	2.5
C. I feel effective in helping my workers with on-going case-management and intervention, such as:	2.3**	2.6
1. establishing a service plan	2.5	2.7
2. implementing a service plan	2.5	2.7
3. coordination with community agencies	2.3	2.6
4. preparation for case conferences	2.3	2.7
5. participation in case conferences	2.2	2.6
6. preparation for court	2.4	2.7
7. testimony in court	2.1	2.4
D. I feel effective in motivating my caseworkers in their work with:	2.1*	2.5
1. neglectful and abusing parents	2.3	2.5
2. adolescents	2.0	2.2
3. clients who abuse substances	2.4	2.6
4. clients involved in domestic violence	2.1	2.5
5. sexually abusing clients	1.9	2.4
6. mentally ill clients	2.1	2.5
E. I feel effective in managing the following professional challenges:	2.1**	2.5
1. my time	2.1	2.5
2. my agency's demands for work, i.e., meeting the demands of the job	1.8	2.2
3. structuring the job of caseworker	2.0	2.3
4. dealing with secondary traumatic stress	1.8	2.2
5. arranging supervisory sessions	2.2	2.6
6. structuring supervisory sessions	2.4	2.5
7. engaging my caseworkers in supervision	2.3	2.7
8. establishing the supervisory relationship	2.5	2.8
9. identifying between-supervisory session tasks for workers	2.3	2.5
10. dealing with caseworker resistance to my suggestions	1.9	2.3
11. upgrading my knowledge and skills	2.3	2.5
12. managing stress	2.2	2.4
F. All in all, I feel adequately prepared to be taking on the role of child welfare supervisor.	2.5**	2.8

**p. ≤001 * p. ≤ 05

Comments from the supervisors included “Great training to get supervisors to look at themselves and be able to process”, “I enjoyed the opportunity to speak with and among my supervisory peers and to learn more about their personalities and work ethic.”, “Learned most knowledge and skills on the job. Was not offered supervisory training until I was in the position for two years. Overall, I enjoyed participating in the group” and “ Use[d] exercises to discuss supervision with other SWS”

During the final session for three of the groups, the supervisors were asked to evaluate the overall program, including its content and format The first three questions asked about overall satisfactions with the program, and the next ten inquired specifically about the curriculum. All items of the Post-Program Questionnaire requested ratings, on a 3-point Likert-type response scale (1=not really, 2=somewhat, and 3=a lot), of the specific activities and content of the consultation sessions. 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). Reliability for the curriculum subscale (questions 4 – 13) was .90 (cronbach’s *alpha*)

The results are shown in Table 2. It appears that the program generally met supervisors’ needs but that the respondents’ satisfaction with the session topics varied. The faculty facilitators were uniformly endorsed as good leaders, well prepared, and knowledgeable. See Table 2 for more detail.

TABLE 2
Post Program Responses

Item	Mean
1. Did the program meet the needs you identified for yourself in the first session of program?	2.7
2. Were you able to implement individual supervisory sessions with each of your caseworkers?	2.8
3. Was the record of activity useful in tracking supervisory sessions?	2.0
4. Did the value clarification session have an impact on your supervisory practice with your caseworkers?	2.3
5. How useful was the stage of change model in addressing caseworker’s readiness for change?	2.4
6. How useful was the stage of change model in assessing your readiness for supervision (especially in areas difficult for you)?	2.4
7. Did you use what you learned about group work process in your supervision practice (team meetings, group supervision, case conferences)?	2.2
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?	2.1

9. How much did the session on domestic violence help in supervising workers who are challenged by clients involved in domestic violence?	2.2
10. How much did the session on adolescents help you develop strategies for supervising workers who struggle with adolescent clients?	2.7 *
11. How helpful was the session on sexual abuse in your supervision of workers around this type of case?	2.3
12. How helpful was the session on mental health in your supervision of workers around the issue of mental health?	2.6
13. Was it helpful for you to present a process recording as part of your discussion regarding a supervisee?	2.7
Total Subscale Score	2.4

Response Choices: 1. not really 2. somewhat 3. a lot 4. not applicable

* calculated for one group only since other groups did not cover this topic

Location and Length of Sessions

Those who met for sessions in their field office were equally divided about whether they liked this arrangement. Those who met at the University were very happy with the arrangement (only one was not happy). The majority felt the length of sessions (3 hrs) was just right. Four said they were too long. The majority said the ideal time between sessions was three weeks, while seven said two weeks and one person said one month.

The Consultant

The majority felt their instructor was very well prepared while seven said he/she was somewhat prepared. The majority also felt their instructor was a very good leader and facilitator and was knowledgeable, while four selected somewhat for those items. The reading material and handouts were somewhat helpful to the majority of respondents while three said they were very helpful.

Reasons for other Supervisors' inability to attend

The most likely reasons some supervisors could not attend was lack of support from the agency, time of day and the curriculum. Nine reported lack of support from the agency might be the problem while three said it very likely was the problem. Seven did not believe this was the problem. A majority (10) felt that the time of day was not the likely the reason and a larger majority (13) said that the curriculum was not likely the problem.

Most said location was not likely the reason, the interval between sessions was not the problem, the group dynamic was not the problem either, and finally, a majority said the problem was not likely the group leader.

The Survey

Seventeen respondents said they did not at all object to the survey, while four said they somewhat objected. Nine said they were somewhat concerned about confidentiality, and one person said s/he was very concerned. The wording of the questions was only a problem for three.

Suggestions for Improvement

The following suggestions for improvement and comments were offered:

- a follow-up session may be helpful
- continued opportunities to come together to discuss issues or concerns would be a way for the agency to offer support to supervisors
- enjoyed the discussions
- more sessions, six was just a warm up
- supervisors needed more information and preparation regarding time commitment and process
- supervisory empowerment session could be of help
- supervisors' participation - should have asked for volunteers rather than being directed to attend
- worth the time and should be offered to others in the future

Discussion and Implications

In general, the program was well received. Participants felt more confident and competent in their role as supervisors in the five domains of interest at the end of the program compared to the beginning. The process components that appear to have been the most valuable include the opportunity to focus on their own work and to share and problem solve with their peers. Supervisors in all four groups commented on the lack of opportunity to do this in other forums at the agency and emphasized the value of this. Having an outside consultant was viewed as essential, as it provided the safety to process honestly and without fear of criticism. Three of the four groups utilized the process recording as a tool for focusing on their supervision of caseworkers and found this to be among the most helpful components.

Faculty also valued the process recording tool. They found that having the supervisor play the worker provided a useful mechanism for assisting the supervisor in understanding the worker and the worker's response to the supervisor's statements and approach. There was some feeling among faculty that those staff with and MSW or masters degree were able to benefit the most from the emphasis on self-reflective practice that was a cornerstone of the consultation. Most staff expressed a desire for the program to have been longer than six weeks.

There were some things that both faculty and participants felt could have been done differently. All groups probably need to have an orientation group, which could be run as a needs assessment, before the formal start of the program. The two groups where this was not done thought that this would have improved the process. Additionally, all groups should know that one of the requirements will be to participate in providing process recordings. One of the groups, which did not have the benefit of the orientation session, was very resistant to this idea and alternative mechanisms were evolved to encourage sharing of the supervisory experience with workers. Thus, group membership needs to be voluntary, based on the knowledge of the program and its expectations. Finally, some thought should be given to the composition of groups. If non-MSW or non-MA level staff are going to be included they should probably not be in the majority in any one group.

Recommendations

- 1) Continue the program, with an 8-session format;
- 2) Utilize school of social work faculty as consultants
- 3) Offer the program at schools of social work where possible, or in another off-site location;
- 4) Space the sessions three weeks apart;
- 5) Recruit up to 12 participants for each group with a majority of MSW/MA level staff in any group that also has BA level supervisors
- 6) Continue to be flexible regarding curriculum content so that the curriculum meets the needs of the group
- 7) Conduct an evaluation in order to assess the impact and effectiveness

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APPENDIX

Appendix A Direct Practice Session Outlines

Appendix B Schedule and Focus of Sessions at DCF

APPENDIX A

Direct Practice 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: Stages of Change and Motivational Interviewing

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
- To introduce the stages of change as a framework for assessing motivation to change

Session 3 Incorporating Crisis Intervention Skills in the Assessment of Safety and Risk

Objectives

- To introduce and discuss the dynamics of crisis as the context of practice;
- To apply crisis intervention concepts to the initial intervention;
- To integrate crisis intervention concepts in the assessment of safety and risk;

Session 4 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 5 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 6 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 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 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

APPENDIX B

**DIRECT PRACTICE CONSULTATION PROGRAM
SCHEDULE AND FOCUS OF SESSIONS 2007-2008**

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Dr. Esther Howe Meriden	11/15/07 Orientation & Overview	12/13/08 Stages of Change	1/10/08 Crisis Intervention	2/14/08 MICA	3/13/08 IPV	4/10/08 Sexual Abuse
Dr. Joan Letendre Hartford, Group 1	12/5/07 Orientation & Overview	1/9/08 Stages of Change	1/30/08 Adolescence	2/19/08 IPV	3/6/08 Sexual Abuse	3/27/08 SED
Dr. Antonia Cordero Hartford, Group 2	1/16/08 Orientation & Overview	2/13/08 Stages of Change	3/12/08 Crisis Intervention	4/23/08 MI	5/14/08 IPV	6/11/08 Substance Abuse
Mr. Mark Senzer Norwich	2/28/08 Orientation & Overview	3/13/08 Stages of Change	4/10/08 Crisis Intervention	4/24/08 MI	5/8/08 IPV	TBD Sexual Abuse