BUILDING ON A NEEDS ASSESSMENT: THE DEVELOPMENT AND DELIVERY OF A TRAINING CURRICULUM FOR FAMILY INTERVENTION WORKERS

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BUILDING ON A NEEDS ASSESSMENT: THE DEVELOPMENT AND DELIVERY OF A TRAINING CURRICULUM FOR FAMILY INTERVENTION WORKERS

BY

LORETTA DOYLE

A Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

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ABSTRACT

The primary aim of this practicum was to build on a needs assessment and develop and deliver a training curriculum for family intervention workers. A second goal was to enhance family preservation services at Southwest Winnipeg Child and Family Services by providing a training program to intervention workers currently involved in working with families. A third aim was to evaluate the training program.

In order to assist with the development of a relevant training program, a better understanding of the role of the family intervention worker and their needs was required. A practicum completed by my colleague, Dawn Donnelly, addresses these issues and is titled, "A Needs Assessment in preparation for a Training Program for family intervention workers at an urban Child Welfare Agency." My report utilized needs assessment information in the design, delivery and evaluation of a training program curriculum. The title of this practicum is, "Building on a Needs Assessment: the Development and Delivery of a Training Curriculum for family intervention workers."

TABLE OF CONTENTS

I.

CHAPTER 1: **INTRODUCTION**

1.1 Aims of the Study .... Page 1
1.2 Introduction .... Page 1
1.3 Expected Educational Benefits .... Page 2

CHAPTER 2: **REVIEW OF SELECTED LITERATURE: ADULT EDUCATION-THEORY AND PRACTICE**

2.0.1 Introduction .... Page 6
2.0.2. Adult Education Defined .... Page 6
2.0.3. Philosophies of Adult Education .... Page 9
2.0.4. Motivations of Participants .... Page 17
2.0.5. Possible Barriers to Participation .... Page 19
2.0.6. Adult Development and Learning .... Page 21
2.0.7. Facilitating Adult Learning .... Page 30
2.0.8. Adult Education Program Development .... Page 33
2.0.9. Developing a Curriculum .... Page 37

CHAPTER 3: **REVIEW OF SELECTED LITERATURE: FAMILY-CENTERED INTERVENTION**

3.1. Introduction .... Page 42
3.2. Child Welfare and Family-Centered Intervention .... Page 42
3.3. Historical Context .... Page 45
3.4. Current Situation .... Page 48
3.5. Canadian Context .... Page 53
3.6. Role of Family Intervention Worker .... Page 63

CHAPTER 4: AGENCY CONTEXT AND PARTICIPANT SYSTEM

4.1. Introduction .... Page 66
4.2. Agency Context and Potential Participants .... Page 66
4.3. Agency Structure .... Page 69
4.4. Other Relevant Contextual Issues .... Page 75

CHAPTER 5: THE DEVELOPMENT OF A TRAINING CURRICULUM

5.1. Introduction .... Page 78
5.2. Needs Assessment Process .... Page 78
5.3. Synopsis of Activities to Complete Practicum .... Page 80

CHAPTER 6: THE DELIVERY OF A TRAINING CURRICULUM

6.1. Introduction .... Page 133
6.2. Facilitators .... Page 133
6.3. Training Program Participants .... Page 137
6.4. Description of Curriculum Delivered .... Page 139

CHAPTER 7: AN EVALUATION OF THE TRAINING PROGRAM

7.1. Development of Evaluation Instruments .... Page 162
7.2. Evaluation Results .... Page 163
7.2.A. Attitude Measure Results .... Page 163
7.2.B. Self-Ratings of Knowledge .... Page 173
7.2.C. Application of Knowledge .... Page 175
7.2.D. Knowledge Test Results .... Page 178
7.2.E. Course Evaluation Results .... Page 183
7.3. Conclusions .... Page 191

CHAPTER 8: DISCUSSION AND RECOMMENDATIONS

8.1 Introduction .... Page 196
8.2 Theory and Practice of Adult Education .... Page 197
8.3 Theory and Practice of Family Preservation .... Page 203
8.4 Curriclum Development and Delivery .... Page 208
8.5 Agency Family Intervention Workers .... Page 212
8.6 Conclusions .... Page 214
8.7 Recommendations .... Page 215

II. REFERENCES .... Page 219

III. APPENDICES

A - Personal Philosophy Worksheet
B - Four Orientations To Learning
C - Consent Form
D - Family Intervention/Support Program Outline
E - Proposed Objectives and Content of Training Program
F - Scaling Questions for Family Intervention Workers
G - Questionnaire #2, Family Intervention Workers
H - Evaluation of Training Program
I - Family Intervention Training Curriculum Outline

LIST OF TABLES

6-1 Curriculum Content Covered Under Training Objectives . . . . Page 138

7-1 Attitude Test Results By Item . . . . Page 160

7-2 Part B: Self-Rating of Knowledge by Family Intervention Workers . . . . Page 169

7-3 Part C: Application of Knowledge Gained . . . . Page 172

7-4 Part C: Application of Knowledge Question, Results for each Respondent . . . . Page 173

7-5 Scores by Items on Knowledge Test for Group . . . . Page 176

7-6 Percentage of Workers' Correct Answers on the Pre-Test . . . . Page 178

7-7 Summary of Group Scores for Evaluation Form . . . . Page 180

7-8 Comparison of Participants' Scores for Question Three and Question Eight . . . . Page 181

LIST OF FIGURES

Figure

2-1 Personal Philosophy of Adult Education . . . . Page 13

5-1 Results of a Needs Assessment with Family Intervention Workers . . . . Page 95

5-2 Results of a Needs Assessment with Social Workers and Managers . . . . Page 96

CHAPTER 1

INTRODUCTION

1.1 AIMS OF THE STUDY

The primary aim of this study was to build on a needs assessment and develop and deliver a training curriculum for family intervention workers. A second goal was to enhance family preservation services at Southwest Winnipeg Child and Family Services by providing a training program (the intervention) to family intervention workers (the clients) currently involved in working with families. A third aim was to evaluate the training program.

1.2 INTRODUCTION

This practicum was completed as part of a joint venture with fellow M.S.W. student, Dawn Donnelly. The practica are presented separately but are closely related to each other. Each practicum has a different focus of study but many of the methods, activities and decisions were completed jointly. Our "joint" projects began with Dawn completing an extensive needs assessment process. Her aim was to gather information about what type of training would be most beneficial to family intervention workers employed by Southwest Winnipeg Child and Family Services. We used the needs assessment survey data, conclusions drawn from the literature on family preservation practice and our understanding of the activities involved in the family intervention worker role to formulate three training program objectives. Areas of possible curriculum content gathered from the needs assessment surveys were grouped under each objective. Through this process Dawn and I converted needs assessment data into program objectives. I then became primarily responsible for: selecting, organizing and sequencing curriculum content and designing an instructional process or strategy. Dawn and I jointly created a program evaluation process.

1.3 EXPECTED EDUCATIONAL BENEFITS

I had several expectations of this practicum of study. Primarily I wanted to be involved in the design, delivery and evaluation of a well planned training program for family intervention workers. It was hoped that family preservation services at Southwest Winnipeg Child and Family Services would be enhanced by involving family intervention workers in a program relevant to their needs. The achievement of these objectives, by completing a practicum of study, would hopefully provide me with the following educational benefits:

1) To gain a greater understanding of the theory and practice of adult education and adult education training programs.
2) To gain a greater understanding of the theory of family preservation practice and the unique role of the family intervention worker in that service.

3) To learn how to incorporate needs assessment data into the design of a training program.

4) To develop my skills in designing and delivering an adult education training program.

5) To gain a greater understanding of the family intervention worker's unique roles in a child welfare setting and of their particular training needs relevant to family preservation practice.

6) To develop my skills and understanding of evaluating a training program by: creating administering and analyzing an evaluation process.

This chapter will discuss my current level of skill and knowledge in each of these areas at the time the practicum began. The final chapter of the practicum will discuss how my skill and knowledge grew in relation to these learning goals.

My initial understanding of the theory and practice of adult education was very limited. I had facilitated or attended various workshops and training programs that I would consider adult education activities. However, I had not given much thought to the theory or practice behind such courses. I also had no experience with analyzing or utilizing needs assessment data when designing a training program. In my work at Southwest Child and Family Services I have been responsible for designing and delivering some training in the area of family dynamics. The needs of the training group were determined by discussions with my supervisor and a few colleagues and by my own knowledge base. I was aware that a needs assessment process was an "ideal" practice when designing a program. However, I viewed the needs assessment process as cumbersome and unrealistic to complete given time demands. I had some experience and skills in developing and delivering a training program. These skills were basic and not organized into a comprehensive repetoire. That is, my experience did not involve a well planned process of design and delivery. As previously mentioned, needs assessment data was not gathered as a beginning step, program objectives were not developed and the training was built on pieced together bits of relevant curriculum content. My previous experience involved little understanding of the sequence or integrated steps involved in designing and delivering a program curriculum. My experience with evaluating a training program was also very limited. My previous experience involved developing a brief questionnaire asking people to comment on their satisfaction with the training program. I did not view the evaluation process as tied to the development and evaluation of program objectives. I also had a limited understanding of how a trainer's observations and discussions with participants could be used as useful evaluation data.

Finally, I felt I had a good understanding of the unique role of agency family intervention workers. However, my knowledge was based on my previous experience in working with a few of the intervention workers. I was aware that they had some skills that were different than mine and that they were able to become more intensely involved with families than agency social workers. I was not clear about what qualities or skills were unique to these workers or how their role could complement and enhance all aspects of the delivery of service to families. That is, I had a limited view of the teaming potential that could occur between a social worker and an intervention worker. Before beginning this practicum I also had a very basic understanding of the family intervention activities or roles that would be considered family preservation practice. I hoped to broaden my knowledge in all of these areas through my practicum experience.

CHAPTER 2

REVIEW OF SELECTED LITERATURE:

ADULT EDUCATION-THEORY AND PRACTICE

2.0.1 INTRODUCTION

This literature review chapter will present information regarding the theory and practice of adult education relevant to this practicum. The material reviewed will include models of curriculum design for adult learners.

2.0.2 ADULT EDUCATION DEFINED

The field of adult education is diverse, complex and broad. The literature reviewed in this area reveals much variety in the definition and understanding of the concept of adult education. There appears to be some general agreement that a distinction must be made between the term adult education and the education of adults. According to Percival (1993) the education of adults refers to all of the organized and purposeful attempts by adults to learn or to be assisted in learning. Selman and Dampier (1991) view adult education as a less inclusive term that refers to learning activities that have been designed especially for adults. Courtney (1989) offers a more comprehensive definition that is perhaps more relevant to this practicum. This definition considers the importance of the purposes behind activities and the context within which the practitioner works.

> Adult education is an intervention into the ordinary business of life - an intervention whose immediate goal is change, in knowledge or in competence. An adult educator is one, essentially, who is skilled at making such interventions (p.24).

This definition of adult education was helpful to the evaluation process of this practicum. Courtney's (1989) view that the goal of an adult education intervention is to create changes in participants' knowledge or competence, contributed to creating pre and post test instruments that attempted to measure changes in knowledge. However, we chose not to try to measure changes in participants' competence. Instead changes in attitudes related to the curriculum content were measured. Although Courtney's (1989) definition did not include attitudes as a measure of change, we would argue that this is a relevant measure as well. Adult education participants' knowledge, attitudes and skill level (or competence) can be viewed as relevant and related to each other. It was decided that evaluation instruments would be designed to measure changes in participants' knowledge and attitudes before and after the training program was completed. This decision was based on the belief that changes in competence and skill level are difficult to measure and beyond the scope of the training program material. The curriculum did not attempt to assess competence directly by reviewing workers' practice. Our goal was to increase participants' competence by improving their attitudes and knowledge.

A final consideration is a definition of the term adult. In 1976 UNESCO created a comprehensive and inclusive definition of adult education that was accepted by the Canadian Commission for UNESCO in 1980. UNESCO's (1980) definition considers adult education to apply to the "entire body of organized educational processes" (p.3) that adults formally or informally participate. It describes the adult education process in the following manner.

> . . . . whereby persons regarded as adults by the society to which they belong develop their abilities, enrich their knowledge, improve their technical or professional qualifications or turn them in a new direction and bring about changes in their attitudes or behaviours . . . (UNESCO, 1980, p.3).

This UNESCO (1980) definition supports the notion that the adult education process involves influencing participants' abilities, knowledge, attitudes or behaviours.

For the purposes of this practicum adults will be viewed as "persons regarded as adults by the society to which they belong" (UNESCO, 1980, p.3). In our adult education training context this refers to anyone over eighteen years of age currently employed as a family intervention worker with Winnipeg Child and

Family Services, Southwest Winnipeg Area. The definition of adult education that will guide this practicum is a combination of the various views previously discussed. The training program, curriculum and evaluation will be viewed as an organized and purposeful intervention designed especially for the family intervention workers at Southwest Winnipeg Child and Family Services. It is hoped that the training program will create changes among participants by enriching their knowledge and changing their attitudes in relation to the various content areas of the curriculum. I have proposed that changes in knowledge and attitudes are related to changes in skill level. I share the view that a change in one area has an impact and may result in change in the other areas. It is beyond the scope of this practicum to show such a causal effect. The focus will be on measuring changes in family intervention workers' knowledge and attitudes regarding content areas covered in the training program curriculum. It is hoped that "positive" changes in knowledge and attitudes will translate into "positive" changes in family intervention practice or skill level. However, this relationship is difficult to measure and longer term more comprehensive follow-up measures would be needed to evaluate changes in intervention workers' practice skills.

2.0.3 PHILOSOPHIES OF ADULT EDUCATION

Elias and Merriam (1980) contend that philosophy is "interested in the general principles of any phenomenon, object, process, or subject matter" (p.3).

Principles are defined as "the foundations or basic structures by which phenomena, events, and realities are understood" (Elias and Merriam, 1980: 3). Percival (1993: 12) views theories as "an explanation of our observations about some phenomenon and about how these observations relate to each other." Theories, it can be argued provide "guidelines or principles for action" and Percival contends that "a philosophy of adult education, then, is the theory behind what you do as an adult educator" (Percival, 1993: 12).

The literature in this area of adult education stresses the importance of developing a personal philosophy of adult education to understand and guide what you do (Elias and Merriam, 1980; Hiemstra, 1988; Percival, 1993). Percival (1993: 17) proposes that such a philosophy of adult education should contain a "rational set of assumptions about adult education and its relationship to individuals and to society" and should give direction and purpose to the decisions you make as an adult educator. Hiemstra (1988) supports this view and points out that one requirement of ethical practice is having an understanding of why you do what you do.

The following strategies are suggested by Percival (1993) to assist with the ongoing development of a personal philosophy of adult education.

1. Read what others say about philosophical issues. Be careful not to uncritically adopt what others believe, or what you think is "politically correct."

2. Attempt to write down your beliefs and assumptions. This helps to expose weak links in your belief system.
3. Talk to your colleagues, experienced adult educators, and learners about these issues. Again, this can be useful in helping you to reflect on your beliefs.
4. Think about your own day-to-day experiences in practice. Try to be self-conscious about what you do; try not to make decisions based on habitual ways of thinking and acting.
5. Try to complete Hiemstra's (1988) "Personal Philosophy Worksheet," included as Appendix A. Hiemstra gives his students the worksheet along with the suggestion that they follow one of three options, outlined by Elias and Merriam (1980):

   i) pick a philosophy that best fits with your personal system of values and beliefs;

   ii) opt for an eclectic approach and choose elements from different philosophies; or

   iii) choose a philosophy as a framework but integrate elements from other philosophies that are not inconsistent with your basic position (p.19).

In determining my personal philosophy of adult education I did not find Hiemstra's (1988) "Personal Philosophy Worksheet" to be particularly helpful. I certainly agree that it is important to be aware of the personal beliefs and assumptions that give direction and purpose to your practice as an adult educator. Such awareness is necessary for ethical practice. Creative thinking and allows you to determine how integrated and consistent your practice is with the values and beliefs that guide you. However, such statements as, "What is reality?" and the "Nature of being human.", are not questions that help me assess my personal philosophy. I require a framework that presents various views on how people change or learn in order to evaluate my own personal beliefs and assumptions. In order to describe and develop my personal philosophy of adult education, I reviewed a framework proposed by Merriam and Caffarella (1991) and considered three options for developing an adult education philosophy outlined by Elias and Merriam (1980). Merriam and Caffarella (1991) present a framework that describes four orientations to learning; behaviourist, cognitivist, humanist and social learning. They explore and compare six aspects of each theory of learning. These aspects include: learning theorists view of the learning process, focus of learning environment, purpose of education, teacher's role and manifestation in adult learning. A copy of Merriam and Caffarella's (1991) framework is included as Appendix B of this practicum. In reviewing this framework I chose elements from the cognitivist, humanist and social learning orientation that fit best with my personal system of values and beliefs. Using this process I developed the following philosophy of adult education that is respectful and aware of adult learners' needs and recognizes that the process of adult learning should involve adults in planning their own learning with the facilitator acting as a guide and a resource person. The following is an outline of some of the major aspects of my personal philosophy of adult education.

Personal Philosophy of Adult Education

View of the learning process	c.	-	Internal mental process (including insight, information processing, memory, perception)
	h.	-	A personal act to fulfill potential
	s.l.	-	Interaction with and observation of others in a social context.
Focus of learning environment	h.	-	Affective and cognitive
	s.l.	-	Interaction of person, behaviour and environment
Purpose of education	c.	-	Develop capacity and skills to learn better
	h.	-	Become self-actualized, autonomous
Teacher's role	c.	-	Structure content of learning activity
	h.	-	Facilitates development of whole person
	s.l.	-	Models and guides new roles and behaviour.
Manifestation in adult learning	c.	-	Cognitive development
	h.	-	Andragogy
	h.	-	Self-directed learning.

LEGEND: c. = cognitivist; h. = humanist; s.l. = social learning

Figure 2-1

This philosophy contributed to the work in my practicum by guiding and influencing how the training program was developed, designed and implemented. First, the curriculum content was developed by considering four components of the assessment of need: 1) my conclusions from reading the literature on family preservation practice; 2) the activities involved in the family intervention worker role and the skills required to carry these out, 3) the needs for training expressed in the survey of family intervention workers, and 4) the needs for training expressed in the survey of agency social workers and managers. A list of possible course content was proposed that considered information from these four needs assessment areas. The result was an extensive list that included information from all of these areas of needs assessment. The decision regarding priorization and selection of course content was guided by my philosophical beliefs regarding the purpose of education, the teacher's role and the manifestation in adult learning. As indicated in figure 2-1 my personal philosophy of adult education illustrates a belief that the teacher's role is to structure the content of the learning activity and that participants' learning should be self-directed. These two concepts may come into conflict with each other in the learning environment. It is my belief that such a conflict can be resolved by the teacher taking responsibility for the overall structure and content of the learning activity and facilitating self-directed adult learning within that framework. The teacher should provide leadership and direction regarding the inclusion and format of appropriate curriculum content and utilize various learning methods that draw on participants' knowledge that responding to different adult learning styles. My role as one of the facilitators in such an adult learning process, was to structure the content of the learning activity and to model and guide new roles and behaviours by: developing three training program objectives, organizing possible areas of course content under each of these objectives, explaining how the list was compiled, requesting that the adult learners priorize two areas of content under each objective; and facilitating the group process of priorizing. It was also hoped that this entire process would facilitate self-directed learning by encouraging learners to choose the content priorities and to develop their capacity and skills to learn better by providing information about program objectives and a wide variety of relevant content under each of these objectives. Participants were encouraged to think about what they wanted to learn (curriculum content) and why those topics were important to them (program objectives). This process was meaningful for the adult learners in developing their personal awareness in these areas even if all of their individual priorities were not included in the training program content. Second, learning experiences were organized that were reflective of all five aspects of my personal philosophy of adult education. Learning experiences such as didactic presentation, information given in the form of handouts and audio visual material and various experiential techniques were utilized throughout the training program.

The selection of these learning techniques were guided by and consistent with the major aspects of my personal philosophy of adult education.

2.0.4 MOTIVATIONS OF PARTICIPANTS

In 1961 Cyril Houle conducted in-depth interviews with adult learners and created a model of "motivational orientations". Houle's (1961) model groups adult learners' motivations to participate into three general categories; goal-oriented, learning-oriented and activity-oriented. Someone wanting to improve their job prospects would be viewed as "goal-oriented", an individual who simply wants to learn more about a particular subject area would be classified as "learning-oriented" and a participant whose aim is to do something more productive with their leisure time would be seen as "activity-oriented". The agency context or affiliation of this practicum learning activity likely influenced participants' motivations to take part. The training program was conducted in a Southwest Winnipeg Child and Family Services office with the support and cooperation of agency personnel and managers. The program was designed for family intervention workers who are contract employees and depend on agency contracts for their livelihood. These circumstances implicitly resulted in motivating intervention workers to participate with the hope of improving their job prospects (goal-oriented). It was made clear to family intervention workers through discussions and consent forms (Appendix C), that participation was entirely voluntary and was not related to their job prospects. It was necessary and ethical to emphasize this distinction; but the implicit relationships between the agency context and the training program remained. From this perspective, it seems possible that most of the training program participants would fall into Houle's first two categories of, goal-oriented or learning-oriented. It seems reasonable to assume that participants who attended voluntarily and understood that their attendance would not influence their present agency employment, would likely be learning-oriented. These workers would be interested in learning more about the subject areas of the training program regardless of improving their job prospects. This does not rule out the possibility that some intervention workers may have viewed the training program as doing something more productive with their leisure time (activity-oriented) since they received no payment from the agency for their participation. According to Percival (1993) research regarding reasons why adults participate in educational activities is dominated by one finding, "that the single, most important reason for participating in adult education relates to the performance of everyday "tasks and obligations" (Johnstone and Rivera, 1965, cited in Percival, p.55), particularly those related to work (Darkenwald and Merriam, 1982, cited in Percival: 55)".

Both Houle's (1961) and Percival's (1993) models of adult learning motivation and the agency context of the training program indicate that the learners in our course will likely fall into the goal-oriented or learning-oriented types. Our expectations about the motivational orientations of the participants affected the curriculum design and delivery process. Specifically, we needed to make sure that the curriculum subject areas reflected topics of interest expressed by intervention workers and that the curriculum was relevant to their work. We also needed to ensure that the content delivered was made relevant and easily integrated with the everyday tasks and responsibilities of their jobs. This process involved having participants choose program content priorities and by organizing experiential learning activities which included role plays, groups discussion, case examples and skill building exercises.

2.0.5. POSSIBLE BARRIERS TO PARTICIPATION

An indirect way of viewing motivation to participate is to study possible barriers that impede participation. For adult learners to be motivated participants is one thing, to be prevented from participating due to cost, personal difficulties or lack of encouragement, is another. Cross (1981) suggests that there are three general types of barriers that can account for nonparticipation.

- Situational barriers: These relate to an individual's particular circumstances at a given time.
- Dispositional barriers: These relate to the individual's attitude towards self and learning.

- Institutional barriers: These relate to policies and procedures of the institution that make participation difficult or impossible (Percival, 1993, p.56).

Using Cross' (1981) categories it seems that all the types of barriers may have impeded participation in our practicum educational activity. Some motivated family intervention workers may have been limited by their low interest in organized learning situations (dispositional barrier), some motivated participants may have experienced family commitments or other particular circumstances that prevented them from attending (situational barrier) and since the agency was unable to compensate participants financially for time spent during training some contract workers may have been unable to forgo paid employment hours for unpaid training hours (institutional barrier).

Cross' (1982) formulation of possible barriers to participation had some effect on our approach to developing and delivering training. We did not attempt to explore or evaluate what barriers prevented some of the family intervention workers from participating in training. We did attempt to address some of the possible institutional barriers to participation. First, all intervention workers were included in the needs assessment process and the training program was open to the entire group of workers regardless of job classification (family intervention worker, homemaker or driver) or types of contracts they work with. We also advocated with both the family intervention coordinators and agency management to compensate participants financially for time spent attending training. We were not successful in obtaining any financial contribution from the agency. Lack of financial compensation effected the delivery of our training program by making us aware that we needed to be flexible about our attendance expectations and that the training needed to be delivered during time periods that would least interfere with peak contract hours of work. The attendance factor effected the curriculum delivery since the group of participants changed in size and composition from week to week. This factor made it necessary to design and deliver a curriculum that was flexible, open to on-going group input regarding priorizing and which attempted to cover complete areas of content during each training session. This factor also resulted in an emphasis on written material being available to allow participants to have access to course content covered in training sessions they were unable to attend.

2.0.6. ADULT DEVELOPMENT AND LEARNING

Since the primary aim of this practicum was to plan, design and implement an adult education training program, it seems relevant to consider how our program can take into account the importance of learning in adulthood and the preferences adults demonstrate for learning activities. As previously discussed, all of our potential adult learners will be over 18 years of age and will be "persons regarded as adults by the society to which they belong" (UNESCO, 1980, p.3). Anne Percival (1993) has reviewed the literature regarding adult development and proposes that "a general consensus about what adult development is and what goals it serves", is missing from that body of theory and research (p.60). Some theorists view adult development as age-specific (Levinson, 1986), others in terms of linear, sequential stages (Erickson, 1982); and Havighurst (1972) sees developmental needs as stemming from the tasks and social roles that adults perform.

Adult learning and learning in general is often viewed as an outcome that can be witnessed by a change in behaviour. This view of learning does not account for learning which occurs but for some reason is not acted upon. Percival (1993) contends that most contemporary definitions of learning include the concept that "learning can involve potential change". Hergenhahn's (1988) definition of learning is an example which includes the idea of potential as well as actual change in behaviour.

> Learning is a relatively permanent change in behaviour or in behavioural potentiality that results from experience and cannot be attributed to temporary body states such as those induced by illness, fatigue, or drugs (Hergenhahn, 1988: 7).

Hergenhahn's (1988) view of adult learning was helpful to the practicum's evaluation process and in recognizing that the delivery of our training program could involve a process of learning that could not be measured by a behaviour change in participants. This definition of adult learning is consistent with Courtney's (1989) theory of adult education which stresses that adult education is an intervention whose goal is to change learners' knowledge or competence. I have previously explained how Courtney's (1989) view of adult education shaped our curriculum's design, delivery and evaluation. Hergenhahn's (1988) definition of adult learning had a similar impact. The curriculum was designed and delivered to enrich participants' knowledge and change their attitudes in relation to the content areas covered. Pre and post-test evaluation instruments were constructed to measure changes in respondents' knowledge and attitudes. We did not attempt to directly measure changes in the skill level of family intervention workers by reviewing their practice. Our goal was to increase participants' skills by improving thier knowledge and attitudes. Hergenhahn's (1988) definition supports the view that the process of adult learning includes learning that occurs but for some reason is not acted upon, learning that involves a potential change in participants. Our training program was designed to influence learners' attitudes and enrich their knowledge. We hoped to see actual changes in these areas through our evaluation measures. Changes in participants' skill levels or behaviour were viewed as "potential changes" that could be related to their changes in attitudes and enriched knowledge from completing the training program.

This literature review views learning as a process as well as an outcome. Theories that attempt to explain what actually happens when learning takes place (the process) are referred to as learning theories (Percival, 1993). Merriam and Caffarella (1991) group general learning theories into four major orientations:

- the behaviourist orientation
- the cognitive orientation
- the humanist orientation
- the social learning orientation.

These orientations are defined in detail in Appendix B. I have previously discussed how each of these orientations philosophically influenced the design and delivery of our training curriculum.

According to Merriam and Caffarella (1991) any theory of adult learning can be seen to draw basic assumptions about learning from one of these orientations. Percival (1993) contends that although there have been several attempts to construct theories of adult learning, there is no one general theory about adult learning which is widely accepted. Malcolm Knowles (1980) has constructed a theory of adult learning that is viewed as one of the most influential (Percival, 1993). The concept of andragogy or the "art and science of helping adults learn" was developed by Knowles (1980, p.43). Andragogy assumes that all adult learners share four common characteristics.

1. As adults mature, their self-concept moves from one of being a dependent personality toward being a self-directed human being.
2. They accumulate a growing reservoir of experience that becomes an increasingly rich resource for learning.
3. Their readiness to learn becomes oriented increasingly to the developmental tasks of their social roles.
4. Their time perspective changes from one of postponed application of knowledge to immediacy of application and, accordingly, their orientation toward learning shifts from being subject-centred to being performance or problem-centred (1980, p.44-45).

According to Knowles (1980) these common characteristics have implications for the practice of how adult education programs should be designed, implemented and evaluated. Knowles (1980) identifies the following implications for adult education practice.

1. The learning climate: Both the physical and the psychological environment of learning should be constructed to make adults feel physically comfortable and at ease and psychologically accepted, respected, and supported.
2. Diagnosis of needs: Since an adult's needs for self-direction is in direct conflict with the traditional, directive role of the teacher, adults need to be involved in the diagnosis of their own needs for learning. Knowles suggests that facilitators: (a) construct a model of the competencies or characteristics required to achieve a given ideal of performance; (b) help learners assess their present level of competencies in light of the model; and (c) help learners to measure the gaps between their present competencies and those required by the model.
3. The planning process: Learners should be involved in the process of planning their own learning with the facilitator acting as a guide and a resource person.
4. Conducting learning experiences: The learning-teaching transaction is a mutual responsibility of learners and teachers. The teacher's role is redefined as facilitator, guide, catalyst, and resource person.
5. Evaluation of learning: Since the ultimate sign of disrespect for an adult is to be judged by someone else, learners should be involved

in a process of self-evaluation. Teachers help learners to assess the progress they are making toward their educational goals. Evaluation is a process of assisting learners in the re-diagnosis of learning needs.

6. Emphasis on experiential techniques: Experience makes adults a rich resource for learning; instructional methods that draw on learners' experience should be used - for example, group discussion, the case method, critical-incident exercises, role playing, skill-practice exercises, and simulation.
7. Emphasis on practical application: Adults should be assisted to relate learning experiences to their life-situations.
8. Unfreezing and learning to learn from experience: Adults should be assisted to free their minds of preconceptions and to reflect on and learn from their experiences (1980, p.46-51).

Knowles' (1980) concept of andragogy and his view of how the common characteristics of adult learners impact adult education practice, are generally consistent with my personal philosophy of adult education. Most of Knowles' (1980) implications for adult education practice served as additional philosophical guidelines to the development, delivery and evaluation of the training curriculum. My approach to developing and designing a training curriculum differed from the Knowles (1980) model in two very important ways. As previously discussed, I did not construct a model of competencies for family intervention workers or help learners assess their present level of competencies in light of that model. Secondly, the evaluation process did not include identifying gaps in participants competencies by constructing individual educational goals and helping learners evaluate their progress towards those goals. My process of designing, developing and evaluating a training program was informed by needs assessment information from four ares. First, my conclusions from reading the literature on family preservation practice. Second, my knowledge of the activities involved in the family intervention worker role and the skills required to carry these out. Third, the training needs expressed in the survey of family intervention workers. Fourth, the needs for training expressed in the survey of agency social workers and managers. Information from these four sources shaped the program objectives, the curriculum content and the evaluation process for the training program. Knowles' (1980) views regarding: the learning climate; the planning process; conducting learning experiences; emphasis on experiential techniques; emphasis on practical application; and unfreezing and learning from experience were helpful during my design and delivery process. Care was taken that the learning environment was physically comfortable by choosing a room that was comfortable and large enough for the group. Both facilitators helped to ensure a psychologically appropriate learning climate by setting the stage initially by discussing and developing some group guidelines for mutual respect, confidentiality and the focus on course objectives. This climate was reinforced throughout the training by: utilizing learning methods that encouraged group input; by emphasizing that intervention workers possessed a great deal of valuable experience and relevant knowledge; and by reminding participants that each person's opinions and comments were valued and respected. Knowles' (1980) opinions regarding the planning process were implemented throughout the training program by having the group priorize two areas of content under each objective and by seeking participants' input at the end of each session regarding curriculum content for the next session. Both Dawn and I acted as facilitators and resources by providing information on chosen content areas and by facilitating group discussions to integrate subject material with the tasks and job functions of family intervention workers. This process ensured that the learning-teaching transaction was a mutual responsibility. Throughout the training program experiential learning techniques such as role play, group discussion, case examples and skill-practice exercises were used to draw on participants' knowledge and to ensure that the curriculum content had practical application to the job of family intervention worker. Unfreezing and learning to learn from experience were encouraged by introducing concepts such as family systems theory and contrasting that model with a psychodynamic or individual focused approach. Participants were encouraged to explore their preconceptions of individually focused treatment and to discuss how they could work with an individual family member from a systemic perspective.

2.0.7. FACILITATING ADULT LEARNING

Knowles' (1980) general theory of adult learning and the conclusions he draws regarding practice, can be viewed as providing a philosophical or theoretical guide to the development of an adult education program. The next step is to consider some of the principles of practice that can provide a framework for the creation of an effective teaching and learning encounter. According to Percival (1993) much of the literature regarding principles of practice is derived from humanistic[1] orientations. In general, such theorists as Brookfield (1986), Knowles (1980) and Knox (1986) write from a humanistic perspective. Galbraith (1991) argues that such humanistic writings support the notion that a meaningful adult learning encounter involves a transaction between facilitators and learners that is "active, challenging, collaborative, critically reflexive, and transforming" (p.1). Adult education activities should be viewed as democratic, learner-centered and should encourage a "free and open discussion of beliefs, values and practices" (Percival, 1993, p.67).

Brookfield (1986) identifies six principles of effective adult learning practice that apply to teaching-learning transactions, program planning, curriculum development and instructional design.

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[1] Please refer to Appendix B titled "Four Orientations to Learning", for an explanation of humanistic orientation.

1. Participation in learning is voluntary; adults have the freedom to choose the educational activities in which they become involved.
2. Effective practice is characterized by respect for one another's self-worth; challenge and criticism are important to educational activities but they should not denigrate or embarrass participants.
3. Facilitation is collaborative and participatory; participants should be engaged in the process of diagnosing needs, setting objectives, determining curriculum and methodologies, and developing evaluation criteria and procedures.
4. Praxis, which involves a continual and collaborative process of action and reflection on action, is central to effective facilitation.
5. An important goal of facilitation is to encourage critically reflective thinking; adults become aware that meaning is socially constructed, and by examining habitual ways of thinking and acting, they are encouraged to explore new ways of thinking and acting.
6. The aim of facilitation is to encourage self-directed, empowered adults; the essence of a successful teaching-learning transaction is to help adult learners assume increasing independence and responsibility for their own learning and subsequent actions (Brookfield, 1986, cited in Percival, 1993, p. 67-68).

Brookfield's (1986) principles of effective adult learning practice are consistent with other theories previously discussed and with my personal philosophy of adult education. Overall, his principles encourage respectful critical reflective thinking and invite learners to assume increasing independence and responsibility for their own learning and subsequent actions. The previous example of introducing systems theory in the curriculum content, encouraging critically reflexive thinking by contrasting systems theory assumptions and beliefs with psychodynamic theory and requesting that participants consider how they might work with an individual family member from a systemic perspective; illustrates how Brookfield's (1986) principles influenced the design and delivery of the training program curriculum.

Brookfield (1986) also advocates that adult learning is a voluntary process since adults have the freedom to choose the educational activities in which they become involved. This principle required some attention since our training program took place within an agency context that was likely interpreted by some intervention workers as not completely voluntary. This factor has been previously discussed regarding the motivation of participants. In order to ensure that attendance was voluntary we emphasized this concept in our discussions with intervention workers and in our discussions with other agency personnel. When meeting with the agency director, the resource unit supervisor and the family intervention coordinators we clarified that our training program was not designed to evaluate intervention workers job performance or to influence the assignment of agency contracts. These principles were emphasized to intervention workers before and during the training program and on our consent forms (Appendix C). As the consent form indicates, respondents were also told that: participation is entirely voluntary; any data gathered will be confidential in nature; any information or data gathered will be stored away from the agency and will be destroyed at the end of our practicum; and information gathered with respect to participants' knowledge will be used strictly for the purpose of evaluating the effectiveness of the program. In addition, expectations regarding total attendance were made flexible to realistically fit with intervention contract work. Confidentiality was also stressed throughout the training program with agreement that any information shared by participants would remain with the group.

2.0.8. ADULT EDUCATION PROGRAM DEVELOPMENT

Percival (1993) states that the program development process "is generally depicted as a series of steps or elements that, taken together, encompass all of the tasks and decisions necessary to design and implement adult education activities" (p.80). Sork and Caffarella (1989) propose a basic six-step model of program development:

1) analyze the planning context and the client system
2) assess needs
3) develop program objectives
4) formulate instructional plan
5) formulate administrative plan
6) design a program evaluation plan (p.234).

Although this framework is presented in a linear fashion, the literature (Sork and Caffarella, 1989 and Percival, 1993) stresses the importance of viewing program development as an interactive and cyclical process. This model was helpful in providing a framework to organize my program development tasks. My tasks were interactive, cyclical and built on four areas of needs assessment information. First, the agency context and the client system were analyzed by looking at: potential training program participants; the agency setting and other relevant context issues. Next, needs were assessed using four major sources of information: our conclusions from reading the literature on family preservation practice; the activities involved in the family intervention worker role and the skills required to carry these out; the needs for training expressed in Dawn's survey of family intervention workers; the needs for training expressed in Dawn's survey of agency social workers and managers. Third, the needs assessment information was used to formulate three training program objectives. The instructional plan was formulated by grouping possible areas of curriculum content under each objective and having the group of training participants priorize two areas of content for each program objective. The curriculum was further designed to suit the priorized areas of content and the participant system. The instructional plan continued to be adapted throughout the time the curriculum was delivered to the training group. We followed the priorized curriculum content áreas and allowed additional time for topics that created more group discussion and interest. We wanted our content to be responsive to the group and allow opportunities for participants to discuss its' relevance to the role of family intervention worker. Formulating an administrative plan basically involved discussing and obtaining agency agreement and support. The next step was to develop an appropriate registration process. Our administrative tasks did not include developing an educational budget, since we had none, or marketing our program, since our client group was very specific and their interest was aroused through the needs assessment process. The sixth and final step involved designing a program evaluation plan. This process involved determining how we hoped our training program would influence participants. We then developed pre and post test instruments that sought to measure changes in participants. Finally, we developed an evaluation of training program questionnaire that would measure client satisfaction with that course content, the instructors and the format. In this questionnaire we also asked a series of open ended questions to gather some qualitative information from respondents.

Lewis and Dunlop (1991) have studied adult education program delivery. They stress the importance of identifying indicators that can be associated with program success. They have found that the five most important indicators associated with successful adult education programs are:

1) high demand for program
2) participants were satisfied
3) increased visibility/credibility/goodwill
4) significant participant learning occurred
5) high level of participant involvement/interest (p.19-22).

These researchers believe that once indicators of program success are identified they can be associated with factors that contribute to success and failure. Lewis and Dunlop (1991) have found the following factors are most often associated with successful programs:

1) timely/relevant/innovative topic
2) effective instructor skills
3) good instructional design
4) good program planning/effective planner
5) good instructional design/content (p.19-22).

Parts of Lewis and Dunlop's (1994) model were helpful in formulating our program evaluation. We selected two indicators of program success from their list that we felt were most relevant to our practicum context. These indicators were, "participants were satisfied" and "significant participant learning occurred." The first indicator informed the questions that were formulated on our evaluation of training program questionnaire which attempted to measure satisfaction levels of participants. The second indicator informed our pre and post test instruments that were designed to measure changes in participants' knowledge and attitudes. All of the factors associated with program success identified by Lewis and Dunlop (1991) were used to develop our client satisfaction or program evaluation measure. This questionnaire asked respondents to rate how timely and relevant the course content was to their work; how effective the instructors' skills were; how well the training program was organized; how effective was the instructional design (were handout materials integrated and were practical applications of course material illustrated); and how satisfied were they with the training program format.

2.0.9. DEVELOPING A CURRICULUM

Designing and delivering a training program curriculum was a central aim of this practicum. A training curriculum can be viewed as the total package of learning activities designed to achieve the objectives of the training program. The literature often refers to a curriculum as an instructional plan/design.

According to Cranton (1989), the instructional design process involves the following kinds of activities.

1) Preparing instructional objectives: Program objectives may be fairly detailed and require little modification, or they may be general and broad and require detailed specification.
2) Selecting and sequencing the content: This may require the program developer to conduct a task analysis or a procedural analysis to determine the hierarchy of skills or the ordering of steps involved in learning.
3) Designing the instructional process or strategy: This process involves the selection of instructional methods as well as the teaching materials and the media that are selected.
4) Designing evaluation procedures for the educational activity: Of concern here is determining whether or not learners achieved the instructional objectives. The methods used will depend upon the nature of the intended learning and can range from formal testing to self-report assessments by learners, (cited in Percival, 1993, p.106-107).

Cranton's (1989) model was most helpful to the process of designing an instructional strategy and selecting instructional methods for our training program. As previously discussed, three broad program objectives were developed from the needs assessment information and possible content areas were grouped under each objective. In designing our instructional strategy we chose instructional methods that consisted of face-to-face group-based lecture and discussion. This format was based on our own comfort level and familiarity with these instructional methods and our assessment that these methods were well suited to the participants as well as the agency context. Our assessment of the group of family intervention workers indicated that these are dedicated, hard working individuals who work intensively with clients in difficult and complex situations. We felt these workers would be most responsive and comfortable in a learning environment where instructors dealt with them face-to-face rather than primarily having them view video tapes or listen to audio tapes. We also were aware that the agency context for their contract work often resulted in family intervention workers feeling isolated and cut off from one another. For this reason we chose a group-based didactic and discussion learning format rather than an individual delivery. We also wished to collectively draw on participants' knowledge and experience to relate our course material to the job of family intervention worker. The group discussion format helped to reveal common themes and shared experiences and concerns among these workers. Participants were able to share knowledge and offer support to each other. We felt the group process helped to decrease feelings of isolation and enhanced positive feelings of membership within the group of family intervention workers that participanted in our training.

Sork and Caffarella (1989) offer some guidelines that were useful for selecting and sequencing content.

> First, provide a framework for learners to assist them in organizing their learning. Second, where possible, start with material that may be familiar to the learners so their experience and background can become a part of the learning process. And third, where applicable, integrate practice applications as part of each learning segment (p. 239).

These general guidelines were followed when selecting and sequencing our curriculum content. In our early sessions we provided a framework for learners to assist them in organizing their learning by presenting some broad program objectives and requesting that participants priorize two areas of content under each objective. We also introduced material that focused on: the historical context of family intervention; the present agency context of family intervention; the future vision of family intervention and the unique role of the family intervention worker. We then began to introduce curriculum content that was familiar to learners and their experience such as: the values, beliefs and ethics of intervention workers; separation and attachment issues in the child welfare context and abuse issues in the child welfare context. In our later training sessions we presented material that would be new or less familiar to participants such as: family systems theory; structural family theory; family life cycle theory; theories of "healthy" or "normal" families; solution focused theory and cultural awareness issues. Throughout our training program we facilitated the integration of practice applications through group discussion and various experiential learning methods.

CHAPTER 3

REVIEW OF SELECTED LITERATURE:
FAMILY PRESERVATION PRACTICE

3.1 INTRODUCTION

This chapter of the literature review will consider literature regarding the theory and practice of family preservation services or family-centered intervention in the child welfare context.

3.2 CHILD WELFARE AND FAMILY-CENTERED INTERVENTION

Child welfare agencies have traditionally cared for children assessed as "in need of protection" by providing a substitute living arrangement, either a foster family or group care. During the past fifteen years or more, family-centered, home-based services have emerged as an important alternative to out of home placement of children in the child welfare field. In 1986, Hutchison reported 238 such programs, taking a number of forms and serving a variety of populations. These programs were listed in 1986 by the National Resource Center on Family Based Services. There appears to be an absence of a commonly accepted criterion for distinguishing family-centered, home-based services from other placement prevention efforts (Frankel, 1988). Frankel (1988) points out that, in

1988 there were at least one hundred eighty separate programs in the United States that defined themselves as family-centered, home-based services. Susan Morton (1993) currently identifies more than two hundred intensive family preservation programs across the United States. She (1993) recognizes that these programs reflect a wide range of practice approaches and that services are delivered in a variety of settings including child welfare, mental health and juvenile justice.

A review of the literature in this area reveals that family-centered placement prevention services seem to be a recent and rapidly growing area of child welfare practice. Morton (1993) states that, "as we enter the last decade of the 20th century it would appear that family preservation is here to stay" (p.13). Frankel (1988) argues that there is an increased interest and investment in developing child welfare services aimed at family preservation in response to public and professional criticism of traditional child welfare services, economic pressures facing child welfare agencies and United States legislative initiatives such as the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). This Act, long awaited by those in the child welfare field, was intended to provide federal support in the following areas:

a) preventing out-of-home placement and reuniting separated families;

b) keeping biological parents informed about and involved with their children in foster care; and

c) making and reviewing case plans with sufficient frequency to prevent unnecessarily prolonged foster care (Bribitzer and Verdieck, 1988, p.256).

There is also more recent U.S. legislation, the Family Preservation and Support Services Program that was passed during the summer of 1993 as part of the Administration's Omnibus Budget Reconciliation Act (Allen, Kakavas and Zalenski, 1994). Although this new legislation has cleared the first developmental hurdle it is still a long way from the establishment of actual programs. Currently the U.S. federal government - specifically, the Administration on Children, Youth and Families (ACYF) - and the state governments are working collaboratively on plans for the implementation of the new legislation. According to Allen, Kakavas and Zalenski (1994), the U.S. government is implementing the first piece of major child welfare reform legislation since 1980. In her "Introduction to the Federal Guidance for Family Preservation and Support Services Program" (1993), Olivia A. Golden, Commissioner for ACYF states:

> This new legislation aims to promote family strength and stability, enhance parental functioning and protect children through funding of a capped entitlement to states to provide family support and family preservation services, which the law defines broadly. In addition, it offers States an

extraordinary opportunity to assess and make changes in State and local service delivery (Allen, Kakavas and Zalenski, 1994, p.1).

Although there is evidence to support the idea that home-based, family-centered services are an important addition to current child welfare practice (Frankel, 1988; Bribitzer and Verdieck, 1988; Nelson, Landsman and Deutelbaum, 1990; Werrbach, 1992; and Morton, 1993), there also appears to be some confusion about the essential elements of such services. This review of the literature will first identify some of the common origins or roots of family-centered, home-based placement prevention services and then discuss some of the principles and philosophies which guide contemporary family preservation services.

3.3 HISTORICAL CONTEXT

Frankel (1988) contends that the practice methodology of many family-centered, home-based services are a combination of some traditional social work methods and recently developed technologies from the fields of mental health, child welfare and family services. Morton (1993) supports this claim and traces the origins of family preservation to the historical practice of home visiting in the child welfare field. The term home visiting is frequently used to describe services provided in the home that address the physical, social, educational and/or developmental needs of an individual or a family. The practice of meeting families in their own homes can be traced back to before the Elizabethan era in England. Initially, such social work activities were provided by benevolent church volunteers and later by the first generation of professional caseworkers (Hartman and Laird 1983). Frankel (1988) identifies that such early in-home services focused on the provision of concrete services, mobilizing natural helping networks and coordinating community services. Even at this early stage, observing children and families in their own home environment was viewed as advantageous for accurate observation and for putting families at ease. This historical perspective was useful in assessing the current family intervention practice at Child and Family Services of Southwest Winnipeg. The agency's family intervention program is not formally designated as a family preservation program. This program provides a wide range of services that include supporting and strengthening families to prevent out of home placements, assisting with reuniting separated families, supervising and monitoring family visits with children in agency care, and working with children who are permanent wards of the agency. Not all of the services providing by the agency's family intervention program fit the criteria of family preservation services as previously defined in the literature. The services which can be viewed as family preservation oriented, (prevention of out of home placement and reunification), do provide services to families in their own homes and focus on the provision of a combination of concrete services, mobilizing natural helping networks and coordinating community services. This framework influenced our decision to emphasize the value of assessing and working with families from a systemic perspective in our training curriculum.

In 1940 President Roosevelt established the First White House Conference on Children. According to Bremner (1971), the Conference gave a new definition to the term "home life" and was the start of a public commitment to assist children by keeping them in their homes. As Morton (1993) points out, this recognition can be viewed as the birth of the concept of family preservation. However, the Conference was careful to designate only voluntary charity as the means to provide such supportive services to families. As a result, services to children and families remained scarce and poorly organized (Morton, 1993). The actual implementation of professional in-home, family-centered programs did not occur for years to come. Frankel (1988) identifies the Family-Centered Project of St. Paul, Minnesota as one of the first and most notable programs to provide a combination of concrete and psychological interventions to families in their own homes. This project was one of many initiated in the late 1940's and early 1950's to serve multiproblem families (Frankel, 1988). According to Horejsi (1981) caseworkers were mandated to respond to all of the family's psychosocial needs; home visits were widely used and primary interventions concerned the provision and coordination of comprehensive services. Frankel (1988) notes that experiences from the twenty year St. Paul Project demonstrated the practicability of a comprehensive casework approach and the benefits of interventions which target the entire family and the community. In fact, this project became the prototype for a number of family-centered programs which continue to operate today (Frankel, 1988). This research was useful in helping us to recognize the importance of viewing the family from a broad systemic perspective, and the unique role of the family intervention worker in assessing and observing families in their home and larger community environment. These concepts became part of our training program curriculum.

3.4 CURRENT SITUATION

Nelson, Landsman and Deutebaum (1990) specifically discuss family-centered child welfare services that are recognized as existing in the United States since the mid-1970's. Such services have encompassed a wide variety of programs under many different titles (Nelson, Landsman and Deutebaum, 1990). Nelson et al (1990) propose that family-centered child welfare services were first called "home-based services", later "family-centered" and "family-based services", and more recently "family preservation services". These programs all share a common commitment to, "maintaining children in their own homes whenever possible, to focusing on entire families rather than individuals, and to providing comprehensive services that meet the range of the families' therapeutic, supportive and concrete needs" (p.4). It appears that family-centered, home-based services in the child welfare field have developed from a common base, as a way to meet the needs of families experiencing the multiple problems which often stem from poverty, unemployment, child abuse and neglect, substance abuse, delinquency, violence and suicidal behaviour (Werrbach, 1992). Many families that come into contact with child welfare agencies are experiencing problems as a result of such multiple conditions which effect family functioning. Gail Werrbach (1992) points out that family-centered, home-based child welfare services share a common commitment, "to maintaining children in their homes whenever possible, to an emphasis on families rather than individuals, and to meeting families' needs for concrete, supportive, and therapeutic services" (p.505). Bribitzer and Verdieck (1988) propose that family-centered, home-based placement prevention programs are based on two basic premises:

> that most children are better off growing up in the same family they have known since infancy, and that the family, rather than the individual, is usually the appropriate unit for social service intervention (p.255).

Harvy Frankel (1988) agrees that family-centered, home-based services share the common goal of family preservation. However, he proposes that such services or programs can be divided into two groups according to their objectives, "crisis-oriented or independence-oriented" (Frankel, 1988, p.142). These different orientations guide and determine how programs are organized and how services are delivered. Crisis-oriented programs are targeted exclusively at families at various stages of active crisis and seek "only to stabilize the situation" (Frankel, 1988, p.142). Independence-oriented services tend to serve families for which crises have subsided and seek to "reduce or eliminate the family's dependency on social services altogether" (Frankel, 1988, p.142). This framework was useful in assessing current family intervention practice at Child and Family Services of Southwest Winnipeg. The agency's family intervention program currently receives requests from social workers to provide both crisis-oriented and independence-oriented services to families. Agency family intervention workers may also be given contracts that involve providing services that combine both orientations. Initially workers may be asked to engage with a family that is in crisis and seek to stabilize the situation. Once stability has been maintained intervention workers may be requested to continue working with the family from an independence-oriented perspective. Both types of services are required by families involved with child welfare agencies and both types of services require establishing different goals and utilizing different treatment skills.

Richard Barth (1990) identifies four common areas of theory that the wide range of family-centered, home-based programs draw upon. He proposes that, "crisis intervention theory, family systems theory, social learning theory and ecological theory" (p.89), underpin such programs' ideal concepts of service delivery and treatment.

Agency intervention workers do not specialize in providing services that are more crisis-oriented or independence-oriented. The fact that workers are hired by contract works against specialization. By specializing in one area of service, workers would eliminate the range of contracts they would be qualified to service. Presently there are times when intervention workers find they do not have enough contract hours of work. When developing our training program it was necessary to consider these factors. Family intervention workers presently employed at Child and Family Services of Southwest Winnipeg could benefit from training in both of the orientations referred to by Frankel (1988) and in all of the theoretical frameworks cited by Barth (1990). As previously discussed our conclusions drawn from reading the literature on family preservation practice was one of four parts of our training needs assessment. The information from this body of literature was helpful and we priorized and integrated the material with the information from the other areas of our needs assessment. On completion of this process and with input from our training group, we concluded that our training curriculum would focus on the skills necessary for an independence-oriented model of service to families and emphasize family systems theory in service delivery and treatment. Time limitations required that certain areas of content to be priorized while other areas were eliminated. An independence-oriented model was chosen over a crisis-oriented model for two reasons. First, this orientation required a broader range of skills and was consistent with the family intervention program's philosophy that workers seek to strengthen, empower and promote healthy change in families rather than only stabilize a family situation. This philosophy underpins the program's choice of calling contract employees, family intervention workers instead of family support workers. Second, an independence-oriented model had more in common with the information gathered from the other areas of our needs assessment. These were: the activities involved in the family intervention worker role; the training needs expressed in the survey of family intervention workers; and the training needs expressed in the survey of agency social workers and managers. Once again, ideally our training program would have contained content from all of the areas identified by Barth (1990) as underpinning the ideal concepts of family preservation service delivery and treatment. Time constraints and instructors' knowledge base required that the theories identified in the literature to be priorized. We looked for common themes throughout the needs assessment information, chose relevant treatment models that the instructors were knowledgeable about and allowed the actual training group to priorize topics from a list of possible curriculum content. We felt Barth's (1990) framework of treatment models that often underpin family preservation services was consistent with the needs assessment information we had gathered.

3.5 CANADIAN CONTEXT

All of the literature previously identified regarding family preservation programs is based on the U.S. experience. It is important to highlight this context and present some of the general differences between the U.S. and Canadian child welfare systems. Since our training program for family intervention workers was implemented in a Manitoba child welfare agency, we need to discuss that specific provincial child welfare context.

One primary difference, between the Canadian and American child welfare systems is the federal policy framework. Unlike Canada, the U.S. has four federal laws passed during the period from 1974-1980. These federal laws create the policy framework for much of the current activity related to the provision of family preservation services in the U.S. (McGowan, 1988). Specifically, these laws include the Child Abuse Prevention and Treatment Act of 1974; the Juvenile, Justice and Delinquency Prevention Act of 1974; Title XX; Grants to States for Social Services and the Adoption Assistance and Child Welfare Act of 1980. According to McGowan (1988), these federal laws combined with state initiatives resulted in overall expenditures for foster care maintenance payments dropping from almost 75% of all child welfare funds in 1979, to less than half of total funds in 1982. In addition, the proportion of funds allocated for preventive and protective services increased from 8% to just over 23% during the same period (Burt and Pittman, 1985).

As stated earlier there is also the recent Family Preservation and Support Services Program that was passed as part of the Administration's Omnibus Budget Conciliation Act of 1993. Although the programs that are supposed to be established from this legislation are in the early stages of development, state and federal governments are directed to work collaboratively and develop joint plans for program implementation. The Program Instruction (or Guidance) for the Family Preservation and Support Services Program (January 18, 1994), also requires that applications must describe the planning activities and the active involvement of parents, Indian Tribes, community representatives, and a variety of other agencies and consumers (from Allen, Kakavas and Zalenski, 1994, p.3). These Program Instructions (1994) also direct applications to include "a five year plan in the context of a comprehensive child welfare system" (from Allen, Kakavas and Zalenski, 1994, p.3). Nearly 1 billion dollars in funding has been allocated for distribution over a five year period for new Family Preservation and Family Support Programs that meet the funding guidelines established by the Administration on Children, Youth and Families (ACYF). The ACYF Commissioner, Olivia Golden, encourages "States to use the new program as a catalyst for establishing a continuum of coordinated and integrated, culturally relevant, family-focused services for children and families" (Introduction to the Federal Guidance for Family Preservation and Support Services Program, 1994).

In contrast, similar Canadian federal legislation which creates or attempts to create a unified child welfare policy framework across the provinces does not exist. Constitutional differences between the United States and Canada result in individual provinces having much more control over the content of child welfare programming. In the U.S., state legislation concerning child welfare services must be consistent with federal laws. In Canada, individual provinces have developed their own child welfare legislation, policy and standards which reflect regional differences and provincial government policy. According to Andrew Armitage (1993), the Child Protection laws in all Canadian provinces include the following aspects:

1. a definition of the child in need of protection
2. a process for receipt of complaints
3. a process for investigation
4. action defined to ensure the protection of the child
5. a process for court supervision and decision-making
6. a definition of guardianship
7. a process for the discharge of guardianship.

Apart from these common factors, important differences are found in child welfare law from province to province. One way to understand these provincial differences is described by Richard Barnhorst (1986). He describes these differences in provincial legislation as ranging between, "non-legalistic, interventionist" and "legalistic, non-interventionist" (Barnhorst, 1986).

> Interventionist legislation gives broad powers to child welfare authorities to intervene in families at the discretion of social workers. The non-interventionist legislation gives limited powers to child welfare authorities and requires that social workers avoid removing children from parents whenever possible (cited in Armitage, 1993, p.46).

After reviewing the statues of the various provinces and territories, Barnhorst (1986) concluded that British Columbia, the Northwest Territories, Newfoundland and Saskatchewan possessed legislation of the interventionist type, while those in other provinces tended in varying degrees toward the non-interventionist, legalistic model. Armitage (1993) cites the Manitoba Child and Family Services Act (1987) as a good example of the legalistic, non-interventionist approach while the B.C. Family and Child Service Act (1981) represents the non-legalistic, interventionist approach in certain aspects (p.63).

The current Manitoba Child and Family Services Act (1989) outlines eleven fundamental principles which guide the provision of services to children and families. Five of the eleven principles outlined seem to support the philosophies of family preservation programs. These include principles 2, 3, 4, 5 and 7 which state:

> 2. The family is the basic unit of society and its well-being should be supported and preserved.
> 3. The family is the basic source of care, nurture and acculturation of children and parents have the primary responsibility to ensure the well-being of their children.
> 4. Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.
> 5. Children have a right to a continuous family environment in which they can flourish.
> 7. Families are entitled to receive preventive and supportive services directed to preserving the family unit (Manitoba Child and Family Services Act, 1989, p.1 & 2).

Principle seven most clearly supports the concept of child welfare agencies providing family preservation services to children and families. Part II Section 10 (1) of the Act (1989) further outlines the provision of preventive services to families:

> 10 (1) An agency may provide or purchase such prescribed supportive and treatment services as may be required to prevent family disruption or restore family functioning (p.14).

In spite of all of this supportive provincial legislation family preservation programs in Manitoba have not developed to any significant degree. One possible explanation is the fact that Section 10(10) of Part II of the Child and Family Services Act allows but does not require the provision of services to prevent family disruption and restore family functioning. Since the government has the option of providing or not providing these services, the latter option is chosen and defended with the explanation that funds are not available to support such programs.

The policy and practice of child welfare services in every province is influenced by the country's federal legislation. Perhaps the most significant federal legislation which impacts child welfare services is the Canada Assistance Plan. According to Hum (1983), the Canadian government introduced three pieces of legislation in 1966 which changed the face of our country's social policy and established that the government's commitment to social welfare also included the provision of social services. These three pieces of legislation are, the Medical Care Act; the Hospital Insurance and Diagnostic Services Act; and the Canada Assistance Plan Act (CAP). Services known as "welfare services" are covered under the Canada Assistance Plan Act (Hum, 1983). CAP commits the federal government to pay 50% of any increase in provincial expenditures on welfare services. Cost-sharing eligibility is limited to those services having as their main objective "the lessening, removal, or prevention of the causes and effects of poverty, child neglect and dependence on public assistance" (CAP Act, 1966, p.4). This statement seems to imply a belief that poverty, child neglect and dependence on public assistance are somehow intrinsically linked. More importantly access to services under CAP is limited to the "poor" population. As Hum (1983) points out although the original intention of the Plan was to allow access to social services to a larger population (in the hope that service provision might prevent poverty), access to welfare services was restricted to "persons in need" or "persons in likelihood-of-need". Furthermore under this legislation and because of constitutional arrangements the federal government can only establish general guidelines regarding the specific definition of "in need" or "in likelihood-of-need." The establishment of the precise conditions under which people would be eligible for income assistance or any other welfare services are left to the discretion of the individual provinces. According to Hum (1983) because these matters have been left to the discretion of the provinces, "the nature and scope of assistance programs varies widely across Canada and very little in the way of national standards of assistance have emerged" (1983, p.5).

The factors discussed above influence the policy and practice of child welfare services. The Canada Assistance Plan can be viewed as providing a disincentive for the creation of family preservation services. The Act's emphasis on needs-testing and income-testing as the eligibility criteria for federal and provincial cost-sharing means that funds are available to families who qualify under both of these criteria. This factor limits the range or the types of families that can be served by family preservation programs if provinces want to access federal funding. The present federal funding arrangement allows for the creation of family preservation services that prevent family disruption and restore family functioning only to "poor" or low income families. In addition, since the federal government can only establish general guidelines regarding need, individual provinces would design and deliver family preservation services without national standards.

It appears that Canadian federal legislation has a direct impact on how child welfare services are delivered in Manitoba. I have previously stated that provincial child welfare legislation allows but does not require the provision of services to prevent family disruption and restore family functioning. In addition, present federal legislation,namely CAP, also provides some fiscal disincentive for the creation of family preservation programs as part of the continuum of provincial child welfare services. Perhaps these factors explain why in spite of the family preservation, non-interventionist aspects of Manitoba legislation there does not appear to be a direct correlation from policy to practise. That is, the fundamental principles of the Manitoba Act (1989) which support the creation of family preservation programs and having children remain with their families, are not consistent with the provinces' current child welfare practise. My experience in the current Manitoba child welfare field reveals that programs specifically geared towards supporting and preserving family units are new, small in number and are only recently being viewed as having some real value with children and families.

Constitutional differences between the United States and Canada create different federal contexts for child welfare services. As previously stated, U.S. constitutional arrangements allow the federal government to set national standards and direct state governments to work collaboratively with the federal government to develop child welfare programs. The recent Family Preservation and Support Services Program that is part of the Administration's Omnibus Budget Conciliation Act of 1993, is an example of such federal legislation that requires collaboration between state and federal governments. In addition, U.S. federal law requires the provision of services to prevent family disruption and restore family functioning. Overall, the U.S. policy framework is more supportive of the development of family preservation programs than the present Canadian context. This view is borne out by the fact that the United States has a fifteen year history or more of providing family preservation services delivered by either private agencies or as part of the child welfare system. The National Resource Center on Family Based Services in 1986 reported 238 such programs, taking a number of forms and serving a variety of populations (Huchison, 1986).

Constitutional differences between Canada and the United States have also created different models of child welfare service delivery. The mainstream system in many states is much more residual than many provincial child welfare systems. In many states the role of child welfare workers is very narrowly defined to the provision of mandated child protection services. In contrast, the provision of supportive services to families as well as mandated child protection services are delivered by provincial child welfare workers in Canada. Generally, provincial child welfare services are much less residual than those provided by state child welfare agencies. This distinction has an important implication for the creation of family preservation programs in Canada. It can be argued that many family preservation functions which constitute special programs in the context of the United States are part of mainstream child welfare services in Canada. My experience in the Manitoba child welfare system supports this view. Child welfare workers provide many supportive, preventive and resource services to families along with mandated child protection services. Southwest Winnipeg Child and Family Services often contracts with family intervention workers to assist with the delivery of such supportive and preventive services to families.

I am aware that recent changes in federal legislation have eliminated the Canada Assistance Plan. At present it is unclear how new federal cost sharing methods will affect provincial family preservation programs or initiatives.

3.6 ROLE OF FAMILY INTERVENTION WORKER

Family preservation literature does not contain much information about the role of para-professional in-home workers. Literature regarding the Homebuilders model of intensive family preservation services appears to use professional staff in all of the roles of in home services. Nelson and Landsman (1992) compared the characteristics of eleven family-centered placement prevention programs. One characteristic was staff education. None of the programs identified by Nelson and Landsman (1992) described any of their staff as para-professional. Workers in all eleven programs possessed university level or professional degrees ranging from a Bachelor of Arts to a Master of Social Work (p.12 and 13).

Soule' et al (1993) discusses clinician-support worker teams in family preservation. These researchers argue that family support workers possess different qualities than professional clinicians and are able to take on a unique role with the families they work with. Soule' et al (1993) state that family support workers bring a perspective that is often closer to the experience of the families receiving services and are often able to engage more quickly or completely with families. They also propose that these factors result in support workers being perceived as persons with whom the family can more readily identify or from whom family members may more easily accept support and guidance. Soule' et al (1993) suggests that support workers create different relationships with families than clinicians and that clients are freer to perceive support workers as peers or elders in their own communities who have achieved more success in their lives. This information from the literature had a strong impact on our curriculum development. Soule' et al's (1993) perspective on the unique characteristics and the special relationships that family support workers have with clients encouraged us to discuss those factors with the training group and to enhance support workers "use of self" with the families they work with. Our curriculum attempted to accomplish this by discussing the unique role of family intervention workers and by helping participants clarify their values, beliefs and ethics in working with clients.

When discussing team interventions Soule' et al (1993) highlight the importance of clear yet flexible roles between clinicians and support workers. They propose that when teaming, clinicians are responsible for the overall direction of the case, but both members of the team participate in the assessment of family needs, the development of treatment or service plans, and the delivery of agreed upon services. Depending upon the specific issues in a family, and which member of the team is best able to establish a close working relationship with family members, Soule' et al (1993) stress that either or both team members may engage in, "parent guidance and education; brief individual and family treatment; and linkage and advocacy with other agencies" (p.43). This part of the literature was helpful in showing us that intervention workers need some formal or theoretical knowledge of family assessment and treatment in their work with clients. This information shaped the second primary focus chosen for our training curriculum, working with individuals and families from a systemic perspective.

CHAPTER 4

AGENCY CONTEXT AND THE PARTICIPANT SYSTEM

4.1 INTRODUCTION

As previously described, Sork and Caffarella (1989) propose that analyzing the planning context and the client system is the first step in a six-step model of program development. In order to complete this "first step" this chapter will discuss the agency context and the potential agency participants for our practicum of study. This discussion will include: a description of the structure of Southwest Child and Family Services; a description of the family intervention program; a discussion of some relevant context issues that were occurring during the time of our practicum of study.

The way this particular agency context and this potential group of training participants may have impacted the design and delivery of the training curriculum will be discussed in Chapter 5 and Chapter 6.

4.2 AGENCY CONTEXT AND POTENTIAL PARTICIPANTS

Winnipeg Southwest Child and Family Services was chosen as our practicum site for several reasons. This agency is presently my place of employment as a family therapist. This factor allowed me to have detailed knowledge of the organization's programs, staff and policies. Secondly, this agency has a family therapy/mediation team and a family intervention program. All of these services place some emphasis on supporting families, preventing children from entering Child and Family Services care and/or reunifying children in "care" with their family. As defined earlier by the literature, these resources fit a broad criteria which defines them as family preservation services. One aim of this practicum was to enhance family preservation services so it was advantageous to select a study site which employed family intervention workers currently providing family preservation services to families and children. The current model of family intervention in operation at Southwest Child and Family Services evolved as a result of all of the non-aboriginal Winnipeg-based child welfare agencies amalgamating in June, 1991, under one central Board and one executive administrative office with four district agencies mandated to provide child welfare services. Part of the amalgamation involved South Winnipeg Child and Family Services and West Winnipeg Child and Family Services combining to provide child welfare services to South and West Winnipeg. When the two agencies merged, the intervention services provided by each agency were standardized and combined to be centrally administered through one program. The Southwest Family Intervention Program has a clear structure and philosophy which are reflected in the program's definition, operating assumption, principles of service and service goals. A copy of the agency's "Family Intervention (Support) Program Outline" which provides a description of all of these aspects of the program, is included as Appendix D of this practicum. In addition, this program has a comprehensive referral process which includes matching meetings between the potential family intervention worker, the referring social worker and a family intervention coordinator. The family intervention coordinators also facilitate ongoing case reviews between the assigned intervention worker and the agency social worker. These factors indicate that the family intervention program is well established and well organized in many areas of its' operation. We felt that this agency was unique in the way it envisions the role of the family intervention worker. The clarity of the mandate, goals and objectives of this program, demonstrate a real commitment to the ongoing role of this program and the unique and important range of services provided by program personnel. This was further evidenced by the program's attention to the term of "intervention workers" rather than "support workers". It was felt that the former term was a more accurate reflection of worker's skills and abilities to influence positive changes in families rather than only provide support. Commitment to the program and its' workers was also apparent from: the monthly meetings where family intervention workers gather as a distinct group; the ongoing supervision and case review meetings they have with the program coordinators; the matching process; and the ongoing evaluation of the effectiveness of this mode of service delivery initiated by the agency. However, there is no comprehensive training component which addresses the program's needs. Dawn Donnelly and I hoped that through completing our practicum we could identify this program's training needs and address some of them by facilitating a training program for family intervention workers. Finally, Southwest Winnipeg Child and Family Services was chosen as our practicum study site because agency management and staff were enthusiastic and supportive of our area of study and shared our view of the unique role and service that family intervention workers provide to children and families.

4.3 AGENCY STRUCTURE

Southwest Winnipeg Child and Family Services is one of four district offices mandated to provide child welfare services under the auspices of Winnipeg Child and Family Services. The Southwest agency delivers a full range of child welfare services from child protection to prevention, in accordance with the Manitoba Child and Family Services Act (1987) to the population of the Southwest area of Winnipeg. The agency is organized in five service units which are primarily responsible for providing mandated child welfare services to various communities in the Southwest Winnipeg geographic area. In addition there are two resource units, one responsible for foster care, agency placement resources and independent living services. The other resource unit provides adoption services, volunteer services, family therapy/mediation services and family intervention services. The latter is the focus of this practicum.

The agency staff consists of one Area Director; one Director of Programs; five service unit supervisors; two resource unit supervisors; and approximately sixty social workers, para-professionals and various clerical support staff. The family intervention program is managed by the resource unit supervisor who supervises two family intervention coordinators. These coordinators in turn supervise a pool of approximately twenty contract family intervention workers. These coordinators are responsible for the hiring, orientation, skill development, matching, on-going case reviews and other administrative functions related to this group of contract workers.

Social workers from branch offices within the Southwest area may request family intervention assistance through two means. One, they may directly contact a family intervention coordinator and make a family intervention worker request or referral. The social worker and the intervention worker determine the details of the individual contract through the process of a match meeting which is facilitated by the family intervention coordinator. The second means is to make a referral to the agency's family therapy program which may also request assistance from the intervention worker pool with the approval of the referring social worker and through the same referral and match meeting process. The match meeting is a process designed to elicit specific goals for the intervention worker to engage with a family. Often the aim of the program is to provide early intervention in a more intense way than can usually be provided by social workers, where the risk of a child coming into agency care is assessed to be high.

The process begins with the social worker making a referral which is evaluated initially on the basis of budgetary considerations. The supervisor determines how many hours of service are currently being provided and how many dollars that have been allocated are left in this program. Once approved, the family intervention coordinator receives the application and may dialogue with the worker about the role for the prospective worker and the hours requested. A social worker may request a specific family intervention worker, if they have the hours available, or the coordinator may recommend one with the necessary expertise and hours available. The match meeting is set up and the social worker, family intervention worker and coordinator work out the specific case treatment goals which are then reflected in a contract. The coordinator draws up the contract and arranges for three month reviews. One of the potential drawbacks to this system is that the client is not part of this process. It appears to be unusual for the referring social worker and intervention worker to have a joint initial meeting with the client. Therefore sometimes, the family intervention worker meets for the first time with a family only to find that the client does not agree with the treatment goals as perceived by the social worker. Once again the status of being a contract worker has a distinct impact on what follows. The family intervention worker is dependent upon her or his reputation as being "easy to work with" in order to continue to receive more requests for contracts. The manner in which this dilemma is handled at this time is the family intervention coordinators act as mediators and advocates for intervention workers when this becomes an issue.

Under the direction of a referring social worker, family intervention workers provide services that meet a range of families' therapeutic, supportive and concrete needs. The degree and type of involvement depends upon the particular family situation and the referring social worker's assessment of the problem. The process could be made more efficient and leave the intervention worker less vulnerable if the client were a part of the initial match meeting or if the social worker were required to present the treatment goals with the intervention worker in an initial meeting. This would allow room for client input and any modifications that arose would not be left to the family intervention worker, who is less empowered within this system.

A family intervention worker begins working with a family once the contracting process has been completed. Initial contracts are usually for a three month period and the goals of service, progress and hours of service are reviewed by the social worker, the family intervention worker and the intervention coordinator in a match meeting. On-going contracts are reviewed in a similar fashion every three months, the decision to terminate a contract is also made during these meetings. The organizational relationship between contracted intervention workers, family service workers (referring social worker, and family intervention coordinators) is fairly complex. The family service worker makes all clinical decisions regarding the client family and the intervention worker follows and carries out tasks based on that clinical direction. The family service worker supervises the intervention worker regarding the treatment goals determined during the contracting process. The service worker is also responsible for decisions to change treatment goals. At the same time the intervention worker is accountable to the family intervention coordinator regarding job performance; meeting expectations of the program and contracts; and any concerns they have about case assignment and changes to intervention contracts. Once again the family intervention worker is dependent upon their reputation as "being easy to work with" in order to continue to receive more requests for contracts. As previously discussed issues that arise are generally handled by the intervention coordinator acting as a mediator and advocate for the intervention worker. The contracting process makes intervention workers more vulnerable within the agency system. This circumstance could be improved by hiring intervention workers as permanent part time or full time staff and by encouraging more teaming between intervention workers and family service workers. Present caseload demands often result in few joint meetings between service workers, intervention workers and client families. This factor reduces the sense of team and increases the possibility of family information being assessed differently by family service workers and intervention workers.

At the present time each regional or district child welfare agency is responsible for the structure and operation of its' family intervention or family support program. One other agency in Winnipeg, East area, employs family support workers on a contract basis similar to Southwest's program. However, these contracts consist mostly of homemaker services and respite care requests. The Northwest and Central agencies both employ para-professional support workers on a full-time basis. The Central agency utilizes these support workers to provide play therapy services to children who are both in care and not in agency care. The Northwest Winnipeg agency employs four full-time para-professionals who are called youth and family workers. These workers become involved with a wide range of families and children. Their assignments cover the same broad range of services as the family intervention contracts at the Southwest agency. Youth and family workers, under the direction of family service workers or agency family therapists, can become involved in family preservation, placement prevention or reunification situations. These workers can also work individually with children in agency care. The diversity of the family intervention or family support worker programs across all four regional agencies allows for each area to define their particular needs and organize their own program to meet those needs. However, at present there is little coordination of service among the four areas. This results in a lack of planning to improve and strengthen family support/intervention programs across the Winnipeg Child and Family Services

Agency and in families having access to different types of family intervention services depending upon which region they live in. There are also no common training goals or programs for family intervention/support workers.

4.4 OTHER RELEVANT CONTEXTUAL ISSUES

During the time period of the completion of this practicum, three important initiatives were occurring that impacted the Southwest family intervention program. These included:

1. Quality Assurance Review - requested by the agency and conducted by Child and Family Support Branch, Province of Manitoba. Overall, this review attempted to assess and make recommendations regarding the present overall effectiveness of the agency's model of family intervention service delivery.
2. Agency Steering Committees - the agency administration requested that staff members volunteer to sit on committees to review and propose recommendations to improve existing family intervention services. (Committees included representation from service units, resource units and the family intervention program). These committees were organized under three different areas of service.
    i. Services to families with young children
    ii. Services to families with adolescents

iii. Services to children in agency care.

3. Unionization - specific to the concerns and working issues of the family intervention contract workers, meetings occurred with representation from CUPE, Family Intervention Workers, Southwest Child and Family Services management and Winnipeg Child and Family Services Executive. Working issues included for example, guaranteed working hours, seniority, benefits and salaries.

These three factors were issues that could be influential in determining the motivation of the family intervention workers to participate in the following ways. The Quality Assurance review had been a very lengthy interview process, requiring contract workers to answer a long questionnaire. Depending upon how this was perceived by workers, they may be more or less reluctant to participate in a similar needs assessment exercise, even though the purpose was much different. The results of the Quality Assurance review were shared prior to the beginning of our training program and depending again on workers' perceptions of the accuracy of the data recorded, this could influence the degree of trust to engage in such a process again. The agency did partially pay employees for their participation in the Quality Assurance review as participation was mandatory. It was hoped that this difference with our program could be interpreted as a function of the voluntary nature rather than a sign of lack of support or interest by management. These factors could have functioned as a combination of dispositional and institutional barriers to participating in our project as discussed previously.

The second and third processes, agency committee and unionization discussions were seen more as a drain of intervention worker time and energy. These other expectations although voluntary, could have provoked the necessity of workers to priorize how they invested their time resulting in training being less of a priority. This would be a situational barrier as explained in the literature review. Another possibility, was that if workers did not perceive the agency as being fair in the process of negations, they could have been less interested in giving up their time to become more qualified employees.

CHAPTER 5

THE DEVELOPMENT OF A TRAINING CURRICULUM

5.1 INTRODUCTION

Sork and Caffarella (1989), stress the importance of analyzing the client system and completing a needs assessment as the first stages of a basic six-step model of program development. As previously discussed, this practicum was planned in conjunction with another M.S.W. student. This chapter will begin by briefly discussing the needs assessment process completed by Dawn Donnelly. The remainder of the chapter will present a synopsis of the activities undertaken to complete this practicum. Throughout the description of activities I will attempt to show how the needs assessment informed the development of the training curriculum. For detailed information regarding the agency needs assessment please refer to Dawn Donnelly's M.S.W. practicum titled "A Needs Assessment: In Preparation For A Training Program For Family Intervention Workers At An Urban Child Welfare Agency".

5.2 NEEDS ASSESSMENT PROCESS

Dawn's needs assessment involved gathering information about what type of training would be most beneficial to the family intervention workers employed by Southwest Winnipeg Child and Family Services. Information was gathered from various major stakeholders within the agency. A methodology was chosen that combined various methods of gathering information. Personal interviews were conducted for the intervention workers and intervention worker coordinators. Group meetings were conducted for social workers and questionnaires were given to administrators. This process began February, 1994 and was completed by mid-April, 1994. Eighteen family intervention workers and two family intervention coordinators were interviewed. The social workers in all five agency service units participated in group interviews and six administrators returned completed assessment questionnaires. The data was then analyzed, organized and finally converted to proposed training program objectives and content.

The comprehensive and through needs assessment process completed by Ms. Donnelly ensured continuous sharing of information about plans to develop and deliver a training curriculum with personnel throughout the agency. Ongoing information sharing resulted in all of the stakeholders maintaining enthusiasm and commitment to the training program. I will begin my discussion of the activities undertaken to complete this practicum with the selection and organization of the learning environment. I begin at this point because the needs assessment and sharing of information allowed me to readily move into this step with agency personnel.

5.3 SYNOPSIS OF ACTIVITIES TO COMPLETE PRACTICUM

Sork and Caffarella (1989) propose a basic six-step model of adult education program development. Cranton (1989) presents a process for designing a curriculum that identifies four major areas of activities to be completed. As previously discussed, both of these models were useful in informing the development of our training curriculum. The planning process and the activities required to complete this practicum were organized around the goal of enhancing family preservation services through the intervention of designing, delivering and evaluating a training curriculum for agency family intervention workers. Sork and Caffarella's (1989) model was helpful in providing a framework to organize the program development tasks. Cranton's (1989) model informed the process of designing an instructional strategy, sequencing curriculum content and selecting instructional methods for the training program. Information from both of these models was modified and summarized to create a six component description of the activities undertaken to complete the development, delivery and evaluation of a training curriculum. Additional components (1 and 6) were added to these models in order to give a more thorough description of the activities relevant to this practicum.

Component 1 - Select and organize the learning environment and determine a registration process.

Component 2 - Convert needs assessment outcome data into training program objectives.

Component 3 - Select, organize and sequence curriculum content that is reflective of our four areas of needs assessment information: 1) our conclusions from reading the literature on family preservation practice; 2) the activities involved in the family intervention role and the skills required to carry these out; 3) the needs for training expressed in the survey of family intervention workers; and 4) the needs for training expressed in the survey of agency social workers and managers.

Component 4 - Design an instructional process or strategy that is consistent with the curriculum content and reflective of adult learning principles.

Component 5 - Determine and create an evaluation procedure that will attempt to measure whether program objectives were met and provide consumer satisfaction regarding the training program's content, facilitators and format.

Component 6 - Administer, collect and analyze data from the evaluation process.

The first component involved determining the time frame, dates, times, location and registration process for participants. These factors were jointly decided with my M.S.W. colleague and with appropriate agency personnel. One of the first decisions to be made was the date to begin our training program and the total number of hours the program would consist of. Our first decision was to offer 35 to 40 hours of direct training time. This decision was based on our assumption that the content areas identified from the needs assessment could provide material for 100 hours or more of training. However, intervention workers are paid only for the contract hours they work in specific case situations. We did advocate that some payment to intervention workers attending our training would be reasonable and advantageous. We also pointed out that other agency staff are paid their salary when they attend training and that payment would further support the agency's position that training is an important priority for all employees. Management agreed to consider the request but were not hopeful that additional funds would be available due to the agency's deficit and competition for limited funding resources. Since it was likely that intervention workers would be attending training sessions on "volunteered time" we needed to be both efficient and frugal with our time frame. Thirty-five hours of training, organized primarily into half-day (3 hour) time blocks seemed the maximum allocation for our present agency context. Information collected from intervention workers during the needs assessment revealed that the majority 61%, (N=18) of workers preferred a half-day format, another 22%, (N=18) indicated a preference for full days and 44%, (N=18) of those interviewed indicated they could commit to regularly attending until the end of June, 1994. With these factors in mind it was decided that the training program would begin the week of May 9, 1994 and end the last week in June, 1994. Interviews for the needs assessment were completed in mid-April, 1994. A program completion deadline of June 30, 1994 required that we quickly: analyze the needs assessment information; establish program objectives; begin selecting and organizing curriculum content; begin selecting and organizing learning experiences and develop evaluation instruments that would measure whether we had met our program objectives. We felt that four weeks was the minimum amount of time in which we could accomplish all of these tasks. An eight week training program time frame (May to June, 1994) required that we schedule two full-day (6.5 hours each) training sessions and six half-day (3 hour) sessions. A combination of full and half-days also insured that intervention workers' preferences in both categories would be met to some degree.

Our next task was to determine the minimum and maximum number of training program participants and select an appropriate learning environment. The minimum and maximum number of participants was decided jointly with input from M.S.W. committee members, various agency personnel and conclusions drawn from relevant reviewed literature. Our committee members felt that in order to fulfill university requirements and generate meaningful evaluation data, a group of 12 was ideal with a minimum group size of 6. The entire pool of potential participants consisted of 20 family intervention workers. We felt it important to open participation in the training program to all agency intervention workers. As previously discussed, the agency's current family intervention program receives requests from social workers to provide both crisis-oriented and independence-oriented services (Frankel, 1988) to families. Often contracts involve providing family intervention services that combine both orientations. Whatever relevant content our training program emphasized (crisis-oriented or independence-oriented), the entire group of intervention workers would potentially benefit. In addition, Soule' et al's (1993) research on clinician-support worker teams in family preservation supported the concept of open participation. These researchers (1993) propose that support workers possess unique characteristics and develop special relationships with families that are different yet complementary to the clinician involved. This framework requires that support workers be aware and skilled in the unique "use of self" with clients as well as being active participants in the assessment of family needs, the development of treatment plans and the delivery of agreed upon services. From this perspective it is also important for family intervention/support workers to be knowledgeable about family assessment, treatment planning and intervention.

Initially we felt that a training group size of six to ten participants would be more manageable, less intimidating and encourage greater participant involvement in discussions. This thinking is supported by Nixon's (1979) review of the research on group size. Nixon (1979) indicates that members of five person discussion groups indicate the highest level of satisfaction. He (1979) points out that the advantages of this group size include: "a high level of individual participation, the odd number of members prevents a deadlock, and there are enough members for any one member to be able to withdraw from an untenable position" (Nixon, 1979, p.12). In spite of some possible group dynamic advantages, as previously discussed we were not prepared to limit our potential training group size beyond the entire pool of twenty intervention workers. Nixon (1979) points out that as groups become larger, the pressure on each member to participate decreases and larger groups tend to polarize into talkers and nontalkers. Since we were planning for a maximum group size of 20 participants, it became necessary to utilize teaching methods and strategies that would encourage equal participation in group discussions and create a learning climate in which participants felt "physically comfortable and at ease and psychologically accepted, respected and supported' (Knowles, 1980, p.46).

Our next step was to create a learning climate that would fulfill all of Knowles' (1980) criteria. The location also needed to fall within the limits of our zero dollars training budget. We needed a room that: would be large enough to accommodate up to twenty participants; was within the agency's geographical area (to ensure manageable travel); was available and comfortable; and contained a flip chart, V.C.R. and T.V. monitor. The boardroom at the Southwest Child and Family Services office on Ness Avenue met all of these criteria and was selected as our learning space. Thursday was chosen as the weekly program time based on the preference of some intervention workers, room availability and the facilitators work schedules. We also needed to create a learning environment that would be psychologically comfortable and appropriate to our participant group. Cranton's (1989) model of the instructional design process was helpful to our selection of instructional methods that consisted of face to face group-based lecture and discussion. This format was selected on the basis of: the instructors' comfort level and familiarity with these instructional methods, and our assessment that these methods were well suited to participants as well as their agency context of employment. Our assessment of the group of family intervention workers indicated that these were dedicated, hard working para-professionals who work intensively face to face with clients. We felt these workers would be most responsive and comfortable in a learning environment where instructors dealt with them face to face rather than having them view video tapes or audio tapes with limited opportunity for interaction and discussion. We were also aware that the agency context for their contract work often resulted in intervention workers feeling isolated and cut off from one another. For this reason we chose a group-based didactic and discussion learning format rather than individually focused delivery. We also wished to collectively draw upon participants' knowledge and experience to relate our course material to the job of family intervention worker. The group discussion format helped to reveal common themes, shared experiences and concerns among these workers. Participants were able to share knowledge and offer support to each other. We felt the group process helped to decrease feelings of isolation, and enhance positive feelings of membership within the group of family intervention workers that participated in our training. Overall, we felt this format helped create a learning climate in which participants felt accepted, respected and supported.

The final activity in Component 1 was to create a consent form that would also be used as a registration form. This form was developed with input from members of our M.S.W. Committee and a copy of the form is included as appendix C of this practicum.

The second component involved converting needs assessment data into training program objectives. This process involved gathering data from four areas of the assessment of need: 1) our conclusions from reading the literature on family preservation practice; 2) the activities involved in the family intervention worker role and the skills required to carry these out; 3) the needs for training expressed in the survey of family intervention workers; and 4) the needs for training expressed in the survey of agency social workers and managers. The information gathered in each of these four areas will be presented with a description of how the information led to the selection of three training program objectives: 1) to develop a greater understanding of the value base of family preservation in an urban child welfare context and the unique role of the family intervention worker in that system; 2) to further develop and enrich the knowledge essential to working with family systems; and 3) to enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

A review of the literature regarding the historical and current context of family-centered services was useful in assessing current family intervention practice at Southwest Winnipeg Child and Family Services. It was concluded that many of the services currently provided by agency family intervention workers to families fit the criteria of family preservation services as defined in the literature. Such services focus on supporting and strengthening families toward the goals of preventing agency placement of children or reunifying children in agency care with their families. Agency family intervention work involves: providing services to families in their own homes; focusing on entire families rather than individuals; and providing a combination of comprehensive services that include mobilizing natural helping networks, coordinating community resources and providing concrete services. This needs assessment information influenced the formation of our second and third program objectives which emphasize the importance of assessing and working with clients from a systemic perspective. The literature in this area was useful in helping us recognize the importance of viewing the family from a broad systemic perspective and the unique role of the family intervention worker in assessing and observing families in their home and larger community context. This conclusion from the family preservation literature helped formulate our first program objective.

Frankel's (1988) framework proposes that family preservation services can be divided into two groups according to their objectives, as crisis-oriented or independence-oriented. Once again, this perspective was helpful in assessing the agency's present family intervention services. The family intervention program currently receives requests from social workers to provide both crisis-oriented and independence-oriented services and contracts often involve providing services that combine both orientations. Agency family intervention workers could benefit from training in both of these orientations. Time constraints and knowledge limitations of instructors required that one orientation be emphasized. An independence-oriented focus was chosen over a crisis-oriented model for three reasons. First, this orientation was viewed as referring to a broader area of family treatment theory than crisis intervention. An independence-orientation was also seen as more consistent with the family systems framework previously chosen from the family preservation literature and converted into training program objectives. Third, the independence-oriented model appeared more in line with the present philosophy and service goals of the agency's family intervention program. This information from the literature supported the formation of our second and third program objectives which emphasize the importance of working with families from a broad systemic perspective toward the goal of strengthening, empowering and facilitating independence in families.

Soule' et al's (1993) perspective on the unique characteristics of the family support/intervention worker and the importance of a teamwork approach between clinicians and support workers also informed the selection of our training program objectives. Soule' et al (1993) discusses the unique characteristics and the special relationships that family support workers have with clients while performing family preservation work. This portion of Soule' et al's (1993) research influenced the formation of our first and third program objectives. We attempted to help participants develop a greater understanding of the value base of family preservation services, the unique role of family support workers and to enhance support workers' "use of self" with their clients. Our curriculum sought to accomplish this by exploring aspects of the unique role of family intervention workers and by helping participants clarify their personal values, beliefs, attitudes and working styles. Soule' et al's (1993) research on clinician support worker teams, emphasizes the importance of clear yet flexible roles. These writers (1993) stress the importance of both team members' participation in the assessment of family needs, the development of a treatment plan and the delivery of agreed upon services. This part of the literature was most helpful in showing us that intervention workers also require some formal or theoretical knowledge of family assessment and treatment issues. This information shaped our second and third program objectives which focused on enriching participants' knowledge of working with family systems and exploring the attitudes and values inherent in a family systems based approach. Once again, a very broad definition of family systems theory was utilized in our planning process.

Richard Barth (1990) proposes that, crisis-intervention theory, family systems theory, social learning theory and ecological theory underpin family preservation programs' ideal concepts of service delivery and treatment. Ideally our training program would have contained curriculum content from each of these theoretical perspectives. Time constraints, instructors' knowledge and information from other areas of our needs assessment required that some theoretical concepts needed to be emphasized over others. We chose to emphasize family systems theory as reflected in our second and third program objectives. Both primary facilitators were knowledgeable about this theoretical approach and able to draw on a broad range of concepts within that framework. As previously discussed, a broad definition of family systems theory was utilized. Systems theory was viewed as a framework which emphasises the concept of inter-relating components (individuals) that constitute the whole of the family. This theory also proposes that the whole (the entire family system) is greater than the sum of its' parts (individuals) and that how family members relate to each other (the process) is more important than what they say to each other (the content). Family systems theory has fostered the development of several forms of family therapy, including structural family therapy. Salvador Minuchin (1974) is a major author and developer of structural family therapy. He assesses family structure along three dimensions: "1) boundary --- who participates in family tasks, and how; 2) alignment --- the way family members work together in opposition to each other or other family subsystems; and 3) power --- the relative force of each family member on the achievement of family functions" (cited in Barth, 1990, p. 93). The goals of therapy are generally related to bringing about changes in the family structure. This model of family therapy also encourages meeting with the entire family system as well as with various subsystems (parental, sibling, extended) and significant external subsystems (school, courts, social services). We felt that our broad definition of family systems theory allowed us to introduce various areas of curriculum content that could be integrated within or viewed from a general family systems perspective, such as: structural family therapy; separation and attachment issues; the effects of abuse on family dynamics; the family life cycle; healthy family functioning; family diversity; and solution focused family techniques. We also felt that our working definition of family systems theory could be viewed as encompassing some of the other theoretical approaches highlighted by Barth (1990) as underpinning ideal concepts of family preservation service. It can be argued that our systems theory framework represents ecological theory which involves viewing the family within its' context. We also felt that our use of solution focused techniques such as: building on family strengths and competencies;

helping clients identify exceptions to problems; giving clients homework tasks; and assisting clients to maintain positive change, were concepts that were consistent with social learning theory's goal of teaching parents and children the skills for self-management. Barth's (1990) fourth framework, crisis-intervention theory, was not emphasized due to time constraints and facilitators' lack of knowledge in this area.

The second area of needs assessment that informed the selection of our training objectives was, the activities involved in the family intervention worker role and the skills required to carry these out. This information has been previously presented throughout our discussion of how our conclusions from the family preservation literature led to the formulation of our training program objectives. As previously discussed, the role of family intervention worker involves: a) assessing clients in their home environment and providing a combination of comprehensive services that meet the family's therapeutic, supportive and concrete needs; b) providing services that are both crisis-oriented and independence-oriented; c) establishing clear yet flexible roles as members of a clinician support worker team and participating in the assessment of family needs, the development of a treatment plan and the delivery of agreed upon services. We concluded that some of the skills and knowledge required to carry out these tasks included: a) an understanding of the value base of family preservation services and the unique role of the family intervention worker in those services; b) knowledge of theoretical frameworks that underpin family preservation programs' ideal concepts of service delivery and treatment; and c) an understanding of integrating theoretical knowledge into family intervention practice. We felt that the first skill area identified represented our first training program objective, that the second area informed our second program objective, and that the final area of skills identified assisted the development of our third program objective. As previously discussed in this practicum, we did not attempt to define or identify a list of family intervention worker competencies. Our intervention (training program) hoped to increase intervention workers' skills by enriching their knowledge and changing their attitudes in relation to various content areas of the curriculum.

Needs assessment data from the third and fourth areas related to, the needs for training expressed in the survey of family intervention workers and in the survey of agency social workers and managers. As previously discussed, these surveys were conducted by my practicum colleague, Dawn Donnelly. Information regarding family intervention training needs was gathered from each of these stakeholder groups within the agency. The data provided from these surveys was divided into the following three categories:

1. Worker Issues - issues relating to the specific role and function of the family intervention worker.
2. Family Issues - areas in which workers perceived the need for some education, skill development and case practise.

3. Systems Issues - broader issues which focus on the relationship of client and workers within the larger societal or agency context.

The categories chosen for grouping this data are a reflection of the biases of the students completing this practicum. These biases were influenced by: the needs assessment data identified from the family preservation literature, our interpretation of the activities and skills required in the agency family intervention worker role and the relevant knowledge and experience of the training program facilitators. Our bias was to present curriculum content which focused on the following two primary goals and objectives:

Goal #1 - To understand the theoretical frameworks that underpin the ideal concepts of family preservation service and delivery.

Objective #1 - To further develop and refine the knowledge essential to working with family systems.

Goal #2 - To integrate theoretical knowledge with family intervention practice.

Objective #1 - To develop a greater understanding of the value base of family preservation services and the unique role of the family intervention worker in that service.

Objective #2 - To enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

A family preservation services framework was a very important bias that influenced our analysis of the needs assessment data gathered from family intervention workers, agency social workers and managers. As previously discussed the agency has not clearly defined the present family intervention program as a family preservation based service and does not limit its' contract workers' roles to providing services consistent with only that orientation. For these reasons we would expect training needs assessment data from the surveys to reflect a wide range of service areas and include feedback that is not consistent with our family preservation focus. This possibility seems evident from the following two tables which summarize the survey data.

RESULTS OF A NEEDS ASSESSMENT WITH FAMILY INTERVENTION WORKERS

Worker Issues	Family Issues	Systems Issues
Team Work	Single Parent Families	Community Resources
Time Management	Adolescent Development	Child Welfare system
Personal Safety/Self-care	Family Violence	Mediation
Peer Support	Women's Issues	Gender Issues
	Parenting	Family Systems: Assessment & Intervention
	Anger Management	Family Therapy Models
	ADHD children	Cultural Diversity
	Attachment/Separation Issues re: Children	Agency resource access & process
	Addictions	Prevention
	Special Needs Children	
	Self Esteem Issues	
	Sexual Abuse Issues	

Figure 5-1

RESULTS OF NEEDS ASSESSMENT WITH SOCIAL WORKERS AND MANAGEMENT

Worker Issues	**Family Issues**	**Systems Issues**
*Value Clarification	*Family Patterns	*Cultural Biases
*Team Work	*Addictions	*Abuse/Neglect
*Responsibility	*Attachment Theory	*Crisis Intervention
*Conflict of Role Demands	*Family Violence	*Domestic Violence
*Documentation	*Sexual Abuse	
*Court work	*Family of Origin	
Boundary Issues	*Dysfunctional Families	
Ethics	*Boundaries	
	Loyalty	
	Shame and Secrets	
	Behaviour Management	
	Anger Management	

LEGEND: *represents issues also mentioned by the Family Intervention Workers

Figure 5-2

As represented in these figures, the data has been grouped into subject categories according to worker issues, family issues, and systems issues. These groupings, as previously defined, should provide data that would be consistent with our three training program objectives. That is: we would look for information under worker issues to be consistent with objective #3; for information under family issues to be consistent with objective #2; and for information under systems issues to be consistent with objective #1. As indicated by both tables, this is not the case. As expected, most groupings contain training needs that is consistent with a family preservation or family focused perspective as well as data that reveals an individualistic focus. This diversity is likely a reflection of the variety of roles, duties and functions currently performed by agency intervention workers and the different perceptions of the skills and training necessary to perform these various functions. The data from the training needs surveys was represented under broad subject categories such as: women's issues; parenting; gender issues; team work and prevention. Information was not available regarding what specific responses were grouped into these subject categories; what number of respondents identified each issue; and whether the needs identified were for knowledge, skill, new attitudes or all three. All of the biases, factors and limitations of survey data previously discussed greatly limited its' conversion to training program objectives. The information from this portion of the needs assessment data became secondary to the process of establishing our training program objectives and curriculum content. The following is a list of the broad subject areas that were interpreted as consistent with the three program objectives previously established from the other two areas of needs assessment data.

Objective #1 - To develop a greater understanding of the value base of family preservation services in an child welfare context and the unique role of the family intervention worker in that service.

Survey Results from Family Intervention Workers:

Systems Issues - prevention
- child welfare system

Worker Issues - team work

Family Issues - none

Survey Results from Social Workers and Managers:

Systems Issues - none

Worker Issues - team work
- conflict of role demands
- responsibility
- ethics

Family Issues - none

Objective #2 - To further develop and refine the knowledge essential to working with family systems.

Survey Results from Family Intervention Workers:

Systems Issues - family systems: assessment and intervention
- family therapy models
- community resources

Worker Issues - none

Family Issues - single parent families
- adolescent development

Survey Results from Social Workers and Managers:

Systems Issues - none

Worker Issues - none

Family Issues - family patterns
- family of origin
- dysfunctional families
- boundaries

Objective #3 - To enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

Survey Results from Family Intervention Workers:

Systems Issues	-	family systems: assessment and intervention
	-	family therapy models
	-	child welfare system
	-	prevention
Worker Issues	-	self-care
Family Issues	-	parenting
	-	attachment/separation issues re: children
	-	sexual abuse issues

Survey Results from Social Workers and Managers:

Systems Issues	-	none
Worker Issues	-	value clarification
	-	boundary issues
	-	conflict of role demands
Family Issues	-	none

It should be noted that the subject categories of separation/attachment issues regarding children and sexual abuse issues (listed under objective #3 results) were chosen as curriculum content to illustrate some of the attitudes and values inherent in a systems approach by contrasting that to an individualistic approach to these issues and by discussing how separation/attachment and abuse could be viewed from a systems framework.

The needs assessment survey of family intervention workers gathered information from an additional source. Each agency intervention worker interviewed was asked a critical incident question. The critical incident question, described by Brookfield (1988), is a method of gathering indirect survey information by having respondents think of a specific example. In the case of Dawn's needs assessment interviews with family intervention workers, the following critical incident question was asked:

> Think over the past year and identify a case you remember as one that caused you the greatest discomfort, pressure or difficulty. Tell me in summary, the following details about the case: a) in what situation it occurred; b) who was involved (roles rather than personality); and c) what was significant about the incident as to cause you difficulty?

This technique depends on an accurate analysis by the examiner. Dawn Donnelly and I analyzed the question results together. The following is a list of how we summarized the most common themes from participants' responses. The results are listed in no particular order and information was not available regarding what number of respondents identified each issue. Overall, Dawn reported that this indirect question produced a narrower range of answers with more commonality among respondents than the direct questions.

1. What are achievable goals of the family intervention worker? In other words, who is responsible for effecting change within the client system?
2. How family intervention workers can negotiate a more specific contract with the referring social worker that allows room to negotiate in a way that reflects the family intervention worker strengths and includes the family's perceptions of their role as well. The uncertainty of being engaged as a contract worker may interfere with a worker honestly appraising their own skills and abilities and being clear with the referring social worker about these. When relating to referring social workers, family intervention workers often feel it is more desirable to be accommodating than assertive. If a family intervention worker perceives that goals that have been outlined for the client are unrealistic and not mutually shared, there is a similar reluctance to offer an opinion for fear of gaining a reputation as, "hard to work with" resulting in fewer contracts.

3. The difficulty of being in the agency's employ and balancing the demands of the mandated responsibilities with the conflicting role of connecting with clients and acting as a support in terms of loyalty issues. This issue would also be of concern to social workers who have similar conflicts in some of their casework.
4. How to get unstuck from polarized positions, with respect to workers and families.
5. Safety concerns for family intervention workers with regard to isolation and lack of close associations in their workplace.
6. Family systems and how to work with individuals in a systemic way.
7. Acknowledging personal limitations and increasing comfort level with clients in the role of the expert. The underlying principles of family preservation work operate from a position of family strengths which is a shift from the delivery of more traditional child welfare involvement. Although workers value this perspective, it was perceived by intervention workers that further exploration of this topic would be helpful.
8. Alternatives for consultation or peer support.

These results indicate that there is more overlap between the survey data reported in table 5-1 (direct questions) and the information gathered from the indirect question. The information gathered from the critical incident question yielded more process oriented than subject oriented data. This process information gave a context to some of the subject data by helping us understand how a training needs topic would be important to intervention workers. For this reason, the critical incident question data was more helpful to our process of creating training program objectives. The first theme was viewed as relating to the issue of team work between clinicians and intervention workers. This theme was determined to be consistent with our first training program objective. We felt the second theme related to both objective #1 and objective #3 since these responses were viewed as relating to the unique role of the intervention worker and developing a greater understanding of individual working styles or "use of self" with clients. We also felt that responses that referred to the confusion around establishing goals that are mutually shared by clients, social workers and intervention workers, related to our first training objective. Theme number three was viewed as an issue of the role confusion often experienced by those working in a child welfare context. We interpreted this theme as relevant to our first program objective. Theme number four seemed to have some similarity with theme number two. It can be argued that polarized positions often result from the absence of mutually agreed upon service goals. From this perspective, the fourth theme was considered to be addressed by our first training objective. The fifth theme was not directly addressed as a training need. Bringing a group of intervention workers together in a training program could likely contribute to building closer associations within that group of contract workers and helping reduce feelings of isolation. However, the issue of safety concerns was seen as an agency issue of workplace safety. This latter issue will hopefully be addressed once intervention workers become organized as a collective bargaining unit through union membership. The sixth theme was seen as relating to our second and third program objectives which involved developing knowledge about family systems and developing an approach to working with clients in a systemic way. We felt the seventh theme that emerged was related to the principles of family preservation service and appropriate preservation based family intervention practice. This theme was viewed as relating to our first program objective. Like theme five, theme eight was not viewed directly as a training need. Once again, bringing intervention workers together in a training program would create some alternatives for consultation and peer support within that group. The ongoing need for such support and consultation was viewed as an agency issue.

The third component of the process to complete this practicum related to selecting and sequencing curriculum content that was reflective of our four areas of needs assessment. As previously discussed, content was selected that primarily related to the first two areas of needs assessment data. The literature was most helpful in the selection of curriculum content that: viewed clients from a broad systemic perspective; recognized the unique role of the intervention worker in assessing families in their environment; stressed the importance of working with families from an independence-orientation; and emphasized the importance of clear yet flexible roles in clinician support worker teams. The second area of needs assessment data that primarily informed our curriculum selection was the activities involved in the family intervention role. As previously discussed we selected parts of the agency intervention role that related to family preservation based services. After viewing family intervention activities that were consistent with a family preservation framework, we concluded that curriculum content should be selected that emphasized: understanding the value base of family preservation services and the unique role of the family intervention worker in those services, theoretical frameworks that underpin family preservation programs' ideal concepts of service delivery and treatment and the integration of theoretical knowledge with family intervention practice. Various factors, instructor biases and data collection limitations (previously discussed) resulted in information from our third and fourth areas of needs assessment data having a secondary influence on the selection of curriculum content. Overall, data from the training needs surveys was selected that emphasized the same curriculum content that was selected from the first and second areas of needs assessment data. Curriculum content was grouped under three training objectives. The objectives and corresponding curriculum were sequenced beginning with the broadest learning framework (the value base of family preservation services) and becoming more focused (working with family systems) and finally becoming more specific (developing an approach to working with family systems). In keeping with Sork and Caffarella's (1989) guidelines: whenever possible we began with content that was more familiar to learners (the child welfare context and some aspects of family preservation based practice); and where appropriate we attempted to integrate practice applications as part of each learning segment (through group discussion, case examples, role plays and skill building exercises).

A copy of the proposed objectives and content of the training program are contained as appendix E of this practicum. I attended an agency family intervention worker meeting on May 4, 1994 to circulate and discuss the proposed objectives, content, consent forms, dates, times and location of the training program. This process allowed for intervention workers to identify whether the proposed objectives and content were an accurate reflection of some of the needs they had identified. The group response was favourable and the proposed objectives and content were used as part of the training curriculum. The consent forms ensured that each participant registering or choosing not to register for training understood that: participation was voluntary; data gathered would be confidential; data gathered would be stored away from the agency and later destroyed; and any information gathered would only be used to evaluate our training program's effectiveness.

Designing an instructional process that was consistent with the curriculum content and reflective of adult learning principles, was the fourth component of our activities. As previously stated, one instructional method used was to attempt to integrate practice applications as part of each learning segment (Sork and Caffarella, 1989), through the use of group discussion, case examples, role plays and skill building exercises. Cranton's (1989) model of instructional design was useful in guiding the process of designing an instructional strategy and selecting instructional methods. Our instructional strategy was to create three general training program objectives and group possible curriculum content areas under each objective. Two broad goals (or areas of primary focus) guided all three objectives. We chose instructional methods that consisted of face to face group-based lecture and discussion. This format was based on our own comfort level and familiarity with these methods, and on our assessment that this format was well suited to our group of participants as well as their agency work context. Our assessment of agency family intervention workers indicated that these are dedicated, hardworking employees who work intensively face to face with clients in difficult and complex situations. We felt these workers would be most responsive and comfortable in a learning environment where the primary method of instruction involved face to face interaction rather than a more individual delivery, viewing video tapes or listening to audio tapes. We were also aware that the agency context for their contract work often resulted in intervention workers feeling isolated and cut off from one another. For these reasons we chose a group-based didactic and discussion learning format to reduce feelings of isolation and create opportunities for peer support and consultation. Opportunities for peer support and consultation were encouraged by requesting that participants contribute their own case examples for role play and skill building exercises. We also wished to collectively draw on participants' knowledge and experience to relate our curriculum content to the job of family intervention worker. The group discussion format helped to reveal common themes, shared experiences and provide opportunities to integrate theoretical knowledge with family intervention practice. The use of these learning methods also helped ensure that the learning-teaching transaction was a mutual responsibility. This shared responsibility for the learning-teaching transaction was consistent with my personal philosophy of adult education. This personal philosophy has been discussed earlier and views the focus of the learning environment as encouraging the interaction of people, behaviour and environment. These learning methods are also reflective of some of Knowles' (1980) guidelines for effective adult education practice. He proposes that, among other things, effective adult education programs should emphasize experiential techniques and practical applications of learning. Knowles also encourages the use of "unfreezing and learning to learn from experience", as an adult education learning method. This method was utilized in our training program by introducing concepts of family systems theory and contrasting that model with more individually focused models such as working individually with abused children or acting out adolescents. Participants were encouraged to explore the attitudes and values inherent in a family systems approach and discuss how they could work with individual clients (with separation/attachment issues or abuse issues) from a systemic framework. Finally, learning methods were sequenced in our training program to begin with less experiential (group discussion, instructors' case examples) to more experiential (participants' case examples, role plays and skill building exercises). Less experiential learning methods were used to begin with to allow the group to develop trust and comfort among participants and between instructors and group members. As discussed earlier, intervention workers were not compensated financially for attending training and participants could be asked to take contracts during training program hours. Contract hours that they would be paid for. For these reasons, it was decided that our attendance expectations needed to be flexible. As part of our initial process of establishing group expectations regarding confidentiality and mutual respect we discussed our need to be understanding of varied attendance by participants. Group members were encouraged to raise any objections they might have regarding group membership and were encouraged to be patient if group dynamics were effected by this factor. No objections were raised and although group size varied from six to eleven over eight training sessions, a core group of six participants attended seven or more sessions. This core group of participants developed trust and support with each other and there was equal participation in group discussions. When necessary, the instructors would ask for input from certain reticent group members to ensure equal participation. Breaking into pairs or mixing talkers and non-talkers in small groups were some other teaching methods used to ensure equal participation. This core group of six participants allowed a fluid membership of additional participants. The group climate was open, flexible and respectful of all group members. Hopefully, the learning methods utilized and our attention to helping participants establish a comfortable and supportive group/learning climate were factors in the resulting flexible and open group membership. As discussed previously, Nixon (1979) indicates that members of five person discussion groups report the highest level of satisfaction. We felt that our core group of six participants often experienced the benefits of such a small group including: a high level of individual participation; and enough members to allow any one member to be able to withdraw from an untenable position. We observed that our core group of participants were able to form a dynamic supportive and flexible group over eight training sessions. Additional group members were respected and included by the core group. We found that the less frequent members were more hesitant to participate in group discussions. Once again, instructional methods such as: asking for input from certain group members; breaking participants into pairs for discussion; and mixing talkers and non-talkers into small work groups, were utilized to deal with this group dynamic.

The fifth component involved developing appropriate evaluation instruments that would attempt to measure whether our program objectives were met and provide consumer satisfaction information regarding program content, format and facilitators. After discussion with M.S.W. committee members, Dr. Harvy Frankel and Dr. Sid Frankel, it was decided that we would develop and administer two pre and post test measures. Both of these instruments related to measuring changes in either participants' attitudes or knowledge regarding curriculum content areas. As previously discussed, we viewed our training program as an organized and purposeful intervention that we hoped would create changes among participants by enriching their knowledge and changing their attitudes in relation to our training programs' objectives and its' curriculum content. We did not attempt to define a list of family intervention worker competencies, nor did we attempt to measure changes in participants' skill levels. Part of Lewis and Dunlop's (1991) model for identifying important indicators associated with successful adult education programs, was also helpful in determining our evaluation measures. These indicators were: participants were satisfied; and significant participant learning occurred. In order to evaluate our training program's effectiveness (related to: program objectives; changes in participants' knowledge and attitudes; and participants satisfaction of the training program), we developed two instruments and one training program evaluation measure. In addition to these indicators we collected evaluation information from our informal discussions with participants and our observations throughout the training program.

Our first measure consisted of three parts. Part A contained nine "attitude" statements. Respondents were asked to indicate their agreement or disagreement with each statement on a five point scale. This portion of the instrument attempted to measure changes in participants' attitudes before and after completion of the training program. Part B of this questionnaire attempted to measure changes in participants' self-ratings of knowledge in two areas. Part C sought to measure the application of knowledge gained in the training program to a hypothetical case situation. A copy of this instrument, titled "Scaling Questions For Family Intervention Workers", is included as Appendix F of this practicum. Please refer to Appendix F for an explanation of the ideal answers for questions included in Part A and Part B of this questionnaire.

The design and development of all of our evaluation instruments was a joint venture. Dawn, my practicum colleague, contributed helpful information from her needs assessment data that contributed to the formulation of the attitude questions in Part A of our first instrument. In particular, the information gathered from the individual interviews with family intervention workers was used to develop attitude questions. We felt the needs assessment data gathered through interviews related to important themes and issues identified by intervention workers. We sought to address some of these issues in our training curriculum. Question one was designed to measure participants' attitudes of the realistic limitations of their work and role. This question was formulated using the first theme which arose from our analysis of responses to the critical incident question. We felt this question also related to our first program objective since it referred to how clearly respondents viewed their role of family intervention worker. As previously discussed, family preservation literature advocates supporting, empowering and building on family members' strengths. From this knowledge base, we determined that it was not a family intervention worker's role to motivate a client but to understand, assess and formulate mutual goals where clients are already motivated to begin working. Question 2 was designed to measure participants' attitudes related to working from a systemic perspective with individual family members. This question was informed by the sixth theme which arose in our analysis of training needs information from the critical incident question. This question also related to our second and third training program objective. Based on family systems theory (and ecological theory), individual family members can only be properly assessed and understood when viewed in the context of their family system and its' larger environment. We determined that participants should agree or strongly agree with this statement to reflect knowledge essential to working with family systems and reflect a value that is inherent to a family systems approach. Question 3 was formulated to reflect the third theme which arose in our analysis of needs assessment data from individual interviews with intervention workers. We were attempting to measure participants' understanding that it is not within their discretion to report a child abuse incident that occurs within a family they are working with. Our goal was to clarify the mandated responsibilities of family intervention workers in order to clarify their role with families and inform clients that any incidents of child abuse must be reported to the referring social worker for investigation. Unfortunately, we did not formulate this question clearly (using "abusive incident" instead of "child abuse") and we would have changed or removed this question had we piloted our instrument. On reflection, this question seems to be more knowledge based than attitudinal and it does not relate to our program objectives or to content covered in our curriculum. Question 4 was a reflection of theme seven from the critical incident question data and our first and third training program objective. Family preservation literature which advocates strengthening, empowering and supporting clients to become independent from agency services, informed the development of this question. Our broad definition of family systems theory values viewing individuals in the context of their family system and their environment. We viewed this literature as related to understanding that clients possess better information about their family system and situation than we do since they are living in the middle of it while professionals are viewing it from an outside perspective. We wanted respondents to agree or strongly agree with this statement. Question 5 sought to measure participants' attitudes about their clients' cultural diversity and their comfort level in exploring such differences if they existed. This question was developed from our first program objective and was informed by family preservation literature which identifies respecting, understanding and providing family preservation services which are culturally appropriate. We felt that culturally appropriate practice was a value base of family preservation services. From this perspective, we wanted respondents to agree or strongly agree with this statement. Question 6 was a reflection of the second theme which emerged in our analysis of the critical incident question data. The question also related to our first program objective and was informed by the family preservation literature which outlined the importance of clinician-support worker teams mutually sharing assessment, case planning and delivery of service to clients. We felt such team work was a value base of family preservation services and we wished to support and recognize that intervention workers have valuable and critical opinions to share with referring social workers. From this point of view, we wanted participants to agree or strongly agree with this question. Our seventh question related to our third program objective. This question was developed from our definition and understanding of what factors contribute to developing an individual approach that integrates theoretical knowledge with everyday practice. It can be argued that integrating theory with practice increases competency and feelings of professional accomplishment when working with clients. From this perspective, we were wanting respondents to increase their agreement to this statement upon completion of the training program. We would interpret an increase in agreement as an indication that intervention workers were feeling more competent and confident in their work with families. Question 8 was developed from our first program objective and was informed by the family preservation literature that proposes that support workers are able to develop a unique role with families since they bring a perspective that is often closer to the experience of the families receiving services and who may often be perceived as someone with whom family members can more readily identify or more easily accept support and guidance from. We felt this concept was a value base of the unique role of family support workers in family preservation practice. We wanted participants to agree with this statement. Our final attitude question in Part A related to our first program objective. This question was informed by family preservation literature which discusses the common philosophies or values base of all family preservation programs. A shared philosophy or value base includes the commitment to maintaining children in their own homes based on the belief that most children are better off growing up in the same family they have known since infancy (Bribitzer and Verdieck, 1988). We felt this concept was a value base of family preservation services and we wanted participants to agree with this statement.

Part B of our first measure, contained two statements related to the two overall goals or primary focus areas of our curriculum. Each statement asked respondents to rate their present level of knowledge on a five point scale. The first question was developed from our first overall training goal related to participants developing an understanding of the theoretical frameworks that underpin the ideal concepts of family preservation service delivery and treatment. As previously discussed, our bias was to present curriculum content that focused on family systems theory as representing such a theoretical framework. This question also was informed by our second program objective. This objective relates to the knowledge and application of family systems theory. We wanted respondents to show an increase in their self-rating of a family systems approach upon completion of our training program. Our second self-rating question was developed from our second overall training goal and our first and third program objective. The second goal referred to the integration of theoretical knowledge with family intervention practice. Our first and third program objectives illustrate that we viewed integration on two levels. First, developing greater theoretical knowledge of the value base of family preservation practice and secondly, helping intervention workers develop their own approach to family-centered, systemic practice. We felt that both of these objectives related to developing a better understanding of the "use of self" or "personal style" as a family intervention worker. We wanted participants to increase their understanding of their personal style upon completion of our training program.

Part C of our first measure requested that respondents list three activities they would do with a hypothetical client family. We were attempting to measure changes in the application of knowledge that participants would have gained through our training program. We created an "ideal" answer to this question in order to score respondents' answers. Our ideal answer was based on five areas of knowledge that related to our course curriculum. In order to gain a perfect rating of five points, we expected participants to mention the following factors in their intervention: 1) to ask for parents' input into treatment goals; 2) to identify present family strengths; 3) to assist the family with appropriate concrete needs; 4) to provide information to parents about normal child development; and 5) to connect the family to supports and community resources. This question and our ideal answer was informed by all three of our training program objectives and family preservation literature which proposes concepts that underlie ideal family preservation practice. The five components of our ideal answer were derived from our knowledge of the present agency family intervention worker role and literature which proposes that ideal practice involves: supporting and strengthening families; and providing services that address the concrete, social, educational and/or developmental needs of an individual or a family. We viewed this question and our ideal answer as related to our three program objectives. We wanted respondents to apply knowledge that reflected: an understanding of the value base of family preservation; a knowledge of family systems theory; and an ability to integrate theory with practice through illustrating their individual approach to a hypothetical case situation.

Our second measure consisted of ten true and false questions designed to measure knowledge gained by participants in various areas of the training program curriculum. These questions were developed to reflect our training program objectives and the content areas priorized by participants under each objective. Input from participants did not occur until our second training session and this questionnaire was created after that second session. A copy of our knowledge questionnaire is included as Appendix G of this practicum. Please refer to Appendix G for an explanation of the ideal answers for the ten true or false questions. Our first knowledge question was developed from our first course objective and the family preservation literature which discusses the unique role of the family support worker. Family preservation literature proposes that support workers are able to develop a unique role with families since they bring a perspective that is often closer to the experience of the families receiving services and who may often be perceived as someone with whom family members can more readily identify or more easily accept support and guidance from. We felt this unique role concept was a value base of family preservation service and practice. We wanted respondents to agree with this statement. Our second question was developed from the same objective and the same unique role concept of the family support worker. Family preservation literature supports the view that the intervention worker brings a different and unique perspective to the clinician support worker team. The literature proposes that the clinician and support worker have different skills that should blend to complement each other in family assessment, case planning and the delivery of services. We felt that different and complementary skills between clinicians and support workers was a value base of family preservation services. We felt this concept could be directly applied to the child welfare social worker and intervention worker teams in our child welfare setting. We wanted participants to agree with this statement. Question 3 was developed from all three of our program objectives and the family preservation literature. Family preservation literature advocates strengthening, empowering and supporting clients to become independent of agency services. A broad definition of family systems theory also values viewing individuals in the context of their family and their environment. We felt these concepts supported the notion that clients need to find their own solutions rather than be given answers in order to be strengthened and empowered. We also felt this concept suggested that clients possess better information about finding appropriate solutions since they are living in the middle of their family system while professionals view it from an outside perspective. We saw these ideas as a reflection of: the value base of family preservation; as knowledge essential to working with family systems; and as helping participants explore the attitudes and values inherent in a family systems approach. We wanted participants to agree with this statement. Question 4 was developed from our second and third program objective. Family systems theory emphasizes the concept of inter-relating components (individuals) that constitute the whole of the family. This theory also proposes that the whole (the entire family) is greater than the sum of its' parts (individuals) and that individuals are best viewed and understood within their family context. We felt these concepts reflected knowledge that was essential to working with family systems and as attitudes and values that are inherent to a family systems approach. Based on this perspective we wanted participants to agree with this question. We felt that a family systems approach would view and understand adolescent acting-out behaviour in the context of its' family of origin rather than looking for individual or psychodynamic causes for the behaviour. Question 5 was formulated from our first and second program objectives. This question related to the separation and attachment portion of our curriculum content and we strove to maintain a family focus on this issue during our training program. A family focus was maintained by viewing the issues of separation and attachment within the context of the child's family system. Our curriculum emphasized that when children are removed from their family system they will always experience loss and separation issues. If we believe that all members of a family system are inter-connected and that parents form attachments with their children, then it follows that both parents and children would experience loss and separation when they are removed from each other. Family preservation programs share a common philosophy that emphasizes that children should be maintained in their own homes whenever possible. This philosophy is supported by attachment and separation theory which proposes that children are better off growing up in the same family they have known since infancy and where their most significant attachments have been formed. We felt these concepts reflected a value base of family preservation services and the knowledge essential to working with family systems. We wanted participants to agree with this statement. Question 6 was developed in relation to the "abuse issues in the child welfare context" portion of our training curriculum. Our curriculum did provide information to participants regarding this statement, however this question did not relate to our program objectives. We strove to maintain a family focus with this area of our curriculum content by emphasizing that it is possible to work with families where child abuse (sexual, physical or emotional) has occurred toward reducing the risk factors which contributed to the abuse and ensuring that the child can be protected in their family in the future. However, this question did not reflect participant knowledge that would have been gained in relation to a family systems focus on abuse issues in the child welfare context. We would have changed or removed this question had we piloted our instrument before use. Question 7 also related to the "abuse issues in the child welfare context" portion of our training curriculum. Our training program did provide information to participants informing them that recent Canadian Statistics indicate that one in ten boys in Canada are abused before the age of 18. We strove to maintain a family focus in this area by emphasizing that child abuse is perhaps more common in Canada than we like to believe and that when child abuse occurs within the family it is possible to work with the risk factors that contributed to the abuse. In situations where parents have abused their child a family systems approach can be utilized to ensure that a child can be protected and maintained within their family. Unfortunately this question did not reflect participant knowledge that would have been gained regarding a family systems focus on abuse issues within the child welfare context. We would have changed or removed this question had we piloted our instrument before use. Question 8 was developed from our first program objective and family preservation literature. Family preservation literature identifies respecting, understanding, supporting and strengthening family diversity. We felt this concept related to recognizing that single female parents were capable of competently raising male children (at any age) without requiring positive influence from a father figure. Our curriculum emphasized that single parenting is a difficult job which often requires support from various extended family members or community resources. We saw a distinction between these two concepts. We felt it was a value base of family preservation services to respect family diversity and recognize that single mothers could competently raise their sons without requiring the positive influence of a father figure. Our curriculum proposed that often single parents, of either gender, require support with their often over-whelming task of single-handedly accomplishing all of the tasks of raising children. We wanted participants to disagree with this statement. Question 9 also related to single parent households. This question was informed by all three of our program objectives and family preservation literature. Once again, family preservation literature proposes respecting, understanding, supporting and strengthening family diversity. Family systems theory stresses that there should be clear boundaries between the family's executive (parental) subsystem and its' child or sibling subsystem. We viewed this literature as related to: understanding the value base of family preservation; knowledge essential to family systems; and values inherent to a family systems approach. Our curriculum emphasized that single parent households could competently raise children, utilizing extended family or community supports when needed, without placing an eldest child in a parental role. Our curriculum also distinguished that a parent may request or delegate certain caretaking responsibilities to an eldest child in their absence, this occurrence is normal and different than allowing a child to take on a parental role. We wanted participants to disagree with this statement. Our final knowledge question related to our first program objective and was informed by the family preservation literature. Family preservation literature advocates supporting, empowering and building on family members' strengths. From this knowledge base, we determined that clients should and are always capable of setting their own treatment goals. Our curriculum stressed that a belief in family strength involves viewing clients as capable and able to see what aspects of their family situation they want to change for the better. We viewed this capability as the factor necessary for clients to set their own treatment goals. Our curriculum also emphasized that clients may need support and assistance to create appropriate goals for treatment. We felt that offering support and assistance was different than determining a client was not capable of this task. We viewed this concept as a value base of family preservation services. We wanted participants to disagree with this statement.

Our final evaluation measure was designed to gather information regarding participants' satisfaction of the training program. This instrument requested that respondents rate their level of satisfaction on a five point scale in response to various questions regarding: course content, course facilitators; and course format. This measure also contained four questions that required a written response regarding: a significant learning experience from the course; the course content; the course instructors; and suggestions for future training programs. This instrument is titled "Evaluation of Training Program" and is included as Appendix H of this practicum. Overall, this measure was developed to be an indicator of consumer satisfaction of three primary areas of our training program. These three primary areas were determined by our interest and knowledge and some of the common factors associated with successful adult learning programs. Lewis and Dunlop (1991) identify five factors most often associated with successful programs:

1) timely/relevant/innovative topic
2) effective instructor skills
3) good instructional design

4) good program planning/effective planner

5) good instructional design/content (p.19-22).

The first section of our training program evaluation measure was informed by three of Lewis and Dunlop's (1991) factors. Questions 1 and 3 referred to clear learning objectives and useful handouts. These questions were developed to be indicators of whether our training program had a good instructional design (factor #3). Questions 2 and 3 referred to whether the training program met participants' expectations regarding learning objectives and overall knowledge and skills. These questions were developed to be indicators of both: timely/relevant/innovative topics (factor #1); and good instructional design/content (factor #5). Question 4 asked if the training had relevance to participants' work. This question was designed to be an indicator of timely/relevant/innovative topics (factor #1). The second section of this training program instrument related to the course facilitators. Our questions in this section were informed by three of Lewis and Dunlop's (1991) factors associated with program success. Questions 6, 9 and 10 asked if facilitators had: created a stimulating learning experience; integrated handout materials; and been well organized. All of these questions were designed to be indicators of whether facilitators had effective instructor skills (factor #2) and whether the training program had a good instructional design (factor #3). Questions 7 and 8 referred to the facilitators' ability to draw on participants' work and life experience and illustrate practical applications of course material. These questions were designed to be indicators of timely/relevant/innovative topics (factor #1) and effective instructor skills (factor #2). The next section of the program evaluation questionnaire related to program format. Questions 11 and 12 related to the program's half-day, full-day format and the overall length of the training program. These questions were developed to be indicators of good program planning (factor #4). The final section of this instrument contained four open-ended questions designed to elicit additional information regarding: course content, course instructors; and overall satisfaction with the training program. Question 13 asked respondents to identify a significant learning experience from the training program. This question was developed as an indicator for timely/relevant/innovative topics (factor #1). Question 14 asked for comments regarding the course content and was designed to be an indicator for good instructional design/content (factor #5). Question 15 requested comments regarding the program instructors and was developed as an indicator for effective instructor skills (factor #2). The final question referred to suggestions for improvements that participants would make to future training programs. This question was developed to be an indicator for all five factors cited by Lewis and Dunlop (1991) as factors most often associated with program success.

The limitations of our evaluation design will be discussed in the "Evaluation of a Training Program" chapter of this practicum.

The sixth component in the development of our training program involved administering, collecting and analyzing data from the evaluation process. As previously discussed, our two pre and post test measures were administered within the first three training sessions and at completion of the program. Our goal was to compare participants' responses to the various attitude and knowledge questions contained in these instruments. The training program evaluation form was administered at the end of the training program. Program evaluation forms were anonymous to encourage participants to be open and honest in their responses. When pre and post measures were administered we emphasized that their data would be used soley to evaluate our program's effectiveness not worker performance. Participants were also assured that only group data would be identified and that completed questionnaires would be stored outside of the agency and destroyed on completion of our practicas. As previously discussed, we had two primary goals in mind when we analyzed our evaluation data. First, we wanted to determine if our program had been effective with regard to: meeting our program objectives; and creating significant changes in participants' knowledge and attitudes in relation to the program curriculum. Second, we wanted to determine if participants had been satisfied with the training program. In analyzing all of our evaluation data we relied on three sources of information: 1) data from our evaluation instruments; 2) informal discussions with participants; and 3) our own observations during training sessions. The limitations of our evaluation process will be discussed in the "Evaluation of a Training Program" chapter of this practicum.

CHAPTER 6

THE DELIVERY OF A TRAINING CURRICULUM

6.1 INTRODUCTION

Some issues regarding program delivery have been previously discussed in the development of the training program section of this practicum. The design and delivery process was inter-connected and impossible to significantly separate conceptually. Issues related to program delivery that have been previously discussed include: 1) selected findings from the four areas of needs assessment that informed the design and delivery of our training program; 2) how the needs assessment data was converted to training program objectives; 3) how the training format, registration process and learning environment were selected and developed; 4) how the curriculum content was selected and sequenced; and 5) the agency context, structure and group of potential training participants. This chapter will focus on describing: 1) the program facilitators; 2) the training program participants; and 3) the curriculum delivered to the group of participants.

6.2 FACILITATORS

The primary facilitators were Dawn Donnelly and myself. We did have the opportunity to make use of "guest" facilitators that seemed to meet the training needs of the intervention workers in unique ways. We were fortunate to have resource unit supervisor, Mr. Gary Johnson as a speaker during our first session. In keeping with our desire for the intervention workers to receive recognition by the agency for their commitment and interest in pursuing training on their personal time, we felt it was important to have a key agency person provide this recognition. Mr. Johnson (who manages the resource unit containing the family intervention program), provided a history of the unique role of the agency's family intervention workers and a future vision for the family intervention program.

Ms. Elaine Gelmon, Area Director, spoke to the group at a later session (session 5) because she had been away on holidays when our training program began. Ms. Gelmon also provided recognition for participants' interest and commitment. In addition, she addressed the various agency context issues (see section 4.4) that would be impacting the family preservation program. Information was shared regarding the future role of workers within the program and proposed time lines for changes that are in the planning process.

With the training participants' input, we facilitated two of the agency's internal resources to present to the group in their areas of expertise. Ms. Marg Dresler (adoption worker), presented to the group on attachment theory and separation and loss issues for children and families. Ms. Heather Carruthers (social worker), followed Marg's presentation with information regarding abuse issues in the child welfare context.

One of the training participants was a First Nations person who felt that cultural diversity and awareness was an important topic for the training program. Participants agreed that this topic should be a priority of the curriculum content. The First Nations participant agreed to act as a facilitator to the group in this area. She and an Aboriginal "guest facilitator" organized a meaningful session on cultural awareness for the group.

As primary facilitators Dawn and I brought certain biases to the training. These biases have been previously discussed in the development of program objectives and the selection of curriculum content areas of this practicum. Our biases were discussed with participants during our first training session. Information was shared regarding the training needs survey data from family intervention workers; from agency social workers; and from agency managers. We then circulated three training program objectives that we had formulated with information from: 1) the literature on family preservation practice; 2) the activities involved in the agency's family intervention role; 3) the needs for training expressed by intervention workers; and 4) the needs for training expressed by agency social workers and managers. Group participants were informed that it was necessary to emphasize certain areas and leave out others when considering all of the information from the four areas of needs assessment. Our selection of what material would be emphasized was guided by two primary areas of bias. First, we wanted to emphasize content that focused on family preservation practice in the child welfare context. Second, we planned to utilize a broad definition of family systems theory as the theoretical framework that underpins the ideal concepts of family preservation service delivery and treatment. Our reasons for selecting these two frameworks have been previously discussed in the "conversion of needs assessment data into program objectives" and the "selection and sequencing of curriculum content" (component 3) areas of this practicum. With these biases in operation we grouped potential areas of curriculum content under each objective and we informed participants that we would have the group priorize two areas of content under each objective. Once the group had selected their priorities we would strive to incorporate those priorities into our curriculum content.

As primary facilitators Dawn and I used various instructional methods and techniques to promote and facilitate learning. The selection of these methods has been previously discussed in the "designing an instructional process" (component 4) section of this practicum. Instructional methods used to promote the integration of theory with practice included: 1) group discussion; 2) case examples; 3) role play; and 4) skill building exercises. These techniques encouraged participants to share their valuable knowledge regarding working with families. As primary facilitators we took responsibility for helping to create a comfortable, open and respectful learning environment. This was accomplished by setting a group tone that learning was a mutual transaction which viewed all of the group members as valuable resources to each other. We also facilitated the creation of a list of group expectations that included: confidentiality; mutual respect; a focus on course objectives; and freedom to express diverse opinions. When didactic material was presented we strove to facilitate the presentation of material rather than lecture participants. That is, when course material was presented we looked to participants to provide knowledge and details to the material we were presenting. When appropriate we requested input from non-talkers to help ensure equal participation among group members. Equal participation was also promoted through breaking members into pairs or small groups for discussion. We attempted to influence participants' attitudes regarding curriculum content by contrasting one framework with another (eg. an individual focus versus a family focus) and by challenging participants' ideas and being open to challenge from group members. In order to establish group comfort and build trust, less experiential learning methods were used initially. As group cohesiveness developed more experiential methods such as role plays and the use of participants case examples for discussion were used. Challenging ideas among group participants also took place after group trust and cohesiveness was established.

6.3 TRAINING PROGRAM PARTICIPANTS

A total of 15 family intervention workers signed consent forms to register for the training program. This group of 15 represented 83.3% (N=18) of the total group of intervention workers interviewed during the needs assessment and 75% of the agency's total group of twenty contract workers. This indicates that interest in the training program was high and that those who registered represented the range of age, educational level, cultural background and years of work experience in this group. Eight female intervention workers, and four male intervention workers registered for the training. Attendance at individual training sessions ranged from a maximum of eleven participants to a minimum of six participants. When participants registered, as indicated on our consent form, we requested that they commit to attending the entire 35 hours of the training program. However, even with the best of intentions due to the nature of contract work and the reality that time "volunteered" to attend training took time away from paid work hours, required that we remain open-minded and flexible about participants' attendance. As part of our initial process of creating a comfortable and respectful learning environment through establishing group expectations we discussed our need to be understanding of varied attendance by participants. Group members were encouraged to raise objections or concerns regarding group membership. No objections were raised and participants were encouraged to be patient and understanding if group dynamics were effected by this factor. Although group size varied from six to eleven over eight sessions, a core group of six participants attended seven or more sessions. This core group developed cohesiveness and trust and also remained open and flexible to additional membership from week to week. We believe this flexibility resulted from the facilitators emphasizing the reasons for flexible attendance and the fact that intervention workers were familiar with each other before training began and were also sympathetic to their common dilemmas of contract work. Equal group participation was facilitated through the use of: 1) asking for input from certain group members when appropriate; 2) breaking members into pairs for experiential learning exercises; and 3) mixing talkers and non-talkers, core members and casual members into small groups for discussions.

6.4 DESCRIPTION OF CURRICULUM DELIVERED

A detailed training curriculum outline is attached as Appendix I of this practicum. Table 6-1 represents a summary of the curriculum content covered under each training objective. The training program objectives and corresponding content were formulated from: 1) information from the four areas of needs assessment and; 2) the biases, experience and abilities of the two students completing practica and delivering the training program. During our second training session participants were asked to priorize two areas of content under each objective. This process was initiated by the facilitators and was aimed at ensuring that (in keeping with adult education and philosophy), participants felt they had input into the training material and that curriculum content was relevant to their work as family intervention workers. The training group participants priorized the following curriculum content areas under each objective.

Objective #1 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

Priority #1 - To gain greater awareness of personal values, beliefs and working styles.

Priority #2 - Exploration of the role of the family intervention worker as unique in this setting.

Objective #2 - To further develop and refine the knowledge essential to working with family systems.

Priority #1 - Empowerment of families and facilitating independence.

Priority #2 - Viewing individual clients in the context of the family and the family in the context of its larger economic, cultural, social and political environment.

Objective #3 - To enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

Priority #1 - Strengthening and enhancing greater parental competence.

Priority #2 - Building on family strengths and competencies.

As Table 6-1 indicates, our training program did cover the priority areas under each objective as well as other relevant content material.

Table 6-1

Curriculum Content Covered Under

Training Program Objectives

SESSION	Objective #1	Objective #2	Objective #3
1	*-historical context of family intervention *-present child welfare context of family preservation *-unique role of family intervention worker *-future vision of family intervention - training needs of family intervention workers - summary of agency needs assessment data	- development of program objectives and proposed content.	

2	*-unique role of family intervention worker *-values, beliefs, ethics and working styles of family intervention workers		

SESSION	Objective #1	Objective #2	Objective #3
3		-"normal" attachment in children - separation and attachment issues for children and families	- viewing attachment issues from a family systems view. - viewing separation and loss from a family systems view.
4	-historical and present child welfare context of abuse services and current practice.	-physical, sexual and emotional abuse issues for children and families - special needs children (working with children who have been sexually abused)	*-enhancing parental competence, how to talk with children about safe touching - viewing child abuse from a family systems perspective.
5	*-present and future agency context of family intervention program *-unique role of family intervention worker	*-family systems theory - family structure (hierarchy, roles, functions, rules and constraints) -individual life cycle - family life cycle - family therapy models and understanding "healthy" families	

SESSION	Objective #1	Objective #2	Objective #3
6 (a.m. and p.m.)	*-developing your personal theory of healthy family functioning - linking family systems theory and family preservation practice - application of family systems theory in a child welfare context.	*-viewing individuals in the context of the family *-viewing the family in the larger social context *-empowerment of families -definitions of "normal" or "healthy" families	-family assessment techniques *-strengthening and enhancing parental competence -engaging with family systems -teamwork -planning interventions - developing a personal theory
7 (a.m. and p.m.)	*-cultural awareness *-gender issues - family diversity and family preservation practice	*-viewing individuals in the context of the family and viewing the family in the larger social context. -feminist family therapy models -solution-focused family therapy model -family diversity and cultural awareness *-empowerment of families and facilitating independence	*-strengthening and enhancing greater parental competence -family support systems *-building on family strengths and competencies -engaging with family systems -goal setting and contracting -intervention techniques

SESSION	Objective #1	Objective #2	Objective #3
8	*-unique role of family intervention worker -peer support network and exchange of knowledge between intervention workers -teamwork	-solution-focused family therapy model *-empowerment of families and facilitating independence	-family assessment techniques *-building on family strengths and competencies -goal setting and contracting -maintaining change -intervention techniques

KEY - unless stated sessions are a.m. only (half-day)
*- indicates a content area priorized by training participants under objective

Eleven participants attended our first training session. We had intended to start with some information and activities that would set the context for training and then have Mr. Gary Johnson speak to the group. However, Mr. Johnson was only available at the beginning of the training session. In keeping with Objective #1 of our training program Mr. Johnson spoke to participants about the past and present context of the agency's family intervention program and his future vision for the program. He also shared his ideas regarding the unique role the family intervention workers take within the agency context. Mr. Johnson supervises the agency family intervention program. We felt it was important that he spoke with participants to exhibit agency respect and support for our training as well as recognize the valuable role of intervention workers and their commitment to training. This portion of our curriculum content related to our first program objective. We felt Mr. Johnson's information helped develop a greater understanding of the value base of family preservation in a child welfare context and the unique role of the family intervention worker in that context. The next activity was to elicit the group's input regarding content choices for the remainder of the session. The choices were for Dawn Donnelly to share the outcome data from the needs assessment regarding training needs or to participate in some group discussion questions regarding values, ethics, beliefs and working styles. Participants chose the former content area and Dawn shared her information with the group; handed out copies of the proposed course objectives and content; and answered questions. Our objective was to create a learning environment in which participants felt comfortable, accepted, respected and supported by ensuring that they would be continuously consulted regarding content choices for discussion. Our second objective with this content area was to develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service. This was accomplished through out discussion regarding the development of our training program objectives and corresponding areas of content. This discussion served as an introduction to our next content area; the primary facilitators beliefs, biases and goals regarding the training program. Dawn and I shared some of our philosophical beliefs and biases regarding family preservation practice, the role of intervention workers and effective adult learning practice. We invited participants to respond to our views and share some of their own. Participants responded favourably to our biases and expressed general agreement with our focus. Our objectives were to create a positive learning environment and to develop a greater understanding of the value base of family preservation services and the unique role of the family intervention worker in that service (program objective 1). We ended the session by giving two handouts that would be used to stimulate group discussion during the next session. Participants were asked to read both handouts and let us know which article or discussion question was of most interest to them. Consistent with the adult education literature and group work literature used to develop this curriculum, this session focused on sequencing content that would be more familiar to participants and contained limited experiential learning to allow participants to develop comfort with each other.

Session two began with Dawn and I explaining our first measure, "Scaling Questions for Family Intervention Workers", to the ten participants in attendance that day. The group was asked to complete the pre-test and its' purpose, use and content was briefly discussed. Dawn and I then continued to "set the context for training" that we had began during the previous session. Setting the context involved: establishing mutual group members' expectations and areas of respect; and conducting a getting acquainted exercise. Our objective was to create a learning environment in which participants felt comfortable, accepted, respected and supported. We also hoped to continue to build group cohesion and increase the comfort level among members. Our next task involved having participants priorize two areas of curriculum content under each program objective. Consistent with adult education principles we wanted to ensure learners input into curriculum content. In further discussing the program objectives we helped develop a greater understanding of the value base of family preservation service and practice (program objective 1). Next, we discussed the possibility of having some agency personnel act as "guest facilitators" for the training group. It was felt that certain staff members had some special areas of expertise that could benefit the group. Participants agreed that they would like: Ms. Marg Dresler to share information regarding separation and attachment issues for children and families; Ms. Heather Carruthers to cover, abuse issues in the child welfare context; and Ms. Mary Graham to co-facilitate a session for the group on cultural awareness. After this discussion Dawn and I shared information, answered questions and elicited group input around the issues of: videotaping the facilitators during future training sessions (as an aide in completing our M.S.W. practicum of study); the benefits and possible location of a suggestion box as another method of eliciting feedback from participants during the training program; priorizing and choosing content and learning experiences for the next session; and the second pre-test evaluation measure that would be given to participants during session three. Dawn and I explained that the second instrument would be designed to measure participants' changes in knowledge regarding context areas covered during the training program. A copy of this measure titled "Questionnaire #2" is included as Appendix G of this practicum. It was explained that we could not design the measure until we knew which areas of content participants would priorize under each objective. In keeping with objective #1, we finished off this session with some discussion questions chosen by the group from handouts. These questions stimulated a discussion among participants about values, beliefs, ethics and working styles among family intervention workers. We also hoped the sharing of common values, beliefs and ethics would serve as a group building exercise to develop comfort and cohesion. Consistent with adult education concepts and group process we sequenced curriculum content that would generally be familiar and used limited experiential methods in order to establish group comfort levels.

Eleven participants attended session three. As previously discussed, participants were asked to complete a second evaluation measure. Curriculum content under program objective #2 and #3 was covered by Ms. Marg Dresler's presentation on separation and attachment issues for children and families. Marg shared information regarding the "normal" attachment cycle in children and how, separation, loss and lack of attachment can impact children and effect adults in later life. Ms. Dresler stressed the importance of healthy attachments between parents and children and how both parents and child are impacted should families be separated by agency intervention. Clearly such separations should only occur where serious child protection concerns exist. In such instances the agency must work with parents and children toward a reunification plan once risk factors have been reduced. Workers must address and recognize that when children are in agency placement that it is normal for all family members to experience loss and grief in response to the separation. It becomes important to identify the family system dynamics created by separations and provide support and understanding to parents and children who may express their emotional reactions of loss and grief in a variety of ways. Ms. Dresler made participants aware of some agency resources available to family intervention workers who may be working with children or families experiencing unresolved issues of loss or separation. Marg used a combination of didactic presentation of material, printed handouts and experiential techniques. Our objectives with this curriculum content was to develop and refine knowledge essential to working with family systems (program objective 2) and to enable participants to explore some of the attitudes and values inherent in a family systems approach (program objective 3). Consistent with adult education principles our curriculum content was sequenced with initial material that participants were more familiar with (concepts of healthy attachment) and less familiar material (the family systems dynamics of separation), presented later in the session. There was limited use of experiential teaching methods as the group continued to develop comfort and cohesion. The session ended with some group input regarding planning for next sessions.

A second agency social worker acted as a "guest" facilitator for the fourth training session. This session was planned to follow in sequence from the previous session. Eleven participants were in attendance. Ms. Heather Carruthers shared information on abuse issues in the child welfare context. This material made reference to and built upon information presented in session number three. Ms. Carruthers explained how various types of child abuse relate to the breakdown of the "normal attachment cycle" as discussed by Marg Dresler. In keeping with objective #2, Heather presented information regarding the family dynamics and potential indicators of physical, sexual and emotional abuse. Once again it was stressed that child abuse issues effect all family members and children should be separated from abusive parents when the present and future protection of children cannot be assured. When child abuse dynamics are present the agency should strive to work with the entire family system toward the goals of: reducing risk factors and ensuring the present and future safety of children; and providing supports to maintain children in their homes or to reunify children with their family as soon as possible. Ms. Carruthers further stressed that when children need to be removed from their family in order to ensure their protection, this separation compounds the breakdown of the normal attachment cycle in the family. Workers must strive to support and understand the loss and grief issues experienced by family members and work with parents and children to develop and create future healthy attachment. Ms. Carruthers also outlined the present and historical development and organization of child abuse services in the City of Winnipeg. This material was consistent with our first training program objective. This historical discussion highlighted how child welfare agencies have moved to a more progressive and family-centered response to child abuse over the years. In contrast with earlier child welfare responses, present day services seek to understand the family dynamics, outside stressors and other contributing factors to the development of abusive parenting methods. Current child welfare practice also involves providing families with services and supports to maintain children in their home when possible or to reunify children with their family after placement. Ms. Carruthers highlighted how agency family intervention workers are often used to facilitate such case plans. This area of content ended with a discussion of how to enhance parental competence by learning to talk with children about safe touching. Heather used a combination of didactic presentation of material, printed handouts, a training video and experiential techniques (group discussion, case examples and a skill building exercise). We felt the curriculum content covered in this session represented all three of our training program objectives. Material presented included information regarding: the value base of family preservation services; the unique role of intervention workers; knowledge of family systems dynamics; and some of the values and attitudes inherent to a family systems approach. An experiential exercise helped participants explore their attitudes and beliefs when responding to sexual abuse disclosures from children. Consistent with adult education concepts and group process, curriculum content was sequenced beginning with more familiar material (indicators of potential child abuse) and moving on to less familiar content (the family systems dynamics of child abuse). There was more use of experiential learning methods (a skill building exercise regarding abuse disclosures) during this session. In our opinion a core group of six participants had formed a cohesive, comfortable group that formed flexible boundaries with other less frequent attenders. This session ended with a group discussion regarding possible content, learning experiences and time frames (full or half-day format) for the four remaining training sessions.

Between the fourth and fifth training session, Dawn and I completed a mid-point curriculum content evaluation. This process consisted of reviewing the program objectives and related curriculum content that had been developed from the needs assessment data. We reviewed this material to ensure that the content being delivered was consistent with the program objectives and priority areas of content. We found that overall, our training program was "on track". To date, we had covered appropriate and relevant curriculum content consistent with our program objectives. Our mid-point evaluation also revealed that the course content being delivered was following an acceptable sequence. That is, material presented during sessions one and two was generally consistent with objective #1, content from session three was in keeping with objective #2 and #3; and session four contained information that was relevant to all three objectives. This curriculum content pattern indicated that material was being planned and delivered in a sequential manner from: broad, philosophical concepts (objective #1); to developing and refining theory knowledge (objective #2); to developing a more integrated approach to working with clients from a systemic perspective (objective #3).

Seven participants attended session five. The agency's Area Director, Ms. Elaine Gelmon began the session by expressing recognition to participants for their interest and commitment to training. Ms. Gelmon also addressed the various agency context issues (see section 4.4) that would be impacting the family preservation program. Information was shared regarding the future role of intervention workers within the agency and proposed time lines for changes that are in the planning process. We had hoped that the Area Director could have spoken with the group during our second session to follow Mr. Johnson's presentation in session one. However Ms. Gelmon was not available until later in our training program. As with Mr. Johnson we felt it was important that the Agency Director speak with participants to express respect and support for the training program as well as recognize the valuable and unique role of intervention workers. Ms. Gelmon also praised their obvious commitment and dedication to their work in attending our training program. We felt this portion of the curriculum content related to our first program objective. Next, material was presented by Ms. Donnelly and myself that was related to, assessing and observing family dynamics from a systems perspective. In keeping with objective #2 the following curriculum content areas were covered: family systems theory; family structure; individual life cycle; family life cycle; family patterns and understanding "healthy" functioning families. We felt this curriculum content was aimed at helping participants develop and refine knowledge essential to working with family systems. A combination of a didactic presentation of material, printed handouts, a "family therapy models" training video and experiential techniques (group discussion and case examples) were used to create a combination of learning experiences for participants. Consistent with adult education principles we were beginning to sequence or present material that was perhaps less familiar to participants than earlier course content. We felt a somewhat stable (core) group of participants had emerged and developed a comfort level to talk openly, share diverse opinions and provide support to each other. We felt comfortable introducing content that was less familiar to some participants. All group members appeared at ease with challenging, agreeing and exploring each others' ideas. We continued to utilize experiential learning methods including group discussion, pairs exercises and case examples provided by the primary facilitators. The session ended with input from the group regarding content plans for next weeks all day session.

Dawn Donnelly and I acted as facilitators for the first full-day session (session six). Eight participants attended in the morning and six participants attended the afternoon session. Continuing with curriculum content under objective #2, we presented additional material regarding: family systems theory; viewing individuals in the context of the family; viewing the family in the larger social context; empowering families and definitions of "normal" family functioning. We then began discussing issues of family assessment with case examples from the child welfare context and with a video tape outlining a model of family assessment from a family systems perspective. Our objective was to help participants develop their own approach to working with families in a systemic way by exploring some of the attitudes and values inherent in that approach. This same objective was further explored with our next area of content which highlighted various theories of healthy family functioning and facilitating large and small group discussion regarding what model or combination of models participants use in their work with families. We finished our morning session with content that related family systems theory to family preservation practice. This material involved discussing how concepts from family systems theory can be seen as underpinning some of the ideal concepts of family preservation practice. Our objective was to help participants further integrate their knowledge from the curriculum content previously covered by discussing more about the value base of family preservation services (program objective 1). After lunch we focused on content that would promote the application of theory in a child welfare context through case examples (supplied by participants as well as facilitators and through role plays. Intervention issues discussed, included: 1) engaging cooperatively with family systems; 2) strengthening and enhancing parental competence; 3) planning purposeful interventions and 4) aspects of clinician support/intervention worker teams. Our objective was to enable participants to develop their own approach to working with families in a systemic way and to explore more of the attitudes and values inherent to a family systems approach (program objective 3). To facilitate learning, Dawn and I used a combination of: didactic presentation of material; group discussion, pairs exercises; small group discussion; small group role plays; and a skill building exercise. Consistent with adult learning principles and group process, we presented material that was less familiar than in earlier sessions, relied more on experiential learning methods and facilitated greater input from participants (case examples) to ensure that content was being related to their present work experience. Our curriculum ended with some group planning for the next day long session.

Participants had earlier requested that the two full-day sessions take place "back-to-back". Seven participants attended the morning portion of session seven and six participants attended in the afternoon. The morning portion of this session related to awareness of family diversity and culture. One of the training participants (Mary Graham), co-facilitated the training with an Aboriginal elder

(Mary). The facilitators led participants through a "sharing circle". Information about: family diversity; culture; traditions; viewing individuals in the family context and viewing the family in the larger social context; empowering families; and strengthening parental competence was transmitted through the experiential techniques of group discussion, story telling, drawings, music and sharing personal stories. We felt this unique learning opportunity addressed content that was consistent with our first and second program objective. Understanding and considering issues of family diversity and cultural differences are important to the value base of family preservation services. These guest facilitators also highlighted issues that addressed viewing aboriginal people in the context of their family and the family in the context of the larger economic, cultural, social and political environment. This latter concept is consistent with knowledge essential to working with family systems. The afternoon portion of this session was facilitated by Dawn and myself. We began with a discussion about gender issues (sex roles and family dynamics) and other aspects of family diversity. Similar to the content covered by the guest facilitators, we felt the topic of gender issues in family systems related to our first and second program objectives. In keeping with program objective #3 we facilitated various learning experiences to assist participants to develop intervention techniques that build on family strengths and competencies. Information was presented regarding various solution-focused therapy assumptions and techniques and case examples were used to illustrate the use of techniques and concepts. Dawn and I used a combination of: a didactic presentation of material, printed handouts; and experiential techniques including group discussion, a pairs exercise, case examples, role plays and a skill building exercise. Consistent with adult learning principles we presented content that was less familiar than in earlier sessions. We also relied more on experiential learning methods and facilitated greater input from participants (case examples and situations for role plays) to ensure that our material was being related to their present work experience. The session ended, as usual, with some planning for the next and final training session.

The eighth and final session was attended by six participants. Low attendance was attributed to the time of year, the end of June is an especially hectic time for families. This factor likely impacted participants' work and personal schedules making it more difficult to attend the training program. Session eight began with Dawn and I facilitating various learning experiences to assist participants to develop intervention techniques that build on family strengths and competencies. This material was a continuation of curriculum content presented during session seven. Content included: 1) family assessment from a systemic perspective; 2) assumptions of a solution-focused therapy model; and 3) intervention techniques for family intervention work (such as: building cooperation with clients; focusing and building on individual and family strengths; developing mutual goals and contracting with families; scaling questions to monitor progress and assess attainment of goals; using intervention messages and homework tasks and; maintaining change with mutual goal setting, scaling questions and use of positive social supports). We emphasized that our course content regarding family systems theory, family preservation practice and solution focused therapy focused on methods to strengthen, empower and facilitate families independence from involvement with agencies and professional helpers. During this session we also discussed the importance of teamwork in family preservation practice and requested participants ideas about how peer support/consultation could be enhanced in their present work setting. We felt that content during this training session reflected all three of our program objectives. Material regarding; family preservation practice; the unique role of the family intervention worker; teamwork; and enhanced peer support/consultation among intervention workers, related to our first program objective. Further discussion of family systems theory was consistent with our second program objective. The content regarding intervention techniques with families and some assumptions of solution-focused therapy and interventions related to our third program objective. Consistent with adult learning and group process we presented material that was less familiar than in earlier sessions. We also relied more on experiential learning methods and facilitated greater input from participants (group discussions, case examples and a skill building exercise). The session ended with Dawn and I sharing our views regarding how much we enjoyed facilitating the training program and how valuable our own learning experiences had been with the group. We also invited participants to share their feedback regarding the training program. We advised intervention workers that we had received no suggestions in the suggestion box throughout the training program. We interpreted the lack of responses as an indicator that participants felt free to express their views directly with training group members. Feedback shared was very positive and included remarks such as: a good range of content was covered; participants found the material regarding separation and attachment and abuse issues valuable; participants felt they learned a great deal about different models of family therapy; people felt the content was related to their present intervention work; group members stated that they felt very comfortable among the facilitators and participants; intervention workers expressed the experience that valuable peer support/consultation had taken place during the training; and participants appreciated the facilitators' use of humour and felt facilitators had worked well together. Group members expressed the view that they wished a further training program could be developed to build on the material we had covered. We ended by asking participants to complete two evaluation forms ("Scaling Questions" and "Questionnaire #2") and an "Evaluation of Training" form. A copy of the program evaluation form is included as appendix H of this report. Post-test and course evaluation forms were also given to participants who had registered for the program but were not present during the last session.

CHAPTER 7

AN EVALUATION OF THE TRAINING CURRICULUM

7.1 DEVELOPMENT OF EVALUATION INSTRUMENTS

In order to evaluate the effectiveness of out training program and its' curriculum content, we relied on three sources of information: 1) two pre and post test measures; 2) a program evaluation instrument; and 3) our impressions from the training program. Ideally we would have relied on our observations during the program and on our discussions with individual participants. Unfortunately we did not keep process or field notes after each session so we were unable to summarize our observations or discussions to support our evaluation results. The development, description and implementation of the pre-post test and evaluation measures have been discussed in detail in Chapter 5 of this report. Our evaluation design was a no control group pre-post test so our findings are vulnerable to many threats to internal validity and changes cannot be attributed to program participation. In addition, due to time constraints we did not pilot our evaluation instruments and as discussed in the development of evaluation measures section (component 5), some of our questions were not an accurate representation of what we were trying to measure. This chapter will focus on reporting and interpreting various findings from our evaluation process.

7.2 EVALUATION RESULTS

7.2.A. ATTITUDE MEASURE RESULTS

Part A of our first measure contained nine questions that were designed to measure changes in attitude among training participants. We used the Wilcoxon Signed-Rank Matched Pairs Test to calculate the sum of the positive changes between Part A of the pre and post test measures. This number was then compared with a table (table A.3, Daniel, 1990) to determine if any changes were statistically significant at a .05 one-tailed level. Table 7-1 shows the results of the group of participants.

Table 7-1

ATTITUDE TEST RESULTS BY ITEM

N = 8 to 9

Question	Post test median	Pre test median	Sum of positive ranks
1	4	2	36*
2	3	2	6**
3	5	5	3**
4	4	4	4**
5	3	3	2.5**
6	4	3	27
7	4	3	8**
8	3	3	5
9	4	3	13.5

* = statistically significant at .05 (one-tailed)

** = N is too small to determine significance

As table 7-1 indicates only one question in Part A of the attitude questions showed a significant difference between the pre and post-test scores. This significant change was in the desired direction. However, we cannot conclude that this desired change was the result of our training program because our research design was inadequate to state such a conclusion. All of the other changes observed on pre and post-test scores were not significant. Overall the majority of change observed for all 9 questions was in the positive or desired direction. Non-significant positive changes were observed for questions 2, 5, 6, 7 and 9. Three of the 9 questions showed a non-significant change in the undesired or negative direction. Negative changes were noted for questions 3, 4 and 8. Because of our weak research design all of our results can be viewed as suggestive; but not demonstrative. There are also a number of other factors that likely affected many of our results. First, we could only detect very large change because our sample size was small and we used a relatively weak, non-parametric test. Second, our instruments may not have been reliable and may have contained a great deal of measurement error. Third, our pre-test was done in the second or third session, and results may contain some effects of the program. With these overall limitations in mind, the results for all nine of the Part A attitude questions will be discussed.

Question one stated, "It is my job to motivate the client." This question was designed to measure participants' attitudes of the realistic limitations of their work and role. This question showed a significant difference between the pre and post-test scores. Median scores increased in the desired direction from pre to post-test. Eight out of nine respondents' answers changed for this question. All of the observed changes were in the desired direction with one participant showing no change from pre to post-test. The sum of the positive ranks also indicates that all of the changes for this question were in the desired direction. These results are suggestive that participation in our training program may have helped participants develop a clearer understanding of the realistic limitations of their role of family intervention worker. This possibility is supported by our impressions from the training sessions. This was an area of great interest and concern for intervention workers, our training curriculum sought to constantly relate material presented to the unique role of the intervention worker and group discussion often focused on the challenges and dilemmas of finding a balance between strengthening and empowering families within a contract that mandates family intervention involvement because of child welfare concerns. Hopefully our curriculum helped participants realize that it is not their role to motivate clients but to understand, assess and formulate mutual goals where clients are ready and motivated to begin working.

Question 2 stated, "You can always work with an individual family member (child or adolescent) in a family focused way." This question was designed to measure participants' attitudes related to working from a systemic perspective with all family members. Results for this question showed no significant difference between participants' pre and post-test scores. Median scores increased slightly in the desired direction. Four respondents showed an increase in the positive (desired) direction and an equal number showed no change from pre to post-test. One participant changed in the non-desired direction. Overall the majority of changes observed for this question were in the positive direction as indicated by the sum of the positive ranks. Within the limitations of our study, this result may suggest that our training curriculum could have been effective in helping participants develop a greater understanding of family systems concepts and develop attitudes that are more systemic rather than individually focused. This result was supported by our impressions from the training program. There was variation within the group regarding having an individual or a family focused approach with clients. This variation was understandable since participants possessed different work and training backgrounds. In addition, some family intervention workers were requested by the referring social workers to work with clients from an individual rather than family focused perspective. We believe that our training program was likely effective in assisting participants to develop an enhanced appreciation of a family systems perspective but not necessarily effective in changing participants' attitudes when working with individual family members.

Question 3 stated, "When working with a family, it is up to my discretion to report an abusive incident that occurs within the family." This question was designed to clarify the mandated responsibilities of family intervention workers in order to clarify their role with families and inform clients that incidents of child abuse must be reported to social workers for investigation. As previously discussed this question was poorly worded (using "abuse incident" instead of "child abuse") and we would have changed or removed this question had we piloted our instruments. The results in table 7-1 indicate that there were no significant differences in participants' pre and post-test scores. The pre-test median was very high in the positive direction (5), and remained unchanged at post-test. Most respondents (5 our of 9) showed no change in their answers from pre to post-test. Two participants' scores changed in the positive direction and an equal number showed change in the negative direction. Overall, the majority of change observed was in the negative direction as indicated by the sum of the negative ranks.

Question 4 stated, "Clients have better information about their situation than professionals do." We interpreted this question as related to curriculum content that helped participants understand that clients have better information about their own family system and situation than outside professionals do. We also emphasized the importance of intervention workers respecting, valuing and using information from clients when working with them. Table 7-1 indicates that there were no significant changes in respondents' pre and post-test scores. The medians also remained the same from pre to post-test. Two participants showed some change in the positive direction and two participants showed change in the negative direction. Half (N=4) of the respondents showed no change from pre to post-test. Overall, the greatest amount of change was in the negative direction as indicated by the sum of the negative ranks.

Question 5 stated, "I always ask clients questions regarding their culture/ethnicity." This question sought to measure participants' attitudes about their clients' cultural diversity and their comfort level in exploring such differences if they existed. Results for this question showed no significant differences between respondents' pre and post-test answers. Median scores did not change. Most (N=6) participants showed no change in their pre to post-test results. One respondent showed a change in the positive direction and one person showed a change in the negative direction. Overall, there was some slight change in the direction as indicated by the sum of the positive ranks.

Question 6 stated, "I am always able to present my opinions regarding case planning with the referring social worker, even if our opinions differ." This question was designed to help participants realize that effective clinician-support worker teamwork involved both members mutually sharing assessment, case planning and service delivery information. From this perspective it was important that intervention workers present their opinions to referring social worker. As shown in table 7-1 there were no significant changes in participants' pre and post-test scores. Median scores increased slightly in the positive direction. All respondents changed, six scores changes in the positive direction and three participants changed in the negative direction. Overall, there was a great deal more change in the desired direction as indicated by the sum of the positive ranks. These results may suggest that our training program was useful in helping participants develop more confidence or more of a positive attitude towards the importance of collaborating with referring social workers. During our training sessions family intervention workers appeared to understand the importance of collaborating and sharing views with referring social workers. However, our impressions were that comfort levels with this practice differed within the group. Intervention workers also seemed to be more comfortable sharing their opinions with certain social workers. Since family intervention workers are contract employees there may often be some perceived risk involved with sharing case planning or assessment opinions that differ from those of the referring social worker.

Question 7 was, "I always feel a sense of accomplishment when I finish a family intervention contract." We interpreted that if our curriculum content was effective in helping participants integrate some theoretical knowledge with practice then their feelings of competence would increase and in turn result in positive attitudes regarding feelings of accomplishment. Results for this question showed no significant differences between participants' pre and post-test scores. The median increased slightly in the positive direction. The majority (N=5) of respondents showed no change from pre to post-test. Three people changed in the positive direction and one participant changed in the negative direction. Overall, most of the change observed was in the positive direction as indicated by the sum of the positive ranks.

Question 8 stated, "There are more similarities than differences between clients and intervention workers." This question was designed to measure if participants changed their attitudes to be more favourable toward this question. The curriculum emphasized that part of the unique support worker role on clinical teams involves their ability to be perceived as someone with whom family members can more readily identify or more easily accept guidance and support from. There were no significant differences in pre and post-test scores for this question. The median remained unchanged. Almost half (N=4) of the respondents showed no change, five participants changed in the positive direction and four people changed in the negative direction. Overall, the majority of change observed was in the undesired direction as indicated by the sum of the negative ranks. The whole emergence of the area of family preservation in child welfare is relatively new in the sense that it seeks to operate with clients from a positive of working with strengths rather than dysfunction. Historically, child welfare has operated from a paradigm of benevolence, implicit being the message that clients are not capable or do not know what they should be doing differently. The reality of being a recipient of mandated service serves to reinforce this perception by clients, but also by service providers. Raising this issue, was important in the sense that we wanted to highlight the differences between these opposite paradigms and have workers think about how this alone could impact recipients of service. Similar to cultural comfort levels, our impressions were that there was variation among participants to view themselves as more similar than different from the families they work with. Intervention workers also sometimes receive an oppositive message from referring social workers. These factors may be reflected in our undesired change results.

Question 9 stated, "Most children are better off in their own homes." This question was designed to measure participants' attitudes toward one important value base of family preservation programs, a commitment to maintaining children in their own homes based on the belief that most children are better off growing up in the family they have known since infancy. Table 7-1 indicates no significant differences in pre and post-test scores. The median increased slightly in the positive direction. Change results were evenly distributed, one third of the participants showed no change, on third showed change in the positive direction and one third showed change in the negative direction. Overall, the majority of the change observed was in the desired direction was evidenced by the sum of the positive ranks.

These results are encouraging since they are suggestive, for six questions, that our training program may have played a role in improving intervention workers' attitudes in certain practice areas. However, because of our weak research design, all of our findings can be viewed as suggestive; but not demonstrative.

7.2.B. SELF-RATINGS OF KNOWLEDGE

Part B, was the family intervention worker self-ratings of knowledge in the areas of; family systems; and in knowledge of personal working style. The same as Part A, we used the Wilcoxon Signed-Rank Matched Pairs Test to calculate the sum of the positive ranks from pre to post-test. This number was compared with a table (table A.3, Daniel, 1990) to determine if the changes observed were significant. Both of our self-rating questions yielded results that were too small.

Table 7-2: Part B

Self Rating of Knowledge by Family Intervention Workers

N=9

Question	Post-Test Median	Pre-Test Median	Sum of positive ranks
10	3	3	4.5**
11	4	4	4.5**

** = N is too small to determine statistical significance..

Question 10 stated, "Rate your overall knowledge of a family systems approach in your present family intervention work." Results shown in table 7-2 show no significant difference between intervention workers' pre and post-test ratings. The median did not change. A majority (N=6) of respondents showed now change, two participants changed in the positive direction and one person changed in the negative or undesired direction. Overall, the majority of change observed was in the desired direction as indicated by the sum of the positive ranks. This finding is encouraging since it suggests that our training program may have played a role in increasing some participants' views of their practice knowledge of a family systems approach. Once again, our weak research design can yield results that are suggestive; but not demonstrative. One possible explanation for the lack of change for the majority of respondents is that their definition of the range of knowledge may have changed. For example, our curriculum content on family systems theory may have convinced them that there is much more to know than they thought at the pre-test.

Question 11 stated, "How would you rate your overall understanding of your personal style as a family intervention worker?" This question showed no significant difference between pre and post-test ratings. The median did not change. The majority of participants (N=6) showed no change in their ratings and three respondents showed change in the desired direction. Overall, all of the change observed was in the positive direction as indicated by the sum of the positive ranks. Once again, these findings are encouraging since they support that our program may have played a role in increasing some intervention workers' understanding of their personal practice style. Similar to question 10, one possible explanation for the lack of change for the majority of participants is that their definition of the range of knowledge may have changed from pre to post-test.

7.2.C. APPLICATION OF KNOWLEDGE

Part C, was a long answer question which looked for application of knowledge in a hypothetical case situation. Workers were asked to describe three things they would do in a hypothetical case (employing a family systems approach and keeping in mind the principles of family preservation philosophy). In order to rate the answers, we formulated an ideal answer and scored the answers jointly. To obtain a perfect score, workers were expected to mention the following aspects in relation to their case plan:

1. Ask for client input in formulating or reviewing the contract goals.
2. Identify the present family strengths.
3. Assist the family with any appropriate concrete needs.
4. Provide information with regard to parenting and age appropriate expectations for children.
5. Connect the family with supports and community resources, thereby reducing isolation.

This question was rated out of a total possible score of five. We then looked for the differences in pre and post test scores. The results showed by the calculation of the Wilcoxon Signed-Rank Matched Pairs Test were not found to be statistically significant at the .05 one-tailed level.

Table 7-3: Part C:

Application of Knowledge Gained

N=8

Question	Post-Test Median	Pre-Test Median	Sum of positive ranks
12	2	2	16

* = statistically significant at .05 (one-tailed)

As table 7-3 indicates there was no significant change on participants' pre and post test answers and the median did not change. In order to further explore the possible reasons for these findings we looked at individual participants' pre and post test scores on this question. These results are represented in Table 7-4.

Table 7-4: Part C:

Application of Knowledge

Question, Results for each Respondent

N=8

Respondent	Pre-Test Score	Post-Test Score	Sum of positive ranks
1	3	2	
2	2	3	3.5
3	2	2	
4	2	1.5	
5	.5	2	5
6	1	3	6
7	2	2	1.5
8	2.5	3	
			TOTAL = 16

* = Statistically significant at .05 (one-tailed)

As table 7-4 indicates there were no significant changes from pre to post-test. The majority (N=4) or half of the participants changed in the positive direction. Two respondents showed no change from pre to post-test and two workers changed in the negative direction. Overall, most of the change observed was in the desired direction as indicated by the sum of the positive ranks. These findings are encouraging since they suggest that our training program may have played a role in increasing their practice knowledge to a hypothetical case situation. We used a weak research design and all of our findings can be viewed as suggestive; but not demonstrative. The lack of change or change in the undesired direction could be a reflection of answers from participants who attended few training sessions or respondents who were rushed and incompletely answered this question on their post-tests. These results may also be explained by the possibility that it was too early to see a significant integration of knowledge as the course had just ended. In order to better assess application of knowledge, thought could be given to including the intervention workers' coordinators' input into future studies.,

7.2.D. KNOWLEDGE TEST RESULTS

We attempted to measure changes in participants' knowledge before and after the training program with, "Questionnaire #2." This knowledge test was composed of ten true or false statements which related to various areas of our curriculum content. The test results were a little less revealing in that none of the results calculated were statistically significant. We cannot then, assume that change did not occur by chance alone. In order to examine the results we used the McNemar Test which organizes the pre and post data into tables and then one calculates the Z score. We used a table of the normal distribution to establish if in fact the Z score was statistically significant at the .05 one-tailed level and none were, as shown in the table below. Table 7-5 represents the training group scores, by item, for this pre and post test measure.

Table 7-5: Scores by Item on Knowledge Test for Group

N = 9

Question	# of people in right direction	# of people in wrong direction	No change	Z score
1	0	3	6	-1.73
2	0	1	8	-1.00
3	1	0	8	1.00
4	0	0	9	0
5	0	0	9	0
6	0	0	9	0
7	2	0	7	1.42
8	3	1	5	1.00
9	0	0	9	0
10	1	0	8	1.00

* Statistical significance at .05 (one-tailed), alpha level is achieved when Z = or < 1.65

Table 7-5 shows that all of the Z scores for all of the questions were not statistically significant. This indicates that all of pre and post changes by question for the group could have occurred by chance alone. This table also shows that for the majority of questions there was no change in participants' scores from pre test to post test. Overall, respondents' correct scores on all of the "no change" questions were high. We would speculate that these results indicate a "ceiling effect' in that our questions were too easy for participants to answer, leaving no room to show any significant increase in knowledge. In order to explore our hypothesis of a possible ceiling effect, we calculated the percentage of questions answered correctly by participants on the pre-test instrument. The following table shows these percentages.

Table 7-6: Percentages of Workers' Correct Answers on the Pre-Test

N = 9

Question	Correct Answers in %
1	100
2	100
3	89
4	100
5	100
6	89
7	34
8	56
9	100
10	89

Questions number seven and eight were the only pre-test items below 89% in terms of correct responses by the group. This supports our belief that most of the questions left little room for growth, thus creating a ceiling effect. In addition, as previously discussed in the development of evaluation instruments section, question 6 and 7 of this measure were not related to our program objectives. Had we pilot tested this measure we would have changed or removed questions 6 and 7 and developed knowledge questions that were more challenging for participants. The results for question 8 were encouraging since they suggest that our curriculum content may have played a role in increasing some participants' knowledge of female headed single parent families. Table 7-6 indicates that 56% (N=5) of the participants answered this question correctly on the pre-test. This result does not support a ceiling effect since there is lots of room for movement. Table 7-5 shows that five people showed no change and three respondents changed in the desired direction from pre to post-test. This result indicates that eight or 89% of the participants answered this question correctly on the post-test. Overall, the majority of change that occurred was in the positive direction. Because of our weak research design all of our findings can be viewed as suggestive; but not demonstrative.

7.2.E. COURSE EVALUATION RESULTS

COURSE EVALUATION

The course evaluation as divided into the following four parts:

- Section one - course content
- Section two - facilitators
- Section three - training format
- Section four - long answer questions.

In order to look more closely at the results of this questionnaire, we calculated the mean, mode, number in the modal category and standard deviation for each response of the first two sections. Table 7-7 reports these figures.

Table 7-7: Summary of Group Scores for Evaluation Form

N=14

Question	Mean	Median	Mode	Number in Mode	Standard Deviation
1	4.38	4	4	11	0.55
2	4.23	4	4	6	0.70
3	4.15	4	4	7	0.66
4	4.64	5	5	9	0.60
5	4.62	5	5	9	0.62
6	4.71	5	5	10	0.45
7	4.43	4.5	5	7	0.63
8	4.31	4	5	6	0.72
9	4.23	4	5	6	0.80
10	4.50	5	5	9	0.73

As table 7-7 indicates the medians for all 10 program satisfaction questions were very high. We found these results encouraging since the median is the most appropriate measure of central tendency for these ordinal-level items. These findings are suggestive that our course content and the facilitators were highly rated by participants. The possibility that respondents felt so positive about these areas could be viewed as an indication that the curriculum had been satisfactory in all five of Lewis and Dunlop's (1991) factors most often associated with successful programs. Once again, our weak research design could only generate findings that were suggestive not demonstrative. These high ratings of program satisfaction could also be affected by social desirability. According to Kazdin (1982), self-report measures are subject to respondent biases such as, "responding in a socially desirable fashion" (p.36). Participants who had enjoyed our contact over the eight weeks of training and were aware that we were delivering the program as part of an MSW practicum, may have over-rated these areas because they liked us and wanted us to do well in our studies. Workers who wanted similar training offered in the future may have been influenced to rate program satisfaction highly in the hope that positive feedback would support future training opportunities.

We used question three, "Did this training contribute to the overall knowledge and skills you hoped the program would provide to distinguish between positive and less positive raters. We then compared the participants' responses with their ratings in Part Two to see if we could learn what particularly the positive raters liked or the other group didn't like. The following table reflects the results of this comparison.

Table 7-8: Comparison of Participants' Scores for Question Three with Question Eight

N=14

	At or Above Question #8 Median	Below Question #8 Median
At or Above Question #3 Median	7/14 or 50%	7/14 or 50%
Below Question #3 Median	7/14 or 50%	7/14 or 50%

As table 7-8 indicates, participants that fell at or above the median and participants who fell below the median were equally distributed (N=7/14 or 50%) in all four categories for both questions. This finding suggests that respondents who were more satisfied (at or above the median) and participants who were satisfied less (below the median) with the overall knowledge and skills they gained from the training program (question 3) could not be explained by the facilitators' ability to illustrate practical applications of the course material (question 3). The factor identified in question 8 did not seem to differentiate or help explain reasons for more or less overall program satisfaction among participants as indicated by responses to question 3.

Part three asked participants about the way the training was scheduled, in terms of the full day, half-day combinations and length of the training over weeks.

The responses were as follows: 36% (N = 5) of workers felt that the format used was fine, 29% (N = 4) of workers felt half-days were preferable and 36% (N = 5) preferred full days. 36% (N = 5) of participants thought the training was too short and 64% (N = 9) thought the length was just right. No one responded in the "too long" category. We interpreted these results as an indicator that good program planning had been evident in our curriculum delivery. This element represents Lewis and Dunlop's (1991) fourth factor associated with program success.

In part four, a number of long answer questions were asked with regard to additional comments. We have summarized the answers by question and noted frequencies for the most common comments. Question thirteen asked about a significant learning experience during the training. The following were themes that were identified:

1. a greater knowledge and understanding of different family therapy models
2. building on family intervention worker strengths
3. development of a peer support network and exchange of information
4. separation and attachment theory in children, and
5. abuse issues in the child welfare context.

21% (N = 3) of respondents commented on each of the first three themes. The other two issues were slightly lower in frequency.

Question fourteen asked specifically about course content and the following themes were most popular:

1. course content was relevant to the family intervention worker role
2. the course was not long enough
3. a good range of content was covered.

36% (N = 5) of the comments related to the first theme mentioned which is a reflection of a good instructional design and relevant curriculum content.

Question fifteen solicited comments regarding the instructors and the following were the most frequent themes:

1. the facilitators worked well together
2. there was good use of humour
3. content was presented in a way that was adaptive to participants' skill level
4. mutual learning facilitation transaction occurred in keeping with adult learning theory
5. instructors were knowledgeable and well organized.

36% (N = 5) of participants comments on the first theme and thirty-nine percent (N = 4) commented on each of the items two through four.

Question sixteen asked what the agency should know if they were to run this type of training program again and the following themes emerged:

1. additional time required in order to explore more of the content ideas generated under the course objectives specifically under the third objective which was more specific in focus
2. financial compensation for attendance
3. interest in future training opportunities with a combination of agency social workers and family intervention workers.

In general, what was most exciting is that workers appeared to be enthusiastic and excited about the training. The positive comments about the relevance and the sense that workers' own resources had been acknowledged was very complimentary. We chose not to look at the number of sessions attended in examining the data more closely, because most workers self-regulated their responses in that they did not respond to certain questions which they felt they could not fairly comment on due to lower attendance. We also felt that all of the comments had merit based on even a few sessions.

Negative comments included: more role-play, more culture content, the course was too short and suggestions for involvement of referring social workers for future sessions. These were few in number but did correlate with our own sense of how the sessions could be improved. Using Lewis and Dunlop's (1991) model which identifies five factors most associated with program success, we can conclude that our evaluation results are suggestive that our training program was successful based on all five factors. Responses to evaluation questions 4 and 14 were interpreted as indicators of the "timely/relevant/innovative topics" factors. Lewis and Dunlop's (1991) second factor, effective instructor skills, was supported by responses to questions 6 and 15. Responses to questions 6 and 14 were interpreted as indications that there had been good instructional design and good program content (Lewis and Dunlop's (1991) third and fifth factor). We viewed responses to questions 11 and 12 as a reflection of good program planning which was Lewis and Dunlop's (1991) fourth factor associated with successful adult education programs. Once again our weak research design could only generate findings that are suggestive not demonstrative. The high program satisfaction ratings could also be affected by social desirability factors. As discussed earlier in this section, such factors could include, fondness of the instructors, assisting the instructors to do well and hoping to support future training opportunities.

7.3 CONCLUSIONS

In summary, the instruments we used as pre and post test measures were limited in the sense that they are dependent upon the skill of the designers and as such are subject to threats of internal validity. For example, we cannot be sure that some other event, such as direction given by referring social worker, did not account for some of the changes observed. The instruments met our criteria of face validity as being representative of the attitudes, knowledge and evaluation information we wished to measure from participants involved in the training program. Upon later analysis we would have changed two of our attitude questions (Part A of our first pre post test measure) and we would have changed most of our knowledge questions to be more challenging. As previously discussed most of the knowledge questions on our second pre and post test were too easy for participants to answer, leaving little room for improvement upon completion of the training program. It would have been beneficial to pilot test all of our instruments to assist with the process of developing more accurate measures before administering them to the training group. Our evaluation design was a no control group pre-post test that made our findings vulnerable to many threats of internal validity. In other words, any changes we noticed could not be attributed to program participation. However, we also depended on our impressions during the training program to evaluate the effectiveness of the program. Information from all of these areas helped us form a few conclusions.

Within the limitations of our measures, our research design and supported by our impressions, we have concluded that the following evaluative factors suggest that our training program was successful in achieving our program objectives. Our curriculum may have been successful in achieving our first program objective by helping some participants develop more of a belief and attitude that it is not their job to motivate clients but to formulate mutual goals with families and work where clients are ready to begin (attitude question #1). Overall, all of the change observed for all nine questions in Part A was in the desired direction. This result is encouraging and suggests that overall our curriculum may have been effective in achieving all three of our program objectives. Non-significant positive changes were observed for questions 2, 5, 6, 7 and 8. Question 2 represented our second program objective, questions 5, 6 and 9 related to our first program objective and question 7 was designed with our third program objective in mind.

Within the limitations previously discussed and the possibility that self-ratings of knowledge may have been affected by changes in participants' definitions of the range of knowledge at post-test, we drew the following conclusions from our self-ratings of knowledge questions (Part B). Overall, the majority of change observed for questions 10 and 11 was in the desired direction. These findings are encouraging and suggest that our curriculum may have been successful in achieving all three of our program objectives. Question 10 was related to our first program objective and question 11 reflected our first and third program objective.

Within the limitations of our weak program design and the possibility that it was too early to see a significant integration in participants' ability to apply knowledge gained at the time of post-test, we formed the following conclusions regarding our application of knowledge question (Part C). Overall, the majority of change observed for question 12 was in the desired direction. These results are encouraging and suggest that our curriculum may have been successful in achieving all three of our program objectives. The desired or ideal answer for question 12 related to all three program objectives.

Unfortunately, most of our pre-post knowledge test questions were poorly designed and our results could not lend support to our notion that our curriculum had successfully achieved all of our program objectives. However, our impressions led us to believe that our training program had: increased some participants' knowledge about the value base of family preservation services and their unique role in those services; increased some participants' knowledge about working with family systems; and increased some participants' knowledge about developing their own approach to working with families in a systemic way.

As previously discussed, we used Lewis and Dunlop's (1991) framework of the five factors most associated with program success to help determine if participants had been satisfied with the training program. Our evaluation results indicate that respondents felt our program possessed all of the elements associated with program success including: timely/relevant/innovative topic(s); effective instructor skills; good instructional design; good program planning; and good instructional design/content. These positive results are supported by our impressions formed during the training program. The evaluation results and the feedback provided by respondents was consistent with our impressions of participants regarding their satisfaction with the training program. The course evaluation results were satisfying in that all of our program satisfaction questions were highly rated and there were few negative comments from participants. However, it is possible that these ratings were affected by social desirability factors. These factors may have included, fondness for instructors, assisting instructors to do well or hoping to support future agency training opportunities. Negative comments received were all geared to desire for more information on a special interest area, more time for training and the wish to participate in a similar program with referring social workers. Although they were the most negative comments, they were offered from the point of view of having valued what was offered.

We shared the perspective of many participants in wishing the training could have been extended. In order to present our curriculum content in a comprehensive manner we needed to first present theoretical concepts before we could proceed to more experiential learning methods such as role plays and using participants' case examples. It was our impression that the sessions including such experiential learning methods were most positively received and participants expressed a desire to extend our training to provide an opportunity to explore more of this content area. Unfortunately, given the scope of our training curriculum we were unable to achieve more of this content in the allotted time.

CHAPTER 8

DISCUSSION AND RECOMMENDATIONS

8.1 INTRODUCTION

This practicum had three primary aims. The first aim was to build on the needs assessment and design and deliver a training curriculum for family intervention workers employed with Southwest Winnipeg Child and Family Services. Secondly, the goal was to enhance family preservation services at the agency by providing a training program that was relevant to family preservation practice and that emphasized the unique role of family intervention workers. A final aim was to evaluate the training program that was delivered. This chapter will highlight the significant literature that framed the design, delivery and evaluation of the training program and how the experience of completing the practicum related to the significant literature.

This chapter will also discuss the experience of designing, delivering and evaluating a training program to a group of agency family intervention workers in relation to my learning goals established in chapter one of this document. These goals were to: 1) gain a greater understanding of the theory and practice of adult education; 2) gain a greater understanding of the theory of family preservation practice and the unique role of the family intervention worker; and 3) develop my skills in designing, delivering and evaluating a training program which incorporates needs assessment data.

8.2 THEORY AND PRACTICE OF ADULT EDUCATION

As previously discussed, when beginning this practicum my understanding of the theory and practice of adult education was very limited. Through the completion of the practicum process my knowledge, skill and understanding increased greatly. Courtney's (1991) definition of adult education was influential in orienting my thinking and in guiding my approach to designing the training program. Courtney (1991) stresses the importance of the purposes behind adult education activities and the context within which you are working. This framework helped me to understand the importance of defining a clear set of goals and objectives for the training program that would be relevant to the work context of the potential participants. Courtney (1988) and the Canadian Commission for UNESCO'S (1980) definitions of adult education influenced the framework that was developed to guide the program evaluation process. The training program was viewed as a purposeful, organized intervention that was designed to create changes among participants by enriching their knowledge and positively changing their attitudes in relation to various areas of curriculum content.

Adult education literature was also useful in showing me the importance of developing a personal philosophy of adult education to understand and guide what I did. I chose Merriam and Caffarella's (1991) model that describes four orientations to learning as a guide to developing my personal philosophy. Using their (1991) definitions of: behaviourist; cognitivist; humanist; and social learning, I evaluated which elements from the various orientations fit best with my personal system of values and beliefs. From this perspective, my adult education personal philosophy was consistent with my views and beliefs regarding family therapy practice. My adult education philosophy was a combination of elements from the cognitivists, humanist and social learning orientations. My personal philosophy reflects the belief that: the adult education process must be respectful and aware of adult learners' needs; the process of adult learning should involve input from participants in planning their own learning; and the learning-teaching transaction is a shared responsibility with the primary facilitator acting as a guide and resource person. This personal philosophy contributed to the work in my practicum by building and influencing how the training program was developed, designed and implemented. This process began with considering data from four areas of needs assessment to develop two primary goals, three major objectives and a list of possible curriculum content for the training program. Next, the program facilitator organized and guided the process of participants choosing two priority areas of content under each program objective. participants were organized to think about what they wanted to learn most (curriculum content) and why those topics were important to them (program objectives). This process was also helpful for me to share and explore the biases that influenced me in interpreting and assessing data from the four areas of needs assessment. My first bias was to emphasize content that focused on family preservation practice in the child welfare context. A second bias was to utilize a broad definition of family systems theory as the theoretical framework that underpins the ideal concepts of family preservation service delivery and treatment. These biases were reflective of: the learning goals of my practicum; my experience working in a child welfare context; and my knowledge of family preservation literature.

Adult education literature was also helpful in pointing out the importance of considering the motivations of adult learners. According to Percival (1993), research regarding reasons why adults participate in educational activities is dominated by one finding, "that the single most important reason for participating in adult education relates to the performance of everyday tasks and obligations, particularly those related to work" (Johnstone and Rivera, 1965, cited in Percival, p. 55). Houle (1961) created a typology that groups adult learners motivations to participate into three general categories: goal-oriented (wanting to improve their job prospects); learning-oriented (wanting to learn more about a subject area); and activity-oriented (Wanting to do something more productive with leisure time). Both of these areas of the literature influenced the development and delivery of the training program. Percival's (1993) and Johnstone and Rivera's (1965) research supported the importance of utilizing needs assessment information to ensure that the training program met participants' needs and related to their intervention worker roles. This research also contributed to the constant attention that was given to ensuring that curriculum content was relevant to the job functions of agency intervention workers. Houle's (1961) framework directed my attention to understanding that training participants in my context were likely either goal-oriented or learning-oriented. Since the training program was voluntary but was provided in a work setting, it was necessary to stress that participation in that training program would not influence or effect the agency contracts that intervention workers received. It was also necessary to ensure that curriculum context reflected the topics of interest expressed by intervention workers during the needs assessment survey (learning-oriented) and that the curriculum was relevant to their work.

Malcolm Knowles (1980) has constructed a theory of adult learning that is viewed as one of the most influential in the field. Knowles (1980) developed the term andragogy to refer to the "art and science of helping adults learn". Andragogy assumes that all adult learners share some important characteristics that include: 1) being self-directed in learning; 2) possessing a rich reservoir of experience; 3) having an orientation to learning based on their social roles; and 4) requiring learning that can be immediately applied rather than a postponed application. These characteristics were consistent with my personal philosophy of adult education and with the literature regarding the motivations of adult learners. Knowle's (1980) implications for adult education practice were useful in guiding the design and delivery of the training program. Knowle's (1980) framework assisted me to incorporate the following factors into my program planning process: 1) developing an appropriate learning climate; 2) involving participants in the diagnosis of their own learning needs; 3) involving participants in planning their learning; 4) establishing a learning-teaching transaction that is a mutual responsibility; 5) involving participants in the evaluation of their learning; 6) emphasising experiential instructional methods; 7) emphasizing the practical application of course curriculum; and 8) assisting participants to free their minds of preconceptions and to reflect on and learn from their experience.

Humanistic theorists such as Brookfield (1986), Knowles (1980) and Knox (1986) were influential in deepening my understanding of ways to facilitate adult learning. Brookfield (1986) identifies six principles of effective adult learning practice that include: 1) participation in adult learning is voluntary; 2) effective practice is characterized by respect for one another's self-worth; 3) facilitation is collaborative and participatory; 4) praxis is central to effective facilitation; 5) an important goal of facilitation is to encourage critically reflective thinking; and 6) the aim of facilitation is to help adult learners assume increasing independence and responsibility for their own learning. This framework challenged me to pay attention to all of these factors when developing and designing the training program. The outcome involved: 1) ensuring that participants understood that training was voluntary and not related to their job performance or the assignment of contract hours; 2) establishing a learning climate that stressed mutual respect among participants; 3) involving participants through experiential learning methods in the process of priorizing the use of learning methods and in the process of priorizing the use of learning time; 4) utilizing teaching methods such as case examples and facilitating group discussion to view the tasks of family intervention practice as well as reflect on the process of their practice; 5) encouraging critically reflective thinking by contrasting an individual practice approach with a family systems practice approach; and 6) encouraging participants to assume increasing independence for their learning by facilitating the presentation of didactic material and gradually having participants provide their own case examples for discussion and role plays.

The adult education literature related to program development and planning was helpful in providing a model for the activities required to complete this practicum. Sork and Caffarella's (1989) six step model of program development was combined with Cranton's (1989) framework of the major activities to be completed when designing a curriculum to create a guide to developing and delivering the training program. This guide consisted of six components of activities and included: 1) selecting and organizing the learning environment; 2) converting needs assessment data into training objectives; 3) selecting, organizing and sequencing content that reflects the needs assessment data; 4) designing an instructional process or strategy; 5) determining and creating an evaluation process; and 6) administering, collecting and analyzing the evaluation data. These components were critical to organizing the activities to complete this practicum. This framework also ensured that tasks built upon each other and created an integrated comprehensive model for the design and delivery process.

Finally, the adult education literature provided information useful to evaluating whether the training program was successful. Lewis and Dunlop's (1991) model of factors most often associated with program success were used as part of my evaluation strategy. The following factors (Lewis and Dunlop, 1991) were used as part of the evaluation process to determine if participants were satisfied with the training program: 1) timely/relevant/innovative topic(s); 2) effective instructor skills; 3) good instructional design; 4) good program planning; and 5) good instructional design/content. These factors also guided the development of the course evaluation questionnaire which consisted of participant satisfaction questions related to all of Lewis and Dunlop's (1991) factors.

8.3 THEORY AND PRACTICE OF FAMILY PRESERVATION

As previously discussed, when beginning this practicum I had a basic understanding of family preservation practice and of the unique role of the family intervention worker in that practice. My knowledge was based on my work experience and some limited reading in this area.

The literature related to the historical roots and the current context of preservation practice was useful in identifying important elements of family preservation practice and in assessing family intervention practice at Southwest Winnipeg Child and Family Services. Morton (1993) traces the origins of family preservation to the historical practice of home visiting in the child welfare field. This historical perspective was helpful to identifying the key elements of family preservation practice which include: providing services in the home; and addressing the physical, social, educational and/or developmental needs of an individual or family. Frankel (1988) points out some additional key elements of practice that are supported by the historical context, "such early in-home services focused on the provision of concrete services, mobilizing natural helping networks and coordinating community services". This literature was also useful in identifying the current context of family preservation services. In 1986 the U.S. National Resource Center on Family Based Services reported that 238 family-centered home-based programs were registered with them. These programs take a variety of forms but all share a common commitment to; 1) maintaining children in their own homes whenever possible; 2) focusing on entire families rather than individuals; and 3) providing comprehensive services that meet the range of the families' therapeutic, supportive and concrete needs. Bribitzer and Verdieck (1988) highlight the philosophy behind the common goals shared by family-centered home-based programs. They propose that such placement prevention services are based on the beliefs that: most children are better off growing up in the same family they have known since infancy; and that the family, rather than the individual, is usually the appropriate focus for intervention. Frankel (1988) groups family-centered, home-based services into two groups according to their service objectives. Crisis-oriented programs seeks only to stabilize the family situation and independence-oriented programs seek to "reduce or eliminate the family's dependence on social services altogether" (p. 142). This literature was helpful in identifying the key elements of family preservation practice. This information was utilized in developing objectives for the training program and incorporated into the course curriculum. This literature was also useful in assessing the agency's current family intervention program and identifying that the program contained all of the key elements of family preservation practice and delivered services that were both crisis-oriented and independence-oriented.

Family preservation literature helped me recognize the factors which contribute to the unique role that family intervention/support workers are able to establish with families and the importance of working collaboratively on clinician-support worker teams. However, I was disappointed by the lack of literature in the field regarding the role of para-professional workers in family preservation programs. One of the few articles I was also to find on this topic was written by Soule' et al (1993). These writers propose that family support workers possess different qualities and bring a perspective that is often closer to the experience of the families receiving services. Soule et al (1993) argue that these factors often result in support workers engaging more quickly and completely with families since they are perceived as someone with whom the family can more readily identify or from whom family members may more easily accept support and guidance. When discussing team interventions, Soule et al (1993) highlight the importance of clear yet flexible roles between clinicians and support workers. They propose that when teaming, clinicians are responsible for the overall direction of the case, but both members of the team participate in the assessment process, the development of treatment plans and the delivery of agreed upon services. Soule' et al (1993) stress that roles should be complementary and flexible and that either or both team members may engage in: 1) parent guidance and education; 2) brief individual and family treatment; and 3) linkage and advocacy with other agencies. This literature was important in informing and providing a framework for the second area of needs assessment data, the activities involved in the family intervention worker role and the skills required to carry these out. The literature in this area identified: 1) the qualities of intervention workers that contribute to the unique relationships they form with families and how these roles are different from professional clinicians; 2) the various treatment activities that intervention workers may engage in with families; and 3) the importance of establishing clear, flexible and complementary roles with an emphasis on team work between clinicians and support workers. This literature was important in the development of the training curriculum and Soule' et al's (1993) concepts were incorporated into the curriculum content. I concluded that the issues identified in this literature were applicable to the social worker-family intervention worker teams at Southwest Child and Family Services. Program curriculum addressed these issues and participants agreed that these concepts were relevant to their present agency context. Participants also felt that the degree of teamwork established in their contracts varied among agency social workers. Participants expressed that social worker-intervention worker team relationships could be improved with future training opportunities that combined agency social workers and family intervention workers as participants. This literature was also useful in helping me determine areas of the training curriculum that related to the knowledge and skills necessary to carry out intervention worker tasks. Relevant areas of curriculum content included: 1) an understanding of the value base of the family preservation services and the unique role of the family intervention worker in those services; 2) knowledge of theoretical frameworks that underpin family preservation programs' ideal concepts of service delivery and treatment; and 3) an understanding of an individual approach that integrates theoretical knowledge with family intervention practice. This understanding of the knowledge and skill areas related to family intervention work informed the selection of training program goals and objectives.

Richard Barth's (1990) writings were influential in developing myunderstanding of the theoretical frameworks that underpin family preservation programs' ideal concepts of service delivery and treatment. Barth (1990) proposes that the wide range of family preservation programs draw upon four common areas of theory. These include, crisis intervention theory, family systems theory, social learning theory and ecological theory. Although it was felt that agency intervention workers could benefit from training related to all of these theoretical models, it was not possible to address all of these areas in the training time allotted. As previously discussed, my biases and knowledge regarding family systems theory led me to the decision to emphasize this model in the training program to explain some of the theoretical concepts that underpin family preservation programs' ideal concepts of service delivery and treatment.

8.4 CURRICULUM DEVELOPMENT AND DELIVERY

Both the adult education literature and the family preservation literature previously discussed were instrumental in determining the four areas of needs assessment that were used in the development of the training program. In turn, my experience working in the child welfare field and the biases I have developed regarding family preservation services and family systems theory influenced the conclusions I formed from reading the literature. My biases and conclusions from the literature also effected how I interpreted data from the needs assessment surveys. As discussed in chapter one, my previous knowledge regarding the development, delivery and evaluation of a training curriculum was limited. My earlier knowledge in this area lacked depth, integration and organization. The process of completing this practicum greatly enhanced my skills in the area of program planning and implementation by increasing my knowledge and appreciation of the following practise issues: 1) utilizing a range of theoretical and survey needs assessment data to inform all areas of the program development, delivery and evaluation process; 2) establishing clear program objectives and goals and linking them to the program evaluation; 3) following a theoretical model or framework to guide the development of a curriculum; and 4) utilizing both quantitative and qualitative measures in the evaluation process to assess if program objectives have been achieved.

Before completing this practicum I had very little understanding of thoroughly assessing the needs of potential training participants. As discussed in chapter one, my previous needs assessment method was to rely on the opinions and suggestions from my supervisor and from colleagues who were familiar with the potential training participant group. The process of completing this practicum resulted in my developing a new definition of the training needs process that should include: 1) utilizing relevant information from the literature; 2) gathering information about potential participants' job tasks and the skills required to carry these out; and 3) gathering needs for training survey data from all of the major stakeholders in the participants' work site. Information from all of these areas was used to determine the training needs of agency family intervention workers. This thorough needs assessment process resulted in contributing to the success of the training program by: 1) ensuring that the curriculum content reflected the training needs of participants; 2) ensuring that the curriculum content had direct application to participants' present job functions; 3) generating interest in the training program among potential training participants and illustrating to participants that their views, opinions and needs would be respected and valued; and 4) generating interest and support from various agency stakeholders involved with the participants. Part of the process of completing this practicum involved converting information from the four areas of needs assessment data into training program objectives. As previously discussed, information from four sources was used to assess training needs; 1) my conclusions from reading the literature on family preservation practice; 2) my understanding of the activities involved in the family intervention worker role and the skills required to carry these out; 3) the needs for training expressed in the survey of family intervention workers; and 4) the needs for training expressed in the survey of agency social workers and managers. Information from the first two areas of the needs assessment data played a primary role in the development of the training program. Conclusions drawn from the literature emphasized both family preservation practice and a family systems model as the theoretical framework that underpins family preservation programs' ideal concepts of service delivery and treatment. I also chose to focus on the knowledge and attitudes necessary for family preservation practice among family intervention workers, rather than on the skills and competencies required for this job. It was decided that skill level was too difficult to measure as a training program outcome and that it was beyond the scope of this practicum to establish an outline of intervention worker competencies. The training program strove to enrich participants' knowledge and positively influence their attitudes in relation to areas of curriculum content. As previously discussed, the needs assessment survey data played a secondary role in the development of the training curriculum. Data collection factors (respondents identifying intervention worker training needs that were not related to family preservation practice and a lack of information regarding the interpretation of responses to direct survey questions) resulted in some of the survey data being of limited use in planning the curriculum. Survey data in response to the indirect or critical incident question from the intervention workers yielded the most useful information. Responses to this indirect question yielded data with more common themes that were more process oriented than subject oriented. This process information provided a context for some of the subject data collected by the direct questions and helped me understand how a training topic would be more important to intervention workers. For this reason, the critical incident survey data was more helpful to the process of creating training program objectives and evaluation instruments.

As discussed in chapter one, my previous experience with evaluating training programs was limited. My earlier experience involved developing a brief questionnaire asking participants to comment on their overall satisfaction of the training program. Completing this practicum has greatly increased my experience and knowledge in this area. I have developed an understanding of a broader definition of the evaluation process and an appreciation of linking evaluation measures with program objectives.

8.5 AGENCY FAMILY INTERVENTION WORKERS

Part of the initial thinking about the development of a training program for family intervention workers was based on the lack of any formalized or standardized training for this group. The child welfare system, as it attempts to engage with families on the basis of family preservation principles, finds itself increasingly relying on these workers to affect change and avoid the placement of children. Social workers are encouraged to use these workers but have a mix of experiences depending upon many factors, some of which include the specific skills and experience the family intervention worker brings to the case. As demands on the family intervention workers increase, there is more pressure to be able to respond to many types of family issues. Just as social workers require more training in order to enhance their skills and effectiveness, the family intervention worker must receive training that comes from the perspective of child welfare context committed to family preservation.

These intervention workers are often, according to the literature, lay people with relevant life experiences, often including parenting, and have established community networks that assist them in their work with clients. Intervention workers often experience a different relationship than their professional colleagues, as there is often a perception by clients that family intervention workers' circumstances are closer to their own lives. In fact this was supported by the social workers that were interviewed. In many instances they perceive that intervention workers develop a much different relationship than they themselves do. This issue can also lead to conflict for intervention workers themselves, as they try to balance the role of the mandated child welfare agency with that of a support to the family, and they often feel uncomfortable when required to report negative developments to the social worker. It was my observation that an emphasis upon establishing philosophy and service goals for a family preservation program within a child welfare context in the form of a training component allows for a more complete understanding by intervention workers of the issues and dilemmas that are shared by their professional colleagues. This type of project could assist with the communication between the two levels and more work could be undertaken with the team as a whole to complete the process.

8.6 CONCLUSIONS

The experience of completing this practicum resulted in a significant increase in my knowledge and understanding of: the theory and practice of adult education; the theory of family preservation practice and the unique role of the family intervention worker in that practice; and the skills necessary to design, deliver and evaluate a well planned training program that incorporates needs assessment data. When a training program is planned and implemented in a thorough manner, participants and stakeholders have a higher degree of interest and commitment. A well planned process also translates into a higher chance of successfully achieving the program objectives since the needs assessment data can accurately reflect the experience and training needs of the potential group of participants. I believe that the high level of both quantitative and qualitative satisfaction responses from participants can be partially credited to the curriculum design and delivery process. In times of fiscal restraint, it is often the temptation of agencies to shortcut the program planning process or limit the involvement to a few agency employees. The end result of such limited planning processes are often far from successful.

In researching and learning more about the specific population of learners the design and implementation was enhanced in a way that makes the training more effective and relevant. Family intervention workers play an increasingly large part in the child welfare context and their issues are unique and require special attention if they are to be effective in their roles. Our information from all levels of the agency indicate that there are sound reasons for reviewing the structure of this program in terms of making the most use of this program. Full-time family intervention workers would offer several advantages to both ends of the service continuum. The intervention worker would be in a position to openly participate in case treatment goal-setting with the client and referring social worker. Relationship building between the social workers and intervention workers would be easier, and the program could develop more specific areas of expertise consistent with its service goals. The agency is currently in the process of creating four full-time family intervention worker positions. Two positions will be part of the family therapy/mediation program to provide family preservation and reunification services to families referred by the five agency service units. Two additional positions will work within the existing family intervention program to provide family preservation services to families with young children referred by agency social workers.

8.7 RECOMMENDATIONS

If a similar project were to be undertaken in the future I would make several suggestions as a result of our experience. I would recommend that the needs assessment process be conducted in a thorough manner, and also be conducted by someone external to the agency. The goals of the needs assessment ought to be clearly defined in order to ensure cooperation by all levels of the agency. Needs assessment data could also be enhanced by identifying which training issues were raised by what number of respondents and whether respondents were expressing a need for knowledge, skill, new attitudes or all three. The indirect or critical incident question yielded some of the most useful survey data and I would recommend its' use to a future program planner. I would also recommend using a range of needs assessment data including information from the literature, information related to the tasks and job functions of training participants and need for training survey data.

Training participants expressed a desire for future training that would build on the curriculum content from our program. I would recommend that the agency offer such future training to the group of intervention workers and that this future training include: 1) a framework of family intervention worker competencies that are necessary to their job function in a family preservation oriented child welfare context; 2) a strong emphasis on experiential learning methods that focus on skill building and integrating theoretical knowledge with practice; and 3) a training component that involves joint sessions between agency social workers and family intervention workers with some focus on enhancing social worker-intervention worker teams within the agency. Financial compensation for contract family intervention workers to attend training would also be a definite asset in supporting the philosophy that on-going training is an important priority to all agency employees.

In conclusion, I would recommend this practicum experience to anyone interested in learning more about planning and implementing training and more about the practice of family intervention work in a child welfare context. I also thank all of my agency colleagues for their involvement, enthusiasm, support and encouragement of the training program. The family intervention workers who participated in the training were a pleasure to learn from and work with. They are: motivated; eager to learn and participate; knowledgeable; committed and sensitive in the work they do, and finally; they were lots of fun. I have definitely benefitted from my experience in sharing this training opportunity with the agency family intervention workers and I look forward to working with them in the future.

My association and participation with my practicum colleague, Dawn Donnelly, is also another experience I would recommend. My training program development process was greatly enhanced by the needs assessment process and survey data generated by Dawn's involvement. It was a great asset to have a person not employed within the agency to conduct the training needs surveys. Her encouragement, intelligence and enthusiasm was appreciated by the group of training participants and was instrumental in helping me through some very difficult stages on the practicum process. The challenges of collaborating, scheduling and learning how to respectfully incorporate two people's ideas into a planning process were far outweighed by the benefits of our teamwork approach.

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APPENDICES

APPENDIX A

Personal Philosophy Worksheet

(Hiemstra, 1988, p. 187)

Philosophical Beliefs

Philosophical System:

Meaning:

What is Reality?

Nature of Being Human:

Professional Practice

Educational Aim:

Educational Method:

Education Content:

APPENDIX B

Four Orientations to Learning

Aspect	*Behaviourist*	*Cognitivist*	*Humanist*	*Social Learning*
Learning theorists	Thorndike, Pavlov, Watson, Guthrie, Hull, Tolman, Skinner	Koffka, Kohler, Lewin, Piaget, Ausubel, Bruner, Gagne	Maslow, Rogers	Bandura, Rotter
View of the learning process	Change in behavior	Internal mental process (including insight, information processing, memory, perception)	A personal act to fulfill potential	Interaction with and observation of others in a social context
Focus of learning environment	Stimuli in external structuring	Internal cognitive needs	Affective and cognitive	Interaction of person, behavior, and environmer
Purpose of education	Produce behavioral change in desired direction	Develop capacity and skills to learn better	Become self-actualized, autonomous	Model new roles and behavior
Teacher's role	Arranges environment to elicit desired response	Structures content of learning activity	Facilitates development of whole person	Models and guides nev roles and behavior
Manifestation in adult learning	• Behavioral objectives • Competency-based education • Skill development and training	• Cognitive development • Intelligence, learning, and memory as function of age • Learning how to learn	• Andragogy • Self-directed learning	• Socialization • Social roles • Mentoring • Locus of control

(Merriam and Caffarella, 1991, p. 138)

APPENDIX C

CONSENT FORM

Winnipeg Child and Family Services of Southwest has agreed to participate in the pilot of a training package developed to facilitate and enhance learning opportunities for agency Family Intervention Workers. As you are aware, we are offering this program towards the completion of our MSW degrees from the University of Manitoba. The primary aim of this practicum is to offer training to yourselves in the area of family focused assessment and intervention. We have gathered many valuable ideas from our interviews.

Family Intervention Workers who agree to participate will be offered approximately 35 hours of family focused training as outlined in the previous memo. Should you agree to participate we would ask that you schedule your time in order to commit to attending the entire 35 hours.

We would like to remind you:

- that participation is entirely voluntary
- that any data gathered will be confidential in nature
- that any information or data gathered will be stored away from the agency and will be destroyed at the end of our practicum
- any information gathered with respect to participants' knowledge will be used strictly for the purpose of evaluating the effectiveness of this programme.

We hope that you will consider participating in this project and we look forward to being part of a relevant learning experience.

Sincerely,

Loretta Doyle

Dawn Donnelly

I have been offered an opportunity to participate in the project as described above. Based on this description I agree to participate.

Signature: Witness:
Date:

FAMILY INTERVENTION (SUPPORT) PROGRAM OUTLINE

DEFINITION:

Family Intervention Services are community based services assisting the Family Service Worker in providing a range of quality in home services to families and children with the objective of bringing about change(s) through time limited goals.

* Family is to include foster families.

OPERATING ASSUMPTION:

Child & Family Services, South West area is committed to the belief that a Family Intervention Program, operated by the Agency, is necessary to assist Family Service Workers as a member of the team, in the provision of services to families and children as part of the overall focus of supporting and strengthening families.

PRINCIPLES:

The provision of any service to strengthen and preserve families with children should be based upon the following principles and assumptions:

1). The family is the basic unit of society and its well being should be supported and preserved;

2). The family is the basic source of care, nurture, and acculturation of children and parents have the primary responsibility to ensure the well being of their children;

3). Families and children have the right to the least interference with their affairs to the extent compatible with the best interest of the children;

4). Families and children are entitled to receive an array of preventive and rehabilitation services directed to preserving the family unit;

5). The majority of parents want to be successful and effective parents;

6). That parents, with appropriate support and guidance are capable of effecting changes to enable them to provide a healthy environment for their children to grow into healthy adults;

7). Children have a right to a continuous family environment in which they flourish;

8). Parents are likely to become better parents if they feel good about themselves and thereby feel competent in other important areas of their lives;

9). Families and children have the right to participate in identifying goal setting and solution finding directed at preserving the family unit;

10). Families are entitled to services which respect the dignity of all family members, their cultural and linguistic heritage.

SERVICE GOALS:

1). To preserve the family through involving themselves in a problem solving process while ensuring the safety of the family members.

2). To divert separation of the child from family whenever possible;

3). To avoid emergency removal of children from their home;

4). To preserve the children's security in the family surrounding of their own home, school and neighbourhood;

5). To safeguard children against emotional or physical neglect during times when parents' ability to give care is impaired;

6). To assist families and children to change their unhealthy pattern of behaviour toward one another to one that will enable them to live as a healthy, functioning family;

7). To assist families and children to use appropriate community resources.

APPENDIX E

PROPOSED OBJECTIVES AND CONTENT OF TRAINING PROGRAM

Objective #1

To develop a greater understanding of the value base of Family Preservation services in a Child Welfare context and the unique role of the Family Intervention worker in that service.

CONTENT:

- Examination of the present context of working in Child Welfare System in Winnipeg in 1994
- Examination of the historical context of Child Welfare and Family Preservation
- Exploration of the role of the Family Intervention worker as unique in this setting
- To gain greater awareness of personal values, beliefs and working styles

Objective #2

To further develop and refine the knowledge essential to working with family systems.

CONTENT:

The emphasis and priorization of the following content will depend upon the participants' learning needs and preferences. Areas which may be covered include:

- family systems theory
- family life cycle, individual life cycle
- family roles, functions, rules and constraints
- viewing individual clients in the context of the family and the family in the context of its larger economic, cultural, social and political environment
- empowerment of families, facilitating independence
- family diversity (ethnic, racial, religious, gender, sexual preference and lifestyle, etc.)
- special areas of interest (sexual abuse survivors, attachment/separation issues, neglect, physical abuse, sexual abuse, special needs children, adolescents, substance abuse, family violence).
- family therapy models (Structural, Strategic, Satir, Family of Origin, Solution-Focused, Feminist)

Objective #3

To enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

CONTENT:

- Anger management
- Family Assessment techniques
- Engaging with Family Systems
- Goal Setting and Contracting
- Strengthening and Enhancing greater parental competence
- Managing Children with Behavioural concerns
- Intervention Techniques (how to get unstuck, how to do something different)
- Building on family strengths and competencies
- Advocacy
- Dealing with mandated responsibilities (protection issues and court)
- Conflict resolution
- Family Support systems
- Teamwork

APPENDIX F

SCALING QUESTIONS FOR FAMILY INTERVENTION WORKERS

Name:______________________________ Date:_______________

PART A *Please rate your level of agreement/disagreement with the following statements.*

Key: (-) **1 = Strongly Agree**

2 = Agree

3 = Neither Agree nor Disagree

4 = Disagree

(+) **5 = Strongly Disagree**

+ 1. It is my job to motivate the client.

1 2 3 4 5

- 2. You can always work with an individual family member (child or adolescent) in a family-focussed way.

1 2 3 4 5

+ 3. When working with a family, it is up to my discretion to report an abusive incident that occurs within that family.

1 2 3 4 5

- 4. Clients have better information about their situation than professionals do.

1 2 3 4 5

- 5. I always ask clients questions regarding their culture/ethnicity.

1 2 3 4 5

- 6. I am always able to present my opinions regarding case planning with the referring social worker, even if our opinions differ.

1 2 3 4 5

- 7. I always feel a sense of accomplishment when I finish a family intervention contract.

1 2 3 4 5

- 8. There are more similarities than differences between clients and family intervention workers.

1 2 3 4 5

- 9. Most children are better off in their own homes.

1 2 3 4 5

PART B *Please rate the following two questions on a continuum from 1 representing the least to 5 as the most in terms of knowledge.*

+ 10. Rate your overall knowledge of a family systems approach in your present family intervention work.

Not Knowledgeable at all				Completely Knowledgeable
1	2	3	4	5

+ 11. How would you rate your overall understanding of your personal style as a family intervention worker? (ie: What clients you work best with, how you impact clients)

Very little understanding				A great deal of understanding
1	2	3	4	5

PART C *Consider the following situation and provide a brief summary of your intervention. Please limit your answer to one-half page in the space provided.*

You have been assigned a new contract to work with a single parent and two elementary school-aged children. The goals established between you and the referring social worker are:

1. To help the parent gain a greater awareness of normal child development and

2. To assist the parent to develop more positive parenting skills.

List three things you would do with this family.

Legend for Part A and Part B:

+ : indicates that ideal response is 5.

− : indicates that ideal response is 1.

APPENDIX G

QUESTIONNAIRE # 2
FAMILY INTERVENTION WORKERS

Please indicate whether you think the following statements are true or false by circling the appropriate word.

T 1. I think that it is always best to tell clients my own family background.

True False

F 2. Family Intervention workers and Child Welfare Social Workers have the same skills in working with children and families.

True False

T 3. Sometimes I know what is best for the client, but it's more effective if the client finds their own solutions.

True False

T 4. An acting-out adolescent is often recreating dynamics that existed in their family of origin.

True False

T 5. A child who has experienced multiple moves without any apparent distress, may be showing signs of attachment disorder.

True False

F 6. For a child to be sexually abused by an adult there needs to have been physical contact.

True False

T 7. One in ten boys in Canada are abused before the age of 18.

True False

F 8. Male adolescents growing up in single parent female headed families require the positive influence of a father figure.

True False

F 9. In a single parent family it is necessary for the eldest child to take on a parental role.

True False

F10. Clients are not always capable of setting their own treatment goals.

True False

Legend:

T : indicates that ideal response is True

F : indicates that ideal response is False

APPENDIX H

EVALUATION OF TRAINING PROGRAM

In order that we may learn from this experience, it is important for us to have your input. Please take a few moments to complete the questionnaire and we will endeavour to pass on any recommendations that would assist the agency in planning any future training.

How many of the training sessions were you able to attend?_____

COURSE CONTENT:

1. Were learning objectives clearly stated for the course?

1	2	3	4	5
Not at All				**Completely**

2. Did the training meet your personal learning objectives (expectations)?

1	2	3	4	5
Not at All				**Completely**

3. Did this training contribute to the overall knowledge and skills you hoped the program would provide?

1	2	3	4	5
Not at All				**Completely**

4. Did the training have relevance to your work?

1	2	3	4	5
Not at All				**Completely**

5. Did you find the handouts useful as a learning resource?

1	2	3	4	5
Not at All				**Completely**

FACILITATORS:

The instructors were:

6. ...effective in creating a stimulating learning experience?

1	2	3	4	5
Not at All				**Completely**

The instructors were:

7. ...able to draw on the work and life experiences of students to enrich the learning in the course?

1	2	3	4	5
Not at All				**Completely**

8. ...able to illustrate practical applications of the course material?

1	2	3	4	5
Not at All				**Completely**

9. ...able to integrate handout materials in classroom presentations?

1	2	3	4	5
Not at All				**Completely**

10. ...well organized?

1	2	3	4	5
Not at All				**Completely**

FORMAT:

11. Were the half-days and full-day sessions an acceptable combination for you? Circle one.

1	2	3	4
Okay	**Half-Days Preferred**	**Full Days Preferred**	**Other**

12. Was the length of the training program...

Too Short **Too Long** **Just Right** ?

ADDITIONAL COMMENTS:

13. Please describe a significant learning experience for you in the course.

14. Comments concerning the course content.

15. Comments concerning the instructors.

16. If the agency were to run this type of training program in the future, are there any additional suggestions you would like them to have?

Thank-you so much for your attendance, your involvement and your cooperation!

Loretta and Dawn

APPENDIX I

FAMILY INTERVENTION
TRAINING CURRICULUM
OUTLINE

FAMILY INTERVENTION WORKER

TRAINING CURRICULUM OUTLINE

SESSION ONE

DATE:	May 12, 1994
TIME:	9:00 a.m. to Noon
NO. OF PARTICIPANTS:	Eleven

I. Brief introduction to training

Objective - To create a learning environment in which participants feel comfortable, accepted, respected and supported.

a) introduction of training
b) necessary to start with guest speaker first (time constraints)
c) overview of what first session might cover
d) group input to priorize content (overview of needs assessment vs. priorizing course content).

II. Present child welfare context at Child and Family Services of Southwest Winnipeg

Objective 1 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

Objective 2 - To create a learning environment in which participants feel comfortable, accepted, respected and supported.

Guest Presenter:
Mr. Gary Johnson
Resource Unit
Supervisor, Southwest Area
Winnipeg Child and Family Services

- a) Child and Family Services Agency mandate and areas of service provided to children and families.
- b) The unique role of family intervention workers in agency services.
- c) The history of the agency's present family intervention program and how the present family intervention role has evolved in Winnipeg Child and Family Services agencies.
- d) The importance of training for family intervention workers.
- e) The agency's future vision of the family intervention program.

III. Setting the context for training

Objective 1 - To create a learning environment in which participants feel comfortable, accepted, respected and supported.

Objective 2 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

- a) Circulate and discuss how proposed objectives and content of training program was developed.
  (Handout - Proposed Objectives and Content of Training Program)
- b) Circulate and discuss consent forms for all participants.
  - i) Emphasize that participation is voluntary and participation or non-participation will not influence the assignment of agency contracts to family intervention workers.
  - ii) Discussions during training sessions are private and confidential and will not be used for employment evaluation or the assignment of contracts. For these reasons the family intervention coordinators will not attend sessions. Course content will be shared with intervention coordinators.
  - iii) Training program's development, implementation and evaluation is part of an M.S.W. practicum with the University of Manitoba.
  - iv) Group discussion regarding some video taping during training sessions.

IV. Overview and discussion of process and data that was collected during the agency needs assessment (completed by Dawn Donnelly).

V. Trainers philosophical beliefs and personal goals regarding training program

Objective 1 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

Objective 2 - To create a learning environment in which participants feel comfortable, accepted, respected and supported.

a) Trainers' biases in developing and delivering training program: 1) a family preservation model of family intervention practice; and 2) family systems theory as the theoretical model underpinning family preservation practice.
b) The unique role and contribution of family intervention workers.
c) Hope is to assist intervention workers to develop a deeper understanding of your unique role and develop a greater sense of team.
d) Commitment to concepts of adult learning practice as outlined by Brookfield (1986), (Six principles of effective adult learning practice).

VI. Other Business

Group input regarding planning for next session.

Choices - priorize course content
- group discussion, choice of article "Who's Responsible for Change?" or "Questions for Reflection and Discussion".

Handouts: Family Therapy Networker, March/April, 1989, "Who's Responsible for Change" and from Theory and Practice of Counselling and Psychotherapy, Gerald Cory, Chapter fourteen, "Questions for reflection and discussion".

SESSION TWO

DATE:	May 19, 1994
TIME:	9:00 a.m. to Noon
NO. OF PARTICIPANTS:	Ten

I. "Scaling Questions For Family Intervention Workers".

Objective - To evaluate the training program.

Pre-Test forms explained and handed out for completion at session.

II. Introduction and getting acquainted

Objective 1 - To create a learning environment in which participants feel comfortable, accepted, respected and supported.

Objective 2 - To develop a greater understanding of the unique role of family intervention worker in a child welfare context.

a) Trainers share previous and present work experience.
b) Group participants share family intervention work history and special areas of interest regarding family intervention work.

III. Establishment of group members' expectations or rules during training

Objective - To create a learning environment in which participants feel comfortable, accepted, respected and supported.

a) Confidentiality (within group and regarding clients and colleagues)
b) Focus on course objectives
c) Mutual respect
d) Freedom to express different opinions

IV. Group discussion and input to priorize two areas of course content under each objective and select some possible course content.

Objective - To create a learning environment in which participants feel comfortable, accepted, respected and supported.

a) Objective #1
b) Objective #2
c) Objective #3
d) Discussion of possible agency resources to provide training in the topic areas of separation and attachment issues for children and families and physical, sexual and emotional abuse issues in the child welfare context.

V. Other business, planning for next session

a) Video taping of sessions will take place on three separate occasions with the group's consent. Purpose and use of video taping discussed.
b) Two pre-test evaluation forms will be used and circulated for participants to complete next session. Purpose and use of evaluation forms discussed
c) Discussion regarding the use and location of a suggestion box for on-going input and comments from training participants.
d) Group input and agreement regarding next training session agenda.

VI. Group discussion regarding values, beliefs and ethics of family intervention workers

Objective 1 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

Objective 2 - To gain a greater awareness of participants' personal values, beliefs and working styles as agency family intervention workers.

a) Handout, "Questions for Reflection and Discussion" used. Group decision to start discussion with question 2 and include questions 8, 9 and 10 if time available.

b) Group discussion regarding (question #2) the most important personal characteristics associated with effective counsellors (family intervention workers).

c) Handout given regarding ethics.
   Handout - Calvin and Hobbs cartoon.

SESSION THREE

DATE:	May 26, 1994
TIME:	9:00 a.m. to Noon
GUEST FACILITATOR:	Ms. Marg Dresler, Adoption Worker Winnipeg Child and Family Services, Southwest
NO. OF PARTICIPANTS:	Eleven

I. "Questionnaire #2, Family Intervention Workers", pre-test forms, explained, and handed out for completion at session.

Objective - To evaluate the training program.

II. Introduction of guest facilitator (internal agency resource) to discuss "Separation and Attachment Issues for Children and Families in the Child Welfare Context".

III. Separation and Attachment Issues for Children and Families

Objective 1 - To further develop and refine the knowledge essential to working with family systems.

Objective 2 - To enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

a) Defining "normal" attachment in children.

Handouts:
- i) the arousal-relaxation cycle
- ii) attachment helps the child
- iii) observation checklist: What to look for in assessing attachment
  #1: Birth to one year
- iv) observation checklist:
  #2: One to five years
- v) observation checklist:
  #3: Grade School Children
- vi) observation checklist:
  #4: Adolescents

- vii) observation checklist:
  Long-Range effects of normal attachment
- viii) checklist: Ways to Encourage Attachment
- ix) Discipline and Control Worksheet
- x) Additional Supportive Control Techniques
- xi) Questions for reflection regarding separation

b) Viewing attachment issues from a family systems perspective
c) Separation and Loss Issues for children
  Handouts: i) Separation/Loss
  ii) Keleman's Loop
  iii) Grief Stages-Children
  iv) Problem areas
  v) Mazlov's Hierarchy of Human Needs
c) Viewing separation and loss issues from a family systems perspective.
d) Case Example and Discussion
  Handout: i) Case History
e) Additional handouts given for further reading:
  i) Cognitive and Personality Development
  ii) Conscience Development
  iii) How Your Child Grows Year by Year

IV. Planning for Next Session

SESSION FOUR

DATE:	June 1, 1994
TIME:	9:00 a.m. to Noon
GUEST FACILITATOR:	Ms. Heather Carruthers, Social Worker Winnipeg Child and Family Services, Southwest
NO. OF PARTICIPANTS:	Eleven

I. Reminder that suggestion or comments box is located in Family Intervention work area at Corydon office.

II. Introduction of guest facilitator (internal agency resource) to discuss "Abuse Issues in the Child Welfare Context".

III. **Abuse Issues in the Child Welfare Context**

Objective 1 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

Objective 2 - To further develop and refine the knowledge essential to working with family systems.

Objective 3 - To enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

a) The history of the Manitoba Child Welfare Act.
    i) 1921
    ii) 1954
    iii) 1974
    iv) 1985
b) The history of Winnipeg's abuse services.
    i) Police Abuse Unit
    ii) Child Protection Center, Winnipeg Children's Hospital
    iii) Child Abuse Unit, Children's Aid Society of Winnipeg
    iv) City of Winnipeg, Abuse investigation statistics

- v) Current child welfare practice regarding abuse and the use of family intervention workers.

c) The Secret Game and Discussion -
   - a pairs exercise about sexual abuse disclosures of children

d) Indicators of Potential Child Abuse.
   Handouts:
   - i) Indicators of a Child's Potential Need for Protection
   - ii) Sex Play and Young Children
   - iii) Handling A Disclosure
   - iv) Do's and Don'ts of Handling A Disclosure
   - v) On-going response to the sexually abused child

e) How the loss cycle relates to child abuse
   - i) Discussion of "Keleman's Loop", as previously presented in Session Three with Separation and Attachment issues.
   - ii) Viewing child abuse from a family systems perspective.

f) Talking to Children About Child Abuse
   - i) N.F.B. film Good Things Can Still Happen
     (Good Things Can Still Happen book circulated for information)

     Handouts:
     - i) Parent Education: How to Talk to Children About Touching Safety Without Scaring Them.
     - ii) If Your Child Has Been Sexually Abused: A Parents' Guide.
     - iii) Recommended Books And Materials For Teaching Children About Personal Safety.

IV. Planning Four Remaining Training Sessions

a) Options discussed for full days and half days of training.

b) Other resource material and guest facilitators discussed (Aboriginal Elder, CBC tape "The Trouble With Evan", Solution Focused Therapy Training Tape, Agency Area Director (Ms. Elaine Gelmon) speaking with group.

SESSION FIVE

DATE: June 9, 1994

TIME: 9:00 a.m. to Noon

NO. OF PARTICIPANTS: Seven

I. Present and Future Agency Context of Family Intervention Program

Objective - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

Guest Presenter:
Ms. Elaine Gelmon, Area Director
Winnipeg Child and Family Services,
Southwest Area

a) Elaine expressed agency appreciation and recognition of the family intervention worker training program and workers' commitment and interest in attending the training.

b) Elaine also discussed some present agency activities that will impact the family intervention program.

   i) Family Support Branch has released their report which reviews the family intervention program.

   ii) Reports from three internal agency committees have been submitted to the management team which include recommendations about the family intervention program. These committees focused on three areas of service: services to children in care; services to families with young children and services to families with adolescents.

   iii) Elaine also shared information regarding the family preservation committee which is represented by resource managers from all of the Winnipeg Child and Family Services agencies.

II. Assessing and Observing Family Dynamics from a Systems Perspective

Objective - To further develop and refine the knowledge essential to working with family systems.

a) Family Systems Theory, general concepts
   - i) the family is a natural system
   - ii) all parts are interconnected
   - iii) the "whole system" is greater than the "sum of its parts"
   - iv) the importance of viewing "wholeness" and "organization" rather than the examination of individual "parts" in isolation
   - v) family systems have a structure
   - vi) family systems have processes that operate within
   - vii) the importance of a focus on the interactional system rather than the individuals who are interacting
   - viii) the importance of a focus on patterns of communication rather than on content of communication

b) All family systems are made up of individual subsystems
   - i) differentiation and boundaries of individual subsystems
   - ii) lack of differentiation in individual subsystems
     Handouts: Individual Subsystems Boundaries

c) Individual subsystems join to form common family subsystems
   - i) The spouse subsystem
     - functions
     - possible malfunctions
   - ii) The parental subsystem
     - functions
     - possible malfunctions
   - iii) The sibling subsystem
     - functions
     - possible malfunctions

- iv) The extended family subsystem
    - functions
    - possible malfunctions

  Handouts: Subsystems Within the Family System

d) Family Structure In Family Systems
- i) Alignment coalitions and triangles in family systems
- ii) Hierarchies and power in family systems

  Handout: Family Structure

e) "Normal" Stages of the Family Life Cycle and the Individual Life Cycle
- i) Between families: the unattached young adult
- ii) The newly married couple
- iii) The family with young children
- iv) The family with adolescents
- v) Launching children and moving on
- vi) The family in later life

  Handouts: - Table 7-1, The Stages Of The Family Life Cycle
  - Family Life Cycle, (Duvall's eight stages) Individual Life Cycle (Erickson's eight stages of psychosocial development).

f) Family Patterns
- i) Viewing and discussion of videotape from Concept Media Series, The Family: Family Patterns, part 2.

g) Understanding Healthy Families
- i) family goals or purpose
- ii) boundaries
- iii) roles
- iv) power
- v) rules
- vi) communication

Handout: Family Development, Summary of Healthy and Dysfunctional families, Family Roles, Family Rules

III. Planning for next session

- Priorizing of assessment theory content

SESSION SIX

DATE:	June 16, 1994
TIME:	9:00 a.m. to 4:00 p.m.
NO. OF PARTICIPANTS:	Eight in a.m. Six in p.m.

I. More About Assessing and Observing Family Dynamics from a Systems Perspective

Objective - To further develop and refine the knowledge essential to working with family systems.

a) Overview and bridging material from last week and discussion of content material priorized from last week.

b) Family Systems Theory and Family Assessment.

c) Effective Communication patterns.

Handout: Factors Influencing Effective Communication

d) Circular Patterns in Family Systems
   i) Circular Patterns
      Handout: Basic Elements In a Circular Pattern, Detailed Circular Patterns
   ii) Common Circular Patterns In Family Systems: Symmetrical; Complementary and repetitive "runaway" vicious cycles.
      Handout: Common Circular Patterns (2 pages).

e) Viewing The Individual As Part of a System

f) Viewing The Family As A System

g) Viewing The Family System As Part Of A Larger Social System

h) Boundaries and Family Systems
   i) Enmeshed family systems
   ii) Disengaged family systems
   iii) Clear or "healthy" boundaries in family systems

- i) Triangles in Family Systems
    - i) Common family triangles
    - ii) Functional and flexible family triangles
    - iii) Dysfunctional, rigid family triangles and coalitions.

      Handouts: The Triangle, Triangles In Relationships (2 pages), Coalitions.

II. Family Assessment

Objective - To enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

a) Viewing and discussion of videotape from Concept Media Series, The Family: Theories and Assessment, Part 4.

III. Developing Your Personal Theory of Healthy Family Functioning

Objective - To enable participants to develop their own approach to working with families in a systemic way by exploring the attitudes and values inherent in that approach.

- i) Use of the terms "normal" or "healthy" to describe family functioning.
- ii) The importance of becoming aware, developing and re-evaluating your personal theory of healthy family functioning.
- iii) Group exercise on flip chart, list characteristics of a "healthy family:.
- iv) Viewing and discussion of videotape from Concept Media Series, Perspectives On The Family, Part 3.

IV. Ways of Viewing Healthy Families, Definitions of Family Normality

Objective 1 - To further develop and refine the knowledge essential to working with family systems.

Objective 2 - To enable participants to develop their own approach to working with family in a systemic way by exploring the attitudes and values inherent in that approach.

- i) Normality as Health
- ii) Normality as Utopia
- iii) Normality as Average
- iv) Normality as Process

V. Relating Family Systems Theory to Family Preservation Practice

Objective - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

- i) Theory underpinning ideal concepts of family preservation practice.

Lunch Break (end of a.m. session)

V. Application of Theory in a Child Welfare Context: Case Examples and Role Plays

- a) Presentation of child welfare case example with involvement of family therapist and family intervention worker.
  - i) Introduce and handout the Beavers-Timberlawn Family Evaluation Scale.
  - ii) Reason for referral
  - iii) presentation of family genogram
  - iv) assessment process
  - v) role of therapist and role of family intervention worker
  - vi) establishing concrete and cooperative treatment goals
  - vii) overview of treatment interventions and sequence of treatment
  - viii) teaming issues between therapist, intervention worker and social worker (case manager).
  - ix) assessment of family functioning pre and post treatment using the Beavers-Timberlawn Family Evaluation Scale
- b) Presentation and role play of the "Gabby" family.

Handout: Case example

- i) preliminary family assessment and planning interventions
- ii) role play of case situation
- iii) evaluation of family functioning using Beavers-Timberlawn scale

c) Presentation and role play of family situation described by member of family intervention training group.

- i) preliminary family assessment and planning interventions
- ii) role play of case situation
- iii) discussion of family assessment and treatment interventions
- iv) evaluation of family functioning using Beavers-Timberlawn Scale

VI. Planning for Next Session

SESSION SEVEN

DATE:	June 23, 1994
TIME:	9:00 a.m. to 4:00 p.m.
NO. OF PARTICIPANTS:	Seven in a.m. Six in p.m.

Guest Facilitator and Training Group Member during the morning:

Mary - Aboriginal Elder
Mary Graham - Aboriginal Family Intervention Worker and Training Participant

I. Cultural Awareness and Family Diversity

Objective 1 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

Objective 2 - To further develop and refine the knowledge essential to working with family systems.

a) The Sharing Circle
   i) Smudge
   ii) Welcome, introduction and presentation of gift of tobacco
   iii) Opening prayer
   iv) Explanation of sharing circle, the "passing of the rock" and the "time of the moon"
   v) Mary, Aboriginal Elder begins the sharing circle and passing the rock
   vi) Sharing Wisdom, Culture and Spirituality through Aboriginal story telling and drawings
   vii) Picking individual rocks to remember the sharing circle
   viii) Closing prayer
   ix) Presentation of gifts to both facilitators and thanks.

Lunch Break (end of a.m. session)

II. Discussion and feedback from morning session

III. Gender Issues and Family Diversity

Objective 1 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

Objective 2 - To further develop and refine the knowledge essential to working with family systems.

a) Sex roles and Family Dynamics
    i) The female role
    ii) The male role

Handout: Sex Roles and Family Dynamics

b) Family diversity and family preservation practice.

IV. Building On Family Strengths and Competencies (Developing Intervention Techniques)

Objective - To enable participants to develop their own approach to working with family in a systemic way by exploring the attitudes and values inherent in that approach.

a) Presentation, discussion and case examples to illustrate nine solution-focused therapy assumptions and techniques
    i) Focusing on the positive facilitates change in the desired direction.
    ii) Exceptions to every problem can be created by the therapist and client.
    iii) Change is occurring all the time.
    iv) Small changes lead to larger changes.
    v) Clients are always cooperating.
    vi) People have the resources to solve their problems.
    vii) Meaning and experience are interactionally constructed.
    viii) Actions and descriptions are circular.
    ix) Therapy is a goal or solution-focused endeavor with the client as expert.

Handouts: Summary: Becoming Solution-Focused, Types of Client-Therapist Relationships, Goal Negotiation With Mandated Clients and The Criteria For a Well-defined Goal Worksheet.

V. Planning for Final Training Session

SESSION EIGHT

DATE: June 30, 1994

TIME: 9:00 a.m. to noon

NO. OF PARTICIPANTS: Six

I. Building on Family Strengths and Competencies (Developing Intervention Techniques, continued)

Objective 1 - To further develop and refine the knowledge essential to working with family systems.

Objective 2 - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

a) Viewing and discussing of videotape on Solution Focused Therapy Techniques.

b) A Five Step Treatment Model and Intervention Techniques
  - i) Assessing and Building the Therapeutic Relationship
  - ii) Negotiating Well-Formed Treatment Goals
  - iii) Orienting the Client Towards Solution: How to Interview for Change.
  - iv) Solution-Focused Intervention and Delivery of Intervention Message.
  - v) Goal Maintenance: Strategies for Maintaining Progress.
  - vi) Empowerment of families and facilitating independence.

Handouts: Working With The Problem Drinker, E.A.R.S. and Solution-Construction Worksheet.

II. Enhancing the Present Agency Family Intervention Worker Role

Objective - To develop a greater understanding of the value base of family preservation services in a child welfare context and the unique role of the family intervention worker in that service.

a) Unique role of the family intervention worker.
b) Teamwork, clinician support worker teams.
c) Peer support network among family intervention workers.

III. Termination of Training Sessions

Objective - To create a learning environment in which participants feel comfortable, accepted, respected and supported.

a) Group feedback
b) Closing remarks
c) Discussion of goals for future training.

III. Completion of Post-Test Questionnaires and Evaluation of Training Program

Objective - To evaluate the training program.

a) Both post-test questionnaires were explained and handed out for completion in session.
b) Evaluation forms explained and distributed for completion in session or to be dropped off to Loretta at the Corydon office.