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Evaluating Two Agency-Based Training Programs from The Perspective of the Participants: What Worked for Whom?

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Social workers are obligated by their code of ethics (NASW, 1999) to remain current with emerging knowledge in the field by routinely reviewing professional literature and participating in continuing education seminars, workshops, courses, and training programs. Continuing education is used for practice regulation in many states, such as Texas, California, New Mexico, Michigan, and Oklahoma, by requiring a minimum amount of credits per year for re-licensure (Barton, Dietz & Holloway, 2001).

In addition to ethical/legal obligations, post-master's training is reported to enhance practice skills, help social workers apply evidence-based knowledge, increase worker job satisfaction, foster retention, and provide high quality services to clients among mental health workers (Acker, 1999; Davenport & Wodarski, 1989; Gira, Kessler & Poertner, 2004; Herman, 1993; Kaplan & Small, 2005; Laufer & Sharon, 1985; Morton, Chandler & Pollane, 1981; Oberlander, 1990).

Evaluation of continuing education is required according to the NASW Standards for Continuing Education (June 28, 2002). Most training programs, like the one evaluated in this study, ask trainees to complete evaluations of specific courses and specific instructors. Emphasis on evaluation of these programs increased with the evolving recognition of the importance of continuing education, the mushrooming of training vehicles designed to provide it, and the existence of a demand for increased accountability in social work services (Davenport & Wodarski, 1989; McMillen et al., 2005).

Most studies that evaluated the effects of professional training focused on related professions, such as counseling (Jennings et al., 2003; Larson & Daniels, 1998), medicine and nursing (Ottoson, 2000), and family therapy (Rolland & Walsh, 2005). In social work, most training efficacy research studied students (Holden et al., 2002) while efficacy studies of continuing education training for social workers continued to be .sparse, although there were a few studies (Davenport & Wodarski, 1989; Fellin, 2003). Absence of knowledge about the degree to which social workers viewed participation in continuing education programs as affecting their practice was noted (Bliss, Smith, Cohen-Callow & Dia, 2004).

A quarter of a century ago, Zimmerman (1981) posited that "Seldom… are evaluations designed to provide an understanding of some of the factors that may account for participants' reactions to their educational experience," (p. 15) a claim echoed by Schinke, Smith, Gilchrist, and Wong (1981) that "...published studies using recognized evaluative methods are rare" (p.60).

A review of the literature in the last 25 years illustrates that not much has changed relative to systematic evaluation of the efficacy of continuing education for social workers. Learning outcomes in training programs are rarely assessed; therefore, the value of continuing education in enhancing participants' knowledge, skills, attitudes, morale, and retention remains unclear (Cross & Cerulli, 2007; Fellin, 2003; Geron, Andrews & Kuhn, 2005). In addition, there has been controversy regarding challenges in evaluating the efficacy of training programs. Specifically, some concerns were raised regarding optimal approaches, methodologies, and designs appropriate for such evaluations (Barton, Dietz, & Holloway, 2001; Davenport & Wodarski, 1989; Fellin, 2003).

With the emphasis on helping social workers apply evidence-based best practices to their work, there has been a growing recognition of the need for criteria for effective training. While there is still limited evaluative research on post-professional-degree training programs, a few exceptions that studied social workers have been published but the findings have been inconsistent (Bliss, Smith Cohen-Callow & Dia, 2004; Cohen & Gagin, 2005; Geron, Andrews and Kuhn, 2005;

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Kaplan & Small, 2005). Some studies found that training enhanced retention of non-white workers; alleviated burn-out; improved knowledge, skills, and attitudes; enhanced self-efficacy, and improved clients' outcomes (Beach & Price, 2005; Cohen & Gagin, 2005; Kaplan & Small, 2005; Urbani, 2002). Others found that workers rated continuing education relatively low regarding its impact on changes in their knowledge, attitudes, and behaviors (Bliss, Smith, Cohen-Callow & Dia, 2004).

The literature concerning training efficacy also included assessment of the degree to which participants acquired knowledge of new content, as well as their ability to effectively transfer the learned content to actual job performance (conceptualized as *action oriented training* by Zober, Seipel & Skinner, 1982). Factors that may influence this transfer included how the training was evaluated by participants, the modalities of training available (e.g., face-to-face, web seminar, downloadable-article based) and where the training is conducted (e.g., agency vs. off-site) (Geron, Andrews & Kuhn, 2005). Curry et al. (2005) cite important "transfer support factors," such as supervisory support, co-worker support, application planning, and caseload size.

The current study was designed to add to the evolving body of knowledge regarding the evaluation of continuing education programs for social workers. It aimed (1) to examine from the perspective of the participants, the degree to which the two agency-based training programs achieved their goals and (2) to identify demographic and employment characteristics of participants associated with the efficacy of the program. This knowledge may help guide development and delivery of effective programs for enhancing the professional knowledge and skills of social workers..

The focus on studying the efficacy of the program from the point of view of the participants was guided by principles of adult learning theory that underscores the need to understand adult learners' perceptions, attitudes, and beliefs (Bliss, Smith, Cohen-Callow & Dia, 2004) as well as by feasibility considerations. Adult learning theory emphasizes the need for a high level of learner

participation in the classroom and it stresses that the adult learner must be allowed a self-directed as opposed to a top-down experience (Geron, Andrews & Kuhn, 2005). Feedback from the adult learner's perspective concerning training efficacy should be of value for the enhancement of future programs, a perspective shared by the agency training leaders.

Context of the Study

Continuing education for social workers takes place in various venues, including in agencies for their employees and others; in universities in the form of post-Master's degree certificates; in workshops and conferences offered by professional organizations, and intensive institute training, all of which take place in-person, on-line, or a combination of both.

The present study was conducted at a large, urban, mental health and social service agency that has extensive on-site training for its employees. Some evidence points to the advantages of on-site training in the areas of accessibility and expense. Training that occurs in the workplace is said to maximize the transfer of skills (Kemmerer, 1991). The agency where this study was conducted, which has been in existence for 120 years, is one of the nation's largest nonprofit providers of social and mental health services to a culturally, ethnically, and religiously diverse client base of over 70,000 individuals and families annually, in the context of 185 programs in eighty locations. These include community-based mental health and prevention programs, residential treatment facilities, day-treatment centers for children and adolescents, and residential and day services for persons with chronic mental illness and developmental disabilities. The clinical staff consists of almost 3,200 professionals, including social workers, psychiatrists, psychologists, expressive therapists, milieu staff, teachers, doctors, and nurses.

In accordance with its mission and to ensure quality of service, the agency has historically offered a variety of training opportunities to its clinical staff. These training programs have evolved and continue to evolve with the changing needs of the populations served and with emerg-

ing knowledge in the field.   They are designed to help workers maintain a high level of proficiency in the most current professional knowledge and intervention strategies and to secure application of best practices to client services.

Two of the training formats currently offered by the agency are the In-Service Training Program (ISTP) and the Advanced Training Program (ATP). The ISTP is a mandatory program which focuses on generalist practitioner knowledge, enhancing staff clinical knowledge and skills beyond what is taught in graduate school, and acculturation to the agency's philosophy of care. The ISTP consists of 60 hours of training each year, divided into ten six-hour days. It takes three years to complete (180 hours). Topics include differential assessment and treatment planning; therapy with specific groups (e.g., children, adolescents, adults, families, and couples) in different contexts (outpatient, in-home, school-based, community-based, and milieu treatment in residential and day programs); and in different modalities (individual, group, family). Trauma and trauma interventions, child abuse, racism, domestic violence, and psychopharmacology are some of the specific problem areas addressed. The agency's philosophy of care and approaches to practice permeate the entire content of the training programs. Courses are taught in lectures and seminar formats by senior staff clinicians and master teachers who have either been employed in direct service at the agency, or who are familiar with agency-based practice.

The elective Advanced Training Program (ATP) is a small, selective program for which staff members are recommended by their supervisors or directors. The ATP offers specialization in child/adolescent, family/couple, and group interventions. It targets experienced workers at the agency (at least three years of post MSW experience) who have completed the In-Service Training Program. It includes theoretical and clinical content as well as intensive individual and group case consultation. Classes are seminar-style and taught by specialists in the relevant fields. The program of study is individualized for the specific learning and scheduling needs of each participant and consists of two years of 200 hours of training per year (400 hours to complete). Both programs are certified by

NASW to provide CEU credits to participants.

The following report is limited to three findings of the present study which were of particular interest, namely : (1) participants valued most highly collegial contact and the opportunity to discuss their work; (2) participants valued gaining cutting-edge knowledge less highly; and (3) participants of color perceived that the training programs helped them feel more valued by the agency, boosted their morale, and contributed to their retention at the agency significantly more so than the white study participants.

Methodology

The Co-Investigators

Both co-investigators worked in the training programs at the agency, one as a teacher in the ATP and ISTP, and the other as a teacher in the ISTP and co-director of the ATP. The advantage of this affiliation was that it allowed ready access to the major stakeholders who defined the goals of training and to staff who participated in the study. Effort was made to eliminate bias in developing the questionnaires and interpreting the findings, to be discussed below. Both co-investigators are also faculty members of graduate schools of social work.

Sample

Eighty five social workers attending the training programs participated in the study. Fifty nine were trainees in the ISTP and 26 in the ATP. This represents a response rate of 40% for the ISTP and 87% for the ATP. Participants were recruited in their classes by the co-investigators and were invited to complete an anonymous questionnaire and drop it at a designated box at the headquarters building. Table 1 presents the characteristics of participants.

As the table shows, respondents varied in personal characteristics including gender and ethnic background. Seventy eight percent of participants in the ISTP and 80.8% in the ATP were female, reflecting the agency staff's gender composition, which is 78% female. Fifty two and a half percent of the ISTP and 69.2% of the ATP participants indicated their racial-ethnic background; of those,

Table 1: Characteristics of participants

	In Service	ATP
Gender		
Female	46 (78%)	21 (80.8%)
Male	12 (20.3%)	5 (19.2%)
Missing data	1 (1.7%)	-
Tenure in the profession	M=3.66 (SD=3.48)	M = 9.25 (SD=7.51)
Range	1-19	3-36 years
Tenure in the agency	M=2.71 (SD=2.96)	M=6.63 (SD= 4.52)
Range	<1- 16 years	2-24 years
Types of setting		
Community mental health	59.3 % (35)	65.4% (17)
Preventive services	11.9 % (7)	15.4% (4)
HIV/AIDS services	6.8 % (4)	7.7% (2)
Residential treatment	10.2 % (6)	7.7% (2)
Developmental disabilities	1.7 % (1)	3.8% (1)
Services for victims of		
Domestic violence	5.1 % (3)	-
Jewish community services	3.4 % (2)	-
Missing data	1.7 % (1)	-

32.3% in the ISTP and 44.4% in the ATP were Black or Latino and 67.7% of the ISTP and 55.5% of the ATP participants were White, compared to the agency's social workers' ethnic composition of 26% Black or Latino, 3% Asian and 71% white.

Most (81.4%) participants of ISTP and all participants in the ATP held an MSW degree. Participants in both programs varied in their tenure in the profession and in the agency as well as the programmatic context of their practice. As expected, ISTP participants were significantly different than ATP participants in tenure in the profession and tenure in the agency (t=4.5, 4.8 respectively p<.005). Participants in the ISTP were comparatively inexperienced (M=3.61, SD=3.48 range 1-19 and median=2 years since they received their degree) and relatively new to the agency (M=2.71 SD=2.96 range 0- 16, median= 2.71 years of service in the agency).

ATP participants were seasoned experienced workers (M=9.25, SD=7.51 median=7 range 3-36 years in the profession) and with seniority in the agency (M=6.63 SD=4.52 range 2-24, median=6 years of service with agency).

Relative to their program affiliation, the largest group in both programs practiced in community based mental health clinics (59.3% in the ISTP;

65.4% in ATP) and the rest worked in preventive services (11.9% in ISTP; 15.4% in ATP), residential and day treatment services (10.2% ISTP; 7.7% ATP), HIV/AIDS adult services (6.8% ISTP; 7.7% ATP), family violence services (5.1% ISTP; none in ATP), Jewish community services (3.4% ISTP; none in ATP) and services for people diagnosed with developmental disabilities (1.7% ISTP' 3.8% ATP). Eighty eight percent (n=52) of ISTP participants and all (n=25) but one ATP participant were working full time. Educationally, 30.5% (n=18) of participants in the ISTP were in the first year of the training, 40.7% (n=24) were in the second year and 22% (n=13) were in the third year. Two graduates also filled out the questionnaire and two respondents did not indicate their tenure in the program. ATP participants were evenly divided between first and second year of training.

Instruments

A professional and personal background questionnaire and two program-specific self-report efficacy questionnaires were used. Because instruments used in previous research were designed mostly for graduate students (e.g., SWSE by Holden et al., 2002) or other helping profes-

sions (e.g., COSE for counselors by Larson & Daniels, 1998), the questionnaires were developed specifically for this study.

The instruments were developed by content analysis of the mission statement of the training programs, open-ended interviews with ten key figures in leadership positions of the agency and, a focus group with staff social workers to identify goals of the programs. These interviews were recorded. Detailed notes were taken to analyze the content for themes. The primary open-ended question asked was: What do you see as the goals of the ATP and ISTP? The stakeholder interviews were conducted by the co-investigators. To address investigator bias, the focus groups were conducted by an agency division director not connected to the study or to the training programs. The items developed for the questionnaires were an amalgam of the themes from these interviews.

Themes that were identified in the content analysis of the goals of the ISTP included gaining familiarity with the agency's (1) standards of service, philosophy of care and models of treatment; and (2) diverse client populations and their unique needs. Goals of the ISTP also included that clinical staff would (1) acquire cutting-edge knowledge, (2) learn principles of evidence-based practice and practice skills, (3) apply the learned principles to actual practice, (4) develop relationship, and collaborate with colleagues from other agency programs, (5) feel greater morale, (5) feel a sense of being valued by the agency, and (6) have a greater commitment to remain working at the agency (retention).

For the ATP additional goals included: (1) enhancing career development, (2) acquiring advanced clinical expertise,(3) acquiring specialized knowledge and skills (4) acquiring greater professional confidence, and (5) retaining workers at the agency who may be advanced to higher supervisory and other positions of leadership.

These themes were conceptualized into 5 point Likert-type statements regarding goals of the relevant training program (26 statements in the ISTP and 19 in the ATP). Respondents were asked to indicate to what degree they perceived that participating in the program achieved each particular goal. In addition to the aforementioned items, the questionnaires included several open-ended questions about transferring skills and knowledge from training to practice (following Geron, Andrews & Kuhn, 2005) and suggestions for program improvement.

To address validity requirements, the questionnaires were distributed to leaders in the agency for feedback. After revisions, the final questionnaires were administered to participants. Reliability testing yielded Cronbach's alpha of .955 for the ISTP questionnaire and .880 for the ATP. Data analysis, including descriptive and inferential statistics such as correlations, chi-square, and regression analysis (as appropriate for variables' levels of measurement) to test the research question as well as to identify correlates of the degree of efficacy performed using SPSS. Level of confidence was set at .05.

Limitations

This study assessed the efficacy of two agency-based training programs and identified strengths as well as areas that can benefit from revisions. One of its limitations is the focus exclusively on trainees' perceptions. While understanding the consumers' perception of the programs' efficacy is important, this provides only a partial picture. Furthermore, recent research indicated the importance of the transfer climate (i.e. the work environment's reaction, including supervisor, directors and colleagues) in determining whether new knowledge and skills acquired in training are ultimately used (Holton, Bates, & Ruona, 2000). To capture a more comprehensive perspective, future research will seek to complement the current findings by studying how supervisors and program directors perceive the efficacy of the training programs by their observed impact on social workers' knowledge, skills, and practice behaviors.

In addition, the retrospective nature of the study is a limitation. The absence of a pre-post training comparison compromises the ability to fully assess the effects of the training programs and to see if workers were indeed doing something differently. Finally, the use of an instrument, the psychometrics of which has not been established, calls for caution in interpreting the

Table 2: Perceived goal achievement in ISTP (descending order)

Item	Mean	SD
Provide opportunity to reflect on work	3.79	.98
Help share own work	3.59	1.09
Broaden horizon	3.54	1.02
Help learn about populations served by Agency	3.54	1.02
Provide grounding in basics of good clinical care	3.53	1.06
Help respect work of colleagues in other programs	3.50	.99
Equip with tools to help job performance	3.38	1.06
Help improve clinical skills	3.38	1.07
Help apply standards of service	3.37	1.07
Degree content learned is used in practice	3.35	.94
Help learn uniqueness of client groups	3.33	1.06
Help meet variety of senior professionals	3.32	1.18
Enhance ability to assess clients	3.31	.94
Provide opportunity for across-agency relationships	3.31	1.09
Address diversity	3.30	1.09
Gain familiarity with agency models of treatment	3.26	1.09
Organizational and logistic structure	3.23	1.07
Gain familiarity with agency standards of service	3.22	1.03
Motivate retention	3.18	1.34
Promote staff morale	3.17	1.14
Provide evidence-based practice knowledge	3.11	1.14
Enhance clients outcomes	3.07	.95
Facilitate ability for cross-agency collaboration	3.05	1.18
Provide cutting edge knowledge	3.04	1.16
Motivate worker to join agency	2.98	1.43
Help feel valued by agency	2.89	1.26

findings. While expert feedback was sought in the process of its development, further validation would enhance its usefulness. Further research that replicates the study with other cohorts and/or agencies may contribute to better understanding of the impact of post-MSW training programs, although finding a comparable program would present a challenge, given the current state of the field.

Findings

The findings reported here are limited to the three major findings which are the focus of this article, namely, that in general while both the ISTP and the ATP were perceived as helpful and contributing in a moderate to high degree to participants' professional development and performance in their practice (1) participants valued collegial contact, developing cross-program relation-ships, and the opportunity to discuss their work most highly; (2) participants valued gaining cutting-edge knowledge least highly; and (3) compared to the white participants, clinicians of color perceived that the training programs helped them feel more valued by the agency, boosted their morale to a greater degree, and made a greater impact on their retention at the agency

In general, both programs were perceived as helpful and contributing in a moderate to high degree to participants' professional development and performance in their practice. Participants scored above the scale's mid-point on all items in both programs ($\underline{M}$ 2.89-3.79, SD=.094-1.43 for ISTP; $\underline{M}$ 3.31-4.58 SD=.50-1.37 for ATP out of a possible range of 1-5). This suggests that participation in the programs was perceived by them as contributing to diverse aspects of their professional development and performance and indicat-

ing over all a moderate to high level of perceived efficacy of the programs. This scoring is supported by verbal comments added by participants in response to open-ended questions. Following are some typical responses: "I was challenged and grew tremendously." "This program is needed, so please don't ever try to get rid of it." "The program kept me in the agency longer than I planned and kept me happy." "The program helped me remember and integrate knowledge." "The program exceeded my expectations; I learned things I did not even know that I need to learn." "I feel more confident, more able to articulate my understanding."

ATP participants ranked the program's efficacy higher than ISTP participants did ($\underline{M}$= 3.31-4.58 and 2.89-3.79 respectively) suggesting that the selective ATP program that targets advanced level workers was viewed more favorably than the mandatory ISTP offered to workers who are in early stages of their professional career. A summary of the mean score of items in descending order for both programs is presented in tables 2 and 3.

ISTP trainees perceived the major contribu-

tions of program participation (in descending order) as (1) having an opportunity to reflect on their own work, (2) share their work with colleagues, (3) broadening their horizon, (4) learning about populations served by the agency, (5) gaining grounding in basics of good clinical care and (6) having the opportunity to respect work of colleagues in other programs ($\underline{M}$= 3.79, 3.59, 3.56, 3.54 3.53, 3.50 respectively). Participation in training was perceived as contributing least (though still relatively high) to (in ascending order): (1) enhancing a sense of being valued by the agency, (2) motivating seeking employment with the agency, (3) provision of cutting edge knowledge, (4) facilitating of cross-agency collaboration, (5) enhancement of clients outcomes and (6) provision of evidence-based knowledge ($\underline{M}$=2.89, 2.98, 3.04, 3.05, 3.07, 3.11 respectively).

Participants in the ATP viewed the main contribution of the training (in descending order) as (1) offering a regular forum for developing relationships with practitioners from programs across the agency, and discuss their work; (2) promoting the agency's reputation, (3) benefiting from the diversity of trainees, (4) using acquired

Table 3: Perceived program goal achievement in ATP (descending order)

Item	Mean	SD
Provide forum for across-programs relationships	4.58	.50
Promote agency reputation	4.35	.80
Benefit from trainees' diversity	4.31	.84
Degree content learned is used in practice	4.23	.82
Motivate retention	4.12	1.12
Equip with tools to help job performance	4.12	.86
Help gain confidence in professional performance	3.96	.77
Encourage to try new methods	3.96	.72
Help in career development	3.96	1.22
Help feel valued by agency	3.88	1.03
Organizational and logistic structure	3.81	.75
Promote staff morale	3.81	1.13
Enhance clients outcomes	3.77	.82
Gain ability to pursue advanced professional functioning	3.76	1.13
Motivate worker to join agency	3.73	1.37
Help develop a modality/clientele specialty	3.69	.88
Help develop task expertise	3.69	1.01
Help gain specialized content area knowledge	3.38	1.10
Provide cutting edge knowledge	3.31	.88

knowledge for job performance (5) being equipped with helpful tools for the job, and (6) retention (M=4.58, 4.35, 4.31, 4.23, 4.12, 4.12 respectively). Participation in training was perceived as contributing less (though still relatively high) to (in ascending order) (1) provision of cutting edge knowledge, (2) gaining specialized knowledge in clinical areas (e.g. trauma, grief), (3) expertise in advanced professional tasks (e.g. supervision), (4) specialization in treatment modalities (child, family, group), (5) recruitment and (6) ability to pursue advanced level professional functioning . (M=3.31, 3.38, 3.69, 3.69, 3.73, 3.76 respectively).

Personal and professional background was related to several aspects of training efficacy. Non-white ISTP participants scored significantly higher than white participants did in ranking the degree to which the program contributed to their feeling of being valued by the agency, enhancing staff morale, and providing broader horizons (t=3.23, 2.55, 2.47 respectively, df =27 p<.02). Non-white ATP participants scored significantly higher than white participants did in ranking the degree to which the programs contributed to enhancing client outcomes, providing tools for job performance, and retention (t= 2.23,, 2.83, 3.0 respectively, df=16, p<.05).

Discussion

The overall findings of this study indicated that participants found the agency-based continuing education programs helpful, contributing to their professional development and performance in their respective sites. The findings suggest that the goals identified by agency leadership and the staff focus groups were generally achieved.

The overall positive ranking of the training programs indicated staff appreciation of the training experiences and supported the need for post-graduate continuing education as indicated in the social workers' code of ethics, which requires that "Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely … participate in continuing education relevant to social work practice and social work ethics" (NASW, 1999). In this era of demands for higher professional standards and accountability, unprecedented

amount of information of diverse quality and intense pressures for effectiveness, continuing training programs that are tailored to the needs and clientele of the specific agency enhance professional development and promote quality of service.

Agency-based training programs, which do not produce direct revenue, often fall victim to efforts to enhance the utilization of resources (Kadushin & Harkness, 2002; Pecora, Whitaker & Maluccio, 2000; Scaglione, 2008). Social work agencies may have gone too far in the direction of curtailing programs that are not "money makers" and may need to reconsider whether reinstituting training in a calculated way will enhance the effectiveness of resource utilization more than the elimination of training did. The fact that such programs at the agency under study produced positive outcomes from the trainees' perspectives suggests that other agencies need to consider replicating them.

The pressure to achieve high levels of client contact activity, which is increasingly characteristic of agencies because of funding concerns, may explain why participants in this study valued the program as an opportunity to share and reflect on their work and to form relationships with their colleagues. The demands for a high and increasing number of client contacts driven by administrative and financial considerations has required supervision, to the degree that it is provided, to focus on administrative rather than clinical aspects (Hopkins & Austin, 2004; Kadushin & Harkness, 2002; NYC NASW Newsletter, May 2007). It may also dictate a pace that does not allow workers the "luxury" of stopping to reflect about their work, consider alternatives, and make informed choices. It appears that the agency training offers an "oasis," a place where reflection is encouraged. Supervision has always been an outlet for concerns and a major source of support and learning for social workers; it prevents burnout and job dissatisfaction (Kashudin & Harkness, 2002). Given the findings from this study, agencies with little ability to supply supervision and/or on-site trainings should consider the value of regular, scheduled collegial groups for support and for the opportunity to share their work experi-

ences. The value of such collegial support is not to be underestimated.

Although the results supported the efficacy of the training programs, directions for further improvements were also indicated. While a key goal of the training programs is to disseminate cutting-edge knowledge, the participants did not report that this goal was achieved as well as the others were. Teaching evidence-based practice presents a challenge, which has been addressed in recent literature (e.g., Bilsker and Goldner, 2000; Howard, McMillen and Pollio, 2003; Shlonsky and Gibbs, 2004). While there is a growing recognition of the importance of evidence-based practice, social workers traditionally rely on supervision, and practice out of the wisdom based on advice from colleagues and personal experiences, and from relevant theories (Bilsker and Goldner, 2000; Howard, McMillen and Pollio, 2003). Some professional knowledge is more heuristic and implicit in nature. In addition, instructors may experience a conflict between teaching specific models of practice, such as Trauma-Focused Cognitive-Behavioral Therapy, and the need to impart the generic underpinnings of practice and theory. One conclusion of the current study is the need to explore ways for marrying these two different trends. Practitioners should be helped in developing interventions that are at the same time individualized and empirically sound. Evidence- based content needs to be presented in ways that are directly relevant to trainee assignments, which would help trainees see how generic principles fit their site. Content on the theoretical underpinnings of practice should be provided to enhance the understanding and application of specific evidence-based models.

An unexpected finding was that staff of color in the training programs rated the following significantly more highly than white staff: (1) the extent to which the training contributed to feeling valued by the agency; (2) the extent to which the training enhanced staff morale, and (3) the extent to which the training enhanced retention. This finding indicates that the training programs may offset isolation and the experience of being marginalized in the agency for professional workers of color. Professionals of color value the social support in the centralized training from colleagues and instructors

and feel part of and valued by the agency, which has a tradition of being predominately white on the professional staff and administrative level. Since 1991, the agency has dealt with issues of multiculturalism in order to strengthen cultural competence in work with clients. This initiative has evolved into an anti-racist initiative which seeks to address institutional racism both within and outside the agency. Clinical theory and service delivery models that guide direct work with clients are understood and practiced using an anti-racist lens (Pender Greene & Siskind, 2006, xxiv). The training program curriculum has been infused with issues of race and these conversations are encouraged in the classroom. The centralized training may contribute in an important way to reducing alienation among staff of color. The literature also indicates that isolation from co-workers is often associated with higher staff turnover (Leonard & Levine, 2006); that social support from one's supervisor and co-workers and opportunities for professional development are associated with job satisfaction and less intention to leave (Acker, 2004); that African-American human service workers who perceive social support are more satisfied with their jobs and feel less work-related stress (Gant et al, 1993). Administrators of agencies and training programs should pay attention to the positive impact of training on staff morale and retention, particularly with professionals of color.

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