# Clinical Supervision in Public Child Welfare:  Themes from Findings of a Multisite Study

**URL: www.profdevjournal.org**                         **Email: www.profdevjournal.org/contact**

# Clinical Supervision in Public Child Welfare: Themes from Findings of a Multisite Study

*Crystal Collins-Camargo, PhD, MSW*

## Introduction

In 2001, the Children's Bureau, within the U.S. Department of Health and Human Services, funded four Quality Improvement Centers to serve as vehicles for knowledge development within the field of public child welfare by devolving responsibility for research and demonstration granting to a regional level, and along with it the establishment of need for the topical focus area of the research, the provision of technical assistance to subgrantees, and the completion of the cross-site evaluation (Brodowski, Flanzer, Nolan & Kaye, 2003). For the Southern Regional Quality Improvement Center (SR QIC) operated out of the University of Kentucky, working in a ten state region primarily in the rural south, this was more than a new way to do discretionary granting, however. It was an opportunity to demonstrate the power of multi-layered collaboration among public child welfare, universities and public agencies in moving system change forward in child welfare. It was also a response to a deeply felt need across the region: enhancement of frontline supervision. This need has, over the past five years, echoed across the country as the SR QIC has done its work.

## Learning Collaborations

The SR QIC undertook an approach which was grounded in organizational change theory. Public child welfare organizations are faced with constant change due to social and political influences, and the complicated needs of the client population (Morrison, 1997; Cohen and Austin, 1994). The findings of the Child and Family Services Reviews being conducted to assess public child welfare systems effectiveness in achieving outcomes for children suggest that the deficiencies in the system are many (U.S. Department of Health and Human Services, 2004). This federal review process in itself, however, is pushing the field toward evidence-based practice. There is a call for studying efforts to promote an organizational culture that focuses on outcomes and evaluation in child welfare agencies (Webster, Needell & Wildfire, 2002; Carrilio, Packard & Clapp, 2003).

Organizational change theorists such as William Bennis noted that organizations must be flexible and reactive to outside influences, and that change is inherent, and iterative (Bonvillian, 1997). Cowley (1995) emphasized the importance of implementing learning organizations in agencies experiencing rapid and multidimensional change, which is a characteristic commonly shared with public child welfare systems. This was a major emphasis within the SR QIC program, not only to establish an environment in which the clinical supervision intervention could be implemented, but to create a culture in which future challenges could be addressed. Tannebaum (1997), in a study of 500 employees in seven organizations to identify factors associated with effective organizational change, found that training quality and relevance, and supportive work environments determined the success of the continuous learning initiative. The role of the frontline supervisor in this is clear. Organizations that are adept at effecting change are open to innovation, collaboration, and focused on performance. Leaders in this environment must be willing to challenge the prevailing organizational beliefs and promote the attitude that better practice is possible (Kanter, 2000).

The SR QIC based its work, both across a ten state network, and within the requirements for the funded research and demonstration projects, on the promotion of learning organizations, as described by Senge (1990). However, this work was taken a step further — the development of *learning collaborations*. It was believed that only through emphasis on a collaborative partnership between the child welfare agency, university social work programs and community agencies, could transformational change occur in child welfare practice, so projects were required to apply as a three-pronged partnership. This partnership was charged with the purpose of

multilevel knowledge development. An underlying process outcome sought by the SR QIC, then, was development of authentic partnerships among higher education, the community and public agency that can be used to solve future challenges beyond supervision.

Similarly, the SR QIC advisory board membership mirrored the public agency/university/community partnership, as it was believed that through such a learning collaboration that interpretation and dissemination of the knowledge developed to the practice community and that of other important audiences could best be achieved both within the region and beyond. The advisory board and project staff formed a learning collaboration in which both theoretical exploration of the phenomenon being observed in the project and more pragmatic problem-solving occurred in a participatory manner, much like that described by Leff and Mulkern (2002), and Worthen and Schmitz (1997) as potential benefits of conducting multisite evaluation studies. The success of this, and its concurrent impact on the effectiveness of the supervision projects, is discussed in a later section.

## Structured Clinical Casework Supervision in Child Welfare

The quality improvement center model required that during the first year of work, the QICs conducted a knowledge gaps analysis to determine the topical focus area for the research and demonstration projects. A multifaceted approach to this important process was selected. The detail of the methodology and findings from this process are reported elsewhere (see Collins-Camargo & Groeber, 2003). In general, however, the analysis pointed to the need to focus on frontline supervision in the child welfare agency.

In summary, the following knowledge gaps analysis findings shaped the supervision projects. There were significant percentages of relatively inexperienced workers and supervisors in the region. Administrative duties were seen by workers, supervisors and middle managers as less important to service provision than many other aspects of supervision although they often took precedence. Staff emphasized the importance of supervisors supporting staff and promoting improved practice, however a significant proportion of workers reported turning elsewhere for support and guidance on work-related issues. Supervisory techniques targeted toward improving worker practice, such as case review and consultation, exploring ethical issues, promoting self-reflective practice, modeling good practice, and promoting workers' identification of important casework questions, were considered important by child welfare staff but were often not provided effectively or at an adequate level. Finally, mechanisms for supporting supervisors, such as continuing education, mentoring and peer consultation, are were considered important but were not being adequately provided within the region (Collins-Camargo & Groeber, 2003; Collins-Camargo, 2001).

Convergent analysis of the results of the knowledge gaps analysis suggested that the states in the region, and with all likelihood many nationally, would benefit from research into the impact of structured methods of clinical casework supervision on child protection practice. The redirection of supervisory focus from administrative and crisis-driven approaches was hypothesized to have a positive impact on worker satisfaction with supervision, perception of organizational culture, preventable worker turnover, worker practice, and even — on the longterm — outcomes for children and families. The four states funded for a three year demonstration project beginning in 2002 (Arkansas, Mississippi, Missouri and Tennessee), then, were asked to test the impact of a more clinical approach to supervision on these outcomes, and were asked to incorporate the following into their supervision models:

- Scheduled individual or group supervision conferences;

- Enhanced worker critical thinking skills;
- Opportunities for workers to engage in self-reflection, to examine and consider ways to improve their practice;
- Identification of important casework questions that get to the heart of issues related to the family maltreatment and apply the knowledge gained in assessment and treatment;
- Worker skill and focus on evidence-based practice, both in looking to the professional literature for guidance in casework and in the implementation of program evaluation which promote an outcomes orientation to their work with families;
- The establishment of an organizational culture in which support, learning, and clinical supervision and consultation are encouraged; and,
- The use of case review, observation, and similar methods by supervisors to assess worker skill and gauge progress.

This process best suits what Herrell and Straw (2002) described as a multisite evaluation as opposed to a multicenter clinical trial, in that the purpose was to examine variation and estimate impact of the intervention across projects. The research design imposed by the QIC was a quasi-experimental, pre-, interim, and post-test design. Quasi-experimental designs have been discussed in the literature to be appropriate in answering the sort of questions posed in this study which were developed to guide general policy decisions in an environment in which many potentially intervening or mediating factors cannot be controlled, and given the early stage of development of the intervention being tested (Dennis et. al., 2000). Logic models were employed along with a theory-driven impact approach to enhance the designs ability to promote understanding of causal mechanisms and relationship to outcomes (Davidson et. al., 2000; Chen, 1990). Each of the states were required to identify an intervention group comprised of a minimum of twenty frontline supervisors and a similar comparison group. Both quantitative and qualitative methods were employed.

It should be noted that the term "clinical supervision" is not universally seen as relevant to the child welfare environment. Munson (2002), for example, asserts that child welfare agencies are not engaged in clinical practice but in case management and therefore clinical supervision is not appropriate in this setting. Others may associate the term with psychotherapeutic settings. Some of the professional literature, though, clearly paved the way for testing clinical supervision in child welfare (e.g. Shulman, 1993; Kane, 1991). The SR QIC program set out to build evidence that clinical supervision was not only relevant to child welfare, but could be instrumental in achieving the very outcomes these agencies seek on the organizational, practice and client levels. This article is designed to present overall themes regarding the multi-site programs achievement of the proposed outcomes — on both the clinical supervision and the learning collaboration levels — as well as lessons learned through the five year process.

## Outcomes of the Clinical Casework Supervision Projects

Given the complex nature of the research questions addressed in the SR QIC projects, and the intricate array of research methods utilized to test them, the results will only be summarized here. Manuscripts providing detailed discussion of the methodologies and the findings for the cross-site evaluation for each of the hypotheses are under development, and detailed findings can be found in the final reports for the projects (Arkansas Department of Health and Human Services, 2006; Jones et al., 2006; Shackelford, 2006; Sundet & Kelly, 2006). Some project-specific results are described in other articles within this special edition.

The SR QIC sought to achieve consensus among the evaluators for each of the four projects for some common instrumentation, data collection methods, and aggregate data indicators to be used. The overall cross-site design involved surveys completed approximately annually with workers and supervisors, and case review regarding worker

practice for both the intervention and comparison groups; focus groups focused on observed outcomes associated with clinical supervision practice conducted by the SR QIC principal investigator with intervention supervisors; and analysis of aggregate data indicators of case and client level outcomes.Schön In general, the cross-site evaluation design took an approach that was in line with Pawson and Tilley's concept of a "realistic evaluation" which explores the outcome of an intervention emphasizing both mechanism and context, or what works best under what circumstances (1997).

## Worker Satisfaction with Supervision and Improved Organizational Culture

Key to the institutionalization of an evidence-based practice orientation in the child welfare agency and the resultant establishment of a learning organization requires a culture shift (Carrilio, Packard & Clapp, 2003; Randall, Cowley & Tomlinson, 2000; Hodges & Hernandez, 1999). This outcome was measured through administration of the Ellett Professional Organizational Culture Scale (Ellett et. al., 2001) in three of the four sites, which measures three factors: quality of supervision and leadership, collegial support/sharing, and professional commitment. One state decided not to use this measure, and instead administered the Survey of Organizational Excellence (Lauderdale, 2001). Psychometric testing revealed that these two instruments measure similar constructs. The Survey of Organizational Excellence includes a more specific factor related to supervisor effectiveness, and in the state using it a statistically significant improvement was found. In two states, a statistically significant improvement in organizational culture was found for the intervention group was found. A tremendous challenge experienced in all projects was avoiding contamination into the comparison groups through the spread of some of the techniques and approaches of the intervention. One

state consciously made some organizational decisions that promoted such contamination. This state saw an overall increase in organizational culture scores in both intervention and comparison groups, but did find an increase in case-related planning during supervision and concurrent decrease in administrative focus in the intervention group (Shackelford, 2006; Arkansas Department of Human Services, 2006; Sundet & Kelly, 2006).

Speaking even more loudly regarding an improved organizational culture was the qualitative data collected in focus groups conducted by this author with supervisors in the intervention groups, even in the projects for which the effect size was too small to demonstrate a statistically significant change quantitatively. To varying degrees across sites, they related a culture that facilitates self-reflective practice, peer casework consultation, and integration of theory, research and practice. An in depth discussion of the focus group findings is beyond the scope of this article and will be reported elsewhere.

## Preventable Worker Turnover

This outcome proved to be the most difficult to measure because child welfare administrative data in these and many states does not include the specificity to be able to differentiate preventable turnover from, for example, retirement or promotion. The evaluators worked together to solve these challenges but they were discovered too late in the process to put a strong measurement strategy into effect. One state was able to track turnover individually, and found a statistically significant lower rate in the intervention group. The other projects reverted to intent to remain employed scales or questions to address this outcome.Schön One of three projects found a higher intent to remain employed in intervention supervisors, but it was not statistically significant (Shackelford, 2006; Arkansas Department of Human Services, 2006).

## Worker Practice in Assessment and Treatment of Families

The SR QIC projects were grounded conceptually in the belief that it is in the interaction between the worker and supervisor that worker practice change is enhanced (Shulman, 1993; Munson, 2002). A great deal of focus was on the content and context of the supervisory session. Whether or not a more clinical emphasis in the supervisor/worker interaction resulted in changes in practice was measured in two ways. First, all four projects administered the Ellett Worker Self-Efficacy in Child Welfare Tasks Scale, which has four components: client assessment and analysis, effort and persistence, foster care and adoption, and efficacy expectations. (Ellet et al., 2003). The use of self-efficacy as a proximal indicator of practice is well supported by the literature (e.g., Bandura, Adams & Beyer, 1977; Johnson, 1999; Zimmerman, 1995).

The findings of the cross-site evaluation suggest clinical supervision may have been related to increased self-efficacy in child welfare tasks. Two of the four projects found a statistically significant improvement favoring the intervention groups. In two projects the intervention groups showed a greater increase (statistically significant in one) in efficacy expectations or outcomes specifically. This factor measures the outcomes expectations aspect of self-efficacy that is shown in the literature to be important (Bandura, 1997; Ellett et al., 2003).Schön Individuals must believe that certain tasks or behaviors will result in the occurrence of specific, desired outcomes. This was theorized to be a necessary part of the chain of events between one's belief in capabilities to perform an action and the expectation that this action will result in a desired outcome. This precedes the performance of the action and presumable occurrence of the outcome itself. Given the stressful nature of child welfare work, and the complexity of working with multi-problem families, the fact that this may be amenable to supervisory influence is important. Supervisors may be able to maintain a sense of

hope and belief in child protective service workers that they can have a positive impact on the families they serve.

Projects were then asked to use an established third party or case review process already in place in the agency to ascertain whether there was evidence of a difference in practice over time between workers in the intervention and comparison groups. Overall the states involved in these projects experienced a decrease in the achievement of practice standards over time in both intervention and comparison groups. It must be noted that this measurement occurred at the time states were struggling to respond to the issues revealed in their child and family services reviews, frequent changes in administrative staff, hiring freezes and abolished positions. In one state, however, the findings did favor the intervention group for some indicators. (Shackelford, 2006)

The qualitative data did reveal that supervisors were noting, and able to describe in detail, a number of very encouraging changes in worker practice on their teams. In all four projects, supervisors had noted greater independence and the ability to make decisions themselves. In three states, participants had observed a philosophical change in approach as evidenced in their staff's interaction with families, narratives, and assessment of families. Other noted changes in worker practice included, for example, a comprehensive application of questions to assess cases/critical thinking and targeted intervention grounded in assessment. In three projects supervisors had observed their workers were spending more time working with and engaging of families to develop case plans and assess change.

## Impact on Families and Children

When the SR QIC and the Children's Bureau were negotiating the proposed focus of the projects and research design prior to the release of the request for applications, it was discussed that client outcome change was probably too distal to be measurable within a three year intervention period.

All agreed that it was unlikely that projects would see improvement of aggregate outcome indicators such as child maltreatment recurrence based on changes in supervisory practice within this short timeframe. The SR QIC advisory board, however, maintained that it was critical to our overall intention to improve the overall child welfare system, and thereby outcomes for children and families that such outcomes be included in the overall design, as it was an important marker of the goal of outcomes-focused orientation and evidence-based practice in the child welfare agencies.

Statistical testing was not attempted for this outcome, as it was not anticipated that the effect size would be observable on indicators such as repeat maltreatment, or the closure of cases within a year of service provision within the measurement period based on a change in supervisory practice. Instead aggregate rates measured quarterly, beginning a year prior to the intervention, were plotted using trend lines so that the intervention and comparison groups could be contrasted. It was surprising and very encouraging that in two states, the trends favored the intervention groups for some indicators, even for this most distal of outcomes (Shackelford, 2006; Sundet & Kelly, 2006).

At the half way point of the intervention, focus groups completed with intervention supervisors, they were generally unable to relate examples of how the clinical supervision had impacted clients, although they were hopeful. At the end of the intervention, however, supervisors in three of the four states could provide very positive examples, including clients self-initiating treatment, increased engagement in case planning and even the anecdotally-based belief that cases were moving more quickly, and that children were being maintained at home or reunified more quickly.

## Additional Unintended Impacts

The evaluation design employed by the SR QIC could be described as a theory-driven impact evaluation, in that while assessing the impact of the

intervention on the established outcomes, the conceptual underpinnings guiding the theory of change were explored to gather data on a wide variety of potential program impacts, and the views of various stakeholders were sought to assess both the intended and the unintended impacts (Chen, 1990). Perhaps because of the use of multidisciplinary learning collaborations to plan, implement and evaluate the projects, a significant number of unintended positive outcomes were observed.

In addition to the proposed impact on supervisory and worker practice, turnover, and services received, unintended outcomes for the supervisors themselves were reported. For all four projects, focus group data revealed that one of the most significant positive outcomes was the development of group cohesion and a peer consultation and sharing network among the supervisors who formerly felt isolated. The importance of the establishment of peer relationships should not be underestimated, as it was suggested that not only did this result in shared accountability for practicing clinical supervision techniques, but it also was linked by participants to normalization of supervisory challenges, proactive problem solving, sharing of resources, supervisor retention in a time of significant attrition, and the development of a more global approach to the work — one unified agency as opposed to focusing on their own county of responsibility.

Another impact supervisors noted in three of the four projects was more related to their role and advocacy within the agency itself. The participants described finding their voice as a result of the project. They gained confidence, the ability to think critically regarding what was occurring in the agency (e.g. changes in agency policy), and the willingness to advocate for themselves and their staff within the agency. This phenomenon was confirmed by agency administrators in at least two of the states, as they described many of the participants emerging as leaders in the organization. Overall, three of four projects related that they observed child welfare staff morale shifting from

being demoralized, passive aggressive and apathetic to empowered and creative with more of a professional identity.

For one state, the project led to important strides in the professionalization of the child welfare workforce. Multi-university cooperation was achieved in the granting of graduate credit for participation in the project. Participants further noted developing an appreciation for the critical thinking and practice skills in their colleagues with MSWs, and many subsequently recognized that graduate education may enhance their abilities. In the end, the number of supervisors completing or enrolled in MSW programs nearly doubled (Sundet & Kelly, 2006).

In another state, supervisors reported a change in the way the agency administration was viewed. Due to emphasis in the project of engaging supervisors in regular opportunities for dialogue with both regional and central administrative staff, they described feeling heard at a level they had not formerly experienced. In addition, this provided them with insight into the basis for administrative decisions and priorities, which enabled them to carry back this understanding to the field and more effectively promote the desired administrative change.

In addition to impacts on the supervisors themselves, and their work units, organizational impacts were observed. The majority of organizational impacts are unique to the individual projects. They included the integration of clinical supervision expectations into performance standards, the development of a strategic plan for supervisory enhancement, the establishment of supervisor training requirements, and the incorporation of selected clinical techniques into practice standards and promoted intervention approaches. In one state, the careful analysis of the impact of vacancies on the achievement of performance expectations led to the allocation of new staff positions to be dispatched to areas with staffing crises. From a cross-site perspective, the magnitude and volume of organizational impacts were commensurate with the degree of child welfare agency commitment to and involvement in the project.

## The Development of Learning Collaborations

All four projects began with established relationships between the public agency, the university, and the community, but they were truly at different levels on the continuum of inter-organizational relationship. Most might be better described as contractual, or cooperative. Mattessich and colleagues (2001), based on a review of the research literature on factors influencing successful collaboration, defined it as "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.Schön The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards" (p. 4).

Without having actually administered the Wilder Collaboration Factors Inventory developed based on the research examined by Mattessich and others, but through review of information collected through the SR QIC process evaluation based in regards to the twenty factors influencing successful collaboration, it would appear that many of these factors were present in this group and likely contributed to the work accomplished. Of the factors identified as present in the largest number of studies, the lack of a history of collaboration or cooperation in the SR QIC group was most notable, as most of the board and project staff had little or no prior relationship with each other. Several others were certainly present, including mutual respect, understanding and trust, cross section of members, collaboration seen as within their self interest, development of clear roles/policies, open and frequent communication, shared vision, and a consistent base of resources. Without question, the level of learning collaboration developed among the states within the SR QIC program, and among the advisory board and project staff was phenomenal, and productive.

One of the primary goals of the quality improvement center initiative was the facilitation of a more effective and comprehensive dissemination of the

knowledge developed (Brodowski et al., 2003). Perhaps because of the focus on learning collaboration, and likely facilitated by the professionalism of the individuals involved, the SR QIC network has been highly engaged in dissemination activities since early on. This volume is the third special edition of a professional journal dedicated to the work of the SR QIC. In addition, multi-project, and frequently multi-agency, presentations have been made at numerous conferences and meetings, touching practitioners, administrators, decision-makers and academics. It culminated in a Summit on Child Welfare Supervision which was attended by 36 states, Puerto Rico and Canada, and perhaps more notably was planned and conducted collaboratively. The level of information-sharing associated with this program has been extraordinary, and has certainly been facilitated by the relationships that have been developed among the individuals involved, and their willingness to hold each other accountable.

Without question, the requirement of a public agency/university/community partnership complicated the implementation of projects. The community aspect was particularly challenging and overall was not very well operationalized in any of the projects.Schön However the level of inter-involvement of the public agency and university partners seemed to be directly related to the success of the project in achieving established outcomes. The state that had the strongest outcomes clearly had the truest partnership, and the other three projects follow this pattern in order. The state whose project was the least effective also experienced significant inter-organizational problems between the child welfare agency and university. They did not have a partnership or a collaboration — in fact they did not even cooperate well with each other in the implementation of the project or its evaluation. The indicators of this finding are very qualitative and observational in nature. Review of the factors for successful collaboration would bear this out as well (Mattessich et al., 2001). However, this is an area

where further research and a more rigorous measurement approach are warranted. Similar initiative designed to push groups from a cooperative or coordinated relationship to one of collaboration would be well advised to begin with measurement such as use of the afore-mentioned inventory, so that growth could be documented, and areas bearing need for attention identified early on.

## Summary

This process was certainly seen as a success by the majority of stakeholders and intervention participants in most sites. Although not all of the findings were strongly favorable, the balance of them clearly supports the potential of clinical casework supervision in child welfare for promoting highly desired organizational and client outcomes. In the areas where the findings were not as was desired, the confounding factors were highly indicated. Much was learned about the importance of a strong conceptual approach, and the active engagement of both the public agency and the university in the process. The reality of factors affecting the ability to promote sustainable practice change within the environment of the child welfare system must be taken into account if the field is going to make headway.

Further research is needed to refine the application of clinical supervision models into the child welfare environment. Although some of the SR QIC projects had stronger outcomes than others, none of them have identified the ideal approach. The natural trajectory would be to test hybrid models based on what worked based across sites. In addition research ought to attend to the identification of how states can most impactfully assess their own contextual factors, and select the appropriate mechanism of intervention that fits conceptually with their practice model. A key barrier, however, is the current structure of discretionary granting within this field. There is a lack of a developmental approach to funding applied research in child welfare that would support these sorts of replication studies over time. If the field really wants to promote

evidence-based practice in child welfare, research funding programs such as those offered by the National Institute of Mental Health, for example, need to be considered.

The quality improvement center model however, is an important step forward. This is designed (discussed further throughout this issue) to promote more rigorous research in child welfare that focuses on important questions to the practice field, and to be involved in a more comprehensive dissemination strategy. The learning collaboration developed within the ten state region that the SR QIC worked within was fruitful beyond expectations, both in

dissemination, and in the development of relationships that will likely yield additional collaborative work. In addition, the program yielded findings that can be considered beyond the context of any one state, and therefore the multisite approach led to an important start in answering questions related to supervisory practice in child welfare. The synergy associated with it kept momentum focused on enhancing practice and knowledge development — which can be easily lost in discretionary grant projects in which the agency is primarily focused on the intervention itself.

## References:

Arkansas Department of Health and Human Services. *Arkansas Mentoring Supervisors Project: Final Report.* Little Rock, AR: Division of Children and Family Services.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: W.H. Freeman & Co.

Bandura, A., Adams, N. E., & Beyer, J. (1977). Cognitive processes mediating behavioral change. *Journal of Personality and Social Psychology, 35,* 125–130.

Bonvillian, G. (1997). Managing the messages of change: Lessons from the field. *Industrial Management, 39(1),* 20–25.

Brodowski, M. L., Flanzer, S., Nolan, C, & Kaye, E. (2003). Quality improvement centers on child protective services and adoption: Testing a regionalized approach to building the evidence base — a federal perspective. *Professional Development: The International Journal of Continuing Social Work Education, 6(1, 2),* 10–16.

Carrilio, T. E.; Packard, T., & Clapp, J. D. (2003). Nothing in — nothing out: Barriers to the use of performance data in social service programs. *Administration in Social Work, 27(4),* 61–76.

Chen, H. (1990). *Theory-driven evaluation.* Newbury Park, CA: Sage Publications.

Cohen, B. J., & Austin, M. J. (1994). Organizational learning and change in a public child welfare agency. *Administration in Social Work, 18(1),* 1–19.

Collins-Camargo, C. (In press). Administering research and demonstration projects aimed at promoting evidence-based practice in child welfare: Challenges and rewards. *Journal of Evidence-Based Social Work.*

Collins-Camargo, C., & Groeber, C. (2003). Adventures in partnership: Using learning laboratories to enhance frontline supervision in child welfare. *Professional Development: The International Journal of Continuing Social Work Education, 6(1, 2),* 17–31.

Cowley, S. (1995). Professional development and change in a learning organization. *Journal of Advanced Nursing, 21,* 965–974.

Davidson, E. J. (2000). Ascertaining causality in theory-based evaluation. In P. J. Rogers, T. A. Hacsi, A Petrosino, & T. A. Huebner (Eds.), *Program Theory in Evaluation: Challenges and Opportunities. New Directions for Evaluation, 87.* San Francisco: Jossey-Bass.

Dennis, M. L., Perl, H. I., Hebner, R. B., & McLellan, A. T. (2000). Twenty-five strategies for improving the design, implementation and analysis of health services research related to alcohol and other drug abuse treatment. *Addictions, 95(3),* S281-S308.

Ellett, A., Ellett, C., & Rugutt, J. (2003). *A study of personal and organizational factors contributing to employee retention and turnover in child welfare in Georgia: Final project report.* Athens: University of Georgia.

Ellett, A. (2001). *Child welfare self-efficacy beliefs in two states: Implications for employee retention and practice.* Paper presented at Society for Social Work Research 5th Annual Conference, Atlanta, GA.

Herrell, J. M., & Straw, R. B. (2002). A framework for understanding and improving multisite evaluations. In J. M. Herrell & R. B. Straw (Eds.) *Conducting Multiple Site Evaluations in Real-World Settings, New Directions for Evaluation, 94,* San Francisco: Jossey-Bass.

Hodges, S., & Hernandez, M. (1999). How organizational culture influences outcome information utilization. *Evaluation and Program Planning, 22,* 183–197.

Kane, D. (1991). *Strategies and dilemmas in child welfare supervision: A case study.* Unpublished doctoral Dissertation. City University of New York, NY.

Johnson, S. (1999). *College choice: Psychological factors influencing postsecondary aspirations and expectations of ninth-grade students.* Unpublished doctoral dissertation, Louisiana State University, Baton Rouge, LA.

Jones, J. L., Bride, B., Thompkins, A., & Lackey, M. K. (2006). *The Tennessee Child Protective Services Supervisors Development Project.* Nashville: University of Tennessee.

Kanter, R. M. (2000). The enduring skills of change leaders. *Ivey Business Journal, May/June,* 32–36.

Lauderdale, M. (2001). *Survey of organizational excellence.* Austin, TX: University of Texas at Austin.

Leff, H. S., & Mulkern, V. (2002). Lessons learned about science and participation from multisite evaluations. In J. M. Herrell & R. B. Straw (Eds.) *Conducting Multiple Site Evaluations in Real-World Settings. New Directions for Evaluation, 94,* San Francisco: Jossey-Bass.

Mattessich, P. W., Murray-Close, M., & Monsey, B. R. (2001). *Collaboration: What makes it work* (2nd ed.). St. Paul, MN: Amherst H. Wilder Foundation.

Morrison, T. (1997). Learning, training and change in child protection work: Towards reflective organizations. *Social Work Education, 16(2),* 20–43.

Munson, C. (2002). *Handbook of clinical social work supervision (3rd ed.).* New York: Hayworth Press.

Pawson, R., & Tilley, N. (1997). *Realistic evaluation.* London: Sage Publications.

Randall, J., Cowley, P., and Tomlinson, P. (2000). Overcoming barriers to effective practice in child care. *Child and Family Social Work, 5,* 343–352.

Senge, Peter (1990). *The fifth discipline: The art & practice of the learning organization.* New York: Currency Doubleday.

Shackelford, K. (2006). *Mississippi Child Protective Services Clinical Casework Supervision Demonstration Project: Final Report.* Oxford: University of Mississippi.

Shulman, L. (1993). *Interactional supervision.* Washington, D.C.: National Association of Social Workers.

Sundet, P. A., & Kelly, M. J. (2006). *Role Demonstration Model of Child Protective Service Supervision Training and Development Project: Final Report.* Columbia: University of Missouri.

Tannenbaum, S. I. (1997). Enhancing continuous learning: Diagnostic findings from multiple companies. *Human Resource Management, 36(4),* 437–452.

Turpin. R. S., & Sinacore, J. M. (Eds.). *Multisite evaluations. New directions for evaluation, 50,* San Francisco: Jossey-Bass.

United States General Accounting Office (2004). *Child And Family Service Reviews: Better Use of Data and Improved Guidance Could Enhance HHS's Oversight of State Performance* (Report No. GAO04-333). Washington, D.C.: United States General Accounting Office.

Webster, D., Needell, B., & Wildfire, J. (2002). Data are your friends: foster child welfare agency self-evaluation in Los Angeles County with the Family to Family Initiative. *Children and Youth Services Review, 24,* 471–484.

Worthen, B. R., & Schmitz, C.C. (1997). Conceptual challenges confronting cluster evaluation. *Evaluation, 3,* 300–310.

Zimmerman, B. J. (1995). Self-efficacy and educational development. In A. Bandura (Ed.), *Self-efficacy in Changing Societies.* New York: Cambridge University Press.