Lessons Learned from an Innovative University-community Agency Collaboration: The Development of a Direct Practice for Training for Child Welfare and Mental Health Social Workers

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Author(s):	*Suzanne Boyd, Deana F. Morrow, Marcia A. Shobe, and Frankie Tack*
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Lessons Learned from an Innovative University-Community Agency Collaboration: The Development of a Direct Practice Training for Child Welfare and Mental Health Social Workers

Suzanne Boyd, PhD, ACSW, CMS; Deana F. Morrow, PhD, LPC, LCSW, ACS; Marcia A. Shobe, PhD, ACS; and Frankie Tack, MS, LPC, CCAS, CCS-I

Child welfare social work and mental health social work with children are closely related fields of practice that share a number of commonalities: services are provided largely within the public sector arena (Downs, Moore, McFadden, Michaud, & Costin, 2004); the targets of service are children and families who tend to have multiple and significant needs (Kilpatrick & Holland, 2003; Petr, 1998); and services are delivered within a context of public scrutiny, high work stress, heavy caseloads, and high rates of employee turnover (Cauble & Dinkel, 2002; Rose, 1999; Zlotnik & Cornelius, 2000). Given these factors, the need for well-trained direct practice staff — both direct line workers and supervisors — is invaluable. This article addresses an innovative university-community collaborative endeavor where two community agencies — a youth and family services division of a county department of social services and a child and adolescent services division of a county area mental health authority — pooled their training resources in partnering with faculty members of a nearby university department of social work to secure practice training for direct line social workers. In addition, selected training sessions were included for the supervisors of direct line workers who participated in the training series.

Development of the Training Series

The centerpiece for the emergence of this training project was the collaborative association between the directors of the two agencies involved. They recognized practice themes and training gaps that were common to both agencies and established a line of communication that eventually led to their idea for a joint training series funded collectively by both agencies. The directors approached the university Department of Social Work about their training interests. In response, a team of five faculty members (three full-time and one part-time) was formed with one member agreeing to serve as the team coordinator. The team coordinator became the project leader and the principal communicator with the agency directors. The team worked under individual private consulting contracts negotiated with the directors.

Based on input from the agency directors about the training needs of workers, the training team developed a series of six three-hour training workshops for direct line workers, many of whom held a social work position, yet did not have an undergraduate or advanced social work degree. General training topics were brainstormed with the agency directors and training team. Based on these discussions, the training team developed a suggested outline of topics and submitted it to the directors for

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A. Suzanne Boyd, PhD, ACSW, CMSW, is an Assistant Professor and the Program Coordinator for the North Carolina Child Welfare Education Collaborative Program in the Department of Social Work at the University of North Carolina at Charlotte.

Deana F. Morrow, PhD, LPC, LCSW, ACSW, is an Associate Professor and Director of the Weekend MSW Program in the Department of Social Work at Winthrop University in Rock Hill, SC.

Marcia A. Shobe, PhD, ACSW, is an Assistant Professor and MSW Program Coordinator in the Department of Social Work at the University of North Carolina at Charlotte.

Frankie Tack, MS, LPC, LCAS, CCS, is the Director of CASCADE Services, a women's perinatal/maternal substance abuse treatment program of Community Alternatives, Inc. in Charlotte, NC.

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review. After their review and a subsequent revision from the team, the following six session topics were selected for development: (a) mental illness and psychotropic medications in social work practice, (b) how to conduct a home visit and assessment, (c) social work practice with communities, (d) the effective use of interviewing skills and the application of the National Association of Social Workers (NASW) Code of Ethics (NASW, 1996) in social work practice, (e) social work practice with substance abusing clients; and (f) supervision.

The agency directors decided that direct line workers would be required to participate in all six sessions. As a means for connecting direct line supervisors to the training content, supervisors would be required to participate in the interviewing and ethics session and the supervision session. Their participation in these two sessions would be as a supervisor group separate from the line worker group. By adding the two supervisor sessions along with the six line worker sessions, a total of eight sessions would be conducted over a two-month period.

Upon the conclusion of the training series, a training graduation ceremony was held. A Certificate of Completion was presented to each participant, both line workers and supervisors.

Methodology

Overview of Training Sessions

The training series was based on principles of adult learning: Adults are self-directed and take responsibility for their own learning (Knowles, 1980); they bring to the learning process a broad base of experience from which they can then make connections with new material (Knowles; Merriam & Brockett, 1997); and, they seek to engage learning within their own experience of community (Courtney, 1991; Suave, 2001). A variety of teaching/training methods were incorporated in the trainings including: lecture, PowerPoint slides, handouts, case vignettes, and small group discussion exercises. Six training sessions were conducted for direct line workers and two sessions were conducted for supervisors over the course of eight weeks during the Winter and Spring of 2004 (see Table 1 for the training session titles and number of participants for each training session). Each training session was three hours in duration, and the sessions took place on-site in a technology-equipped conference room at one of the agencies. Tables 2 to 8 list the goals for each training session.

Table 1: Overview of Training Content

Session #	Workshop Title	Number of Participants
1	The Effective Use of Interviewing Skills and the Application of the NASW Code of Ethics in Social Work Practice (supervisors)	19
2	Supervision (supervisors)	16
1	Mental Health/Illness and Psychotropic Medications in Social Work Practice	16
2	How to Conduct a Home Visit and Assessment	13
3	Social Work Practice with Communities	18
4	The Effective Use of Interviewing Skills and the Application of the NASW Code of Ethics in Social Work Practice	15
5	Supervision	Data not available
6	Social Work Practice with Substance Abusing Clients	14

This study explored the evaluative feedback of individuals who attended at least one of six training sessions to examine their overall evaluation of training goals, their beliefs about how the trainings could help them in their current position, and their feedback on how future trainings could be improved. The descriptive nature of this study, paired with qualitative methods, will help expand the knowledge base on how trainings by non-agency based professionals and university social work professors meet the learning needs of child welfare line workers and supervisors.

Table 2: Participant Evaluation of Training Session #1 (Workers): Mental Health/Illness and Psychotropic Medications in Social Work Practice (N=16)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
In completing this training unit, I have been able to:				
Gain an understanding of the DSM-IV-TR multiaxial classification system.			1 (6.3%)	15 (93.8%)
Develop an awareness of the role of social workers in relation to client medication management.			1 (6.3%)	15 (93.8%)
Develop awareness of resources for obtaining medication-related financial assistance for clients.			2 (12.5%)	14 (87.5%)
Develop an understanding of mental disorders common to childhood.				16 (100%)
Develop an understanding of mental disorders common to adulthood.				16 (100%)
Develop an understanding of medications and their side effects for a variety of mental disorders.				16 (100%)
Develop an understanding of common intervention goals in relation to a variety of mental disorders.			1 (6.3%)	15 (93.8%)

Description of Participants

A group of 20 direct line child welfare and mental health workers participated in this training series, with the majority of the participants being youth and family service workers. The directors required participants to complete this training series as one means of advancing their knowledge about social work practice theory and its relationship to social work practice. Approximately 20 supervisors from both agencies also completed two training sessions. We did not collect retrospective demographic information from either group due to the high turnover rates among the direct line workers and supervisors.

Measures

In consultation with the two directors and the team members, one researcher developed a training evaluation form. The first section asked participants to evaluate each session goal using a 4-point Likert scale ranging from *Disagree, Somewhat Disagree, Somewhat Agree,* and *Agree.* The second section asked participants to evaluate items including the quality of presentation materials and handouts, knowledge of the presenter, presenter's receptivity to questions, applicability of training material to your job, extent of new learning, physical space using a 5-point Likert scale ranging from *Poor* to *Excellent.* The third section included three open-ended questions: (a) how do you think the training

Table 3: Participant Evaluation of Training Session #2: How to Conduct a Home Visit and Assessment (N=13)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
In completing this training unit, I have been able to:				
Define home visiting.		1 (7.7%)		12 (92.3%)
Discuss the history of home visiting.			3 (23.1%)	10 (76.9%)
Describe theories influencing home visiting.			3 (23.1%)	10 (76.9%)
List the theories influence home visiting.			2 (15.4%)	11 (84.6%)
Describe the principles for providing home-based services.			3 (15.8%)	16 (84.2%)
Describe effective communication strategies, guidelines, and stages of family interviews/home assessments.		1 (7.7%)	2 (15.4%)	10 (76.9%)
Understand the importance of maintaining ethical standards and boundaries.			1 (7.7%)	12 (92.3%)
Understand confidentiality and safety concerns relevant to home visiting.			1 (7.7%)	12 (92.3%)
Apply the home visit and assessment principles and skills to two vignettes.		1 (7.7%)	1 (7.7%)	11 (84.6%)

will help you in your current position, (b) what did you learn from this training, and (c) what suggestions to you have for improving future trainings.

Data Analysis

Quantitative Data

One researcher analyzed the quantitative data using SPSS 12.0. Frequencies were reported for each training goal in Tables 2 through Table 8. The quantitative findings are reported for each training session, followed by qualitative findings.

Qualitative Data

To maximize consistency, one researcher conducted the qualitative data analyses and initial interpretation of findings. Data were examined through content analysis to document words and phrases that described what participants learned from the trainings as well as their suggestions regarding the improvement of future sessions. Given the small number of respondents, it was deemed unnecessary to use data-analysis software programs for the analyses. The researcher focused on emerging patterns through the process of idiographic interpretation (Lincoln & Guba, 1985), whereby themes and patterns from the data surfaced, and several different explanations and realities were captured.

Table 4: Participant Evaluation of Training Session #3 (Workers): Social Work Practice with Communities (N=18)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
In completing this training unit, I have been able to:				
Define a community.			2 (11.1%)	16 (88.9%)
Conduct a community assessment (strengths and needs).			3 (16.7%)	15 (83.3%)
Describe economically vulnerable communities.			5 (27.8%)	13 (72.2%)
Compare and contrast community development versus community organizing.		1 (5.6%)	11 (61.1%)	6 (33.3%)
List different types of community organizing.			8 (44.4%)	10 (55.6%)
Describe different missions of community organizations.			10 (55.6%)	8 (44.4%)
Justify social work advocacy in the community.		1 (5.6%)	7 (38.9%)	10 (55.6%)
Explain safety issues in social work practice with communities.		4 (26.7%)	11 (73.3%)	
Discuss ethical dilemmas in community practice.		1 (6.3%)	4 (25%)	11 (68.8%)

Findings

Mental Illness: Diagnosis and Treatment (*line workers*)

Table 2 outlines the direct line workers' evaluation of the mental health/illness and psychotropic medication session. For each session goal, the overwhelming majority of the participants *"agreed"* that the goals were met. For example, 93.8% (n=15) of the respondents *"agreed"* that in completing the training unit they gained an understanding of the DSM-IV-TR multiaxial classification system. All participants (n=16) *"agreed"* that they developed an understanding of both mental disorders common to childhood and adulthood, as well as medications and their side effects for a variety of mental disorders.

The mental illness training was well-received by child welfare line workers. Respondents noted on the open-ended questions that they gained a better understanding of child mental health disorder symptoms and how to discuss diagnosis and treatment with caregivers. As one individual noted, "I deal with children that are diagnosed daily. I now have a better understanding as to why their behaviors are what they are. It (*understanding*) also gives me the advantage of discussing certain behaviors with parents and foster parents." Several others indicated that this training would help increase their support of clients. One individual suggested that this training should be mandatory, particularly for new employees. S/he wrote: "This training is very helpful to those of us in the mental health field; it should be a requirement of all social workers & especially mental health workers prior to starting their job duties."

Table 5: Participant Evaluation of Training Session #4 (Workers): The Effective Use of Interviewing Skills and the Application of the NASW Code of Ethics in Social Work Practice (N=15)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
In completing this training unit, I have been able to:				
Demonstrate an understanding of how to use SOLER skills in working with consumers.			2 (13.3%)	13 (86.7%)
Demonstrate an understanding of listening responses (e.g. minimal encouragement, clarification, paraphrase, reflection, primary empathy, summarization).			1 (6.7%)	14 (93.3%)
Demonstrate an understanding of action responses (e.g. probe, confrontation, interpretation, information giving, advanced empathy).			1 (6.7%)	14 (93.3%)
Demonstrate an understanding of core social work values.				15 (100%)
Demonstrate knowledge of the NASW Code of Ethics.			3 (20.0%)	12 (80.0%)
Demonstrate an understanding of ethical standards in relation to non-discrimination in social work practice.			2 (13.3%)	13 (86.7%)
Demonstrate an understanding of the limitations of confidentiality.			2 (13.3%)	13 (86.7%)
Demonstrate an understanding of situations that could constitute dual relationships.				15 (100%)
Demonstrate an understanding of the ethical boundaries surrounding sexual relationships with clients.				15 (100%)

Home Visits: A Conceptual Approach (*line workers*)

Table 3 outlines the participant evaluation outcomes of the home visiting and assessment session. The overwhelming majority of participants *"agreed"* (92.3%; n=12) that they were able to understand the importance of maintaining ethical standards and boundaries, understand confidentiality and safety concerns relevant to home visiting, and define home visiting, respectively. Just over three-fourths of participants (76.9%; n=10) *"agreed"* that they were able to describe theories influencing home visiting, and to describe effective communication strategies, guidelines, and stages of family interviews/home assessments.

The qualitative findings from this session revealed that nearly half of the respondents noted that this session was a review of information they already knew or practices they already employed. One individual did not see the relevance of this training to his/her current position given that the material was conceptual in nature as opposed to practice-based. However, several respondents

Table 6: Participant Evaluation of Training Session #1 (Supervisors): The Effective Use of Interviewing Skills and the Application of the NASW Code of Ethics in Social Work Practice (N=19)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
In completing this training unit, I have been able to:				
Demonstrate an understanding of how to use SOLER skills in working with consumers.			3 (15.8%)	16 (84.2%)
Demonstrate an understanding of listening responses (e.g. minimal encouragement, clarification, paraphrase, reflection, primary empathy, summarization).			3 (15.8%)	16 (84.2%)
Demonstrate an understanding of action responses (e.g. probe, confrontation, interpretation, information giving, advanced empathy).			3 (15.8%)	16 (84.2%)
Demonstrate an understanding of core social work values.			3 (16.7%)	15 (83.3%)
Demonstrate knowledge of the NASW Code of Ethics.			3 (15.8%)	16 (84.2%)
Demonstrate an understanding of ethical standards in relation to non-discrimination in social work practice.			2 (10.5%)	17 (89.5%)
Demonstrate an understanding of the limitations of confidentiality.			2 (10.5%)	17 (89.5%)
Demonstrate an understanding of situations that could constitute dual relationships.			1 (5.3%)	18 (94.7%)
Demonstrate an understanding of the ethical boundaries surrounding sexual relationships with clients.			1 (5.3%)	18 (94.7%)

indicated that the training helped somewhat since they have been conducting home visits for years. One person in particular enjoyed the discussion format of the training and found the sharing of experiences among line workers to be helpful.

Community-Based Practice (*line workers*)

As noted in Table 4, 88.9% (n=16) of the social work practice with communities training participants "agreed" that they were able to define a community and 83.3% (n=15) *"agreed"* that they were able to conduct a community assessment. Over half of the participants *"agreed"* that they were able to discuss ethical dilemmas in community practice (68.8%; n=11). Participants *"somewhat disagreed"* that they were able to explain safety issues in social work practice with communities.

The majority of respondents noted that the training was helpful and several indicated that communities played an indirect role in their practice.

Table 7: Participant Evaluation of Training Session #2 (Supervisors): Supervision (N=16)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
In completing this training unit, I have been able to:				
Define clinical/social work supervision.		1 (6.3%)	6 (37.5%)	9 (56.3%)
Describe theories influencing clinical/social work supervision.	1 (6.3%)	1 (6.3%)	9 (56.3%)	5 (31.3%)
List the several components of the supervisory process.			2 (12.5%)	14 (87.5%)
Determine which principles of supervision apply in the context of the agency.		2 (13.3%)	3 (20%)	10 (66.7%)
Identify areas of conflict in the supervisory role.			4 (25%)	12 (75%)
Understand the importance of maintaining ethical standards and boundaries.			4 (26.7%)	11 (73.3%)
Understand confidentiality relevant to the practice of supervision.	1 (6.3%)	1 (6.3%)	1 (6.3%)	13 (81.3%)
Clarify ethical dilemmas in the practice of supervision.			3 (18.8%)	13 (81.3%)
Select appropriate evaluation methods/tools for use in the supervisory process.	1 (6.3%)	1 (6.3%)	3 (18.8%)	11 (68.8%)

However, many also noted that their current job would not support active community practice or that they did not perceive community-based practice to be a part of "direct social work practice."

Less than a third of respondents could articulate how community-based practice was relevant to their current work assignments. Some of the encouraging comments indicated that the training: (a) highlighted the importance of the strengths perspective when serving families and communities; (b) would be helpful when working with gangs; and (c) was particularly helpful for work with minority populations in the community. Several individuals added that they would like to pursue community practice in the future. One child welfare worker wrote: "[The training] made me think that maybe one day I will have the time to join a community and help spearhead a group to help better the community as a whole."

Table 8: Participant Evaluation of Training Session #6 (Workers): Social Work Practice with Substance Abusing Clients (N=14)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
In completing this training unit, I have been able to:				
Define common drugs of abuse.			3 (15.8%)	11 (84.2%)
Describe the differences in substance use, abuse and dependence.			3 (15.8%)	11 (84.2%)
Understand the DSM-IV diagnostic criteria for substance abuse and dependence.			4 (28.6%)	10 (71.4%)
Describe various models of addiction.			3 (15.8%)	10 (84.2%)
Understand the concept of dual diagnosis.			4 (28.6%)	10 (71.4%)
Describe the continuum of substance abuse treatment options.			3 (15.8%)	11 (71.4%)
Describe key issues when working with substance abuse adolescents.			3 (15.8%)	11 (84.2%)
Identify and utilize substance abuse-related community and information resources.			3 (15.8%)	11 (84.2%)

Interviewing Skills (*line workers*)

Table 5 outlines the participant evaluation of the interviewing skills and applying the NASW Code of Ethics session. Overall, their evaluations were favorable in that the participants *"agreed"* that the majority of the session goals were met. For example, all participants (n=15) *"agreed"* that they were able to demonstrate an understanding of the core social work values, demonstrate an understanding of situations that could constitute dual relationships, and demonstrate an understanding of the ethical boundaries surrounding sexual relationships with clients. Eighty percent of the respondents (n=12) *"agreed"* they could demonstrate knowledge of the NASW Code of Ethics.

The director of the child welfare department solicited training on interviewing skills and adherence to social work ethics because these skill sets were notably lacking among many of the line workers. Interestingly, the qualitative findings revealed that 40% of respondents viewed this training as a "review" of social work skills already practiced and knowledge already gained. One person noted that s/he did not see the relevance of this training when s/he wrote: "the training doesn't directly affect the skills we use on a daily basis."

Interviewing Skills: Using the NASW Code of Ethics (*supervisors*)

Table 6 outlines the participant evaluation of the interviewing skills and applying the NASW Code of Ethics session for the supervisors. As with the

line worker evaluations, their overall evaluations were favorable in that the participants *"agreed"* that the majority of the session goals were met. For example, 94.7% of the respondents (n=18) *"agreed"* that they could demonstrate an understanding of situations that could constitute dual relationships and of the ethical boundaries surrounding sexual relationships with clients, respectively. Seventeen respondents *"agreed"* they could demonstrate an understanding of ethical standards in relation to non-discrimination in social work practice. Similarly, 16 respondents (84.2%) *"agreed"* they could demonstrate an understanding of listening responses.

Unlike the line workers, the majority of supervisors noted that this training was a very helpful review of material they had previously learned or a helpful reinforcement of skills they currently use. Several comments indicated that the ethics component of the training was particularly salient, with one individual adding that s/he could tie the NASW Code of Ethics with his/her case management services. Two other individuals stated that the presentation content will help in every aspect of their job. S/he wrote: "It (training) was a good reminder of basic principles and will be a valid point to reiterate to workers."

Supervision (*line workers*)

The line workers completed the supervision session; however, evaluations were not completed for this session.

Supervision (*supervisors*)

Table 7 outlines the participant evaluation of the supervision session for the supervisors. Fourteen respondents *"agreed"* that they could list the several components of the supervisory process. Similarly, over three-fourths of the respondents (81.3%; n=13) *"agreed"* they could understand confidentiality relevant to the practice of supervision and clarify ethical dilemmas in the practice of supervision, respectively. Twelve respondents *"agreed"* they could identify areas of conflict in the supervisory role. Six respondents (37.5%) *"somewhat agreed"* that as a result of the training they could define clinical/social work supervision.

Based on their feedback, individuals who attended the supervision training were comprised of both inexperienced and veteran supervisors. While more than half of the trainees noted that the information given in the Supervisory Training session was a review of information they had already learned, several indicated that a "refresher" session such as this was helpful. One trainee noted that this review provided the opportunity for discourse with peer supervisors. Several respondents reported that the session was particularly relevant to them as supervisors, since it will impact future supervisory "tactics" with staff. One individual wrote: "I think it was helpful to have this discussion to remind us of the role we play [*as supervisors*] and all the responsibilities that go along with it."

Substance Abuse (*line workers*)

Table 8 outlines the participant evaluation of the substance abuse session. Overall, this training was also well-received. The overwhelming majority of respondents *"agreed"* that they met each of the training goals. For example, eleven respondents *"agreed"* that they could define common drugs of abuse, describe various models of addiction, and the continuum of substance abuse. Likewise, 71.4% (n=10) indicated they could understand the DSM-IV diagnostic criteria for substance abuse and dependence and understand the concept of dual diagnosis, respectively.

The qualitative findings revealed that all of the respondents noted that the substance abuse training was effective. Reports from 13 respondents indicated that this training provided them with: (a) the provision of information and resources; (b) an increased understanding of the addiction process; and (c) a greater appreciation for the ways in which substance abuse affects different client populations including adolescents, adults, and the family

system. Several respondents noted that, as a result of the training, they had an increased understanding of client perspectives, the many barriers to sobriety, and the substance abuse treatment resources available in the community. Although one respondent had received substance abuse training in the past, s/he felt that this training was a worthwhile experience. S/he wrote: "There is so much to learn and absorb every time I go to a substance abuse training...I pick up a little more (*each time*)."

Future Trainings

Training participants were asked for suggestions regarding the improvement of future trainings. The majority of their responses were related to (a) content, (b) session format, and (c) physical space and room atmosphere. Turning to content and session format, respondents noted on numerous occasions that they would like the sessions to be more innovative and less redundant. One respondent indicated that using university professors for training was a positive move and could lead to future collaboration for graduate education. S/he wrote, "the idea of bringing in UNCC professors is excellent. I would love to see it expanded to a full MSW program." However, some individuals felt that the session content was too far removed from their daily work activities and training felt more like school instruction. As one attendee noted, "Make training more "hands-on" versus theoretical or "professor"-based. Staff needs new skills not classroom time." Several respondents also appeared to be insulted by the fact that trainers assumed they did not already know the content of the sessions. Other content- and format-based suggestions included the need for more: (a) role play and group activities, (b) time for discussion, (c) visual materials, and (d) clearer expectations regarding the length of sessions.

Physical space and room atmosphere suggestions were generally reflective of most session evaluations. For example, respondents noted that changes in physical space, temperature, and lighting would be more conducive to a positive learning environment.

Discussion

This university-community collaboration demonstrated success with both inter-agency and agency-university collaboration. By recognizing common training needs and agreeing to pool their training resources, the directors of the two agencies were successful at providing affordable high-level training for their workers. The experience was rewarding for the university training team in that they had the opportunity to partner with vital community agencies—to directly engage administrators, supervisors, and line staff with the particulars of service delivery issues confronting them. And the training was beneficial for both line workers and supervisors as demonstrated by the successful outcome measures.

The overall experience, however, did provide a series of unexpected "lessons learned" for all involved. One unexpected lesson was the challenge of training both groups together. Although the training was targeted on content areas common to workers at both agencies, the trainers did not anticipate the territorial allegiances that some participants held in relation to their own agencies. Underlying agency "turf issues" among some participants brought moments of unexpected competitiveness to the training process that at times threatened to compromise the collaborative milieu needed for group exercises.

Another dynamic encountered was the tension between training versus education for the profession (Rose, 1999; Seaburg, 1982). Line staff workers were more interested in the mechanics of how to efficiently do their jobs, while university trainers and agency directors were more interested in helping staff become better professional social workers, particularly focusing on the theory behind the practice method. While both perspectives are important and relevant, future trainings would benefit by clarifying the training goal in relation to this important dynamic. We learned the importance of soliciting participant input particularly around the use of theory in social work practice.

Because the agency directors had a vested interest in upgrading the overall quality of their workforce, workers were required to attend this training series. As expected, some participants embraced the experience more than others. Some researchers (Bibus & Rooney, 1998; Cauble & Dinkel, 2002) recommend voluntary participation whenever possible as a means for promoting participant commitment to the training process. Perhaps, another way to address the commitment concern is to assure worker input in the solicitation of training needs and in the development of training protocols to the greatest extent possible (Belifiore & Folinsbee, 2001). In retrospect, worker commitment to the training series might have been enhanced if workers had been more formally and systematically included in the planning process from beginning to end. To that end, one of the agencies recently hired a training coordinator whose job function is, in part, to engage formal and systematic communication feedback loops with staff regarding training interests and needs. In sum, another "lesson learned" was the value of voluntary participation when possible and input from workers in designing the training series.

Written feedback from the training evaluations was mixed, with the sessions on substance abuse and mental health disorders considered the most effective among line workers and supervisors. While some respondents found the other training sessions to have varying degrees of usefulness, many perceived their content to be more of a review and requested more "hands-on" and up-to-date information. Given that the administrators who hired the trainers reviewed and approved the training materials in advance, these results are important and reflect a disconnect between what administrators, trainers, and child welfare and mental health line workers and supervisors all think training content should entail.

When asked for suggestions regarding the improvement of future trainings, respondents suggested that trainers learn "up front" the skills and knowledge level of trainees before preparing their sessions in order to minimize redundancy in the content. This finding also reflects a division between what the administration thinks workers need to learn and what workers feel they already know. Perhaps, future training series could employ a pre-post test design as one means to minimize redundancy and measure the change in participants' knowledge level on training content.

While one respondent lauded the collaborative nature of the training between state child welfare workers and the university's department of social work, some respondents seemed to resent the involvement of professors in the training process. The primary reason for this seemed to be that line workers and supervisors felt that academics were too far removed from social work practice to be able to adequately teach best practice skills. The finding that respondents wanted more "practice-based," as opposed to "theory-based," content supports this finding and may indicate that workers and supervisors are more comfortable with and perhaps need training that is more relevant to their current work responsibilities.

Two findings deserve particular comment. First, the qualitative community practice findings are interesting given that the child welfare workers are ensconced in the communities as part of their day-to-day job. One explanation for this finding may be that there is a disconnect in terms of how workers view their job responsibilities. For example, child welfare workers may not feel an ethical obligation to the community in which they serve. Similarly, mental health practitioners may not see how their jobs fit with policy practice. Second, the findings from the interviewing skills training session can be interpreted in several ways. First, it may be that some of the line workers resented having to attend a training session on basic interview skills and social work ethics. Another possibility is that some line workers do not see the importance of ethics or interview skills in their day-to-day social work practice with children and families.

Conclusion

This article described the development, implementation, and results from an academic-community-based training series for child welfare and mental health workers and supervisors. Overall, the evaluation data indicated that the training sessions were well-received. Lessons learned from this training experience can be useful to future academic-community collaborations.

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