RESEARCH REPORT

Building a Needs-based Curriculum for Child Welfare Therapists

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CONTENTS

Abstract

The purpose of this study was to identify and better understand the specialized training needs of therapeutic service providers who serve a child welfare population. The sample was drawn from a community-based mental health agency primarily serving child welfare clients. Therapeutic service providers currently employed with the agency were recruited to participate in focus groups to learn more about their experiences and perceived needs as therapists working with children and families involved in the child welfare system. Five focus groups took place between February and April 2016, with approximately 8-12 participants in each group. Questions during the focus groups centered on how prepared therapeutic providers felt for their current role, the challenges they experienced, and areas in which they wish they had additional knowledge and/or skill either when starting in the position or currently. Data were analyzed using conventional content analysis methods. Fifteen themes emerged related to gaps in knowledge and skill needed to serve a child welfare population and can be used to inform curriculum development. These themes were determined to fit into the following three overarching areas: 1) cross-system training needs; 2) therapeutic training needs; and 3) functional training needs.

Project Description

The sample for this study utilized convenience or opportunistic sampling and was drawn from a community-based mental health agency primarily serving a child welfare population in the southeastern United States. Preceding the study, agency administrators requested the services of a research team to identify training needs of their therapeutic service providers (TSPs), as an internal survey had indicated a lack of self-rated confidence in providing services to child welfare clients. TSPs in the agency provide a full range of traditional prevention, early intervention and behavioral health services, including trauma therapy, individual, and group counseling, and personalized case management. The target client population for this agency is primarily parents and children involved in the child welfare system. In the past year, 20 percent of the clients served were ages birth to 5, 54 percent were children ages 6 to 17, and 26 percent were adults. Forty-two percent of clients classified themselves as Black, 38 percent White, and the remaining 20 percent were multiracial, biracial, Asian, chose not to answer, or other. Sixteen percent identified as Hispanic. The vast majority of clients live at or below the poverty line.

One recruitment meeting was held with all employees to explain the purpose and goal of the focus groups. All participants were encouraged to attend through their employer, in place of a weekly staff meeting, and were scheduled to participate in the focus groups by their unit supervisors. While participants were scheduled by their unit supervisors, only members of the research team were present on the day of the focus groups. Participants were informed of their rights, including the right to decline participation in the focus groups at any time. The research team reviewed informed consent with all participants at the beginning of the focus groups. The research team explained that while their employer was aware of the focus groups taking place, there would be no record of who attended each group and all informed consent forms would be kept confidential by the research team. Additionally, the employer would have no access to the data (i.e. focus group transcripts). This informed consent process was reviewed to ensure the comfort level of all participants and prevent bias of the data due to concerns of their employer's reaction.

Participants had various professional degrees, including social work, psychology, mental health and marriage and family therapy and varying experiences from recently beginning employment to working with the agency for several years. To ensure confidentiality of the participants who were currently employed with the agency and to reduce social desirability and a lack of candid responses, no demographic information was collected.

Design and Data Collection

A descriptive qualitative research design was used to identify the specific training needs of therapeutic service providers working with the child welfare system. Five focus groups took place between the months of February and April 2016, with approximately 8-12 participants in each group. Across the five focus groups, a total of 40 therapists participated in the study. Each focus groups lasted approximately 60 minutes. All groups were audio recorded and transcribed verbatim.

A semi-structured interview protocol was used to guide each focus group, whereby the focus group facilitator, one of the authors, had a list of previously identified questions, and additional probing questions were utilized as relevant. Questions during the focus groups focused on topics related to how prepared service providers felt for their current role, challenges experienced with that role, and areas in which they wish they had additional knowledge as a new therapeutic service provider or currently.

Qualitative Data Analysis

Data were analyzed using conventional content analysis methods. The authors first read the transcripts in their entirety and then coded the full transcripts independently. After initial coding was complete, a process of classifying evident patterns began. Codes were compared and those that were similar to each other were condensed into larger overall themes. Any responses or codes that were unclear or inconsistent were discussed until an agreement was reached. ATLAS.ti 7 software was used to organize the data.

Several methods were employed to increase the trustworthiness and credibility of this study. Following guidelines described by Yardley[1], two coders reviewed all of the data independently to identify open codes. Additionally, the researchers were able to review the audio data files, as necessary, to check for the accuracy of transcriptions and the interpretation of the original data. Whenever there was a disagreement about the coding or interpretation of the data, both researchers had an open discussion about the different views until a consensus was reached. Additionally, the authors felt it was essential to provide reflexivity in their current and former roles. Both authors have an extensive history of professional practice in the child welfare system, including roles as frontline workers, clinicians, and administrators. Careful consideration was taken when reviewing the codes to reduce bias in the analysis. Finally, the findings of this study are presented with extensive quotes in order for readers to have insight into how the themes were derived and to facilitate their transferability.[2]

Given that the intent of this study was to inform curriculum development, several other steps were taken to aid in this process. First, an extensive literature review was completed to identify existing research on therapeutic service providers working within a child welfare population. Secondly, after transcripts from the focus groups were analyzed by Drs. Thompson and Colvin, a list of identified themes (presented below in the results section) were provided to a team of experts that met on a weekly basis to review the areas of need and identify potential curriculum modules. This expert team consisted of:

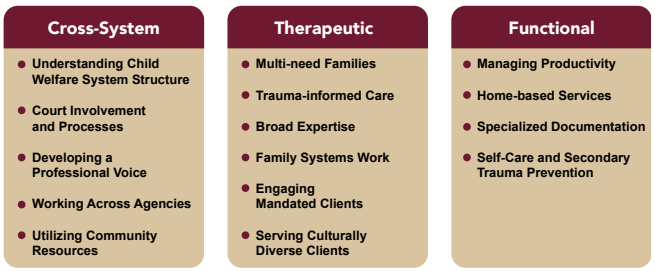
- Dr. Heather Thompson and Dr. Marianna Colvin
- Joy McClellan, FAU child welfare instructor
- Susan Eby, Vice President of Child and Family Services at the research site
- Jodi Greenplatt, clinician at Community Partners
- Sharon Ross-Donaldson, curriculum development expert and clinical supervisor of therapists serving a child welfare population
- Kimberly Harvey, case management specialist and curriculum developer employed with Department of Children and Families

After several weeks of review with the expert team, a refined list of potential modules was developed. All members of the team were encouraged to share teaching materials that could aid in the development of these modules. Four graduate assistants were identified who assigned with organizing and developing curriculum materials, based on the identified module topics. Drs. Thompson and Colvin oversaw and approved these preliminary materials.

Results

Therapeutic service providers expressed a variety of needs related to their work in the context of child welfare and fifteen themes emerged that aligned with the purpose of this study to identify gaps in knowledge and skills to serve this population. These themes were designated during analysis as *training needs* (i.e., needs that could be met with skill and knowledge development). After initial identification, they were determined to fit into the following three overarching areas: 1) cross-system training needs; 2) therapeutic training needs; and 3) functional training needs. Figure 1 provides an overview.

Figure 1: Training Needs



Cross-system Needs

The first category, *cross-system needs*, is comprised of five needs related to knowledge and skill for participating in inter-organizational and inter-professional interactions fundamental to serving a child welfare population. While frequency counts were not a routine component of analysis given that counting fails to capture discrepancies between codes and gives equal weight to all codes versus attending to differences in emphasis (Creswell, 2007), it is notable that codes in this category were similar in prevalence to those related to therapeutic needs across the entirety of data. This observation highlights that TSPs require competence beyond the confines of therapy sessions, but also in the larger interwoven service landscape their clients' experience.

Understanding the Child Welfare System Structure. TSPs overwhelmingly identified that understanding the child welfare system was a critical component of their job. In particular, a primary need expressed throughout the focus groups was "knowledge of all the different parties involved with DCF [Department of Children and Families; state child welfare agency] (F2, P5)." Likewise, many acknowledged that basic positions and processes of child protective services were unknown to them when entering the field. One commented, "like, I didn't even know what a DCM [dependency case manager] was until I started working here (F4, P1)." TSPs consistently noted a difficulty with identifying and keeping track of the numerous professionals involved, as reflected by one TSP with exasperation:

> *...the Guardian ad litem [child advocate], different attorneys of the children, you have the DCM…there are probably more parties right now that I'm not even aware of …even the parents or guardians...[say] 'why am I having 50 different people calling me?' (F2, P5).*

The extensive knowledge of various interworking professionals was further qualified as an unexpected job component, even described as "a shocker (F2, P5)." TSPs also expressed that knowing the players was important to their work in multidimensional ways, both in order to understand their part in the larger system and also to be able to offer clear explanations to clients. One TSP noted:

> *You have a greater advantage by knowing the players, the different roles, what they do, what they're not supposed to do. What your part is. Because a lot of times you got clients that don't have a clue, they think that they're all DCF … (F3, P2)*

Part of not understanding the child welfare system included uncertainty regarding confidentiality and communication when encountering various parties in this specific context. One TSP described, "we don't know... should we respond to [biological] mom? Should we respond to the foster mom? … a lot of people are involved (F2, P2)." Another indicated that knowledge of the different types of foster care placements was needed, stating "I didn't know the difference[s] about foster homes...all that kind of detail I had to learn as I went into the field (F5, P1)." Another, who self-reported a background in child welfare as a protective investigator [PI], stated that immersion in clinical services requires a background in state policy statute as well, in order to better grasp "this is why we're doing it this way (F3, P1)."

Likewise, it was observed that TSPs who had previously worked in the child welfare system felt their experience was beneficial to their current clinical role. One described that certain tools "like a flowchart" mapping the "process - this is what happens when a child gets removed ....different kind of scenarios (F5, P3)" might be helpful, especially given that procedures are complicated. This TSP went on to say:

> *Understanding the system in terms of how a child first comes into care and the whole process. I came in having that understanding...basic things…the difference between the PI, the difference between the dependency case manager... I understand that whole system … we have cases where there's kids in different stages of the system. There are some kids who are just recently removed and kids who've been in foster care for a while and...not having that prior knowledge...I could see how it could be overwhelming (F5, P3).*

Overall, the importance of understanding the child welfare system was a predominant theme and was communicated as a fundamental, yet often missing, component of a TSP's work, as summarized by the following reflection:

> *We need technical skills on the process of the dependency system…When you have the core knowledge of that, you can then grasp the soft skill knowledge of clinical work...it's kind of like muscle hierarchy, if you don't have that, you can't move on (F3, P2).*

Court Involvement and Processes. Similar to needing knowledge regarding the overarching child welfare system, TSPs indicated a specific need to understand judicial involvement and related processes. Court-related gaps in knowledge and skill were raised with such frequency and specificity that they warranted being discussed as a distinct theme. As summarized by one TSP, the lack of child welfare system knowledge was "the same with going to court. I went to court several times, I didn't know what I was supposed to say." As an example of her lack of knowledge, she added, "I didn't even know that the kids got assigned a lawyer (F5, P3)."

While it was evident that understanding the court system was paramount, TSPs indicated that they were not formally prepared in pre-service training or in other ways for this aspect of the job. Instead, they described learning through trial-and-error. One recounted:

> *A foster mom asked me to attend the hearing for the child that I've worked with. So I asked my supervisor and she said, "Oh no. You shouldn't do that," but that was the first time I learned like I said, 'through trial by fire' … the foster mom who's very knowledgeable … she said, 'You know, I'm surprised you haven't received training in ... what to do when it comes to these issues' (F4, P1).*

Information sharing was also extensively raised as a source of concern in court settings and it was evident that there was a need to help reduce related uncertainty in the court environment, "like how much information you are allowed to share and what should be told in private (F2, P2)". TSPs further highlighted that they need court-related competence in order to be liaisons between the court system and their clients, specifically to prepare clients for going to court and the emotional and behavioral impact of the court system:

> *We can help the client to understand the process and [help] the foster parents because we get a lot of questions about that [the court structure and judicial reviews] and if you don't know how that procedure works, it is difficult (F2, P1).*

Developing a Professional Voice. Another cross-system need for interfacing with a complex and inter-professional environment was for TSPs to develop their own professional voice within the larger child welfare system. One TSP articulated this need through the following case example:

> *[The] court wants mom and the child to be in family therapy, child was freaking out ...they call me to see what I feel about the child connecting with mom and I said she was not ready, she was not ready...They did not care, they called again and said go ahead and do the family therapy…*

Reflecting on this experience, she went on to say:

> *you try to fix it, try to give stability to the child, work with the child and then they say that 'oh you know, we don't care what you said, we want to do this because we think it is better'. So who was the therapist (F2, P3)?*

Another likewise described the desire to have their voice heard, yet feeling particularly limited:

> *We cannot make any recommendations as far as placement or any of those types of things...but it is like we got to have some form of opinion, come on... (F2, P1).*

Similarly, it was reiterated that TSPs may have alternative perspectives to express compared to other involved parties: "no offense, but there are times that therapeutically my goals don't have to align with theirs [the dependency case managers] (F5, P3)." Another described this struggle in an example with the court:

> *[The] Judge ...is looking at the paperwork in front of her … [and] just says, 'you know, what? Mom and dad were using drugs,' or 'Mom and dad, whatever, this kid needs therapy, check that.' And yes [from my view], the kid may benefit from three or four sessions, but the kid is fine...the kid is okay. They're well-adjusted (F4, P5).*

Some also described feeling infringed upon in their decision-making capacity. For example:

> *We are being told by the DCM which modality to use...I have had a 4-year-old where they told me you need to use the EMDR [Eye Movement Desensitization and Reprocessing therapy] with a 4-year-old child and I was like 'okay, I don't think that this is the best modality for a 4-year-old' (F2, P2).*

Another TSP in this group supported her in saying, "as far as what modality you should be using - as the therapist, this is our role to determine what is going to be best for that client (F2, P2)." This theme was summarized by one TSP who asserted:

> *Just remembering that you are the professional, like don't ask DCF what you want because I got into that in the beginning - 'should I do this and that?' [But] I need to tell them that this is what I'm doing (F2, P2).*

Working Across Agencies. As described above, TSPs need to collaborate with various systems of care. Beyond the courts and child protective service agencies, TSPs described significant interactions with the school system and juvenile justice system. It was reiterated that to work as a TSP it is critically important that "you understand all the interworking agencies and players (F2, P3)." For example, one described how working with the school system requires additional training:

> *Just teaching a little bit about what [school] expectations are and knowing that the school is not going to always allow you in, kind of learning how to be prepared for of all the different schools, because I have schools that will allow me very specific time slots for like 30 minutes only…[I] suggest being prepared about how the school systems works and– when they'll allow you to see the kids (F2, P2).*

Also, several TSPs mentioned working with youth who were dually served in the foster care system and juvenile justice system. This required unexpected knowledge:

> *Actually, I have a client with DJJ [Department of Juvenile Justice]…they never gave me any information on how DJJ works and what DJJ is, like and none of that. Nothing, I just was assigned to the client...but there was no information about how this work[s], what the process is (P5, F2).*

TSPs reported that working across systems and the ability to collaborate was essential, and asserted that success can only happen "when you have a collaborative team that actually works together (F2, P1)." Yet, developing skills in communication was an evident need. One expressed:

> *They pull kids from me all the time, like there is supposed to be this this expectation that we are team and we are collaborating together between caseworker, the DCM, we are all working on making this kid okay and then they pull the kid and I have no idea the kid is gone (F1, P1).*

Another recounted the following example:

> *The house manager, house parent at the group foster home became kind of the gatekeeper because she realized all of a sudden there was like three different agencies involved and she wanted to clarify, wait a minute, which therapist is actually going to be working with the child, so that kind of forced us to communicate (F2, P1).*

Related to communication, the need for knowing how to access information across agencies was repeatedly reported. One TSP recalled:

> *My supervisor just gave me a number... You [call and] give the name of the client and they are able to help and find out [who the case manager is] because I have a client that was removed [from their caregiver], after being in therapy. So, she told me you go there and they will give you the name of the DCM. And she also gave me another number that she said... they have everybody listed in their system...it would be helpful to have that in a training packet (F5, P1).*

Utilizing Community Resources. In working with clients with various needs, TSPs indicated that it was essential to know how to connect with community resources as part of their therapeutic work.

> *If I have a client that is need, in that therapy session, that's what we're going to do. I'm going to advocate and empower them to be able to utilize those [community] resources. Even if I have to pull out my phone and do the 211 ...just me modeling for that particular client, 'this is how you're able to advocate for yourself' (F4, P4).*

TSPs reported needing to know different resources available: "you need to know what is open out there (F4, P3)." Another reiterated, "I think it would be also be helpful if we had a better idea of all the different departments within the agency that are accessible to us…" (F5, P3). As an example of a helpful tool, one recounted:

> *We had these pocket [guides] of resources like years ago. I remember they used to have like housing for pregnant woman…If they would just have those pocket [guides], I think of different services within their system that we can kind of refer…I think that would be very helpful (F4, P3).*

Therapeutic Needs

The second category, *therapeutic needs*, includes areas specific to therapeutic knowledge and skill development for serving a child welfare population. TSPs described essential clinical skills that warranted additional knowledge and skill in a child welfare context. They also expressed not always feeling fully competent. As one therapist stated, "I had very little preparation ...now it is looking up researchers, YouTubing, all of these things right now to learn how to apply the [therapeutic] skills (F1, P4)."

Multi-need Families. First in this category, a theme labeled *multi-need families* emerged whereby TSPs described that the context of working in child welfare added a layer of complexity to their therapeutic work. They reported that families involved with child welfare services routinely present with multiple, complex needs. For example, one expressed:

> *There are so many different needs that our families have, it's not just therapy. It's a lot of putting out fires, too. How can we address unresolved trauma if they're homeless and they don't have enough to eat...you have to prioritize. (F4, P5)*

Therapeutically, TSPs indicated how this complexity in family needs required them to think beyond just clinical goals and it was evident that skill building related to how to manage and prioritize needs was essential for TSPs working in a child welfare context. One reiterated, "if they [clients] don't have any food or shelter, you can't be talking about therapy and how to deal with their kids (F4, P4)", while another described a case example where "[the parents] just went to jail, stole a car, mom is on drugs, ... [the kids] haven't been to school in five weeks" and expressed "[it] makes it really, really difficult (F1, P5)."

Broad Expertise. Overwhelmingly, TSPs described needing broad expertise to competently work with child welfare cases. This was indicated by the extensive range of clients and specialized topics TSPs described encountering. They, likewise, desired knowledge on therapeutic modalities to match this diversity and wanted to be familiar with the newest evidence-based research to guide their practice.

The need for broad expertise was exemplified by such statements as, "we are expected as therapists to work with schizophrenics [for example]...and have specialty in different areas (F1, P2)." Another indicated needing to know how to treat a "population that has autism," commenting that training would not have to be in-depth, "just something to get us started (F3, P2)." Many articulated that knowledge specific to age and development was important, as summarized by the comment that "they are expecting us to be knowledgeable with all these groups... you can have an adult or have a child (F2, P2)" and it was evident that TSPs do not necessarily have the knowledge base to treat clients at any age. One commented, "we have a lot of kids that come into child welfare who are under six - a lot," but "you have a small number of therapists here who are actually trained in zero to five (F4, P2)." Another questioned herself on a case regarding knowledge of child development, posing the difficulty of figuring out "is it okay to discuss [the abuse] with a five-year-old or a 10-year-old" and noting "[therapists need to] know the appropriateness for their age (F1, P1)."

In addition to being competent across client populations, TSPs described needing to be competent in a range of specialized areas. For example, one listed encountering common presenting issues that each involve a learning curve, such as "domestic violence, abuse, having parents with substance abuse, foster [care] and adoption (F1, P6)." Another vocalized suicide assessment to be a critical skill and potential gap in knowledge:

> *Just learning about suicide - being able to go and assess somebody for suicide and then being able to determine how severe it is. Is this a case where it just needs to be a safety plan put in place? That can be a whole other training…or does this need to be where I contact 911 and try to get this*

> *child hospitalized? A lot of times you come into this field and you have never dealt with anything like that. You have never dealt with people threatening to harm themselves and you really don't know what to do (F2, P3).*

Contemporary issues were also raised, such as one provider noting "new things are coming out with kids - things that we are not aware of...I don't know like what to say, we're supposed to be the experts." She went on to add "now we have this whole thing with internet...How are we dealing with cyber [issues], how we are dealing with sexual things (F1, P1)?"

TSPs also expressed that fundamental knowledge of maltreatment types was critical in their job, as was knowledge for how to handle the identification of maltreatment in a therapeutic manner with their clients and family members. For example, one therapeutic provider described the importance for knowledge and skill related to:

> *Recognizing signs of abuse...obviously it is not just the physical bruises. A lot of stuff that the kids are trying to tell you, but they cannot ... and [we need to know] when to call—so many times I will see something and I am like 'oh I have to call' but that is not going to help my therapy, is it really necessary for me to call at this time (F1, P2)?*

Developing greater expertise across a range of therapeutic modalities was also emphasized as a need. One TSP stated, "I would like more specific[s]...'Okay, this is how you do play therapy, this is how you do trauma resolution; this is how you do CBT (F4, P2)." TSPs mentioned knowledge of various modalities such as play and filial therapy, cognitive and dialectical behavioral therapy and solution focused therapy that would be helpful as they intervene with these clients.

Finally, a component of needing broad expertise was recognition that TSPs cannot be prepared for every scenario and that they needed to be able to access knowledge and information on-demand in order to meet the needs of current clients. One TSP expressed:

> *That information [from past training] will get just shuffled around and put at the side…[she indicated that instead she needed mechanisms] where I can be like, 'I have a client who has been sexually victimized', and then go to training specifically for that to currently help me with my current client, right now (F3, P1).*

A desire to learn how to find new and innovative ways to intervene with clients on their own was further reiterated, for example:

> *[We need] a research course where we actually learn how to start researching things on our own and get more in-depth … [how] to access different databases and therapies…and learn how to get credible information on our own (F1, P4).*

Family Systems Work. Another identified gap in knowledge and skill for working with clients in the child-welfare system was to understand not just how to work with children or adults individually, but how to work in a family context. This theme could arguably be folded under broad expertise, but was important to distinguish given that family-centered practice is the prevalent model for child protective services, yet TSPs noted not necessarily being adequately prepared to work with the 'whole' family. One TSP commented:

> *When kids get reunified...now they need family therapy, so now you're a family therapist and I think that it is something that a lot of us are not prepared for unless you took that extra track in school (F2, P1).*

She offered a vivid example:

> *If you are not experienced in family therapy or didn't study family therapy in school or anything, it is like you are just kind of thrown in there and you got people screaming at each other and it is like ... 'I don't know what to do, I don't have the proper tools, I don't know about the proper interventions' (F2, P1).*

Another TSP highlighted family therapy as a cornerstone of working alongside the child protective services system and reiterated a lack of preparation:

> *It probably would have been actually better if they [graduate school] had more family systems, more family theories... working in the child welfare, it is almost impossible to really get progress, like real progress, unless you're dealing with the family... (F1, P2).*

Another recounted:

> *[What] I'm dealing with now is a lot of issues more with the parents more so than the kids. The kids are great and they want a different situation. They're looking forward to that. ...when I come around to the parents it's like … you hit a brick wall with them. It's like, what do I do with [them]? Some training in that area would very much appreciated (F3, P2).*

Engaging Mandated Clients. Given that child welfare families are predominantly referred through court-ordered services, TSPs identified that engaging mandated clients was another skill set that they felt was lacking. One commented:

> *I think it's just the manner of not having just clients that are there because they want to learn and they want to grow. It's a matter of having clients that are being mandated and forced to be there. So, you have to build rapport in different way (F5, P1).*

Another reiterated that mandated clients are "very reluctant to receive any assistance. And so in that situation, that's where I'm having the difficulties connecting with the people (F3, P4)." Another posed the question, "What does that kind of treatment plan look like over somebody who voluntarily goes to services? (F5, P2)". It was evident that skills specific to engaging court ordered clients was beyond what TSPs had received:

> *It is different when you're working [with] mandated clients. [In] the child welfare population, that's what you're working with, and it requires a different approach. It's a lot different if you have a client who calls up and say[s] "I want services for my child"—that's a lot different than being told that you have to participate in these services. I think it would be important [to know] how do you build rapport, especially with the parent... how do you build [rapport] because there's often a lot of distress for people who had ... child welfare involvement. They see somebody else coming in their home and they just think you're part of the system, too (F5, P2).*

Trauma-informed Care. Therapeutically, the sampled TSPs recognized that the clients they serve in the child welfare system have experienced trauma and communicated the need to understand trauma-informed practices. One stated, "most of our kids are going through some type of trauma and I don't think that a little [training] course online is going to be enough to really [be prepared to] deal with it" (F1, P5). Another TSP reiterated that recognizing trauma is fundamental, particularly in a child welfare population:

> *The approach for this specific population, I think it is different. It is a different diagnosis for them...they [other professionals] look at the behavior, but they don't look at the whole environment, all the circumstances that the child is going through and they say ADHD, ODD and he is having these [behaviors], but they don't see the [child's] trauma (F2, P2).*

Another expressed that becoming trauma informed took time and that related knowledge was difficult to translate from theory into practice:

> *It wasn't until I had been here for a few years that I heard in a real—that I was able to hear and see in a real salient way, from [the eyes of] an experienced therapist, that...some of these children that are presenting with behaviors that we attribute to ADHD and so forth are off and are often trauma based...I was skeptical at first...until I saw it time, after time, after time (F2, P1).*

Serving Culturally Diverse Clients. The final theme in this category was serving culturally diverse clients. It was evident throughout the data that TSPs working in the child welfare system serve a culturally diverse client population. One noted, "the system is overwhelmed because we have a population...a lot them are immigrant clients" (F5, P3). This theme references a diverse clientele, as does broad expertise, yet it was separated given that training to respond to cultural diversity is arguably distinct in many ways. Much of the knowledge and skill development under the theme of broad expertise involves being presented with external information to fill a knowledge gap (e.g., lifespan development and maltreatment indicators), whereas preparing to serve culturally diverse clients involves more internal processes, such as self-reflection to recognize biases. One provider reflected:

> *I know in [my school program] they did a pretty good job ... creating a cross-cultural awareness...giving us the awareness to ask the right questions…the awareness of the importance of culture – having our antenna out and being able to be open in a respectful way to ask a family, 'well how do you guys do that' or and even if you don't, walk in knowing—'Oh they are from this area and I mean I know everything about that' (F2, P4).*

Another reiterated the need to be prepared to view cases through a cultural lens and reported that this is an area that is lacking in the larger system. She recounted:

> *There are times when I've had to talk to attorneys like, 'no, no, no, like you got to understand culturally, we can't go expedited termination of parental rights because of this. Culturally, it's not [abusive], you can't.' So, that part, I think is missing throughout the whole system (F5, P4).*

Another recounted one case example where she was "the first therapist to meet with the mom and to speak with the mom [in her language]" (F4, P1). Examples related to culture also highlighted the need for TSPs to be educators, advocates, and liaisons for clients, especially if clients do not speak English as a first language:

> *My main part of intervention is educating my client. Educating my client, I try to pass some of the information about what is [the state child welfare agency] and what's going to happen to them if they don't comply and what is the PI [Protective Investigator] and all that kind of information that they don't have because they don't speak the language [English]. They don't understand and they don't know any better (F5, P1).*

Functional Needs

The final overarching category included gaps related to daily functioning and how TSPs struggled to accomplish the multiple demands of the job.

Managing Productivity. Discussion during the focus groups revolved extensively on productivity - the number of hours TSPs must see clients each week, per agency requirements. TSPs described productivity as a primary component of their job performance, and one that they felt required additional preparation. For example, TSPs described difficulty associated with the logistics of scheduling and traveling for community-based services. One summarized:

> *I had a bunch of different cases and they were all over the place ...I had never done this job before, so I was spending most of my time driving from place to place...that was eating up most of time and my productivity…[I had to learn to] make sure that I keep them in the certain area and it is 5 minutes, if they [the clients] are not there it doesn't kill the whole hour (F1, P1).*

TSPs also described needing to understand the context and expectations of productivity up front:

> *I think being knowledgeable about or just coming in with an understanding…that you are going to be expected to meet a certain level of productivity. It is not really just about the quality of your work, it is also about the quantity of what you are doing (F2, P2).*

One aspect of learning to manage productivity was the element of planning for the unexpected, specifically the high rate of cancellation among child welfare clients. One stated:

> *You may have a set schedule for the week but knowing 5-10 of those [clients] may cancel on you and then trying to figure out how to make those up... just understanding the population. Your week is not going to go the way that you wanted to (F2, P1).*

This realistic view of what therapy would entail was reiterated with the following description,"[we] are like driving all the way throughout [name] County ... it is a huge balance that none of us had figured out."

It was evident that skill development was needed to help TSPs succeed in this work environment, particularly related to:

> *Being able to navigate like how to help the client and do your job...You want to know as many shortcuts, so that you are managing your time as effectively as possible. Kind of compartmentalizing what is important from what you can maybe push to the back burner little bit (F5, P4).*

TSPs critically noted that the mismanagement of productivity influenced the quality of service delivery for clients. For example, one stated that due to productivity and scheduling issues, "I would not be as consistent and as I need to be with them [clients] because they would be way out of my area (F3, P1)." To summarize, one TSP highlighted:

> *I would say that just getting here we need a course on time management...Because I think it takes me more [time[]to do my schedule, schedule for the week, than to do the actual sessions...And if you don't have that [time management], it doesn't matter how good of a therapist you are. You are not going to be successful in any agency (F4, P8).*

Home-based Services. TSPs also expressed that the context of working in home-based care required a unique skill set. One service provider commented, "Oh I wish, I wish that would have been a class - that maybe they would have offered what the home will be like (F2, P2)." Another recounted that this knowledge gap posed a safety concern that she was unaware of prior to starting this type of role:

> *Initially I would just go to different homes in pretty bad neighborhood[s]... But now I realize that is not a safe situation. I got a little sense [now], but before I would just go, just trying to get work done. (F2, P1)*

TSPs distinguished that home-based services were very different from the context they expected, as explained by one TSP, "my program prepared you for private practice more than community (F1, P4)." Another reiterated:

> *You are not working like where people are coming to, you are going to them...My [graduate] school that I went to, that was never even talked about at all. It was this pretty picture of you sitting in an office with a nice sofa and people come in to see it and you are just relaxing, and you are like 'come on in'... (F2, P2)*

This discrepancy in expectation and preparation was stark given that home-based services are the predominant delivery model when working with families in the child welfare context.

Specialized Documentation. One of the daily demands expressed repeatedly was extensive documentation. As one TSP emphasized, "that is basically a lot of what you do—documentation (F1, P1)." The need to learn specialized procedures, rules, and tricks-of-the-trade in this regard was heavily discussed. For example, documentation was communicated as a knowledge gap in terms of execution - how to get documentation done timely given the abundance of paperwork and other productivity requirements. One TSP recounted:

> *I would be spending at least five hours [documenting an assessment] … I had no idea how to do any of this kind of documentation. This was brand new for me (F4, P1).*

Others expressed needing an acquired knowledge to expedite documentation in the data management system. For example:

> *If you're smart, because you cannot copy stuff from the bio [assessment] once it's processed in the system...your supervisor should let you know to copy before you process the biopsychosocial and copy to the word document so you have everything available. It takes you 20 minutes to finish... otherwise you have to type everything and all the criteria for diagnosis, everything [again], and that's what they're not, they're taught hard skills, but they're not taught soft skills. (F3, P2)*

A heavily emphasized component of learning specialized documentation was deciphering what details to include versus not include, specifically "knowing how to be general on your notes especially with the [child welfare] cases (F3, P2)." For example, one TSP described making a shift in what content she included:

> *I have learned to cover yourself and make sure that you have it in your notes, but also not overstepping confidentiality... some of those [decisions] were very difficult when I first came in here. Do I put the whole story of everything that happened in the session? Just learning how to just summarize it and put it in there appropriately so in case it is subpoenaed, you don't have every detail of this child's abuse (F2, P1).*

Another reiterated, "you might want to be particular about something that happened [in your notes], but you don't want to be too particular... it's like a fine line (F4, P3)." Another described how she learned to write child welfare related notes, stating: "imagine if your note is sitting up on screen in the courtroom and everybody is reading it. Would you want that to be said (F3, P2)?"

Self-care and Secondary Trauma Prevention. Finally, consistently across the focus groups, TSPs reported a need to understand how to implement self-care and set boundaries in this work environment. One reflected, "sometimes we need to understand, this is not up to me to save the person and if someone would have taught me that earlier I would not feel so emotional (F2, P1)." TSPs explained that this was an area of need given the context of working with a child welfare population, in particular. As described by one TSP, these "cases ... are heavy trauma cases and they're like really draining (F4, P3)." The need to understand secondary trauma was widely communicated and TSPs described its benefits as important for both boundaries within the therapeutic relationship, and for themselves. One TSP stated, "We have very unique families, so just setting those boundaries and modeling a healthy relationship, it's really important towards our treatment plan goals. But it's also important for your own self-care and your own well-being" (F4, P3).

Self-care, in the form of personal and professional balance, was also an expressed need. One service provider said, "you have to have a personal life too for you to be efficient (F1, P1)." Yet, achieving this balance was repeatedly described as difficult. As one noted, "you got to make choices on what you want to cut (F1, P5)." Another similarly reflected:

> *Either my home is in order and everything is good and happy at home and work is suffering or I'm bringing home stuff, at home working a lot, and my toddler is running around screaming and crying because I'm not giving him any attention and I reach a point where a couple of weeks ago where I was like I just don't care (F4, P5).*

This need was summarized by the following reflection: "We're spread so thin with all the responsibilities that we have. It's so easy to get burned out that it would make things so much more manageable if we had a training just on how to preserve ourselves as therapist[s] (F5, P3)."

The training needs, after consultation with the team of experts, were translated into specific topics for curriculum development. These topics included:

1. Clinical Work in Multi-Need Families
2. Overview of Department of Children and Families and the Child Welfare System
3. Court Processes and Information
4. Child Development
5. Dealing with Abuse and Neglect
6. Developing a Professional Voice
7. Documentation
8. Home-Based Services
9. Treatment Planning and Termination with Youth
10. Engaging Mandated Clients
11. Productivity
12. Trauma-Informed Care
13. Working Across Organizations
14. Self-Care/Burnout/Secondary Trauma
15. Family Systems and Conducting Family Sessions
16. Cultural Competence
17. New Innovations/Clinical Interventions
18. Resources Available in the Agency/Community

Preliminary curriculum materials have been developed for these modules and were provided to the Florida Institute for Child Welfare.

Discussion

The themes that emerged in this study highlight the importance of attending to evident gaps in knowledge and skills and, likewise, reinforce that therapeutic providers require competencies uniquely-suited to serving a child welfare population. Three overarching categories were identified that spanned needs related to working in a cross-system service environment, therapeutic knowledge and skill development, and enhancing daily functioning.

The findings in this study, per the self-expression of therapeutic service providers themselves, suggest considerable urgency to fill training gaps and highlight that initiatives are needed to enhance the competencies of TSPs in ways that align specifically with serving a child welfare population. While it is assumed that all agencies have some form of initial training for their staff, the data in this study suggest that gaps still persist and the identified themes offer agency administrators targeted topics to consider in their initial and ongoing training efforts. It is anticipated that by attending to these needs, the capabilities of TSPs to support and strengthen children and families served by the state child welfare program will be improved. As is, the extensive training gaps observed in this study suggest that therapeutic providers are not fully prepared and reinforce the concerns of a disconnect observed in others.[3,4,5] This may have implications for hiring practices and subsequent training. One explanation is that TSPs in the child welfare system are often newer clinicians, one might assume that a significant amount of training and supervision may need to take place to better prepare entry-level workers for this specialized work environment.

Perhaps the most noticeable finding was that TSPs practiced without fully understanding the child welfare system structure and court processes. In all of the focus groups, TSPs expressed concern about not knowing basic key players and procedures. This is a critical finding for provider agencies to consider internally, as well as for other child welfare professionals and legal entities to recognize. For example, front-line child protective services workers should likely avoid making assumptions that players and procedures are broadly understood by external providers and align their communication accordingly.

Data in this study suggest that related training should be a fundamental component of practice knowledge for, not just frontline child protection workers, but the vast network of service providers and other professionals contributing to the safety, permanency and well-being outcomes of children and families. Currently, the Child Welfare Information Gateway,[7] a national resource utilized by child welfare professionals has limited resources available to community partners or therapeutic service providers, in comparison to other child welfare professionals such as investigators and case managers. In fact, there is only one training packet[8] from San Diego, California and one training manual from Maine that describe efforts to train mental health and substance abuse providers on working in the child welfare system. It is evident that content needs to be developed that is relevant for therapeutic service providers as the consumer across additional states, including Florida, perhaps similar to the pre-service training for investigators and case managers or even the pre-service training that takes place for foster parents. Looking more specifically at resources available within Florida, specific trainings could be made available through Florida's Center for Child Welfare.

To this end, the themes identified in this study suggest that certain training content needs to be tailored specifically to the site of service implementation, even within the state. For example, child welfare and judicial processes may differ across districts and community-based care agencies across the state and require a degree of localized knowledge to comprehend. Training strategies for *managing productivity* and *specialized documentation*, too, may differ among agencies. However, other identified training needs—including all of the themes in the therapeutic category, as well as *developing a professional voice, home-based services, and self-care* and *secondary trauma prevention*—may be met with more universal training content. While training for child welfare professionals can differ across various agencies and areas across the state, it is important to understand the competency and background knowledge that is essential to work in this field, regardless of the specific role professionals may have.[9]

Themes identified under the therapeutic category also have notable implications. Taken together, they demonstrate that practice in a child welfare context requires highly skilled practitioners who are prepared with expertise across a variety of client populations and presenting issues, can prioritize multiple complicated needs, can serve culturally diverse clients, including clients who come with a history of trauma and are routinely mandated versus voluntary. Further, the need to understand how to work with families, not just individual clients, was perhaps one of the most salient training gaps identified. While family-based work may be common with various settings, several individuals from the focus groups indicated a lack of preparation and training on working in the family context. All therapeutic service providers

may not have been trained on how to deal with these various processes and it has been found that certain factors, such as the educational background of child welfare professionals and organizational culture may influence their ability to implement family-centered practices.[10] Also, given the unique context of working where families experience allegations of maltreatment and processes of separation and reunification, TSPs expressed a desire to more intricately understand the impact of maltreatment and how to work as a clinician through related processes to promote the overall well-being of their clients. It may be that several of these gaps could be identified and remedied through ongoing quality supervision that continually monitors skill development and provides relevant guidance, when necessary. Again, this requires a specialized training for supervisors and administrators serving this specific population.

This study also points to particular implications for graduate education. As noted in the focus groups, several participants expressed that they were not well trained on working within a child welfare context in their graduate programs. Future research should more fully explore this gap and determine if certain aspects of graduate education could be improved. In 2005, Zlotnick and colleagues reported that a significant means for training child welfare professionals was through university-community partnerships in which specialized training would take place to better prepare practitioners for service in public sectors.[11] This study serves as a first step in one such initiative and can inform further research on the gap between education and social work practice in a child welfare context. Additionally, the findings of this study underscore the importance of future research for understanding how it is that TSPs learn on-the-job. Our data suggest that peer-to-peer interactions may be one means, as well as processes of trial-and-error. If so, inconsistency among providers would be of concern, as would the potential for errors on client cases when TSPs are not proactively equipped.

As the purpose of this study was to inform curriculum development, the improvement of client outcomes through better-prepared TSPs is a primary objective of future research projects. However, the diversity of needs identified in this study suggest that responsive training may also have farther reaching implications, including such outcomes as improved cross-agency relationships or even higher job satisfaction and reduced turnover among providers themselves. It is notable that the spectrum of identified training needs in this study was broad. Specifically, training needs were not restricted to knowledge and skills inside the therapy session, but additional competencies were brought to the forefront. For example, a memorable quote by one TSP read, “if you don’t have that [time management], it doesn’t matter how good of a therapist you are. You are not going to be successful in any agency.” While the benefits of implementing training are yet to be determined, this study is a fundamental step in understanding current gaps in knowledge and skills among TSPs and offers a foundation to guide targeted curriculum development.

Limitations

While the findings of this study contribute to a critical gap in research, methodological limitations were present. The convenience sampling of a single agency could produce sampling bias and while five focus groups were utilized to identify themes across different groups, it is noted that all of the participants were from one agency and therefore some of the needs may have been reflective of this one site. As this is the first known study of its kind, replication across various agencies in the future is needed. Additionally, while the use of focus groups was chosen to help promote discussion and allow participants to add onto each other’s perspective and commentaries, it is possible that this also created a barrier to expression of all of the participants, and therefore, individual interviews or other forms of data collection may have yielded different findings.

Recommendations

- Agencies should consider strategies on how to fill in the gaps in child welfare knowledge for TSPs, which could include partnering with DCF on cross-system pre-service training efforts.
- Cross-system collaboration should be emphasized, which would involve increased communication between TSPs, DCF, and CBC lead agencies throughout the life of a case.
- As a result of this study, a curriculum was developed that centers on content relating to the child welfare community. DCF and the CBC Network should consider adopting one or more modules from the curriculum to prepare their TSPs for specialized child welfare work.

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