



**The Efficacy of Two In-service Training Programs: From the Perspective of Program Directors and Supervisors**

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## The Efficacy of Two In-Service Training Programs: From the Perspective of Program Directors and Supervisors

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*Helen M. Crohn and Jeena Williams*

Lifelong learning has been a part of social work practice throughout the history of the profession (Davenport & Wordaski, 1989). The National Association of Social Workers (NASW) Code of Ethics obligates social workers to continue learning, stated in the following way: "Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely...participate in continuing education relevant to social work practice" (National Association of Social Workers [NASW], 2008). All fifty states now require licensure to practice, with about forty-seven states requiring continuing education to maintain licensure (Council on Social Work Education [CSWE], 2008).

In addition to being required to continue learning, social workers have a thirst for knowledge and voluntarily educated themselves before any authorities required it, often on their own time and expense. This continuing education took the form of attendance at conferences, workshops, and advanced practice and academic programs. In the more recent era of human service program downsizing and increased accountability for levels of service and client outcomes, the efficacy of such training has been the focus of attention. Social work graduate program accreditation also requires outcome accountability (CSWE, 2008), and studies that demonstrate service effectiveness are therefore encouraged.

To protect the public and keep social workers competent and up to date on the most effective interventions, most states require a minimal amount of continuing education (CE) credits for maintaining licensure. Such credits are available for some social workers through in-service training at their employment sites, but the majority of so-

cial workers in small agencies and private practice are consumers of CE credits offered by professional organizations, universities, and journals, both in person and online. This system of CE has been questioned for the last thirty plus years (Beddoe, 2006; Clarke, 2001; Edwards & Green 1983; Swack, 1974) as to whether this market system ensures competence. There is no guide or structure to what social workers choose to learn, and no control over curriculum (Clarke, 2001). This lack of oversight is beginning to be addressed by the Association of Social Work Boards (ASWB) which now keeps a list of approved CE providers on their website (AATBS, 2012)

The criticisms of social work CE dovetail with whether the current system of licensure in itself ensures competence, as scholars have suggested that states seek to limit the social worker pool by assessing competence through standardized testing (Bibus & Boutte-Queen, 2011). It is important for social work practitioners to adapt to changes in the service environment by staying current on the most recent developments in the field (McKneece & Thyer, 2004; Easterly, 2009). Continuing education is one of the most recognized ways to achieve this. The primary goal of continuing social work education is to transfer knowledge and skills to actual field work (Detlaff, 2008; Williams, 2007).

There is wide recognition that the most successful continuing education experiences are those based on adult learning theory (Davis et al., 1999; Teitlman & O'Neill, 2002; Dickson & Bamford, 1995). Andragogical principles can aid the development of knowledge and application of related skills to actual practice. This is because adult learning stipulates that activities should be

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learner-driven and designed to promote immediate application of acquired knowledge (Detlaff, 2008). Adult learning is active, engaging, reinforcing, and related to the learner's needs. The methods are typically delivered in interactive learning modules that allow quick application to practice. Besides providing new information, adult learning must also build upon participants' professional experiences. It is important that continuing educational lessons are found to be useful, feasible, and desirable by students so that they would implement them. Making learning personally meaningful in this way is one of the best predictors of application (Dickson & Bamford, 1995). Geron, Andrews and Kuhn (2005) emphasized that well designed training should be accessible, affordable and grounded in skill-based competencies; while Dixon (1978) created a clear outline of what is needed to comprehensively assess the outcomes of CE:

1. Perception/opinion-satisfaction with the learning experience and perceived progress of the learner.
2. Competency-demonstration of new knowledge and attitudes.
3. Performance-demonstration of new skills.
4. Outcomes-demonstrated impact on client outcomes and service delivery.

The trends in scholarship regarding CE and in-service training (for the purposes of this report, both are referred to as CE) are (a) studies demonstrating the effectiveness of a given CE training and (b) criticisms of CE primarily in the form of questioning whether training does influence behavior on the job and, if it does, is it training or other factors that account for behavioral change (i.e., participant motivation, time, maturation, support from the work environment, etc.).

It is complicated to demonstrate whether continuing education programs are effective, particularly about whether such programs translate into changed practice and consequent enhancement of client outcomes. Studies of social work CE training are criticized for their methodology: the lack of pre and posttests (with the exceptions of Barton, Dietz, & Holloway, 2001 and Williams, 2007); the reliance on self-reports (Bliss, Smith, Cohen-Callow, & Dia, 2004; Crohn & Berger, 2009); and the difficulties in demonstrating that "training"

results in transfer to practice, known as "training transfer" (Clarke, 2002; Dickson & Bamford, 1995). In his review of the literature concerning in-service training from 1974 to 1997, Clarke (2001) heavily criticizes studies for their lack of rigor and their failure to address whether training effects behavior, stating that on the job follow up is sorely missing. Some scholars assume that training influences behavior and try to discern what elements in the curriculum (i.e. pedagogy, timing, environment, quality of teaching, and participants' characteristics such as expectations, age, or motivation) are paramount in promoting training transfer (Clarke, 2001, 2002; Dickson & Bamford, 1995; Smith et al., 2006).

Evaluative studies of social work continuing education are sparse compared to other fields such as nursing and education (Detlaff, 2008; Smith et al., 2006; Williams, 2007). While it is helpful for the social work field to incorporate knowledge on this matter from other disciplines, it is critical that social service researchers begin to accumulate a discipline-specific body of knowledge in this important topic. This is especially important considering the current emphasis on outcomes-measurement in social services (Smith et al., 2006).

Some social work scholars report that training enhances practice skills, helps in applying evidence-based methods, fosters retention of non-white workers, alleviates burnout, predicts practitioners' competence and job satisfaction, improves client outcomes, and helps increase knowledge in specific areas such as field instruction, substance abuse, medication, aging, and youth mentoring, among others (Beach et al., 2005; Bliss et al., 2004; Cohen & Gagin, 2005; Crohn & Berger, 2009; Cullen, Champagne, & Zischka, 1999; Davenport & Wodarski, 1989; Detlaff, 2008; Dziegelewski, Johnson, & Webb, 2002; Geron, Andrews, & Kuhn, 2005; Gira, Kessler, & Poertner, 2004; Herman, 1993; Kaplan & Small, 2005; Lauderdale, Kelly, & Landuyt, 2008; Laufer & Sharon, 1985; Morton, Chandler, & Pollane, 1981; Teitelman & O'Neill, 2002). Other studies found that social workers rated continuing education relatively low regarding its impact on changes in their knowledge, attitudes and

behaviors, with informal learning and work experience rated as having greater impact (Bliss et al., 2004).

#### Literature Review

Continuing education models are ideally supported by work environments that encourage the implementation of newly acquired knowledge (Sobiechoska & Maisch, 2007). Organizational supports are needed to help facilitate the transfer of learning to application (Baldwin & Ford, 1988; Curry, Kaplan, & Knuppel, 1994; Dettlaff, 2008). Especially useful is the concept of practice learning, which promotes in-field application as a primary method of developing new skills and knowledge (Powell & Orme, 2011). Supportive organizations are adaptable, consist of encouraging peers, foster new innovations, enable skill generalization, and expect applied learning (Smith et al., 2006; Dickson & Bamford, 1995; Dettlaff, 2008; Parochka & Paprockas, 2001). Other enabling factors are access, resources, and opportunities for application (Smith et al., 2006). Such integration of learning goals with students' professional lives helps achieve objectives and affect real practice change (Dunworth, 2007).

As noted above, one of the primary factors furthering application of learning is the support of peers. Research with medical practitioners shows that informal contact with peers is the greatest influence on application of newly acquired skills (Jette et al., 2003; Smith et al., 2006). Colleagues are a critical support system for staff as they learn new knowledge and skills. Such collegial support enables collaborative problem-solving (Waites, 2007). Not only does this provide multiple perspectives of social service issues but it also encourages self-reflection on matters of concern (Dunworth, 2007). Powell and Orme (2011) found that eighty-five percent of their subjects reported that networking with other course participants is one of the main benefits of training. Collegial sharing of training goals and objectives, formal and informal collaborative educational networks among colleagues, and sharing of resources, knowledge, and organizational norms are critical in the development of organizational learning communities (Wenger, 2000; Nixon & Murr, 2006). Collegial supports have been found

so helpful that they are being utilized as a form of peer supervision in the form of "work discussion groups" (Warman & Jackson, 2007). These groups provide a forum for staff to reflectively discuss work-related issues in a group consultation format. Such groups have been found to increase confidence and job satisfaction, improve professional skills, and reduce work-related stress. General peer contact was also shown to be helpful in the learning of new activities and the development of strategies to address work concerns (Dettlaff, 2008). Lynch (2006) summarizes this concept best by stating that feedback from others allows for a deeper understanding of workplace learning.

While the importance of peer relations in social work has been well established, another critical relationship is the supervisory one (Beddoe, 2009). Empowered, self-directed learning is a fundamental concept in modern training. However, this must be merged with the organizational requirements of monitoring and accountability. As such, feedback from supervisors and administrators is important in measuring the efficacy of training efforts. Supervision also influences the development of continuing education, so it is critical to involve supervisors in the continuing education process (Gregoire, Propp, & Poertner, 1998; Salas & Cannon-Bowers, 2001; Smith et al., 2006). When attempts are made to evaluate the efficacy of continuing social work education programs, the rigor of such evaluations is limited as they are based primarily on learner self-reports (Jones & Robinson, 1998; Williams, 2007). Supervisors' assessments of training effects is a way to complement the self-reports of learners that usually inform research in this area. Dunworth (2007) states that eighty-three percent of managers in her study reported that staff's practice improved after partaking in training. Managers also report that training leads to better client services and an increase in the amount of qualified staff (Dunworth, 2007). In addition to improvements in staff development, training participation improved organizational goals as it made agencies more committed to training (Dunworth, 2007).

Drawing from continuing education in the medical field, it's been found that training has

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had a limited effect on changes to medical practice (Grimshaw, 1993; Davis & Taylor-Vaisey, 1997; Bero et al., 1998). The structure of continuing education programs can help overcome this. Smith et al. (2006) found that professional social workers rated informal learning activities like supervision, mentoring, and peer consultation as more likely to influence change-behaviors than formal in-service training. Teitelman and O'Neill's (2002) findings support these conclusions, and they recommend including such activities as extensions of more formalized training methods. They also encourage interdisciplinary approaches to training which promote resource sharing among various professions. Linking training to relevant practice issues is also an important tool (Williams, 2007). Dettlaff (2008) recommends enhancing interactive group discussions by focusing them on participants' actual work experiences and their immediate learning needs. Dickson and Bamford (1995) support this finding in that didactic teaching has been found inadequate in aiding skill development. They report that recreating social and emotional climates of work-related experiences in an educational setting is more likely to aid in skill development. They suggest that in order to maximize application, educational programs should teach generalization by promoting relevant skills and highlighting similarities between training and work environments. Another recommendation for current training programs is to include opportunities for professional self-reflection (Yannuzzi, 2009). It is important to consider these implementation strategies during the initial training design in order to maximize participants' ability to apply the learning (Dickson & Bamford, 1995).

While supervisory and peer relations are important to the success of training initiatives, personal characteristics are critical to this venture as well. One of the primary personal characteristics contributing to the success of training and its transfer to practice is motivation (Axtell & Maitilis, 1997; Barriball & While, 1996; Mathieu, Tannenbaum, & Salas, 1992). According to adult learning theory, motivation to learn is increased by the relevancy of information and the ability to quickly apply it (Dettlaff, 2008). It is crucial for continuing professional education to encourage a contin-

ued sense of commitment and engagement in participants (Nixon & Murr, 2006). In studies of medical professionals, it was found that personal commitment to change was the largest determinant of post-training application of learning materials (Mazmanian, Daffron, Johnson, Davis, & Kantrowitz, 1998). Motivation has been shown to overcome organizational barriers to implementation (Smith et al., 2006).

Student performance has also been linked to a learner's adaptability to change (Easterly, 2009). Another finding is that race and ethnicity may play a role in professional learning needs, and relevant power dynamics must be considered in training design (Williams, 2007). Other personal characteristics such as learning style, locus of control, and self-efficacy impact the likelihood of training transfer (Dickson & Bamford, 1995). Smith et al. (2006) found that increasing professional knowledge was the greatest motivator for participation in continuing professional education. They also found that increased age, a higher expectation to apply learning, and higher interest in career advancement were factors that influenced greater change in knowledge, attitudes, and behavior of learners.

The emphasis on professional development is important because of the positive effects continuing education ultimately has on client services. There is a fundamental assumption that the effectiveness of continuing professional education is demonstrated by the application of knowledge and skills gained in training (Salas & Cannon-Bowers, 2001). Research indicates that increased training opportunities lead to improved staff retention (Dunworth, 2007). Trainings have also been found to contribute to high morale and work quality (Scharlach & Robinson, 2005). Participation in such efforts has been shown to improve role clarity, knowledge, confidence, and better communication (Pavey, 2004; Mitchell, 2001; Dunworth, 2007). The implication for practice is that this increased knowledge has the capacity to translate into improved service provision (Dunworth, 2007).

The current study was designed to add to the evolving body of knowledge regarding the efficacy of in-service programs for social workers. Part one of this study (Crohn & Berger, 2009) assessed the

efficacy of two agency-based training programs and examined to what degree these programs did indeed achieve their goals from the perspective of the participants. The current report is based on a survey given to the directors, administrative supervisors, and supervisors of programs in the same agency. It aimed to assess the efficacy of the same two in-service training programs from the perspective of these stakeholders, the directors and supervisors in charge of the staff who attended these programs. These administrative stakeholders had daily contact with the trainees and were responsible for overseeing the delivery of quality services at their various sites.

The focus on studying the training programs' efficacy from participants' viewpoints was informed by principles of adult learning theory, which underscores the need to understand adult learners' perceptions, attitudes, and beliefs (Bliss et al., 2004) as well as feasibility considerations. The purpose of surveying directors' and supervisors' perceptions of the training programs was to discern both the programs' strengths and weaknesses from the perspective of those who conceivably could observe whether their staff transferred skills and knowledge from training to practice (following Geron, Andrews, & Kuhn, 2005). The evaluation of training transfer in studies that included follow-up was limited to rating videotapes of social worker's skills, self-reports, or reading case records of social workers who have been involved in training. One study utilized mixed modalities for evaluation, which has been suggested to be a more accurate measure (Williams, 2007). As of this writing, only one study asked clients (consumers) to rank their social workers' skills after they received training (Rooney, 1985). Two previous studies, as of this writing, surveyed the perceptions of direct supervisors who have contact with social work staff on site during case conferences, supervisory sessions, and staff meetings (Gebhardt-Taylor, 1982; Rodway, 1992).

This report will focus on the most important findings of phase two of this study, namely (a) respondents rated the trainings highest in attracting workers to the agency, as a factor in social workers' decision to join the agency, and in enhancing the agency's reputation; (b) informal learning fac-

tors were also rated high, including addressing diversity and having an opportunity to interact with colleagues; (c) observation of training transfer, enhancing client outcomes, and learning tools for practice scored in the low to mid-range; and (d) attaining knowledge in evidence-based practice came out comparatively low.

#### **Limitations**

This study assessed the efficacy of two agency-based training programs and identified strengths as well as areas that can benefit from revision. It surveyed the opinions of program directors and supervisors at a large urban social service agency to ascertain their impressions of the training's influence on practice behaviors and to assess the opinions of training from a management perspective. Following Dixon (1978), if the perceptions of supervisors are considered accurate, this study conceivably offers some demonstration of transfer of training. At the same time, exclusive reliance on respondents' perceptions is a severe limitation. There were no objective measures of client outcomes or behavior changes, beyond what directors perceived in their respective staffs. In addition, the retrospective nature of the study was a limitation; a pre and posttraining design or evaluation by directors would provide more credible results. Finally, at the time of this study, the investigator was a director of one of the training programs at the agency, which could influence respondents' perceptions by a desire to please the investigator or by accommodating to the discourse concerning training at this particular agency.

#### **Method**

A large urban social service agency was the site of the study. This agency self-reports to be one of the nation's largest nonprofit providers of social services to a culturally, ethnically, and religiously diverse client base of over 55,000 individuals and families annually. There are 175 settings including community-based programs, residential facilities, and day-treatment programs and 2000 professional staff (JBFCS, 2012). In accordance with its mission and to ensure quality of service, the agency has offered, since its inception over 100 years ago, a variety of extensive training opportunities to its staff and to outsiders such as social work students, psychology interns, and psychiatry interns. These

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training programs were designed to help staff maintain a high level of proficiency in the most current professional knowledge and intervention strategies, to secure positive outcomes for consumers, and to provide a service to the mental health provider community in this large metropolitan area. The agency had also built a reputation for its pioneering and seminal efforts in family therapy (Ackerman, Beatman, & Sherman, 1967), adolescent psychotherapy (Esman, 1988), activity group treatment of children (Slavson & Schiffer, 1975), work with stepfamilies (Sager, Brown, & Crohn, 1984), residential care (Polsky, 1962), and trauma treatment (Abramovitz & Bloom, 2003).

The In-Service Training Program (ISTP) focused on generalist practitioner knowledge as well as enhancing trainees' clinical knowledge and skills beyond what is taught in professional school and was mandatory for all incoming clinicians. At the time of this study, ISTP consisted of 60 hours of training a year, divided into ten six-hour days of training. It took three years to complete the total of 180 hours. Topics included client assessment, therapy with specific population groups (e.g. children, families and couples), trauma and trauma intervention, child abuse, racism and domestic violence, and psychopharmacology. The agency's philosophy of care and approaches to practice permeated the entire content of the training programs. Courses were taught by senior clinicians and master teachers who were either employed at the agency or who were outside consultants familiar with agency-based practice.

The Advanced Training Program (ATP), at the time of this study, was competitive and selective and emphasized specialization in child/adolescent, family/couple, and/or group interventions. It targeted experienced workers at the agency (at least three years of post-MSW experience) who had completed the ISTP, or its equivalent, upon recommendation by their program directors. It included theoretical and clinical content as well as intensive individual and group supervision which amounted to over two hours a week of supervision. Classes were small, seminar style, and taught by specialists in the relevant fields.

The ATP training consisted of two years of 200 hours of training per year (400 hours to complete). Both the ISTP and the ATP were certified by NASW to provide CEU credits\* (see note below).

### Sample

Forty-three directors, administrative supervisors, and supervisors of various programs of the agency were recruited for this study. (This is about a 40% response rate of the possible pool of about 100 directors and administrative supervisors.) Only those directors who had staff attend the training programs were asked to complete the study. Therefore, 33 directors and supervisors completed the ISTP questionnaire and 26 completed the ATP questionnaire. The respondents were invited to participate in the survey by e-mail from the associate executive director of the agency and from the senior investigator. The survey was online and anonymous.

As Table 1 shows, respondents varied in personal characteristics including gender and ethnic background. About 64% of participants were female and 30% were male, compared to the agency's social worker gender composition, which is 78% female and 22% male, indicating a higher percentage of males in these upper level positions. Almost all of the respondents indicated their identity (ethnicity, culture, sexual orientation, and/or religion).

Of these, 75% identified as Caucasian, 15% as Black or Latino, and 10% as other or no response, compared to the agency's social workers' ethnic composition of 71% Caucasian, 26% Black or Latino, and 3% Asian, indicating that Black, Latino and Asian staff were somewhat underrepresented in the director, administrative supervisor, and supervisor levels at the time of this study.

All of the respondents were seasoned social workers. All of the respondents held a Masters or Ph.D. The mean length of time since receiving their advanced degree was  $m=15.54$  years ( $SD=7.485$ , range 4 to 26 years and median 15 years).

The average length of time employed at the agency was  $m=12.11$  years ( $SD 6.473$ , range 2-33 years and median 17 years). About 56% of the

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*\*Note: Due to changes in mental health provision, funding constraints, and alternate educational philosophies, the training programs at the agency have been reconfigured and no longer operate as presented above.*

Table 1	
Characteristics of participants	
Gender	
Female	63.6 (21)
Male	36.0 (12)
Missing data	-
Ethnicity	
	75.0 Caucasian (25)
	15.0 Black or Latino (5)
	9.0 other or no response (3)
Tenure in the profession	
	$M = 15.54$ ( $SD=7.485$ )
Range	
	4-26
Tenure in the agency	
	$M = 12.11$ ( $SD=6.473$ )
Range	
	2-33
Types of setting	
Outpatient community-based programs	68% (22)
Central Administration	2% (1)
Residential treatment	23% (8)
Community Outreach programs	7.0% (2)

respondents were directors, 25% were administrative supervisors, and 7% were social work supervisors.

Fifty-two percent of the respondents to the ISTP questionnaire were promoted from within, compared to 64% percent of the respondents to the ATP questionnaire. Sixty-eight percent of the respondents were directors at an “outpatient” service (including mental health, family preventive services, services to the chronically mentally ill, and child and adolescent day treatment programs). Twenty-one percent of the respondents were employed at residential programs (residential treatment, domestic violence) while 2.3% and 7.0% represented central administration and volunteers/ community outreach programs respectively. Sixty-eight percent had completed the ISTP, and 43% had completed the ATP.

**Instruments**

A professional and personal background questionnaire and two program-specific self-report efficacy questionnaires were used for the online survey. Because instruments used in previous research were designed mostly for students (e.g. SWSE by Holden, Meenaghan, Anastas, & Metroy, 2002) or other helping professions (e.g. COSE for counselors by Larson & Daniels, 1998), questionnaires were developed specifically for phase one of this study (see Crohn & Berger,

2009). The development of the original instruments for phase one was informed by content analysis of the Mission Statement of the training programs, open-ended interviews with ten key figures in leadership positions of the agency, and a focus group with staff social workers to identify goals of the training programs.

Themes that were identified in the content analysis for the ISTP included (a) gaining familiarity with the agency’s diverse client populations, standards of service, philosophy of care and models of treatment; (b) acquiring cutting edge knowledge about principles of evidence-based practice and practice skills; (c) developing respectful relationships and collaboration with practitioners from diverse programs; (d) enhancing workers’ morale, retention, and sense of being valued; (e) applying the learned principles to actual practice; and (f) attracting social workers to the agency and maintaining the reputation of the agency in the community and nationally. Additional themes for the ATP included (a) enhancing career development; (b) acquiring advanced clinical expertise, specialized knowledge and skills, and professional confidence; and (c) enhancing staff morale and retention.

These themes were conceptualized into 5 point Likert-type statements regarding goals of the relevant training program. In the original study (Crohn & Berger, 2009), respondents were asked to indi-



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cate to what degree participating in the program achieved each particular goal. These instruments were slightly modified for directors' perceptions of the ISTP and the ATP resulting in 27 statements for the ISTP and 18 for the ATP. The items queried their perceptions of how well the training programs achieved their goals for their staffs.

For example, an item in the original questionnaire for participants stated: "The ISTP helped me become familiar with the various models of treatment used at the agency." In the questionnaire for directors and supervisors the corresponding item stated: "In my opinion, participation in the ISTP helps my staff become familiar with the various models of treatment used at the agency".

In addition to the above items, the questionnaires included several open-ended questions and suggestions for program improvement. The original questionnaires for phase one had been distributed to leaders in the agency for feedback, and the revised version was administered to participants. Reliability testing yielded Cronbach's alpha of .955 for the ISTP questionnaire and .880 for the ATP (see Crohn & Berger, 2009). The data analysis below consists of descriptive statistics from the online survey and narratives from the open ended questions relevant to the current study.

### Survey Findings

In general, both programs were perceived as helpful and contributing, to a low moderate to high moderate degree, to participants' professional development and performance in their practice. The scores were above the scale's mid-point on the questionnaire for all items except for seven in the ISTP ( $M=2.44-3.79$ ,  $SD=.77-1.30$  for ISTP;  $M=3.05-4.28$   $SD=.79-1.26$  for ATP out of a possible range of 1-5). This suggests that program participation was perceived by directors and supervisors as contributing to diverse aspects of their staffs' professional development and performance, indicating overall a low moderate to high moderate level of perceived efficacy of the programs.

Directors rated the ATP higher, suggesting that a selective program that targets advanced level workers was viewed more favorably than

the mandatory ISTP offered to workers who are in early stages of their professional careers. A summary of mean score of items in descending order for both programs is presented in Tables 2 and 3.

This scoring is supported by verbal comments added by directors in response to open-ended questions on the survey. For example:

"...it (ISTP) provides different tools for assessment, and thinking about clients as well as exposure to different treatment approaches. Clinicians can think more broadly, bring what they learned back to supervision & to colleagues."

"The (ATP) was the most valuable training for me and my staff who have taken the training report the same. It has had a great impact on my staff's clinical knowledge, understanding and interventions with clients."

"I think the (ATP) is excellent...The two year intensive is a good format. It allows for educational learning as well as more intensified supervision."

Directors perceived the major contributions of ISTP (in descending order) as (a) a consideration in potential staff's decision in taking a job at the agency, (b) helping address diversity, (c) giving staff an opportunity to reflect on their work, (d) helping broaden perspectives of the staff, (e) providing a forum for staff to develop relationships with other staff, and (f) helping the staff learn the models of treatment used at the agency ( $M=3.79, 3.56, 3.50, 3.50, 3.45, 3.44$  respectively). The following aspects of the ISTP scored less favorably (in ascending order): (a) providing staff with knowledge about evidence-based practice, (b) providing staff with cutting-edge knowledge, (c) facilitation of cross-program collaboration, (d) enhancement of clients' outcomes, (e) improving staff's abilities to assess clients, and (f) helping the staff feel valued by the agency ( $M=2.44, 2.62, 2.89, 2.95, 2.96$  and  $3.00$  respectively).

Directors and supervisors perceived the primary contribution of the ATP as (in descending order) as (a) enhancing the reputation of the agency as a whole, (b) being a positive factor in hiring and/or attracting social workers to the agency, (c)

helping my staff become familiar with the agency's diverse populations, (d) energizing attendees, (e) helping staff acquire tools for practice, and (f) teaching staff to appreciate their colleagues in other parts of the agency (M=4.28, 4.14, 4.13, 4.13, 4.07, 4.06 respectively). In ascending order, participation in ATP training was perceived as contributing less to (a) discussing what is learned in the ATP, (b) providing cutting edge knowledge, (c) learning the philosophy of care at JBFC, (d) gaining familiarity with the agency's treatment models, (e) employing methods, concepts or techniques learned in the ATP, (f) helping my staff feel valued by the agency, and (g) helping client outcomes (M=3.05, 3.44, 3.50, 3.63, 69, 3.88, 4.00, 4.00 respectively).

A comparison of directors' perceptions about the two training programs indicated that the ISTP (3.79) ranked highest the ability to attract potential hires to the agency. For the ATP, enhancing the reputation of the agency as a whole ranked highest (4.28). Both programs were ranked low moderate in providing cutting edge and evidence-based knowledge (ATP=3.44, ISTP=2.44). In terms of training transfer, the ATP scored high moderate in providing tools for the job and enhancing client outcomes (3.88 and 4.00), while the ISTP scored 2.96 on using the knowledge on the job, 2.96 on enhancing staffs ability to do assessments, and 2.95 enhancing client outcomes.

Several directors addressed transfer of training issues in their open ended responses indicating why the programs impacted some of their staff more than others:

"..... In general there is a small correlation between "training" and outcomes in treatment and in general over the years I have noted that clinicians start at very different places and often don't end up very far from where they start, meaning that for the vast majority if they are naturally gifted they tend to stay that way and if not ditto. The learning that I am most aware of is in the day to day work with clients and occurs by and large when there is opportunity to get and willingness to hear immediate feedback from the clients." "Due to their training, some workers are better prepared clinically to reflect on their clinical

work with clients, discuss and present cases and engage and intervene clinically. Most social work graduates are only minimally prepared to do serious therapeutic treatment, the training combined with ongoing work deepens and sharpens the quality of inexperienced workers' work...it accelerates their experiential development....However, an enormous difference depends upon the personal commitment of a particular worker, young or old, as to their own individual development...i.e. willingness to read beyond the demands of the work, to go to conferences, to take advantage of educational opportunities. If the worker only goes to the In-Service because it's required, the learning will be limited...." "It depends on the staff member. Those who are open to learning and committed to professional standards and growth incorporate whatever helps them become more effective clinicians. They are also able to apply critical thinking to the material presented in the ISTP. Other clinicians are more defensive and have "know-it-all" attitudes. They benefit much less, and incorporate much less, if anything. Many of my responses to this questionnaire reflect my assessments of staff's differential use of the ISTP, rather than the quality of the training itself." "At the point in which the staff is participating in the program, it is my opinion that they attempt to integrate tools shared in their work. However, if unsuccessful, staff will normally disregard the new techniques and revert back to old patterns."

#### Discussion

The findings of this study indicated that in general, directors found agency-based in-service programs somewhat helpful and contributing to their staff's professional development and performance in their respective sites. The findings suggest that goals identified by agency leadership were generally achieved. These included helping people feel valued, providing tools for job performance, enhancing knowledge of the agency's philosophy of care and its organizational culture, promoting staff relations and collaborations, de-

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**Table 2: ISTP Means in Descending Order**

Survey Questions/Statements	Mean	Std. Deviation
	I believe that the availability of training at JBFCs is one consideration in potential staff's decision in taking a job at the agency.	3.7931
To what degree was diversity addressed in a satisfactory manner?	3.5600	1.12101
To what degree did participating in the ISTP give your staff the opportunity to reflect on their own work?	3.5000	.94868
To what degree did participating in the ISTP broaden staff's horizons by allowing them to hear the perspectives of workers from programs different from their own?	3.5000	.79349
To what degree did the ISTP offer your staff a regular forum for developing relationships with people from other programs at the agency?	3.4516	1.12068
In my opinion, participation in the ISTP helps my staff become familiar with the various models of treatment used at the agency?	3.4483	.78314
To what degree did participation in the In-Service Training Program (ISTP) help your staff become familiar with the agency's standards of service?	3.4286	1.16837
To what degree did participating in the ISTP help your staff learn about the populations served by the agency?	3.4138	.77998
To what degree did the ISTP provide your staff with solid grounding in the basics of good clinical care?	3.4138	.98261
To what degree does having the opportunity for training contribute to staffs' decision to stay at the agency?	3.3704	1.30526
In your opinion, to what degree does participating in the ISTP promote staff morale?	3.3667	1.09807
To what degree did participating in the ISTP help your staff learn the uniqueness of different groups served by the agency?	3.3103	.76080
Participating in the ISTP helps my staff improve their clinical skills.	3.2667	.86834
To what degree did participating in the ISTP help your staff respect the work of colleagues in different programs at the agency?	3.2308	.95111
To what degree did participating in the ISTP equip your staff with tools that helped them in their job?	3.2258	.92050

veloping a broad perspective to understanding people and behaviors, and willingness to explore new ways of performing tasks. In addition, acquiring general knowledge and skills in the ISTP training and advanced content in the ATP level was a desired product of the training programs. From the perspectives of these directors and supervisors the training programs that were tailored to the needs and clientele of the specific agency helped enhance professional development and secure quality of service. The ATP scored higher than the ISTP (mirroring part one of this study).

The literature supports that mandated programs often are rated lower than selected trainings (Beddoe, 2009). In addition, the ATP provided a forum for a great deal of informal learning through peer and faculty interaction, while the ISTP has a more formal, "top-down" structure. The former has been cited as more effective by self-report than the latter (Crohn & Berger, 2009).

An unexpected finding was that the most valued contribution of the training programs, according to directors, was for organizational and management outcomes. Directors are responsible for hiring so-

**Table 2: Continued**

To what degree did participating in the ISTP help your staff meet a variety of senior professionals?	3.2222	1.12090
To what degree did participating in the ISTP help your staff to be able to share their own work?	3.1538	1.08415
Participating in the ISTP helps my staff apply the agency's standards of service in their clinical work.	3.1290	.92166
To what degree does staff use what they learned in the ISTP?	3.0000	1.00000
To what degree did participating in the ISTP help your staff feel valued by the agency?	3.0000	1.13389
To what degree did participating in the ISTP enhance staff's abilities to assess clients?	2.9655	.98135
To what degree did applying what your staff learned in the ISTP enhance the quality of their clients' outcomes?	2.9565	.92826
To what degree did participating in the ISTP facilitate your staff's ability to collaborate with colleagues from different programs across the agency?	2.8929	.99403
To what degree are the organizational structure and the logistics of the ISTP satisfactory?	2.6429	1.09593
How well did the ISTP meet your expectations?	2.6333	1.24522
To what degree did the ISTP provide your staff with cutting-edge knowledge?	2.6154	.89786
To what degree did the ISTP provide your staff with knowledge about evidence-based practice?	2.4400	1.00333

cial workers into their programs and ensuring that the service delivery is efficient, effective, and meets the productivity requirements set by the agency, which are connected to funding obligations. The high rankings assigned to the training's ability to recruit prospective social workers and enhance the agency's reputation indicate that directors and supervisors valued the most tangible effects of the training that facilitated one aspect of their responsibilities.

In this day of limited resources, directors often shoulder the management of not one, but several programs at the agency; any factor that facilitated their functioning was highly appreciated. The current practice climate demands stricter requirements for clinical work. This, along with the fluidity of the social work workforce and the flattening of salaries, makes training an enticing recruitment tool that is understandably valued by directors who have to insure that they hire motivated, skilled social workers for very stressful, demanding positions.

Another finding relates to what Clarke (2001) termed "informal" effects of training. These benefits, which include giving staff the opportunity to reflect on their work and develop relationships with agency colleagues, were highly valued by program directors. The valuing of these interpersonal effects may relate to the pressure to achieve high levels of client contact, which is increasingly characteristic of agencies because of funding and productivity concerns. Time for reflection and informal learning from peers has become increasingly rare, as has the time to consult about cases. Directors recognized that by allowing staff to partake in these informal learning opportunities, the training time provides a "respite" from the demands of work, as also noted by Clarke (2001). Interestingly in phase one of this study, the participants in training also valued these informal and interpersonal effects most highly. These findings are supported by scholars who report that social workers change behavior by reflecting on their own experience and by interacting and learning



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**Table 3: ATP Means in Descending Order**

	Mean	Std. Deviation
The ATP enhances the reputation of the agency as a whole.	4.28	.752
The ATP has been a positive factor in hiring and/or attracting social workers to the agency.	4.14	1.167
The ATP helps my staff become familiar with the agency's diverse populations.	4.13	.806
My staff seems energized by attending the ATP.	4.13	1.088
My staff is learning tools they can employ in their agency practice.	4.07	.799
My staff is learning to appreciate their colleagues in other parts of the agency through attending the ATP.	4.06	.929
The ATP helps in retention of staff.	4.06	1.144
I believe that staff morale is increased because of attending the ATP.	4.06	1.029
I can see my staff is using the knowledge from ATP in their everyday work.	4.00	.926
The ATP helps client outcomes.	4.00	.845
The ATP helps my staff feel valued by the agency.	4.00	1.033
I have seen my staff employ methods, concepts or techniques learned in the ATP.	3.88	1.088
My staff seems enthusiastic about attending the ATP.	3.72	1.127
The ATP helps my staff gain familiarity with the agency's treatment models.	3.69	1.014
My staff is learning the philosophy of care at the agency through the ATP.	3.50	1.225
My staff is learning about cutting edge knowledge through the ATP.	3.44	1.153
I have heard my staff discuss what they are learning in the ATP.	3.05	1.532

from colleagues more so than from formal training (Davis et al., 1999).

The weaknesses in both phase one and phase two of this study were the training programs' efficacy in providing cutting edge and evidence-based knowledge. Training staff in EBP has been recognized as a challenge, and has been addressed widely in literature (Bilsker & Goldner, 2000; Howard, McMillen, & Pollio, 2003; Mullen, Bellamy, Bledsoe, & Francois, 2007; Shlonsky & Gibbs, 2004). While there is growing recognition of the importance of evidence-based practice, social workers traditionally rely on supervision, practice

wisdom based on advice from colleagues and personal experiences, and relevant theories to guide practice (Bilsker & Goldner, 2000; Howard, McMillen, & Pollio, 2003). Furthermore, in this study, the instruction by seasoned practitioners at the agency may indicate that teaching cutting edge knowledge is not as effective as it may be if it were taught by a university-based instructor who would be more familiar with the most current research concerning efficacy of treatments. Field (1997) notes that organizational culture "often reflects the assumptions and lessons of the past... and this may hinder learning" (p. 151). While sea-

soned teachers may be very effective, on the other hand, ossification, recognition systems, design of the workplace, and the role of supervisors can perpetuate established ways of operating long after central administration has made a decision to change perspective and/or practice. This supports the point of view that training in new modalities and philosophies should be "top down" so that there is knowledge gained in all levels of staff, especially for those who are responsible for teaching, managing, and supervising line staff (Easterly, 2009).

As far as transfer of training observations by the respondents to this survey, the results ranged from low-moderate to moderate, indicating that directors did not observe great changes in behavior as a result of the training. As reported in the open-ended questions, several directors pointed out that "intervening variables" such as staff motivation, attitude, maturity, and previous experience seem to have the most effects on whether a staff member will utilize new learning in actual practice. This has also been posited by other scholars (Smith et al., 2006) as a challenge to training.

This study assessed the efficacy of two agency-based training programs and identified strengths as well as areas that can benefit from revision. One of the research limitations is the exclusive focus on perceptions. While understanding that on-the-job observation of social workers can be important, this provides only a partial picture. To capture a more comprehensive perspective, future research should seek to complement the current findings by studying how clients perceive the efficacy of social workers who have undergone specific training. Other valuable assessment tools would include the use of pre and posttests, case studies, and more formal on the job measures. Additionally, in order to save money, agencies may have gone too far in curtailing in-service training, as its interpersonal effects and stimulation are valued by participating social workers. Those agencies who have severe funding constraints should make use of the finding that much learning takes place informally, not through classes, and allow staff time for peer and collegial case consultation groups.

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