

December 1987

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### Recommended Citation

Wright, Wynn S. and Fraser, Mark (1987) "Staff Development: A Challenge of Privatization," *The Journal of Sociology & Social Welfare*: Vol. 14: Iss. 4, Article 8.

DOI: <https://doi.org/10.15453/0191-5096.1835>

Available at: <https://scholarworks.wmich.edu/jssw/vol14/iss4/8>

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# STAFF DEVELOPMENT: A CHALLENGE OF PRIVATIZATION\*

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*Privatization is a major trend in social welfare, and it is placing new emphasis on staff development in both public and private agencies. By permitting services that are often considered "public" to be provided under contract with non-profit and for-profit agencies, public policy-makers have sought to increase the efficiency of social welfare programs. This has produced greater competition in the welfare marketplace. In a competitive environment, staff development is a key element that enables agencies to respond quickly to market demands for new or imaginative services. The purpose of this article is to describe an innovative staff training program and to report on its long-term impact. In addition, the authors review selected research on staff development and discuss principles that underpin effective staff development programs.*

In many states across the nation, services ranging from mental health and child welfare to corrections and nursing care are being provided by non-profit and for-profit agencies under contract with state governmental authorities. Services that were formerly rendered under public auspices are now being delivered by organizations which must make a profit or, at least, break even. Privatization is a major trend in social welfare in the 1980's (Abramovitz, 1986).

The roots of the current move to privatize social services

\* The authors wish to thank Dr. Peter Pecora, Graduate School of Social Work, University of Utah, for his helpful comments on a draft of this report.

stretch back to the 1960's. In 1962, amendments to social security policies allowed state welfare departments to purchase services from other public agencies. This power was expanded in 1967 to include the purchase of social services from non-profit and proprietary private agencies when those services were unavailable through state agencies. Later policy changes were implemented to broaden the base of clients eligible for services. This appears to have created a greater demand for services, and as the demand grew in the early 1970's, the proportion of public expenditures for purchased social services expanded markedly. By 1971, 25 percent of state expenditures for social services was allocated for the purchase of those services. By 1976, the percentage had grown to 49 percent (Willis, 1984: 516).

Recent cuts in federal funding have led to greater emphasis on the relative costs and merits of social welfare services (Reid & Hanrahan, 1982). As funding has become more restrictive, agencies that provide services have been required to compete for a shrinking pool of dollars. Although critics of this growing competition exist (see e.g. Willis, 1984; Reichert, 1977; Manser, 1972), many authorities are hopeful that competition in a "free marketplace" will contribute to the development of more efficient and effective social services (see, e.g. Reid, 1972).

Stiff competition for scarce resources has led to greater demands for accountability. Public and private providers alike appear to be increasingly required to demonstrate the effectiveness of their services. In addition, agencies are compelled to be ever more sensitive to consumer satisfaction, as nationally-based consumer advocacy groups have grown both in number and strength (e.g. National Advocates for the Mentally Ill). Thus, as agencies attempt to balance costs against returns, concern for accountability appears to have been accelerated by the trend toward privatization (see, e.g. Pruger & Miller, 1973).

Although this pressure for accountability and effectiveness is widely regarded as positive, there are potentially negative side-effects. It is not at all clear, for example, that low-income, multi-problem clients (e.g., the homeless, the chronically mentally ill, and chronically disabled) can be served *effectively* by

for-profit agencies. These clients are often expensive to treat; they do not have their own funding or insurance; and, on average, they do not advocate for themselves. Hence, they are ripe for exploitation by agencies whose financial motives exceed their ethics. In non-profit agencies, the needs of such clients are protected through governing boards, but it remains to be seen whether for-profit agencies will implement similar internal quality controls.

## CONTROL AND ACCOUNTABILITY

The issues of control and accountability in for-profits are only now being engaged. In 1985, for example, Gilbert (1985: 371–372) identified conditions that may be useful in determining whether a service is better delivered by a non-profit or a for-profit agency. These conditions included the degree to which: (a) a service consists of uniform procedures and standard products; (b) clients are equipped to exercise choice and defend their self-interests; (c) a service is coercive in nature and poses a threat to personal liberty; (d) an agency, either public or private, is subject to public regulations sufficiently strong to ensure high standards and client protection; and (e) indirect methods of regulation (such as proxy shopping, service chits, vouchers, etc.) are used. Several of these characteristics relate directly to accountability and can be summarized as the capacity to standardize and regulate an intervention. Gilbert argues that the needs of the consumer can compete with the needs of for-profits only when a service can be strictly specified and controlled. Therefore, in his view, only highly defined and supervised services should be delegated to for-profit providers.

What constitutes control in such cases? Control implies careful selection, implementation, and monitoring of a service. Because social work practice is becoming more empirically based (see, e.g. Fischer, 1981; Reid & Hanrahan, 1982), it is increasingly possible to indentify preferred treatment strategies (see, e.g. Hepworth & Larsen, 1986). In addition to the growing body of academic literature on treatment effectiveness, single-system designs (also known as single-case designs) have provided social workers with practical tools to evaluate the

impact of their own interventions. The expanding body of rigorous research knowledge about the effectiveness of many practice methodologies allow interventions to be chosen on the basis of promising empirical findings. In part then, control appears to imply the selection of specific interventive services, rather than the provision of generic services to a target population.

### SURVIVAL IN AN ERA OF COMPETITION: STAFF DEVELOPMENT IS A KEY

In this era of privatization, one potential ramification of introducing competition to the social welfare marketplace is that agencies that use empirically-supported strategies will be more successful in obtaining service contracts. To attain this competitive edge, however, agencies must be committed to training and re-training staff in the latest treatment methods, and *contractors* must be committed to identifying preferred treatment strategies (see, e.g. Doueck & Austin, 1986). These tasks are difficult because service ideologies are expanding rapidly (Baker and Northman, 1981). But, in our view, neither agencies nor contractors can afford ignorance. Both must know the literature sufficiently well to discriminate between those service methods that are supportable and those that are not. In short, agencies must propose to deliver only empirically-supportable services and they must demonstrate the effectiveness of the services they implement. Likewise, contractors must specify both preferred interventive strategies and desired outcomes. Briar and Blythe (1985) held recently that the "administrative significance" of agency-level evaluation appears in the enhanced capacity of an agency to compete for funding, plan for programmatic changes, and meet demands for accountability.

But as indicated above, agencies must not only evaluate their services, they must also develop effective means to train staff in emerging treatment methods. By upgrading knowledge and skill, profit and non-profit agencies will be better able to compete successfully (Weiner, 1980; Austin, Brannon, & Pecora, 1984).

The purpose of this study was to assess the long-term effectiveness of one promising method of staff training. In this paper, the training program and its effects are described. In addition, key principles for staff development are considered in terms of their relative contribution to changing practice behavior.<sup>1</sup> Aspects of the training program that are examined include: (1) selection of an intervention that had been shown to be effective; (2) intensive training that incorporated theory with practical applications; (3) involvement of a wide range of personnel who had both administrative and line-worker responsibilities; and, (4) rigorous follow-up that reinforced the implementation of new skills.

## THE FUNCTIONS OF STAFF DEVELOPMENT

Staff development serves three vital functions for social welfare agencies. First, it enables line staff to strengthen their skills and build new knowledge to serve the agency's consumers in a professional manner. Second, staff development serves an agency-focused function. It can be used to reiterate agency goals, to design new services, and to communicate needs both up and down decision-making lines (Harbert, Jones, & Schaupps, 1981). Finally, staff development can be used to help the "alienated" or poorly performing worker by providing remedial training in service delivery strategies, agency policies, and performance standards.

## EVALUATION OF STAFF DEVELOPMENT

Because training staff serves many functions, its intended and unintended consequences should be evaluated. Evaluation efforts have at least five benefits (Chabotar & Lad, 1974). First, evaluation is the sole means of determining whether or not the goals of a training program have been achieved. Second, strengths and weaknesses of training activities can be identified and used to improve the quality of future training. Third, evaluation enables estimates to be made of the relationship between costs and benefits. Fourth, as the data from training evaluations accumulate, they become a resource to administrators and trainers who seek to demonstrate the effective-

ness of their programming to funding agencies. And fifth, evaluations provide a valuable source of information from which a variety of management decisions can be made.

In spite of its potential benefits, training evaluation often suffers from a lack of adequate planning and funding (Patti, 1983: 149; Weiner, 1980: 231). Even well executed evaluations may result in little benefit to the agency because of resistances to utilize evaluation data (McNeece, DiNitto, & Johnson, 1983; Cox & Osborne, 1980). To be of maximum value, training evaluation must be developed as a long-range commitment such that resulting data are incorporated into agency priority-setting and decision-making operations (Pecora, Schinke, & Whitaker, 1983; Edwards & Morton, 1980). Training programs that are not supported in this way, often fail to achieve the transfer of learning to the work setting (Mueller, 1985; Mosel, 1957). With increasingly tighter budgets, administrators may find that training and its evaluation become necessary partners in order to justify requests for additional staff development funds.

## STRENGTHENING STAFF DEVELOPMENT EVALUATIONS

The evaluation of staff development must be practical and precise. Designs and measures that reduce response biases are necessary, if true levels of knowledge and skill gain are to be estimated. Self-reports are one of the easiest and least costly measures used in evaluation. However, response shifting may bias findings based on self-reports (Howard, 1980; Mezoff, 1981). Bias appears to be introduced when a trainee's frame of reference for evaluating her/his knowledge shifts in response to training. Prior to training, workers tend to over-estimate the amount of knowledge they possess on a topic, so that post-training ratings of knowledge tend to be depressed. This shift causes the amount learned during the training program to be under represented in the self-report.

Response shifting, which tends to occur in pre-post test evaluation designs, can be corrected by using what has been

called the "Pre-Then-Post" design. At the end of training, the trainee is asked to evaluate the amount of knowledge gained and to re-evaluate the amount of knowledge possessed prior to training. Pre-Then-Post evaluations consistently show a greater degree of learning than do simple Pre-Post designs (Howard, 1980).

## GENERALIZATION ACROSS SETTINGS AND TIME

### Settings

Training evaluation research has shown that many training programs fail because the learning acquired in the classroom is not generalized to the daily work setting (Mosel, 1957). Four conditions appear to be necessary to achieve the cross-setting transfer of training knowledge and skill: (1) content must be applicable to on-the-job situations; (2) the trainee must learn the relevant content; (3) the trainee must be motivated to make behavioral changes on the job; and (4) in the work environment, rewards and deterrents, both formal (such as pay benefits) and informal (such as peer support), must be structured to promote the generalization of classroom material to the workplace.

A growing body of research that the use of "action plans" in training increases participant motivation to implement learning. Action plans are developed by trainees at the end of training and consist of goals for the implementation of learning in the work setting. Zober, Seipel, and Skinner (1982) found that action plans facilitated increased motivation and application of learning. Action plans involved trainees in targeted decision-making that increased commitment to follow-through with action.

The U. S. Office of Personnel Management (1980) has developed a program for training employees to develop action plans and for measuring the degree to which trainees implemented action goals. Called the Participant Action Plan Approach (PAPA), this program combines a motivational technique with a training evaluation method. PAPA has been



shown to be efficient and effective (Mueller, 1985; Salinger, 1979).

### Time

Changes made in job performance must be retained over a long period of time if training is to be cost effective to an organization. Gellerman (1977) argues that since training attempts to replace old patterns of behavior that have reinforcing properties (such as familiarity and ease of use), new behaviors, if they are to be maintained, must be actively and strongly rewarded in the work context. He advocates reinforcement of new behavior through (1) acknowledgement, (2) rehearsal, and (3) frequent explanations of the value of the new behavior. Because such reinforcement is inherently interpersonal, the most critical agent in sustaining the impact of training may be the foreman or first-level supervisor (see e.g., Moller & Graycar, 1983).

But behavioral forces alone may not account for a person's behavior change following training. Attitude change, some have argued, must also take place so that the beliefs and behavior of trainees are symbiotically linked (see e.g. Gabriel, 1975). Using such an approach, Pecora, Delewski, Booth, Haapala, and Kinney (1985) reported important shifts in trainees' attitudes following training. These shifts appeared consistent with attitudes needed to apply the training content; however, long term behavior change was not measured. Although at this juncture it is not clear whether attitude changes cause behavioral changes, it is difficult to conceive of a practice innovation which is not accompanied by positive views on its value and utility.

Finally, broader contextual factors associated with an agency may indirectly affect the ability of trainees to utilize workshop learning on the job. Austin, Brannon, and Pecora (1984) argued that agency procedures, co-worker attitudes, workload, turnover of personnel, and the agency environment affect the long-term outcome of training. In sum, agency policies and structures, plus the "work climate," may mediate the effectiveness of training.

## A CASE STUDY: EMPIRICALLY-BASED STAFF DEVELOPMENT

Based on many of the principles described above, an intensive five-day staff development workshop with follow-up supervision was provided for family service workers in a western state in 1981. The training focused on Functional Family Therapy (FFT), developed by Alexander and Parsons (1973, 1982). The trainers were highly skilled in FFT and had led many in-service workshops. Functional family therapy, an intervention with impressive empirical support, is based on an integration of systems and behavioral theories (see e.g. Barton, Alexander, Waldron, Turner, & Warburton, 1985; Klein, Alexander, & Parsons, 1977; Barton & Alexander, 1981: 403–443). It was developed out of clinical work with dysfunctional families and delinquent youths.

The design of the training program was carefully based upon research on androgyny and learning theory. A key factor in the staff development program was the relevance of FFT training to the needs of the agency staff. For many of the agency's clients, family therapy was viewed as the most effective intervention. At the time FFT was selected, national trends in child welfare urged greater reliance on family based services to prevent placement of children out of the home. Training in FFT was perceived as a practical solution to the needs of the agency and its workers.

The staff development program was also noteworthy in that all levels of the agency were cooperatively involved throughout the planning and delivery of training. There were four consecutive phases to the program. In Phase I, senior administrators received an eight-hour overview of the training which line workers would receive, and they worked with the trainers to tailor the program to the needs of their workers. Phase II involved mid-management supervisors in a two-day workshop in which plans were developed to avoid potential difficulties that could arise as staff implemented the new intervention method. Phase III was the training itself. Phase IV re-

involved management and trainees in an eight-hour meeting in which methods were discussed to further extend the implementation of FFT and incorporate in-house supervision and training. This meeting took place four months after the training workshop. By involving upper-level and mid-level management in Phases I, II, and IV, administrators were able to work with the trainers to adapt agency guidelines and supervision practices so that the implementation of FFT would be easier for workers (see Gellerman, 1977; Pecora et al., 1985).

The training workshop itself, Phase III, was intensive and comprehensive. Workers were involved in a training program that balanced the learning of theory with the building of applied skills. Four components made up this phase: (1) fifty hours of lecture, video- and audio-tape material, roleplay exercises, and discussion groups; (2) packaged material concerning intervention within various agency specific program areas such as foster care, developmentally disabled services, and youth corrections; (3) five, four-hour training modules dealing with special populations or specific family educational technologies (from which workers could select two to attend); and (4) guiding and monitoring the implementation of FFT over a six-month period through individual interviews and goal setting with each worker (12 individual supervision sessions, and 12 phone or written contacts).

The FFT model places great emphasis on developing intervention strategies directly from systems interpretations of family problems. Therefore, one of the goals of training was to change workers' perceptions of the causes of clients' problems from an idiopathic to a systems point of view.<sup>2</sup> A change in orientation has been suggested as a critical step in the training of family therapists (Kniskern & Gurman, 1979; Tucker & Pinsoff, 1984). Thus, the staff development program attempted to change workers' practice behaviors by altering both attitudes and behaviors.

During the workshop, workers were encouraged to practice their new skills and to apply systems interpretations in analogue situations (through the use of video- and audio-tapes, roleplaying, and discussion). Mini-workshops devoted to spe-

cific populations and techniques were devised to help workers generalize their learning by providing examples tailored to their clients. Extensive follow-up supervision strongly reinforced workers' use of FFT by providing feedback and guidance. These methods were designed to blend theory and practice for the participants. Such an approach has been shown to be essential for effective teaching (Gellerman, 1977). New skills appear to generalize more rapidly to the work setting when a supporting practice ideology is in place (Pecora et al, 1985; Gabriel, 1975).

## METHOD

### Research Design

The staff development program in FFT was evaluated using a retrospective case control design. Experimental and control groups of workers who were trained and not trained in FFT were created retrospectively. Workers were matched on the basis of their clients' characteristics (such as presenting problems and service needs), years of experience, and size of caseload. No data were collected prior to the FFT training, and the survey of trained and untrained workers was undertaken three years after the FFT staff development program.

### Selection of Subjects

From the pool of all participants in the 1981 FFT training, subjects were purposively sampled. Thirty of the 38 trainees were still working in the state and were contacted by interviewers. Seven of the 30 trained workers were eliminated from the study because they had been promoted to supervisory positions and held no caseloads. From the remaining 23 workers, basic work characteristics that included population(s) served, years of experience, and size of caseload were gathered. These characteristics served as matching variables to guide the selection of comparable but not FFT-trained workers who made up a control group. District directors from each of the eight statewide family services districts in which FFT-trained workers were employed assisted in selecting workers who were un-

trained in FFT and who best matched the characteristics of trained workers in their district. In this way organizational context was controlled. A total of 27 control subjects were identified before it was discovered that seven of the trained workers were no longer in line worker positions. Rather than eliminate control subjects (to make the two groups equal in number) all of the 27 control subject were interviewed.

### Data Collection Procedures

Both experimental and control groups were administered a standardized interview by phone. Those workers who could not be contacted by phone were given a verbatim written copy of the survey instrument. These workers ( $n = 22$ ) read and filled out the questionnaire independently.

The interview guide addressed four areas. First, workers were asked to give descriptions of their caseloads in terms of problems presented by clients, such as child abuse and neglect, substance abuse, and employment difficulties. Second, descriptions of the ways workers typically intervened were collected. The percentages of direct client hours spent, on average, in the formats of individual, couple, family, and group treatment appointments were obtained as well as the total length of time a case was usually carried to reach a successful termination.

Third, questions were asked to assess workers' perceptions of the needs presented by their caseloads. Workers were asked to locate on a Likert-type scale the origin of problems presented by clients. This scale ranged from internal to external conflicts. In this way, a measure was obtained of the perceived origin of problems as it ranged from a purely idiopathic to an interrelational problem perspective. Specific problem areas were then listed by the interviewer. For each problem, workers were asked to rate the likelihood that they would choose family therapy as an intervention. Various therapy models that spanned the range of idiopathic to interrelational orientations were then presented by the interviewer. Workers were asked to estimate the percentage of time they used a given therapy model in their work with clients. This line of questioning provided another

measure of the degree to which a given problem was seen as interrelational in nature or effect. The fourth part of the interview measured workers' familiarity with various intervention approaches. In addition, desired areas for further training were identified.

Workers who participated in the FFT training were asked several questions about the training. Major characteristics of the FFT model were reviewed and ranked according to their degree of usefulness. Workers were also asked with which clients FFT had been most useful and why FFT might *not* be chosen as the preferred treatment method for some clients. Finally, various organizational supports were ranked according to the degree that they promoted the generalization of FFT training to the work setting.

### Comparability of Trained and Untrained Samples

Scores for FFT trained ( $n = 23$ ) and non-trained ( $n = 27$ ) groups were compared to determine whether or not the two groups were matched equivalently. Mean scores for characteristics of workers in both groups are shown in Table 1. No significant differences were found on caseload size, years of experience, or hours per week of client work. Significant differences were found between those workers trained in FFT and those who were not trained regarding use of individual therapy and family therapy (Table 2). Trained workers tended to use proportionally more family therapy. As this difference could represent either a preference influenced by participation in the staff development program or a preference influenced by clientele characteristics,  $t$  and Mann-Whitney  $U$  tests were used to determine whether significant differences existed between groups on problems presented by clients. No significant differences in caseload problems were found. Because no measures of worker characteristics showed significant differences between groups (except for the use of individual and family therapy), the matching of non-trained to trained worker groups was considered to be successful, and the larger control condition ( $n = 27$ ) was preserved.

TABLE 1

FREQUENCY DISTRIBUTION: TRAINED, NON-TRAINED, AND AGGREGATE WORKER CHARACTERISTICS  
(N = 50)

	Trained $\bar{X}$	Non-Trained $\bar{X}$	$\bar{X}$	sd	Range	
					Min	Max
Years of job experience	12.45	12.28	12.20	7.35	1	32
Hours/week of client contact	18.91	18.24	18.18	7.45	4	30
Months spent working on typical case <sup>a</sup>	3.50	3.42	4.74	1.94	1	7
Locus of problem <sup>b</sup>	3.55	3.12	3.34	.85	2	5
% hours/week providing individual therapy	43.18	54.52	49.56	24.50	10	100
% hours/week providing couple therapy	12.95	13.20	13.30	11.84	0	50
% hours/week providing family therapy	39.09	28.08	32.24	22.89	0	80
% hours/week providing group therapy	4.77	3.20	4.40	8.43	0	35

<sup>a</sup> n = 49, due to missing response.

<sup>b</sup> Based upon a 7-point scale where 1 = internal conflicts, and 7 = relationship conflicts.

TABLE 2

COMPARISON OF TRAINED AND NON-TRAINED GROUPS OF WORKERS: PERCENTAGE OF USE OF INDIVIDUAL AND FAMILY THERAPY FORMATS<sup>†</sup>

Statistic	Therapy Format			
	Individual		Family	
	Trained	Non-Trained	Trained	Non-Trained
n	22	25	22	25
U		190.5**		196.5*
$\bar{X}$	43.18	54.52	39.09	28.08
sd	25.05	21.87	22.80	22.07
t		-1.66*		1.68*

<sup>†</sup> Sample sizes vary due to missing responses.

\*  $p < .05$

\*\*  $p < .01$

## FINDINGS

### Description of Workers

Shown in Table 1, workers averaged 12.2 years of social service experience. They spent approximately 18 hours a week providing direct services to clients. The remainder was spent in staff meetings, case conferences, and general administrative duties. On average, workers carried a case for 4.7 months, and they tended to view clients' problems as stemming from idiopathic internal conflicts (mean = 3.34). About nine hours a week were spent in individual therapy and about six hours a week in family-focused therapy. Spearman's rho was used to measure the strength of relationships between measures of work behavior. Shown in Table 3, positive correlations were found between hours per week of client contact and caseload size ( $r = .30$ ,  $p < .05$ ) and between years of experience and months spent on a typical case ( $r = .36$ ,  $p < .01$ ). Use of individual therapy was negatively correlated with the use of couple therapy ( $r = -.35$ ,  $p < .01$ ). A strong negative correlation was



TABLE 3

## CORRELATION MATRIX (SPEARMAN'S RHO): WORKER AND TREATMENT SERVICE CHARACTERISTICS

	Years of Experience	Client Hours/ Week	% Individual Hours/ Week	% Couple Hours/ Week	% Family Hours/ Week	% Group Hours/ Week	Worker Percep. Prob.	Months Spent/ Avg. Case
Size of caseload	-.05	.30*	-.05	.18	-.36	.19	-.17	.00
Years of experience	- - -	-.20	.22	.03	-.24*	-.17	.17	.36**
Client hours/week	- - -	- - -	-.21	.13	.20	.20	-.01	-.08
% Individual hours/week			- - -	-.35**	-.84***	-.24*	-.37**	.20
% Couple hours/week				- - -	-.05	-.01	.19	-.48***
% Family hours/week					- - -	.00	.33**	.01
% Group hours/week						- - -	-.24*	.02
Worker perception of cli- ent problem locus							- - -	-.03
Months spent on avg. case								- - -

\*  $p < .05$ \*\*  $p < .01$ \*\*\*  $p < .001$

found between the use of individual therapy and family therapy ( $r = -.84, p < .001$ ).

Worker perceptions of the locus of client problems were correlated with use of two types of service: individual therapy and family therapy. Workers who tended to interpret client problems as idiopathic utilized more individual therapy ( $r = -.37, p < .01$ ). Workers who perceived client problems as more interpersonal in nature utilized more family therapy ( $r = .33, p < .01$ ).

### Differences between FFT Trained and Non-Trained Workers

As was noted in the previous section, significant differences were found between FFT trained workers and non-trained workers on preferred therapy format. Analyses were conducted to identify additional differences between matched groups that might indicate why trained workers showed a higher use of family therapy. Trained workers were found to be more likely to use family therapy with problems of family conflict ( $U = 208.0, p < .01$ ) and employment ( $U = 155.5, p < .01$ ). Although the differences were not statistically significant, for no problem category were non-FFT trained workers more likely to use family therapy than trained workers.

Trained workers reported significantly greater familiarity with behavioral and family systems therapies than non-trained workers ( $U = 195.5, p < .05$ ; and,  $U = 213.0, p < .01$ , respectively). Non-trained workers tended to be more familiar with supportive therapies ( $U = 212.0, p < .1$ ). The familiarity of trained workers with behavioral and family systems therapies was reflected in practice. Trained workers reported using behavioral and family systems theories more often than non-trained workers ( $U = 211.5, p < .1$ ; and,  $U = 214.5, p < .1$ , respectively).<sup>3</sup>

### Responses of Trained Workers Regarding the Staff Development Program

Participants were asked to rate supervisor and co-worker support in facilitating greater use of FFT in daily work. Based on a scale of 1 to 4 (where 1 = not useful, and 4 = extremely

useful) the mean ratings for the two responses were 2.17 ( $n = 23$ ) and 2.43 ( $n = 23$ ), respectively. These findings support the view that organizational factors are important, though not singularly important, forces in producing long-term changes in workers' behaviors and beliefs.

Finally, organizational support for the implementation of FFT was measured by asking respondents to rate various contextual influences on setting generalization. A four-point scale (1 = not helpful; 4 = extremely helpful) was used. In general, workers felt that increases in their supervisors' availability for case conferences (mean = 2.57) and changes in agency policies regarding case management (mean = 2.18) promote the generalization of training content to the work setting. They were more strongly supportive of policies reducing caseloads (mean = 3.13) and reported anecdotally that large caseloads prohibited intensive involvement with families.

## DISCUSSION

Few strong relationships between participation in the FFT training and the test variables emerged. However, statistically significant relationships were identified and patterns of findings were consistent with the latest research on staff development. Given the lapse of three years between the dates of training and follow-up, the observed relationships may be interpreted cautiously as correlational evidence of the effectiveness of the training model.

The research hypothesis predicted that participants in the 1981 FFT training would show significant differences in clinical practice and attitudes when compared to similar workers who did not participate in the training. This hypothesis was confirmed. Positive relationships were found between participation in the training and possession of interpersonal viewpoints of problem causation. The findings suggest that the training in FFT produced systems-oriented practice attitudes.

The possession of a systems viewpoint and the acquisition of knowledge of Functional Family Therapy appear to have carried over into practice behavior. Across all categories of client problems, trained workers reported being more likely to

use family therapy, but they were statistically significantly more likely to use it only with the problems of employment and family conflict. The finding that trained workers were more likely to use family therapy with employment problems, an area not traditionally treated with family therapy, lends support to the hypothesis that FFT training contributed to the development of systems oriented practice.

In summary, the findings suggest that the training was successful in producing both attitudinal and behavioral changes that sustained an effect some three years after the completion of the staff development program. Several features of the training model appear to have contributed to its success.

1. *Equal emphasis was placed on the goals of attitudinal and behavioral change.* Skill building was preceded by teaching content designed to change worker attitudes about families and their problems. Workers were taught to view behavior as interpersonal and interdependent rather than idiopathic. Basic conceptual tenants of systems theory were outlined and then demonstrated through vignettes and roleplays. A case study approach was used to promote generalization to the workplace.
2. *The structure of the training program was coordinated with agency objectives and practices.* Congruence between staff development programs and agency objectives has been suggested as a key element of successful staff development. Workers who are expected to utilize new skills must also find agency policies and procedures supportive in areas such as caseload size, records keeping, supervision, and staff conferences. The training model in this study explicitly focused on organizational procedures by involving all levels of management and staff.
3. *The training was timely and helped to resolve a practice conflict.* In the months prior to the staff development program, workers had been influenced by recent trends in practice that encouraged greater use of family-based services. In the face of growing pressure, many workers felt unskilled in family-based treatment. Dissonance between the desire and ability to use family treatment ap-

parently served as a motivational force that promoted active involvement in training and the application of training to work behavior.

4. *The training model was designed to promote generalization.* Extensive follow-up supervision on actual cases was emphasized, and workers reported that this gave them the confidence to apply and refine their new skills over time. This suggests that follow-up supervision may bridge the troublesome gap between workshop and workplace.

Although contextual effects were not a major focus of the evaluation, the findings illustrate how structural characteristics of organizations affect the application of training. Anecdotal reports from workers identified two policies that interfered with work with families: (1) inflexible work hours prohibited evening appointments with families, and (2) contracted service arrangements with private therapeutic agencies discouraged workers from providing therapy. These reports suggest that the extension of the goals of training through all levels of the organization was not fully accomplished. The involvement of managers and supervisors in training appears to have promoted generalization (through apparent changes in case conference, case management, and caseload size practices), but agency contracting policies and 8 A.M. to 5 P.M. work schedules appear to have restricted broader implementation of the training.

The findings from this survey must be considered with caution as there are several limitations in the design of the study. It is possible that some training participants were self-selected, thereby producing an inherently biased experimental group. Future training programs can avoid this limitation either by obtaining pre-training measures to determine pre-existing characteristics of the participants (which might then be controlled statistically) or by selecting training participants in a random fashion. The possibility also exists that external events, which influenced one group but not the other, took place between the time of the training and the time of evaluation. The relatively long period (three years) that elapsed made control of

such historical events especially difficult. Finally, although statistical analyses revealed no differences on sociodemographic variables, it is possible that unknown differences between the groups explain the differences between trained and untrained workers.

As was noted in the section on the impact of staff development, measures obtained by self-reports are frequently criticized. In this study we attempted to control interference due to social desirability and acquiescence by ensuring confidentiality and anonymity. Future evaluations might include objective testing and behavioral observation. In addition, the use of action plans and follow-up evaluation of the completion of plans, such as those used in PAPA, would increase the validity of self-report measures. Both objective testing and evaluation of the completion of action plans could be incorporated into a program providing follow-up supervision of cases (as was used in this study) to increase the generalization of training content.

Taking into account these potential problems, the findings point to key elements in effective staff development. Fully three years after an empirically based training program was provided, significant differences between trained and untrained staff were found. These differences are theoretically supportable and lend credence to an emerging staff training methodology that calls for precise matching of agency objectives with training content, extensive involvement of top and mid-level managers in the planning of training, explicit focus on both the attitudes and skills requisite to changing practice behavior, and follow-up supervision.

## NOTES

1. For this report, staff development is defined narrowly as in-service training. The authors recognize that, more broadly, staff development may include leaves for conference or educational training, clinical supervision, maintenance of an agency library, peer review, new employee orientation, and other professional development activities.
2. In this context, we are using the term "idiopathic" to describe the view that family problems have individually-focused and often unknown causes. This perspective is contrasted by the point of view in which

clients' problems are thought to arise from the web of influences that form the social and environmental context for behavior. This perspective we call the "systems" viewpoint.

3. Because these differences could have occurred by chance, correlational analyses were undertaken to assess the strength of relationships between group membership (trained vs. not trained) and practice behavior and attitudes. Training was positively correlated with a tendency to view client problems as originating from relationship conflicts rather than internal conflicts ( $\text{Tau} = .227, p < .05$ ). It was positively correlated with greater use of family therapy ( $\text{rho} = .248, p < .05$ ) and negatively correlated with greater use of individual therapy ( $\text{rho} = -.267, p < .05$ ). Training was associated positively with the workers' expressed likelihood of using family therapy as an intervention in problems of employment ( $\text{Tau} = .350, p < .01$ ) and family conflict ( $\text{Tau} = .311, p < .05$ ). And finally, familiarity with behaviorism was positively correlated with training ( $\text{Tau} = .265, p < .05$ ). Other data on the relative usefulness of various FFT techniques and the influence of organizational variables were collected and are available from the first author. Because this paper focuses on the staff development model rather than FFT, only selected findings are reported.

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