

Training Residential Care Staff to Participate in Outcomes Research and Evaluation

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Introduction

The importance of conducting scientifically sound research and evaluation in out-of-home care and treatment settings has become increasingly apparent in recent years, particularly as the availability of service dollars has not only diminished, but also become increasingly tied to the ability of agencies to demonstrate positive outcomes for the children and youth they serve. Given that resources are seldom available to support dedicated research staff, agencies are often faced with the challenge of how to train their existing, typically clinically-trained, staff to participate in research and evaluation. While the investment of time and effort required to cultivate proficiency is significant, by building capacity to participate in research and evaluation, residential treatment agencies can not only conduct high quality research, but also apply their findings to improve agency practices and to disseminate results to stakeholders, including, importantly, funders and potential funders. Drawing on lessons learned from a five-year collaborative project, this article examines successful strategies for engaging and training staff to participate in data collection. The sample project involved a collaboration between university researchers, two state associations of children's homes and family service agencies in adjoining states, and their member agencies, to implement an outcomes research strategy across 40 sites providing out-of-home care in residential, group care, and community-based settings.

Materials and Methods

Sample Project Collaboration: Strategies to Ensure Research Training Success

At the outset, it is important to recognize special challenges to building research capacity among agency personnel. As discussed fully by Portwood and Boyd, three major challenges are participants' distrust of and/or discomfort with the process, participants' lack of appreciation for the value of research and evaluation, and time constraints on agency staff [1]. Each of these concerns has specific applications to training. Many agency staff may have had previous experiences with research that were negative, while others will have little interest in learning about research or feel that it is beyond the scope of their duties and/or abilities. Even those participants who are not overtly negative will likely be concerned about their ability to take on an additional duty given the many demands on their time. Accordingly, it is paramount that training strategies

incorporate ways to provide clear examples of how research is valuable to the daily activities of agencies and staff members (i.e., the role research and evaluation play in helping them to provide the best services possible to clients). Moreover, as discussed in each of the recommendations below, training must be sensitive to the time demands of staff members at each stage of the process.

Organize and Coordinate Training Events Effectively

At the outset, it is essential that training efforts be well-organized. Training goals, format, and techniques should be carefully prepared to maximize training effectiveness [2]. The interaction of four components are central to the delivery of an effective and coordinated agency training, specifically the trainer, the training design (i.e., goals, content), the participants, and training resources and supports (i.e., the environment, training manual, handouts) [3].

In the sample project, all training sessions were led by the principal or co-principal investigator, both of whom were knowledgeable about all aspects of the project and had extensive experience teaching and training on research methods and program evaluation. The specific training goal was to prepare agency staff to recruit participants and to administer the study measures consistent with the established protocol. Training sessions were also aimed at the broader goal of engaging participants in the research process. The researchers facilitated this goal by using a Participatory Action Research (PAR) approach, which is characterized by three distinctive features: it focuses on research that is designed to enable and/or to facilitate action; it balances power between researchers and participants, viewing participants as full partners in the research process; and it strives to engage participants actively throughout the process [4]. Relevant participant characteristics informed decisions regarding both the content and the delivery of training. As is the case in many agencies, the vast majority of participants had professional training; however, they had little to no research background. Accordingly, it was important to link their primary interest-providing clinical services-to research to show how the training could benefit them in the performance of their regular duties. Another characteristic shared by agency personnel who participated in the training was the limited time they had available to devote to the study, such that demonstrating respect for participants' time by being well-organized and anticipating

ways to streamline what was asked of staff, thus minimizing the time required of them, was a top priority.

Provide Resources to Ensure Success

Providing participants with the needed resources is essential for successful training and implementation. By removing as much of the burden from agency staff involved in the research process as possible, project leaders can increase both participation and data quality. For example, in the sample project, agency staff received a variety of resources at each training session, including a training manual and supporting materials (in both hard copy and electronic format), along with the actual measures to be administered.

Training Manual

The training manual should be as “user friendly” as possible since it can then be a valuable resource for participants as they begin to implement and to apply the information acquired during training. In the sample project, the training manual included a color-coded table of contents that corresponded with tabbed sections. These sections categorized the content as Background Information (e.g., an outline of the overall project aims, a description of the Participatory Action Research framework for the project, project goals and objectives); Research Methodology (e.g., the research questions and hypotheses, a description of the research design, a description of the recruitment strategy and process, a review of the study measures); Specific Instructions for completing clinical measures and for administering other measures to youth and parents, including step-by-step directions for obtaining informed consent from the parent/legal guardian, as well as assent from participating youth; and a Frequently Asked Questions (FAQ) section, which was updated at regular intervals to provide a quick reference point for addressing common issues. Appendices included a copy of each of the forms and measures contained in the study packets; a copy of the consent forms; a table summarizing the study measures, including commonly used acronyms; the slides used during the training session; a list of all agency staff who had participated in the training and an evaluation form.

Research Materials

Given the time demands on agency staff, researchers/trainers can facilitate participation in research by anticipating the materials that staff will need and providing these in advance, during training. For example, for the sample project, the research team provided each participating agency with “pre-coded” research materials (e.g., including agency identifiers) in an easily portable, plastic filing box at the initial training session. Agencies were also provided with a second box that served as a receptacle for completed study packets. Individual study packets included all of the necessary consent forms and the applicable study measures ordered and color-coded by (1) respondent (e.g., clinician, child), (2) age of youth (since different measures were used for different age groups), and (3) time of administration (e.g., intake). In addition to including them in the training manual, we included written instructions for completing measures on a single laminated sheet of paper that workers could keep in a convenient location.

“Meet People Where They Are.”

Staff in child-serving agencies typically reflects a diverse range of prior work and educational experiences, including the disciplines of social work, psychology, occupational therapy, nursing, and recreational therapy. The extent of research training received within

each of these areas varies considerably. Overall, however, human service practitioners are likely to have had a single undergraduate and/or graduate course in research methods. While providing an overview of the basic elements of the research process, these courses often give limited attention to the links between research methods and direct practice, such that this should be an important element of any training effort.

In the sample project, the research team embraced the diversity of ability and experiences among staff and applied the social work principle of “meeting clients where they are” (“clients,” in this case, being the agency staff). We began this process by conducting site visits to each agency before implementing training. By learning more about the organizations in which participants worked, including the agency culture and goals, as well as the staff members themselves, we were better able to target the training to their current level of knowledge about and comfort with research and evaluation. While these visits confirmed that the vast majority of participants were at an introductory level in regard to research, we were able to identify a number of individuals within agencies who had extensive research experience and a sophisticated understanding of methods and data. By involving these individuals in developing and delivering training, as well as providing technical support to other agencies, we were able both to engage staff at varying levels and to expand our project infrastructure. In fact, the practical experience of these “in-house” experts with working in out-of-home care settings made them an extremely valuable resource.

Include Agency Staff in the Development of Training Materials

By involving staff in the development of training and resource materials from the outset, researchers/trainers can better tailor training materials to participant needs. In the sample project, we shared draft versions of the training manual and the slides used in the initial training sessions with selected participants who had expressed a specific interest in the project in advance of the initial group training session. Their clinical expertise and experience working in an agency setting were particularly helpful in identifying other resources that proved helpful to clinical staff. For example, one staff member suggested that the research team include a chart in the manual summarizing which measures were to be completed by whom and when. This chart proved to be so popular with participants that each staff member was given a laminated, color-coded copy of the chart that they could have readily available as a point of reference.

Elicit and Integrate Participant Feedback

Ongoing evaluation of training sessions is critical to enhancing the content and overall experience for future participants. In the sample project, participants were provided with an evaluation form, which they were invited to complete immediately following their initial training session. Using a 5-point Likert scale (from 1=Poor to 5=Excellent), respondents rated the quality and content of the training session, along with the quality and content of the training manual. In addition, participants were asked whether there were any aspects of the training session and/or the manual that they did not find to be helpful. They were also asked to provide any suggestions for improvement, to share their overall impression of the training, and to list any issues that they thought should be included in the Frequently Asked Questions section.

The research team analyzed data from each training session and disseminated a written training evaluation report to all of the

project partners in conjunction with quarterly progress reports. Importantly, based on the feedback received, the research team revised the training manual and accompanying materials for subsequent training sessions. Accordingly, participants were able to benefit from the experiences of both the trainers and previous participants. We also encouraged feedback through informal avenues, such as phone calls and e-mail correspondence, and actively sought feedback during site visits and other project meetings.

Continue and Reinforce Training

While staff turnover is inevitable in any organization, attrition is of particular concern to child-service agencies in the United States. Among the challenges this high turnover presents is the need for continual staff training. Moreover, a thorough training process should include not only initial training, but also follow-up through consultation, supervision, and any additional specialized training required. To address these issues, research team members provided training for all new staff hired during the project, along with specialized training, as needed. If a training session was not available within 30 days after the entry of a new staff member, or its location was too inconvenient, a member of the research team provided training via teleconference, including new staff members from multiple agencies (typically four to five participants) to enhance efficiency, as well as to facilitate a more interactive training session. Participants were provided with all materials in advance so they could follow these during the training session.

Provide Ongoing Technical Assistance

Along with structured training sessions, providing ongoing technical assistance to agency staff in a timely manner was a central element to our successful implementation of the sample project. With very limited exceptions, a member of the research team responded to all telephone calls and e-mails from participating agencies and staff by the next business day. When additional time was needed to provide a full response, a research team member would acknowledge receipt of the communication and give a specific date by which a complete response would be provided. We adhered to these deadlines strictly to ensure that we were respectful of agency staff time and that they had a positive experience working with the research team.

The research team relied on the executive directors and agency staff to identify the resources and assistance needed to implement the data collection protocol successfully at their particular agency; however, we were proactive in eliciting this information, as well as any individual concerns or questions. For example, when one agency liaison reported that staff were having difficulty keeping track of the dates for administering follow-up measures to youth, we developed and implemented a system whereby one week in advance of the due date, the project coordinator sent an e-mail reminder to the primary agency contact, including the identification number for the youth, the due date, and the specific follow-up measures required.

Another particularly successful strategy for addressing concerns and barriers was connecting agencies with other participants who had handled the same challenge. Agencies were able to come together to develop successful strategies for managing the completion of follow-up study packets by youth when they were on an extended home stay, how to inform child welfare workers about

the study purpose and processes so they could provide consent to participate for those children in state custody, and obtaining “buy in” from direct care staff.

Conclusion

As the sample project illustrates, when appropriate resources are invested in training and ongoing support, staff in agency settings are valuable contributors at each stage of the research process. By participating in research, staff expands both their knowledge and the skills that enable them to engage in, to contribute to, and/or to support future research and evaluation, which, in turn, strengthens outcomes for children in out-of-home care [5].

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