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# Child Welfare Caseworkers: A Pivotal Role In The Uptake Of Evidence-Based Practices

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# Child Welfare Caseworkers: A Pivotal Role In The Uptake Of Evidence-Based Practices

## **Abstract**

Despite the proliferation of evidence-based practices (EBPs) for children and families, some children and families are not utilizing EBPs in the child welfare (CW) system. This may be caused by a lack of CW caseworker referrals since children and families access services through their caseworker. Theory-based research that uses an explanatory model is needed to elucidate areas of intervention to increase CW referrals to EBPs. Therefore, this mixed method study seeks to examine factors that influence caseworkers' decisions to refer and to develop an adapted Theory of Planned Behavior model explaining caseworker referral decisions. Participants (N=110) were caseworkers and support staff at two privately contracted child welfare agencies that could refer families to an EBP, the Positive Parenting Program (Triple P). Poisson regression was used to determine the impact of caseworker demographic variables and intention to refer on the number of referrals to Triple P. A subset of the sample (N=12), participated in one-on-one interviews focused on factors that influenced their decision to refer to Triple P. Directed content analyses was used to determine whether participant data supported an adapted TPB model, inclusive of information-sharing and intra-organizational relationships. Regression results showed that participants from Agency A were more likely to refer to Triple P than participants from Agency B ( $b=3.25, p<.05$ ). Additionally, participants who identified as African-American were less likely to refer to Triple P than those who did not ( $b=-3.38, p<.05$ ). Intention to refer was not a significant predictor of caseworker referral to Triple P. Qualitative data revealed that 1) beliefs about Triple P's effectiveness, 2) conflicting court mandates, and 3) information about and agency support around Triple P, impacted caseworkers' decision to refer. Qualitative results lent support to an adapted TPB model and corroborated quantitative findings. Recommendations include increasing communication and training for caseworkers and court officials, fostering intra-organizational relationships, and increasing agency support for Triple P. Future studies that examine organizational variables such as supervisory buy-in and system-level variables such as court mandates are needed to further elucidate the factors that affect caseworker referrals to EBPs and EBP implementation in CW settings.

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CHILD WELFARE CASEWORKERS: A PIVOTAL ROLE IN THE UPTAKE OF EVIDENCE-  
BASED PRACTICES

Christina M. DeNard

A DISSERTATION

in

Social Welfare

Presented to the Faculties of the University of Pennsylvania

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## **DEDICATION**

This work is dedicated to those who started this journey with me but were unable to see me finish: My grandparents, Marjorie and Melvin Washington and Mary E. Harrison; and my dear friend, Shaderi Taylor.

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I would like to thank my family, Mom, Dad, Daddy, Mom, Paul and Sophia, for your unwavering support, advice, prayers and encouragement. I am immensely grateful for the many sacrifices you all have made and the barriers that you broke through so that I could achieve this milestone as a young, black woman. Thanks to Stephen, for pushing me to live for the greater purpose of bringing God glory and to never underestimate what God can do with my life. Thank you to my friends, Randal, Amanda, Elan, Elysia, Porsche, Mercedes, Dara, and Jennay. You all kept me grounded and feeling like a person, which I desperately needed (and still do!). Thank you to my church family at Epiphany Fellowship. Without you, I would not have been able to stay anchored in my faith during challenging times. Thank you to Ligia and Chrissy, for believing that I could do this and pushing me out of Hickory. Many thanks to my cohort, Allison, Kalen, Lauren, Seongho, and Travis. I could not have asked for better mates to go through this PhD journey with. You all are some of the smartest people I know. Thanks for allowing me to roll with you.

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## ABSTRACT

### CHILD WELFARE CASEWORKERS: A PIVOTAL ROLE IN THE UPTAKE OF EVIDENCE-BASED PRACTICES

Christina M. DeNard

Antonio Garcia, Ph.D.

Despite the proliferation of evidence-based practices (EBPs) for children and families, some children and families are not utilizing EBPs in the child welfare (CW) system. This may be caused by a lack of CW caseworker referrals since children and families access services through their caseworker. Theory-based research that uses an explanatory model is needed to elucidate areas of intervention to increase CW referrals to EBPs. Therefore, this mixed method study seeks to examine factors that influence caseworkers' decisions to refer and to develop an adapted Theory of Planned Behavior model explaining caseworker referral decisions. Participants (N=110) were caseworkers and support staff at two privately contracted child welfare agencies that could refer families to an EBP, the Positive Parenting Program (Triple P). Poisson regression was used to determine the impact of caseworker demographic variables and intention to refer on the number of referrals to Triple P. A subset of the sample (N=12), participated in one-on-one interviews focused on factors that influenced their decision to refer to Triple P. Directed content analyses was used to determine whether participant data supported an adapted TPB model, inclusive of information-sharing and intra-organizational relationships. Regression results showed that participants from Agency A were more likely to refer to Triple P than participants from Agency B ( $b=3.25, p<.05$ ). Additionally, participants who identified as African-American were less likely to refer to Triple P than those who did not ( $b=-3.38, p<.05$ ). Intention to refer was not a significant predictor of caseworker referral to Triple P. Qualitative data revealed that 1) beliefs about Triple P's effectiveness, 2) conflicting court mandates, and 3) information about and agency support around Triple P, impacted caseworkers' decision to refer. Qualitative results lent support to an adapted TPB model and corroborated quantitative findings. Recommendations include

increasing communication and training for caseworkers and court officials, fostering intra-organizational relationships, and increasing agency support for Triple P. Future studies that examine organizational variables such as supervisory buy-in and system-level variables such as court mandates are needed to further elucidate the factors that affect caseworker referrals to EBPs and EBP implementation in CW settings.



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## CHAPTER 1: INTRODUCTION

Child maltreatment continues to be a serious crisis in the United States. In 2013, approximately 679,000 children were found to be substantiated victims of child abuse or neglect (Child Welfare Information Gateway, 2013). Experiencing child maltreatment has adverse long-term consequences for children including behavioral problems, mental health diagnoses, and increased risk of involvement in juvenile delinquency and adult criminality, and of chronic diseases and disability (Fang, Brown, Florence, & Mercy, 2012). Despite knowledge of these consequences, there continues to be a disparity in need and use of effective services for children in the child welfare system (Hurlburt et al., 2004) and maltreating parents are continually offered supportive case management and parenting training classes (Barth et al., 2005; Whitaker, Rogers-Brown, Cowart-Osborne, Self-Brown & Lutzker, 2015) that have not been shown to be effective in reducing child maltreatment (Littell, 1997; MacMillan et al., 2005). Therefore, there is a need to ensure that both children and parents within the child welfare system access and utilize effective services to address the consequences of and prevent the reoccurrence of child maltreatment.

In response, the federal government has provided flexible funding that allows states to implement evidence-based practices (EBPs)- treatments that through empirical study have demonstrated effectiveness in reducing factors that contribute to child maltreatment- within child welfare contexts (Whitaker et al., 2012). However, implementation and evaluation efforts of these EBPs for the child welfare population have been hampered; this is partly due to a lack of families accessing and utilizing the interventions (Whitaker et al., 2012). Though a result of many different barriers, including the lack of EBPs in close proximity to families and the stigma around using mental health services (Garcia, Circo, DeNard, Hernandez, 2015), this lack of utilization is due in part to the lack of referrals by child welfare caseworkers. This is because families typically access

services through the referral of their child welfare caseworkers as opposed to directly accessing services themselves (Whitaker et al., 2015; Dorsey et al., 2012; Stiffman et al., 2004).

Research to address the lack of referrals to EBPs by child welfare caseworkers has focused on increasing caseworker referrals to EBPs using an educational training intervention to increase caseworker knowledge of and openness to EBPs; study results did not find that their efforts resulted in a significant increase in actual referrals to EBPs in comparison to caseworkers who did not receive the training intervention (Dorsey, Kerns, Trupin, Conover, & Berliner, 2012; Fitzgerald et al., 2015). Therefore, further study is integral to determine what other factors affect caseworker referrals to EBPs. Additionally, the limited studies that have examined the role of child welfare caseworker referrals in the context of EBP implementation have been descriptive in nature (Dorsey et al., 2012; Fitzgerald et al., 2012; Whitaker et al., 2012, 2015). Theory-based research that uses an explanatory model is needed to elucidate areas of intervention to increase child welfare referrals to EBPs.

### **Theoretical Framework**

Research into the complexities of this relationship will be derived from the Theory of Planned Behavior and Diffusion of Innovation theory. The Theory of Planned Behavior (TPB) posits that an individual's completion of an action is directly predicted by that individual's intention to perform that behavior, which is determined by that individual's attitudes towards the behavior, the subjective norms around the behavior, and the individual's perceived behavioral control towards completing the behavior (Ajzen, 1991). Those three antecedents are preceded by the individual's salient beliefs around the behavior, norms, and control. The Theory of Planned Behavior can shed light on the individual-level determinants associated with child welfare caseworkers' decisions to refer a family to an EBP.

However, TPB has been criticized for its lack of consideration of the influence of contextual factors on behavioral change (Sniehotta, Pesseau & Araújo-Soares, 2014). In response to this criticism, TPB proponents assert that TPB does not limit the study of contextual

factors that play a role in shaping the beliefs that influence the antecedents of behavioral intention (attitudes, subjective norms and perceived behavioral control) (Ajzen, 2011). This suggests the freedom to examine other contextual factors in conjunction with TPB when seeking to explain changes in behavior. Two such contextual factors to be considered are intra-organizational relationships and information-sharing. Diffusion of Innovations theory describes how potential adopters of an innovation seek information about whether the adoption of the innovation will yield positive or negative consequences for the adopter. This evaluation-information that potential adopters seek when making an innovation-decision is likely to be conveyed through interpersonal communication networks with near peers (Rogers, 2003). In the context of an organization, interpersonal communication networks are likely comprised of intra-organizational relationships and facilitate information-sharing, thus the necessity of their inclusion when examining individual adopter decisions. Diffusion of Innovations acknowledges that in addition to evaluative information about the innovation, norms and other external factors may affect an individual's decision to adopt an innovation. This marries well with TPB, potentially elucidating the diffusion process of the beliefs that inform adopter attitudes, subjective norms, and perceived behavioral control around completing a behavior. In a child welfare setting, examining the information-sharing processes and the intra-organizational relationships of child welfare caseworkers in relation to EBP providers may illuminate the process of the diffusion of salient beliefs about EBPs, leading to increased determinants of intention to refer and subsequently a referral being made.

### **Current Study**

The current study seeks to examine factors that influence caseworkers' decisions to refer to an EBP. It takes place in a large, urban child welfare system in the Northeastern United States, within two community agencies contracted by the city public child welfare agency to provide child welfare services. These two community agencies are in the process of implementing the Positive Parenting Program (Triple P), an evidence-based parenting program that provides behavior management skills to caregivers of children with behavioral difficulties; this includes families

receiving child welfare services. The current study is a part of a larger study evaluating the effectiveness of Triple P in improving child welfare-specific outcomes, but this dissertation study is focusing on child welfare caseworker referrals of families on their caseloads to Triple P.

There are quantitative and qualitative components to this study. First, quantitative components will examine the association between caseworker demographic characteristics and caseworker referrals. These characteristics will be drawn from the few implementation studies completed on child welfare caseworkers and implementation studies examining the characteristics of mental health providers that influence their attitudes towards and adoption of EBPs. Additionally, to fill the need for explanatory studies examining caseworker referrals to EBPs, the relationship between the TPB construct of child welfare caseworker intention to refer to Triple P and actual caseworker referral to Triple P will be quantitatively explored.

The qualitative component of the study will analyze information from interviews with child welfare caseworkers and supportive staff to determine the plausibility of an adapted TPB model. To begin, the determinants of intention from the original TPB- attitudes, subjective norms and perceived behavioral control- will be examined since they will not be quantitatively measured. Furthermore, since to this researcher's knowledge, information-sharing and intra-organizational relationships have not been studied in conjunction with TPB constructs, this study is proposing an adapted TPB model that includes them as either predictors of attitudes, subjective norms and perceived behavioral control and/or as direct predictors of intention. Therefore, this study seeks to determine the relationships between the intra-organizational relationships and information-sharing variables and the variables from the original TPB model, in an adapted TPB model explaining caseworker referral behavior.

### **Implications**

This study has both broad and specific implications for the child welfare field and literature. More generally, the findings from this study can provide child welfare agencies with information that can increase families' access to and use of EBPs, which can prevent future child



maltreatment. More specifically, this information can inform agency administrators on how to strategically implement EBPs within their agencies to maximize child welfare caseworker referrals and ultimately family utilization of EBPs. Regarding the literature, this study addresses gaps in implementation science, specifically regarding how to increase referrals to EBPs. Additionally, findings from this study may provoke future studies into the mechanisms regarding the implementation of EBPs within child welfare agencies; consistent child welfare caseworker referrals are one mechanism but others need to be further identified and explored in future research to ensure families' access to effective services.

## **CHAPTER 2: THEORETICAL FRAMEWORKS AND REVIEW OF THE LITERATURE**

Interventions are typically provided to half of child abuse cases and a large number of those interventions are parent-training support programs (Barth et al., 2005). The premise is that parenting programs target specific deficits in parenting that lead to child maltreatment. Parents who maltreat their children have more negative interactions and less positive ones with their children than non-abusive parents (Timmer et al., 2005). Negative interactions between children and parents are often precipitated by children's externalizing behaviors and parental stress (Briscoe-Smith & Hinshaw, 2006). In order to increase positive parent-child interactions and to reduce negative parent-child interactions, child welfare agencies provide parent training interventions, as these interventions enhance parent functioning and reduce maladaptive parenting behaviors (Timmer et al., 2005). Thus parenting programs are the primary intervention child welfare agencies use to preserve or reunify families (Barth et al., 2005). However, these and other supportive case management services that are typically provided to families in the child welfare system (i.e., treatment as usual) have been shown to be ineffective in that there were no differences between those families who received services and those who did not in preventing future child maltreatment (Chaffin et al., 2004; Whitaker et al., 2015). In response, the federal government has provided state and local child welfare agencies with flexible funding to implement evidence-supported interventions so that families can access and utilize effective services (Whitaker et al., 2015).

### **Child Welfare Caseworkers as Service Brokers**

As child welfare agencies have taken advantage of flexible federal funding and have begun to implement and evaluate EBPs, they have encountered a lack of client utilization of EBPs as a barrier to EBP implementation (Whitaker et al., 2012). While there are multilevel barriers that families can face, including lack of available EBPs, lack of culturally competent EBP providers, and stigma around seeking help (Garcia et al., 2015), one barrier that has received

relatively sparse empirical attention is the lack of referrals by child welfare caseworkers. Child welfare caseworkers are integral in the process of children and families in the child welfare system accessing EBPs because as previously mentioned, families and children within the child welfare system typically access services through their child welfare caseworker (Stiffman et al., 2004). Stiffman and colleagues (2004) describe this process as the Gateway Provider Model. The Gateway Provider Model combines the Network Episode Model (NEM) and decision-making theory to explain how children receive mental health services. From the NEM model, the Gateway Provider Model posits that there is an individual who is usually not a mental health provider that determines the trajectory of a child's mental health treatment. This person is the gateway provider. From Decision theory, the model posits that if this gateway provider is given information that is outside of its current provider networks and if that information can be titrated down to only what is relevant to that client's needs, then the gateway provider will provide more consistent and appropriate advice, assistance, options, and referrals. The final part of the model incorporates the context of gateway provider's decision-making, including provider attitudes, provider impressions of support for treatment, and system burden and the impact the context can have in facilitating or hindering the implementation of new mental health treatment systems. Testing of the model showed that the biggest predictor of service provision to children was gateway provider perception of youth mental health problems, which includes youth need (presence and severity of disorder, comorbidity and impairment) and predisposing (demographics, risk and protective factors) and enabling (availability, accessibility, affordability and acceptability) factors (Stiffman et al., 2004).

Other research corroborates the role of child welfare caseworkers in connecting child welfare involved youth and caregivers to services. One study found that mental health service use was facilitated when caseworkers were generally knowledgeable of children's mental health and were familiar with mental health providers in the community (Bunger, Stiffman, Foster & Shi, 2009). Another study examining caregiver service receipt and the impact of different referral strategies (Bunger, Chuang & McBeath, 2012) found that caregivers were more likely to receive

mental health services when caseworkers used social referral strategies (e.g. filling out paperwork, scheduling appointments, accompanying the caregiver to appointments) than informational referral strategies (e.g. suggesting services to caregivers, providing information on available services, following up with the caregiver on service use).

While this research focuses on the role of caseworkers in facilitating access to mental health services in general, their role in the EBP implementation process is not to be understated. A lack of referrals can affect not only a family's access to an EBP, but also the ability for researchers and interventionists to implement EBPs to solidify its evidence base in community settings (Self-Brown, Whitaker, Berliner & Kolko, 2012). This effect was seen in the implementation of SafeCare, a structured intervention for child maltreating families, that encountered delays in implementation to due a lack of referrals of families (Whitaker et al., 2012). A more detailed discussion of the role of caseworker referrals in EBP implementation follows.

### **Previous Literature on Predictors of and Increasing Caseworker Referrals**

There has been a dearth of research on the role of child welfare caseworkers in the implementation of EBPs in the child welfare service array. Research has typically focused on the mental health clinicians who provide EBPs or the administrative leaders making the decision to implement EBPs within a system or agency (Whitaker et al., 2015). However, there have been a small number of studies that have examined child welfare caseworker referrals in regards to implementing EBPs in depth.

Whitaker and colleagues (2015) discovered the importance of examining child welfare caseworker referrals in their statewide implementation of SafeCare and decided to conduct a survey of child welfare staff's attitudes, knowledge, and referral patterns. Their survey assessed familiarity with SafeCare, attitudes towards and perceived effectiveness of SafeCare, perceived barriers to referrals to SafeCare, and actual referrals to SafeCare. Results showed that case managers were less likely to make a referral to SafeCare than supervisors and administrators. Barriers to making referrals included a lack of knowledge of SafeCare, which was rated more highly as a barrier by case managers, and a lack of fit of SafeCare to families' needs. Predictors

of referrals in bivariate analyses included staff position, where the case manager position predicted fewer referrals, and familiarity with SafeCare and positive attitudes towards SafeCare both predicting an increased likelihood of referrals. In multivariate analyses, only position (case managers were 80% less likely to refer to SafeCare) and familiarity with SafeCare were predictive of increased SafeCare referrals. The authors posit that the high degree of turnover among case managers, which would give newer staff less time to become familiar with SafeCare, and the fact that front line staff are typically the last to know about new programs, typical of top-down implementation processes, could be reasons for the low number of referrals among case managers.

Dorsey and colleagues (2012) discussed initial findings from Project Focus, a child welfare caseworker training and consultation intervention aimed to increase caseworker capacity to facilitate access to EBPs for children on their caseloads. In this study, foster care caseworkers were trained on how to identify common classes of behavioral disorders among children and how to match them to EBPs that target those specific disorders. Results showed an increased awareness of EBPs and a trend towards being able to identify EBPs that would be appropriate referrals for specific child behavioral disorders. Both the group of caseworkers who received the intervention and those who were in the waitlist control group had increased referral rates to EBPs over the study period but there was no statistically significant increase in referral rates between the two groups. Potential reasons for this lack of significant findings include research limitations and systemic barriers. Research limitations cited were a small sample size with a decreased ability to detect differences between groups, and the use of caseworker self-report as a measure of rates of referrals, which can be subject to recall bias and the influence of social desirability. Systemic barriers included children being placed in foster care placements that were in geographical areas where caseworkers were unfamiliar with EBP providers in those locations and issues specific to mental health providers such as clinician turnover and the lack of EBPs offered that address specific child needs. Larger macro-level reasons for lack of significant findings included the study occurring during the financial crisis of 2008 and the implementation of a new

statewide data management system making it more difficult for caseworkers to engage in Project Focus (Dorsey et al., 2012).

Fitzgerald and colleagues (2015) continued Dorsey's work by extending Project Focus in terms of location, target population, and training components. This study was conducted in Colorado and expanded training to include all child welfare caseworkers, not just foster care caseworkers as in Dorsey's study. The training was modified to include a greater emphasis on child trauma, specific training on administering, scoring, and interpreting measures that assess posttraumatic stress, and a focus on being able to identify core intervention elements or practices of EBPs in lieu of complete EBPs that were not available in the area. Researchers found a statistically significant increase in caseworkers' knowledge of proven and effective treatments for children and families in the child welfare system. However, like the previous Project Focus study, there was no intervention effect on the actual practice behavior of child welfare caseworker referrals.

While these studies provide early research on child welfare referrals in the EBP implementation process, more research is needed to have a more thorough understanding that can promote levers of intervention. Specifically, the studies mainly focused on attitudes, knowledge and awareness of EBPs as predictors of referral to EBPs, even though previous research has determined that knowledge and awareness of EBPs are necessary but insufficient to predict behavioral change (Beidas & Kendall, 2010). Predictors that are more explanatory in nature need to be examined when looking at child welfare caseworker referrals so that targeted interventions can be developed that maximize caseworker referrals to EBPs. While the impact of contextual factors (e.g. policies, funding, inter-organizational relationships, organizational culture and climate) on EBP implementation cannot be overstated (Aarons, Hurlburt & Horwitz, 2011), many practice adoption decisions are made at the individual level (Grol, Bosch, Hulscher, Eccles & Wensing, 2007), necessitating an explanatory model at the individual level. The Theory of Planned Behavior provides an explanatory conceptual framework for examining caseworker referrals.

## **Theory of Planned Behavior**

The Theory of Planned Behavior (TPB) is a cognitive-social psychological theory that is used to explain the relationship between beliefs, intentions and behavior (see Figure 1). Its main proposition is that behavior is directly predicted by intent to perform that behavior and an individual's perceived behavioral control in performing that behavior (Ajzen, 1991). Intention is defined as "motivational factors that influence a behavior," (Ajzen, 1991, p. 181). The stronger the intention, the more likely a person is to perform the action, if the behavior is under that person's control. There are three direct determinants of intention- attitudes, subjective norms, and perceived behavioral control. Attitudes comprise an individual's appraisal or evaluation of the behavior of interest. Subjective norms encompass perceived social pressure to complete or not complete the behavior in question. There are two types of subjective norms: 1) injunctive norms, which is characterized as a person's perception of what significant others think about that person performing that behavior or not, implying social rewards or sanctions for that behavior; and 2) descriptive norms, which are defined as a person's perception of whether others perform that behavior, providing information on that behavior's popularity (White, Smith, Terry, Greenslade & McKimmie, 2009). The Theory of Planned Behavior's founders advise incorporating both types of norms when examining the effect of subjective norms (Ajzen, 2006). Perceived behavioral control is conceptualized as a person's perception of how difficult it will be to perform the behavior of interest. All three of these direct determinants of intention are predicted by salient information or beliefs relevant to the behavior in question. Behavioral beliefs influence attitudes towards the behavior and comprise what an individual believes is the likelihood of different outcomes of performing the behavior weighed by the value of each outcome (McEachan et al., 2011). Normative beliefs are the underlying determinants of

subjective norms and are beliefs about whether individuals deemed to be of importance (referents) think that an individual should perform the behavior versus an individual's intrinsic motivation to comply with those referents (McEachan et al., 2011). Control beliefs serve as the basis of perceptions of behavioral control and are beliefs about the frequency of facilitators or barriers towards engaging a behavior weighted by the power of those facilitators or barriers in preventing behavior engagement (McEachan et al., 2011).

TPB has been refined to also include the effect of actual behavioral control as a moderator of the relationship between intention and behavior (Ajzen, 2011). This is especially significant in terms of measurement and the time lapse between measurement of intention to engage in a behavior and actual engagement in that behavior. There may be factors external to the individual that inhibit or facilitate an individual's performance of a behavior regardless of that person's intent.

A meta-analysis was conducted by Armitage and Conner (2001) of 161 articles containing empirical tests of TPB. Of those studies, 44 had prospective self-reported measures of behavior and 19 had prospective measures of behavior that were independently rated or observable. Results provided support for TPB. A multiple correlation that was completed with attitude, subjective norm, and perceived behavioral control with intention had a correlation of .63, accounting for 39% of the variance in intention. The correlation between intention and behavior was .47. Armitage and Conner contend that these results are comparable with other meta-analyses. Results also showed that subjective norms had the weakest correlations with behavioral intention, but this was a function of measurement and further empirical study is needed.



An additional meta-analysis was completed by McEachan and colleagues (2011) examining the efficacy of 273 empirical tests of TPB in predicting health-related client behavior with methodological moderators (e.g. behavior type, age of sample, length of follow up and whether behavior was a self-report or objective measure). The authors found TPB to be useful in applied settings as there are clear guidelines for operationalizing constructs and measures are matched to the target behavior, action, context, and timeframe. The results of this meta-analysis found that TPB explained 19.3% of the variation in behavior and 44.3% of the variation in behavioral intention.

**Theory of planned behavior in implementation.** The majority of studies use TPB to examine client behavioral change, but there is a growing literature using TPB to explore clinician behavior in the hopes to facilitate the dissemination and implementation of EBPs. Perkins and colleagues (2007) examined 20 studies that used TPB or its predecessor, the Theory of Reasoned Action, to understand their effect on clinician behavior. The researchers found that the majority of studies examined predictors of intentions, instead of behavior and called for more studies that explore the relationship between constructs, intention and behavior. Additionally, in the two studies Perkins and colleagues found that examined mental health clinician behavior, results showed that the strongest predictors of intention (attitudes towards the behavior, and self-efficacy) were consistent with TPB (Meissen, Mason & Gleason, 1991; Klaybor, 1999). A systematic review of 76 studies examining healthcare professionals' intentions and behaviors was conducted based on social cognitive theories (Godin, Bélanger-Gravel, Eccles, & Grimshaw, 2008). The study was an effort to garner more information on clinical practice decisions to close the research to practice gap in health care. Results showed that studies using TPB had significantly better predictive power of healthcare professionals' behavior than other theories,

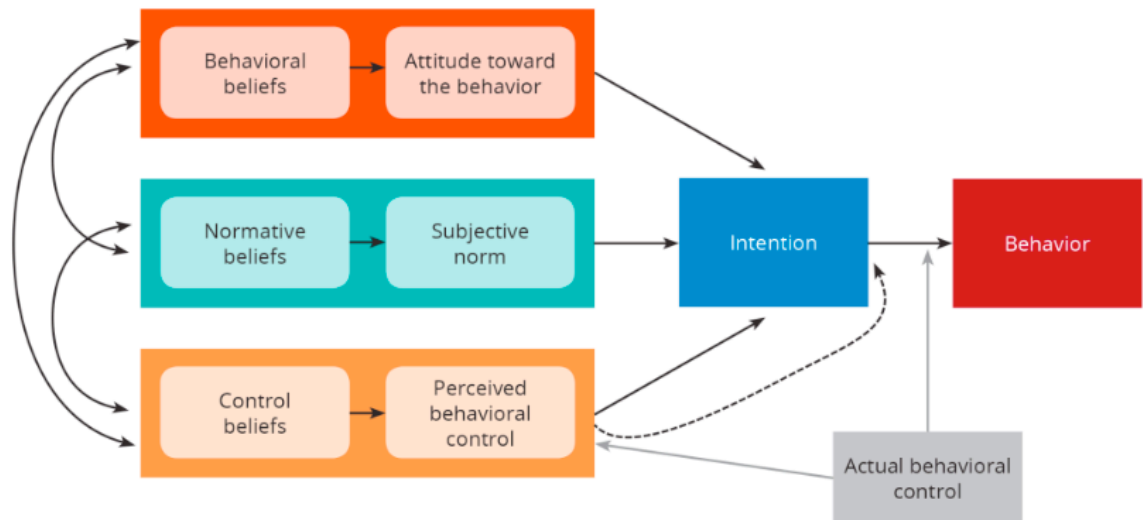
suggesting that it is an appropriate theory to predict provider behavior. Researchers also found that intention was one of the cognitive factors most consistently associated with behavioral change, however more prospective studies that aimed at predicting behavior are needed. There has also been implementation research examining whether using TPB or pay-for-performance payment structure predicted therapists' intention to use and actual use of an EBP (Garner, Godley & Bair, 2011). Results showed partial support for TPB, in that attitudes was significantly associated with two quality targets and subjective norms was significantly associated with one quality target. Citing the robust literature behind TPB as a useful theoretical framework to develop measures and interventions to promote the implementation of EBPs in child mental health, a group of researchers created a measure examining intentions of service providers to implement EBPs (Burgess, Chang, Nakamura, Izmirian, & Okamura, 2016). The development of this measure cites the growing use of TPB in understanding EBP implementation, specifically in child-serving settings.

**Criticism of theory of planned behavior.** Critics of TPB have pointed to the limited predictability of TPB and validity concerns as reasons to discontinue use of TPB in explaining behavioral change (Sniehotta et al., 2014). As evidenced in McEachan and colleague's meta-analysis of TPB in predicting health-related behaviors, only slightly over 19% of the variation in behavior is explained by TPB, which means that the majority of the variance in observed behavior is still unaccounted for. Specifically, the phenomenon of those who have high intentions to act but do not act has not been explained by TPB. Additionally, the authors believe that the hypothesis that all non-TPB influences on behavior are mediated through the TPB is conceptually and empirically indefensible. Moreover, the studies that have been completed are correlational tests; more rigorous designs, which are rare in testing TPB, are needed.

Previous literature, as well as Ajzen's (2015) direct response, provide clarification to TPB and addresses the criticisms raised. Azjen (2011) describes a potential cause of the sometimes low predictive validity of behavioral intention and engagement in behavior by returning to the issue of the time lapse between measurement of intention and observation of the behavior. The longer the temporal distance between behavioral intention and observable behavior, the greater the propensity for intervening events that change behavioral, normative, or control beliefs, that can then modify attitudes, subjective norms, and perceived behavioral control, which then also affects behavioral intention. Thus, shorter assessment intervals were correlated with stronger correlations between intention and behavior than longer assessment intervals (Azjen, 2011). Ajzen (2015) also clarifies that TPB is not a theory of behavior change, but one that is meant to help explain people's intentions and behaviors. The theory provides a procedure of designing interventions that take into account whether the problem among adopters is a lack of motivation (intent) or a failure to carry out intentions to do the behavior.

In addition, Ajzen (2011) clarifies that while TPB describes the process of how beliefs relate to the direct predictors of behavioral intention, the theory does not specify where those beliefs come from. He also describes the role of intervening events that can alter beliefs, norms, attitudes, and perceived behavioral control, and thus intentions. Thus, this raises the importance of examining these intervening factors that can be beyond an individual's control. Williams and Glisson (2014) incorporate these intervening factors in their description of an integrated model that includes organizational culture and climate as determinants of behavioral intention as well as moderators of the relationship between behavioral intention and behavior engagement. This demonstrates the possibility that other variables of interest can be integrated into the model as well.

Figure 1. Theory of Planned Behavior



### Diffusion of Innovations

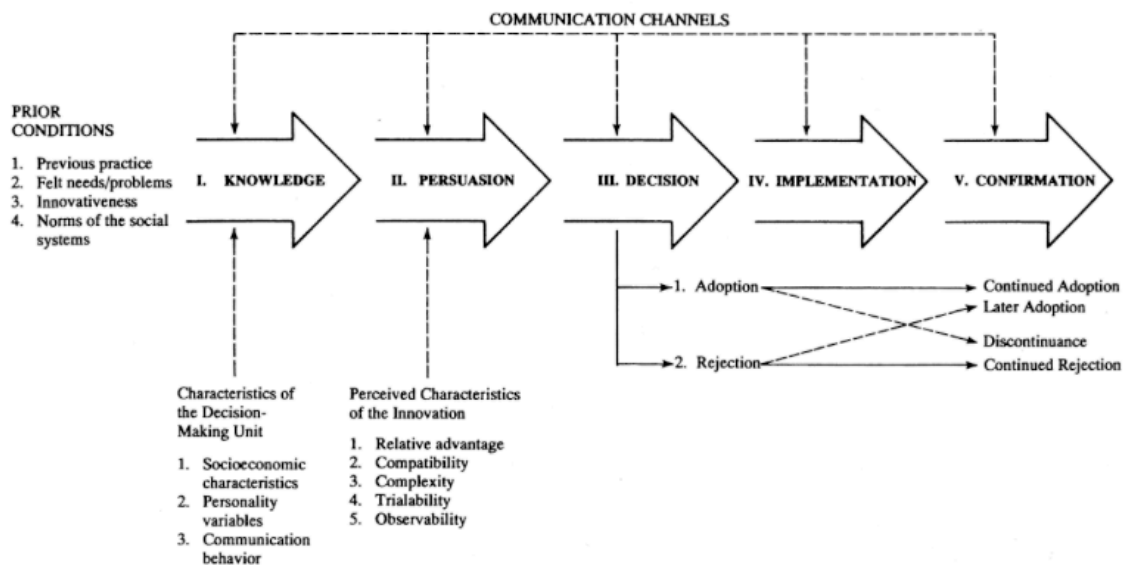
The Diffusion of Innovations theory provides the framework for the inclusion of contextual barriers to the TPB model. Rogers defines diffusion as the “process by which (1) an *innovation* (2) is *communicated* through certain *channels* (3) over *time* (4) among the members of a *social system*,” (Rogers, 2003, p. 11). The innovation, communication channels, time, and social system comprise the four main elements of the diffusion of innovations. An innovation can be any idea, object, or practice that is considered to be new to the unit of adoption (e.g. individual, organization, community). Communication channels are the means through which communication is transmitted from one person to another. These channels can be through a variety of means, including mass media, interpersonal relationships, and technology (e.g. email). Time in the diffusion of innovations theory is represented by 1) the innovation-decision process, which is the process whereby an individual goes from knowledge of an innovation through its adoption or rejection, 2) the earliness or lateness with which an individual adopts an innovation in comparison to others in a social system, and 3) the innovation’s rate of adoption. The final element, the social system, is the context within which diffusion occurs. It is defined as the set of interrelated units that are working together to accomplish a shared goal.

Since this study is not examining the innovation itself, but the process through which an EBP is adopted, the elements of communication channels, time- specifically the innovation- decision process- and social structures will be expanded upon, starting with the innovation- decision process. Rogers (2003) describes the innovation- decision process, which is an element of the diffusion process, as “the process through which an individual passes from first knowledge of an innovation, to the formation of an attitude toward the innovation, to a decision to adopt or reject, to implementation and use of the new idea, and to confirmation of this decision,” (p. 20). This is conceptualized in the five stages of knowledge, persuasion, decision, implementation, and confirmation. Three of these stages are relevant to the process of a caseworkers’ initial decision to refer as the last two stages- implementation and confirmation- address what happens after the innovation decision has been made, focusing on the actual implementation of the innovation and the evaluation of the innovation solidifying its continued use or not (Rogers, 2003). The knowledge, persuasion, and decision stages are expanded below. The first stage of innovation- decision process is the knowledge stage, where an individual learns of the existence of a particular innovation and gains some conception of how the innovation works. The persuasion stage is where an individual forms a favorable or unfavorable attitude towards the innovation. During the decision stage, the individual engages in activities that lead to a choice to either adopt or reject the activity. As seen in Figure 2, throughout all of the stages of the innovation- decision process, information on the disadvantages and advantages of innovation- adoption is being transmitted to potential adopters (this information is called innovation- evaluation information), through communication channels. However, especially at the decision stage, evaluative information on innovations is likely to be conveyed through interpersonal communication networks with near peers (Rogers, 2003).

It is the social system that determines how those interpersonal communication networks are structured. Social systems can have several structures embedded within them, namely social and communication structures. Social structures define the type of relationships between actors and provide expectations for actors in specific roles within the social system. Communication

structure is an informal structure that consists of the interpersonal networks that link the system's members together. As previously mentioned, innovation-evaluation information often flows between individuals in communication networks, highlighting the importance of interpersonal relationships. Regular communication patterns in communication structures predict, in part, the behavior of individuals within the system (Rogers, 2003).

Figure 2. Innovation-Decision Process



### Theory of Planned Behavior and Diffusion of Innovations

Both TPB and Diffusion of Innovations acknowledge that information is necessary to inform an individual's decision to adopt an innovation or engage in a behavior. In TPB, this information informs beliefs about attitudes, subjective norms, and perceived behavioral control. Diffusion of Innovations describes how that information is transmitted to potential adopters/actors through interpersonal communication networks. Within an organization, these interpersonal communication networks happen within intra-organizational relationships. Therefore, this study proposes an adapted TPB model that includes intra-organizational relationships and information-

sharing. However, whether and how intra-organizational relationships and information-sharing are associated with the constructs embedded in the original TPB model. It is anticipated that these two constructs could either directly predict intention or that they predict the determinants of intention- beliefs, subjective norms, or perceived behavioral control.

### **The Current Study**

This dissertation study seeks to extend the literature regarding caseworker referrals in implementation of EBPs. It first seeks to expand Whitaker and colleagues (2015) study of examining characteristics of child welfare caseworkers to determine which caseworkers are more likely to refer to EBPs. In Whitaker's study, the only caseworker-level characteristics examined were position in agency and job tenure, which the authors acknowledge as a limitation of their findings. It then expands the use of TPB in EBP implementation to the child welfare context and fulfills gaps in the literature by conducting a prospective study that aims to explain variation in actual behavior (caseworker referrals) in lieu of just examining intentions, as in previous implementation studies. Finally, this study seeks to use qualitative inquiry to examine the placement of the antecedents of intention (attitudes, subjective norms, and perceived behavioral control) and the two constructs from the Diffusion of Innovations Theory, intra-organizational relationships and information-sharing in an adapted TPB model predicting caseworker referrals to an EBP.

**Study context.** The child welfare jurisdiction where this study takes place is in the process of implementing three EBPs, one of which is the Positive Parenting Program (Triple P). The agencies involved in this study are implementing Triple P and it is the EBP that that child welfare caseworkers will potentially be referring to. Triple P is a system of parenting interventions that provide parents with knowledge, skills, and confidence to prevent and treat social, emotional, and behavioral problems in children (Sanders, 2012). The system has five levels of increasing intensity and narrowing population reach for parents of children birth to age

16 (Shapiro, Prinz & Sanders, 2015). Triple P is also delivered in a variety of modalities, ranging from broad media campaigns at the lowest level of intensity to specific behavioral family interventions at the highest level. Triple P has been established as an efficacious and effective parenting intervention as evidenced by sustained positive changes in child behavior and parent skills, satisfaction, and efficacy (Sanders et al., 2014). The two agencies examined in this study are implementing Levels 3 and 4, which are targeted towards children at risk of being diagnosed with behavioral problems. Group and individual formats are available to families. The group format is comprised of 8 sessions and the individual format is comprised of 10 sessions.

#### **Quantitative predictors.**

***Caseworker characteristics.*** The current study will examine characteristics that have been shown to impact child welfare caseworker buy-in to EBPs and their perspectives on EBPs and characteristics that impact mental health provider willingness to adopt EBPs. They were chosen because to date, no study has examined their relationship with caseworker referral to EBP and they can provide context to the caseworker referral process, which can lead to further discussions with agency staff and leadership. Furthermore, caseworker characteristics that are mutable, such as agency role and caseload size can be targets for future intervention to increase caseworker referrals. These characteristics include gender, job tenure, agency role (McCrae et al., 2014), level of education (Aarons, 2004), age (Beidas et al., 2015), race and caseload size (Aarons et al., 2012).

In McCrae and colleagues' (2014) study examining determinants of child welfare caseworker buy-in of their organization's adoption of an innovation, results showed that male staff reported higher buy-in than female staff, staff with 16 or more years of tenure had higher buy-in than staff with less years of tenure, senior management staff had higher buy-in than all other staff positions, and supervisors had more buy-in than caseworkers and case aides. In Aaron's (2004)



seminal study examining predictors of therapists' attitudes towards adopting EBP, results showed that therapists that had higher levels of educational attainment had more openness towards EBPs. In a study examining factors that affect community mental health provider use of EBPs, Beidas and colleagues (2015) found that older therapists were more likely to use cognitive behavioral therapy techniques. Aarons and colleagues (2012) found that clinicians that had smaller caseloads had more positive attitudes towards EBPs. They also found that in comparison to white clinicians, African-Americans endorsed fewer perceived limitations of EBPs and Hispanic clinicians reported higher perceived lack of fit between EBP and client characteristics and higher level of perceived burden in delivering the EBP. Aarons and colleagues call for future research in examining how these demographic characteristics are related to training and education, as well as the communities where providers are located.

### **Qualitative Inquiry**

As previously mentioned, the qualitative portion will focus on identifying any relationships between the antecedents of intention- attitudes, subjective norms and perceived behavioral control- and intention to refer to Triple P. Any relationships that information-sharing and intra-organizational relationships may have with these variables will also be explored.

### **Research questions**

This study seeks to answer the following questions quantitatively:

- To what extent are caseworker characteristics (gender, age, job tenure, level of education, caseload size, race/ethnicity, and position in agency) associated with a child welfare caseworker's decision to refer a family to Triple P?
- Does caseworker intention to refer to Triple P predict actual caseworker referral to Triple P?

Using qualitative methods, this study seeks to answer the following questions:

- What, if any, are the relationships between the antecedents of intention- attitudes, subjective norms, and perceived behavioral control- and intention in the context of caseworker referral to Triple P?
- How are information-sharing and intra-organizational relationships related to the constructs from the Theory of Planned Behavior?

## CHAPTER 3- METHODS

### Study Design

The overall research study design is a multiple case study design. This design was chosen to allow for analytic generalization of TPB and Diffusion of Innovations theory to child welfare caseworker referrals. The case study design enables researchers to compare a previously developed theory as a template for empirical results of a case study (Yin, 2003). Additionally, case studies are typically used when asking explanatory questions, trying to determine operational links that are traced over time. This method is also preferred when events are happening in the present and the behaviors of interest cannot be manipulated. Moreover, case studies are preferred when events are directly observable and individuals involved can be interviewed (Yin, 2003).

Thus the case study design fits this prospective study because a current implementation effort that started in July of 2015 will be examined. Additionally this study is looking to determine relationships between different factors and child welfare caseworker referrals as well as looking to use a previously developed theory to explain the phenomenon of interest. Specifically, the results from examining the factors that influence referrals to Triple P from caseworkers at two community agencies contracted to provide child welfare services by a large city public child welfare system implementing Triple P will be compared to the adapted Theory of Planned Behavior discussed above. These agencies were chosen not only because they are implementing Triple P, but also because they are integrating Triple P in their agencies differently, which will likely affect the information sharing and intra-organizational relationships between child welfare caseworkers and EBP providers. One agency is using Triple P as the intervention that their support/prevention unit, which is housed within the child welfare division of the agency, will provide. This unit, which is co-located with child welfare case managers, works alongside child welfare caseworkers and provides ancillary services that support family functioning and reunification. The other agency will implement Triple P as a parent training option within the parent-training arm of their agency with

parent trainers that are not organizationally or physically located within the child welfare division of the agency and work remotely.

## **Setting**

This study will take place at two community agencies that are contracted by a public child welfare agency in the Northeast United States (CHS) to provide case management and foster care services. The child welfare system is still in the midst of transitioning to a de-centralized child welfare system, where ten community agencies have been contracted to provide child welfare services. These agencies are a part of larger community-based agencies that have been serving children and families in multiple settings prior to being awarded contracts from CHS. The first agency, which will be called Agency A, not only provides child welfare services, but also has an acute partial hospitalization program for children. The second agency, which will be called Agency B, has a Parenting Support Division that has been providing parenting programs for the community for years. As a part of the child welfare reform that city is experiencing, CHS is a part of a Title IV-E Demonstration Project, where they have received block grant funding to support the community agencies and to implement three EBPs- one being Triple P- to reduce the number of children entering foster care. Ahead of the city-wide implementation of these three EBPs within the child welfare system, both Agency A and Agency B have applied for and successfully been awarded external grants to implement Triple P with the hopes of seeing improved child welfare outcomes. Both Agency A and Agency B have two sites; however, Agency A is only implementing Triple P at one of their locations, while Agency B is offering Triple P at both locations.

## **Quantitative Studies**

**Sampling and recruitment.** Since this study is taking advantage of a naturally occurring implementation effort, the sample size will consist of the number of caseworkers and relevant support staff in each of the two community agencies. Sampling was purposive based on inclusion criteria. The sample consisted of staff that are in a position to refer families to Triple P, including caseworkers and support staff from those two agencies. Support staff are typically assigned to an

existing child welfare unit or are members of a distinct support staff unit and provide a variety of supportive services including providing transportation to clients, monitoring and providing therapeutic support during visits between children in foster care and their biological caregivers, providing targeted case management to assist families during the reunification process, and providing case management after a family's child welfare case has closed to prevent re-entry into the foster care system. These support staff are in both agencies and both have the ability to make referrals for families to Triple P. This sample is not meant to be widely generalizable, but to provide understanding of the decision-making and referral process in these two specific contexts to inform future studies that will include larger sample sizes. Inclusion criteria included being currently employed at Agency A or Agency B as a caseworker or support staff that has the ability to refer clients to services. Participants also had to have been working with families for at least 4 months to have the opportunity to refer.

**Recruitment.** There is already a research-practice partnership to conduct research at these agencies so the organizations themselves did not need to be recruited. However, survey data is collected at the individual agency employee level, so these individuals were recruited. Agency staff were recruited in three methods. Staff were first recruited at agency all-staff meetings, which in one agency, are mandatory meetings that all agency staff are required to attend. All-staff meetings at the other agency are optional for staff. During those meetings, research staff explained the study and those who volunteered to participate provided informed consent and either completed the survey packets during the meeting or took packets to complete at a later date. Due to a low response rate of returned surveys, agency leadership also sent reminders to staff and disseminated surveys to staff that were unable to attend the all-staff meeting. For the third recruitment method, staff facilitated data collection groups, where breakfast or lunch was provided and staff could learn about the study and complete the survey measures while eating. In all types of recruitment methods, agency staff were told that participation in the study was voluntary and would not affect their job status. Research staff collected measures to ensure that agency staff did not feel coerced by agency leadership to participate.

**Procedure.** Approval from city and university institutional review boards was received and a data license agreement between the PI and the city was obtained. Research staff either attended agency all-staff meetings, met one-on-one with staff or held data collection groups. During those times, research staff presented the study and gained informed consent. Once participants provided consent, they were provided with the survey to complete. When surveys were administered, each staff person was assigned a unique identifier that was used to match their survey results with their referral patterns. For each agency, a master list was created matching a study participant's unique identifier with their real name. Survey data was collected from September 2016 through March 2017. Referral data was then collected two months (March-May 2017) after survey completion. To collect referral data, research staff sent an agency intern handling data for Triple P at Agency A and the director of the parenting support division at Agency B the master list of participants for each respective agency. Research staff received each agency's master list back with the number of referrals made with participants' names redacted.

**Measures.**

**Referrals** were measured as a count variable of the number of referrals each staff made. Agency staff track all referrals to Triple P and worked with research staff to provide researchers with the number of Triple P referrals each caseworker that participated in the study made.

**Caseworker characteristics** including age, race, gender, years of tenure, position type, caseload size, and level of education were collected through a demographic questionnaire constructed for this and the larger study conducted jointly at these two agencies.

**Intention** was determined using 2 item stems constructed according to guidelines specified by Ajzen (2006). Each item stem uses a 7-point bipolar adjective response scale. The items are "How likely are you to refer all eligible families on your caseload to Triple P in the next four months (*very unlikely-likely*)" and "I intend to refer all eligible families on my caseload to

Triple P on my caseload in the next 4 months (*strongly disagree-strongly agree*).” A mean for the two items was used to construct the score.

**Analyses.** Descriptive analyses were run using SPSS v 24. For bivariate tests, chi square tests were to determine any differences at each agency among dichotomous predictors and correlations were used for continuous predictors. Independent sample t-tests were not run for continuous predictors because the continuous variables in this sample were not normally distributed. A Poisson regression model was conducted to measure the relationship between the predictor variables and the outcome variable, (i.e., number of referrals to Triple P). This model was used instead of ordinary least squares (OLS) regression because count variables tend to have distributions that are positively skewed, violating the OLS assumptions of homoscedasticity and conditional normality. Violating these assumptions leads to biased parameter estimates, potentially inflating Type I error and affecting the ability to detect true effects (Coxe, West & Aiken, 2009). Using a Poisson regression model addresses these issues that are often inherent in using count data in OLS.

Unlike OLS regression, Poisson regression assumes the following: the dependent variable is a count variable; observations are independent; the count data follows a Poisson distribution, which is a discrete distribution containing only non-negative integers; and that there is equidispersion, meaning the model mean and variance are identical. In line with a Poisson distribution, the dependent variable in this study, number of referrals per participant, is a count variable, and can only have values equal to or greater than zero.

Missing data on the dependent variable (3.6%) was accounted for using full information maximum likelihood (FIML). FIML does not impute data into missing observations, but rather uses a log likelihood function to estimate population parameter values that have the highest probability of generating the sample data (Baraldi & Enders, 2009). Other methods of addressing missing data, including listwise deletion and mean imputation, can drastically reduce the sample size, decreasing the power to detect significant effects and typically produces biased estimates.

FIML uses information from both complete and incomplete observations (maintaining the sample size so the analyses will be sufficiently powered) in the sample while producing unbiased parameter estimates and estimating standard errors in a single step (Graham, 2009). The INTEGRATION=MONTECARLO command was used as an algorithm to successfully run FIML. Poisson regression and FIML were run using MPlus statistical software.

### **Qualitative Component**

**Sample size and sampling.** The sample size was generated from both agencies, consisting of a total number of 12 agency staff with the ability to refer families to EBPs. There were six participants from each agency. This mainly included case managers and support staff, which are staff that are assigned cases and also spend a substantial amount of time interacting with families. A sample size of 12 has been shown in previous research to be sufficient for thematic saturation (Guest, Bunce & Johnson, 2006). Purposive sampling was used in that the sample was only drawn from staff that are able to refer a family to Triple P (Creswell, 2013).

**Recruitment.** Agency leadership provided permission for research staff to post flyers in the agency and to send an email asking for caseworker participation in interviews regarding access to Triple P and their decision-making around referring families to Triple P. Recruitment emails were sent at both agencies and garnered no response. As a result, interview participants were mainly recruited during data collection groups. Staff completing the surveys had the opportunity to sign up to participate in an interview. Interviews were scheduled via email or in person during quantitative data collection. Only one participant participated in an interview that had not also completed a survey. Her participation was solicited from agency staff, as she was familiar to Triple P and was recommended as someone knowledgeable about the implementation of Triple P within that agency.

**Data Collection.** At Agency A, interviews were conducted in April of 2017. Interviews were conducted in June of 2017 at Agency B. The collected data included one-on-one interviews



conducted with agency caseworkers and other staff that were able to refer families for services at their respective agencies. These other staff were case aides (support positions that assist caseworkers in helping the family achieve case plan goals by conducting home, school or office visits, assessing resources, and providing transportation) and one was an intervention team member that focused on permanency (support position that facilitates the closure of cases where the children still reside in the home and that assists caseworkers in preparing families for reunification or other permanency options such as adoption or permanent legal custody). Research staff presented the study and provided a time for participants to ask questions. Participants then signed informed consent forms. The interviewer used a semi-structured interview protocol to elicit information regarding the implementation of Triple P and other EBPs within the local child welfare system and their decisions around referring families to Triple P and other EBPs. Specifically, the interviewer was looking to garner information on whether the antecedents of intention from TPB- attitudes, subjective norms, and perceived behavioral control- influence this decision, since they were not quantitatively measured. In addition, the interviewer was looking to discover the role, if any, that information-sharing and intra-organizational relationships played in participants' referral decisions. This information would illuminate whether and how these variables might be related in an adapted TPB model. Interviews were audio-recorded and lasted between 25-40 minutes.

**Measure.** Data came from a semi-structured interview guide (See Appendix A) developed by the PI of the larger Triple P evaluation to elicit agency staff perspectives on the implementation of EBPs, including Triple P, within their agency and the child welfare system more broadly. There are questions that asked participants about their experiences referring to Triple P and their perceptions on Triple P's effectiveness with the child welfare population that they serve. These questions in particular illuminated participants' attitudes towards Triple P, which can inform their attitudes towards making a referral. The guide also had questions about the requirement to implement EBPs within the local child welfare jurisdiction, which allowed the participant to speak

to any expectations or norms that they feel around having to refer to EBPs, including Triple P, and their ability to make that referral (perceived behavioral control). Moreover, since the interview guide is “semi-structured,” the interviewer had the opportunity to expand on certain topics and to ask follow up questions regarding factors that influence a caseworker’s decision to refer to Triple P.

**Sequencing.** Qualitative data collection followed quantitative data collection so that the qualitative data could inform quantitative results. The one-on-one interviews were conducted after the number of referrals to Triple P for each study participant had been collected to ensure that there had been enough time for participants to refer cases and to provide feedback on the referral process. Information gleaned from the interviews were then used to contextualize quantitative findings.

**Analysis.** Interviews were audio recorded, transcribed verbatim, and reviewed for accuracy by research staff. Directed content analysis was used to analyze the data using QSR NVivo, a qualitative data management software. Directed content analysis is a derivative of content analysis, which is defined as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns (Hsieh & Shannon, 2005, p. 1278). The goal of directed content analysis is to support or extend a theoretical framework and a theory or previous research is used to make predictions about the relationships between variables of interest and to develop initial coding categories. Analysis began with the identification of key concepts or variables that will serve as initial coding categories. These initial categories are operationally defined using the constructs from the adapted TPB using the TPB definitions specified in Ajzen, 1991 and concepts from Diffusion of Innovations Theory (Rogers, 2003) for the information-sharing and intra-organizational constructs. The PI then read through half of transcripts and highlighted all text that on first impression seemed to represent the variables of interest that have been pre-identified. Then all highlighted passages were coded with the predetermined codes. Highlighting all text is optional,

but it increases trustworthiness as it reduces bias that may come from moving straight to coding (Hsieh & Shannon, 2005). Text that could not be coded with the predetermined codes were labeled with another code that reflected the content of the text. The same transcripts were also coded by a master's level graduate student familiar with the larger Triple P evaluation. Disagreement in the definitions and assignment of codes were resolved by consensus between coders and occasional consultation with the PI's advisor. Once the final codes were solidified, the PI and other coder coded the remaining transcripts. After all transcripts were coded, the categories were then re-examined to determine whether they needed to be broken down further into sub-categories. The final step in analysis was to determine the extent to which the data is supportive of the predetermined theory, which in this case, is the adapted TPB. Inter-rater reliability between the PI and the coder was calculated using NVivo, with the standard being at least 80% agreement between coders. Before publication, findings will be validated by the agency participants from both agencies.

## CHAPTER 4- QUANTITATIVE RESULTS

There were a total of 110 participants for this study. Table 1 describes the demographics of the sample. The majority of participants ( $n = 68$ ) were from Agency 2, as there were two sites for this agency that participated in this study. Most of the sample identified as female ( $n = 83$ ) and the mean age of participants was 32 ( $\pm 7.9$ ) years. Nearly 77 percent ( $n = 84$ ) identified as African-American and most of the staff ( $n = 90$ ) had a bachelor's degree or at least some college attainment. Participants had been working with children and families for an average of 5.8 ( $\pm 6.3$ ) years. While all of the participants in this study have the ability to refer families to services, a little more than half ( $n = 61$ ) were caseworkers. Other participants were support staff who may not have a caseload. As a result, caseload size was excluded from our analyses. In addition, agency role was also excluded from the model because it was collinear with organizational ID. Sample mean intention to refer was 5.5 out of 7. Though not reported in a table, nearly 20% of respondents (8 out of 41) from Agency A made a least one referral to Triple P, with 3 respondents making multiple referrals. At Agency B, 6.2% of respondents made at least one referral to Triple P, with 2 respondents making multiple referrals. These agency differences were not statistically significant. However, chi-Square tests revealed statistically significant differences between Agency A and Agency B in the gender distribution at each agency ( $X^2=7.21$ ,  $df=1$ ,  $P<.05$ ) and the distribution of participants who identify as African-American and those who do not ( $X^2=10.86$ ,  $df=1$ ,  $p<.05$ ).

### **Bivariate Results**

Chi-Square tests were used to test the association between number of referrals and the categorical predictors of organizational ID, gender, race, and education level (see Table 2). There were no significant relationships at the  $p<.05$  level, however there was a significant relationship between identifying as African American and number of referrals ( $X^2=8.67$ ,  $df=4$ ,  $p<.10$ ).

Correlations were run between the continuous predictor variables of age, tenure, and intention to

refer (see Table 3). Age and tenure had a medium correlation of 0.56. The other variables had minimal or no association with each other.

### Poisson Regression

Results showed that the participants from Agency A were 25.79 times more likely to make a referral to Triple P than participants from Agency B ( $b=3.25$ ,  $p<.05$ ). Participants who identified as African-American were .03 times less likely to refer to Triple P as participants who did not identify as African American ( $b=-3.38$ ,  $p<.05$ ). No other variables significantly predicted number of referrals.

Table 1

#### Quantitative Sample Demographics

Variable	Agency A		Agency B		Total	
	N (%)	Mean (SD)	N (%)	Mean (SD)	N (%)	Mean (SD)
<u>Predictor Variables</u>						
Organizational ID	43 (39.1%)		67 (60.9%)		110 (100%)	
Gender <sup>a</sup>						
Male	16 (37.2%)		10 (14.9%)		26 (23.6%)	
Female	27 (62.8%)		57 (85.1%)		83 (76.4%)	
Age		31.5 (7.6)		32.9 (8.6)		32 (7.9)
Missing					6 (5.5%)	
Race/Ethnicity <sup>a</sup>						
African-American	40 (93.0%)		44 (65.7%)		84 (76.4%)	
Other	3 (7.0%)		23 (34.3%)		26 (23.6%)	
Missing					1 (0.9%)	
Education Level						
Masters Level	9 (20.9%)		11 (16.4%)		20 (18.2%)	
Other*	34 (79.1%)		56 (83.6%)		90 (81.8%)	

<u>Agency Role</u>			
a) Caseworker	24 (55.8%)	37 (55.2%)	61 (55.5%)
b) Intervention Team Member	10 (23.3%)	13 (19.4%)	23 (20.9%)
c) Case Aide/Advocate	9 (20.9%)	17 (25.4%)	26 (23.6%)
Tenure**	5.9 (6.7)	5.7 (6.0)	5.8 (6.3)
Missing			3 (2.7%)
Intention to Refer	5.8 (1.2)	5.3 (1.4)	5.5 (1.3)
Missing			21 (19.1%)
<u>Outcome Variable</u>			
Number of Referrals	13 (54.2%)	11 (45.8%)	24 (100%)
Missing			4 (3.6%)

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Note: While reported here, Agency Role was not included in the final regression model due to multicollinearity with Organizational ID.

<sup>a</sup> denotes a statistically significant difference between Agency A and Agency B using chi-square test

\*Other includes some college or an undergraduate education.

\*\*Tenure refers to number of years of experience participants' worked with children and families.

Table 2:

*Pearson Correlations Between Continuous Predictor Variables and Outcome Variable*

	Number of Referrals	Age	Tenure	Intention to Refer
Number of Referrals	1.00			
Age	0.25	1.00		
Tenure	0.14	0.56	1.00	
Intention to Refer	-.05	0.05	0.08	1.00

Table 3

*Poisson Regression for Factors Predicting Number of Referrals to Triple P*

Variable	b	SE	e <sup>b</sup>	P-value
Organizational ID	3.25	0.24	25.79	0.02*
Age	0.06	0.25	1.06	0.24
Gender	0.58	0.20	1.79	0.54
Tenure	0.05	0.21	1.05	0.45
Race/Ethnicity	-3.38	0.23	0.03	0.01*
Education Level	0.52	0.23	1.68	0.58
Intention to Refer	-0.31	0.22	0.73	0.33

\*p < 0.05

\*Note: Unstandardized regression coefficients are reported here because these coefficients are exponentiated during interpretation as standardized coefficients do not produce easily interpretable values in Poisson regression. See Cox, West & Aiken, 2009 for further explanation.

## CHAPTER FIVE- QUALITATIVE RESULTS

### Summary of Participants and Description of Results

A total of twelve participants, six from each agency, participated in one-on-one interviews at their respective agencies. At Agency A, two participants were recruited at the survey data collection groups, where they had the opportunity to sign up to participate in an interview at that time. The other four participants were recruited in coordination with the Triple P coordinator. The coordinator introduced research staff to caseworkers, who then had the opportunity to recruit those individuals to participate in an interview. At Agency B, all interview participants were recruited from the survey data collection groups held at their agency. Research staff contacted those who signed up for interviews and scheduled interview dates by email. Due to competing local government evaluations in the child welfare system during interview recruitment, sampling and recruitment only occurred at one of Agency B's two sites.

Table 5 provides demographic information on the interview participants. Most participants (75%) were employed as caseworkers while two were employed as case aides and the remaining person was a member of the intervention team. There was an equal distribution of males and females at each agency. Additionally, the mean age of participants between Agency A and B was nearly equal. All but one sample participant identified as African-American (92%). More participants from Agency B attained a master's degree (n=4) than at Agency A (n=1). Finally, participants from Agency B reported a longer tenure of working with children and families (7.7 years) than participants from Agency A (5.5 years).

The qualitative portion of this study sought to determine if there is support for a relationship between the antecedents of intention (attitudes, subjective norms, and perceived behavioral control) and intention to refer to Triple P. It also explored whether there was support for the inclusion of information-sharing and intra-organizational relationships in an adapted TPB model, and if so, determined the placement of these constructs within the model. To meet these aims, research staff doubled coded each transcript and met and reviewed codes for each



transcript. Consensus between the two coders was reached for the codes on each transcript during these meetings. Once all transcripts were coded, each coder separately identified excerpts that had multiple codes to determine the relationships between the codes. Inter-coder agreement was above 90% for all transcripts. The two coders met again to discuss the relationships that emerged and developed the Adapted TPB model in Figure 3. Each relationship in the model is described below.

### **Support for Existing Tenets of TPB**

**Attitudes.** Attitudes can be conceptualized as an individual's favorable or unfavorable evaluation of a behavior (Ajzen, 1991). In this study, the behavior of interest is participant referral to Triple P. However, when analyzing the data, researchers did not find any attitudes towards making the referral per se, as referring families to different services (e.g. economic support, substance abuse treatment) is endemic to child welfare casework. However, participants did discuss their evaluations of whether Triple P would be a good fit (i.e. will it benefit parents and is it feasible for them to attend sessions) for the clients they work with, which could impact their intention to refer to Triple P. Thus in lieu of coding for participants attitudes towards making referrals to Triple P, the researchers assessed participants' evaluations of whether Triple P would be effective in improving parent-child interactions and participants' perceptions of client barriers to accessing Triple P.

The general consensus among the majority (n=10) of participants from both agencies was that Triple P is effective and will benefit the families that they serve. Participants noted several reasons for their positive attitudes towards Triple P. The first reason is the shorter time commitment for the program. Specifically, two caseworkers from Agency B liked the fact that the Triple P group was only 8 sessions, with three of those sessions occurring by phone conference. One of these participants remarked,

"I think Triple P probably does better because it's shorter, like [the community reunification center (CRC)] is crazy long. It's a very long parenting session. I really do

think it's 20 weeks or something like that, maybe 12 weeks, but still, it's significantly longer than Triple P, so I think parents are more willing to stick with something for the two months than they are for six months or whatever it is."

Three participants from Agency A also believed that the group format for Triple P provided a supportive atmosphere for parents through getting to know other parents in similar situations and through the facilitators meeting parents' concrete needs. When describing how Triple P providers establish a supportive environment that meets needs, a participant from Agency A remarked, "I feel like Triple P [providers are] like, 'Are you hungry? Do you need transportation? What's going on..." Additionally, five participants from both agencies reported hearing positive feedback from their parents who completed Triple P. One participant shared,

"So I had one family where I had to refer them to Triple P because they only needed like a parenting class. They completed it. They actually enjoyed it. They said to me that it helped—it really helped her with trying to parent her kids and she's seen the things that she was doing wrong and how she can change it."

Five participants from Agency A and one from Agency B also report seeing positive changes in the interactions between caregivers and their children on their caseload. One participant at Agency A shared her experience:

"I guess it made a great difference just seeing, you know, some of the parents when I supervise visits. [They are] actually implementing what they learn in the visit. So, you know, maybe during a visit a few months before [I saw] how they interacted or not interacted or just some of the ways they talk to the children or maybe even some of the discipline methods they were using versus after they've completed the groups or the individual, you just see some of the changes for the better."

These positive endorsements of Triple P will likely increase participants' intention to refer their families to the program because they believe that it will improve parents' parenting capabilities

and that parents will be able to engage and complete the program due to the shorter timeframe and the supportive group environment in the program.

However, some participants did have unfavorable attitudes and reservations about referring to Triple P, which could negatively impact their intention to refer. One caseworker at Agency B did not find Triple P to be effective in improving parenting practices with one of her clients. She shared that after completing Triple P, the parent failed a parenting capacity evaluation, which determined whether the parent had the skills to effectively parent their children if reunified. Another participant from Agency A shared that there are other parenting programs that offer additional resources to parents (e.g. diapers) than just parent skills training offered in Triple P. She remarked,

“...some [parenting classes] do like baby bucks and trips and tickets for their kids and Triple P [doesn't] do that. Yeah, so families look for those extra things as well...like a parent might be looking for those free diapers and really want the parenting class at the same time but Triple P doesn't have it...”

While these above examples are negative beliefs about Triple P and its effectiveness on meeting the parenting and concrete needs of parents, other participants raised concerns about making a referral to Triple P or any parenting program when there are multiple case plan goals and more severe barriers that take precedence. One caseworker at Agency B remarked:

“I can tell you the parenting classes are the absolute last thing that they would be engaging in. I think a lot of them have a lot of other—to them—more severe issues that they have to address, like housing... That's really common with a lot of my parents. That appears to be the main issue as to why they... can't reunify with their children. But of course, the parenting classes is always on the court order, or on a part of the single case plans as well, but they're not going to go a parenting class when they don't even have a home to kind of live in.”

**Subjective norms.** For this study, subjective norms was operationalized as language about any requirements or expectations to refer to Triple P. Depending on the agency, workers described social pressure to refer or not to refer. All but one participant from Agency A shared that it is standard practice for them to refer to Triple P whenever there is an identified parenting need. It is their “go to” program when they are making referrals and that is continually encouraged by agency leadership. One participant remarked:

“Actually I would say they encourage [referrals to Triple P] 'cause I know every now and then [the Intervention Director] will walk around like ‘Don't forget, ask the families if they're interested in Triple P,’ and the majority of time, [the Triple P Provider], he's always walking around and he will peek his head in. And if he notices that it's a new family, he'll introduce himself and talk about Triple P. So it's welcome here; it's welcome here.”

Going further, one participant from this agency shared that caseworkers do “outsource to like [Parent-Child Interaction Therapy] and stuff like that, but then [they] have to make [their] argument why,” since Triple P is provided through the agency. While these norms can encourage intention to refer to Triple P, participants described other norms that discourage their intention to refer. Four participants from Agency B, said they feel pressure to not refer to Triple P as the focus in their agency is on compliance with the court order, which oftentimes mandates parents to attend parenting classes at the community reunification center (CRC). A participant described how,

“...everybody knows about the CRC because, number one, they're partnered with [the public child welfare agency], and when you're in court, that's the first thing that they're going to put on the order is, ‘Okay, refer parents to CRC for parenting classes.’ They're not necessarily saying, ‘Okay, refer them to Triple P parenting classes,’ it's always the CRC.”

Another participant from Agency B put it this way:

[Participant]: Nine times out of ten, they'll say, parents are to be referred to CRC on the court order.

[Interviewer]: And that's something you have to abide by?

Participant]: We have to put it on the court order.

Three participants derived from both agencies also mentioned that they feel pressured to meet timeframes and quotas to the loss of being able to refer to services, like Triple P, that can enhance familial well being. One caseworker said:

"I would say because of what this job is like, they're so focused on numbers, scores. I feel like if you actually care enough for the family and know what the issue is, and you know for a fact that this will assist with closing the case and not because this is '*I want to close the case,*' but this is '*how it will help each family?*' then I feel like that would keep [Triple P] around. But since everybody's so focused on numbers, you got to do this, you got to do that, I don't think [increased referrals to Triple P] will work."

**Perceived behavioral control.** Based on Azjen's (1991) definition, perceived behavioral control was operationalized as whether participants believe they have the ability to refer to Triple P and what they believed hindered or facilitated their referrals to Triple P. Participants from both agencies described the barriers that make it more difficult for them to refer to Triple P. The most common barrier (n=7) cited between both agencies was the court system's mandate of a specific parenting program at the CRC, as described in the previous section. Caseworkers are then reluctant to refer to Triple P because they will have to provide a justification to the courts as to why they deviated from the court order. Another barrier discussed by a participant at Agency A was not knowing how to make a referral to Triple P. She explained, 'I wasn't personally putting in the referrals, but after speaking to one of my colleagues here, and he showed me how to do it. I just started doing it myself.' At both agencies, five caseworkers described feeling overwhelmed and unable to look beyond what is required on the court order to refer to a program, like Triple P,

that is not always mandated for their clients. One participant admitted, “Like I said, with all that we do, all the requirements, ...we don’t utilize [Triple P] as much as we should.”

However, most of the participants (n=5) from Agency A discussed how being in the same physical location as the Triple P providers made it easier for them to refer to Triple P. Having the option to send emails, make verbal referrals and stay within the same organization seemed to expedite the referral process. One participant explained:

“We see each other all the time. We may not know a name but you know what job they do or vice versa, whatever the connection is and you can get things done a lot quicker or just walk over to their desk. It’s just easier.”

**Intersection between subjective norms and perceived behavioral control.** The relationship between subjective norms and perceived behavioral control emerged clearly by all participants. In particular, the norms within each agency affected the extent to which participants experienced barriers to referring families to Triple P. This was most evident in how staff viewed court orders. For both agencies, compliance with court orders drives practice and all participants noted that they base the work that they do with families on what is listed on a court order. Thus, participants do face difficulties in referring to Triple P when court officials specify that parents attend the CRC to complete parenting classes. However, in Agency A, participants are still expected to refer to Triple P to meet parent training needs. Three participants mentioned how court orders drive the services that they refer families to and one participant shared how she navigates court orders and the expectation to refer to Triple P. She explains:

“...it's a lot of conflict on whether the state accepts [Triple P] in court, as being court supported or a certified certificate from Triple P. Also the court automatically sends parents to CRC and they offer the same services as Triple P so the court order may not say Triple P but CRC so parents are doing double duty. So it's a lot of conflict for [caseworkers] because they're saying, 'Hey, you can do everything here at [Agency A],'

and they're like 'No, but my court order says,' and 'My single case plan says.' So they're not really wanting to do Triple P at [Agency A] because they just don't understand that they are still fulfilling the requirement. And then you have some parents that go above and beyond and it's like 'Oh, I'm gonna do parenting here and I'm gonna do parenting there,' and then it's just like they have a lot going on as it is and then as a [caseworker], it's just hard to explain to them. That's the only issue I have with my referrals."

At Agency B, two participants said they typically only refer to Triple P if a parent cannot attend the CRC because of scheduling or transportation. Otherwise, they follow the court order and refer parents to the CRC. One participant described:

"When the parent goes to CRC, they can say, 'I don't want to take it,' because it conflicts with my schedule or it conflicts with whatever.' Whatever's going on, and we can refer them. Then usually my backup is Triple P."

This discrepancy in the impact of court orders may be due to the fact that participants at Agency A shared that even though they are not technically required to refer to Triple P, they know that "[those in leadership] want you to. It's like highly recommended that you refer families to Triple P." In contrast, at Agency B, Triple P is not really talked about or stressed to case managers. They report that they are more focused on meeting deadlines and closing their cases. It is this difference in subjective norms around the expectation for caseworkers to refer families to Triple P that may determine how big of a barrier the court mandate to refer to the CRC is. It may determine whether participants put in the extra effort to ensure that parents can satisfy their court requirements using Triple P.

### **Support for Information-Sharing and Intra-organizational Relationships**

Figure 3 provides the Adapted TPB model with the inclusion of information-sharing and intra-organizational relationships. The data revealed that information-sharing directly influenced intention to refer, while also in some instances being an antecedent to attitudes, subjective norms

and perceived behavioral control. There was little evidence for intra-organizational relationships as a direct influence of intention, but there was evidence for intra-organizational relationships as an antecedent of perceived behavioral control. Finally, the intra-organizational relationships serve as an antecedent to information-sharing in some relationships. These connections are discussed further below.

**Information-sharing directly influencing intention.** Information sharing was conceptualized as the exchange of information between two actors; information that was shared between caseworkers and agency leadership and Triple P providers regarding what Triple P is, whether and how it can benefit families, and agency expectations around caseworker referrals to Triple P. It included language around the information participants shared as they communicated a referral to Triple P and the language they felt they needed for the referral process. There was less evidence of a direct link between information-sharing and intention to refer than the prescribed antecedents of intention from the original TPB model. However, there were a few instances where participants did not use information to evaluate the effectiveness of Triple P, but solely wanted information on the availability of parenting programs and made their referral decision based on availability.

Most participants (n=5) from Agency B were not aware of Triple P or had little information about the program. Those who had heard of Triple P expressed a desire to know more information and shared that current methods of communicating information about Triple P were ineffective. One caseworker said, “I feel like I just know that it’s like eight weeks and we refer parents to it. I’ve never really gotten a full explanation of it or anything like that.” Another worker from Agency B commented.

“I don’t think it’s enough of the information being thrown at us as much—it might be an e-mail here and there, but as [caseworkers], we’re checking at least 100 e-mails a day, so those are getting deleted. I’m just being quite honest.”



### **Information-sharing and antecedents of intention.**

**Attitudes.** Participants shared how the acquisition (or lack thereof) of information impacts their evaluation of Triple P and their subsequent decision to refer. One participant from Agency B described how “[he gets] the e-mails about what they’re providing, so that’s how [he] made the decision to actually refer [his] last client to Triple P.” This same worker also expressed gratitude for the email reminders to refer to Triple P from his agency leadership as he believes it is a good program but oftentimes forgets to make the referral. Regarding the lack of information, a participant from Agency B described how the lack of communication between her and Triple P staff has affected how beneficial the program is to her. She explains that...

“There’s no follow-up either. I don’t get a notification like, ‘oh, we contacted this parent and he didn’t answer.’ So that I can then step in... I don’t get any notification from Triple P saying, ‘oh, we’re having a problem getting ahold of this parent.’... like [CRC] sends us court reports,... you tell [CRC] up front like this is when the next court date is and then you get an e-mail saying they’ve attended four out of six or four out of eight, however many—and we have x-number left. And then it’s like when you go to court, you’re like, okay, here. With Triple P, I don’t know if a parent’s graduated, if a parent’s going, if a parent’s not going.”

The lack of communication between the caseworker and Triple P provider may make this particular caseworker less likely to refer to Triple P in the future as it does not meet her needs for reporting family progress to the court.

**Subjective norms.** The bi-directional relationship between information-sharing and subjective norms emerged when participants described their agency’s stance on Triple P and when they discussed their conflicts with court orders. For instance, at Agency A, because there is an agency expectation that caseworkers refer to Triple P, participants shared that agency leadership and Triple P providers are consistently providing email reminders and prompts at staff meetings to provide information about Triple P and encourage referrals. This exchange of

information further reinforces the subjective norm around referring families to Triple P. At Agency B, participants note that Triple P is not integrated into the culture, and not discussed during staff or supervisory meetings. Caseworkers base their practice on what is discussed during those meetings so if Triple P is not a priority, they will not make it a priority. A caseworker from Agency B explained, “We don’t, honestly, talk about it much during like staff meetings or even during our unit meetings when we meet with our supervisor every month. [It’s] not really addressed.”

The intersection of information sharing and subjective norm was also evident in participants’ suggestions to mitigate the conflict with court. A participant from Agency B suggested:

“Maybe there needs to be a connection with the court systems and maybe they need to be on board with hey, let’s try to start putting it on the orders with the parents engaging in Triple P programs, because if they can get the knowledge on how beneficial and important it is if it’s just as beneficial and important as the CRC parenting classes, then those need to be maybe on the court orders, too...”

If the court orders were changed, then participants could refer to Triple P while still complying with court mandates.

***Perceived Behavioral Control.*** Participants described how more information facilitates referrals to Triple P. One participant at Agency A described how “more often than not, you will be referred to an evidence-based practice tool [Triple P is one of the EBPs listed on this tool] because they understand that that’s been working and there’s no need to really change that up...” While not all caseworkers at this agency were aware of the tool, all reported that a decision-making tool and more awareness about Triple P in general would be helpful. Two participants at Agency B echoed this sentiment, as they suggested that a centralized list/website or visual handout with available resources matched to different client needs would facilitate referrals.

**Intra-organizational relationships.** There was little mention of a participant solely referring to Triple P based on relationship alone (i.e. making a referral based solely on the fact that the participant knows the Triple P provider or another caseworker who made a referral), so this particular association was not specified in the adapted TPB model.

***Intra-organizational relationships and antecedents of intention.*** The influence of intra-organizational relationships on the antecedents of intention was only seen with perceived behavioral control. This was mainly seen in Agency A, where participants and Triple P providers are co-located. One participant noted that referrals were facilitated when they were able to make verbal referrals. She explained,

“I guess you could say I did make the referral by telling the individuals who were doing it that I believed that these families needed to do it. It was just that I just started doing the paper form of the referral not too long ago.”

This cuts down on paperwork for caseworkers, especially since they are already feeling overwhelmed. Additionally, Triple P providers are willing to meet with families and introduce the services to parents while they are visiting the office. This also aids the referral process as caseworkers consider parental engagement when deciding to refer a parent to Triple P. A participant from Agency A shared her experience with a Triple P provider coming to a supervised visit:

“But [at] like the end of the visit, I'll let him know that I'm interested in this one family but maybe I don't know how to approach that family and so he'll come over because I let him know what day they come for their visit and he'll come around and he'll talk to the parents during their visits...[It's] definitely helpful because they get to see him and they get to hear from his mouth what the Triple P is actually about and how it will help and benefit them.”

***Intra-organizational relationships and information-sharing.*** According to participant experiences, intra-organizational relationships serve as the conduit for information-sharing, which affects the antecedents of intention and intention directly. Any influence that intra-organizational relationships may have on subjective norms and attitudes is predicated by information-sharing. All participants at both agencies shared that they rely on colleagues, supervisors, and administrators to learn about community resources and what practices to use with families when stuck with a case. One participant illustrated this relationship:

“Sometimes I’ll go into my e-mails, like, okay, I know I saw an e-mail about this. Let me see if I can find it or refer a parent to it or like we’ll send e-mails if we find a resource, we’ll send it out to the whole crew, like, ‘hey, guys, I found this. This was helpful. Just keep it in mind.’ That’s more so how we work than anything.”

Caseworkers also rely on the information they receive from other support team colleagues who also work with their families to know when there is a parenting need. One participant from Agency A, who is a case aide shared,

“If I see my parents struggling, I always go to my supervisor or the case manager and let them know my concerns and they’ll give me suggestions or then they’ll write stuff down and suggest to their parents what they need to do.”

They can then take this information and make a referral to Triple P to address the need. In addition, regarding participant attitudes towards Triple P and its effectiveness with their families, participants shared how they can speak directly to the Triple P provider, their supervisor, or to other colleagues who have referred their families to Triple P to determine whether the program is appropriate for the parent they have in mind. A participant from Agency A explained,

“I’ve seen a lot of my colleagues that took part in Triple P. I’ve seen the benefits that they spoke of. And I’ve seen how it helped other people when they did their visits. So it was something I wanted to take part in.”

## **Court Mandate**

Given the proliferation of the court mandate theme throughout the transcripts and the other relationships in the adapted TPB model, it is fitting that the court mandate be added to the model itself. Participants from Agency A and B described how the court mandate to refer parents to the CRC hindered their ability to refer families to Triple P. The court mandate seemed to affect participants' perceived behavioral control in that they felt that it would be more difficult to make a referral to Triple P if the court order specified parents to attend the CRC. One participant from Agency B shared:

“For me to refer a parent to [Triple P], if CRC's parenting class...like their times are during the day, so if I have a parent that is working, it's easier for me to refer them to Triple P, because there's different times, so it's easier for me to do [Triple P] for that. But if they can make it at the CRC, I think the courts would prefer CRC.”

However, the fact that participants are able to work around the court mandate and still refer families to Triple P at both agencies solidifies the court mandate's placement as an antecedent of perceived behavioral control as opposed to impacting the relationship between intention to refer and referral behavior.

Table 4

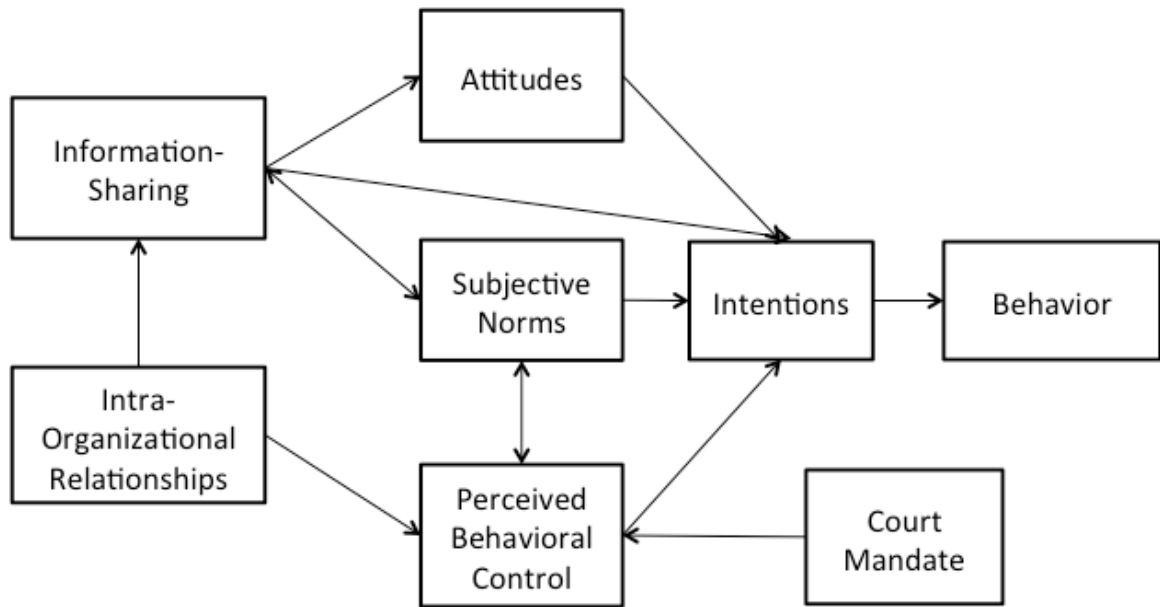
*Qualitative Sample Demographics*

Variable	Agency A		Agency B		Total	
	N (%)	Mean (SD)	N (%)	Mean (SD)	N (%)	Mean (SD)
Organizational ID	6 (50%)		6 (50%)		12(100%)	
Gender						
Male	2 (33.3%)		2 (33.3%)		4 (33.%)	
Female	4 (66.7%)		4 (66.7%)		8 (66.7%)	
Age		31.5 (6.5)		32.2 (5.0)		31.8 (5.6)
Race/Ethnicity						
African-American	6 (100%)		5 (83.3%)		11 (91.7%)	
Other			1 (16.7%)		1 (8.3%)	
Education Level						
Masters	1 (16.7%)		4 (66.7%)		5 (41.7%)	
Other*	5 (83.3%)		2 (33.3%)		7 (58.3%)	
Agency Role						
a)Caseworker	4 (66.7%)		5 (83.3%)		9 (75%)	
b)Intervention Team Member	0		1 (16.7%)		1 (8.3%)	
c) Case Aide/Advocate	2 (33.3%)		0		2 (16.7%)	
Tenure**		5.5 (6.2)		7.7 (5.3)		6.6 (5.6)

\*Other includes some college or an undergraduate education.

\*\*Tenure refers to number of years of experience participants' worked with children and families.

Figure 3: Adapted Theory of Planned Behavior



## CHAPTER SIX- DISCUSSION

The aim of this study was to add to information on child welfare caseworker referrals to EBPs. Specifically, this study sought to determine the caseworker demographic factors that predict caseworker referrals to Triple P; based on the Theory of Planned Behavior, determine whether intention to refer to Triple P predicts actual caseworker referrals to Triple P; determine whether the antecedents of intention- attitudes, subjective norms, and perceived behavioral control- have a relationship with intention to refer to Triple P; and determine whether and how two additional constructs from the Diffusion of Innovations theory, information-sharing and intra-organizational relationships relate to each other, in an adapted Theory of Planned Behavior model.

We found a significant positive relationship between the number of referrals made and caseworker organization; namely that participants from Agency A were significantly more likely to refer to Triple P than participants at Agency B. Additionally, results showed that participants who identified as African-American were less likely to refer to Triple P than those who did not identify as African-American. Qualitative results lent support to an adapted TPB model, providing evidence of relationships between attitudes, subjective norms, and perceived behavioral control and intention; evidence of information-sharing as a direct predictor of intention and as an antecedent to attitudes, subjective norms, and perceived behavioral control; and evidence of intra-organizational relationships as an antecedent to perceived behavioral control and information-sharing.

### **Impact of Organizational Differences**

Significant differences in the referral patterns of participants from Agency A and Agency B were found. Several differences between the agencies can contextualize these results. First, at Agency A, the Triple P program is embedded within the child welfare division of the agency. Providers also have dual roles as members of the intervention team and thus work with caseworkers in other capacities other than providing Triple P. Triple P providers are also



physically co-located with caseworkers at Agency A, increasing access to one another. This is not the case at Agency B as the Triple P program is a part of the Parent Support division of the larger agency and is housed and managed by a program director at a different location.

These results are consistent with studies that have shown an increase in service referral and use when child welfare and other services (substance abuse and mental health) are physically co-located. A study by Lee, Esaki, and Greene (2009) found that co-location between child welfare and substance abuse agencies led to increased understanding among child welfare and substance abuse staff, improved relationships among service providers, and better coordination of services for clients. Chuang and Lucio (2011) found that co-location between child welfare agencies and mental health providers was positively associated with children's odds of receiving outpatient mental health services. Another study conducted by Wells and colleagues (2011) examined survey data from the National Survey of Adolescent and Child Wellbeing and found that adolescents' odds of receiving substance abuse services was associated with child welfare and substance services being provided by the same agency. A more recent study found that co-location of substance abuse and child welfare staff increased referrals to and receipt of substance abuse services for caregivers in the child welfare system (He, 2017).

The increased referrals in this study and in the aforementioned studies reiterate the central proximity hypothesis that physical proximity (propinquity) increases interaction (Rivera, Soderstrom & Uzzi, 2010). The idea is that propinquity increases the likelihood of chance encounters and openings for interactions, which can then lead to the formation of new relationships and eventually the exchange of information (Rivera et al., 2010). This proximity phenomenon has been seen in a variety of settings, including between individuals in potential marital relationships, between college students residing in dormitories, and within and between organizations (Bossard, 1932; Marmaros & Sacerdote, 2006; Kogut & Zander, 1993; Rosenkopf & Almeida, 2003). However, Chuang and Lucio's (2011) finding that co-location of staff between child welfare and school agencies reduced students' receipt of school-based and other mental

health services makes the case that co-location alone is not enough for increased access. Researchers posit that their result may have been due to other issues that co-location could not solve, such as professional mistrust, lack of funding, and lack of shared vision for students. They call for further exploration into the nature of relationships between co-located staff. This is consistent with intergroup contact theory (Allport, 1954), which posits that increased contact facilitated by proximity alone is not enough to improve relationships between actors; group members must have equal status, be working towards a common goal, and have the support of authority figures.

Similarly for the current study, future research exploration of the relationships between child welfare caseworkers and EBP providers is needed. While the wealth of literature supporting the notion that physical proximity facilitates relationships led this researcher to use co-location as a proxy for intra-organizational relationships, Allport's (1954) conditions for intergroup contact theory and Chuang and Lucio's (2011) contrasting finding of decreased service use in the midst of staff co-location demonstrate the necessity for future research specifically examining the intra-organizational relationships themselves.

Data from the qualitative interviews provide insight on additional agency differences that may contribute to the quantitative findings. Interview participants from Agency A noted that agency leadership and Triple P providers provide constant reminders and encourage caseworkers to refer families to Triple P via emails, during staff meetings, and through face-to-face interpersonal interactions. In contrast, Agency B participants reported that while they received occasional emails or saw presentations at optional meetings, Triple P was not discussed or stressed from their supervisors and felt that it was not a priority at their agency. Interview participant experiences are consistent with previous literature documenting the role that leadership and supervisors play in facilitating implementation of EBPs. In child welfare settings, leadership supports EBP implementation when they communicate and reiterate a strong vision and commitment to EBP implementation and when they require caseworker practice to change to

accommodate the EBP (Crea, Crampton, Abramson-Madden & Usher, 2008; Aarons & Palinkas, 2007). Similarly, Akin and colleagues (2016) conducted a study that highlighted the multilevel factors involved in the implementation of an evidence-based parenting program in a child welfare context. They found that an organizational commitment that translated into supervisor enthusiasm for the program increased caseworker motivation to implement the program. Another study on the implementation of a statewide practice model in child welfare found that caseworkers were more open to the implementation effort if their supervisors were motivated and knowledgeable about the innovation (McCrae et al., 2014). These results are echoed in the current study, as supervisors at both agencies exert considerable influence over their caseworkers and their continued communication and support of Triple P referrals is needed to increase caseworker referrals.

Related to the difference in communication and support from agency leadership, another contrast between the two agencies is that interview participants from Agency B reported less familiarity with Triple P than interview participants from Agency A. Research has found an increased likelihood of referrals to EBP when caseworkers are familiar with that EBP (Whitaker et al., 2015). There may be less Triple P referrals in part because caseworkers lack an awareness or basic understanding of what Triple P is and how it will benefit them and the families they work with.

### **Relationship Between Intention and Behavior**

In this study, intention to refer to Triple P did not predict actual referrals to Triple P, which was surprising as there was a relatively high mean intention score for this sample (mean = 5.5/7). While the relationship between intention and behavior is typically substantial, there are a few reasons that are applicable to this study that may explain the non-significant findings (Ajzen, 2011). First, qualitative findings underscore the need to examine whether actual behavioral control may have moderated the relationship between intention to refer and referral behavior. Actual behavioral control is whether a person actually has the volitional power to carry out a

specific behavior. Actual or perceived behavioral control moderates the strength of the intention-behavior relationship (Ajzen, 2011). In the context of this study, caseworkers operate in the child welfare system, which is characterized by inflexible rules and regulations guiding practice (Kerns, Pullman, Putnam, Buher, Holland, Berliner, Silverman et al., 2014). Caseworkers are also subject to the case plan goals that court officials mandate (Smith & Donovan, 2003), which can limit their autonomy to implement services that are not court ordered. This study's qualitative findings spoke to these practice constraints. Interview participants from both agencies described how the numerous requirements of child welfare casework prevented them from considering ancillary services that focus on family well-being and taking the time to complete the paperwork necessary to refer families. Interviewees, particularly from Agency B, also mentioned their conflict with court mandates, in that court officials ordered parents to attend parenting classes at the CRC, which made referring them to Triple P difficult. These difficulties may have weakened the intention-behavior relationship. However, there were interview participants who reported still being able to refer families to Triple P despite job restraints and the conflict with the court order. Therefore, perhaps another explanation for the lack of relationship between intention to refer and referral behavior is should be explored.

One such alternative reason for the lack of an effect by intention to refer on referral behavior may be due to the lag time between survey completion and the acquisition of actual referral behavior data. McEachan and colleagues' (2011) meta-analysis of TPB in health-related behaviors reported stronger associations between intention and behavior when the time between assessment of intention and assessment of behavior was short (5 weeks or less). The authors speculate that long lag times between data collection points allow other intervening events to occur that may preclude an individual from acting on their intention to complete a behavior. In the current study, the time between survey administration and referral data collection was 8 weeks. In that time, an intervening event may have occurred or a caseworker may have had to address more severe issues (e.g. housing, drug and alcohol abuse) that take precedence over parenting needs. Some interview participants described how the parents they work with oftentimes have

trouble maintaining employment, lack stable housing, and are dealing with unaddressed mental health illness and/or substance abuse. These issues need to be addressed before a parent can engage in parenting classes, which could contribute to lack of referral to Triple P despite high intentions to refer.

### **Caseworker Demographic Factors**

This study examined the impact of race, gender, age, education level and tenure on referrals to Triple P. Results showed that African-American participants were significantly less likely to refer to Triple P. Bivariate analyses showed that there was a trend between identifying as African-American and the number of referrals that an individual made. Though not reported in the tables, a further breakdown of the number of referrals showed that of the 25 individuals who did not identify as African-American, 24% (n=6) made at least one referral to Triple P. In contrast, only 7% (n=6) of the 81 participants who identified as African-American made at least one referral to Triple P. All but one of the participants in the qualitative portion of this study identified as African-American and most did not discuss race or culture as a part of their decision-making in referring families to Triple P.

This study's negative relationship between identifying as African American and number of referrals to Triple P is in contrast to earlier research documenting less negative attitudes towards EBPs among African-American providers (Aarons et al., 2012) and research that did not find any relationship between provider caseworker race and EBP implementation (McCrae et al., 2014; Beidas et al., 2015). However, this finding may be explained by the stressors that interview participants described that they encounter when implementing services with families. As previously mentioned, participants from both agencies described how the requirements and demands of their jobs leave them with little time to make physical referrals or to think of services that are not court-mandated. Similar sentiments were echoed by caseworkers in Garcia and colleagues' (2015) study of barriers and facilitators to accessing mental health services for children and families of color in the child welfare system. Study participants, the majority of whom

(66.7%) identified as African-American, also described how job stressors such as high caseloads, lack of knowledge of community resources, and lack of supervisor support hindered their ability to connect families to effective services in their area. Previous literature documenting more positive attitudes towards EBPs among providers in proficient, engaged, and less stressful organizations (Aarons et al., 2012) gives credence to these caseworker concerns. Furthermore, another study examining the impact of organizational factors on system reform found a significant univariate relationship between race and working in high and low stress organizations (Aarons, Sommerfeld & Wilging, 2011). While the researchers could not further explore this relationship due to their sample size, future research may be able to examine whether there is a relationship between provider race and organizational stress that then impacts EBP implementation.

The non-significant results for gender, age, and tenure are in contrast to previous research stating that males, staff with longer tenure, those with higher educational attainment and older staff had a greater buy-in to EBPs or a greater likelihood of using an EBP (Aarons, 2004; McCrae et al., 2014; Beidas et al., 2015).

### **Adapted Theory of Planned Behavior Model**

Support was found for the original TPB model antecedents of attitudes, subjective norms, and perceived behavioral control. Previous research has also found these constructs to be explanatory in implementation research in the health and behavioral health fields (Perkins et al., 2007. Godin et al., 2008). However, this study provides initial support for the model in the child welfare context. Qualitative data also provided support for the addition of information-sharing and intra-organizational relationships to the TPB model. The Diffusion of Innovations theory posits that the innovation process requires the acquisition of knowledge in order for potential adopters to be exposed to the innovation, to evaluate the benefit of the innovation and to make the decision to adopt. This knowledge is spread through communication channels, which can be mass media or through interpersonal networks. Within those interpersonal networks, those individuals closest to potential adopters exert the most influence on innovation adopter decisions (Rogers, 2003). In

child welfare settings, the closest individuals to caseworkers are their immediate supervisors and colleagues (team and unit members) and their interpersonal communication about innovations is key to implementation (McCrae et al., 2014). These concepts are illuminated in this study, as every participant reported seeking out information on practice and referral decisions from their direct supervisors and colleagues. Thus, intra-organizational relationships are a vital conduit for information about Triple P to get to caseworkers, so they can they make a referral decision. Furthermore, it also makes sense that intra-organizational relationships would be an antecedent to information-sharing as these relationships are the channels through which communication flow (Rogers, 2003). Caseworkers then use the information they receive, whether the information is about the effectiveness of Triple P (attitudes), the requirement to refer to Triple P versus the court mandate to refer to CRC (perceived behavioral control), or the agency expectation that eligible families are referred (subjective norms), to make a referral decision.

### **Recommendations**

The broader goal for this study was to develop recommendations for practitioners, policy makers and researchers to around the role of child welfare caseworker referrals when implementing EBPs. These recommendations include increasing communication among stakeholders, increasing agency commitment to Triple P, and providing organizational supports for caseworkers.

**Increased communication.** Study results suggest increased communication with caseworkers, court officials and Triple P providers is warranted. Interview participants expressed a lack of awareness and understanding of Triple P. If there is to be an increase in caseworker referrals, caseworkers first need to have an understanding of the Triple P program and then need to believe that it will benefit their clients as well as themselves in meeting deadlines and requirements for their jobs (Kerns et al., 2014; McCrae et al., 2014). Participants suggested more in-person training and explanations of the program would be helpful in increasing their knowledge of the program. In addition, supervisors are critical in getting this information to their staff as

participants from both agencies reported looking to their supervisor for information on relevant resources, EBPs, and practices to use with families. Discussions on eligible families to refer to Triple P or ways to navigate the court system if referring a family to Triple P can occur during team meetings or during one-on-one supervisory meetings. According to participants, this method of communication is more effective than receiving emails or hearing a presentation at a staff meeting.

Increased communication must also occur with court officials, as court orders oftentimes drive caseworker practice (Smith & Donovan, 2003). In this specific setting, court orders typically mandate parents to attend classes at the CRC, which participants described as a major barrier to referring to Triple P. Since the CRC is administered by the city public child welfare agency and has a sole purpose of providing services to help caregivers reunify with their children, it is understandable that the CRC would be the provider of choice for the court system. However, by providing court officials with information on Triple P's evidence base in improving parent-child interactions and parenting competence (Sanders et al., 2014), perhaps the courts can broaden its language to mandate parent training instead of completion of a specific program. This may provide caseworkers with more discretion in fulfilling parents' parent training requirements, giving them the opportunity to refer to Triple P (Akin et al., 2015).

Communication also needs to be improved between caseworkers and Triple P providers according to one interview participant from Agency B. This participant noted the lack of communication between Triple P staff and caseworkers regarding parent progress throughout the program. She noted that this was problematic for her, as she needed to document parent progress for court. The fact that this caseworker cannot get needed information for court reports may lead her to refer to another provider, who is more communicative and is able to provide that information. Fedoravicius and colleague's (2008) study found similar behavior among caseworkers in that they referred to mental health providers that they knew were able to provide services and progress reports by court deadlines. Increased communication around expectations



and caseworker needs and having a designated point of contact for the program could result in an increased willingness for caseworkers to refer families to Triple P and work with Triple P providers.

**Increased agency commitment.** Research has documented the difference that leadership support makes in implementing EBPs in child-serving settings (Aarons, 2006; Aarons & Palinkas, 2007; Aarons & Sommerfeld, 2012; McCrae et al., 2014). Participants from Agency A knew that there was an expectation to refer families to Triple P and that there would be leadership support in the implementation process. Leadership and peer colleagues recruited caseworkers and parents for Triple P groups and services. This same agency commitment was not echoed by Agency B interview participants, but perhaps increased buy-in and encouragement from agency leaders and supervisors could result in an increase in caseworker referrals to Triple P. Future research connecting supervisory behavior and leadership support to caseworker referrals rates could shed more light on this relationship.

**Organizational supports for caseworkers.** Interview participants reported feeling overwhelmed with all of their job responsibilities. As a result, they solely focus on what they are mandated to do. This sentiment is echoed in Smith and Donovan's (2003) seminal study on child welfare practice, where participants explained that court appearances, child visits, and documentation were the core and required components of their job. Anything additional, including working with parents, was extra and low priority. Caseworkers in this study similarly said it takes them extra effort to look beyond what is court-ordered to connect parents with services, like Triple P, that will improve family functioning. However, in this child welfare system, child welfare units are assigned support workers that can alleviate caseworker burden and share some of the case management responsibilities. Perhaps these workers can be targeted to increase referrals to EBPs because unlike caseworkers, they may have more flexibility in the required services that they can implement with families. These support workers may also have the time to assess needs and appropriate services beyond the court order and subsequently complete the necessary

paperwork for referrals. This could be an avenue for future research in exploring the role of child welfare support staff in the implementation of EBPs in child welfare settings.

### **Limitations**

While this study's aims and design provide strengths in facilitating a greater understanding of the factors that associated with child welfare caseworker referrals to an EBP, it is not without its limitations that should be considered. First, the small sample size and small number of organizations participating in the study precluded the detection of small effects, more complex models and the consideration of organizational-level variables. Conducting a future study with a larger sample size will allow for the inclusion of more variables and analyses of interest. In addition, although variables were dichotomized to more evenly distribute cases within variables, some variables still have low cell counts. Therefore, results should be interpreted with caution. Secondly, the generalizability of this study is limited due to the unique child welfare context where this study occurred. This study occurred in privately-contracted agencies that secured external grants ahead of a city-wide implementation of EBPs and that had supportive case management positions that also had the ability to refer families to services. Conducting a similar study in agencies that are public, do not have ancillary support positions or that lack external funding may yield different results. Thirdly, this study does not include the perspectives of other relative stakeholders- Triple P providers, court officials and city administrators that could speak to the referral and implementation process in this jurisdiction. Fourthly, the intention measure asked how likely a person intended to refer the families on their caseload to Triple P. However, some of the staff that have the ability to refer do not have caseloads and may have not responded to the questions on the intention measure. This may have resulted in missing data that was not random. Fifthly, participants were not directly asked whether they had the ability to refer clients in survey measures, so particularly for support staff, their ability or role as referral agent may vary by agency or by unit within an agency. This may have led to structural zeros (inclusion of participants who would always have a zero in the outcome variable), which would necessitate another variant of Poisson regression not used in this study (Coxe et al., 2009). Additionally, this

researcher recognizes the impact that her positionality had in conducting interviews and collecting surveys. The researcher possessed a shared racial identity with all but one of the interview participants. These factors likely impacted the information gained with the level of comfort participants had in sharing their experiences and opinions. In addition, the researcher used her position as a research fellow within one agency to gain assistance from agency staff in recruiting interview participants at Agency A. This may have biased the sample towards individuals who already had knowledge of Triple P and had more positive attitudes towards the program than the participants from Agency B. Similarly, baseline data collection may have affected participants' referral decisions as Triple P may have been on their radar completing the measures. Moreover, the researcher acknowledges the difficulty in identifying participant attitudes, as there are no limits as to what can be interpreted as an attitude. Those findings should also be interpreted with caution. Finally, due to a conflicting local government data collection effort, no interviews were conducted at the second site for Agency B, although survey data was collected from that site. Participants from that site may have had a different referral experience that was not captured.

## **Conclusion**

Despite these limitations, this study contributes to the limited research on child welfare caseworker referrals to EBPs. It examined mutable caseworker characteristics, used an explanatory theory to examine predictors of referrals and used caseworker interviews to illuminate the considerations caseworkers make when deciding to refer to Triple P. Findings from this study highlight the importance of communication and intra-organizational relationships, support from leadership, and the role of the court system in caseworker referral decisions. Future studies that examine organizational variables such as supervisory buy-in and the role of supportive staff are needed to further elucidate the factors that affect caseworker referrals to EBPs and EBP implementation in child welfare settings.

## APPENDIX A: Demographic Survey

1. What is your gender? Please circle your answer.
  1. Male
  2. Female
  3. Other
  
2. What is your age (in years)? \_\_\_\_\_
  
3. Which one or more of the following would you say is your race/ethnicity? **(Check all that apply)**
  1. White
  2. Black or African American
  3. Asian
  4. Native Hawaiian or Other Pacific Islander
  5. American Indian, Alaska Native
  6. Hispanic or Latino
  7. Other [specify]\_\_\_\_\_
  
4. What is the highest grade or year of school you completed?
  1. Grade 12 or GED (High school graduate)
  2. College 1 year to 3 years (Some college or technical school)
  3. College 4 years or more (College graduate)
  4. Master's degree
  5. Doctoral degree
  
5. What is your primary discipline?
  1. Marriage and family therapy
  2. Social work
  3. Psychology
  4. Child development
  5. Human relations
  6. Other
  
6. Agency
  1. Department of Human Services
  2. Community Umbrella Agency
  3. Mental Health/Behavioral Health Services
  
7. Role in your agency
  1. Direct practice with clients
  2. Supervisor
  3. System Leader
  4. Implementation Expert
  5. Other (please specify)\_\_\_\_\_
  
- a. If you are a CUA case manager, how many cases do you have on your caseload? \_\_\_\_\_
  
8. How long have you been employed in your current work setting (in months or years)? \_\_\_\_\_
  
9. What languages do you speak when working with clients? **(Check all that apply).**
  - a. English
  - b. Spanish
  - c. Other language (please specify)\_\_\_\_\_

## APPENDIX B: Intention to Refer Measure

Dear Participant,

**Thank you for your participation.** Please read each question carefully and answer it to the best of your ability by circling a number from 1 to 7 that best describes your opinion. There are no correct or incorrect responses. We are interested only in your opinion.

Your **responses are confidential** and will **not** be shared. Only our research team will see your responses. All identifying information will be removed from this questionnaire and destroyed as soon as all data have been collected. Please be assured that the information you provide in this study will have no effect on your job position.

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Lots of things influence what you intend to do with your clients and also what you actually do. Everyone has different preferences and opinions and everyone has a unique group of families that they work with.

1. As you think about what things will be like on your caseload over the next few months, please circle a number from 1 to 7 that best describes your honest opinion.

During the next four months, how likely is it that you will refer each eligible family on your caseload to Triple P?

1. Very Unlikely	2. Unlikely	3. Somewhat unlikely	4. Neither Likely nor Unlikely	5. Somewhat Likely	6. Likely	7. Very Likely
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2. Below, please circle the number that best matches your opinion of how much you agree or disagree with the following statement:

I intend to refer each eligible family on my caseload to Triple P in the next four months.

1. Strongly Disagree	2. Disagree Quite A Bit	3. Slightly Disagree	4. Neither Disagree nor Agree	5. Slightly Agree	6. Agree Quite A Bit	7. Strongly Agree
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## APPENDIX C: Semi-Structured Interview Guide for Case Managers

1. How has the requirement to implement evidence-based practices, such as Triple-P influenced your work on a daily basis?
2. Tell me about your experience in referring child-caregiver dyads to EBPs, including Triple-P. (Prompts: years of experience in referring children and families to evidence-based parenting interventions; training and knowledge on screening and referral procedures; extent to which you rely on communication and collaboration with other clinicians and supervisors to increase client access to EBPs).
3. To what extent are Triple-P trainings helpful?
4. Tell me about your clients' characteristics (age, gender, race/ethnicity) and psycho-social circumstances that may increase risk for child welfare involvement and need for Triple-P.
5. Based on your experience, what factors facilitate caregivers/youth's initial and continued participation with EBPs, such as Triple-P?
6. To what extent do you believe Triple-P is effective for racially and ethnically diverse populations? (Prompt: What feedback are you receiving from clients of diverse backgrounds?)
7. What needs to happen facilitate and sustain EBPs, such as Triple-P?
8. These next set of questions focus on the types of research you use in practice.
  - a. Tell me about what research or sources of information you rely upon to inform practice. Why do you rely on those sources? (Sources of information may include journals, books, internet, child welfare data, training/trainers, web-based clearinghouses, brochures, conferences or special informational sessions or events in the office, reports from researchers/academics, colleagues, and your supervisor or other leaders within and outside of your agency).
  - b. Under what circumstances do you consider evidence to implement Triple-P?
  - c. Under what circumstances do you ignore evidence to implement Triple-P?
  - d. In what ways might your thoughts and actions toward research evidence use differ when thinking about the needs of minority youth and families in the foster care system?
  - e. In what ways do you think the evidence you rely upon decreases racial inequity in child welfare?
  - f. What supports do you need to facilitate research evidence use for your target population?
9. Highlight preliminary quantitative findings of Triple-P client outcomes. Tell me to what degree the findings resonate with your experience in working with clients of color who receive EBPs like Triple-P. Prompts:
  - a. Encourage case managers to explain how or under what conditions organizational factors (readiness to change, culture, and climate), and/or client level predictors (e.g., parenting beliefs and practices, acceptability of EBPs, motivation to change behavior) may or may not influence session attendance and active engagement in EBPs.
  - b. Do these factors differ by race/ethnicity? That is, are some factors more applicable to African American, Latino, and/or Caucasian youth and families?
10. What might need to change in your organization to facilitate implementation of EBPs, such as Triple-P?
11. To what extent does working in a large, urban and racially diverse city influence implementation of EBPs like Triple-P?
12. How might Triple-P need to change or be adapted to meet the needs of your clients?
13. What supports do you need to ensure children and families served by the child welfare system receive effective, culturally relevant services to address poor child developmental outcomes and negative parent-child interactions?
14. Is there anything else you would like to add?

## APPENDIX D: Interview Transcripts

### Agency A Participant 1

- Q: Let's get started. So are you aware of a requirement to implement evidence-based practices here?
- A: Yeah, a bit. I mean, let's just say, when I go through the guide, I'm readily familiar with it, I mean, of course the back and forth, not by heart, but by per se.
- Q: So sometimes I ask this question, because the first question asks is if this requirement to implement evidence-based practices like Triple P has influenced your work on a daily basis? So I just like to make sure that people know what that requirement is.
- A: Okay.
- Q: So pretty much the way that the [community agencies] are funded is that typically the federal government pays an agency per child in foster care. That's how they get their funds. But this can incentivize agencies to keep kids in care so that they get funding.
- A: Conflict.
- Q: So the government created this program called Demonstration Waiver, so they'll take the average of the number of the number of kids you have in foster care over three years and they say, here, we're going to give you this chunk of money, you're going to get the same chunk of money over the next five years—
- A: Regardless.
- Q: Yep, but you have discretion over what you do with it as long as the number of kids in foster care decrease. So Philadelphia is a jurisdiction that's participating in a Waiver Demonstration, but as a part of that, they also have to implement three evidence-based practices system wide. And those three that they've chosen so far are Triple P, Parent-Child Interaction Therapy or PCIT, and FFT—Functional Family Therapy. So while that hasn't started to roll out there's going to be this requirement, so do you feel like that's impacted the work that you do and how you refer- whatever decisions you make?
- A: I think kind of on the Triple P, typically for us is kind of convenient, because it does cover a lot of ground and it's kind of close to us more so, so it's something that we can quickly and easily readily, get our parents involved in the kind of, parents in kind of slightly therapeutic life skills kind of thing. So it's kind of like a close-knit as opposed to having to reach, you know, far to beyond so to speak.
- Q: You mean close like because they're around the corner or—
- A: It's in-home so to speak.
- Q: It's in-house. That brings to the next question like just wanting to know your experience in referring families to Triple P. How do you make those decisions? How is the referral process for you?
- A: I mean, typically, without naming any names, we have a gentleman, a coworker who works I know that kind of participates in the Triple P process and I know him to be a person to note, a quality teacher, like somebody who puts his all in. If I submit them here, they're really going to get something of quality not just the run of the mill basic kind of thing. Let's just say, if the parents sincerely buy in, I think they'll be helped.
- Q: Because of who's providing Triple P, and you know the quality of his work, is that the main reason why you refer a family to Triple P?
- A: Yeah, I mean, if you want to be honest—
- Q: Yeah.
- A: --one it's close. It's not a strenuous process, it's right in-house, so it's a quicker solution. Not to say that we don't have some other, but it's kind of a convenient thing, so to speak, but also then since it's not a run-of-a-mill, it's quality within it. That's the kind of thing I kind of take with it.
- Q: How do you refer to Triple P?

- A: We get the referral. We have e-mail. We get the sheet, we get the client, we get demographic information. We fill out the forms, we submit it, then [the Intervention Director] or one of the liaisons in there, they'll inform us, what they'll access, what about the client, they'll set up an interview, and then they kind of accept them.
- Q: So you pretty much go through that process the whole time.
- A: Right. Sometimes, I mean to a certain extent I think they'll work with you if you have to rush if time is of the essence, but pretty much they'll go out and interview and meet with the parent and figure out what they have to work on. If it's court involved, you know, specifically if it's court order, but it's a little bit more broader if it's just kind of like an in-house kind of like a prevention kind of thing, they can kind of take the time getting to know the parent and kind of see what they have to work on.
- Q: Great. Have you gone through any informational trainings on Triple P or anything like that?
- A: They do offer a lot, I think when I first came here I did honestly, I went to one, but of course, you know with a lot of the volume, you don't have time to always, but I know from e-mails they are adding a lot to it. They're taking more steps to become further accredited in the kind of- refine the quality of the program.
- Q: Are they helpful to you? Are those trainings helpful?
- A: Recently, they had actually a training, actually train us, so I mean, some of my colleagues, again, the gentleman I mentioned to you—another trainer/teacher in there, my co-worker said it was really—it wasn't just something done for the sake of being done because we have to, there was actual value and learned value with it.
- Q: But you haven't been?
- A: No. It's like whack-a-mole.
- Q: Do any of the Triple P providers talk to case managers about what Triple P is?
- A: They always make an effort to come up to you and talk to you. That effort is always I have tons of e-mails of them doing stuff.
- Q: Is that helpful for you in knowing whether it's appropriate for you families?
- A: Absolutely.
- Q: Talking about your parents, what are some of the characteristics of them? The typical age or gender or income or some of the issues that they may face that bring them to the attention of the [child welfare agency]?
- A: One, unfortunately, I think, one consistent thing that I see is, I'll just say, maybe seven times out of ten they will be African American to maybe a little bit of Hispanic-Latino maybe more. I think that's a consistent. Sometimes I probably say maybe six to seven and a half times out of ten kind of low income, but sometimes you'll get those pro-- You'll go into a home to where 'oh, wow, like, man, I wouldn't mind a house like this myself.' They kind of to a certain extent it kind of runs the gamut. Different to a certain extent, I mean, you'll get more low income just not—I think lack of resources, low income primarily and to a certain degree you can kind of only emulate to a certain degree what you've been taught like the right way or what may be considered the appropriate / and what I'm seeing a lot of times is that people rarely, they don't have a lot of quality family supports, and they don't have the examples to kind of emulate a lot of the things that we would like them to, unfortunately.
- Q: So low income, of color, it sounds like lacking economic and social support.
- A: Absolutely.
- Q: And parenting kind of—
- A: Yep, it's kind of like parenting on the fly like what I'm able to do, when I'm like or the kind of the examples that I've had.
- Q: So that kind of increases the risk for child welfare involvement.
- A: Absolutely. Especially, I think low income, I mean, because most of the times if you have the resources to do for your child in a certain way, I think you will to a certain extent. And then to a certain degree, you can only offer what you have. You can only put forth what you've seen a coach in or a good example of to a certain degree.



- Q: That makes sense. Do you think that Triple P works with that population?
- A: If the parents buy in, if they don't look at it with a lot of— And one of the reasons I spoke of a gentleman is because I think in this field, there are a lot of things that you have to do, and it's not that a lot of them don't care, but there's just so many wells, or so many fires that you're trying to put out- the run of the mill-, but I think, all right, when I was in school, you had teachers who were there who taught the basic stuff, but then you got certain teachers who kind of added clarity to things. There are a couple people in Triple P who are able to provide clarity. They kind of have their teaching skills or they're able to clearly convey things, go beyond a little bit, so I definitely think it's a worthwhile program. If people have buy-in, and I think a little bit if some people don't even have buy-in, we have dynamic instructors that will kind of— So yes, to make a long story short, I do.
- Q: That's important. It sounds like it's not even necessarily Triple P itself, but it's who's delivering Triple P that can make a difference in bridging that gap.
- A: I think that but also the buy-in. The buy-in, because again, just like I think a lot of workers can make it kind of burn out of kind of routine programmatic kind of things. I think if, because you have some parents that think, okay, I've been doing this my whole life. I've gotten through. And they may look at the intervention as just another block in the road just to be passed, so they may be like, 'I've been doing this. My mom did it with me.' So if the buy-in, the change isn't there, I think it's kind of tough with anything.
- Q: So what do you think can help? What factors do you think influence a parent's buy in, to try Triple P and then kind of finish Triple P?
- A: As with anything, it's kind of like building a relationship with the person. Kind of maybe kind of a one-on-one kind of thing, and I know they do an interview process with the parents, so just kind of like just kind of sincerely—kind of get the nuances to particularly know the person and just trying to work with, harness, to develop whatever issues they're trying to build upon.
- Q: So the relationship between the parent and whoever's providing Triple P. Is there anything else that you think facilitates parents' participation and engagement?
- A: Maybe, I mean, I hope I'm not being redundant kind of just more kind of getting to know the person, how they learn, how they relate. A little bit of personal, taking that and just keeping it in mind, bringing it in—one thing I know I see when they have group—group of parents, I do see that—and I'm not one of those people that will say this- I feel like to a certain extent I feel like this wasn't really kind of helping, I wouldn't, but a lot of times I'll see parents in here laughing and communicating to where as I come in the building, I'll see them around and they'll have a scowl on their face. A lot of times they kind of leave out of here kind of a little family vibe, kind of laughing and joking, kind of communication. Again, long story short, just kind of conveying sincerity. This is not just another program. We're trying to worry about you, we're trying to help you focus. We're not here to kind of judge you or be against you.
- Q: That's great. So we talked about whether Triple P would work for this specific population. Do you have any other thoughts about whether you think Triple P is effective for racial and ethnic minority families? Have you gotten any feedback from families about whether they think it works or whether they're like 'those videos don't look like us?'
- A: The parents again, I'd say maybe about, I've only referred about seven to eight, and I'd say about five out of those eight parents really, really liked it and thought it gave them something that they haven't had before. Again, I think it was buy-in or kind of even kind of people who entertained it somewhat, because the other two and a half to three weren't really, they were just kind of anti-aggressive with everything.
- Q: For them it didn't matter that it was Triple P?
- A: I don't think it would have been anything and they would have been against it.
- Q: What do you think needs to happen? Triple P, yay, we like it. What do you think needs to happen to sustain it here, to keep it going?
- A: I think, and I do see a lot of them just broadening the awareness, keep harnessing and keep fine-tuning it to I think not only just towards fine tuning it towards you know trying to

get to know the individual, but I think also just kind of like more broader things making them aware, because really outside of this, maybe outside of the field, I don't know if I'd be aware of it.

- Q: If they weren't in this agency, you don't feel like you would know about Triple P?
- A: Yeah, let's just say—I'm amongst a lot of diverse, high to low income and I don't know if I see a lot in how they promote it. The only reason I see it is because I'm here.
- Q: This takes me to my next set of questions. It talks about what, if at all, if you use research in your practice? So like when you're working with a family and let's say you do see an issue, and you're wondering how can I address it, what types of information do you use to determine kind of your plan of moving forward with them?
- A: So how do I address a problem with a family?
- Q: Let's say a family that you're working with has—let's say they're addicted to heroin so opioids and you may not have worked with a family that has trouble with opioid addiction before, where would you go to get information about how to work with this family?
- A: We have [City Public Child Welfare Agency] liaisons and we do have you know, veteran case managers or core teams, between those or sometimes even directly my supervisor and by chance sometimes the gentleman that I mentioned who is teaching a lot of programs, he's very resourceful and knowledgeable and things like that, so we do have a wide variety of people who I know directly to things for that.
- Q: Do you ever use research articles or journal articles or look things up online when you're looking at your practice?
- A: I'm a reader, so yeah, but I guess I feel like there may be a lot of things, like personal, now personally that's something I may be able to do, but I try to—I try I guess, I use some of that towards my decision making / something on // that I'll directly have a lot of knowledge of I'll try to go with the veterans to kind of compare their experiences directly, because honestly I haven't had too many. I've read a lot, again, I'm a reader. I'm a political science major so I read a lot of different things, but I try to stick with the most practical things I can find.
- Q: When you think about referring a family to Triple P, do you consider the evidence that is out there that it's been effective with all these different types of populations and behavioral problem issues? We're looking at question 8, like b.
- A: Can I be honest?
- Q: Yeah.
- A: I try to a certain extent, where they say seeing is believing, so if I've thrown it out there, I think you have a lot of—maybe have a couple of redundant programs in Philadelphia that I think maybe they're just saying we're doing certain things and it's just there. I'll consider, well, has this really made a difference? Yeah, I do. I have seen this light up a couple parents and make changes in them from changes they didn't have when they came here that were positive.
- Q: It's almost like you do your own research. Also like do I see the evidence of this working on my case load.
- A: I'm kind of like—to a certain degree I'm cynical because of some things, because of a lot of the things I've seen, so if I see it, I'll try it. If it works, if it sincerely works unless unfortunately I'm mandated by the court that they have to do something, which does happen, but—
- Q: So we talked about some things about parents, especially you talked about their motivation to want to change like those who are just against everything or those who really buy into Triple P. Are there any other things that you think at an organizational level that could facilitate—not facilitate, but influence parents being engaged in coming to Triple P and things like that?
- A: To a certain degree I feel like parents I think once they get kind of—I think people can kind of twist, some people, a lot of people can after a while they can sense when something's genuine or whether it's just being done for programmatic or routine reasons. I think that the more passionate people are about what they do, and over time they get to

see, wow, they are here to help me. There really is that kind of care kind of thing. You can always do, incentivize certain things, if you come, it's a little small and unfortunately stereotypically I hate to say it the low-income people probably are drawn towards a little bit material gimmicks or what have you. I mean, that probably unfortunately would work, but I think that could be used to reel them in and they see, whoa, oh, I was just here for this possibly but this is pretty good. This is therapeutic. This is really helping me. I think sometimes I watch a lot of lectures and one lecturer he was kind of irritated that he was trying to convey information that people would kind of just improve their general life and he was kind of mad that he had to keep doing these gimmicks to pull people in, but sometimes I think due to the direness of the situation we're facing, sometimes you do have to do things to kind of pull in the kind of people that you're trying to save and hopefully through your teachings that they'll be able to see beyond that and kind of get the substance of what you're trying to convey.

- Q: Do you think there's anything that this agency could do? I know some of the things we're talking about for readiness to change or culture and climate and I know that sometimes when you have an agency where it's stressful to work, you don't feel supported, there's a lot of tension or conflict or even competition, it can make it a little bit more difficult to have changes really stick as opposed to when you're in an environment where you feel like you can do your job, you feel like you're supported, you feel like you have time to research different things in the community and find resources that can facilitate these kind of changes that [Child Welfare Agency] making and trying to implement evidence-based practices. Do you see any agency factors that you think—
- A: Block the work or do I see any of these making it conducive?
- Q: Yeah, conducive, like are there factors at the agency-level that make a family attending Triple P easier or conducive?
- A: I feel like the agency, I mean, give e-mails, I'll tell you tons of e-mails, so yeah, they do, even at training that they recently had I think which gave credit to us, they do prompt us and they do try to make sure the awareness, but I feel like, again, it's more so—and to a certain extent I can't speak for the community liaisons, because unfortunately I'm not at a lot of events, so I'm sure they do promote the agency. But again, I think if I wasn't in this field, I wouldn't know, I just wouldn't. Kind of like broad things that you could even at a university or kind of like family social events like are you experiencing some issues or some barriers in parenting, [Child Welfare Agency] and whoever are offering these parenting programs to help you facilitate, to help deal with and surpass some of those barriers. Kind of like advertising. If a parent is really trying to get better and yeah, that is something I could do. Just so something kind of out of these social service—and I think you have professional people with higher income who do have some and recognize some of their shortcomings that if they sincerely saw this, because stereotypically this is thought low-income people, they don't know how to parent- no, I mean, a lot of people have parenting issues. It's just not a low-income thing.
- Q: You're just like we need to get the word out. We need to get the word out for Triple P. The next question is what might need to change in your organization to facilitate implementation?
- A: I feel like they pound it to us.
- Q: Or any other evidence-based practices if they decided they wanted to implement something else, what do you think they would need?
- A: Again, I think, unfortunately, there's a bit of gimmick. And to a certain extent, I think, when things are good in a certain way, they kind of speak for themselves to a certain extent, but I think promotion, you got to put like billboards, again, if they have the resources for it, billboards, flyers. It's just like a lot of indie artists. A lot of times, you come to find out, I have like my favorite, 'oh, wow,' you'll find out two years later they had an album come out, and you can only play over what you know, and if you don't know about it, how do you—

- Q: You did say one key word: if they had the resources for it, so money is one thing. Funding.
- A: Funding. If you have the money, you can promote. Kind of like I don't listen to the radio, but if you do, they play the same songs, they subliminally seduce. Product placement. Do you know about Triple P, kind of like little flyers around key areas that people, all kinds of different demographic targets, Starbucks, I mean, a tree for coming out of a bar, like some kind of image, after a while you'll say, 'What is this? I keep seeing it everywhere.' Product placement.
- Q: That's true. You see stuff on the street or on the streetlight poles.
- A: Mm-hm. When you constantly, because it's placed in a way that's so suggestive—
- Q: You have a future in PR.
- A: I have a conscience.
- Q: Do you think working in a large, urban and racially diverse city influences implementation of evidence-based practices like Triple P? Do you think it matters?
- A: It matters to the degree that it can save and it can truly help people, but and I hate because I sound like of elitist but you have to be, again, awareness, you have to buy-in, whatever, you have to be aware of what you need. Some people don't know. Sometimes like you'll be—There have been times I've been in circumstances and if I was just listening to somebody I'm like, you know what damn, they're right, and it causes me to delve in further. I think there are a lot of, and especially I think with the low-income people that need this, and I think maybe there's some of course some biases. It's hard when you're so dire into poverty. You're only immediately caring for things that help you live and survive day to day. It's kind of like you know unfortunately so direly basic things that would astonish, you know, stereotypically, like a lot- let's just say from how I grew up and a lot of the houses and a lot of the demographics I serve, the ignorances like you can't even, it's hardly—like wow, so to a certain degree there's a lot of barriers that you have to-- Again, that's why I think the key is getting their buy-in. Even if they can't kind of see a lot of the intellectual—they know sincere care. You got to try to lure them in some way. You have to do it some way. A professor who I thought was sharp, very, very, very sharp, but he wanted to stick in his old ways. He was like, no, only the vanguard of people will understand what I'm saying. I was telling him I think the situation is so dire for far too many people I think when the numbers weren't so bad, okay, you could probably say that you got to be picky, but I think a lot of low-income people it's just getting worse, so you have to do that dance.
- Q: How do you think Triple P can change or be adapted to address that?
- A: It has to come down to a level to kind of target the people that I think we need to serve, so try to figure out more ways to pique the interests of the populations we're trying to serve, because again, I'm in a lot of different places, and if I wasn't in this, I don't know if I would know about it. You got to kind of go in the trenches a little bit. Like a movie that through previews it will say it's one way. Okay, it's this way, and then—but you're already in the movie, you're not going to walk out after you paid that—'oh, you know what? Oh, but I can kind of dig this, too.' You got to come down here.
- Q: What do you think that you need to ensure that children and families that are served by the child welfare system that you work with get culturally relevant services that work? Like as a case manager, what kind of supports would help you to do that?
- A: Culturally relevant?
- Q: Yep.
- A: Now, fortunately for myself, I like to think that I grew up with a silver-plated spoon which really, you know, didn't really have it like that because of the supports through my life, but my status have waivered, so I think I've been privileged and privy to see a lot more kind of go down a little bit more. I've seen a lot of—and I always was kind of still within—I've been enriched culturally, you know, a lot of African /—so I suppose I'm an expert on that, whatever, I feel like I've gone a little bit deeper than surface, so but I think culturally competent people in other cultures kind of like given you—they training you.

Q: Okay.

A: Realistically, I think you have progressive like the commercially progressive people, and then I think you have really meat and bones, you know, want to give it to you like you are culturally progressive people who are willing to impart information to people specifically trying to help their particular population. I think we need to find people like that to train, to diverse with, to kind of help get across so that people who really deserve.

Q: So like a bridge person.

A: Absolutely.

Q: Like, 'hey, this is what—'

A: This is what you'll face and whatever, if you come, you're not going to get- they'll see through that, whatever. Kind of like when the colonists went over to Africa, needed somebody who knew the language and how to communicate. I think kind of like that, too, but somebody who's not opportunistic and really, really trying to help. Of course, I would think somebody who would almost do it for free but I mean, people have to live, but not parasitic, not trying to really come up.

Q: Gotcha. You have some deep thoughts.

A: Yeah, because it's bad. Man. It's bad. It's really bad.

Q: I know. I know. Last question: Is there anything else you'd like to add?

A: I have a million thoughts. No, I feel like I said all. Now for like if this is sincere, and it's really, really trying to get to the meat and bones of a lot of problems, trying to help, I think it's something that will persist and keep going on. That sincerity, it'll get you through. If it's there, if this is not just another measure of something that's just said to be attempting to being done to help alleviate, it'll persist, and it'll persevere, it'll go.

Q: So not something that's oh, we just want to say we're doing evidence-based practice, but something we actually care about helping the families that you work with.

A: Not something that a politician's advisor is going to tell, you know, this is out there, this is what we've done. If it's sincere, if it really is kind of going at the heart and trying to address—I think it will persist and people who have a passion. It can be hard at times, but it exists. That can be hard.

Q: Thank you so much. This was great.

A: Thank you.

## Agency A Participant 2

- Q: It seems like you're fairly new here?
- A: Yes, extremely fairly new, about 9 months, 10 months.
- Q: How has the requirement to implement evidence-based practices such as Triple P influenced your work on a daily basis?
- A: I feel like that's kind of been the go-to whenever we see a problem, whenever we see an issue with a family or see something that can be resolved, our first go-to is going toward evidence-based practices, is going toward what has worked in the past and what is tried and true. And when it comes to Triple P if it meets the guidelines that we see are appropriate, then the referral should be made as soon as possible because we believe that the sooner we get in there and help and implement various services the sooner we can better help the family.
- Q: So instead of maybe choosing something else, you automatically look to these evidence-based practices.
- A: Yeah, as long as they're applicable to the actual family that we're servicing.
- Q: What has been your experience in referring families?
- A: The one thing I know for a fact happens quickly-- Well I know for one of my families, when I was discharging them, I made a referral to Triple P in aftercare and that's like the same person who does both, so when I was discharging the case, sometimes there's a little overlap between discharge and aftercare so that they're asking for a discharge meeting. And I think it was about two weeks but at this point I was already a month almost off the case so I hadn't really known much about the family so what I had to do was I had to talk to the aftercare care worker and the Triple P worker to figure out what's been going on recently. I think if I didn't have that support, I'd have to go back out to the family, reassess, take a massive level of documentation and then figure out how this compares to me going out before, when in reality I can talk to this worker who's been coming out weekly ever since I got off the case. So it's definitely a load off us to do that backtrack and do that work. However, it's still not the same because it's not through my eyes but it definitely helps to have that than have nothing.
- Q: So you're saying that because the aftercare worker was in the home anyway as the aftercare worker, it was easier for you to make a referral to Triple P?
- A: No, the aftercare worker-- This is my understanding that with aftercare if you request that they implement Triple P services, they'll do that, so that when they come out to the house once a week they were doing Triple P type meetings and they were conducting them in that sort of fashion. So by that happening, that was the aftercare pretty much, the aftercare part is pretty much whatever you want it to be whether it's Triple P or I guess you can have it just set up so they have regular meetings and ask various questions or like life skills or like a different one-on-one for a child who's between the age of 13 and 17, then you're like now a mentor. But yeah.
- Q: Have you had an experience referring to any of the other Triple P groups or to the other evidence-based practices?
- A: Not really. I'm not sure if life skills is considered that or not.
- Q: No.
- A: Yeah, so not really so much, just more or less Triple P.
- Q: You're pretty new, is this your first experience working with children and families?
- A: Yes.
- Q: When you said in your last question that you knew the evidence-based practice were your go-tos, who do you talk to when you're trying to make a decision or how do you know about where you want to refer families?
- A: I ask a lot of questions and it's really to any supervisor that will listen. I think a lot of times it very crucial to understand that the person that you are directly below is not the one who has all the answers and that's just the truth, that no one person has all the answers. So you have to kind of open yourself up to the idea that you've got to keep on asking and

keep on asking and then eventually whatever, your supervisor or a different supervisor helps you out with the answer, but you can just ask them about what really I should do in a situation. More often than not, you will be referred to an evidence-based practice tool because they understand that that's been working and there's no need to really change that up and it's been a consistent theme.

Q: To what extent are Triple P trainings helpful?

A: I've only had a good after, like a good it's like an outcome chart, as far as that goes. But I know that whenever families are referred to Triple P and they take advantage of that, I haven't had families say that that was a waste, I haven't had say families say that that wasn't beneficial. I think that it's also one of those things that in child welfare I've noticed that you never get that honest answer after and if you do, then that's a very rare occurrence where it's like, 'You know what, that was extremely helpful.' Unless you see it yourself, unless you see that the family's changed, they're probably not gonna say, 'Wow, I'm really glad this whole experience because now I've learned this, this and this.' So I really don't have a straightforward answer for that one.

Q: This question is also about you, like I know they just had a Triple P training here to train staff to be able to provide Triple P. I didn't know if there had been any presentations or things for case managers about Triple P so that you all know what it is.

A: They probably have, I just know the especially coming into it, in my opinion I feel like this job really isn't set up for you to truly take advantage of those opportunities, I think it's just more like 'oh, if you do well, we're gonna reward you with more work,' and not say like 'okay, well maybe it's good that you only stay at this case number till you have a chance of taking advantage of other services.' So I don't really think that I get offered enough time to take advantage of actual classes. And so when I did see all the different workshops, it's like oh, I would love to learn more because I don't know enough, and it's like well, I also have court that day or I also have court this day. So it's just like if there was a different option, maybe it could be online or something like that; that'd be a little more helpful.

Q: How do you know what the evidence-based practices are?

A: Besides my three-month training, maybe back in undergrad when I learned about them in Psych but besides that, it's really just like whatever people tell you and whatever you read about on your own.

Q: What are you reading? When you have to do stuff on your own, what are those sources of information?

A: A lot of times-- I remember there was this one situation, it's a little bit irrelevant but I guess it's having to do with an exterminator and I was trying to figure out what exterminator I should use and I went to our 20-day meeting which is where the [public child welfare agency] kind of hands cases over to [our agency] and I was like I don't know where to find an exterminator that we use. And she's like 'Well you could always just Google exterminators in the area,' and I was like, 'Oh, can I-' And she was just like, 'Yeah,' and I was like, 'How do we know that we certify that?' and she was like, 'Well you don't, you just ask whoever the person is that is in charge of that in your agency, like if we offer that.' So it's just a matter of doing your research and then confirming it and not just taking it as like you know what, this is what I'm gonna do. I'm gonna call them right now and make a referral for this family. It's like you have to make sure that the research that you're doing or whatever you're looking up is appropriate. It's not really I only have the go-to site or go-to page, it's just more like whenever it calls for Google.

Q: This is talking about the types of research that you use in practice and our conversation just went there. So I figured, let's just talk about this now. One of the things that we're also curious about is that when caseworkers or case managers are thinking about the best way to deal with some of the challenges that families face, what kind of information do they use, what kind of information is important to them. You talked about how you talk to a supervisor, you may remember things that you learned in school, the things that you

know from [pre-service], is there anything else that you use that I may not have mentioned?

A: No, not really. Those are the three things that I really have to fall back on. Other professionals in the various fields, like in this field in different offices, whether it be [the public child welfare agency] or different places that I know, people that I know that may say, 'Hey, this is a good--' I don't even really know, like just people there.

Q: That you may have relationships with that aren't necessarily here but they could be elsewhere.

A: Yeah.

Q: I'm gonna switch gears again. Can you tell me a little bit about the characteristics of your clients.

A: I guess one characteristic that I see a lot is either pridefulness or just like the exact opposite where it's just like pure humility and wanting to figure out the best way to handle it and wanting to figure out the best way to work with us and to figure out how we can rectify the situation. Or there's a lot of anger and resentment because we are encroaching upon their space and asking them to prove their worth essentially and prove to us that they are good parents and that they can take care of their children, that they do deserve to have their children back, and a lot of people feel threatened by that idea. And rightfully so, but it's just a matter of we have to-- Yeah, that's essentially the different kinds of characteristics. But also different age and gender. So like a lot of times it would be like I would say 80% female from the age of 22 and 38 maybe, and African American. I've probably had about 20 cases in total and I've had no white families, only African American or Hispanic families. I think that's it basically.

Q: What are some of the issues and circumstances that they are facing or have that would lead them to being involved with you guys?

A: Inappropriate childcare, just not having someone to watch over the children for extended periods of time. Poor house conditions, drug problems, psychological issues many times untreated. Yeah.

Q: And that's what you see the most of?

A: Yeah. I think what I just said is a very common theme throughout all the cases, somewhere it's in there. I think that's pretty much the main thing, and it's difficult because I'm not a true clinician so I really can't diagnose people. I think that's kind of what a lot of case managers fall into, that they know this person's bipolar or this person's that. It's like we really can't say that so it's just more like looking out for the symptoms that you have seen in various textbooks and whatnot so that it can be referred to for maybe a psychological evaluation or something else like that.

Q: Based on the type of families that you work with, do you think that Triple P and other evidence-based practices are effective for families that are facing those challenges?

A: I definitely think that they are effective but once again, I think it's kind of hard to gauge the level of effectiveness. I guess all you can really say that the families that I have referred to Triple P and the families that have received them are always ones that I have an easier time closing. I'm not even sure if it's really Triple P that helps with the evidence-based practice or it's the idea that they're open to it. That kinda makes it more effective. So I mean I think that I'd have to say that someone's willingness to receive that type of invasive therapy is a big deal because that means that people are letting that into their homes and people are willing to kinda open up to a stranger about why they're really here and what's really happening and what are the deep roots of the problems.

Q: So you're saying that like a certain type of caregiver is gonna be motivated or--

A: Yeah.

Q: I know one question asks about based on your experiences what do you think influences a caregiver's or youth's initial participation and continued participation in an evidence-based practice. You talked about their openness; is there anything else that you think?

A: I think it's what they've seen. I think we are creatures of habit and we have a lot of learned behaviors and I think that if we're talking about a parent that is open they've



probably had their parents who had similar experiences who were kinda open to different things and that's why they were able to open themselves, because a lot of times you see generational problems where the great-grandmom is acting just like the teenager and we're wondering why, but the reality is because that teenager was raised by her mom and they all act in a very similar way. So I think that kind of leads back to how the family has been dealing with problems for 60-plus years.

Q: So it's like what they've experienced and seen.

A: Yeah, what they've experienced and what they've seen and how they were shown to act.

Q: Is there anything else that you think makes a caregiver more willing to participate in something like Triple P?

A: I feel like a week ago or two weeks ago I probably would have said the amount of how much they care for their child. I thought that was like the best answer ever, they obviously care so much more because they want to get involved. But I'm starting to realize that somebody can care just as much and not want to do it because they don't know how to set their pride aside or whatever it is that's inside of them that's not letting them commit or submit to the idea that they don't know everything, that they can't do this on their own and that we are here only to help and not to punish.

Q: We talked about families that are dealing with different circumstances but what about for racial and ethnic minorities, do you think that Triple P and these other evidence-based practices work? Do you think they're effective?

A: Yeah, I mean I think that it doesn't really have anything to do with ethnicity, I think it has more to do with just the internal person, like the person's beliefs on help and on realizing that they are-- I'd have to say that there isn't really differences between ethnicity or race, it's more or less the fact of the person's idea and their perception on evidence-based practice of Triple P.

Q: Just what they think about it?

A: Yeah, and how they understand it. I think I can best relate this to I guess police. If you believe in the law and if you believe that police are doing the right thing, you may react in a different way than if you are someone who has only seen negative things come out of police. That can happen in white populations, black populations, Latino populations; everybody can say that they've seen negative police interactions but do you believe is the overall goal of police, that they are meant to be the overseer or what do you believe is the overall goal of policing? Do you believe that they are meant to be the overseer or do you believe they are meant to be the helper and the person to keep the peace? It's just like an internal thing.

Q: So if this is an internal thing with parents, what do you think needs to happen to facilitate and sustain evidence-based practices like Triple P?

A: For that parent to have that moment, to have that Jonah moment, I guess you can say, a moment where he kept on running and he realized that he had to stop and that he had to just do what he was called to do, and until they hit that wall, if you remember from the Truman Show, and be like it is what it is and this whole time he's being watched and now you have a choice to embrace it or to act like it didn't happen. And until they have that moment, they really can't accept it. Or if they already have had that moment and they're 'okay, cool, I'm here,' so yeah, I don't know.

Q: What do you think needs to happen from an organizational standpoint or systems standpoint?

A: Organizationally I think that we need to have-- I know that [one supervisor], our community, I don't know her title, but like people who like reach out to the community, if they maybe have some more meetings or if they found some really dope videos about families that haven't had that problem and they had meetings with all our families coming together and they would watch this film and they would realize that this is happening all over the world and it's not just people in [our city], that people in Chicago, people in Cali, people in Michigan, everybody's having these similar struggles and that nobody's trying to punish us here in [this area] but are trying to help people all over the globe starting with

[our area]. I think that's very crucial that if we show them that there's no shame in needing help, that different people need help everywhere and I think if we were able to reach the families that way and be able to show them that we are here to love them and show them that we really do care, that we're honestly here 'cause we want the best for you, not because we want a paycheck because that's the last thing we'd be doing it for if we work here in child welfare. But yeah, I think that would be really great.

Q: So you're like we need to do stuff so that parents know why we do the things that we do and so that they can kind of identify with other parents in different areas to know that they're not by themselves.

A: Yeah. And maybe they'd better identify with us too, that we're not some people that live on this high hill and that we have our own problems too. Maybe some group therapy session or I'm not what it's call but AA style where we all kind of come together and it's not like we know who's who but just having a conversation, and maybe at the very end it's like I'm actually a case manager who's going through a child lawsuit or I'm actually case manager who actually has been tried on three different cases of whatever, like we're all humans and we all have our own faults and I'm sorry that yours are on display in this way but that's not why we're here. And you know that's not why we're judging you because we're not judging them.

Q: You've talked mainly about things like what parents believe and what their thoughts about Triple P or evidence-based practices and their motivation to kind of change their behavior as being kind of a lot of the main things as to why parents may attend and finish an evidence-based practice. What I would like for you to talk about if you have any ideas are some things that are considered to be organizational factors and so that can be how well does the agency facilitate change. And then we had some other things like culture and climate. So some cultures are stressful where workers don't feel like they have the support to do their job or they may feel like things are tense in the office, that they can't really be themselves and it's just really stressful and sometimes that can make it difficult to implement evidence-based practices. On the other hand you have engaged climates where workers feel supported, they feel like they have the time to do their jobs, it's not super high stress for them to be here, just an overall better environment. Do you think any of those factors agency-wide could facilitate the implementation of Triple P or even just parents coming and using the service?

A: That's a very loaded question, especially in like the organizational standpoint referring back to Triple P. I don't know, I feel like-- So I have all my cases and I have a family who I'm unsure of if they should be referred to an EBP or Triple P or not. I have someone to go to and I have someone to ask 'listen, this is the situation, would they fall under the guidelines to be referred,' and sometimes they'll be like yay or nay, and I would know based upon that point that I'm gonna make a mental list like okay, this means that like these criteria means that this family's in so if this happens again I already know. So it's just kind of forming like schemas I guess to kind of see what will fit when it comes to different mold as far as therapy goes and different types of services. But I think that as long as organizationally we have that kind of person to go to and have a person who that's go-to and knows like 100% what would work or what would be best for this family. But obviously no one knows 100 percent but if they have an idea of what person and they have someone to go to who can kind of guide them in a better way would be very helpful.

Q: Who's that person here?

A: I go to [a male coworker] often and then also I'm not sure of the guy's name but in the back office. [The Community Engagement Supervisor] also, she goes to, and she's like the whole community engagement team, they really have a pretty good handle on what would best work. And also because they've been doing it for a while.

Q: So you have relationships with people who know a lot of the resources.

A: Yeah.

Q: I know that you talked about having all the parents come and watch a video and learn more about you guys and about others, is there anything else that you think may need to

change in the organization to better help facilitate evidence-based practices such as Triple P?

A: I don't really think so.

Q: Do you have any ideas or are there any ideas that you can think of for ways that Triple P might need to change or could be adapted better to the needs of your families? Talking about the groups and when they go one-on-one into the home.

A: Maybe if the case manager were to go with them, that would be really cool, very helpful to kind of get a better insight on how the family interacts and to see how they respond to the different prompts that the Triple P worker would be giving them in the different interactions. I don't really know though; that's a good question.

Q: What happens now when you have a family that's involved in Triple P, like how do you know--

A: How do I know how it's going?

Q: Yeah.

A: A lot of times, like with the aftercare worker who will be implementing Triple P, it's more just like I'd talk to them after and I'd ask them like, 'Hey, how are they doing? How is So-and-so, are they cooperating, do they seem compliant.' And then some will say, 'Yeah, actually they are happy to see me and they're ready to start our session,' or some are like actually, they note a lot of avoidant behavior, or I hear them inside, but they don't want to come in.

Q: Outside of Triple P, what supports do you need as a case manager to ensure that children and families that are serviced by the Child Welfare System receive effective culturally relevant services?

A: I think the best supports are the human support. So having a supervisor who has been out in the field and not just a supervisor that's only been a supervisor. Someone who has had experienced at least somewhat of what you experienced. That when you come and talk to them and say, 'I noticed that whenever I leave the room and come back the child is crying,' or 'I notice that whenever Mom sneezes, the child flinches.' When I tell my supervisor that I don't want her to be like, 'Oh wow, that sucks. Yeah, I would just note it, just like document it.' I want somebody to be like, 'Okay, maybe there's some problems at home so we should refer them for this or we should do this.' And I know every situation no one's gonna have the answer but if they can refer you to someone else who may have the answer, then that's just as good in my opinion 'cause with that, that can really help be that backbone you need because especially for someone like me, like I'm not gonna know a lot of the answers so I try to remember all the answers about what I don't know and I'll ask someone who likely will know the answers. The best support would be another body there to help explain things to me and kind of walk me through the world of child welfare.

Q: Is there anything else that you would like to add that you think we should know about implementing evidence-based practices like Triple P in child welfare from your perspective? Things that could be different, things that we need.

A: I don't think so. I feel the world of child welfare is doing alright, it's getting better. I see some quality changes on the horizon. I think a lot of people like yourself are very interested to see how the inner workings are going and I think that out of that could come a blossoming of new hope and of change and of quality change. But right now I don't really see any direct points that need to be changed. In general just lower caseloads and just more opportunities for stress relief. I'm not really big into news, sadly, but when I saw the whole thing about the Facebook killer and how he was in social work, I hear that and I didn't really fact check it too much because I figured why would someone lie about that, especially someone in the field. It's just like he may have had a lot of other problems going on maybe, but it's just the idea that knowing, just being in this field for such a short time, that the stress that these cases can bring upon someone, it's dangerous, it's very dangerous. Money doesn't solve problems and in no way can it, but so does not mean that someone cannot be stressed out over the cases and also over how they're gonna

pay bills on top of that. It's a little bit different when you are stressing about the families but also stressing about your own family and you're trying to make ends meet with something else. So when it comes to different-- I'm just ranting now, but in general I think it's important to always be there to support your clientele and make sure that they have things that they need to not be happy but just maintain mental satisfaction. That's it.

Q: That was very helpful. Thank you.

### Agency A Participant 3

- Q: This is interview number 3. We can jump in here if you're ready.
- A: Okay.
- Q: How has the requirement to implement evidence-based practices such as Triple P influenced your work on a daily basis?
- A: I don't really think it has an impact on my work per se, but I do ask the parents if they want to participate and a lot of them do want to. Some of them are hesitant but I do get a lot of my parents that do sign up for it.
- Q: And you are--
- A: A case advocate, so I basically monitor the visits and sometimes I transport children back and forth to their visits so I don't actually do the Triple P training but I recommend it to some of my parents that I think are struggling in their visits.
- Q: If it wasn't required, do you think that would be different in the recommendations that you make to your parents? If Triple P wasn't required.
- A: I really don't know. If I see my parents struggling, I always go to my supervisor or the case manager and let them know my concerns and they'll give me suggestions or then they'll write stuff down and suggest to their parents what they need to do.
- Q: Do you make any referrals for parents and kids?
- A: Yes, I do. Like I said, when I see issues or concerns, I do contact the case manager and my supervisor and let them know my issues or concerns.
- Q: What's your experience in referring to Triple P?
- A: It's been working. I just got finished talking to [the Triple P Provider], the one that does Triple P. I did ask him was one of my families actually participating in Triple P and he said yes and I told him that I see a difference in her interaction with her child, because when she used to come in she used to just sit around and just watch her daughter play or gaze out the window. So this one particular visit that she had she was really, really playing with her child and talking to her child. So it is doing a positive impact.
- Q: That's great. So you're saying Triple P's been working.
- A: Yes.
- Q: Has it been easy to facilitate getting parents to Triple P?
- A: No, because I know in the beginning it was a timing schedule. A lot of our parents couldn't come during those hours. But since [the Triple P Provider] did try to work with some of my parents that could probably come a little bit after or maybe a different day if he was available. So he did work with the parents. And then some of the parents are hesitant. So I'll say during this process it's 50/50 right now with my parents, 50 percent of them participate and 50 percent of them don't.
- Q: That started or that were referred?
- A: That I've referred.
- Q: How do you refer?
- A: [The Triple P Provider] again. He gives me a pamphlet, like a little brochure about the program and then we'll just ask the parents if they're interested that they can come on these days and they get a certificate afterwards. And some of our parents it is court ordered for them to take parenting classes so then they use Triple P instead of going like downtown or somewhere because they're already here at this site so they come here.
- Q: So let's say you have a parent and you're like they could really use Triple P, can you go straight to [the Triple P Provider] and say, 'Hi, I want to refer this family.'
- A: Yes.
- Q: Do you fill out the paperwork and everything?
- A: Basically he gives us a clipboard and we get the families to sign their name and number on it. But if I happen like the end of the visit, I'll let him know that I'm interested in this one family but maybe I don't know how to approach that family and so he'll come over

because I let him know what day they come for their visit and he'll come around and he'll talk to the parents during their visits.

- Q: So has it been helpful to have just that one-- that you can go directly to him as opposed to filling out a paper or--
- A: Oh, that's definitely helpful because they get to see him and they get to hear from his mouth what the Triple P is actually about and how it will help and benefit them.
- Q: Have you had any Triple P training?
- A: Myself? No. And I was wondering like so we'll know exactly what it is, does the case advocate get training in it?
- Q: That's a [Intervention Director] question. As an aside, the training costs money so I know that they will train the people that it actually is a part of their job to provide it, but I think there was maybe other people who may be interested.
- A: So maybe if I was interested in actually training the parents he would put me in on it.
- Q: Yeah. But I think also you're not the only person to say like it would be helpful. I feel like if we had a lot of people saying that during these interviews and that was a theme that we could present like the people who are going to be telling their families about Triple P want to know more information about it so that they can better present it or refer, that may be--
- A: Just like an overall of what it really is. Even though he'd give us a little brief pamphlet on it, because the parents will ask questions, 'Well, what is it? What does it consist of?' I only have this to give them. I'll try to find him because sometimes he's in training so I can't always bring him around but he does make an effort to come around and talk to the parents.
- Q: Can you tell me a little bit about the families that you typically work with, like the age of the kids and the parents.
- A: The age, it ranges from infant, like newborn, a week old, all the way up until 15, 16 years old. And with the infants, they don't really know what's going on so we can't really tell if they've bonded with their parent or not because they don't know anything. The toddlers, they're still trying to figure it out but they do have a sense of who they feel comfortable with. I have this one family, mom and dad come to the visit. I was just told that dad just started coming to the visit so their daughter, she doesn't have that connection with dad and he gets very frustrated. He gets to the point where he bullies mom in the visit, 'If she runs to you, don't pick her up. Don't hold your arms out.' So she's like, 'What do you want me to do, I'm not gonna neglect my child.' So he's a bully during that process and I did take notes on it and I reached out to the case manager so maybe he can have separate visits so he can get that whole feeling like you have to earn her trust, you can't just bully this child to meet with you and connect with you. The majority of the time we don't know why the families are in our care. I know they said it's a DRO but some of us don't have access to that DRO so I will ask the case manager like why are they here and when they do get back to us, they let us know.
- Q: Are the majority of parents you work with single parents that have to co-parent?
- A: Yes, a lot of our visits are single parents.
- Q: Are they mainly African American or Latino or more diverse or white?
- A: Hm. I know it's a mixture so I want to say the majority of our visits are African American. Yeah. And we have a large amount of Caucasian. We have a tiny percentage of Latinos. Yeah, so a large group is African American.
- Q: I know you said that you don't always know the reasons they come to the attention of [CPS] or care, but do you know some of the issues that they may be experiencing that may bring them to the attention of child welfare?
- A: I know from some questions I ask it's neglect. Either the mom or the parents don't have proper housing or I think like two of my visits the mom is sickly so she's not able to take care of the child. And then I have a few that do drugs, you know, and then it was found in their system. And then we have some families, the mom becomes pregnant by the age she's in care and then that child was taken away.

- Q: Based on what you've experienced what do you think facilitates parents being engaged? First being open to Triple P and then being engaged with Triple P.
- A: First they have to try to build that relationship back up with their child and they have to be patient because they're a child, they don't quite know what's going on. And then some parents they don't know what to do because they'll sit there because they don't know how that child is gonna react to them. And then when it comes to behavior issues, some parents, due to they're here, they don't know how they should handle the behavior issues because they're here and of course they're being monitored, we're taking notes, so I think with Triple P it'll let them understand that you can discipline your child, you just have to do it differently and you don't always have to, they use the word "pop" "spank" your child, there's other ways of doing it, like a time out. You know, 'you do this and then you can go back to this.' So a lot of them struggle with that part.
- Q: Then are those the parents that typically finish Triple P?
- A: I don't know what the qualifications are of finishing Triple P, I just know there are like six sessions, I think?
- Q: Are there certain families that you see like families that are able to make it to class, families that may be open to learning different parenting techniques, or parents that are really struggling so they end up in Triple P and then they learn things. Have you seen certain characteristics that make families more engaged in Triple P than others?
- A: Oh yes. Like the one family I was talking about earlier-- No, I'm sorry, this is another family. She's in Triple P but -- I don't know if I'm answering your question -- I was telling [the Triple P Provider] that she needs an extended class on Triple P and maybe more so a one-on-one because she struggles a lot. Matter of fact, I had that visit today, she struggled a lot during the visit with her child 'cause he's very, very active and he's mischievous. But I don't know, it must be within her because when we correct his behavior, he listens, and we try to give mom tips on how to correct it. But once again, I don't know is it because she's in this setting and she doesn't know how far to go or what to do or what to say? But yeah, I'm wondering if Triple P has an extended version of their classes and I meant to ask [the Triple P Provider] that and I forgot.
- Q: Does she come to the classes regularly?
- A: Yes.
- Q: So what do you think keeps her coming?
- A: That part I really don't know. I want to say, I hope I'm wrong, maybe just to get the certificate saying that she did it because maybe it's a requirement of court for her to go through these classes.
- Q: But for the mom that you talked about that said that it really worked and she really liked it-
- A: Oh well she didn't say it, I see it as working because she's acting differently around her child. Like I said, she's more engaged with her. Before she'd just sit there and look out the window.
- Q: But you might not necessarily know why she continued to go to Triple P or what keeps her engage?
- A: I never thought about asking my parents that question because I don't know, I thought maybe like the Triple P classes are personal. Maybe they don't want to discuss it or maybe they already discussed it in Triple P, they don't feel there's any need to tell us because we're just basically monitoring a visit.
- Q: You're a visitation coach.
- A: No, I'm a case advocate. The visitation coaches, I think they ask all those questions because they're more in there with the parents and they are more engaged with the setting, like, 'Mom, you should do this, you should do that.' That's what they do.
- Q: Oh ok. So you like take the notes and transport. So you've seen a change in one of your parents.
- A: Mm-hm.
- Q: I don't know how familiar you are with Triple P. Do you think it works for people of color?

- A: I don't know, but I will say that there's a lot of, us, people of color in his classes. I'm not sure if any of my Caucasian families are in the classes because when I peek my head in sometimes I don't really see them in there. Unless they go other places for it.
- Q: What do think we need here at [your agency] if we want to bring in evidence-based practices?
- A: Hm. I think we need more activities during the visits for our families to be engaged with their children 'cause sometimes it can be boring as a parent because they really don't have much to do with the child in two hours in that room in that setting. We have coloring sheets, we have games, we've got books. Like on the west side, me and a co-worker we kind of spruced up the room and we have a lot more things in the room for the parents to work with their child, but to be honest with you, I really think we need more so the parents want to come here to visit with their child. Because it's like I'm stuck in this room for two hours, you know. There's really not much to do. Like I had a visit in the cafeteria last week and it seemed like even though it was only a cafeteria, there's nothing on the walls, I brought a few games and some toys over, it seemed like they had more fun that day than being in that room. I don't know if it was maybe because it was a change, and we also had another family in the room as well. So I had a visit and my co-worker had a visit and I don't know. I don't know.
- Q: So things that will increase parents and children to want to spend time together in a fun way.
- A: Mm-hm. 'Cause I will say our teenagers get bored, they really don't like coming here for visits. They don't. In the summertime, I was hired in June, in the summertime I was able to take a few of my families outside and they enjoyed it. We just didn't really have any outside equipment but we are working on that.
- Q: The next couple questions talk about any types of research that you use in practice. No right or wrong answers. So I'll give the scenario that I used last time. Let's say you're working with a family and you discover that the mom is in a domestic violence situation and that the child has witnessed domestic violence, where would you seek out information to know the best way to interact with this family?
- A: I would honestly just contact the case manager and ask the case manager about the DRO of course and how can I interact with this family a little bit more or give her assistance a little bit more. And from my understanding, I think we're about to have training for mental health or something so we can be aware of what's going on or pick up on the different emotions that the parents have. That's my best thing is to reach out to the case manager.
- Q: So when you encounter an issue with a family or maybe not even oh my gosh, what's the best way to handle a child who has ADHD that's in your car or things like that, who do you talk to? What do you look up?
- A: At that moment, I don't look up anything, I just go-- I go into mommy mode a lot when it comes to children 'cause I raised three of my own and I used to always have people's kids. I was the little old lady on the block 'cause all the kids was on my porch all the time. I work with the school district and families and children for about 20 years so I just always go on mommy mode, and it works a lot for me. Even with the parents. Like I had this one family, mom, she, I don't know, she thinks everyone is out to get her 'cause I believe she's not getting her children back at all. So that hurts and she lashes out to everyone, and I have a way of calming her down. So they basically, in our case. (chuckles) So I don't know if it's just my instincts or I'm just always mommy mode.
- Q: So you basically rely on your experience.
- A: Yeah.
- Q: When you're thinking about Triple P, do you ever think about like oh, 'it's been shown to work with families who experience this so this is why I think it'd be good for you.' Do you ever bring about stuff like that?
- A: To the families? Honestly no, 'cause this family I was telling you about where I think it's working, that was last week's visit so that's the first time I noticed that it is helping her.



And the other family, the one that needs extended classes, I think that's been a struggle for her for a while. So I haven't really talked to parents about what I notice about Triple P. So no, so maybe I need to start doing that.

Q: Oh gosh, I'm not saying you--

A: No, no, maybe that would get more parents involved.

Q: So what I'm thinking about it's that there have been research studies done so in order for something to be considered an evidence-based practice there has to be evidence where people have-- Like what we're doing here, they'll look at Triple P and do the families that go through Triple P, like for instance, do their kids have a lesser chance of coming back into foster care, or do they move down a level in their placements if you're providing it to foster parents. There are research studies to show that yeah, it does work in helping to produce some of those positive outcomes for children and families. So that question was moreso do you use that information when you're like, 'I think Triple P would be good for you,' or do you try to look for other programs and things like that when you come up with an issue with a family? Do you look at well what has research said that works versus what doesn't?

A: Honestly, no, because I only know about Triple P. I haven't did any of my own research but I will say I was talking to one of the case managers about my case with the parent that lashes out at everyone. I asked her what would she think about this parent meeting with her children one-on-one and her children expressing how they feel about her and how they feel about this situation because I think it has never been done. So she loved it. She was trying to kind of contact the mom to ask her was she willing to do it because I think she needs to hear this from her children. Because you can tell that they don't want no bother, they don't even want to be at the visit. They don't. And I think it's gonna hurt but that would make her understand her children a little bit better, 'cause this thing could go a different way, she could get them back. You never know. But no, I haven't done any other research.

Q: That is fine. We're just trying to see what do case workers, people that work in the child welfare system, what do they use, what do they do. Do you think there are things about [your agency] that may or may not make a difference in whether parents can attend Triple P or not? So like the culture here, whether it's a stressful climate or one that facilitates you guys being able to do your job.

A: For us in particular?

Q: Yeah. Because whether you guys can do your job impacts whether you can help clients get to where they need to be or engage in services. And then also do you think there are things about clients, like maybe their parenting beliefs or whether they're motivated to change that affects whether they should come to Triple P or show up to things?

A: I'm gonna jump on the parent part. To me I think some of the parents are still lashing out. They kinda sort of blame us for their situation instead of blaming I don't want to say themselves but trying to fix the situation that they are already in. And I will say some parents kinda shied away when we first offered Triple P. The reason I really don't know because when we first started I didn't really ask questions because I didn't know if I was able to or if I should but I just offered it to them. But once we found out like if they're court ordered, we would tell them, 'Well you can use this as your parenting class because you have to take a parenting class,' and then maybe 10 percent of them would change their mind and then come to the classes. But I'll say a large majority of them, they kinda sort of blame us for their situation instead of trying to rectify and fix it. Staff-wise in [this agency], I don't think they put a strain on us when it comes to trying to offer Triple P or finding out more information about Triple P. Actually I would say they encourage it 'cause I know every now and then [the Intervention Director] will walk around like 'Don't forget, ask the families if they're interested in Triple P,' and the majority of time, [the Triple P Provider] he's always walking around and he will peek his head in and he notices that it's a new family, he'll introduce himself and talk about Triple P. So it's welcome here, it's welcome here.

- Q: You talked about parents, like how they feel or where they're at; do you think that differs by race?
- A: No. I want to say it's mainly about their situation. They don't have their child, they can only see their child on this day at these hours. But we have no control over that, this is what the court ordered and you still have to come 'cause they have a process to follow as well. If they don't call within the hours that are required, then they don't get a visit and they get frustrated with us because of that too. But once again, that's not our fault because you signed a contract stating that you understood these rules.
- Q: This can be a really hard environment to implement something like an evidence-based practice 'cause there are a lot of other things that impact.
- A: Exactly.
- Q: Do you think there are things maybe to change with the way that the agency is doing things in order to facilitate Triple P?
- A: The only thing I would say is offer more days and more times maybe, because I think right now it's only on Tuesdays and Thursdays from 12 to 11. I don't know, I know it's two different times. But I think if it's offered on more days, I think they will get more parents, 'cause everybody doesn't come to visit on Tuesdays and Thursdays and that's where a lot of our parents that come on those days are in that class. So if a parent comes on Wednesday, they're not gonna come another day to the class 'cause they're already up here. 'Cause we already give them tokens so they're gonna want more tokens to come.
- Q: It's not like there's a subway, there's one bus.
- A: Exactly. Actually two, the 40 and the 38. The parents that do come and visit, we do give them tokens. And I want to say the parents that do go to Triple P, [the Triple P Provider] gives them tokens. But it seems like it's extra work, if Triple P is not on Wednesdays, those parents are not gonna come that Thursday to the class.
- Q: So you think if they could better coordinate the visits and the Triple P so that there's more opportunity for people to come.
- A: Mm-hm.
- Q: Do you think working in this large urban, racially diverse city and environment impacts implementing something like Triple P?
- A: I don't know. Is Triple P known, is it out there?
- Q: Kinda, sorta yes. Triple P was developed in Australia so it's been really popular there and it's come here, but it wasn't necessarily created for the child welfare population, it was just created for parents of any kind, from a range of not really having any parenting problems so you're just wanting some helpful tips to the range of where we are, like you're at risk of seriously hurting your child or your child may have a special need that you need assistance with that. They've created types of Triple P for that as well.
- A: So it's not just offered to families that are in care.
- Q: All types of families in different places around the world.
- A: Wow. So I wonder if that's known because maybe that can help some of these families not come into care.
- Q: With the Triple P?
- A: Mm-hm.
- Q: Oh yeah. Hopefully it works, hopefully it's effective and so that's one of the things. One of the reason why we're doing this study is because it hasn't necessarily been tested here to see if it's effective with being in a city like where we are with lots of black people. Because what may have worked in Australia with middle class majority white people may be different than here with a different population facing different issues. But I didn't know if you would think that that would make a difference.
- A: I think it would. It could be a preventer like for the families that are home with their children already and they feel as though they need help and they have this program to reach out to and they can help them keep their child, their child won't have to get pulled out and go into the system. And then I also wonder if the parents that we have here that are in the classes, do they have an extended version when they do get their children

back, are they allowed to come back still to Triple P and do they offer that or do they let the parents know that? I wonder.

Q: Is that something that you think would need to be changed or adapted with Triple P to make sure that it meets the needs of the families?

A: I think so because I have saw families come back. They were discharged but then they're back, so I wonder if that would be a major help.

Q: That's definitely something to think about. So what supports do you need in your position to ensure that children and families that are in the child welfare system have effective culturally relevant services to meet any developmental needs that they have or any parent issues they may have?

A: Well of course we need more information on what resources are out there so we can present those to the parents when they come for the visits. I guess more information on our families. Like I said, we don't particularly have access to the DRO so I don't know what's going on with the family unless I do the visits over and over and over again and then I kinda figure out or like I said before, I just reach out to the case manager. But I think having resources on hand besides Triple P would be a big help, because I know there's other classes and resources out there. That would be a major help.

Q: Is there anything else you'd like to add?

A: No, I'm just glad Triple P is here and the parents do have a resource if this is the only one we have right now to reach out. And then I think once they get into the classes, [the Triple P Provider] could probably give them more information about different resources. I just wish I knew more about Triple P. We keep this, add some more days, then I think we'll be okay.

Q: That's it. Thank you.

#### Agency A Participant 4

- Q: I'm not sure if you're familiar with a requirement to implement evidence-based practices, so in the City as a part of the [child welfare] model in the whole child welfare change there will be evidence-based practices that agencies will have to implement and refer their children and families to just like Triple P. Has that influenced your work at all on a daily basis, that you see?
- A: The referrals to Triple P in particular? It just makes me keep an eye out on the type of families that I should refer because addition to the court orders you can refer people that you think has needed additional support or help. So yeah, it just opens your eyes to look for other things in families when you constantly assess families and parents, I guess. So yes.
- Q: Is it being conveyed like it's a requirement that you have to refer to Triple P?
- A: It's not conveyed as if you have to but they want you to. It's like highly recommended that you refer families to Triple P.
- Q: Were you here before they did that?
- A: No, no, I wasn't.
- Q: So you came after?
- A: Right.
- Q: What's your experience been referring children or their caregivers to evidence-based practices, including Triple P? But there may be other ones that you've referred to as well.
- A: I've had positive experiences with parents accepting it but it's a lot of conflict on whether the state accepts it in court, as being court supported or certified certificate from Triple P. Also the court automatically sends parents to [parenting group] and they offer the same services as Triple P so the court order may not say Triple P but [parenting group] so parents are doing double duty. So it's a lot of conflict for case managers because they're saying, 'Hey, you can do everything here at [our agency],' and they're like 'No, but my court order says, and my single case plan says,' so they're not really wanting to do Triple P at the [our agency] because they just don't understand that they are still fulfilling the requirement. And then you have some parents that go above and beyond and it's like 'Oh, I'm gonna do parenting here and I'm gonna do parenting there,' and then it's just like they have a lot going on as it is and then as a case manager, it's just hard to explain to them. That's the only issue I have with my referrals. But families really like it. Actually families, once they get in there, they like Triple P better than other parenting groups. And I feel like it's because what Triple P offers, they offer the groups, they offer the age ranges it and they offer the one-on-one as well so they really like that.
- Q: So how do you know whether to refer a family to Triple P or not? How do you make that decision?
- A: Like I said, the court order is one. Two, depending on what they came in to [our agency] for, like when I'm reading a referral why they came. Of course if they have structural damage, then I wouldn't refer them to Triple P. But if it was like anger management or discipline issues or stuff like that, Triple P, as well as visitation. Sometimes when kids are in placement and they do supervised visitation and the visitation coach, be like 'hey, they need help with redirecting or keeping the kids engaged,' then I'll refer them to Triple P. Normally visitation gives you feedback as a case manager and then you send a referral to Triple P.
- Q: So you rely on information from other support team members or intervention team members to let you know if there's a deficit or a need in a family.
- A: Right, right.
- Q: That makes sense. Have you worked with any of the Triple P providers or your supervisor or their supervisor in ensuring that families can access to Triple P or maybe mitigating any issues that they may have?
- A: Yeah, like for instance, I have a case where the parent was halfway through and then I felt like she needed to be re-engaged. I actually went to the facilitator 'cause he works on

my side and I just know that's what he does. And I asked him, 'Hey do you know this person? What's her barriers, like why she hasn't completed it.' And he was able to tell me what was going on with her, what issues he was having with her, so I felt like having just that person to talk to one-on-one. I also had problems with the referral, like hey, this person wasn't called yet, and I could email the supervisor and she said, 'Oh hey, this is the issue.' Just being able to be in the [our agency] and communicate with those different people you can solve problems easily opposed to if it was an outside organization and I had to wait a week or two and they don't really know any names or know you as a person. It's a little more difficult so I feel like it's easier to know somebody.

Q: Gotcha, 'cause you guys work together.

A: Right. We see each other all the time. We may not know a name but you know what job they do or vice versa, whatever the connection is and you can get things done a lot quicker or just walk over to their desk. It's just easier.

Q: Are there any Triple P trainings for you all as case managers?

A: No, not Triple P. I don't know if Parent Cafe is part of Triple P. Yeah, no Triple P.

Q: Tell me about the clients that you typically serve. What's a typical client like? Like their age, their gender or their race or any circumstances that you tend to see that are pretty typical, with the families that you serve.

A: That I work with? So mine are majority African American. A lot of my families has either their children or a parent has mental health issues. Poverty. Females. The men are either, really anti child welfare or they're just not involved at all, so typically I only work with females. And that's it. Single mothers, impoverished single African-American mothers from teen parents maybe between 18 and early 30s mainly.

Q: Are the kids typically younger or do you get a lot of teenagers on your caseload?

A: I have from baby all the way up to 18.

Q: A lot of them have issues with poverty and mental illness?

A: Yeah, like ADHD. Depression is really huge. Multi-personality disorders, bipolar. Those are normally the common ones. Autism, stuff like that.

Q: As we talk about some of challenges that families are facing, what do you think are some positive characteristics that you see in the families and kids on your caseload that allow them to be engaged with Triple P and to continue to participate?

A: Just to see child services evolve. Like they found out that we're for them, not against them. 'Hey, we have all these things for you. We're team you. We are team let's get these kids back home. We're not judging you. We're here to work with you. Whatever you bring to the table, we're gonna work with it. When you mess up, we're still going to work with it.' Just those expectations that change. Some people come thinking we're judging them right off the bat, so just that and Triple P dealing with all of those. And even when you come, I feel like Triple P be like, 'Are you hungry? Do you need transportation? What's going on? Are you tired? You can come back and make that up.' Like, 'You need a day to yourself.' It's not like, 'Oh, you didn't make it. You can't do this again. Your certificate's done. You have to start over.' So there's a lot of flexibility with Triple P and parent's participation. It's high because of that flexibility.

Q: I love that. I worked with parents too before I came back to school and so I think it's a tight balance. I know that you are mandated to be here, but we don't want you here but we're glad that we can help meet whatever needs that you have.

A: Right. And even when case managers deal with the family so long and then they get frustrated, it's always Triple P staff to tap you out. Like, 'I'll re-engage them if you feel like—' You know what I mean? Like sometimes you give up hope and then you need that breather and then you can come back to give them the support you need, and Triple P is there for that, to have that conversation and just tap you out so that you can keep them motivated.

Q: So they're support not just for the families but for you guys too.

A: For the case managers as well.

- Q: Oh, I didn't know that. That's awesome. What extent do you believe that Triple P is effective for like racially and ethnically diverse families and kids and parents?
- A: Hm. I don't know.
- Q: Do families come back and say like 'This is what white people do, we don't do this.'
- A: No, I never hear that. I don't know if it's because the group sessions are predominantly African American and maybe because of the facilitators are African American so they can relate. I never hear that so I don't know.
- Q: What do you think needs to happen for evidence-based practices like Triple P to really stick? Like for instance, here [your agency] has Triple P now because there's some grants that are funding the program, but what do you think needs to happen in order for Triple P to be able to stay?
- A: I believe well, grants of course, money flow happens due to attendance, so if more people refer and more people attend, I believe we can have better statistics and then the money will keep coming for Triple P. From what I hear from Triple P and what I see in a group and my parents, the group is so small, but people really like the one-on-ones. I don't know the statistics from that because I only see my parents one-on-one of course but the groups are really small so I think just more referrals from case management. But some people, I don't know what all case managers feel about Triple P. I know some parents feel like some topics are not for them so I feel like if Triple P would advertise certain topics and then during a referral, those people, case managers say, 'Hey, this topic is today,' or something like that. I don't know, I just feel like just more referrals, more participation from families and case managers.
- Q: What kind of topics do families think don't apply to them?
- A: I think one of my families was there and they were talking about older kids and Christmas time are shopping and letting them know their boundaries in a store or something, and she has a infant so she just couldn't relate. She was like, 'I just felt like that wasn't for me.' And that was her first time so that could've been discouraging opposed to if she was there for several sessions or whatever the case. I don't know how it works. Maybe those trainings would help for us to know how it works so we can explain to them and motivate them, but yeah, more participation.
- (00:14:20)
- Q: The next set of questions is going to just talk about the types of research that you may use in your work with families. So what research or sources of information do you need when you are working with families? If you see something going on in the family and you want more information about it, where do you go for that information?
- A: About things to refer them to? Or resources?
- Q: Let's say for instance you are encountering a family that has domestic violence issues and you're like okay, and one of the kids on the caseload has witnessed the domestic violence and is acting out, what information would you use to inform how you work with that family?
- A: Okay, most case managers here, we have [our preservice], before we come so everybody has binders, so sometimes we go back to the binders or we go to supports here. Like they have certain people that deal with community outreach and we can say, yeah this family has dah, dah, dah, dah, and it clicks to them like 'Hey, we have Menergy here, Menergy do this, dah, dah, dah, for men that deals with this type of problem,' or this over here and then we'll refer them to that or we'll get more information on how to deal with them before the referral. There's brochures in the courthouses, you meet people, stuff like that, and you just refer to those things and then you come back and then you know where to refer them to. So I just collect information throughout the way or I'll meet with people I know that deals with it all the time. I don't really search for data or I'll go to my supervisor. So it's like supports in [our agency], supervisor, pamphlets I already have, stuff like that.
- Q: When I say like evidence for Triple P, like researchers will do kind of almost what we're doing, like tracking people who participate and they see like oh, there's this. Did the

families that participate in Triple P have a less likelihood of their kids coming back into care or having another report, or things like that? Does that kind of evidence- not that it matters- is something that you use regularly?

- A: I don't use it but I use it to inform parents. I don't use it as far as like referral purposes because we have to refer them to Triple P. And I feel like even if it doesn't have any evidence, any little bit helps at this point, but when parents do ask, 'cause you do have parents that like 'is this really gonna work for us,' then it just always helps to have those statistics and that proof and to send them like, 'Oh go to this website, you can clearly see that so-and-so happened,' just to have that information, to say, 'I don't know, just do it because they say you gotta do it.' Nobody wants to hear that. So yeah, just having a good explanation, I would use it for that, but in the beginning no, I just do it. (chuckles)
- Q: We call that research evidence, just like okay, so I'm gonna go online if you can have access to that and we'll see what works for black families or what works for Latino families or things like that. Do you think that it would be important to do that for families of color?
- A: Of course.
- Q: Cause it seems like right now you kind of rely on your supervisor or the colleagues that are more familiar with particular topics. Do you think your thoughts and actions would change?
- A: I mean it would not change in a workplace only because it's a requirement. But for my personal family or friends or if I was talking outside of the workplace, then my opinion would really have a lot of weight. It doesn't benefit us or whatever the case may be but in a workplace I really don't--
- Q: Do you have the opportunity to refer to any other evidence-based practices here, do you think?
- A: We outsource to like PCIT and stuff like that, but then you have to make your argument why.
- Q: So when you're making your argument why, what do you use to support your arguments for PCIT?
- A: A paper flow of documentation that's saying like hey, this is not strong enough support for this family. This family needs more.
- Q: So you need to justify why you're outsourcing.
- A: Right.
- Q: When you're making a decision to refer to PCIT, how do you know that a family needs it and that PCIT will work for that family?
- A: So like say we did Triple P first and still the visits are not going right and you don't see any progression and nothing's changing, it's just really digressing. It's like hey, why is it digressing, what's going on, and then you just re-evaluate the whole family, the whole situation, what we're doing case planning for them, and then we present it to somebody else, okay, I think they really need some hands-on. Yeah, that's it.
- Q: We don't have preliminary quantitative findings to tell you. Do you think any of the things like here, and I'm on question 9-- Do you think anything about [your agency], like the organization, what it's like to work here, the culture here, the climate, whether it's stressful or facilitates you being able to get your job done, do you think any of those things may influence or may not influence like their session attendance or their engagement in Triple P?
- A: Yeah, like here at [our agency] everything highly weighs on the case manager. We have a lot of supports but a lot of supports-- Case managers are expected to go above and beyond. When something doesn't work, call the case manager. The case manager has to get it done. But we have to get it done for 11 to 16 cases or 14 cases, whatever the case may be. So if you're transporting a kid and then you say, 'Oh, we can't transport that kid, we don't have supports enough as a case advocate, call the case manager,' and he like, 'Hey, I'm transporting another kid, call your team.' And my team, 'I've got 11 cases I'm doing.' It's like a constant back and forth. So I feel like with all supports at [our agency],

it's a constant back and forth, so sometimes the supports are not supports and everybody don't really want to go above or beyond or come out their space but they expect the case managers to and we're already stretching ourselves. And that's just unfortunate. That's the only climate that I don't like about [our agency]. And everybody say they're busy and I understand they're busy but we need additional supports. And then you say time limits and case managers give you time limits and then we're still asking for the same thing down to the wire and then you make it look like you never asked. I don't know, I just.

Q: When you go to court?

A: Everything. Just anything you have supports for from board extensions to transportation to visitation, everything is just like give them seven days notice, five days notice, and then we're like 'Hey, we're still waiting for this information from the support, and it's two days before whatever we need it and we gave you the heads-up.' Yeah, so I feel like sometimes if your team can handle it all by themselves, it probably would be better than to outsource it to a support and then don't know if it's done. Because even when you report, you didn't do it so you can't report if it's done and you can't ensure it was done, and then it still comes down on the case manager. And [our agency] tends to make it seem like it comes down on the whole [our agency], but no, it comes down on the case manager for real, for real. So yeah, the support thing, I don't really feel like it's effective here.

Q: And that influences how you're able to make sure your families could get to Triple P or to follow up with them--

A: Right. So I feel like you're already trying to stabilize the family so you don't have time for the case management portion. So you're trying to do paperwork and stabilize the family to the point that you can't really do the case management, getting them the resources because you're trying to calm them down and get them on a schedule and get them just settled. And yeah, I feel like that all the time.

Q: Do you think the things you are encountering are different for African-American and Latino families versus white families that you normally serve?

A: I only really feel like it's a cultural thing when people assess a different culture. And that's both ways. That's it, that's on both sides of the table. I just feel like, they judge people, even though you try not to be biased, you just see things differently. Everybody's perspective is different, so on both sides, even when I go in a white home I may see something different because I'm African American and a Caucasian person going into an African-American home sees-. So their assessment is completely different most times and then that's what causes other things and causes influence in seeing what the mental health thing.

Q: Do you think that affects families' abilities to engage in Triple P?

A: Exactly. Like most African Americans don't believe in parenting classes or books or mental health. This is fairly new to the African-American community so all those things is something we deal with.

Q: How do you overcome that, like helping families to see the value in something like Triple P or just getting mental health services in general?

A: So mental health hasn't been that hard because of the money ties to it. But the parenting, once they see they're not telling you what to do but just giving you suggestions and then practicing it, like 'oh, that's what white people say', or 'if you say that, that's not gonna work,' and then they really use it and come back like, 'yeah, that really worked.' (chuckles) I feel like that's the amazing part of it is just the fact that you have to get them to try it and not tell them they have to do it or need do it, it's just the approach of it and just to have the conversations and people see and feeding off of each other in those conversations it's not like a class class, it helps.

Q: I know that you talked about support for case managers, is there anything else you think needs to change in the [your agency] in order to facilitate the implementation of Triple P and other evidence-based practices?

A: Maybe the double duty work or double duty paperwork.

Q: What do you mean by double duty?



- A: Like when we want to refer things, if it was prefilled and it would take two minutes just to put in the personal information for the family. Same with our [electronic case management system] program is different from a lot of other states. Like if things were not that we had to spend so much time. Just like our risk assessments, it's real old-fashioned, we have to type in every single one. A lot of states is already pre-filled and you're just changing, your threat -- Those little things, if you save me 30 minutes out my day taking away something else, I can concentrate more on case management. I can give the families more of what they need, and that could be a referral. Like I have people that I need to refer right now but because I have a deadline for other stuff, paperwork and I have to transport kids, I really can't make this referral on time. And then maybe the class starts two weeks from now and I could've made it this week but I couldn't because-- So just saving me 10 minutes a day or 20 minutes a day can allow me the time for that referral for this for them to start way ahead of time. I just feel like the double duty work or the unnecessary stuff or looking for things, if things were better organized and supports were more stronger, then we would be okay.
- Q: Do you think us being here in the large urban racially diverse city might impact that? Like the organizations here and the ability to implement Triple P.
- A: Yeah, I do.
- Q: How so?
- A: I feel like because it's like it's right here. And sometimes it wasn't easily accessible just in general. Not just evidence-based practices but parenting period, or you had to pay for it and stuff like that. So now that it's here, it's more statistics, it's free, it's more available, people tell you about it, people talking about their doing it, it's more common, it's more acceptable, I feel like the influence is better.
- Q: Do you think Triple P needs to be changed or adapted to meet the needs of your family?
- A: I don't know how they choose the one-on-one or the groups but I do know people prefer the one-on-one more or the in-home more. I think of the in-home portion to it. I just hear people liking that more. So I don't know how that process is chosen but maybe-- I feel like we need to have the case managers more trained about Triple P and more informed. And then that's about it, just the case manager more informed and more the selection of who gets to do what. I really can't answer that because I don't know how they choose it, so if I was more informed maybe but that's it.
- Q: So when you make a referral to Triple P, do you know whether you're referring to the group or to the one-on-one?
- A: No, my parents just tell me what they're taking and then I just hear responses different from each group. I've never had anyone that gets the in-home, but I've heard like adoption people or something talk about the in-home and people really like that because you're in their space, you really get to see how they're living. And then my one-on-one really loved it. My group person didn't really like it but when she did a one-on-one she loved it. So I don't really know it works.
- Q: Is there anything else you need to ensure that the children or families that you work with receive effective, culturally relevant services to address any child developmental issues or negative parent/child issues?
- A: Yes. Since [our agency] is fairly new and [our agency] is learning their job, there's a lot of pushback from like [the public child welfare agency] in this city. So there's a lot of passing the buck, like 'you're supposed to do this, I'm going to chain of command,' there's a lot of back and forth of who supposed to do what to the point that the job, like just somebody do it. I don't like that, so if the two entities could really work together at this point I feel like we can do a lot better. And I feel like if all the grimy work wasn't just pushed on one entity, like all the footwork gets pushed on [our agency] to the point of, 'We don't do that,' - I feel like if everybody had shared responsibilities things would work better. Yeah, that's my whole issue right now with it.
- Q: Is there anything else you'd like to add?

- A: No, that's it. Oh yeah, there is something I would like to add. With the evidence-based practices I had another issue. I come from a non-profit for parenting and since like Triple P and [our agency] came about, a lot of other parenting organizations in the city that I've known to work over the years, they're not getting funded or they're getting categorized that you only can target these certain people. And [our agency]'s not really encouraged to refer to anybody outside of [our agency], it's like [our agency] first, then we'll-- How does that work? Like I don't understand how does that work for us. Because Triple P is not for everybody and if they have to get parenting and there's [Community Reunification Center], Triple P, like as a case manager I don't know what I should be doing. I mean I know I should refer to Triple P, but what if other things were beneficial to my family. Because some parenting classes give other resources as well. So yeah.
- Q: They don't tell you what those are or--
- A: What the resources is. Yeah, like some parentings do like baby bucks and trips and tickets for their kids and Triple P don't do that. Yeah, so families look for those extra things as well. Like the ELECT program for the teens, there's educating communities for parenting. There's Mom Mobile may do something. Like there's other things out there. There's one for drug and alcohol. There's other parenting programs in the city, they actually got the Parents Collaborative in this city where they get together and they talk about these things. Yeah, so just as a case manager, like a parent might be looking for those free diapers and really want the parenting class at the same time but Triple P doesn't have it and then they're doing it but they need the diapers too.
- Q: And you feel like, even though the other parenting classes might be a better fit, you have to refer to Triple P.
- A: Yeah, stuff like that. Those little things and you hear those cries from parents.
- Q: This was so helpful. That's it.

## Agency A Participant 5

- Q: Are you aware of the requirements to implement evidence-based practices like here or in the city?
- A: Well, I'm aware that some of the services that we provide are based on those practices, but I don't distinguish between which services are and are not a part of the evidence-based practices.
- Q: I'll explain a little bit about what I mean by the requirement, and then you can tell me, because the question is like has it influenced your work on a daily basis and you can let me know, yeah, it has in this way; or no, it hasn't because-- Typically, child welfare agencies receive funding by getting money per child in foster care, but that can give agencies or systems an incentive to keep kids in foster care, because it's tied to their money, so in order to promote or to stop that, the federal government came up with these waiver demonstration projects that say, 'hey, we're going to get an average of the amount of kids that you have over these past three or five years and we're going to give you this block of funding for the next five years. The number won't change based on the number of kids you have, but you can do whatever you want with the money as long as the number of children in foster care decrease, so [our city] is a part of one of these projects. So that's one of the ways they've been able to fund all of the reforms that they've been doing. Part of their requirement is to implement three evidence-based practices. Triple P, PCIT, or Parent-Child Interaction Therapy, and Functional-Family Therapy are the three that I think are going to be rolled out into the city system wide. My question is: has that, do you think, impacted what you do and how you work with families?
- A: Well, I can't really tell the impact, because I don't know what it is without that, because I'm starting this job they already had those in place, so I don't know. The only thing I know is we have those as options to help our families.
- Q: So it's not necessarily presented as you have to do this, but here are options that you can refer to?
- A: Right. I don't think I've heard of it as a requirement. It's just that here's a problem, and it could just be a part of the training here at [our agency], I'm not sure, but in either case, though, I just know them as servi—unless it's court ordered. Other than that, I just know that we have families who could benefit from these practices, and I don't know it to be a requirement.
- Q: That's helpful. What has been your experience when you're referring children and families to these evidence-based practices, including Triple P?
- A: To be honest, the only, so far, the only time I've made a referral to an evidence-based practice was probably one for FFT and one for Triple P, and for one reason or another, it didn't occur, so the Triple P, the mother just refused to come. She was just so angry and distracted by other things that it was just never put in place. And then FFT, I honestly don't recall why that never happened. This parent decided to go through her private insurance, I think.
- Q: Even though they did not pan out, how do you make those decisions as to whether to refer a family or not?
- A: For Triple P, I believe, it was court ordered for this particular parent to do parenting classes. I was just trying to work with the mother so that she could complete her parenting classes and she had the option to do them at [Community Reunification Center], so it was maybe a distance problem or something like that. I was just trying to alleviate whatever excuses she had and just try Triple P, and low and behold, she still didn't follow through. But that's the reason why I referred her to Triple P. It was court ordered for her to get parenting. So we tried [Community Reunification Center] and then we tried Triple P. Another one, I think it was a goal to have family therapy. I think it was a single-case plan goal for this particular family to have the family therapy, and so that's when I referred them to FFT. That was just those two referrals that I made.
- Q: Typically, when you're making referral decisions, do you typically—

- A: Oh, I'm sorry, FFT was actually suggested to me through my supervisor.
- Q: Okay. Do you typically just say, hmm, a lot of your families to go [Community Reunification Center]? I know there's other parenting programs around. How do you decide which one's the best one?
- A: I don't know. Usually just because most of this is through court—even though I understand that it doesn't have to be court ordered for our families to do these things, because it's on the court order, it's just one of those things I make it a priority to do, so I tend to just be more focused and diligent on making sure that task gets completed. So now that I'm getting more experience though, I'm now starting to think a little bit more I guess outside of the court order and the mandatory task and just think, okay, here's an issue, this particular service could be helpful. Let me see if they're willing to participate in this.
- Q: It's kind of like, okay, what's on the court order, what's on the case plan, so what else can I actually help with? Not that the other ones won't, but what are some other things that I haven't thought of that could be beneficial and then you kind of like matching to whatever resources.
- A: Exactly.
- Q: Okay, cool. I know you talked about something was recommended by your supervisor, to what extent do you rely on communicating with your other peers and colleagues and clinicians when you're thinking about resources to refer families to?
- A: When I'm stuck is when I'm most likely to talk to my colleagues about it; or sometimes when I'm just venting or we're venting to each other about our different cases, that's how I learn about different resources. I don't know—I can't give a number of how often that is, I never paid that close attention to it, but that's usually when it happens.
- Q: The next question says to what extent are Triple P trainings helpful?
- A: I don't know. Is the question asking like when I'm taught about what Triple P is?
- Q: Let's go with that.
- A: I would say that it's helpful. I just recently took a Triple P training. And honestly, before I even took the training I was just curious about what Triple P was, because I just kind of find it interesting how there are classes on parenting. I'm not a parent myself, but people say, there's no book to this, and everybody screws up no matter what. If you're a parent, it's kind of like you kind of have to come to terms with you will screw up. (chuckles) And even us having parents, we have to come to terms with our parents screwed up in some way, shape or another. Even with the best of intentions that our parents have, so I was just curious and I just walked in on a Triple P session. I was kind of like a fly on the wall, so the parents were participating and doing their activities. I just sat in the corner with the laptop and I was doing my own work, but still kind of listening on what's happening. But in either case, I found it really helpful, because now it's not just a task. I can now explain what it is to the parents and to the families. I can better assess if it will be helpful for those individual situations. I will say it's helpful.
- Q: That's from you being trained as a Triple P practitioner or just you being a fly on the wall?
- A: I think both, yeah. Being a fly on the wall has its advantages because I can see how the parents are actually interacting as opposed to being a professional and now I'm getting trained on this professional resource as opposed to watching it in action.
- Q: That makes sense. Glad you got to be a fly on the wall. So talking about it being helpful or not, can you tell me just a little bit about the clients that you work with, their characteristics, their age, gender, like race or ethnicity, and some of the issues that they face that increase their risk for being involved in child welfare?
- A: When I think about my cases, I think most of them are black, African American families. I have a lot of single mothers on my cases. I think most of them are single parents, not all of them though. As far as age, it varies maybe from like early twenties and I think maybe my oldest, I don't know, maybe mid-thirties, maybe forties, so in a lot of my families, I don't know, some of them are really unemployed, homeless, but then I also have—I had a mom who had a fairly good job, she was a CO [Corrections Officer], she just had an

addiction, and it affected her being in the home. I mean, she was smart enough to make sure that she had someone supervising the child. The child wasn't alone by herself, but still. So I would say that's kind of the population. And then even the number of children in families, I have one child, and then I have a family with seven children.

Q: That's a lot of kids. You can't fit them all in one car.

A: Right. And then trying to convince this mom, not that you can convince her, but she's overwhelmed, but she refuses to acknowledge that she's overwhelmed. She's a single mom with seven children, and she's just very—I guess she's trying to be strong willed, and she doesn't understand that the reason why all of her kids have been court involved at one point or another is because you have seven of them and you don't have any help like no one's—like people are trying to help you, but she doesn't want to—she doesn't want to be a burden on anyone, and she wants to feel like she has everything on her own. But what was the second part of the question? Oh, that was the characteristics.

Q: Yeah, you kind of talked about some of the issues or circumstances. What I heard was unemployment, lack of housing, addiction, lack of social or family support. Any other major issues that you see with a lot of families you work with?

A: I think that's it for the most part. For whatever reason, I guess I should mention domestic violence as well. So even though, like one particular case, it's not that they're—it's not a single-family home, they're not unemployed, they don't lack housing, but that domestic violence issue, it scares the kids. The kids don't want to be in the house. They are scared. They love their parents, but when they argue, they're scared of their home. So that's a big reason why this particular family is [Child Protective Services] involved. I guess that would pretty much cover the characteristics of the families on my case load.

Q: So with all of that, how do you think, or at all, with families that have a lot of those factors or those things, what do you—what factors do you think influence whether they can engage in a program or continue to participate in a program like Triple P or another evidence-based practice?

A: Yeah, it kind of depends on—so it's a little hard to answer, because I feel like every person has their individual barrier. Like with my one parent who just didn't participate in parenting whether it's [Community Reunification Center] or Triple P, she was just angry. She didn't think that she should be in the situation. Instead of focusing on the solution, she was just focused on the problem and how she was just—life was just so unfair to her. So there's that, but then I have this one parent who is doing everything she can, but not being employed, so she doesn't have consistent income, and she doesn't have reliable transportation—she has [public transportation], but it's not the most reliable. Can we call it reliable transportation? I don't know. But she tries, but on top of that she kind of has to battle her own—so she has a psychological—so she's diagnosed with schizophrenia, so she has to battle that on top of her addiction. So it's heavy. But she's more motivated than the woman with the anger issues, so I see her actually completing at least some of the program as opposed to this woman who is not in an addiction. She doesn't have the psychological diagnosis. She doesn't have those things, but she's so angry that she can't get past the fact that she has to come to it in the first place. So I feel like it's a little bit individual. Depends on the motivation of the family and the parents. Things like that.

Q: Do you think things like concrete things, I know you talked about the mom who doesn't have reliable transportation or consistent income that that's something that outside of motivation is something that can be a barrier or facilitate parents being able to come to stuff?

A: Mm-hm.

Q: All that said, do you believe that Triple P is effective? Specifically, I guess, racial and ethnically diverse families or families that are facing a lot of the challenges that they are that you work with?

A: Yeah, I need more experience with it, because I can't—I would be able to better answer the question if I had a comparison—how a family was doing without Triple P and then

with and see what the effects are before and after. I don't know. I would like to hope so, but honestly, I don't know.

Q: Oh, because you haven't had a family from your caseload that's—

A: That actually fulfilled the Triple P. I'm trying to remember, there is this one family that I had—I can't remember if the service was Triple P or not. Maybe it was Triple P, so maybe I did have one family who did. Triple P doesn't always have to be in the office, right, sometimes they go out?

Q: Mm-hm.

A: So I want to say that there was one family who did complete a Triple P session then. The practitioner went out to this particular family and the issue was domestic violence. Finally, the perpetrator of domestic violence was the father, the father just left the house. So that left the mom single; however, because she didn't have that issue in the home anymore, she was then able to complete things like Triple P, and get furniture and things like that, she didn't have that. In either case, when I asked her how did Triple P impact the family, she said it was helpful and it was really informative. Did she actually put it into practice? I'm not sure. I'm not sure. I mean, it wasn't harmful. It didn't do any harm. She did say that she learned a lot, but when I went into the home, I noticed a slight shift in her kind of standing her ground when it came to her children, but I didn't see a complete—they were still kind of walking all over her a little bit, but she found a little bit of a voice to say no, so it was a slight shift. I'll say a slight.

Q: You need more information. You need more evidence. Gotcha. That kind of does go into this next set of questions that talks about the evidence you used when you are making decisions on practices with your family, so let's say you have a family that's dealing with an issue that maybe you haven't experienced before or worked with before, what sources of information would you rely on when you're trying to figure out like the best way to work with a family?

A: Usually that's when I'll talk to colleagues or my supervisor, people who are more experienced than I, because we kind of all feed off each other. If I haven't dealt with a family like this most likely someone in the office has or my supervisor has, so that's usually what I do to learn more.

Q: Do you ever use like reports from researchers, or articles online, or books, or stuff from [pre-service training], or when you're thinking about programs to refer families to, or programs that may be helpful to them?

A: I used to use [pre-service training] a little bit more when I first started, probably because it's fresh, but now it's kind of a fading memory it's starting to feel like. You know how it goes. But honestly, I'm not—to have like a come-to-Jesus-moment, I'm not passionate enough to look at outside research in my spare time to see what can help a family. If I come across information that I find helpful, then it's something that I'll keep in mind and I might use and suggest, but I kind of have to come across it. It's not something that I intentionally seek.

Q: Gotcha. Do you have work time to do that or do you have to do that all on your own?

A: Research you mean?

Q: Yeah.

A: I feel like because our work is so busy—I mean, it would just have to be, I don't know, during a lunch hour or something like that where I'm—something like that. It's not that I feel like we absolutely would have to spend extra time after work and it's like homework kind of like see what kind of research you can come across or programs you can come across, but yeah, if I'm like in my just everyday life or experiences or if I'm talking to family and friends and I come across something that way, then it's like, oh, I know in my work life, this could transfer over.

Q: Gotcha. So when you think about the one or two, I'm sure you've thought about referring someone to Triple P that maybe didn't actually end up being a referral, but what- do you consider like the evidence out there that says its effective when you think about making a referral or do you consider other things?

- A: Right now I don't consider the evidence just because I don't know the evidence, I just know that it's a program, it's a service, and it can help. Not that I know like evidently this helps.
- Q: Oh, because you're looking for evidence, not research evidence, but like I've seen it in my families, the change. Gotcha. Do you think anything needs to happen or change in this organization in order to facilitate the implementation of evidence-based practices like Triple P?
- A: I kind of wish that in training—maybe it could just be the way I learned, but I kind of wish in training there were more like here are some common problems, here are some solutions for these common problems, and therefore, it's not a whole lot of guessing, wondering, thinking, okay, what can I do? If it's something that's not in a court order or something like that, I think that might help where it's just like, I don't know, because everything is so—everybody has their own individual situations maybe it's not realistic, but I just think that if there were like listen, if you see x, y and z, then do a, b and c, so that means if you see this in your family, this means you want to refer them to Family Function Therapy. If you see this in a child or a parent/child interaction, then this is when you do Triple P. I kind of wish it was something like that.
- Q: Kind of like something that could make the decision-making easier, like a decision tree.
- A: Yeah.
- Q: Is there anything else like so some of the things I think about when I think of agency-wide stuff is like whether [your agency] is ready for change? If they're like an agency that makes that easy or the culture and climate, and what I mean by that is, is it stressful to work here? Are people always looking burnt out and stressed out and hate it here and don't feel like they have what they need to do their jobs? It's just a negative environment versus an environment that's engaged like you feel like you have a voice, that you have the support to do your job, you like being here and stuff like that? Do you think the culture and climate of here, do you think any of those things impacts like being able to implement an evidence-based practice like Triple P?
- A: I think it definitely impacts it, yeah. Are you talking in general or specifically [our agency]?
- Q: Both.
- A: So in general, definitely, of course, if you have a say, if you're working in an environment where you feel like you have a say and everyone tries to make their workload easier and some things are a little bit light-hearted, because this job can get really heavy, right, so if things were every once in a while light-hearted and things like that, then yeah, I think it probably would be a little easier versus a work environment where you can kind of tell people are dragging their feet to get here and they're like Velcro out of bed. They're probably more so thinking, okay, what can I do to not get fired, something like that. And [at this agency] in particular, this is just my opinion, I think they make an effort to make things a little bit more light hearted. I don't see anything overtly negative or like we don't want to hear what you have to say. Just do the task. I don't feel that way here, but that doesn't mean that there's no room for improvement. I think here they kind of try their best with staff meetings and then cluster meetings and team meetings and supervisions, too, to kind of give you that opportunity to voice what you feel, so I will say [this agency] is somewhere in the middle.
- Q: How do you think that impacts implementing Triple P or Triple P being successful? The middle environment.
- A: In the middle. So the thing about being in the middle is that you'll probably waiver depending on your supervisor, and depending on your—even depends on your day maybe. I think if you had—if you were part of an agency that was strong about making sure that the work load wasn't aging their case managers and things like that (chuckles), then I think on a regular basis you will find it more so to like to think of some solutions to things like Triple P and FFT and the PCIT, things like that it will kind of more flow to you

in a more easier way as opposed to just looking at a piece of paper and saying, 'okay, what needs to get done?' How can I avoid getting in trouble? Okay, referral made, done.

Q: Sounds like it sucks the life out of you, or it can.

A: It can. Yeah, it can. I mean, but the job itself—just the nature of the work it kind of heads that way, but it doesn't help with an agency that—I don't know like sometimes I wish they did things like employee appreciation day or like employee of the month—but they do do things like I think in November or something like that they had a wear your pajamas to work day, so they try. They try.

Q: I just can't imagine going on a home visit in my pajamas.

A: Right. Well, obviously, you wouldn't do that, but people were in the office in their footies and things like that, so whoever wanted to participate, so they try. But I just feel like there's room for feeling appreciated and for us as case managers and supervisors to not feel exploited, too. I said that to one of my supervisors, too, 'I feel exploited,' and he was like, 'well, what can I do to help?' I'm like, 'I don't know. You're exploited, too, so I don't know.' We're all exploited. As it relates to Triple P, if an employee feels like that, then they're probably not going to feel as motivated, they're probably just more task oriented than anything.

Q: I'm sorry to hear that you're feeling exploited. I'm like what would it look like to not feel exploited.

A: That's an interesting question, too, I don't know, you have to kind of think of there are any companies where they don't feel exploited, like probably Google they probably don't feel exploited there.

Q: Probably not, yeah. Remind me about that. I have something that I should probably be like you should read this. So what extent do you think working in a large, urban and racially diverse city influence the implementation of evidence-based practices like Triple P?

A: I don't know if it does. Would there be a difference if we employed these practices in I don't know in [another part in the state] versus [our city]? I don't know.

Q: Where?

A: Oh, exactly.

Q: Sorry. I'm not from here.

A: Like the middle of [our state] where there's a bunch of trailers and farms and things like that versus here. I don't know honestly if it makes a difference. I guess it depends on when they decided like what population are they basing this evidence on? So that would probably impact it deciding, 'oh, we found evidence in Australia, so let's try it in [this large, urban city].'

Q: Well, yeah, that's kind of what's happening.

A: I mean, I guess it would have to depend and more research would have to be done to see if the population or if the—I don't know, what's it called—I guess the area that you're employing these practices, you have to look at both of them, I guess the data, and then compare to see if there's a difference.

Q: That's the plan. Some people can kind of come even before looking at the data and say, 'I already know, our family doesn't experience things like this. This isn't going to work, or this doesn't address a lot of the common issues that we see.' Sometimes people come with those preconceived notions or they can also come with a notion like it doesn't matter, it's still parenting skills and everyone needs that. It shouldn't matter regardless of race or income.

A: If I go based off of what I've learned in training, I don't see a big difference because it looks like they first did this, was it UK or was it Australia?

Q: You were right, it was Australia.

A: It looked like the common things that were happening, I mean, there are cultural differences between here and Australia, but I think that there are still common things in parenting overall that can kind of apply across the board, probably not everything, but I



didn't see anything that was blatantly like this definitely does not—we can't relate to this. I didn't see anything like that.

Q: Okay. That's good to know. You're kind of on the camp of there's these core parenting things that everybody can benefit from regardless—whether it's Triple P or another evidence-based practice.

A: Right. I think so. Yeah. There's nothing in—I don't know if there's anything in our culture that is that vastly different where I think something can work in Australia, I'm guessing in an urban setting in Australia—we don't know—I didn't see anything—now if it was something that they did in let's say like a rural area in Japan versus [our city] there might be a difference, because there are some difference in values and things like that. I didn't see that. I would say just based on what I'd seen in training, yeah, I will stick to that that there are some core things that relates to both, but I wouldn't necessarily assume that this same training would affect families the same way in a village in Ghana.

Q: That makes sense. How much does Triple P, you think, need to change or be adapted to meet the needs of the clients you work with?

A: How much does Triple P need to change in order to adapt with the clients that I work with?

Q: How do you think it needs to change, if at all?

A: I can't say. I don't know. I don't know if there needs to be a change or not, because I don't think I have enough experience or seen enough families go through Triple P to be able to tell.

Q: That's fair. What supports do you need to ensure that children and families that are served in this child welfare system receive effective, culturally relevant services that address their needs?

A: I think as long as the agency and my supervisors and people like that are culturally aware, I think that would suffice, yeah, I think if they're culturally aware, empathetic, as long as people weren't making assumptions about another and staying open, I think we would be better able to serve different families. I'm trying to like in my memory trying to think of the diversity between all of my families. Like I had a family—like I have families of Islamic faith, Christian faith, homosexual, heterosexual, I think that, yeah, I think that—I don't think I had anyone who didn't speak English or anything like that. So I think the only—I just think that's all that we would need is to make sure that we're culturally aware, staying empathetic and making sure that we're listening to them instead of us telling them what they need. I don't know if I answered the question, because you asked for supports.

Q: Yeah. Time, money, funding, but you talked about one thing- a resource, you said like you wished that there were these family characteristics or these issues this is the appropriate thing to provide service, but I also think that's also a really valid answer. That's like a culture, a supportive culture that you said is open and very—it seems almost collaborative with the family that you are listening to them and getting their input.

A: Right. Like you tell me what you need, and I'm not telling you this is why you're in this situation, it's because you believe this or because something like that. I don't think that would be the appropriate way to go about it.

Q: We need to change the way we do child welfare is what it sounds like.

A: I don't know. Yeah, okay.

Q: Is there anything else you would like to add?

A: I don't think so. Yeah, I don't think so. I guess if the goal is for us to implement these evidence-based practices more is to I don't know I guess make sure the employees are aware or the case managers and our supervisors are aware of when it's appropriate to implement then and kind of think of them as one of our go tos, start changing our mindset, like these are our go-to's, things to consider first almost.

Q: How do you do that though?

A: I think this probably goes along with the training and then the culture of the agency, probably. I don't think I've ever really like Triple P is a big thing here, FFT not so much,

and PCIT, this is probably the first time I've heard of it (chuckles), so I think that if I heard it in trainings, because I think Triple P comes up the most, I'm not sure why. I know that I first heard it in [pre-service], and then coming here, you know what, maybe it's because they don't have Triple P in all of the [community agencies] do they? So that's why then. Oh. Then that's a part of it. Maybe you should have evidence-based practices, maybe spread it in all of the [contracted community agencies], I don't know. I think it should be something where if we had like a resource list then those things should be at the top of the list, I think.

Q: Okay.

## Agency A Participant 6

- Q: OK. So this is interview number six, just so I can keep track. So first we want to talk about this requirement to implement evidence-based practices. Have you -- Are you familiar with that, with any requirements? If not, I can go into detail.
- A: Yes.
- Q: You are familiar?
- A: When you say requirements, what do you mean?
- Q: So there is a like a city-wide -- how do I say this -- like mandate so that oh like we would like you all to be referring to Triple P, PCIT, FFT. Are you familiar with that?
- A: Not the latest one, no.
- Q: OK. But PCIT and Triple P you've heard of? So basically there's Philadelphia got this, you know, block grant. Basically instead of getting money per child in foster care, the state, or the federal government was like OK, we can give you this chunk of money and you can use it however you wish but you just still have to decrease the number of kids that you have in care. And so a condition of that was that they needed to implement evidence-based practices. And so Triple P, PCIT, and then Functional Family Therapy are the three that will be implemented here. So we wanted to know if that -- if you've seen that has like impacted your work on a daily basis?
- A: I seen a lot from the Triple P just because some of the people I work with do groups and they do individual. And I also just got trained in Triple P for the older teens. So I see it has made a lot of -- I don't know, I guess it made a great difference just seeing, you know, some of the parents when I supervise visits they actually implementing what they learn in the visit. So, you know, maybe during a visit a few months before just seeing how they interacted or not interacted or just some of the ways they talk to the children or maybe even some of the discipline methods they were using versus after they've completed the groups or the individual, you just see some of the changes for the better.
- Q: OK. So it's changed like what you do when you work with families?
- A: Yes, in the form of kind of some of what they learn. It kinda helps when supervising visits with them.
- Q: OK. So what do you do differently?
- A: If I know that the parent actually went through Triple P, I might ask the person maybe who did it with them to maybe just come in before the visit and speak to them just to help them with, you know, implementing some of the practices that they learned.
- Q: That sounds great. Do you have any experience referring families to Triple P?
- A: A little bit.
- Q: Can you tell me more about that?
- A: I'm not a whole lot familiar with it. Honestly, I just learned how to do it not too long ago. It was a lot of people that I would say needed to go. I wasn't personally putting in the referrals, but after speaking to one of my colleagues here, and he showed me how to do it. I just started doing it myself. But verbally I would tell them, you know, I feel like this person could benefit or this can happen. But I didn't have a lot of experience doing it.
- Q: So was it that you didn't know like how to make the referral?
- A: I mean, I guess you could say I did make the referral by telling the individuals who were doing it that I believed that these families needed to do it. It was just that I just started doing the paper form of the referral not too long ago.
- Q: Like how did you know that that you --
- A: That they needed Triple P?
- Q: Mhm. Or that you wanted to make a referral.
- A: Sometimes just with their interaction. Sometimes you might have had a child that misbehaved and you might just, you know, watch to see how the parents will react. Sometimes the parents -- I had one particular case where it was two children. One was older, one was younger; might have been a two-year gap. The mom told the one child that he was bad. She kind of rewarded the other child as he was doing the wrong thing-

he's cursing and she was laughing. She stayed on her phone the whole time instead of, you know, kind of engaging the children. And the older child, it was as if she was constantly rewarding him for kind of negative behavior. It was just some things that she needed help with.

Q: So what made you choose Triple P over another parenting program?

A: I've seen a lot of my colleagues that took part in Triple P. I've seen the benefits that they spoke of. And I've seen how it helped other people when they did their visits. So it was something I wanted to take part in.

Q: So this next question asks about Triple P trainings and if it's helpful and you're probably one of the few people that have been through the training that I've gotten to talk to so far. So did you find it helpful?

A: I did.

Q: How so?

A: To be completely honest, I would have liked to do it for the younger kids since that's the population that I mainly interact with. However, I do have older kids. But I found it to be helpful with the training because a lot of things that I face on the daily basis, they were able to kind of answer and kind of, you know, give some guidelines as to help parents when they're facing certain situations.

Q: Did you find it helpful in knowing like when to refer a family to Triple P? Do you have a better idea of what families are appropriate or not?

A: Yes.

Q: How?

A: I mean, I also believe that, in my opinion, it's better, you know, when you speak to someone and they're more receptive, to actually want to take part in it. Maybe after speaking to them they kind of see some of the benefits or even if you can kind of get them to come to maybe one group. But I see now just from some of the trainings identifying some of the signs. In particular, one visit I had, the mom – one of the kids is a teenager – the mom kind of has trouble kind of deescalating his behaviors. Kind of when she tries to put rules in place with him, he argues with her, he'll curse at her. So that was somebody after, you know, the training, I seen OK, she probably could benefit from this.

Q: So we're on number four here. So you talked about a mom may have a teenager that doesn't listen to what she says when she tries to give him new rules. What are the typical like characteristics and circumstances of the families that you work with?

A: Most of them, for the most part, are low-income, single-parent household with multiple children. And some of them don't have houses or lack a lot of resources.

Q: Are many of them like minority families?

A: Most of them. The great amount of them are minorities.

Q: And what are some of the issues that they may face that may, you know, bring them to your attention?

A: You mean the reason that they're here, or as far as Triple P goes?

Q: Oh, the reason that they're here in the [child welfare agency].

A: It's a lot of different issues. I mean, some issues are housing; other issues are neglect. Those seem to be the main two issues.

Q: Any domestic violence?

A: Some domestic violence. Some parents were -- they experienced it, yes.

Q: Trying to get a sense 'cause one of the things is that we are looking for or trying to, I guess, uncover, is how well Triple P can translate to families that may not be typical like hey, we just really want to be better parents as opposed to –

A: Well I don't think a lot of parents, honestly, even ones who have completed it, went into Triple P saying that it was something that they wanted to do. It was because maybe the instructors, they trusted them, or had some type of rapport with them. A lot of people are not receptive to wanting Triple P. They don't feel as though they need it or they don't feel as though they need parenting at all. They just had I guess, different ways of handling certain situations and they just feel as though their ways works.

- Q: But you talked about like the relationships and the rapport is what really gets them in the door?
- A: Well, yes. I mean, even some of the families, as I stated, I don't have a lot of experience, but the ones I did refer say they didn't want to do it 'but because I trust you or because I, you know, you've been doing my visits this long, I'll take a shot at it and see how it goes.'
- Q: That's very helpful. Oh, well you just kind of answered number five. Is there any other thing that you can think of that helps parents be more willing to give Triple P a try, or, once they are in Triple P, to stay?
- A: I think that the groups are really helpful because they get a chance to see other parents in there. So a lot of times they may feel as though I'm going to be in here alone. But when they see the next parent is in here and maybe he has the same background as them, or kind of went through some of the similar things that they went through, and they're able to talk and kind of come together as a whole, it kind of makes them more receptive to taking part and finishing it.
- Q: Have you referred to any of the like the one-on-one, individual Triple P?
- A: Not really. What I will do with the individuals who are trained in the groups, I may ask them can you sit in on this visit or maybe take a look at it and ask them what they think. And sometimes that leads to the one-on-one, sometimes it doesn't.
- Q: I don't know if you have any experience with trying – not trying to convince, that sounds bad – but (chuckles) working with parents through the individual Triple P?
- A: Some of them. Not a lot, but some of them because of their work schedules have opted to do individual. So it's been a few. Not a lot, but a few.
- Q: So what keeps those parents in Triple P? Because that's longer, it's like ten weeks.
- A: Honestly, I'm not sure, because the ones I can think of I don't believe completed it.
- Q: Do you think, or to what extent do you think, Triple P is effective for racially and ethnically diverse families?
- A: I guess it gives them an opportunity to maybe think outside the box, to explore some other options, maybe.
- Q: Like, some people may say, oh, this came from Australia. Well, I mean, because you were in the training.
- A: Yes.
- Q: When they trained the first group of families, I mean of providers, I was in that group and I remember watching those videos and I remember people were just like the kids we work with don't act like that. The parents we work with don't act like that. Like, this isn't Australia. Like, this is, you know, our city and we have our needs. And so sometimes people can say or think that this won't work with kids like this or families like this. Do you feel that way about Triple P?
- A: I would say yes and no. I mean, honestly, watching the video, you saw it was different individuals in there. It wasn't all the same race, same ethnicity, so it was different people in there. I mean, once you got past the accent and it being somewhere else and you look and see some of the situations, you see that they can relate to what it is that the families that you're dealing with are going through once you separate the other stuff from it.
- Q: Like do you have parents come back to you and be like that was wack? Like, I'm not – (chuckles)
- A: Some of them, yes. I mean, yeah, no, ones who really don't want to be there in the first place, sometimes they'll give it a try and say this isn't for me, I don't want to do it. But the ones who are somewhat interested normally come back and say you know, I really liked that. I even had one particular parent come back and say that she wanted to do it again.
- Q: So it sounds like you're like it really comes down to like their initial like motivations and feelings about it as a whole.
- A: Yes.
- Q: And then that kind of determines whether they finish and how –

- A: I mean, some of them who aren't really receptive to it, they'll come into the groups and they'll finish and they'll enjoy it. But for the most part, the way that they normally feel in the beginning determines if they're going to finish it or not.
- Q: Let's say we wanted to have more like evidence-based practices like Triple P? Like what do you think like would need to happen in order for us to bring more of them and keep them?
- A: You mean to get like families to actually take part in it or?
- Q: Yeah. (Chuckles)
- A: I think that it maybe should be tailored a little bit more to the individuals that you're serving just to kind of get them to take part in it. Some of the stuff for Triple P, some of the parents weren't receptive because they feel as though that not necessarily the way that they would react, especially, I feel, as though in this community, a lot of people have different forms when it comes to disciplining their children or interacting with them.
- Q: Spanking?
- A: Yes.
- Q: OK, that's a big deal here?
- A: Yes.
- Q: OK. So you're saying like that they could like, programs should be inclusive, or address that, or?
- A: Personally, I don't believe in spanking. I don't believe in hitting kids. But, everybody doesn't share how I feel, so I think it should be, you know, addressed. Not saying that that should be done, but maybe address the situation so parents are like OK, they're recognizing maybe how we would react but instead of, you know, spanking let's try a time-out first or something like that. But maybe addressing some of the parents' concerns or feelings.
- Q: And, you're like Triple P doesn't do that right now?
- A: No.
- Q: Is there anything that you think like agency-wide could happen to facilitate more evidence-based practices being able to be provided to families?
- A: Probably just some of the hours. I know right now they're working hard to make sure that they have, you know, different hours, different times for parents 'cause some of them work so they're not able to take part in it even though they may want to. So maybe just offer even like a weekend class or something. Just something more for parents that are working or that, you know, really want to try something else.
- Q: Anything for workers or providers, you think?
- A: I guess just being honest. (Chuckles) Just, as we talked about with spanking, you have different parents who are going to ask you different things or maybe say they don't agree with it or just have a lot of different questions. So maybe just being honest.
- Q: About like?
- A: Just any questions that they may ask as far as well, why doesn't this address this or what if I want to do this? So I just notice a lot of people have a lot of different questions.
- Q: And sometimes the workers aren't able to give them –
- A: I mean, sometimes they may not have answers to the questions or they may have an answer but they may not feel comfortable sharing their answer.
- Q: 'Cause of the curriculum or because of their job?
- A: Their job.
- Q: Oh, gotcha. Oh, wow. (Chuckles) Like how can we fix that? Alright, let's see. These next couple of questions talk about the types, if any, of research that you may use in your practice. So, you see a family and they may have a need, or they may have an issue, what types of information do you use to know like how you're going to work with them?
- A: I guess it would depend on what the need was, or I guess kinda what the issue was, to handle the situation. I'm not sure what you mean.
- Q: Like so some people may say oh, I look back at my charting the course training, or I look up stuff online about best interventions for this, or I talk to my supervisor, or I talk to a

colleague, or. Like where is the majority when you have a question of what do I do with this family or how do I work with them, like where do you go?

A: I generally talk to somebody that maybe has a little bit more experience and maybe get their opinion and go from there.

Q: Do you at all use like any like research, like journal articles or websites or books?

A: Depending on the situation, I may look it up online.

Q: So specifically for Triple P, do you ever consider like the research evidence behind it when you're thinking of referring a family to Triple P?

A: That plays a part in it, but that's not necessarily always why I may want to refer the family. Sometimes the family may just display behaviors that I believe, because of some of the evidence-base, will help them, but sometimes it's just certain things that just says they need help.

Q: I don't think that's a relevant question. Would you ever use research evidence like when thinking about your work?

A: I would, but here, sometimes, I feel as though once you interact with some of the families, you can sometimes determine what it is that they may need.

Q: So it's kind of like you feel -- I get a sense that you're like I know the resources in this community and what's available, and I can better match than just going online and looking at something.

A: Yes.

Q: So there are some things that we've talked about a little bit. You've talked a lot about some -- Well, first, thank you for answering those questions about the research thing. Next, I'm going to talk just a little bit about Triple P here. And we've kind of briefly touched on some of those things, but you've talked a lot about like parents and like their beliefs like with spanking or things and whether they want to do it, you know, at all, and their motivation to change and how that can influence session attendance and behavior. Sometimes, we also can -- Like research has shown that sometimes an organization's culture and climate-- like is it stressful? Do workers have what they need? Do they trust their leaders and their agency? Does the organization have capacity to make changes? Like are they flexible and do they support their staff?-- That can also impact like the quality of services when they're trying to implement an evidence-based practice like Triple P. Do you think any of those conditions here have impacted like session attendance and things like that, or just getting Triple P really on the ground and running here?

A: No, I don't believe it's had an impact.

Q: Tell me more. (Chuckles)

A: (Chuckles) I think just the environment we work in is stressful. But as far as, you know, individuals that kind of do the groups and the one-on-ones, I believe that they have, you know, remained the same. There's been a lot of changes here going forward, but I believe that it's still been the, you know, same services and the same quality that they have put out.

Q: Like I wonder if like it being stressful can impact like case managers and case aides and advocates in knowing about Triple P or whether to refer or the best types of families because it's so stressful and they might be strapped for time?

A: Maybe at the case management level because they have a lot of other, you know, things to try to finish, try to get done. So it may not be a top priority for them.

Q: And that may be a reason?

A: Mm-hm.

Q: And you don't feel like these factors differ because almost everybody is a minority, so it would be the same. I mean, I know you talked about offering classes on the weekend to help parents that are working during the week. Is there any other changes you think this agency would need to make in order to facilitate implementation of Triple P or other evidence-based practices?

- A: Probably just getting the word out a little bit more. Just to let families know kind of what's going on. I know they, you know, put it out, but not as much as they could.
- Q: What are some things that you think they could do?
- A: When parents come up for visits, maybe advertising it that way. Maybe having some information in the lobby. Maybe having more information online.
- Q: And you talked about Triple P needing to change or be adapted. You talked about kind of like having a space for families to kind of share like yo, this doesn't make me comfortable, or this is what I do, and having that space for that. Is there anything else you think Triple P would need to change in order to better meet the needs of your families?
- A: Well, as I said before, just kind of tailoring it more maybe to the community that they're serving.
- Q: Tell me more.
- A: I mean, when we talked about spanking, just different cultural information. Just, I don't know. That's just the main thing I can see or the main concern is that I see from families when they talk about it. Or they don't believe that, you know, some of the things that are talked about are primarily for them; they believe that it's for individuals that aren't minorities that kind of can relate more to some of the things that are discussed.
- Q: So more things that are dealing with maybe like stressors in their life?
- A: I would say stressors and some of the de-escalation tactics.
- Q: That they're just like that wouldn't work with my kid (Chuckles) So then what do you guys do when that happens?
- A: I believe that you kind of reassure them that it would work and maybe think of other ways that you could think of a situation that they may face and kind of adapt it to their situation.
- Q: And kind of like say well maybe this could be possible.
- A: Yes.
- Q: Are there any supports that you need – that you think you need – to make sure that families and children that you work with get access to effective, culturally-relevant services?
- A: Could you repeat the question one more time?
- Q: Is there any supports that you believe that -- or what supports do you think that you need to make sure that the children and families that you work with get access to quality, effective, culturally-relevant services?
- A: I believe it would be, I guess, maybe more funding just to help get more families through the door. So if you're doing like a group or a class, you only can run it for so many people. So maybe helping to get more funding to get more classes going and maybe get more support or maybe give them more literature to read or maybe having some other programs that they can participate in with their kids, maybe. Even a family whose main issue may be taking the kids out in public, maybe taking them out to a restaurant or taking them to like the museum or to the zoo or something, you still need to pay for them to get in there if, you know, money is an issue.
- Q: These are some good ideas. So like even doing community-based skill-building. Awesome. Is there anything else that you would like to add?
- A: No.
- Q: Ok. That's it!
- A: Oh, OK.
- Q: Very good.
- A: That was quick.
- Q: I know, that was quick. Thank you, though.



## Agency B Participant 1

- Q: Let's get started. So this first question talks about the requirements to implement evidence-based practices. Are you aware of this requirement?
- A: Yes.
- Q: So how has that requirement to implement evidence-based practices like Triple P influenced your work on a daily basis?
- A: I think it just makes us more aware of what we need to refer these parents to. I know a lot of people aren't aware of Triple P though; no matter how many e-mails, they don't think of it.
- Q: Why do you think that is?
- A: Because we're mandated to refer them to CRC [Community Reunification Center] and CRC has a parenting program.
- Q: So you're mandated to refer—
- A: Most times at court they'll say, 'refer the parent to [CRC],' because they're not aware—like I know at court a lot of the times, like I had a parent who just graduated from Triple P, that's who I was with this morning and she—when I showed them the certificate they're like 'who's Triple P? What is that? Is it even an accredited parenting class?' So I think on the court end, too, they aren't aware of it.
- Q: That seems quite tricky. How do you navigate this requirement for evidence-based practice with a conflicting court order?
- A: For me to refer a parent to it, if [CRC]'s parenting class, because they're very specific with their times, like their times are during the day, so if I have a parent that is working, it's easier for me to refer them to Triple P, because there's different times, so it's easier for me to do it for that, but if they can make it at [CRC] I think the courts would prefer [CRC]. If that makes sense.
- Q: Hm. Yeah, that does make sense. That's something that sometimes we don't really think about when we're thinking like—
- A: Because the court, the judges, the court rep, the court, the city solicitors, they all know [CRC], so to them it's like, okay, we know what their classes are, we know what their background is, we know it's an accredited-type course, and then when I say Triple P, they're like, 'what is that? Where did it come from? Who runs it? What's their accreditation—' like all that stuff.
- Q: Do you think that impacts whether caseworkers are aware of it?
- A: Maybe. Nine times out of ten, they'll say, parents are to be referred to [CRC] on the court order.
- Q: And that's something you have to abide by.
- A: We have to put it on the court order. When the parent goes to [CRC], they can say, 'I don't want to take it,' because it conflicts with my schedule or it conflicts with whatever, whatever's going on, and we can refer them. Then usually my backup is Triple P. And I don't know how you can make Triple P like how you can get the word out there to other—like to the court reps and things like that, because I think then if the court reps are aware, or the city solicitors and people at court are aware of it, then it's like, okay, fine, because I know there's [Sexual Abuse Center] does a parenting and Power to Parent. There's a Power to Parent one, too, I think that's for under 25, 25 and under parents. I've had parents go through both of those as well and Triple P.
- Q: Do you find that you have the same issue with some of the other evidence-based practices that are in the city like PCIT, Parent Child Interaction Therapy, and FFT?
- A: I know that here, we got an e-mail after the last staff meeting saying that we need to refer more people to them, because we are not referring enough to those programs. But I think it's just because it's not a known thing, like my supervisor didn't even know what it was. Like she was just like, 'do you know what these are?' And I just actually had a client referred to FFT the other day, but it's on the parent.
- Q: Oh.

- A: Like with [CRC], we just send the referral and then [CRC] takes it from there and contacts everybody. The same kind of thing with you guys, but not really, because we submit it to I forget what her name is, we submit it to somebody here.
- Q: [Name of Parenting Program Director]
- A: That. The name I can never pronounce. We submit it to her and then she kind of—it can take a while for it to get referred, because I know that that’s been a problem, I’ve referred a parent to two or three other like Triple P and the other two parenting classes and those contacted her first, so she went with whoever contacted her first, so I think there’s a lag with that, too.
- Q: So you’re saying that even after you make the referral for Triple P, a parent might not go through or complete it because—
- A: They might not get referred as quickly as another program, because most of these parents it’s like an immediate—We have to refer forthwith, but then they might not do it fast—like some parents just don’t even do it, but there are those that we need to get in pretty quickly and want to get done quickly. Like your program is shorter than everybody else’s, too, I think. I think yours is 8 weeks. I think [CRC] is 20 weeks.
- Q: Oh. That’s a long time.
- A: Triple P is definitely quicker, but I feel like the referral process, there’s a lag in the referral process.
- Q: Kind of going along that vein, what has been your experience referring families to evidence-based practices or Triple P?
- A: I know for Triple P we just send it to her. There’s no follow-up either. I don’t get a notification like, ‘oh, we contacted this parent and he didn’t answer.’ So that I can then step in. Like with FFT, I think it was through [local mental health provider]- so [the agency] called me and said they were having a problem scheduling, so then I was able to contact mom and say your referral is getting closed out on Friday if you don’t call these people back. She called them right there and got set up. But I don’t get any notification from Triple P saying, ‘oh, we’re having a problem getting ahold of this parent.’ Like there’s no—and even when they complete- like [CRC] sends us court reports, so like that’s also—with [CRC] you tell them up front like this is when the next court date is and then you get an e-mail saying they’ve attended four out of six or four out of eight, however many—and we have x-number left. And then it’s like when you go to court, you’re like, okay, here. With Triple P, I don’t know if a parent’s graduated, if a parent’s going, if a parent’s not going. There’s no—
- Q: At [CRC] is that something—so when you tell them about a court report, do they automatically send that to you? You don’t have to do any follow up with them?
- A: Hm-mm. I automatically get an e-mail like maybe a week or so before court saying, ‘here, this is what’s going on.’ But they also do parenting. They have everything there. They do parenting classes, they do employment classes, they do housing classes. So your report could be, depending on how many things you referred them to, very rarely I only refer somebody for parenting, very rarely, usually there’s one or two other things, but with Triple P, I just got a certificate from my parent when I went to see her this morning saying that she graduated, but I never got any notification that she even started attending. Do you know what I mean? Or like who to contact, because at [CRC] they’ll send you an e-mail saying this is her, I forget what they call them, basically her case manager and then you can just e-mail them and say, ‘hey, is this parent attending, or hey, this whatever,’ but there’s no contact really for Triple P. I don’t have anybody to be like, ‘hey, is this parent going?’ There’s no point of contact for it. So I don’t know how—I feel like if there was a point of contact it would be a little bit easier—not necessarily for you guys to send court reports, but like for me to e-mail and say, ‘hey, court’s coming up, can you give me the status of this parent.’
- Q: Mm-hm. Hopefully this will be helpful information for them. Because I don’t—we’re just evaluating experiences and how we can make things better, but that’s really helpful to

know that [CRC] is very helpful not just in parenting classes, but in just the entire process of going through the child welfare system with the case.

A: My parents that have gone through [CRC] are like this is great. Like everything's there. And Triple P, I've gotten the same feedback that it's a good program and things like that, but it's just on my end, there's no communication for me to find out— Like she graduated I think April 20<sup>th</sup>, but the only reason I got her certificate is because she brought it to court; otherwise, I would have no idea. [CRC] will send the certificates to us saying like these are the completed things or things like that. It's just a little bit easier for us, because we don't always remember things like that. If we have ten parents that are in parenting class, it's like, okay, who's going where, what's going on?

Q: How do you—besides, because I know you were saying like the court order says you have to refer to [CRC] and sometimes if the parents' schedule doesn't allow them to go to the [CRC] classes, you will refer Triple P. What else influences your decision on whether you're going to send a family to Triple P or to another evidence-based practice?

A: Usually a parent like location-wise where they are. I try to find stuff close to them, because a lot of our parents are on public transportation. If people give out tokens, if they don't give out tokens, things like that, but definitely location and variety of times. [CRC] is one time. If you don't make it at that specific time, there's no other, but like that Power to Parent, I know they have night ones and the Triple P I think has two different times. I think they have like a Saturday one and a night one. So the schedule definitely will guide what a parent can and can't do. If a parent isn't working, then usually they'll just do it at [CRC], because they're there already, but if a parent's working— Because I know we had a problem with anger management, too, trying to find anger management classes for parents at night, because that [CRC] only offers it at one time.

Q: It sounds like [CRC] is this—

A: Well, it's the [CRC] that's literally what it's for is to get these parents—and if you go through the program, they give out gift cards, they give out for perfect attendance you get gift cards, you get tokens, they have a daycare I think you can bring your kids. It really is the easiest place to refer a parent, because everything's there and they kind of just handle it, but then you have those other parents that don't have to go to [CRC] for anything else, but parenting, so it's like okay, well then we'll just refer them to Triple P, because it's just parenting, but usually if there's more than one thing, it's just easier to go right to [CRC].

Q: Gotcha.

A: It's usually on the court order.

Q: There's not much you can do about that.

A: Yeah. And the only reason that you can get around it is if you say, well, they declined it at [CRC] because of work or because of whatever and we were able to put them in another parenting class. It's not like the judge gets mad, but they understand that one then more so than just, no.

Q: Yeah, like, I don't know, I just decided to do something else.

A: Yeah.

Q: I guess this next question is kind of about: have you ever been trained in Triple P or given information about what it's about?

A: Blurbs.

Q: Have those been helpful?

A: I feel like I just know that it's like eight weeks and we refer parents to it. I've never really gotten a full explanation of it or anything like that. And when they come to staff meetings, - our all staff meetings are- it's a lot of information. It really is. It's two hours of people like I have other things to do and they don't listen and—

Q: I've sat through them. You have a lot of presenters that come.

A: Yeah, and no one really pays any attention. Maybe a more detailed description like e-mail type of thing or even if you just came and spoke to the supervisors. I feel like if the supervisors know about it then they can tell each of their staff members—because we

have our own little staff meetings with our team, like a team meeting, so I think if you told them—maybe if you had a meeting with the supervisors then it might trickle down more so.

Q: Right now, you're just referring Triple P when you can't do [CRC] then Triple P's next, because you have to?

A: Yeah.

Q: But not really knowing like what's so great about it, all that stuff.

A: It's just one of those, okay, these are the three parenting classes that if they're schedules don't work with [CRC], I kind of just send them out to them and then whoever contacts the parent first type of deal, it's okay, great. As long as you're enrolled in a parenting class, that's fine.

Q: There's a lot of questions here, I'm going to try to—because I know we touched on some of them. When you are looking to see what's the best way or the best service I can send my parents to, or the best way I can work with a family, where do you get that information from? Where do you go to find what to do with your families?

A: If I haven't had that experience, I usually go to my coworkers first and ask them. That's really how we get most of our information. Hey, I have a parent that whatever, needs anger management, do you have any classes not at [CRC] or do you have any classes that you know of that are at nighttime, or do you know like that's kind of how we work is more so coworker-wise than e-mail-wise. Sometimes I'll go into my e-mails, like, okay, I know I saw an e-mail about this. Let me see if I can find it or refer a parent to it or like we'll send e-mails if we find a resource, we'll send it out to the whole crew, like, 'hey, guys, I found this. This was helpful. Just keep it in mind.' That's more so how we work than anything.

Q: Do you all ever look at websites or journal articles?

A: That Cap for Kids website. It's called Cap for Kids has so many resources on it. You can click on it for housing, utilities, they have all the utility programs if your stuff is getting turned off.

Q: Here?

A: It's a website called Cap for Kids and it's got all different states, cities, so you can click on [our city] and it gives you camps, after school stuff, tutoring, babysitting, autism support things, so I usually just go on there like if a parent's like, 'hey, I'm getting evicted can you help me?' I'll go on there, print out the list of websites and just give them that like, 'here you go.' Call and do whatever.

Q: I could use that.

A: It's a very helpful website.

Q: Sounds like it.

A: Maybe if you put on like if Triple P or something was on there, too, you could get more—

Q: So this question kind of is related. I'll tie it all together. What are some of the characteristics of the clients that you work with? Their gender, or race, or age, and then some of the circumstances that may bring them to the attention of you guys?

A: We have cases that range from truancy to abuse or sexual abuse or I can't think of the word that I'm trying to look for.

Q: Domestic violence?

A: We have that, but we have the sexual—the kids sell themselves—

Q: Oh, sex trafficking.

A: Could not think of that word for the life of me. There's a whole court at the courthouse, sex trafficking court, but we have everything. You name it, we've probably had it come through the doors at some point. And we all kind of talk about each other's cases like try to talk them through, but we mostly—it's mostly African-Americans, a handful of white people, but mostly African-Americans. I know we have a little boy from Sri Lanka, he's a refugee. My coworker has him. So we have pretty much the gamut. We have a lot of African families, I know, because of southwest, it's a very high Liberian population and stuff like that.

- Q: I did not know that.
- A: Very high African population. What's his name? David Zimmerman, Andrew Zimmerman, *Bizarre Foods*, he did a whole thing on Woodland Avenue in southwest about their foods and stuff like that. But we have a lot of African families. But we have a gamut of kids from newborn to 21. We have parents that are 21, parents that are 15, parents—there really isn't a specific—it's not like, oh, all of our kids are a lot of young kids. It really runs the gamut.
- Q: Are a lot of the families lower income?
- A: Oh, all of them.
- Q: Single-parent households?
- A: A lot of them are single-parent, but there's usually a significant other. If it's a multiple-children household, it's very rare for it to be singular parent, like it'll be obviously the same mom, but dad-wise its usually multiple dads.
- Q: What do you think about the families that you have knowing about that have finished Triple P, do you think Triple P or evidence-based practices are effective for the populations that you guys work with?
- A: I know I have one parent that took it and she failed her parenting capacity.
- Q: That's telling. What's the parenting capacity?
- A: Parenting capacity is an evaluation, it's a two-part thing, the first part, they sit and take like a psychological evaluation. I want to say it's like an hour or two. And then they meet with a psychologist for another like two hours and go through it. Then we get the results. It's kind of like the last step to see if you're able to take care of your children before we kind of move to termination, but this parent, I don't know if it was too easy, I don't know if she even participated like if she just kind of sat there, like if she showed up and you just automatically get a certificate-type-of-thing. How much she was participating—because if anybody, if you met her, you'd be like, 'um, no, you should not be allowed to have children.'
- Q: Maybe she was never appropriate like you were saying. Based on your experience, do you see caregivers like certain factors that they may have that makes them more likely to engage in parenting programs or other evidence-based practices?
- A: Motivation. I have some parents that are motivated to get their kids back and will do anything to get their kids and go through whatever we ask of them. Then you have other parents that they'll show up for one class and they're like, 'no, whatever.' 'I don't know if I necessarily want to do it.' I've talked to other parents who have done parenting, not necessarily through Triple P, but they're like you start out with 20 parents, and by the end there's 4. People just drop off. And the longer, like I think Triple P probably does better because it's shorter, like [CRC] is crazy long. It's a very long parenting session. I really do think it's 20 weeks or something like that, maybe 12 weeks, but still, it's significantly longer than Triple P, so I think parents are more willing to stick with something for the two months than they are for six months or whatever it is. I'm not good with math.
- Q: Twenty weeks would be like five months. That's a long time. You hope your case will be closed.
- A: And a lot of these parents do think, okay, they think they go to court and the next three months you get your kid back. It doesn't work like that. And then they get frustrated and then they take it out on the caseworkers. They take it out, like the parent that I had on Tuesday, she took it out on me that I'm not being helpful enough to her, but you aren't doing what you're supposed to. It's not my fault that you're not going to see your kid. I can't help you in that aspect and they don't understand that. They want somebody to hold their hand a lot of the times, because that's all they've ever had. A lot of these people don't know simple things. They've never graduated school, so they can't read. I have a grandmother who can't read, so I need papers, that I have to sit with her and her 16-year-old granddaughter to make sure that I'm not making things up for her, like I've explained it all to her and then have the granddaughter like, right, this is what it says. I don't want her to think that I'm just making things up. I always make sure the

granddaughter is sitting there with me just so that like, okay, this is really what this says type thing, but she can't read.

Q: That's hard. I'm sure there's a lot of things that people may take for granted, life skills.

A: Life skills with this population is probably the hardest part. Like simple things that you and I are like, okay, that's not hard, but to them, it's—

Q: The hardest thing in the world.

A: Yeah, well, 'how do I get places.' I don't know, you get on public transportation, so then I have to sit with them and like figure out the route that they have to take. You're spending all of your food stamps like crazy fast and then you don't have food for the last two months, so let's try to figure out a budget or let's go to a non-Whole Foods, let's go to Aldi where you can get more for your money. Things like that like where I'm like what do you mean you don't understand this?

Q: Don't they still have life skills?

A: Nope. Like skills is probably—they just don't—and everything's an emergency. Everything's an emergency.

Q: I used to have a woman who would call and if I didn't pick up, every ten minutes blowing my phone up, calling my supervisor. I'll call her back. 'Hey, is everything okay?' 'Yeah, I just wanted to know if you could read over this paper for me to apply for a job?' And I'm like you've got to be kidding me.

A: Everything's an emergency and it needs to be done right then and there.

Q: Like you don't have any other families you're working with.

A: That's how it is. And they don't understand that you do have other families. You have—it could be an emergency for another family and you're little, I just want to talk to you, well, okay, I'm in the middle of a meltdown with another family. They think that they're the only family and their situation is unique. They need priority.

Q: I know that's hard, because you as a worker engage with the family so that they do feel comfortable with you and they can trust you and all those things. It's a tricky balance. You talked about some conditions that you think may influence whether parents can—or whether you know what parents are doing and actively engaging, so you talked about you send a referral, you have no idea whether they go, you don't really have that way that if there are barriers that families are facing that you can work with them.

A: Unless they tell me, but a lot of them, they don't—they just don't tell you. Unless I specifically ask them, like, 'hey, did you ever get this phone call?' They're like, 'I don't know. I get so many phone calls; I don't remember this person's name. I don't remember that person's name,' because there is so many people involved sometimes, they just don't remember anybody's name, or remember what agency they're from. 'Oh, yeah, I talked to them.' 'Do you have their phone number?' 'No, I don't know. I don't know what agency.' And it's like you try to play investigator and half the time you don't ever get anywhere because they don't know who they're talking to, because there's so many people involved.

Q: Right. And there's so many providers in the city it would probably take forever if you tried to find them. Are there any other organizational factors you think that influence whether a parent can get to class and really engage and learn?

A: Transportation-wise. Getting them there. I think getting them there is our biggest barrier. Like 'I need tokens to get there.' We have to have enough tokens here and then have somebody go drop them off to wherever they are in the city, because we're not just southwest and west Philly. We have parents, like the one that I was at this morning was in Mount Airy.

Q: Oh, that's far.

A: It took me almost an hour to get to her house this morning with traffic and everything else. So it's like if she calls me and says, 'Hey, I need tokens for something that's happening at 3 o'clock,' it's like okay, I have to clear two hours out of my day; whereas if I have a parent who lives two minutes down the street, like okay, yeah, not a problem. I can drop tokens off to you, but it's getting tokens and transportation, because a lot of

places don't give them to get there. They'll only get them home. They give them tokens at the class to get home, so it's like, to get them there, it's a whole other—and they don't have the money to take an Uber or take a taxi or anything like that.

Q: So transportation.

A: Yeah, I think that's our biggest—

Q: Do you think any of these factors differ by race or ethnicity?

A: Hm-mm. I think it's all feel like low income, it's a struggle just across the board.

Q: To what extent does working in this large, urban, racially diverse city influence implementation of evidence-based practices? Do you think evidence-based practices, do you think it being here where we are in this large, urban, racially diverse city, do you think that affects implementation of evidence-based practices?

A: Mm-hm.

Q: How so?

A: I feel like if it was a smaller area, things like that—if you're out in [the suburbs], it's a little bit easier, because it's a smaller area and there's not—like the city is just so big to try to—if I find something that's in [the northeastern part of the city], my parent in Southwest isn't going to go to [the northeastern part of the city] for it.

Q: Right.

A: That's the big—it's just such a—I feel like things have to be more localized or multiple locations basically just in order to help. Like even just therapy-wise just regular mental health therapy, we have therapists here which has been super helpful with our parents, because we can refer them and they come here. They go downstairs, they have their therapy, I can go down and talk to their therapist or if there's a problem, like I had a truancy case that he went to truancy court and the kid was having a hard time, so they called me, I was up at my desk, I went downstairs and sat in their session to try to help them explain it. I couldn't tell you where half the other people go to therapy, because it's, oh, there might be [the mental health agency] down the street, but somebody else might go to [the mental health agency] in Frankfurt or I've never talked to their therapist, it's hard, but having a centralized location for these people makes it so much easier for them, because it's like, 'Oh, okay, I can get to your office. I can get here,' and then like we have that contact with the person, too. If you're not doing day-to-day stuff with your parents, you don't know if they're really communicating with these people or what they're doing. At least here, I can say, 'Oh, look, I see they're downstairs right now.'

Q: Last question: What supports do you need to ensure that children and families served by the child welfare system receive effective, culturally-relevant services to address poor child developmental outcomes?

A: We do Ages and Stages with them.

Q: No. What do you need to be able to make sure your families get the services that are most effective for them?

A: More resources. There isn't even like a centralized resource—it's literally word of mouth. Oh, I found this one. I wish there was some sort of—like that website is super helpful, because it's a centralized location. I can go there and look up stuff. That's great to me, but there isn't like—even here, it's like, okay, you have to go through 50 emails to figure out what you need for a certain parent. And then it's like, okay, let me see if these services—like what rules them out, if it's too far, okay, there's no childcare there, if it's at a weird time, if it ends at 8 and they have other children, they can't do that because if they have to get the other kids in bed. Most places are very strict when it comes to things like there's no flexibility and there's no centralized location for us to be like, 'Oh, okay, we need parenting resources, let's go here.' Oh, we need anger management, let's go here. We sit at our desk, 'hey, do you have any anger management classes? Hey, do you have any parenting classes that can fit for this?' We try to fit a square peg in a round hole and try to do our best and make it fit

Q: Just because you don't know where the round holes are?

A: Yes.

Q: Okay. Anything else?  
A: No.  
Q: This was very helpful.



## Agency B Participant 2

- Q: How has the requirement to implement evidence-based practices such as Triple P influenced your work on a daily basis?
- A: It hasn't whatsoever.
- Q: No?
- A: Yeah. I've referred one client and they just started Triple P, so I really don't know much about it to be honest with you, so it has no impact on me.
- Q: Has a requirement been made known to you?
- A: What do you mean?
- Q: So briefly, so this kind of goes back to funding. So typically, agencies receive money per child in foster care, but that can create an incentive for agencies to keep children in foster care, so they can continue to be funded, so in order to disincentivize that, they created this waiver program, where they'll give you a certain chunk of money that you have full discretion over as long as the number of children in care decreases over time. Part of that kind of block-grant waiver that the City is participating in requires the implementation of Triple P, PCIT or Parent Child Interaction Therapy, and Functional Family Therapy, so I think that's what we're talking about when we're talking about this requirement to implement evidence-based practice, have you seen that impact your work at all.
- A: No.
- Q: Have you referred to other evidence-based practices before?
- A: Parenting capacity evaluations. I mean, along those lines or just parenting classes in general?
- Q: It could be parenting classes, it could be a specialized therapy for one of your clients.
- A: [Sexual abuse treatment center].
- Q: Oh, sure, for sexual abuse.
- A: Yeah, I've referred a couple of kids to that. [Another mental health agency] just for behavioral health and some psychosexual things.
- Q: And Triple P.
- A: Triple P once for parenting.
- Q: So how was your experience in referring your clients to Triple P?
- A: It was fine. It was smooth. Like I said they pretty much just started it, so I really don't know much about it like I haven't had any feedback yet.
- Q: From the parent?
- A: Right or from the agency, Triple P.
- Q: When you're making a decision about what to refer a family to or whether to refer a family to an evidence-based practice like Triple P, how do you make that decision?
- A: I usually read up first and we get the e-mails about what they're providing, so that's how I made the decision to actually refer my last client to Triple P.
- Q: So they are sending out stuff?
- A: Mm-hm.
- Q: Do you find those helpful?
- A: Yes, it's easier to get resources, you don't have to be guessing what resources are out there, like, oh, where's a good parenting class? I appreciate getting an e-mail and I refer back to them.
- Q: So this is kind of along the same lines but a little off topic, but tell me a little bit about the clients that you work with, like their age, gender, race and then some of the things that bring them to the attention of you guys?
- A: I had some crazy-crazies. My youngest client is 2. My oldest client is 19. The oldest client 19 has some drug issues, so now I'm going to close out the case pretty much. You get board extensions when you're 18 and over, but he's not working, he's not compliant. Yes, he went through recovery and all, but he doesn't qualify for the board extension. So I would love to continue to help the kid out, but legally, you can't help those that don't want to help themselves. I need to close out that case. Youngest client was 2, I got him

when he was born. His mother is already in the system. Good kid. Sweet kid. Mom hasn't been able to do visits with him. It's not really her fault, she's still a kid. He's fourth-generation [in foster care]. It's like she was never taught, got a good heart, no common sense whatsoever. Can't really comprehend like the common sense things of life. Got cases like that like for example she was going over her baby daddy's house, AWOLing from her foster parent's house, but she would never give up the address to the baby daddy's house, so I had to commit her son. You can't keep AWOLing, but if she was never in the system, she would be doing what normal teenage girls do, go to their baby dad's house. But I had to be accountable for her and her baby. Sometimes it makes it a little difficult.

Q: So you've got this intergenerational family, you got drug and alcohol. Are there any other issues that are common with the families that you work with?

A: Parents that generally don't care about these teenagers. A lot of them they pretty much gave up on their own kids. I had a parent for a 17-year-old I got who was in delinquent placement. 'Why are you all letting this'—what did she call him—some type of pervert basically, but we have no evidence saying that he's some type of pariah, pariah is what she was calling him. 'Why are you all letting him out?' No, we want to give this kid an opportunity who's been in placement since nine, and we fought for him, but he never made that adjustment. Still is smoking marijuana, running the streets, pretty much doing whatever he wants, breaking curfew at his group home, which resulted in him breaking probation, so now he's in a delinquent placement. Now when I see him, 'Oh, man, Mr. [participant's name], I wish I would have listened to you.' 'I told you.' I can't help those that don't want help themselves and that's pretty much the biggest issue in this field sometimes, people don't want to help themselves. I wish I could put my kid in [foster care] just to get some of the benefits, like help out with college tuition and different things of that nature, but a lot of those benefits are there for them. Sad for the reasons why, but it is what it is. I have some doozies.

Q: Sounds like it.

A: I had a case where kids pretty much, three of the daughters, I'm not sure how true it is, but accused their father of molesting them, but haven't seen their father in seven years, so but now he's on \$250,000 bail. The youngest brother, he didn't accuse the father of anything, but his behaviors had him moving constantly, breaking stuff, just an angry seven-year old. Sweetest kid in the world. They used to call him my son walking around here. But once he get them tantrums, and I think that was just more of a lack of a male role model, because he didn't do that with me. I let him know, I'll pop your butt. Not that I would, but he thought so. Sometimes that's what kids need to know, like a strong male is right there to let you know, we're not putting up with the nonsense. There's nothing really wrong with the kid, he just wants to feel loved. By the time he moves to a home, starts to call the person mom immediately. Just wanted to feel loved.

Q: This is kind of related to what you were just talking about so we want to know based on your experience what factors do you think facilitates parents or youth engaging in evidence-based practices or parenting things like Triple P?

A: Willingness. You have to be willing to accept the services. If you're not willing, you're just going through the process, or you want to do what got you here, continue to do what got you here, it's not going to change. It's up to the people. It's not up to us. A lot of people sometimes they get hype because they didn't close out a case. It's not us closing out the case. It's the parents. It's the families closing out the cases, because they're doing what they got to do. They made a mistake. Now they're trying to rectify their mistake. Any day a [child protective services] worker could come in my house just for the heck of it just because somebody don't like me, a neighbor across the street don't like me, don't like my kids playing, running down the street, you know, they can call [child protective services], so it's not always their fault, but if you're willing to go through the steps and that is what it's all about.

Q: It's how much they want to do it.

- A: Right. It's not about us. All we are is there is to provide a service. Give them the options. We can't make them do it. We can try to help motivate, but outside of that, it's up to the individuals. I got a child that refused to go to therapy. He has that legal right. He's over 14. It's a legal right not to take medication after 14. How can I make this kid go to therapy? Why are you asking me in court, why isn't he going? Ask him. He doesn't want it. I can't make him do anything. All I can do is help motivate, try to get him something. I just think of myself as a person with the gift to the gab. Sell water to the well. That well got to drink it.
- Q: That's true. You said you haven't really received any feedback from your clients yet about Triple P.
- A: It's literally been like two, three weeks.
- Q: They wanted to know if you believed that Triple P is effective for racially and ethnically diverse populations.
- A: I couldn't personally say.
- Q: You talked a little bit about parent willingness and this ability that teenagers have to deny services, so what do you think needs to happen if we wanted to bring in more evidence-based practices like Triple P, what do you think needs to happen to facilitate that and for them to stick around?
- A: I don't really think—I don't mind the services. It's up to the people to accept the services at the end of the day regardless. I think a lot of the problems with this field is that everybody thinks they have to do so much more to improve. Like I'm doing a time study, you're trying to see how much work I'm trying to do, let me just do my work, or turn me off. A lot of these guys are 20-something. They're leaving the jobs because of that. It's not always about what more we can do. There's already stuff in place. It's just about the people. The people have to be willing to do so. Best believe, you take my child; I'm doing everything I can to get her back. I'm going to show you a picture of her. Most beautiful kid you'll ever see in your life.
- Q: Every dad should say that about their kid.
- A: Every dad, can't. I'm cocky about mine. But honestly, there's nothing more they can really do or we can really do. The services are already there. Everything is pretty much there. It's just got to be people who's willing to care about what they do too, be passionate, in whatever you're doing. Like I'm passionate about doing this job. Some people it's about the money. You have to be passionate and the people have to be willing to accept what you do.
- Q: So clients got to be willing and providers need to be like actually want to be there and do their job
- A: Right. This can be, 'oh, I can't wait till 5 o'clock.' Don't get me wrong, I'm there sometimes, too. But I'm never really on a 5 o'clock thing, times zips by in this job, so 5 o'clock is in two hours right now to me. How much can we get in at that time?
- Q: This kind of goes a little off to another topic, but this next set of question focuses on the type of research that you use, so you talked about when you are thinking about making a referral you read up on stuff, so what kinds of sources of information or research do you use to inform your practice?
- A: Basically, whatever emails or speak to my supervisor if they know something. Someone always knows more than what you know per se.
- Q: So you talk to people, you talk to your supervisor. E-mails that are sent to you, do you—
- A: Colleagues. Somebody who's done it before, things of that nature. You just got to use the resources that's provided to you.
- Q: Do you ever go to conferences or journals or books or anything like that?
- A: No, it's not that deep for me.
- Q: Did you consider any evidence about Triple P when you decided to refer your family?
- A: No. It just seemed like a good program. At that top of my head, I don't remember what I read, off the top of my head, but it seemed like a good parenting program.

- Q: You don't really use evidence that you rely on. Do you think your thoughts and actions towards research evidence, this is what they call, when you're looking up journal articles or books, whatever you're looking at, do you think it differs when you think about racial and ethnic minorities?
- A: You know what I think, a lot of the times with the whole evidence-based, I don't think it's really based off of evidence, because a lot of times the people that's writing the stuff, aren't the people that's actually working with the families. It might be a psychologist here and there, but if you go into a room with a psychologist, as soon as the kid snaps off, like get angry, ready to throw something, that psychologist is running out of the room or running behind me. How can you know something if you haven't experienced it? You know? I can write a book on this stuff to be honest with you what works. Honestly, I don't really believe in a lot of it to be totally honest with you. It's still about the individuals at the end of the day. Who can accept certain services, who can't, who's willing, again, I know I'm repeating myself, but at the end of the day it's about the people that's involved in these cases.
- Q: But I also heard you saying you don't feel like—are you saying that you don't think the populations that they're testing these interventions on are like the population that you work with or are you still just saying it wouldn't matter if they tested something in like a comparable city to ours. It would still only be that individual person?
- A: Yes, at the end of the day, it's still going to be about that individual. Yes, black, white, Asian, everybody has different backgrounds, got their kids involved however they get involved, but at the end of the day, it's still about the individuals.
- Q: I feel like I know what you're going to say, but I'll ask the question anyway. What do you think might need to change in this organization to facilitate the implementation of EBPs like Triple P?
- A: I think we're in actually one of the better organizations to be totally honest with you.
- Q: So what do you do well? What do you think they do good here?
- A: They support. My previous supervisor was like the best I've ever had in my life. I've had eighty, but she was supportive and knowledgeable. Go to our director on our side-knowledgeable- like I said, you're constantly learning, but when you have people you can just go to and get a straight answer that just knows it off the top of their head, it makes your job so much easier and they don't give you difficult times. It's just very supportive here as far as directions. [Agency director] comes in, happy guy. Be honest with you, I don't know if they can make any more improvements except giving us a raise, but as far as your evidence-based I don't think they can do anymore. Like I said, resources are already there in place. All they can do is keep forwarding the e-mails to us and let us know what we have available to us and that's what they do.
- Q: You kind of talked about this question, too, but it's asking to what extent do you think working in a large, urban, racially diverse city if that influences the implementation of an evidence-based practice like Triple P? Does it matter and if so, how?
- A: It matters. Like you said, I answered it. Everything's based off of what the individual's do.
- Q: How do you think it matters?
- A: It matters because people have options. It's like The Matrix. Take the blue pill, take the red pill, it's up to you. It's an option to use the resource that's there for you.
- Q: Are you saying because we are in a large city that there are a lot of options?
- A: Yes, definitely. I mean, because we are, I mean, let's be honest, black people need help, poor people need help, poverty people in the poverty line, I need help. I can make good money, but I still need help, you know what I mean. As long as we have resources, well, I don't have resources, because somehow I'm above the pay line but it's resources there for people, whether it's a shelter, everybody can't afford housing. Parenting classes, they're here. You have options, it's up to you to take the pill.
- Q: Okay. How might Triple P be adapted or need to change or be adapted to meet the needs of your clients?

A: I wouldn't know.

Q: Yeah because you've only had one. Gotcha. We kind of touched on this a little bit. Second to last question: So what supports do you need to ensure that children and families served by the Child Welfare System receive effective, culturally relevant services?

A: Money. Need more money.

Q: You need more money?

A: No.

Q: This is for you, what do you need?

A: Oh, what do I need? You know what I need? I need so many people as far as the court system to be better organized. I need them to really care about these kids and these families instead of looking at them as a court docket number, telling you what you need to go do when you've been working on the case for three months and they only see you for one day and want to know, 'oh, well, why didn't you do this? Why didn't you do that?' Well, I did. They didn't choose to accept that service. I need more support as far as that goes as far as the court systems. I need, when we have people below this poverty line about to be homeless, I need the judge to sit there and understand that they couldn't afford to send their kid to school. It's not that they were being negligent, but their kid, the lady broke up with her boyfriend, she has a felony record, she has a 16-year old, they had to move to a cousin's house across town, but the kid is still enrolled at the school across the city. Now this lady who is being a housewife basically, don't have money, don't have the resources to actually send her kid to the school across town, so yes, he's going to miss some days at times. If [public transportation] stop running, yes, they're going to miss a week of school, because a father has to or a mother—they only have one car, and they still got to be to work regardless if [public transportation] isn't running, so no, you can't take the time to take your kid to school. Do I pay for my kid to go to school or do I continue to be able to pay these bills? You understand what I'm saying? I can't lose my job over this, so I just need more understanding of the situations, I need [child protective services] workers to stop acting like if you don't live, you live in a row house, yes, you're going to see a mouse. If you grew up in [our city], that's just bottom line. It might not be your fault that there's a mouse in your home, it could be two rows down, your neighbor's a mouse running through holes. I need people to be more understanding and supportive of these families and supportive of the workers. Keep an open mind.

Q: When you say be more supportive of workers, what does that look like?

A: Stop clocking so much as far as, all right, we got a time study, why do I have to let you know what I'm doing every 15 minutes technically.

Q: You have to account for it.

A: Right. Don't give me a time study trying to clock what I do when I'm on the phone constantly. I'm here right now doing this. You don't give me a line for that. It's other. Why do I have to go behind and clock myself like I don't have enough work to already do. I got auditors making sure that I account for every document. If I wrote down every phone call that I received during the day I would go crazy trying to put that in the computer, especially when I'm driving most of the day. I'm great at getting back to people and everything else, but I'm not great at going back and taking out my time to calculate what I did throughout every 15 minutes. I don't want to be clocked that way. I want the freedom to be able to do my job to the best of my abilities without everybody's jumping on our backs as if we're not. You understand what I'm saying?

Q: Mm-hm.

A: It's too much. Too many people trying to make up things to justify their jobs instead of letting us just justify our jobs. My work is going to be in there, but I'm not writing down every conversation. I'm not sending every e-mail, then I get to court, and nobody ever questions anything about 'Oh, did you contact this person? Did you do this?' No, you all didn't ask that. Then eight months down the line going to ask me, 'Oh, do you have the

documentation on this?' Ya'll didn't ask for that the whole year we had the case open. If any of that makes sense to you. It's just—

Q: Yeah.

A: I can see why so many people quit the field. People come in passionate, especially fresh out of college. Yourself, you're about to graduate, fresh out of college—passionate, right? But it can be a turnoff at the end of the day with so many people always jumping on you about this or that and—

Q: Yeah. I get it. Is there anything else you'd like to add?

A: Not really. I think I said a lot.

Q: That was good stuff.

### Agency B Participant 3

- Q: First, have you heard of this requirement to implement evidence-based practices such as Triple P?
- A: I have received an e-mail about it, yes.
- Q: So how has that influenced your work on a daily basis?
- A: Oh, wait, I misunderstood the question.
- Q: I asked you two questions: so the first one was do you know about it, and you're like, yeah; and I'm like has this influenced or changed the way that you work?
- A: Not necessarily. I haven't, yeah, not necessarily.
- Q: Do you have experience in referring children and caregivers to evidence-based practices?
- A: Yes.
- Q: Great. Can you tell me about your experiences?
- A: I know we have some of the parent cafes that are similar, I don't know if they work on the same curriculum, but I have referred to that. I have referred to other parenting classes through the [Community Reunification Center], which I do know that they perform evidence-based practices with their clients over there. That's probably about it.
- Q: Have you referred to Triple P?
- A: I feel like I have, but there's always so many referrals. I think I have. I'm almost certain I have.
- Q: Can you tell me a little bit about how that referral process has gone? Even just in general. When you're deciding to make a referral, how do you go about making that decision?
- A: I go about making it just based off of if there are some struggles within the parents that I feel that they need additional support or help in, then I will kind of explain to them a little bit about the program and then ask them if that will be a good fit and then just go ahead and make the referral from there. It's kind of like up to them unless it's court ordered if they want to really engage or not.
- Q: So sometimes you give them a choice and sometimes—
- A: Yeah, I do give them the choice, but I do like to stress the importance of the program, whether it's Triple P, Parent Café, parenting classes, I do like to stress the importance of that just because to strengthen the bond between them and their child.
- Q: Have you had any Triple P trainings or have there been people that come around to talk to you about what Triple P is?
- A: I haven't had any trainings on Triple P, no, I have not had any trainings on it. Have I had people talk about it, yes? I know during like staff meetings, some of the directors of that program will discuss and talk about it. That's probably it.
- Q: Are those helpful?
- A: They are helpful; yeah, I would so say. I would say that they are helpful. Can you refresh my memory what Triple P stands for?
- Q: It's the Positive Parenting Program.
- A: Okay.
- Q: They offer groups here, well, I don't think they offer them at [your agency], so I want to say they met at the Common Place.
- A: Because I don't want to get them confused with the Parent Café's that they also have.
- Q: So those are different.
- A: Right.
- Q: I don't know how each [child welfare agency] is set up, but I know some have a community engagement kind of arm and then they handle the Parent Café's, but Triple P or Positive Parenting Program is under, just like all the other parenting programs [your agency] provides, so it's just one of the classes that they offer or parenting groups that they offer parents. I guess one of the things that makes it an evidence-based practice is that it's been shown to be effective in reducing negative parent behaviors in child behavioral problems in certain populations so that's why we're kind of like—so the

questions will be kind of like general with evidence-based practices but then also like what about Triple P, because [your agency] is providing it. I want to switch gears a little bit. Tell me a little bit about your client characteristics like their age, their gender, race, and some of the issues that they may have that would bring them to the attention of the child welfare agency?

A: Primarily, I would say so age, anywhere from, because I have a couple teen parents, teen moms, who are like 19. Average I would say every bit of like early 30s, late 20s on average, and primarily the issues appear to be drug-related, drugs, either smoking or the baby's born with drugs in the system. A lot of those cases, I would say. I currently do not have any in-home cases. All of my cases are open with the [public child welfare agency] and are receiving—they're in foster care, or they're in group homes or whatever, so I'm not necessarily—I don't have any one-on-one, in-home, where I'm working with the parent and with the child, but I am continuously working with all of my parents on trying to get reunified with their children and it is primarily based off of, well, obviously, like a drug and alcohol program, but definitely like a parenting program as well.

Q: So I know that you may not have had much experience with Triple P, but I guess you could talk about any other evidence-based practices that you know of, do you think that it's effective for the population that you work with? We're asking specifically for like racially and ethnically diverse populations.

A: I don't know. I think it kind of depends. I've seen some parents who have completed like the parenting program, but then still struggle in some areas. I don't know if you want specifics, but I do recall a previous parent that I did have with severe drug and alcohol mental health issues, and I felt like because she wasn't getting those addressed, but the first thing she did do was complete her parenting program through [Community Reunification Center], which they focus on evidence-based over there. She completed it, but without the other issues being addressed, it was really still a continuing struggle with trying to kind of just be—with her being successful. It wasn't really as much. I feel like it could be—like evidence-based practices could be beneficial or successful if the parents are addressing all other areas. Obviously, you can't just focus on parenting is one aspect, but if they have severe mental health or drug issues or even down to housing sometimes, whatever their stressors are could really kind of be a bit of a—difficult.

Q: It's not so much like racial, because some people will be like oh, those families don't have the problems we do, or they don't look like us, but from what you're saying it's more so like these other serious issues have to be addressed first, before you can then go to—

A: Right. That's just based off of my experience that I've had. I've never necessarily had any feedback like, 'oh, they don't have the same experience as me.' I never really heard that.

Q: That's what I want. Your experience and your perspectives. So what do you think from your experience, what factors facilitate caregivers starting—initially being able to engage and attend a program and then continuing to complete it, specifically an evidence-based practice?

A: Again, I think that one would kind of depend on—so basically you're asking what is helping them to be motivated to attend and engaged?

Q: What gets them engaged and keeps them engaged? Are there specific things about certain caregivers that you notice like, 'oh, they're more likely to start and finish stuff' than another caregiver I have in my caseload?

A: It depends. It's kind of up and down. Like I have some parents who are willing to engage and really thrive and be the best and just comply all around, but then there are others who kind of just don't want to and they just flat out resist everything. It really kind of depends, but based off of my experience now, I'm seeing a lot who just kind of resist and they don't really comply.

Q: Like at all? This whole process?

A: No. I can tell you the parenting classes are the absolute last thing that they would be engaging in. I think a lot of them have a lot of other—to them—more severe issues that



they have to address, like housing is a lot. That's really common with a lot of my parents. That appears to be the main issue as to why they're not really can't reunify with their children. But of course, the parenting classes is always on the court order, or on a part of the single case plans as well, but they're not going to go a parenting class when they don't even have a home to kind of live in, so that's just kind of my experience. They're not really going. They're not.

Q: So families that are more stable may be at a place where they could then be open to that.

A: Definitely.

Q: With what you said, what do you think needs to happen to be able to facilitate and sustain like an evidence-based practice? Like if [your agency] is like we want to bring something in, what do you think they need to do to be able to have it kind of stick and work?

A: Are you asking about like an incentive maybe to get them to engage?

Q: Some people may think like, 'oh, they need funding for it to continue, or they need to have it coordinate with when parents come to visitation, or they need facilitators, or we need to know about them so we can refer to them.' What do you think needs to happen? If they want to keep Triple P around, what do you think needs to happen?

A: I think it goes back to I know a little bit about the program, but I don't think there's enough—I don't want to say marketing, but I don't think there's enough information on it really coming out to the case managers here. I don't really hear a lot of the case managers talking about it at all. I think that there needs to be—I do like the idea of maybe them coordinating during like supervised visits. I don't know how they would be able to do that, but I do see that being beneficial, because I know with the visitation coaches, they always type up a summary after they supervise a visit and they'll send it to us, so maybe if a little part in there could be—I don't know just something from Triple P or one of the staff from there that could maybe put something in there about how they could benefit—I don't know. I'm not sure. It's kind of like sometimes if you see it, then you know, okay, yes, this can be beneficial, but if you're just hearing about it and you already have a day-to-day long list of things to do, then you may not necessarily be that focused on getting it out there. I don't think it's enough of the information being thrown at us as much—it might be an e-mail here and there, but as case managers, we're checking at least 100 e-mails a day, so those are getting deleted. I'm just being quite honest. So yeah, I think just more of—I don't know, it's really hard to say, but definitely I do like the idea of them maybe being involved with the supervised visits or something or even having something to maybe like an info session or not at 6 o'clock like sometimes they do, like something during the day when everybody is here. Like let's have lunch. Let's all talk about this. Let's just take at least 20 minutes and just a quick dialogue of what's going on, because I know sometimes at the staff meetings not everybody shows up to those because they're not mandatory, number one, or number two, it's just not relayed. I can tell you. It doesn't stick. So something else really needs to be done. What, I don't know.

Q: You need constant reminders.

A: Yeah, not necessarily constant, but I think that, I don't know. I really don't know. I know for example like with parenting classes, with the [Community Reunification Center] parenting classes, right, everybody knows about the [Community Reunification Center] because number one they're partnered with [the public child welfare agency], and when you're in court, that's the first thing that they're going to put on the order is okay, refer parents to [Community Reunification Center] for parenting classes. They're not necessarily saying, okay, refer them to Triple P parenting classes, it's always the [Community Reunification Center]. Maybe there needs to be a connection with the court systems and maybe they need to be on board with hey, let's try to start putting it on the orders with the parents engaging in Triple P programs, because if they can get the knowledge on how beneficial and important it is if it's just as beneficial and important as the [Community Reunification Center] parenting classes, then those need to be maybe on the court orders, too, because everything is so black and white. If we get it on a paper,

then we have to refer them to that. And then it's maybe they'll have more participation, that's what I'm thinking.

Q: Those are great ideas. So I know that you talked about like what other people were referred to, so this next question sort of goes along those lines of when you were trying to figure out what you need to do to work with a family, where do you pull that information from? For instance, maybe there's a family that has domestic violence issues and you may not have worked with that before, where would you go to get information on how to work with that family?

A: Specifically, because the question is very broad, so do you mean therapeutic?

Q: It could be, so it's like alright this child may have problem sexual behaviors. I've never dealt with that. What do you do? Do you talk to a supervisor, do you talk to a colleague, do you look up stuff online? Do you go back to pre-service stuff?

A: I think, again, a lot of my cases are primarily drug based and drug and alcohol related, a lot of just drug issues period, so I think I'm just so programmed on automatically referring to different D and A programs out here. I haven't had like a sexual abuse case before.

Q: But even with D and A, how do you know which program to send them to? How do you know where they are?

A: I feel like it's through the [Community Reunification Center], though. I think that's the one we usually—that's the go-to one. Sometimes, yeah, I will do my own research like if I can't—like for an example, actually this is a good one, I have a couple teens who need anger management and there are no programs out here that offer anger management. I've done a lot of research on that- unless you pay out of pocket, but they won't have the money for that. But there's not really a lot of funding out here for anger management for the teens. Now I know that there's anger management for the parents, but yeah, none for that, so I think for me depending what the situation is with the case, if I kind of already know about it, I'll usually go straight to [Community Reunification Center] because they have so many different programs under their belt, but if I'm struggling with it, then I'll just do some research and try to see what the community offers or somewhere I can link them up with for the most part.

Q: Do you ever consider evidence as to whether the program's been effective, or whether it works when you're thinking about where to refer?

A: I really should. I honestly should, but in the heat of the moment trying to just get the referrals done, I will nine times out of ten just refer, but I really probably should start doing some research on whether it's been effective. I really don't do the research that much on that.

Q: It sounds like you just have a lot and it's even just a grace that you're able to get them out.

A: Yes.

Q: What might need to change in this organization to facilitate the implementation of EBPs?

A: We don't, honestly, talk about it much during like staff meetings or even during our unit meetings when we meet with our supervisor every month it's not really addressed. I think, again, it's so black and white, it's just well, how are the cases going, do you need any other assistance, blah, blah, blah. It doesn't really get into the nitty gritty of what evidence is here, what programs are here that would really be able to help out these parents. It doesn't really get into that, and I think it should, because obviously, evidence based is proven, obviously to work, but what else can be done? I think the supervisors maybe need to—well, I can't speak on all the supervisors, I only have one, but maybe just—they meet with the directors, so maybe that needs to be in the conversation of let's try when we do have these unit meetings every month with your unit, let's try to make this a topic of focus, because this is something serious. I think that would be a start there, because I can tell you it's not addressed here.

Q: That's good to know. To what extent does working in a large urban and racially diverse city influence the implementation of EBPs like Triple P?

A: I'm not sure. I don't know.

- Q: Do you think it matters that we're here in this particular city?
- A: Definitely. There are a lot of issues. There are—the city is full of a lot of different mental health, drugs, things like that, but I don't know, I'm not sure, maybe it needs to be explained a different way. Maybe I don't understand the question.
- Q: You said it does matter, so I'm thinking about some things you've already said like it's hard for you to think of sending your client to a parenting program when they still have mental health issues or unaddressed substance abuse things, so the question is: are there things that we have here, because we're in this big city with lots of minorities, low income and all sorts of issues, that maybe a rural county or a suburban, affluent county may not experience any of these same barriers that we have here because they're in a different environment. That's kind of what the question is saying.
- A: That sounded more so like a statement. My brain is not working right now. I'm sorry.
- Q: It's all right. I'm going to ask you number 12, but let me know if you think you can answer it like how might Triple P need to be changed or adapted to meet the needs of your clients?
- A: I think, again, it just goes to—I don't even know if it needs to change or even need to be adapted, because I don't know if I had any clients that engaged in their program, honestly, I don't. I think a lot of them did the [Community Reunification Center] or the Parent Cafes. So I wouldn't know if it needed to be changed or adapted unfortunately.
- Q: That's alright. Second to last question, what supports do you need to ensure that children and families served by the child welfare system receive effective, culturally relevant services?
- A: What support do we need? I don't know. I mean, when I think about support, I think about whether or not all of my parents or families, period, are able to really kind of work towards their goals, and if I see them struggling and that's an issue, then when I think about the support, I think about my team. I have a case aide, I have a permanency specialist, I have a supervisor, but I also don't know if the question could be as of just generally, what support do social workers need in order to really work—
- Q: Mm-hm.
- A: All right. Do you have any examples?
- Q: So what some people may say, of course, someone always says lower caseloads or money as well. Some people say it would be nice if we had like a visual sheet with all the services out there, so I could know—
- A: That would work. That would definitely work. Definitely a visual to see what evidence-based programs are out there. I wouldn't necessarily say lower caseloads for me or for really [my agency] because I don't think a lot of people have more than like ten here.
- Q: That's good.
- A: But overall, I do hear a lot of that. Yes, we need lower caseloads. A lot of people are burnt out. But yeah, definitely a visual I think would be a support in helping us.
- Q: Relationships with other organizations are those good?
- A: Mm-hm.
- Q: Does that need to be improved?
- A: Yeah, it does, because there's so many programs and organizations out here, I just—I learn about them every day. It's always new. Maybe like a community outreach type thing or something. Have different companies sit in our staff meetings and maybe discuss—sometimes they do do that. They'll have different programs out there, but a lot of times they more so focus on the programs with [my agency] or [my agency's parent agency], so it's not as much information coming in, but yeah, definitely other outside programs that we could maybe benefit from that could maybe sit in on staff meetings and discuss. That will help.
- Q: Is there anything else you would like to add?
- A: No. I will say that it is an issue here as far as making that our main drive, I would say, I'm trying to support these families. It's not really discussed during some of the staff

meetings or like unit meetings. It's just all about numbers. Are you seeing your clients, are you this, have you been working? That's all it is. None of this is addressed.

Q: Oh, like is what you're implementing actually working?

A: Right. I'm saying it's not addressed. It's more so like the numbers here.

Q: All right.

#### Agency B Participant 4

- Q: So how has this requirement to implement evidence-based practices such as Triple P influenced your work on a daily basis?
- A: I think the best way to answer that is had an influence on me indirectly. I can't get into specifics because that will kind of make it easy to disclose who I am. I think that for my particular position, evidence-based practices may not be as much of a staple as for other people's positions; however, other things that I do for [my agency] has influenced my work.
- Q: As a case manager, has it had any impact?
- A: I can neither confirm nor deny that I'm a case manager. So can I discuss with you off the record for a second.
- Q: Sure.

(Recording #2)

- A: I was basically saying that in thinking about my own position and what I do here, I have been pondering for quite some time who can best benefit from a program like Triple P, especially because of the increasing influence that evidence-based practices have had on my work. So it's definitely something that will be a conversation starter from today on, because I can definitely see the need for it. It's just a matter for me to challenge myself, I guess, to be more proactive and more of a visionary for where can this be best plugged in.
- Q: Is the message that you get from leadership that you all have to refer or that they prefer that you send families or use evidence-based practices in your work?
- A: I think my impression is more or less to use our own judgment. Management gives us the leeway, but again, some of that, because of my particular position, I can best fill in the gap, because we're not necessarily forced to do certain things, so there may be, at any given case, a situation inside of a home where I may drop the ball, or I can see or this may be the best thing for this particular family. So I think that we definitely have the freedom, but this week I've been more proactive, I guess, internally trying to figure out, okay, if I started off this week and assessed my families in a different way using a different lens, who could best benefit from this program.
- Q: Have you had experience in referring families to evidence-based practices like Triple P?
- A: Few and far between. Few and far between. There have been different programs similar and I can't get into too specific, but I have had some experience. I can always push the envelope and do more and I think that would be beneficial to my team so that things don't get stale.
- Q: So how do you know like that it's appropriate to make a referral to a particular evidence-based practice? How do you make that decision?
- A: Me, personally?
- Q: Yeah.
- A: I think the first thing for me is to get my hands on a program to educate myself and to literally visualize. What that will do, too, is it'll make me more accountable to do my due diligence on the cases, because if I have a snapshot of how a family or how a client is operating and some help that they might need, I can readily plug that up to, oh, there's a program that may fit, but I think that it's worth a shot, and I think the next part would be kind of really selling it. I think that the buy in, it wouldn't be hard to get some type of buy in.
- Q: Once you know what the program is.
- A: Yeah, because I have the ability to kind of fill in certain gaps.
- Q: I'm going to jump out here and think you mean that because of your unique position with the family, you can connect how a particular evidence-based practice can meet some of the needs of a family?
- A: Exactly. Exactly.

- Q: So you have referred to Triple P before?
- A: I don't think Triple P, specifically, no.
- Q: So have you had any trainings for Triple P?
- A: I've been briefed on it. Training per se, no. I have been briefed on it in different meetings.
- Q: Has that been helpful in knowing whether to refer a family or not?
- A: Oh, yeah, it definitely has. It definitely has. It definitely has. Like I said, it's definitely, even as recently as this week, it's challenged me to be more accountable. Challenged me to be more creative, because I think one of the things about my position is because we have the leeway, I think that I can best thrive and I can best contribute as it relates to this by being creative and kind of launching out to remind the people that I work alongside that there are new and different things to try out with our clients.
- Q: So you kind of use your position as one of influence--
- A: Absolutely.
- Q: -- to let your colleagues know, hey, this is out there?
- A: Absolutely.
- Q: That's different. So this is sort of an aside but not really. Tell me a little bit about the clients that you work with just general specifics like age, gender, race and then some of the issues that they have that will bring them to the attention of your agency.
- A: I think like I said, the caseload of our team comprises at least 50 cases and that equates to probably a couple hundred kids who are between months old to late teens, a myriad of different circumstances ranging from like I said truancy, abuse, different behavioral and medical conditions, different family dynamics. You have single parent, you have multi-generational households, you have predominately one particular minority, African American, and I think on our team specifically, from what I can remember, most of the clients who we have are between—if I could ballpark a range—between I want to say 5 and 18 is like the sweet spot. You have some outliers, but most of our young people fall in that range. You have teen parents, most of whom are females, more teen moms. You have some dads out here. You have quite a few grandmoms. Some aunts, of course. Handful of grandfathers and uncles. Did that kind of address—
- Q: That was great. That was perfect. Based on your experience, what are some of the factors that you've seen that facilitate caregivers being able to engage in evidence-based practices and participate and finish programs?
- A: Excellent question. I think in a lot of cases, what I see with teammates of mine, what helps to facilitate participation is that accountability and that empowerment that calls to the strength and kind of the integrity of the case management team. There's a difference between doing a job to get a paycheck and being present with the family, with the client, and giving them that room to read you and to believe that you care. So there have been specific cases where I've gone, coworkers of mine, have gone into homes and different facilities and had conversations with clients who have thanked us for the information and can read the respect that we give them and they reciprocate by giving a crap, listening and participating in order to, I guess to thrive and to progress as individuals. I can recall a particular case I sat down with a client who I had gotten to know the client professionally over the course of a few months and this person thanked me over and over and over again, because of the resources that I was able to extend to them. So I think it helps when they know that you're genuine and that we don't follow a cookie-cutter type of approach to social work. This is what I think is most appropriate for you; however, I will give you the chance to educate yourself or at least to listen to me and hear me out and give it a chance.
- Q: When you make referrals, you literally let the parents do it or the caregivers like, 'I think you should try this? Here's the information.'
- A: For me in particular, no, I like to have that conversation to walk clients through. I don't pass off things for them to do on their own. I'm a diplomatic, team player type person, so I like to—I don't know, I like to mix social work with customer service.

- Q: I think they kind of go hand in hand.
- A: Yeah.
- Q: Do you think, I don't know how much you know about Triple P, or what your other experiences have been, but I could just say evidence-based practices, do you think they're helpful for racial and ethnic diverse populations? I know you said you mainly work with African-Americans here, do you think they work for--
- A: That's a good question. I believe that they can work. Again, it goes to the skill, the creativity of the person who's implementing it. I think that you have to take the appropriate care not to create it like a cookie-cutter approach. I believe that evidence-based initiatives, interventions, have the ability to work. I think that calls on the strength and the appropriateness for lack of a better word of the people facilitating the actual intervention. If that kind of makes sense.
- Q: So what do you think that—how do you think an evidence-based practice would need to be adapted to meet the needs of children and families here?
- A: I think that any initiative that seeks to help out- we'll use the minority demographic, the African-American demographic- it has to account for some historical evidences of how minorities deal with certain situations, how they react and respond to different—trying to find the best word—because I remember doing studies on this type of stuff where you have—when it comes to certain fields, you have different demographics of people who are less—who historically have been less or more reluctant to buy in to different things. So I think that an evidence-based practice would have to at least have that sensitivity and that awareness about the historical factors and I think be willing to maintain appropriateness but still be flexible. It sounds really abstract, but I kind of liken it to—I use the analogy of sports. You can play basketball, there's a way that you can play basketball where you do just the basics, or there's street basketball, it's still basketball, but it's been adapted because of a cultural type of dynamic. I think evidence-based practices that take into account the different culture, it can still work, but specific care has to go into how it's implemented to make sure that you don't miss anything in translation; however, it still has to maintain its overall purpose
- Q: Absolutely. You're definitely touching on retaining common elements or essential things about a practice, but also making it adaptable. Couple more questions. So you talked about when you are making a decision to recommend a program or a service to a family that you educate yourself. What are some of the sources of information that you rely on when you want to inform your practice?
- A: I think how effective it has been, how effective it could be, how realistic this could be; again—
- Q: Where do you get that information?
- A: Honestly, me, specifically, I get information from drawing on the expertise of others around me. This is an example of something I will go outside my own team, talk to another supervisor, talk to a different case manager. I think that's the dynamic of this particular [child welfare agency] is that we ask a bunch of questions and we're not afraid to walk around to different sides of the office, 'Hey, have you heard about this? Has this worked for you? What's your thinking about this?' For me, a big part of my progress here has been talking to people who do stuff different from the way that I do, and then I guess kind of bringing it home, bringing it to the team. That's when you have the piece about okay, can I visualize this working in this particular case or family.
- Q: So mainly just like your colleagues and supervisors, anybody in here that can speak to something.
- A: Mm-hm.
- Q: What do you think may need to change in this organization in order to facilitate implementation of EBPs?
- A: Consistency of marketing different things. I've learned a lot about certain programs through meetings; however, we don't have meetings every other week, so it would be unrealistic to have those things. I think probably more of an accountability piece, like for

me because of the convictions that I have about my particular position, I look at this as an initiatives that I could use to make me a better employee, because evidence-based practices, the concept of evidence-based practices is more and more appealing to me, but then that's just me. If there was a way to stress it on different levels at different times or to—I don't know maybe this is the case already, but I don't know if specific families or specific case managers were showcased, you know, this person is a successful Triple Per or this case manager has successfully done x-number of referrals to Triple P and it's helped in these ways, I think that will be something that will be great.

Q: So like marketing and having success stories to be told.

A: Absolutely.

Q: Second to last question: So what supports do you need in your job to make sure that children and families are able to access the services that they need?

A: For me specifically, what I would need, I'm a visual person, so having something visual to draw on even if it was a list of something or a flowchart, an Excel sheet that has 'should you need these resources, why not try this.' That would be awesome for somebody like me.

Q: So just like almost like a decision tree, if you see this, try these programs.

A: That would be awesome if somebody would take the time to put something like that together, but I think for me, what would be beneficial for me specifically because of where I am would be something visual, and I'll be honest that I sometimes forget to double read my e-mails and things like that, so I think that the old-fashioned part of me likes to have hard copies of things, so that would be helpful for me.

Q: Last thing: Is there anything else that you would like to add?

A: Last thing that I would add is that like I said based off of everything that I've briefed myself on most recently and where I can try to anticipate our cases going, I can definitely say with full confidence that I can commit to contributing -- contributing is the wrong word -- to make more referrals to keep it playing, like I can see the more that I try to fine tune how I do what I do, I can see this being another necessary thing on my regular to-do list when you check off stuff: have you spoken to this coworker or have you done this? I definitely see this as a part of the conversation, a regular part of the conversation.

Q: Yeah. Awesome. This was great. Thank you.



## Agency B Participant 5

- Q: Are you aware of the requirements to implement evidence-based practices?
- A: No.
- Q: So really quickly, typically child welfare agencies receive federal funding from the government per child in foster care. This can create an incentive for agencies to keep kids in foster care, because that's where their funding comes from from the federal government. So in order to kind of like stop that, the federal government has allowed block grants, like a waiver program, so that they'll say we'll give you this chunk of money, you can use it however you want, but the kids in your foster care system, the number of kids has to decrease. [Our city] is participating in a program like that and as a requirement, they have to implement three evidence-based practices: Triple P, the parenting program, Parent Child Interaction Therapy or PCIT, and Functional Family Therapy or FFT. That's what's in this area. Has that requirement impacted your practice at all on a daily basis?
- A: I mean it helps us with like you said, it helps with getting the families back together, so that was a good influence on us.
- Q: Can you tell me about your experience in referring children and families to evidence-based practices including Triple P?
- A: I have referred I think three, no two families to Triple P to parenting, and they both enjoyed it. It was a dad and a mom on separate cases. And it helped the dad move closer to getting his children back, him and his wife getting the children back. The one parent, she did complete it, so that was a goal that she completed for a single-case plan and although she doesn't have her daughter back she's on a path to getting her back.
- Q: How was the referral process? What did you have to do?
- A: I just had to give the information like the case number, the name of the family, phone number and address to the parenting collaborative director.
- Q: How did you make the decision to refer your families to that particular program?
- A: Well, we were looking for parenting programs for our parents that weren't I guess so long. They're usually 12 weeks and then this one it was different because they have like phone conferences, like I think it's three phone conferences that they did, so it wasn't the demand wasn't so much that they had to show up somewhere all the time, so it made it a little easier to accept to do it also.
- Q: Do you refer to any other evidence-based practices? Oh, there's a ton out there like cognitive behavior therapy like CBT, TF-CBT.
- A: I'm sure I have, but I can't remember. I can't really remember. What was the FFT again?
- Q: Functional Family Therapy.
- A: Yes, I did do that. That was I think last year I did, but it didn't really work because the child always went AWOL.
- Q: There's that. Have you had any, when I say Triple P trainings, I mean, have there been people to come and talk to you about what Triple P is or anything like that? And if so, has that been helpful?
- A: Well, when they started the Triple P, the director who's no longer here, she told us about it, and I used to do parenting, I used to be a parent—I used to work under the Parent Collaborative when I first started here. I was a facilitator, so she came to me and told me about it and always told us, 'Please refer. Please refer.'
- Q: It was helpful to have that relationship with her to kind of know what it was.
- A: Mm-hm.
- Q: But there hasn't been any other spiel about this is what Triple P is?
- A: We get e-mails, but I can't remember, like maybe February or something we saw something, but we haven't really seen anything.
- Q: This kind of switches gears a little bit. Can you tell me about some of the characteristics about your clients like their age, or gender, race, ethnicity, and the typical issues that you see that bring them to the attention of child welfare?

A: Of course, it's the children who are truant from school, parents who have their own drug issues. We had one who—how can I say, she was a good parent, meaning that she took care of her son, he had doctor's appointments and things like that, but she took him to a doctor's appointment where she appeared to be high on something and they took her child from her, which later on, it was the right decision, because she's addicted to her medications and she's one who will go out in the street and just fall like she—how do you want to say—she always wants to sue someone.

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Then there's one whose daughter, she ran away because when she gets mad at her mom, she runs away. The police ended up picking her up. They took her to [the public child welfare agency]. They called mom to come get her, but mom had a one-year-old at the time, and it was like 11 o'clock at night and she said that she couldn't get there in time, so they just put her in foster care, so she's been in foster care, but the issue is she has an older daughter who got PLC with another person, so they kind of hold that against mom for whatever reason she got PLC. They keep going back to the past with this one. And then she has the two-year-old, which mom is working, well, she was working. Every time I go there to check on the two-year-old, I was going every week and everything's fine. He's not under developed. He's on task, everything. But for whatever reason, the court's hold this one thing against her, so that's what we're struggling with. I think it's a shame, because she's doing what she's supposed to do. So between the AWOLs and the parents and their issues, the home situation too, like the home they had, some with a home is just nasty. No water, they have hot plates, their house is just terrible, so we got three kids that were taken away, and I'm also finding out that some of our parents who were foster children themselves are struggling with that, like everything keeps repeating. 'So I was in foster care, now my kids are in foster care.' They're younger parents. They're doing what they're supposed to do, don't get me wrong, they're doing what they're supposed to do, but you still get that, 'Well, I was in foster care, so I don't know how to do this. I don't know how to do that.'

Q: Just to clarify PLC is permanent legal custody.

A: Yes, it is.

Q: Based on your experience and kind of these factors that we talked about a little bit, to what extent do you believe Triple P is effective for the families that you work with?

A: Like I said, I only put two in there. I hate to say it, I think it can work, but I think some parents are just going because 'I'm required to go. I'm just going to do this to get it over with.' It could work, but I think maybe it needs to be longer. The way they have it set up, I think it may need to be a little bit longer and more so hands on—I'm hearing it's not a hands-on type thing.

Q: Oh, so it's not something where they get practice.

A: Right. Where the parenting program at [Community Reunification Center], they actually do activities. They may even have homework or something like that.

Q: Do you think race and ethnicity matters with Triple P or evidence-based practices being effective?

A: I don't think so. No, I don't think so.

Q: I'm making the assumption. You didn't say the race or ethnicity of the families that you work with—

A: Well, they're all African American.

Q: Yeah, I'm going to assume because of where we are.

A: I do have some other ethnicities, but I didn't have to—they were already in programs. I have one, she was in My Sister's Place, so everything's there, but the ones I've sent were African American.

Q: And you were like, it didn't matter, it was fine.

A: Yeah.

- Q: What factors do you think the facilitate caregivers being able to participate and finish like evidence-based practices like Triple P?
- A: The factors? Court Orders. Some really they want to get their children back, so like I said, to do what I have to do. Some parents, well, some parents do learn some things from it where they might have been a little resistant in the beginning, where 'I don't need a parenting class,' but they see that once they're there that there are other parents who have the same issues that they have. It's beneficial that way. I need to refer more to find out a little bit more about it.
- Q: It could just be your experience with parenting classes or things in general, not just Triple P. Like what makes parents go and then what makes them stay and finish?
- A: Of course the food. They offer food and tokens. And then depending on how the facilitator is, how much they engage with the parents. Myself, I kind of gave some of my experience as a parent to let them know that I'm not perfect either. I struggled with some things. Just to be open with them. They trust you. Then they look forward to coming each week to hear— We've had classes where people have cried, because it was really deep. They like opened up and really shared, but like I said, that depends on the facilitator and how you get into it with them.
- Q: That's good. You talked about you think Triple P may need to be longer and more hands on. Is there anything else that you think needs to happen to facilitate and sustain evidence-based practices here?
- A: I don't know if they do this, but if they could bring in maybe professionals from somewhere for like one of the sessions. Meaning, let's see, I don't want to say professionals, but someone who has completed the program, so not even professionals, so let's scratch that. When I was doing the parenting class, we have had people who have completed it who have come back to share their experience with the participants. That kind of showed them that you can do this and the person was on the right track afterwards like positive things, so I think that could help.
- Q: The next set of questions talks about the type of research you use in practice, so what sources of information do you rely on to inform what you do with families?
- A: Of course I use my coworkers asking them certain things, things that they have tried. My supervisor, I refer to her a lot. Going back to things that I did in the past with the different jobs I've had here, which I was a case manager and family—what was it called FES, I can't even think of what that stands for right now it was so long ago, Family Empowerment Services. I just used past experiences. I'm going to go with past experiences right now, because I can't really—
- Q: Do you ever look things up or things online or conferences or child welfare data, anything like that, books?
- A: I do look up things online. I do. As a matter of fact, I do Google a lot of things. I do look up some things. No books, not yet. That's about it.
- Q: That's fine. Do you consider the evidence-based of Triple P when you're thinking about referring families to it? Is that a consideration?
- A: No. Being truthful, no. I should be. Like I said, I do need to refer more and I do need to look into it a little bit more, but the life of a case manager is like you're everywhere, so no, I haven't, but I think I should.
- Q: Don't feel bad.
- A: I'm like, no, wait.
- Q: What might need to change in this organization to facilitate implementation of evidence-based practices?
- A: We need to be educated a little bit more on it. I don't think as case managers I don't think as a whole we're really educated that much on it. Like I said, with all that we do, all the requirements, it's kind of we don't utilize it as much as we should.
- Q: Just like more awareness. What would that look like?

- A: Well, we get the e-mails, which—but I think we need to have, when we have staff meetings it needs to be presented a little bit more. When we have our team meetings, it needs to be presented more not like the e-mail, you could just flip past that.
- Q: That's great. That's helpful. To what extent do you think working in a large, urban, racially diverse city affects implementation of evidence-based practices?
- A: It can have a good impact, because it's very diverse and its different groups that they're trying to reach, so—
- Q: It's more like does it matter—do you think it matters because of the dynamics of this city here, do you think that affects when people are trying to implement Triple P or other evidence-based practices?
- A: No, I still don't think that. I don't. Do I know why? No, but I don't think—I'm sorry. I'm a little off this morning. A little tired. Rough weekend. No, I don't think it has an impact.
- Q: What do you think matters then?
- A: People's mindsets. What matters is people probably feel like how is it going to help me. Just getting people to try it to actually go and do it. People want to get something out of things. Like I said, with the parenting classes we did, to get them there you would have to kind of bribe them to get them in there and that's the roughest part, getting them there, and keeping them for at least two lessons. There's a lot of we'll pay you in food, we'll pay you in tokens. We can do this. We can get you new beds if you need it, things like that.
- Q: So you had to meet other needs.
- A: Right. Meeting other needs, but like I said, they didn't run after that. After you helped them, they saw that you were there for them, they stayed, but it wasn't just to see what else I can get, they really were involved.
- Q: It does matter. That may not be something in a more affluent area that they may not have to worry about something like that. Other than the activities, is there any other way you think Triple P needs to change or be adapted to meet the needs of your families?
- A: No.
- Q: What supports do you need to ensure the children and families that you work with receive effective, culturally relevant services?
- A: I don't think you really want to know.
- Q: Yes, I do.
- A: What supports do I need. Wow. That would have to do something with my work load. As a case manager, it's a lot to remember, it's a lot on us. It's very demanding. We could use more staff members, more supportive staff. We have two support people on our team, but they're like bogged down with certain things, but we just do everything. It just needs—I guess, I don't know if you could change that. It's so demanding on us to do everything at certain times. It's always you got to do this by this date, that by that date, by that date, and we just need more help with certain things, which we don't really have.
- Q: Help like?
- A: Another body, another person. Like I was saying with the whole referral thing, if we don't do it, it won't get done, and we don't always remember, because you're referring to so many different things. That is another thing that could be a problem with getting people to it, because they're doing so many other required things, and it's just like, okay, to add this other thing to it some people can't do it. It's like just too much and they're trying to work also. The support that we need like humans, more people to work with us or if we had a person that was responsible for these referrals like okay, we'll tell this person to refer this family where it could actually happen where the case manager you may totally forget to do it, which I think it is helpful, but if it's not on a Court Order sometimes it goes unseen.
- Q: Is there anything else you'd like to add?
- A: No. I think I've said enough about the support.
- Q: Thank you.

## Agency B Participant 6

- Q: So are you aware of the requirements to implement evidence-based practices here?
- A: No.
- Q: So I'll briefly go into that a little bit. So in order to create [this child welfare reform], the City had to participate in a waiver program. So basically, typically, agencies get money for every child in foster care, the federal government pays like an entity, but that can create an incentive for agencies to keep kids in foster care so that they can continue to get money, so in order to reduce that incentive, they have this kind of like block grant or waiver demonstration where the government will give you a set of money, you have full discretion over how you use it as long as the number of kids in foster care that you have decreases over time. So [this city] is participating in one of those waivers and one of the conditions of the waivers is that they implement three evidence-based practices, Triple P, PCIT- Parent Child Interaction Therapy to younger kids- and then Functional Family Therapy or FFT. So the question is, has that influenced your work on a daily basis? Having these evidence-based practices being here?
- A: I never really paid attention to it. I just kind of like do what's required and if somebody tells me something about it, then I'll like try to implement it with my families, but that's about it.
- Q: That's about it. So do you have or tell me about your experience in referring children and caregivers to evidence-based practices.
- A: So I had one family where I had to refer them to Triple P because they only needed like a parenting class. They completed it. They actually enjoyed it. They said to me that it helped—it really helped her with trying to parent her kids and she's seen the things that she was doing wrong and how she can change it. I definitely feel like it was good for them at that time.
- Q: How did you make the referral?
- A: I think I just sent an e-mail—I think it was an e-mail I just sent out saying that I have a family who needs parenting classes. I'm trying to think if it was a sheet that I had to fill out. All I did was just an e-mail and they sent me the time she was supposed to go out.
- Q: When you're deciding what intervention, or service, or evidence based practice to refer a family to, how do you make that decision?
- A: It's more of like at that time I didn't know really what Triple P was until I actually needed it, so most times if I have to refer somebody to something, it won't be until the time I know like they need something, and my supervisor will let me know, this is what they have, and she'll say 'I think this will be good for your family.'
- Q: So you mainly rely on your supervisor?
- A: Mm-hm.
- Q: Have you had any trainings or people coming around and telling you what Triple P is?
- A: No. I don't know. I'm sure they send out e-mails, but if it's not an e-mail from my supervisor, yeah, if it's not an e-mail from my supervisor, I don't pay too much attention to it.
- Q: Someone said you guys get a thousand e-mails a day.
- A: We do. And I'll just open it and move past, just because I don't like the little red thing on my phone or my laptop.
- Q: This is kind of unrelated, but it's still related. Tell me a little bit about your clients, like the typical age, race, gender, and then some of the issues that bring them to be involved with child welfare?
- A: A good 97, 98 percent are African Americans. That little 3 percent—no, I want to say 99 percent are African Americans. I have one family who is mixed race, so black and white. What brings them to us is just kind of the same issues that most people have, like neglect of the kids' basic needs, and also like their parenting styles, they need assistance with that, financial issues, and truancy.
- Q: Any drug and alcohol, mental health?

A: Oh, yeah. I have I want to say about two cases with drug and alcohol and domestic violence. Well, one case specifically where it was basically drug and alcohol or it turned into it, and then another case, domestic violence, but they both kind of ran hand in hand with that. All of my other cases like truancy, thank God, nothing crazy. Nobody beating on their kids willy-nilly.

Q: Oh, that's good.

A: No, because I know people, just other case managers, they have abuse and all of that extra stuff. Mine is just school. Get up and go to school or they need assistance with finding housing, stuff like that. Nothing too much. Then they kind of go left, like the one case that it turned into drug and alcohol.

Q: Mm-hm. Are they mostly like young or—

A: Yeah, the range is from 3 months to 18.

Q: You got everybody.

A: I do. I do.

Q: Keeping that in mind, do you think that Triple P is effective?

A: I do. I actually do. And if I actually like took the time out to refer some other parents, because I feel like they all can benefit from it. Like not everybody is a perfect parent, but you can always kind of do more and do better. If it was a requirement, I would do it. Like if I had that time to do it, I would send them even if it wasn't a requirement, but it's just not on their single-case plan.

Q: Address the case plan first.

A: Right. Right.

Q: Based on your experiences, what factors do you think facilitate parents like initial and continued participation in evidence-based practices or parenting programs like Triple P? What is it about caregivers or factors about caregivers that facilitate them like coming to something like Triple P and then finishing?

A: The only one that I can really think of is the only one who was sent there and hers was trying to get transportation. Well, first off, the motivation to get there. And by me saying this is a requirement for me to get out of your house and leave you and your family alone, you have to do this. And just by me saying that, she said, 'okay, I'll go.' And then by her going and seeing how it's effective in her life and her parenting style, she actually had the motivation to do it. So you got to kind of threaten before they go to make them go. Just so they can see.

Q: Once they're in there and they see that it helps them, then they kind of stay.

A: Right. Because I even have, even though I don't think this is a part of the evidence-based practices, but like family school. I have one case where she doesn't like going to family school, but that's because she feels like it's a daycare or something, because they sit around, they watch you play with your kids, whatever, I don't know, I've never been. But they have a parenting class in it. And she said that she does like going to the parenting class because it helps her. Okay, well, you found something good in it.

Q: So if they can find something that's beneficial to them, then they'll stay

A: Yeah.

Q: Beneficial besides just you have to do it because it's on your case plan.

A: Right. Right. That's a normal thing. Just because you said that like if it's beneficial to them, if they feel like this is what I want to do, then they'll do it. I'm also like you can't always force somebody to do.

Q: What do you think needs to happen to facilitate more EBPs being able to come here and then not just to come but to stick around?

A: I would say because of what this job is like, they're so focused on numbers, scores, I feel like if you actually care enough for the family and to know what the issue is, and you know for a fact that this will assist with closing the case and not because this is I want to close the case, but this is how it will help each family, then I feel like that would keep them around. But since everybody's so focused on numbers, you got to do this, you got to do that, I don't think it will work.

Q: Because it's not necessarily always about meeting the needs of the families, about meeting time frames?

A: Yes. Which is why I was a little frustrated when this lady didn't answer her door, because that means I have to go out again.

Q: Oh, before the 15<sup>th</sup>. Oh, good grief. So it's kind of a hard environment to introduce this new program that's not always required.

A: Right.

Q: I understand. So this is switching gears a little bit. These questions talk about the types of research that you use in your practice. So what sources of information do you rely on to inform what you do with your families?

A: My supervisor.

Q: What she tells you?

A: Mm-hm.

Q: Is there any other thing you use like info from your pre-service, or looking up stuff online, any trainings?

A: Nope. I do what I'm told. Seriously. You could even ask her. I'm very timid and like kind of if it's not on here, I don't want to mess up. I don't want to get in trouble, because I stepped outside of the lines. I don't want somebody else to be hurt by me thinking outside of the box. If it's not on here, but she can't stand that about me either. I don't care. But if it's not there, no. It's whatever she tells me. And if I've done it with my other families because she told me to do it with my other families, I'll know it's okay to do it with my new families.

Q: You just have to make sure she approves—

A: Yes, you ain't going to catch me on TV being handcuffed saying this worker did this, no ma'am.

Q: So it's the liability.

A: Yeah.

Q: That you don't want to be held liable for doing something.

A: Now outside of work with family and friends and stuff, anything that I know of that could help them, I'll say, 'oh, try this out.' My name ain't on it. But here, nope, she ain't tell me to do it, I'm not doing it.

Q: So let's say, suppose you do get one of those abuse cases, like a child on child and you never had one before, where would you go to figure out what you should do with this family?

A: I actually have a case where it was like one sister was kind of physically hurting the other child. It wasn't like sexual abuse or anything, but it was more of a jealousy thing, because one child she got praises for being good. And then this child, she's always looked at as like, why are you always doing this to your sister. I mentioned it, I didn't know where to go from there, all I can think of is like send them to therapy, but even therapy, we like were trying to refer them, but the therapist never reached out or they never got the services that they needed.

Q: What did you do? So you just did that on your own or did you talk to someone?

A: I did that on my own, because I know just first-handedly with my experiences growing up and just knowing that I needed somebody to talk to and therapy was never an option. At those times, I always had my teachers and my mentors and stuff like that, but them, I'm just like, okay, I know that therapy worked for me when I was grown, so this could help you. Tell me what's wrong. You can tell this person what's wrong and they can help you to kind of work through it. That was me. Other than that, they still didn't get the services they really needed.

Q: But you did rely on another source, your past experience.

A: I did.

Q: And not just your supervisor. So you talked a little bit about this, but are there any other changes that need to happen in your organization to facilitate implementation of evidence based practices besides what you already said with the numbers and deadlines?

- A: More of like I want to say more support to know from the supervisor and anyone else that it's okay to send your family here, and to make sure this is okay for them. Just to give that comfort to the workers to know how to move forward with it.
- Q: Is that kind of what you were saying that it's okay to think outside the box, like communicate?
- A: There are times where they say it's okay, then there's other times it's like, 'oh, it's not okay to do something.' It's just too confusing. If I just go one thing at a time, is this okay? Can I do this? I don't want to step on anybody's toes.
- Q: To what extent does working in a large, urban and racially diverse city influence the implementation of EBPs like Triple P? More so do you think it matters? Do you think it matters that we're in a city with other issues, racial and ethnic diversity and it's huge.
- A: I do because most people in these neighborhoods they're not focused on trying to do family functioning therapy because they want to make sure they keep their lights on and they're not focused on like trying to be a better parent, well, parenting styles because in their mind being a better parent is providing for their family, so I do really feel like that plays a big difference. People in neighborhoods who are well off, they can focus on, 'Oh, I got to make sure I don't speak to my child this way,' no, (chuckles) because people here are like, 'no, I got to make sure you have to have this, this and this, so that you can eat this week.' So those things and it does play a huge part in it.
- Q: So a lot of it is just because a lot of families are just so low income or are struggling in poverty, you have to meet those basic needs first.
- A: Right. And I know like with some cases, they'll say, 'you expect me to do all of these things when I have to do this. I'm taking care of my kids. I'm not worried about x, y and z.' I can't be mad at her, I understand that.
- Q: How often do you get parenting on a single case plan?
- A: I have one on a single case plan.
- Q: You only have one?
- A: Yeah, just one, because it's not—it's a requirement, but it's not on the parent's list.
- Q: Oh, who's list is it on?
- A: On mine.
- Q: On your list. How does this work?
- A: I just mention like I feel like she needs some assistance with her parenting style so I can send her to the Parent Café thing that they but not like she needs parenting classes, no, just somehow to talk to your kids sometimes- what's okay and what's not okay.
- Q: You said you've had one parent that you sent to Triple P, how do you think Triple P might need to change or be adapted to meet the needs of the kind of clients that you serve?
- A: Since I've only had the one, I'm not sure what changes they may need because she had all good things to say about it. And also, because she took her boyfriend/son's father and he enjoyed it, too. Neither one of them had any negative things to speak on.
- Q: What do you think could be changed or people should take into account like with evidence-based practices, with the population that you work with?
- A: I don't know. Because there was another family, I no longer have this case, where I referred them to Family Functioning Therapy like the in-home, and they said they wanted to do it, but they didn't follow up with it. I know that the workers they would call me and say 'hey, we're trying to get in touch with such and such, but they're not answering the phone. I just wanted to make sure everything is okay if they still want these services.' And they called often, so that's the only thing I can speak on. I know that they follow up. I know that they would prefer to come out and assist, but if the families feel like it's not needed anymore, they're not going to do it, especially if it's not required.
- Q: I'm hearing a lot of required.
- A: Seriously.
- Q: What supports do you need to ensure that children and families served by the child welfare system receive effective, culturally-relevant services?



- A: I feel like they give these kids too many choices at a young age, like 14 they can choose to deny services, like therapeutic services. I don't think that's okay. But you also expect for a case manager or a parent even to tell a child this is what you need to do, because they have this choice and now that they know, okay, I don't have to do it, so I'm not. That's one. Another one, like to have more like kids who are in placement and they have like mental disorders and stuff or even the ones who have it never was diagnosed with anything, like if you see that this child had like all of these patterns and something is ongoing, you clearly know, this child needs RTF or they need a better, I don't know, they need somebody to better understand where they're coming from, but they don't have none. There's too many restrictions on trying to refer a child somewhere. They'll say, 'well, we can't refer them to RTF, because they have to have a long treatment history.' Or if you refer them to RTF and they're 14 years or over, they can deny going. I'm like, what the hell is the point of trying to refer them anywhere? Why are we here? You give these kids options or you give even like with making the parents, what's the word, where they're like extremely dependent upon somebody, enabling the parents, so you'll tell—like you'll have a case where the parent needs to find stable housing, go to their drug and alcohol classes, have a steady income, but you expect for the worker to do all of those things. The parent is still, they're not doing what they're supposed to do. They're just following up what you already put there. I guess you can assist, 'hey, there's a list of things I need you to call them.' No. They want to know, did you give them the list, did you call, did you set them up an appointment? No. What are they here for? I might as well become the parent of a child and they will want to know, are you taking these parents to like—what did you do to help them with transportation? I gave them tokens. Well, tokens didn't work. What else did you do? What else am I supposed to do—catch the bus? I'm not going to wake up out of my bed to like transport them somewhere when you provide tokens for them to go. They enable the parents. They give these kids too many choices. We did not have choices growing up. I'm a little old school. Like we couldn't stand up and say what we wanted to do; no, you did what you had to do and that was it.
- Q: So you need I guess the system to change the way it interacts—it sounds like you want parents to have more responsibility and not it fall on you to make sure they do things that it's their responsibility to do things.
- A: Right. Because if your kids come home, who's taking care of them? Not me. How are we going to close out a case when a parent who still does not know how to do what they're supposed to do because I did everything?
- Q: And I also heard you say there's a lot of like bureaucracy and red tape to make certain types of referrals, but then also you really talk about children have the ability to deny services, so it's difficult to really put services in place if the child is not going to follow through.
- A: Right.
- Q: What about for younger kids? What supports do you need in working with them?
- A: They're not the issue. They're fine. You can send a child to like Early Intervention and you can place it in a school. That's not an issue. I don't see that as a problem, but it's the parents, it's the older kids—how can you work with somebody if they can say, 'I'm not doing it.'
- Q: Last question: Is there anything else you'd like to add?
- A: No.
- Q: This was good. This was helpful. Just about your experience with referring and services. I appreciate it. I do have one question for you. What is family school?
- A: I want to say it's a place where they assist the parent and the child become like—have a better interaction. Like my family went there because her daughter is in placement and she has been since she was born, and in order for her to go home, we have to make sure they have some type of connection or some type of bond, so we'll know the child's comfortable with the parent. I think for the most part, most of the families that are involved in Family School, their kids are in placement and they have been for a while.

Q: Thank you.

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