A Multi-Level Evaluation of the Impact of Training on the Therapeutic Use of Daily Life Events

James Freeman, Casa Pacifica January 2014

Abstract

This evaluation examines the impact of training child and youth care practitioners on the topic of the therapeutic use of daily life events. Participants include 150 individuals from practice settings such as community-based programs, residential care, child and youth advocates, and foster/kinship care. Using cost effective self-assessments (including a post-course survey and 45-day follow up assessment), the value and impact of training is evaluated at four specific levels: participant reaction, learning, behavior, and results. Results suggest (1) an increase in interpersonal and professional effectiveness, (2) youth behavior change and positive feedback from family members, and (3) strengthening of organizational culture and overall program quality. The study concludes that training on therapeutic use of daily life events is effective and relevant to quality child and youth care. Further study and wider use of the curriculum are encouraged.

Key words: child and youth care, daily life events, training evaluation, organization development

A Multi-Level Evaluation of the Impact of Training on the Therapeutic Use of Daily Life Events James Freeman, Casa Pacifica¹

Professional development and training opportunities provide a valuable resource for practitioners in child and youth care. It is associated with long-term worker retention (Curry, McCarragher & Dellmann-Jenkins, 2005) and in some regions ongoing training of practitioners is legislated by governmental licensing and required by credentialing bodies. Research and evaluation to improve training and learning transfer is both an ethical responsibility (NSDTA, 2004) and a desirable competency (Bernotavicz, Dutram, Kendall & Lerman, 2011) of the field. The following summary provides an example of how the impact of training can be measured using a four-level evaluation model.

Background and demographics

In 2013 regional training events were held in various locations across southern California. Geographically this represents a span of over 300 kilometers and includes Santa Barbara, Ventura, and Los Angeles counties in California. Participants not only come from, but work with, those from a significant diversity of cultural and economic backgrounds.

Among the 150 individuals who completed the training, 35% work in community based programs, 30% work in residential care settings, 20% serve as court appointed special advocates, 11% in foster and kinship care, and 4% are addictions counselors and lawyers. Participants average five years of experience with 70% holding a college diploma or degree.

About the curriculum

The *Therapeutic Use of Daily Life Events (dle)* is a curriculum developed by Thom Garfat, Ph.D. of Canada, Leon Fulcher, Ph.D. of New Zealand and John Digney, Ph.D. of Ireland. Based on Garfat's award winning research into developing interventions with young people and their families, the course equips practitioners to use everyday moments in the lives of young people as meaningful opportunities for promoting growth and development. The therapeutic use of daily life events has been described as a foundational characteristic of the field

¹ James Freeman, MA, CYC-P, is the Director of Training for Casa Pacifica Centers for Children and Families and a Senior Trainer for TransformAction International. He can be contacted at JFreeman@casapacifica.org

(Garfat & Fulcher, 2012) and is summarized well in the idea that "every moment is highly significant and has the potential to cumulatively contribute to the growth of a young person [and our] micro interactions...set the tone for the quality, and hence the impact of the interaction" (VanderVen, 1991, 16). It is unique among other course offerings in that *it encourages reflection* on how we go about what we do and say rather than a specific or formulated intervention.

Method of evaluation

This evaluation uses the New World Kirkpatrick Model (Kirkpatrick & Kirkpatrick, 2010). The model was originally created by Don Kirkpatrick, Ph.D., professor emeritus at University of Wisconsin and a past president of the American Society for Training and Development. It has been revised in subsequent years and is recognized by many as an industry standard for demonstrating the value of training. It provides a taxonomy for examining impact on four specific levels including participant reaction, learning, behavior, and results.

The evaluation tools were developed as cost-effective self reports. They included a demographics questionnaire, post-course learning survey and self-assessment, and a 45-day follow up assessment.

Findings across the four levels of evaluation

The following sections describe findings across each of the four levels of evaluation, including representative comments from participants.

Level 1: Participant Reaction

The first level of evaluation focuses on the reaction of participants. It considers their reaction in three specific areas: satisfaction (Did they react favorably?), engagement (Were they actively involved and contributing?), and relevance (Will they have opportunity to apply what was learned?).

To measure participant reactions, post-course responses to four statements are recorded with response options including strongly agree, agree, disagree, and strongly disagree. One hundred percent of the responses were in the categories of agree or strongly agree.

Related to satisfaction, participants respond to the statement "I would recommend this training to a colleague or friend" with 82% strongly agreeing and 18% agreeing. Related to

engagement, participants respond to the statement "I was actively engaged" with 76% strongly agreeing and 24% agreeing. Related to relevance, participants respond to the statement "The content was relevant" with 87% strongly agreeing and 13% agreeing.

Participants indicated that the course was meaningful and helpful to their practice. Some representative comments include:

"This course provided me with a framework on which I can build my entire work."

"Very comprehensive, flowed nicely, encouraged good group interaction."

"The presentation was well delivered, interesting, and pertained to real life experiences."

"This has been very helpful to me and more than I expected."

Overall participant responses reported a favorable response, a feeling of engagement and agreement that the content is relevant to practice.

Level 2: Participant Learning

The second level of evaluation focuses on the degree to which participants actually gained what was intended from the training. The Kirkpatrick Model breaks this acquisition into five specific domains:

- 1. Knowledge (I know this)
- 2. Skill (I can do this)
- 3. Attitude (I believe this will be worthwhile)
- 4. Confidence (I can apply this in practice)
- 5. Commitment (I intend to do this)

To assess knowledge and skill, a self-assessment tool examines four specific participant learning objectives from the course. The question was "How would you rate your knowledge and skills to perform the following course objectives?" A scale of 1 (low) to 5 (high) includes ratings for both pre and post training.

There is a 2.15 point increase in self-reported gain of knowledge and skills as a result of the training (the average rating pre-training is 2.245 and the average rating post-training is 4.575). The objectives and individual point increases are:

- *Objective 1*: Recognize opportunities available in the moments of daily life (1.8 point increase)
- Objective 2: Integrate the characteristics of relational child and youth care into current

practice (2.1 point increase)

- *Objective 3*: Describe how personal beliefs about the process of change impact interactions (2.3 point increase)
- *Objective 4*: Apply elements of the intervention process (2.4 points increase)

Participants report a number of practical gains post training. One evident theme is that of developing a new awareness or new ways of approaching others. A secondary theme focuses on a growing level of confidence in relational work. The following comments are representative of descriptions of the learning experience from a number of participants.

"I have a new awareness of when and how to recognize opportunities for intervention."

"I gained new ways of approaching situations with others, especially in regard to being in' relationship."

"My confidence has grown and I think the young people with whom I interact with will benefit. I feel I can begin to apply this material on a daily basis."

This level examines what is actually learned. The next level examines what is actually applied based on that learning.

Level 3: Participant Behavior

The third level of evaluation examines the degree to which participants apply what they learned. To measure participant behavior change a predictive application question was asked immediately following the training as well as the administration of a self-assessment tool 45 days post-training.

To the predictive application question "I will be able to immediately apply what I learned" participants respond with 79% strongly agreeing and 21% agreeing (response options including strongly agree, agree, disagree, and strongly disagree).

The 45-day follow up assessment (89% response rate) asked participants to rate their ability (high, medium or low) to apply each of the four objectives. The highest rated of the four is the ability to describe how personal beliefs about the process of change impact interactions (81% rated as high). This appears consistent with the data from level 2 given this is one of the higher rated learning objectives (2.3 point increase). The second highest is the ability to recognize opportunities available in the moments of daily life (75% rated high). Objective 2 (the ability to integrate the characteristics of relational child and youth care into current practice) and

objective 4 (the ability to apply elements of the intervention process) are rated equally at 72% high.

The only objective receiving a low rating (4.5% rated low) is the ability to integrate the characteristics of a relational child and youth care approach. It is hypothesized that this may be related to the breadth of the objective given that there are twenty-five individual characteristics. A concept for organizing the characteristics into more memorable and hopefully applicable framework has since been introduced (Freeman & Garfat, 2014). It is also possible that this rating is related to the context in which participants work. Those working in structured programs (such as schools or treatment programs) may be more limited in what they can apply than those who work in settings that allow more flexibility and freedom for individual practice.

Discussions in the 45-day follow up assessment highlight efforts to integrate the learning into their practice as in these representative comments:

"I am more intentional about promoting opportunities for growth in everyday moments."

"I now find myself looking for unmet needs in an active way, especially when I am faced with challenging behaviors."

"I reflect and prepare myself more before walking in on a situation."

"I use the process of change as a way to evaluate and monitor my own expectations of others."

With participant learning having occurred (level 2), participant behavior (level 3) appears to be changing fairly rapidly within the initial 45 day period post training.

Level 4: Results

Level four begins to evaluate the degree targeted outcomes occur as a result of the learning and reinforcement. If participants learn something and then apply it, what difference does it make? What positive impact occurs as a result of the learning and application? Three specific themes are clear from the responses provided on the follow up assessment. The following comments are representative of the range of feedback provided through the assessments as well as individual conversations with trainees and their supervisors.

Increase in interpersonal and professional effectiveness. The first theme includes results related to an increase in interpersonal and professional effectiveness. Participants describe

specific ways in which they feel more effective in their role and on-the-job performance. This includes a greater sense of self-awareness and ability to recognize and communicate about the child to other professionals and family members.

"I'm able to provide the court with a more accurate picture of the child's needs and strengths."

"I am able to demonstrate more respect to the family and communicate better about the skills I am modeling."

"I think the biggest component I have utilized is recognizing the moments as they are happening, which has also helped me transfer that over to parents who struggle to connect to their children."

"I have learned to stop myself before jumping in to intervene prematurely."

"When I have a child who pushes me away I feel much better equipped to use the moment to promote a change in attitude."

This growing sense of effectiveness corresponds with the self-reported gain of knowledge and skills and the descriptions of growing levels of confidence and new ways of approaching others describe in the participant learning (level 2) assessment.

Youth behavior change and positive feedback from family members. The second theme includes results related to youth behavior change and positive feedback from family members. A number of responses included references to either decreases in resistance or increases in relational engagement. Some also described positive feedback from parents or caregivers.

"I just let us be in the moment more and have seen a difference in her response. I feel there is a whole lot less resistance to us connecting with one another."

"There is an increased sense of trust and stronger relationships. Kids and parents have told us they feel like the adults listen more and care. It's not like we didn't care before, but this training has given us so many ways to make it more tangible. The kids are really responding."

"The youth are learning that we're not going to force things on them. I think we are giving a lot more freedom for them to grow at the pace that is right for each one. It's hard, because we have to manage so many different expectations, but it's much easier

than trying to force everyone on exactly the same track. I'm seeing that when we treat them with this approach they are learning to treat each other in similar ways."

More than one report mentions a parent or extended family member inquiring about what was behind the changes they were seeing in the program – they could feel something different in the approach of the team and wanted to know more.

Strengthening of organizational culture and overall program quality. The third theme includes results related to the strengthening of organizational culture and overall program quality:

"This new approach has opened the door for more engagement and dramatically reduced the number of disruptive episodes in our program."

"The whole team seems more intent on engaging each child. We constantly keep each other in check when considering what we have learned. It has become a way of working with children and families that transformed the way we approach each day."

"The quality of our care is more genuine. We have improved what we do in significant ways. This approach has become a part of our expectations for each other and is helping us reach our goals much more effectively."

The overall data from participants suggests three specific results: (1) an increase in interpersonal and professional effectiveness, (2) youth behavior change and positive feedback from family members, and (3) the strengthening of organizational culture and overall program quality. Transfer of training, of course, cannot be isolated from other factors such as supervisor support and a culture of learning embedded in the organization. It is likely that groups or teams reporting the most significant results had some of these components in place before the training.

Summary

Training on the therapeutic use of daily life events (dle) appears to be both effective and relevant to quality child and youth care. It has the potential to support behavior change in adults supporting young people and shows promise of results across multiple themes. By design, this evaluation focuses primarily on self-assessment strategies and tools. Further evaluation and research is encouraged which may benefit from adding components such as observation, supervisor feedback, and youth satisfaction surveys. The three themes described above provide a

foundation for future evaluations and research to build upon.

As a final case example, one participant was approaching a long awaited transition to retirement – something she and her husband had been planning in detail for years. Just two months before their transition, their adult daughter announced she was moving out of town with her boyfriend and was leaving her 16 year old daughter in the care of her grandparents. She had "hit her limit" in dealing with her behavior and "was at the end of her rope".

The woman was dealing with surprise, fear, anger, and worry about how to care for her granddaughter. There were not only extreme behaviors to address, but a significant generational gap with not much past relationship to build on. She had difficulty seeing any hope at all for the situation.

In the midst of this difficult transition, her son discovered an announcement for an upcoming workshop on the therapeutic use of daily life events and suggested she attend. During the training she began to get a vision for new ways of interacting with and supporting her granddaughter. Three months later, she wrote:

Our lives have improved over 100%. It helped me so much as I was desperate for any ideas on dealing with my granddaughter. I was able to see past the desperation and start working with her in a more appropriate way, putting down the blinders that I'd let shield me from being the grandmother. I take each moment as it comes. Things are not easy, but I feel I have options and can support her in helpful ways. The materials that came with the program have been helpful. I've reviewed them on several occasions just to remember when I started to revert back to what was easy. The ideas of using everyday events and especially how to just be with one another means so much to me. My granddaughter and me don't have much time and I know that the best thing I can do for her is to connect with her. Our lives are not going the direction we always thought, but now each day I am able to see so much more in life than before. It has truly changed our lives."

Quality training – like the curriculum examined in this research study – makes a direct impact on the quality of life for those we work alongside. As our movement of relational child and youth care continues to advance, we each contribute to changed lives by responsibly learning, growing, and applying new learning to practice.

References

- Bernotavicz, F., Dutram, K., Kendall, S. & Lerman, D. (2011). Organizational development specialist competency model. *Training and Development in Human Services*, 6(1), 20-36.
- Curry, D., McCarragher, T. & Dellmann-Jenkins, M. (2005). Training, transfer and turnover: The relationship among transfer of learning factors and staff retention in child welfare. *Children and Youth Services Review*, 27, 931-948.
- Freeman, J. & Garfat, T. (2014). Being, interpreting, doing: A framework for organizing the characteristics of a relational child and youth care approach. *Child and Youth Care Online*, 179, 23-27.
- Garfat, T. & Fulcher, L. (2012). Characteristics of a relational child and youth care approach. In T. Garfat & L.C. Fulcher (Eds.) *Child & Youth Care in Practice*, pp. 5 24. Cape Town: Pretext.
- Kirkpatrick, J. D. & Kirkpatrick, W. K. (2010). *Training on trial: How workplace learning must reinvent itself to remain relevant*. New York, NY: American Management Association.
- National Staff Development and Training Association (2004). *Code of ethics for training and development professionals in human services*. Washington, D.C.: American Public Human Services Association.
- VanderVen, K. (1991). How is child and youth care work unique and different from other fields? *Journal of Child and Youth Care Work*, 5(1), 15-19.