# Outcomes of a Bundled Intervention Approach:

# Analyzing an Enhanced MSW Training Project for Integrated-Care Settings

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## Abstract

The field of social work education is continuously looking for methods to enhance the production of competent, effective MSWs. One approach is to provide enhanced training programs to select groups of students. Historically, research on these programs has been limited other than for Title IV-E programs. The current study assesses a Behavioral Health Workforce Education and Training project. A mixed methods approach was utilized to evaluate the effectiveness of the project. Quantitative survey data assessed participants' knowledge, skills, attitudes, and practices related to key project competencies. The qualitative data gathered explored participants' lived experiences of the project. Results reflect increased understanding and self- reported proficiency in regard to project competencies. Additionally, the qualitative themes indicate project benefits as well as areas for improvement. This study adds to the research literature regarding the effectiveness of enhanced training programs for enhancing the knowledge and skills of MSWs.

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There is an ongoing need to enrich how Masters in Social Work (MSW) programs across the nation build professional understanding and skills (Wayne, Bogo & Rashkin, 2010). One method involves developing an "allied training structure" (Mangione et al., 2006) in which graduate program faculty and the field agency share responsibility for the didactic training of students. In this structure, training seminars provided by the graduate program may be used to complement the on-site learning provided by the field agency, thereby increasing the student's professional growth. One approach that has been explored for augmenting these training programs is the use of stipends, which may encourage student participation and alleviate some of the financial stress that students may experience during unpaid internships (Mangione et al., 2006; Rishel & Hartnett, 2017).

Historically, research has been limited on enhanced training programs for MSWs beyond Title IV-E programs, which focus on training social work students to work in Child Welfare. Recently, a few studies have been published that evaluate training programs funded by the Health Resources Service Administration (HRSA) (see Smith-Osborne & Daniel, 2017; Zerden, Jones, Brigham, Kanfer, & Zomorodi, 2017). These programs seek to increase the effectiveness of professionals providing integrated behavioral healthcare to vulnerable populations and underserved areas without a post-graduation contractual work obligation (Kepley & Streeter, 2018). This article presents a study that evaluates a three-year Behavioral Health Workforce Education and Training project funded by HRSA.

This project employed an allied training structure and a financial stipend to enhance the field experience of 101 graduate level social work students committed to working with children, adolescents, and transitional-age youth. The project aimed to increase students' knowledge and professional development by organizing each semester a cohort of students who collectively participated in online modules and community-based trainings over the course of a semester. Data were collected at the initiation and completion of the project for the purpose of identifying changes to the students' knowledge, skills, and abilities and to assess the students' experiences. This study informs the knowledge base regarding the effectiveness of bundled training programs for enhancing the professionalism and skills of MSWs. Furthermore, this study fills a gap in the literature regarding MSW training programs beyond Title IV-E and provides information about the ways in which such programs support students' development into knowledgeable, culturally responsive, and effective social workers.

## Literature Review

Existing literature on Title IV-E and HRSA studies reflects both benefits and challenges for enhanced training programs. Benefits may include students' increased knowledge and skills, professional growth, and workforce retention. Challenges of these programs include finding appropriate field placements and securing the resources necessary to implement new content into the existing MSW curriculum.

### Benefits

Multiple studies indicate the potential benefits of training programs. Knowledge, professional growth, financial support, and workforce retention are common themes across studies.

**Knowledge**. Deglau et al. (2014) identified a connection between classroom learning and practice, in that students transferred knowledge and skills to their work environment. Furthermore, participation in the study suggests strengthened practice in engaging, assessing, and intervening with clients while incorporating a greater understanding of complex human behaviors and diversity. Another study indicated that Title IV-E MSW students scored significantly higher ($p = .01$) on knowledge tests than MSW students who did not participate in Title IV-E (Bagdasaryan, 2012). Additionally, studies have suggested that most MSW students who participated in Title IV-E training received effective preparation to work in the public child welfare sector of the field (Author, 2018; Jones & Okamura, 2000; Vonk, Newsome, & Bronson, 2003). Evaluation of a HRSA-funded project by Putney et al. (2017), identified that successful preparation for practice was fulfilled through co-curricular seminars in combination with the current MSW curriculum. Rishel and Hartnett (2017) reported that successful knowledge acquisition was supported by relationships intentionally cultivated through the training program.

**Professional growth.** Research indicates that in addition to increased knowledge and skills, the enhanced curriculum of the bundled intervention can contribute to students' professional growth as well as increase their confidence in their abilities as social workers (Putney et al., 2017; Smith-Osborne & Daniel, 2017; Zerden et al., 2017). Areas of professional growth may include the development of new communication strategies, increased knowledge of clinical frameworks, improved critical thinking skills, better understanding of management roles, and increased self-awareness (Deglau et al., 2014). Obtaining new knowledge and skills has also been found to increase students' confidence. Students who participated in enhanced training programs were found to more readily identify with the role of advocate and to consider themselves eligible for leadership roles within their agencies (Deglau et al., 2014). They were

also able to view themselves as valuable members of interprofessional teams when working in integrated behavioral healthcare (IBH) settings (Smith-Osborne & Daniel, 2017; Zerden et al., 2017). These gains in professional growth and confidence have been found among students who are currently employed (Deglau et al., 2014) as well as in students preparing to enter field placement (Putney et al., 2017; Smith-Osborne & Daniel, 2017).

**Financial.** Financial support provided to participants is a clear benefit of the bundled intervention , as stipends may be used to attract diverse and highly qualified students to complete their internships with underserved populations (Foster, Morris, & Sirojudin, 2013), or to facilitate a student's relocation to an underserved area (Mangione et al., 2006). Additionally, stipends can help alleviate debt that might cause students to avoid taking modestly compensated jobs with community-based agencies upon graduation (Sampson, 2017). Furthermore, stipends can demonstrate to students that they are valued (Mangione at al., 2006). Stipends may improve the student's field experience by allowing the student to work fewer hours while simultaneously decreasing the stress associated with financial burden (Rishel & Hartnett, 2017).

**Workforce retention.** Given the significant investment of time and resources involved in providing enhanced training, it is important to determine whether these resources have contributed to the overarching goal: building and maintaining a well-qualified social work workforce. Research indicates that the majority of students who participate in such programs remain in the social work field and, to a somewhat lesser degree, stay in the service areas for which they were trained (Foster et al., 2013; Gansle & Ellett, 2002).

Two Title IV-E studies examining long term retention reflect commitment to the field (Clark, Smith, & Uota, 2013; Gansle & Ellet, 2002). One of the studies reported 69% of graduates (n=415) remained employed in child welfare at six years post-graduation (Clark et al.,

2013). In another six-year study, Gansle and Ellett (2002) found that 55% (n= 72) remained employed in child welfare. Furthermore, those who did not remain employed in public child welfare were found to have taken positions serving similar populations at other agencies, where they were presumably able to continue applying knowledge and skills gained from the training program (Gansle & Ellett, 2002). A similar study was conducted to analyze a training program aimed at increasing the diversity and retention rates of the mental health workforce in California. Foster et al. (2013) reported a retention rate of 93.7% within the mental health field, with 69.1% of those remaining at the agency where they completed the contractual work obligation. Studies such as these show that enhanced training programs can be effective not only in recruiting social workers to serve in areas of need, but also in retaining these workers in the field for which they were trained.

**Challenges**

Several studies indicate various challenges of bundled intervention training programs, stemming from field placements, faculty acceptance, and application of skills.

**Field placements.** Sampson (2017) identified multiple challenges in implementing a HRSA-funded project. Challenges arose when placing students in field placements that met the grant requirements and in interprofessional placements within the medical community. The proposed solution included increasing communication, education, and integration between all stakeholders associated with the MSW program and field placements, as well as forming alliances with medical professionals and increasing training opportunities in areas such as cultural competence. Zerden et al. (2017) also found a lack of preparedness of field placements needed to meet HRSA-funded project goals. IBH is a relatively new concept and implementation

may vary across field placements. As such, there was no consistency across students' opportunities to participate with interprofessional teams.

**Faculty/ Resources.** Lack of faculty acceptance and willingness to support HRSA training programs presented an additional challenge, which may have been exacerbated by a lack of resources to incorporate behavioral health content into existing MSW curriculums (Sampson, 2017). Sustaining the program after initial grant funding posed an additional challenge (Putney et al., 2017). One study proposed including the development of a behavioral health course or specialization in MSW curriculums. If a separate course or specialization was not an option, including information on chronic health conditions in existing courses was suggested (Sampson, 2017).

**Application of skills.** Deglau et al. (2014) identified challenges in students' approach to practice. Feedback indicated some students were either unable to implement skills learned or were limited to implementing only a few skills within their field placement. The lack of new skill implementation was possibly due to agency climate and the nature of the work. It is possible that there were not as many clinical opportunities as originally expected. Similarly, many graduates from a Title IV-E project indicated incongruence between skills learned and the organizational cultures of child welfare agencies (Author, 2018).

## Project Description

This project aimed to increase students' knowledge and professional development by providing a variety of learning opportunities in addition to their regular MSW education. Participating students committed to working with at-risk children, adolescents, and transitional-age youth in integrated primary care and community settings. The goal of the project was to

prepare students to function as effective, ethical, culturally and linguistically competent clinical social workers in mental health, substance abuse, and behavioral health practice.

The project recruited, educated, and trained 101 graduate-level social work students over a three-year period. Participants completed specialized electives prior to their final field placements which focused on the target populations of the project. Participants also furthered their knowledge regarding effectively serving at-risk children and youth through experiential learning modules. The modules were designed to build behavioral health related knowledge and skills when working with the target populations. After completion of each module, participants filled out feedback assessments where they reflected on what was learned and were able to ask further questions of each module's instructor. Participants were organized into cohorts who collectively participated in the project's enhanced learning opportunities in the semester prior to their final field semester. The intervention remained consistent across the project years.

The named project encompassed four objectives to meet this overarching goal. Objective one focused on recruiting, placing, and monitoring MSW students dedicated to serving the population during field internships and after graduation. Objective two aimed to develop, expand, and enhance field placements serving the population dealing with potential or actual behavioral health issues. Objective three concentrated on the expansion of innovative inter-professional learning experiences through the development of a series of online learning modules developed by faculty with expertise in the population and various prevention and treatment modalities. Objective four aimed to support focused, community-based trainings for students emphasizing intercultural skills that incorporate families and communities in providing prevention and intervention treatment for the population with potential or actual behavioral health issues.

## Method

The researchers utilized a mixed methods approach to evaluate the current project. Quantitative evaluation data were collected at the initiation and completion of the project for each cohort of participants. Participants completed surveys assessing their knowledge, skills, attitudes, and practices related to key project competencies. Researchers collected qualitative data from participants following their project completion and graduation. Time elapsed post-graduation ranged from 6 months to 2.5 years. Qualitative data explored participants' lived experiences of the project for additional assessment of the project's effectiveness. The study was approved by the University's IRB.

### Quantitative

The total population of participants was 101. The total participation of Year 1 was 34 students, Year 2 was 30 students, and Year 3 was 37 students. The quantitative analysis examines data for the sample that filled out both pre and post surveys (n = 72), providing a response rate of 71%.

**Sample.** Approximately three months prior to the beginning of each project cycle, emails were sent to all MSW students advertising the project and opportunity to participate. Interested students filled out applications which were then reviewed by a committee consisting of the project director, the field director, and a volunteer member of the faculty. Selected students were notified of their acceptance into the project and invited to an orientation session. The majority of students in the study sample were white, female, and between the ages of 22 and 25. Almost a third of the sample was comprised of Hispanic/Latinx students. Table 1 provides sample demographics.

[Insert Table 1 here]

**Measures.** Two self-assessment surveys were employed to evaluate the project's effectiveness in two main domains: 1) enhancing participant knowledge and skill attainment and 2) increasing understanding of attitudes and behaviors related to cultural competence. The surveys were selected by a prior Principal Investigator and in place when the first author acquired the project. Pre surveys were administered by a trained graduate research assistant during orientation sessions. Post surveys were emailed to participants and collected electronically by the graduate research assistant.

*KSA.* The knowledge, skills, and abilities (KSA) instrument measures practitioners' understanding and proficiency related to a series of competencies relevant to behavioral health prevention and intervention practices. The survey used was adapted from the Knowledge, Skills, and Abilities Assessment for Youth Practitioners (National Collaboration on Workforce and Disability, 2004) in order to better reflect project focus. The instrument assesses six competency areas including 1) knowledge of the field, 2) communication with youth, 3) assessment and individualized planning, 4) relationship to family and community, 5) workforce preparation, and 6) administrative skills. Sample statements were included with each competency to ensure shared definitions when assessing self in regard to each competency. For example, under the Knowledge competency, one of the statements was "Knowledge of youth development theory, adolescent and human development".

Participants rated each competency area on a 4-point Likert scale in proficiency, training, and priority. Proficiency ratings ranked participants' level of skill and knowledge related to the competency (e.g., I currently know little to nothing about this; I have some knowledge or skill in this; I know a good amount about this but it would be useful to learn more; I am very knowledgeable or skilled in this). Training ratings ranked participants level of training in the

selected competency (e.g., I have received little to no training in this competency to date; I have received some training in this competency to date; I have received a lot of training in this competency to date; I have received a certificate or degree in this competency). Participants then prioritized their need for further training in each competency area as high, medium, or low priority.

*Cultural competence.* Participants also completed the Promoting Cultural and Linguistic Competency: Self-Assessment Checklist for Personnel Providing Primary Health Care Services (Goode, 1999). The cultural competence (CC) instrument is a self-assessment of practitioners' communication style, values and attitudes in relation to cultural and linguistic competence. Items vary from fostering inclusivity and culturally sensitive work environments to understanding the principles of advocacy and macro interventions. Additionally, this assessment focuses on the participant's sensitivity and awareness of various cultural considerations in human service settings including communication.

In the cultural competence assessment, participants responded to each item using a 3 point Likert scale (A =Things I do frequently, or statement applies to me to a great degree, B = Things I do occasionally, or statement applies to me to a moderate degree, or C = Things I do rarely or never, or statement applies to me to a minimal degree or not at all). One item, for example, reads "For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words so I am better able to communicate with them during assessment, treatment or other interventions." Both the KSA and CC instruments have good psychometric properties. Average Cronbach's alphas for the current sample were .90 for CC scores and .95 for KSA scores suggesting high internal reliability for both measures.

**Analysis.** Although the three scales of the KSA that were used in the current study (proficiency, training, and priority) were strongly correlated at pre-test, the strength of these relationships weakened substantially at post-test and none of the scales were significantly correlated at that time-point. Thus, the researchers opted to evaluate the change in each of these variables over time independently using a bivariate approach. Paired t-tests were run to examine differences between participants' pre and post-survey responses. Significance was determined for each block of analyses using a Bonferonni's test for multiple comparisons. This approach was selected to reduce the risk for false positives. Researchers used SPSS 25 for statistical analysis.

**Qualitative**

Researchers were interested in participants' experiences of the project in order to determine the project's effectiveness, strengths and areas of improvement. Therefore, the study utilized an interpretative phenomenological approach (IPA) (Cresswell, 2003; Palmer, Larkin, deVisser, & Fadden, 2010). "The aim of IPA is to understand and make sense of another person's sense-making activities, with regard to a given phenomenon, in a given context" (Palmer et al., 2010, p. 99). IPA is participant-oriented, allowing for focus group members to share rich stories of their experiences in the project without distortion (Alase, 2017).

Invitations to participate in focus groups were sent to all participants involved in the first and second project years, and due to timing and resources, only the fall cohort of the project's third year.

**Sample.** Participants self-selected to participate in the focus groups. The qualitative sample consists of ten women: five Caucasian, three Hispanic, and two African American, from a range of project cohorts. The size of each focus group ranged from two to five participants.

**Method.** The first author conducted three focus groups and one interview. The first

author became director of the project at the beginning of year three. Therefore, most of the focus group participants were not familiar with the author being associated with the project. The interview had been scheduled as a focus group; however, only one participant attended. Focus group turnout is strongly impacted by situational and environmental limitations (Morgan, 1997). This can often hinder researchers' ability to engage the recommended number of participants in focus groups. In consideration of the participant's willingness to travel to campus and participate despite a busy schedule, the decision was made to go forward with all data collection.

Focus group sessions lasted approximately thirty minutes to one hour. The interview lasted fifteen minutes. All sessions were recorded with participant permission. Each focus group and interview utilized a semi-structured, open-ended protocol exploring participants' experiences and perceptions of the project. Researchers asked participants to reflect on the strengths and challenges of the project, whether they were able to apply knowledge learned, and what suggestions they had for improvement. The focus groups were loosely structured to provide an overall flow to each session without discouraging participants from providing responses or elaborating on previously answered questions. Utilizing an IPA approach, researchers allowed time for participants to reflect on experiences in detail (Palmer et al., 2010).

**Analysis.** Rather than the inductive approach which assesses adherence to themes, the data were analyzed in narrative form to allow incorporation of not only information, but interpretation of that information to be taken into context (Alase, 2017). Transcripts of each recording were created by graduate student researchers and loaded into Nvivo software for storage and analysis purposes. Two of the authors then coded each of the transcripts to identify a broad range of content. Participants, knowing that the data were to be recorded and transcribed directly, were able to speak without fear of alteration or manipulation of their lived experiences.

The codes used to identify sub themes and promote further inquiry were based on the specific questions asked during the focus groups. To enhance trustworthiness of the analysis, the codes and sub themes were discussed and agreed upon during meetings of all authors.

The coders separately analyzed each transcript word-for-word to identify "emergent patterns of commonality" (sub themes) within each area of inquiry (e.g., strengths, limitations) across the groups (Palmer et al., 2010, p. 103). Interrater reliability was tested using Cohen's kappa statistic ($\kappa$) on the main themes of the transcripts: strengths of the project, limitations/challenges of the project, financial aspects, and participant suggestions. The first round of coding resulted in Cohen's Kappa values that did not reach acceptable levels, ranging from .28 to .53. Additional discussion between the two coders led to further refinement of the code definitions. The second test of interrater reliability had better results, with Kappa values ranging from .75 to .93 across the themes. Guidelines for assessing kappa scores deem .75 or higher as "excellent" (Cicchetti & Sparrow, 1981).

## Results

### Quantitative

**KSA.** The subscale score for each competency of the KSA was calculated measuring pre and post survey reportings separately. Paired samples t-tests were conducted to compare perceptions of the three assessment categories: *proficiency, training, and priority.* A Bonferroni's correction was used to adjust for the number of comparisons; tests used to assess the relationship between pre- and post- scores on the three assessment categories were significant if $p < .017$. Table 2 provides the means, standard deviations, confidence intervals, and t-values for each subscale.

[Insert Table 2 here]

Increase in self-reported *proficiency* ranking indicates that participants believe they are more skilled in each competency at completion of the project. Additionally, the statistically significant differences between *training* outcomes indicate that participants received more training in-project than prior-to-project. Finally, significance increase in *priority* ratings suggest enhanced perception of each competency's importance for practice.

**Cultural competence.** A separate series of paired samples t-tests were conducted to compare pre and post-survey results for the cultural competence instrument. This measure includes three subscales, *environment*, *communication*, and *values and attitudes*. To adjust for multiple comparisons, a Bonferroni's correction was used with results achieving significance if $p < .017$. Participant scores improved significantly from pre- to post- for all three subscales (environment $p = .003$, communication $p = .001$, and values and attitudes $p < .001$). Table 3 provides the means, standard deviations, confidence intervals, and t-values for each subscale.

[Insert Table 3 here]

**Qualitative**

As previously mentioned, assessment of transcripts started with parent codes created from the questions asked: strengths of the project, challenges and limitations of the project, and participant suggestions. Subthemes, which occurred across all sessions, revealed more detailed information.

**Strengths**

Repeated strengths of the project included the individual modules, the workplace transferability of skills learned during the project, and the stipend.

**Learning modules.** The content of the modules was another strength reported by participants:

> *[T]he content was really diverse and innovative. You know, different treatment options, context and theories included in it that you can take back and really think about how you could potentially apply that in the future* (Speaker 1-3).

Participants also mentioned that the modules were of appropriate length: long enough for the presented information to be memorable yet brief enough to complete multiple modules in a short period of time. Flexibility in completing the modules (i.e., allowing participants to pause a module and resume it at a later time) was also mentioned by several participants as a strength of the project format.

**Application of knowledge.** Participants also reported being able to apply the information they learned from the project to both their final field internships and post-graduation employment.

> *I feel like the modules touched across ranges, which was good, so it wasn't just specifically like working with children, or working with adults, where they can't be intermixed-- the things that we were learning. Um, so the skills were incorporated within those modules, um I think are helpful and play out in our day-to-day work* (Speaker 2-3).

Some participants reported the project inspired them to continue working with the project's target populations after graduation.

> *This project really heightened my awareness of needs in rural communities. It kind of made me want to work with that population more and learn about the needs in those communities* (Speaker 3-2).

**Financial.** The stipend was frequently highlighted as a strength of the project. Participants reported the financial stipend alleviated additional stress that outside employment would have caused during their final field placement.

> *I think it is valuable just to bring up the burden that it lifted off of me financially, to be able to really focus on what I was doing and really have a rich learning experience... it was so helpful and I am so thankful for that and the ability to do that because I learned so much and I don't think I would've been able to learn that much if I was so stressed about work and having to pay my bills* (Speaker 1-2).

Participants also noted that the stipend allowed them to focus more on the needs of the oft-neglected target population and made their work feel valued

> *It was nice for me to feel that this work was valued and to have this grant and also to recognize how important this population is so that others who maybe weren't interested in working with this population might consider it and have a rich experience as well* (Speaker 3-2).

## Project Limitations

Another theme present in the transcripts was the challenges, or limitations, that the project presented.

**Lack of communication**. The lack of communication between participants and project coordinators was mentioned by participants across transcripts, especially by members of the earliest cohorts. Participants also reported a lack of guidance leaving participants unsure whether they were satisfying program requirements.

> *There was a real lack of communication regarding the modules. Like, how many actually needed to be completed to meet the requirements and the no discussion around it* (Speaker 3-1).

**Disconnect between project and internship**. Participants reported a disconnect between the material learned in modules and their final field internship experiences. Participants suggested that their final field internship experiences would have been more educational and rewarding if all participants met as a cohort to discuss application of the knowledge learned in the modules to their work in the field.

> *I was surprised as a project we weren't meeting for seminar, that the group wasn't its own seminar to get that application and discussion on how the modules fit into what you were doing in the field* (Speaker 3-1).

It is important to note that criticism of the project's miscommunication and misinformation can be linked to participants in the first cohorts of the newly implemented project. Feedback from later project cohorts reflected fewer communication complaints and increased appreciation of the project when a specific field seminar was implemented.

> *I also really liked having the cohort and having another group of people who are also focusing on this. So I thought that kind of gave me strength and unity in seeing there are other people who are passionate about working with this same group of youth and that felt really inspiring to me and provided extra motivation for me to continue the work after graduation* (Speaker 3-2).

**Suggestions**

Among the transcripts, most participant suggestions coded by researchers were in line with the previously stated limitations of the project. The most common participant suggestions

were related to communication, strengthening cohort cohesion, diversifying learning modules, and requiring the completion of volunteer hours.

**Open communication.** Participants suggested increasing communication between project coordinators and participants, which included creating a point of contact for questions concerning the modules. Additionally, participants recommended further clarifying project requirements and expectations to better prepare future participants for engaging in all aspects of the project. Participants requested more detailed explanations of project expectations to prevent confusion surrounding the requirements and allow for a richer project experience.

> *I think a little more time in explaining what exactly we would be doing as far as the modules, the volunteering and laying that out as a better outline, so that way we knew more of what was expected of us before jumping into it* (Speaker 4-1).

**Shared cohort experience.** Multiple focus group participants suggested consolidating all project participants in one field seminar to improve their shared experience. An exclusive seminar would enhance cohesion and shared experience further integrating knowledge and skills specific to the project. Participants recommended the implementation of a seminar for future cohorts:

> *There's a lot to be learned from that (cohort seminars) and there's I think a sense of unity or you know togetherness… [Participant] is not going to think the same way I do and I could learn from her and maybe she could learn from me too. You know so even sitting around a table and talking about it a little more* (Speaker 1-3).

While improving communications and creating a final field seminar just for participants were the two most common suggestions found in the transcripts, creating more clinically focused modules and implementing a volunteer requirement were suggested less frequently.

## Discussion

Ultimately, this study aimed to evaluate a three-year Behavioral Health Workforce Education and Training project funded by HRSA. The results of this study contribute to the knowledge base regarding the effectiveness of MSW training programs beyond Title IV-E. Researchers analyzed quantitative outcomes and qualitative feedback to assess the effectiveness of the project as well as illuminate areas for improvement. Findings from the KSA survey indicate that the project successfully provided *training* in all desired competency areas. Additionally, the results suggest that the project positively influenced participants' perceptions of their own proficiency across all competencies.

Despite increased training and proficiency scores, participants still expressed need for further training in all competencies. The significance found in *priority* ratings suggests participants held a realistic view that their education was unfinished at the end of project. This view is further supported by the training structure in place for post-graduate social workers who are required to receive continuing education credits (CEU's) and ongoing training to acquire and maintain professional licenses in the field (Texas Health and Human Services, 2015).

The cultural competence results were significant across each subscale, *environment*, *communication*, and *values and attitudes*, with participant scores improving from pre- to post-test in all three domains. These findings suggest that the project successfully demonstrated the value in increased recognition of these concepts and may have increased perceived relevance of cultural competence overall.

The findings from focus groups reiterate many of the themes found in the existing literature. Benefits identified by project alumni included enhanced knowledge, ability to apply knowledge in post-graduate work, and the diverse value of the bundled approach. Other research

on both HRSA and Title IV-E training programs reflects similar positive conclusions (Deglau et al., 2014; Rishel & Hartnett, 2017). The authors suggest that the stipend is a notable strength of the project because it allowed participants to focus on academics without the need to work long hours in addition to attending classes and internship full-time. Tessema, Ready, and Astani (2014) found that the number of hours worked negatively impacts students' GPAs and level of satisfaction (defined as having an impact on students' motivation levels and retention rates). Students working fewer hours (1-10) had higher recorded GPA (averaging 3.39) compared to students working 31 hours or more per week (averaging 3.24).

These findings were further supported by researchers Heckman, Lim, and Montalto (2014) who found that students with negative financial situations showed significantly higher levels of financial stress than students who reported greater financial self-efficacy and more optimism regarding their financial futures. Both studies support the importance of reducing employment burden on students by decreasing the need to work while in school.

Finally, there were three qualitative themes reflective of project limitations that were also identified in the literature. Similar to other bundled training programs, participants in this project voiced disappointment with having minimal face to face interaction and poor communication (Sampson, 2017). Further, participants experienced a disconnect between the project and field (Deglau et al., 2014; Zerden et al., 2017).

**Limitations**

All data collected are based on participant self-report; therefore, a social desirability or self-serving bias could have influenced responses in a desire to appear proficient in relevant competencies. Still there was a significant shift across all areas, reflecting that perceptions of proficiency and values were not as strong prior to participation in the project. Additionally, the

absence of a control group limits the ability to analyze if improvements were strictly due to the enhanced training. This study was conducted with one project at one university therefore the data may not be generalizable to other bundled training programs. However, the qualitative findings are consistent with other research, providing further evidence that they reflect issues important to consider when developing a bundled training program.

**Implications for Other Projects**

Addressing the qualitative themes identified by participants would be an important consideration for other bundled training projects. Increasing the amount of face-to-face interaction among participants, between participants, and with project coordinators/trainers could improve transfer of learning within the project, and into participants' careers. Included in this transfer of learning would be the social work educational content that is offered in the modules, with the goal of changes in practice not just knowledge. Participants recommended future consolidation of seminar sections into one allowing participants the opportunity to regularly meet as a cohort and discuss their learning and internship experiences.

This approach would additionally alleviate the reported disconnect between project and field allowing participants to learn from their peers. Current research indicates the presence of a cohort as "critical" to student success in the MSW program (Altman & Cohen, 2016). To further ameliorate connectivity and address communication concerns, it is recommended one project staff act as the point of contact for participants and field agencies while providing supervision and guidance relevant to successful completion of the project for students.

**Implications for Further Research**

Two key recommendations emerged from the quantitative part of the current study: 1) further longitudinal analysis and 2) the inclusion of a control group. A longitudinal approach

would add to the knowledge base a better understanding of the long-term impact of these programs by providing employment data to determine if project participants remain in fields related to their training. Given that professional growth and increased identification with leadership roles are some of the benefits identified in the literature (Clark et al., 2013; Deglau et al., 2014) it would be valuable to determine if training programs affect graduates' employment patterns over a longer period of time.

Furthermore, the inclusion of a control group could provide beneficial information about the outcomes for participants of training programs as compared to other MSW graduates. For example, comparison data for the KSA and Cultural Competency assessments would be helpful in determining the extent to which improved scores may be attributed specifically to participation in the training project providing further clarification of project benefits and areas for improvement to inform the knowledge base.

**References**

Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education & Literacy Studies, 5*(2), 9-19.

Altman, J., & Cohen, C. (2016). "I could not have made it without them": Examining trainee cohort perspectives on MSW education for public child welfare. *Journal of Public Child Welfare, 10*(5), 524-541. https://doi.org/10.1080/15548732.2016.1181022

Author. (2018). Blinded for peer review.

Bagdasaryan, S. (2012). Social work education and Title IV-E program participation as predictors of entry-level knowledge among public child welfare workers. *Children and Youth Services Review, 34*, 1590–1597. doi:10.1016/j.childyouth.2012.04.013

Cicchetti, D. V., & Sparrow, S. S. (1981). Developing criteria for establishing inter-rater reliability of specific items in a given inventory. *American Journal of Mental Deficiency, 86*, 127–137.

Clark, S., Smith, R., & Uota, K. (2013). Professional development opportunities as retention incentives in child welfare. *Children and Youth Services Review, 35*, 1687–1697. https://doi.org/10.1016/j.childyouth.2013.07.006

Cresswell, J. (2003). R*esearch design: Qualitative, quantitative, and mixed method approaches*. Thousand Oaks, CA: Sage.

Deglau, E., Ray, A., Edwards, R.L., Carre-Lee, N., Harrison, T., & Cunningham, K. (2014). Transferring MSW education to practice: A qualitative study with public child welfare

employees. *Journal of Public Child Welfare, 8*(3), 304-325. doi:10.1080/15548732.2014.923361

Foster, G., Morris, M.B. & Sirojudin, S. (2013). Mental health workforce change through social work education: A California case study. *Journal of Social Work Education*, *49*(3), 490-505. https://doi.org/10.1080/10437797.2013.796771

Gansle, K.A., & Ellett, A.J. (2002). Child welfare knowledge transmission, practitioner retention, and university-community impact. *Journal of Health & Social Policy*, *15*(3-4), 69-88. doi: 10.1300/J045v15n03_06

Heckman, S., Lim, H., & Montalto, C. (2014). Factors Related to Financial Stress among College Students. *Journal of Financial Therapy, 5 (1)* 19-39. https://doi.org/10.4148/1944-9771.1063

Jones, L., & Okamura, A. (2000). Reprofessionalizing child welfare services: An evaluation of a Title IVE training program. *Research on Social Work Practice*, *10*(5), 607-621. https://doi.org/10.1177/104973150001000504

Kepley, H., & Streeter, R. (2018). Closing behavioral health workforce gaps: A HRSA program expanding direct mental health service access in underserved areas. *American Journal of Preventive Medicine, 54*, S190-S191. doi: 10.1016/j.amepre.2018.03.006

Mangione, L., VandeCreek, L., Emmons, L., McIlvried, J., Carpenter, D.W., & Nadkarni, L. (2006). Unique internship structures that expand training opportunities. *Professional Psychology: Research and Practice*, *37*(4), 416-422.

http://dx.doi.org/10.1037/0735-7028.37.4.416

Morgan, D. (1997). *Focus groups as qualitative research*, 2nd edition. Thousand Oaks: Sage Publications.

Palmer, M., Fadden, G., Larkin, M., & deVisser, R. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology, 7*, 99-121.

https://doi.org/10.1080/14780880802513194

Putney, J.M., Sankar, S., Harriman, K.K., McManama O'Brien, K.H., Stanton Robinson, D., & Hecker, S. (2017). An innovative behavioral health workforce initiative: Keeping pace with an emerging model of care. *Journal of Social Work Education, 53,* S5-S16. doi:10.1080/10437797.2017.1326329

Rishel, C., & Hartnett, H. (2017). Meeting the challenge of preparing social workers for integrated health practice: Evidence from two MSW cohorts. *Journal of Social Work Education, 53,* S27-S39.

https://doi.org/10.1080/10437797.2017.1288593

Sampson, M. (2017). Teaching Note-Meeting the demand for behavioral health clinicians: Innovative training through the GLOBE project. *Journal of Social Work Education, 53*(4), 744-750.

doi: 10.1080/10437797.2017.1287024

Smith-Osborne, A. & Daniel, K. (2017). Concurrent infusion of integrated behavioral health practice into social work field and classroom instruction. *Journal of Social Work Education, 53,* S17-S26.

https://doi.org/10.1080/10437797.2017.1290564

Tessema, M. T., Ready, K. J., Astani, M. (2014). Does Part-Time Job Affect College Students' Satisfaction and Academic Performance (GPA)? The Case of a Mid-Sized Public University. *International Journal of Business Administration, 5(2)* 1-10. doi:10.5430/ijba.v5n2p

Texas Health and Human Services. (2015). Texas State Board of Social Work Examiners Continuing Education - General Information. Retrieved from: https://www.dshs.texas.gov/socialwork/sw_ceinfo.shtm

Vonk, M., Newsome, W., & Bronson, D. (2003). An outcome evaluation of competency based training for child welfare. *Advances in Social Work, 4*(2), 82-93.

Wayne, J., Bogo, M., & Rashkin, M. (2010). Field education as the signature pedagogy of social work education. *Journal of Social Work Education, 48*(3), 327-339. https://doi.org/10.5175/JSWE.2010.200900043

Zerden, L. D., Jones, A., Brigham, R., Kanfer, M., & Zomorodi, M. (2017). Infusing integrated behavioral health in an MSW Program: Curricula, field, and interprofessional educational activities. *Journal of Social Work Education, 53,* S59-S71. doi:10.1080/10437797.2017.1288595

Table 1.
*Quantitative Sample Demographics*

| Participants | n= 72 | % of sample |
|---|---|---|
| Ethnicity | | |
| Black/African American | 6 | 8 |
| Hispanic | 19 | 27 |
| White/Caucasian | 37 | 51 |
| Other | 8 | 11 |
| Missing | 2 | 3 |
| Gender | | |
| Female | 66 | 92 |
| Male | 5 | 7 |
| Agender | 1 | 1 |
| Age | | |
| 22-25 | 36 | 50 |
| 26-29 | 21 | 29 |
| 30-39 | 8 | 11 |
| 40-49 | 2 | 3 |
| 50-59 | 4 | 6 |
| Missing | 1 | 1 |

Table 2.
*KSA T-test Results*

| Subscale | Pre-survey Mean (*SD)* | Post-survey Mean (Post) | 95% Confidence Interval | | t | Sig. (2-tailed) |
|---|---|---|---|---|---|---|
| | | | Lower | Upper | | |
| Proficiency | 3.04 (0.51) | 3.45 (0.39) | 0.55 | 0.26 | 5.48 | <0.001 |
| Training | 2.67 (0.54) | 3.19 (0.53) | 0.71 | 0.34 | 5.75 | <0.001 |
| Priority | 1.67 (0.41) | 1.88 (0.50) | 0.34 | 0.07 | 3.06 | 0.003 |

Table 3.
*Cultural Competence T-test Results*

| Subscale | Pre-survey Mean (*SD)* | Post-survey Mean (Post) | 95% Confidence Interval | | t | Sig. (2-tailed) |
|---|---|---|---|---|---|---|
| | | | Lower | Upper | | |
| Environment | 8.36 (3.12) | 9.47 (2.33) | 1.83 | 0.40 | 3.13 | 0.003 |
| Communication | 33.44 (4.57) | 35.41 (3.47) | 3.13 | 0.81 | 3.39 | 0.001 |
| Values and Attitudes | 63.66 (5.94) | 67.65 (6.18) | 5.70 | 2.27 | 4.63 | <0.001 |