
How Do Child Protection Workers and Teams Change During Solution-Focused Supervision and Training? A Brief Qualitative Report

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Abstract

This paper presents qualitative data on 120 child protection workers in the island of Tenerife, Spain, who participated in solution-focused training and supervision. After 30 hours of training in solution-focused therapy, the workers' goals and progress during another 30 hours of supervision were recorded on a variation of the "circles of change" technique (Huibers & Visser, 2005). Throughout the process, the majority of the workers' goals were accomplished, and participants described many changes across three different dimensions: (a) In their direct interaction with families, they started to work in a less paternalistic and more cooperative way, focusing more on shared goals and family resources; (b) within the protection teams, the team mood and atmosphere improved; closer personal bonds developed and more horizontal and transdisciplinary relationships were established; and (c) in the interaction with other workers from larger professional helping systems, coordination and referrals started to focus more on the users' strengths and goals.

Keywords: solution-focused therapy, child protection, teamwork, strengths-based practices, collaborative practices

For decades, child protection services worldwide have focused on the deficits and pathology of the families with which they work (Blundo, 2001; Conrad & Schneider, 1985; De Jong & Berg, 2008, 2012; Gilbert & Lee, 2011; Goldstein, 2002; Graybeal, 2001; Martín, 2005, 2009; Rodrigo, Máiquez, Martín, & Byrne, 2008; Saleebey, 2006; Turnell & Edwards, 1999; Weick, 1992). Accordingly, workers have tended to adopt an expert position vis-à-vis their users, working more from a position of paternalism than one of partnership (Turnell & Edwards, 1997; Walsh, 1997). Child protection work has become a problem-saturated and risk-oriented practice, putting a heavy burden on users, families, and workers. As Turnell and Edwards (1999) put it, "No successful sporting coach anywhere in the world would allow players on his/her team to focus excessively on their worst games, greatest failures, and worst fear, and realistically expect a good performance. Sometimes it seems that this is exactly how professional child protection staff approach their work" (p. 181).

Therefore, many authors have advocated for a more collaborative, strengths-based, and solution-focused approach in child protection services, one where users are treated collaboratively and with respect and where workers have space to share good practices and stories of success, instead of focusing only on failures and stuck cases (Berg, 1994; Berg & Kelly 2000; Berg, 2003; Berg & De Jong, 2004; Christensen, Todahl & Barrett, 1999; Turnell, 2006; Turnell & Edwards, 1997, 1999).

The present study is part of a greater project that intends to explore the effects of implementing a strengths-oriented, solution-focused approach in the child protection system in the island of Tenerife, Spain. In this project, municipal child protection workers received training and supervision in solution-focused brief therapy (SFBT). The effect of this training was evaluated at three different levels: a) effectiveness and cost-effectiveness (number of sessions attended by service users, type of termination, type of legal measures taken, etc.); b) user satisfaction (the views of

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families on the intervention process, using various satisfaction and therapeutic alliance measures); and c) changes in the beliefs, self-reported professional practices, and burnout of child protection workers. This paper presents qualitative data focusing on this third issue, the changes reported by the workers. This issue has been previously approached from a quantitative perspective (Medina & Beyebach, 2014): Workers who initially received SFBT training/supervision (experimental group) were compared with those who did not (control group). Results of this quantitative study showed that only workers in the experimental group changed their professional beliefs and practices in a strengths-based direction from pre-test to 6-month follow-up, as measured by the Professional Beliefs and Practices Questionnaire (PBPQ; Medina & Beyebach, 2010); effect sizes for the SFBT training/supervision were large (from $d = 1.42$ to $d = 2.07$). The SFBT training/supervision also had a significant effect on workers' level of burnout at follow-up ($d = .48$), as measured by the Maslach Burnout Inventory (MBI; Maslach, Jackson, & Leiter, 1996). Workers who changed in the direction of more strengths-based beliefs had lower burnout scores at follow-up, whereas those who changed to more deficit-based beliefs increased their burnout scores.

The aim of this report was to describe the changes in the self-reported professional practices of child protection teams during a process of SFBT supervision after receiving SFBT training, using qualitative in-process data.

Method

Participants

Selection. The sample was recruited by inviting all local child protection workers in Tenerife (Spain) to participate in the study. Of 180 invited workers, 28 did not accept. The initial sample consisted of 152 workers from 34 teams of the Child Protection Services in the island of Tenerife, 84% of the workers in the child protection services; 69% worked in "prevention teams" and 31% in "risk teams." *Prevention teams* deal with low or moderate risk cases, where the psychological wellbeing of children is at risk, but not their physical safety. *Risk teams* deal with high-risk cases, where the safety of the child is in danger and he or she may need to be removed from the home. Workers ranged from 25 to 48 in age; their experience in the Tenerife child protection service averaged 76.42 months. One hundred twenty-one were female and 31 were male; 24.5% were psychologists, 41.5% social workers, and 34% social educators. Workers received training in teams with mixed levels of competency and supervision was given at different times.

Drop out. During the implementation of the research project, many workers in Social Services in Spain and also on Tenerife Island were dismissed due to the national financial crisis and governmental budget restrictions. As a result, of the workers who started the training and supervision process, 32 workers lost their jobs and were not able to finish their participation in the project, leaving a final

sample of 120 workers. There were no dropouts for other reasons.

Interventions

Training in SFBT. Training in SFBT (Berg & Kelly, 2000; de Shazer, 1994; de Shazer & Dolan, 2007) was provided by the second author. It consisted of two 15-hour workshops that were taught 2 months apart. Thirty hours was selected as the total duration of the training because existing evidence suggests that at least 20 hours might be necessary to make a difference in training professionals in the approach (Gingerich, Kim, Stams & MacDonald, 2012). Basic solution-focused principles and intervention techniques (i.e., miracle question, scaling questions, exceptions and pre-treatment changes questions, safety questions, compliments, and solution-focused homework tasks) were taught in the training by showing videotapes of actual therapy sessions, by practicing the techniques in role-plays, and by having group discussions. No other brief therapy procedures (strategic, narrative, etc.) were taught. The methodology of the training was in itself solution-focused: Participants were encouraged to list their own goals for the training, and their professional strengths were valued and promoted; possible "baby steps" in their professional practice were negotiated and encouraged after the first 15-hour workshop, and changes were reviewed and encouraged 2 months later.

Solution-focused supervision. One month after the training, all participants received an additional 30 hours of supervision: One 5-hour session every month during a 6-month period; trainings were conducted by the first author. The supervision process had two aims. On the one hand, it aimed to promote workers' adherence to the solution-focused treatment in which they had been trained; this was intended to protect the treatment integrity of the greater study. On the other hand, it aimed to consolidate and amplify the changes that workers had started during the training.

The supervision process focused more on workers' goals than on their difficulties (Briggs & Miller, 2005; Koob, 2002; Waskett, 2006). It was clearly future-oriented (Hsu, 2009; Lowe & Guy, 2002; Pichot & Dolan, 2003) and amplified workers' successes (Koob, 2002; Lowe & Guy, 2002). The supervisor maintained an attitude of respect and curiosity (Berg, 2003; Wheeler, 2007), trying to lead the workers "from one step behind" (Cantwell & Holmes, 1994). Each supervision session started by reviewing positive changes and "stories of success" and by highlighting families' and workers' resources (Turnell & Edwards, 1999); stuck cases were discussed later in the group, in a variety of solution-focused formats. The supervision process included work in pairs (e.g., sharing a "story of success"), in small groups (e.g., discussing possible next steps) and in the whole group (e.g., brainstorming around a stuck case).

Instruments

Circles of progress. By the end of each supervision session, a variant of the "circles of change" (Huibers &

Visser, 2005; Huibers, 2010) methodology was used to highlight progress and new goals in the group. The *circles of change* is a simple and flexible tool to make progress visible, to clarify goals, and to decide on new steps to be taken. It can be used both in clinical and non-clinical contexts, like coaching, training, or reteaming.

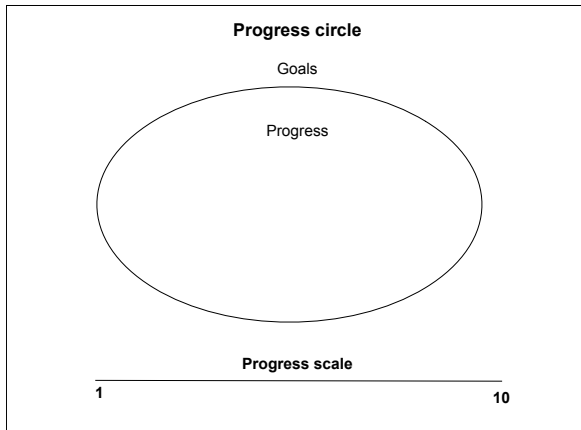


Figure 1. Progress circle.

Following the original procedure for the circles of change, the “progress circle” consisted of drawing a circle on a sheet of paper (see Figure 1). The inside of the circle represents the progress already made in a given area, whereas the outside represents the goals (i.e., the new progress the group strives to make). The technique involves four consecutive steps:

1. What is the topic to be addressed? Under the circle, the participants describe the selected topic in one sentence and describe why it is important to make improvements in that area.
2. What progress in that area has already been made? Participants identify what small steps they have already taken and write them on sticky notes that are posted in the circle.
3. What new progress do participants want to make? What are the new goals? Goals are described in specific and behavioral terms, written on sticky notes, and posted outside the circle.
4. What should the next step be? Which post-it from outside of the circle should be the first to be moved to the inside? Participants choose the first next step and think about what they need to do in order to take it.

Progress was entered in the circle and notes with goals were posted outside. Goals that were attained were moved from outside to inside the circle.

Progress circle—progress scale. At the bottom of the progress circle, a 10-point “progress scale” was added (10 = *we are working at the level of good professional practice that we desire*; 1 = *the contrary*).

Design

See Figure 2 for the design implementation of the training and solution-focused supervision.

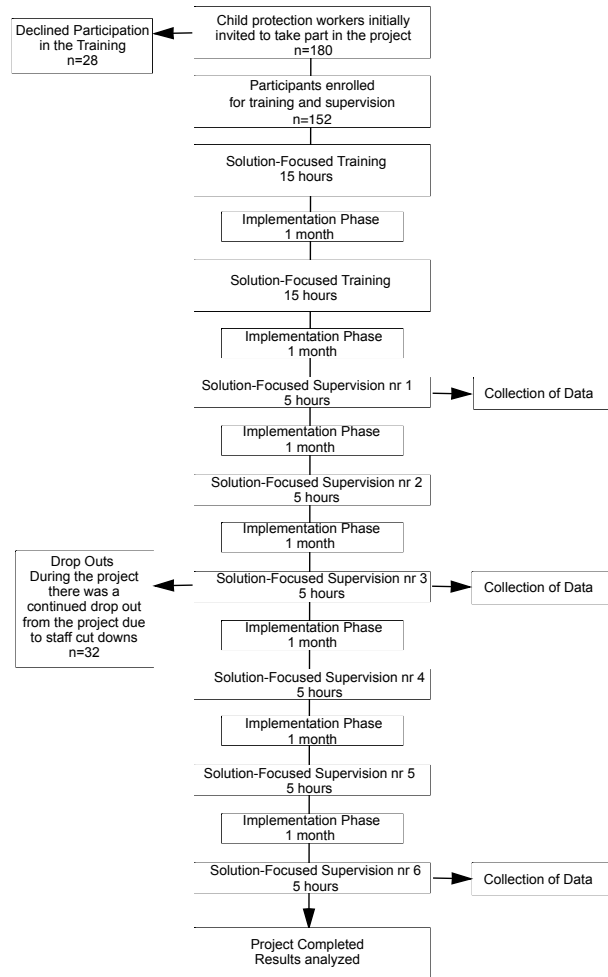


Figure 2. Design implementation of training and solution-focused supervision.

Procedures

The progress circle and the progress scale were used in every supervision session. In each supervision session, teams worked individually on the progress circle and rated themselves on the progress scale. Then, in the last part of the session, there was a final round where the inputs from all teams were gathered and posted on a whiteboard; the average score on the progress scale for the whole group was calculated. Finally, small next steps were discussed and teams made commitments to undertake specific actions to reach them. The post-it notes were collected after each session.

For the purpose of this report, the progress circles and progress scale of the first, the third, and the sixth supervision session were analyzed.

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Data Analysis

We sorted answers to the questionnaire items into categories and give examples in this report of types of answers given. We interpreted the scale answers relying on our professional experience in training and supervision of work groups in the helping professions.

Results

Figures 3, 4 and 5 reflect the progress circles of the child protection workers of our sample during the solution-focused supervision process. The goals and the progress in direct work with users/families are listed on the right side of the figures; on the left side, the goals and changes related to teamwork and the interactions with professionals from larger systems are described.

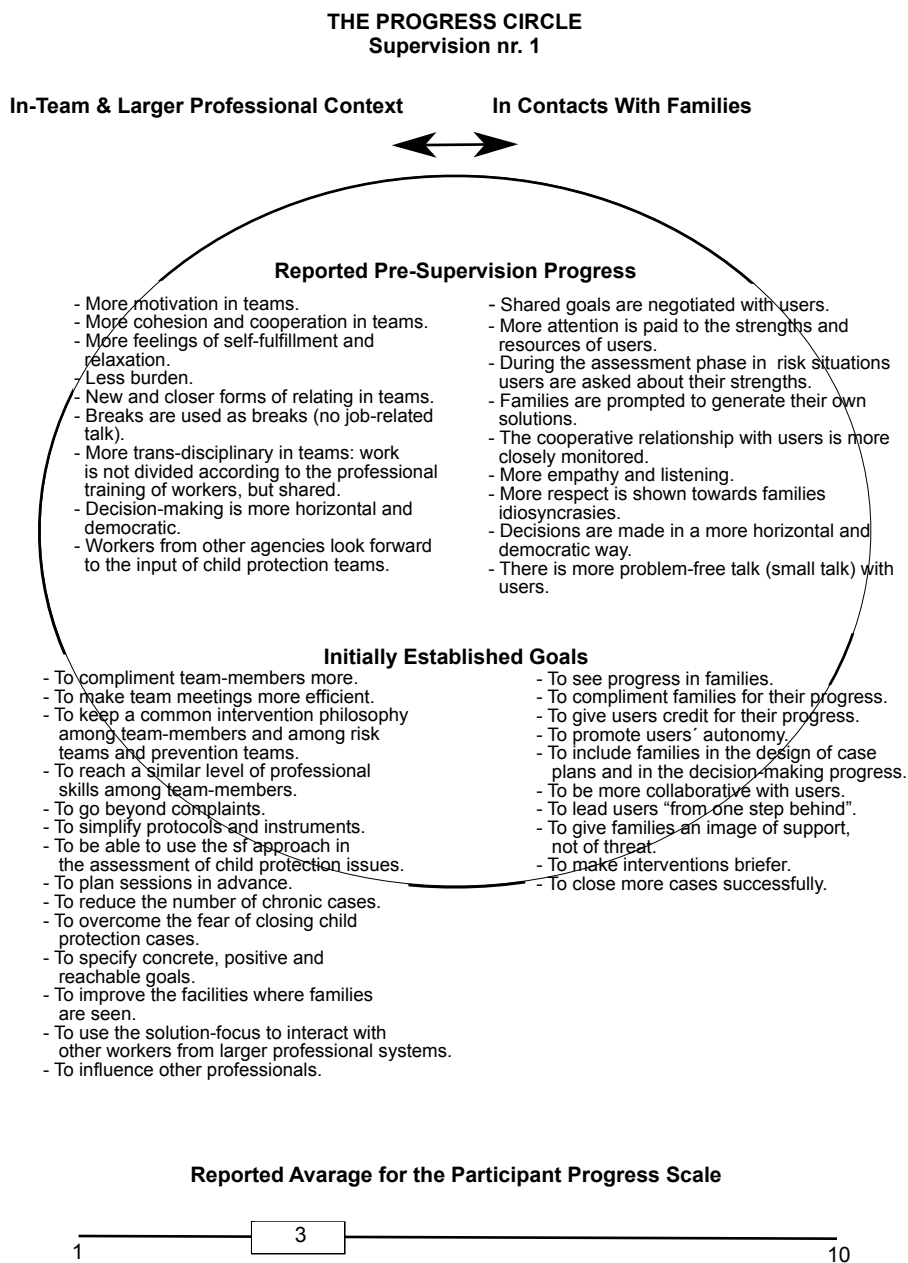


Figure 3. The collected content of the self-reported progress circle at the first supervision session.

THE PROGRESS CIRCLE
Supervision nr. 3

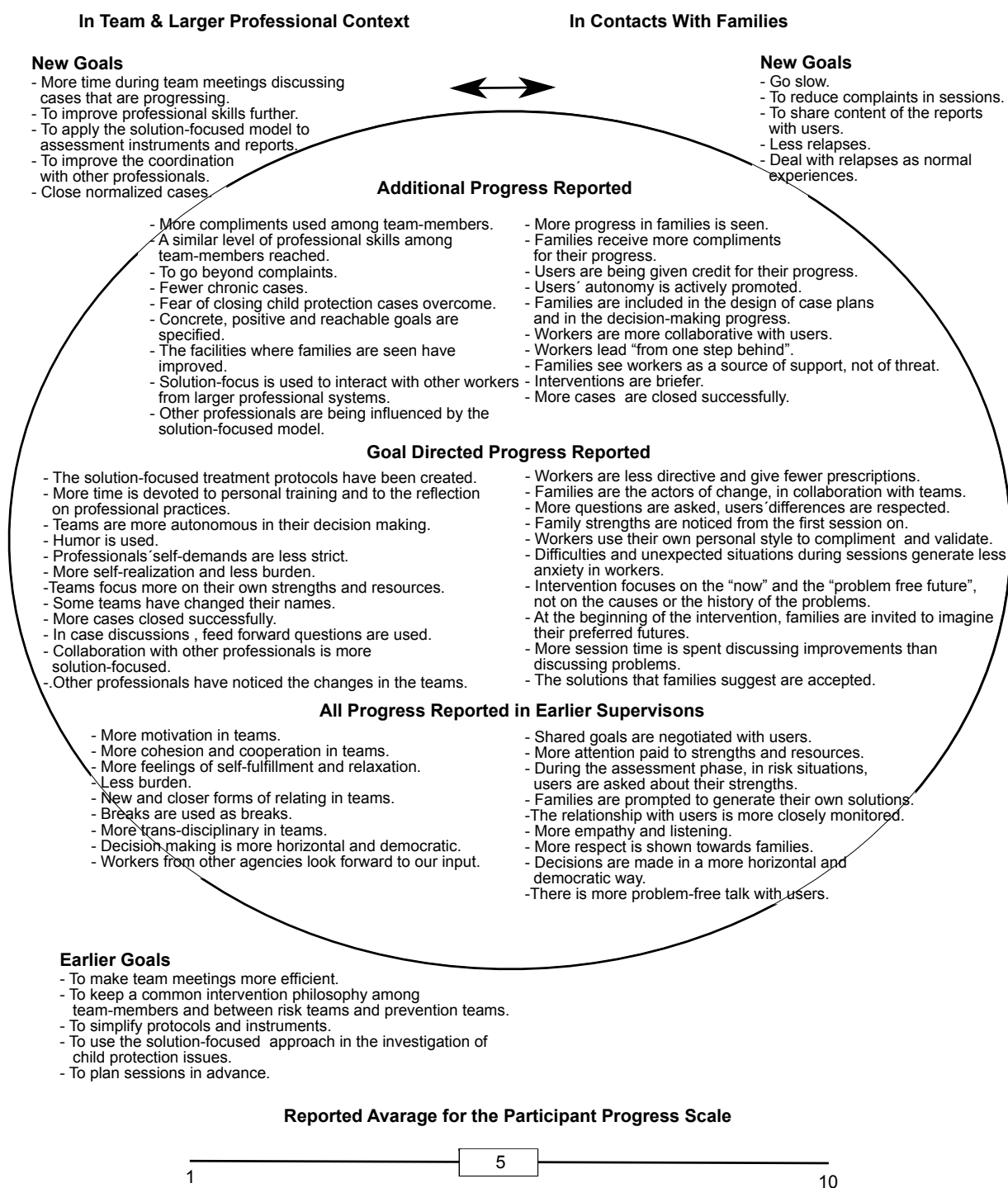


Figure 4. The collected content of the self-reported progress circle at the third supervision session.

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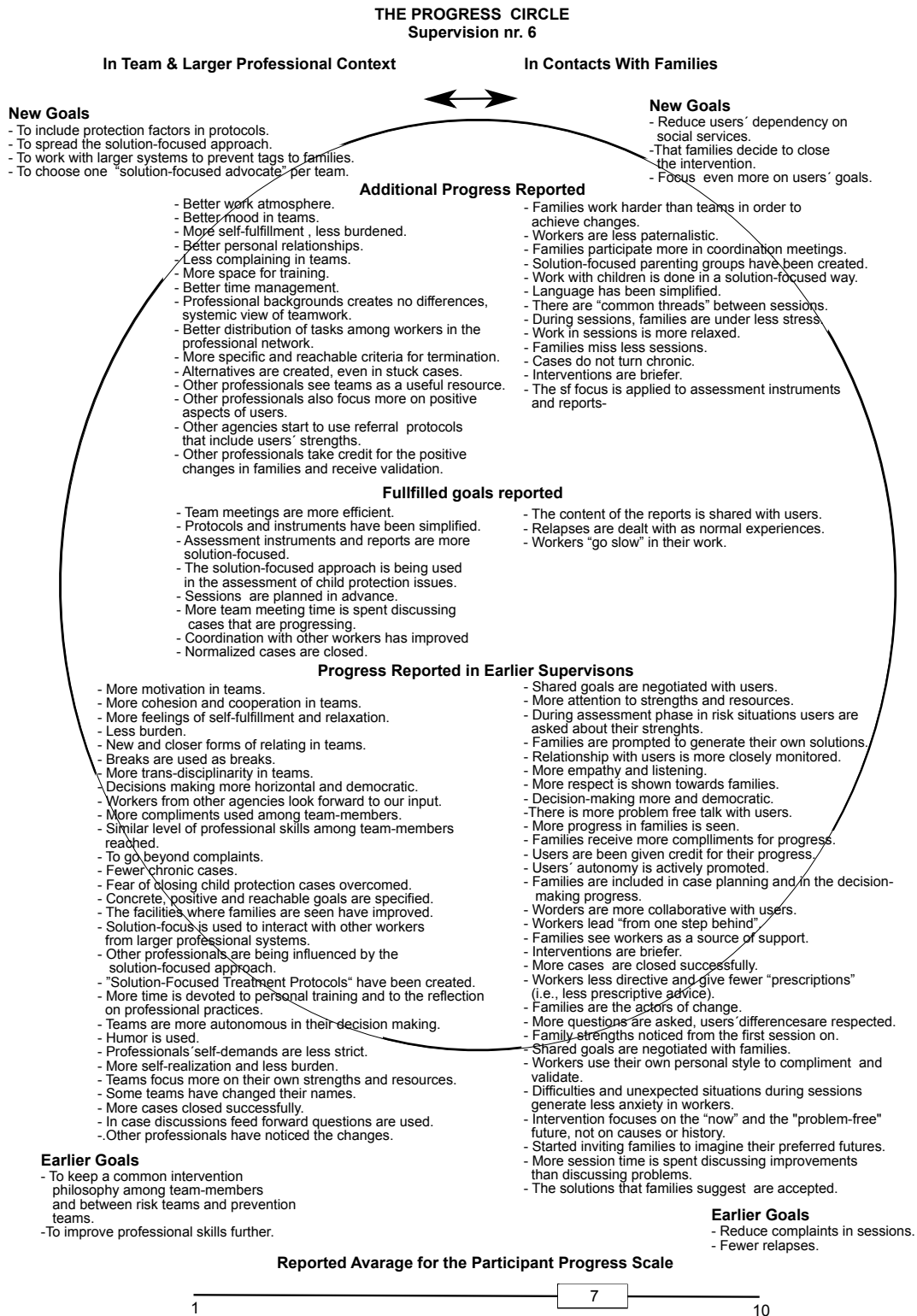


Figure 5. The collected content of the self-reported progress circle at the sixth supervision session.

As can be seen in Figure 3, during the first supervision session, workers described a number of changes that occurred as a result of the SFBT training. In their interventions with families, workers reported negotiating shared goals with users and paying more attention to users' strengths and resources, even in risk situations; they prompted families to generate their own changes and solutions. A closer monitoring of the cooperative relationship was also reported, with more respect and empathy shown to the families, more listening, and more horizontal decision-making than before the training. In relation to team functioning, more motivation, cohesion, and cooperation were described; and new and closer forms of relating were reported. For instance, breaks were used to relax (and not to talk about the job) and the distribution of roles within teams was more transdisciplinary: It depended less on the professional discipline of the worker, and more on the needs of each particular case. At the individual level, the shift toward a more solution-focused approach produced feelings of self-fulfillment as well as a decreased perceived burden. In relation to the larger system, workers felt that colleagues from other agencies were looking forward to their input to a greater extent.

By the third supervision session, these changes had increased and many of the goals described in the first session had been reached (see Figure 4). New goals were also proposed. In addition to accomplished goals, a number of additional improvements—in interventions with users and in relation to teamwork and the organization—were mentioned. Participants also mentioned a higher score on the scale of progress, from 3 to 5 in the third supervision session.

By the sixth and last supervision session, most of the goals established in the third supervision had been reached. In addition to these accomplished goals, there were many other signs of additional progress in interventions with users as well as in relation to the characteristics of the organization and teamwork.

On the progress scale, participants' self-reported average went from 3 to 7 within the course of the six sessions of supervision.

By the end of the sixth and last supervision session, workers of the child protection teams had accomplished most of the initial goals, and some new ones had emerged. Much of the progress occurred and many of goals were achieved between sessions, in the day-to-day teamwork.

Discussion

The progress circles analyzed in our study suggest that during SFBT training and supervision, the number of solution-focused changes in professional practice progressively increased: In each supervision session, more goals were accomplished and more progress was reported. The increase of the average rating on the progress scale was indicative of this development; scores increased from 3 in the first session to 7 in the last session (scores which, by the way, come very close to data gathered from client samples in outpatient therapy contexts; for instance, see Beyebach et al., 2000; De Jong & Hopwood, 1996). These changes did

not only happen in the direct intervention with users, but also in the two other domains typically described in child protection work (Antle, Barbee & van Zyl, 2008; Escudero, 2010; Ochotorena & Arrabarrena, 2002): within the child protection teams and in the interaction with other resources and agencies from larger helping systems.

At the worker-user interaction level, workers reported negotiating goals more, focusing more on resources and progress, and giving users more compliments. Workers took a less paternalistic stance and the relationship with users became more collaborative. By the end of the supervision process, families were participating in the decision-making and in coordination sessions, in what other solution-focused authors have described as *building partnership* with users (Christensen et al., 1999; Turnell & Edwards, 1997).

On the professional/organizational side, workers reported feeling less burned-out, less burdened, and more relaxed; they reported having better personal relationships with team members. The distribution of tasks in teams also changed, following less rigid discipline-related expectations and adjusting more to the individual needs of each particular case—as workers described it, teamwork became more egalitarian and “more systemic”.

Finally, the relationship to outside professional helpers also changed: Workers from outside the child protection system first noticed changes in the child protection teams, then started to value them more as a resource, and finally, started to become more solution-focused in their way of dealing with the teams and cases. This ripple effect suggests that SFBT training and supervision can lead to the transfer of skills to multiple contexts and systems (White & Rusell, 1997; Thomas, 1996).

It is likely that this process of generalization is facilitated by the fact that SFBT training and supervision focus more on the development of workers' resources and skills than on difficulties with specific cases (Briggs & Miller, 2005; Koob, 2002). In other words, a solution focused intervention with workers is undertaken in the same way as with users: by clarifying goals, emphasizing strengths, and focusing on progress more than problems or deficits, as well as “leading from one step behind” and helping workers to take credit for their small steps (Selekman & Todd, 1995, Thomas, 2013). Our understanding is that this process is likely to empower professionals and promote self-efficacy in job performance (Marek, Sandifer, Beach, Coward, & Protinsky, 1994; Wetchler, 1990). In our sample, workers did indeed report that teams had improved efficiency, that families were showing more and earlier signs of progress, that interventions were shorter, that the number of chronic cases had diminished, and that more cases were being closed successfully. These results mirror those of quantitative studies on the implementation of solution-focused practices in child protection systems (Antle, Barbee, Christensen & Martin, 2008). At the personal level, these changes translated into less burnout and greater self-fulfillment, a result that we also found in the quantitative MBI data (Medina & Beyebach, 2014).

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It is worth mentioning that, in line with previous studies (Smith, 2011; Sundman, 1997), the majority of reported changes had to do with the *relationships* that workers established (be it with users, other team members, or workers from greater helping systems). This was also found in the quantitative analysis performed with the PBPQ (Medina & Beyebach, 2014), and is in accordance with the purported centrality of relational factors in psychosocial interventions (Escudero, 2010; Friedlander, Escudero, & Heatherington, 2006; Wampold, 2001). As we have seen, relational changes even had an effect on how tasks were distributed within each child protection team.

In the traditional multidisciplinary child protection teams in Spain, psychologists are expected to do psychological change work in their offices (i.e., conduct family sessions to achieve cognitive and behavioral changes), whereas social educators are expected to educate families by visiting their homes and schools; social workers act in the community, promoting support networks, linking users to relevant services, and mobilizing additional resources. This rigid distribution of roles became more flexible during the supervision process; in other words, teams became more transdisciplinary. This is particularly relevant given that findings from our quantitative study on SFBT training and supervision (Medina & Beyebach, 2014) demonstrated that more transdisciplinary work in teams protected child protection workers from burnout. The application of specific procedures and protocols (e.g., using scaling questions or exception questions; creating solution-focused instruments or reports) appeared to occur only after changes in workers' interactional styles.

It could be argued that the changes reported by the workers in our sample were not really produced by the solution-focused approach itself, but rather, by broader "common factors" that could have been activated during the training or supervision process. For example, these common factors may have included workers getting the chance to reflect on their own practice, working with their own and other teams, having conversations about cases, or having multiple opportunities to strengthen professional, and even personal bonds, during the 60 hours of conjoint work. However, although these factors undoubtedly may have had an impact, our data from the PBPQ and MBI study (Medina & Beyebach, 2014) suggest that, in fact, the solution focus made a difference: Mere participation in the training and supervision was not enough; only workers who, over the training and supervision, actually changed their beliefs and practices in a solution-focused direction increased their level of self-realization and decreased their overall level of burnout.

Methodological Considerations

There are a number of methodological considerations that we would like to acknowledge. The data were purely qualitative, and the changes that workers described were self-reported. This study should therefore be read not as an objective report on the quality of training and supervision interventions, but rather, as a report on the subjective accounts of participants in the context of supervision. The

intervention (i.e., SFBT supervision) and the data extraction (i.e., progress circles) overlap, and the data were generated in a group context that was intentionally skewed toward reporting improvements and progress (standard features of a solution-focused context). A feature that in part balances this is that the teams and individual workers had implementation phases in between supervisions (see figure 2); in these phases, the solution-focused approach was tested during service with users.

The dual role of the first author (i.e., researcher and supervisor) adds an additional source of bias. However, it could be argued that it is important that trainers and supervisors use their unique in-process position to report findings; they should not be intimidated by dual roles to the point of not reporting results. The reader should be observant of whether the authors' arguments seem to be reasonable, whether the integrity of results has been maintained, and whether the report leaves doubts or unanswered questions.

The reader should also note that our data do not allow us to make any inferences on the degree to which the described changes in professional practice occurred across different teams or groups of workers. In other words, it may be that some items (e.g., "more attention to strengths and resources," "shared goals are negotiated with users") were endorsed by a majority of workers in the supervision process, whereas others (e.g., "instruments have been simplified," "workers use their personal style to compliment and validate") were only applicable to a few workers or teams.

Continued analysis of the data from the larger project will allow us to identify which teams used SFBT more consistently and the difference that it made. It should also give some insight into a fascinating topic: What is the pattern of changes in workers and teams that receive SFBT training and supervision? Do the intervention techniques change first, creating new styles of relating and more solution-focused ways of thinking about the intervention, or is the relationship what changes first, allowing new techniques to be introduced in child protection work (as suggested by our current data)?

We are curious to see whether the quantitative data that our larger research project will produce in a near future will support the qualitative trends described in this paper. The results we have obtained so far on the PBPQ (Medina & Beyebach, 2010) and MBI (Maslach et al., 1996) are indeed convergent with the picture that emerges from the progress circles (Medina & Beyebach, 2014).

Implications and Future Research

We propose that this report adds to the evidence on the positive impact of SFBT training and supervision on child protection services. A number of dimensions of interventions can be positively impacted by exposure to solution-focused techniques and principles. This report also opens many avenues for future research. The next phase in the greater research project is to study how each of the 34 participating child protection teams evolved during the course of SFBT training and supervision. How did group

cohesion in the teams affect the application of solution-focused approach? How did it impact the performance of individual workers and the outcomes of interventions? Another issue that merits investigation is whether the solution-focused practices and styles of relating that were taught during the training and supervision were maintained in the long term. To what extent did team factors influence individuals' long-term adherence to the solution-focused approach? We hope to be able keep a good enough sample size to perform follow-ups 2 and 3 years after the end of supervision. However, the final test of the SFBT training and supervision in this sample will of course be when we can see if the changes in workers' beliefs and practices really do benefit the users of the child protection services. So far, our results suggest that the interventions of the trained and supervised workers became briefer and more effective, with fewer chronic cases and more successful case closings. We are currently in the process of gathering quantitative data on user satisfaction and on objective intervention outcomes to further investigate these claims.

Conclusion

The results of our study suggest that the SFBT training and supervision produced a number of interesting changes in the professional practice of the participating child protection workers; they became more solution-focused and collaborative. The reported improvements were multidimensional, taking place both at the level of worker-users interaction and at the organizational level. There were relevant changes to the ways in which teams organized and related to other teams or workers in the larger helping system. This study also confirmed that SFBT training and supervision can have a positive personal impact, given that workers in our sample described feeling more relaxed, less burdened, and more self-fulfilled as a result of working in a more solution-focused way.

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