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Training Team Leaders in a Child Welfare Setting Using the SPIN Leadership Guidance Model

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An accurate multidisciplinary assessment of families shapes interventions that ensure children's safety and well being, the primary goal of public child welfare. Complete assessments consider the strengths parents bring to their relationships with their children, as well as the challenges posed when multiple, serious problems are present in the family. In 1996, the Massachusetts Department of Social Services (DSS) brought together the expertise of child welfare staff and community providers to improve the assessment of families across the state. To accomplish this, DSS initiated an innovative assessment project that established multidisciplinary teams. This article describes collaboration between the Boston University School of Social Work (BUSSW) and DSS to support the leaders of these multidisciplinary teams.

In keeping with a commitment to identify and support skills that are evident throughout the child welfare system, the faculty from the Boston University School of Social Work (BUSSW) used a well-developed strengths-based model from the Netherlands to train the team leaders. Leading these teams is challenging. Leaders must help team members to focus on the

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emotionally charged problems of abuse and neglect, to contribute their own expertise in areas such as mental health, substance abuse, and domestic violence, and to formulate a collective assessment. We describe the training model, the evaluation, and the benefits to administrators, team leaders, and child welfare staff in working with this model in other child welfare settings.

Background

Multidisciplinary teams in child welfare. In 1996, DSS, the state's child welfare agency, established nine multidisciplinary teams in various parts of the state to ensure that families referred for services were evaluated by experts from a variety of backgrounds. Over a two-year period, these Multidisciplinary Assessment Teams (MDATs) were established in all 29-area offices. DSS administrators, often directors of the area offices, directed the teams. MDAT members were community providers who had particular expertise in substance abuse, domestic violence, and mental health. Some MDATs also had members with expertise in child development, managed care, and related issues. The expectation was that team members would commit themselves to remain with the team for at least several months, if not some years, so that they would develop expertise in assessing families involved with DSS and understand and appreciate the role played by the other team experts. The MDAT initiative was designed to reduce the barriers between DSS and community provider agencies and to increase collaboration in assessing families to ensure the safety and well being of the children. MDAT leaders were charged with facilitating team meetings, eliciting participation of community providers, welcoming family participation, and formulating an assessment with a multidisciplinary perspective.

MDATs met weekly or biweekly for several hours. DSS social workers volunteered to present either (a) families who were in the 45-day formal initial assessment that examines a family's capacity to provide for the children's safety and well being, or (b) "stuck cases", that is, families who had been in the system for more than 12 months and were having trouble moving forward to achieve permanency and well-being for their children.

Although the idea of establishing such a network of teams had been discussed in national child welfare meetings in recent years, few states had actually implemented such a network. Thus, Massachusetts was a national leader in establishing these teams and providing the structure and support

for them to flourish. This was a major innovation for Massachusetts DSS, providing a vehicle for significantly changing the way family assessments were conducted. The initiative was broad-based in that teams were established in every area office. In addition the central administration of DSS: (a) provided a structure for operating, in that certain expectations of team leaders were identified; (b) offered flexibility, in that team leaders had some latitude in how they implemented the model; and (c) provided support and resources for teams in the form of training, leader meetings to share successes and problems, and a small sum of money to facilitate the implementation of team recommendations.

The original blueprint for the MDAT recommended that community providers actively participate in the assessment process (Crowe, 1996). This active role for providers distinguished the MDATs from other types of teams common in the child welfare and mental health fields where members engage in "clinical consultation," advising staff members on steps to take with the families, without having direct contact with or responsibility for the families. In contrast, DSS had an explicit expectation that the MDAT members would themselves conduct face-to-face assessments of family members, treat family members, and/or make the services of their agencies available when appropriate. For example, at an MDAT meeting focused on a family with a substance-abusing parent and developmentally-delayed child, the substance abuse expert might offer to see the parent for an evaluation, and the mental health expert might suggest that her agency's developmental psychologist evaluate the child.

Another part of the plan was that family members would be included in the MDAT meetings but, in part because the practice was unfamiliar to most team leaders and members, it did not initially occur. Team leaders and members often asked the question, "How could we confront difficult issues such as substance abuse if family members are sitting in front of us?" Thus, in spite of a theoretical commitment to including families in MDAT meetings, most teams did not to do so. When the families were missing from the meetings, the DSS social worker or a family advocate spoke on behalf of the family, voicing the family's concerns and needs. By the start of the BUSSW-DSS collaboration, only one of the MDATs in the project included family members regularly in team meetings. Both the leader and members of that MDAT reported that the family's presence enhanced the assessment process and improved the service planning for these families and their children.

Collaboration between child welfare agency and university. BUSSW, with funding from the federal Administration for Children and Families, collaborated with DSS to enhance the skills of the leaders of these MDATs. We agreed that strong leadership of the MDATs was critical to the teams' efficiency and effectiveness in producing in-depth assessments of family functioning. Family functioning was defined as the ability of the parents and the extended family to provide for children's safety and well being. To guide the development of strong leadership, as well as mirror the DSS goal of working with families' strengths, BUSSW chose SPIN/Video Interaction Guidance (SPIN/VIG), a strengths-based leadership-training model that incorporates video feedback (Aarts, 1990; Biemans, 1990; Hedenbro, 1997; Jansen & Wels, 1998). Although SPIN had previously been used in child welfare settings, it had not been used specifically to enhance team leader skills. For this reason, BUSSW decided to formally evaluate SPIN's effectiveness in accomplishing this goal.

SPIN Leadership Guidance Model

SPIN, first introduced in the Netherlands, is a Dutch acronym for viewing interaction positively. SPIN was inspired by research demonstrating that the quality of interaction between mothers and infants profoundly affected infants' social, emotional, and cognitive well-being (Stern, 1985; Trevarthen, 1980; Trevarthen, 1982; Trevarthen & Marwick, 1982). A recent review of research on brain and social and emotional development underlines the importance of positive interactions between young children and their significant caregivers in promoting resilience (Shonkoff & Phillips, 2000). Based on this research, Biemans (1990) and Aarts (1990) developed a social service intervention utilizing videotape feedback to strengthen, increase, and extend positive communication patterns. This method has been used in various settings to support families and professional teams.

SPIN identifies a progressive, developmental scale of interaction (Nestel-Patt & Stroucken, 1997). The domains are initiation and reception; interaction; discussion; and conflict management. Patterns and discrete behavioral elements further define each of these domains. For example the domain of initiation and reception contains the patterns of attentiveness and attunement which are demonstrated by discrete behaviors (e.g. looking toward someone, friendly posture and nodding).

Videotapes are a tool in the intervention. Generally a ten-minute segment of interaction is recorded and then micro-analyzed to identify positive interactions of the family, or alternatively, of the managers and staff. A shorter tape is created, viewed and discussed. That tape highlights the evident strengths, their impact on others, and next steps. The model is generally integrated throughout an agency so that each person providing videotape feedback also receives feedback on his/her work. For example a social worker whose client-family is being videotaped would spend time in supervision looking at videotapes of his/her own interventions with a family. In this way, he/she would experience the same methodology. Thus, in the SPIN approach, the role model for change is always the participant.

SPIN is widely used in child welfare agencies in the Netherlands, Scotland, Israel, Sweden, and Eastern Europe. It is increasingly being adopted in the United States by agencies in Massachusetts, New York, Kentucky, and California. Research evidence suggests the intervention significantly: (a) improves communication between parents and children (Jansen & Wels; Wels & Jansen, 1997); (b) diminishes the risk of out-of-home placement (SPIN-Holland, 1994); and (c) enhances communication between teachers and students (Kaye, Forsyth & Simpson, 1999; Simpson, Forsyth & Kennedy, 1993). Although SPIN has been used in the Netherlands and the United States to support the leadership skills of administrators and supervisors, research has not yet been done to evaluate its effectiveness when used in this way.

Once BUSSW described the SPIN model to DSS administrators, they agreed that it should be used in team leader training. Subsequently, BUSSW collaborated with DSS in the design, delivery, and evaluation of this leadership-guidance training for the MDAT leaders.

Leadership Training for Team Leaders

Eliciting agreement for a formal evaluation. DSS administrators who spearheaded and mentored the MDAT initiative expressed initial concern about a formal evaluation of the training intervention. Administrators were concerned about the time-consuming nature of an evaluation and worried that the MDATs would feel that additional demands were being made on them without direct benefit to them. DSS had already been surveying the MDATs about their functioning and felt there was no strong rationale for an additional study, especially one using comparison sites. From the DSS perspective, comparison sites were particularly hard to justify given that

these sites would not directly benefit from the intervention. Ultimately, the BUSSW team initiated the MDAT training without a clear evaluation plan and without comparison sites identified, but with the hope that DSS would become more positive about a structured evaluation of the training once the BUSSW team demonstrated its commitment to DSS goals. In the long run, this strategy proved effective. As the intervention progressed, the team leaders themselves identified other leaders who were willing to participate as members of a comparison group.

Beginning the training. The Principal Investigator, Libby Zimmerman, who had received SPIN training, implemented the training program. Three DSS area offices representing urban, rural and suburban communities participated in the training over a 15-month period, March 1998 through June 1999. The trainer received monthly video guidance training from two SPIN-certified supervisors on her work with the team leaders. These hour-long sessions were strengths-based and focused on the trainer's use of the SPIN Core Communication Principles in her work with team leaders. The trainer met together with the three team leaders for an initial orientation that introduced the SPIN Core Communication Principles and the SPIN method for videotaping and providing feedback. Team leaders set goals related to leading their particular MDATs and their individual professional development. At the beginning of the 15 months of training, the trainer traveled to the MDAT meetings and videotaped them. After the first six months, two of the three MDAT leaders began taping their own MDAT meetings. The BUSSW trainer continued taping the third team throughout the project. In responding to the DSS concern that the MDAT leaders not be burdened by the intervention, the BUSSW trainer made several concessions in the training, while maintaining the integrity of the intervention. The modifications included: (a) reducing the duration of the intervention from a recommended 18 months to 15 months; (b) micro-analyzing the tapes herself rather than asking each team leader to micro-analyze his/her own work; and (c) bridging the geographic gap between herself and team leaders by doing more of the traveling herself.

Modifying the training. Initially, approximately 20-minute segments of MDAT meetings were videotaped. Within the first two months however, a shift was made to videotaping the entire MDAT meeting. This decision was made to capture the leaders' leadership skills used at distinct stages of the assessment process. This taping of a meeting in its entirety contrasted with the use of SPIN in other agency settings that were focused on leadership in staff meetings. In other SPIN taping, only 10 minutes of the meet-

ing were recorded, although the 10-minute segment selected moved from beginning, to middle, to end of the meeting as the training progressed. The assumption was that the part would represent the whole. However, in the case of the MDATs, we found that the skills required in the assessment process were more accurately represented if we taped the entire family assessment. Thus, we modified our procedures to fit the setting and our specific goals.

The trainer reviewed each MDAT leader's videotape and edited it down to a 10- 15 minute segment highlighting the leader's use of the SPIN Core Communication Principles and representing the distinct stages of the assessment process (See Figure 2). Approximately once a month, the trainer met individually with each leader to provide feedback. During these sessions, the trainer discussed with each leader how particular communication skills enhanced his/her leadership and supported the process and content of the assessment. In addition, trainer and leader discussed next steps the leader might take to further advance his/her leadership skills and the assessment.

Within this strengths-based model, leader and trainer focused on what worked to achieve positive outcomes. In the beginning, MDAT leaders expressed doubts about the effectiveness of using a model that worked from strengths. One leader expressed the groups' opinion: "I like to be criticized. I learn from critical feedback." But as the training continued, the benefits of identifying and building on strengths became more evident. By the end of the training, the same leader was ready to use videotape feedback to demonstrate to a social worker that she already had the skills to present an assessment dilemma, along with the family members, to the MDAT. The team leader could envision using the feedback to help the social worker to elaborate these skills.

Early in the process, the trainer and leaders discovered the critical value of specific skills identified in the SPIN Core Communication Principles. In particular, the leaders focused on how to increase the comfort and active participation of family members who attended MDAT meetings. To address this issue during a training feedback segment, the trainer highlighted how a leader's attentiveness to family members promoted community providers' attentiveness to the family. Attentiveness included the leader's talking to family members rather than about them. Although leader attentiveness to any team member is important, it becomes pivotal in reducing the sense of intimidation for family members concerned about their child's welfare and facing eight or more professionals deciding on the

family's future. Thus, leaders benefited from specific guidance in this area of attentiveness to family members.

Educating other MDAT leaders across the state. As a group, the three MDAT leaders met quarterly with the trainer to review videotapes. Discussions focused on common themes regarding leadership skills, challenges, and goals. The meetings were also used to design handouts for educating MDAT leaders of other teams across the state that did not participate in the BUSSW training. For example one handout linked the SPIN Core Communication Principles to the assessment process. As the training progressed, MDAT leaders asked that the trainer "create sentences" to describe how the SPIN Core Communication Principles applied to the MDAT process and to assessment. The sentence format made these principles more "user friendly". From that suggestion, the trainer developed another handout to share with MDAT leaders statewide. By the end of the training, the leaders involved in the BUSSW training described the SPIN Core Communication Principles as "building blocks for leadership" and as a "good fit with the assessment process". More than mid-way through the training, the BUSSW trainer and two of the MDAT leaders used segments of their videotapes to train other Massachusetts MDAT leaders. Showing the videotapes to other leaders provided feedback from a wider DSS audience about the relevancy of the SPIN model to the assessment process.

Study Design

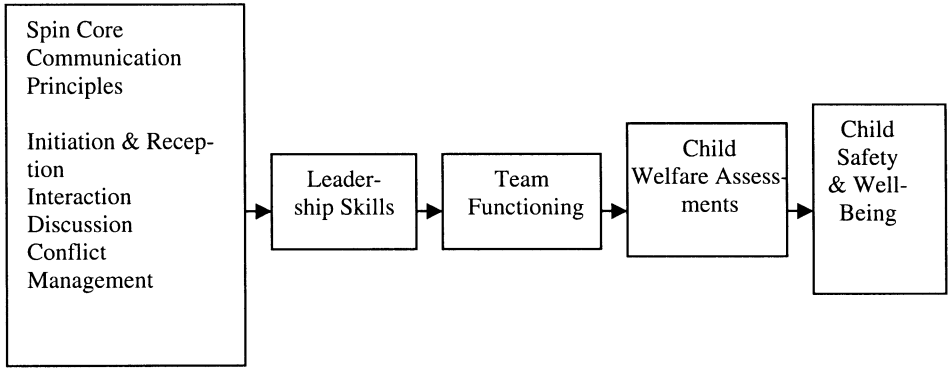
Below is a description of the evaluation of the MDAT leadership training that incorporated the SPIN model. The evaluation had three hypotheses: (a) the training would positively affect leaders' skills, (b) the training would positively affect the leaders' skills over time, and (c) the training would positively affect the functioning of the members as well as the leaders of the three MDATs (See Figure 1). The outcomes are reported below.

Sample: Intervention Group and Comparison Group

The focus of the evaluation was the MDAT. Three leaders who were part of the initial cohort of nine leaders of MDATs established in Massachusetts volunteered to participate in both the leadership training and an evaluation of the SPIN Leadership Guidance Project. Like the MDATs statewide, members of the BUSSW training teams were specialists in sev-

eral disciplines including child welfare, substance abuse, mental health, and domestic violence. However, the three BUSSW training teams differed from one another in terms of geographic region, meeting schedule, and team make-up. The leaders' management roles in their respective DSS area offices also varied. In addition, the individuals who presented the families at MDAT meetings varied and have included DSS social workers, DSS assessment supervisors, DSS family advocates and/or family members.

Figure 1
Theoretical Framework



Intervention group. The intervention group had three teams: Team A, B, and C. Team A met in a DSS area office serving a mixed rural and urban community. The area was primarily non-manufacturing and acted as a hub for a large, relatively dense and diverse population. The 10-member team met weekly for two hours. At the inception of the BUSSW training, this MDAT had already invited families to participate and families generally attended. The leader of this team was the director of the DSS area office for the region. Team B met in a DSS area office located in a city and serving a somewhat diverse and densely populated, industrial community. The 8-member team met weekly for two hours. The team generally assessed two family situations per meeting. At the beginning of the project, families rarely attended the meetings; as the project continued, families participated more regularly. The leader of this team was an Area Program

Manager. Team C met in an office of a collaborating agency located in a city within a rural region. This DSS area office served a less densely populated, moderately diverse community that had an industrial, tourist and agricultural base. The 11-member team met twice a month for three and a half-hours. The leader of this team was the director of the DSS area office for the region.

Comparison group. Two additional area offices volunteered their MDATs as comparison teams for the evaluation. These MDATs were also part of the initial nine DSS teams formed in Massachusetts. These MDATs participated in the evaluation process and shared many similarities with the intervention teams. Team Y met in a town serving a large, somewhat diverse, suburban area. The 7-member team met bi-weekly for two and a half-hours. The leader of this team was an Area Program Manager. Team Z met in a neighborhood of a large diverse metropolitan area. The team had 8 members and met every other week for two and a half-hours. The leader of this team was also an Area Program Manager.

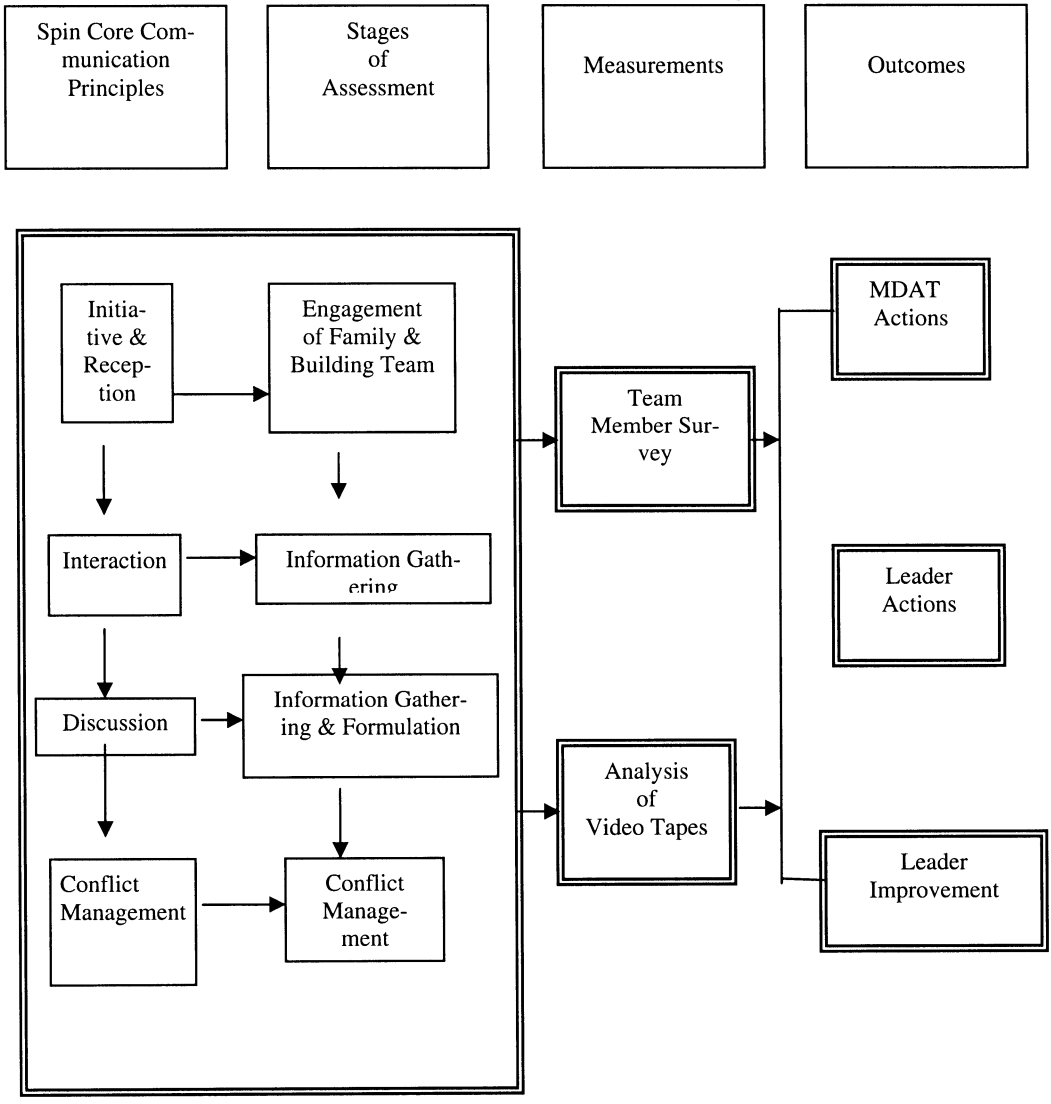
Sampling limitations. It must be noted that the sampling methods used are a limitation of the study. Leaders of the intervention teams and comparison teams volunteered to participate in the training and evaluation and were chosen from small pools. In the case of the intervention teams, they were three of five possible intervention teams and became the final teams by virtue of their continued interest during the early stages of discussion. In the case of the comparison teams, they were approached by the intervention team leaders and asked if they would participate because their teams were similar to the intervention teams in geography, composition, leadership experience, and other such variables. Ideally, sampling for both groups would have been done from a larger number of teams and randomly, but this was not possible given the constraints of this research.

Survey Techniques

After the completion of the training, the intervention was evaluated using four data sources: (1) a self-administered Team Member Survey; (2) a self-administered Team Leader Survey; (3) a leader interview conducted by a research assistant; and, (4) the video-taped MDAT meetings focused on family assessment. The Team Member Survey addressed members' perceptions of their team's actions, their leader's actions, and their leader's improvement using a 4-point Likert Scale. The Team Leader Survey addressed parallel issues using self-ratings on a 4-point Likert Scale. The

three BUSSW training teams and their leaders, as well as two of the comparison teams and their leaders, completed the survey. A research assistant conducted an hour-long, open-ended interview with each team leader including leaders of the three BUSSW training teams and leaders of two of the three comparison teams. Topics included satisfaction with the training intervention and recommendations for future training.

Figure 2
Role of the SPIN Core Communication Principles



Video Coding

The BUSSW trainer and the two coders developed a detailed video-coding process and instrument for the videotaped team meetings. The BUSSW trainer selected videotapes representing three time periods during the intervention: the beginning, the middle, and the end. The domains within the coding instrument corresponded to the patterns in the SPIN Core Communication Principles. The coding instrument named nine distinct patterns taken from the principles: being attentive, being attuned, forming a group, creating turns, cooperating, forming opinions, giving content, making decisions and, managing conflict. These patterns were micro-analyzed using visual cues also taken from the SPIN Core Communication Principles (Nestel-Patt, J., 1998). For instance, the visual cues for being attentive are: turning toward someone, looking at someone, using friendly vocal tones, using friendly facial expressions and, using friendly postures. Two research assistants, blind to the time period they were coding, rated the leaders in the BUSSW training group on these patterns using a 4-point Likert Scale. Ten-minute segments of three separate MDAT meetings were coded for each team. The research assistants met regularly to discuss and resolve differences in scoring. Inter-rater reliability, calculated by dividing the number of scores that were "agree" by the total number of scores, was high: .86. The role of the SPIN Core Communication Principles in the evaluation is illustrated in Figure 2. The principles (a) characterize the stages of the clinical assessment for families, (b) form the basis for the leader training, (c) are used as variables in the team member survey and the video coding process, and finally (d) constitute outcomes.

Data Analysis

Data was analyzed using SPSS for Windows, 7.0. Student's t-test was used to test the difference between means for the interval data. Significance is reported at the level of $p = .05$.

Results

Analysis of Team Member Survey

The survey questions were divided into three domains: 1) Member action variables; 2) Leader action variables; and 3) Leader improvement variables. Each of these three domains is reported below with introductory text, a figure depicting the variables measured, and a table reporting the results.

Member actions. Thirteen questions addressing the MDAT members' perceptions of their teams' actions were clustered, resulting in one variable reflecting the members' functioning during the assessment process. These questions include: (1) understands purpose, (2) accomplishes tasks, (3) attends to member's input, (4) attends to me, (5) attends to DSS worker, (6) clarifies issues, (7) integrates viewpoints, (8) resolves conflicts, (9) elicits family's view, (10) cases are appropriate, (11) decisions are appropriate, (12) plans are appropriate, and (13) plans are collaborative. Table 1 demonstrates that the members of one intervention team perceived their MDAT to be significantly more effective than did members of the comparison group when rating their teams.

Table 1
Member Actions

Intervention Teams / Control Teams	Means (SD) of Intervention Vs. Control Teams		t-test statistics
Team A vs. Y & Z	3.89 (.31)	3.47 (.35)	t=2.704, df=17, p=.015[a]
Team B vs. Y & Z	3.76 (.34)	3.47 (.35)	t=1.718, df=16, p=.105
Team C vs. Y & Z	3.11 (.40)	3.47 (.35)	t= -2.174, df=19, p=.043[b]

Leader actions. Thirteen questions addressing members' perceptions of leaders' actions were clustered, resulting in one variable reflecting members' perceptions of leaders' actions during the assessment process. These questions include: (1) clarifies goals, (2) establishes structure, (3) elicits contributions, (4) attentive to others, (5) attentive to me, (6) facilitates turn-taking, (7) creates supportive climate, (8), summarizes key issues, (9) facilitates decision making, (10), encourages viewpoints, (11) identifies conflicts, (12) facilitates solutions, and (13) elicits family's per-

spective. Table 2 demonstrates that the members of two of the intervention teams perceived their leaders to be significantly more effective than did the members of the comparison teams when rating their leaders.

Table 2
Leader Actions

Intervention Team / Control Team	Means (SD) of Intervention vs. Control Teams		t-test statistics
Team A vs. Y & Z	3.73 (.18)	3.25 (.42)	t=3.153, df=17, p=.006[a]
Team B vs. Y & Z	3.63 (.32)	3.25 (.42)	t=2.126, df=16, p=.049[a]
Team C vs. Y & Z	2.88 (.62)	3.25 (.42)	t=-1.581, df=19, p=.130

Leader improvement. Six questions addressing the members' perceptions of their leaders' improvement were clustered, resulting in one variable reflecting the leaders' improvement during the intervention period. These questions include: (1) as team leader, (2) in promoting discussion, (3) in attending to context, (4) in summarizing, (5) in managing conflicts and (6) in prioritizing solutions. Table 3 demonstrates that members of the intervention teams, when compared with members of the comparison teams, rated their leaders significantly higher on improvement.

Table 3
Leader Improvement

Intervention Team / Control Team	Means (SD) of Intervention Vs. Control Teams		t-test statistics
Team A vs. Y & Z	3.96 (.66)	3.23 (.56)	t=2.676, df=17, p=.018[a]
Team B vs. Y & Z	3.64 (.41)	3.23 (.56)	t=1.717, df=16, p=.105
Team C vs. Y & Z	2.85 (.90)	3.23 (.56)	t=-1.190, df=16.997, p=.250

Summary of Findings from Team Member Survey

Team A scored significantly higher than the comparison teams on 22 of the individual (not clustered) variables, while Team B scored significantly higher than the comparison teams on 10 of the individual variables. Team C scored significantly higher than the comparison teams on one of the individual variables. Table 4 shows the mean of all the variables for the individual teams and the corresponding significance level when comparing each mean with the same for the comparison teams.

Table 4
Average of All Variables

Intervention Team / Control Team	Means (SD) of Intervention Teams Vs. Control Teams		t-test statistics
Team A vs. Y & Z	3.85 (.16)	3.36 (.40)	t=3.421, df=17, p=.003[a]
Team B vs. Y & Z	3.71 (.25)	3.36 (.40)	t=2.188, df=16, p=.044[a]
Team C vs. Y & Z	3.01 (.51)	3.36 (.40)	t=-1.720, df=19, p=.102

Analysis of Videotapes

The analysis of the videotapes focused on 7 of the 9 specific patterns identified in the SPIN Core Communication Principles: being attentive, attuning, forming a group, creating turns, cooperating, forming opinions, and giving content. Making decisions and managing contradictions were not specifically addressed in the training and therefore were not evaluated.

From time 1 to time 3, the leader for Team A improved in three of the skills represented by the principles: being attentive, attuning, and creating turns. Also for Time 1 to Time 3, the leader for Team B improved in all seven skills: being attentive, attuning, forming a group, creating turns, cooperating, forming opinions, and giving content. The leader for Team C improved in four skills from Time 1 to Time 3: being attentive, attuning, forming a group, and cooperating.

When we did t-tests to determine the statistical significance of each of the changes from Time 1 to Time 3, we found that several of the differences were not statistically significant. However, statistical signifi-

cance may not be the most accurate measure of substantive changes in these types of skills for three reasons: (1) no standard has been developed for how much change in a leader's behavior is required from one measurement period to another to achieve improvement in team functioning; (2) each team leader began at a different skill level, so the variability in starting points makes it difficult to assess the changes; and (3) team members reported that what might appear as small leader changes had a considerable impact on their team's functioning as noted above.

Discussion

The BUSSW intervention introduced DSS to an innovative way of providing leadership training. The training was based on a popular conceptual framework and tested intervention method. It focused on leader strengths as demonstrated via videotape feedback. The evaluation was related to improvements in leader and team functioning as hypothesized at the start of the study.

Increasing Provider and Family Participation

Promoting community provider participation in the assessment process was an initial goal of the MDAT initiative. The results indicate that the MDAT providers on the intervention teams, when compared with those on the comparison teams, perceived team actions to be more effective in critical areas such as understanding the purpose of the MDAT, accomplishing the tasks necessary for completing a full assessment, eliciting the family's view, and planning collaboratively. This suggests that team functioning, as defined by provider participation, improves as the leaders' skills improve. This was a gratifying finding for the BUSSW trainer and training team because it meant there was a clear relationship between the training and changes in team functioning. The results of the Team Member Survey suggest that SPIN had a positive impact on the ability of MDAT team leaders to promote the direct participation of community providers in the assessment of families served by the child welfare system. A question remains about the extent to which community provider participation can influence family outcomes. Future research that includes family outcome measures is needed to answer that question.

By the end of the project, two of the intervention teams consistently included family members in their MDAT meetings. The third team made a commitment to doing so and had begun including them by the end of the training. Initially bringing family members to the team meetings required strong initiative and follow through from the MDAT leader. To achieve family participation, the leader had to emphasize to supervisors and workers in the area offices that family participation was expected. Once family members participated, the community providers, team leaders, and DSS workers were enthusiastic and articulate about the fact that the family members' presence brought in essential information and led to a more comprehensive assessment.

Comparison Group Design Versus Measuring a Team's Progress against Its Own Baseline Functioning

Ideally, evaluations of teams such as these would utilize a comparison group design as we did here, plus a pre-test/post-test design. Since each team had unique features, the evaluation could have benefited from comparing each team to its own baseline functioning, as well as comparing it to other teams. For example, one of the key goals of the leadership training was to enhance the teams' ability to engage family members in MDAT meetings. We were not able to measure this by comparing team survey responses related to family engagement, since one MDAT began family involvement prior to the inception of the training, a second team began during the initial stage of the training, and a third team began only at the end of the training. When viewing a team leader's improvement over time, each leader's starting point becomes central to the analysis. All of the leaders demonstrated a fundamental skill level in the SPIN Core Communication Principles at baseline, Time 1. Although, a leader who initially demonstrates great skill may not show as much improvement as a leader who initially demonstrates a lower skill level, the critical measures of progress become the degree of leader improvement and the team members' perceptions of leader improvement. Team members whose leaders begin with a high skill level may perceive even the smaller level of improvement to be quite important to their team's functioning.

Improvement in leader actions for all three intervention teams between Time 1 and Time 3 was demonstrated through the videotape data. The team members' perceptions of positive changes in their leader's actions were demonstrated through the Team Member Survey and this data cor-

roborated the videotape data. This finding suggests that there is, at the very least, the perception of positive change in leader actions when leaders strengthen their skills.

Study Limitations and Strengths

The small sample size is a limitation and calls for studies like this to be done with much larger samples. The sampling procedures used here also limit the generalizability of the findings. Because leaders of the intervention teams were volunteers, findings are open to the competing hypothesis that superior outcomes for the intervention group are due to greater motivation on the part of these team leaders, rather than the effects of the intervention itself. Whenever there is self-selection in such a study, outcomes may be due to the "star phenomenon," that is, the possibility that the "star performers" volunteer to be trained and studied and would do better than their counterparts no matter how effective or ineffective the training was that they received. Further, the fact that the comparison group teams were also volunteers and were suggested by the intervention team leaders leaves the findings open to challenge. Using more data points in analyzing the videotape data would help to answer questions about the trajectory of change and the long-term impact of the intervention. Nevertheless, the evaluation design used here provided an adequate test of the intervention, given that this was a first effort to use and evaluate the SPIN model for the purpose of training team leaders in a child welfare setting. Evaluation strengths were: (a) a comparison group whose members were blind to the specific goals of the study, (b) multiple measures (surveys, interviews, videotapes of team meetings) to examine outcomes, and (c) ensuring inter-rater reliability in scoring videotapes of leader skills.

Implications for Practice and Future Research

The training model described here can be used to support leaders of other types of child welfare teams. The focus on leaders' strengths parallels the child welfare goal of using a strengths perspective with families. Although, not every child welfare agency includes community providers in the assessment process, and thus may not have multidisciplinary assessment teams like the ones described here, they lead clinical or staff groups of some sort that address assessment and intervention issues. Further, they

lead advisory committees, management teams, task forces and staff teams that have a variety of missions. The model described here is very appropriate for leaders of such groups as well.

We would especially encourage child welfare agencies to use the leadership training model with agency teams that have a mission, a designated leader, a consistent membership, and meet over time. We recommend that a similar evaluation design (e.g. comparison teams) be employed, utilizing evaluation tools comparable to the ones used here (e.g. Team Member Survey, Leader Survey, Leader Interview and videotaped team meetings). We hope that a broader range and larger number of child welfare teams can be trained and formally evaluated. This would provide additional and perhaps more generalizable data on the value of the SPIN model. This study laid the groundwork for such research.

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