Unit 3 Post-Test

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THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average **.12** hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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**Instructions:**

The following post-test questions are designed to measure your knowledge gained about the concepts presented after reviewing the content.

**Questions**

1. In Diamond County, agency leaders and university partners held a meeting to explain to frontline staff and supervisors why following the Trauma Focus intervention protocols and completing documentation is critical to a successful study of Trauma Focus. Why was it important for frontline staff to follow protocols and complete documentation?
2. Rigorously evaluating Trauma Focus requires following the intervention protocols.
3. Accurate documentation related to children’s placement moves is necessary for accurate measurement of the impact of Trauma Focus.
4. Documentation of worker activities may be required to assess whether Trauma Focus was implemented properly and how much worker time was necessary.
5. All of the above
6. The data workers collect and capture—for example, information learned when conducting an assessment—are critical for:
7. Determining the nature of the problem
8. Identifying possible solutions
9. Selecting of the most effective intervention
10. All of the above
11. A group of people from different sectors committing to a common agenda for solving a specific social problem and using a structured form of collaboration is known as:
12. A focus group
13. Community awareness
14. Collective impact
15. Collective awareness
16. A benefit of high-quality documentation in supporting evidence building is:
17. It captures detail that allows supervisors, administrators, and others to aggregate families’ experiences.
18. It ensures the effectiveness of the tested interventions.
19. It reduces time spent on assessment activities.
20. It allows supervisors to communicate within their agency and with professional peers.
21. Which of the following is not a critical role frontline child welfare staff play in evidence building?
22. Following protocols
23. Conducting timely and accurate assessments
24. Preparing study designs
25. Keeping high-quality documentation
26. True or False: “Intervention validity” refers to the training, resources, and organizational- and system-level supports that enable staff to deliver and evaluate the intervention as designed.
27. True
28. False
29. A rigorous evaluation requires fidelity to an intervention model. Fidelity is most closely defined as:
30. Following the intervention model as designed
31. Following the intervention model as specifically instructed by the unit supervisor
32. Applying professional expertise to the intervention model
33. Comparing the intervention model to a similar intervention model
34. In building evidence, child welfare staff are known as “knowledge generators.” Which of the following best describes knowledge generators?
35. Child welfare staff who understand the value that building evidence brings to serving children and families
36. Child welfare staff who help develop the research questions to understand what is working and what is not working
37. Child welfare staff who understand the importance of carrying out protocols with professional integrity
38. Child welfare staff who document consistently and accurately to track outcomes
39. All of the above

1. Monitoring delivery of an intervention is:
2. Only important at the discretion of the worker
3. A phase of the Framework
4. How frontline staff follow the steps of the intervention model to deliver the intervention as intended
5. None of the above
6. At a fictional child welfare agency, senior leadership formerly served as frontline staff themselves. From these experiences, they were confident they knew which programs worked and which did not improve outcomes for children and families, despite the lack of rigorous evidence to demonstrate the effectiveness of these programs. This is an example of:
7. Well-meaning government officials taking it “on faith” that programs work
8. Interventions that do more harm than good because they are no longer current in the research literature
9. A lack of proper CQI implementation in this child welfare system
10. Relying on personal observations and opinions rather than evidence about what works