

Engaging and Training Professionals to Implement Family Strengthening Programs: Lessons Learned

Abstract

Child welfare professionals (CWPs) who attended the Healthy Relationship and Marriage Education Training delivered by Extension educators in Georgia participated in focus groups 6 months post-training to investigate what elements of the training influenced their implementation of the concepts and their recommendations for future trainings. The findings revealed three elements that influenced implementation: relevant content, interactive training, and trainer attributes. CWPs made recommendations concerning content/curriculum format, field implementation, and training methods. Conclusions included recommendations for both CWPs and Extension educators. As an unexpected outcome, results suggested that qualitative evaluation may reinforce and strengthen partnerships between Extension and other agencies.

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Introduction

More so today than ever before, Extension professionals are working to do more with less. Family and Consumer Science (FACS) agents are no different. Regardless of program area, one way to reach more diverse audiences and achieve broader outcomes is through collaborations with partner agencies. For FACS agents, social workers are one such relevant entity. Like FACS agents who provide resources and education that promotes family health and stability, child welfare professionals (CWPs) are charged with ensuring the well-being, safety, and permanency of children at risk. In an effort to expand child welfare services to be more preventive and holistic in focus, recent initiatives have emerged to support CWPs in offering relationship and marriage education (RME) as one strategy to promote family and child well-being (Schramm, Futris, Galovan, & Allen, 2013).

Malcolm Knowles coined the term "andragogy" for his theory of adult learning needs that he felt should affect the teaching style of the adult educator (Knowles, 1972, p. 34). Ota, DiCarlo, Burts, Laird, and Gioe (2006) more recently suggested that Extension programming should heed Knowles' principles

and "focus on experiential techniques that tap into the experience of learners, such as group discussion, problem-solving, case methods, simulation exercises, games, and role-play" (p. 2). Since Knowles (1972) had applied this theory specifically to continuing education for social workers, it seemed appropriate to consider these principles for training CWPs in RME. The ability of the educator to connect with the audience through creative and relevant teaching methods is critical to moving these professionals from awareness to action. However, for CWPs specifically, little is known about how they prefer to experience collaborative educational partnerships with Extension professionals.

Research supports the use of RME to strengthen families and improve child outcomes (Ooms, 2005). Goddard and Olsen (2004) have documented Extension's efforts in response to this need since 1997 with the organization of what is now referred to as the National Extension Relationship and Marriage Education Network (NERMEN; www.nermen.org). The aim of NERMEN is "to provide research-based resources and promote partnerships to advance the knowledge and practice in relationship and marriage education" (Futris, 2010, p. 3). Extension specialists and county agents are strategically positioned to offer research-based RME to both urban and rural communities that are struggling with issues of family instability, poverty, and increased crime. However, connecting with low-income, at-risk audiences is often difficult (Ooms, 2007). Therefore, Extension has partnered with child welfare services to deliver RME.

Through a federally funded, multi-state partnership between five land-grant universities, the Healthy Relationship and Marriage Education Training (HRMET) curriculum was developed to meet this need (Futris & Schramm, in press).

The HRMET focuses on preparing CWPs to promote growth in seven core relationship skills described in the National Extension Relationship and Marriage Education Model (Futris & Adler-Baeder, 2013):

- Care for Self: Teach the client to take care of personal health and well-being and to model that for his or her children.
- Choose: Talk with the client about healthy relationship choices so that the client makes informed, deliberate decisions about relationships.
- Know: Share the importance of taking time to know a potential partner before committing to a relationship.
- Care: Work with individuals to help them express care and respect toward their loved ones.
- Share: Talk with clients about how to share meaningful time and experiences together.
- Manage: Teach clients coping strategies such as low-level conflict management.
- Connect: Talk with clients about developing a support network, connecting with the larger community.

Relationship education for at-risk couples has been shown to positively influence parenting practices and children's well-being (Antle, Frey, Sar, Barbee, & van Zyl, 2010). In addition to CWPs' interest in

sharing RME with their clients (Schramm et al., 2013), recent research has shown that CWPs who complete the HRMET do in fact integrate RME into their services (Futris, Schramm, Lee, Thurston, & Barton, 2014). And, while personal and occupational factors have been reported to influence whether and how CWPs share this information with clients (Scarrow, Futris, & Fuhrman, 2014), little is understood about how their training experience and the resources received directly influenced their integration of RME into the services they provide.

Purpose of the Study

The HRMET curriculum was also developed with Knowles' (1972) andragogy principles in mind. Adult learning theorists suggest that educators who connect with their audience through creative and relevant teaching methods that focus on experiential techniques and tap into the experience of learners (e.g., group discussion, problem-solving, case methods, simulation exercises) can influence positive learner outcomes (Knowles, 1972). MacRae and Skinner (2011) found seven elements of effective trainings that affect behavior change, including the following.

- The intervention fulfills the expectations of participants;
- Participants are given an opportunity to influence program content;
- The intervention is related to the short- and long-term learning goals of the learner;
- The content is relevant;
- There is an opportunity to practice and give feedback;
- There is positive behavioral modeling; and
- The intervention includes error-based examples.

From an adult learning perspective, the research reported here sought to understand how training implementation and teaching methods used by Extension educators influenced CWPs' transfer of learning to practice. At the time this qualitative study was conducted, HRMET was in the piloting stage in Georgia; therefore, the findings reported here served to strengthen the training offered to future CWPs in order to increase the extent to which they implement RME. The following questions guided this research.

1. What elements in the training methods and training materials influenced the implementation of RME by CWPs with their clients?
2. What do CWPs recommend for the implementation of RME in their field of work?

Methodology

The researchers used a qualitative design and conducted focus groups in order to generate in-depth conversations with CWPs about their personal experience with the HRMET and their use of the

skills/tools received during their training. CWPs in the Department of Family and Children's Services (DFCS), who attended HRMET delivered by Georgia Cooperative Extension in July and August of 2012, were invited to participate in focus groups as they would likely yield targeted information about the topic under investigation (Leedy & Ormrod, 2013).

Three focus groups were conducted in separate locations, convenient to where participants worked. Four participants attended each focus group representing various responsibilities within DFCS (e.g., investigations, family preservation, foster care, supervision of services). Having these various perspectives within each focus group resulted in a richer understanding of the situations in which CWPs might implement RME. Participant demographics are described in Table 1. Each participant was given a pseudonym in order to preserve anonymity, and identified with their group by a color. Each focus group lasted 50-60 minutes. A light supper was provided before the focus group so that the researcher could meet and establish rapport with the participants. Each participant received a \$15 honorarium.

Table 1.
Participant Demographics

Participant	Team	Demographics
Rhonda	Blue	White, Female, 5 Years' Experience, Facilitator for Family Team Meetings, Rural Clientele
Amber	Blue	African American, Female, 5 Years' Experience, Case Manager in Family Preservation, Rural Clientele
Lisa	Blue	African American, Female, 18 Months' Experience, Permanency Unit, Rural Clientele
Sally	Blue	White, Female, 18 Years' Experience, Supervisor of Permanency Unit, Rural Clientele
Nancy	Red	African American, Female, 7 Years' Experience, Previously Family Preservation, Currently Supervisor of Social Services, Urban/Suburban Clientele
Sarah	Red	African American, Female, 4 Years' Experience, Previously Family Preservation, Currently Intake Department, Urban/Suburban Clientele
Tabitha	Red	African American, Female, 2 Years' Experience, Social Services, Urban/Suburban Clientele
Andrew	Red	African American, Male, 7 Years' Experience, Investigator for Child Protective Services, Urban/Suburban Clientele
Dina	Green	White, Female, 7 Years' Experience, Family Preservation, Rural to Urban Clientele
Darla	Green	African American, Female, 5 Years' Experience, Family

		Preservation, Rural to Urban Clientele
Katrina	Green	African American, Female, Experience Not Given, Investigator for Child Protective Services, Rural to Urban Clientele
Gail	Green	White, Female, 5 Years' Experience, Family Preservation, Rural to Urban Clientele

Focus group questions (Table 2) were written based on the research objectives and informed by the secondary data collected from CWPs who completed the HRMET across the five states (see Futris et al., 2014). Prior literature describing the barriers and benefits CWPs may experience in implementing RME with their clients (e.g., Antle et al., 2010; Christensen, Antle, & Johnson, 2008) also informed the choice of focus group questions. Building on recently published research that examined personal and professional experiences related to RME implementation (Scarrow et al., 2014), the current study focused on exploring responses specific to their training experience and reflections about the materials themselves.

Table 2.
Focus Group Questions

1	How have you used these tools with the clients you serve? Which tools have you used? How did you use those tools? Have you used the relationship wheel? How have you used it? When did you find yourself using these tools? What situations prompted you to use them?
2	What is it about the concepts and principles that you taught (using the tools) that made them relevant to your clients' life and relationships? What motivated you to use those tools and teach those principles and skills? Which concepts were your favorites to use with clients and why?
3	Thinking about the tools you did use, I would like for you to think about how they helped you and your clients. How did the HRMET tools and resources help you in your work as child welfare professionals? Did using the HRMET materials generate positive outcomes with your client(s)? What specific benefits to your clients did you observe? What about the HRMET tools, or your teaching of the tools, do you think contributed to the positive outcomes? Were there HRMET tools that did not work as you had anticipated? If so, please explain.
4	Next, let's talk about those tools that you have not used or used less often. What materials or concepts from the HRMET toolkit did you use less frequently and why?
5	Child welfare professionals whom we surveyed expressed some reservations about implementing Relationship and Marriage Education, such as being "overburdened with their caseloads" and "time with clients is too limited." What barriers have you encountered to implementing the HRMET tools and

teaching these relationship and marriage education principles and skills?
Any cultural barriers, work related, or content related barriers?

The focus group conversations were audio recorded and transcribed verbatim. Each transcription was analyzed using content analysis procedures, and domains emerged that represented recurring themes within the data. Members of the focus groups were asked to verify this initial analysis in order to increase credibility (Merriam, 2009). The data analysis was also reviewed by the co-authors to ensure trustworthiness. The researchers then merged the domains from all three focus group transcriptions and reported these findings by research question.

Findings and Discussion

During focus group conversations, the 12 participants identified elements of the HRMET experience that influenced their understanding and implementation of new skills/tools with their clients. These training elements were categorized in three subdomains: relevant content, interactive training, and trainer attributes. Participants in all three focus groups also made recommendations for improving the implementation of the HRMET skills/tools by trainees such as themselves. From these recommendations emerged three additional subdomains: curriculum content/format, field implementation, and training methods. Table 3 summarizes these domains and subdomains.

Table 3.
Domains

Domains and Subdomains		
<i>Domain 1</i>		<i>Training Elements that Influenced Implementation of the HRMET Skills/Tools</i>
	Subdomain A	Relevant Content
	Subdomain B	Interactive Training
	Subdomain C	Trainer Attributes
<i>Domain 2</i>		<i>Recommendations by CWPs for the HRMET</i>
	Subdomain A	Curriculum Content/Format
	Subdomain B	Field Implementation
	Subdomain C	Training Methods

Domain 1: Training Elements that Influenced Implementation of the HRMET Skills/Tools

Insights offered by CWPs concerning *the training elements* were very informative for understanding "why" they implemented the HRMET skills/tools with their clients. Participants in the study said they thought about the needs of their clients during the HRMET experience. In the same way, Daley (2001) states: "When social workers attended CPE [Continuing Professional Education] programs, they clearly

had their clients' needs in mind" (p. 44). It is also valuable when CWPs consider the knowledge, skills, and tools as useful and practical for implementation (Burke & Hutchins, 2007; MacRae & Skinner, 2011). Not only did the participants in the study feel HRMET was practical, but the training also gave them a sense of empowerment for implementing the skills and tools. This type of training is responsive to adult learning needs such as the desire to increase capacity, effectiveness, awareness, and action (Franz, 2007; Knowles, 1972; Ota et al., 2006).

Relevant Content

Comments made by the CWPs concerning the training experience and the quality of the materials also helped in understanding "why" they chose to implement the HRMET skills and tools. Across all three groups, CWPs commented on thoughts they had during and after the training about the practicality and usefulness of the content (Table 4).

Table 4.

Elements that Influenced Implementation of the HRMET Skills/Tools: Relevant Content

Participant	Response
Sarah	I remember sitting in the training and thinking, "Wow, I could use that with 'miss so and so' or I can use that with this family, and I don't know if it will work with those people because they're a little more dysfunctional than that (laughs), you know, but just kind of thinking about my caseload at that time.
Tabitha	I think that the whole training was just practical...it's just so right now, not a training that is so specific that it fits only this group.
Amber	Because it's so nicely put together, I did keep it readily available. ... It was easy reading, and it was easy, um, to, you know, give back to the client.
Dina	They also gave us some basic tools to use when we were in the home of our clients, with the families. It was practical.
Darla	[in response to Dina] Exactly, oh I can do this!
Katrina	I just want to piggy back on both of what they [Dina and Darla] were saying. It was useful, useful information. It was stuff that we could really apply to our families and kind of put it to each situation, and kind of, you know, instead of kind of putting a Band-Aid on the problem, kind of really seeing the problem and working towards the root of the problem.
Gail	And it's something we could implement in the families that we work with... and we kind of left the training with a sense of empowerment.

Interactive Training

As summarized in Table 5, CWPs in all three groups also voiced their appreciation for the training activities and the trainers' teaching methods. They were motivated by the activities to implement the skills and tools. The trainers provided small group interactions and activities to illustrate key relationship concepts. In fact, some CWPs remarked that the interactive aspects of the training were helpful for internalizing and remembering the content. For example, the relationship wheel, a paper disc with moving parts that define the seven relationship skills, provided a visual aid which participants used to recall the training concepts.

Table 5.

Elements that Influenced Implementation of the HRMET Skills/Tools: Interactive Training

Participant	Response
Tabitha	This was a good, interactive training.
Rhonda	I'm a people person, you know. And it sinks in when someone's talking to me, demonstrating, using uh, examples, that's what sticks, doing uh being in activity. I remember the balloons we were popping all over the place, you know, the little strings.... Being active, I guess, being, participating in something, you know, is what sticks.
Lisa	We remember the activities.
Sally	It [games, activities] helps to remember, cause if we're going to be honest, we go to a lot of trainings sometimes, and just going to the training itself can be overwhelming because what all we have waiting for us when we get back... I think anything that's more the activities to help kind of keep that in your mind or... even the scenarios.
Amber	The game prompt me to ask questions and then the responses I got, I was like "wow" no wonder this is going on. And so... it helped me realize things that I wouldn't have normally realized if the game hadn't of prompt me to ask the question.
Gail	We were active, we were up, we did activities that required walking around, moving about the room, so I felt like the way that the material was presented—that was one thing I like about it.
Katrina	It [the relationship wheel] was almost like a slideshow; it was interactive, and [clients] can focus on one part at a time.

Trainer Attributes

Trainers who allow participants to engage and even direct the learning find increased outcomes with adult learners (Mealor & Frost, 2012). CWPs in the focus groups reported a feeling of rapport with the HRMET trainers as well as appreciating their energy and thorough knowledge of the subject matter. Their comments agreed with research which correlates trainer attributes such as those mentioned by CWPs in the *red* and *green* groups (Table 6) with productive training experiences (Ghosh, Satyawadi, Joshi, Ranjan, & Singh, 2012).

Table 6.
Elements That Influenced Implementation of the HRMET Skills/Tools: Trainer Attributes

Participant	Response
Tabitha	And I liked the fact that the instructors were very energetic; they knew the information; they were very interactive, and to me that's always good.
Gail	I thought the trainers did a really great job presenting, because they made it fun and they made it interesting for me.... I thought they did a really good job of presenting and I found the training to be interesting and helpful.
Dina	I thought they were knowledgeable about the topic.

Domain 2: Recommendations by CWPs for the HRMET

Participants also shared recommendations for enhancing the HRMET curriculum and the mechanics of the training itself. Specifically, their suggestions highlighted elements of the curriculum content, its implementation, and the teaching techniques used to deliver it.

Curriculum Content/Format

MacRae and Skinner (2011) suggest that when participants have ownership in a training experience and direct influence on program content that there is greater learning transfer for CWPs. CWPs who participated in the study thought the curriculum should include more content about family violence, poverty and finances, teens who are parents, grandparents raising children, cultural sensitivity, and fatherhood (Table 7). Concerning the curriculum format, there were suggestions to put the material online and provide pamphlets for use with the clients. Research shows that training materials that are ready to use and promote active engagement are most effective in family education programs (Collins & Fetsch, 2012; Hughes & Fetsch, 2007; Small, Cooney, & O'Connor, 2009). These thoughts were shared by both red and green group members.

Table 7.
Recommendations by CWPs for the HRMET: Curriculum Content/Format

Participant	Response
Tabitha	

	<p>A lot of things deal with poverty. How this affects relationships. Things concerning finances.</p> <p>Break it down to a pamphlet just for our clients. A pamphlet for each issue.</p>
Andrew	Put the material online.
Sarah	More concepts to deal with family violence.
Katrina	<p>Like if you, in some cases where kids may be suspected of being gay, or, you know, they are just interested in different stuff or a little withdrawn, or whatever, how to be sensitive and relate to whatever their needs are....</p> <p>Parents are not always adults now that we're dealing with, they are younger and younger and you have to have material that's going to reach those kids at their level.</p>
Dina	A section for teens, teens who are parents, how to relate to their own parents... grandparents—they're raising the kids; some great-grandparents got temporary custody the other day at court.
Darla	What about some sensitivity... culturally, sensitivity. Uh, I don't know if you could, this might be another project—like a fatherhood initiative.... Because we do have to find dads, don't we.

Field Implementation

The next subdomain reflected ideas expressed by the *blue* and *green* groups regarding field implementation (Table 8). Family team meetings were suggested as an ideal time for using HRMET skills and tools with clients. It was also recommended that service providers contracted by DFCS and parent aides could be equipped to deliver RME. One noted advantage for delivering RME through these providers and parent aides is that they often enjoy higher levels of rapport with clients. One of the supervisors suggested preparing packets of information from the HRMET fact sheets and worksheets ahead of time for use with clients. She suggested that during team meetings the CWPs could prepare these "grab and go" packets.

Table 8.

Recommendations by CWPs for the HRMET: Field Implementation

Participant	Response
Gail	Sometimes we just leave all of that up to the service providers we put in the home... this is what we're paying the service providers for.
Darla	Connect, share, and manage resources— all of those could be shared in the Family Team Meeting.

Rhonda	I think this would be a very good training for the private providers for DFCS agencies. And also, don't forget about the Independent Living Program, that is a part of DFCS. What do you think about group homes? I think it would gear towards more having a healthy relationship with responsible adults.... Let's start it off early... getting you know parent aides included.
Lisa	Now that would be a good module for the parent aids, to put it in parenting.
Sally	<p>This could really be good with some of the parent aids too that have more time to sit and stay on one subject. . . to make that a module of parenting classes, is that relationship part of it. . . and even with like say the ones in foster care.</p> <p>Make little packets so that say if you did have a situation where this is the family we could probably do some of this with you would have it right there readily stapled together and not have to remember to go try to find it in here [binder].</p> <p>So it's a little bit hard on our end, but I can really see how the family preservation side could use it even more as far as the specifics, than us. But now our teens, I think this really, they need to do that more in the ILP program. Where they're doing these workshops and stuff for children.</p> <p>I still think that they're more receptive um when we put parent aides in the home because they don't see the parent aides as DFCS. And I think they're more receptive with sharing things and doing those type things, tool type things, and um, with them than they are with us.</p> <p>I'm thinking well we could do a better, we could do a better job of, you know we have team meeting every Tuesday, of taking out some of, taking out some of these and stapling them together where maybe they'd be more likely to use it, put it in a folder, OK, when you're going out, you've got a situation, you know, you don't have to do all this planning just come grab it.</p>

Training Methods

Participants from the *green* and *blue* groups also gave recommendations regarding specific training methods, which included: the use of roundtable discussion groups, attending the training as a team or department, the use of realistic scenarios that are hands on, more sessions closer together, and time to hear feedback from colleagues on how they implement HRMET skills and tools (Table 9). Many of

these recommendations align with Knowles' (1972) principles of andragogy (e.g., self-directed, experiential, and problem-centered learning) that have been applied successfully to Extension programs (Ota et al., 2006; Mealor & Frost, 2012).

Table 9.
Recommendations by CWPs for the HRMET: Training Methods

Participant	Response
Dina	Oh, I have an idea. . . more like this, like a roundtable [discussion].
Lisa	[follow up booster training] to see how everybody else is putting it into place, get some ideas, yeah, from everybody.
Rhonda	<p>I think the good thing about our agency you know with this training, we took different departments.</p> <p>I think maybe some scenarios. (Lisa: like some examples)</p> <p>I think that would be good like more sessions closer together like within a three month period and then that way... we're more apt to focus.</p>
Sally	<p>Some scenarios of like realistic, families we have and OK how you might not could do "this and this" with them, but "this and this" would be good, you know, just some hands on because sometimes if you don't take that extra step where you can visualize how is this gonna look, this is all good stuff but how's it gonna look when I go back to work tomorrow?</p> <p>What am I going to actually do with it? Put it into play. . . I think if you had some more time to follow up with more of that.</p> <p>Have that second time of following up with some more hands on type stuff. You may even hear like you hear ideas from others you know if you had a bigger group where you could hear things they're doing with it.</p>

Conclusions and Recommendations

Focus groups conducted during the research provided an opportunity for further reflection and experiential learning as CWPs shared how they used the HRMET skills and tools. Training for CWPs may be more effective if it is interactive, experiential, and deemed practical or useful by participants. While others have reported similar findings, what is unique about these results is that this data not only informed revisions made to the HRMET curriculum, but also built a sense of ownership and buy-in

from collaborating participants that quantitative studies might not have provided to the same extent. Extension educators may consider the use of qualitative studies for relationship building with partnering agencies as well as clients.

As a qualitative study, although the results cannot be generalized to other professionals trained in RME, the findings can be transferred and used by Extension educators delivering HRMET to CWPs. The following recommendations are presented for Extension educators who would like to offer HRMET for CWPs who work with at-risk audiences.

1. Allow as much time as possible during HRMET to include activities such as those suggested by CWPs in the study: small group discussion, hands on practice, and scenarios.
2. Encourage CWPs to follow up their training experience with periodic sharing to enhance morale and communication about what is working and what is not.
3. Consider offering HRMET in a series of workshops as opposed to a 1-day training event. This would allow for more experiential learning as well as the opportunity to problem-solve and reflect on implementation ideas.
4. Include scenarios in the training that reflect those situations encountered by CWPs in the study: family violence, poverty, teen parents, grandparents raising children, and culturally diverse scenarios.
5. Expand the invitation to attend HRMET beyond CWPs in DFCS to include private service providers and parent aides who work as auxiliary providers for DFCS. This could build understanding and collaboration between CWPs and other providers.
6. Suggest to DFCS supervisors that it may be especially helpful for working teams to attend HRMET. Provide time during HRMET for these teams to discuss implementation of the skills and tools they are receiving as well as benefits and barriers to implementation.
7. Consider conducting focus groups to follow up with CWPs periodically after the HRMET in order to encourage on-going partnerships between Extension and DFCS.

The findings reported here may inform best practices for CWPs who attend HRMET. CWPs in all three focus groups enjoyed discussing their experiences and generated new ideas and enthusiasm for implementing HRMET. Family team meetings were suggested as an ideal time for using HRMET skills and tools with clients. It was also recommended that service providers contracted by DFCS and parent aides could be equipped to deliver RME. One noted advantage for delivering RME through these providers and parent aides is that they often enjoy higher levels of rapport with clients. Based on input from participants, the following recommendations may be helpful for CWPs from DFCS who attend HRMET in the future.

1. If possible, attend HRMET as a team: supervisor, investigator, family preservation, foster care, parent aides, and private providers. This could encourage a team approach to implementation with

clients, providing motivation and accountability.

2. Decide during HRMET the most practical method for using the binder fact sheets and worksheets (e.g., making grab and go packets or some other method). For example, the care for self skill was very popular for CWPs in the study to discuss with their clients (see Scarrow et al., 2014). There are five worksheets (tools) that can be used with care for self. Discuss how to use those worksheets with clients to reinforce the skill.
3. Follow up HRMET with a team discussion about how to implement the skills and tools with current clients. Discuss how HRMET skills and tools could be used to build rapport, reach client goals, and increase family stability. Discuss the value of modeling healthy relationship behavior to clients, sharing personal relationship benefits as a result of attending HRMET.

The above recommendations for CWPs who work with DFCS reflect adult learning principles and learning transfer theories such as Knowles' principles of andragogy (Knowles, 1972). These recommendations also assume that, based on the literature reviewed, there will be benefits for CWPs and their clients when the HRMET skills and tools are implemented. The use of HRMET skills and tools by CWPs may serve to achieve case management goals with DFCS clients and increase the well-being and safety of the children in those homes. In addition, the research reinforces the importance of certain training elements such as content relevancy, participant interactivity, and trainer attributes for effective Extension education. Furthermore, the use of focus groups to evaluate Extension trainings may be helpful in achieving training objectives such as the use of RME skills and tools by CWPs with their clients. In the end, focus groups served as conduits of discussion for more effective implementation of newly acquired relationship skills and knowledge.

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