

**THE UNIVERSITY OF TENNESSEE, KNOXVILLE
COLLEGE OF SOCIAL WORK**

**SW 563 - Systematic Planning and Evaluation for Interpersonal Practice
Section 2 and Section 4
3 credit hours
Spring, 2018**

Prerequisite(s): 510, 512, 513, 519, 522, 537, 538 and 539

Instructor: Marlys Staudt, MSW, Ph.D. Phone: 4-7502

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Class time: Tuesday, 12:10 to 3:25, HH 318 (section 2)

Thursday, 9:05 to 12:05, HH 418 (section 4)

Office Hours: At your convenience.

Code of Conduct

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSSW Handbook (www.csw.utk.edu). Students are also expected to sign and adhere to the Social Work Field Placement Code of Conduct.

The Honor Statement

An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics*).

University Civility Statement

Civility is genuine respect and regard for others: politeness, consideration, tact, good manners, graciousness, cordiality, affability, amiability and courteousness. Civility enhances academic freedom and integrity, and is a prerequisite to the free exchange of ideas and knowledge in the learning community. Our community consists of students, faculty, staff, alumni, and campus visitors. Community members affect each other's well-being and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its members adhere to the principles of civility and community adopted by the campus:

<http://civility.utk.edu/>

Disability

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee Office of Disability Services at 100 Dunford Hall (865) 974-6087. This will ensure that you

are properly registered for services.

Dimensions of Diversity

The College of Social Work and the University of Tennessee welcome and honor all people. In accordance with the U.S. National Association of Social Workers (NASW) and the U.S. Council on Social Work Education (CSWE 2015 Educational Policy Statement), “the dimensions of diversity are understood as the intersectionality of multiple factors including” age, class, color, culture, mental or physical disability and ability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, political ideology, race, regionality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. The College values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. “A person’s diverse life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim” (CSWE 2015 Educational Policy Statement). The College of Social Work promotes social justice and social change, and strives to end discrimination, oppression, poverty, and other forms of social injustice.

Course Description

This is a required concentration course. This course focuses on the development of knowledge, attitudes and skills necessary to systematically plan and evaluate interpersonal practice for the purpose of informing clinical decision-making. Building upon the foundation research, human behavior, and practice courses, this course examines evidence-based methods for: conducting assessments; identifying and implementing evidence-based interventions; and measuring and monitoring outcomes for individuals, couples, families, and small groups.

Course Rationale

Social workers face complex human situations presented by clients that come from diverse backgrounds, and the interventions social workers have at their disposal vary in the degree of effectiveness with any given individual, couple, family, or small group. In order to provide the most effective interpersonal practice for particular clients, social workers must be able to locate, critically appraise, and implement evidence-based interventions, measure and monitor client outcomes in a sensitive, practical, and accurate manner, and determine the extent of client change in a timely fashion in order to modify or terminate interventions as needed.

Course Competencies

By the completion of this course, the students are expected to be able to:

1. Select appropriate targets of client change and goals in a way that can be measured and monitored in interpersonal practice. *(Content: conducting an assessment of client needs; goal setting, short and long term goal identification; measurement plan; cultural relevance of measurement tools; validity and reliability of measurement tools; standardized recording plan; importance of client values, preferences, and expectations; practitioner’s individual expertise; and clinical characteristics and circumstance)* EBIP 4.2, 9.1

2. Locate, critically appraise, and apply appropriate evidence-based interpersonal practice interventions for a given client system. (*Content: steps of evidence based practice; systematic reviews; development of evidence based treatment plan; cultural relevance of evidence; connection between evidence based practice, social justice and the code of ethics; evidence based practice; importance of client values, preferences, and expectations; practitioner's individual expertise; and clinical characteristics and circumstance; using research to inform practice and practice experience to inform research*) EBIP 6.1, 7.1, 8.1

3. Select and use the most appropriate single-system designs (defined broadly) to evaluate client change in interpersonal practice. (*Content: purpose and uses of baselines; circumstances under which different single-system designs are useful, practical, and ethical; purposes of different single-system designs; considerations in selecting different single-system designs*) EBIP 4.1, 9.1

4. Select and use the most appropriate evidence-based methods to analyze and interpret client change in interpersonal practice. (*Content: practical, statistical, and theoretical significance; methods for graphing single-system design data; visual analysis of single-system design data; considerations in selecting different methods for analyzing data from single-system designs*) EBIP 4.2, 9.1,

5. Select and use the most appropriate evidence-based methods for the assessment, monitoring, and analysis of client change in interpersonal practice. (*Content: direct measures (i.e. behavioral observations), and indirect measures (individualized rating scales standardized instruments); logs; rating scales; influence of 'bias'; characteristics and benefits of standardized scales; methods of measuring behavior; benefits/limits of scales; cultural competence in planning and constructing measures; search terms for choosing a scale; measurement databases such as HAPPI and Mental Measurements Yearbook; administering a scale; standardized measures*). EBIP 4.2, 7.1, 8.1, 9.1

6. Effectively communicate results obtained from the evaluation of interpersonal practice in print and electronic formats. (*Content: visual and descriptive analysis; presentation techniques; creating line and bar graphs; techniques for describing and interpreting data*) EBIP 1.1, 9.1,

7. Conduct the evaluation of interpersonal practice within the ethical standards of the social work profession. (*Content: NASW Code of Ethics; connection between evidence based practice, social justice and the code of ethics; role of client informed consent in implementing measures and interventions*) EBIP 1.1

8. Critically evaluate the strengths and limitations of the evaluation of interpersonal practice in reference to race/ethnicity, class, gender, sexual orientation, disability status, family structure, relational status, national origin, age, and religion. (*Content: cultural relevance of evidence; importance of client values, preferences, and expectations; importance of self-reflection and awareness of clinician's values, preferences, and expectations; culturally sensitive assessment; culturally sensitive treatment plan; culturally sensitive methods of measurement; locating culturally sensitive measures; culturally sensitive goal setting;*

culturally sensitive evaluation of client progress) EBIP 2.1, 9.1

Use of Laptops/Cell Phones/Other electronic devices:

Please do not use laptops and other electronic devices during class for non-class purposes; remember to turn off your cell phones during class. Adherence to these requests will be much appreciated!

Text/Readings:

Readings are either on CANVAS or easily accessible through Hodges Library.

Course Requirements:

The instructor will present material on practice evaluation and the students will integrate it with their readings and apply the information in their practice experience and field settings. Students will present these applications on a regular basis. Students are expected to read assigned materials, discuss assigned readings in class, attend class and participate in discussions, and present case applications. The number of presentations will depend on the number of students enrolled in the class. These are primarily “informal and relaxed” presentations of different components of your practice evaluation effort, and are intended for you to receive feedback and for other students to learn from your efforts.

Assignments

- The first presentation requires you to present a treatment plan for one of your clients. **(Competency 1; Dimensions of Measurement: knowledge, cognitive and affective processes; values).**
- The second presentation and first small paper require you to describe a measurement plan for assessing and monitoring desired client outcomes, including your assessment of whether and in what way administration of these measures is ethical and appropriate, given client age, ethnicity, cognitive functioning, etc. **(Competencies 5, 7, and 8; Dimensions of Measurement: knowledge, skills)**
- The third presentation and second small paper require you to operationalize the intervention and describe how you will monitor it and why you chose it, including issues related to client’s culture and values **(Competencies 2 and 8; Dimensions of Measurement: Knowledge; Values).**
- The final paper and presentation integrate the two smaller papers and include the findings from your practice evaluation effort, including its strengths and challenges **(Competencies 1-8; Dimensions of Measurement: Knowledge, Skills, Cognitive and Affective Processes; Values)**
- One quiz is based on a lab assignment and focuses on the analysis and interpretation of data and client change, including visual and statistical analysis. **(Competencies 4 and 6; Dimension of Measurement: Knowledge).**
- One quiz focuses on designs, internal and external validity, as well as measurement of target behaviors, including measurement validity and reliability. **(Competencies 1 and 3; Dimension of Measurement: Knowledge).**

(Although each quiz has a primary focus, they may include any material covered in class/readings).

Grading

Points will be allocated as follows:

Participation in class discussions and presentations: 20 points

- Students are expected to do at least one presentation and that is included in the 20 points. The presentation itself is not graded, as they are informal presentations. However, not taking it seriously as evidenced by lack of preparation will result in the loss of up to 10 points. Missing your presentation without prior discussion and arrangement with me will result in a deduction of 10 points.
- Students are expected to do the readings and sign up to summarize at least one reading and lead class discussion about that reading. Again, this is informal.
- Students are expected to attend class. More than two class absences without prior discussion and arrangement will result in a deduction of 2 points per absence. Students should read the assigned readings and come prepared to ask and/or answer questions and engage in discussion related to the readings.

Two small papers, each worth 30 points: 60 points

Two CANVAS Quizzes, each worth 20 points: 40 points

Final Paper: 60 points

Total possible points: 180 points

172-180: A

162-171: A-

158-161: B+

146 -157: B

144-145: B-

136-143 C+

126-135: C

125 and below:D

Course Outline:

Tuesday	Topic
1/16	Introduction to the Course. Introductions. Discussion of how you currently track client progress.
1/23	Conceptualization, Treatment Plans, and Logic Models.
1/30	Student presentations of treatment plans.
2/6	Measuring Outcomes. Review of Measurement Reliability and Validity.
2/13	Student presentations of measurement of target behaviors.
2/20	Single system designs. Review of Internal and External validity. Paper 1 due.
2/27	Goal attainment scaling. Review of Group Designs. Quiz 1.
3/6	Monitoring the Intervention.
3/13	Spring Break.
3/20	Student presentations of their interventions.
3/27	Understanding Intervention Research Paper 2 due.
4/3	Data analysis.
4/10	Data analysis.
4/17	Student presentations of Final Practice Evaluation. Quiz 2.
4/24	Individual Consultation and Catch-up.

Thursday	Topic
1/11	NO CLASS: SSWR CONFERENCE
1/18	Introduction to the Course. Introductions. Discussion of how you currently track client progress.
1/25	Conceptualization, Treatment Plans, and Logic Models.
2/1	Student presentations of treatment plans.
2/8	Measuring Outcomes. Review of Measurement Reliability and Validity.
2/15	Student presentations of measurement of target behaviors.
2/22	Single system designs. Review of Internal and External validity. Paper 1 due.
3/1	Goal attainment scaling. Review of Group Designs. Quiz 1.
3/8	Monitoring the Intervention.
3/15	Spring Break.
3/22	Student presentations of their interventions.
3/29	Understanding Intervention Research. Paper 2 due.
4/5	Data analysis.
4/12	Data analysis.
4/19	Student presentations of Final Practice Evaluation. Quiz 2.
4/26	Individual Consultation and Catch-up.

Session 1: January 16/18

Introduction, review of syllabus, course objectives and requirements

The importance of evaluation in direct social work practice will be discussed. The ways in which evaluation can contribute to treatment planning, to decisions about termination and the revision of treatment plans, worker accumulation of practice wisdom, and to improvement and refinement of worker skills, will be discussed. We will re-visit the purpose of assessment and how the process of assessment leads to the formulation of desired outcomes. We will discuss easing of evidence-based practice.

Students will be asked to talk about their placement setting, the types of presenting problems they see, and how their agencies undertake evaluation activities.

Session 2: January 23/25

- Practice evaluation is a way of thinking about your practice. In this session we will consider the whole of treatment planning--formulating problems, interventions, outcomes and the rationales provided for decision-making.
- Instructor will provide an overview of moving from conceptualization to measurement and deciding what to measure and begin to discuss specific measurement strategies.

McAlister, B., O'Donnell, & Lambert, M. J. (2012). An investigation of self-assessment bias in mental health providers. Psychological Reports, 110, 2, 639-644.

Okun, B. F. & Suyemoto, K. L. (2013). Beginning Conceptualizing: Gathering and Integrating Information (pp. 125-149). In Conceptualizing and Treatment Planning for Effective Helping. Brooks/Cole.

Okun, B. F. & Suyemoto, K. L. (2013). Conceptualization, Treatment Planning, and Diagnosis (pp. 151-177). In Conceptualizing and Treatment Planning for Effective Helping. Brooks/Cole.

Session 3: January 30 and February 1

- Students will present their preliminary treatment plans.
- The instructor will begin to present information on specific measurement strategies. Sources of measures. How can client willingness to participate in data collection be facilitated? What instructions, assistance, guidelines, should be provided to clients? Instructor will review validity, reliability, and other measurement properties.

Jensen, D. R., Abbott, K., Beecher, M. E., Griner, D., Golightly, T. R., & Cannon,

J. (2012). Taking the pulse of the group: The utilization of practice-based evidence in group psychotherapy. Professional Psychology: Research and Practice, 43, 4, 388-394.

Session 4: Feb 6 and Feb 8

The instructor will continue to present information on specific measurement strategies. Sources of measures. How can client willingness to participate in data collection be facilitated? What instructions, assistance, guidelines, should be provided to clients? Instructor will review validity, reliability, and other measurement properties.

Readings:

Rzepnicki, T. L. (2004). Informed consent and practice evaluation: Making the decision to participate meaningful. In Briggs, H. E. & Rzepnicki, T. L. (Eds.), Using Evidence in Social Work Practice: Behavioral Perspectives (pp. 273-290). Chicago: Lyceum.

Session 5: February 13 and February 15

- Students will present their target behaviors, how they are operationalized and measured.

Session 6: February 20 and February 22 Paper 1 is due

- Single system designs: Baseline, evaluation, and experimental designs
- Goal attainment scaling and strategies for short-term practice

Readings:

Barrett, M. D. & Wolfer, T. A. (2001). Reducing anxiety through a structured writing intervention: A single-system evaluation. Families in Society, 82, 355-362.

Briggs, H. E., Miller, K. M., Orellana, E. R., Briggs, A. C. & Cox, W. H. (2013). Effective single-parent training group program: Three system studies. Research on Social Work Practice, 23, 680-693.

Gerten, A. (2015). Teaching note-- Teaching research methods: Expanding practice evaluation designs for social work practice. Journal of Social Work Education, 51, 169-176.

Martinez, KK & Wong, SE. (2009). Using prompts to increase attendance at groups for survivors of domestic violence. Research on Social Work Practice, 19,460-463.

Nurius, P. (1992). Practice evaluation methods: Practical variations on a theme. In CW LeCroy (Ed.) Case studies in social work practice (pp. 268-277). Belmont, CA: Wadsworth.

Prenzlau, S. (2006). Using reality therapy to reduce PTSD-Related Symptoms. International Journal of Reality Therapy, XXV, 23-29.

Randall, E. (2001). Existential therapy of panic disorder: A single system design study. Clinical Social Work Journal, 29, 259-267.

Rubin, A. & Babbie, E. (2016). Single-case Evaluation Designs (pp. 259-282). In Essential Research Methods for Social Work. Cengage.

Singh, N. N., Lancioni, G. E., Winton, A., et al. (2007). Individuals with mental illness can control their aggressive behavior through mindfulness training. Behavior Modification, 31, 313-328.

Session 7: February 27 and March 1

- Group designs
- Review of Internal and External Validity
- A bit about program evaluation

Readings:

Thyer, BA & Myers, LL (2007). Group evaluation designs (chp 4, pp 81-111). In A Social Worker's Guide to Evaluating Practice Outcomes.

Jones, LV & Warner, LA (2011). Evaluating culturally responsive group work with Black women. Research on Social Work Practice, 21,737-746.

Lander, L. R. Gurka, K. K., Marshalek, P. J., Riffon, M., & Sullivan, C. R. (2015). A comparison of pregnancy-only versus mixed-gender group therapy among pregnant women with opiod use disorder. Social Work Research 39, 235-244.

Weaver, A., Greeno, C. G., Marcus, S. C., Fusco, R. A., Zimmerman, T., & Anderson, C. (2013). Effects of structural family therapy on child and maternal health symptomatology. Research on Social Work Practice, 23, 294-303.

Session 8: March 6 and March 8

Measuring the treatment.

- To what will change be attributed? What is the independent variable in your design? This requires specifying and monitoring the intervention.

Reading:

Cormier, W. H. & Cormier, L. S. (1991). Selecting helping strategies. In Cormier & Cormier (Eds.), Interviewing strategies for helpers: Fundamental skills and cognitive behavioral interventions (3rd ed.) (Pp. 292-306). Pacific Grove, CA: Brooks/Cole.

Spring Break: March 13 and 15th

Session 9: March 20 and March 22

- Students will present the interventive technique and will discuss how this strategy was chosen among others, and to what degree it met the selection criteria. The monitoring plan should also be discussed. Students should prepare hand-outs and/or use power point. Role plays and video presentations are encouraged.

Session 10: March 27 and March 29

- The helping relationship.
- Reading and understanding intervention research.

Readings:

Drisko, J. (2013). The common factors model: Its place in clinical practice and research. Smith College Studies in Social Work, 83, 398-413.

Okun, B. F. & Suyemoto, K. L. (2013). Conceptualizing Therapeutic Relationships (pp. 67-96). In Conceptualizing and Treatment Planning for Effective Helping. Brooks/Cole.

Swift, J. K., Greenber, R. P., Whipple, J. L., & Kominiak, N. (2012). Practice recommendations for reducing premature termination in therapy. Professional Psychology: Research and Practice, 43, 4, 379-387.

Session 11: April 3 and April 5

- Analyzing single system design data. Gathering and presenting the facts.
- What do you do with the data? Data summary, ordering, presentation. Clinical and statistical significance, visual analysis.

Readings:

Borckardt, J. J., Nash, M. R., Murphy, M. D., Moore, M., Shaw, D., & O'Neil, P. (2008). Clinical practice as natural laboratory for psychotherapy research: A guide to case-based time series analysis. American Psychologist, 63, 77-95.

Session 12: April 10 and April 12

Data analysis continued

Session 13: April 17 and April 19

- Students present their summary of the final practice evaluation efforts.

Session 14: April 24 and April 26

- Finish student presentations.
- Individual Consultation and Catch-up.

FINAL PAPERS ARE DUE BY MAY 1.

Description of Papers

Paper One is an overview of your client situation and measurement of desired outcomes.

Client/situation: Briefly describe the client situation with a focus on presenting problems and desired outcomes. Decide upon some dimension of client behavior as an outcome for assessment and monitoring over time. Defend (in terms of its relevance to the client's problem situation and your treatment plan) the importance and relevance of the outcome(s) you have chosen to focus upon.

Outcomes: State the desired intermediate and ultimate outcomes. Which of these are you likely to measure, and why? Develop operational definitions of the outcome(s) you plan to assess.

Measurement: Describe three different ways you could measure the outcome(s) (even though you may not implement each of them). Remember to use different sources, or explain why it is not possible. In the past I have asked students to choose a standardized measure, an in-session measure, and an in-vivo measure, but these are not always possible or realistic for some clients. Develop a measurement package that is doable and practical for your client and provide a rationale for it. Include the measures in your paper.

For each measure, describe:

- a) How, when, and where will data be collected? What are the procedures for observing and recording the data? Be specific.
- b) The reliability and validity of each measure.
- c) Strengths and limitations of each measure and the measurement package.

Paper 2 should be brief and concise, 4 to 6 pages. The operationalization of the intervention is best presented in bulleted or numbered format. If you have a lengthy intervention you may want to operationalize a treatment phase or session.

The purpose of this paper is to think critically about what you do with your client, and to monitor and pay close attention to whether you are actually implementing what you intend to implement.

1. Identify and operationally define the interventive technique or strategy and their components.
2. Identify the criteria by which this interventive strategy was selected from the range of other possible interventions. Include here what is known (or not known) about the effectiveness of the intervention for your client.
3. Develop and describe a plan for monitoring the actual implementation and integrity of the intervention.

Grading for each paper include the extent to which you covered the content for each, as well as organization, grammar, spelling, etc. Use 12 font and double space. The 4-6 pages are guidelines; I do not “count off” if you are a page or two under or over these guidelines.

Guidelines for Final Paper

Introduction/Background (2-3 pages)

The introduction should include a statement of the problem you addressed and the significance of the problem (non-client specific). Include, as appropriate, information on the prevalence (number of people in a population who have the problem) and incidence (number of new cases in a specified time period) of the problem.

Provide a summary of the research on treatments for the problem. In light of the empirical evidence, and given your practice context, provide a rationale for the intervention you implemented.

Conclude this section with the purpose of your practice evaluation effort, including a practice hypothesis or question.

Methods (3-4 pages)

This section contains four subsections. Provide separate headings for each section.

Client: Provide relevant client information (age, gender, prior treatment, etc.) What is (are) the problem(s) as stated by the client, significant others, or referral source? Provide your formulation of the problem and, if it differs from the client, how you arrived at this formulation (what assessment information did you collect to lead you to formulate the problem differently). What are the priority problems for treatment and what is the rationale for these priorities?

Outcomes: State the desired outcomes. Discuss how these were prioritized, operationalized and measured. For each outcome you measured (or planned to measure) describe the procedures for

collecting the data (who, when, where, how, how often). For each measure, discuss its reliability and validity.

Intervention: Describe in detail the independent variable, including the amount, duration, and frequency of client contact hours. Report changes from the original intervention plan and the reasons for these changes. Describe how you monitored the intervention.

Design: Discuss the type of design and reason for its use. (how did you “put the data together” to make sense of and “track” the outcomes). You may also state you did not have enough data points for a traditional single system design, but used the SPP or other forms to track client change.

Results/Findings (2-3 pages)

This section should describe the findings of your practice evaluation effort (did the problem improve, remain stable, deteriorate?). If you have enough data, use graphs, tables, or figures to present the findings. Clearly label these and refer to them in the text as you discuss the findings. Discuss the findings in term of visual and/or statistical analysis. Describe the clinical and practical significance of the findings and how you assessed this.

Discussion (3-4 pages)

Describe the strengths and limitations of the practice evaluation effort. Include alternative explanations for the findings. Include probable reasons for the relative success or failure of the intervention and suggestions for increasing its effectiveness. Discuss the findings in relation to previous research.

What are the implications of your practice evaluation effort for social work practice and for the treatment of clients with similar problems? What’s the feasibility of implementing the intervention and using similar measures in the future?

Identify questions for future research.

References

Use APA style.

Appendix/Appendices

You may include here the operationalization of the intervention and copies of the measures.

Your paper should be 12 to 15 pages, not including references and appendix. Be explicit and succinct. Grading criteria include showing a grasp of content, as well as mechanics, organization, and readability of the paper.