

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

**SW 526 Evaluating Clinical Practice
Spring 2003**

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Class times: 9:40-12:25, Thursdays
Office hours: 8-9 am Monday and
Thursday and by appointment

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 MSW Handbook (www.csw.utk.edu)

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*, 2000).

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. This will ensure that you are properly registered for services.

Course Description

This course focuses on the development of knowledge and skills necessary to evaluate clinical practice with individuals, families, and small groups. Building upon the foundation research and practice courses, this course examines methods for measuring clinical outcomes for individuals, families, and small groups using multiple measurement methods, and determining change in client outcomes using single-system designs.

Course Rationale

Clinical 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, family, or small group client/client system. In order to provide the most effective intervention for particular clients, clinical social workers must be able to 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 Objectives

Upon successful completion of this course, students are expected to be able to:

1. Use a single system research design to evaluate clinical practice;
2. Gain access to and critically read research literature;
3. Describe the strengths and limitations of the various measurement concepts and tools for evaluating the outcomes and processes of interventions;
4. Identify the obstacles that may be encountered in outcome and process evaluation for various interventions and to identify the steps necessary to overcome these obstacles;
5. Identify the probable short- and long-term benefits and costs of systematic outcome and process evaluation to the practitioner, the client(s), the employing agency, the community, and to the profession of social work;
6. Describe the connection between systematic evaluation of one's own practice using a single system design and knowledge pursued through experimental, quasi-experimental, and qualitative designs;
7. Use computer based resources for the assessment, monitoring, and analysis of intervention research;
8. Report and disseminate intervention research;
9. Conduct practice evaluation within the ethical guidelines of the profession of social work;
10. Avoid potential biases in direct intervention research with clients with varying racial ethnic, age, gender, sexual orientation, socio-economic, physical and/or mental ability characteristics, and/or from high-risk, vulnerable and other disadvantaged groups.

Readings:

Assigned readings are on reserve in Hodges Library. There is no text for the course.

Course Requirements:

The instructor will present materials on practice and evaluation and the students will integrate them with their readings and apply the information to cases in their practice experience and field settings. Students will present these applications on a regular basis.

Students will be expected to read assigned materials, attend class and participate in discussions, and present case applications, including a final treatment evaluation project.

Grading Criteria:

30% of the grade will be based upon the final paper reflecting the results of the evaluation effort.

60% of the grade will be based on 3 brief (3-5 page) papers required throughout the course. Each paper may be adapted for incorporation in the final paper, if applicable.

10% of the grade will be based on attendance, and level and quality of class participation. The class will be conducted as an integrative seminar; students are expected to discuss their readings, to provide relevant case material from their field sites, as well as contribute to class discussions of other students' case material. Student will present their practice evaluation and aspects of it. Besides showing a grasp of clinical evaluation methods, students must demonstrate a grasp of the ethical issues in practice and its evaluation and special issues related to women, people of color, gay/lesbians, elderly, (e.g., lack of standardized instruments, differential definitions of and terms used to describe problems and outcomes).

No incompletes will be given except in extreme situations. In order for an incomplete to be given, there must be prior negotiation with and agreement from the instructor.

95-100 A
90-94 B+
85-89 B
80-84 C+
75-79 C
70-75 D+
below 70-D

COURSE OUTLINE:

1/16 Session 1

Overview of Course and the Importance of Evaluation

The importance of evaluation in direct social work practice will be discussed, in particular, the ways in which evaluation can contribute to treatment planning and decision-making. In addition, evaluation will be discussed in terms of consumer satisfaction, public accountability, establishing a basis for funding requests, and ethics. Additionally, single system design and systematic planned practice will be overviewed as well as goal attainment scaling and some strategies for evaluation of short-term practice. Finally, we will re-visit the purpose of assessment and how the process of assessment leads to the formulation of desired outcomes.

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

1/23 Session 2

Measurement of outcomes and target behaviors. Choosing the questions, measures, and

instruments

In this session, we will address three issues central and crucial to the evaluation effort.

A. What aspects of client's or other's behavior will be evaluated? In other words, what are the dependent variables, the ultimate and intermediate outcomes?

B. How will the behavior be measured or observed? How can you access reliable and valid indicators of the target behaviors? How can they be assessed, specified, measured?

C. How can client willingness to participate in data collection be facilitated? What instructions, assistance, guidelines, should be provided to clients?

We will address how gender, sex, sexual orientation, spirituality/religious beliefs, ethnicity/culture influence problem formulation, and the importance of considering these factors in assessment and treatment planning.

Readings:

Berlin, S. B. & Marsh, J. C. (1993). Ongoing assessment: Assessing client progress. In Informing Practice Decisions (pp. 75-91). New York: Macmillan.

Berlin, S. B. & Marsh, J. C. (1993). Guidelines and strategies for data collection. In Informing Practice Decisions (pp. 92-110). New York: Macmillan.

In addition to the above required readings, you should familiarize yourself with the following resources, as they will be helpful in locating a standardized measure.

Corcoran, K., & Fischer, J. (1994, 2nd Ed.). Measures for clinical practice. New York: Free Press.

Edleson, J. (1985). Rapid-assessment instruments for evaluating practice with children and youth. Journal of Social Service Research, 8, 17-31.

Fredman, N., & Sherman, R. (1987). Handbook of measurement for marriage and family therapy. New York: Brunner/Mazel.

Harrison, D. F., & Westhuis, D. J. (1990). Rating scales for sexual adjustment. Journal of Social Service Research, 13, 85-100.

Hudson, W. W., & Harrison, D. F. (1986). Conceptual issues in measuring and assessing family

problems. Family Therapy, 13, 85-94.

Keyser, D., & Sweetland, R. (1985). Test Critiques. Kansas City: Westport Publishers.

Levitt, J., & Reid, W. R. (1981). Rapid assessment instruments for practice. Social Work Research and Abstracts, 17, 13-19.

1/30 Session 3

This session will be devoted to talking about treatment “processes,” with a focus on client participation. This is important because high drop-out rates are documented across a range of treatment settings, and clients will not benefit from treatment if they do not participate (assuming the treatments are effective). Students will read one or more articles and report on it in class.

Required Reading for all students:

Berlin, S. B., & Marsh, J. C. (1993). Ongoing assessment: Assessing therapy process. In Informing Practice Decisions (pp. 156-187). New York: Macmillan.

2/6 Session 4 Student presenters will present and lead a discussion on the target behaviors, how they are operationalized and measured.

Paper One is due on 2/13 Brief, 3-5 pages.

1. 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 you have chosen to focus upon. (20%)
2. Develop operational definitions of the outcome you plan to assess. (20%)
3. Select and evaluate a standardized measure relevant to the target behavior you will be measuring. Please turn in a copy with your paper. Any gender, sex or cultural considerations? (20%)
4. Develop a within interview measure. How would you measure the behavior from your observation in session. Describe procedures for observing and recording. (20%)
5. Develop a measure for in vivo measurement. Describe your procedures for observation and recording. (20%)

Please use subheadings and write clearly and succinctly.

Possible Ways to Ask Questions and Find Answers

Practice evaluation requires planning for treatment and developing a design for evaluation. This requires familiarity with some of the available single system designs (AB, ABAB, B, etc.), the assumptions for each design and the appropriate uses and limits for each design. In addition, goal attainment scaling and systematic planned practice will be discussed.

2/13 Session 5

Practice evaluation is a way of thinking about your practice. In this session we will consider the whole of treatment planning--formulating problems, interventions, and outcomes and the rationales provided for decision-making. We will do this by examining protocols and research on "systematic planned practice."

Readings:

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.

Rosen, A. (1992). Facilitating clinical decision-making and evaluation. Families in Society, 73, 522-532.

Rosen, A. (1993). Systematic planned practice. Social Service Review, March, 84-100.

Rosen, A. & Proctor, E. K. (1981). Distinctions between treatment outcomes and their implications for treatment evaluation. Journal of Consulting and Clinical Psychology, 49, 418-425.

2/20 Session 6 Students will present their treatment plan, with rationale for decisions. Following the presentations, the instructor will present a brief lecture on what to consider when reading and evaluating intervention research studies, including issues related to sampling and generalizability of research findings, especially in relation to women, people of color, the aged, gays/lesbians, ses, and other groups oppressed or discriminated against.

Readings:

Derose, S. (1997). Demographic and psychosocial factors. In R. L. Kane (ed.), *Understanding Health Care Outcomes Research* Gaithersburg, MD: Aspen.

Snowden, L. R. (1996). Ethnic minority populations and mental health outcomes. In DM Steinwachs et al. (Eds.), *Using Client Outcomes Information to Improve Mental Health and Substance Abuse Treatment*, Jossey-Bass.

2/27 Session 7

In this session we will consider traditional single system designs for evaluation and experimentation. Goal attainment scaling will be discussed, as well as strategies for short-term practice.

Readings:

Slonim-Nevo, V., & Vosler, N. (1991). The use of single-system design with systemic brief problem-solving therapy. *Families in Society*, January, 38-44.

3/6 Session 8

Students will present their evaluation strategy, including the dependent and independent variables, the hypothesis, the design, rationale for choosing the design, and design limitations.

Paper 2 is due March 13. Again, short, brief, and concise.

Select and review at least five articles related to the problem you intend to treat. The articles should specifically address the way in which the chosen problem can be treated and your designated ultimate outcome attained. The articles should ideally present empirical information about the effectiveness of the intervention.

In the paper, address the following:

- 1) Describe the problem (refer only briefly to your client; describe the problem in general). 10%
- 2) According to the literature, how is this problem being treated? What ultimate outcomes are pursued? What are some of the primary intermediate outcomes for each? Any variability related to client characteristics? (30%)
- 3) What do we know about the effectiveness of the various interventions in the literature? (30%)

4) Based on the review, which intervention seems most likely to be effective with your client for the ultimate outcome you selected? Provide a rationale for your conclusions. Any cultural, ses, gender, or other client characteristic considerations? End the paper with a clearly stated hypothesis, linking an intervention (independent variable) to a change in a specified behavior (dependent variable). Reference should be APA style. (30%)

3/13 Session 9

Measuring the treatment.

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

Readings:

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.

3/20 SPRING BREAK

3/27 Session 10

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. Role plays and video presentations are encouraged.

Paper 3 is due April 3. Brief and concise paper on specifying the intervention.

1. Identify and operationally define the interventive technique or strategy and their components. (30%).
2. Identify the criteria by which this interventive strategy was selected from the range of other possible interventions, and discuss how the chosen intervention met the selection criteria outlined in Cormier and Cormier. Cultural, ses and gender considerations should be stated explicitly. (35%)
3. Develop and describe a plan for monitoring the actual implementation and integrity of the intervention. (35%)

4/3 Session 11

Gathering and presenting the facts.

What do you do with the data? Data summary, ordering, presentation. Clinical and statistical significance.

Readings:

Berlin, S. B., & Marsh, J. C. (1993). Organizing and analyzing data. In Informing Practice Decisions (pp. 111-139). New York: Macmillan.

4/10 Session 12

Computer lab

4/17 Session 13

Begin student presentations of final practice evaluation effort.

4/24 Session 14

Course evaluations

Complete student presentations

Final paper is due on 4/30

Course at a Glance

January 16: First class session --introduction to the course

January 23: Lecture on measuring outcomes and target behaviors

January 30: Client participation (students should come prepared to discuss issues related to client participation as presented in their agencies and to discuss the readings)

February 6: Student presentations on measuring outcomes and target behaviors

February 13: Lecture on systematic planned practice and treatment planning
Paper one is due.

February 20: Student presentations on their treatment plans

February 27: Lecture on single system designs

March 6: Students present their single system designs

March 13: Lecture on measuring and monitoring the intervention

Paper two is due.

March 20: Spring Break

March 27: Student presentations on their intervention

April 3: Lecture on presenting and interpreting data
Paper three is due.

April 10: Computer lab session

April 17: Student presentations of their practice evaluation efforts

April 24: Course evaluations and finish presentations.

Final paper is due on April 30.

Some articles on client participation (session 3)

Brekke, J. S. (1989). The use of orientation groups to engage hard-to-reach clients: Model, method and evaluation. Social Work with Groups, 12, 75-88.

Browne, K. D., Foreman, L., & Middleton, D. (1998). Predicting treatment drop-out in sex offenders. Child Abuse Review, 7, 402-419.

Cunningham, P. B. & Henggeler, S. W. (1999). Engaging multiproblem families in treatment: Lessons learned throughout the development of multisystemic therapy. Family Process, 38, 265-286.

Hiller, M. L., Knight, K., Broome, K. M., & Simpson, D. D. (1998). Legal pressure and treatment retention in a national sample of long-term residential programs. Criminal Justice and Behavior, 25, 463-481.

Hunsley, J., Aubry, T. D., & Verstervelt, C. M. (1999). Comparing therapists and client perspectives on reasons for psychotherapy termination. Psychotherapy, 36, 380-388.

Kazdin, A. E. (1996). Dropping out of psychotherapy: Issues for research and implications for practice. Clinical Child Psychology and Psychiatry, 1, 133-156.

- Kazdin, A. E. (2000). Perceived barriers to treatment participation and treatment acceptability among antisocial children and their families. Journal of Child and Family Studies, *9*, 157-174.
- Kazdin, A. E., Holland, L., & Crowley, M. (1997). Family experience of barriers to treatment and premature termination from child therapy. Journal of Consulting and Clinical Psychology, *65*, 453-463.
- Keijsers, G. P. J., Schaap, C. P. D. R., & Hoogduin, C. A. L. (2000). The impact of interpersonal patient and therapist behavior on outcome in cognitive-behavior therapy. Behavior Modification, *24*, 264-297.
- Krupnick, J. L., Elkin, I., Collins, J., Simmens, S., Sotsky, S. M., Pilkonis, P. A., & Watkins, J. T. (1994). Therapeutic alliance and clinical outcome in the NIMH treatment of depression collaborative research program: Preliminary findings. Psychotherapy, *31*, 28-35.
- Littell, J. H., Alexander, L. B., & Reynolds, W. W. (2001). Client participation: Central and underinvestigated elements of intervention. Social Service Review, *75*,
- McKay, M. M., McCadam, K., & Gonzales, J. J. (1996). Addressing the barriers to mental health services for inner city children and their caretakers. Community Mental Health Journal, *32*, 353-361
- Prinz, R. J. & Miller, G. E. (1994). Family-based treatment for childhood antisocial behavior: Experimental influences on dropout and engagement. Journal of Consulting and Clinical Psychology, *62*, 645-650.
- Reis, B. F. & Brown, L. G. (1999). Reducing psychotherapy dropouts: Maximizing perspective convergence in the psychotherapy dyad. Psychotherapy, *36*, 123-136.
- Safran, J. D., Crocker, P., McMair, S., & Murray, P. (1990). Therapeutic alliance rupture as a therapy event for empirical investigation. Psychotherapy, *27*, 154-165.
- Santisteban, D. A., Szapocznik, J., Perez-Vidal, A., Kurtines, W. M., Murray, E. J., & LaPerriere, A. (1996). Efficacy of intervention for engaging youth and families into treatment and some variables that may contribute to differential effectiveness. Journal of Family Psychology, *10*, 35-44.

Startup, M. & Edmonds, J. (1994). Compliance with homework assignments in cognitive-behavioral psychotherapy for depression: Relation to outcome and methods of enhancement. Cognitive Therapy and Research, 18, 567-579.

Walitzer, K. S., Dermen, K. H., & Connors, G. J. (1999). Strategies for preparing clients for treatment. Behavior Modification, 23, 129-151.