

THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK

SW526 – EVALUATING CLINICAL PRACTICE

Course Outline
Fall 2007

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Room 311
Thursdays 9:05 – 12:05

REQUIRED TEXT

Tripodi, T. (1994). *A primer on single-subject design for clinical social workers*. Washington, DC” NASW Press.

Recommended Textbooks

Jordan, C., & Franklin, C. (Eds.). (2003). *Clinical assessment for social workers. Quantitative and qualitative methods* (2nd ed.). Chicago, IL: Lyceum. (JF)

ASSIGNED READINGS

Assigned readings are made available on the course’s Blackboard site.

COURSE REQUIREMENTS

Students are expected to:

1. Arrive on time and attend all classes.
2. Come prepared to class and participate in class discussion and exercises.
3. Complete all assignments and examinations on time.
4. Notify the instructor in a timely manner if extraordinary circumstances interfere with the completion of course requirements.

EVALUATION

Participation	10 points
Assessment paper	25 points
Measurement paper	20 points
Presenting problem, intervention and design paper	20 points
Final paper	15 points
Presentation	<u>10 points</u>
	100 points

Grading Scale

93 to 100 points	A
88 to 92 points	B+
83 to 87 points	B
78 to 82 points	C+
73 to 76 points	C
68 to 72 points	D+
63 to 67 points	D
< 63 points	F

ASSIGNMENT SUMMARY

Participation: (10 points)

Attendance: 1 point will be deducted from the final grade for each absence except for extenuating circumstances. After 3 absences, the student will be asked to drop the class

Participating in class discussions: Social workers are advocates for the disenfranchised and must be able to find their voices to be able to do so. I expect that you will also do so in class. Class discussion is an important part of the learning experience in this class. Up to 3 points may be deducted from your final grade for continuing nonparticipation.

Coming to class having read the readings and discussing them: Practitioners in the 21st century *must* engage in evidence-based practice. These readings are preparing you to do that. For the more technical aspects of the readings, I will act as your interpreter. For the more clinical papers, I will expect you to have absorbed them and to be able to integrate them into the discussion. Because the reading load for this class is light, you will be responsible for content from all readings each week. For each week in which you are unprepared, 1 point will be deducted from your final grade.

Alternatives for papers and presentation:

You may choose one of two methods for completing the paper and presentation assignments.

Option 1. You may choose to use a single client for all papers and for your presentation.

Option 2. You may choose to use one client for your first 3 papers and your presentation. You will then choose another person (client or otherwise) for your final paper. If you think you might choose this option, you must sign up to be in one of the first three presentation groups. You might use this option if you have a problem introducing the intervention with your client or for another reason.

Assessment, Measurement, Intervention, and Evaluation Papers: You will be learning a new skill in this class, that of single-subject design. Over the semester you will be asked to implement a single subject design on one of your clients or another individual. Because this is your first exposure to this skill (and please tell me if it is not), the easiest way to learn it is in pieces. As such, you will be required to hand in four sequential papers and to implement your single-subject design in segments.

For all students, the first three papers are the same.

The first **assessment paper** will be a comprehensive assessment of the client—a very complex human being. It will comprehensively review the client and her/his presenting problems, draw upon theories of human behavior—including those that explain how factors in one’s environment complexly affect individuals—to help understand the presenting problem in this client, and provide the rationale for targeting the specific client behavior. It will also develop a treatment plan (ultimate and intermediate intervention objectives) that naturally flows from the assessment of the client. This paper will be as long as necessary to comprehensively understand the client.

The second **measurement paper** will develop operational definitions of the behavior you plan to assess, report the instruments used to capture the target behavior, and support their use as the appropriate measures based upon the instrument’s validity and reliability, its support in the empirical literature, and its appropriateness for use in a single subject design. This paper will be 3 - 5 pages, double spaced.

The third **intervention and design paper** will continue the opportunity to think about the role of evidence-based practice. The paper will discuss your intervention, your reason for choosing this intervention over other evidence-based interventions, the empirical support for your intervention, and the design you will/would be using for your single subject design. This paper will be 5 - 7 pages, double spaced.

The **final paper** will present the findings from your single-subject design. It will present your analysis of the effectiveness of your intervention with the client.

Student Presentations: On the day that each paper is handed in, students presenting that day will present to the class the content for that paper. Presentation length and format are dependent upon the number of students in the class. While the content presented is very important, the format of the presentation will be more informal. This is an opportunity for students to share ideas and learn from their peers. Students will sign up for specific presentations early in the semester.

Assessment Paper

Due September 20, 2007

The first **assessment paper** will be a comprehensive assessment of the client—a very complex human being. It will comprehensively review the client and her/his presenting problems, draw upon theories of human behavior—including those that explain how factors in one's environment complexly affect individuals—to help understand the presenting problem in this client, and provide the rationale for targeting the specific client behavior. It will also develop a treatment plan (ultimate and intermediate intervention objectives) that naturally flows from the assessment of the client. This paper will be as long as necessary to comprehensively understand the client.

Assessment: The purpose of the assessment is to gain a “thick,” in-depth understanding of the client and presenting problem. For a better understanding of this type of “thick” assessment, refer to the Qualitative Assessment chapter in Jordan and Franklin. The assessment should address the multiple identities of your client in a culturally sensitive manner. Within the context of the assessment, you will also describe the target problem, draw upon the theoretical and empirical literature to briefly consider different reasons that individuals experience this problem, and consider which of these different rationales might better explain the presenting problem in your client. (For example, depression can be a result of unresolved grief, sequelae to trauma, a result of a biological predisposition, a result of multiple of these, or of something else.) These possibilities will be your working and alternative hypotheses (see Rosen article) regarding your understanding of why the person is experiencing this presenting problem or the underlying factors that placed the person in this position. A well done assessment of your client will help you gain a much greater sense of who s/he is and why s/he has these problems. You will be graded on your capacity to capture and delineate the complexity of your client.

Treatment plan: Using the framework specified in the Rosen article, lay out your treatment plan, including the ultimate and intermediate objectives and how they relate to your working hypotheses. If you have alternative hypotheses, you may mention how your treatment plan would change if your alternative hypothesis(es) were supported. Be very clear about these objectives. While they do not need to be operationalized at the level at which you can count them, in practice you do need to state them clearly enough that you can determine whether the client has successfully attained that objective. This will be the standard at which I judge them.

There are times when your treatment focus may not specifically address the actual presenting problem. Occasions that might warrant this are; (a) when the client presents with more than a single problem area and you and the client jointly agree that your work will begin by addressing a different problem than the one the client initially discussed; (b) the presenting problem is likely the result of an underlying issue that should be the treatment focus, and the client agrees; or (c) the client wishes to address something else first. There may be other reasons that the treatment focus may differ from the presenting problem. When this occurs, be clear in this paper about why you feel that the treatment focus should be different. It is important that you and the client mutually agree on the treatment focus.

Measurement Paper

Due October 4

The second **measurement paper** will develop operational definitions of the behavior(s) you plan to assess, report the instruments used to capture the target behavior, and support their use as the appropriate measures based upon the instrument's validity and reliability, its support in the empirical literature, and its appropriateness for use in a single subject design. This paper will be approximately 2 – 4 pages, double spaced.

To complete this paper you will first identify at least one standardized measure that you will/would use to assess over time the client's behavior, affect, or cognition that is the treatment focus. Then discuss the following:

- The operational definition of the behavior you plan to assess;
- why you chose this measure over others;
- the appropriateness of this measure to the issue/problem/objective being addressed;
- the psychometric properties (i.e., validity and reliability) of the measure applicable to your evaluation;
- the frequency with which the measure can be used (as defined by developer of measure), or if not mentioned, your own opinion given your knowledge of the construct;
- how the measure is scaled and scored (e.g., 20 items scored on a 4-point Likert scale and summed to derive a final score);
- how it will be administered (*who will administer it, how often, in what situation, where, and special issues related to its administration*).

Intervention and Design Paper

Due November 1

The third **intervention and design paper** will continue the opportunity to think about the role of evidence-based practice. The paper will discuss your intervention, your reason for choosing this intervention over other evidence-based interventions, the empirical support for your intervention, and the design you will/would be using for your single subject design. This paper will be approximately 4 – 7 pages, double spaced.

The paper must address these issues:

1. Provide a brief (1 – 2 paragraphs) review of your client, the presenting problem, and the objective your intervention is addressing.
2. Draw upon the clinical and empirical literature to **briefly** review interventions that address the objective your intervention is addressing. Also **briefly** address their efficacy.
3. Indicate what intervention you will be using and why you have chosen to use it, including those parameters of practice within your agency and internship that affect what you can reasonably do.
4. Explain in greater detail than in #2 the theoretical grounding and empirical support for the chosen intervention. In other words, why it is supposed to work for this problem (i.e., the theory behind it), and does it work for this problem (i.e., what is the empirical support)?
5. Describe why you feel this intervention is most appropriate for your client given the parameters set by your agency, the client's characteristics and attributes, and what you consider may be causal factors of the presenting problem.
6. Clarify the intervention by stating what it is, its procedure, the recommended or required length (if there is one), and any other information necessary for gaining a full understanding of the intervention and how you will implement it.
7. What other evidence-based interventions are suggested for this problem, and why did you choose your intervention over these others?

Final Paper

Due November 15

For the final paper you have 2 options.

Option 1. You can continue with your client, introducing the single subject design to measure the effectiveness of your intervention.

Option 2. You may choose to use one client for your first 3 papers and your presentation. You will then choose another person (client or otherwise) for your final paper. You might use this option if you have a problem introducing the intervention with your client or for another reason. If you choose this option, you will need to find or develop a measure to capture the client problem targeted by your intervention.

Format of paper:

Section 1. Introduction

Brief statement of assessment, presenting problem, intervention, measurement, how it is scaled and scored, and evaluation design.

Section 2. Results (This will be written without subheaders and in the same order as described below. The results section tends to be written in a very succinct manner. You simply present the findings without going into detail about the meaning of the findings.)

Descriptive statistics (include the line chart and appropriate descriptive statistics, along with a concise statement of these findings)

Change(s) between phases (statement of differences using visual analysis and other appropriate statistics)

Determination of statistical significance for changes between the baseline and intervention (or the initial AB phase for those using multiple phases)

Section 3. Discussion

In this section, you will bring everything together. You will review your findings, discussing whether you consider them clinically significant (substantive) and why. This is also the place to discuss anything of interest that occurred when you were working with your client, any unexpected findings, problems that might have occurred and how you handled them, and anything else of clinical importance. In other words, this is where you report on how successful you thought the intervention was given the client, the client problem, the measurement, and the intervention, and reasons that it was more or less successful.

Section 4. Reflection

This section will include anything that you would have done differently. In other words, in hindsight, are there ways you would have changed the assessment, treatment plan, measurement, intervention, design, or analysis?

COURSE OUTLINE: OVERVIEW

Date	Topic	Due
Aug. 23	Introduction to Clinical Evaluation and Evidence-Based Practice	
Aug. 30	Planful assessment, intervention, and evaluation	
Sept. 6	Measurement	
Sept. 13	Measurement Strategies	
Sept. 20	Student presentations – 1st group	Presentation 1 Assessment Paper
Sept. 27	Single-System Designs; Baselines	
Oct. 4	Student presentations – 2nd group Evidence-based Interventions	Presentation 2 Measurement Paper
Oct. 11	NO CLASS – FALL BREAK	
Oct. 18	Design Strategies;	
Oct. 25	Evidence-based Interventions Monitoring the Treatment	
Nov. 1	Student Presentations – 3rd group Analyzing Your Results	Presentation 3 Intervention Paper
Nov. 8	Analyzing Your Results, cont.	
Nov. 15	Student Presentations – 4th group	Presentation 4 Final Paper
Nov. 22	NO CLASS – HAPPY THANKSGIVING!	
Nov. 29	Class Wrap-up	

COURSE OUTLINE

Aug. 23 Introduction to Clinical Evaluation and Evidence-Based Practice

Readings:

Bolen, R. M., & Hall, J. C. (In press). Managed care and evidence-based practice: The untold story. *Journal of Social Work Education*.

Gambrill, E. (2005). Chapter 10. Evidence-based practice: a philosophy and process for thinking ethically and critically about decisions. In *Critical thinking in clinical practice: Improving the quality of judgments and decisions* (pp. 253 – 285) (2nd ed.). Hoboken, NJ: John Wiley & Sons.

Gibbs, L., & Gambrill, E. (1999). Introduction. The role of critical thinking in the helping professions. In *Critical thinking for social workers: Exercises for the helping profession* (pp. 1 – 25) (revised ed.). Thousand Oaks, CA: Pine Forge.

Aug. 30 Planful assessment, intervention, and evaluation

Readings:

Tripodi, Chapter 1

Gilbert, D. J. (2003). Multicultural assessment. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers: Quantitative and qualitative methods* (pp. 351-383) (2nd ed.). Chicago, IL: Lyceum.

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

Sept. 6 Measurement

Readings:

Tripodi, Chapter 2

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.

Sept. 13 Measurement Strategies to Specify and Measure Goals

Readings:

Franklin, C. & Corcoran, K. (2003). Quantitative clinical assessment methods. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers: Quantitative and qualitative methods* (pp. 71-96) (2nd ed.). Chicago, IL: Lyceum.

Gilbert, D. J. & Franklin, C. (2003). Qualitative assessment methods. In C. Jordan & C. Franklin (Eds.), *Clinical assessment for social workers: Quantitative and qualitative methods* (pp. 139-178) (2nd ed.). Chicago, IL: Lyceum.

Myers, K. & Winters, N. C. (2002). Ten-year review of rating scales. I. Overview of scale functioning psychometric properties and selection. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41, 114-122.

Sept. 20 Student presentations 1

Sept. 27 Single-System Designs; Baselines

Readings:

Tripodi, Chapter 3

Blythe, B. J. (2005). Evaluating the treatment of a sexually abused child. In C. W. LeCroy & J. M. Daley (Eds.), *Case studies in child, adolescent, and family treatment* (pp. 293-300). Belmont, CA: Thomson Brooks/Cole.

Teall, B. (2000). Using solution-oriented interventions in an ecological frame: A case illustration. *Social Work in Education*, 22, 54-61.

Oct. 4 Evidence-based Interventions

Tripodi, Chapter 4

Edmond, T., Sloan, L., & McCarty, D. (2004). Sexual abuse survivors' perceptions of the effectiveness of EMDR and eclectic therapy. *Research on Social Work Practice*, 14 (4),259-272.

Kuhn, D. R. & Mendes De Leon, C. F. (2001). Evaluating an educational intervention with relatives of persons in the early stages of Alzheimer's Disease. *Research on Social Work Practice*, 11 (5),531-548.

Littell, J. H. (2006). The Campbell Collaboration: A reliable source of evidence for practice. *APSAC Advisor*, 18(1), 7 – 10.

Marlow C. (2004). The evidence-based practitioner: Assessing the cultural responsiveness of research. In Briggs, H. E. & Rzepnicki, T. L. (Eds.), *Using Evidence in Social Work Practice: Behavioral Perspectives* (pp. 257-272). Chicago: Lyceum.

Oct. 11 FALL BREAK NO CLASS

Oct. 18 Design Strategies; Monitoring the Treatment

Readings:

Tripodi, Chapter 5

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.

Oct. 25 Student Presentations 2

Nov. 1 Monitoring the Treatment; Analyzing Your Results

Readings:

Prochaska, J. O. & Norcross, J. C. (2002). Stages of change. In *Psychotherapy Relationships that Work*. J. C. Norcross (Ed.), (pp. 303-313). Oxford.

Safran, J. D., Muran, J. C., Samstag, L. W., & Stevens, C. (2002). Repairing alliance ruptures. In *Psychotherapy Relationships that Work*. J. C. Norcross (Ed.), (pp. 235-254). Oxford.

Nov. 8 Analyzing Your Results, cont.

Additional readings may be added for this session.

CLASS WILL BE HELD IN THE COMPUTER LAB

Nov. 15 Student Presentations 3

Nov. 22 No Class

Nov. 29 Class wrap-up