8-2014

How Social Work Practitioners Evaluate their Practice

Leah Kiefer
St. Catherine University

How Social Work Practitioners Evaluate Their Practice

by

Leah Kiefer, B.S.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
Michael G. Chovanec, PhD., LMFT, LICSW
Theresa Kelly McPartlin, LICSW

Abstract

Evaluation of social work practice is a fundamental aspect of providing social care and delivering services to society members. As standards of social work practice and the increased recognition of the field of social work in the mental health profession continue to gain prominence, social work professionals are becoming more in touch with evidence-based practice. This online survey of 265 social work professionals are evaluating their practice in many ways. The survey found that participants used more direct interactions, i.e., client feedback tools, client practitioner feedback rather than more analytic methods. Most participants also found workload as a factor that hinders their ability to evaluate their practice. Implications and limitations are also articulated.

Contents

Acknowledgments

I would like to express my deepest gratitude to professor Michael G. Chovanec, my research supervisor, professor Lisa Richardson, and professional and former professor Theresa Kelly McPartlin, for their guidance, encouragement, enthusiasm and critiques of this research work. I would like to thank Brittany Kallman Arneson for her editing and professional advisement of the writing process of this study. Continually, I want to thank University of St. Catherine, St. Thomas University and Minnesota State University-Mankato professors for educating me in conducting research and data analysis. I would like to thank the wonderful social workers that participated in this study in attempts to better understand the workings of our practice and to improve our profession. Finally, I wish to thank my family and fellow peers for their support and encouragement throughout this study.

Introduction

Social work professionals have an increasing role in the treatment of mental health, substance abuse, medical, and public health services (Bureau of Labor Statistics, U.S. Department of Labor, 2012). Clinically trained social work professionals provide most of the country's mental health services, making up approximately 60 percent of mental health professionals, with 10 percent being psychiatrists, 23 percent psychologists and 5 percent psychiatric nurses (NASW, 2013). Clinical social work practitioners practice in many different settings such as community mental health programs, hospitals, nursing homes, private practice, schools and rehabilitation programs (NASW, 2013). These professionals are trained in evaluating and treating individuals struggling with problematic psychological, behavioral, emotional, social and environmental issues affecting their lives. Furthermore, social workers have an ethical responsibility to practice in a manner that promotes social and economic justice (CSWE, Mission, 2013).

To ensure the effectiveness of the profession, standards of social work education have been implemented into accredited programs. According to the Council on Social Work Education (CSWE), the most recent standard indicate "Social workers use practice to inform research, employ evidence-based interventions, evaluate their own practice and use research findings to improve practice, policy, and social service delivery" (CSWE, 2008, p. 5). Moreover, the National Association of Social Workers (NASW) Code of Ethics 4.01 Competence, states "social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics" (NASW 2013, para. 39). With these standards of education and practice, the field has begun to increase its emphasis on research based-practice or similar forms of it, such as evidence-based practice (Wike, 2013).

As the standards of the social work education have evolved to create a more competent profession, evidence-based practice has gained recognition. According to Social Work Policy Institute (2010) evidence-based practice (EBP) is defined as the combination of research interventions, clinical experience, values, and client preference that aids practitioners in treating individuals. In the past 10 years, EBP has gained acceptance throughout the human service profession and fields of practice (Wike, 2013). Many argue that EBP is a way of practicing, assessing, intervening, and evaluating based on empirical support, which helps practitioners become more effective (Mullen et al., 2008). This approach ensures that the treatments and services offered to clients will have the most effective results related to what research displays.

Problem

With the increased focus on EBP, controversy has grown in the profession of social work. The controversy is not necessarily that evidence-based practice is useless, but rather that social work traditional process of decision-making and predicting outcomes does not necessarily follow the general guidelines of EBP (Webb, 2001). Furthermore, some fear that if EBP drives practice, it could hinder the decision making of practitioners by forcing them to abandon their own clinical expertise (Scott, 2011).

Throughout a social work professional's career, the dilemma of the place of research in one's practice and evaluation will inevitably be encountered. Research has played a key role in education of social work professionals with an emphasis on use in practice (Edmond et al., 2006). However, social work historically has been a more practice-focused field rather than research-focused (Wike, 2013). An increased importance in devising EBP related curriculum for social work education and professional training has contributed to the debate as to the role research plays in social work professionals' practice (Wike, 2013). Many find teaching future

practitioners how to be credible researchers equipped to be able to decipher quality research, an important factor of upholding the profession's efficacy (Wike, 2013). Support for this increase in research competence inevitably promotes an evidence-based practice.

Despite the desire to have the most effective practice through using empirically supported evidence, defining empirically valid treatments can be a difficult challenge. The amount of research available to practitioners is in no short supply, leaving practitioners overloaded with a limited time to read and interpret the available evidence (Mamdani, 2008). Even in a perfect practice setting where that information is available, time is no issue, and practitioners have the ability to evaluate evidence, effective use of EBP would still be reliant on the practitioners' ability to translate research findings from clinical trials and observational studies to implications used in treatment practice.   Data from clinical trials are generally focused on specific populations that do not necessarily meet the criteria of the general population (Mamdani, 2008). One could say that the use of EBP in practice can be challenging and time consuming despite the overall benefits to practice. Finally, the various different definitions of what EBP is can only contribute to the difficulty of implementation into one's practice.

Evaluation of practice is important because it is a way one can increase the effectiveness of their work. Keeping checks and balances in place allows one to be accountable to the people served and to themselves as a professional. Many approaches for assessing practice exist, but as a new practitioner to the field, determining the best way to evaluate practice can be tricky.

This research is intended to gather professionals' experience in how they evaluate their practice. This research study aspires to answer the following question: "How do social work

practitioners evaluate their practice?" This question will be addressed through a quantitative

online survey with a sample of licensed practicing social work professionals.

Literature Review

Introduction

A review of the literature indicates that the general social work profession finds evidence-based practice valuable but how EBP is supposed to be carried out in practice can be unclear. Multiple definitions of EBP can make it difficult for practitioners to translate it into practice. Although EBP is strongly supported by educators in teaching future practitioners, it is unclear how many employ EBP as part of their practice. Subsequently, many rely heavily on practice wisdom or intuition to evaluate their practice. This literature review will include these topics: Definitions of EBP; EBP in social work education; EBP in practice; practitioners' attitudes towards EBP; and ways to evaluate practice.

Definitions of Evidence Based Practice

McNeece and Thyer (2004) define evidence-based practice as "treatment based on the best available science," which is exceptionally broad and can encompass many interpretations. As a result, people are faced with the difficult task of understanding what EBP is and how one incorporates it within their own practice. Professor David Pollio (2006) found himself frustrated day-to-day when he struggled to answer students' questions about how to apply EBP to case vignettes and role-plays. He has explained that the science of EBP follows a systematic methodology, however, on the other hand therapy is anything but systematic. This disconnect could potentially cause resistance or acceptance within the practitioners' community. So, how can EBP be defined to become more transverse between the research world and practice?

In terms of developing a practice friendly definition of EBP, Gilgun (2005) was able to bridge the gap between the conceptual definition of EBP and professionals' use of EBP in

practice. In doing so, she validated practice experience professionals use and combined it with

the EBP framework. She identified four cornerstones of EBP in social work practice. She states,

"(1) What we know from research and theory; (2) what we and other professionals have

learned from our clients, or practice wisdom, which also includes professional values; (3) what

we, as social workers, have learned from personal experience; and (4) what clients bring to

practice situation" (Gilgun, 2005, p. 59). This definition of EBP is versatile for social work

practitioners to use when reflecting on their practice, increasing the value of their craft.

Adhering to Gulgun's four cornerstones of EBP in social work, the Council on Social

Work Education (CSWE) (2013) and Thyer (2004) have identified similar definitions of EBP

and steps for finding and employing appropriate interventions in practice. First, one must

identify a question that is presented by clients, policy or community. Second, one should search

the literature for related information to answer the question. Third, one should appraise findings

by comparing findings, identifying outcomes, determining the validity of studies and ability to

incorporate in practice. Fourth, one should apply interventions and findings to practice. Finally,

one should evaluate their practice, by assessing outcomes and improvements. An example of this

would be a practitioner who would identify a client issue, search literature that relates to the

identified issue, than appraise and compare findings, then implement findings into practice, and

then evaluate outcomes of clients.

Additionally, Bellamy (2013) compiled research studies' findings on the definition of

EBP in practice, which subsequently have contributed to the difficulty of translation from

education to practice. The study consisted of surveying 17 trained professionals in practice. The

study found that 7 (40%) of participants felt they could not translate statically significant

findings into practice. Furthermore, it was found that definitions of EBP are inconsistent amongst professionals. This could suggest that EBP's integration into social work practice has been limited and inconsistent.

Academic Call for Evidence Based Practice

While evidence shows the importance of EBP in social work education, Wike et al. (2006) sought to understand how social work education has implemented this into teaching future practitioners. In doing so, this study evaluated 40 CSWE-accredited social work graduate-level programs for EBP related involvement in curriculum. Each one of the school's websites was analyzed for EBP related curriculum and bridging research and practice. It was found that the majority of websites (82.5%) showed at least one EBP related effort, whereas few (17.5%) showed no evidence of EBP related efforts. Furthermore, most efforts (67.5%) were related to the teaching components of EBP. Most shocking was that all schools lacked any EBP related efforts with community or practice. This research shows that while schools are making an effort to meet CSWE's standards of teaching EBP, there is little support in making the translation of use of EBP in education to practice. This study could suggest that few universities, on the surface, are teaching EBP in relation to practice.

Accordingly, Rubin and Parrish (2007) sought to better understand the perceived struggles faculty members have experienced with implementing EBP teachings to future practitioners. In an online survey assessing the views of 972 faculty members in master of social work program, it was found that the majority (73%) were in favor of teaching EBP. Moreover, it was found that no one definition of EBP was endorsed amongst faculty, qualifications for empirically supported evidence and interventions being deemed "evidence-based." Could the

lack of one solid definition of EBP be a contributing factor in these discrepancies? The

overwhelming majority of respondents (90%) viewed experiments and quasi-experiments

sufficient to be considered empirically supported and evidence based. Furthermore, respondents

were asked to rank criteria on a hierarchy of relevance in accordance to what they deem

empirical and evidence based. It was found that just under half of participants (40%) who ranked

criteria as low in relevance to EBP still found those sources of evidence as empirically supported

and evidence based. Examples of criteria are: case report, experiments/quasi-experiments,

pretest-posttest studies, qualitative studies, single-case designs, client survey, and practitioner

survey. These findings show confusion by faculty as to what is empirical and evidence based.

The findings suggest that although faculty has standards of what is empirical and evidence based,

they find virtually all research is relevant to this, they decrease the time needed to really evaluate

findings.

Evidence Based Practice in Practice

        Evidence-based practice has its benefits to practice but also has several barriers.

Stanhope, Tuchman, and Sinclair (2011) explored the process of implementing EBP for social

workers on the New York Office of Mental Health Evidence Based Project at 53 practicing

agencies. This project was designed to strengthen the skills of mental health workers through

implementing EBP. As a result of this study, gaps in educating practitioners and challenges were

identified. Resistance to the use of EBP is attributed to the lack of knowledge and training of

practitioners. Social workers trained in EBP were found more likely to be committed to

practicing within EBP frameworks. It was found that practitioners were also resistant due to

large caseloads and lack of time. Furthermore, agencies that do not support innovation had

practitioners whom were more resistant to the use of EBP. In conclusion, it appears that EBP is a

great asset for practitioners, but with a lack of agency support and inadequate training,

opposition towards EBP of social workers is present.

Furthermore, Edmond et al. (2006) had the desire to understand to what degree social

work practitioners use EBP in their practice. For the purpose of this study, researchers defined

EBP as similar to Thyer's four step definition, with: formulation of a question, finding and

appraising evidence, applying findings to treatment, and evaluating treatment outcomes. Seven

hundred and sixty one practitioners were interviewed across the nation, assessing steps involved

with EBP: formulating answerable questions, finding and appraising evidence, applying the

evidence to the treatment process, and evaluating treatment outcomes and process. It was found

that most respondents (87%) are agreeable with the importance of EBP use in practice.

Formulating answerable questions was the most used step of EBP in practice (62%). Half of

respondents stated finding and appraising evidence. Only slightly over half (52%) applied

evidence to the treatment process. Finally, it was found that 53% of respondents indicated that

they always evaluate treatment process and outcome, 38% sometimes evaluate treatment process

and outcomes, and 9% never evaluate treatment process and outcomes. It was indicted that the

majority of participants (84%) found lack of time as the main barrier for utilizing EBP in

practice. This study suggests that EBP is effective and valued by social workers.

Attitudes of Practitioners towards Evidence Based Practice

Knight (2013) surveyed 151 social workers in a state chapter of National Association of

Social Workers, assessing their use of and attitudes towards peer-reviewed literature and their

engagement in EBP. Half of respondents indicated being trained and educated to critically

evaluate empirical and theoretical literature. Despite the ability to evaluate literature, it was

found that the majority of respondents (73.3%) did not read peer-reviewed literature in one year. Furthermore, it was found that the least read form of literature was research articles (70%). Respondents noted that they lack confidence in being able to relate the implications of research studies to their practice even though 20% felt they could understand the studies findings. Overall, participants (60%) indicated not engaging in activities related to evidence based practice, such as using results of research to guide practice, evaluating their practice, and using empirically supported techniques.

Additionally, McGuire (2005) found similar results of the lack of use of EBP methods amongst practitioners. Surveys were mailed to 1,728 licensed masters of social workers in the state of Texas, asking about attitudes and barriers towards EBP. It was found that less than half (36%) reported reading literature less than three times per year. In addition, lack of time to read social work research was the most cited barrier actively implementing EBP into practice. Also, social workers acknowledged time as a barrier of implementing new interventions into their practice. This study supports the idea that although EBP is valued, it is not showing that it is necessarily being utilized by the profession.

Ways to Evaluate Practice

Evaluation of practice is an essential aspect of social work practice. Evaluation can increase effectiveness and accountability in the ways practitioners treat clients. Many forms of evaluation exists, such as: single-systems design, self-report measures, and intervention tool assessments (Wong & Vakharia, 2012).

Ventimiglia, Marschke, Carmichael, and Loew (2000) examined how social work practitioners conduct practice evaluation. This study assessed what 222 graduate clinical social

workers' attitudes were towards methods of practice evaluation. Findings indicated that indeed

social workers were evaluating their practices in various ways such as single subject designs and

clinician intuition. Over half of participants (56%) indicated using single subject designs to

evaluate practice. Furthermore, the majority of participants (70%) felt most comfortable using

clinician intuition. It also found that participants felt most confident in evaluating their practice

through intuition (81.6%) over single subject designs.

Elks & Kirkhart (1993) attempted to gain more understanding of how practitioners

evaluate practice. This study interviewed 17 social workers and identified several common

themes amongst practitioners. It was found that 12 of the practitioners (65.7%) had difficulty

knowing how effective they were with clients. These social workers also identified feeling

uneasy about evaluating practice. Many indicated using an implicit from of evaluation. They

identified intuition and experience; personal and professional issues; change made by clients; and

therapeutic relationship as being apart of their evaluation.

Wong & Vakharia (2012) examined 29 social work graduate students projects of

evaluating social work practice. The intention of these projects were to have students

demonstrate ways of evaluating social work practice as if they were in practice. Types of

evaluation techniques used were single-systems design, self-report measures, and intervention

tool assessments. Many (42%) used single-subject design and more than half used self-reporting

measures. This study concluded that although single-subject design was not utilized as much in

evaluation of practice as self-report measures relating to intuition, it shows that with education

single-systems evaluations are used by graduate students.

Summary

The research cited in this literature review indicates many conflicting views of EBP, as many social workers are in favor of it but tend to not use it in their practice. With the lack of one clear definition, social work practitioners can be found resistant and unsure of how to implement EBP into their practice. As social work educators continue to push for social work students to understand EBP, future practitioners are more likely to use EBP in practice. More importantly, understanding how social work practitioners evaluate their practice may reflect their EBP trainings.

Conceptual Framework

The ecological model is the conceptual framework applied to the study. The research question is "How do social work practitioners evaluate their practice?" The ecological model was selected because of the focus on environmental factors surrounding an individual at multiple levels (Forte, 2007). The purpose of this study is to better understand how the EBP is currently carried out in evaluation of practice, which ultimately could impact the services and care received by individuals. Also, this framework will capture the multiple factors on multiple levels that impact how practice is evaluated.

Urie Bonfrenbrenner, a leading ecological theorist, described human development as a function of relationships among the person, environment, processes, and time. The interactions among the individual and the environment create change and security in an individual's attributes over time (Forte, 2007). Through an ecologist's frame for reference, development is seen as the person's evolving conceptions of the ecological environment and their relationships to it. Bonfrenbrenner theorizes that the "developing person" is comprised of attributes, which influence development, such as: personality features that influence one's reaction to their particular environment, one's orientation towards interaction with their environment, and physical features of the person. Development is also determined by the environment, which is comprised of different levels, such as *micro, mezzo, and macro.* The ecological model explains that development is also a function of the developmental process, which is characterized by transfer between the person and the immediate environment. Finally, time plays a role in development, such as transitions in a person's life that occur at a particular time (Forte, 2007).

Three levels of environment exist for individuals: *the micro, mezzo, and macro levels. The micro level* is closest to the individual and consists of structures with which the individual

has direct contact (Forte, 2007). The micro setting includes systems such as the home, the classroom, and their neighborhood in which the person develops (Forte, 2007). In applying this concept to the topic at hand, their past training in EBP, individual values, and skills would be an example of the mirco level.

The mezzo level embodies the relationship between two or more immediate settings and systems and the impact on the individual's development (Forte, 2007). The connections between the home, the school and how these linkages may conflict with or complement each other in relation to the individual are examples of mezzo level relationships. This study examines this concept by looking at the relationship between supervisors, agency setting factors, and other professionals, and the impact this relationship has on clinicians' use of EBP.

The macro level encompasses the broad patterns of the society in which the person is developing (Forte, 2007). Social contexts, cultural norms, and government policies can each be aspects of the macro level. Further examples that are influenced are funding sources, such as insurance, state and federal policy. This study examines the cultural norms of the social work setting such as the NASW Code of Ethics and how this will affect the clinicians' ability to use EBP. This study sought to uncover what, if any, macro level factors have impacted clinicians' use of EBP.

The ecological theory will be applied as a framework in developing survey questions. Specifically, questions will address the following areas: clinicians' influence on implementation of EBP, clinicians' preparation in practice with the use of EBP, and perspectives on collaboration on the micro, mezzo, and macro level.

Method

This study used an online survey, an exploratory quantitative method. This design allowed for the possibility of generalizing findings to a larger population of social work practitioners. Finally, methods allowed practitioners to be anonymous and thus less pressure to please the researcher.

Sample. Convenience sampling methods was employed for the purpose of this study. There were four criteria for participation in the research study: (1) individuals must have an educational background of a masters of social work (MSW) or doctor of social work (DSW), (2) participants must have LGSW, LISW, or LICSW licensure, (3) participants must be practicing, and (4) participants must have an email provided to the Minnesota Board of Social Work. This study contacted 999 social work practitioners in Minnesota to participate in this study. This researcher sent an email through SurveyMonkey to all potential participants which contained a link to the survey. Interested participants clicked the link and were directed to the electronic survey through SurveyMonkey.

Protection of human subjects. This study has minimal risk for participants. This research study was reviewed and approved by the St. Catherine University Institutional Review Board before participants are invited to partake in this study. Data was stored electronically on a researcher's computer, which was password protected. Finally, survey data collected was kept secure on the researcher's password protected computer.

Instrument. The research instrument for this study was an online survey administered through SurveyMonkey. This survey gathered demographic variables including: educational degrees, licensure type, geographical area of practice, area of practice (health care, mental health, ect.),

and years of practice. This study examined how social work practitioners evaluate their practice

efforts, examining evaluation: (1) problem and goal formulation, (2) progress monitoring, and

(3) outcome evaluation. The research committee reviewed the online survey questions.

Data collection. The data for this study was collected in the following way:

1. The researcher contacted the Minnesota Board of Social Work to obtain a list of licensed

   social workers which match the four criteria for participation: (1) individuals must have

   an educational background of a masters of social work (MSW) or doctor of social work

   (PhD or DSW), (2) participants must have LGSW, LISW, or LICSW licensure, (3)

   participants must be practicing, and (4) participants must have an email provided to the

   Minnesota Board of Social Work.

2. Potential subjects were contacted via email introducing this research, explaining how this

   researcher identified them as potential participants, providing a description of the nature

   of the research projects and the research protocol, and inviting them to participate.

3. Potential participants reviewed a consent form of the study on the website (see Appendix

   B). Once participants reviewed the consent form and clicked on the survey, it was

   assumed the participant had given his/her permission to participant in the study. This

   study had an approximate time of 15-20 minutes for completion.

4. Data was collected through the use of the online survey tool SurveyMonkey. Participants

   were given a link and password to the survey to maintain anonymity.

5. If participants were interested in getting a summary of the findings they could contact this

   researcher. They would then be provided with an email summarizing findings.

Data analysis. Data collected from the survey was transferred from Survey Monkey to the

Statistical Package for the Social Sciences (SPSS) software program. For the purpose of this

study, descriptive analysis was used to analyze data gathered from this study, including mean,

mode, standard deviation, and frequencies of the survey responses. This provides an

understanding of respondents' demographics, and how they have answered the survey questions

(Monette et al, 2011). Finally, inferential statistics were utilized to identify the relationships

between variables and compare groups of practitioners (Monnette et al., 2011).

Findings

The purpose of this study was to quantitatively examine how social work professionals evaluate their practice. The results of this study may provide professionals and educators with a better understanding of social workers measure the effectiveness of various approaches to practice evaluation and assessment.   This section summarizes and analyzes the study's findings.

Sample

The sample for this study included the 265 licensed social worker professionals who agreed to participate in the study out of 999 total social workers contacted. Their years of experience ranged from one year to thirty years. Table 1 shows there were 34 males and 229 females that participated in this study. The survey was available for participation from March 3 to March 22, 2014.

Table 1

Indicated Gender

			Frequency	%	Valid %	Cumulative %
Valid	a.	Male	34	12.8	12.9	12.9
	b.	Female	229	86.4	87.1	100.0
	Total		263	99.2	100.0	
Missing	System		2	.8		
Total			**265**	**100.0**		

Table 2 shows that of all the participants, 258 hold an MSW, none hold a DSW, and six hold a PhD. The majority of participants (97.4%) hold a Master of Social Work degree.

Table 2

Indicate Educational Degree

			Frequency	%	Valid %	Cumulative %
Valid	a.	MSW	258	97.4	97.7	97.7
	c.	PhD	6	2.3	2.3	100.0
	Total		264	99.6	100.0	
Missing	System		1	.4		
Total			**265**	**100.0**		

Table 3 shows that 89 of the participants hold an LGSW, 25 hold an LISW, and 150 hold an LICSW. The majority of participants (121, or 45.83%) practice in the area of mental health, while 43 (16.29%) work as school social workers.

Table 3

Identified Current Licensure

			Frequency	%	Valid %	Cumulative %
Valid	a.	LGSW	89	33.6	33.7	33.7
	b.	LISW	25	9.4	9.5	43.2
	c.	LICSW	150	56.6	56.8	100.0
	Total		264	99.6	100.0	
Missing	System		1	.4		
Total			**265**	**100.0**		

Descriptive Findings

Table 4 shows the descriptive statistics for participant responses to the question: "In what way do you determine the effectiveness of interventions?" Participants were asked to indicate all the ways they identify the effectiveness of their chosen intervention resulting in a total of 405 responses. The response options were: *client feedback*, *client/practitioner dialog*, *assessment tool*, *single subject research,* and *other* (1).   Table 4 shows that 122 responses (24.8%) were for *client feedback*, 205 responses (41.7%) for *client/practitioner dialog*, 133 responses (23%) for *assessment tool*, 15 responses (3%) for *single subject research*, and 37 responses (7.5%) for *other*. These findings show that the majority of social workers utilize direct interactions with their clients over more analytical methods.

Table 4

Determining Effectiveness of Intervention

		Frequency	%	Valid %	Cumulative %
Valid	Client feedback tool	122	24.8	24.8	24.8
	Client/Pract. Dialog	205	41.7	41.7	66.5
	Ass. Tool	113	23.0	23.0	89.4
	Single Sub. Research	15	3.0	3.0	92.5
	Other	37	7.5	7.5	100.0
	Total	**492**	**100.0**	**100.0**	

Table 5 shows the descriptive statistics for participant responses to the question: "How do you evaluate outcome?" Respondents' options were: *client feedback tool*, *assessment tool*, *evaluation study*, *single subject research*, and *other* (2). This question also asked respondents to choose all that apply, which means that respondents may have chosen more than one option. As

shown in Table 5, 133 responses (27.7%) were for *client feedback tool*, 125 responses (26%) for

assessment tool, 40 responses (8.3%) for *evaluation study*, 22 responses (4.6%) for *single subject*

research, and 77 responses (16%) for *other*. These findings indicate that social work

professionals use client feedback tools more often than they use other modes of evaluation.

However, the findings also show that assessment tools are used nearly as often as client feedback

tools.

Table 5

Evaluating Outcome

		Frequency	%	Valid %	Cumulative %
Valid	Client feedback tool	133	27.7	33.5	33.5
	Ass. Tool	125	26.0	31.5	65.0
	Eval. Study	40	8.3	10.1	75.1
	Single Sub. Research	22	4.6	5.5	80.6
	Other	77	16.0	19.4	100.0
	Total	397	82.5	100.0	
Missing	System	0	.0		
Total		**397**	**100.0**		

Table 6 shows the descriptive statistics for participant responses to the question: "Where

have you learned how to evaluate practice?" The response options for this question were: *MSW*,

PhD, *workshops*, *colleges*, and *I don't evaluate practice* (6). Participants were instructed to

choose all that apply, which means that respondents may have chosen more than one option. The

findings of this study, shown in Table 6, show 191 responses (50.8%) for *MSW*, 4 (1.1%) for

PhD, 119 (31.63%) for *workshops*, 48 for (12.8%) *college,* and 14 (3.7%) for *I do not evaluate*

practice. These findings indicate that the majority of social work professionals have learned to

how to evaluate their practice in their MSW programs.

Table 6

Learned Evaluation

		Frequency	%	Valid %	Cumulative %
Valid	MSW	191	50.8	50.8	50.8
	PhD	4	1.1	1.1	51.9
	Workshops	119	31.6	31.6	83.5
	I don't Evaluate	48	12.8	12.8	96.3
	Other	14	3.7	3.7	100.0
	Total	**376**	**100.0**	**100.0**	

Table 7 shows the descriptive statistics for participant responses to the question: "How

often do you evaluate your practice?" The response options for this question were: *never*, *once or*

twice a year, *monthly*, *weekly*, and *daily* (7). Table 7 shows that 14 respondents (5.3%) chose

never, 68 respondents (25.7%) chose *once or twice a year*, 76 respondents (28.7%) chose

monthly, 38 respondents (14.3%) chose *weekly*, and 46 respondents (17.4%) chose *daily*. These

findings show that the majority of respondents evaluate their practice over those whom do not

evaluate at all.

Table 7

Frequency of Evaluation

	Frequency	%	Valid %	Cumulative %

Valid	a.	Never	14	5.3	5.8	5.8
	b.	Once or twice a year	68	25.7	28.1	33.9
	c.	Monthly	76	28.7	31.4	65.3
	d.	Weekly	38	14.3	15.7	81.0
	e.	Daily	46	17.4	19.0	100.0
	Total		242	91.3	100.0	
Missing	System		23	8.7		
Total			**265**	**100.0**		

Table 8 shows the descriptive statistics for participant responses to the prompt: "Identify

what strengthens your ability to evaluate your practice." Respondents' options were: *review of*

literature, *reading professional journals*, *attend conferences/workshops*, *participate in*

supervision/consultation, *employ professional guidelines*, *search the Internet*, and *other* (3). This

question also asked respondents to choose all that apply which means that respondents may have

chosen more than one option. Table 8 shows 97 responses (12%) for *review literature*, 80

responses (9.9%) for *read professional journals*, 209 responses (25.9%) for *attend*

conferences/workshops, 204 responses (25.3%) for *participate in supervision/consultation*, 128

responses (15.9%) for *employ professional guidelines*, 64 responses (7.9%) for *search the*

Internet, and 25 responses (3.1%) for *other*. These findings indicate that the majority of

respondents attend conferences or workshops and participate in supervision or consultation to

enrich their ability to evaluate their practice.

Table 8

Strengthens Ability to Evaluate

		Frequency	%	Valid %	Cumulative %
Valid	Review literature	97	12.0	12.0	12.0
	Read professional journals	80	9.9	9.9	21.9
	Attend conferences/workshops	209	25.9	25.9	47.8
	Participate in supervision/consultation	204	25.3	25.3	73.1
	Employ professional guidelines	128	15.9	15.9	89.0
	Search the internet	64	7.9	7.9	96.9
	Other	25	3.1	3.1	100.0
	Total	**807**	**100.0**	**100.0**	

Table 9 shows the descriptive statistics for client responses to the question: "What factors enrich your ability to evaluate your practice with clients?" Respondents' options were: *supportive agency/supervisor*, *time*, *professional guidelines*, *client feedback*, *assessment tools*, and *other* (4). This question also asked respondents to choose all that apply. Table 9 shows 178 responses (25%) for *supportive agency/supervisor*, 107 responses (15%) for *time*, 107 responses (15%) for *professional guidelines*, 182 responses (25.6%) for *client feedback*, 114 responses (16%) for *assessment tools*, and 24 responses (3.4%) for *other*. Client feedback has been identified more than other factors that enrich respondents' ability to evaluate their practice.

Table 9

Factors that Enrich Evaluation

		Frequency	%	Valid %	Cumulative %
Valid	Supportive agency/supervisor	178	25.0	25.0	25.0
	Time	107	15.0	15.0	40.0
	Prof. Guidelines	107	15.0	15.0	55.1
	Client Feedback	182	25.6	25.6	80.6
	Ass. Tool	114	16.0	16.0	96.6
	Other	24	3.4	3.4	100.0
	Total	**712**	**100.0**	**100.0**	

Table 10 shows the descriptive statistics for participant responses to the question: "What factors hinder your ability to evaluate your practice with clients?" Respondents' options were: *unsupportive agency/supervisor*, *time*, *professional guidelines*, *client feedback*, *assessment tools*, *work load*, and *other* (5). This question also asked respondents to choose all that apply. Table 10 shows 56 responses (11.8%) for *unsupportive agency/supervisor*, 169 responses (35.7%) for *time*, 5 responses (1.1%) for *professional guidelines*, 8 responses (1.7%) for *client feedback*, 22 responses (4.6%) for *assessment tools*, 185 responses (39.0%) for *work load*, and 29 responses (6.1%) for *other*. These findings indicate that most respondents find workload as a factor that hinders their ability to evaluate their practice.

Table 10

Factors that Hinder Evaluation

		Frequency	%	Valid %	Cumulative %
Valid	Unsupportive agency/supervisor	56	11.8	11.8	11.8
	Time	169	35.7	35.7	47.5
	Prof. Guidelines	5	1.1	1.1	48.5
	Client Feedback	8	1.7	1.7	50.2
	Ass. Tool	22	4.6	4.6	54.9
	Work Load	185	39.0	39.0	93.9
	Other	29	6.1	6.1	100.0
	Total	**474**	**100.0**	**100.0**	

Discussion

Sample

Of the 265 respondents to this survey, 258 hold a Master of Social Work degree, none hold a Doctor of Social Work degree, and six hold a PhD. 89 of the participants are Licensed Graduate Social Workers (LGSW), 25 are Licensed Independent Social Workers (LISW), and 150 are Licensed Independent Clinical Social Workers (LICSW). This appears to represent the general population of social work practitioners. Almost half of the respondents practice in the area of mental health.

This study had a fairly low response rate with 265 participants responding out of 999 contacted, meaning only 26.5% of potential eligible participants responded to the survey. 73.5% of the contacted social work professionals did not respond to the survey. This high level of nonresponse could indicate that social work practitioners are not interested in practice evaluation. It is also possible that practitioners were inundated with survey participation requests due to the large number of MSW students completing research projects simultaneously.

Practitioners Report of Evaluating Practice

Findings from this study indicate that (a) social work practitioners in Minnesota frequently evaluation their practice, and (b) social workers in Minnesota use both EBP and non-EBP tools to conduct these evaluations. The majority of participants indicated that they evaluate their practice monthly. However, just over 5% of respondents admitted to never evaluating their practice. This could be due to a lack of understanding surrounding the methods of evaluation, such as EBP. The increased regulation of evaluation of practice may also have had some impact on practitioners' ability or willingness to engage in evaluation.

Many practitioners reported using client and practitioner dialog as an evaluation tool, though it is not an EBP recognized method for evaluating practice. Assessment tools and single subject research are more in line with the EBP approach, but participants did not indicate these options as their most-used tools for evaluation. Although Stanhope, Tuchman, and Sinclair (2011) identified EBP as the greatest asset for practitioners, respondents to this survey indicated client feedback was the most common method they used to determine an intervention's level of success.

The study findings do show that social work practitioners also use EBP approved methods to evaluate their practice. Findings indicate that practitioners are more likely to evaluate outcomes using client feedback tools or assessment tools than an evaluation study or single subject research. Ventimiglia, Marschke, Carmichael, and Loew (2000) also found that single subject research was not widely used by social workers as an evaluation tool. This study's findings about practitioners' use of EBP methods contradict Knight's (2013) argument that a majority of social work professionals do not partake in EBP related practice. These findings also suggest shows that social work professionals may not view EBP-related methods of evaluation as negatively as McGuire (2005) indicated they do.

Furthermore, this study found that social work practitioners have learned to evaluate practice in some form of education, and that they continue to learn through workshops and conferences. It is clear that education is an important factor in teaching social work professionals how to evaluate practice. Rubin and Parrish (2007) indicated the importance of teaching EBP related methods. This study shows that social workers are implementing EBP methods into their evaluation process and that the majority are evaluating their practice, suggesting that the incorporation of EBP into formal education has had some success. However, Rubin and Parrish

found that social workers utilize EBP methods in evaluating their practice, while this study found

contradicts those findings.

The study results show that attending conferences and participating in consultation and

supervision are the two most helpful supports for practitioners evaluating their practice. This

study's findings also show that having support from supervisors and agencies, along with client

feedback, are the most enriching factors for practice evaluation. Findings also show that a

practitioner's workload and time are the most hindering factors to evaluation of practice. These

findings suggest that if agencies were to allow more time and reduce practitioners' workloads,

practitioners would be more likely to evaluate the effectiveness of their practice.

Implications

Although this study was an exploratory study, it has generated data about how and how

often social workers evaluate their practice. This study can help inform accrediting boards and

educators of the current trends of evaluation of practice among social work professionals in

Minnesota. This study could also provide information to help improve education of future social

workers and help inform current social workers of how they might improve their evaluation

process. Furthermore, these findings could influence training used at conferences and workshops,

which might focus more on methods of evaluation and time management techniques. The use of

teams in the work place could help practitioners evaluate practice even in the face of heavy

workloads. Team members could also support each other in the use of client feedback as an

evaluation tool and discuss its effectiveness.

In this study, 24.8% of respondents use client feedback and 41.7% use client and

practitioner dialog as a primary technique for evaluating their practice. Respondents also

indicated that they are learning to evaluate practice through their formal education. However, client feedback is not often taught as a valid evaluation tool in formal social work education or in board recommendations. Future studies could investigate why client feedback is not currently considered a valid evaluation tool, or generate data that shows its value. Finally, training in school and at workshops and conferences, could introduce the idea of using client and practitioner dialog, as this method, though not EBP approved, appears to be a significant way current practitioners are evaluating their practice. Future research could explore how to help social worker practitioners use client feedback and dialog as an evaluation tool.

Limitations and Recommendations for Future Research

This study had a low response rate, which could be attributed to many different things. For instance, many other MSW students may have simultaneously sent their surveys to practitioners, or they might have intended to return the survey but then forgotten to do so. For future research, it might be helpful to have social workers complete the survey after a conference or workshop, allowing them time and accessibility.

This researcher was unable to find a good instrument for this survey, which means possible areas of evaluation may have been missed or overlooked. It is recommended that future researchers conduct a pilot of the instrument before using it. Some of the issues with this instrument were that terms overlapped one another, such as client feedback tool and assessment tool. Furthermore, allowing respondents to "choose all that apply" limited the ability to identify how many respondents identified each possible response. In future studies, researchers could try to compile other useful surveys that would strengthen the instrument. This would also allow for

further in-depth review of the evaluation process. Finally, rewording questions would eliminate the possibility of these errors.

Conclusion

The purpose of this study was to explore how social work practitioners evaluate their practice. The study findings provide data on how social work practitioners evaluate their practice and how they have learned to evaluate their work. The findings of this study provide professionals with rich statistical data to better understand social work evaluation.

Although this study had a low turnout rate, many social workers in the Minnesota area did complete this survey. This study protected each respondent's anonymity, allowing for an open and honest reflection of their evaluation process. The study found that many social work practitioners are indeed evaluating their practice by using client feedback and dialog, along with feedback tools.

When individuals in the social work profession ensure that they are providing the best care for their clients, society is much healthier as a whole. Continual evaluation of practice can increase the efficacy of the profession and, by encouraging social workers to better their practice, can increase the wellness of our society.

References

Bellamy, J., Mullen, E., Satterfield, J., Newhouse, R., Ferguson, M., Brownson, R. and Sprin, B. (2013) Implementing evidence-based practice education in social work: a transdisciplinary approach. *Research on Social Work Practice.* 23(4) 426-436. doi:10.1177/1049731513480528

Bureau of Labor Statistics (2012) *Occupational employment and wages: Social work.* Retrieved from http://www.bls.gov/oes/current/oes211023.htm

Council on Social Work Education (2013) *About cswe and mission.* Retrieved from http://www.cswe.org/About.aspx

Council on Social Work Education (2008) *Educational policy and accreditation standards.* Retrieved from http://www.cswe.org/Accreditation/2008EPASDescription.aspx

Edmond, T., Rochman, E., Megivern, D., Howard, M., and Williams, C. (2006) Integrating evidence-based practice and social work field education. *Journal of Social Work Education, 42(2), 377-392.* Retrieved from http://www.tandfonline.com.ezproxy.stthomas.edu/doi/pdf/10.5175/JSWE.2006.200404115

Elks, M. & Kirkhart, K. (1993) Evaluating effectiveness for the practitioner perspective. *Social Work, 38(5), 554-563.* doi:10.1093/sw/38.5.554

Forte, James, A. (2007). Human Behavior and the Social Environment: Models, Metaphors, and Maps for Applying Theoretical Perspectives to Practice. Belmont, CA: Thomson Brooks/Cole

Gilgun, Jane (2005) The four cornerstones of evidence-based practice in social work. *Research on Social Work Practice. 15 (52): 52-62.* doi:10.1177/1049731504269581

Knight, C. (2013) Social workers' attitudes towards peer-reviewed literature: the evidence base. *Journal of Teaching in Social Work, 33 (2), 177-195.* doi:10.1080/09941233.2013.773955

Mamdani, M., Ching, A., Golden, B., Melo, M., and Menzefriche, U. (2008) Challenges to evidence-based prescribing in clinical practice. *The Annals of Pharmacotherapy, 42(2): 704-707.* doi:10.1345/aph.1K283

McNeece, A. and Thyer, B. (2004) Evidence-based practice and social work. *Journal of Evidence-Based Social Work, 1(1), 7-24.* doi:10.1300/J394v01n01_02

Monette, D.R., Sullivan, T. J. & DeJong, C.R. (2011). *Applied social research: Tool for the human services* (8th Ed.). Belmont, CA: Brooks/Cole (ISBN 0-8400-3205-6)

Mullen, E., Bledsoe, S., and Bellamy, J. (2008) Implementing evidence-based social work practice. *Research on Social Work Practice 18: 325.* doi:10.1177/1049731506297827

National Association of Social Workers (2013) *Code of ethics of the national association of social work.* Retrieved from http://www.socialworkers.org/pubs/code/code.asp

National Association of Social Workers (2013) *Mental health.* Retrieved from http://www.naswdc.org/pressroom/features/issue/mental.asp

Pollio, David (2006) The art of evidence-based practice. *Research on Social Work Practice, 16(2), 224-232.* doi: 10.1177/1049731505282981

Rubin, A. and Parrish, D. (2007) Views of evidence-based practice among faculty in masters of social work programs: A national survey. *Research on Social Work Practice 2007 17:110.* doi:10.1177/104973506293059

Scott, P. (2011). Leadership in universities. *International Journal of Leadership in Public Services, 7*(3), 229-234. doi:10.1108/17479881111187051

Social Work Policy Institute (2010) *Evidence-based practice: Partnerships to promote evidence-based practice.* Retrieved from http://www.socialworkpolicy.org/research/evidence-based-practice-2.html

Stanhope, V., Tuchman, E., and Sinclair, W. (2011) the implementation of mental health evidence based practices for the educator, clinician and researcher perspective. *Clinical Social Work Journal, 39, 369-378.* Dio:10.1007/s10615-010-0309-y

Thyer, B. A. (2004). What Is Evidence-Based Practice?. *Brief Treatment & Crisis Intervention*, *4*(2), 167-176. doi:10.1093/brief-treatment/mhh013

Webb, Stephen (2001) Some considerations on the validity of evidence-based practice in social work. *British Journal of Social Work, 31, 57-79.* doi:10.1093/bjsw/31.1.57

Wike, T., Bledsoe, S., Bellamy, J., and Grady, M. (2013) Examining inclusion of evidence-based practice on social work training programs websites. *Journal of Social Work Education, 49: 439-450.* doi:10.1080/10437797.2013.796791

Ventimiglia, J., Marschke, J., Carmichael, P. and Loew, R. (2000) How do clinicians evaluate their practice effectiveness? A survey of clinical social workers. *Smith College Studies in Social Work 70(2), 287-306.* doi:10.1080/00377310009617593

Appendix A

Social Work Practitioners Evaluation of Their Practice

Please complete the following demographic information.

Demographical Information

1. Indicated Gender
    a. Male
    b. Female
2. Indicate Educational degree
    a. MSW
    b. DSW
    c. PhD
3. Identify your current licensure:
    a. LGSW
    b. LISW
    c. LICSW
    d. Other
4. How long ago did you complete your education?
    a. 0-5 years ago
    b. 6-10 years ago
    c. 11-15 years ago
    d. 16-20 years ago
    e. 21- 30 years ago
5. Identify the primary geographical setting you currently practice in:
    a. Rural
    b. Urban
6. Identify your primary area of practice:
    a. Aging/Gerontological Social Work
    b. Alcohol Drug or Substance Abuse
    c. Child Welfare
    d. Community Planning
    e. Corrections/Criminal Justice
    f. Developmental Disabilities
    g. Domestic Violence or Crisis Intervention
    h. Family Services
    i. Group Services
    j. Health
    k. Housing Services
    l. International
    m. Mental Health or Community Mental Health
    n. Military Social Work

o. Program Evaluation
p. Public Assistance/Public Welfare (not Child Welfare)
q. Occupational
r. Rehabilitation
s. School Social Work
t. Social Policy

Practice

Please identify all applicable options to answer the following questions based on your practice experience.

1. In what ways do you determine the effectiveness of intervention? (Choose all that apply)
   a. Client feedback tool
   b. Client/practitioner dialog
   c. Assessment tool
   d. Single subject research
   e. Other
2. How do you evaluate outcome?
   a. Client feedback tool
   b. Assessment tool
   c. Evaluation study
   d. Single subject research
   e. Other
3. Identify what strengthens your ability to evaluate your practice.
   a. Review literature
   b. Read professional journals
   c. Attend conferences/workshops
   d. Participate in supervision/consultation
   e. Employ professional guidelines
   f. Search the internet
   g. Other
4. What factors enrich your ability to evaluate your practice with clients?
   a. Supportive agency/supervisor
   b. Time
   c. Professional guidelines
   d. Client feedback
   e. Assessment tools
   f. Other
5. What factors hinder your ability to evaluate your practice with clients?
   a. Unsupportive agency/supervisor
   b. Time
   c. Professional guidelines
   d. Client feedback
   e. Assessment tools
   f. Work load
   g. Other
6. Where have you learned how to evaluate practice?
   a. MSW
   b. PhD
   c. Workshops

       d. Colleges

       e. I don't evaluate practice

7. How often do you evaluate your practice?

       a. Never

       b. Once or Twice a year

       c. Monthly

       d. Weekly

       e. Daily

Thank you for taking the time to complete this survey!

Appendix B

How Social Work Practitioners Evaluate Their Practice

RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating how social work practitioners evaluate their practice. This study is being conducted by Leah Kiefer, under the supervision of Michael Chovanec, Ph.D., committee chair, and Lisa Richardson, MSS, LICSW and Theresa Kelly McPartlin, LICSW community members from St. Catherine University, St. Thomas University, School of Social Work.

You were selected as a possible participant in this research because of your educational background of a master of social work (MSW) or doctoral of social work (DSW), are licensed with LGSW, LISW, or LICSW, and are currently in practice. Please read this form and ask questions before you decide whether to participate in the study.

Background Information:

The purpose of this study is to understand how social work practitioners evaluate their practice. Approximately 800 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to complete a survey, inquiring about demographical information and your practice. This study will take approximately 15-20.

Risks and Benefits:

The study poses minimal several risks. This study could potentially cause some discomfort in reviewing your practice.

The benefits of participation are gaining a better understanding of how practitioners evaluate their practice. There are no direct benefits to you for participating in this study.

Confidentiality:

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. Your anonymity will be protected through a required password

to complete the online survey. I will keep the research results in a password protected computer and only Leah Kiefer and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 20th, 2014. I will then destroy all original reports and identifying information that can be linked back to you.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. At any time in the survey, you can refuse to answer any question if they choose. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

New Information:

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

Contacts and questions:

If you have any questions, please feel free to contact me, Leah Kiefer at 507-720-4696. You may ask questions now, or if you have any additional questions later, the faculty advisor, Michael G. Chovanec at 651-690-8722, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

Statement of Consent:

You are making a decision whether or not to participate. Your entering the online survey indicates that you have read this information and your questions have been answered. Even after entering the survey, please know that you may withdraw from the study at any time and no further data will be collected.

_____