

**UNIVERSITY OF PENNSYLVANIA
SCHOOL OF SOCIAL POLICY & PRACTICE
MSW PROGRAM**

**SWRK 744: Direct Practice Research
Fall 2021**

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COURSE DESCRIPTION

Direct Practice Research introduces systematic methods for determining accountability and effectiveness of clinical interventions and programs involving client systems. Students will explore evidence-based practice literature and tools for measurement of all phases of the social work intervention process, as well as fidelity to program models and program outcomes for clients, including the selection of standardized measures and the creation of measures (e.g., Goal Attainment Scaling).

This course provides master's level social work students with research knowledge and skills aimed at enhancing their direct practice with clients/systems. The course examines methods of assessment, methods for choosing and evaluating interventions, for determining the effectiveness of one's own practice, and the use of research in social work decision-making. An emphasis is placed on:

- Use of evidence-based practice to determine interventions for social work practice
- Integrating research into direct practice
- Measurement principles and strategies for evaluation of direct practice
- Ethical research practices
- Assessing the use of treatment manuals and fidelity to program models
- Use of both quantitative and qualitative methods for evaluating social work practice

A successful outcome of this course will be that students will understand the relationship between research and social work practice and will possess the necessary tools and skills to engage in social work practice research and evaluation of their own clinical practice.

This course brings together knowledge gained about client needs and functioning covered in HBSE courses (SW 602, SW612) and assessment, intervention and evaluation in first year practice courses (SW 604, SW 614) with the quantitative and qualitative research methods learned in SW 715. The focus on evidence-based intervention complements SW 715. This course emphasizes contextual factors as addressed in SW 603 and SW 613 particularly as they impact service assessment and intervention selection that is culturally appropriate. Finally, this course will examine the potential influence of direct practice research on social policy as addressed in SW 601 and SW 611.

EDUCATIONAL OBJECTIVES

By the end of this course, students will be able to:

1. Define and operationalize a client's (system's) presenting problem, intervention, outcome goals and objectives, and intervention outcomes.
2. Demonstrate familiarity with standardized measures and be able to evaluate their appropriateness for particular clients/systems across context, culture, and diversity (e.g., race/ethnicity, gender, sexual orientation, ability, etc.).
3. Create and identify outcome measures for diverse clients/systems.
4. Identify interventions for clients/systems through the evidence-based practice (EBP) process.
5. Use EBP process for assessment, problem diagnosis, risk factors, and prevention interventions.
6. Assess RCTs including the use of fidelity assessments and treatment manuals.
7. Critique empirical studies pertinent to social work practice.
8. Know the role and use of qualitative and quantitative methods for evaluating social work practice.
9. Integrate research techniques into social work practice for the purposes of evaluation and accountability.
10. Understand the importance of evaluating one's own practice and delivering the most effective, culturally congruent practice interventions consistent with one's expertise and one's client's preferences and contextual factors.

COURSE READINGS: All articles and other readings, like select chapters, will be posted to the course website on Canvas.

COURSE EXPECTATIONS & ASSIGNMENTS

1. Read all readings before class.
2. Attend class & actively participate.
3. Complete all written assignments and submit on-time.
4. Make one individual presentation, one poster presentation, and engage in consultation with peers.

Written Assignments & Presentations

1. Assignment 1 (20%) – 4 page paper due Friday, September 15, 2017 by 5pm [*Please send by e-mail a brief outline in bullet points, inclusive of the following: (a) PICO question, (b), keywords for search process, and (c) a list of key articles you plan to appraise by September 8, 2017 by 5pm*].
2. Assignment 2 (20%) – 4 page proposal due Friday, October 13, 2017 by midnight
3. Assignment 3 (25%) – 5 minute EBP presentation with slides on 10/25, 11/ 1, or 11/15
4. Assignment 4 (25%) – Poster presentation of results from Assignment 2 on 12/6/17
5. Class consultation (10%) – For no more than ten minutes, you will be asked to lead the class in a discussion about an issue you need consultation on and/or would like to elaborate upon.

All written assignments, slides, and posters must be submitted via Canvas by 5pm on the dates specified.

GRADING POLICY

Grades on assignments are based on the completeness, timeliness, use of the literature and quality of the work. Students are expected to integrate the reading into the assignments. Additional research beyond the required reading is required. The final grade reflects the extent to which each student has met the objectives

of the course and mastered the research knowledge and skills as demonstrated in the assignments and classroom participation. Specific criteria include the following:

1. Quality of written assignments: all papers are to be of second-year graduate level quality, well documented, using APA format, and submitted on time. Papers will be evaluated on the following bases:
 - Follows requirements of the assignment
 - Conceptual clarity
 - Organization
 - Incorporation of course concepts
 - Demonstration of understanding of course concepts
 - Evidence of critical thinking
 - Evidence of critical engagement with the literature (not simply name dropping)
 - The extensiveness of the use of scholarly literature
 - Quality of writing (includes spelling, grammar, punctuation)
 - Evidence of cultural and contextual awareness
2. Class participation: quality and quantity of class participation, and evidence of preparation for class and discussion.
3. Demonstration of your having done assigned readings and having understood course concepts. This is evident through in-class participation and in the incorporation of concepts and references from the class readings in written assignments and presentations.

Grading Scale for This Class:

95-100=A	80-82=B-
90-94=A-	77-79=C+
87-89=B+	73-76=C
83-86=B	70-72=C-

ATTENDANCE POLICY

This class meets once/week. Classroom learning is a fundamental component of your professional education. Attendance is therefore expected and will be considered in the determination of overall achievement of class learning objectives and your final grade in the course. In the event that you are sick or cannot attend class for another reason, you must notify the instructors as soon as possible and **submit a one page reaction paper to the required readings and PowerPoint slides.**

Excessive absenteeism (i.e., missing more than two classes) is considered a serious problem that the instructor will handle by meeting with the student and determining whether the student's educational adviser should be notified. Excessive absenteeism could result in course failure.

LATE ASSIGNMENTS

Late assignments are ***strongly discouraged***. In case of a dire, life-threatening emergency, a late assignment may be accepted *at the discretion of the instructor*. If permission for late submission is *not granted before breaking a deadline*, the grade will be reduced 10%, and another 10% reduction will occur each day (including weekends) that the assignment is late, starting with the day following the original due date. Please note that technical difficulties are not an acceptable excuse for turning in an assignment late.

REFERENCES AND WRITING

All written work must be submitted double-spaced, conform to APA style, 6th edition, and use Times New Roman or Arial in 12 pts with 1" margins. All assignments are to be submitted via CANVAS.

APA style, 6th edition should be used for references and writing. The best reference is the *Publication Manual of the American Psychological Association, Sixth Edition (2010)*. The following web sites provide additional information:

<http://www.apastyle.org/apa-style-help.aspx>

<http://owl.english.purdue.edu/owl/resource/560/02/> (see links on the menu on the left)

http://ssw.unc.edu/files/web/pdf/APA_Quick_Reference_Guide.pdf

STATEMENT ON ACADEMIC INTEGRITY

Students are expected to conduct themselves consistent with the University of Pennsylvania's Code of Academic Integrity which presents standards regarding plagiarism, multiple submissions and other actions. Students are expected to be familiar with the Code which can be found at

<http://www.upenn.edu/academicintegrity/>.

ELECTRONIC COMMUNICATION

This course uses Canvas (<http://upenn.instructure.com>). Please check this website frequently as all announcements, assignments, lecture notes, additional readings, etc. will be posted here. In addition to Canvas, primary means of communication outside of regular class hours is via email. It is important that you check your Penn email account regularly. If you do not use your Penn email address as your primary account, please arrange to have Penn email forwarded to your preferred account. The instructor will respond to most messages within 24-48 hours Monday-Friday. If there is an urgent situation that requires immediate attention, please include the word "URGENT" in the subject of your email.

ELECTRONIC DEVICES

Please set your cell phones to silent/vibrate. If you must respond to your cell phone, please do so in a way that minimizes class disruption. *Do not text during class*. Use of laptops is permitted as a tool for legitimate note taking, small group activities, and in-class assignments or as an approved accommodation for students with disabilities.

CLASS SCHEDULE

WEEK 1: 9/1/21

1. Course overview
2. Evaluation and research in Social Work: What do we know about effective treatment?
3. Empiricism and its discontents
4. Ethics and evidence-based practice

Required Readings:

Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Perspectives on psychological science*, 2(1), 53-70.

Rubin, A., & Parrish, D. (2007). Views of evidence-based practice among faculty in master of social work programs: A national survey. *Research on Social Work Practice*, 17, 110-122.

Recommended Readings:

Axford, N., & Morpeth, L. (2012). Evidence-based programs in children's services: A critical appraisal. *Children and Youth Services Review*, 35, 268-277.

Corcoran, K., Videka-Sherman, L. (1992). Some things we know about effective clinical social work practice. In Corcoran, K. *Structuring change: Effective practice for common client problems*. Chicago: Lyceum Books, Inc.

Gellis, Z. & Reid, W. (2004). Strengthening evidence-based practice. *Brief Treatment and Crisis Intervention*, 4, 155-165.

Myers, L., & Thyer, B. (1997) Should social work clients have the right to effective treatment? *Social Work* (42)3, 288-298.

Witkin, S. (1998). The right to effective treatment and the effective treatment of rights: Rhetorical empiricism and the politics of research. *Social Work*, (43)1, 75-80.

WEEK 2: 9/8/21

Evidence based practice

1. Defining EBP
2. The EBP process
3. The five-steps of EBP
4. Ethics and EBP

Required readings:

Aisenberg, E. (2008). Evidence-based practice in mental health care to ethnic minority communities: Has its practice fallen short of its evidence?. *Social work*, 53(4), 297-306.

Gambrill, E. & Gibbs, L. (2009). Developing well-structured questions for evidence-informed practice. In Roberts, A. (ed.). *Social Workers' Desk Reference 2nd edition*. New York: Oxford University Press.

Rubin, A. & Bellamy, J. (2008). *Practitioner's Guide to Using Evidence Based Practice*. Hoboken, NJ:

Wiley & Sons. Chapter 2.

Discussion: Be prepared to discuss the EBP process. Bring examples of EBP questions and of delineating the process for answering the question. Preparation for today's class will also help you with Assignment 1. Think about and be prepared to discuss concerns about using EBP in agencies.

WEEK 3: 9/15/21 – Assignment 1 is due.

Importance of relationships and motivational congruence

1. Research based practice/practice based research
2. Research on professional relationships
3. Establishing the relationship
4. Measuring relationship
5. Motivational congruence (agreement on goals) key to positive relationship & outcomes
6. Establishing goals

Required readings:

De Jong, P., & Berg, I. K. (2001). Co-constructing cooperation with mandated clients. *Social Work, 46*(4), 361–374.

Kondrat, D. C., & Early, T. J. (2010). An exploration of the working alliance in mental health case management. *Social Work Research, 34*(4), 201-211.

Choose ONE of these readings and be prepared to bring up two questions and/or comments:

- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438–450.
- Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*(1), 1–33.
- Squier, R. W. (1990). A model of empathic understanding and adherence to treatment regimens in practitioner-patient relationships. *Social Science and Medicine, 30*(3), 325–339.

Recommended readings and resources:

Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2009). *Direct social work practice: Theory and skills*. Belmont, CA: Brooks/Cole Cengage Learning. Chapter 5 & 6 (Chapter 5: Empathy & Authenticity; Chapter 6: Following, Exploring, and Focusing skills – These are practice skills and may be review for some – please read and digest what you find most helpful. Chapter 5 was not assigned for your practice course.)

Epstein, I. (2001). Using available clinical information in practice-based research: Mining for silver while dreaming of gold. *Social Work in Health Care, 33*, 15.

Here is a summary of meta-analyses on the therapeutic relationship, compiled by the NIH:

<http://www.nrepp.samhsa.gov/Norcross.aspx>

WEEK 4: 9/22/21

Appraising assessment instruments & types of measurement tools

1. Assessing measures
2. Importance of high-quality assessments
3. Finding & selecting standardized measures
4. Types of measurement tools

Required Readings:

Wodarski, J. & Hopson, L. (2012). *Research Methods for Evidence Based Practice*. Los Angeles: Sage. Chapter 5 (also review appendices pp. 77-96).

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior, 24*(3), 369–387.

Read one of these two articles:

- 1) Palinkas, L. A., Garcia, A. R., Aarons, G. A., Finno-Velasquez, M., Holloway, I. W., Mackie, T. I., ... & Chamberlain, P. (2014). Measuring use of research evidence The Structured Interview for Evidence Use. *Research on Social Work Practice, 1049731514560413*.
OR
- 2) Connor, K.M. & Davidson, J.R.T. (2001). SPRINT: A brief global assessment of post-traumatic stress disorder. *Institutional Clinical Psychopharmacology, 16*, 279-284.

References:

Fischer, J. Corcoran, K. (2007). Measures for clinical practice and research vol. 1: Couples, families, and children. New York: Oxford University Press. Chapters 1-4.

Discussion: Be prepared to discuss the selection and identification of a measurement tool. Having a scale in mind for today's class may help you prepare for Assignment 2. In addition, be prepared to assess the validity and reliability of the scale assessed in the Palinkas OR Connor article, and whether you would rely upon the scale in practice contexts.

WEEK 5: 9/29/21

Types of measurement tools and use of Goal Attainment Scaling

1. Types of measurement tools
2. Solutions for real-world measurement
3. Finding and selecting standardized measures
4. Measuring outcomes in the real world
5. Advantages of Rapid Assessment Instruments
6. Goal Attainment Scaling

Readings:

Collins, M., Mowbray, C., & Bybee, D. (1999). Establishing individualized goals in a supported education intervention: Program influences on goal-setting and attainment. *Research on Social Work Practice, 9*, 483-507.

Fischer, J. Corcoran, K. (2007). Measures for clinical practice and research vol. 1: Couples, families, and children. New York: Oxford University Press. Chapters 5-6.

Discussion: Be prepared to discuss the use of Goal Attainment Scaling with a client. Note that applying Goal Attainment Scaling is part of Assignment 2.

WEEK 6: 10/6/21

Appraising Intervention Effectiveness

1. Criteria for inferring effectiveness: Review of concepts from SW 715
2. Internal and External Validity
3. Critically appraising experiments
4. Evidence hierarchies

Required Readings:

Rubin, A. & Bellamy, J. (2008). *Practitioner's Guide to Using Evidence Based Practice*. Hoboken, NJ: Wiley & Sons. Chapter 5.

Bornoalova, M. A., Gratz, K. L., Daughters, S. B., Hunt, E. D., & Lejuez, C. W. (2012). Initial RCT of a distress tolerance treatment for individuals with substance use disorders. *Drug and Alcohol Dependence*, 122(1), 70-76.

Katz, D., & Toner, B. (2013). A systematic review of gender differences in the effectiveness of mindfulness-based treatments for substance use disorders. *Mindfulness*, 4(4), 318-331.

***Optional-review as needed**

Wodarski, J. & Hopson, L. (2012). *Research Methods for Evidence Based Practice*. Los Angeles: Sage. Chapter 6.

Discussion/notes: Read Wodarski and Rubin as needed, as they provide an overview of concepts from SW 715. Be prepared to rely on these resources to evaluate and critique the validity of findings from the two studies conducted by Bornoalova and Katz. The authors tested the effectiveness of two different interventions to address substance abuse disorders. In class, you will need to weigh in on which intervention you would select for Jake and why. In other words, which of the two studies are you inclined to rely upon to inform practice for this case? Think about rigor, empiricism, validity, impact, and applicability while weighing in on your decision. **Finally, be prepared to discuss and implement your data collection plan for Assignment #4.**

WEEK 7: 10/13/21 FALL BREAK - NO CLASS

WEEK 8: 10/20/21

***Assignment 2 is due Thursday, October 17, 2017 by 5pm.**

1. Qualitative Methods
2. Special Populations: Integrating Mixed Methods (Quantitative and Qualitative) to monitor progress in clinical practice with children and adolescents

Monitoring Client progress

1. Assessing and monitoring client change using single system and time series designs
2. Appraising and relying upon quasi-experimental designs in practice
3. Application of monitoring client's progress

Required Readings:

Kazdin, A. E. (2005). Evidence-based assessment for children and adolescents: Issues in measurement development and clinical application. *Journal of Clinical Child and Adolescent Psychology*, 34(3), 548-558.

Huey, S.J., & Polo, A.J., (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child & Adolescent Psychology*, 37(1), 262-301.

Padgett, D. (1998). Does the glove really fit? Qualitative research and clinical social work practice. *Social Work*, 43, 373-381.

Recommended Readings:

LeBoeuf, W., Fantuzzo, J.W., & Lopez, M. (2010). Measurement and population miss-fits: A case-study on the importance of using appropriate measures to evaluate early childhood interventions. *Applied Developmental Science*, 14, 45-53.

Required Readings:

Bloom, M., Fischer, J., & Orme, J. (2009). *Evaluating Practice*. New York: Allyn & Bacon. Chap. 3.

Rubin, A. & Bellamy, J. (2008). *Practitioner's Guide to Using Evidence Based Practice*. Hoboken, NJ: Wiley & Sons. Chapters 6, 7, and 12.

Read one of these two articles and weigh in on its applicability, validity, and reliability:

- Pheula, G. F., Rohde, L. A., & Schmitz, M. (2011). Are family variables associated with ADHD, inattentive type? A case-control study in schools. *European Child & Adolescent Psychiatry*, 20(3), 137-145.
- Weijer-Bergsma, V.D., E, Formsma, A. R., Bruin, d., E.I, & Bögels, S. M. (2012). The effectiveness of mindfulness training on behavioral problems and attentional functioning in adolescents with ADHD. *Journal of Child and Family Studies*, 21(5), 775-787.

Recommended Readings:

Corcoran, K., Gingerich, W. (1992). Practice evaluation: Setting goals, measuring and assessing change (Chapter 3). In Corcoran, K. *Structuring change: effective practice for common client problems*. Chicago Lyceum Books Inc.

Nugent, W., Sieppert, J., Hudson, W. (2001). Practice evaluation for the 21st century. Belmont, CA.: Brooks/Cole. Chapter 4 – Monitoring and evaluating clinical practice.

Wodarski, J. & Hopson, L. (2012). *Research Methods for Evidence Based Practice*. Los Angeles: Sage. Chapter 7.

Discussion: Be prepared to discuss how your agency monitors client progress, and reflect upon what methods you might use in future practice.

WEEK 9: 10/27/21 - Assignment 3 Presentations**Randomized Controlled Trials and Cultural Sensitivity**

1. Ethics of RCTs
2. Treatment manuals
3. Generalizing RCTs to community based treatment settings
4. Adapting interventions to the real clinical world
5. Assessing adherence, fidelity, and need for adaptation

Required Readings:

Solomon, P., Cavanaugh, M., Draine, J. (2009). *Randomized Controlled Trials: Design and Implementation for Community-Based Psychosocial Interventions*. New York: Oxford University Press. Chapters 1-3.

De Leon, G. (2015). "The Gold Standard" and Related Considerations for a Maturing Science of Substance Abuse Treatment. Therapeutic Communities: A Case in Point. *Substance Use & Misuse*, 50(8-9), 1106-1109.

McCabe, K., & Yeh, M. (2009). Parent-child interaction therapy for Mexican Americans: A randomized clinical trial. *Journal of Clinical Child & Adolescent Psychology*, 38(5), 753-759.

Recommended Reading: Connor-Smith, J., Weisz, J. (2003). Applying treatment outcome research in clinical practice: Techniques for adapting interventions to the real world. *Child and Adolescent Mental Health*, 8, 3-10.

Discussion points:

- A) What are the ethical and moral dilemmas of relying on community-based driven research versus RCTs to inform case planning/practice? Do you agree with De Leon's (2015) main argument related to this question?
- B) Be prepared to critique McCabe and Yeh's work and weigh in on the necessity to adapt EBPs for cultural relevancy. What are the dilemmas of adapting EBPs instead of adhering to fidelity?
- C) Be prepared to also discuss what methods are used at your internship to assess fidelity, and whether the tools are "culturally relevant" for your target population.

WEEK 10: 11/3/21 - Assignment 3 Presentations**Dissemination and implementation Science**

1. Introduction to dissemination and implementation science
2. Treatment manuals versus intervention components
3. Barriers and facilitators of implementing EBPs

Required Readings:

Chorpita, B. F. (2002). Treatment manuals for the real world: Where do we build them?. *Clinical Psychology: Science and Practice*, 9, 431-433.

Palinkas, L. A., Fuentes, D., Finno, M., Garcia, A. R., Holloway, I. W., & Chamberlain, P. (2014). Inter-organizational collaboration in the implementation of evidence-based practices among public agencies serving abused and neglected youth. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(1), 74-85.

Wolk, C., Powell, B.J., & Beidas, R.D. (2015). Contextual influences and strategies for dissemination and implementation in mental health. *Oxford Handbooks Online*.

Recommended Reading: Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4-23.

Discussion Points: Be prepared to discuss barriers and facilitators of implementing EBPs in agency settings.

WEEK 11: 11/10/21**Direct Practice Research with Groups—Trauma Recovery Empowerment Model (TREM) Women’s Group**

1. Sample: Inclusion criteria, recruitment, retention, group assignment
2. Implementation: Design options, training therapists, fidelity
3. Selection of Measures: Optimal number, avoiding triggering distress
4. IRB Issues

Required Readings:

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=158>

Fallot, R. D., McHugo, G. J., Harris, M., & Xie, H. (2011). The trauma recovery and empowerment model: A quasi-experimental effectiveness study. *Journal of Dual Diagnosis, 7*(1-2), 74-89.

Marmarosh, C. L. (2014). Empirical research on attachment in group psychotherapy: Moving the field forward. *Psychotherapy, 51*(1), 88-92. doi:10.1037/a0032523.

WEEK 12: 11/17/21 - Assignment 3 Presentations

Integrating experiential knowledge, practice wisdom, and evidence into routine practice
Guest Speaker, Dr. Serena Ohene, D.S.W.

Required Readings:

Gitterman, A., & Knight, C. (2013). Evidence-guided practice: Integrating the science and art of social work. *Families in Society: The Journal of Contemporary Social Services, 94*(2), 70-78.

Kirmayer, L.J. (2012). Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Social Science & Medicine, 75*, 249-256.

Recommended Reading: Sheppard, M. (1995). Social work, social science and practice wisdom. *British Journal of Social Work, 25*(3), 265-293.

Discussion: *Come to class prepared with 2 comments and/or questions in regards to the readings.*

WEEK 13: 11/24/21 -- NO CLASS: HAPPY THANKSGIVING!**WEEK 14: 12/1/ WEEK 14: 11/28/19****Implementation ecology and racial disparities**

1. Assessing the implementation process
2. Implementation research, translational research, & dissemination efforts
3. Strategies to address barriers to implementing EBPs
4. Racial/ethnic disparities in implementation processes and outcomes
5. Implementation of strength-based practice during the EBP process

Required Readings:

Beidas, R. S., Edmunds, J. M., Marcus, S. C., & Kendall, P. C. (2012). Training and consultation to promote implementation of an empirically supported treatment: A randomized trial. *Psychiatric Services, 63*, 660-665.

Briggs, H.E., & McBeath, B. (2010). Infusing culture into practice: Developing and implementing evidence-based mental health services for African American foster youth. *Child Welfare, 89*(1), 31-60.

Students will be assigned to read one of the following three articles:

- Barlow, D. H., Allan, L. B., & Choate, M. L. (2004). Toward a unified treatment for emotional disorders. *Behavioral Therapy, 35*, 205-230.
- Chorpita, B. F., & Daleiden, E. L. (2009). Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. *Journal of Consulting and Clinical Psychology, 77*, 566-579.
- Kaltenthaler, E., Parry, G., Beverly, C., & Ferriter, M. (2008). Computerised cognitive-behavioural therapy for depression: Systematic review. *The British Journal of Psychiatry, 193*, 181-184.

Recommended Readings:

Garcia, A. R., Kim, M., Palinkas, L. A., Snowden, L., & Landsverk, J. (2015). Socio-contextual determinants of research evidence use in public-youth systems of care. *Administration and Policy in Mental Health and Mental Health Services Research, 1-10*.

Torrey, W. C., Bond, G. R., McHugo, G.J., & Swain, K. (2012). Evidence-based practice implementation in community mental health settings: The relative importance of key domains of implementation activity. *Administration and Policy in Mental Health and Mental Health Services Research, 39*, 353-364.

Secret, M., Abell, M.L., & Berlin, T. (2011). The promise and challenge of practice-research collaborations: Guiding principles and strategies for initiating, designing, and implementing program evaluation research. *Social Work, 56*, 9-20.

Discussion Points: Be prepared to discuss the ways in which the specific strategies discussed in your assigned article facilitate and/or prevent implementation of EBPs.

WEEK 15: 12/8/21– Assignment 4 (poster presentation) is due.

RESOURCES

Soon you may not have access to Penn's library. These resources can help.

1. The National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/> This is a great place to stay up-to-date with EBTs.
2. Lots of information from our government at The Substance Abuse and Mental Health Services Administration (SAMHSA): <http://www.samhsa.gov/> *Keep your eyes peeled for free manuals!*
3. PROMIS is an NIH-sponsored project to assist in collecting data. Short, free, psychometrically sound assessment tools (and scoring help) are available. <http://www.assessmentcenter.net/>
4. Fischer and Corcoran (2007) have put together a two-volume sourcebook, entitled *Measures for Clinical Practice and Research*. Each volume contains hundreds of measures that take five minutes or less to complete. Each measure's psychometric properties are included.
5. Search for training organizations for particular EBTs (ex. <http://www.behavioraltech.org> for DBT, or <http://tfcbt.musc.edu/> for TF-CBT). You can get trained and put it on your resume. While sometimes costly, having training increases skill and often pays off in the long run. They may even advise you on how to track outcomes. Try calling them up!
6. David Barlow has put together a great series of user-friendly manuals of a number of evidence-based CBT treatments (clinician and client versions). Measurement strategies are incorporated: <http://www.oup.com/us/catalog/general/series/TreatmentsThatWork/>
7. Kelly Koerner has an online community for evidence-based mental health training and support. It's worth the yearly price of admission: <http://www.practiceground.org/>
8. FREE Manual: Illness Management and Recovery: <http://www.vet2vetusa.org/Materials/IllnessManagementRecovery/tabid/68/Default.aspx>
9. FREE Manual: Cognitive behavioral therapy for treating cocaine addiction: <http://archives.drugabuse.gov/pdf/CBT.pdf>
10. A FREE open access journal on implementation: <http://www.implementationscience.com/>
11. Google Scholar has Abstracts that are free. Also, any research project funded by the NIH is required to be open access one year after it is published in a journal. So if you included "NIH" in your search, you're more likely to get full articles.
12. Child Welfare Evidence-Based Clearinghouse Website: <http://www.cebc4cw.org/>.

ASSIGNMENTS

Assignment 1 (20%): Using a current, past, or hypothetical client *OR* the target population your agency serves, apply the five-step process for making evidence-based practice decisions (discussed in Rubin Chapter 2). Before applying the steps, provide some brief clinical information and some information regarding your expertise. For additional help formulating a question, use the Gambrill and Gibbs article in the Suggested Readings for Week 2. Remember, questions not only relate to effectiveness but also prevention, prediction, assessment, description, etc. This assignment should be no more than four pages in length, and USE HEADINGS FOR EACH STEP. **Due September 13, 2017 (submit on Canvas by midnight).**

*Please send by e-mail a brief outline in bullet points, inclusive of the following: a) PICO question, b), keywords for search process, and c) a list of key articles you plan to appraise by **September 8, 2017 by 5pm.** The intent of this is to give feedback early on as to whether or not you are on the right track with the assignment.*

Assignment 2 (20%): Consider this assignment a proposal for Assignment 4. For Assignment 2, you will devise a plan for gathering real-world information to inform your practice. You can choose to evaluate client information (e.g. goals and outcomes), clinical information (e.g. your self-care), or concerns in the field (e.g. provider, supervisor, or administration concerns about evidence-based practice). For Assignment 4, you will enact your plan and share your findings with your peers.

PART 1 (*Less than 1 page*): Like writing a problem statement in research, provide the real-world information necessary to frame the importance of the data you wish to collect or analyze. The focus of inquiry can be at the client (e.g. goals and outcomes), provider (e.g. burnout or stress), or agency level (e.g. administrators' concerns of EBP). Build the case for why collecting this information is important.

PART 2 (*Approximately 1 page*): You may or may not wish to use a standardized measure for your inquiry. Nonetheless, this type of measurement is particularly challenging, and you should know how to critique a standardized measure. Therefore, select a scale that is relevant (even if loosely) to the information provided in Part 1. State what variable the instrument measures and what population it has been developed with. Assess the measure's psychometric properties and appropriateness for your inquiry, considering race, ethnicity, and cultural background. Note its feasibility as well (i.e. cost and length). Looking at a research study as a guide for how to describe a measure is recommended.

PART 3: Similar to Part 2, Goal Attainment Scaling (GAS) may or may not be the best form of data collection for your inquiry. Nonetheless, you should know how to create a GAS and critique it. Therefore, you are required to create a GAS relevant for your inquiry. Then, assess your GAS's reliability and validity, as well as its appropriateness for the identified person considering race, ethnicity, and cultural background. Note the tool's feasibility as well (i.e. cost and length). If you cannot think of a way to tie a GAS into your inquiry, consider developing a GAS to track your own goals in fulfilling your plan outlined in PART 5.

PART 4: Note one or two alternative methods for data collection (e.g., rapid assessments, unobtrusive measures, qualitative data). For example, many data can simply be counted (e.g. clean needles distributed, miles walked as measured by a Fitbit, or quantity of individuals who completed an intake who return for a second session).

PART 5: Outline your plan for data collection using information from Parts 1-4. Select either (a) the standardized measure, (b) the GAS, (c) an alternative method, or (d) a combination of strategies and **outline the rationale** for your choice. Decide upon the source (e.g. client, parent, etc.) and interval(s) for data collection and provide a rationale. Critique your choices using concepts learned in class.

Examples: Identify a client's goal and measure it over time with a standardized measure. Track your own burnout, compassion, and secondary trauma using the Provider Resilience cell phone app (free download). Conduct a qualitative inquiry of your supervisor's thoughts on the feasibility of a measure and/ or evidence-based intervention.

This paper should be no more than four pages in length. Attach your measure and GAS to the paper. Measures will not count toward the page limit. Please submit one file. **Due October 13, 2017 (submit on Canvas by midnight).**

Assignment 3 (25%): This assignment consists of an in-class presentation on an evidence-based treatment (EBT) for a specific psychosocial issue (e.g., health disparities, mental health disorders and services, youth violence, child welfare/maltreatment, substance abuse, education/schools, end of life care issues, etc.). The oral presentation should be 5 minutes maximum.

Briefly describe (a) the intervention, (b) the intervention's evidence, (c) what population(s) the intervention is effective with, (d) what outcomes the intervention has produced, and (e) how one might be trained and/or implement the intervention. Many EBPs can be found at The National Registry of Evidence-based Programs and Practices (NREPP): <http://www.nrepp.samhsa.gov/>. If a student wishes to present on an intervention not listed on NREPP, the intervention must be approved by the instructor. Presentations will occur on dates specified in class. Students will submit presentations with speakers' notes on Canvas, due on the same day as the student presents. During the day of your presentation, a timer will be set for 5 minutes. When the timer rings, the student must stop talking. The timer will be reset for 3 minutes, and the presenter will lead the class in a discussion of the intervention. **Presentations will take place in class on 10/25, 11/1, and 11/15.**

Assignment 4 (25%): To complete this assignment, you will be required to enact the plan you outlined in Part 5 of Assignment 2. Now that you have devised a data collection strategy and have attempted to implement it in the real world, you will present your findings to your peers. Arrange your data on a poster (posters are often made on a single PowerPoint slide). Include author, title, introduction, methods, results (should include a graph, table, or figure), and discussion sections.

Some students are likely to encounter significant challenges to data collection in the real world. For example, a client may not return or the scale selected was too long. If you encounter real-world barriers to data collection, then consider making these barriers your "results," and discuss the feasibility of your strategy in the discussion section.

Come to the last day of class with your poster for a poster session. Print your poster on an 8.5" x 11" sheet of paper. Do NOT spend money on the poster! 1/3 of the class will present their poster for three 20-minute intervals. Be prepared to engage your peers with questions about your work and theirs. **Due December 6, 2017. A poster file (one PowerPoint slide) must be submitted on Canvas by 5pm. In addition, students must come to class with a printed copy.**

Class Consultation (10%): For no more than ten minutes, you will be asked to lead the class in a discussion about an issue you need consultation on and/or would like to elaborate upon. You can ask your peers about their suggestions on tools to rely upon to monitor client progress, pose burning questions about readings or comment on previous lectures, and/or obtain consultation from both peers and the instructor about your assignments.