Social Work Practitioners and Practice Evaluation: How Are We Doing?

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Practice evaluation is an important component of evidence-based social work practice. Previous research in this area has concluded that even though social workers receive evaluation training, it remains under-utilized in practice. This study discusses the results of a survey of 134 social workers across different social work settings, positions, and level of preparation, examining incidence and type of evaluation activity, training received, and barriers related to implementing practice evaluation in the practice setting. Results report that the majority of social workers are not involved in evaluation activities beyond collecting basic statistics.

KEYWORDS: Evidence-based, practice evaluation, practitioner

INTRODUCTION

In the past several decades, much attention has been given to mechanisms through which social work practitioners evaluate their interventions. Prior discussion of practice evaluation and empirically based social work practice has evolved into the new culture of evidence-based practice (EBP) as the standard for social work intervention (Briggs & Rzepnicki, 2004; Howard, McMillan, & Pollio, 2003; Pollio, 2006; Zlotnick, 2004). Though several definitions of EBP exist, there are commonalities within each definition that suggest at the very least practitioners should (1) develop an answerable question relevant to the client population, (2) evaluate the best available evidence for interventions with that population, (3) select and apply the evidence within the therapeutic relationship, and (4) evaluate the effectiveness of that application (Cournoyer, 2004; Gibbs, 2003; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, in Gibbs). Current literature has examined the role of education in preparing practitioners for implementing EBP, even calling for broad curriculum reform to enhance this preparation and ensure competency (Howard, Allen-Meares, & Ruffolo, 2007; Syodan, 2007), inhopes of addressing the issue that evidence-based practice continues to be underutilized by social workers (Bellamy, Bledsoe, & Traube, 2006).

Even prior to the EBP movement in social work, practitioners have been guided to use practice evaluation. The National Association of Social Workers (NASW) Code of Ethics charges practitioners to ''monitor and evaluate policies, the implementation of programs, and practice interventions'' (NASW, 1999). Subsequently practice evaluation is an important component of EBP (Cournoyer, 2004; Gibbs, 2003), as the practitioner finds the best available evidence for an intervention and, addressing the uniqueness and individuality of the client, evaluates the application of that intervention. In fact, given the limited availability of randomized control trials as evidence for many social work interventions, the individual evaluation performed by practitioners is recognized as a necessary component in the cycle of EBP for the creation of new evidence, especially when it has the ability to be disseminated through professional avenues. Even though practice evaluation is determined to be critical in judging effectiveness of interventions, it remains underutilized, even though successful evaluation does not need to involve

complex designs and data collection methods (Bloom, Fisher, & Orme, 2006; Pollio, 2006).

Thus stated, practice evaluation goes hand in hand with EBP. Though the availability of empirically based social work interventions is growing, the literature base is not inclusive of all interventions. It is more important than ever for social workers to utilize ongoing practice evaluation as a way to bridge the gap between evidence-based interventions and practice wisdom, subsequently expanding the knowledge base through dissemination of results.

HISTORY

Historically, it is noted that many professionals have operated with little empirical data to support the efficacy of their interventions (Baer, 2001). Evidence-based practice emerged in the 1960s, with subsequent socio-behavior models presenting as an alternative to traditional social work intervention. Though the profession started out with paradigms based on the scientific model as a rational, systematic, problem-solving activity formulated by Richmond and Hollis, these standards lacked what empirical practice offers in the collection of baseline data, the use of research instruments, the measurement of case progress, and the employment of research-based interventions (Reid, 1994). Criticism emerged as the empirical practice movement became widely known and used. Reid discusses that movement to empirical practice was too restrictive given the turbulence and complexity of the world of agency practice.

Recent trends, such as the shifting of mental health services and the ensuing rise of managed care, create a greater need for practice effectiveness and accountability. Since 1984, the Council on Social Work Education (CSWE) requires curriculum content on evaluating practice (CSWE, 2001, p. 6.5), outlining training on practice evaluation methods. Admittedly, though the involvement from CSWE is recent, the trend dates back to Fisher's (1978) discussion, ''Does anything work?''. With the growing community of practitioners, scholars, and students interested in applying scientific methods of analysis to social work problems, EBP in the areas of health and mental health moves to the forefront of the profession.

The reasons for employing evaluation procedures include meeting requirements by the employing agency, providing a method of accountability, and conducting program evaluation. An early study by Richey, Blythe, and Berlin (1987) includes the benefits of evaluation as a clinical tool and assessment aid and to facilitate monitoring the treatment process. However, research documents that even though social work students are trained in practice evaluation, they are unlikely to employ it in direct practice, even while supporting the theory behind it (Richey et al.). Penka and Kirk (1991) conducted a survey consisting of 80 items sent to NASW members, measuring world-view attitudes toward research and current involvement in research. The results suggest that although some social workers are involved in reading and conducting research, the percentage is small. And those results were not unusual. A 1983 dissertation study by Blythe (as cited in Grasso & Epstein, 1992) on practice evaluation by social work practitioners discusses that only 40% of graduate respondents who

received training in evaluation utilized at least one research design in their practice for evaluation during the previous year.

The primary reasons discussed for not employing practice evaluation include lack of time resulting from high case loads and, indirectly, lack of agency support. Some social workers indicate that practice evaluation interferes with practice, and some state specifically that lack of agency support for the process impedes utilization. Availability of evaluation tools is an additional factor. Gardner (2000) demonstrates the need for identifying tools to evaluate the process of intervention in service delivery among social workers. Moreover, she recommends testing and evaluating models to strengthen desired outcomes.

This survey attempts to gather information about how the trend toward empirically based practice or EBP has transferred to the world of the individual social work practitioner. Unlike previous surveys of this type, its purpose is not to highlight the use of single system as an exclusive evaluation tool or to explore the practitioner-scientist debate but to examine certain general issues of practitioners' use of practice evaluation given its increased emphasis in social work. This survey revisits the issue of practice evaluation and explores four research questions: (1) Are social work practitioners engaging in practice evaluation? (2) If yes, what types of evaluation activities are being performed? (3) Where are practitioners receiving training on how to conduct practice evaluation? (4) What barriers are inhibiting evaluation? The authors additionally hypothesize that the question of whether practitioners are engaged in practice evaluation may be influenced by the practitioners' level of practice training (bachelor, master, or post-master clinical license), years of practice experience, and current position, with practitioners in more clinical positions demonstrating greater frequency of use of practice evaluation than those in non-clinical positions (Hypothesis 1), and social workers who engaged in practice evaluation activities had more years of practice experience than those who did not engage in practice evaluation practitioners with more years of practice experience (Hypothesis 2).

METHODS

Participants

One hundred thirty-four practitioners recruited through a random sampling from members of the North Carolina Chapter of the National Association of Social Workers completed a mailed survey about practice evaluation activities. The respondents are primarily master level (47.1%) or clinical license–level practitioners (42%), indicating licensing after several years of post-master practice. The remaining practitioners are bachelor-level (7.6%) and a small percentage doctoral-level (3.4%). Practice experience ranges from zero years (practitioner indicated that they had recently graduated and had not yet obtained employment) to 37 years, with a mean of 14.54 years and a standard deviation of 10.77. The majority of practitioners describe their primary position as clinical (51.9%), with 8.3% indicating case management, 12.8% indicating management/supervision and 7.5% indicating department director. The ''other'' position category accounted for 19.5% of responses. Utilizing the United States Department of

Labor classifications of practice settings for social workers, respondents were also asked to identify their practice setting. Clinical practice (28.8%) and mental health comprised the majority of responses (24.2%), with health care at (12.1%) and child welfare/family service following at 10.6% (Table 1).

TABLE 1 Current Practice Setting		
	Frequency	Valid percent
Clinical	38	28.8
Child Protective Services	5	3.8
Mental Health	32	24.2
School System	10	7.6
Occupational	2	1.5
Planner and Policy Maker	4	3.0
Child Welfare and Family Services	14	10.6
Adult Protective Services	1	0.8
Health Care	16	12.1
Criminal Justice	2	1.5
Gerontology	1	0.8
Educator	7	5.3
Total	132	100

Procedure

A sample population was compiled by obtaining the membership mailing list of the NASW North Carolina Chapter, including current members on the general roster. The authors believed this list provided a heterogeneous sample of social work practitioners across multiple settings with varying levels of social work education and experience. The original membership list contained 3,500 names, of which 500 names were chosen at random. Each of the 500 practitioners received a packet containing a cover letter explaining the project, a two-page survey, and a postage-paid return envelope. Of the 500 survey mailed, 140 surveys were returned. Six surveys were returned incomplete by practitioners who had either retired ($N = 3$) or felt that they could not complete the survey for other reasons ($n = 3$). Budget constraints prohibited follow-up contacts for unreturned surveys. This left a sample of 134 completed surveys, yielding a response rate of 27%. The authors recognize that this response rate is lower than recommended rates to establish representativeness and may result in a biased sample (Wolfer, 2007); however, as there is limited prior research on this topic, it was felt that that the results were worth reporting.

Instrumentation

The survey was designed to retrieve information on four separate areas of interest. First, questions were presented obtaining a description of respondents in terms of their

level of social work education and experience, the settings in which they practice, and the social work roles or tasks that they perform. Items were structured to explore the four research questions regarding the practitioners' use of evaluation. These areas are engagement in practice evaluation, types of activities being performed, sources of training on evaluation, and barriers inhibiting the use of evaluation. An additional section consisting of a 21-item Likert scale examined internal and external influences for conducting practice evaluation. Items on this scale are being utilized in ongoing research establishing the psychometric properties of these items as a cohesive scale assessing practitioner knowledge.

Data Analysis

Given the exploratory purpose of this survey, descriptive statistics were used. Frequencies, means, and standard deviations were calculated for respondent sample characteristics and to answer questions in the four areas of interest. Hypothesis testing explored relationships using chi-square statistics. Data analysis was performed utilizing SPSS for Windows version 14.0.0.

RESULTS

Are Social Workers Engaging in Practice Evaluation Activities and, If So, What Type?

Of the 134 respondents, 83% ($n = 111$) indicated that they were currently participating in program evaluation activities. Of those, the most frequent type was basic data collection, identified as maintaining department statistics such as number of contacts, services provided, or clients served (76%). Respondents were more likely to state that they utilize client satisfaction surveys (56.4%) or needs assessments (34.8%) as an evaluation tool than goal attainment scaling (23.5%) or single-system research design (6%). Only 4.3% of respondents indicated that they utilize a conventional group design method (experimental or quasi-experimental; Table 2).

TABLE 2 Number of Respondents Participating in Evaluation Activities

	Frequency	Percent
Basic data collection/statistics	89	76.1
Single-subject designs	7	6.1
Goal attainment scaling	27	23.5
Group designs	5	4.3
Client satisfaction surveys	66	56.4

Three respondents reported the specific type of measurement instrument they used in evaluation (i.e., Beck Depression Inventory, Index of Clinical Stress, Brief Symptom Inventory) and, interestingly, 36.6% of 123 respondents ($n = 45$) indicated that they had constructed their own scale or measurement instrument for use in practice. Data were not collected about whether the self-constructed scales underwent any type of formal construction analysis such as validity or reliability testing.

Where are Practitioners Receiving Training in Evaluation Methods?

Overall, most respondents (79.5%) reported that they had received training to conduct program evaluation from their degree programs ($n = 105$). All respondents with a bachelor degree (100%, $N = 9$) indicated that they received training in program evaluation as a part of their degree program. For respondents with a MSW, 81.8% ($n = 45$) indicate that they received evaluation training in their degree program, and 71.4% of those holding a clinical license ($n = 35$) felt they received training on program evaluation in their degree program, with the assumption that their highest degree is the MSW. Seventy-five percent of respondents carrying a doctoral degree stated that they received training in program evaluation; however, like the BSW subset, the doctoral sample is small ($n = 4$). Fifteen and one-half percent of respondents said that they never had formal training in practice evaluation.

Though the majority of respondents noted that most of their knowledge about practice evaluation came from their formal education (79.5%), they also reported having other training opportunities. Twenty-two respondents (16.8%) reported receiving training in program evaluation from a workshop or conference, 13% received training from books or other written material (outside a degree program), 7.6% received training from a department in-service, and 1.5% ($n = 2$) received training through online materials.

BARRIERS INHIBITING EVALUATION

To capture information about potential barriers to conducting practice evaluation, all respondents were asked to examine four barriers: administrative support, caseload, lack of training, and time constraints. In terms of administrative support, only 22.3% ($n = 29$) of respondents indicated that lack of administrative support as a barrier to evaluation. Caseload (number of clients served) was noted as a barrier with 36.4% of respondents, and lack of training was a problem for 26.5% of respondents. The most problematic barrier was time constraints, which was indicated by 62.6% of respondents as being a barrier to implementing practice evaluation (Table 3).

TABLE 3 Barriers to Practice Evaluation		
	Frequency	Percent
Caseload	48	36.4
Lack of training	35	26.5
Lack of administrative support	29	22.3
Time constraints	82	62.6

HYPOTHESES

Chi-square statistics were used to test both hypotheses. Hypothesis 1 suggested that clinical social work practitioners would engage in practice evaluation more than non-clinical practitioners. Of 134 practitioners, 69 reported their primary position was clinical, and 65 reported they had non-clinical jobs such as case management, supervising, or managing other social workers. Results indicated that clinical social workers did engage in practice evaluation more that non-clinical social workers (x^2 = 5.408, df =1, p = .02).

Hypothesis 2 suggested that social workers who engaged in practice evaluation activities had more years of practice experience than those who did not engage in practice evaluation. Of 134 surveys, 111 practitioners reported they used practice evaluation. A t-test was conducted comparing mean number of years of practice experience for practitioners using practice evaluation (M = 14.15, SD = 10.853) and not using practice evaluation (M = 16.45, SD = 10.350). There was no significant difference between the groups, indicating that years of practice experience did not influence the respondents' use of practice evaluation (t = .914, df = 127, p = .362).

DISCUSSION

Although it appears that social work practitioners are engaging in some type of evaluation activities, the use of formal evaluation methods such as goal attainment scaling, single-system design, or group methodologies remain to be under-utilized. From the data obtained, most practitioners are collecting data in the form of departmental statistics and numbers of client and collateral contacts. Though this information is useful, it often is not the type of information that strengthens intervention evidence. Perhaps the most interesting information reported by the respondents is the large proportion of those developing their own instruments, presumably when faced with limited availability of standardized measures. This may also suggest a lack of knowledge about available measures and how to utilize these measures within specific agencies and organizations by both practitioners and administrators.

Evaluation of the data on training produces mixed messages. Even though it is acknowledged that social work programs include curriculum on research or practice evaluation methodologies, a significant number of practitioners reported that they did not receive any training in their degree program on these topics. This suggests that the message about implementing research techniques for evaluation may not be reaching students through traditional methods. It is encouraging that practitioners are utilizing additional resources such as literature and conferences to obtain needed skills.

Information obtained on potential barriers also revealed interesting findings. It was reported that lack of administrative support was a barrier for only 22.3% of the respondents, indicating that for the most part administration is supportive of such activities. However, high client caseload and time constraints may signify indirect lack of agency support. Lack of experience with locating evidence-based interventions and quick standardized assessment tools may contribute to the variable of time constraints. If practitioners sense that it will take large amounts of time to implement practice evaluation, they may be less likely to initiate the process. Greater emphasis on implementing evaluation as a standard practice component is needed to shift the paradigm of traditional social work practice to a more evidence-based model.

With respect to the two hypotheses, these data provide interesting information about social workers who do use practice evaluation. Social workers in clinic-based settings utilized evaluation practice more frequently than nonclinical practitioners. Perhaps this is not a surprising finding, as practice evaluation lends itself more to clinical work. However, it does suggest that social workers employed in non-clinical jobs but working with individuals and families (such as case management) may not be utilizing practice evaluation techniques. This finding requires further study to understand the deeper implications of practice evaluation in non-clinical social work settings.

Interestingly, years of practice experience did not appear to affect practitioners' use of evaluation activities. This may suggest two things. First, formal social work education does effectively communicate the importance and methodology for practice evaluation to its students, and those new social work practitioners quickly embrace the activity in their new profession. Second, the agencies and administrators may require or encourage evaluation activities, socializing new practitioners and supporting more seasoned social workers.

Though the information obtained can be viewed as optimistic, there are still concerns about practitioners' not evaluating their practice with formal methods. The increase in litigation against social workers for not utilizing the best available evidence, failing to monitor interventions to track progress, and failing to demonstrate accountability is requiring that social workers revisit their beliefs about evaluation. Increased emphasis in academic programs on all levels and consideration of practice evaluation activities as a routine element of practice may help shift the thinking from evaluation's being an ''add-on'' service to that of an integral part of practice. Additional notes or comments made on returned surveys indicated that many misconceptions about evaluation exist. Some respondents indicated that they did not conduct evaluation because they were in ''private'' practice or in a small agency. One respondent even indicated that she did not participate because she saw only ''a few clients.'' Change must occur on a multi-

systemic level, involving practitioners, academic programs, and administrators to appreciate true progress.

The findings do, however, provide some suggested interventions for agencies moving toward EBP. Administrators may want to begin by surveying their own workers to determine which barriers exist in their own agency, keeping in mind that even though administration may be supportive of evaluation, the reality of large caseload and limited access to measurement tools and databases may send mixed messages of how realistic it is to implement practice evaluation. It is important that agencies strive to create a culture of evaluation wherein evaluation is an integral part of practice and encouraging dialogues on barriers and benefits, creating a positive climate for evaluation as one component of implementing EBP.

Though the findings provide some insight to practice evaluation activities, they are not without limitations. The small response rate cautions against the representativeness of the sample to the larger population. Because this study was primarily exploratory, future studies will establish the reliability and validity of the Likert-scale questions and continue to explore variables to practice evaluation with a larger sample.

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