

Instructor's guide for teaching with
***Essential Skills of Social Work Practice:
Assessment, Intervention, and Evaluation***

Third Edition

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Introduction

Having taught practice, research, and evaluation courses over more than 25 years, I think one of the biggest challenges for social work instructors is to teach students how to use research findings to inform assessment, intervention and evaluation of social work practice. Although this proposition might sound straight-forward to those of use who embrace evidence-based practices, it is often received by students and colleagues alike with skepticism. For me, a simple premise for ethical and professional practice is this: when sound research evidence regarding human behavior theories, valid assessment and evaluation tools, or effective interventions exists, let's use it while accepting the fact that there is considerable room for judgment and flexibility in practice given the variability and uniqueness of individual clients.

To that end, this text attempts to teach students the basics of assessment, intervention and evaluation with a wide variety of clients from different walks of life. In addition, my intention was to author a "beginners" text for students that would also inculcate a respect for critical thinking informed by the applied social sciences. So, in addition to providing the instructor with 10 quiz questions per chapter (to encourage weekly reading), I have included a number of suggestions for exercises that can be used in class, as homework, or even graded assignments depending on the instructor's prerogatives. Tools in Appendices A, B and C in the text can be used to that end.

1) The Practice Skills Intervention Scale (Appendix A)

The PSIS was developed empirically with social work practitioners and reported in a number of studies elsewhere (e.g., see O'Hare & Collins, 1997; O'Hare, Tran & Collins, 2002 in reference section of the text). The theoretical frame for it was designed after careful and thorough review of the practice literature drawn from multidisciplinary sources. The literature strongly suggests, that despite theoretical differences, actual practice skills (i.e., what practitioners *do* vs. what they think the underlying theory *means*) show considerable overlap and similarity. Core skills of social work practice appear to be built on three major foundation blocks: Supportive and relationship skills, cognitive-behavioral coping and problem-solving skills, and case management skills. The core factor structure of the scale --- Support, Cognitive-behavioral and Case Management---has held up well in testing with students and experienced practitioners, and provides, I think, a coherent practical model for training beginning practitioners.

The PSIS can be used as a teaching tool for both beginning and advanced students:

A) Students can use it to do a "self-assessment" of what skills they feel they have some competence in, or what they need to work on.

B) The scale can be used after an intervention episode to conduct an inventory of skills the student actually used with the client. The student should provide to supervisors (e.g., field instructors) or classroom instructors some rationale for their use of a particular skill or set of skills. They should use practice research to support their choice of skills and combinations of skills (i.e., interventions).

C) The scale can be used to help students understand what an “intervention” is, that is, how to think about intervention planning as a thoughtfully constructed combination of skills.

D) The scale can be used to help students track their use of skills over time with the same client. One would think that the frequency and type of skills employed would change over time as a client’s intermediate goals are achieved and she moves on to the next stage of treatment.

E) Students can use the scale to compare skills employed with different cases over time. It stands to reason that different clients would require different combinations of skills (interventions) depending on each client’s needs and problem severity.

The scale can provide a more organized approach to examining practice than the venerable tradition of “process recording.” Although the scale is meant to be scored, qualitative reflection and narrative description regarding the use of each skill should be encouraged. It is important to think not only about how often a skill was used or to what degree it was emphasized, but “why” it was used (for what purpose and to what end). Thus, the PSIS should be used throughout the course to help the client think about what skills they are using and why....in order to help the student build both a theoretical and empirical foundation for practice.

2) The Comprehensive Service Plan (CSP) (Appendix B)

The CSP document in Appendix B can be applied as an essential tool for helping students learn how to systematically conduct multidimensional/functional (MDF) assessments and lay a foundation for continuous monitoring and evaluation of individual cases. As the text explains, practitioners can debate which assessment method is “best,” but contemporary practice requires a range of assessment methods, all of which have strengths and limitations. The CSP attempts to incorporate the strengths of individual, family and systems approaches and recognize the need to conduct both a traditional “pathology-oriented” assessment as well as assess client adaptive strengths. The CSP is meant to be comprehensive and flexible and, thus, adaptable to a wide variety of cases. Students will be better served by learning a range of assessment techniques rather than be arbitrarily introduced to only one or two narrow approaches that are likely to leave them unprepared for practice in many settings.

The CSP can support a range of rich learning activities. Clearly, there is no substitute for conducting a real assessment with “real” clients. Therefore, as soon as students begin their field experience, they should begin to use the CSP. Since assessment

is not merely a descriptive exercise, students should search and examine research to support their assessment formulations. In this way, students can learn that assessment is not just the summation of a client's narrative, but is informed problem analysis that should be supported by research relevant to mental illness, substance abuse, homelessness, domestic violence, child abuse and neglect, and so on. This teaching strategy is likely to cross-over with and reinforce HBSE course content. This knowledge-based approach to assessment provides a solid foundation for treatment planning, the main goal of using the CSP.

The CSP also provides a framework for developing the qualitative and quantitative evaluation plan. Monitoring and evaluation is basically a logical extension of the assessment. Once we know what the type and severity level of the client's problems as well as their adaptive strengths, both practitioner and client can then track changes in client wellbeing over time. On a case-by-case basis, this approach is easy and necessary, and about the best that can be accomplished with single-case uncontrolled evaluation in routine service environments. The scaled items in the CSP are drawn from the Psycho Social Wellbeing Scale which has a considerable track-record of reliability and validity. Practitioners also find it user-friendly. Using both the PSWS and the PSIS, the student can now pull together the CSP --- a framework for integrating assessment, intervention and evaluation.

3) The guide for Reviewing Research Reports (Appendix C)

I have suggested that the CSP be used to help students integrate assessment, intervention and evaluation plans in a research-informed manner. However, many social work students have not been taught how to critically read and understand research articles, a problem that leaves them vulnerable to uncritical acceptance of unsupported theories and practices. Appendix C is provided to help students develop those essential skills and support assignments geared toward learning evidence-based assessment, intervention and evaluation planning.

Powerpoint presentation

A separate file contains 101 Powerpoint slides which highlight key points in the first 12 chapters of the text. These can be edited to suit the needs, preferences and style of the individual instructor. The author only requests that they be used in combination with the "Essentials of social work practice: assessment, intervention and evaluation," and faithfully reflect the content of the text.

Test bank

Below are a series of multiple choice questions that correspond to content in each of the first 12 chapters of the text. There are 10 questions per chapter. These are provided for instructors who like to provide an incentive to students to stay abreast of the required reading. The answer key is attached to the end of this file.

Chapter 1

1. Assessment is a form of problem analysis based on which of the following:
 - a. client narrative
 - b. relevant research regarding the problem
 - c. a and b
 - d. theories only
2. A practice theory includes which of the following:
 - a. assumptions and theories about human behavior
 - b. theories about how people change
 - c. scales and indexes
 - d. a and b
3. Psychodynamic theory has promoted the view that certain problems during childhood are predictive of certain disorders later in adulthood.
 - a. true
 - b. false
4. Cognitive-behavior therapy helps client to challenge dysfunctional thinking by trying out new behaviors to “disconfirm” those beliefs.
 - a. true
 - b. false
5. Diagnosis, observing a sample of a client’s behavior, and using rating scales can all be legitimate forms of assessment.
 - a. true
 - b. false

6. Multidimensional scales measure...
- a. only one construct with multiple items
 - b. two or more related constructs with multiple items
 - c. two or more unrelated constructs
 - d. traits of clients with multiple personality
7. The evidence-based social work practitioner relies on...
- a. only strict adherence to evidence-based guidelines
 - b. intuition and experience exclusively
 - c. relevant research findings informed by judgment
 - d. none of the above
8. A good outcome for an individual case is solid proof of an effective intervention.
- a. true
 - b. false
9. Using the same scale at assessment and termination for all clients who receive services in the same program...
- a. can provide data for individual case evaluation
 - b. can provide data for program evaluation
 - c. is unethical and can only be used in research trials
 - d. a and b
10. The Comprehensive Service Plan includes....
- a. an assessment
 - b. an intervention plan
 - c. an evaluation plan
 - d. a, b and c