

# Are Curriculum Decisions Based on the Evidence? How Social Work Faculty Members Make Choices in Curriculum Decisions

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# Overview

This exploratory study includes quantitative and qualitative survey data to evaluate the decision-making process of 42 master's level social work programs to select the models of direct practice taught in their curriculum. The authors also considered whether evidence-based practice and research evidence influences these decisions. Faculty perceptions of curriculum effectiveness and implications were investigated and included in the findings for social work educators regarding master's level social work curriculum.

# Introduction

- Social work educators are engaged in an on-going debate regarding the inclusion of evidence-based practices (EBP) in social work education programs (Jenson, 2007)
  - Some educators believe the current structure of social work education should be reorganized to primarily focus on training students to practice using EBP principles (Gambrill, 2007; Howard, Allen-Meares, & Ruffolo, 2007; Jenson, 2007)
  - Those opposing such an idea believe the tradition of a generalist practice in social work education is better suited the diversity and complexion of the social work field (Frey & Dupper, 2005).

# Introduction

- There is little consistency in the range or comprehensive nature of EBP training in social work curricula (Bledsoe et al., 2007; Mullen, Bellamy, Bledsoe, & Jean-Francios, 2007)
  - This is a challenge for educators , faculty, and schools of social work to discern which treatment models or interventions should be used to train students as effective practitioners within the current EBP climate (Bledsoe et al., 2007; Mullen et al., 2007; Walsh, 2006)
- Contributing to the challenge to determine what to teach is the lack of a consistent definition of what constitutes EBP (Bledsoe et al., 2007; Mullen, Bledsoe, & Bellamy, 2008; Rubin & Parrish, 2007; Witkin & Harrison, 2001)
  - EBP describes a deliberate process of using research evidence, practitioner expertise, and client information to aid in making clinical decisions (Bellamy, Bledsoe, Mullen, Fang, & Manuel, 2008; Gambrill, 2006; McCracken & Marsh, 2008; Rosen, 2003)

# Definition of EBP

- A five-step process is widely accepted as defining EBP:
  - (1) formulating an answerable question to answer practice needs
  - (2) tracking down evidence to answer that question
  - (3) critically appraising the scientific validity and usefulness of the evidence
  - (4) integrating the appraisal with one's clinical expertise and client values and circumstances and then applying to practice decisions
  - (5) evaluating the outcome, probably with a single-case design (Rubin & Parrish, 2007, p. 112)

# Unclear EBP Definition

- Despite attempts to develop a solid definition of EBP, the term remains equivocal and often understood by educators and practitioners (Bellamy et al, 2008; Rubin & Parrish, 2007)
- EBP is also commonly misused as interchangeable with the term *empirically supported interventions* (ESI)
  - ESI are specific interventions (e.g., assessment instruments, treatment, and prevention protocols, etc.) determined to have a reasonable degree of empirical support, most often defined as two randomized, controlled clinical trials conducted by different investigatory teams (Chambless et al., 1996; Chambless et al., 1998; Mullen et al., 2008; Roth & Fonagy, 2005)

# EBP and ESIs

- A synergistic relationship exists between the process of EBP and the availability and accessibility to ESIs (Chambers, 2007)
  - Creates informal clinical decision-making processes
    - Integrates research with services delivered by providers and encourages research on practice used in real-world practice settings (Chambers, 2007)

# EBP and Social Work

- Constant critique of EBP is social work field
  - Centered on what criteria define and constitute evidence for determining an ESI (Aisenberg, 2008; Messer, 2004; Pollio, 2006; Witkin & Harrison, 2001)
  - Also on what a lack of evidence means about the effectiveness of an intervention model (Drisko, 2004; Messer, 2004; Pollio, 2004)
- Despite other disciplines' adoption of standards for determining whether an intervention has sufficient empirical support (Chambless et al., 1998; Roth & Fonagy, 2005; Weissman et al., 2006) social work continues to struggle with this issue (Bledsoe et al., 2007; Mullen, Shlonsky, Bledsoe & Bellamy, 2005; Rubin & Parrish, 2007; Upshur & Tracy, 2004)

# Additional concerns

- Social work practitioners and educators also debate whether teaching EBP and ESI will alter the educational focus away from the complexities of clinical practice, thus limiting the depth of clinical training in graduate social work education (Baines, 2006; Graybeal, 2007; Messer, 2004; Pollio, 2006)
  - Many authors emphasize that the principles of EBP must accompany a strong clinical training program in order to not lose important foundation skills (Graybeal, 2007; Pollio, 2006; Price, 2001; Messer, 2004; Werkmeister Rozas & Grady, in press)
    - Self-awareness, importance of the therapist-client relationship
  - As a result, social work must decide how to teach clinical skills as a foundation for effective clinical practice that can be generalized and used across different ESIs (Asay & Lambert, 1999; Drisko, 2004; Messer, 2004; Weinberger & Rasco, 2007)

# Response

- Many educators and practitioners have advocated for an approach to EBP and ESI that broadly includes EBP in social work education as well as the incorporation of didactic and field training in specific ESIs
  - This approach would not hinder the devotion to teaching good clinical skills
  - It would replace models of intervention that lack empirical support of efficacy or effectiveness (Bledsoe et al., 2007; Mullen, Bellamy, Bledsoe, & Jean-Francios, 2007; Weissman et al., 2006).

# Standard Competencies

- Social work programs are forced to make decisions about teaching EBP without evidence to guide those choices
  - There is not a current system to measure the quality of training provided a MSW program
  - In order to do so, we must identify what content is being taught and at what point during the MSW curricula
    - When this knowledge base is established can social work educators and researchers begin to create measures for the successful theories and direct practice models used by MSW students post-graduation
  - This knowledge will aid in the creation of stand competencies that schools of social work deem important for students to develop during training
  - Standard competencies will aid in the evaluation of current curriculum mandated by the Council of Social Work Education (CSWE, 2008)

# Current Study

- Objective of exploratory study was to answer three distinct research questions
  1. How do faculty members perceive the effectiveness of their schools' curriculum for preparing competent clinical social workers (and what factors or characteristics do they perceive as contributing to this level of effectiveness)?
  2. How do social work faculty members make decisions regarding which direct practice models are taught within their programs?
  3. How well do faculty members think that EBP is incorporated into their school's curriculum?

# Purpose of Study

- The information collected from this study will:
  - Provide information from those with expertise in social work education regarding what they consider key aspects of education to prepare effective clinical social work practitioners
  - Help identify the decision-making process used by faculty members at various schools to curriculum decisions regarding direct practice
  - Be useful in developing a greater understanding of the extent to which faculty choices regarding curriculum content are influenced by the on-going debate around EBP/ESI
  - Ultimately raise educators' awareness of their decision-making processes so that they may be more intentional with those choices

# Study Sample

- Spring 2007 email invitations to participate in a web-based survey were sent to 180 representatives of MSW programs
  - Contact information was obtained through the National Association of Deans and Directors list managed through the CSWE
    - All contacted programs were accredited through CSWE
  - Email invitation was sent to the dean or director of each program
    - The recipient was requested to forward the email on to the individual within their program who was most familiar with their school's curriculum

# Study Sample

- The initial email invitation included:
  - Brief description of the survey and its purpose
  - Link to the survey
  - Statement that a full consent was included in the survey itself
  - Expected time of survey was 10-15 minutes
  - Contact information of the principal investigator
- Survey was distributed once with no email reminders
- The study was approved by the Institutional Review Board of the researchers' university

# Survey

- The survey was open for one month and the participants had 30 days to complete the survey
- Representatives from 42 schools responded
  - 23% response rate
    - See Table 1 for descriptions of the program and respondents
    - See Table 2 for their position within their programs

## Table 1: Description of Program

Type of Institute	<i>n</i>	%
Research University	23	54.8
Teaching College	11	26.2
Public/State School	19	45.2
Private Institution	6	14.3
Total	59*	140.5*

*Note.* \* The question did not limited the respondents to one answer and some may have answered two Questions

# Table 2: Position in Program

<b>Position</b>	<b><i>n</i></b>	<b>%</b>
<b>Dean</b>	<b>8</b>	<b>19.0</b>
<b>Associate Dean of Academics</b>	<b>7</b>	<b>16.7</b>
<b>Tenured Faculty</b>	<b>8</b>	<b>19.0</b>
<b>Clinical/Teaching Faculty</b>	<b>3</b>	<b>7.1</b>
<b>Department Chair</b>	<b>2</b>	<b>4.8</b>
<b>MSW Chair</b>	<b>10</b>	<b>23.8</b>
<b>Coordinator</b>	<b>1</b>	<b>2.4</b>
<b>Assistant to the Director</b>	<b>1</b>	<b>2.4</b>
<b>Program Chair</b>	<b>1</b>	<b>2.4</b>
<b>Continuing Contract</b>	<b>1</b>	<b>2.4</b>
<b>Total</b>	<b>42</b>	<b>100.0</b>

# Data Collection

- The survey consisted of 17 questions divided into three sections
  1. General information about the respondent's school of social work
    - Position, years at current program, and type of college or university which houses the program
  2. Models of practice taught within the program
    - Which theories of practice were incorporated into the school's program
  3. How faculty decide which models of practice are taught within the curriculum, how EBP and ESI are incorporated into the curriculum, and each respondent's perceptions of the efficacy of their current curriculum structure to prepare students for direct clinical practice

# Data Collection

- Most survey items were multiple choice with the option of providing additional short-answer responses
- One short-answer question provided qualitative data
  - Example: “How did you decide on the model(s) of treatment used in your program

# Data Analysis

- Due to the exploratory nature of this study, the results are descriptive in nature
- The univariate analysis was limited to frequencies for the multiple choice responses
- Respondents were asked, “How effective do you feel this current model [curriculum] is?”
  - “Very effective”, “somewhat effective”, or “ineffective”
  - Often respondents were asked to “Please explain why you believe this model is effective or ineffective”

# Constant Comparative Method

- Constant comparative (Strauss & Corbin, 1998) method of data analysis was used for the qualitative data obtained in response to this question
  - This method is the core of qualitative analysis in the grounded theory approach
    - Researchers independently review and code themes that emerge from qualitative data (survey responses, interview transcripts)
    - Then compare codes, discuss to reach consensus on disagreements of the codes, and then consolidate and collapse the codes into a final analytic set of coded themes
  - This process was followed until the study reached greater than 95% interrater reliability for each code
    - Summary data is included the univariate analysis

# Research Question One: Perceptions of Program Effectiveness

- The first survey question sought to explore the effectiveness of respondents' school's curriculum
  - *Very effective, somewhat effective, or ineffective*
    - No respondents indicated that their program was ineffective
    - 50% (21) of respondents stated that their program was very effective
    - 28.6% (12) answered that their program was effective
    - 21.4% (9) participants did not answer the question

# Research Question One: Perceptions of Program Effectiveness

- Respondents who indicated that their program was *effective* discussed similar themes in their responses:
  - Integration or coordination between the courses
  - Four respondents felt that the depth versus breadth of exposure to the materials was what made their program effective
  - In contrast, one participant perceived a program's strength as providing students with comprehensive instruction
  - Challenging students to develop critical thinking skills
  - Curriculum challenges students to be critical thinkers, which prepares students to make informed choices in practice
  - Defining program effectiveness through graduates' outcomes
  - Feedback on final oral exams and community feedback on skills of graduates

# Research Question One: Perceptions of Program Effectiveness

- Respondents who indicated they perceived their school's program as *somewhat effective* in preparing students for direct clinical practice typically gave less information on the program features or characteristics
  - Most common theme was related to the coordination or integration of courses across the curriculum
    - Noted the lack of coordination among courses was a primary factor that contributed to their program's lack of effectiveness
  - Three participants identified breadth of study as the reason that they did not perceive their curriculum as "very effective"
  - No respondents related the effectiveness of their school's program to the inclusion or exclusion of EBPs or ESIs

# Research Question Two: How do Faculties Make Decisions Regarding which Direct Practice Models to Teach?

- The majority of respondents ( $n = 24, 57.1\%$ ) answered, "Faculty discussed and decided on the model collectively."
- A wide range of responses intimated that there is little consistency in how faculty from various programs make curriculum decisions
  - The participants were not limited to checking a single answer on the survey
- The next highest response categories included:
  1. Models taught were the best fit with the school's mission ( $n = 17$ )
  2. The school's targeted population is a good fit for the model ( $n = 11$ )
  3. Community or potential employers requested students be trained in the model ( $n = 10$ )
    - See Table 3 for responses

# Table 3: How Faculty Made Decisions

Process of decision	<i>n</i>	%
Historically what has always been done	5	11.9
A critical mass of faculty could/can teach the model(s)	7	16.7
The targeted population of the school is a good fit for the model	11	26.2
The model(s) is/are the best fit with the mission of the school	17	40.5
Faculty discussed and decided on the model(s) collectively	24	57.1
The model(s) has/have the strongest evidence-base	9	21.4
The community/potential employers requested that students be trained in model	10	23.8
Other	2	4.8
<b>Total</b>	<b>85*</b>	<b>202.4*</b>

Note. \*The question did not limit the respondents to one answer and some may have answered two questions

# Research Question Three: How Well do Faculty Members Feel that EBP is Incorporated Into Their Curriculum?

- The majority of the respondents ( $n = 26, 61.9\%$ ) stated that EBP is “discussed with each model of treatment”
  - One participant noted that their program had a separate class on EBP models
  - Another noted the school’s theories class included only EBP models
  - In contrast, one respondent stated that EBP is not incorporated into the curriculum
  - Another respondent stated that including EBP was based on individual faculty decisions regarding their course content
- Although the majority claimed that EBP is incorporated into their schools’ curricula of direct practice models, this approach is not universal

# Discussion

- Limitations
  - The study had a small sample
  - The low response rate of only 23% of schools invited to participate in this survey makes it impossible to generalize findings beyond limiting sample
    - Other national social work education studies have reported similar response rates to the rate in this study (Rubin & Parrish, 2007)
  - Limitations were imposed by the survey design
    - Many questions allowed respondents to provide more than one response
    - Therefore, it is not possible to determine definitively how each faculty member responded
  - Survey flaw occurred in the second section
    - Resulted in little information captured regarding the specifics of what types of intervention models are taught within the schools of social work who responded to the survey

# Significant Findings

- Few faculty members chose to teach a particular model of practice based on the evidence of that model
  - Significant given both the social work profession's strong push for practitioners to use EBP/ESIs and the new CSWE accreditation standards requiring programs to incorporate EBP into their training programs (CSWE, 2008)
- Despite institutional supports for EBP, nine respondents indicated that their decision to include a model in the curriculum was based on evidence
  - This finding is consistent with the national survey conducted by Bledsoe and colleagues (2007)
    - "The majority of social work programs offer little training in EST [empirically supported psychotherapy]" (p. 449)

# Significant Findings

- Present study provides further evidence that faculty members tend not to incorporate the available research into their curriculum decision-making process
  - Despite EBP is accepted as a standard in the professional disciplines that surround social work (Murphy & McDonald, 2004)
    - Psychology (American Psychological Association, 2005)
    - Medicine (Goin, 2005)
- These findings are especially important as a majority of the respondents were associated with a research institution, which typically emphasize research and the translation of research to practice

# Discussion of EBP in Social Work Field

- Does lack of emphasis on EBP threaten the standing of social work as a professional and competent scientific discipline?
  - No close resolution, yet
  - However psychiatry now requires all trainees to be competent in five psychotherapies (psychodynamic, cognitive, supportive, brief, and combined psychotherapy and psychopharmacology) (Goin, 2005)
  - In contrast, social work is neither unified in the approach to teaching EBP nor does the profession require competence in any specific ESIs as part of clinical training
    - This lack of consistency furthers negative perceptions of social work as a nonscientific discipline and gives credence to claims that other disciplines are superior in their knowledge of EBP when compared to social work (Murphy & McDonald, 2004)
    - Lack of training and professional standards largely contributes to the challenges faced by those working to implement ESIs in the community

# Barriers to Implementing EBP in Community-Based Agencies

- Lack of continued training and supervision for social workers, even after ESI has been identified (Bellamy et al., 2008; Manuel et al., 2009)
- Creates an intergenerational cycle of lack of knowledge and experience in EBP and ESIs
  - Because individuals lack experience and training in EBP/ESI they are unable to provide supervision in EBP/ESI for the following generation of social workers
  - This lack of training in EBP/ESI at the graduate level perpetuate the reluctance of new practitioners' attempts to implement EBP or ESIs in the real-world practice settings

# Inconsistencies in Faculty Response

- Nine respondents indicated that they select the direct practice model based on the model's evidence
- The majority of respondents ( $n = 26, 61.9\%$ ) stated that EBP is discussed "with each model of treatment"
- This would suggest EBP principles are regarded as valuable and worthwhile of discussion for the models of practice that are presented to students
  - But such evidence does not drive the choices within the curriculum
  - This results in faculty presenting evidence for practice models while opting not to use available evidence as the bases of their choices of what to teach
- Continued research should inquire as to what influences faculty to continue teaching models that lack as an evidence base
  - Also determine whether these models are taught in addition to or instead of empirically supported models
- Majority of respondents stated curriculum decisions were made by either the faculty as a whole or model of practice were chosen that fit the mission of the school
  - Further research should explore how well the mission statements of schools of social work align with EBP principles

# Breadth versus Depth

- One of the greatest factors of influence in determining how respondents perceived the effectiveness of their program
- These results suggest the majority of the respondents considered it more important for students to develop a deeper knowledge base
  - Built from integrated classes across curriculum rather than for students to receive a superficial level of exposure to a wide range of content
- Many participants noted the method to achieve greater depth is to create a curriculum that integrates content between the foundation year and a concentration year
  - Models of practice are introduced in the foundation year
  - Knowledge is built upon and deepens in the concentration year

# Breadth versus Depth

- Stimulates the thought of whether students should be exposed to only one or two different models of practice rather than a wide range of models that they may not learn intensely
  - Can be difficult to arrange given the diverse field placements students encounter
- The profession may consider identifying a few primary models social workers should be exposed to upon graduation and allow each school to determine how to best teach their students these models
  - Standardizing the treatment models is similar to what is happening in psychiatry training programs (Goin, 2005)

# Implications

- Faculty members need to carefully examine what they are teaching in the classroom
- Educators should remain current on research that has demonstrated as both effective and utilized in the field
- Must be more consistently cognizant of the role of research in teaching various practice models
- This commitment to providing competent and effective practice is part of our professions code of ethics (National Association of Social Workers, 2008; Rosen, 2003)

# Implications

- Social work faculty must evaluate their curriculum for the depth of knowledge student's gain during their matriculation in ta MSW program
- This study's findings are consistent with those of others in the field (Goldstein, 2007; Simpson, Williams, & Segall, 2007; Walsh, 2006)
  - Support a curriculum focused on providing students with depth of knowledge and skills related to one or two empirically supported models of practice
  - Rather than a superficial knowledge of many models.

# Recommendations

- Schools of social work should examine how well the concentration year curriculum builds upon and extends the knowledge base students acquire in their first year
- Create a richer set of skills for students to bring into the real-world after graduation
- The profession should consider creating standard competencies, in particular ESIs, to ensure social workers have the necessary skill sets to remain effective with clients and competitive with other professionals from other disciplines

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