

Social Work Practice Evaluation Plan

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Social Work Practice Evaluation Plan

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EVALUATING EFFECTIVENESS OF MUSIC THERAPY FOR A WOMAN WITH DEMENTIA, TO ALLEVIATE SADNESS AND PSYCHOLOGICAL DISTRESS

Describing the Client Problems

Client Background

The 88-year-old African American female, Mrs. Angelina Brown, has been a resident at Flowers House supportive housing for 17 years. Mrs. Brown is a North Carolina native; her parents, grandparents, and great grandparents were all born and raised in North Carolina. Mrs. Angelina Brown was a schoolteacher in North Carolina for seven years until she met the love of her life at the age of 22 and got married at the age of 23. Mrs. Brown moved to New York City with her husband, and she worked as a home health aide, and her husband was working as a chef at a restaurant. Mrs. Brown expressed that she and her husband lived very happily for ten years. They decided that they were not going to have children until their middle 30's.

Mrs. Brown disclosed that her husband died when he was 35 years old, of a sudden heart attack. At the same time, Mrs. Brown also suffered the loss of her father, back in North Carolina. Mrs. Brown was in a very deep depression being alone in New York City. Mrs. Brown expresses that she had no one to rely on in New York City, and she did not want to go back to North Carolina since she did not have a good relationship with her mother. The loss of her husband and her father cause the derailment of her mental health. She would not be consistent at work; as a result, she lost her job. Mrs. Brown was not paying her rent and had lost connections with all her friends and colleagues. Mrs. Brown was rapidly losing weight as she has no appetite and was not

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eating at all. Mrs. Brown expressed that she was hearing voices that were telling her to end her life. Mrs. Brown was evicted from her apartment after a year of the passing of her husband. Mrs. Brown was reportedly sleeping on the streets and parks for two years until she entered the NYC shelter system. Mrs. Brown was struggling with her mental health as she continued to hear voices and was isolating herself; she was hospitalized three years later at St. Vincent hospital in NYC.

Mrs. Brown was diagnosed with Schizoaffective Disorder, which is a mental health condition, including schizophrenia and mood disorder symptoms. Mrs. Brown was treated with medications and counseling until she found permanent housing at the age of 65 at the Flower House under the Westside Federation for Senior Supportive Housing. (WSFSSH) is an agency that, over the years, worked to create a new form of housing. They focus on the needs of the elderly and people living with special needs and mental illness, helping them obtain affordable independent housing. WFSSSH Over the years has expanded. In addition to serving independent seniors, they now serve frail elderly individuals, older persons living with serious mental illnesses, homeless individuals, persons living with physically handicapping conditions, grandparents raising their grandchildren, and families. Today they house over 1,800 people in 24 buildings located all over Manhattan, New York City.

Client Problems - Epidemiology and Etiology

At the Flower House, every resident is assigned a social worker that works in the client's individualized service plans. There is a medical coordinator that administers the medication for the residents. They are not allowed to give the resident medication but do assist the resident to

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take the medication. Mrs. Brown is always very compliant with her medication and has no experience decompensation since the time she has been at the flower house. *Decompensation* is a clinical term used to describe a mentally ill individual's state of mental health when he or she was previously managing the illness well but suffered a downturn at a certain stage. That stage is considered a decompensation or decline in overall condition.

Recently for the past six months, Mrs. Brown has not been complying with her medications and has decreased her time coming to the dining room to eat lunch and dinner with her peers. This is very concerning to her social worker Ms. Gonzalez and all the staff at the Flower House that really care about Mrs. Brown because there is a history of isolation and depression. Mrs. Brown is also not eating and is losing weight. Her home health aide reports that Mrs. Brown is quieter than usual and refuses to eat breakfast, lunch, and dinner at times. Social Worker Gonzalez had set up a mental health evaluation within these six months and appointments with neurologists and primary care doctors. Mrs. Brown's analysis showed that she had a mild case of Dementia. Mrs. Brown Psychiatrist suggested Mrs. Brown be encouraged to participate in group activities and have her socialize with her peers. This will reduce isolation and psychological distress.

Client Interventions

In the Geriatric community, many individuals are suffering from Alzheimer's and Dementia, it is deplorable to see, but of course, a part of life for many. The most common and known form of Dementia is Alzheimer's disease. This diagnosis is both mentally and emotionally straining on older adults and caregivers. When people think about a condition such as Alzheimer's, they think about how people forget their families, their loved ones, and in extreme cases, forget themselves. The sad part is that this becomes a reality for many older adults;

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individuals in the later stages of this disease can regress so much that they may lose control over-communicating, and physical movements (Dittrich, 2014). Alzheimer's disease has become a national concern. Alzheimer's disease is a form of Dementia and is the most well-known disease older adults are diagnosed with. This type of Dementia has been a persistent problem, as the number of individuals being diagnosed each year has been increasing (Dittrich, 2014).

Worldwide, around 50 million people have Dementia, with nearly 60% living in low- and middle-income countries. Every year, there are nearly 10 million new cases. The estimated proportion of the general population aged 60 and over with Dementia at a given time is between 5-8%. The total number of people with Dementia is projected to reach 82 million in 2030 and 152 in 2050. Much of this increase is attributable to the rising numbers of people with Dementia living in low- and middle-income countries (World Health Organization, 2019).

What's more, is that there is no cure to the deteriorating disease; so, individuals suffering and their families/caregivers have no answers and no way of treating the symptoms. The most common symptoms of this disease include memory loss, forgetting recent and past news, tasks, language, and other essential daily activities (Dittrich, 2014). One of the most relevant obstacles in later adulthood is being diagnosed with and managing Dementia. The most common and known form of Dementia is Alzheimer's disease. This diagnosis is both mentally and emotionally straining on older adults and caregivers. While there is still no cure for Alzheimer's disease, there have been findings of certain therapeutic practices that older-aged adults are benefitting from (Dittrich, 2014).

One of these therapeutic practices is music therapy. Music therapy has been known to facilitate people's memory and bring loved ones who are experiencing Alzheimer's disease

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together again. Music therapy can alleviate sadness as well as psychological distress, while also helping an individual feel better at the moment (Dittrich, 2014). This type of therapy is related to human behavior and the social environment, as it helps encourage different reactions, and assists in enhancing thoughts and relationships (Dittrich, 2014). One of the most common non-pharmacological approaches to treating the behavioral and psychological symptoms of Dementia is the use of music (Mitchell, Agnelli 2017). A mounting body of evidence suggests that music therapy can be useful in addressing neuropsychiatric and behavioral symptoms in people with Dementia (Rantanen, 2012). Music therapy can include both active forms of musical engagement, such as songwriting, singing, and playing musical instruments, as well as receptive forms of musical engagement such as listening to live or pre-recorded music.

Mrs. Brown's Social Worker would sit with her 3x a week. Mrs. Brown is thrilled every time she would see her social worker. It was observed by her social worker that she never remembered her name, and her stories were very repetitive. Mrs. Brown's Social Worker incorporated music in one of her sessions with Mrs. Brown. Social Worker asked if Mrs. Brown liked music and what was her favorite song. She replied she loved "A Sunday kind of love" by Etta. Social Worker put on the song for Mrs. Brown on the speaker; to a surprise, she knew every word to the song! She was swaying back and forth and snapping her fingers, what a pleasant sight of happiness it was. This is how Mrs. Brown joined "Mind Army," a music intervention group.

This music group is called "Mind Army"; this involves individual therapy and group therapy. "Mind Army" offers three group sessions and one individual therapy session

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per week for each individual. There will be two separate groups, both with the same agendas. Twenty-four individuals are split up into both of these groups (12 per group), and they remain in the same groups every time they come to the music group. The music group and individual sessions are scheduled for Monday, Wednesday, and Friday from 10:30 am to 4:30 pm. Before the group session, between 10:30 am and 11:00 am, the individuals are provided with coffee, tea, and fruit. During the time the participants are waiting for their social worker, they are welcome to eat lunch that they bring from home and involve themselves with the recreational activities that are provided in each of the two separate group areas.

At the beginning of each session, the social worker explains to the participants with Mrs. Brown also being present, what the group is, to remind each of the individual's where they are, what they are working on, and what the plan is for the day; just in case they forget anything in the time they are not at the program. The agendas of the groups are open each day but have a focus on music therapy at the beginning of each session. The goal is to facilitate a reaction in each of the individuals during the musical part of the group session, as this implies that they are thinking about something, connecting thoughts, recollecting memory, and using verbal and non-verbal communication to express themselves. Music therapy is being carried out through the use of Spotify, which streams any type of music that is desired. Spotify provides instant access to music from anytime period, which will give a range of music to play from that will cater to the clients. The music is streamed live onto the televisions that are provided in each of the rooms; this way, there is also a visual involved within the musical part of the group. As the group continues, the social worker facilitates a conversation about the client's thoughts and feelings,

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gain a better idea on the songs to play, and reflect on each of the individual's reactions, while also connecting these reactions to another individual's in the group.

During individual social work sessions, the social workers gain a better idea of memory, as the individual reflects on their day and their group experience in the morning. Not only that, but the social workers are able to work on a more personal basis with each of their 12 group members individually. During these sessions, the social worker explores thoughts, feelings, and behaviors through the use of different practice skills. Social workers also gain a better understanding of their clients in these sessions, to figure out ways they can better meet their needs during group time. During recreation time, individuals and their caregivers are able to choose from a variety of activities while they wait for their session. Some of these activities include the continuous playing of calming relaxation videos on the television, different memory-enhancing games that challenge the mind, adult coloring books, and more. There is an area with tables and chairs, where anyone can choose to bring personal activities they would like to use during the waiting period. "Mind Army" most significant intention is to help clients with Alzheimer's disease with comfort, contentment, and of course, a hint of musical entertainment.

Intervention Hypothesis

- The hypothesis is that Mrs. Brown receiving music therapy three times a week for an hour will increase by 50% and improve socialization.
- The hypothesis is that Mrs. Brown receiving individual therapy three times a week for an hour will decrease self-isolation by 50%

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- Receiving music therapy three times a week will impact Mrs. Brown's score on the Becks Depression Inventory will be very low.

Client Goals & Objectives

As previously discussed, the main target problems identified for Mrs. Brown are as follows: Mrs. Brown has not been consistent in taking medication and has not been coming down to the dining room as always to interact with her peers. This has caused Mrs. Brown to show the beginning signs of isolation that can lead to depression. This has reduced her appetite as well, which can be a sign of depression.

Interventions Goals & Objectives

PROBLEM AREAS AND TARGET PROBLEMS	CLIENT GOALS	CLIENT OBJECTIVES	INTERVENTIONS
Client Problem Area #1 ISOLATION	Reduce isolation and enhance socialization	Clients will attend music group 3x a week	Music group
Client Problem Area #2 POSSIBLE DEPRESSION	Alleviate psychological distress.	The client will provide sessions with S.W. 3x a week after the music group.	Individual counseling

When receiving music therapy, Mrs. Brown will be able to interact with peers, social workers, personal caregivers, and volunteers; to gain an experience that will reinforce and strengthen her life. This would create a place where music is incorporated to promote well-being through

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different kinds of support, set goals and objectives, exploration, assessment of needs and progress, and continuous work towards a better future. Music Therapy is an evidence-based practice that has been proven to be effective, specifically with Mrs. Brown's population. In using a method that would be effective, it is important to have a plan. The goals of this program are to improve psychological and emotional prosperity, improve interaction for Mrs. Brown. To reinforce past and present memories and facilitate physical movement.

The second part of the plan is to choose music that fits the needs and personality of Mrs. Brown. Music that will bring them back in history, or even just make them happy at the moment. The music that is used will coincide with the intervention goals and establish a basis for the group and individual therapy, including CBT. Cognitive-behavioral therapy (CBT) is the psychosocial intervention of choice for anxiety in younger adults (Barlow, 2002). It has also been shown to reduce anxiety in cognitively intact older adults with a generalized anxiety disorder (Stanley, 2003) In addition, cognitive-behavioral interventions have been used effectively for many problems (including depression, reduced social skills, acute stress disorder, and problem behaviors) in other cognitively impaired populations (e.g., persons with mental retardation, traumatic brain injury, multiple sclerosis, and executive dysfunction) (Alexopoulos, 2003) Furthermore, case reports have shown positive results of CBT for anxiety and depression in persons with Dementia (Koder,1998)

Research Design

For Mrs. Brown's evaluation, the single system research design will be used to observe and measure changes. A-B-A-B design is a compellingly simple model to understand. It involves establishing a baseline condition (the "A" phase), introducing a treatment or intervention to

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affect some sort of change (the "B" phase), and then removing the treatment to see if it returns to the baseline (Cherry,2020). A-B-A-B design will allow us to evaluate how effective a treatment is. If the behavior completely reverts to the baseline following the withdrawal of treatment, then scientists can be pretty confident that the treatment works. If the same effect is restored after the treatment is reapplied, the confidence in the treatment is greatly increased (Cherry,2020). A design that can help this study become stronger will be ABAB design. Implying a second baseline will make this study effective to measure the improvement of communication, interaction, and isolation.

It is important for research to have high internal validity, especially when you are trying to define a causal relationship. In this instance, for this evaluation, I would like to propose that music therapy intervention will help Mrs. Brown, who was diagnosed with Dementia and has great levels of communication and interaction with peers avoiding isolation and depression. The threats that can be identified and affect the internal validity of Mrs. Brown's evaluation is her history of having isolation and depression. Her mental diagnoses of Schizoaffective disorder can also be a factor affecting internal validity. Mrs. Brown can experience decompensation during the evaluation. In addition, health complications and death affect internal validity.

Measurement

The two goals that were identified to impact Ms. Brown is if a music therapy program is implemented, the desired outcomes for her is to increase socialization for and to alleviate sadness and psychological distress. This will have a decrease in isolation and depression for her. In order to assess if there is any progress or changes with socialization affecting the decline in isolation

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and depression, there are certain measures that can assist in checking on the reliability and validity of this study, which is qualitative and quantitative measurements.

Qualitative research is a naturalistic approach to its subject matter. In qualitative research, the things studied are in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (McLeod, 2019). Qualitative research will be able to explain ‘how’ and ‘why’ a particular phenomenon, or behavior, operates as it does in a particular context (McLeod, 2019). Quantitative researchers aim to establish general laws of behavior and phenomenon across different settings/contexts. Research is used to test a theory and ultimately support or reject it. Quantitative research gathers data in a numerical form that can be put into categories, or in rank order, or measured in units of measurement. This type of data can be used to construct graphs and tables of raw data (McLeod, 2019).

Quantitative Measurements

A method that can assist with this is The SHS is a 4-item scale of global subjective happiness. The SHS has been validated in 14 studies with a total of 2,732 participants. Data has been collected in the United States from students on two college campuses and one high school campus, from community adults in two California cities, And from older adults, as well as from students and community adults in Moscow, Russia. Results have indicated that the SHS has high internal consistency, which has been found to be stable across samples. Test-retest and self-peer

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correlations have suggested good to excellent reliability, and construct validation studies of convergent and discriminant validity have confirmed the use of this scale to measure the construct of subjective happiness Lyubomirsky, S., & Lepper, H. S. (1999). Socialization will be measured by observation from the social worker during the music group "mind army." The SHS will help indicate if there was an increase in mood in which can help social workers can get a gist of how the client is feeling during the intervention.

When Mrs. Brown has reached 6 months receiving this music intervention, her social worker can conduct the Beck Depression Inventory. The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961). The BDI has been developed in different forms, including several computerized forms, a card form (May, Urquhart, Tarran, 1969, cited in Groth-Marnat, 1990), the 13-item short form and the more recent BDI-II by Beck, Steer & Brown, 1996. (See Steer, Rissmiller & Beck ,2000 for information on the clinical utility of the BDI-II.) The BDI takes approximately 10 minutes to complete, although clients require a fifth – sixth-grade reading level to adequately understand the questions (Groth-Marnat, 1990). This can be asked by the caregivers of the clients or the social workers. Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, Steer, & Garbin, 1988). Similar reliabilities have been found for the 13-item short-form (Groth-Marnat, 1990). The BDI demonstrates high internal consistency. This test will be distributed verbally to Mrs. Brown in order to get accurate responses.

Qualitative Measurements

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Data for qualitative analysis generally result from fieldwork. According to Patton (2002), during fieldwork, a researcher spends a significant amount of time in the setting that is being investigated or examined. Generally multimethod in focus, three types of findings often result from the qualitative fieldwork experience; interviews, observations, surveys, and documentation. There will be a lot of involvement in motivational interviewing, such as open-ended questions, descriptive observations, and detailed documentation.

The questions that would be asked to evaluate Mrs. Brown's change in psychological distress and social isolation would be an open-ended question like:

- . What makes you happy when you are in a music group?
- . What does being a good friend means?
- . How many friends do you have?
- . Do you smile or laugh a lot in a day?
- . What makes you smile or laugh when you are in a music group?
- . What makes music group special?

Interviews can be conducted as a group, as well. Mrs. Brown and her peers can be asked during the music group how they feel about each other. They will be encouraged to say a positive thing about each and every one of their peers.

Data Analysis

Quantitative Data

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Quantitative data is defined as the value of data in the form of counts or numbers where each dataset has a unique numerical value associated with it. This data is any quantifiable information that can be used for mathematical calculations and statistical analysis, such that real-life decisions can be made based on these mathematical derivations (Surendran 2020).

For this study, SSRD involves studying a single individual or system by taking repeated measurements of 1 or more dependent variables and systematically applying & sometimes, withdrawing or varying the independent variable (Ottenbacher, 1986; Bloom & Fischer, 1982). For this Study, Visual analysis most common; this assesses trends & levels between adjacent phases level refers to change in value or magnitude of the dependent variable after intervention trend refers to change in direction. Visual analysis is described as accelerating, decelerating, stable, or variable (Ottenbacher, 1986; Bloom & Fischer, 1982).

Qualitative Analysis

The qualitative method of data collection that will be used for this music intervention for Mrs. Brown. The social worker will maintain detailed progress notes, open-ended survey questions with Mrs. Brown, and her home attendant in case she will need assistance. This data collection will be based on observation. Being the observer (evaluator) will provide detailed insights into the phenomena being explored. In order to conduct data coding for every method above.

Qualitative data coding is a process of identifying a passage in the text (transcribed interview and agency record) or other data items (observation), searching and identifying concepts, and finding relations between them. Every interview conducted with Mrs. Brown will be transcribed using “client” and “worker” format. Every word is transcribed in the log and will be put on file for

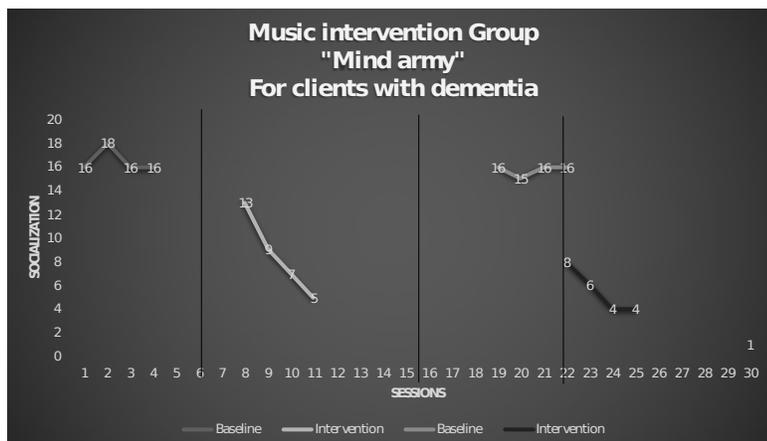
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Mrs. Brown in order to track her progress (This will resemble a process recording template). Observation will consist of observing Mrs. Brown's gestures, facial expression, conversation with peers. These observations can be collected on a scale rating of 1-5. This will also be addressed during individual sessions. Data for isolation will be collected.

Results and Discussion

The A-B-A-B design represents an attempt to measure a baseline (the first A), a treatment measurement (the first B), the withdrawal of treatment (the second A), and the re-introduction of treatment (the second B) (Allpsych, 2018). In other words, the A-B-A-B design involves two parts: (1) gathering of baseline information, the application of a treatment and measurement of the effects this treatment; and (2) measurement of a return to baseline or what happens when the treatment is removed and then again applying the treatment and measuring the change (Allpsych, 2018).

Figure 1.1



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Figure 1.1 shows a positive interaction with Mrs. Brown's music intervention. Mrs. Brown's socialization improved while receiving a music intervention. Of course, there were some concerns about external validity, like her consistency in the music group. She has many doctor appointments to attend to. Therefore, she missed a couple of sessions.

Qualitative Results

The qualitative results in particularly the documentation logs, during the music intervention and the individual sessions. The interactions with Mrs. Brown were recorded down in a transcript log. The open-ended questions used were also in cooperated in the documentation logs. During the individual sessions with Mrs. Brown, also providing CBT. Mrs. Brown was more open to her answers and was able to express herself more. Mrs. Brown's mood, gestures, facial expressions were all recorded and observed during the music group therapy and individual therapy. There was also collateral input from her home health aide on how Mrs. Brown was improving her socialization skills and how isolation was decreasing.

Findings & Implications

The results show that music intervention did have an effect on Mrs. Brown's level of socialization. It also showed a decrease in isolation for Mrs. Brown. Music was very helpful for Mrs. Brown as she retraced on her memories that help her mood. Attending "Mind Army" has

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helped Mrs. Brown get to know her peers and enjoy listening to music with them. Her attendance "Mind Army" has decreased her isolating from others. Mrs. Brown has developed a good relationship with her social worker in which she is more engaged than the beginning. It is recommended for music intervention studies to be further conducted and evaluated to verify the positive outcomes of it.

References

Lyubomirsky, S., & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, 46, 137-155.

Social Work Practice Evaluation Plan

McLeod, S. A. (2019, July 30). *Qualitative vs. quantitative research*. Simply Psychology.

Barlow DH. Anxiety and its disorders: The nature and treatment of anxiety and panic. second edition Guilford; New York: 2002.

Beck, A.T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961) An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.

Beck, A. T., Steer, R.A., & Garbin, M.G. (1988) Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8(1), 77-100.

Groth-Marnat G. (1990). *The handbook of psychological assessment* (2nd ed.). New York: John Wiley & Sons.

Hojat, M., Shapurian, R., Mehrya, A.H., (1986). Psychometric properties of a Persian version of the short form of the Beck Depression Inventory for Iranian college students, *Psychological Reports*, 59(1), 331-338.

Steer, R. A., Rissmiller, D. J.& Beck, A.T., (2000) Use of the Beck Depression Inventory with depressed geriatric patients. *Behaviour Research and Therapy*, 38(3), 311-318.

Stanley MA, Beck JG, Novy DM, et al. Cognitive-behavioral treatment of late-life generalized anxiety disorder. *J Consult Clin Psychol*. 2003

World Health Organization: WHO. (2019, September 19). *Dementia*. WHO. <https://www.who.int/news-room/fact-sheets/detail/dementia>

Anup Surendran (2020) *question pro company*. Website www.questionpro.com,

Zhan S, Ottenbacher KJ. Single subject research designs for disability research. *Disabil Rehabil* 200.

Mitchell G, Agnelli J (2015) Non-pharmacological approaches to alleviate distress in dementia care.

Chapter 4.2 ABAB | AllPsych. (2020, April 24). AllPsych. <https://allpsych.com/research-methods/singlesubjectdesign/ababdesign/>