

Social Work Practice Evaluation Plan

SWK 628: Social Work Program and Practice Evaluation

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EVALUATING THE EFFECTIVENESS OF CBT AND IPT FOR A 21-YEAR OLD FEMALE WITH RELATIONSHIP AND A DEPRESSION PROBLEMS

DESCRIBING THE CLIENT PROBLEMS

Client Background

Ms. U is a 21-year old African-American single woman who referred to New Horizon Counseling Center after having stabilized from a psychiatric unit at a local hospital. Narrative from the hospital indicated she was hospitalized for cannabis-induced-psychosis. She claims not remembering details of her hospitalization and no one's explanation seems satisfactory, including nurses and doctors who treated her. Ms. U lives with her parents (father and a stepmother), and an older brother, but it was her ex boyfriend (now she considers relationship is over), who called the ambulance that day. She stated her family, including her brother, whom she has a good relationship, refused to explain the incident and she is puzzled by the sudden disappearance of her ex-boyfriend.

Ms. U claims was raised in Jamaica, where cannabis smoking is a cultural practice. She admitted to smoking marijuana since she was 14. She denies having problems in the beginning of her habit, not until she decided to quit couple of times. In trying to disengage with cannabis, Ms. U admitted having real difficulty and becoming very depressed, thus she relapsed in both times. Ms. U lost two boyfriends due to her cannabis habit, including the last one whom she hopes to marry and begin a family with. She claims her relationship with her parents, particularly with her stepmother, had deteriorated. Both parents strongly disapprove her smoking habit and very unhappy of her quitting school. She was enrolled at the New York Fashion School for a degree in designs. Ms. U confesses the turn of life's events made her depressed.

Client Problems – Epidemiology and Etiology

During the last 12 months, her relationships with her parents had deteriorated, particularly with her stepmother. The situation was exacerbated with COVID-19 restrictions, and detested the overprotection of her parents. Feeling hopeless and trap with family who is rejecting her makes her depressed. Seeking independence is what she wants. But with the unfinished schooling, no employment prospects and no place to live, adding all for her depression. She admitted of having avoidance issue with her parents recently, though she does not hate them. In the past, her boyfriend, who does not smoke, was her greatest supporter including to quest for sobriety, as they plan to build a healthy family together. But her hopes of seeing her boyfriend is low and considers the relationship is over.

Ms. U claims she is staying at her cousin's house in Maryland, as we spoke, to avoid being with her parents in New York. Her cousin has her own family and a professional occupational therapist, and understands and willing to help. She claims of enjoying a peaceful life, abstinent from cannabis, and denies being depressed while at her cousin's house. Ms. U dreads even a thought coming back to her parents' house in New York. When Ms U is at home, she claims of staying at her room the whole day, even eats at her room by herself. Ms. U raises optimism with her physical condition while in Maryland, but very uncertain what will happen as soon as she comes home. Will her relationships with her parents improve? Can she manage not being depressed while at home? Can she gain the trust and confidence of her parents again? Does her cannabis' craving kick in again? Can she cope to the stressors and not experience another breakdown. These are among the many questions Ms. U has during the initial interactions. Ms. U indicates willingness to improve her relationships with her parents and to work on her depression, quits smoking, finishes her degree, gets employment and lives of her own someday.

Client Intervention(s)

The client and the therapist agreed to focus on reducing the feeling of depression and improving interpersonal relationships, among other concerns. Ms U's assessment on the Beck's Depression Inventory (BDI) and the Individualized Rating Scale scores indicated the severity of her depression which was on the higher end of the scale. Depression is a leading risk factor to individual's suicidal ideation and attempts for suicide and with completed suicide, Brunstein-Klomek et al., (2007). Therefore, priority has given for this client to reduce the feeling of depression as a form of intervention. Furthermore, depression is a highly prevalent disorder amongst youth, and interpersonal stressors are more strongly linked to depression compared to non-interpersonal stressors, Mychailyszyn et al., (2018). Depression has been associated with impairment in psychosocial functioning at school with friends and with family and studies of depressed adolescents find high rates of recurrence into adulthood, Brunstein-Klomek et al., (2007).

To implement the intervention, Cognitive-behavioral therapy (CBT) and Interpersonal Psychotherapy (IPT) will simultaneously be used for 60 minutes each week for 12 weeks. The appropriateness of CBT for this client is not only based on CBT being most widely researched psychotherapy approach to treating adolescent depression, but also on its emphasis on both cognitive and behavioral components of care at the same time. Ms. U's biggest problem of communication with family and her struggle with cannabis including her school and relationships dysfunctions could be described as lagging cognitive and behavioral skills needed to maintain supportive relationship and regulate emotion, Spirito et al.,(2012).

Together with CBT, client will receive Interpersonal Psychotherapy ((IPT) for a brief and efficient therapy to decrease symptoms of depression. The objective of IPT treatment is to take

into account adolescent's developmental tasks of individuation, autonomy, (client's ultimate goal), development of romantic partners, (in this case twice she lost her boyfriends), managing pressure, (as she's concern on coming home to her parent's house) Brunstein-Klomek et al., (2007). A meta-analysis results indicates that IPT-A was significantly effective at reducing depressive symptoms in adolescent, confirmed also by previous research the same is generally effective for ameliorating symptoms for adult depression, Mychailyszyn et al., (2018).

The efficacy for the combined therapy is not known yet. Thus, this evaluation is hoping to find out the effectiveness the combined therapy on reducing adolescent depression and improving interpersonal relationships in a much shorter time. The results will be shared to client, other practitioners and to those interested after completing the research in 12 weeks.

Intervention Hypothesis

Hypothesis: Receiving a combination of 12 weeks Cognitive-behavioral therapy (CBT) and Interpersonal therapy (IPT) will reduce symptoms of depression by 90% and improve interaction by 100% at the end of 12 sessions.

CLIENTS GOALS & OBJECTIVES

Client Problems Areas & Target Problems

The first problem and target area for Ms. U is the deteriorating relationships with her parents, particularly with her stepmother. Avoiding to interact with the family whenever she's home is causing more distance among them and making her depressed. The second problem is her cannabis use. Although she is abstinent at the time we spoke, but maintenance is a problem, evidenced by her twice failed attempts to quit smoking, thus adding on her depression. Third problem area is to address is her depression itself, the biggest problem before she was hospitalized. Although she denies feeling depressed while at her cousin's house, but she wants a

stable, long term solution for her depression at home. She's worried about changes and adjustments, and fear of another breakdown if she failed to cope.

Interventions Goals & Objectives

Table 1.1 Summary of target problems

CLIENT PROBLEMS, GOALS, OBJECTIVES & INTERVENTIONS

PROBLEMS AREAS AND TARGET PROBLEMS	CLIENT GOALS	CLIENT OBJECTIVES	INTEVENTIONS
Increase deteriorating relationships with parents	Increase positive interactions with family members	Client will receive a combined IPT and CBT therapies 60 minutes per week for 12 weeks.	Interpersonal Therapy IPT and Cognitive-behavioral therapy CBT
Dangerous effects of depressive psychosis can cause adolescents to become suicidal	To reduce depression evidenced by reduced BDI and improved IRS	Client will receive combined CBT and IPT for 60 minutes per week in 12 weeks	Combined Cognitive-behavioral therapy (CBT) and IPT

The first goal is to help increase positive interactions with family members, connects the gap communicating with parents, particularly with stepmother. Client will initiate the move and will subject herself to changes and adjustments for an open communication in a context of family unit. The aim is to hear and understand each other, and find a common solution. Client will work on his autonomy while maintaining a positive relationship with parents and learn to manage emotions, coping skills for past romantic relationships. She will learn to manage pressure as she plans to go back to school and complete her studies. To collect data, therapist will use weekly inventory tests scores, observations, note taking on the process during each session. Ms U will record and keep the number of times she joins family dinner, participates with family discussions while having dinner, in a polite manner, for example. She will report the results to the therapist to be measured against the results of BDI and the Individualized Rating

Scale (IRS) each week. Therapist will also note reactions from her parents based on the client's self-report during each week for further considerations.

The second goal is to target depression aiming to significantly reduce the feeling of depression at the end of 12 weeks session. Each week depression will be assessed using Beck Depression Inventory (BDI), a self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961), and measured against improvement in CBT and IPT. Next step is to set weekly schedule, same day, same time session at the office. Each week changes will be recorded by the researcher and results will be noted using Goal Attainment Scaling (GAS), and Goal Attainment Follow-Up Guide for monitoring for progress or lack of progress, (Table 3.6 Bloom et al., 2009) page 71.

RESEARCH DESIGN

Research Design

The single system design A-B will be used for this evaluation to measure changes in the target problems. The A phase refers to nonintervention/ observation period, and B to an intervention period, along with continued collection of data information (Bloom, 2009). The applicability of this design to this evaluation is that it permits a logical comparison of an intervention period with a non-intervention period. Furthermore the strength of this design is that it can clearly reveal whether there has been an actual change in the target problems, provides both monitoring and evaluation (Bloom, 2009). The plan is to implement a four-week baseline data collection, followed by 12 weeks intervention period. Intervention will be taken only after baseline observation is made, and then information will be used as part of on-going process of selecting and planning the intervention and evaluating the practice (Bloom, 2009).

One of the limitations of A-B design is that it does not let rule out many alternative explanations for why the results occurred as they did. Simply put, A-B design doesn't permit the functional analysis about causality that more complex designs do permit (Bloom 2009). But in spite of this limitation, Bloom is highly in favor using single system A-B design against case study methods. Single-system A-B design provides basic foundation and fundamental building block for large array of logical ways of inferring causal efficacy of the intervention. Bloom also strongly urge to add maintenance and follow-up phases as a basic single-system practice to better understand of whether positive changes were enduring or not.

A-B design does not look for causality, rather for identifiable changes in comparing baseline A to B, the intervention phase. The "threats to validity of the design" involves the causality of intervention, such as in experimental ABAB and or in multiple designs. Observed change may have been caused by factors other than the intervention (Bloom, 2009). Therefore, threat to validity design in A-B design is not applicable.

However, A-B design is always subject to the threat of history as threat to internal validity Bloom, (2009). Twice losing her boyfriends, it may become part of her life's history and finding new relationship may impact internal validity. Another is being in late adolescent soon to become an adult, and maturation may become threat to internal validity. Psychological and physiological change may occur as she reaches adulthood. Another is testing. Repeated taking inventory each week may sensitize her to the questionnaires so that subsequent test scores are manipulated and being influenced by constant testing.

On generalizability and representativeness, the main concern for external validity is the extent to which the clients, settings, problems or practitioners are representative (Bloom, 2009). Does intervention has the same effect with different clients and under different circumstances

(Bloom, 2009). The threat to external validity in this case is lack of representativeness. Being raised with different background, age, sex, ethnicity, and socio-economic status, the effect cannot be generalized. Another one the difference in practitioner's effect, style, and influenced maybe she had been with another practitioner in the past. Another threat is the interaction of history and intervention, which could reduce generalizability.

MEASUREMENT

Quantitative Measurements

This practice evaluation will use a combination of standardized scales and the individualized rating scales for the identified target problems of depression and interpersonal relationships to determine changes each week. Beck Depression Inventory-II (BDI-II) will be used as standard scale. BDI is developed in 1996 with a 21 items self-administered, self-report to measure the existence and severity of symptoms of depression. Each of the 21 items corresponding to a symptom of depression is summed up to give a single score. There is a four-point scale for each item ranging from 0-3. On two items (16 and 18) there are seven options to indicate either increase or decrease in appetite and sleep. Cut-off score guidelines for the BDI-II are given with the recommendation that thresholds be adjusted based on the characteristics of the sample, and the purpose for use of the BDI-II. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe.

BDI-II has a 1 week test-retest stability is (.93) Internal consistency (coefficient alpha) is .92-.94 depending on the sample. Construct validity was high compared to the BDI (.93). BDI is for age 13 and older, 5 minute administration and 1 minute scoring, quantifies for depressive symptoms, easy to complete, relatively short compared to interviewed assessments.

To measure Interpersonal Relationships, Individualized Rating Scale will be constructed using the “The extent to which client engages in appropriate interactions with family members”. Scale 1-9, being 1- Never engages in appropriate interactions (Doesn’t speak to or look at anyone), 5-Moderate (Speaks to other members), 9 Engages continuously in appropriate interactions (Speaks freely and easily with appropriate expression and eye contact).

Quantitative Analysis

Visual analysis will be used for this practice evaluation research to compare the baseline phase and intervention phase data. Visual analysis will report the mean score and standard deviation’s median and range of the data collected. Visual analysis provides an on-going feedback in evaluating goal achievement (Bloom, 2009). Through visual analysis, it can serve as a motivation tool to the client by drawing a star on standard chart at level of targeted performance and expected time client will reach the goal (Bloom, 2009). It means an advance planning is needed to attain the desired target. As already been discussed, baseline data collection is four weeks, followed by 12 weeks interventions. The differences that emerge between baseline and the events during and after intervention will determine acceptance and or rejection of the hypothesis.

Hypothesis: Receiving a combination of 12 weeks Cognitive-behavioral therapy (CBT) and Interpersonal therapy (IPT) will reduce symptoms of depression to BDI’s level to (0-13) and improve interaction (number of times positive interactions) to 100% at the end of 12 sessions.

Qualitative Analysis

The qualitative analysis will use data collection from logs, notes, journal entries, progress notes, open-ended survey questionnaires and observations. The data can represent some in-depth experiences and insights of this client and can be used for rich, descriptive data analysis.

Data collected will be sort out and organized by looking for themes, trends, and pattern that emerges from the aggregate of data collected. This process is referred to as “open coding”, “content analysis” or analyzing the content of the data for patterns and themes (Smith 2010). Each data will be assigned a code for analysis using software of by visual observations to come up with credible information that will become the basis for the narrative.

EXPECTED RESULTS

Quantitative Results

A-B design has a way of clearly indicating whether change in target problems has occurred (Bloom, 2009). In this case of client’s experiencing severe depression, baseline data (A), representing a four-week data collection shows a fluctuating pattern, yet it is clear: depression levels were between (29-63) levels, a severe level for depression. The intervention (B) involved 12 1-hour sessions of combined CBT and IPT in an outpatient setting. The client was asked to apply learned intervention at home, record them for a weekly feedback to the therapist.

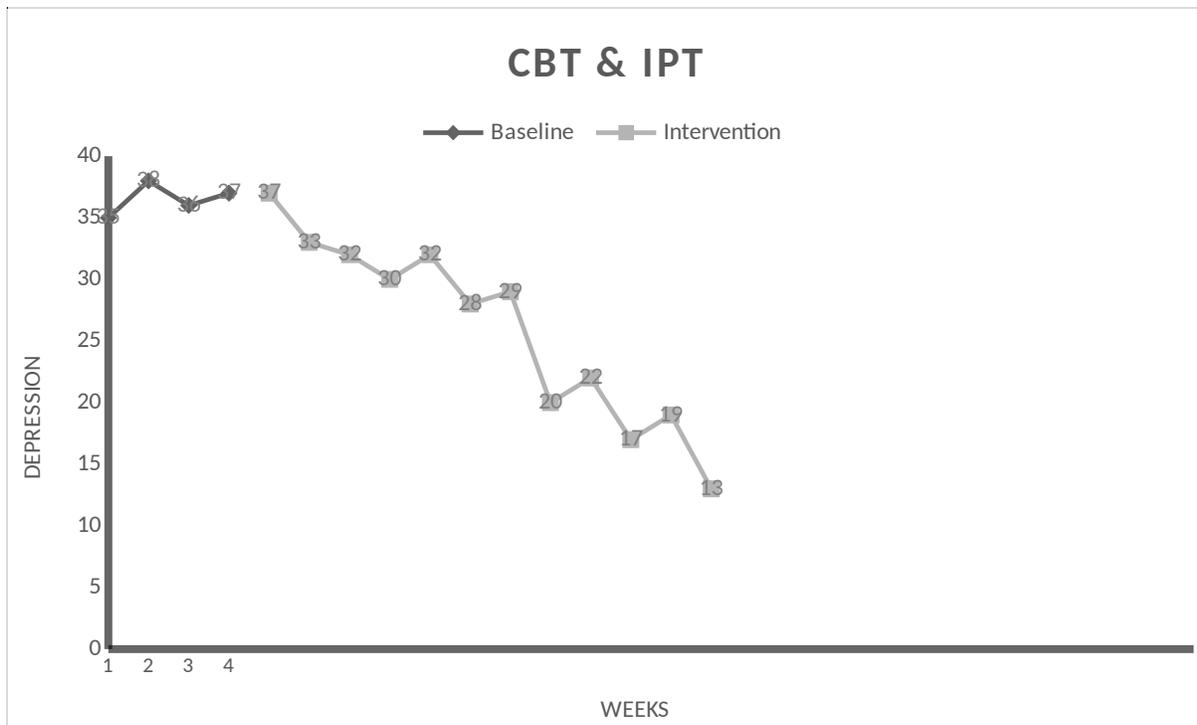


Figure 1.1

As indicated in Figure 1.1, there was a sharp decline in the weekly level of depression recorded over the next two weeks of intervention, and then pattern of fluctuations occurred, none of which reached the levels of depression in baseline.

The case situation suggests positive changes occurred in reducing level of depression which started to happen on the second week of the intervention and continuous declining until 12 weeks, although fluctuations in level still occur. Few possible explanations, among others, are client's history of her emotional entanglement, for example, losing boyfriends often, including her recent major hospitalization. In this graph, it shows the 90% goal to reduce depression has been attained. The client's BDI index at the end of 12 weeks was recorded between (0-13) levels.

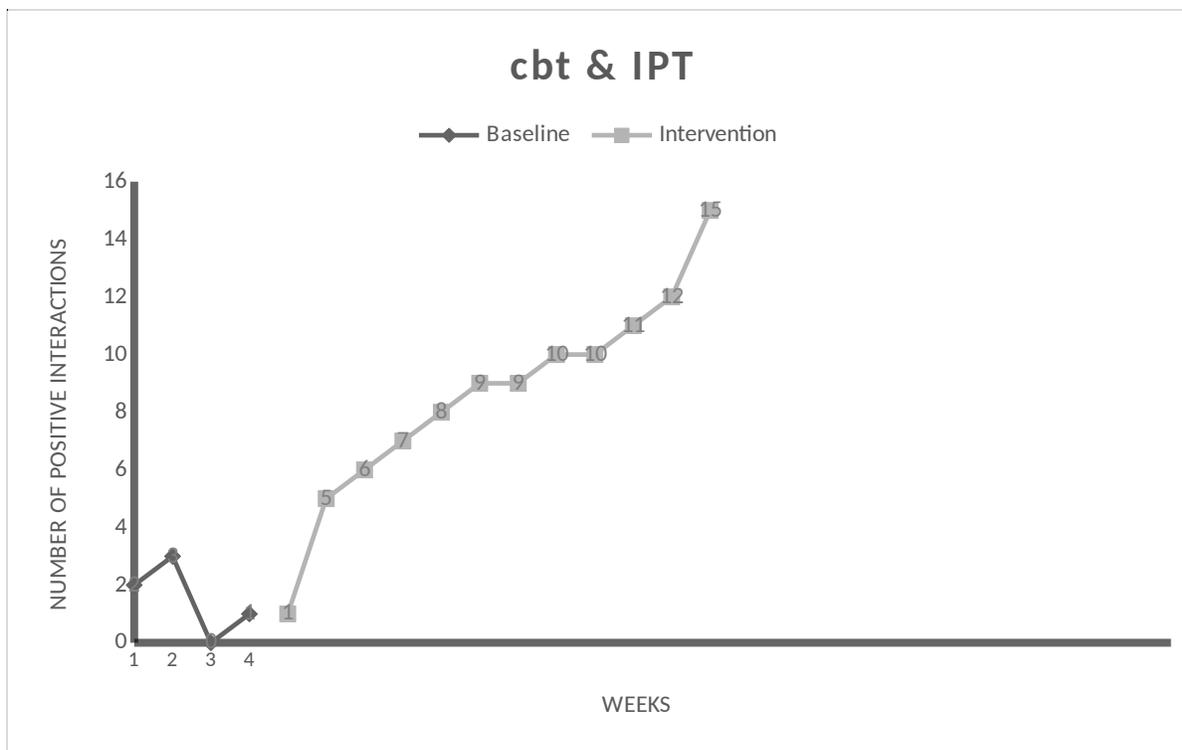


Figure 1.2

On interpersonal problem with family, Figure 1.2, the (A)-baseline data representing the four-week data collection shows almost the same fluctuating pattern as with the depression, yet it is also clear the extent of deteriorated relationships. The intervention (B) involved 12 1-hour sessions of combined CBT and IPT in an outpatient setting. The client was asked to apply learned intervention at home, record them for a weekly feedback to the therapist.

As indicated in Figure 1.2, there was also a sharp increase in the level of positive interactions with family over the next two weeks of intervention, continued to occur with steady increasing pattern.

The case situation suggests positive changes occurred in the number times client chooses to communicate with family which started to happen on the second week of the intervention. A steady pattern of positive interaction occurs every week and sustained until 12 weeks, which shows the goal of 100% restored communication problem with family is attained.

FINDINGS AND IMPLICATIONS

The results show that a combined CBT and IPT therapy were effective to reduce level of depression and promoting positive family interaction for an adolescent in as shorter as 12 weeks. It is believed that CBT or IPT alone are effective therapies by themselves, yet combined approach found out to be more effective. This study can become a useful tool for other professionals on how to implement interventions. It is recommended, however, that further researches are conducted to verify outcome of the combined approach considering the limitations of this research and threats to validity of the sample.

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