ASSESSING DIRECT PRACTICE SKILL PERFORMANCE IN UNDERGRADUATE SOCIAL WORK EDUCATION USING STANDARDIZED CLIENTS AND SELF REPORTED SELF-EFFICACY

by

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*We also certify that written approval has been obtained for any proprietary material contained therein.
Dedication

In memory of my husband

Nathan C. Rawlings
For always supporting my dreams

To my wonderful and amazing children

Emily, Luke, and Sarah
Who have given so much on this journey
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Abstract

by

MARY A. RAWLINGS

Entering and exiting Bachelor of Social Work students were compared to determine if participation in an accredited BSW program predicted both higher social work direct practice skill and higher direct practice self-efficacy, while controlling for experience and intent to enter direct practice. Direct practice self-efficacy was examined as both a predictor of direct practice skill and as a mediator of the relationship between BSW education and direct practice skill. Entering BSW students were compared with exiting BSW students on self-efficacy and skill performance. Direct practice skill was assessed by rating student performance in a fifteen minute initial assessment interview with a standardized client. Direct practice self-efficacy was assessed using the Social Work Direct Practice Self-Efficacy Scale, incorporating items from the Social Work Self-Efficacy Scale and the Helping Skill Self-Efficacy Scale. Ordinary least squares hierarchical regression found BSW education to be predictive of both higher direct practice skill and higher direct practice self-efficacy. Self-efficacy, however, was found to be a negative predictor of direct practice skill, after controlling for BSW education. Self-efficacy acted as a suppressor variable in mediating the relationship between education and skill. This study supports the assertion that BSW education is predictive of higher skill, suggests caution in the use of self-efficacy as a proxy measure for skill, suggests more consideration of standardized client interviews for assessment in social
work, and affirms the need for further development of valid and reliable instruments for
assessment of direct practice skill in social work.
Chapter 1

Introduction

Many in the profession view completion of an accredited baccalaureate social work program as qualifying a person for entry level social work practice. Professions, such as social work, involve a service, a specific knowledge base, particular skills for practice, and the ability to exercise judgment in situations of uncertainty (Shulman, 1998). Skill acquisition and application distinguish the professional from the non-professional degree, suggesting that graduates have entry level competencies for performing a range of tasks specific to their field. Shulman (1998) states, “It is not professional knowledge unless and until it is enacted in the ‘field’. Professions are ultimately about practice” (p.515).

Within professional social work education, students engage in both course work and a supervised field education experience to develop these skills for practice, often in conjunction with a field seminar or integrative course assignments. These experiences provide a process of knowledge provision, experience, feedback, and reflection. However, little is known if this process actually enhances professional skill development in the social work student, or if they actually graduate with a set of practice skills that can be applied in practice. Validation of practice skill development has particular relevance for BSW students, as most assume direct practice roles upon graduation. Teare and Sheafor (1995), in a broad survey of social work practitioners, found over 90% of BSW students enter into direct services with clients upon graduation, with only 10% ever moving into other areas of social work. BSWs are also more likely to work in public social services (Teare & Sheafor, 1995).
Within social work, and higher education in general, programs are being pushed to develop systems of assessment in order to determine if students are actually attaining the educational outcomes the program intends. However, schools of social work often rely on traditional outcome measures such as course grades or alumni surveys as indicators of competence, indicators which may or may not accurately assess skill attainment or mastery (Garcia & Floyd, 2002; Kameoka & Lister, 1991; Miah & Newcomb, 1995). In undergraduate social work, the Baccalaureate Education Assessment Project has provided a national assessment tool that allows for the comparison of data using national averages (Buchan, et al. 2004). However, this tool also primarily relies on student self-report, along with some limited employer data.

This study will explore if students exiting an accredited BSW program demonstrate higher direct practice skill than students just entering the BSW program by comparing their performance of direct practice skill including beginning, exploring, contracting, and case management skills, and on the core conditions of genuineness, warmth, and empathy. The construct of self-efficacy will also be examined for its usefulness as a predictor of these skills in comparison to the direct assessment of skill via the use of standardized clients. Mediating effects of self-efficacy will also be explored. This should shed light on whether self-efficacy can serve as a valid predictor of social work skill as reflected in the recent social work literature. Social work experience gained outside of the BSW program and the student’s intent to enter direct practice will be controlled throughout for effects on the proposed model. For students exiting the program, aspects of the BSW educational experience, such as the perceived quality of supervision, amount of time spent in direct practice or observation of direct practice
during the internship, and perceived usefulness of coursework will be explored for any relationship to self-efficacy and direct practice skill, however, the small sample size makes interpretation of these variables speculative only.

*The Need for Assessment of Practice Skill in Social Work Education*

Knowing the extent to which social work education prepares practitioners has been a question examined in the social work literature for many years. Published in 1959, the Boehm curriculum study was one of the first major attempts to critically review social work curriculum (Boehm, 1959). In 1994 and again in 2001, the Council on Social Work Education in its educational policy mandated that both MSW and BSW programs specify objectives, assess their outcomes towards these objectives, and use this information towards program renewal. Trends in higher education in general also suggest that regional accrediting bodies are demanding more accountability from the academy in regards to student outcomes (Buchan, 1991). States and other funding sources are requesting evidence demonstrating that schools are being successful in meeting their stated objectives. Noting these trends, Buchan (1991) articulated that ongoing assessment is no longer an option for social work programs.

In addition to meeting accreditation standards, assessing what students have learned or not learned is important for ensuring that graduates of social work programs possess a minimum level of professional competency for providing services to clients. Further, establishing what student’s know upon graduation sets a foundation for researching if professional education impacts the quality of services provided to clients and subsequent service outcomes. Eileen Gambrill (2001), past editor of the Journal of Social Work Education, encourages educators to engage in quality research to assess the
relationship between the education students receive and the services graduates provide. Gambrill (2001) argues we cannot just assume graduates do more good than harm, but that we should begin to evaluate the extent to which “…graduates use competencies shown to be of value in helping clients, honor ethical guidelines, and take effective steps to alter dysfunctional agency practices and policies” (p.419). She again notes, within assessment in social work education, the high reliance on measures using self-report which may or may not be reflective of actual skill. Prior to assessing if students use their competencies in the field, knowledge of what skills students actually graduate with is needed.

Not only is assessment of skills gained in social work education important for services to clients, it is important for maintaining and enhancing the credibility of the profession with its various stakeholders. Professions must be able to articulate and verify their contribution to service, or their professional credibility suffers. Research validating skill acquisition has the potential to help in marketing social work to employers. Miller notes that a profession “without a recognized claim to intellectual superiority or special skill … is unlikely to establish itself and so will be denied power” (In Thyer, 2002, p.102). This is a particularly important issue given the high number of non-social work trained employees in traditional social work positions. For example, NASW (2003) notes only 28% of child welfare workers hold either a BSW or MSW degree, and that only 15% of agencies require social work training for employment. A report from the California Workforce Initiative (McRee, Dower, Briggance, Vance, Keane, & O’Neil, 2003) estimated that licensed clinical social workers comprise only 22% of those providing mental health services in the state (no information was available on non-
licensed MSWs or BSWs). Often employers advertising for a social service position recruit from several different disciplines, suggesting that while possibly valuing social work training, employers do not find it indispensable.

While those practicing in social work intuitively feel social work education provides training in skills needed for practice, little empirical evidence exists to support their claims. In one of the few studies available, Dhooper, Royse, and Wolfe (1990), in a comparison of child welfare workers with and without social work education, found employees with a social work education to be better prepared for their positions than non-social work trained employees as indicated by higher scores on the state merit exam, performance ratings by supervisors, and a greater commitment to social work values. In addition, BSWs had the highest quality assurance ratings of all groups and scored highest on self-ratings of their educational preparedness. Similarly, Jones and Okamura (2000) found MSWs, trained specifically for child welfare work under Title IV, scored higher on tests of basic child welfare knowledge and were more confident in their ability to perform basic child welfare tasks than non-Title IV employees. Miller and Robb (1997) surveyed supervisors of new MSW graduates on their perceptions of their readiness for practice. In general, they viewed new MSWs as reasonably well prepared for their positions.

Contradicting this is a study by Barber (1988) in which social work students actually performed worse in their responsive and unresponsive interviewing behavior after training in micro skills. In a meta-analysis on the impact of graduate training on psychotherapy in general, Stein and Lambert (1995) found only modest support for increased training being associated with client outcome, and argue that more research is needed to determine if the skills learned in graduate training relate to improved client
outcomes. Research also suggests that paraprofessionals may often attain outcomes with clients similar to professionals (Berman & Norton, 1985).

While important for insuring quality service to clients, ensuring that entry-level professionals have the necessary practice skills can also enhance the legitimacy of the BSW within the social work profession. Ambivalence about the nature and role of BSW education and the continuum in social work remains within the profession (Aquilar, Brown, Cowan, & Cingolani, 1997; Raymond & Atherton, 1991). A recent article in the National Association of Social Workers’ newspaper advocated for the increased use of paraprofessionals under the supervision of MSWs as a creative means to fill the shortfall of social service workers (O’Neill, 2002). No mention of the role of BSW professionals was ever made. To address this ambivalence, Gross (1992) called for the development of a competence model focusing on student performance outcomes.

While assessment of educational outcomes is now mandated, social work education as a whole has struggled with how to best meet this requirement (Garcia & Floyd, 2002; Kameoka & Lister, 1991; Miah & Newcomb, 1995). Exploring how schools systematically collect and then use data to inform program development, Garcia and Floyd (2002), in a survey of MSW programs, found the most common tools in the assessment process were alumni surveys, field practicum evaluations, grade point average, and student course outcomes. Multiple barriers to effective implementation of assessment strategies were also noted including a lack of resources allocated to assessment; difficulty finding easy to complete and administer assessment instruments with established validity and reliability; faculty apathy or contempt; and difficulty in the development of an assessment plan that truly addresses what students are learning. Garcia
and Floyd (2002) note an overall reliance on tools that focus on perceptions and attitudes. Hull, Mather, Christopherson, and Young (1995) make similar observations in their survey of Doctoral, MSW, and BSW programs. Hull et al. (1995) note the majority of programs relied on only a few types of assessment tools, with most relying on things such as the completion of required coursework or alumni surveys. Hull et al. (1995) do note that in comparison to earlier studies, there was a significant increase at the MSW level of use of employer surveys and licensing data. Yet the use of these was not consistent across schools. No data for comparison was available for BSW or doctoral programs. Hull and others (1995) also noted a lack of standardized or national norms for assessing student performance.

Recently, the concept of self-efficacy has been introduced as one means to assess outcomes in social work education (Bell, Rawlings, & Johnson, 2005; Holden, Cuzzi, Rutter, Rosenberg, & Chernack, 1996; Cuzzi, Holden, Rutter, Chernack, & Rosenberg, 1997; Holden, Cuzzi, Spitzer, Rutter, Chernack, & Rosenberg, 1997; Holden, Meenaghan, Anastas, & Metrey 2002; Holden, Meenaghan, & Anastas, 2003, 2005; Unrau & Grinnel, 2005). Self-efficacy comes out of Social Cognitive Theory, developed by Bandura (1997), who defines self-efficacy as “beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (p.3). While not directly stated or tested, the implication is that self-efficacy is predictive of skills and can thus serve as a proxy measure. Recent literature in the counseling field indicates that self-efficacy may predict performance (Larsen and Daniels, 1998). If so, self-efficacy could provide an additional means for assessing outcomes that is simple and cost-effective to administer. However, measures of social work self-efficacy are limited to
student beliefs or perception regarding skill and do not measure actual performance. Additionally, there is evidence to suggest that within the helping professions, students are predisposed to over or under estimation of their abilities and that self-efficacy beliefs are easily influenced by contextual factors (Cervone, 2000; Kruger & Dunning, 1999; Stone, 1994). As such, direct observation of skill performance is needed to enhance current systems of assessment along with determining if self-efficacy is adequate for predicting performance when compared with actual performance in social work practice.

Within social work, there is also a beginning interest in using standardized clients as a more direct assessment of skill and educational outcomes (Badger & MacNeil, 2002; Linsk & Tunney, 1997; Miller, 2004). Standardized clients have been extensively used in other helping professions such as medicine and nursing, with much work already invested in developing valid and reliable assessment measures for this technique. Standardized clients have the potential to provide a direct assessment of skill, minimizing the current reliance on student self-perception. However, implementation of a standardized client assessment program is costly and time intensive, particularly as there has yet to be extensive development of valid and reliable assessment instruments for use with standardized clients in the field of social work.

**Research Questions**

To summarize, the education of social work professionals involves both the development of knowledge and the development of skills particular to the field. Assessment of skills is critical to knowing if the current educational process is attaining its stated objectives. Social work programs have struggled in their attempts to define and develop valid and reliable means to evaluate what students know, and if they have
developed the skills and competencies needed for entry level practice. The prevalent means used to assess outcome in both MSW and BSW programs is self-report assessments or course completion. Self-efficacy has been recently introduced in the social work literature as a means of assessing practice outcomes, but further relies on student self-perception of abilities. Yet, accurate assessment of knowledge and skills is necessary for maintaining educational quality, ensuring quality services to clients, enhancing the credibility of the profession, and working towards the further development of the professional continuum. Assessing practice skill performance directly is needed for establishing what skills students actually have beyond self-report. Additionally, research is needed to establish if self-efficacy is predictive of direct practice skill and if self-efficacy sufficiently mediates the impact on performance to the degree that it can serve as a valid “proxy” of actual skill for social work education. If so, self-efficacy may provide an additional, easy to administer means for assessment of direct practice skill in social work education. If not, further development of direct methods, such as the use of standardized clients is needed.

Addressing these concerns, this paper will explore the following questions. Does participation in an accredited undergraduate social work program predict higher direct practice skills of students? Does participation in an accredited BSW program contribute to higher self-efficacy in regards to direct practice skill? Is self-efficacy predictive of skill performance? What, if any mediating effect does self-efficacy have on direct practice skill performance, after controlling for BSW education? For students who have completed the BSW program, are there aspects of the program that correlate with better direct practice skill performance or self-efficacy, such as the amount of direct practice
experience during the field internship, quality of supervision, or usefulness of coursework?
Chapter 2

Literature Review

Overview

Research related to direct practice skill development in undergraduate social work education is extremely limited. The research on direct practice skill that does exist is concentrated in MSW programs, in fieldwork studies, and in research regarding the continuum of social work. Of the research that has been reported, the majority has been atheoretical. The construct of self-efficacy, from social cognitive theory, is one of the few outcome approaches used that is directly linked to a theoretical model. Social cognitive theory, in which self-efficacy is imbedded, presents a model of learning that is based on ongoing interaction in the environment, and one that has been applied to counselor training, and now with initial application within social work as well (Bell et al., 2005; Cuzzi et al., 1997; Holden, 1991; Holden et al., 1996; Holden et al., 2002, 2003,2005; Larson, 1998; Petrovich, 2004; Unrau & Grinnel, 2005; Wilson, 2006). However, the topic of how to best prepare and train professionals has received considerable attention in the broader education literature. In particular, Schön’s (1987) concept of reflective practice and Kolb’s (1984) experiential learning cycle have been applied in relation to professional education (Bogo, et al., 2004; Eraut, 1994; Gould & Taylor, 1996).

Along with theoretical ideas related to the development of professional competence, existing research on direct practice skill within social work education is explored for both masters and baccalaureate level social work. Direct practice skill is defined as the abilities and techniques necessary to facilitate face to face interchanges with individuals or families for the purpose of alleviating distress or for the promotion of
well-being. Approaches delineating and defining what constitutes direct practice skill in social work are presented. The literature on the impact of training on professionals in the helping professions is also examined. The construct of self-efficacy within the education, counseling, and social work literature will be reviewed, in particular how self-efficacy is developed and its relationship as a mediating variable to the actual performance of behavior. The use of standardized patients as an assessment method within the helping professions will be discussed. Finally, a theoretical model for testing and analysis will be proposed.

*Defining Direct Practice Skills for Assessment in Undergraduate Social Work Education*

Delineating what constitutes direct practice skill within foundation level practice has proven challenging for social work education as defining specific skills as been avoided. CSWE content standards for practice are very broad, and the distinction between advanced and foundation direct practice skills is not clear,

*Definitional barriers.*

Before coordinated assessment of direct practice skills in BSW students is possible, the skills themselves need to be delineated. O’Hare and Collins (1997) define social work practice skills “…as those helping processes that are primarily initiated by the practitioner” (p.228). Webster’s dictionary (1991) defines skill as the ability to use one’s knowledge effectively and readily in execution or performance or as a developed aptitude or ability. Through the educational process upon graduation, direct practice skills should be developed to a level of competence suitable for readiness to practice in an entry level position, with the expectation that skills will continue to be developed and enhanced
over time. It is with these definitions in mind that the direct practice skills of baccalaureate social work students will be considered.

The lack of a clear definition of what constitutes the practice skills to be attained, the breadth of social work practice, and the BSW/MSW continuum of social work education have created challenges in the assessment of direct practice skill educational outcomes. While developing skills in social work practice is a primary goal of both Master’s and Baccalaureate social work education, distinguishing which skills belong in which program has been a matter of much discussion and has lacked clear definition (Hoffman, 1992; Gibbs & Locke, 1990; Gross, 1992; Schatz & Jenkins, 1990). The current structure of social work education allows for advanced standing status in Master’s programs for students who complete accredited BSW education. This option rests on the assumption that there are foundation level direct practice skills that should be attained by both first year masters students and those completing a BSW program that are comparable. Yet delineating what constitutes foundation knowledge and skills has not always been clear.

*Definitions of the Council on Social Work Education.*

The Educational Policy and Accreditation Standards (CSWE, 2001) notes eight foundation content areas which are the same for both MSW and BSW programs, of which one is social work practice. Under this content area, a variety of skill areas spanning micro to macro level practice are noted. The Educational Policy and Accreditation Standards (CSWE, 2001) foundation curriculum content area 4.5 *Social Work Practice* reads as follows:
Social work practice content is anchored in the purposes of the social work profession and focuses on strengths, capacities, and resources of client systems in relation to their broader environments. Students learn practice content that encompasses knowledge and skills to work with individuals, families, groups, organizations, and communities. This content includes engaging clients in an appropriate working relationship, identifying issues, problems, needs, resources, and assets; collecting and assessing information; and planning for service delivery. It includes using communication skills, supervision, and consultation. Practice content also includes identifying, analyzing, and implementing empirically based interventions designed to achieve client goals; applying empirical knowledge and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice (p.11-12).

The description is very broad, leaving much of the specific implementation decisions to individual schools. Direct practice skill is embedded, but not specified in this definition. Kolevzon (1992) arguing against this concept of a continuum or common foundation for BSW and MSW education, suggests that in the effort to achieve breadth of practice, social work education risks preparing students less competently in more areas, rather than more competently in fewer areas. I agree, but suggest that the solution lies not in eliminating the continuum, but in more clearly specifying the practice skills that need to be taught and attained.
Further, in regards to baccalaureate social work education, the Educational Policy and Accreditation Standards (CSWE, 2001) propose that schools prepare graduates for generalist professional practice. While definitions of generalist practice vary, it usually includes training in a variety of skills to work with a variety of client populations across a variety of settings. This again presents a very broad picture of social work, with little specificity. Direct practice falls within the broader scope of generalist practice. For the purposes of this paper direct practice will refer to face to face interchanges with clients for the purpose of alleviating distress or for the promotion of well-being. Clients may be individuals, children, or families. Direct practice is often referred to in the social work literature as micro-practice or social casework. Work with groups is at times categorized under direct practice, but as group work requires an additional set of skills, it will not be included in the scope of this paper.

*Other definitional frameworks.*

Several attempts at delineating what constitutes direct practice skill at the foundation level have been made in the social work literature. Related counseling professions have also examined what core skills are needed for direct work with clients. Core counseling skills or common therapeutic factors which cross discipline specific boundaries have also been researched.

In reviewing several social work texts, some common direct practice skill areas are described using a variety of descriptive terminology. Kirst-Ashman and Hull (2002) note direct practice skills to include interviewing, beginning the worker-client relationship, warmth, empathy, and genuineness, and skills for starting, conducting, and handling challenges in the interview. Cournoyer (2000) notes direct practice skill areas
related to preparing, beginning, exploring, assessing, contracting, working and
evaluating, and ending with clients. He additionally notes basic interpersonal skills
related to talking, listening, and active listening. Gambrill (1997) notes a similar list of
specific skills but includes a focus on critical thinking skills. Ragg (2001) similarly notes
broad categories of developing the helping relationship, developing an accurate
understanding, focused and helpful responding, maintaining the therapeutic alliance, and
ending as key foundation practice skills. Throughout the texts reviewed, skills are
conceptualized as foundation skills, not as BSW or MSW.

Kirst-Ashman and Hull (2002) note these skills form a common core of
interpersonal skills needed for disciplines such as counseling and psychology as well as
for social work. However, unique to direct practice in social work is an additional focus
on the environment and environmental factors that impact human social and
psychological functioning. This specialized aspect of social work direct practice is often
articulated as a focus on person in environment, with an emphasis on the reciprocal
relationship between them. In practice, multiple social work texts make note of the need
to include environmental factors as part of assessment, and that for social workers
environmental aspects also become a target of change (Kirst-Ashman & Hull, 2002,
Johnson & Yanca, 2004; Miley, O’Melia, & DuBois, 2004). Attention to assessment of
environmental aspects such as access to resources, social support systems, adequate
resources, and advocacy has been articulated as critical aspects of work with clients.
Additionally, knowledge of these social systems and their interaction is presumed to
inform the social worker in practice (Bogo, 2006). In many texts this key component of
social work direct practice is termed case management. While this term can have broad
meanings, in this context case management refers to the direct practice skills of locating, linking and accessing environmental resources. In fact, many of the skills articulated previously, are also noted as important aspects of effective case management service provision (Johnson and Yanca, 2004). It is also noted that more and more generalist social workers are working in the role of case managers (Miley, O’Melia, and DuBois, 2004). Unger and Cunningham (2002) argue that for BSW practitioners in particular, integration of case management that stems from a client driven perspective is an important aspect of skill development for the generalist practitioner. This is especially the case with multi-need clients who need assistance navigating multiple agencies and who face multiple systemic barriers to accessing services. To summarize, social work consistently emphasizes the importance of understanding the interface between persons and their environment as part of effective direct practice. Skills for effectively integrating this aspect of direct practice in addition to those listed earlier include thorough assessment of environment, including the systems in the environment as targets of changes, and then the identification, linkage and coordination of resources located in the environment.

Others have also attempted to articulate direct practice skills in social work. A study by Dore, Morrison, and Epstein (1992) surveyed social work field instructors to establish if there was any consensus on learning objectives for micro-practice field instruction. They determined eight objectives or clusters, with the first objective delineating key skills for direct practice which included: development of specific skills for micro-practice, including skills in engagement, problem exploration, goal setting, contracting, and termination, as well as knowledge of and ability to apply various
treatment modalities. The remaining seven skills relate primarily to core professional
abilities which are beyond face to face interaction, such as leadership, critical thinking,
personal characteristics, and administrative skills.

O’Hare and Collins (1997), using a comprehensive review of the psychotherapy
integrative research and the social work literature, identified 75 items related to social
work practice skill. These items were developed into an assessment instrument that has
practitioners rate the frequency with which they engage in the particular skill. The
authors used factor analytic techniques to identify four subscales: Therapeutic,
supportive, case management, and treatment planning/evaluation. A follow up study
using the same instrument with MSW students and practitioners identified a three factor
scale including supportive, therapeutic, and case management skills (O’Hare, Tran, &
Collins, 2002).

Similarly, Badger and MacNeil (2000) in a 66-item competency based behavioral
checklist of an initial diagnostic assessment interview identified core content areas as
opening the interview, obtaining information, and providing feedback. Key process skill
areas included communicating professionally and exhibiting empathy. Items were
developed through an extensive review of the literature, feedback from a panel of
experienced clinicians and social work educators with expertise in clinical measurement,
with items added to reflect additional skills related to the treatment of mental health
clients (Badger & MacNeil, 2000).

Related counseling professions have identified similar direct practice skill areas.
Using the micro-counseling skills training program as an organizing framework, Russell-
Chapin and Sherman (2000) identify opening, exploration, action, problem-solving,
closing, and professionalism as foundation skills. Ivey and Ivey (2003), also building from a micro-counseling skills perspective, suggest three broad categories with multiple smaller aspects. The three broad categories are beginning skills, which includes ethics and attending behavior; listening and interviewing skills which includes such areas as questioning, observing, active listening, and reflecting; and influencing skill; and strategies to facilitate client change, which include such aspects as confrontation skills, exploring values and beliefs, and strategies for change. Tomm & Wright (1979) articulated key skills for training in family therapy. They note four broad categories of therapist functions and competencies: engagement, problem identification, change facilitation, and termination. Egan (1990) notes such skills as listening and attending, empathy and probing, helping clients act, values and ethics, and skills related to facilitating a change process including skills regarding goal setting.

The above lists of direct practice skills are primarily supported by practice wisdom. It is important that in defining direct practice skills for social work that empirical evidence related to therapist skills and client outcome also be considered. Beutler et al. (2004) reviewed therapist variables that positively impact client outcomes. In their review, they noted the quality of the therapeutic relationship or alliance as being one of the most consistently supported correlates of behavior change, in particular the quality of the relationship in early sessions. There is also evidence that suggests therapy is better than no therapy, and that manualized treatment approaches seem to correlate with better patient outcomes (Beutler, et al., 2004). The authors suggest that future research needs to integrate therapist factors in the research of specific therapy models. Within social work literature, no data could be found that examined if therapist or case
manager skill or behaviors impacted client outcomes, although the challenge has been put forward that such research on social work skill and related client outcome is needed (Gambrill, 2001).

The concept of the therapeutic alliance has also been researched extensively (Horvath & Luborsky, 1993). Bourdin defines the therapeutic alliance as “including three features: an agreement on goals, an assignment of task or a series of tasks, and the development of bonds” (In Ackerman & Hilsenroth, 2003, p.2). Ackerman & Hilsenroth (2003) in a review of therapist behaviors that contribute to the development of an alliance describe several personal attributes and techniques that positively contribute to the alliance. These include the ability of the therapist to instill confidence, trust, and warmth; to connect; to be supportive; to be flexible; and to be friendly with the client. Lambert and Barley (2001) estimate that common factors such as empathy, warmth, congruence and therapeutic alliance contribute to 30% of client outcomes.

Orlinsky, Ronnestad, and Willutzki (2004) reviewed the empirical literature on therapy processes and subsequent client outcomes. In order to organize the numerous studies, a general model of psychotherapy was conceptualized which included the therapeutic contract, therapeutic operations, therapeutic bond, self-relatedness, in session impacts, and temporal patterns. Under the category of therapeutic contract, therapist behaviors involving goal consensus and expectational clarity, patient role preparation, patient suitability, and therapist skill had positive correlations to outcome. They also suggest that therapeutic bond consistently is associated with greater client outcomes. Greencavage and Norcross (1990) noting the large number of conceptualizations of the so called “common therapeutic factors” attempted to determine the commonalities amongst
them in the research literature in order to try to establish some consensus as to what processes regardless of therapeutic approach impact change. They argue factors with the most consensus include the development of a therapeutic alliance, opportunity for catharsis, acquisition and practice of new behaviors, and client’s positive expectancies. In a review of meta analyses on common factors, Drisko (2004) concludes the evidence supports social work’s emphasis on the importance of the relationship for interventions of all kinds.

Within social work, there is very limited research on how a person in environment emphasis has impacted practice or practice outcomes in spite of social work’s assertion that attention to environment is an identifying characteristic of the profession. While no studies could be found related to practice outcomes, Eamon and Zhange (2006) examined MSW student perceptions of a case vignette on social worker adequacy of assessing and addressing economic resources, comparing groups who received a vignette expressing economic strain, and one without. No differences were found between groups with a very high percentage stating the assessment of economic resources was adequate, in spite of minimum attention provided by the social worker in the vignette. Eamon and Zhang, concluded there was little evidence that MSW students were considerate of the economic issues. Similarly, Rosen and Livne (1992) found social worker responses to a standardized client intake summary strongly favored personal problems, versus environmental or intra personal issues as the locus of intervention. However, Monkman (1991) found that social workers equally identified environmental and personal targets for intervention based on client vignettes. Notably, O’Hare, Tran, and Collins (2002) included items in the Practice Skills Inventory related to assessing client material
resources, advocacy, referrals to services, information provision on services, and networking as key practice skills for social work, with factor analysis supporting these items as a sub-scale area which they termed case management. With the limited data available, it is difficult to determine just how social work is implementing this core value and knowledge in practice and more research is needed.

Based on this limited review, one can see the numerous ways in which direct practice skills have been conceptualized and labeled. Within the literature, direct practice skills may be referred to as foundation practice skills, interviewing skills, micro-skills, or counseling skills. However, there do seem to be some commonalities, including skills in beginning the relationship or the therapeutic alliance, assessment or exploring skills, developing a treatment plan or contract, implementation of an intervention plan, case management, termination skills, and exhibiting positive personal characteristics of genuineness, warmth, and empathy. Within social work attention to environmental systems and resources are also important, including skills necessary for case management, and the finding and developing of resources within the environment for clients.

Assessment of Direct Practice Skills in Social Work Education

As previously noted, much of the outcome data in social work education has relied on self-report, or other traditional assessment techniques such as course grades. Recently, there has been some emerging interest in assessing practice skill development through the use of standardized clients, vignettes, and student perceptions of self-efficacy in a variety of practice skill areas. Due to the limited number of studies, both BSW and MSW education outcomes related to direct practice skill will be reviewed.
Assessment of direct practice skill in BSW education.

Research on outcomes of BSW education is limited, particularly in the case of direct practice skills. Much of the research that does exist on BSW knowledge and skills has examined how BSWs compare with students in a MSW program who have completed the foundation curriculum (Carrillo & Thyer, 1994; Clark, 2002). This comparison, however, may or may not reflect knowledge or skills gained from the BSW program itself. A few studies also examine the impact of field education on knowledge acquisition, but do not directly examine skill development (Cavazos, 1996; Cavazos & Galvan-Posada, 1999).

In one of the few studies that used at least a quasi-experimental design, Carrillo and Thyer (1994) examined interviewing skills, comparing BSW graduates entering advanced standing with first year MSW students near completing the foundation content. A small convenience sample of 15 advanced standing students and 23 traditional MSW students completed interviews with standardized clients. Independent raters rated the videotaped interviews on the number of times the student participated in facilitation, question/clarification, and support/empathy. No significant differences between the two groups were found. Similarly, Clark (2002) researched the critical thinking skills of BSW students as compared to MSW students. The convenience sample consisted of 45 MSWs in a review course for licensure and 39 BSW students in their senior year in school. Critical thinking was assessed using an established measure, the California Critical Thinking Skills Test-A. No significant differences were found between the scores for the two groups.
Knight (1993) surveyed second year field instructors who assessed students in field on 33 dimensions using an instrument which included skill in particular techniques, ability to integrate knowledge with practice, to work with specific client groups, deal with diversity, use supervision, and overall maturity and preparation for the second year placement. No psychometric data on the instrument was presented. Seventy-two advanced standing students were compared to 237 second-year traditional MSW students from 5 different schools. On all but four of the 33 items, there were no statistical differences between the two groups. On those four items advanced standing students scored significantly higher than their MSW counter parts in maintaining case records, collaborating with colleagues, being self aware, and overall performance.

In a related area of practice, Knight (1999) compared the self perceived abilities of BSW and MSW students currently in field internships on their preparedness to work with groups. BSW students rated themselves as having learned more about groups, and felt more prepared to run a group. BSWs were also more likely to have run a group in their internship.

Waites (2000) specifically examined generalist problem solving skills, as conceptualized by McMahon, using a written case study instrument. The author compared 27 students graduating from a BSW program with 18 students just entering. Using the students’ written responses, independent raters scored student’s problem-solving skills. Statistically significant differences were found between the two groups, with students ending the program scoring higher than students just entering. There was also a positive correlation between higher case study scores and completion of coursework, more volunteer experience, and enrollment in the field. There was no
correlation between age and GPA. Post-hoc comparisons noted that differences in problem solving skills were concentrated in the area of evaluation and termination, and further study was recommended to explore the lack of change in areas relative to engagement, data collection, and assessment and planning.

Recently, Riebschleger and Grettenberger (2006) developed and tested a generalist practice assessment instrument to assess if students had attained BSW program objectives as assessed by their field instructors. Field instructors rated graduating students on a three point scale: Below BSW level, At BSW level, Above BSW level. However, the majority of field instructors reported collaborating with students on the ratings, potentially biasing results. Further, only exiting students were assessed. Twenty students were rated with all students getting at or above BSW level rating on the majority of items. The significant contribution of this study is the clear effort to delineate in practice specific terms how the program conceives of generalist practice.

Several studies attempted to examine if knowledge is gained as a result of BSW education. Two studies assessed if social work students’ professional foundation knowledge deepens as a result of completing the field practicum (Cavazos, 1996; Cavazos & Galvan-Posada, 1999). Foundation knowledge for both studies was assessed using the Area Concentration Achievement Test (ACAT). The first study included participants from a single institution and found no differences between a group of students exiting the field (n=32) and those entering (n=38) in terms of knowledge scores (Cavazos, 1996). Only GPA was found to be predictive of scores. The second study compared students from two schools, pre and post field using the same instrument to assess knowledge (Cavazos & Galvan-Posada, 1999). Again no significant differences
were noted, and GPA was the only significant predictor of scores. Interestingly, the means scores differed significantly between the two schools on both the pre and post tests with one school scoring significantly higher on all sections of the ACAT, which could indicate significant differences either between teachers, the programs, or students. These studies again did not examine actual practice skill and relied on pen and paper tests.

Thyer, Vonk, and Tandy, (1995-1996) compared 21 advanced standing students with 32 first year MSW students using a practice test of the Basic Examination for licensing BSW social workers developed by the American Association of State Social Work Boards designed to assess knowledge and skills necessary for practice at the baccalaureate level. No significant differences between the scores of the two groups were found.

Only three studies pertaining to baccalaureate social work education contained a reference related to the construct of self-efficacy. Cauble and Thurston (2000) report on the outcomes of an interactive multi-media curriculum for training child welfare workers. Thirty-eight BSW students were surveyed, some who had the multi-media approach, and some who had a traditional course on child welfare. Students were assessed pre and post course on knowledge acquisition, confidence in their ability to perform competencies on which the curriculum is based, and attitudes towards technology. For both groups confidence in their abilities to perform competencies (conceptualized as self-efficacy) and knowledge of child welfare increased significantly. They did not report if significant differences existed between the groups, and noted their findings were inconclusive. Bell, Rawlings, and Johnson (2005) assessed student self-efficacy related to practice skill with geriatric clients, and found students who had completed the infused gerontology
curriculum to have significantly higher self-efficacy in practice skill than students beginning the curriculum. There was no comparison with actual skill. Finally, Unrau and Grinnell (2005) examined research self-efficacy with a sample of both BSW and MSW students enrolled in, completed, and not yet taken research coursework over the course of a semester. Students completing research coursework had significantly higher research self-efficacy scores than students beginning the course, or not yet taken. BSW students scored slightly lower than MSW students at completion, but the difference was not significant between groups. Additionally, students low in self-efficacy at the onset of the semester, were compared with those high in self-efficacy. Those in the low confidence group made much stronger gains in self-efficacy than did the high self-efficacy group.

What little empirical research that exists related to practice skill development suggests BSW graduates are comparable to MSW students who have completed the first year. Research, however, is primarily comprised of quasi-experimental designs comparing groups such as MSWs to BSWs, rather than examining program specified outcomes; and studies generally lack a theoretical model. While three studies reference self-efficacy (Bell, Rawlings, & Johnson, 2005; Cauble & Thurston, 2000; Unrau & Grinnell, 2005), only one study directly observed skills (Carrillo & Thyer, 1994), while the others relied primarily on self-report, along with a several other types of assessment tools such as the written case study instrument. Further, the outcome assessed in most studies was knowledge, which may or may not be indicative of skill.

Assessment of direct practice skill in MSW education.

Several reviews of the empirical research on graduate social work education have been conducted. Wodarski, Feit, and Green (1995) conducted a review of the empirical
research in all areas of the MSW curriculum. They noted a lack of research using either experimental or quasi-experimental designs. They reviewed several aspects related to direct practice: teaching interpersonal helping skills and field education. In relation to interpersonal helping skills, they reported mixed results, with some studies reporting a decrease in helping skills after training and some reporting an increase in interviewing skills during training. Kopp and Butterfield (In Wodarski, Fiet, & Green, 1995) found the skills learned did not transition to work with clients. Wodarski, Feit, and Green also review several studies that report increased empathy in students following training. Few empirically based studies of field education at the MSW level were found, and the authors cited the need for well-validation measures for assessing field education. In conclusion, Wodarski, Feit, and Green called for increased research on curriculum, replication of existing studies, and a decreased reliance on self-report.

In a 1985 review of the literature on teaching social work practice, Sowers-Hoag and Thyers (1985) reported a generally positive impact of training on direct practice skills in such areas as interviewing, clinical skills of empathy, warmth and genuineness, and group work skills. However, they also noted studies relied on self-report measures and non-experimental or quasi-experimental designs, and cited a need for replication of studies.

Alperin (1996) reviewed the literature on a variety of aspects of field education. Few of the articles examined direct practice outcomes, but rather other aspects of field such as student satisfaction or aspects of supervision were researched. Of the ones reported, the majority used the social work school’s field evaluation instrument at post-test only as a means of assessment. Alperin (1996) states, “A more comprehensive
assessment of field performance measures needs to be compiled, with a focus on both BSW and MSW students” (p.158). In 1996, Reid and Bailey-Dempsey compared field instructor ratings with ratings of independent judges of 13 students’ tape recorded performances. They found the ratings made by the supervisor significantly correlated with the independent judge’s ratings, suggesting the validity of supervisor ratings of students. However, they caution that this result was attained in the context of a highly structured task-centered case management model.

Since 1995 several additional studies assessed direct practice skill and MSW education utilizing a quasi-experimental design. Fortune, McCarthy, and Abramson (2001) examined if 11 learning activities, divided into observational-participatory activities and conceptual linkage activities, were related to student perception of quality of field instruction, satisfaction with field instruction, or performance in field. They found co-therapy with a professional, feedback on process recordings, explanations by the field instructor, and making connections to classroom work were related to favorable impressions of the field placement. Interestingly, no activities were associated with students’ performance in the field. The authors note that most students were reported as doing very well, and that the minimal variance in this measure may have influenced these findings. They caution student satisfaction with field can not be equated with performance.

Fortune, Cavazos, and Lee (2005) examined aspects of achievement motivation, including self-efficacy, as predictors of student satisfaction with field and of skill performance (measured by field instructor final evaluation forms). Satisfaction with field education was correlated to task value, pleasure in field activities, and self-efficacy.
Interestingly, achievement motivation (including self-efficacy measures) was not predictive of student performance as evaluated by the field instructor. A limitation of the study is that field evaluation forms were not consistent amongst the sample with BSW, first year MSW, and second year MSW students being evaluated with different measures. All used a five point Likert scale, but specifics of the evaluation and skills assessed were not provided. Evaluations were consistently high suggesting inflation of scores by field instructors.

Several recent articles tested and described the development of instruments for assessing practice skills at the MSW level (Bogo, Regehr, Hughes, Power, & Globerman, 2002; Bogo, Regehr, Power, Hughes, Woodford, & Regehr, 2004; Gleeson, J.P., 1990; O’Hare, & Collins, 1997; Pike, Bennett, & Chang, 2003; Vourleakis, Bembry, Hall, & Rosenblum, 1996). Bogo et al. (2002) developed and tested the reliability and validity of an instrument assessing student performance in the field on a variety of skill indicators using field instructor ratings. The instrument was administered to students at the end of year 1 and year 2 of the internship. Entering GPA was significantly associated with year 2 total scores and current GPA with year 1 and 2 total scores. Data was not examined for assessing change from year 1 to year 2, but a very low correlation was found between scores of year 1 and 2.

An interviewing skills assessment instrument based on evaluation of student process recordings has also been introduced (Vouleakis, et al, 1996). In comparing BSW students and second year MSW students, Vouleakis et al. (1996) found significant differences between groups, suggesting interviewing skills may improve with experience and further education.
Badger and McNeil (2002) describe an innovative method for training students in assessment skills through the use of standardized clients. Students in a practice class using standardized clients were compared with students in a class using traditional role-play techniques. Results of rated videotapes with a standardized client found the students exposed to the standardized client in the classroom had significantly higher scores.

Pike, Bennett, and Chang (2003) examined validity of an assessment instrument developed by Nash and Chang (1999) for rating the basic skills of beginning, exploring, and contracting with clients by comparing it with an instrument developed by Katz (In Pike, Bennett, & Chang, 2003). Thirty first year MSW students participated in videotaped interviews with a standardized client. The Nash and Change instrument was found to have higher internal consistency and a clearer factor structure than the comparison instrument. Data was not analyzed to assess student progress towards objectives or acquisition of skill.

The construct of self-efficacy has been used more frequently at the MSW level as a means of assessing educational outcomes. Holden, Meenaghan, Anastas, and Metrey (2002), building from items in the Practice Skills Inventory by O’Hare and Collins (1997), developed and tested the Social Work Self-Efficacy Scale assessing social workers’ confidence in their abilities regarding a broad range of social work tasks. They used a pre-post test design with two cohorts of MSW students. For most items, social work self-efficacy increased significantly for both groups. There was also evidence that students may have overrated their confidence in their abilities at pre-test. More recently, using a revised social work self-efficacy scale Holden, Meenaghan, and Anastas (2003, 2005) found MSW student’s self-efficacy in foundation skill areas increased over the
course of the foundation year. As in earlier studies, Holden et al. found evidence of response shift bias in which students indicated that they over rated their skills at pre-test. Finally, Rawlings, Townsend, and Gingerich (2003) used the Social Work Self-Efficacy scale to compare the self-efficacy of incoming MSW students, by undergraduate degree and prior experience. Students entering with a BSW degree had significantly higher self-efficacy as did students with higher levels of prior experience. Interestingly, as prior experience increased, differences in self-efficacy between BSW and non-BSW degree students diminished, suggesting that self-efficacy differences due to undergraduate degree are negated over time by experience.

Holden and colleagues also used self-efficacy as an outcome indicator in a hospital internship setting (Cuzzi, Holden, Rutter, Rosenberg, & Chernack, 1997; Holden, Cuzzi, Rutter, Rosenberg, & Chernack, 1996; Holden, Cuzzi, Spitzer, Rutter, Chernack, & Rosenberg, 1997). While the focus of the research was on scale development, the authors found that student hospital self-efficacy increased over the course of the internship (Holden, et al., 1996). They also asked students at post-test to rate again their self-efficacy at pre-test. These retrospective pretest scores showed students’ pretest ratings tended to overrate their self-efficacy. These results were replicated in a follow up study (Cuzzi, et al., 1997). In a similar study Holden, Cuzzi, Spitzer, Rutter, Chernack, and Rosenberg (1997) compared MSW students with professional hospital social workers using the Hospital Social Work Self-Efficacy Scale and found for 35 of the 39 items professional social workers were more confident in their abilities, indicating the potential of self-efficacy to differentiate between levels of experience. Within all of these studies however, individual items were used for
comparisons, not summated scores. No factor analysis was reported to test underlying constructs. On the individual items however, self-efficacy did seem to improve over the course of training, and differentiated between students and experienced social workers.

To summarize, the empirical research on teaching direct practice skills in MSW education is limited. Recent attempts have sought to develop and validate measurement tools to evaluate skill, such as the field education instrument by Bogo et al. (2002), the AIMS developed by Badger and McNeil (2000), the instrument by Vourkelis et al. (1996) for use with process recordings, the basic interviewing skills rating scale by Chang and Scott (1999), and the Social Work Self-efficacy Scale by Holden et al. (2001, 2003, 2005). In spite of these encouraging developments, studies assessing direct practice skill are few, primarily quasi-experimental, with small samples from single institutions, and rely on indirect indicators of skill. Measures assessing direct practice skill directly are needed. Besides the recent work involving self-efficacy from social cognitive theory, similar to the BSW outcomes, research on practice skill at the MSW level remains largely atheoretical.

The Impact of Training on Direct Practice Skill and Client Outcomes

The question of whether training impacts direct practice skill and subsequent outcomes has concerned other helping professions outside social work as well. Stein and Lambert (1995) conducted an extensive review and meta-analysis of the research addressing the question whether graduate training in psychotherapy enhances client outcomes or not. Based on their analysis they conclude there is evidence that therapist training influences the dropout rate of clients, with therapists with more training having fewer clients end prematurely. They also suggest there is modest support for increased
training being related to better client outcomes, but that this relationship is not large. They caution that defining the level of training is vague across studies, with many studies citing completion of part or all of a particular training program, but not accounting for things like the number of direct client hours or size of case load which could vary significantly from graduate to graduate. They also acknowledge the research support for the “common factors” of empathy, warmth, and genuineness as positively impacting client outcomes, and the need for continued attention to these factors in therapist training programs.

Avis and Sprenkle (1990) reviewed the family therapy training literature and offered several tentative conclusions, but noted numerous methodological flaws in the existing studies. They concluded there is evidence that training programs can produce an increase in what they term cognitive and intervention skills, and that beginning assessment skills might also be effectively taught in a traditional classroom setting, noting that the quality of the instructor may be the key variable here, but one that was not tested in the research.

In an older, but very comprehensive review, Ford (1979) compares the outcomes of several specific training approaches. Ford (1979) notes behavioral training techniques such as feedback, modeling, co-counseling, and videotaping seem to be effective, particularly in combination to enhance learning. However performance enhancement at the time of this review had yet to be solidly researched. Other specific approaches such as microcounseling, interpersonal process recall, and integrated didactic-experiential training programs might also aid in the development of specific clinical skills. More recently Urbani, et al. (2002) evaluating the results of “the skilled counselor training
model,” found students in the training group significantly increased their skills as compared to the control group as assessed by independent raters. Self-efficacy also increased from pre to post test for the experimental group.

Other studies within social work and related fields offer conflicting evidence on the impact of training. Jones and Okamura (2000) in a study of social workers educated through Title IV-E (a specialized training curriculum in public child welfare for MSW students), found those with the Title IV-E training had higher scores on a test of child welfare knowledge, reported greater confidence to perform a variety of tasks associated with the job, and had greater job retention than non IV-E trained child welfare workers. As previously noted, Dhooper, et al. (1990), found both BSW and MSW trained social workers in public child welfare better prepared than non-social workers as indicated by higher scores on the state merit exam, performance ratings by supervisors, and a greater commitment to social work values. However, Stevenson and Leung (1992) found no significant improvement in interviewing skills in child sexual abuse cases after training. Similarly, Anderson (1992) found only mixed results comparing pre and post skills of marriage and family counseling students who completed a training program. Supervisors rated students as improved, but independent judges of the students did not. Prior experience and gender did not seem to influence the results. Students with less life experience however did make greater gains in relationship skills than students with more life experience.

A variety of helping professions are concerned with whether training enhances skills and if this training translates into improved outcomes for clients. It also seems that social work is not alone in its struggle to accurately and consistently define and assess
what these skills are. It appears that training and education may positively influence skill
development, yet the evidence is inconsistent.

_Theoretical Models of Professional Education_

_Experiential Learning and Reflective Practice_

If professional training or education is to enhance skill in order to improve client
outcome, how does this training or transmission of skill occur? How is professional
competence developed? One of the most influential recent theorists on this process of
professional education is Donald Schön (1983, 1987). Challenging the dominant teaching
pedagogy, Schön argues that professional skill is developed outside the bounds of “the
technical rationality” of the university, that in real life the problems presented by clients
do not fit neatly into the paradigms of learning set forth in the academy. Schön (1987)
notes that competent professionals are often the ones who can negotiate unique and
uncertain practice situations with a creative skill, similar to an artist. Social work practice
itself has been referred to as both an art and a science. Schön (1987) suggests that
learning occurs through a process of reflection in action. In the course of regular activity
one uses knowledge in action without really needing to think about it. When confronted
with a new or unusual experience, the individual can either “stop and think” about it, or
this reflection process may occur simultaneously with action (reflection in action). Prior
knowledge and experience influence and develop this process and ability, and with
increased experience, adjusting to new and unique situations often happens seamlessly.
This is not a linear process, and underlying this approach Schön (1987) states is a
constructionist view of reality.
Given this kind of competence is developed through experience and reflection on the immediate process, Schön argues that professional education best takes place in the field under the mentorship of an expert. Papell and Skolnik (1992) believe this idea of professional education has been inherent within social work education since its inception through its emphasis on learning in the field and the role of supervision. Several writers have extended this discussion into social work, including suggestions for building these kinds of experiences into the curriculum (Evans, 1999; Gould & Taylor, 1996; Yelloly & Henkel, 1995). Yelloly and Henkel (1995) state professional development occurs through a process of experiential learning from doing. Gould (Gould & Taylor, 1996) states:

> From this perspective, positivist knowledge and formal theory are not neutral resources which can be drawn down and directly applied, but are only of use when mediated through the complex filters of practice experience. In order to become a tool for practice the practitioner has to transform theory in the light of learning from past experience (reflection on action) and through improvisation during the course of intervention (reflection-in-action) (p.3).

Kolb (1984) similarly offers a theory of knowledge development rooted in experience and reflection. Kolb asserts that learning happens through an experiential learning cycle, beginning with concrete experience (learning through experience), moving to reflective observation (learning through examining), then to abstract conceptualization (learning through explaining), and finally to active experimentation (learning through applying) (Raschick & Maypole, 1998). This cycle is continuous and ongoing, and Kolb (1984) argues learning is best conceived as a process and not in terms
of outcomes. While learners use all of these phases, students will have preferred learning styles related to a particular phase of the cycle.

While a significant amount of research has been done examining particular learning styles (Garner, 2000), less empirical research on the experiential cycle of learning itself could be found. Little empirical research on Schön’s reflection in action model is available. Related research from the service learning literature, however, seems to support the importance of reflection in the learning process. Students who have more reflection, and reflection closely tied to their experience and the course content, develop deeper understandings and more complex cognitive frameworks (Eyler, 2002).

To summarize, Kolb and Schön present models of professional training and development that are grounded in experience, and are process oriented and ongoing. While Schön states learning, knowing, and performing can take place simultaneously, Kolb suggests more of a stage model that is ongoing and continuous. In terms of social work education, competence then is developed through experiences that allow for the student to engage in direct practice with the opportunity to reflect on those experiences, whether through self initiated reflection, supervision or class experiences, with an opportunity to apply new ideas again to the practice situation, resulting in the development of new conceptual models.

Social Cognitive Theory and the Role of Self-Efficacy

Social cognitive theory also offers a model of learning based on interaction with the environment. “Social cognitive theory posits a multifaceted causal structure that addresses both the development of competencies and the regulation of action” (Bandura, 1997, p.34). Similar to Kolb and Schön, Bandura suggests that people develop knowledge
structures through observational learning, exploratory activities, verbal instruction, and innovative cognitive synthesis of one’s knowledge. These knowledge structures are then translated into proficient action through a variety of transformational processes (Bandura, 1997). It is in this execution or performance that perceived self-efficacy plays a critical role. Recall that self-efficacy is defined as the “beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (Bandura, 1997, p.3). Bandura states “A capacity is only as good as its execution” (p. 35).

Self-efficacy has been shown to positively affect actual performance across a variety of tasks, including health behavior, academic outcomes, work related tasks, and counseling behaviors (Bandura, 1997; Holden, 1991; Multon, Brown, & Lent, 1991; Stajkovic & Luthans, 1998). Self-efficacy is central to this process of performance due to the influence it plays on other mediators as well as due to its direct effects. Research has examined the role of self-efficacy on behavior through four major processes: cognitive, motivational, affective, and selective processes (Bandura, 1997). Self-efficacy effects “…thought patterns that can enhance or undermine performance” (Bandura, 1997, p. 116). People with higher self-efficacy have higher aspirations and engage in more strategic thinking. Self-efficacy beliefs are felt to impact performance through its influence on people’s choice of goals, the amount of effort expended on the task, how long the effort will be sustained, and in mediating the emotional or affective response relative to the task (Maddux, 1995; Pajares, 1996; Stajkovic & Luthans, 1998).

Four sources of self-efficacy are noted in the literature (Anderson & Betz, 2001; Bandura, 1997; Stajkovic & Luthans, 1998). The most influential source of self-efficacy is enactive mastery experiences. Enactive mastery experiences provide the most authentic
evidence regarding one’s skills, with successful experiences enhancing self-efficacy, and failure taking away decreasing self-efficacy. One’s self-appraisals of performance will also influence how much the mastery experience is incorporated into one’s efficacy beliefs. Vicarious experiences or modeling also serve as an important source of efficacy beliefs. The ability to observe others engaged in an activity allows the observer to make comparative inferences regarding their own abilities. Observing people similar to them succeed in a task increases self-efficacy, with the opposite effect when observing like persons fail. Verbal persuasion and one’s physiological or affective responses (emotional arousal) also influence the development of self-efficacy. For example, lower counseling self-efficacy has been correlated with higher levels of anxiety (Larson & Daniels, 1998).

Within the field of counseling, Lent and Daniels (1997) conducted an extensive review of the literature on counseling self-efficacy, defined as beliefs about one’s ability to perform counseling-related behaviors or to negotiate particular clinical situations (Lent, Hill, & Hoffman, 2003). They conclude there is moderate evidence that counselor self-efficacy is related positively to counselor performance, with some studies showing a correlation and others not. Counselor self-efficacy was also positively related to counselor experience, with more experienced counselors reporting higher levels of self-efficacy beliefs. Several studies also note that counseling self-efficacy increased over the course of a counseling practicum (Larson & Daniels, 1998). Sharpley and Ridgway (1993) examined self-efficacy as a predictor of trainee’s counseling skills at the end of a semester long course and found self-efficacy was not positively correlated with student performance in role play situations. However, their findings are difficult to interpret since
the self-efficacy scale used was not specific to counseling, but to student confidence in
the grade they thought they would receive on a variety of indicators.

As previously stated, in social cognitive theory, self-efficacy mediates between
knowledge structures and performance. Within social work education (as in much of the
self-efficacy literature), self-efficacy has been measured primarily as an outcome of
education, presuming the mediating effects on performance. Bandura (1997) states
however that:

“The weakest test provides evidence that behavior covaries with changes in
external conditions that are believed to affect the postulated mediator, but they do
not measure the mediator independently. Much research rests on such
presumptive evidence of mediation. Covariation between instating conditions and
actions increases confidence in the theory, but it does not firmly establish the
theory’s validity because the covariation can be mediated by other mechanisms
that can produce similar effects” (p. 54).

Further, Bandura (1997) notes that tests of causation are more persuasive when they rely
on tested mediation rather than presumed mediation, providing evidence of dual linkages
in the causal process, “external influences are linked to changes in an independently
measured indicant of the internal mediator, and it, in turn, is linked to behavior” (p. 54).
If social work education continues to use self-efficacy as an outcome measure, the next
step is to assess, versus assume, the mediating effect of self-efficacy on education and
performance.
Proposed Theoretical Model

Schön’s and Kolb’s ideas/models provide important conceptualizations for the development of professional competence. Schön’s (1987) imagery of the “swamp land” in which professional practice occurs, and the “highlands” of academic research-based theory, resonates within the hearts of professionals who make decisions in real life about things never before addressed in their classroom experiences. While social work has always included a field education component in its professional education to try to blend the “highlands” with the “swamp”, some argue that the field experience and field educators are relegated to second class citizenship within the university system (Schön, 1987). Schön’s ideas offer an important reminder as to the complexities of skill development, the need for practice under supervision, the importance of reflection, and the value of knowledge learned through reflective practice. Kolb (1984) also notes the value of experience in the learning process and the non-linear dimensions of learning.

Lacking in this discussion however, is an understanding of how and if knowledge and skills are transferred to unique practice situations. Kolb seems to infer that his theory is more about the process of learning and less about the outcome. Yelloly and Henkel (1995) also note that while Kolb’s model is “helpful in describing the cognitive process, it is not explicit about the relationships between inputs and outputs at each state of the cycle” (p.30). Yet understanding the connections to outcomes of the educational process, as previously explored, is a critical component of professional preparation.

Recently the National Research Council (Donovan, Bransford, & Pellegrino, 1999) engaged in an intensive review and study of the research on how people learn. One of their key findings was that the development of students’ competence must be based
upon a deep foundation of factual knowledge and must occur in the context of a conceptual framework or a deeper understanding of the “whole”, so that their knowledge is organized in such a way as to facilitate knowledge retrieval and thus make applications to unique situations. They suggest experts are better able to use their conceptual frameworks in such a way as to see patterns or relationships in ways not as apparent to novices. Education then must also be about building knowledge structures and conceptual frameworks, in addition to providing experiential learning in which to develop these for use in practice.

Kolb, Schön, and Bandura all note that existing knowledge structures impact learning and skill development. Social learning theory incorporates the ideas of reflective practice and experiential learning with the need for cognitive or conceptual frameworks. Additionally, social learning theory extends these ideas to the processes that impact the actual execution of skill (the performance outcomes), with self-efficacy playing a mediating role in this process. Performance then requires a knowledge base, opportunity for practice and reflection, and mediated by individual self-efficacy.

This conceptualization can be applied to the development of direct practice skill in BSW students. BSW coursework and field practicum experiences increase the direct practice skill performance of students by providing knowledge, experiential learning opportunities under the guidance of a supervisor, and opportunities for reflection. Coursework and field practicum experience leads to higher direct-practice skills self-efficacy through providing enactive mastery experiences and vicarious learning opportunities. Higher direct practice skill self-efficacy will have mediating and direct effects on direct practice skill performance.
Figure 2.1 Causal model of BSW education and direct practice skill, mediated by direct practice self-efficacy.

Definitions.

For this model, BSW education is defined as an undergraduate program in social work that has been accredited by the Council of Social Work Education, meeting the requirements for curriculum content on social work practice and for field education. Direct practice skill is defined as the abilities and techniques necessary to facilitate face to face interchanges with individuals or families for the purpose of alleviating distress or for the promotion of well-being. Direct practice skill self-efficacy refers to the confidence one has about their abilities to facilitate face to face interchanges with individuals or families for the purpose of alleviating distress or for the promotion of well-being. Finally, direct practice skill performance involves the execution of face to face interchanges with individuals or families for the purpose of alleviating distress or for the promotion of well-being.
As previously noted, there are a variety of key skills attributed to direct practice. For this study the direct practice skills that will be included are beginning the relationship, exploring, contracting, case management and the core conditions of warmth, empathy, and genuineness. These skills were selected for study as there is some agreement in literature as articulated earlier that these represent basic skills necessary for direct practice in social work. As such they are suitable for evaluation of students at the BSW level.

Building on the conceptualization of Chang and Scott (1999), beginning the relationship encompasses behaviors relative to appropriate body language, seeking of introductions, orienting the client to the purposes of the interview and to the agency, and introduction of self. Exploring skills refer to behaviors commonly referred to as interviewing skills such as appropriate use of open and closed ended questions, reflective listening, and seeking clarification, as well as content specific questioning as related to the presenting issue. Contracting skills are conceptualized as being able to reach an agreement regarding the nature of the problem, develop mutually agreed upon goals for the work together, and develop an initial plan for working towards those goals. Case Management is conceptualized in this study as the ability to identify social/environmental needs, to identify relevant resources, and to facilitate linkages between resource and client. Finally, core conditions are defined as demonstrating empathy, warmth, and genuineness towards the client. Empathy is defined as communicating an understanding and validating of the client’s experience; warmth as the demonstrating appropriate compassion and concern; and genuineness as demonstrating sincerity and authenticity in client interactions (Chang and Scott, 1999).
Model critique.

In reviewing this model, several considerations need to be made. First, in considering BSW education, there is much variability in how curriculums are designed and implemented. Some schools meet only the minimum requirements, such as a minimum number of hours required for field, whereas others far exceed it. Some schools utilize block placements, while others a multiple semester model for field. These variations will make generalizations from one school to other programs difficult. None the less, accreditation by its nature seeks to establish some standardization amongst programs, and all programs regardless of how implemented must include core content areas and the experiential learning component of field education.

Intra-school, students themselves may differ in their educational experience which may impact their development of direct practice skill. For example, some field placements may offer the students more opportunities for enactive mastery experiences than others. Some students may spend 80% of their time in engaged in face to face exchanges with clients, while others only 30%. Students with less direct practice experience will have fewer enactive mastery opportunities which have the greatest influence on the development of self-efficacy. Students may also have more or less opportunity for vicarious learning through the observation of others engaged in practice, also potentially impacting the development of self-efficacy. Baum and Gray (1992) found students who observed expert counselors improved the most in their skills as compared to student’ self-observations or observations of a novice.

The nature and quality of the student’s supervision in the field may also influence the reflective process and the amount of student learning attained, yet research in this
area is lacking (Evans, 1999; Goodyear & Bernard, 1998). Poor supervision and feedback may actually decrease self-efficacy, versus improve it. The quality of teaching within the courses may also impact the knowledge and conceptual frameworks developed by students that they use and apply in developing direct practice skill.

Variables outside of BSW education may also influence direct practice skill performance and direct practice skill self-efficacy. First, students may have prior work or volunteer experiences outside of the BSW program that have contributed to the development of direct practice skill and self-efficacy (Waites, 2002). Studies within family therapy training research have indicated mixed results, with some noting a positive relationship between prior experience and skill development during training and others not (Anderson, 1992; Goodman & Amatea, 1994; Tucker & Pinsof, 1984; Zaken-Greenberg & Neimeyer, 1986). Lent, Hill and Hoffman (2003) found counseling trainees with more experience scored significantly higher in counselor self-efficacy than students with less experience. While indirectly related to skill level, Beutler et al. (2004) found therapist experience does seem to positively impact client outcome. Interestingly, experienced social workers were found to use therapeutic and case management skills more often than inexperienced social workers, but there was no difference in the use of supportive skills such as empathy, warmth, and acceptance (O’Hare, Tran, & Collins, 2002).

Students may also differ in their intent to work in direct practice as part of their social work career. For example, some students intend to practice in macro social work arenas, and thus may not be motivated to learn or develop their skills in direct practice. Bandura (1997) notes personal goals do motivate behavior by enlisting self-evaluative
involvement in the activity. The anticipated self-satisfaction of attaining these goals provides a source of “incentive motivation for enhanced effort” (Bandura, 1997, p.128). Student GPA may also have an independent effect on performance and self-efficacy. Bogo et al. (2002) found students with higher GPAs tended to have higher field education evaluations. Anderson (1992) found GRE scores positively related to skill acquisition. Higher GPA and GRE scores have also been correlated with graduate school performance (Dunlap, Henley, & Fraser, 1998).

Additional research suggests that students who lack knowledge of practice behaviors may overestimate their abilities, leading to an inflated sense of self-efficacy that does not correlate with their actual performance (Bandura, 1997; Holden et al, 2002; Urbani et al, 2002). Urbani et al. (2002) found student self-evaluations of counseling self-efficacy to be higher than skills assessed by an outside observer. Interestingly, after training, while students in the treatment group gained significantly in self-efficacy as compared to the control group, at post test they rated themselves significantly lower in counseling self-efficacy than the trained observers rated their actual skill. As such students just entering the BSW program may overestimate their direct practice skill, with students with more knowledge underestimating their competence. Bandura (1997) states when task demands or circumstances under which they are performed are ambiguous, the risk of overestimation of skill increases. Kruger and Dunning (1999) argue the skills needed for competence in a domain are the same ones necessary for accurate self-appraisal, cautioning about the risk of students being “unskilled and unaware”.
Hypotheses

Based on this model the following hypotheses will be tested by comparing the direct practice skill performance of students just completing a BSW education with students just entering BSW education, examining the construct of self-efficacy for both direct and mediating effects on performance, while also controlling for effects of related social work experience and intent to enter direct practice. Outside BSW direct practice experience was controlled because experience contributes to mastery, which Bandura (1997) notes as a primary causal factor of self-efficacy. Bandura (1997) states, “Enactive mastery experiences are the most influential source of efficacy information because they provide the most authentic evidence of whether one can muster whatever it takes to succeed” (p.80). Intent to work in direct practice was also controlled, speculating that students who want to work in direct practice with clients as a opposed to macro level social work could potentially be more motivated to try hard in the interview and to have been more motivated to learn in their course work in this area. Grade point average was not included due to the amount of missing data for entering BSW students.

Hypothesis 1.

Students who have completed BSW education will have significantly higher direct practice skill self-efficacy than students entering BSW education.

Bandura (1997) notes that self-efficacy is enhanced through mastery experience, vicarious learning, and knowledge that establishes cognitive structures that inform and enhance self-efficacy beliefs, all processes which are embodied in social work education. Students just entering BSW education will have had little didactic training or actual experiences. There is a possibility that students just entering BSW education may
overrate their abilities due to their lack of knowledge about the required task (Bandura, 1997)

_Hypothesis 2._

Students who have completed BSW education will have significantly higher direct practice skill than students entering BSW education.

BSW education will have direct effects on direct practice skill. This hypothesis stems from the literature that suggests that skills appear to be gained as a result of undergraduate social work education. Given the limited number of studies examining actual skill, particularly with BSW students, this study will compare the direct practice skill performance of students just entering BSW education with students just completing the BSW education.

_Hypothesis 3._

Self-efficacy will be predictive of direct practice skill performance.

Research in related fields, such as counseling and education, suggest greater self-efficacy to be predictive of skill performance (Bandura, 1997; Larson & Daniels, 1998; Lent, Brown, & Larkin, 1987; Pajares, 1996). Self-efficacy influences performance through influencing cognitive, motivational, affective, and selective processes (Bandura, 1997). If self-efficacy is to be validated as an assessment measure for social work educational outcomes, validation of self-efficacy as a predictor of direct practice skill is necessary.

_Hypothesis 4._

Self-efficacy will play a mediating role between BSW education and direct practice skill performance.
Bandura (1997) notes self-efficacy plays a mediating role in the causal process between knowledge structures and performance. Testing of mediation, rather than assuming, is a stronger test of the causal process. This hypothesis strengthens the overall study by testing if self-efficacy partially or fully mediates between BSW education and direct practice skill, clarifying the role and relationship to skill performance.

**Exploratory hypotheses.**

Based on social cognitive theory, there are particular components of BSW education that may influence the development of direct practice skill in the group of students who have completed the program. These variables include the amount of direct practice experience obtained during the internship (enactive mastery experience), opportunity for observation of expert models (vicarious experience), quality of supervision, and the helpfulness of the coursework related to direct practice skill. It is possible, that given the nature of the internship experiences, some students may have considerably more enactive mastery experiences in direct practice than other students. Supervisors may also vary in their ability to positively impact skill development. Due to the small size of the sample, hypotheses related to these variables are speculative in nature, and whether or not meaningful tests of these can be performed will depend on the nature of the data collected. Exploratory bivariate regression analysis will test hours of direct practice experience, hours in observation of practice, quality of supervision, and perceived helpfulness of supervision as predictor variables on self-efficacy and direct practice skill performance as criterion variables.
Summary

Research in social work education on direct practice skill performance is extremely limited with even fewer articles assessing student skills directly. Contributing to this is a lack of a clear definition of what constitutes skills for direct practice within social work. Schön, Kolb, and Bandura have offered theories which can be applied to the general process of professional learning and skill development. Social learning theory compliments the theories of Schön and Kolb, by placing additional emphasis on the outcomes of learning processes and the role of personal self-efficacy on these outcomes. Building from these theories, a model of direct practice skill development and performance was developed and hypotheses are proposed.
Chapter 3

Methodology

To review, this study examined the impact of completion of a BSW program on social work direct practice self-efficacy and direct practice skill performance while controlling for the effects of direct practice experience gained outside of the BSW program and student intent to enter direct practice. A model of self-efficacy mediating the relationship between completion of BSW education and direct practice skill was also tested.

To test the hypotheses and the mediation model, a cohort design was used comparing two groups of students, those entering BSW education and those exiting BSW education while controlling for the amount of direct practice experience students had gained outside of their BSW program and for student intent to work in direct practice. Status in BSW education (entering and exiting) was tested as a predictor for direct practice self-efficacy (Hypothesis 1). Next status in BSW education was tested as a predictor of direct practice skill performance (Hypothesis 2). Then direct practice self-efficacy was tested as predictor of direct practice skill performance after controlling for BSW education (Hypothesis 3). Finally, mediation effects of direct practice self-efficacy on BSW education and direct practice skill were tested using the method articulated by Baron and Kenny (1986) (Hypothesis 4). Direct practice experience outside BSW education and intent to enter direct practice were controlled throughout hypothesis testing.

Direct practice skill and direct practice self-efficacy were comprised of the following sub-skill areas: beginning, exploring, contracting, case management, and core...
conditions. After testing the model using the total scale, each of the sub-scale areas was separately tested to assess for any unique effects in the sub-skill areas that contrasted from the findings of the total scale. For the exiting BSW students, aspects of the program (amount of time spent in direct practice in the field, amount of observation of experts in the field, perceived helpfulness of supervision, and perceived helpfulness of coursework) are explored for possible correlations with direct practice skill performance and self-efficacy.

Study Design

This study is a cohort design, comparing two groups of students from a single institution. Cook and Campbell (1979) suggest that cohort designs may be able to suggest causal inferences as “quasi-comparability” can often be assumed between the cohorts, depending upon the particular research setting and on how similar the cohort groups are in background characteristics. To establish comparability groups were compared on gender, ethnicity, grade point average, and age.

The BSW program in this study is accredited by the Council of Social Work Education and is comprised of 72 semester units. Content is consistent with the foundation areas outlined in the Educational Policy Statement of the Council on Social Work Education. The program can be completed over the course of four years or in as little as two. All students complete three courses in generalist practice during their junior year, with courses focused on individual and family practice, group practice, and community practice. During the senior year students complete 400 hours of an internship program (16 hours a week during both the Fall and Spring semesters) working under the supervision of a social worker in a local social welfare agency. While in the field
internship, students participate in supervision one hour per week and a weekly two hour practicum seminar with other students where they discuss their experiences in the field for the purposes of reflecting on practice experiences and for integrating knowledge and skills learned in the classroom. Prior to the senior year field internship, BSW students also complete several service learning projects as part of the curriculum, in order to gain beginning practice experience prior to entering the field internship. Service learning experiences include 16 hours mentoring an at risk middle school student, 15 hours assisting and developing a relationship with an older adult, and conducting a 6 week social skills/support group in a community agency. As such, imbedded in the overall curriculum is a process of experience in and reflection on social work practice, with the opportunity for mastery experiences and the observation of experts.

Procedures

BSW students exiting the curriculum were recruited for the study from the Field Practicum Seminar course three weeks prior to the end of the final semester in the BSW program. BSW students just beginning the curriculum in the Introduction to Social Work Course were recruited within four weeks of beginning the course. Students who volunteered to participate in the study first completed questionnaires in class assessing their direct practice self-efficacy, a demographic form, and from exiting students aspects of their BSW program and field education experience.

Next, students were scheduled to complete a video-taped interview with a standardized client within one week of completing the questionnaire in order to assess their direct practice skill. A standardized client or patient is a person who has been carefully coached to portray accurately and consistently a client or patient when provided
the details of history and the presenting problem (Ladyshewsky, 1999). Standardized clients have received increasing attention in the social work and counseling literature (Badger and MacNeil, 2002, Miller, 2002, 2004, Linsk and Tunney, 1997). They were first used in medicine, both for training and for assessing clinical competence with clients. The advantage of a standardized client is that the same case can be presented consistently over time allowing for reliable evaluation by the rater of the student’s skill. Without the standardization of the evaluator and the client, variations in the practitioner’s skills are difficult to assess. The reliability and validity of standardized clients as an assessment tool has been studied extensively in the medical literature (Collins & Hardin, 1998; Van Der Vleuten & Swansen, 1990; Vu & Barrows, 1994). Ladyshewsky (1999) defines reliability as the consistency of the standardized patient’s performance over time, and validity as the degree to which the standardized patient accurately portrays the behaviors associated with a real patient or client.

Training of the standardized the client is critical to attain acceptable levels of reliability and validity (Ainsworth, et al, 1991). Collins and Harden (1998) provide guidelines for training standardized patients, and suggest that developing a scenario that incorporates some aspects of the person’s life who is acting as the standardized client assists the actor in presenting the scenario. For this study, one person acted as the standardized client for all the video tapes, and was trained in presenting one client vignette, which was developed with input from the person playing the role and myself. The vignette was designed to reflect casework role that a BSW graduate might encounter in order to increase validity. The vignette portrayed a woman whose son had been displaying increased behavior problems after the recent death of his father. The woman
had been referred by her son’s school to the family resource center that provides case management and referral services. The vignette intentionally included psycho-social needs in order to provide a forum for assessing the BSW student’s attention to the environmental context in addition to the emotional needs of the family (See appendix A). The standardized client is not affiliated with the university, nor did she know any of the students. Additionally, the standardized client was blind to the level of student. While not informed of specific hypotheses, the standardized client was told that I was using standardized clients to assess student skill development within the program. The standardized client also completed the three item direct practice skill sub-scale reflecting core conditions for each student, for possible later comparison with scores of the independent rater.

In order to prepare the actress and increase reliability and validity, students from a psychology research course were recruited to portray the student role while conducting mock practice interviews. Four practice interviews were completed, with feedback given to the actor by both the researcher and student to develop consistency in the client role. The actress and the researcher also reviewed the videotapes for consistency in her case presentation.

To recruit participants, I worked in conjunction with the instructor of the senior seminar course where all exiting students videotape an interview with a standardized client and conduct a self-assessment as part of student learning within the course. The course instructor agreed to use the vignette and standardized client for the assignment, but student participation in this study was completely voluntary. The professor of the course was not involved in the research. Students who volunteered to participate in the
study had their videotapes rated by an independent evaluator, and completed the additional self-efficacy scales, demographic information, information related to experience gained outside of the BSW program, and ratings on field education experience. Students not participating in the study completed the interview and the tape was given to them for completion of the class assignment only. No video tape copies were kept or reviewed for non-participating students.

As an incentive for participation students from each group (exiting BSWs and entering BSWs) were eligible via lottery to win a $50 gift-certificate from the university bookstore. All students were provided full informed consent information and signed a consent form.

Volunteer students entering the BSW program were recruited during the first month from the Introduction to Social Work course the first course students take as part of the BSW program. Volunteer participants completed the video-taped interview, self-efficacy scales, and demographic information only. The self-report scales were administered in class the week prior to the interview being conducted in order to avoid what Bandura (1997) notes as a tendency for people to rate their self-efficacy as lower when they feel they are being evaluated on their performance. In class they signed up for a time to complete their interview with the standardized client the following week and received introductory information about the case and how the interview would be conducted (See Appendix B). After each cohort of interviews had been completed, each student received a copy of their interview for continued use during the course (exiting students) or for their own use for skill development (entering students), and one copy remained with myself. Students were instructed not to talk with each other about the
nature of the interview until all interviews in their cohort were completed. Exiting BSW students completed the measures at the end of the spring semester just prior to graduation.

Videotaping occurred in a private office on campus. The study participants were given 15 minutes to conduct an initial psycho-social interview. Forty-five minutes of time was allocated for each fifteen minute interview, in order to have time to check for any technical difficulties, to ensure break time for the standardized client, and to prevent differences in presentation due to fatigue. Immediately after the interview, students were asked to complete written responses to three questions which assessed case planning skills, knowledge of resources in the environment, and the environmental needs of the client (Refer to Appendix C). This also allowed participants to self-reflect on their process and next steps. After completion of the initial set of interviews, it was determined by the researcher and the standardized client that 30 minutes was adequate for scheduling. The standardized client was compensated $20 per interview.

After all of the interviews were completed, the videotapes were randomly assigned to independent raters for review using a random table of numbers. Raters were paid $15 for each tape reviewed. Five tapes were randomly selected to be assessed by both raters in order to test for inter-rater reliability. Raters were blind to the course standing of the students. Raters were instructed that if for any reason they knew the person on the tape, they were to immediately stop viewing the tape, and return it to me. Statements of confidentiality were also signed by the raters.

The two independent raters were local practicing master’s level clinical social workers who had experience in direct practice and supervision of students. I trained the
raters to score the direct practice rating scale using videotapes of BSW students recruited from a neighboring BSW program who were compensated $15 to complete the interview with the standardized client for training purposes only. None of their data was included in the study, but used only for training. To develop inter-rater reliability, raters completed the direct practice scale after watching a training tape. Discrepant items were discussed together resulting in minor modifications to the instrument rating guidelines, and an addition of an item to provide a final overall rating of performance. After training, the raters were given two months to complete the rating scales on their assigned tapes.

**Sampling**

Thirty-two students participated in the study. Sixteen students from the Senior Seminar class, 71% of the students enrolled, and 16 students from the Introduction to Social Work course, an approximate 27% of students in the course. Sampling from three offerings of the Introduction to Social Work course over three semesters was necessary to get an adequate sample. Additionally, due to technical problems with sound, six entering students who had completed interviews were dropped from the study.

Based on power analysis, I wanted to get a sample of 40-45 in order to attain sample power of 80%. However, because there was concern that the group comparison would be compromised due to history effects, I decided to continue with the 32 students, understanding that sample power was reduced which would increase the risk for type II error.
Measures

Direct practice skill performance.

For this study, a 14-item instrument, developed by Chang and Scott (1999) to rate basic practice skill performance was used to assess student direct practice skill performance during the interview with the standardized client (Appendix D). This measure was selected as it specifically addresses the direct practice skill areas included in this study of beginning with clients, exploring skills, contracting, and the core conditions of genuineness, warmth, and empathy. It also was tested and developed using foundation level MSW students, equivalent in terms of social work education to BSW students. Permission to use the instrument was attained from the authors.

This scale was originally developed for students to reflect on their own practice when observing practice videos as part of course instruction, and was published as part of a textbook for training basic interviewing skills for counseling and social work (Chang & Scott, 1999). In 2003, the Chang and Scott instrument was revised to use as a rating scale that could be used by independent raters of student’s videotaped interviews and was tested for reliability and validity (Pike, Bennett, & Chang, 2003). To inform their revisions of the instrument, Pike, Bennett, and Chang (2003) reviewed the literature on interviewing skills and interpersonal qualities that have been shown to relate to positive client outcomes. The first nine items on the scale relate to communicating involvement, beginning process skills, questioning skills, exploring problems/challenges, exploring person, exploring the situation, reflecting skills, seeking clarification skills, and contracting. An additional four items reflect the core conditions of warmth, respect, empathy, and genuineness.
Each item is rated on a five point Likert-scale from 1=ineffective and/or inappropriate to 5=highly effective and appropriate (Pike, Bennett, & Chang, 2003). For each item a list of anchors is included to assist the rater. The four items reflecting the core conditions of warmth, respect, empathy, and genuineness did not have behavioral anchors. The final item is an overall rating of student effectiveness.

For this study, direct practice skill is conceptualized as single construct with sub-skill areas including: beginning, exploring, contracting, case management, and core conditions. The first two scale items of communicating involvement and beginning process skills reflect the direct practice skill of beginning with clients. The next seven skills reflect the skill of exploring, and a single item reflects the skill of contracting with the client. Four items also reflect the core conditions of warmth, respect, empathy, and genuineness. Case management is not reflected in the original scale.

Tests of reliability and validity of this instrument were conducted using 4 independent observers to rate 30 videotapes (N=120) of first year MSW students (Pike, Bennett, and Chang, 2003). The scores on the Chang and Scott instrument were compared with an older interviewing skills rating instrument by Katz (Pike, Bennett, & Chang). Internal consistency was calculated using Chronbach’s alpha and was reported at .91 using all 14 items, and .90 when the global item was removed. Inter-rater reliability was calculated using analysis of variance. Using ANOVA techniques, they found no significant difference between three of the raters, except that one rater consistently rated interviews significantly lower than the other raters. Pike, et al. theorize the lapse in time between training, and the time allowed for rating the instrument may have contributed to
this discrepancy. Based on the three other raters being similar, they argue for adequate inter-rater consistency.

Principle components analysis was used by Pike et al. (2003) to explore the factor structure. The initial analysis resulted in two factors with 50.88% of the variance accounted for by the first factor, and 8.71% by the second factor (Pike, et al., 2003). The authors found three items loading on the second factor related to assessing client problems, or aspects of exploring. When the analysis was rerun specifying a one factor solution, these items did load on the first factor, and were retained in the scale, arguing for a single factor construct of interviewing skills. One might argue the three items pertain to specific interviewing skills, whereas the other items reflect more general direct practice skill. Pike et al. (2003) examined validity by comparing the Chang and Scott instrument with the Katz instrument and found a moderately positive correlation. A limitation of the instrument is that it has yet to be tested on its ability to assess change over time or for comparing independent groups. Given the newness of the instrument, the results seem very promising, but more research with this instrument is suggested.

Few other instruments in social work exist to rate actual skill performance versus student perception of skill. The only other such instrument is the AIMS (Assessment Interview Measurement Schedule), an interview rating scale by Badger and MacNeil (2002). This instrument, however, is designed to assess student skill in conducting clinical psycho-social assessments in mental health, including diagnostic skills, which is a skill not addressed at the BSW level. Other instruments assessing direct practice have only indirectly rated practice skill. For example the O’Hare and Collins’ (1997) Practice Skills Inventory asks practitioners to self-rate the frequency with which they use a variety
of social work skills. Finally, Vourlekis et al. (1996) have developed an instrument for evaluating interviewing skills by rating the process recordings of students. Again, this instrument does not observe skills of students directly. Given the limitations of the above instruments and the early evidence of reliability and focus on basic practice skills, the Chang and Scott (1999) instrument was selected for this study.

To more adequately assess case management, I developed three additional items, with input from the clinical social workers who helped in the study. These items evaluated the written post interview responses of the participant, with items assessing case planning, resource knowledge, and referral, using the same format and rating scale as the Chang and Scott instrument. After initial training of the raters, an additional global assessment item called overall performance was added to the scale, as the original global item wording assessed “effectiveness” which was felt by the researcher and raters to only partially capture the full construct of direct practice skill being assessed. This item was used for assessment of inter-rater reliability, and was calculated into the overall mean score. These additions are reflected in Attachment D in bold. The instrument is scored by averaging all items to get a mean scale score, including the additional four items.

Direct practice self-efficacy.

Direct practice self-efficacy was assessed by combining several existing subscales into a single instrument in order to fully capture the construct as conceptualized in this study. A subscale from the Counselor Activity Self-Efficacy Scales (Lent, Hill, & Hoffman, 2003) was used to assess the exploring skills aspect of direct practice. Sub-scales for contracting, case management, and core conditions from the Social Work Self-Efficacy Scale (Holden et al., 2002) were used. And finally I developed a sub-scale on
beginning skills as none of the existing scales adequately reflected this skill area (See appendix E). Note that the complete Social Work Self-Efficacy scale developed by Holden and colleagues (2002) was administered to students, but only the sub-scales specific to the skill areas being studied where used in the final analysis. Part I of the Social Work Direct Practice Self Efficacy Scale (Appendix E) comprises the exploring skills subscale, Part II, items 1-38 comprise the beginning skills, supportive skills, contracting skills, case management skills, and therapeutic skills subscales, and Part III, items 1-19, comprise the generalist practice foundation skills items. The specific subscales and items comprising the direct practice self-efficacy scale used for analysis are summarized in Table 3.1.

The Helping Skill Self-Efficacy scale is part of the Counselor Activity Self-Efficacy Scales developed by Lent, Hill, and Hoffman (2003). The Counselor Activity Self-Efficacy Scale, improves on existing measures of counseling self-efficacy by using items appropriate for counselors just beginning in training as well as more experienced counselors and more complex counseling tasks. The scales were developed using the helping skills model presented by Hill and O’Brian (in Lent, Hill, and Hoffman, 2003) and are designed to either be administered individually or as a complete set.

Only the Helping Skill Self-Efficacy scale was administered and used in this study. This sub-scale, comprised of 15 items, was used to measure the area of exploration skills. Written permission was attained from the author for use of the scale. Lent et al. (2003) in an exploratory factor analysis on the Helping Skill Self-efficacy scale found support for a three factor solution reflecting categories of insight, exploration,
and action. They tested each of these factors as individual sub-scales as well, and found the internal consistency for the scale to be $\alpha = .79$.

Sub-scales from the Social Work Self-Efficacy Scale developed by Holden et al. (2003) were used to assess direct practice skill areas of core-conditions, contracting, and case management. The Social Work Self-Efficacy Scale is comprised of five sub-scales, four of which are directly derived from items of the Practice Skills Inventory by O’Hare and Collins (1997, 1998). While not directly tested by Holden et al. for validity using factor analytic techniques, these scales were validated by O’Hare and Collins (1997) in their original format using factor analysis. All items of the original Holden scale were administered to participants in order to be consistent with earlier research. However, while the entire scale was administered, only three subscales of the Social work self-efficacy scales were used for testing the hypotheses: the supportive skills subscale, the treatment plan/evaluation sub-scale, and the case management sub-scale. The supportive skills subscale, a 6 item scale which includes items on empathy, acceptance, and emotional support, was used to assess self-efficacy related to core conditions. The 4-item treatment plan/evaluation sub-scale was used to assess self-efficacy related to contracting, and included items related to collaborating with clients on goal setting, problem definition, and defining treatment objectives. The Case Management Subscale is a 7-item scale reflecting assessment of material resources, and use of environmental resources to meet client need. Internal consistency for the supportive skills scale was $\alpha = .93$ and .95, over two administrations, and $\alpha = .94/.94$ for the treatment plan/evaluation sub-scale, and $\alpha = .95/.96$ for Case Management Scale (Holden et al, 2002).
The Social Work Self-efficacy scale was also assessed for reliability and construct validity by Rawlings, Townsend, and Gingerich (2003). Using factorial analysis, original items loaded strongly on the therapeutic subscale (not used in this study) and on the supportive skills subscale. Items from the case management sub-scale and treatment planning subscale however loaded on the same component, which may indicate that the construct of treatment planning is too highly correlated with case management as conceived by the scale. The treatment planning items also loaded inconsistently in O’Hare and Collins (1998). These sub-scales were considered independently for this study. However, results will take into consideration the possible high correlation between these constructs.

I developed an additional subscale on beginning skill self-efficacy with input from the independent clinical raters, as the other scales did not adequately represent this component of direct practice skill. Five items were developed using the behavioral anchors from the Nash and Chang instrument (1999) on beginning skills as a template.

To summarize, the Social Work Direct Practice Self-Efficacy scale used for analysis was comprised of five subscales comprised of 37 items from the original 72 items administered. The subscales and items comprising the social work direct practice scale used for analysis are summarized in Figure 3.1.
Figure 3.1 Items comprising the Social Work Direct Practice Self-Efficacy Scale.

| Subscale            | Items                          | Source                                                |
|---------------------|--------------------------------|                                                      |
| **Exploring Skills**| Part I, Items 1-15             | Helping Skill Self-efficacy Scale                     |
|                     |                                | (Lent, Hill, & Hoffman, 2003)                        |
| **Beginning Skill** | Part II, Items 1-5             | Unpublished                                           |
|                     |                                | (Rawlings, 2003)                                     |
| **Supportive Skills**| Part II, Items 6-11           | Social Work Self-Efficacy Scale                       |
|                     |                                | (Holden et al., 2002)                                |
| **Treatment Planning/ Evaluation**| Part II, Items 12-15 | Social Work Self-Efficacy Scale |
|                     |                                | (Holden et al., 2002)                                |
| **Case Management** | Part II, Items 16-22          | Social Work Self-Efficacy Scale                       |
|                     |                                | (Holden, et al., 2002)                               |

The instructions from the Lent et al (2003) scale which are very similar to those on the Holden scale were used. The instructions read as: Please indicate how confident you are to use each of the following helping skills effectively, over the next week, in working directly with clients. I substituted the words “working directly” for the work “counseling” used on the Lent et al. scale. Each item was scored on a Likert scale of 0-9 with 0=No confidence at all and 9=complete confidence. The total 37 item scale score was averaged to attain an overall summary mean scale score. Sub-scales were also averaged for mean sub-scale scores.

BSW education.

Aspects of BSW education were operationalized as follows (Refer to Appendix E). Students were asked to note if they were in the Introduction to Social Work course or
in the Senior Field Seminar in order to determine their position in the program. This variable was coded as 1=exiting students, and 0=entering students. BSW students completing the program were also asked to rate and provide data on aspects of the program’s quality that could impact their direct practice skill development. Students keep weekly time logs indicating the number of hours spent in field related tasks. The specific number of hours as reported by the BSW students on their field time logs was also totaled for number of hours working face to face (defined as working face to face with an individual, child, or family) and number of hours in observation of someone at their field site engaging in direct practice. Completing students also rated on a scale of 1-10 how helpful the supervision provided at their internship site was in helping them develop skills for direct practice, with 1=not helpful at all, 5=helpful, 10=very helpful. Finally, these students were asked to rate on a scale of 1-10 how helpful their BSW course work had been in helping them develop skills for direct practice, with 1=not helpful at all, 5=helpful, and 10=very helpful.

Control variables.

Two variables were controlled in the study in order to more clearly establish the effects of the BSW program. The variables controlled were hours of direct practice experience gained outside of the BSW program, and intent to enter social work direct practice. Grade point average was also originally considered as a possible control variable. However, GPA was dropped as a control due to high numbers of missing data for the entry level group. Students were asked to rate their intent to enter direct practice by answering the following question. On a scale of 1-10 note how likely you are to work in direct practice with clients as part of your career as a social worker with 1=do not plan
to work in direct practice at all, 5 = plan to work some in direct practice, 10 = plan to work primarily in direct practice.

Direct practice experience gained outside of the BSW program was measured by asking students to list any experiences in the past five years they had outside of the BSW program which involved direct practice with clients. Direct practice was defined as interactions with individuals, families, or children for the purpose of alleviating distress for the promotion of well-being. Students described the experience by listing the activity and how many hours per month on average, they were involved in face to face activity, and for how many months. A total hour score was computed from student responses. Due to kurtosis in the data with a high number of students reporting no prior experience, data was recoded into categories with 0 = no prior experience (n=20), 1 = less than 100 hours of experience (n=6), and 2 = more than 100 hours of experience (n=6) in order to meet assumptions for regression analysis.

All self-report measures were pilot tested for clarity and ease of administration prior to the study with students from a senior level psychology research course not involved in the research. After pilot testing, the ethnicity item was modified to include a bi-racial option.

Data Analysis

Prior to the analysis descriptive information, frequency distributions, and correlations of the variables were calculated in order to assess for missing data and potential outliers, to test for skewness or kurtosis, and to examine risk of collinearity.
Scale development.

Cronbach’s alpha was calculated to assess for internal consistency for the Chang and Scott video-tape rating instrument and for the self-efficacy instrument. Internal consistency using Cronbach’s alpha was also calculated for each of the self-efficacy subscales. Inter-rater reliability was calculated, both during pilot testing and during the study, using Pearson’s R.

Hypothesis testing.

Hierarchical least squares multiple regression techniques was used to test the primary hypotheses of the model (Hypotheses 1, 2, 3, 4) while controlling for outside experience and intent to work in direct practice. Hierarchical least squares multiple regression was used so that control variables could be entered separately before predictor variables, partialing out the effects of the controls, removing possible confounding and spurious relationships (Cohen, Cohen, West, & Aiken, 2003). This technique also allows for unique beta weights of each variable to be calculated.

Hierarchical least squares multiple regression was also used to test the proposed model of self-efficacy mediating the effect of BSW education on direct practice skills performance. Bandura (1997) states, “The most stringent test of a theory provides evidence of dual linkage in the causal process-external influences are linked to changes in an independently measured indicant of the internal mediator, and it in turn, is linked to behavior” (p. 54).

Testing of the model for mediating effects followed the guidelines laid out by Baron and Kenney (1986). Baron and Kenny (1986) recommend the following for determining the mediation effects of a variable:
First, the independent variable must affect the mediator in the first equation; second, the independent variable must be shown to affect the dependent variable in the second equation, and third, the mediator must affect the dependent variable in the third equation. If these conditions all hold in the predicted direction, then the effect of the independent variable on the dependent variable must be less in the third equation that in the second. Perfect mediation holds if the independent variable has no effect when the mediator is controlled (p.1177)

Accordingly then, the mediator (self-efficacy) was regressed on the independent variable (BSW education) (Hypothesis 1). Second, the dependent variable (direct practice skill) was regressed on the independent variable (BSW education) (Hypothesis 2). Third, the dependent variable (direct practice skill) was regressed on both the independent variable (BSW education) and on the mediator (self-efficacy) (Hypothesis 4). In effect determining if self-efficacy is predictive of direct practice skill after controlling for BSW education. Each equation estimates and tests variable coefficients for effects in the predicted direction.

For exiting BSW students, amount of time spent in direct practice, amount of time observing experts, perceived helpfulness of supervision, GPA, and perceived helpfulness of course work, were correlated and examined on an exploratory basis using bivariate regression only due to small sample size of exiting BSW students.

Protection of Human Subjects

In order to provide protection for human subjects participating in the study the following steps were taken. Subjects were given information that explained the nature of the study, the voluntary nature of their participation, and aspects of confidentiality. For
example, subjects were informed that involvement in the project would not count toward course credit or impact their participation or status in the social work program in any way. They were informed that raters from outside the program would be scoring their performance. Additionally, students were informed that aggregated results from the study may be used to inform the social work program of any needed modification or strengths, but that individually based data would not be shared. Subjects were provided this information both in written and verbal format upon recruitment, and again when they came in to complete the interview (Appendix F). Students in the exiting group were told their taped interview would be evaluated for courses requirements by the course instructor, not this researcher. Students volunteering for this project gave permission for their video tapes to be reviewed by the independent raters and completed questionnaires. No tapes were collected from non-participating students.

Raters were also educated regarding the need for confidentiality of the tapes, and were informed that if they knew a participant they were to stop the tape and inform the researcher. Both the raters and the standardized client signed confidentiality agreements. Participants were assigned a number to link the various assessment instruments. The study protocol was reviewed and accepted by the Institutional Review Boards of both Case Western Reserve and Azusa Pacific University where the study was conducted.

While there do not appear to be any serious risks associated with the completion of the survey or interviewing a standardized client, there was a slight risk that students would become anxious just by the nature of being videotaped or observed. Students were informed that they could stop their participation at any time. There were some potential
benefits for the participants as it provided them an opportunity to practice and get feedback on their skills, both in areas of strength and areas for improvement.
Chapter 4

Results

The results are presented first by reviewing sample demographics and group comparisons. Then, internal consistency data for measures used in the study is presented. Hypothesis 1, 2, and 3 are examined using hierarchical least squares regression. Hypothesis 4 is tested using hierarchical least squares analysis according to the framework laid out by Baron and Kenny (1986) presented in chapter 3 for testing mediation. All hypotheses are tested with direct practice experience and intent to work in direct practice as controls. These hypotheses are tested using the total mean score for the complete direct practice self-efficacy and direct practice skill scales.

Prior to analysis all items were reviewed for variance and distribution. There were no missing items, except for five entering BSW subjects who did not enter a GPA. There were also five instances where subjects on single items in the self-efficacy scales circled two choices (i.e. 7-8). In these instances, the lower of the two numbers were entered in order to not falsely inflate findings. All variables were in the normal range for skewness (< 2.00) and kurtosis (< 7.00), except age and prior hours of experience. Age had a bi-modal distribution, with a predominance of 18 year old students in the entering group, and 21 and 22 year olds in the exiting group. This bimodal distinction is logical, given the traditional student population of the university, and that the BSW program is typically completed over a 2-3 year period. Prior hours of experience had a high amount of kurtosis, as many subjects had no prior experience, and then others a very wide range of hours of prior experience. This variable was re-coded in three categories for use in the regression analysis (refer to chapter 3).
Sample Demographics and Group Comparisons

As previously noted a convenience sample from a single institution was recruited to establish two groups, entering BSW students and exiting BSW students. There were 32 students total, with 16 in each group. No statistical tests were completed on group differences for gender and ethnicity because of sparse cell sizes as indicated in Table 4.1. Both entering and exiting groups were predominantly Caucasian and female. Ninety-three percent of the sample was female and 7% male. Seventy-eight percent of the participants were Caucasian.
Table 4.1

Sample Summary of Gender and Ethnicity by BSW Education

<table>
<thead>
<tr>
<th>BSW Education</th>
<th>Entering BSW (n=16)</th>
<th>Exiting BSW (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>African Am.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Biracial</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

One-way analysis of variance was used to evaluate any between group differences in age and GPA (Table 4.2). Groups were not significantly different (p<.05) in GPA, but were in age. As expected the exiting students were older than the entering students. This age difference can be explained by the approximate two to three year time frame needed to complete the program, and to the fact the university is comprised primarily of traditional age students.
Table 4.2

*Group Differences between Entering and Exiting BSW Students on Age and GPA*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Entering BSW</th>
<th>Exiting BSW</th>
<th>ANOVA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Age</td>
<td>18.75</td>
<td>1.13</td>
<td>22.87</td>
</tr>
<tr>
<td>GPA</td>
<td>3.3</td>
<td>.58</td>
<td>3.6</td>
</tr>
</tbody>
</table>

*p<.05

*Scale Development*

Internal consistency for all scales and subscales was assessed using Cronbach’s alpha. The complete scale assessing social work direct practice self-efficacy had very strong internal consistency (α=.98), with all subscales demonstrating strong internal consistency as well: Exploring Self-efficacy (α=.90); Beginning Skills Self-Efficacy (α=.95); Core Conditions Self-Efficacy (α=.95); Contracting Self-Efficacy (α=.95); and Case-Management Self-Efficacy (α=.97).

The Social Work Direct Practice Skills scale used to rate actual student performance with the standardized client had a total internal consistency rating of α=.96. Subscale internal consistency was as follows: Beginning Skills (α=.75); Exploring Skills (α=.90); Core Conditions (α=.90); and Case Management Skills (α=.68). Contracting skill was assessed by a single item only.

The three item case management subscale and the two item beginning skills subscale showed moderate consistency. Given these sub-scales are comprised of only two to three items, reliability was deemed adequate. The single item for assessing contracting skill may limit its reliability.
The Social Work Direct Practice Skills scale was also assessed for inter-rater reliability. Five subjects were randomly selected to be assessed by both raters. Pearson’s R was used to correlate mean scores between raters, \( r = 0.64 \). Interestingly, on the item rating overall performance, \( r = 0.75 \). Ninety percent of scores were within one point of each other.

Exploratory principal components analysis was not conducted due to inadequate sample size.

**Inter-correlation of Control, Independent, and Dependent Variables**

Prior to regression analysis, mean scores and the inter correlation between BSW education, direct practice self-efficacy, and direct practice skill and control variables of outside BSW experience and intent to work in direct practice was presented and reviewed.

Mean scores were higher on all scales and subscales (Direct Practice Skill and Direct Practice Self-Efficacy) for exiting BSW students as compared to entering BSW students (Table 4.3 and 4.4). Initial one-way analysis of variance showed significant differences between groups (\( p < 0.05 \)) on each of the scales and subscales. Levene’s test of homogeneity of variance was calculated for the total scales and sub-scales. Only two subscales were significant for non-homogeneity (\( p < 0.05 \)), Case Management Self-Efficacy and Contracting Skill. These scores were compared using independent groups t-tests with equal variances not assumed. Mean scores for these scales were also significantly higher for exiting students, for case management \( t (22.22) = -6.13, p < 01 \), and contracting skill \( t (24.58) = -4.78, p < .01 \). Means and standard deviations are reported in Table 4.3 and 4.4 for ease of comparison with other subscales.
Table 4.3

One-Way Analysis of Variance for Effects of BSW Education on Direct Practice Self-Efficacy

<table>
<thead>
<tr>
<th>Variable</th>
<th>Entering BSW</th>
<th>Exiting BSW</th>
<th>ANOVA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M  SD</td>
<td>M  SD</td>
<td>F</td>
</tr>
<tr>
<td>Direct Practice Self-Efficacy (range 0-9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scale</td>
<td>4.40 1.38</td>
<td>6.78 .90</td>
<td>33.36*</td>
</tr>
<tr>
<td>Beginning</td>
<td>4.35 1.59</td>
<td>7.58 .90</td>
<td>49.66*</td>
</tr>
<tr>
<td>Exploring</td>
<td>4.79 1.09</td>
<td>6.25 1.16</td>
<td>13.50*</td>
</tr>
<tr>
<td>Contracting</td>
<td>3.42 1.99</td>
<td>6.66 1.03</td>
<td>33.28*</td>
</tr>
<tr>
<td>Case Management</td>
<td>3.18 2.12</td>
<td>6.81 1.07</td>
<td></td>
</tr>
<tr>
<td>Core Conditions</td>
<td>5.50 1.99</td>
<td>7.48 .93</td>
<td>13.71*</td>
</tr>
</tbody>
</table>

*p=.05.
Table 4.4

*One-way Analysis of Variance for Effects of BSW Education on Direct Practice Skill*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Entering BSW</th>
<th>Exiting BSW</th>
<th>ANOVA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
</tr>
<tr>
<td>Direct Practice Skill (range 1-5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scale</td>
<td>2.19</td>
<td>.57</td>
<td>3.42</td>
</tr>
<tr>
<td>Beginning</td>
<td>1.93</td>
<td>.77</td>
<td>3.53</td>
</tr>
<tr>
<td>Exploring</td>
<td>2.24</td>
<td>.63</td>
<td>3.34</td>
</tr>
<tr>
<td>Contracting</td>
<td>2.12</td>
<td>.62</td>
<td>3.56</td>
</tr>
<tr>
<td>Case Management</td>
<td>2.23</td>
<td>.65</td>
<td>3.33</td>
</tr>
<tr>
<td>Core conditions</td>
<td>2.31</td>
<td>.84</td>
<td>3.39</td>
</tr>
</tbody>
</table>

*p=.05.

For the control variables, no significant difference ($p<.05$) existed between groups on intent to enter direct practice using an independent groups t-test. There was significantly ($p<.01$) more outside BSW experience for exiting BSW students than entering BSW students. For both variables, homogeneity of variance was conducted with Levine’s test. Experience was significant for non-homogeneity and differences were assessed using t-tests scores for equal variances not assumed. Results are summarized in Table 4.5.
Table 4.5

*Group Differences for Outside BSW Experience and Intent to Work in Direct Practice*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Entering BSW</th>
<th>Exiting BSW</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inten</td>
<td>8.49</td>
<td>8.06</td>
<td>.60</td>
<td>30</td>
</tr>
<tr>
<td>Outside BSW Experience</td>
<td>.19</td>
<td>.94</td>
<td>-2.96*</td>
<td>25</td>
</tr>
</tbody>
</table>

*p=.01.

In preparing for regression analysis, correlations using Pearson’s “r” were calculated to determine potential confounding variables and multi-collinearity risks. Correlations for BSW education, direct practice self-efficacy, direct practice skill, intent to work in direct practice, and outside BSW experience are presented in Table 4.6.
Table 4.6

Inter-correlations for BSW Education with Direct Practice Self-efficacy, Direct Practice Skill, Intent to work in Direct Practice, and Outside BSW Experience

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BSW Education</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Direct Practice Self-Efficacy</td>
<td>.73*</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Direct Practice Skill</td>
<td>.69*</td>
<td>.29</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Intent to Work in Direct Practice</td>
<td>-.11</td>
<td>.01</td>
<td>-.31</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>5. Outside BSW Experience</td>
<td>.48*</td>
<td>.32</td>
<td>.39</td>
<td>-.06</td>
<td>--</td>
</tr>
</tbody>
</table>

*p<.05, ** p<.01.

As anticipated, BSW education was highly correlated with both direct practice self-efficacy and direct practice skill. Noteworthy, however, direct practice self-efficacy and direct practice skill was not significantly correlated. Although no specific guideline is available, Grimm and Yarnold (2000) state that correlations of r >.80 can be problematic. As reflected above, all independent variables correlate well within the acceptable range. Diagnostic tests also did not reflect high collinearity risk (VIF < 4; Tolerance > .3). Correlation between BSW education and intent was not statistically significant, and intent was not significantly related to either outcome. As such, I considered eliminating intent to work in direct practice as a variable in the model. However, upon exploratory analysis, findings were stable both with and without the variable. It was retained to keep consistent with the model presented for study. Interestingly, hours of prior experience was significantly correlated with direct practice skill, but not direct practice self-efficacy.
To summarize, BSW education was significantly correlated with direct practice self-efficacy, direct practice skill, and outside BSW experience. Direct practice self-efficacy was not significantly correlated with direct practice skill or the control variables.

**Hypothesis Testing**

Hierarchical ordinary least squares regression was conducted to test the hypotheses and the mediation model while controlling for prior experience and intent to work in direct practice.

**Hypothesis 1:** Students who have completed a BSW Education will have significantly higher direct practice skill self-efficacy than BSW students entering a BSW Education.

Hierarchical regression results for testing hypothesis one are presented in Table 4.7. BSW education was found to be a significant positive predictor of direct practice self-efficacy. Controlling for intent and outside experience, BSW education was a significant predictor ($\beta = .75, p < .01$) of direct practice self-efficacy. BSW education contributed 44% of the explained variance in self-efficacy, over and above the 10% explained by the control variables themselves, for a total explained variance of 54%. Thus the first hypothesis is supported.
Table 4.7

*Hierarchical Regression Analysis Summary for BSW Education Predicting Direct Practice Self-efficacy*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent (Control)</td>
<td>.03</td>
<td>.15</td>
<td>.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Experience (Control)</td>
<td>.66</td>
<td>.37</td>
<td>.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td>.54*</td>
<td>.44*</td>
</tr>
<tr>
<td>Intent (Control)</td>
<td>.08</td>
<td>.11</td>
<td>.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Experience (Control)</td>
<td>-.07</td>
<td>.30</td>
<td>-.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSW Education</td>
<td>2.47</td>
<td>.48</td>
<td>.75**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p< .05; **p< .01
Hypothesis 2: Students who have completed a BSW Education will have significantly higher direct practice skill than students just entering BSW Education.

Table 4.8 presents the summary data for hierarchical regression analysis for hypothesis two using BSW education as a predictor for direct practice skill after controls.

Table 4.8
Hierarchical Regression Analysis Summary for BSW Education predicting Direct Practice Skill

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
<th>R²</th>
<th>ΔR²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td>.23*</td>
<td>.23*</td>
<td></td>
</tr>
<tr>
<td>Intent (Control)</td>
<td>-.13</td>
<td>.08</td>
<td>-.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Experience (Control)</td>
<td>.42</td>
<td>.18</td>
<td>.37*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>.54**</td>
<td>.31**</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Intent (Control)</td>
<td>-.11</td>
<td>.06</td>
<td>-.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Experience (Control)</td>
<td>.08</td>
<td>.17</td>
<td>.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSW Education</td>
<td>1.12</td>
<td>.26</td>
<td>.63**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p< .05; **p< .01.

BSW Education was significant positive predictor of Direct Practice Skill (β=.63, p<.01) supporting hypothesis two. The total model accounts for 54% of the variance, with BSW education accounting for an additional 31% of the variance after controls. Noteworthy, however, is that the control variables account for 13% more variance in the model for predicting direct practice skill than they did for the model predicting direct practice self-efficacy. In particular, prior to the inclusion of BSW education, outside BSW experience was a significant predictor of direct practice skill, suggesting that
experience is related to higher skill. However, BSW education adds significantly to the variance explained by outside BSW experience. To conclude, hypothesis two is supported by the data.

*Hypothesis 3: Direct practice self-efficacy will be predictive of direct practice skill performance.*

Hypothesis three was also tested using hierarchical ordinary least squares regression. Recall that there was no correlation between self-efficacy and skill in the bivariate correlation, however after controlling for BSW education, self-efficacy is a significant negative predictor ($\beta=-.41$, $p<.05$), and the total model accounts for 62% of the variance, with self-efficacy adding 8% of the variance in the final step. This is not in the direction anticipated - theory posits self-efficacy positively predicts performance. Results are presented in Table 4.9.
Table 4.9

*Hierarchical Regression Analysis for Direct Practice Skill Regressed on BSW Education and Self-Efficacy*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
<th>R²</th>
<th>∆R²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent (Control)</td>
<td>-.13</td>
<td>.08</td>
<td>-.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Experience (Control)</td>
<td>.42</td>
<td>.18</td>
<td>.37*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent (Control)</td>
<td>-.11</td>
<td>.06</td>
<td>-.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Experience (Control)</td>
<td>.08</td>
<td>.17</td>
<td>.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSW Education</td>
<td>1.12</td>
<td>.26</td>
<td>.63**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent (Control)</td>
<td>-.09</td>
<td>.06</td>
<td>-.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Experience (Control)</td>
<td>.06</td>
<td>.15</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSW Education</td>
<td>1.67</td>
<td>.34</td>
<td>.94**</td>
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<td></td>
</tr>
<tr>
<td>Direct Practice Self-Efficacy</td>
<td>-.22</td>
<td>.10</td>
<td>-.41*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p< .05; **p<.01

*Hypothesis 4: Self-efficacy will have a mediating role between BSW Education and direct practice skill.*

To test this hypothesis, results were initially compared with results of hypothesis 1 and 2 to determine mediation effects using Baron and Kenney’s (1986) model. Results did not support mediation according to Baron and Kenney’s criteria. Self-efficacy did show evidence of operating as a different type of mediator (i.e. suppressor variable),
however, as described below. Hierarchical regression results from table 4.9 are used and mediation evidence is summarized in Figure 4.1.

In this analysis, the model including both BSW education and direct practice self-efficacy explains a significant amount of variance, with each being a significant predictor ($p<0.05$). However, direct practice self-efficacy in this model acted as a negative predictor as previously articulated. But adding self-efficacy to the model actually strengthened BSW education as a predictor variable ($\beta=.94$). According to Baron and Kenny, if direct practice self-efficacy is acting as mediator, the beta weight for BSW education should be lower when direct practice self-efficacy is added to the model. Note in step 2, the effect size for BSW education on direct practice skill was $\beta=.63$, and in step three with direct practice self-efficacy included, the effect size for BSW education is $\beta=.94$, higher rather than lower.

While self-efficacy does not act as a mediator as anticipated, it does mediate the relationship between BSW education and direct practice skill, acting in this case as a suppressor variable. Cohen and colleagues (2003) and Pedhazur (1997) discuss this type of variable relationship. This type of mediation can occur when the mediating variable is correlated with the predictor, but has a weak correlation to the criterion (dependent) variable as indicated in Table 4.6. Including self-efficacy in the model, in essence, “suppresses” or “restricts” the irrelevant variance happening between self-efficacy and BSW education, allowing for a clearer relationship between the predictor (BSW education) and the criterion (direct practice skill). The negative regression coefficient in essence “penalizes” those with higher scores, while those with lower scores are “compensated” (Pedhazur, 1997), in other words, allowing true ability to be evident, not
masked by confidence in one’s skill. Suppression effects are likely to be seen when the
relationship between the predictor and the mediator has an opposite direction to the
relationship between the mediator and the criterion (Cohen et al. 2003). This is the
situation in this study, where BSW education predicts higher self-efficacy but higher self-
efficacy predicts lower direct practice skill once all variables are controlled (Figure 4.1).
Cohen and colleagues (2003) state that if suppressor variables are left out of a model, an
underestimation of the effect of the predictor on the criterion generally occurs.

Given the above, hypothesis four is supported, in that self-efficacy mediates the
relationship between BSW education and direct practice skill, although not as anticipated.
Beta weights for each path in the model are summarized below in Figure 4.1.

*Figure 4.1 Mediation summary testing direct practice self-efficacy mediating BSW
education and direct practice skill.*
Analysis and Review of Control Variables

In all the previous models presented (Hypothesis 1-4), intent to work in direct practice is not a significant predictor of either direct practice or of direct practice self-efficacy, as anticipated due to low correlation. Outside BSW experience was a significant factor accounting for a significant amount of variance in the models predicting direct practice skill prior to the inclusion of BSW education, but not in the model predicting direct practice self-efficacy (Hypothesis 1), suggesting that experience gained outside of BSW education may be a factor in the development of direct practice skill and should be retained as a control variable.

To summarize, after controlling for intent to work in direct practice and experience gained outside of the BSW program, BSW education is supported as a significant predictor of direct practice skill and direct practice self-efficacy, with skill and self-efficacy higher for exiting BSW students (hypothesis 2). After controlling for BSW education, direct practice self-efficacy is supported as a negative predictor of direct practice skill (hypothesis 3). Finally, direct practice self-efficacy was supported as a mediating variable between BSW education and direct practice skill (hypothesis 4), however, not as anticipated. Self-efficacy acted as a suppressor variable, strengthening the relationship between BSW education and direct practice skill, and negatively predicting direct practice skill. Interestingly, BSW education positively predicts both direct practice self-efficacy (hypothesis 1) and direct practice skill (hypothesis 2), but direct practice self-efficacy negatively predicts skill. In other words, self-efficacy and skill increase as a result of BSW education, but self-efficacy acts as a suppressor variable when included as a mediator. Adding self-efficacy to the model, in essence, eliminates
irrelevant variation, improving the prediction between BSW education and skill (Pedhazur, 1997). This was contrary to anticipated results.

**Additional Analysis**

I conducted several additional analyses to examine the results involving the role of self-efficacy more closely. First, I used the same hierarchical regression techniques to test the same hypotheses to see if the same results occurred in each of the subscale areas. Second, raw data was examined for clues in understanding mediation effects of self-efficacy.

In examining the sub-scales areas (beginning, exploring, contracting, case management, and core conditions), in general results replicated the previous findings using the total scale. For the first hypothesis, BSW education predicted increased self-efficacy in all sub-scale areas. For hypothesis two, BSW education again predicted increased skill in all sub-scale areas. In testing hypothesis three, after controlling for BSW education, self-efficacy was only a significant predictor ($p=.05$) in the area of exploring skills. While not reaching a level of significance in the other sub-scales, the beta score was also negative.

For hypothesis four, the models all acted similarly in that including self-efficacy served to increase the BSW education beta weight. The model was also run for exploratory purposes using the single item measuring overall performance as the dependent variable. In this case, self-efficacy was again a significant ($p=.05$) suppressor variable between BSW education and skill as measured in this single overall item.
So, in general, findings were similar with the total scale, with some slight fluctuation in the role of self-efficacy in that it was not a significant predictor in some of the sub-scales in hypothesis 3.

Finally, the raw data was examined for consistency with findings. When direct practice skill mean scores were arranged in ascending order, it is apparent that there is no relationship between direct practice self-efficacy scores, with high and low self-efficacy scores occurring throughout as reflected in Figure 4.2.

*Figure 4.2* Comparison of self-efficacy mean scores with direct practice skill mean scores in ascending order.

Data was also examined separately for entering students, Figure 4.3, and exiting students, Figure 4.4. Direct practice scores are again arranged in ascending order. The data for entering students shows the self-efficacy scores of the least skilled students were highly variable, whereas the negative relationship between self efficacy and skills appears somewhat clearer among the more skilled entering students. Data for exiting students shows a fairly clear negative relationship between self efficacy and skill, with the more skilled students having somewhat lower self-efficacy. As such, exploratory hierarchical
regressions were calculated to determine if exiting students’ self-evaluations predicted performance better than the entering students, while controlling for outside direct practice experience. Self-efficacy was not a significant predictor of skill for entering students ($R=.18, p=.26, \beta=-.16, p=.14$), however self-efficacy was a significant predictor for the exiting students, but in a negative direction ($R=.37, p=.05; \beta=-.41, p=.04$).

*Figure 4.3* Comparison of self-efficacy mean scores with direct practice skill mean scores in ascending order for entering students.
Figure 4.4 Comparison of self-efficacy mean scores with direct practice skill mean scores in ascending order for exiting students.

<table>
<thead>
<tr>
<th>Exiting Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects</td>
</tr>
<tr>
<td>Score</td>
</tr>
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</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
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<td>4</td>
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<td>14</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>16</td>
</tr>
</tbody>
</table>

**Exploratory Hypotheses**

To explore educational factors that may affect higher direct practice skill scores for exiting BSW students, bi-variate regression analyses were conducted with data collected from exiting BSW students only. Variables examined included: number of hours of field observation (m= 23.53, s.d.= 22.29), number of hours of field direct practice experience (m=131.27; s.d. = 61.77), perceived helpfulness of supervision (m= 7.81; s.d. = 1.83), perceived helpfulness of coursework (m= 7.50; s.d. =2.03), and GPA (m= 3.49; s.d.= .47). Skewness and kurtosis of variables were within normal range. Variables were examined as predictors of direct practice self-efficacy and direct practice skill scale scores. Due to the small sample size (n=16) of exiting BSW students, no control variables were entered. Table 4.10 shows summary regression statistics for individual bivariate analysis of the variables as a predictor for direct practice self-efficacy, and table 4.11 summarizes the bivariate regression analysis for the variables as a predictor for direct practice skill.
Table 4.10

*Regression Summary for Exploratory Predictors of Direct Practice Self-Efficacy*

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Total R²</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Observation</td>
<td>.01</td>
<td>.00</td>
<td>.01</td>
<td>.07</td>
</tr>
<tr>
<td>Hours of Direct Practice</td>
<td>.04</td>
<td>-.00</td>
<td>.00</td>
<td>-.21</td>
</tr>
<tr>
<td>Helpfulness of Supervision</td>
<td>.01</td>
<td>.06</td>
<td>.13</td>
<td>.12</td>
</tr>
<tr>
<td>Helpfulness of Coursework</td>
<td>.00</td>
<td>-.00</td>
<td>.12</td>
<td>-.00</td>
</tr>
<tr>
<td>GPA</td>
<td>.06</td>
<td>.48</td>
<td>.51</td>
<td>.24</td>
</tr>
</tbody>
</table>

N=16, *p<.05

As reflected in Table 4.10, none of the exploratory variables even approach significance as a predictor of direct practice self-efficacy. Again, due to the small sample size, there may not be enough sample power, increasing the risk of type II error.

Table 4.11

*Regression Summary for Exploratory Predictors of Direct Practice Skill*

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Total R²</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Observation</td>
<td>.05</td>
<td>.01</td>
<td>.01</td>
<td>.21</td>
</tr>
<tr>
<td>Hours of Direct Practice</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>-.01</td>
</tr>
<tr>
<td>Helpfulness of Supervision</td>
<td>.12</td>
<td>.14</td>
<td>.10</td>
<td>.34</td>
</tr>
<tr>
<td>Helpfulness of Coursework</td>
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<td>-.13</td>
<td>.09</td>
<td>-.35</td>
</tr>
<tr>
<td>GPA</td>
<td>.00</td>
<td>.10</td>
<td>.63</td>
<td>.04</td>
</tr>
</tbody>
</table>

N=16, *p<.05

As reflected in Table 4.11, again none of the bivariate analyses show relationships between any of the exploratory predictors and the criterion variable of social work direct
practice. Again, the extremely small sample increases the possibility of Type II error. Additionally, only single item responses were used as measures for these variables, further limiting conceptualization of each variable and possibly negatively influencing measurement.

Summary

Hierarchical ordinary least squares regression was used to test the hypotheses and the mediation model. Findings support students who had completed a BSW curriculum had significantly higher direct practice skill self-efficacy and had significantly higher direct practice skill than students just entering the curriculum. Self-efficacy as a predictor of skill was also supported, but as a negative predictor. Self-efficacy did mediate the relationship between BSW education and direct practice skill as a suppressor variable, although not as anticipated. And finally, BSW education was a significant predictor of both self-efficacy and direct practice even after including controls of intent to enter direct practice, and prior hours of direct experience.
Chapter 5

Discussion

Overview

The findings of this study provide support for professional baccalaureate social work education contributing to the acquisition and application of direct practice skills, a critical component of generalist social work education. Direct practice skill was assessed both through the use of the construct of self-efficacy (student confidence in their ability to perform the skill) and through direct assessment of skill using a standardized client where student performance in conducting an initial assessment was directly observed and evaluated by independent raters. BSW education was found in this instance to be predictive of both higher direct practice skill and higher direct practice self-efficacy. Self-efficacy, however, was found to be a negative predictor of direct practice skill after controlling for BSW education, and was found to mediate the effect of BSW education on direct practice skill, but as a suppressor. Each of these findings will be examined in terms of the existing research, relationship to theory, implications for educational outcomes assessment, and study limitations.

BSW Education and Direct Practice Skill

Evidence of direct practice skill is critical to the overall assessment of student learning outcomes within social work education, whether at the BSW or MSW level. The profession must be able to demonstrate that students perform what we say they can perform in the field upon graduation. As a profession, the application of a set of skills, in addition to specific knowledge and values, is what distinguishes us from other similar degrees, particularly at the undergraduate level with degrees such as psychology,
sociology, and global studies. While intuitively, many in education believe social work students learn skills, there is little research evidence to support these claims. Barriers have included a lack of valid and reliable assessment tools and lack of clear definitions of what constitutes the direct practice skills that should be taught and subsequently evaluated. Delineation has been difficult, given the broad range of skills needed for effective generalist social work practice. Historically, assessment of skill has relied heavily on course grades, alumni surveys, student self-report, and field evaluations (Garcia & Floyd, 2002). Further, field education evaluation may be subject to supervisor bias and grade inflation (Bogo et al, 2002). While not minimizing the important feedback role of field evaluation, the academy must share in the responsibility of both training and assessing the direct practice skills learned by students.

My findings support the hypothesis that direct practice skill is higher in exiting BSW students. Direct practice skill for this study was defined as beginning, exploring, contracting, case management, and core conditions (empathy, warmth, and genuineness). These are basic direct practice skills needed for entry level direct practice at the BSW level, but are only part of the direct practice skills needed. Intervention skills and ending skills are also critical, as well as knowledge specific to practice areas. Further articulation and research are needed in those areas as well. None-the-less, the skills articulated here help to specify this broad social work area so that they can be evaluated.

It is difficult, however, to place my findings the context of the existing literature due to the paucity of studies in this area. The studies of BSW education comparing students entering and exiting BSW programs have focused on knowledge acquisition (Cavazos, 1996; Cavasos & Galvan-Posada, 1999), not skill. Studies examining skill,
have compared BSW graduates with foundation year MSW students, thereby not testing skill acquisition, but skill comparability (Carrillo & Thyer, 1994; Clark 2002; Knight, 1993; Knight, 1999; Thyer, Vonk, & Tandy, 1995-1996). In a study of exiting BSW students only, Riebschleger and Grettenberger (2006) found students met or exceeded BSW expected levels of performance on a measure of generalist practice as rated by field instructors. A strength of their study is an effort to move beyond self report. Concern was raised in how field instructors completed the instrument, and many reported completing it in conjunction with the student. Riebschleger and Grettenberger’s instrument also focused on the broader definition of generalist practice and not specifically on direct practice skill. Waites (2000) compared entering BSW students with exiting BSW students on generalist problem solving skills using a written case vignette and found exiting students to score higher then entering students. As with my study, Waites established comparison groups suggesting a possible association between the independent and dependent variable (Waites, 2000).

In general, knowledge and skill development is positively reflected in previous research. My findings are consistent with that trend. However, my study is the first as reported in the literature at the BSW level, to compare entering and exiting students using standardized clients to directly assess skills by independent raters, while also controlling critical potentially confounding variables.

Similarly, few studies exist at the MSW level assessing the relationship of completion of the MSW curriculum with the development of direct practice skill. At the MSW level field education has been the most intensely researched. Even within field education research, most studies do not directly assess skill competency, but rather other
aspects such as student satisfaction, student instructor relationship, types of educational activities, or aspects of supervision (Bogo et. al, 2002). Only several studies use student performance, not based on self-assessment, as an outcome.

Fortune, McCarthy, and Abramson (2001) examined 11 learning activities offered in field education to determine which activities might correlate with student performance in field, quality of field instruction, and satisfaction. They found co-therapy with a professional, feedback on process recordings, and explanations by field instructor to correlate with field education satisfaction, but found no relationship between any particular activities and student performance as assessed by field instructor ratings using the MSW program’s regular field evaluation instrument. Most students were reported as doing very well, but the minimal variance in the data may have limited the findings (Fortune, et. al, 2001). Also, no pre-post data was collected, and data was only assessed at the end of the two field internships.

Fortune, Lee and Cavazos (2005) examined motivational factors, including task value, intrinsic motivation, difficulty, confidence, and self-efficacy, related to MSW and BSW student performance as assessed by field instructor ratings using the program’s field evaluation forms. No relationship was found between motivational factors and performance. Again, data was only collected at the end of the internship. So again, while areas, such as knowledge, satisfaction, and skill are positively impacted, there is no specific study of skill acquisition pre and post MSW curriculum.

In 2001, Gambrill initiated a challenge to social work education to not just assume our students have developed skills necessary for effective practice, but to provide evidence of this as well. The evidence presented in this study is of particular importance
to BSW education. First, the majority of BSW graduates, ninety percent, report providing direct services to clients (Teare & Sheafor, 1995). We need to be able to demonstrate that we are preparing students with the skills they will need for entry level practice. This evidence can also support BSW programs in marketing graduates to potential employers. If we can not provide evidence to support our claims of training, employers have no reason to value our students over graduates with non-professional degrees. Additionally, for BSW programs evidence of skill supports their place in the continuum of social work education.

A strength of this study is the cohort design comparing two cohorts with established group comparability, pre and post intervention (BSW education). This design is able to suggest causal inferences when “quasi-comparability” between groups can be presumed (Cook and Campbell, 1979). The design also allowed for a pre-post comparison controlling for the effects of testing, by not using the standardized client exam at pre- and post-test within the same group. Controlling for effects of outside BSW education and intent to enter direct practice also increases the validity of the findings.

*Standardized client interviews for assessment of skill.*

The use of performance based assessment using a standardized client interview, carefully designed according to established guidelines also strengthens the validity of these findings as compared with reliance on self-report or field education evaluations. While the use of standardized clients is beginning to get more attention in social work (Badger & McNeil, 2002, Linsk and Tunney, 1997, Miller, M. 2004), other disciplines have established the reliability and validity of this method as an outcome assessment tool (Collins & Hardin, 1998; Hodges et. al, 2002: Was, V., Vander Vlueten, C, Shatzer, J., &
Jones, R. 2001). The use of a standardized client allows for independent observation of student skill, not biased by instructor/field supervisor relationship, nor based on self-evaluation, while also allowing for a consistent testing environment. Because of the standardization of the client situation and the independent assessment of student performance, this technique has received wide acceptance in the fields of medicine and nursing. Although some authors have asserted that social work cases can be more abstract and difficult to measure, the field of psychiatry is finding ways to overcome these challenges with good training of the standardized clients, and clear assessment goals around which the cases are based and assessments designed (Hodges et. al, 2002, Loshen, 2002).

As reflected above, this technique offers exciting opportunities, both formative and summative, for social work education in directly assessing student skills. As a formative technique, standardized clients could be used in either practice or seminar classes for students to get an opportunity to rehearse direct practice skills with a standardized client, in a controlled setting while being directly observed by the professor. This allows for feedback and training of the student. Many courses now have the student present videos of role plays conducted with their peers designed by to simulate clients. It is my experience however that these role-plays are more contrived, and do not as closely approximate a real scenario as do role plays with actresses, unfamiliar to the student. The volunteer student subjects in this study commented on how real the situation felt. Additionally, video recorded role plays do not allow for immediate professor feedback, and the professor must spend many hours watching videos. Badger and MacNeil (2002)
describe how standardized clients can be used in the classroom to enhance classroom learning and outcomes.

Case scenarios for use with standardized clients, with associated performance measures could be designed that specifically address the social work skills needed by graduates, or address specific content areas for example, substance abuse assessment or suicide intervention. While this does not replace the importance of field education for student training and skill development, it can help us prepare better equipped students for work with actual clients.

Standardized client scenarios can also provide formative data for social work program outcomes. For example, professors can observe first hand which skills students are strongest in, and which need more work, and in this way are provided feedback on their teaching effectiveness and curriculum design. For example, general weakness in reaching mutually agreed upon goals with the client might be observed, and the subsequent changes to the curriculum can be made to address this need.

There are also opportunities for summative evaluation of students through the use of standardized clients. Before we can determine if students “pass/fail” based on their performance, further development of valid and reliable cases and evaluation instruments is needed. In medicine, these summative evaluations are referred to as Objective Standardized Clinical Exams where students are evaluated using multiple standardized client scenarios, typically 3-5, in order to increase the validity of the final score as a measure of the student’s actual capabilities.

The challenge in using standardized clients is they are more complicated and expensive to implement then self-report or field evaluation. Further, as previously stated
more work is needed in social work to develop reliable and valid instruments that are practical for use in assessment of skill performance. For example, the rating instrument used for this study has limitations. It was long and cumbersome, requiring much evaluator time. It also had minimal reliability and validity testing prior to my use, limiting the results of this study. While Cronbach’s alpha was strong, suggesting good internal consistency, inter-rater reliability was moderate at best, highlighting the potential for measurement error. It may be that measuring complex tasks, such as direct practice, makes higher correlation difficult, in spite of training. Supporting this idea is the higher correlation between the overall rating item, than the overall total mean score. It may be while raters have differing ideas on what constitutes genuineness, they do have a stronger sense of what an overall good interview is. Also, in this study, 90% of the items scored by both raters were within one point of the other rater.

Better training of raters may also be needed. Further training may have enhanced inter-rater reliability in this study, however, in the process of training for this scale, it seemed as if more training was leading to more “error” between raters. Finally, an improved instrument may be warranted. A shorter more exact instrument may improve inter-rater reliability, versus the longer instrument, requiring the rater to assess too many things at one time.

Validity questions remain in the use of standardized clients for assessment. For example, do students demonstrating higher skill in standardized testing situations also perform at a higher level in the field, and do they impact client outcomes differently than students demonstrating weaker skill? Is the level of skill demonstrated in the standardized client interview sufficient to enter practice? Does the contrived nature of standardized
client interviews cause students to perform at a lower (or higher) level of competence that would occur in a real world setting? At what level do students need to perform in order to be considered ready to practice? In spite of these questions, the use of standardized clients for assessment of student skill offers an exciting opportunity for social work education. Reliability and validity has been demonstrated in other fields, and for use in complex situations similar to social work.

_Limitations._

Generalization of these results are limited in that the data is drawn from a convenience sample from a single institution, and while the assumption is made that accredited programs offer comparable education, further testing is needed using a random sample from multiple BSW programs. Additionally, the BSW program in this study requires a high number of service learning experiences tied to coursework, which may increase the skill level of these students as compared to other programs. Shön (1987) in particular has asserted the skill is developed through experience developed outside the “technical rationality” of the university, and that learning occurs through a process of reflection in action. There is still much research to be done in social work in “how” skills are acquired via the educational process.

For the future, a longitudinal design, testing the same students, over time is also needed. The present study, while testing comparable cohorts, is subject to risks of effects of sampling. It is possible that students who volunteered for the study had more experience with or felt more confident in their abilities, which would bias results. Grade point average is also an important variable not controlled or tested in this study due to missing data that needs to be included in future research. GPA has been positively
correlated to field evaluation and educational outcomes (Bogo, et. al., 2002; Pelech, Stalker, Regehr, & Jacobs, 1999). Finally, as indicated earlier, development and testing of better measures for assessing direct practice skill, including measures for assessing ability to integrate person in environment factors, knowledge of resources, and ability to access resources are needed. Research comparing skills of graduates from baccalaureate social work, psychology, and sociology can be assessed using standardized clients. Establishing what skills students have, allows us to build a foundation for researching which skills contribute to better client outcomes.

The role of experience gained outside of the program also needs further evaluation and study. Based on a review of the literature, Beutler et al. (2004) found that therapist experience itself positively impacts client outcomes. O’Hare, Tran, and Collins (2002) also found experienced social work practitioners used therapeutic and case management skills more frequently than less experienced practitioners. Garner (2006) found prior experience to be the strongest predictor of self-empowerment, a construct related to self-efficacy, in the process of field education. In my study, experience was correlated with student status, with exiting students having more experience. As students progress through BSW and MSW programs they often are exposed to jobs and volunteer opportunities outside the scope of the curriculum that teach them skills beyond the classroom. While my study did attempt to partial out effects of outside experience, future research in this area is needed to gain a clearer understanding of the impact of experience on educational outcomes in direct practice skill.

Finally, while skill increased, we have yet to develop a “gold standard” for evaluation of social work practice, and standardized client interviews are just one option
available. There is no well-defined “benchmark” specifying where students should be in their skill level upon graduation. Are the direct practices skills demonstrated by the students in this study high enough for effective practice? The answer to that is yet to be determined.

**BSW Education Predicting Self-efficacy**

Prior studies using self-efficacy have shown self-efficacy to be higher after a curriculum or field experience. Research includes self-efficacy in hospital social work (Cuzzi, et. al., 1996, 1997, Holden, et. al, 1997); research (Unrau & Grinnell, 2005); social work with aging (Bell, Rawlings, & Johnson, 2005); and foundation social work skills (Holden et.al, 2003, 2005). These studies all used a pre-post design with instruments assessing student perception of their confidence to perform in the area assessed. Rawlings, Townsend, and Gingerich (2003) compared entering students with BSW degrees with students who did not have a BSW and found the BSW graduates to have higher social work self-efficacy. Similar results have been reported in the counseling field where several studies found self-efficacy to be higher among more advanced students, however other studies found a non-linear relationship with the impact of education on self-efficacy being strongest in the initial stages of education (Larson and Daniels, 1998). Additionally, Holden, Meenagh, Anastas, and Metrey (2003, 2005) did find evidence of response shift bias, with students indicating that they over rated their skills at pre-test.

My findings are consistent with prior research and supports BSW education predicting higher direct practice self-efficacy. Even after controlling for effects of outside experience, student perception of their direct practice self-efficacy was higher among
exiting BSW students than entering BSW students. Bandura (1997) theorizes that self-efficacy positively influences behavior through cognitive, motivational, affective, and selective processes. Higher direct practice self-efficacy can positively influence how one thinks about direct practice, influence motivation for and effort expended in direct practice, increase or decrease anxiety relative to direct practice, and effect whether or not one will even engage in direct practice, as such potentially improving direct practice skills.

There is the potential that entering students may have over rated their skills, but regardless, exiting students still rated their self-efficacy significantly higher than entering students. This validity threat will be discussed further below. Again, generalizability is limited by a small, non-random, convenience sample, from a single institution. Additionally, the relationship of outside BSW experience, as with direct practice skill, may need further exploration. Stoltenberg (1998) comments on the role of experience as related to counseling self-efficacy stating “We believe there is sufficient empirical support for the importance of this variable that necessitates its inclusion in most investigations. To ignore this potential confound may leave any conclusions drawn from these studies uncertain” (¶13). How to best measure this variable presents challenges, yet it is important to assess.

*Performance and Mediation Effects of Self-Efficacy*

Because of existing evidence that education generally results in higher self-efficacy, it might be presumed that self-efficacy could be used as a proxy outcome measure for skill in social work education. As noted in Chapter 2, the use of self-efficacy as a predictor for task performance has been supported by research in several related
fields including education, health, and counseling that has shown a positive relationship between self-efficacy and task performance (Bandura, 1997; Holden, 1991; Multon, Brown, & Lent, 1991).

The data in this study, the only study to date that directly examines the relationship between skill performance and self-efficacy in bachelor level social work students, suggest otherwise. Here, self-efficacy appeared to be related to skill, but in the opposite direction. As skill increased, self-efficacy decreased. This finding is comparable to results reported by Sharpley and Ridgway (1993) in a pre-mid-post study of students in a counseling skill class where student confidence was not predictive of counseling skill, as evaluated directly using a role-play situation. In fact, mid-way through the course, it was predictive in a negative direction. (Note, they did not test mediation effects.).

Larson and Daniels (1998) in their review of counseling self-efficacy and counseling performance also report wide variability in self-efficacy scores and performance across several studies. Three of the six studies they reviewed reported correlations ranging from .19 to .42, whereas the other three studies found no correlation between self-efficacy and counseling performance. They conclude that the research findings are suggestive only and further study is needed. Larson and Daniels (1998) also found no evidence that supervisor perception of student skill was correlated with student self-reported self-efficacy. Within social work, Fortune, Lee, and Cavazos (2005) compared achievement motivation, including self-efficacy, with student self-appraisal of their skills and performance. Self-efficacy was correlated with student self-report of skills, but they found self-efficacy was not a predictor of performance, as assessed by field instructor ratings using regular program field evaluations. There are however,
possible measurement threats, as both BSW and MSW students were studied, and the field evaluations were not consistent between groups.

Interestingly, when entering and exiting students were compared separately, there was no significant correlation between performance and self-efficacy scores for entering students, but a significant negative correlation for exiting students. One can speculate that entering student’s self-appraisals were more varied and less accurate, and that as exiting student’s skill increased they developed a more realistic appraisal of their skill. It may be that the higher achieving students under-rate their performance, but lacking a benchmark for comparing skill and self-efficacy, it may be they also had the most realistic appraisals. Risk related to self-appraisal and response bias will be discussed further below.

This study also attempted to ascertain the mediating role of self-efficacy, as no other social work studies have examined this relationship. Bandura (1997) calls testing of mediation the “gold standard” in self-efficacy research. In social cognitive theory, as previously stated, self-efficacy is expected to positively effect performance actions through the “mediating influences of other self-generated processes, namely, affective processes, motivation processes, and other cognitive processes.” (Larson and Daniels, 1998, pp 5). Larson and Daniels further state, “In its simplest form, SCT [Social Cognitive Theory] identifies self-efficacy as the major mediator between knowing what to do and executing an action.” (p.221). In a meta-analysis of effects of self-efficacy on academic outcomes, Multon, Brown, and Lent (1991) found approximately 14% of the variance in students’ academic performance was accounted for by self-efficacy beliefs. In this study, however, self-efficacy did not mediate as articulated in social cognitive
theory and articulated above, but mediated as a suppressor of the relationship between BSW education and direct practice skill.

Bandura (1997) while describing many instances where self-efficacy is supported as a mediator, does not review self-efficacy as a suppressor, but does review possible reasons for lack of relationship between self-efficacy and outcome. In reviewing the literature, several possible explanations are suggested as contributing factors for self-efficacy’s negative correlation with skill and subsequently not mediating as expected: Response bias, task complexity, model specifications, and study limitations.

*Response bias.*

An ongoing criticism of self-efficacy as an outcome measure is its reliance on self-report. People’s ability to accurately self-assess has been challenged in the literature on assessment (Kruger and Dunning, 1999; Stone, 1994). Kruger and Dunning (1999) argue that the very skills needed to perform in a domain, are the same skills needed to evaluate one’s own competence in that domain. They argue that the unskilled lack the meta-cognition to accurately self-assess leading to overestimation of their abilities. Kruger and Dunning found that those in the lowest quartile skills group were most likely to overestimate their abilities, while those in the highest quartile group underestimated their performance. They concluded that unskilled individuals not only perform poorly, but fail to realize it. Further, when poor performers were given more training, the accuracy of their self-assessment improved. This seems possible in my study as well, where entering students rated themselves fairly high, whereas some of the best performing students rated themselves no higher than average performing students. On the
other hand, it is possible that only more confident entering students volunteered to participate.

Some have argued (Cervone, 2000; Holden, 2003) that some over-confidence early on in training is positive in that it can decrease anxiety and provide motivation for trying new tasks, as well as influencing their choice of task. Stone (1994) disagrees, finding that overconfidence did not increase effort or performance in his study, in particular with cognitively complex tasks that lack feedback. Stone argues for the importance of accurate feedback on performance in the development of accurate self-assessment, particularly in complex tasks. Recall that Bandura (1997) suggests mastery experiences to be one of the most reliable sources of efficacy information. Cervone (2000), while supporting self-efficacy as a predictor of behavior, in a comprehensive review of the literature observes how easily self-efficacy appraisals are influenced in the research by even subtle contextual clues. Further, Cervone challenges us to consider self-efficacy as a "product of dynamic cognitive processes" (p.49), and that people may “…conceptualize a given behavior in a number of different ways and as a result, have distinct, interrelated self-efficacy beliefs” (p.49). For example in this study entering student’s scores ranged from 3.18 (case management self-efficacy) to 5.50 (core conditions), suggesting that students rate specific aspects of complex tasks differently, likely influenced by a variety of factors. It is this complexity that may influence the fluctuating nature of self-efficacy. Less variance in self-efficacy scores was evident with exiting students (6.25-7.48) however.

The greater experience of exiting students may well have impacted the findings in this study as they could be presumed to have more accurate self-appraisal as they have
had more knowledge and experience with the task skills. Whereas entering students, due to their lack of experience having less accurate appraisals, are at risk to over-estimate their skills, contributing to the poor correlation between appraisal and performance, and self-efficacy acting as a suppressor. In particular, students who lack sufficient knowledge about a task are at risk to overestimate their abilities (Bandura, 1997, O’Brian, Heppner, Flores, & Bikos, 1997). Holden et al. (2002, 2003, 2005) in several studies, compared student pre-test ratings with a retrospective “then” pre-test rating taken at post-test, and found that students overestimated their abilities at pre-test as compared to their retrospective rating, in which they rated themselves lower. In essence students are saying if “I knew then, what I know now, this is how I would rate myself”. Holden et al. (1991) describes this as response shift bias when students “…change their understanding of the construct being measured over the course of the study, then response shift has occurred.” (p. 119).

Urbani et al. (2002) in an interesting study compared student counseling self-efficacy with trained rater assessment of skill both pre and post student counseling training. Interestingly, students had overestimated their abilities at pre-training, but underestimated their abilities at post-test as compared to the trained rater’s assessment. The comparison group rated themselves similarly to the students at pre-test, but did not increase in self-efficacy at post test. One might conclude there is a strong risk of over estimating skill when one is unfamiliar with the skill itself. Similarly, once knowledgeable, cautious students may underrate their abilities. These conclusions are possible in the present study as well, with no significant relationship found between entering student’s skill and self-efficacy, and a negative relationship found for exiting
students, suggesting that the highest performing students, may under estimate their abilities.

*Task complexity.*

Bandura (1998) notes that self-efficacy is a stronger predictor in situation-domain-specific situations. When tasks are more complex, multi-faucated, or involve distal behaviors, weaker relationships occur (Bandura, 1998). Multon, Brown, and Lent (1991) in a meta-analysis of effect sizes of self-efficacy and academic performance found greater effect sizes on specific basic skills measures, and smaller effect sizes on broader outcome measures such as a standardized achievement test. Performing an initial assessment of a client is a clearly a multi-dimensional task. Also, in my study the students were asked to rate their beliefs about their abilities on the self-efficacy assessment instrument without specific knowledge of the case they would eventually be tested on. So, in theory, it is possible that a student may feel very confident in working with a child, but not the mother, or be comfortable in working with substance abuse, but not grief and loss (a characteristic of this case). It may be that the specific nature of the case used in the standardized client interview did not allow the students to demonstrate the tasks they felt able to perform.

*Model Specification.*

The counter intuitive findings for mediation may be due to model specification error. It is possible key variables are missing in the model or variables included are not well specified or relevant to the mediation process. First, BSW education may be too general a predictor to capture specific efficacy processes. Similarly, a summary mean score may also not be specific enough to determine self-efficacy processes. Second,
Baron and Kenney (1986) discuss feedback as a source of bias in the meditational chain. The model is a directional one, presuming that the mediator influences the dependent variable. When we consider that enactive mastery experiences are a source of self-efficacy, it may be that direct practice skill in fact predicts self-efficacy, suggesting perhaps an error in model specification.

Finally, direct practice skill may have been defined in this study in such a way that makes self-efficacy as a mediator ambiguous. Before we can presume that self-efficacy predicts skill, if we are being consistent with Social Cognitive Theory, we need to examine more closely just what self-efficacy is and if there is reason to believe the mediation mechanisms proposed by Social Cognitive Theory, motivation, intent, effort expended, and affect arousal, are relevant to social work self-efficacy and direct practice skills. We might first determine whether higher self-efficacy predicts higher motivation in students? Does higher self-efficacy predict lower anxiety? Establishing these relationships would suggest further research in self-efficacy would be useful, whereas finding no relationship would suggest self-efficacy has questionable usefulness as a social work construct.

Study limitations.

Study limitations must also be considered as a possible reason for self-efficacy not predicting skills and for suppressing the relationship between the predictor and criterion in this study. Areas to consider are the small sample size, measurement error, and sample bias.

The sample, comprised of 32 subjects, may have been too small to detect a significant effect of self-efficacy and may have distorted mediation findings. A larger
sample would also provide a wider range of scores from which to assess mediation. While a larger sample would allow for increased statistical power, confining the sample to a single institution increased internal validity. Type II error is possible and a larger sample may be needed to detect direct self-efficacy effects. However, in a large recent study (188 subjects) of various achievement motivational factors, self-efficacy was not correlated with end of semester field instructor evaluation (Fortune, Lee, and Cavazos, 2005). Additionally, Sheilds, Brawley, and Lindover (2006) in testing self-efficacy as mediating the relationship between causal attributions and exercise behavior found that the strength of this relationship varied temporally. Self-efficacy did not mediate the relationship of earlier attributions and early behavior, but did between early attributions and later behavior. As such, mediation effects may be stronger when tested longitudinally, with the same group over time.

Related to task complexity, self-efficacy is more likely to predict outcome when the measure closely approximates the task. Special consideration was made to link direct practice self-efficacy subscales to the direct practice subscales. However, some direct practice components had few items, which may contribute to the unclear relationship established between self-efficacy and performance in this case. Additionally, as described earlier limitations of the direct practice skill scale may have distorted results due to measurement error. Low inter-rater reliability may also contribute to measurement error, leading the practice skill score to not accurately represent student ability.

Limitations of the Social Work Direct Practice Self-Efficacy Scale, the self-efficacy measure used in this study must also be considered. While the individual subscales (excluding the beginning subscale) had been tested for reliability previously,
this is the first time they were used together in a measure of direct practice self-efficacy. In fact the extremely high reliability score might suggest that the various aspects of the direct practice self-efficacy scale may have been redundantly measuring a narrow aspect of self-efficacy. Bandura (1997) advises that self-efficacy scales be multi-dimensional including the various “domains of functioning” in order to fully assess what is necessary for task demands which this scale reflects, but additionally the scales should include items that assess differing gradations of the task. While the items included in the measure used in this study are multi-dimensional, there is little differentiation in task demand. For example, introducing oneself and the role of the agency with a voluntary client is less demanding than introducing oneself and the role of the agency with a hostile involuntary client. Bandura (1997) suggests that including this variation allows for clearer differentiation of varying strengths of self-efficacy. He argues reliance on single measures for a single level of strength restricts the range of scores attained. Bandura states that “… those [scales] that encompass only a few levels of task difficulty provide relatively insensitive measures of perceived efficacy” (p.45). Additionally, the instructions for the self-appraisal are general, and do not delineate specific client scenarios. As such, the assessment instrument used in this study might be categorized as more of an intermediate or generalized assessment tool, which may not be specific enough for predicting performance in the direction suggested by the theory. Lent, Hacket, and Brown (1998) note that context free self-efficacy estimates may be able to predict generalized outcomes such as lower anxiety or persistence at a task, but not counselor affect or behavior.
Finally, the sample was a non-randomized convenience sample from a single institution, contributing to risk of sample bias. There is a risk that overly confident entering students may have been more likely to volunteer. The sample for the exiting students also comprised a much higher representation of the exiting group, than the entering student sample, possibly influencing outcome. External validity is also limited as only a single institution is being tested, using a particular BSW curriculum, that may be more or less comparable to other academic programming. Internal program aspects may also contribute to variance in skill performance that may be undetected due to sample size. However, given the resources necessary for rating individual videotapes the size is manageable for monitoring reliability and validity.

Study Implications and Future Research

There are several important implications of this study. First, this study lends support to the assertion that BSW education predicts higher direct practice skills. Second, it suggests caution in the use of self-efficacy in as an outcome measure. And third, the study affirms the need for to continue developing and testing measures for evaluating social work skills.

The evidence suggests that BSW students learn professional skills as part of their education. BSW education appears to lead to acquisition of direct practice social work skills, and thus has a valid role to play in the education of social workers. From such studies as this, future research can also continue to test the professional skills of the BSW student as compared to the MSW student. It also begins to lay the ground work for comparing BSW educational outcomes with related undergraduate degrees, allowing the profession to begin to self-examine how we are unique or not in the skill preparation of
our students. Finally, BSW programs can be compared to determine if particular curricular aspects contribute to greater skill.

Given the recent widespread interest in and use of self-efficacy measures in social work, further testing of the relationship between social work self-efficacy and direct practice skill, and its role as a mediator in social work education, is needed. First, testing to see if these findings are replicated with larger samples in different contexts is necessary. Researchers testing self-efficacy need to add tests of mediation to their research designs. Testing as to the contextual variables that impact self-efficacy appraisals may also provide useful information for understanding mechanisms and contexts by which self-efficacy may mediate education and skill.

While self-efficacy may not predict skill for complex tasks often required by social workers, it may still be a useful contributor to such things as motivation, effort expended, and choice of task. All of these factors are useful aspects of professional practice. Further, Fortune, Lee, and Cavazos (2005) note that higher self-efficacy was correlated with higher satisfaction with field internship experiences. Larson and Daniels (1998) also note counseling self-efficacy is negatively correlated with anxiety. Further, accurate self-assessment is considered an important aspect of professional practice so that professionals are appropriately confident and cautious, persistent and flexible, experimenting and safe, and independent and collaborating (Eva and Regehr, 2005). Social work may also want to broaden how self-appraisal is approached and understood as a construct within the profession. Eva and Regehr (2005) challenge the health professions restricted use of self-appraisal as primarily “summative” noting the poor correlation between student self-appraisal and external outcome measures. Based on
Schön’s work, Eva and Regehr suggest instead that health professions increase their focus on students’ abilities to reflect in action. Noting the dynamic nature of ongoing reflection, they argue that student ability to self-assess while in action may be more critical than their summative evaluations of their abilities.

Yet, until there is evidence demonstrating that higher social work self-efficacy is predictive of skill, researchers should exercise caution in the use of self-efficacy as outcome proxy for skill. We must be clear what self-efficacy measures: confidence in one’s ability to use a skill, not competence in the skill itself. Confidence and competence may not be positively related as we have assumed until now. If that is the case, the next question we must ask ourselves is “What is the outcome we want to assess?” CSWE accreditation standards require us to measure competence not confidence. Given the limited resources available for educational outcome assessment, and the questions raised by this study regarding the use of self-efficacy as a proxy for skill, it is imperative that social work develop and expand assessment options for evaluating direct practice skill that do not rely on self-assessment. Social work education must be able to insure some level of professional competence from their students. Further development and testing of the use of standardized clients, along with the development of valid and reliable rating scales, is one option available to the profession for testing a range of student abilities. Clearer definition of the specific skills expected at which level of social work education would also assist in the development of tools that can be used across educational programs. Included in the assessment of social work professional skill, increased focus on what skills are necessary for person in environment centered practice needs to be clearly defined, and subsequently evaluated. While social work considers this to be a
distinguishing characteristic of the profession, little is available to demonstrate if there is a unique benefit in social work education in this regard.

The role of experience and GPA in the development of skill needs to be included in future testing of skill based outcomes in social work education. Clearly experience is a key factor, yet when, why, and how it affects the outcomes of social work professional education needs to be examined. At minimum, it must be controlled as we seek to determine the unique contributions of our educational programs.

**Conclusion**

Do we prepare students with the skills they will need for professional practice upon graduation? This question provided the impetus for this study. As a profession, students must not only graduate with the knowledge and values of the profession, but with a professional skill set as well. This is particularly true for baccalaureate programs, which are often imbedded in the liberal arts, whose graduates primarily work in areas requiring direct practice skills, and whose position within professional social work is at times questioned. Yet, while both social work education and the profession have called for the assessment of outcomes and evidence that we are preparing students with skill, little evidence currently exists that does not rely primarily on self-report, course grades, or field evaluation. Findings in this study provide support for completion of BSW education predicting higher direct practice skill, even after controlling for effects of experience gained outside of the BSW program. While further development of reliable and valid assessment measures is needed, this is a step towards the profession validating its claims of training and skill of its BSW graduates.
Recently, social work education in an effort to respond to the need for more specific instruments has begun exploring alternate tools and methods of assessment. Reibschleger and Grettenberger (2006) accurately state, “Evaluation of social work education programs appears to be at an early stage of development” (p.186). In this effort to develop assessment tools, self-efficacy has received a considerable amount of recent attention in the literature, yet without supportive evidence that self-efficacy positively predicts skill in social work, and lacking understanding of its mediating effects. The findings of this study found self-efficacy to negatively predict performance in the complex tasks of direct practice, and contrary to expectations, suppressed the relationship between education and skill performance, admonishing us in social work education to consider more direct means of skill assessment.

Finally, the long term question remains, does increased skill positively impact practice outcomes with clients? While this remains a future goal, hopefully, this study furthers us in that quest by suggesting opportunities by which skills can be delineated and tested.
APPENDIX
Appendix A

Case Vignette

Instructions to Students:

You are working as a case manager at a family resource center associated with the local school district. Your role is to meet with families to assess for any psycho-social needs, to develop a plan for meeting those needs, and to connect families to resources as needed to meet those needs. On average the case manager meets with the family for four visits; in order to complete an assessment and facilitate the referrals.

In this vignette, you are meeting for the first time a mother referred by her 10 year old son’s teacher. The son’s grades have been dropping and he has been acting out more in class. Your referral form indicates the mother’s husband was killed six months ago in a car accident.

You will be meeting with the mother alone for the initial visit to the agency to assess what her needs are and to develop some initial goals. The interview will last for 15 minutes.

Information for Simulated Client

History of Presenting Problem:

I. Demographic Information
   The client is a 38 y/o Caucasian female, recently widowed, with three children age 5, 7, and 10. She is coming to the agency after being referred by her son’s teacher. The son has experienced a drop in grades and increased acting out in school. The teacher is aware of the recent death of the father, and thought the resource center may be able to provide some assistance to the family.

II. History of Presenting Problem:
   The son has historically been an A and B student. Since the death of his father; his grades have dropped to D’s and F’s. The mother has tried to encourage her son, but he no longer seems to care about his grades. The acting out behavior has only just begun, and has not led to any severe discipline from the school. The teacher is just worried. The other children have not experienced any change in their school status.

   The mother has had to return to work full time since her husband’s death in order to support the family. She is working as a pre-school aid at a local pre-school. This has been a significant change for the family, as before the mother only stayed home. Now the mother must drop the children off very early before school and can’t pick them up until 4:00. The children stay in a “kid’s club” at the school until then. The mother is extremely worried about finances as each month she
must dip into her husband’s $40,000 life insurance policy in order to make the house payment, pay for child care, etc. She fears about what she will do when this runs out. She has no family near by, and a few friends, which she feels are busy with their own families. Physical health of mother and children are good.

The client had been married to the husband for 15 years. Average marriage. Husband worked in construction.

III. Emotional State
The mother reports being frequently tearful and has difficulty sleeping. Not eating very nutritiously. Frazzled. She is moderately depressed, without suicidal ideation. During the interview, the mother is not tearful, but appears sad. Eye contact is fair, Client is educated and articulate.

IV. Items to be used verbatim by client

“I’m very worried about money, every month I have to take money from the life insurance.”

“I’m feeling very overwhelmed, and I can tell I don’t have as much patience with the kids.”

“I don’t have as much time to supervise homework as I used to.”

V. Client Goals in order of Priority

• Stabilize financial situation.
• Improved grades for son.
• Family counseling to deal with grief and loss.
Appendix B

Videotape Assignment

Instructions to Students:

You are working as a case manager at a family resource center associated with the local school district. Your role is to meet with families referred by the school to 1) Assess for any psycho-social needs 2) To develop a plan for meeting those needs, and 3) To connect families to resources as needed to meet those needs. On average the case manager meets with the family for four visits, in order to complete an assessment and facilitate the referrals.

In this vignette, you are meeting for the first time a mother referred by her 10 year old son’s teacher. The son’s grades have been dropping and he has been acting out more in class. Your referral form indicates the mother’s husband was killed six months ago in a car accident.

You will be meeting with the mother alone for the initial visit to the agency. For this project you need to 1) Build your relationship with the client, 2) Develop an initial assessment of what her needs are, and 3) Develop some initial goals in working to meet those needs.

The interview will last for approximately 15 minutes. After the interview you will be asked to briefly record what you feel would be your next steps in your work with the client. You will receive a copy of your tape on a CD-ROM along with a self-assessment form a few days after your interview.

Appointment:

Date: ______________________     Time__________________________

The interviews will take place in the adjunct office inside the social work office.

Please arrive a few minutes early so we can review any questions you might have.
Appendix C

Case Planning Form

Participant Number ______________

Please identify the goals you would formulate for this client, and how you would proceed in your work with this case.

1. What goals would you set for work with this family? Please indicate their priority by numbering the most important “1”, the next most important “2” etc.

2. What would be your next step in trying to help your client attain these goals?

3. What outside resources might you consider?

Thank-you very much for your participation in this study! Mary Rawlings
Appendix D

Videotape Evaluation Form
(Chang and Scott, 1999)     Tape Number__________________

Name of Evaluator__________________________________________ Date______________

Directions: Under each category (in italics) is a list of behaviors or skills. Give one point for each specific behavior or skill exhibited by the practitioner. On the scales, circle the number that best represents your evaluation of the appropriateness, or completeness of the practitioner’s overall use of the skills or behaviors in the category.

1.  Communicating Involvement: Give one point for each behavior used by the practitioner. Using the scale, circle the number that represents your evaluation of the effectiveness of the practitioner’s overall use of behaviors that communicate involvement.

   1.  Open and accessible body posture                     _________
   2.  Congruent facial expression     _________
   3.  Slightly inclined toward the client    _________
   4.  Directly face the client     _________
   5.  Regular eye contact unless inappropriate   _________
   6.  No distracting behavior     _________
   7.  Minimal encouragement     _________

   1                     2                    3                    4                    5
   Ineffective                                                   Highly Effective

2.  Beginning Process Skills: Give one point for each topic covered by the practitioner. Using the scale, circle the number that best represents your evaluation of the appropriateness and effectiveness of the practitioner’s use of beginning skills.

   1.  Introduce yourself and your role                        _________
   2.  Seek introductions                                    _________
   3.  Identify where meeting will be held                    _________
   4.  Identify how long meeting will last                    _________
   5.  Describe the initial purpose of the meeting            _________
   6.  Explain some of the things you will do                 _________
   7.  Outline the client’s role                             _________
   8.  Discuss ethical and agency policies                    _________
   9.  Seek feedback from the client                         _________

   1                    2                    3                    4                    5
   Ineffective &/or Inappropriate                             Highly Effective & Appropriate
3. **Advanced Reflecting Skills:** Give one point for each skill used by the practitioner. Using the scale, circle the number that best represents your evaluation of the appropriateness and effectiveness of the practitioner’s use of reflecting skills.

1. Reflecting content
2. Reflecting feelings
3. Reflecting feeling, content, and/or meaning
4. Advanced reflecting

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<td>Ineffective &amp;/or Inappropriate</td>
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<td>Highly Effective &amp; Appropriate</td>
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4. **Questioning Skills:** Give one point for each skill used by the practitioner. Using the scale, circle the number that best represents your evaluation of the appropriateness and effectiveness of the practitioner’s use of the questioning skills.

1. Use of open-ended questions
2. Use of one question at a time
3. Correct use of closed-ended questions

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5, 6, 7. **Person, Problem/Challenge, and Situation Over Time Exploration:** Give one point for each skill used by the practitioner. Using the scale, circle the number that best represents your evaluation of the appropriateness and effectiveness of the practitioner’s use of the three areas.

5. **Problems or Challenges**
1. Previous attempts to solve problems(s)
2. History of the problems(s)
3. Precipitating factors
4. Severity or intensity of the problem(s)

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6. **Person**
   1. Feelings about having the problem(s) _________
   2. Effect of the problem(s) on functioning _________
   3. Personal strengths _________

   
   
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7. **Situation**
   1. Effect of the problem(s) on others _________
   2. Available social support _________
   3. Demands and stresses in the situation/environment _________
   4. Strengths in the situation/environment _________

   
   
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8. **Seeking Clarification:** Give one point for each skill used by the practitioner. Using the scale, circle the number that best represents your evaluation of the appropriateness and effectiveness of the practitioner’s use of seeking clarification.

   1. Exploring the meaning of words and body language _________
   2. Exploring the basis of conclusions drawn by the client _________
   3. Exploring statements that appear contradictory _________
   4. Exploring details regarding interaction _________

   
   
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9. **Skills Related to Reaching Agreement about Problems or Challenges and Goals:** Give one point for each skill used by the practitioner. Using the scale, circle the number that best represents your evaluation of the appropriateness and effectiveness of the practitioner’s use of contracting skills.

   1. Reaching agreement about problems(s) or challenges _________
   2. Reaching agreement about goals _________
3. Defining the goal(s)  
4. Establishing a contract  

(Skills Related to Reaching Agreement about Problems or Challenges and Goals, Continued)

10, 11, 12, 13. Core Interpersonal Qualities: Using the scale, determine the number that best represents your evaluation of the appropriateness and effectiveness of the practitioner’s expression of each quality. Write your evaluation number on the line following each quality.

10. Warmth  
11. Respect  
12. Empathy  
13. Genuineness

14. Effectiveness of Responses: Using the scale, circle the number that best represents your evaluation of the effectiveness the practitioner’s responses.

14b. Overall Impression of Practitioner*  

* Bold reflects item added to original scale.
The following questions relate to the student follow up responses noted on paper.

15. **Goal Setting**: Give one point for each goal noted by the practitioner. Using the scale, circle the number that represents your evaluation of the practitioner’s ability to articulate goals appropriate to the case.

   1. Attain financial stability  
   2. Work through grief and loss  
   3. Emotional support for mother  
   4. Improved school performance for son  

   Inappropriate goals  
   Appropriate Goals

16. **Case Planning**: Give one point for each of the following. Using the scale circle the number that represents your evaluation of the practitioner’s planning for meeting case goals.

   1. Follow up meeting with mother  
   2. Establish/review contract  
   3. Research/Connect with Resources  
   4. Family meeting  
   5. Further assessment of son  
   6. Facilitate grieving process  

   No or inappropriate case plan  
   Thorough and appropriate case plan

17. **Use of Community Resources**: Give one point for each of the following noted: Using the scale circle the number that represents your evaluation of the practitioners knowledge of available resources.

   1. Financial resources/assistance  
   2. Grief and Loss  
   3. Tutoring  
   4. After school program/child care  
   5. Counseling  
   6. Other Social Support  

   Knowledge of resources  
   Excellent use of resources  
   Minimal  
   Excellent resources
DESCRIPTORS OF EVALUATION SCALES

1. Communicating Involvement Evaluation Scale
   Level 1: The practitioner communicates involvement very little of the time.
   Level 2: The practitioner communicates involvement some of the time.
   Level 3: The practitioner communicates involvement most of the time.
   Level 4: The practitioner communicates involvement almost all the time.
   Level 5: The practitioner communicates involvement all of the time.

2. Beginning Process Evaluation Scale
   Level 1: The practitioner begins without foundation for the meeting, covering none of the necessary elements.
   Level 2: The practitioner begins with minimal foundation for the meeting, covering two or three of the necessary elements.
   Level 3: The practitioner begins with a moderate foundation for the meeting, covering four or five of the necessary elements.
   Level 4: The practitioner covers all the necessary elements of the foundation for the meeting but appears rote.
   Level 5: The practitioner provides a foundation built on a clear understanding of such things as purpose, roles, and expectations for the meeting and appears focused on the client.

3. Reflecting Skills Evaluation Scale
   Level 1: The practitioner makes very little attempt to verbalize understanding of feelings, content, and/or meanings.
   Level 2: The practitioner minimally verbalizes understanding of feelings, content, and/or meanings.
   Level 3: The practitioner verbalizes some understanding of feelings, contents, and/or meanings.
   Level 4: The practitioner generally verbalizes understanding of feelings, content, and/or meanings.
   Level 5: The practitioner consistently verbalizes understanding of feelings, content, and/or meanings.

4. Questioning Evaluation Scale
   Level 1: The practitioner uses questions ineffectively and/or inappropriately, uses multiple question, or overuses questions.
   Level 2: The practitioner’s appropriate use of questions is minimal, sometimes use multiple questions, and/or occasionally overuses questions.
   Level 3: The practitioner usually uses questions appropriately, does not ask multiple questions, and usually does not overuse questions.
   Level 4: The practitioner’s use of questions is mostly effective and appropriate, with no multiple questions and only occasionally overuses questions.
5. **Problems or Challenges Evaluation Scale**
   - **Level 1:** Little or no information is discussed about the problem(s).
   - **Level 2:** Minimal information is discussed about one or two aspects of the problem(s).
   - **Level 3:** Three aspects of the problem(s) are discussed adequately but not fully.
   - **Level 4:** All four aspects of the problem(s) are discussed adequately but not fully.
   - **Level 5:** Full and complete information about all four aspects of the problem(s) is discussed.

6. **Person Evaluation Scale**
   - **Level 1:** Little or no information is discussed about the person(s).
   - **Level 2:** Minimal information is discussed about one aspect of the person(s).
   - **Level 3:** Two aspects of the person(s) are discussed adequately but not fully.
   - **Level 4:** All three aspects of the person(s) are discussed adequately but not fully.
   - **Level 5:** Full and complete information about three aspects of the person(s) is discussed.

7. **Situation Evaluation Scale**
   - **Level 1:** Little or no information is discussed about the situation.
   - **Level 2:** Minimal information is discussed about one or two aspects of the situation.
   - **Level 3:** Three aspects of the situation are discussed adequately but not fully.
   - **Level 4:** All four aspects of the situation are discussed adequately but not fully.
   - **Level 5:** Full and complete information about the four aspects of the situation is discussed.

8. **Seeking Clarification Evaluation Scale**
   - **Level 1:** The practitioner does very little to invite understanding of the client’s reality.
   - **Level 2:** The practitioner is sometimes able to use questions to invite some understanding of the client’s reality.
   - **Level 3:** The practitioner is generally able to use questions to invite some understanding of the client’s reality.
   - **Level 4:** The practitioner mostly is able to use questions to invite full understanding of the client’s reality, including such things as exploring the meaning of words or gestures, the basis of
conclusions, and the process of interactions and apparent contradictions.

9. **Contracting Process Skills Evaluation Scale**
   - **Level 1**: The practitioner doesn’t reach agreement with the client about problems or goals.
   - **Level 2**: The practitioner articulates goals without client that includes some understanding of the problems and/or goals.
   - **Level 3**: The practitioner reaches an agreement with the client that includes a general understanding of the goals. (Gains some client feedback)
   - **Level 4**: The practitioner reaches an agreement with the client that includes clearly defined goals.
   - **Level 5**: The practitioner reaches an agreement with the client that includes clearly defined goals and establishes a plan for working together.

10. **Warmth Evaluation Scale**
    - **Level 1**: The practitioner is cold, detached, and/or mechanical, displaying no concern for the client.
    - **Level 2**: The practitioner is generally detached or mechanical, displaying only minimal concern and compassion for the client.
    - **Level 3**: The practitioner shows some concern and compassion for the client.
    - **Level 4**: The practitioner generally shows concern and compassion for the client.
    - **Level 5**: The practitioner communicates verbal and nonverbal expressions of concern and compassion that are appropriately suited to the unique needs of the clients.

11. **Respect Evaluation Scale**
    - **Level 1**: The practitioner communicates that the client’s feelings and thoughts are not valid or important and/or communicates a belief that the client is not capable.
    - **Level 2**: The practitioner communicates that the client’s feelings, thoughts, potential, and ability to solve problems are not valid or limited.
    - **Level 3**: The practitioner communicates regard for the client’s feelings, thoughts, and potential.
    - **Level 4**: The practitioner communicates regard for the client’s feelings, thoughts, potential, and sometimes invites the client to identify strengths, resources, and capacities that can be used to achieve goals.
    - **Level 5**: The practitioner communicates regard for the client’s feelings, thoughts, potential, and worth as a person and invites the client to identify strengths, resources, and capacities that can be used to achieve goals.
12. **Empathy Evaluation Scale**

   **Level 1:** The practitioner is not listening. She/he communicates no awareness of the client’s expressed feelings and expressions.
   **Level 2:** The practitioner occasionally responds to the client’s expressed feelings.
   **Level 3:** The practitioner expresses essentially the same feelings, content, and/or meaning as the client.
   **Level 4:** The practitioner communicates an understanding and acceptance of the validity of the client’s point of view.
   **Level 5:** The practitioner communicates a clear understanding of the client’s felt experience and acceptance of the validity of the client’s experience. The practitioner verbalizes previously unexpressed feelings and meanings.

13. **Genuineness Evaluation Scale**

   **Level 1:** Practitioner is distracted majority of the time.*
   **Level 2:** Appears moderately sincere, but becomes distracted at times.
   **Level 3:** The counselor appears moderately sincere.
   **Level 4:** The practitioner generally appears sincere and sometimes shares his/her reactions with the client.
   **Level 5:** The practitioner appears completely sincere, fully present and able to appropriately use and share reactions with the client.

14. **Effectiveness of Responses Evaluation Scale**

   **Level 1:** The client responds to most statements from the practitioner by moving away from further exploration.
   **Level 2:** The client responds to some statements from the practitioner by moving toward further exploration.
   **Level 3:** The client responds to about half of the statements from the practitioner by moving toward further exploration.
   **Level 4:** The client responds to three quarters of the statements by moving into further exploration.
   **Level 5:** The client responds to all or almost all statements by moving into further exploration.

14.b **Overall Impression of Practitioner**

   **Level 1:** Poor
   **Level 2:** Fair
   **Level 3:** Good enough
   **Level 4:** Very Good
   **Level 5:** Outstanding.

*Bold reflects changes made to original criteria.*
15. **Goal Setting**

   Level 1: No Clear Goals articulated
   Level 2: Goals Articulated, not clearly stated in behavioral terms.
   Level 3: 1 Goal clearly stated, or multiple goals not clearly stated.
   Level 4: 2-3 Goals clearly stated.
   Level 5: 3 or more Goals clearly stated, and balanced between needs of mother and children, including social environment

16. **Case Planning**

   Level 1: No articulated follow up plan
   Level 2: 1 appropriate follow up plan.
   Level 3: 2 appropriate follow up plans.
   Level 4: 3 appropriate follow up plans noted.
   Level 5: More than 3 appropriate follow up plans noted.

17. **Use and Knowledge of Resources**

   Level 1: One appropriate resource noted.
   Level 2: Two appropriate resources noted.
   Level 3: Three appropriate resources noted.
   Level 4: Four appropriate resources noted.
   Level 5: Five appropriate resources noted.

* Bold reflects items added to original criteria.
Appendix E

Dear Social Work Student,

Thank-you for your participation in this study. Your thorough and accurate responses will provide valuable feedback which will help in the evaluation and development of the BSW curriculum here at Azusa Pacific University.

Please circle the appropriate response:
1. Gender: Male   Female

2. Ethnicity (Circle one)
   Hispanic   African-American   Caucasian   Asian   Bi-racial   Other__________

3. Please state your current age.________

4. Please state your current GPA________

5. On the following scale please rate your intent to work in direct-practice (one to one with clients, families, or children).

   1  2  3  4  5  6  7  8  9  10
   Do not plan
   To work at all in
   Direct practice
   Plan to work primarily in
direct practice.

6. Please list any experiences (paid or volunteer) you have had outside the social work program in the last five years in working face to face with individuals, families, or children for the purpose of alleviating their distress or for the enhancement of their well-being.

   Please list the number of hours per week on average you spent in actual face to face contact and the number of months you worked in this position.

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<thead>
<tr>
<th>Position</th>
<th>Average hours per week</th>
<th>Number of months in this position</th>
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<td>3.</td>
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<td>4.</td>
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Please use the back of this sheet if you need more space.

If you are a Senior, please complete the following questions, if you are just entering the program please continue to the next page.

1. In your internship, please note percentage of time you spent in face to face contact with clients (individuals, families, children) over the course of the year. 
   __________%

2. In your internship, please note the percentage of time you were able to observe other professionals providing face to face services with clients. __________%

3. Please rate the helpfulness of the supervision received in your internship in helping you develop skills for working directly with clients.

   1  2  3  4  5  6  7  8  9  10
   Not helpful  Somewhat helpful  Very helpful
   At all

4. Please rate the overall helpfulness of your coursework in the BSW program for helping you develop skills for direct practice with clients.

   1  2  3  4  5  6  7  8  9  10
   Not helpful  Somewhat helpful  Very Helpful
   At all

Thank-you, please continue to the next page.
Direct Practice Skill Self-Efficacy Scale

**General Instructions:** The following questionnaire consists of two parts. Each part asks about your beliefs about your ability to perform various helping behaviors or to deal with particular issues in counseling. We are looking for your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There is no right or wrong answers to the following questions. Using a dark pen or pencil, please circle the number that best reflects your response to each question.

**Part I. Instructions:** Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in working with most clients. Please circle the one best answer.

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<th>No Confidence At all</th>
<th>Some Confidence</th>
<th>Complete Confidence</th>
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<td>0</td>
<td>1</td>
<td>2</td>
<td>3 4 5 6 7 8 9</td>
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How confident are you that you could use these general skills effectively with most clients over the next week?

1. **Attending** (orient yourself physically toward the client) 0 1 2 3 4 5 6 7 8 9
2. **Listening** (capture and understand the messages that clients communicate). 0 1 2 3 4 5 6 7 8 9
3. **Restatements** (repeat or rephrase what the client has said, in a way that is succinct, concrete and clear). 0 1 2 3 4 5 6 7 8 9
4. **Open questions** (ask questions that help clients to clarify or explore their thoughts or feelings). 0 1 2 3 4 5 6 7 8 9
5. **Reflection of feelings** (repeat or rephrase the client’s statements with an emphasis on his or her feelings). 0 1 2 3 4 5 6 7 8 9
6. **Self-disclosure for exploration** (reveal personal information about your history, credentials or feelings). 0 1 2 3 4 5 6 7 8 9
7. **Intentional silence** (use silence to allow clients to get in touch with their thoughts or feelings). 0 1 2 3 4 5 6 7 8 9
8. **Challenges** (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change). 0 1 2 3 4 5 6 7 8 9
9. **Interpretations** (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings). 0 1 2 3 4 5 6 7 8 9
10. **Self-disclosures for insight** (disclose past experiences in which you gained some personal insight). 0 1 2 3 4 5 6 7 8 9
11. **Immediacy** (disclose immediate feelings you have about the client, the therapeutic relationship, or yourself in relation to the client). 0 1 2 3 4 5 6 7 8 9
12. **Information-giving** (teach or provide the client with data, opinions, facts, resources, or answers to questions). 0 1 2 3 4 5 6 7 8 9
13. **Direct guidance** (give the client suggestions, directives, or advice that imply actions for the client to take). 0 1 2 3 4 5 6 7 8 9
14. **Role play and behavior rehearsal** (assist the client to role-play or rehearse behaviors in-session.). 0 1 2 3 4 5 6 7 8 9
15. **Homework** (develop and prescribe therapeutic assignments for clients to try out between sessions). 0 1 2 3 4 5 6 7 8 9
**Part II. Instruction:** We want to know how confident you are in your ability to perform specific social work tasks. After you consider each task, please rate your confidence in your ability to perform that task successfully by circling the number 0-9 that best describes your level of confidence. What we mean here by successfully is that you would be able to perform the specific task in a manner that a social work supervisor would consider excellent. We want to know how confident you are that you could successfully perform these tasks **today. Please circle the one best answer.**

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<th>How confident are you that you can….</th>
<th>Cannot Do at all</th>
<th>Moderately certain can do</th>
<th>Certain can do</th>
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<td>3 4 5 6</td>
<td>7 8 9</td>
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1. Introduce yourself and your role to the client?  
2. Orient the client to the purposes of the meeting?  
3. Seek introductions from the client?  
4. Explain the client’s role in the helping relationship?  
5. Discuss legal and ethical policies of the agency with client?  
6. Reflect thoughts and feelings to help clients feel understood?  
7. Employ empathy to help clients feel that they can trust you?  
8. Provide emotional support for clients?  
9. Help clients feel like they want to open up to you?  
10. Employ the treatment relationship so clients can feel accepted for who they are?  
11. Point out their successes to increase their self-confidence?  
12. Define the client’s problems in specific terms?  
13. Collaborate with clients in setting intervention goals?  
14. Define treatment objectives in specific terms?  
15. Ask clients to evaluate the effects of treatment on themselves?  
16. Assess the level of their material resources?  
17. Monitor the delivery of services provided by several other providers?  
18. Advocate on others’ behalf?  
19. Make referrals to others’ services?
(Part II continued)

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<th>Question</th>
<th>Cannot do at all</th>
<th>Moderately certain can do</th>
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<td>20. Analyze social problems and policies relevant to the client’s problems?</td>
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<td>3 4 5 6 7 8 9</td>
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<tr>
<td>21. Provide information about other services available to clients?</td>
<td>0 1 2</td>
<td>3 4 5 6 7 8 9</td>
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<tr>
<td>22. Network with agencies to coordinate services?</td>
<td>0 1 2</td>
<td>3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>23. Teach clients skills to relieve their own stress?</td>
<td>0 1 2</td>
<td>3 4 5 6 7 8 9</td>
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<tr>
<td>24. Educate clients about how to prevent certain problems from recurring?</td>
<td>0 1 2</td>
<td>3 4 5 6 7 8 9</td>
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<tr>
<td>25. Help clients to reduce dysfunctional ways of thinking that contribute to their problems?</td>
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<td>3 4 5 6 7 8 9</td>
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<td>26. Help clients to anticipate situations that can cause problems for them?</td>
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<td>3 4 5 6 7 8 9</td>
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<td>27. Teach clients specific skills to deal with certain problems?</td>
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<td>3 4 5 6 7 8 9</td>
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<td>28. Help clients to understand better how the consequences of their behavior affect their problems?</td>
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<td>3 4 5 6 7 8 9</td>
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<td>29. Teach clients how to manage difficult feelings?</td>
<td>0 1 2</td>
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<td>30. Demonstrate to clients how to express their thoughts and feelings more effectively to others?</td>
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<td>3 4 5 6 7 8 9</td>
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<td>31. Help clients to practice their new problem-solving skills outside of treatment visits?</td>
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<td>3 4 5 6 7 8 9</td>
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<tr>
<td>32. Teach communication skills to clients?</td>
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<td>3 4 5 6 7 8 9</td>
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<tr>
<td>33. Teach clients how to manage their own problem behavior?</td>
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<td>3 4 5 6 7 8 9</td>
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<td>34. Show clients how to reward themselves for progress with a problem?</td>
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<tr>
<td>35. Teach clients how to accomplish tasks more effectively?</td>
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<td>3 4 5 6 7 8 9</td>
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<tr>
<td>36. Coach clients in how to make decisions more effectively?</td>
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<td>3 4 5 6 7 8 9</td>
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<tr>
<td>37. Teach clients the skills for reducing unhealthful habits?</td>
<td>0 1 2</td>
<td>3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>38. Show them how to set limits for other dysfunctional behavior?</td>
<td>0 1 2</td>
<td>3 4 5 6 7 8 9</td>
<td></td>
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</tbody>
</table>
(Part II Continued)

<table>
<thead>
<tr>
<th>How confident are you that you can…</th>
<th>Cannot do at all</th>
<th>Moderately certain can do</th>
<th>Certain can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initiate and sustain empathic, culturally sensitive, non-judgmental, disciplined relationships with clients?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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</tr>
<tr>
<td>2. Elicit and utilize knowledge about historical, cognitive, behavioral, affective, interpersonal, and socioeconomic data and the range of factors impacting upon clients to develop biopsychosocial assessments and plans for intervention?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>3. Apply developmental, behavioral science, and social theories in your work with individuals, groups, and families?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>4. Understand the dialectic of internal conflict and social forces in a particular case?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>5. Intervene effectively with individuals?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
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<tr>
<td>6. Intervene effectively with families?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Intervene effectively with groups?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>8. Work with various systems to obtain services for clients (e.g., public assistance, housing, Medicaid, etc)?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>9. Assume the social work role of change agent/advocate by identifying and working to realistically address gaps in services to clients?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>10. Function effectively as a member of a service team within the agency and service delivery system, consistently fulfilling organizational and client-related responsibilities?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>11. Maintain self-awareness in practice, recognizing your own personal values and biases, and preventing or resolving their intrusion into practice?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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</tr>
<tr>
<td>12. Critically evaluate your own practice, seeking guidance appropriately and pursuing ongoing professional development?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>13. Practice in accordance with the ethics and values of the profession?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
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<tr>
<td>14. Analyze a critical piece of welfare legislation?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>15. Define the impact of a major social policy on vulnerable client populations (e.g., the Welfare Reform Act)?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>16. Use library and on-line resources to retrieve published articles and reports from the empirical research literature?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>17. Critically review and understand the scholarly literature?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<td>18. Evaluate your own practice using an appropriate research method (e.g., single system designs, brief measures such as scales, indexes, or checklists)?</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>19. Participate in using research methods to address problems encountered in practice and agency based settings?</td>
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Appendix F

INFORMED CONSENT DOCUMENT
Assessing Direct Practice Skill Performance in Undergraduate Social Work Education
Using Simulated Clients and Self-Reported Self-Efficacy

You are being asked to participate in a research study about the relationship between completing the BSW program and the development of direct practice skills for work with clients. Aspects of the BSW program experience, as well your beliefs regarding your abilities to perform direct practice skills, will be examined for their impact on your actual skill level by comparing students just entering the program with students just completing the program. You were asked to participate because of your current status in the BSW program as either just ready to graduate or just entering.

Background Information
This study will serve as one means for assessing the overall quality of the BSW program in this area of direct practice and to explore the viability of using standardized clients as an assessment tool. It also meets requirements for the partial fulfillment of the researcher’s Ph.D. in Social Welfare at Case Western Reserve University.

Procedures
As part of this study you will complete a videotaped 15 minute interview with a standardized client. Additionally, you will be asked to complete a questionnaire providing feedback on your current perception of your skills in direct practice. If you are a senior you will also be asked to provide information on your experience in the BSW program. Total participation time is estimated to be 45 minutes.

Risks and Benefits to Being in the Study
No foreseeable risks to you are associated with this research. There are also no direct benefits to you for participating in the study. However, as 90% of BSW graduates enter into some form of direct practice, your participation in this study will benefit future students in the BSW program by allowing us to assess our areas of strength and weakness in terms of our ability to adequately prepare you for practice. Additionally, your participation will allow you an opportunity to observe your skills and begin to develop your own self-assessment of areas you feel would like to gain further knowledge and practice. You will be provided a copy of the interview tape for your personal use. If you like, you may also request a copy of the assessment of your interview by the independent reviewer and the overall results of the study itself.

It is important to note that if you are disappointed in your performance, to remember your performance during the interview may not be representative of your actual skills as the interview is conducted under a simulated and contrived situation.
Compensation
In exchange for your participation you will be eligible to win a $50 gift certificate from the university book store. One recipient will be randomly selected from both the graduating and entering group of students.

Confidentiality
The records of this research will be kept private. They will be kept in a locked file and any report published will not include any information that will make it possible to identify a participant. Access to research records will normally be limited to the researchers. However, the University’s Institutional Review Board (IRB from either APU or CWRU) may review the research records to ensure that the rights of human subjects are being adequately protected. While the research is being conducted by a member of the social work faculty, only social workers outside the university with no current connection to students will evaluate your tapes. Your individual rating will not be shared with the instructors, or in anyway impact your grade. Tapes will be destroyed three years after the completion of the study. Subjects will be identified by an assigned number with tapes kept in a lock file cabinet. The aggregate research results attained through the study may be used to provide feedback to the social work department at Azusa Pacific University for the purposes of program improvement only. You will also receive a copy of your tape for your own personal use in reflecting on your skills.

Voluntary Nature of the Study
Your participation is voluntary. If you choose not to participate, it will not affect your current or future relationship with the university or your status in the social work department. There is no penalty for not participating or for discontinuing your participation. However, you will not be eligible to receive the $50 gift certificate.

Contacts and Questions
The researchers conducting this study are Wallace J. Gingerich, Ph.D., Case Western Reserve University and Mary Rawlings, M.S.W., Azusa Pacific University. You may ask any questions that you have now or later by contacting Mary Rawlings at 626-815-6000 ext. 5598 or mrawlings@apu.edu.

If you would like to talk with someone other than the researchers about any concerns regarding this study, research participants’ rights, or any other human subjects’ issues, please contact either Case Western Reserve University’s Institutional Review Board at 216-368-6925 or write Case Western Reserve University: Institutional Reserve Board; Office of Research Compliance, Sears Building 657, Cleveland, OH 44106-7230.

You may also contact Carol Lundberg, Ph.D., chair of Azusa Pacific University’s Protection of Human Subjects in Research committee at 626-815-6000 or clundberg@apu.edu.

You will be given a copy of this form for your records.
Statement of Consent
I have read the above information. I have received answers to the questions I have asked. I consent to participate in this research. I am at least 18 years of age.

Please check one:
☐ Yes, I agree to have my interview videotaped, but I can change my mind at any time during the course of my interview or during this study and end my participation.

☐ Yes, I agree to have my interview videotaped, but do not want to have it included in this study. I understand I will be provided a copy, and all other copies will be destroyed.

☐ No, I do not wish to have my interview videotaped. I understand that I can choose to continue without videotape, but that my performance will not be rated or included in this study.

Print Name of Participant: __________________________________________

Signature of Participant: ___________________________ Date________

Signature of Person Obtaining Consent: ___________________________ Date________
Reference List


Practice, 12 (3), 364-374.


Social Work Education.


*Education in Social Work*, 57-61.


aspects of empowerment in the education process of the social work field student.


Rawlings, M., Townsend, A., & Gingerich, W. (2003). *The impact of undergraduate degree and experience on social work self-efficacy.* Unpublished manuscript, Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, OH.


16.


