**MSW CAPSTONE: EVALUATION PROJECT GUIDELINES**

In this semester-long project you will plan and carry out a scientific evaluation of one of your “clients” (e.g. individual, family, group, or an entire program). This kind of applied research is essential in today’s practice world, measuring our effectiveness as social workers, client progress or program outcomes. Capstone projects are more than just research reports, they represent the culmination of your graduate social work training. In these projects you’ll integrate, show off the wonderful knowledge and experiences you’ve gained here at USI in a project report and poster presentation. Although students may pursue an independent research project with a social work faculty member of their choice for their capstone, this course offers the option of a practice/program evaluation project.

**Practice/Program Evaluation.** Practice evaluation explores the effectiveness of our individual practices and program evaluation examines the effectiveness of an entire program or social agency. Evaluation research is a form of applied research, using the scientific method to be more effective with clients. For example, we may focus on whether treatment interventions are successful, our ability to form therapeutic relationships, a unit’s success at improving discharge outcomes or a agency’s impact on improving a condition in the community.

You know how the saying goes, “How do you eat an elephant... one bite at a time.” You’ll complete this elephant (project) in pieces, giving informal update reports throughout the semester, a poster presentation and a final report at the end of the semester. The update reports are short postings on a BB discussion board about your project’s status, are not graded, but give you mini-deadlines to avoid a mad-flurry of activity in the end.

**Project Steps.** You’ll consume this project one step at a time, learning each during the course of the semester. Here’s a brief review. First, you’ll identify the project’s “client,” the person(s) of interest in your field setting. Second, you’ll use a scientific approach to discern with the client the concerns to be worked on and operationalize them. This process is represented in the acronym CS-DOOM, which you’ll learn early on during the semester. The resulting measurement plan from this CS-DOOMing is your project. It’ll be reviewed by the professor then, once approved, you’re off to collect this “client” data. You’ll code and enter this data into a spreadsheet to graphically and statistically analyze findings. Don’t worry, we’ll practice this collectively following a tranquil structured approach. Lastly, you’ll interpret your findings, reflecting on what they mean for you and the client. Of course, all along you’re reviewing the literature and tweaking the project as it unfolds, a common practice in this kind of applied research. Sounds complicated? It’s not and you’ll be amazed at how much of this you already know. Understanding the two products for this project will help clarify even more.

**REPORT & POSTER OVERVIEW**

The report details the components of your project: agency, client, scientific approach and evaluation design, practice theory, protection of clients, findings, discussion and conclusions. The report is written as a published document not a traditional academic paper. You’ll use the APA format to reference but not to format the paper. The APA paper format style is designed to prepare a manuscript for publishing. The double-spaced lines, insert table here, headings and so on are all to make the reviewers/editors jobs easier, but isn’t intended as a format for readers. This project report is concise, to the point, strategically referenced and written in a manner that makes it easy to comprehend for busy readers like administrators, legislators, judges. It’s formatted to make it easy for the reader to see the major points, quickly understand your project yet have plenty of sources for additional information. Think magazine article! We’ll discuss in detail and save this fancy formatting for the end. It’s best you complete this in pieces as you work your way to the end, writing out details and saving the scientific references, useful...
websites and other materials for crafting the final report. Think of it as keeping an electronic journal on a dedicated USB drive, saving all the useful info, links, articles, books and images. Usually we write the report then create the poster presentation, because of the timing of the Social Work Reception we’re doing the opposite.

In the **poster presentation** you *showcase* your project, tell us what you did, outcomes, and lessons learned - the highlights, major take home messages, really juicy stuff. These posters are made from a single PowerPoint slide, typical method most folks use for creating a poster like this. The way scientific poster sessions work is that the posters are setup in a room and observers wander around being amazed at your outstanding work with you, the presenter, remaining to answers questions. Observers (other professors, field instructors, fellow students) provide feedback on your work/posters on such things like the appropriateness of the intervention, evaluation methods, presentation quality and professionalism. This is akin to an oral defense of a master’s thesis.

**THE PARTS**
The project has six parts, combined in the poster presentation and written project report:

**Part 1: The “client”**
Briefly describe the client(s) and pertinent information:

- **Demographics** - age, sex, marital status, ethnicity, education, occupation... the essential items. If your *client* is a group, give average or general descriptive information for participants. If *client* is a program or agency, give descriptive data of agency (staffing/size, NPO/FP, etc...), services offered and population served (basic demographics);
- **Presenting problems** (chief complaint), signs and symptoms. Group *client* – type of group, purpose, collective diagnoses etc... Program/agency *client* – goals/mission, objectives;
- **Brief bio-psycho-social-spiritual history** - adapt this for group/agency clients;
- **Five axis diagnosis**, if appropriate;
- **Mental status exam (MSE)** - a few descriptive adjectives for the poster (e.g. alert, orientation, youthful, active, engaged in treatment, etc...) then a detailed account in the report;
- **Describe/show** the client and their current environment using a multi-system *ecomap figure*, illustrating how micro-messo-macro level systems affecting the client. Include a narrative describing the systems shown in the ecomap for this client and how these are helping or hindering them.

**Protection of Human Subjects (IRB Process).** The current policy of the USI Institutional Review Board for the Protection of Human Subjects of Research (IRB) states,

1. **Class projects, Research Practica, and Undergraduate Thesis Projects** involving research methodology and course-assigned data collection. These activities generally do not constitute research because their purpose is to provide training in research as part of the overall educational mission of a program and are **not designed to contribute to new knowledge**.

2. **Quality Assurance/Quality improvement**
*Improvement Activities that attempt to measure the effectiveness of programs or services, including program evaluations, model curriculums, or needs assessments. Such activities are not typically designed to be generalizable to the larger community and would not be considered research if results will not be compared with other assessments. Those responsible for such projects must be certain that their activities are not human research.** The Include your IRB forms and approval notification, if applicable. Discuss complications, informed consent and confidentiality issues as well as unique ways to address. [USI IRB Website](#)

Consistent with the underlined portions, the IRB further states that only scholarly work that is “…designed to develop or contribute to generalizable knowledge” requires formal review and approval ([USI IRB Website](#)). The people we work with are clients not research subjects and the intent of capstone projects is to train social workers in evaluation research, improve care and assess outcomes not to publish. Therefore, a USI IRB approval is not necessarily warranted. However, all students must complete [CITI Training Certification](#) and receive human subjects consent from the course instructor prior to beginning work on their project. Keep in mind that in some projects involving high-risk or vulnerable populations (e.g. children, prisoners) you may be required to submit a formal IRB request. For all projects, regardless of whether the evaluated client is an individual patient, group, program or entire agency, you’ll treat their information as privileged and
confidential just as you would any client information, protecting their identity. In your presentation and report you’ll also discuss the informed consent process and issues, confidentiality concerns and solutions, high-risk and vulnerability issues as well as unique ways to address.

**Part 2: Scientific Approach (CS-DOOM)**

Here you’ll describe each segment of the scientific practice evaluation approach (CS-DOOM). First, list all of the client’s concerns (problems, issues, challenges, needs, diagnoses things you could have worked together on). Select, rank-order the two or three you and the client choose to focus on. Be prepared to defend why these were selected, your rationale. Was it essential to preserve life, maintain sanity, court ordered, client’s choice? Define the two you’re measuring using the client’s terms, quoting clients own definitions works great. Show only the last step for operationalizing, clearly defining each of the two or three chosen targets (variables, ways for seeing, measuring each defined problem).

**Objectives**, a nice way to show them is a brief column in the treatment plan (see example below). In the treatment plan, list brief descriptors/labels of the intervention techniques/tasks your are “aiming” at each “target.” You may be using a “shot-gun approach,” the same intervention for multiple targets, no need for a detailed descriptions, you’ll do this later in part three. Example of logic model treatment plan:

<table>
<thead>
<tr>
<th>Problem: Debilitating Stress.</th>
<th>Goal: Reduce the amount of stress that client feels.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td>P1T1. Daily self-report calmness on scale 1-10</td>
<td>Increase by 20-40%</td>
</tr>
<tr>
<td>P1T2. Number of panic attacks per week.</td>
<td>Reduce from 7 to 4-5 then 1-3.</td>
</tr>
</tbody>
</table>

**Measurement plan.** Here you’ll state a one sentence measurement statement (who, what, when, where, and how) for each target and show or describe the measurement tool used. If you and your client created a custom designed scale, inventory here’s where you show it off. It helps to have a slide for each problem, using the problem as the title, then listing the measurement statements.

**Part 3: Practice Theory**

Here’s where your practice courses come into play. Describe the specific evidence supported practice theory (approach, treatment model, e.g. cognitive, behavioral, narrative, solution focused, system theory, choice theory, play therapy) being used with this client. First, outline your selected practice theory(ies) in the poster then discuss in detail in the report, e.g. its assumptions, principles, interventions, explanation for health and dysfunction, how it works. Don’t just list but teach us about this model. You’ll need to study 7-9+ references (books, chapters, articles) on your model. Second, explain the empirical evidence, scientific proof to support this model. No monster lit reviews, just a brief, meaningful and well referenced summary, likely another 4-5 quality, peer reviewed references. Don’t feel as if you need to reinvent the reference wheel. If you already have terrific articles/materials on the practice theory, use them. Incorporate what you’ve learned and used in other courses. You’ll need to be able to give a brief oral review of the literature but not a long winded speech. Be able to justify that you’re using evidence based, proven techniques appropriate for your clients and not treating them as eclectic guinea pigs. Apply the practice theory, detail the specific interventions used with the client. What did you do exactly? How did you do it (steps, protocols, procedures, methods)? In the poster you’ll be concise, likely listing with brief descriptors, but be ready to give a 30-second definition of your intervention model to poster observers, some may ask!

**Part 4. Evaluation Design**

From the Bloom, Fischer & Orme book, discuss the chosen design. Was it be A-B, B-A-B, A-B-A? Catching up on the readings will really help here because the book gives excellent case examples that’ll help in selecting from for the
different designs. How long was each measurement phase? Did you have a baseline, if not, why? Keep it brief but be prepared to explain; real world applied research requires adapting to emerging conditions so don’t worry if you’re A-B-C-D design stopped at B or jumped to Z. Note how the data was analyzed. Again, be prepared to address questions like: How did you analyze/study the data you collected? How did you know when you actually made a difference? When did you know when to discontinue the intervention, discharge client? The important issue here is having a clear goal, referred to in the CSDOOM as objectives - what we want to see happen to the indicator (sign, symptom), i.e. be sure your objective is specific maybe set an exact number or range. Hence, by stating how you’ll analyze the data you describe how you’ll assess progress and when your objective as well as goal is met. For example, I will visually analyze the client’s self-reported feelings of happiness by graphing data. Don’t worry too much about this in the beginning of the semester, you’ll be an expert by the time it comes to present this poster.

Part 5. Findings
You’ll systematically analyze each target of intervention by graphing with regression trend-lines, calculating descriptive statistics (mean, mode, median, range) then inferential statistics (t-Test, chi-square, etc...), if appropriate. Few agencies in the real world can afford SPSS or SAS so we’ll do everything on a spreadsheet program (you can use Excel or OpenOffice). So, with two problems and say two targets per problem you’d have four graphs and four sets of statistical findings, easily nested under each graph in a table. Keep it simple, create a slide for each target’s findings, in this case you’d have four.

Part 6. Discussion & Conclusion
In this final piece, you’ll write a summary, discussion and conclusion of your project. This is an important part of the project, showing us your critical/analytical thinking. This fundamental aptitude you’ve honed throughout your college years, but think quality of thoughts not volume. Interpret your findings. Discuss project findings and effects on your practice, client outcomes and/or agency. How might this process or outcome shape practice? What does this all mean for the client, your practice as a social worker, the intervention method itself, the agency? What’s next? Maybe the success just needs to be maintained so you’ll only see them monthly or quarterly? What was this evaluation process like for your client? What were some challenges for you (the provider), the client, agency; how might they be addressed in the future? How do your outcomes compare to other practitioners, agencies, published studies? What other factors (variables, issues) may be responsible for the outcomes? How might these be addressed? Identify your level(s) of intervention (micro, mezzo, macro) and explore how the identified problem/issue may be addressed at other levels, especially policy, economic or social justice approaches at local, state or federal levels. What implications does your project have for the scientific body of knowledge in this area and other practicing professionals. What are the scientific limitations of your findings, i.e. can you generalize to other clients or populations, sampling issues, research methods concerns, intervention protocols, social work practitioner related issues (e.g. expertise, ability, skill). Include a paragraph about this project’s effect on you. What did you learn from this experience, strengths or gaps in your knowledge and skills. Be certain to return to the literature, reference scholarship that supports or expands your discussion and conclusion.

You may brainstorm 100s of discussion points but use practice wisdom to decide what’s most important, most interesting, don’t let your learned pearls of wisdom get lost in excess rambling. As always, keep it bullet-like in the poster, prepared to give a more detailed answer if asked, then provide more depth in the written report. Remember, you will be an expect at social work evaluation when this is over and know more than the majority of practicing social workers. Relax and just tell us what you did in your evaluation project, outcomes and lessons learned!
Part 7. Executive Brief

An executive brief is essentially a beefed up abstract... a page or less review of the project, concisely reporting the purpose, agency, client, practice theory and treatment plan, evaluation methods, findings, key discussion and conclusion points. Although this comes first in your paper, it’s typically written last. You want to make the “take home messages,” most important aspects of your project, crystal clear. Writing meaningful and concise executive briefs is a terrific way to inform and interest others that otherwise wouldn’t have the time or interest to read a 20+ page paper.

The poster and report go hand-in-hand - the poster presentation an eye-catching, esthetically pleasing display of what you did and the report as a more in-depth, detailed description.

Look at the scoring keys below to gage where points will be awarded.

"If I had 60 minutes to solve a problem, I'd spend 55 minutes defining it, and 5 minutes solving it." — Albert Einstein.

THE POSTER

Although you’ll write the final report after the poster, you’ll need to address the essential topics outlined above in your poster presentations. Think of the poster as wonderfully explicit outline of your report, highlighting the really juicy stuff. In essence your poster will summarize the report with these parts:

1. Agency
2. Client
3. Practice theory & treatment plan
4. Scientific approach
5. Evaluation methods & design
6. Findings
   a. Graphs for each target
   b. Statistical results for each target
7. Discussion & conclusion

Look at the scoring key to be sure you cover everything you need. Be creative, put some serious energy into your poster, it will be something to include in a professional portfolio just like an architect or artist. The posters are made using a single monster size PowerPoint slide (20x30 or 24x36 inches) The template I provide is set-up for 20x30 inches; Google “scientific poster template” images for dozens of PowerPoint files you can borrow and adapt. The 20”x30” size can be printed at CVS (http://www.cvsphoto.com/Prints/Posters) or Wal-Mart (http://photos.walmart.com) for $20, only CVS prints 24x36 inches ($27) and they need several days to get this to you. Wal-Mart can print the 20x30 inches poster in 24 hours at the East Evansville or Henderson locations. I’m sure there are several other places you can print these at but I’ve used both companies and have been pleased with the results. We have discontinued the laptop and cardboard tri-fold posters.

The Poster Session Event

Think of the poster session at the social work reception as your final oral exam, your master’s project defense, so come prepared to address any question, practice beforehand and dress professionally. No pressure? It’s also your chance to show off what you know, really market yourself to potential
employers that may be in the crowd! The way most scientific poster presentations work is that the posters are setup in a room and observers wander around being amazed at your outstanding work with you, the presenter, remaining to answer questions. You’ll actively participate in the poster session as a presenter and observer. We’ll assign a 30-minute block of time for you to be with your poster to present, with ample time to observe other presentations. Observers (professors, field instructors, students) ask questions, provide feedback and fill-out an evaluation survey, used, in part, for grading your work. Make sure your poster receives 3 or more evaluations and completed surveys (one must be from a USI social work faculty member). You’ll also review 3 or more of your colleagues posters and complete evaluation surveys for them. Fulltime social work faculty also complete an in-depth survey for the MSW program evaluation but that is not part of the grading process. Keep in mind that by the time this day comes you really will be a subject matter expert in social work evaluation! Note, you’ll submit the PowerPoint file of your poster presentation on BB ahead of the social work reception presentation (see syllabus for date), save it with your last name and MSW Capstone (e.g. Earhart Capstone.ppt)

THE REPORT

Remember, this is a concise yet comprehensive report with all of your supporting materials, evidence detailing your work on this project. Think beyond the traditional academic paper into a report more fitting the real world, something that looks like a published document not a manuscript. It’s got to be brief, well documented, strategically referenced to support your claims and look great!

An estimate narrative page length (see scoring key below for details) suggests your reports will likely be between 13-18 single-spaced pages (12 point font), keep in mind that also includes tables, graphs, figures, references. The material to include in the report as appendices includes supporting documents, forms, raw data. Think outside the academic box! The report could be an electronic document beginning with the executive brief then have tabs linking to the other sections and materials. Why not use a secure website for your project report? Magazines do a great job of presenting information in useful, concise and attractive way... take a look at some popular magazines to get some idea. We’re looking for the parts, value creativity but the medium you choose is up to you.
## SCORING KEY

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>POSTER POSSIBLE POINTS</th>
<th>REPORT POSSIBLE POINTS</th>
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<tbody>
<tr>
<td><strong>Executive Brief</strong>. Concisely reported the purpose, agency, client, intervention theory/model, evaluation methods, findings and key discussion, conclusion points. Captures reader’s interest, take home message(s) are clear. For the poster, provided a concise abstract with agency, client, practice theory, evaluation methods, findings, conclusion. Est. report length: 1 page</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td><strong>Agency</strong>. Described agency, place where your project took place. What they do, programs, services offered, populations served, a bit about its history. Inform about the larger community where the agency is located. Est. report length: 1 page. Include: Additional descriptions of involved program(s), units, pamphlets, supporting materials, stats.</td>
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<td>5</td>
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<tr>
<td><strong>Client</strong>. In concise yet sufficient detail, described client(s) that are the focus of the project, demographics, the population they represent, chief complaint, presenting problem(s), signs &amp; symptoms, bio-psycho-social-spiritual history, MSE, DSM assessment. Presented a well crafted, multi-system ecomap with an accompanying narrative description. Overall, client is well documented. Est. report length: 1-2 pages. Include: Full-length assessment (if applicable), other supporting materials.</td>
<td>3</td>
<td>5</td>
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<td><strong>Practice Theory &amp; Intervention Plan</strong>. Clearly discussed practice theory, assumptions, principles, typical interventions and empirical evidence. Studied and included 7-9+ professional references (books, chapters, articles) for model, understands related empirical evidence. Appropriately applied and detailed the specific interventions used with the client and listed in a logic model treatment plan. Goals are appropriate and explicit, targets relate to goals, objectives clear, interventions/tasks distinctly aim at target. Est. report length: 2-3 pages. Include: Scientific journal references, articles, books, workbooks, websites.</td>
<td>8</td>
<td>15</td>
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<td><strong>Scientific Approach &amp; Evaluation Design</strong>. Exhaustive lists of concerns, clearly shows targeted concerns and rationale for their selection, precisely explains concerns relying on shared definition with client, shows two steps in operationalization (brainstorming options, selected items), objectives congruent with goals, and measurement statements for each final target (CS-DOOM). Discusses evaluation design, rationale. Specific, concise i.e. scientific. Est. report length: 1 page. Material to include: Forms, tools, instruments etc… possibly in an appendix if too lengthy.</td>
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<td>15</td>
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<tr>
<td><strong>Protection of Clients (IRB)</strong>. Completed and documented CITI Training, received human subjects consent from the course instructor or formal IRB approval, if required. Protected information as privileged and confidential, protected identity. Discussed informed consent issues and process, complications, confidentiality concerns and solutions, high-risk and vulnerability issues as well as unique ways to address. In an appendix included related materials, IRB forms and approval notification, if applicable. Est. report length: 2-3 pages. Include: Scientific journal references, articles, books, workbooks, websites.</td>
<td>2</td>
<td>5</td>
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<tr>
<td><strong>Findings</strong>. Analyzes and presents project findings in a precise, factual manner. Offers short review of treatment plan goals, participation rate (i.e. dosage, compliance, attendance - if appropriate), graphical analysis, descriptive statistical findings then inferential statistical findings. Included graphs and tables within the document. Narrative describes and summarizes, does not interpret or discuss, reports facts. Est. report length: 3-4 pages. Material to include: Incorporate all analysis figures, tables and graphs. You may include additional analysis results, print-outs along with raw data (e.g. surveys, forms) in an appendix.</td>
<td>10</td>
<td>20</td>
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<tr>
<td><strong>Discussion &amp; Conclusion</strong>. Began with a summary of project &amp; findings. Interprets findings, demonstrates critical and analytical thinking. Discussed project’s outcomes and effects to practice behavior, client outcome and/or agency. Identified challenges for provider, client and agency; how might be addressed in the future. Explored other factors (variables, issues) responsible for the outcomes, how might be addressed. Identify level(s) of intervention, ways to address at other levels, especially policy, economic or social justice approaches at local, state or federal levels. Discussed implications of project for scientific body of knowledge, other professionals, scientific limitations (generalizability, sampling, evaluation methods, intervention protocols, practitioner issues (e.g. expertise, ability, skill). Included a paragraph about project’s effect on social worker (what learned from experience, strengths or gaps in knowledge and skills). Appropriately references scholarship related to discussion. Est. report length: 2-3 pages.</td>
<td>10</td>
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<td><strong>Format</strong>. Grammar/spelling, creatively used guidelines, references strategic - not excessively quoted or used, follows APA or other format and consistent throughout. Report is visually appealing, looks like a finished professional product rather than an academic paper. Has an encyclopedia look, ease of use, readability.</td>
<td>5</td>
<td>10</td>
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Total Possible Points = 50

Pay close attention to the scoring key, making sure nothing is omitted in your report or poster. Faculty understand the limited space on the poster but be parsimonious (make every word count), get the essential information in there and be prepared to elaborate during your oral presentations:defenses. The estimated page lengths are suggestions not requirements but be careful about having too little or too much.

Do something you’ll be proud of!