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Building Confidence in Social Work Interns Through an Evidence-Based Practice Seminar During Field Education

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Abstract:

This paper seeks to evaluate the effects of an evidence-based practice (EBP) seminar for MSW interns in building confidence in their application of clinical skills. Interns participated in an EBP seminar during their field placements and completed a therapeutic skills self-assessment form pre-post seminar, and a post-seminar impressions survey upon completion. Results indicate that following the seminar interns felt more confident in their ability to evaluate research supporting specific treatments and in using specific therapeutic techniques. Providing MSW interns with an EBP seminar during field placement is a feasible and effective way for interns to build self-confidence and learn practice-based therapeutic techniques

Introduction

Social work field placement is an essential component of the development of clinical skills for MSW students and is where textbook clinical skills and classroom theories are translated into clinical practice (Kanno & Koeske, 2010). Research suggests that students entering the field often report low self-confidence and high anxiety about their ability to deliver quality clinical care, which is unsurprising given that MSW students often have limited prior clinical experiences (Gelman, 2004). As a result, the goal of all field educators is to promote the growth and confidence of each student (Bogo & Vayda, 1998). A high level of clinical support and a variety of training opportunities have been shown to be the most effective ways to enrich the intern training experience and increase intern overall satisfaction with their placement (Giddings, Vodde, & Cleveland, 2004). As such, these principles must form the foundation of our approach as field educators during the development and improvement of

learning opportunities for MSW interns.

One key area of importance is the development of students' understanding of evidence-based practices (EBPs). EBP centers on using research findings to help guide clinical decision-making (McCracken & Marsh, 2008). Over the past decade, schools of social work and the Council on Social Work Education (CSWE) have increasingly emphasized the implementation of EBPs into MSW program curricula. CSWE has stated that teaching MSW students the steps to analyze, interpret and employ research evidence into practice is an essential part of social work education (CSWE, 2008). Although knowledge of EBPs is now considered a fundamental part of social work education, research has demonstrated a disparity between students' knowledge of EBPs and their ability to apply actual evidence-based techniques in clinical practice. This suggests that earlier introduction and trainings around EBPs in clinical training are essential to students' education because it will help new clinicians learn to think clinically from an evidence-based perspective as soon as they begin working directly with patients (Weissman et al., 2006).

One reason for this gap may be because MSW programs tend to prioritize teaching broader theories and research findings over providing opportunities to learn practice-based techniques or specific interventions that have been validated through research (Staller, 2006). This is in part due to the large amount of content that must be covered in MSW programs. Because MSW programs prepare clinically focused students and macro students, all working in a wide variety of settings, programs must teach a broad curriculum at the expense of opportunities to go into greater depth in clinical areas (Fortune, Lee, & Cavazos, 2005). As a result, students and MSW programs rely heavily on field educators to help develop practice-based skills and learn the application of the actual therapeutic techniques supported by EBPs.

This task can sometimes be challenging for field instructors, as field instruction requires a tremendous amount of oversight of each intern and, thus, significant demands on the time of already busy clinicians acting as supervisors. For example, social work field placement supervisors need to help orient students to their agency placement, teach and provide ongoing support to them around administrative matters, conduct supervision to discuss clinical encounters with patients, review process recordings, and discuss case management needs. This supervision typically occurs while field supervisors have to maintain their own clinical and administrative responsibilities with limited reductions in workload (Wayne, Bogo, & Raskin, 2006). This can be further challenging due to the wide range of MSW interns, with respect to past experience and comfort in working in a clinical setting, such that some interns require a higher level of support and more supervision than others. In the context of these competing demands, it is difficult for field supervisors to ensure that interns receive high quality training on developing specific therapeutic techniques related to EBPs. Although most agree that EBPs and the development of practice-based techniques is critical to intern training, little is written about the best approaches to helping interns develop these skills.

In response to this challenge, the authors created an EBP seminar designed to enhance self-efficacy in using clinical skills in second year MSW interns who were in a psychiatric field placement at Boston Children's Hospital (BCH). This was a six-month seminar that met weekly for one hour and taught students a range of clinical techniques based on several specific evidence-based interventions. As part of a quality improvement initiative within the department of social work, the authors set out to evaluate this seminar and the experience of the MSW interns who participated. Specifically, there were two goals: 1) to describe the clinical techniques interns felt most and least comfortable applying upon starting their clinical placements, and how that changed after participating in the seminar, and 2) to report results of a post-seminar impressions survey given to students upon completing the seminar.

Evidence-Based Practice Seminar: Curriculum:

The EBP seminar was facilitated each year by the same clinical social worker in the Department of Psychiatry at BCH (first author). The seminar met weekly for one hour on Friday mornings from September through March during the academic year. This seminar was an internship requirement for all social work interns who had a psychiatric field placement (i.e. outpatient psychiatry, inpatient psychiatry, emergency psychiatry and school social workers). The goal of this seminar was to develop interns' ability to critically evaluate psychotherapy research and to teach the specific manualized interventions that correspond with the seminar-reviewed research literature.

Evaluating evidence-based practice (EBPs). To set the foundation for the seminar, interns were given an introduction and overview of EBPs. This included learning to identify and understand EBPs according to established criteria involving the identification of three different types of empirically supported treatments: 1) well-validated treatments; 2) probably efficacious treatments; or 3) possibly efficacious treatments. According to these guidelines, well-validated treatments have been investigated using at least two comparison groups and are found to be either superior to placebo or a treatment that is already established and is being tested in an adequate sample size. The evidence shows that a well-validated treatment may also consist of a large sample size with a good experimental design. Finally, well-established treatments must have studies where a treatment manual was used, there were specified sample characteristics, and the treatment effects were demonstrated by at least two different investigating teams.

Research evidence could support a treatment being probably efficacious in one of three ways: 1) two experiments could show the treatment to be superior to a waitlist control group; 2) the treatment could meet all the criteria of a well-established treatment but may not have been proven by two different investigating teams; or 3) the treatment may consist of a small series of single case experiments but may otherwise meet the well-established treatment guidelines (Chambless & Ollendick, 2001; Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001). Research evidence could support a treatment being possibly efficacious by having at least one study showing favorable results compared

to a control group. For a treatment to be considered among any one of these categories of evidence-based research, a study must have three characteristics: 1) was a randomized controlled trial, 2) used a manual to guide the intervention, and 3) had a well described population by using validated psychiatric assessment measures to assess symptomology and improvement. The seminar introduction concluded by having participants review a number of research articles to identify which category each reviewed treatment would fall under.

Seminar structure. Following the EBP overview, the rest of the seminar was focused on examining three different childhood disorders (depression, anxiety, and disruptive behavior) through the lens of three different psychotherapy modalities: Cognitive Behavioral Therapy (CBT), Psychodynamic Therapy, and Interpersonal Therapy (IPT).

Table 1

Depression, anxiety and disruptive behavior were chosen to focus on because these are the most prevalent issues seen by MSW interns in psychiatry at BCH. The specific interventions taught to interns were selected in part because of the research evidence suggesting their efficacy and due to the facilitator's prior training in these interventions. The seminar began by reviewing CBT for depression, and then moved to review CBT for anxiety, anger, disruptive behavior, and parent management training. The seminar then reviewed psychodynamic therapy looking at the Core Conflictual Relationship Theme (CCRT) and Pragmatic Psychodynamic Psychotherapy (PPP). The seminar concluded by reviewing Interpersonal Therapy (IPT).

Each module began with an overview of the disorder, strategies for assessing whether a child or adolescent meets the diagnostic criteria, and a review of the literature regarding that particular treatment intervention. Students reviewed research articles for each therapeutic modality and discussed the number of clinical trials published, their sample sizes, types of control groups used, study design, and the study outcomes. Students then discussed which EBP classification they believe the specific treatment falls under and why. The group then discussed how to talk about research with the patients and families they are meeting with by describing how certain interventions have been shown to reduce mental health symptoms compared to no treatment at all or waiting for treatment. The goal of this discussion was to teach interns how to educate parents and patients on why we are selecting the interventions we are using.

The first portion of each seminar consisted of a didactic lecture aided by PowerPoint slides to teach the specific components of the treatment interventions being discussed (i.e. structure of each therapy session and skills content). During the second portion of each class, the facilitator used audio clips of actual therapy sessions conducted by the teaching clinician to illustrate the techniques being discussed along with discussion of cases the interns were treating. Case discussions were guided

by soliciting examples from interns of where they were applying EBPs with patients and families. Interns gave a brief background of the case, including the presenting problem and where they were at in the treatment process, and then discussed the techniques they were using and their effectiveness or any struggles they were having. All of the interns and the facilitator offered feedback and suggestions for how to overcome challenges. The most common challenge experienced by students was how to present particular skills in a way that sufficiently engaged the child or adolescent patient. Discussions also focused on cases where the interns felt that the patient was not making significant progress, what might be inhibiting the treatment (poor attendance, lack of engagement by child and or family, co-morbidities, etc.), and how these issues might be addressed. Participants were given seminar PowerPoint slides and additional handouts with instructions for using and scoring several different patient and parent self-report scales that measure the presence of psychiatric problems.

Specific Interventions Covered in the Seminar

PASCET. Starting with the use of CBT for depression in children and adolescents, the seminar began by reviewing the Primary and Secondary Control Enhancement Training (PASCET) manual developed by John Weisz (Weisz, Thurber, Sweeny, Proffitt, & LeGagnoux, 1997). PASCET is a 12 session CBT intervention that has been validated in a number of clinical trials (Weisz et al., 1997; Weisz, Francis, & Bearman, 2010; Szigethy et al., 2007). PASCET sessions teach patients behavioral and cognitive strategies to improve their mood and decrease depressive symptoms. Weekly practice assignments are focused on behavioral activation skills and cognitive reframing to look at situations more positively. Three parent sessions also take place at the beginning, middle, and end of treatment to help parents learn CBT skills and coach their child to use the CBT skills outside of the therapist's office. The core behavioral skills in the manual taught to interns are the use of problem solving, activities to increase mood, relaxation techniques, showing your confident and positive self, and developing talents to improve your mood. Cognitive techniques used in PASCET are thinking more positively and optimistically, getting help from friends, identifying the silver lining, and no replaying bad or negative thoughts. PASCET was covered over five seminar sessions.

Coping Cat. For the treatment of anxiety, the seminar reviewed the Coping Cat manual. Coping Cat is a 16 session CBT intervention for children that addresses anxiety and has been validated in a number of clinical trials (Kendall, 1994; Kendall et al., 1997). Coping Cat includes three phases of treatment: psychoeducation regarding anxiety, skills training to manage anxiety, and then gradual exposure to anxiety provoking situations (Kendall, Kane, Howards, & Siqueland, 1990). Coping Cat works with patients to: identify anxious feelings and thoughts, apply behavioral techniques such as relaxation, and apply cognitive techniques by trying to think more positively. Coping Cat was covered over four seminar sessions.

Anger control therapy (ACT). ACT is a 10 session CBT intervention developed to help patients 10-17 years old with issues of anger and impuse control (Sukhodolsky et al., 2009). ACT has been validated

in several clinical trials showing its effectiveness (Lochman, Barry, & Pardini, 2003). ACT focuses on teaching patients both behavioral and cognitive strategies to manage anger and impulses. These techniques include relaxation, delaying responses to anger provoking situations, thinking positively, and social skills training. ACT also encourages patients to apply CBT techniques to help solve problems that they experience. ACT was covered over four seminar sessions.

Parent management training (PMT). PMT was based on Russell Barkley's The Defiant Child parent training protocol (Barkley, 1997). PMT focuses on teaching parents steps to help improve compliance and decrease disruptive behaviors in their children. Techniques include: paying attention to when the child is displaying good behavior, giving clear commands and expectations, setting appropriate contigency plans and following through on consequences, and the use of behavioral plans at home. PMT was covered over two seminar sessions.

Psychodynamic therapy. The psychodynamic therapy portion of the seminar began with an overview of psychodynamic therapy from a research and technical perspective before reviewing manualized interventions. This approach was used because interns felt the least confident employing a psychodynamic modality. This seminar module began reviewing the research supporting psychodynamic therapy by looking at meta-analyses conducted by Shedler (2010) and Midgley & Kennedy (2011), which showed support for a number of psychodynamic interventions for a range of psychiatric disorders, many of which showed large effect sizes.

The seminar then looked at the technical aspects of providing psychodynamic therapy by using a combination of supportive and expressive techniques with patients (Luborsky, 2000). Supportive techniques refer to times in therapy when the therapist offers guidance, support, and reassurance, and praises positive behaviors. Expressive techniques are used to help patients develop insight into their thoughts, feelings, behaviors and relationship patterns (Pinsker, 1997). Common expressive or exploratory techniques include the use of clarification, confrontation and interpretation (Summers & Barber, 2012).

Next, two psychodynamic manualized treatments, the Core Conflictual Relationship Theme (CCRT) and Pragmatic Psychodynamic Psychotherapy (PPP) were explored to provide a framework for how clinicians might approach psychodynamically oriented treatment. Psychodynamic manualized treatment differs from that of manualized CBT in that it does not provide a session by session outline of an agenda and goals, but rather is structured in phases containing an intitial, middle (or "working through" phase), and a termination phase. The CCRT model focuses on problems within relationships by looking at dissatisfying interactions the patient experiences. Within each of these relationship episodes of dissatisfaction, the therapy focuses on what the patients wished to get out of the interactions, what their percieved response from the other person was, and what their response to their self was (Luborsky & Barrett, 2007). PPP is an active and focused psychodynamic approach that organizes

treatment around the development of a psychodynamic formulation and diagnosis (Summers & Barber, 2012). PPP employs psychodynamic techniques to increase a patient's self-awareness and insight into thoughts and feelings as well as finding new ways to perceive old situations. The psychodynamic therapy portion of the seminar was covered over five sessions.

Interpersonal psychotherapy (IPT). IPT is a time limited psychotherapy that conceptualizes depression as intertwined with a patient's current interpersonal relationship difficulties (de Mello, de Jesus Mari, Bacaltchuk, Verdeli, & Neugebauer, 2005). The goals of IPT are to decrease depressive symptoms and to improve interpersonal functioning by enhancing communication skills within relationships (Mufson, Dorta, Moreau, & Weissman, 2011). The seminar focused on IPT for adolescents (IPT-A) which has been validated in several randomized controlled clinical trials demonstrating its utility (Mufson, Weissman, Moreau & Garfinkel, 1999; Mufson et al., 2004). Seminar content focused on the three phases of IPT treatment: conducting an interpersonal interview, diagnosis of interpersonal problems, and IPT techniques to improve interpersonal relationships. IPT was covered over two seminar sessions.

The goal of this QI study was to determine if providing MSW Interns with an EBP seminar teaching specific therapeutic tehcniques would increase students' self-confidence in their clinical abilities. The seminar was designed in part to address feedback given by interns from previous years requesting more skills-based seminars. Therefore, it was expected that students' self-confidence would increase and that interns would express a high level of satifaction with participation in the seminar.

Method

Sample

Twelve second-year social work interns participated in the EBP seminar. As this study falls within the scope of a quality improvement initiative, we were not required to go through the full IRB process to get approval for this study at our institution. All participants were full time students attending one of four accredited MSW programs (n=4 Boston College; n=4 Boston University; n=3 Smith College; n=1 Simmons College). Most participants were female (n=11, 92%) and one was male (8%). They had all completed a prior first year MSW internship and had some pre-MSW work experience in human services.

Therapist Skills Self-Assessment (TSSA)

The TSSA was administered to seminar participants at the beginning and end of the six-month seminar. The authors developed the self-assessment, which included 30 items regarding the specific practice techniques students would be taught throughout the course of the seminar. Each question began with "How confident are you in…" and participants were asked to rate their confidence from 0 to 100% where 0=no confidence, 50=moderate confidence, and 100=complete confidence. The TSSA showed high internal consistency (alpha=.92).

Post-Seminar Impressions Survey

The post-seminar impressions survey consisted of two components. The first solicited open responses from participants regarding the seminar elements that they found most and least helpful. The second component of the survey pertained to each individual module and asked three questions: 1) if their MSW coursework covered the material, 2) what was their familiarity with the evidence-based research supporting the interventions, and 3) if the seminar content furthered their knowledge regarding the specific therapeutic modality. The survey also asked participants what they would change, if anything, about the seminar to improve it. Participants completed this survey after the last seminar session.

Data Analysis Plan

For quantitative responses obtained from the pre- and post-seminar self-assessment, the authors conducted an item-by-item analysis using paired sample t-tests to assess differences for each item following the conclusion of the seminar. The authors used the Bonferroni correction for multiple comparisons to reduce experiment wise error. To analyze qualitative survey responses, the authors used open and axial coding strategies (Corbin & Strauss, 2008). Analysis started by identifying themes among the wording and phrasing of participants' responses to each survey question. The authors then created an axial coding system to calculate the frequency with which certain themes emerged among respondents. Finally, descriptive statistics were used to present themes found among the data. All statistical analyses were completed using SPSS version 17.

Results

TSSA Results

All 12 participants completed the TSSA, rating their confidence in using each therapeutic technique, before and after the seminar. At the beginning of the seminar, there were three items that had a mean rating of below 50%, indicating therapeutic techniques that students felt a low level of confidence in applying, which increased at the end of the seminar. These skills included item #6: Teaching patients the A-B-C (Antecedent-Behavior-Consequence) model which went from a mean of 49.58 (±19.12) at baseline to 75.83 (±16.90) post seminar, item #18: Doing systematic desensitization with patients which had a mean of 41.25 (±15.24) at baseline to 61.25 (± 23.37) post seminar, and item #30: Helping parents to establish behavior plans which had a mean of 49.58 (± 24.26) at baseline to 71.67 (±21.25) post seminar.

Seven items were rated between 50-55% confidence level, suggesting a moderate amount of confidence at baseline which also increased post seminar. These included item #8: Teaching the CBT model to patients which had a mean of 52.92 (± 17.77) at baseline to 78.33 (±22.50), item #11: Identifying the patient's automatic thoughts and core beliefs which had a mean of 52.08 (±14.05) at baseline to 73.17 (±23.23) post seminar, item #12: Drawing attention to inconsistencies in the patient's narrative which had a mean of 52.50 (±14.85) at baseline to 78.58 (±11.97) post seminar, item #19: Using relax-

ation techniques with the patient which had a mean of 52.50 (±17.65) at baseline to 70.00 (±26.37) post seminar, item #22: Assigning homework for patients which had a mean of 53.33 (± 26.05) at baseline to 69.17 (±25.92), item #27: Incorporating evidence-based practices into treatment which had a mean of 54.58 (±17.25) at baseline to 75.67 (±21.40) post seminar, and item #29: Encouraging parents to modify their behavior or affect which had a mean of 50.83 (±15.05) baseline to 70.83 (±18.32) post seminar.

Although there were mean improvements among all of the techniques, after correcting for multiple comparisons, there were 5 items that were significantly different ($p<0.001$) between students' baseline and post-seminar TSSA, indicating significant increases in confidence which are shown in table 2. These items included #3: Establishing session goals and encouraging the patient to discuss session goals, item #6: Teaching patients the A-B-C (Antecedent-Behavior-Consequence) model, item #12: Drawing attention to inconsistencies in the patient's narrative, item #20: Incorporating psychoeducation into treatment, and item #29: Encouraging parents to modify their behavior or affect.

Table 2

Themes among student responses. Regarding seminar elements that participants found most useful and what they would like more of, qualitative analysis indicated four primary themes: 1) seminar modules provided more in-depth and detailed training with respect to the technical aspects of providing specific manualized interventions (9 responses), 2) listening to audio sessions that highlighted the course covered skills enhanced clinical aptitude (9 responses), 3) learning techniques that students were unfamiliar with (4 responses), 4) learning a systematic method for evaluating research (3 responses). With regards to what interns would change about the seminar, one theme emerged: interns would have liked more opportunities to practice the techniques themselves through role playing or other opportunities (5 responses).

Students' post-seminar impressions. Following completion of the seminar, participants completed a survey regarding their impressions of the seminar and previous knowledge of each clinical modality presented in the seminar. All 12 participants completed the survey at the end of the seminar. Survey responses regarding the CBT module of the EBP seminar indicated that 12 out of 12 reported CBT was a considerable part of their prior course work in their MSW programs and 10 out of the 12 reported being familiar with manuals and research supporting CBT treatment prior to participating in the seminar. Following the seminar, 12 out of 12 participants reported that the seminar furthered their knowledge of CBT treatment with the mean helpfulness score of 8.2 (±1.0) on a scale of 1-10=extremely useful for this module.

Psychodynamic. Survey responses to the psychodynamic module of the EBP seminar showed that 6 out of 12 interns had been exposed to psychodynamic therapy through their MSW course work and

only 1 out of the 12 participants was aware of psychodynamic treatment manuals and research supporting psychodynamic therapy. Following completion of the seminar, 11 out of 12 reported that this module furthered their knowledge of psychodynamic treatment with a mean helpfulness score of 7.8 (±1.2).

IPT. Survey responses to the Interpersonal Therapy (IPT) module of the seminar indicated that 2 out of 12 participants learned about IPT treatment in their MSW programs and 2 out of 12 were aware of IPT treatment manuals and research evidence supporting this treatment modality. Following the seminar, 6 out of 12 participants reported that this module furthered their knowledge of IPT treatment with a mean helpfulness score of 7.9 (±1.4). Overall, interns' responses regarding their perceived usefulness of the seminar were positive with a mean of 8.6 (± 0.98).

Discussion

The capacity to evaluate and incorporate evidence-based practices during field placement is a crucial learning objective for all MSW interns. This paper sought to identify students' learning needs and evaluate the utility of an evidence-based practice curriculum in fostering the development of clinical confidence. Interns overwhelmingly reported that the seminar advanced their knowledge and clinical confidence. Results show that at baseline there were many techniques that students felt both little confidence in using and a lack of specific training in applying. Students also reported that their school coursework was broad in nature, which is consistent with the literature, which may be the reason for the lack of training. Students' impressions post-seminar also suggest that learning the framework for evaluating research and talking to patients and families about research supporting the interventions they were using was also helpful, and that this specific framework was not part of their prior course work.

Given that field placement is the portion of MSW students' education where these skills are expected to develop, these results are not unexpected. However, the challenge lies in how field placements can sufficiently help students develop these skills in the context of the many demands placed on MSW field supervisors. As clinical supervision must encompass discussion of specific clinical encounters, case management needs, process recordings, and administrative components of the internship, there is often little time to focus on the range of potential therapeutic techniques to use with patients. In institutions with multiple interns and clinical supervisors, an evidence-based curriculum like this seminar can effectively augment clinical supervision, thereby easing the burden on clinical supervisors while greatly enhancing learning for interns. This seminar took place at a hospital field placement with an average of 7-10 second-year MSW interns. The seminar could have been taught at a college or university as a course offering or as an adjunct to their current field seminars, which would lessen the burden to field supervisors and better prepare students for fieldwork providing therapy by increasing their confidence.

Results from the seminar evaluations also point to areas of content in which interns felt that they received little instruction in their MSW programs. Psychodynamic interventions are one such area. It is possible that many psychodynamic offerings exist and our small sample may simply have not selected these courses. However, as noted by Shedler (2010) and Midgley & Kennedy (2011) in previous publications, there seems to be a belief that there are no EBPs for psychodynamic therapy, which may be the reason for little attention to these techniques within MSW curricula. MSW field supervisors also vary widely with regards to their own primary therapeutic orientation, making it difficult to understand how that may impact the students' acquisition of certain EBPs. Regardless of the reason for this gap in curricula, results from student surveys suggest that learning about psychodynamic techniques was appreciated and found to be helpful. Additionally, few students had prior knowledge of IPT but also reported that it was helpful to learn about specific IPT techniques. Overall, students reported that having exposure to a wide variety of therapeutic techniques was an aspect of the seminar that they found most valuable and having this exposure likely contributed to their increase in confidence.

Students' interactions with their field advisors and corresponding seminars appear to vary greatly among interns from different MSW programs. Most students reported that their interactions with their field advisors centered on issues at their field placements and discussing students' overall experiences. However, interns seemed to differ with regards to the amount of time spent with their advisors. It's unclear to what extent the field advisors of the students in this study spent time discussing the use of EBPs with the interns, what teaching techniques they utilized, and if there was an overlap with the seminar and their field advisors and how this may have influenced the students' confidence. The authors assume that there was little attention in field advisors' meetings to the topic of EBPs based on interns' responses at the end of the seminar suggesting that they did not have previous exposure to the techniques.

The fact that all of the skills on the TSSA improved post seminar is unsurprising given that student confidence was expected to increase after having exposure to the specific skills and techniques. However, there were TSSA items that only had marginal gains post seminar. Some TSSA items that were rated with low confidence by students at baseline that did not reach the level of significance post seminar may have been due to interns not having enough opportunities to practice the specific technique with the patients they were treating. For example, some students may have had the opportunity to use a technique like systematic desensitization with patients more than others resulting in the development of more confidence. It is possible that the seminar gave students a basic understanding of a specific technique, which builds confidence in using the skill, and then practicing that skill increases confidence even more. It's unknown if students did not receive specific training through the seminar, if they would use the technique with their patients, and if they did, it is not known how their confidence would have increased. This could be dependent on the type of supervision an intern received among other variables. The seminar teaching the skill and giving interns that basic exposure

may be an important first step in increasing confidence, but it is important to follow up with opportunities to use the skill with patients.

Another factor, which may explain only marginal gains in the confidence of some techniques, may be how much supervisors reinforced the techniques, which was unclear in this study, but would be an important factor to explore in future studies. It's possible that the TSSA items that had the largest gains were items that after presentation in the seminar were used often by interns in practice and reinforced in supervision. It would be interesting to see how a model where students took the seminar, treated patients using the specific techniques while discussing their experience in supervision and in the end receiving some type of a certificate acknowledging their gain in mastery of the skill may help to develop the students' confidence even further.

The findings of this study suggest that if field placement sites were to implement an EBP curriculum like this one, or if MSW programs provided this as an adjunct to their field advisor seminars, it would likely increase students' clinical confidence and satisfaction. Although our study suggests a great benefit to implementing an EBP curriculum, these results must be taken into consideration with the inherent limitations of this type of quality improvement study. The small sample size of this study greatly limits its generalizability. Future studies should include larger samples of students at multiple sites. In the absence of a control group of students who received the same placement and education but not the EBP seminar, it is impossible to attribute the increase in confidence in clinical skills seen at the end of the seminar to the effects of participating in the actual seminar alone. Additionally, all students had different supervisors, and we are unaware to what degree each supervisor focused on the specific interventions taught during the seminar. This variation could certainly contribute to the level of comfort a student feels with specific therapeutic techniques. Future attention should be given to more rigorous testing to determine if this type of seminar increases clinical confidence compared to students who did not take the seminar, and how increasing confidence may affect clinician competence, perhaps by evaluating clinical ratings of the student's session to objectively rate the clinician's level of competence.

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Table 1: Trainings of Treatment Modalities

	Focus	Method	# of Sessions
Cognitive Behavioral Therapy	Depression	PASCET	5
	Anxiety	Coping Cat	4
	Anger	ACT	4
	Parenting	PMT	2
Psychodynamic Therapy	General	PPP	2
	Relationships	CCRT	2
Interpersonal Therapy	Relationships	IPT-A	2

Table 2: Pre-post Seminar Changes in TSSA Items

TSSA item and no.	Pre-Seminar Mean (SD)	Post-Seminar Mean (SD)
3. Establishing session goals and encouraging the patient to discuss session goals	55.83 (±15.64)	79.17 (±13.62)**
6. Teaching patients the A-B-C (Antecedent-Behavior-Consequence) model	49.58 (±19.12)	75.83 (±16.90)**
12. Drawing attention to inconsistencies in the patient's narrative	52.50 (±14.85)	78.58 (±11.97)**
20. Incorporating psychoeducation into treatment	57.08 (±16.85)	78.58 (±13.06)**
29. Encouraging parents to modify their behavior or affect	50.83 (±15.05)	70.83 (±18.32)**

Differences in means were obtained by paired sample *t*-test
**p<.001