

# Toward outcomes measurement in the human services

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## Abstract

*This presentation describes experiences at the Centre for the Study of Social Work Practice with outcomes measurement. Highlights of the Center's conference and publication on outcomes measurement in the human services are summarized. Specific attention is given to describing the national context of outcomes measurement in the United States at the current time. Accordingly, comments are made regarding federal and state level outcomes measurement requirements as well as expectations of major national voluntary organizations that impact on outcomes measurements in the human services. Some thoughts are presented on the question of whether or not outcomes measurement and the results of program evaluation have had any effect on human service policy and programs in the United States.*

Our purpose in meeting is to share experiences from our respective research centres. I will describe CSSWP's experiences with outcomes measurement. Dr. Mosseri will describe the experiences of the Centre's partner practice agency in implementation of an outcomes measurement system.

## Experiences at CSSWP

Since the Center was established 13 years ago we have conducted a variety of studies (N=26). Some have examined intervention outcomes. Some have aimed to develop outcomes measures<sup>1</sup>. Examples of studies that have aimed to measure actual intervention outcomes are more plentiful.<sup>2</sup>

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<sup>1</sup> One example of a study that sought to develop an outcome measure is called *Defining Grief in Childhood: Test-Retest Reliability of the W.T. Grant Consortium Grief Inventory*. The purpose of this study was to examine the reliability of a specific measure of childhood grief, the Grant Inventory, and to compare it with a measure that is commonly used in adult and in some adolescent bereavement studies (the Texas Inventory). It was hoped that the Grant Inventory could be shown to be reliable, and, accordingly could be used as a specific measure of childhood grief usable to evaluate the practice outcome of bereavement groups.

<sup>2</sup> *The Odyssey Project: A Descriptive and Prospective Study of Children & Youth in Residential Treatment Group Homes & Therapeutic Foster Care* illustrates a national effort to measure the effects of residential treatment programs. In response to the pressing need to develop a more comprehensive empirical base undergirding residential care in the United States, the Child Welfare League of America enlisted over two dozen residential treatment and group home facilities to participate in the *Odyssey Project* study, with an expected subject enrollment of approximately 2,700 children and youth across the country. Under the auspices of the Center for the Study of Social Work Practice, three sites of the Jewish Board of Family and Children's Services joined the national study. The database resulting from this study is expected to make a major contribution to the field of residential treatment as it evolves into the 21st century.

A second example is the *Childhood Bereavement Study*. This study tested an innovative group service for New York City African-American and Hispanic children affected by the untimely death of a parent figure.

A third example is the study called *Services for the Homeless*. This was a study of the short-term effectiveness of services for homeless individuals and families. In this study caseworkers established service goals for clients at intake, and the researcher conducted follow-up interviews with 85 clients three months later to determine their level of service goal attainment.

A fourth outcomes measurement study was titled *Grandparents Raising Grandchildren: A Group Intervention*. In the United States there has been a sharp increase in the number of grandparents raising grandchildren. Self-help/mutual aid strategies remain the most popular means for helping care-giving

In sum seven of the Center's twenty-six studies to date have examined some aspect of outcomes measurement and all have addressed questions pertaining to the effects of clinical services. The model followed has been that of evaluation research focusing on specific programs or interventions. These efforts did not involve what has come to be called outcomes measurement systems such as those described by Dr. Mosseri.

Something changed in 1994-95 at the Center. The Center's practice partner (JBFCS) was being asked to establish outcomes measurement systems by its accrediting and funding agencies. There was uncertainty regarding what was required and how to go about measuring outcomes that would meet requirements. At the time many human service agencies and researchers in the United States experienced these ambiguities and uncertainties. Accordingly, the Center convened a meeting of approximately 300 agency administrators, researchers, practitioners, representatives of funding and accreditation agencies, and experts in outcomes measurement.

The meeting was designed to examine the following questions: (1) how can outcomes measurement be usefully re-conceptualized, and placed in historical, public policy, administration, practice and research contexts?; (2) what approaches to outcomes measurement are being promulgated? - a descriptive and critical analysis; (3) what can be said about the reliability, validity and quality of existing approaches to outcomes measurement and their relevance for social work interventions?; (4) what are the implications for future research?; and, (5) what is the legislative and public policy context of outcomes measurement - why is there a need to address outcomes in a measurable way? The meeting examined common crosscutting issues and methods as well as issues and methods pertaining to children and family services, health care, and behavioral health care. The book *Outcomes measurement in the human services* presents the content of the meeting. As described in that book outcomes measurement in the human services in the United States is a topic of considerable importance throughout the human services and one involving high stakes. Rather than repeat here what has already been presented in that book I move on to comments regarding the current context of outcomes measurement, five years after the outcomes meeting was held.

Since the meeting we at the Center and at JBFCS have been focusing on how outcomes measurement systems can be implemented and used in practice. Dr. Mosseri's presentation addresses this topic. In addition Dr. David Menefee has been working on the establishment of SERG, a program within the Center that would have as its purpose the formation of an outcomes measurement unit within the Center. In many ways we are continuing to learn from our experiences and, concurrently attempting to understand how the national and local context of outcomes measurement in the United States is shifting. Specifically, we are interested in learning more about the public (national, state and local governmental bodies') and private (funding and

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grandparents cope with the multiple stressors they face. Yet the content, format, and efficacy of these groups are still largely undocumented. The purpose of the school-based small group intervention was to explore the efficacy of a structured, time-limited group intervention based on principles of psycho-education and mutual aid.

A fifth study was the *Attrition Study for Battered Women*. This study examined the differential effects of providing phone support by trained volunteers to battered women who were awaiting more intensive services. In the *Attrition Study*, women who called the battered women's hotline were randomly assigned to the experimental condition, in which potential patients were contacted by phone on a regular basis until they could be seen for treatment. The study examined the outcome of the program.

The Center's most recent outcomes study is the *C-DISC in Clinical Services*, which is the most ambitious of the Center's outcomes studies. This multi-year, NIMH-funded study examines the impact of introducing a standardized, computerized assessment procedure into the intake process of community-based mental health clinics. The Computerized Diagnostic Interview Schedule for Children (C-DISC) was developed by NIMH and has proven its usefulness for research purposes. It is a reliable, valid, and inexpensive means of identifying mental disorders and psychological symptoms in children and adolescents. The present study uses an experimental design to determine whether the instrument is useful in clinical services. It involves implementing the instrument in seven of the JBFCS clinics.

accrediting agencies') requirements for outcomes measurement, the context so to speak. We are also interested in learning how outcomes measurement systems and program evaluation results are being used in practice. In the remainder of this paper I will address these two topics.

### **Context of outcomes measurement**

The context of human services outcomes measurement in the United States has included a new emphasis on accountability at all levels with an eye toward performance measurement and managing for results. Also important have been the service recipient and community resident movements and managed care.<sup>3</sup>

### **Public initiatives**

In 1993 Osborne and Gaebler wrote "Words like *accountability*, *performance*, and *results* have begun to ring through the halls of government".<sup>4</sup> I now add to Osborne and Gaebler's observation that in the year 2000 the demand for accountability, performance and results has been translated into requirements for evidence of outcomes by those providing funds, accrediting programs and applying accounting standards to human service programs. Of increasing importance in the United States is the Governmental Accounting Standards Board (GASB).<sup>5</sup> GASB is the standard setting body for state and local governments. GASB now includes "performance measurement" as an accounting standard. The GASB Service Efforts and Accomplishments initiative (SEA) includes "performance measurement" as a generally accepted accounting standard.<sup>6</sup> In the year 2000 state and city governments are rated on managing for results as a performance measurement.

Another significant development in the United States has been passage in 1993 of the Government Performance and Results Act of 1993 (P.L., 103-62) (GPRA) as well as the related National Performance Review (NPR) initiative of the Clinton-Gore administration because of their focus on outcomes measurement. The GPRA requires that annually each major federal program must identify its mission, general goals, and the ways that progress towards those goals are measured (at the program level). Programs are required to establish annual output and outcome performance indicator targets. Results must be reported to Congress and the President. The GPRA and the NPR requirements affect the entire span of human service programs in the United States because of the influence of the federal level programs at all levels of government. The GPRA shifts the focus from activities that are undertaken within programs (e.g., grants given, inspections completed) to results (e.g., improvement in employability, safety, responsiveness, or program quality).

### **Private initiatives**

During the past several years I have co-chaired the United Way of Metropolitan New York's membership review committees. This experience has provided me with considerable information regarding how major private funding organizations such as those who are members of The United Way of America approach outcomes measurement in their grant-making. It is now required that United Way member agencies develop outcomes measurement plans and report on

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<sup>3</sup> This section draws from ideas expressed by the authors in Mullen, E. and Magnabosco, J (eds) (1997). *Outcomes measurement in the human services*. Washington, D.C., NASW Press. Acknowledgement is given to NASW Press and to my co-author Jennifer Magnabosco.

<sup>4</sup> Osborne, D. and Gaebler, T. (1993). *Reinventing government: How the entrepreneurial spirit is transforming the public sector*. New York: Plum, 141.

<sup>5</sup> The mission of the Governmental Accounting Standards Board is to establish and improve standards of state and local governmental accounting and financial reporting that will result in useful information for users of financial reports and guide and educate the public, including issuers, auditors, and users of those financial reports.

<sup>6</sup> For a review how the human services will be affected by the GPRA and the SEA initiative as well as how various types of accountability may be viewed see: Martin, L.L. and Kettner, P.M. (1996). *Measuring the performance of human service programs*. Thousand Oaks: Sage Publications.

accomplishments related to performance objectives. As is the case in New York other United Way of America local organizations as well as many community foundations have begun to encourage or require outcome data from funded agencies.

There are many examples of regional and even neighborhood level private efforts to measure outcomes in various critical human service areas.<sup>7</sup> Such regional and neighborhood level outcomes measurement efforts are occurring in various parts of the United States.

An additional significant source of influence in the move toward outcomes measurement has been the role of accrediting organizations in the United States. Many important accrediting bodies in the United States are now requiring some form of outcomes measurement of member agencies.<sup>8</sup> Dr. Mosseri's presentation provides an excellent example of outcomes measurement expectations of some of these accrediting bodies, especially the influential Joint Commission on Accreditation of Healthcare Organizations.

### **Administrative and Practice Contexts**

In the United States outcomes measurement has been supported by various developments in administrative and practice theory such as expressed in *Total Quality Management (TQM)* and *Continuous Quality Improvement (CQI)* principles.<sup>9</sup> The health field has been at the forefront as seen in the work of Donabedian.<sup>10</sup> Information on outcomes is to be used to provide better quality services at low costs. System improvement and quality outcomes are the goals of outcomes measurements. Service recipient satisfaction is key. Outcomes and satisfaction data are to be provided service recipients and program staff so that program changes can be made for improved outcomes.

### **Consumer Movement, Community Interests and Advocacy**

A consideration of outcomes measurement in the United States would be incomplete without reference to the importance of the consumer movement. This movement has underscored the significance of including the perspectives of service recipients and community residents in efforts to measure outcomes. Federal agencies as well as consumer and community interest groups have sponsored development of outcomes measures and guidelines based on consumer and community resident perspectives. These and other organizations focus attention on the importance of including

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<sup>7</sup> The *Kids Count* reports and Kansas City's *Partnership for Children* are examples of outcome indicator reporting pertaining to the well-being of children. Both distribute a report card and data-briefing book on the community-wide status of children. A community-wide effort by Los Angeles County Children's Planning Council to collect data on the status of children and families has led to the establishment of a system for collecting outcome measures on children and families, published countywide and regional children's scorecards to support planning for system wide services integration, and developed a family assessment form to support practitioner-based program-level research and evaluation.

<sup>8</sup> Among the more important accrediting bodies with such requirements are: *CARF*: The Rehabilitation Accreditation Commission (Non-for-profit accrediting body for adult day care, employment, behavioral, community, and medical rehabilitation services.); *COA*: Council on Accreditation of Services for Children and Families, Inc. (Not-for-profit accrediting body for behavioral and social services in the United States and Canada.); *JCAHO*: Joint Commission on Accreditation of Healthcare Organizations (Major non-for-profit accrediting body for hospitals, health care networks, managed care organizations, and other health care organizations in the United States and other countries.); *NAEYC*: The National Association for the Education of Young Children (Not-for-profit organization for early childhood professional and others committed to improving the quality of early childhood education.); *NCQA*: National Committee for Quality Assurance (Not-for-profit accrediting body for managed care plans.)

<sup>9</sup> See Deming, W.E. (1986). *Out of crisis* (2nd Edition) Cambridge, MA: MIT Center for Advanced Engineering Study; and Bowles, J., and Hammond, J. (1991). *Beyond quality*. New York: Berkeley.

<sup>10</sup> Donabedian, A. (1968). The evaluation of medical care programs. *Bulletin of the New York Academy of Medicine*, 44:117-124.

consumers and community members in the process of developing and monitoring outcomes measures.

### **Managed Care**

In the United States managed care is a term that refers to various organizational structures that have been put in place to control the costs of human services. Managed care is a widely accepted approach present in general health, behavioral health, family and child welfare, education and other human services.<sup>11</sup> While cost-containment has been central to early managed care thinking, attention is now focusing as well on quality indicators of service outcomes. Stakeholder groups, including consumers of services and their families, are pushing for outcomes and their associated costs to become a key focus for managed care and governmental organizations. Nevertheless, at the current time the managed care approach to cost containment is being rethought as the initial savings are quickly eroding and quality is suffering.

### **Use of outcomes measurement and research results in practice – Do outcomes matter?**

This description of the context of outcomes measurement in the United States shows that much is happening. Organizations from the national to the local level now are expected to be accountable for results and for outcomes. Yet, what is not clear is how the data being gathered about outcomes is being used, especially at the local level and especially by practitioners. Are findings about what works being translated into guidelines that are adopted by local agencies and by practitioners? Are evidence-based practice and the use of research-based practice guidelines becoming a reality? Do outcomes matter? It strikes me that the key issue regarding outcomes measurement in the near future has to do with how the results of outcomes measurement will affect policies, programs and practice.

In the fall 1999 issue of the journal *Nonprofit Management and Leadership* (10:1, Fall 1999, 100-102) Roger A Lohmann wrote an essay review based on five books. One of the books was our Centre's publication *Outcomes measurement in the human services*. Others were authored by Daniel Moynihan, Irwin Unger, Lawrence Martin and Peter Kettner, and Sandra Trice Gray. Together these books examined developments in social policy and accountability during the 1960's to the present in the United States. The essay was titled *Has the Time Come to Reevaluate Evaluation? or, Who Will Be Accountable for Accountability?*.

Lohmann writes as follows:

"--- practitioners in the social services and social welfare researchers have been told repeatedly throughout the past three decades by a chorus of voices from within the accountability movement that to the extent current events are hostile to social services --- it is because of the original sin of lack of accountability. --- The question raised by these books in juxtaposition is how much longer we can expect the ideals of measurable performance, and specifically of outcomes of social service, to remain effectively beyond our reach and how much longer we can afford to wait. Two conclusions are clear. One can learn --- how utterly incidental and unimportant the program evaluation ideal really has been in national social policy over the past thirty years. --- one can see that even after the wreckage of one national social policy establishment created to carry out Moynihan's "professionalization of reform" and the rise of another formidable conservative social

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<sup>11</sup> For a consideration of managed care in health and behavioral health see: MacLeod, G.K. (1993). An overview of managed health care. In P.R. Pongstvedt (ed.), *The managed care handbook* (2nd. ed.) (pp. 3-11). Gaithersburg, MD: Aspen Press; Corcoran, K. and Vandiver, V. (1996). *Maneuvering the maze of managed care: Skills for mental health practitioners*. New York: The Free Press; and, Trabin, T. and Freeman, M.A. (1996). *Managed behavioral healthcare: History, models, strategic challenges, and future course*. Tiburon, CA: CentraLink Publications.

policy establishment --- the "normal science" of evaluation research marches forward, cheerfully whistling its own familiar tunes. The question now is whether anybody is really listening."<sup>12</sup>

The Lohmann essay raises question about the extent to which program evaluations and outcome measurement have made any difference in the United States during the past forty years as far as the continuation, growth, development, or termination of human service programs. In other words "have outcomes mattered?" Of course this gets us back into the issues of research utilization and the relative importance of research findings in the broader context of politics, financing, etc. I think the questions raised by Lohmann are import ones to consider. Many of us are advocating for the importance of program evaluation and outcomes measurement, but it seems important to stop and think about the question of how findings from these efforts are being used - if they are being used.

Before opening this question up for consideration I will comment briefly on what I have learned from a review of progress among federal agencies in meeting the GPRA requirement that 1999 be the target year for implementing the Act's requirements.

### **Assessing progress with the Governmental Performance and Results Act**

On June 30, 2000 the United States General Accounting Office (GAO) issued a series of reports assessing 24 federal agencies' fiscal year 1999 performance reports and fiscal year 2001 performance plans required by the Government Performance and Results Act of 1993 (GPRA). These reports were especially important since 1999 was the first year in which the agencies were required to report on results under the GPRA.<sup>13</sup>

Of particular interest is the GAO report pertaining to the Department of Health and Human Services (HHS).<sup>14</sup> I provide some detail regarding the GAO report pertaining to HHS because I think that the details provide a good sense of the level of accomplishment at this time. In a sense

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<sup>12</sup> The books included in Lohmann's essay review are: (1) *Evaluation with Power A New Approach to Organizational Effectiveness, Empowerment, and Excellence*, by Sandra Trice Gray and Associates. San Francisco: Jossey-Bass, 1998; *Measuring the Performance of Human Services Programs*, by Lawrence L. Martin and Peter M. Kettner. Thousand Oaks, Calif.: Sage, 1996; *Miles to Go; A Personal History of Social Policy*, by Daniel Patrick Moynihan. Cambridge, Mass.: Harvard University Press, 1996; *Outcomes Measurement in the Human Services; Cross-Cutting Issues and Methods*, edited by Edward J. Mullen and Jennifer Magnabosco. Washington, D.C.: National Association of Social Workers, 1997; *The Best of Intentions; The Triumphs and Failures of the Great Society Under Kennedy, Johnson, and Nixon*, by Irwin Unger. New York; Doubleday, 1996.

<sup>13</sup> GAO/HEHS-00-127R *HHS' FY 1999 Performance Report and FY 2001 Performance Plan* United States General Accounting Office Washington, DC 20548 Health, Education, and Human Services Division B-285568

<sup>14</sup> The summary report to the Committee on Governmental Affairs of the United States Senate provides a context for its report by stating:

“ In essence, under GPRA, annual performance plans incorporate performance goals and measures covering a given fiscal year and provide the direct linkage between an agency's longer term goals and day-to-day activities. Annual performance reports are to subsequently report on the degree to which those performance goals were met. This letter contains two enclosures responding to your request concerning key program outcomes and major management challenges at the Department of Health and Human Services (HHS). Enclosure I provides our observations on HHS' fiscal year 1999 performance and fiscal year 2001 planned performance for the key outcomes that you identified as important mission areas for the agency. These key outcomes are (1) less fraud, waste, and error in Medicare and Medicaid; (2) beneficiaries receive high-quality nursing home service; (3) poor and disadvantaged families and individuals become self-sufficient; (4) improved prevention of diseases and disabilities; (5) reduced use of illegal drugs; and (6) the public has prompt access to safe and effective medical drugs and devices. Enclosure II lists the major management challenges facing the agency that we and HHS' Inspector General (IG) identified, how its fiscal year 1999 performance report discussed the progress the agency made in resolving these challenges, and the applicable goals and measures in the fiscal year 2001 performance plan.”

this is “raw data” which gives a very good feel for the “state-of-the-art” at this time, at least at the federal level in the United States.

The objectives of the GAO assessment as related to key outcomes was stated as to: (1) identify and assess the quality of the performance goals and measures directly related to a key outcome, (2) assess HHS’ actual performance in fiscal year 1999 for each outcome, and (3) assess its planned performance for fiscal year 2001 for each outcome.<sup>15</sup> The summary report examines each of the 6 key outcomes by specifying the outcome, the performance goals and measures related to the outcome and the agencies’ reports of whether or not the goals were met for 1999. Pertaining to goal 3 which I cite as an example, “poor and disadvantaged families and individuals become self-sufficient”, tables 1 and 2 show HHS’ 25 performance goals and measures that relate to this key agency outcome, as reported in HHS’ FY 1999 performance report.

GAO observations on this key outcome are shown in tables 3 and 4.

The GAO report includes comments on the agency’s fiscal year 2000 performance goals and measures, which are shown in tables 5 and 6. This includes specification of goals and measures added and changed as well as GAO comments regarding the 2000 plan.

Finally, the GAO report comments on the agency’s fiscal year 2001 performance goals and measures which are shown in tables 7 and 8. This includes specification of goals and measures added and changed as well as GAO comments regarding the 2001 plan.

The current national context regarding the question of “do outcomes matter” is further reflected in the February 1999 GAO report “Performance and Accountability Series, Major Management Challenges and Risks: An Executive Summary” (GAO/OCG –99-ES). Pertinent quotes appear in tables 9 and 10.

In sum, my reading of these GAO and federal agency reports, especially pertaining to HHS suggests that as of the year 2000 at the federal level there has been:

- some success in communicating a culture of outcomes measurement;
- some success in moving agencies toward stating performance outcomes and goals but less success in establishing measures;
- some success in stating output goals, process goals, evidence based intermediate outcome goals but less success with measuring ultimate outcome goals;
- some success in stating targets relative to baselines (i.e., non-causal, temporal associations);

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<sup>15</sup> The summary report comments on each of the key outcomes. The summary of outcome #3, which provides an idea of how the assessment is addressed, follows.

“The extent to which HHS accomplished its fiscal year 1999 goals for the outcome of helping poor and disadvantaged families and individuals become self-sufficient cannot be determined because data generally are not available for the performance measures associated with these goals. HHS’ performance report acknowledges that time lags in obtaining these data from the states make it difficult to provide a comprehensive summary of agency performance. However, even though these time lags will likely present a problem every year in assessing agency performance in achieving the outcome of self-sufficiency, HHS’ performance report does not indicate how the agency plans to address this problem. Some new and revised performance measures for HHS’ fiscal year 2000 and fiscal year 2001 plans should provide a more precise and comprehensive indication of agency performance. The 2001 performance plan also reflects agency progress in addressing key weaknesses that we previously identified in HHS’ 2000 plan, such as certain performance measures that lacked targets. However, the 2001 plan does not address the problem that we previously cited of not adequately identifying actions to compensate for unavailable or poor quality data in the area of child support enforcement.”

- uneven evidence of data integrity –(i.e., reliability, validity, objectivity);
- difficulty collecting data in a timely fashion;
- little use of program evaluations to establish evidence of outcome goal achievements;
- little success in linking means-strategies-interventions to outcomes in causal connections.

### **Related developments in the United States: “practice guidelines” and “evidence based practice”**

At the practitioner level one of the most interesting developments pertaining to the use of outcomes data is the growth of practice guidelines and what has come to be called evidence-based practice. One of the ways that outcomes measurement results can be used is in advancing evidence-based effective interventions including the formation of practice guidelines.<sup>16</sup> For at least a decade professional organizations and governmental agencies have formulated practice guidelines for various clinical conditions.<sup>17</sup> These guidelines prescribe how clinicians should assess and treat clients. Sometimes the guidelines are based on research findings. Often research is not available and, therefore, the guidelines are based on professional consensus. While the past decade has witnessed a marked growth in the production and dissemination of practice guidelines in medicine, psychiatry and psychology, until recently there has been little attention given to practice guideline development and use by social workers and social agencies.<sup>18</sup> A review of the literature indicates that little is known about the use of guidelines in social work practice and how social worker practitioners view the use of guidelines.<sup>19</sup>

### **Conclusion**

All of this suggests to me that in the United States outcomes measurement has become the expectation from national to local levels but that little is yet known about how the results of outcomes measurement can be effectively moved into policy or practice. This seems to be the challenge ahead.

In concluding I would like to return to the observation I made previously. Clearly, in the United States there has been a growing emphasis on outcomes measurement, performance outcomes and results from the national to the local levels. However, perhaps it is now time to take stock of progress to date in the use of outcomes data. The question I would like to pose for consideration is to what extent have the results of outcomes measurement been used in your countries— do outcomes matter? If so, to whom do they matter? If not, what needs to be done to assure that they will matter?

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<sup>16</sup> Clinical practice guidelines have been described by the Institute of Medicine as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances” (Field & Lohr, 1990).

<sup>17</sup> American Academy of Child and Adolescent Psychiatry, 1994; American Psychiatric Association, 1993, 1994, 1997; United States Preventive Services Task Force, 1994.

<sup>18</sup> The May 1999 issue of *Research on Social Work Practice*, which has a special section on practice guidelines and clinical social work, is a notable exception (Howard & Jenson, 1999a, 1999b; Jackson, 1999; Kirk, 1999; Richey & Roffman, 1999; Steketee, 1999; Wambach, Haynes & White, 1999; Williams & Lanigan, 1999).

<sup>19</sup> This topic is dealt with in a forthcoming Columbia University Press publication to be edited by Enola Proctor and Aaron Rosen based on papers presented at a year 2000 meeting held at George Warren Brown School of Social Work, Washington University, St. Louis, MO. The topic in this section is elaborated in a paper prepared for that meeting by Edward J Mullen and William Bacon that will appear in the forthcoming publication.

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