

Making Evidence-Based Practice a Reality: The Value of Understanding and Identifying Evidence-Based Practices in Child Welfare

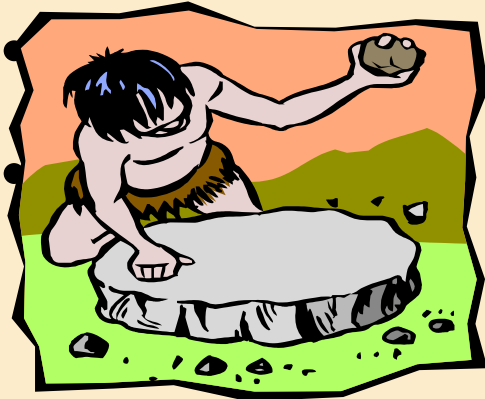
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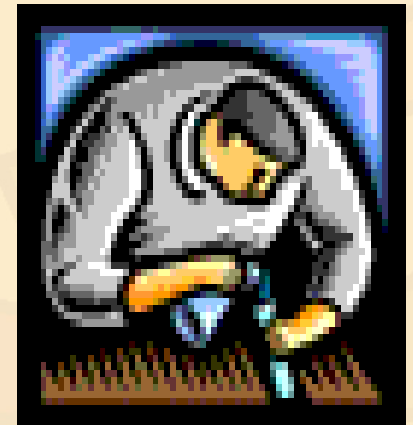


35 Years in Child Welfare



Begun in a time when
Child Welfare was mired in
myth and opinion

Now working with researchers
And evaluators to gain insight
Into what works and why it does



Traditional Responses to “Why do we Do What We Do?”

- We have done it this way for a long time and no children have been harmed
- What we did allowed children to be harmed so now we are doing something different
 - We kept kids at home and they got hurt so now we take them all away

More Good Reasons

- Others have been doing it for awhile and no children have been harmed
- We like the name of the program
 - Family Preservation, Options for Recovery, Homebuilders
- The program aligns with our values
 - It's good to keep kids with their families
- Foundations are offering us \$\$ to do it



Traditional Definitions of Evidence

- We read an article about it in a journal and liked the description
 - It may have even had some qualitative data
- We went to a workshop at a conference and they had some great handouts
 - They even had some charts!
- It just makes sense!
 - Common Sense is the best evidence of all!!



Recent National Developments to Bring Real Evidence to Child Welfare

- Growing knowledge of Evidence Based Practice in allied fields, esp Health and Mental Health
- The increasing number of researchers focusing on Child Welfare issues
- The dramatic growth in the availability of reliable administrative data in the implementation of SACWIS systems
- CFSR's creating a focus on outcomes and performance measures

What we are doing in California to Understand How Counties are Doing

- Assembly Bill 636, 2003, established Outcomes and Accountability System for California counties
<http://www.cdss.ca.gov/cdssweb/entres/pdf/AB636.pdf>
- Growth and development of extraordinary on-line administrative data system
http://cssr.berkeley.edu/ucb_childwelfare/
- Focus at state and county level of understanding how counties are doing vis a vis a broad array of performance indicators

Linking Practice to Outcomes

- Understanding how counties are doing
- But not clear on understanding why they are performing as they are
- Critical to be able to know what interventions contribute to positive outcomes and which do not
- Still striving to have a rationale for why we have chosen one strategy over another



Continuing Challenges

- CWS professionals have concerns about random clinical trials
 - Feel that it is unethical to deny services to some and give them to others
- By addressing concerns directly there has been progress in understanding the value of this type of approach
- Continue to develop compelling arguments and feasible alternatives

What we are doing in California to understand what works

- 2005 established Research and Training Network
 - Statewide effort to create University/Agency partnerships to promote practice oriented research in CWS
 - Developed statewide research agenda, common definitions of safety, permanence, well-being, evidence based/informed practice
 - Annual Evidence Based Practices Symposia

http://calswec.berkeley.edu/CalSWEC/EB_Practice.html



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Systematic Implementation of EBP in California

- California Institute of Mental Health (CIMH) has provided implementation strategies for proven EBP's in dozens of California counties
 - MTFC, MST, FFT, and others
 - Recent collaboration of CIMH, CFPIC, CEBC to implement Trauma Focused CBT
- Establishment and Evolution of CEBC



The California Evidence-Based Clearinghouse for Child Welfare (CEBC)

www.cachildwelfareclearinghouse.org





CEBC Project Began in 2004

- CDSS-Office of Child Abuse Prevention
- Child and Adolescent Services Research Center (CASRC)
- The CEBC was launched on 6/15/06
- 18 Topic Areas on CEBC website with 115 programs

With More to be Added Soon!

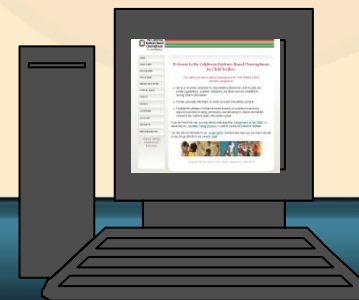


Goals of The CEBC:

-  Provide information on selected evidence-based practices.
-  Easy access to information through user-friendly website.

Information on selected Practices is highlighted in Topic Areas

- Brief and detailed summaries for each reviewed practice.
- Practices are Scientifically Rated.



Current Data on Visitors to the Website

Total Number of Visits to the Website

90,726



Percentage of Total Visitors from
169 International Countries

16%



Percentage of Total
Visitors from U.S.

84%



Percentage of Total
Visitors from California

36%

Data based on numbers as of
March 31, 2009

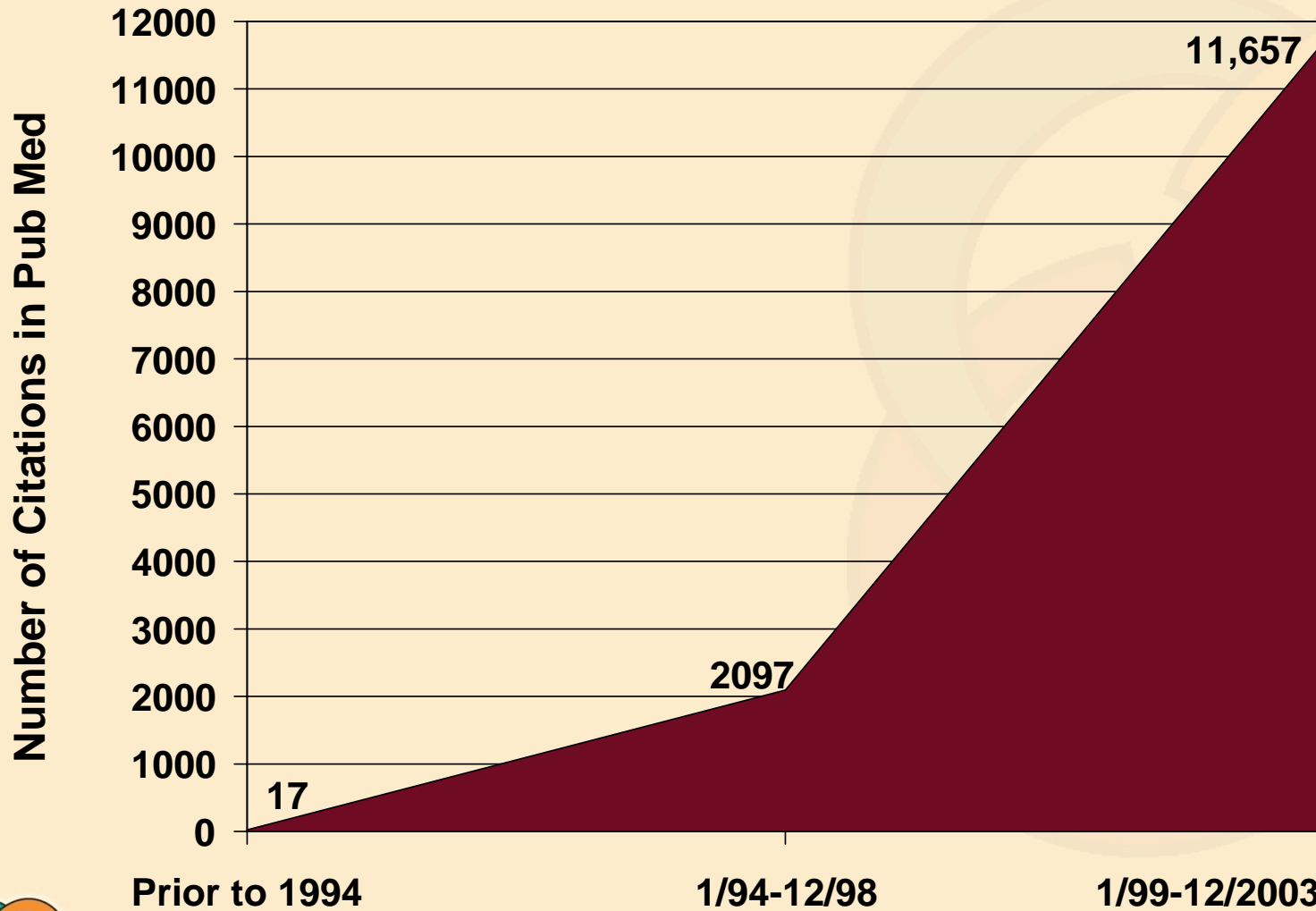


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History of EBP in Medicine

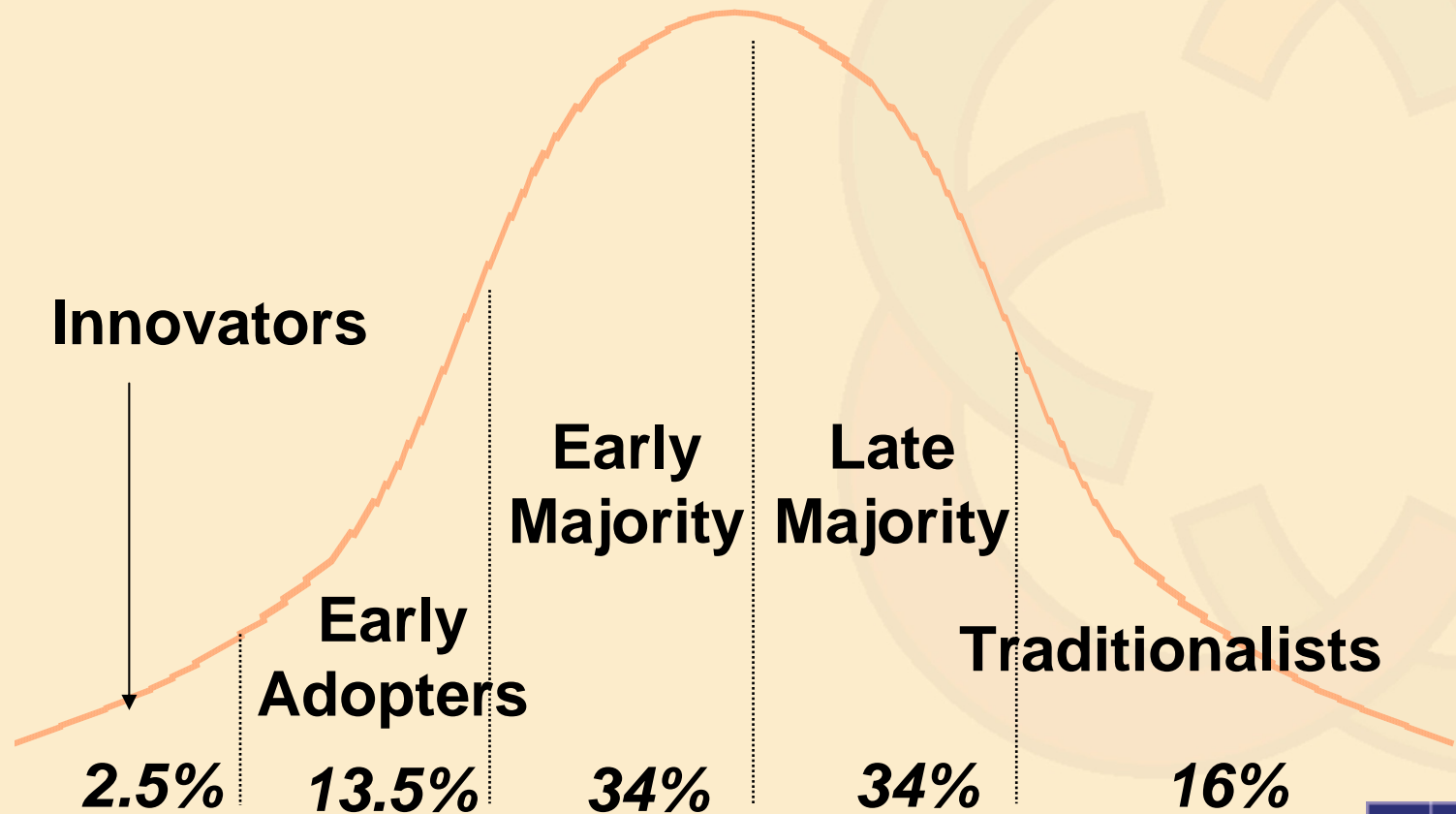


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Morago 2006 European Journal of Social Work



Diffusion of Innovation



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Why Evidence-Based Practice Now?

- A growing body of scientific knowledge
- Increased interest in consistent application of quality services
- Increased interest in outcomes and accountability by funders
- Past missteps in spreading untested “best practices” that turned out not to be as effective as advertised



DARE: Drug Abuse Resistance Education

(Substance-abuse prevention program for elementary and middle school students)



- **Description of the intervention: DARE is a highly-structured substance-abuse prevention program taught by uniformed police officers. DARE has developed a program for elementary school students (5th or 6th graders), as well as middle school/junior high school students (7th or 8th graders).**
- **Randomized controlled trials show DARE has no significant impact on participants' substance use; based on these results, DARE is now testing a revised curriculum.**
- **DARE costs approximately \$130 per student (2004 dollars) and, as of 2001, was operating in 75% of American school districts.**

Fiscal Costs of Not Using EBPs



From the Coalition for Evidence-Based Policy Sponsored by the Council for Excellence in Government
(www.evidencebasedprograms.org)



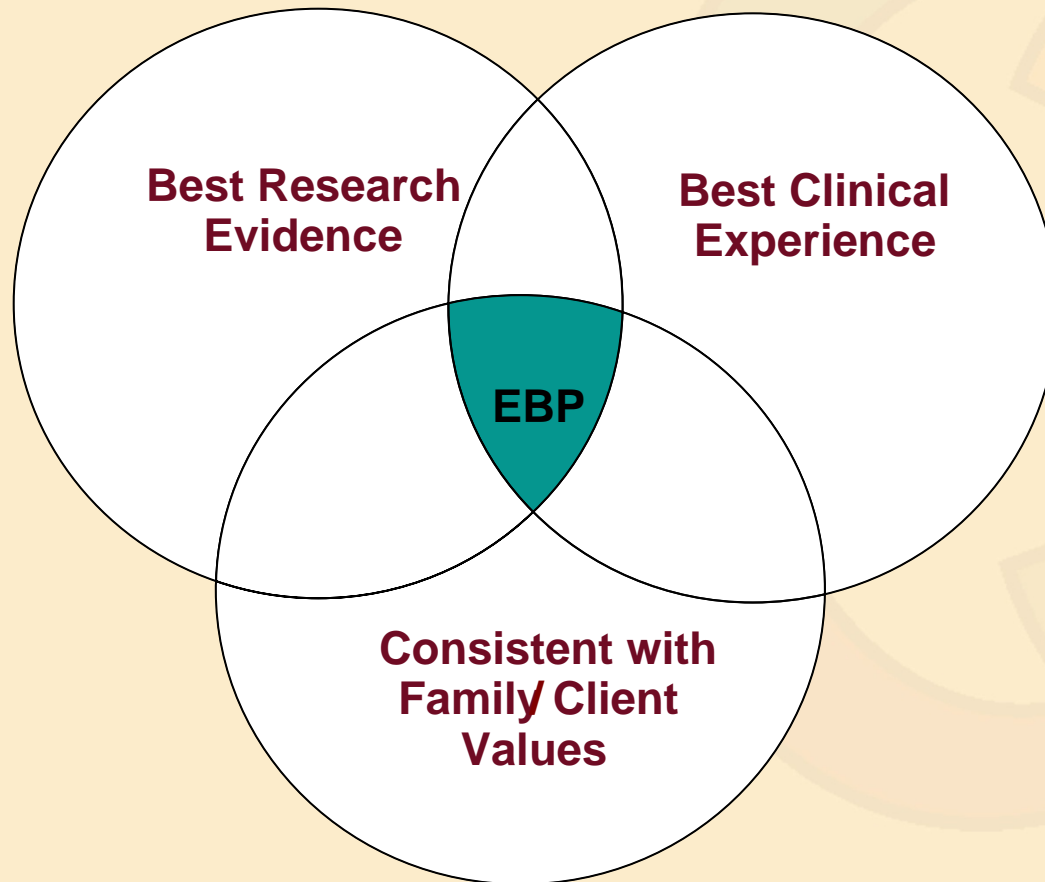
Key Policy Issue

- What does Evidence Based
..... Practice Really Mean?

- “Empirical” Evidence
- “Cultural” Evidence
- “Practice Based” Evidence
- “Authority Based” Evidence



CEBC's Definition of EBP for Child Welfare



(modified from Dr. David Sackett's definition)



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CFPIC

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How Does a Practice Get Rated on the CEBC?



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CEBC Process

Targeting

Advisory Committee choose "Topic" as an area of focus.

Search

CEBC research staff conducted a general search to identify "Candidate Practices". Focus is on programs that have: strong empirical support, are in common use and/or are being marketed in California.

Recommendation

Topic expert assists CEBC research staff in selection of practices.

Information Gathering

Programs representatives submit information on their practices.

Rating

Topic Expert and CEBC staff rate each practice.



Topics Currently on the Website

- Casework Practice
- Child Welfare Initiatives
- DV Services Batterers Treatment
- DV Services for Women and Children
- Family Motivation/Engagement
- Higher Level of Placement
- Home Visiting
- Interventions for Neglect
- Parent Training
- Parental Substance Abuse
- Placement Stabilization
- Post Permanency Planning
- Prevention
- Resource Parent Training and Recruitment
- Reunification Services
- Supervised Visitation
- Trauma Treatment for Children
- Youth Transitioning to Adulthood

Basic Criteria to be on the CEBC Website

- The practice has a book, manual, and/or other available **writings** that specifies the components of the practice protocol and describes how to administer it.

Scientific Rating Process

The Scientific Rating Scale

and

Relevance to Child Welfare Scale

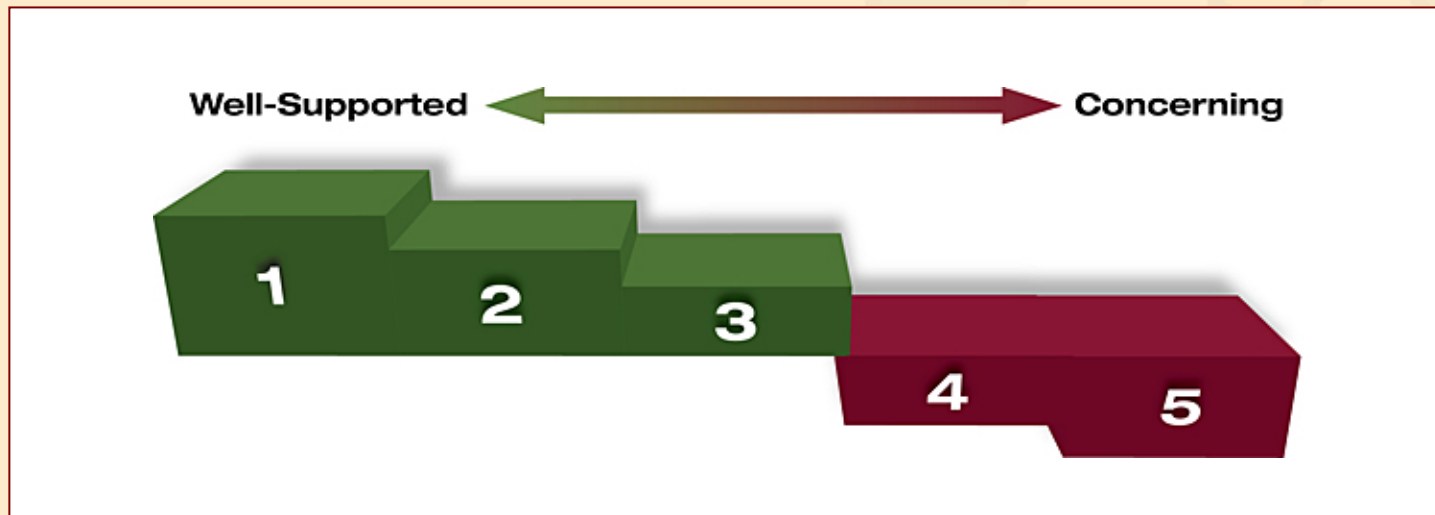


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Scientific Rating Scale



NR



NR. Not Rated

- There is **no** clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available **writings** that specifies the components of the practice protocol and describes how to administer it.
- The practice is **generally accepted in clinical practice** as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.
- The practice **lacks adequate research** to empirically determine efficacy.



5. Concerning Practice

- The practice has a book, manual, and/or other available **writings** that specifies the components of the practice protocol and describes how to administer it.
- If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a **negative effect upon clients served**.

and/or

- There is a reasonable theoretical, clinical, empirical, or legal basis suggesting that, compared to its likely benefits, the practice constitutes a **risk of harm** to those receiving it.

Criteria for Programs Rated 4 or Higher

- There is **no** clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available **writings** that specifies the components of the practice protocol and describes how to administer it.
- Outcome measures must be **reliable and valid**, and administered consistently and accurately across all subjects.

4. Evidence Fails to Demonstrate Effect

- Two or more randomized, controlled outcome studies (RCT's) have found that the practice **has not resulted in improved outcomes**, when compared to usual care.
- If multiple outcome studies have been conducted, the overall weight of evidence **does not support the efficacy** of the practice.



Criteria for Programs Rated 3 or Higher

- If multiple outcome studies have been conducted, the overall weight of evidence **supports the efficacy** of the practice.

3. Promising Practice

- At least one study **utilizing some form of control** (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature.



2. Well Supported-Efficacious Practice

- **At least one rigorous randomized controlled trial (RCT)** in usual care or a practice setting has found the practice to be superior to an appropriate comparison practice. The RCT has been reported in published, peer-reviewed literature.
- In at least **one RCT**, the practice has shown to have a **sustained effect of at least six months** beyond the end of treatment.

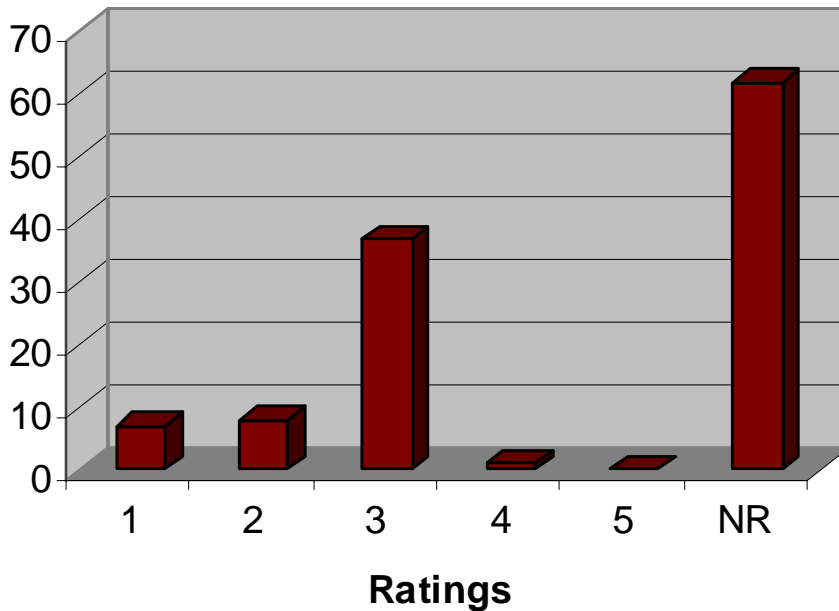


1. Well supported - Effective Practice

- Multiple Site Replication: **At least two rigorous randomized controlled trials (RCTs)** in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- In at least **one RCT**, the practice has shown to have a **sustained effect at least one year** beyond the end of treatment.



Programs by Scientific Rating



Total= 115 programs as of March 2009

Programs Rated a “1” on the CEBC Scientific Rating Scale

- Motivational Interviewing
- Multi-Dimensional Treatment Foster Care-A
- Nurse Family Partnership
- Parent-Child Interaction Therapy
- The Incredible Years
- Trauma-Focused Cognitive-Behavioral Therapy
- Triple P

Programs Rated a “2” on the CEBC Scientific Rating Scale

- Child-Parent Psychotherapy for Family Violence
- Community Advocacy Project
- Community Reinforcement + Vouchers
- Homebuilders
- Multi-Dimensional Treatment Foster Care-P
- 1-2-3 Magic
- Positive Peer Culture
- Project Support

CEBC Process

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Recommendation

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Information Gathering

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Rating

Topic Expert and CEBC staff rate each practice.

Dissemination

Summaries and ratings of each practice are posted on the CEBC website.





- HOME
- WHAT'S NEW
- ABOUT US
- PROGRAM SEARCH
- TOPIC AREAS
- RATING SCALES
- IMPLEMENTATION
- RESOURCES
- FAQ
- CONTACT
- EMAIL ALERTS
- [sitemap](#) | [limitations and disclosures](#)

Parent-Child Interaction Therapy (PCIT) - Summary

Scientific Rating:

1

Well-Supported by Research Evidence
[See scale of 1-5](#)

Relevance to Child Welfare Rating:

2

Medium
[See scale of 1-3](#)

Child Welfare Outcomes: Safety and child/family well-being.

Type of Maltreatment: Emotional abuse, Physical abuse, and Physical neglect

Target Population: Children ages 3-6 with behavior and parent-child relationship problems. May be conducted with parents, foster parents, or other caretakers. Adaptation available for physically abusive parents with children ages 4-12.

Brief Description:

Parent-Child Interaction Therapy (PCIT) has been rated by the CEBC in the area of Parent Training. *PCIT* was developed for families with young children experiencing behavioral and emotional problems. Therapists coach parents during interactions with their child to teach new parenting skills. These skills are designed to strengthen the parent-child bond; decrease harsh and ineffective discipline control tactics; improve child social skills and cooperation; and reduce child negative or maladaptive behaviors. *PCIT* is an empirically supported treatment for child disruptive behavior and is a recommended treatment for physically abusive parents.

Contact Information

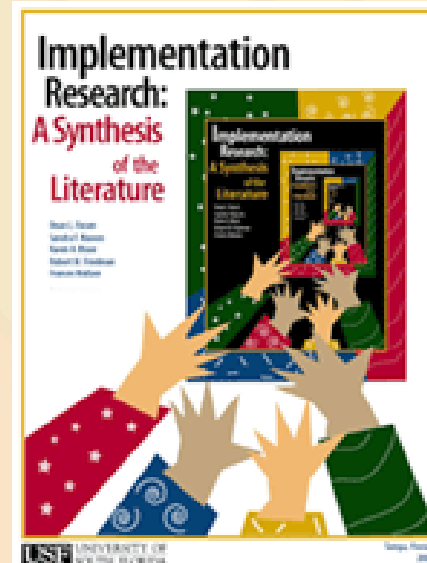
[Show Contact Information](#)

Detailed Report

[Click here for a detailed report](#) which includes Essential Components, Relevant Published, Peer-Reviewed Research, Education and Training Resources, etc.

Levels of Implementation

- Paper
- Process
- Performance

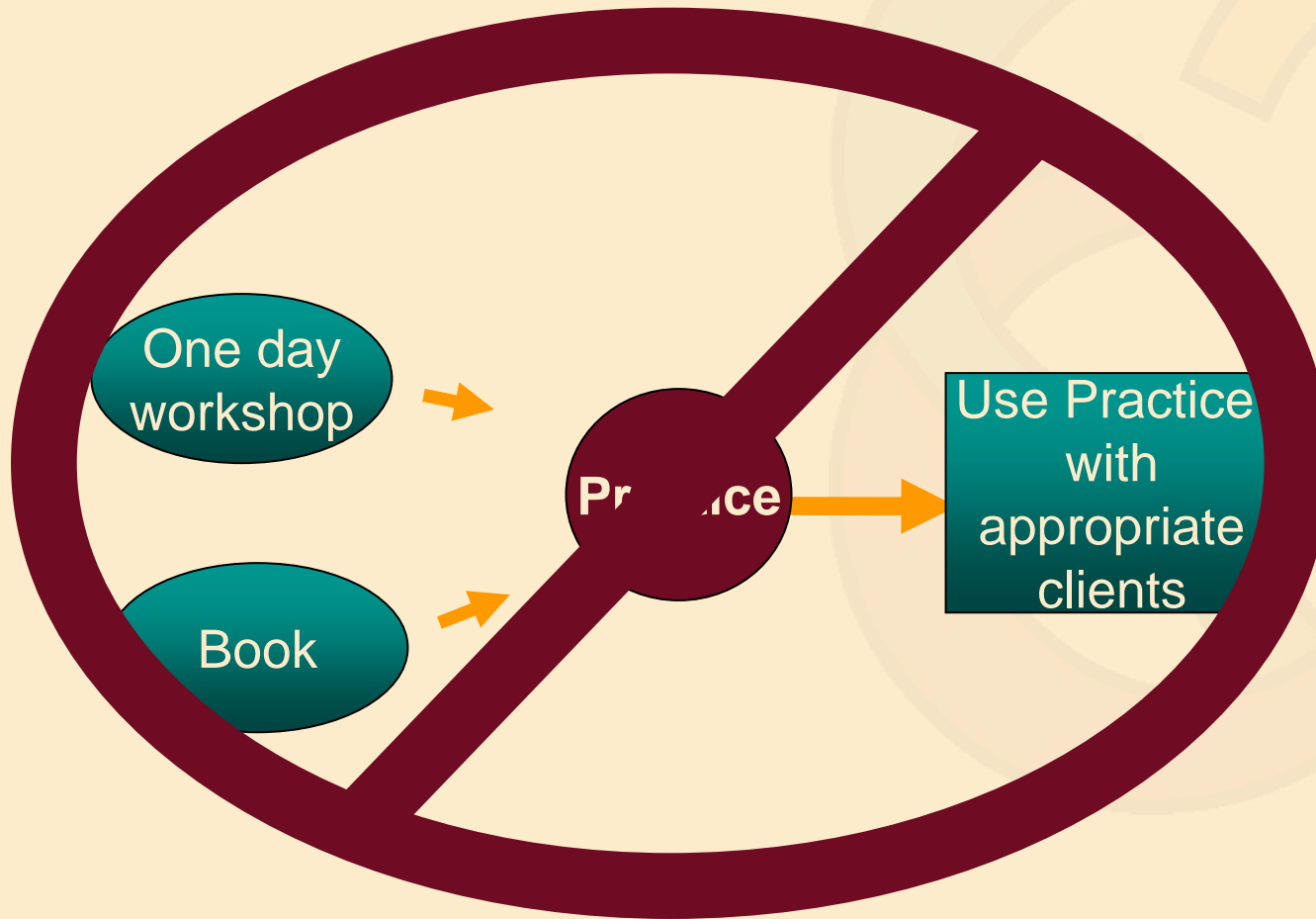


Fixsen, D., Naoosm, S., Blasé, K., Friedman, R., Wallace, F. (2005)
<http://nirn.fmhi.usf.edu>

Attributes of the Selected Practice

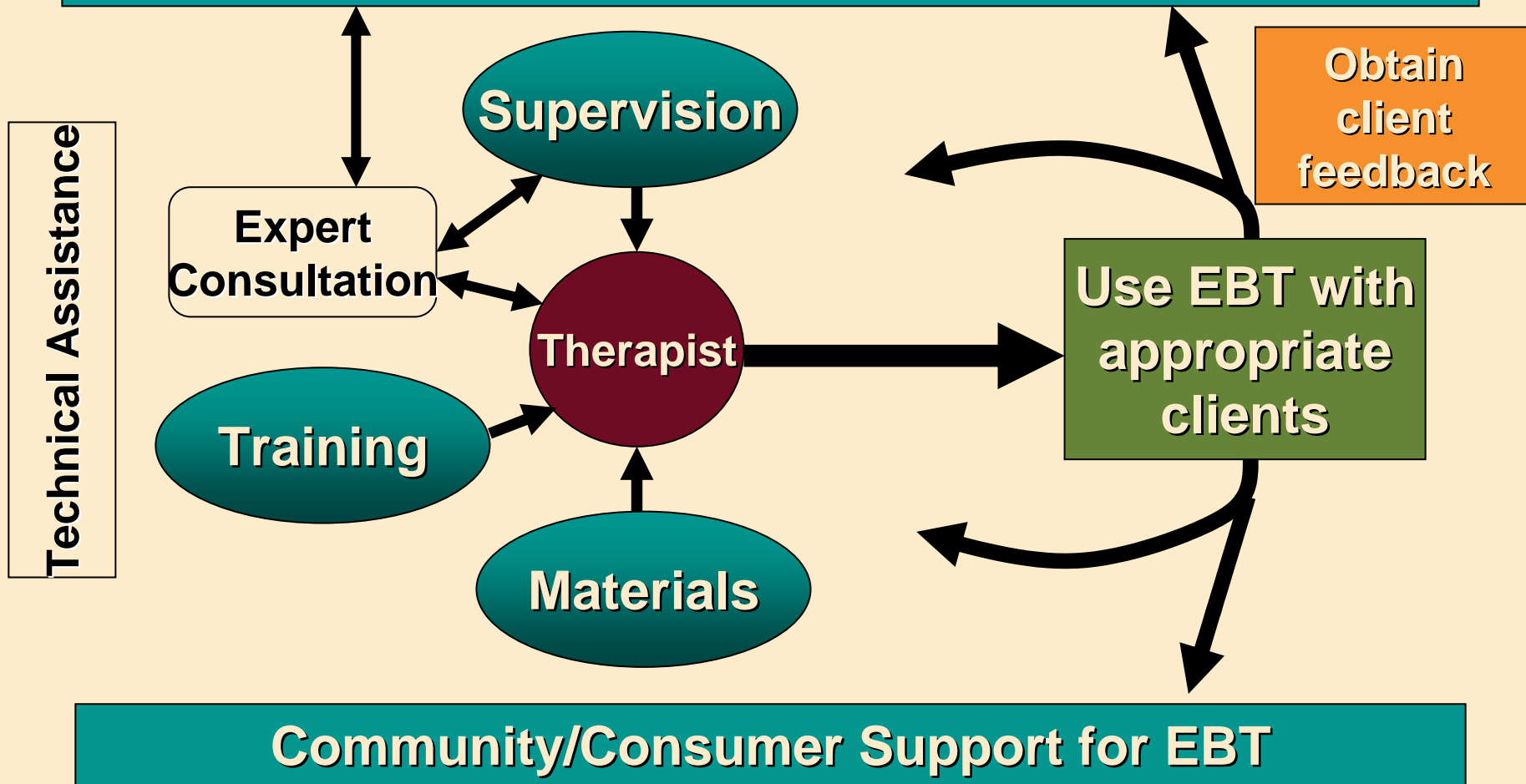
- **Match of Skill Set** - Does the workforce possess the appropriate clinical background and education?
- **Internal Compatibility** - How compatible is the practice with the organizational and workforce's values, norms, and clinical traditions and orientation?
- **External Compatibility** - How compatible is the practice with the community, family, and stakeholder values, norms, traditions and orientation?
- **Complexity** - in eyes of staff who will implement
 - Conceptual vs. practical
 - Coherent and comprehensible
- **Observability of Benefits** - outcomes or interim results/measures.
- **Support** - How much training and consultation is available and utilized?

Common Continuing Education Dissemination Model



Supportive Implementation Model

Administrative Leadership and Support for EBT



Key Policy Issues

- Policy Issues in Shift to Evidence Based Practice
 - What does Evidence based Practice Mean?
 - “Empirical”, “Cultural”, “Practice Based”, “Authority Based”
- Policy Issues at Selection
 - Costs-Training, Lost Time, Caseload Impact- Backfill Issue
- Policy Issues at Implementation
 - Fidelity/Model Draft/Client Matching



For More Information:

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CEBC Website: www.cachildwelfareclearinghouse.org



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