



California Common Core Curricula for Child Welfare Supervisors

SUPERVISOR CORE: EVIDENCE-BASED PRACTICE

Trainee's Guide

Version 1.0 | March 2006



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TAB 1

Title Page

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TAB 2

Acknowledgments

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Acknowledgments

California's Common Core Curricula for Supervisors is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), STEC has a wide membership that includes Regional Training Academy (RTA) representatives, county representatives, university-based Title IV-E Project Coordinators, the Inter-University Consortium in Los Angeles (IUC), and other key stakeholders.

A subcommittee of STEC, the Content Development Oversight Group (CDOG), provided oversight and approval for the research, writing, and revising performed by curriculum developers. Additional review and guidance for the curricula was provided by a Content Advisory Team (CAT) composed of representatives from California's regional training entities, universities, and county development programs. As with many large curriculum projects in public child welfare, significant portions of the Supervisor Core were adapted from existing curricula.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:

http://calswec.berkeley.edu/CalSWEC/CCCCA_Citation_Guidelines.doc



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

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TAB 3

Competencies and Learning Objectives

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**SUPERVISOR CORE:
EVIDENCE-BASED PRACTICE
-TRAINER'S AND TRAINEE'S GUIDES-**

COMPETENCY AND LEARNING OBJECTIVES

Competency

Trainee will gain knowledge of evidence-based and promising practices.

Learning Objectives

K1. Trainee will understand the definitions and criteria of evidence-based practice and promising practices.

K2. Trainee will be knowledgeable of promising practices and emerging evidence-based practices for achieving:

- A. Timely reunification
- B. Preventing re-entry into foster care
- C. Timely adoption
- D. Minimizing placement moves
- E. Keeping kids safe in care
- F. Avoiding reoccurrence of maltreatment
- G. Transition to adulthood
- H. Fairness and equity

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TAB 4

Training Content

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**SUPERVISOR CORE:
EVIDENCE-BASED PRACTICE**
-TRAINEE'S GUIDE-

TRAINEE CONTENT

Handout #1:

SO YOU THINK YOU KNOW WHAT YOU THINK YOU KNOW

How do you know what you know? Did you learn it in school?—Did you learn it through hard life experience?—Did someone tell it to you?—Do you have proof that what you know is true?—Do you believe that what you know is true? These questions have puzzled philosophers—but the questions are also at the basis of evidence-based practice.

Think about the questions below in relation to a practice used in your unit and be ready to share your thoughts with the group.

1. In my unit we do _____ really well.

2. I know we do _____ really well because:
 - a. I have data to support the program or practice (list types of data and sources):

 - b. I have seen the positive results of the program or practice (give your anecdotal evidence):

 - c. This is the way I did it when I was a worker so I believe it works.

 - d. This is what I was taught to do in training or in school so it must work.

 - e. Other evidence:

Agenda for the Afternoon

- ✓ **Introductions**

- ✓ **Overview of the Afternoon**

- ✓ **Definitions**

- ✓ **Research vs. Practice Wisdom**

- ✓ **Benefits of Evidence Based Practice**

- ✓ **Evidence Supporting Cross Cutting Practices**
 - **Engagement**
 - **Assessment**
 - **Case Planning**
 - **Characteristics of Successful Interventions**

- ✓ **Summary of the Afternoon**

SO WHAT EXACTLY IS EVIDENCE-BASED PRACTICE, ANYWAY?

The Terms

“Evidence-based practice” is often used in child welfare and other human services in ways that have different meanings. It is particularly important to be aware of two common distinctions in usage:

Evidence-Based Practices/Programs vs. Evidence-Based Practice

Evidence-Based Practices or Programs are simply those having some level of empirical support for their effectiveness. That is, they have been tested and found, based on some objective standard, to work.

Evidence-based practice, as a way of approaching work in child welfare, implies more, however, than just using *practices* having some demonstrated effectiveness. It includes posing thoughtful questions about the needs of service recipients, involving them in the planning of interventions and monitoring of progress, conducting ongoing evaluation, using evaluation findings to revise practice and add to the knowledge base, and keeping abreast of and using new research.

Programs/Models vs. Practices

Programs or models are clearly defined constellations of activities that are delivered as a whole. They often specify requirements for staff qualifications and training, type, intensity, and duration of contact with clients, and use of particular tools, techniques, and documentation. Evidence-based models are those that have been demonstrated through research to be effective in addressing specific needs of certain populations. For many, evidence-based practice connotes use of such a model because such models tend to have been subjected to more rigorous testing than have individual practices. Many of these models, such as Functional Family Therapy, Multidimensional Treatment Foster Care, or Multisystemic Therapy, have applicability for child welfare services.

Practices are distinct activities that can be incorporated into different types of service delivery models. The field of child welfare has an evidence base related to certain casework practices, such as service planning, assessment, and family visitation, that have not been combined and tested together as part of a model. It is important for child welfare practitioners to appreciate that, while the research supporting the effectiveness of these casework techniques is typically less rigorous, it can still provide important guidance for practice and policy.

Handout #3 (cont.)

The Evidence

Evidence ranges along a continuum, from practices or programs that are supported only by theory and expert consensus (i.e., “practice wisdom”) to those with effectiveness demonstrated through multiple rigorously controlled studies. More rigorous research designs are those that do a better job of ruling out explanations for effects other than the variable that is being tested. They are generally characterized by random selection of participants, large sample sizes, and carefully monitored adherence to clearly defined procedures. While we are seeing increasingly better designs in child welfare and related fields, much research still leaves many questions unanswered. Many studies use a correlational design that tells us about the degree and way in which factors are associated with one another. While these findings do not tell us that certain factors or activities cause a particular outcome, they do provide us with some important information about association that can guide both practice and further research.

Promising Practices, Model Practices, Blueprints, Etc.

A number of research centers and professional organizations have embraced the trend to evidence-based practice and undertaken to assess the research base in various practice areas and develop typologies that allow practitioners, advocates, and policy makers to more easily access and understand those practices that have evidence of effectiveness. Several different labels have been applied to designate the level of evidence that supports the effectiveness of the program or practice. While usage varies, the terms ***blueprints***, ***model***, ***exemplary***, and ***effective*** are usually applied to programs that have been more rigorously tested, while those that appear to have achieved positive results but for which the empirical support is not so strong are given names such as ***commendable***, ***promising***, or ***emerging***.

The Application

Evidence-based practice involves more than just taking a research-informed practice or program “off the shelf” and applying it to your practice. It includes

- using data to assess agency and client needs;
- selecting measures and outcomes;
- planning strategically to achieve maximum benefit from available resources;
- conducting evaluation; and
- using evaluation findings to refine practice.

Look on the Web!

Helpful Practice Information for Busy Child Welfare Professionals

Easy to read, reliable practice resources can be accessed with the click of a mouse if you know where to look. This is a list of some web sites you might find especially helpful.

The California Evidence Based Clearinghouse for Child Welfare

<http://www.cachildwelfareclearinghouse.org>

The California Evidence-Based Clearinghouse for Child Welfare at San Diego Children's Hospital's Chadwick Center for Children and Families gathers and reviews information on evidence-based practices and provides links to other evidence-based practice sites.

Casey Life Skills

<http://www.casey.org/Resources/Tools/CaseyLifeSkills.htm>

Casey Family Programs provides information about youth development, and life skills preparation. The site also offers a link to the free **Ansell-Casey Life Skills Assessment** tool which youth and their caregivers can take online to get a free, confidential assessment report.

Center for the Study & Prevention of Violence (CSPV)

<http://www.colorado.edu/cspv/>

The CSPV at the University of Colorado at Boulder provides concise information about rigorously tested prevention and treatment models. The **Blueprints** link describes models effective in preventing and treating family conflict and child behavior problems, and **Information House** offers access to searchable databases.

Child Trends

<http://www.childtrends.org/>

Child Trends, a non-profit research center, provides reports of evidence-based practices in a variety of areas related to child development and well being, abuse and neglect, foster care, and adoption.

Child Welfare League of America (CWLA)

<http://www.cwla.org>

The CWLA website offers links to practice information about child protection, foster care and adoption, juvenile justice, youth development, and more. Also check out CWLA's Research to Practice (R2P) site at <http://www.cwla.org/programs/r2p> to find annotated bibliographies and research briefs on a variety of practice-related topics and reprints of *Children's Voice* magazine features about innovative programs.

Children and Family Research Center at the Univ. of Ill. at Champaign-Urbana (CFRC)

<http://cfrwww.social.uiuc.edu/>

The CFRC offers reports and annotated bibliographies on topics directly related to child welfare services. The **Best Practice** section of the site provides information specifically targeted to child welfare practitioners, and a **Research to Practice** link that accesses an easy-to-use case decision making tool kit.

Practice Notes

<http://sswnt7.sowo.unc.edu/fcrp/Cspn/cspn.htm>

Published by the North Carolina Department of Social Services and the University of North Carolina at Chapel Hill, *Practice Notes* is an electronic newsletter designed specifically to provide child welfare practitioners with the latest information about key practice topics in a brief, concise format.

Search Institute

<http://www.search-institute.org/>

The Search Institute is a non-profit organization dedicated to the promotion of healthy children, youth, and communities. It is best known for its *40 Developmental Assets*, an evidence-based set of 20 external and 20 internal factors associated with positive youth development.

U.S. Government Sites

Children's Bureau Express

<http://cbexpress.acf.hhs.gov/>

Children's Bureau Express is an electronic newsletter designed to provide child welfare professionals with brief, concise information on current issues, research, and promising practices.

Children's Bureau National Resource Centers (NRC)

<http://nccanch.acf.hhs.gov/pubs/reslist/cbttan/index.cfm>

The NRCs provide information and technical assistance to state child welfare systems on a variety of topics. This address links to a listing of the NRCs with contact information and a brief description of the services that each provides.

NOTES FOR THE RESEARCH CONSUMER

Generalizability: refers to the ability of the research to make inferences about the population based on the results from a sample. For example, if the researcher pulled a random sample (of sufficient size) of families reported for abuse and neglect during a six-month period s/he could apply the results to the entire population.

Sample size: rarely can a researcher look at everyone in a particular population—for example, all families who have been investigated by CPS in a state. Therefore it is usually necessary to work with a ‘sample’ of the ‘population.’ The size of the sample is important and will depend on the purpose of the research and whether or not the researcher wanted to generalize the findings beyond the sample group. **Probability samples** are randomly selected and allow the researcher to generalize the findings to the population. **Nonprobability samples** are used when random selection is difficult; the results relate to the sample only and cannot be generalized to the population.

Statistically significant: often in research articles you will see the term ‘statistically significant at the .05 level.’ This means that the result is likely to have occurred by chance in 5 out of 100 cases. The researcher will report which statistical tests have been used to determine the level of significance. In social science research, generally a level of .05 or .01 is used.

Program evaluation: a type of research that collects information about a program or part of a program in order to make decisions about the program. It can be used to refine a program, to strengthen anecdotal information about a program, or to improve the credibility or accountability of the program.

Outcome research: seeks to gain information about the end result of a program or practice on the consumer. For example, what is the effect on parent disciplinary practices of people who attended a Parent Training class?

Process research: measures what is done in a program or intervention. For example, how many visits workers have with parents, how many times a parent attends a drug treatment service. Measuring process variables is an important first step before attempting to measure outcomes.

Causality: one variable is determined to ‘cause’ the other if 1). the cause precedes the effect in time, 2). the two variables are linked by research, and 3). the linkage cannot be explained by another factor. For example, drug abuse is linked to child abuse but does not meet the criteria for causality.

Correlation: means that two variables change in relation to each other. For example, child abuse substantiation rates fall as caseloads rise.

Getting to Know (and help) You: Family Engagement

“..outcomes may be predicted less by the legal status of the client than by the process of interaction between the involuntary client and the practitioner or agency” (Bastien & Adelman, 1984, cited in Rooney, 1992))

Engagement = positive involvement in the helping process. It is characterized by:

- Receptivity
- Expectancy
- Investment
- Working Relationship

Negatively associated with:

- Mistrust

Strategies for working with involuntary clients (Rooney, 1992):

- being clear and specific about expectations;
- providing choices when possible;
- asking for overt client commitment; and
- involving clients in goal and task selection.

Caseworker and agency behaviors appear to be most significant in engaging clients in child welfare services (Dawson & Berry, 2002). Behaviors that promote engagement include:

- setting mutually satisfactory goals;
- providing services that clients view as relevant and helpful;
- providing concrete services to meet immediate needs;
- focusing on client skills rather than insights; and
- spending sufficient time with clients to demonstrate skills and provide necessary resources.
- Soliciting client input was a caseworker behavior strongly associated with engagement (Shireman, et al., 1998).

So What's Really Going On Here? – The Art and Science of Assessment

Assessment: the process of gathering information on which to base decisions.

Key Features:

- ✓ Based on family engagement (Dawson & Berry in review, 2002)
- ✓ Must be supported by organizational culture (Martin, Peters, & Glisson, 1998)
- ✓ Considers both risk and protective factors (DePanfilis, 1999)
- ✓ Enhanced by input from multiple sources and use of standardized measures (DePanfilis, 1999)

Tools of Assessment

- ✓ Clinical knowledge and skills – Important in interpretation of information and application of interventions, BUT
 - Influenced by personal characteristics
 - Knowledge base
 - Cognitive biases
 - Subject to environmental factors
 - Availability of resources
 - Agency culture
 - Community expectations
 - Court expectations
- ✓ Standardized tools
 - Consistency in administration, scoring, interpretation
 - Evidence of reliability and validity

Assessment & Decision Making

- ✓ Risk & Safety (English, 1997; Fluke & Hollinshead, 2003; Hollinshead & Fluke, 2000)
Models
 - Actuarial
 - Consensus
 - Composite
 - All increase reliability of CW decisions
 - Associated with reduced recurrence of maltreatment
 - **Implementation critical**
 - Not a substitute for professional expertise and judgment

CASE PLANNING BY THE NUMBERS... OR... WHAT DOES THE EVIDENCE SHOW?

In the area of case planning the research supports what has been seen as good practice for many years. Since case plans were mandated by Federal Law 96-272—The Adoption Assistance and Child Welfare Act of 1980—practitioners and researchers have been working to improve the process of planning with families.

Research supports case planning that:

- ✓ Is based on mutual (i.e., agency—family) agreement about what the child and family needs (Shireman, 1998).
- ✓ Matches services to mutually identified needs (Dawson & Berry, 2002; Rooney, 1992).
- ✓ Builds on the strengths of the family (Shireman, 1998).
- ✓ Includes goals that are clear, specific, and measurable (Dawson & Berry, 2002; Rooney, 1992).
- ✓ Lists tasks that are incremental and achievable (Littell & Tajima, 2000).
- ✓ Considers immediate needs (like a washing machine or a refrigerator for a mother with an infant) as well as concrete needs, (like day care, housing, transportation) (Gaudin, 1993; Pecora, Whittaker, Maluccio, & Barth, 2000); (Dawson & Berry, 2002)
- ✓ Recognizes that offering concrete services will produce higher levels of collaboration from the family (Littell & Tajima, 2000).

- ✓ Seeks an overt expression of commitment to the plan (like signing the case plan) (Rooney, 1992; Potter & Klein-Rothschild, 2002).

The case planning process is enhanced, according to the evidence, if workers remember that:

- ✓ It is important to engage families in the planning process so that they will comply with the requirements as non-compliance with the plan can lead to removing children from their homes (Dawson & Berry, 2002).
- ✓ The Adoption and Safe Families Act (ASFA) reduced the time available to implement the case plan.
- ✓ Families that feel listened to in family meetings and parents who feel their opinions counted 'a lot' are significantly more likely to agree with the plan (Shireman, 1998).
- ✓ Agreement with the plan is also linked with the family perception that they had sufficient contact with the worker (Shireman, 1998).
- ✓ Families that feel 'outnumbered' in family meetings or feel unprepared for the meeting are less likely to agree with the plan (Shireman, 1998).

CONCURRENT PLANNING: PLANNING TIMES TWO

Evidence-based practice on concurrent planning incorporates all the components of planning mentioned in Handout #8 and focuses particular attention on full disclosure of the planning options.

- ✓ Full, documented disclosure with birth parents of the problems that necessitated placement, the changes required, and the possible consequences of non-compliance, and the relevant timeframes.
- ✓ Early identification of all permanency options for this family.
- ✓ Early and aggressive search for family who might be resources for permanency.
- ✓ Frequent parent-child visitation led to early decision making.
- ✓ Involvement of foster parents and adoptive parents and kinship caregivers in teaching and building skills among birth parents (Lutz, 2000).

Workers engaged in concurrent planning should recognize research findings that may direct their efforts:

- ✓ Concurrent planning is most successful with children placed before the age of 3 (Potter & Klein-Rothschild, 2002), but is valuable with all children and youth in care.
- ✓ Staff acceptance of concurrent planning was necessary in order to move children more quickly to permanence (Westat & Chapin Hall Center for Children, 2001).
- ✓ There is an inherent tension that workers experience in attempting to reunite a child with his or her family while also working on an alternative permanent plan (Malm et. al., 2001).

So How Can We Help? – Effective Interventions in Child Welfare

Family interventions in child welfare are directed toward eliminating child maltreatment and improving family functioning.

Effective Interventions share common characteristics:

- Address clearly defined needs;
- Depend on family engagement; relationship (Dawson & Berry, 2002; DePanfilis, 1999; Meezan & McCroskey, 1996);
- Are strength-based (Pecora, et al., 2000; Shireman, 1998);
- Include concrete services (Berry, 1994; Gaudin, 1993);
- Offer behavioral, cognitive-behavior, or multi-systemic orientation (Corcoran, 2000; Macdonald, 2001);
- Emphasize skills development (Daro, 1988; Maluccio, 1999);
- Address social isolation (Corcoran, 2000; Gaudin, 1990/1991 & 1993)
- Tied to differential assessment (DePanfilis, 1999; MacDonald, 2001; Pecora, 2000);
- Structured, with clear goals (Daro, 1988);
- Multi-faceted family skill-building vs. parent training; and
- Structured interventions vs. non-directed psychotherapy.

TAB 5

Supplemental Handouts

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Supervisor Core:
Educational Supervision
Trainer Name
Experience

**So You Think You Know
What You Think You Know**
(Handout 1)

AGENDA
(Handout 2)

- INTRODUCTIONS
- OVERVIEW OF AFTERNOON
- DEFINITIONS
- RESEARCH vs.PRACTICE WISDOM
- BENEFITS OF EVIDENCE-BASED PRACTICE
- EVIDENCE SUPPORTING CROSS-CUTTING PRACTICES
 - Engagement
 - Assessment
 - Case Planning
 - Characteristics of Successful Interventions

So What Exactly is Evidence-Based Practice, Anyway?

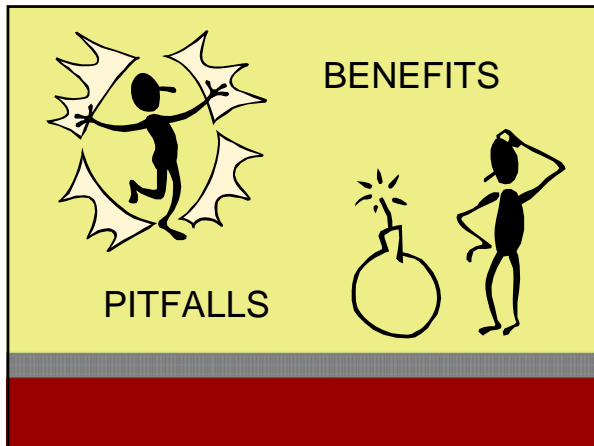
(Handout 3)

“Evidence-based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions...”

(Sackett, et al., 1997, cited in Gambrill, 1999)

Notes for the Research Consumer

(Handout 5)



The Child & Family Services Reviews

- Common Findings
 - Inconsistent or inadequate engagement of families;
 - Assessments did not address underlying issues or were not ongoing;
 - Services plans “boilerplate” and families not included in development; and
 - Services did not consistently address individual and family needs

ENGAGEMENT

Positive involvement in the helping process (Yatchmenoff, 2001)

Engagement Practice Likert Tool

1. I use a strength, rather than deficit-based, approach.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice

2. I strive to provide services immediately.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice

3. I include families in decision-making.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice

4. I provide services in the family home.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice

5. I provide families with concrete services, as necessary.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
This feature is absent included in practice This feature is present included in practice

**Getting to Know (and Help) You:
Family Engagement
(Handout 6)**

ASSESSMENT

The process of gathering information with which to make decisions

Assessment Likert Tool

1. Policies in my agency support comprehensive assessment of families and children.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
2. I support caseworkers in conducting comprehensive assessments.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
3. I use a strengths-based approach.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
4. I use clinical resources in our county to aid in assessment when needed.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
5. I use standardized tools to aid in assessment.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	
6. I integrate findings and recommendations from external resources into comprehensive assessments.

1	2	3	4	5
This feature is <u>never</u> included in practice			This feature is <u>always</u> included in practice	

So What's Really Going on Here? The Art and Science of Assessment (Handout 7)

Case Planning Likert Tool

1. I ask families what services they think will help them become better parents.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	
2. I routinely discover and use family strengths in the planning process.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	
3. The case plans I negotiate with families are based on a comprehensive and individualized family assessment.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	
4. I offer families concrete services early in the planning process.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	
5. The tasks in the case plan are specific and measurable.

1	2	3	4	5
This feature is <u>never</u> part of my practice			This feature is <u>always</u> part of my practice	

Case Planning by the Numbers... Or... What Does the Evidence Show? (Handout 8)

Concurrent Planning Likert Tool

- I tell families that I will be working on reunification and another goal at the same time.
1 This feature is absent part of my practice 2 3 4 5 This feature is present part of my practice
- I engage families in full, honest, and documented discussions concerning identified problems, changes that must be made, possible consequences, and time frames.
1 This feature is absent part of my practice 2 3 4 5 This feature is present part of my practice
- I make sure the foster parents (kinship care family) understand their role in the concurrent planning process.
1 This feature is absent part of my practice 2 3 4 5 This feature is present part of my practice
- I make every effort to help families achieve the reunification goal including arranging frequent visitation.
1 This feature is absent part of my practice 2 3 4 5 This feature is present part of my practice
- I begin right away to identify and consider other permanency options.
1 This feature is absent part of my practice 2 3 4 5 This feature is present part of my practice

Effective Interventions Likert Tool

- My intervention with families is built on a helping relationship.
1 This feature is absent included in practice 2 3 4 5 This feature is present included in practice
- I recognize families' strengths and consider them along with their needs.
1 This feature is absent included in practice 2 3 4 5 This feature is present included in practice
- I offer families concrete services to meet their immediate needs.
1 This feature is absent included in practice 2 3 4 5 This feature is present included in practice
- The interventions I use with families and individuals have a cognitive-behavioral orientation.
1 This feature is absent included in practice 2 3 4 5 This feature is present included in practice
- I plan interventions using an ecological approach, considering the multiple systems (community, school, extended family, etc.) which families and individuals experience.
1 This feature is absent included in practice 2 3 4 5 This feature is present included in practice
- I use interventions that have a strong focus on skill building (communication, problem-solving, parenting, interpersonal relationships)
1 This feature is absent included in practice 2 3 4 5 This feature is present included in practice

So How Can We Help? Effective Child Welfare Interventions
(Handout 10)

Approaches to Practice Change

- Replication
- Adaptation
- Exploration

Approaches to Practice Change

- True replication seldom possible
 - Documentation not sufficient
 - Key variables not defined, isolated
- Most agencies must adapt
 - Target population
 - Resources
 - Other contextual factors
- Evaluate

Final Thoughts

- Evidence-Based Systems Change
 - Builds On:
 - Research
 - Theory
 - Practice Wisdom

Final Thoughts (cont'd.)

- Evidence-Based Practice Change
 - Considers:
 - Research
 - Context
 - Requires:
 - Culture change

TAB 6

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SUPERVISOR CORE: EVIDENCE-BASED PRACTICE - TRAINER'S AND TRAINEE'S GUIDES -

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