

THE
CALIFORNIA CHILD WELFARE CLEARINGHOUSE
FOR
EVIDENCE BASED PRACTICE

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Department of Department of Social Services



CALIFORNIA CHILD WELFARE CLEARINGHOUSE ON EVIDENCE BASED PRACTICE

- **The Clearinghouse will provide guidance on selected based practices in simple straightforward formats reducing ‘consumers’ need to conduct literature searches, review extensive literature, or understand and critique research methodology.**
- **The Clearinghouse, using both a state Advisory Committee national panel of Scientific Advisors, will:**
 - identify areas of priority interest
 - establish a set of criteria to select highly relevant evidence practices to be included in the Clearinghouse database for dissemination.



CALIFORNIA CHILD WELFARE CLEARINGHOUSE FOR EVIDENCE BASED PRACTICE ADVISORY BOARD

- 1. Patricia Aguiar**
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- 2. Wesley A. Beers**
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- 3. Lucy Berliner**
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- 4. Miryam Choca**
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- 5. Mark Courtney, Ph.D.**
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Chapin Hall Center for Children
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- 6. Danna Fabella**
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- 8. Kim Helfgott**
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National Clearinghouse on
Child Abuse and Neglect



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15. Hershel Swinger, Ph.D.

Director
Project Fatherhood
Children's Institute International



CALIFORNIA CHILD WELFARE CLEARINGHOUSE FOR EVIDENCE BASED PRACTICE

Scientific Director-

- **John Landsverk, Ph.D.** Director, Child and Adolescent Services Research Center-Children's Hospital San Diego

Scientific Panel-

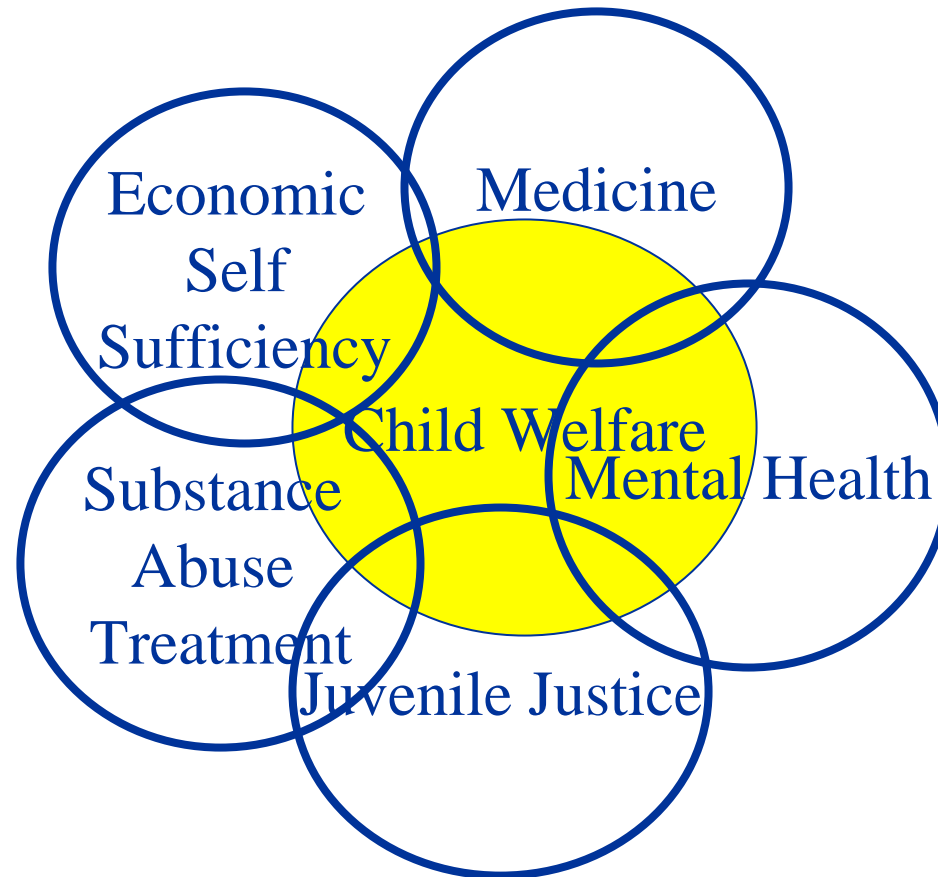
- **Mark Chaffin, Ph.D.** University of Oklahoma Health Sciences
- **Lucy Berliner, MSW.** Director, Harborview Clinic for Sexual Assault and Traumatic Stress
- **Mark Courtney, Ph.D.** Chapin Hall for Children University of Chicago
- **Richard P. Barth, Ph.D.** University of North Carolina at Chapel Hill
- **Ben Saunders, Ph.D.** Medical University South Carolina
- **Haluk Soydan, Ph.D.** University of Southern California / Co Chair of the Campbell Collaborative
- **Nancy Young Ph.D.** Director National Center on Substance Abuse and Child Welfare, UC-Irvine
- **Anthony Maluccio, DSW** Boston College- Graduate School of Social Work



CHALLENGES FACING ADOPTION OF AN EVIDENCE BASED PRACTICE IN CHILD WELFARE

1. Research Base in Child Welfare

SOURCES OF EVIDENCE FOR CHILD WELFARE

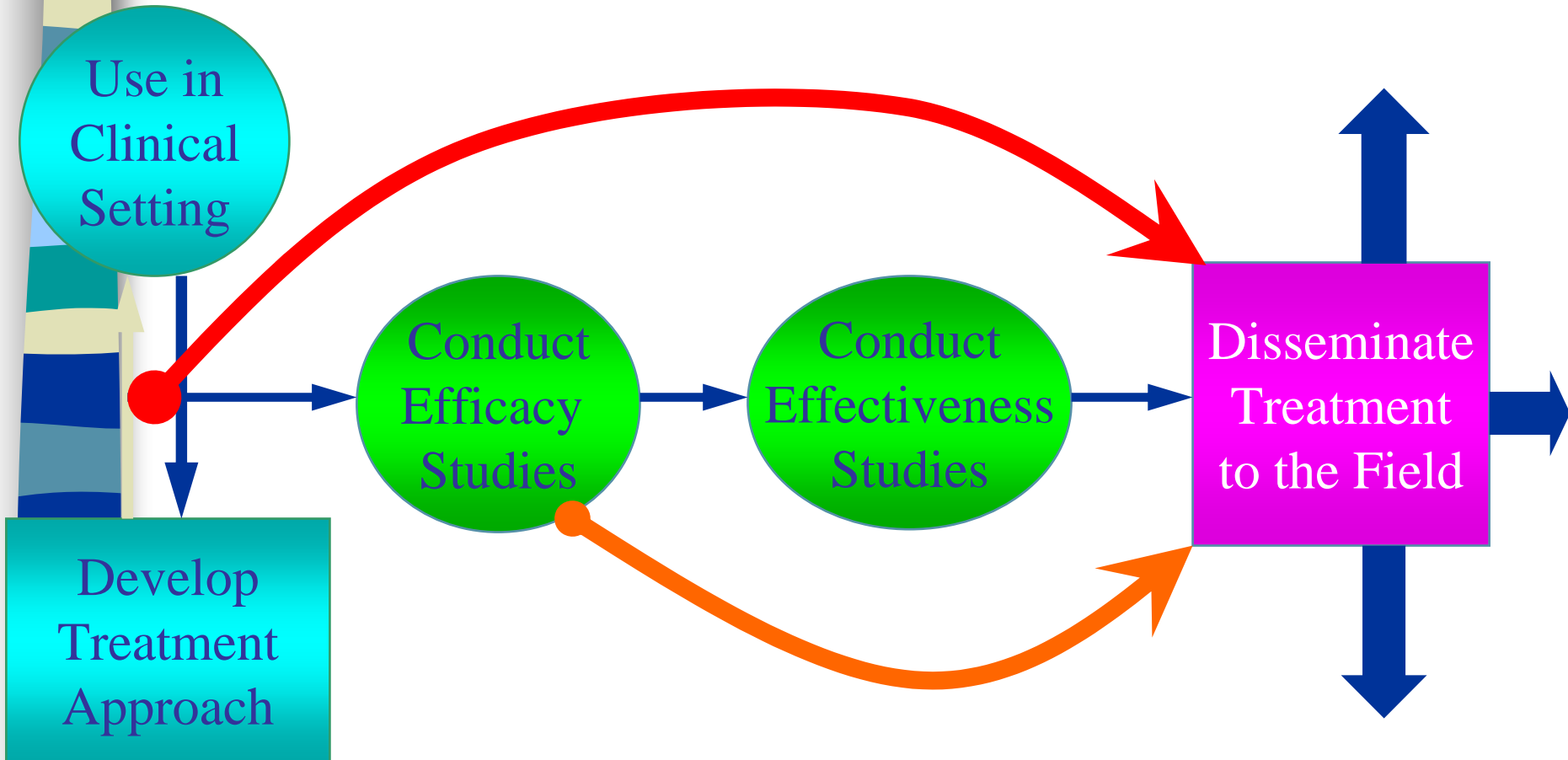




CHALLENGES FACING ADOPTION OF AN EVIDENCE BASED PRACTICE IN CHILD WELFARE

- 1. Research Base in Child Welfare**
- 2. Replication**
- 3. Expectation Management**
- 4. Pace of Science**

THE IDEAL CLINICAL SCIENCE PROCESS





CHALLENGES FACING ADOPTION OF AN EVIDENCE BASED PRACTICE IN CHILD WELFARE

- 1. Research Base in Child Welfare**
- 2. Replication**
- 3. Expectation Management**
- 4. Pace of Science**
- 5. Definitions**



LOTS OF TERMS

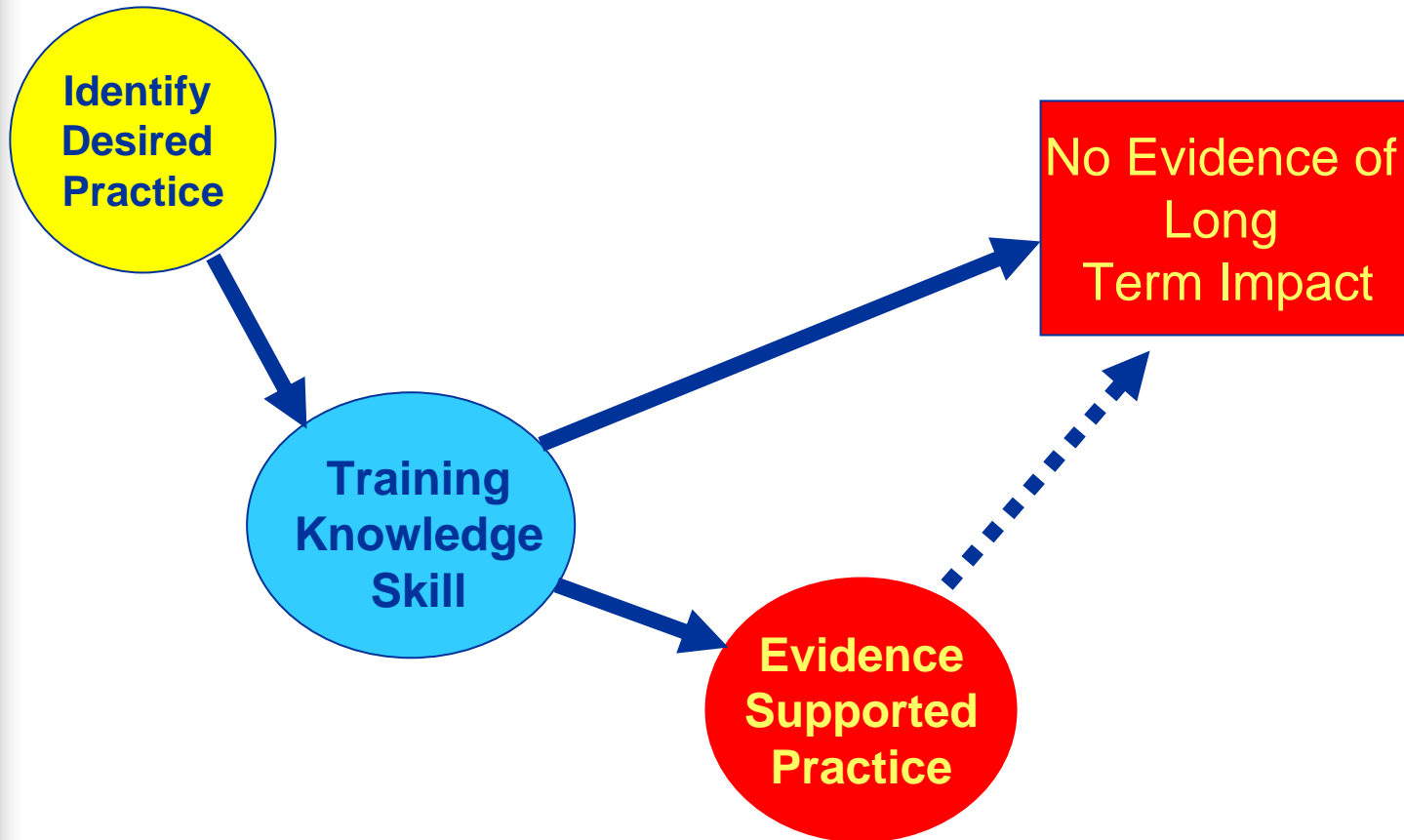
- Innovative Practice
- Emerging Practice
- Promising Practice
- Good Practice
- Demonstrated Effective Practice
- Best Practice
- Evidence Informed Practice
- Evidence Supportive Practice
- Evidence Based Practice



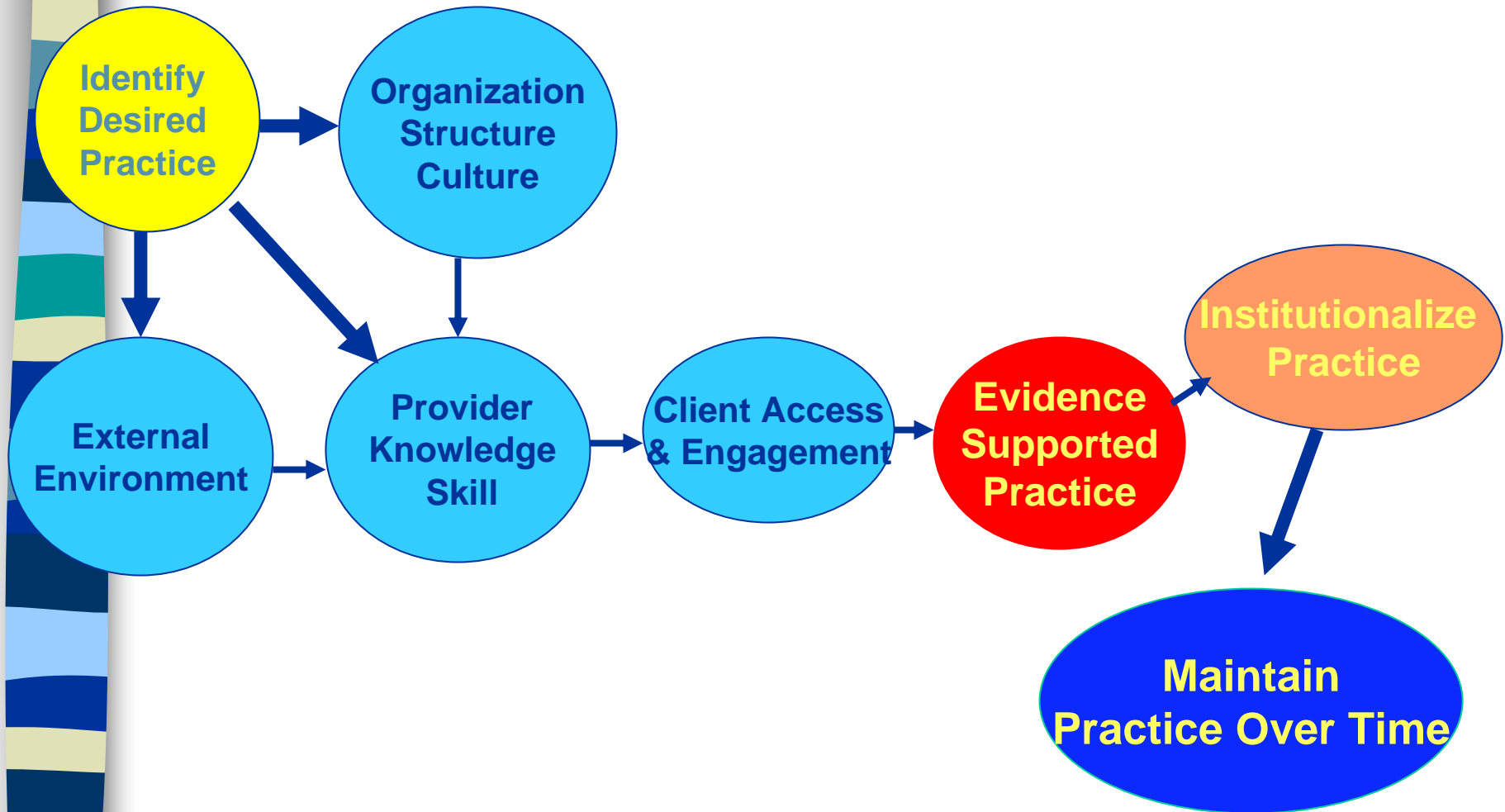
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- 1. Research Base in Child Welfare**
- 2. Replication**
- 3. Expectation Management**
- 4. Pace of Science**
- 5. Definitions**
- 6. Implementation**

MOVING TO AN EVIDENCED SUPPORTED PRACTICE



MOVING TO AN EVIDENCED SUPPORTED PRACTICE





DEFINITION OF EVIDENCE BASED CHILD WELFARE

Modified from Institute of Medicine

- **Best Research Evidence**
- **Best Clinical Experience**
- **Consistent with Family/Client Values**



STEPS OF OPERATION

CALIFORNIA CHILD WELFARE CLEARINGHOUSE FOR EVIDENCE BASED PRACTICE

- **Planning**
- **Targeting** - Select Areas of Focus
- **Search** - Search Available Research and Practice Literature Base- ID “Candidate Practices”
- **Recommendation** - Select Practices for Inclusion in Clearinghouse
- **Synthesis** - Consider the Totality of the Research/Literature – including null
- **Appraisal** - Assess/Rate the Practices
- **Dissemination** - Spread the word



STEPS OF OPERATION

CALIFORNIA CHILD WELFARE CLEARINGHOUSE FOR EVIDENCE BASED PRACTICE

- **Planning**
- **Targeting - Select Areas of Focus**



TOPIC AREAS NOMINATED FOR INITIAL REVIEW AND CLASSIFICATION

1. Parenting Training Programs
2. Trauma Treatment for Children in Foster Care
3. Family Engagement/Motivation
4. Parental Substance Abuse
5. Reunification Services
6. Maternal Depression
7. Domestic/Intimate Partner Violence
8. Post Adoption Services
9. Homelessness/Housing
10. Youth Transition

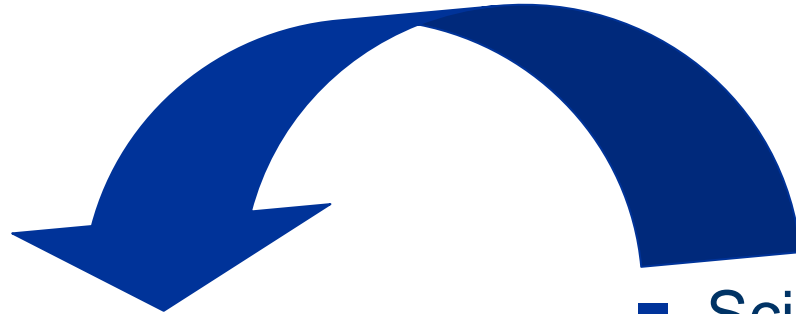


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SEARCH PHASE



**Candidate Programs
and Practices Selected**

- Scientific Panel
- EBP web sites-
- Advisors
 - I.e. SAMHSA NREP & Blueprints
- Cochrane
- Campbell
- National Clearinghouse
- Meta-Analysis
- Pub Med & other Lit searches
- Google



STEPS OF OPERATION

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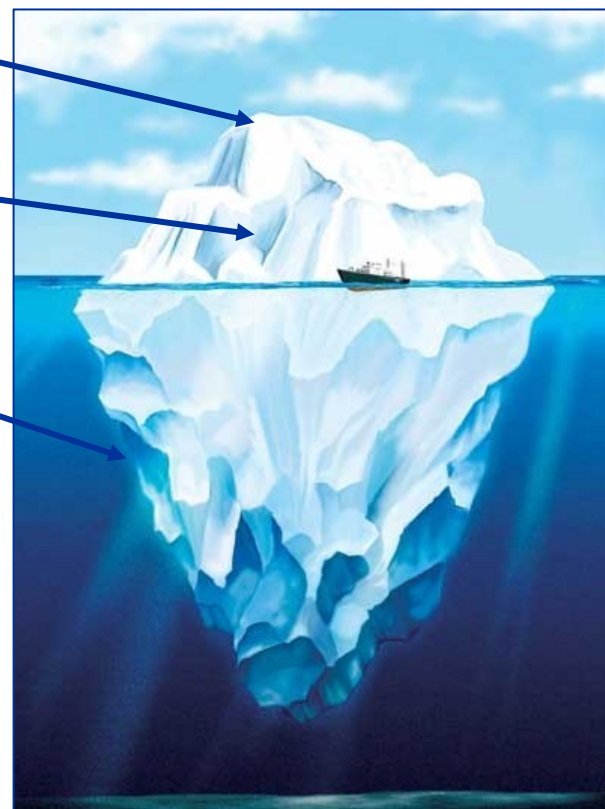
EVIDENCE CLASSIFICATION SCHEMES

COLORADO BLUEPRINTS FOR VIOLENCE PREVENTION

- **Model Programs**
- **Promising**
- **All the Rest**



The High Bar



EMERGING PRACTICES IN THE PREVENTION OF CHILD ABUSE AND NEGLECT

- **Demonstrated Effective Programs**

- **Reported Programs**

- **Innovative Programs**



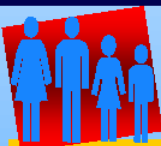
The Low Bar



TEST OF AN EVIDENCE SUPPORTED PRACTICE

- **Is it based on a solid conceptual/theoretical framework?**
 - Is the theory upon which it is based widely accepted?
 - Is there a logic model that makes sense?
- **Can it be replicated?**
 - Are there practice manuals and protocols
 - Is there training/consultation available
 - Does the practice lend itself to application in other communities or with other populations
- **How well is it supported by research?**
 - How rigorous is the design-RCT as Gold Standard
 - How many evaluations have been conducted
 - How strong are the results
- **Acceptable risk**

OVC Guidelines PROJECT



Child Physical and Sexual Abuse: Guidelines for Treatment

Final Report: January 15, 2003

Prepared by:

National Crime Victims Research and Treatment Center
Medical University of South Carolina
Charleston, South Carolina

Center for Sexual Assault and Traumatic Stress
Harborview Medical Center
Seattle, Washington

A cooperative agreement funded by the:

Office for Victims of Crime
Office of Justice Programs
U.S. Department of Justice



www.musc.edu/cvcl/

Download the full report



OVC GUIDELINES PROJECT: CRITERIA FOR JUDGING A TREATMENT

- **Theoretical basis** (sound, novel, reasonable, unknown)
- **Clinical/anecdotal literature**
(substantial, some, limited)
- **General acceptance/use in clinical**
(accepted, some, limited)
- **Risk for harm/benefit ratio** (little, some, significant)
- **Level of empirical support** (randomized controlled
nonrandom controlled trials, uncontrolled trials, single case studies,
none)

OVC GUIDELINES PROJECT: TREATMENT CLASSIFICATION SYSTEM



Categories:

1. Well-supported, efficacious treatment
2. Supported and probably efficacious treatment
3. Supported and acceptable treatment
4. Promising and acceptable treatment
5. Innovative or novel
6. Experimental or concerning treatment



CALIFORNIA CHILD WELFARE CLEARINGHOUSE ON EVIDENCE BASED PRACTICE

- 1. Well-supported, proven efficacious practice**
- 2. Supported and probably efficacious**
- 3. Supported and acceptable practice**
- 4. Promising and acceptable practice**
- 5. Innovative or novel practice**
- 6. Experimental or concerning practice**



1. WELL SUPPORTED, EFFICACIOUS PRACTICE

- The practice has **sound theoretical basis in generally accepted welfare or related** professional principles.
- A **substantial clinical-anecdotal literature**
- There is **no clinical or empirical evidence** or theoretical basis that the practice **constitute a substantial risk** of harm
- The **practice has a book, manual, or other available writings**
- **At least two randomized, controlled outcome studies (RCT) have the practice to be superior** to an appropriate comparison practice.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.



DIFFERENCES BETWEEN LEVELS 1, 2 AND 3

Level 1- At least two randomized, controlled outcome studies (RCT) have the practice to be superior to an appropriate comparison practice

Level 2- At least two studies utilizing some form of control without (e.g., matched wait list, untreated group, placebo group) have established the practice's efficacy over the passage of time, efficacy over placebo or found it to be comparable to or better than an already established practice

Level 3- At least one group study (controlled or uncontrolled), or a series subject studies suggest the efficacy of the practice.



4. PROMISING AND ACCEPTABLE PRACTICE

- The practice has a **sound theoretical basis**
- A substantial **clinical-anecdotal literature exists**
- There is **no clinical or empirical evidence** or theoretical indicating that the practice constitutes a substantial **risk of**
- The **practice has a book, manual, or other available**



6. CONCERNING PRACTICE

- The **theoretical basis for the practice is unknown**, a misapplication of child welfare principles, or a novel, unique, and concerning application of child welfare or related professional principles.
- Only a **small and limited clinical literature** exists suggesting value of the practice.
- There is a **reasonable theoretical, clinical, or empirical** suggesting that compared to its likely benefits, the practice **constitutes a risk of harm** to those receiving it.
- The practice has a **manual or other writings** that specifies the components and and administration characteristics of the that allows for implementation.



IDENTIFICATION OF EVIDENCE SUPPORTED PRACTICES

- **How closely does the intervention fit with the outcomes you wish to affect?**

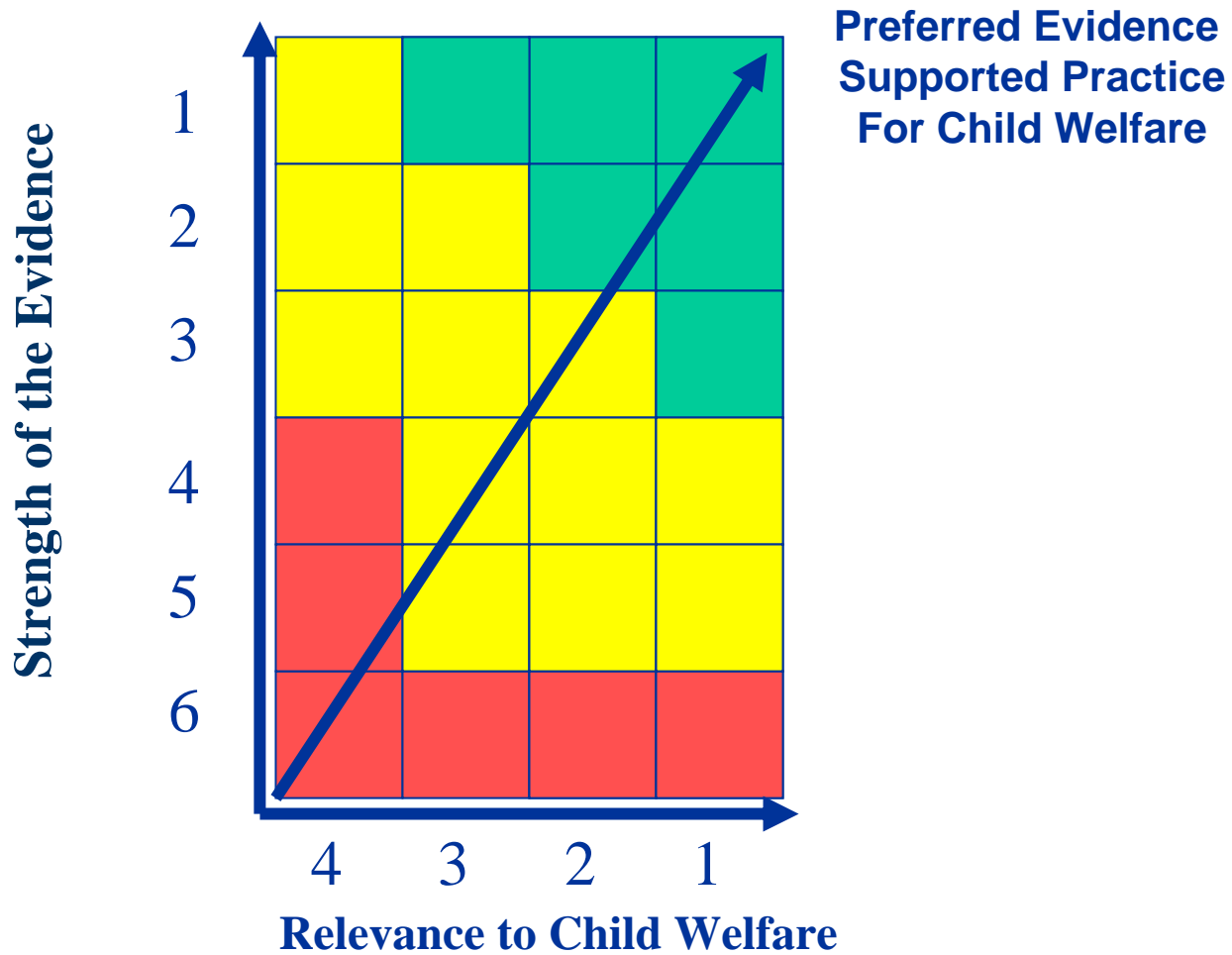


RELEVANCE TO CHILD WELFARE

- 1. High
- 2. Medium
- 3. Low
- 4. Remote

OVERALL CLEARINGHOUSE RATING

HOW CLOSELY DOES THE INTERVENTION FIT WITH THE OUTCOMES CHILD WELFARE





TOPIC AREAS NOMINATED FOR INITIAL REVIEW AND CLASSIFICATION

1. Parenting Training Programs
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3. Family Engagement/Motivation
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6. Maternal Depression
7. Domestic/Intimate Partner Violence
8. Post Adoption Services
9. Homelessness/Housing
10. Youth Transition



BETA TEST TOPIC – PARENT TRAINING CANDIDATE PROGRAMS

- The Incredible Years
- Multisystemic Therapy
- Oregon Social Learning Center's Parent Management Training
- PCIT
- Parenting Wisely
- Nurturing Parent
- Project 12- Ways
- STEP

TOPICAL OUTLINE

THE
CALIFORNIA CHILD WELFARE CLEARINGHOUSE
FOR
EVIDENCE BASED PRACTICE

Name of Program	
CA Child Welfare Clearinghouse Rating	
Relevance to Child Welfare Rating	
Program Description/Basic Overview (Setting, Duration, etc)	
Essential Components/Key Ingredients (What makes this program uniquely "it"? List required elements for model fidelity.)	
Target Populations & Targeting Conditions (i.e., child, parent, placement setting, including ethnicities) (i.e., types of presenting problems and symptomatology)	
Type of Maltreatment	
Research Base What research has been conducted and what was learned? Were outcomes analyzed separately for diverse cultures/ethnicities?	
Cost/Resources How much does it cost to implement and maintain this program? (Include training, materials, infrastructure, staffing pattern, etc)	
Education & Training Resources What training is available and how accessed ie via contract? What materials are available ie manuals, protocols, etc. What start up time and method?	
Citations Original research; peer reviewed literature	
Goals and Expected Outcomes How is this program used to improve practice?	
Application How does this apply to our everyday work? How is it related to CWS system improvement efforts in California? Who else has implemented, and are they adopting or adapting?	



WEB BASED DISSEMINATION

- **Overview of the Clearinghouse**
 - Review Process
 - Rating Criteria
- **Multiple Points of Entry**
 - Safety, Permanency, Well-being
 - Topical area-Intro by Advisory Committee
 - Specific Programs
 - Levels of Evidence
- **Drill Down Detail**-using a standard format
- **Relevant Full Text**
Articles/Publications/Conference Ploanner
Guides
- **General Information** and Links on
Dissemination



FOR MORE INFORMATION

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Charles Wilson-Director

John Landverk- Scientific Director

www.chadwickcenter.org