



The California
Evidence Based
Clearinghouse
For Child Welfare



The California Evidence Based Clearinghouse for Child Welfare Practice

Charles Wilson, MSSW

Executive Director

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Chadwick Center for Children and Families

Children's Hospital-San Diego





The California Evidence Based Clearinghouse for Child Welfare Practice

- **Funded by the California Department of Social Services, Office of Child Abuse Prevention**
- **The California Clearinghouse will provide guidance on selected evidence based practices in simple straightforward formats reducing the ‘consumers’ need to conduct literature searches, review extensive literature, or understand and critique research methodology**
- **Guided by a State Advisory Committee and a National Scientific Panel**





Advisory Committee

- 1. Patricia Aguiar**
Branch Chief
Child and Youth Permanency Branch
- 2. Wesley A. Beers**
Branch Chief
Children's Services Operations and Evaluation Branch
- 3. Lucy Berliner**
Director
Harborview Clinic for Sexual Assault and Traumatic Stress
University of Washington
- 4. Miryam Choca**
Director
California Strategies
Casey Family Programs
- 5. Bill Carter, LCSW**
Director
California Strategies
- 6. Mark Courtney, Ph.D.**
Director
Chapin Hall Center for Children
University of Chicago
- 7. Danna Fabella**
Director
Children and Family Services, Contra Costa County
Department of Employment and Human Services
- 8. Kim Helfgott**
Deputy Director Special Initiatives
National Clearinghouse on
Child Abuse and Neglect
- 9. Debby Jeter**
Deputy Director
Department of Social Services
San Luis Obispo County





Advisory Committee

10. Michael Lawson, MS

Director

Parent Led Assistance Network

Community School Solutions of CA, Inc.

11. Chris Mathias

Director, California Social Work Education

Center (Cal-SWEC)

University of California, Berkeley

School of Social Welfare

12. Roseann Myers, RN, JD

Executive Director

San Diego County Commission on Children,

Youth & Families

13. Susan Nisenbaum

Branch Chief

Child Protection and Family Support Branch

Office of Child Abuse Prevention

14. Stuart Oppenheim

Executive Director

Child & Family Policy Institute of California

15. Deborah Reeves

Supervisor

Humboldt County Health and Human Services

Child Welfare Division





Scientific Panel

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

Topical Experts

Nancy Young, Ph.D. Director National Center on Substance Abuse & Child Welfare, UC-Irvine

Anthony Maluccio, DSW Boston College-Graduate School of Social Work





Lots of Terms

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





Definition of an Evidence Based Practice for Child Welfare

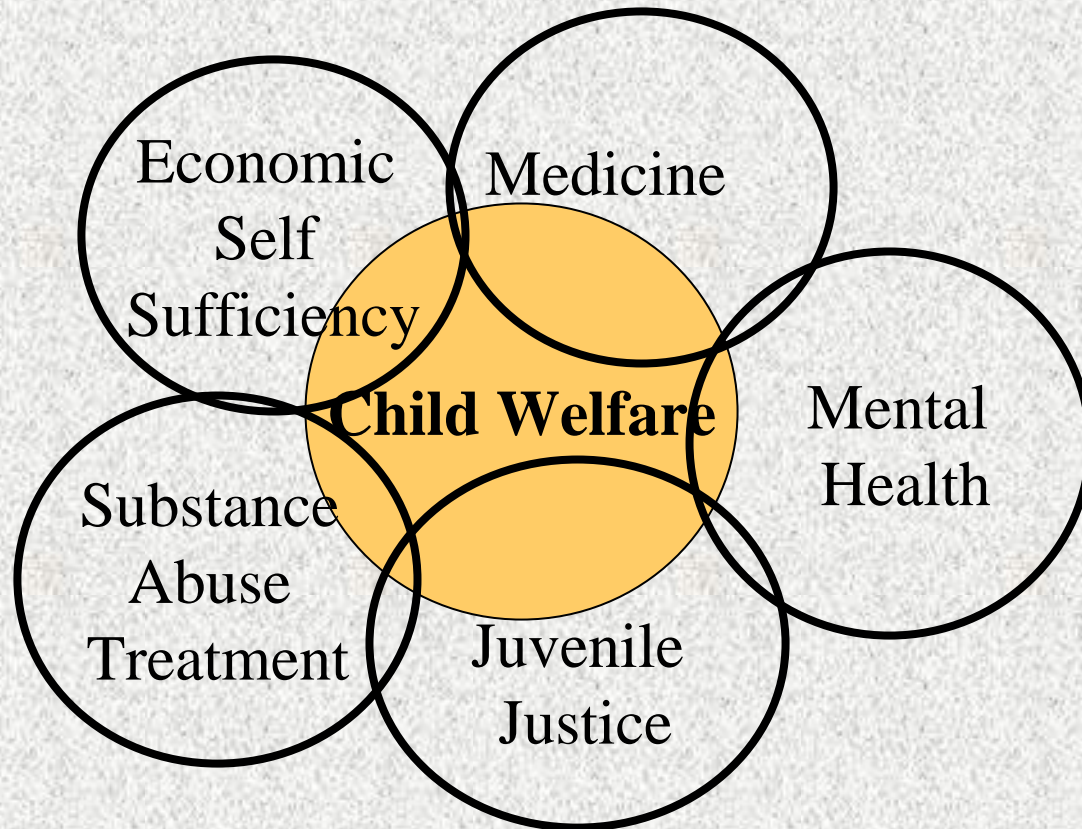
Modified from Institute of Medicine

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





Sources of Evidence for Child Welfare





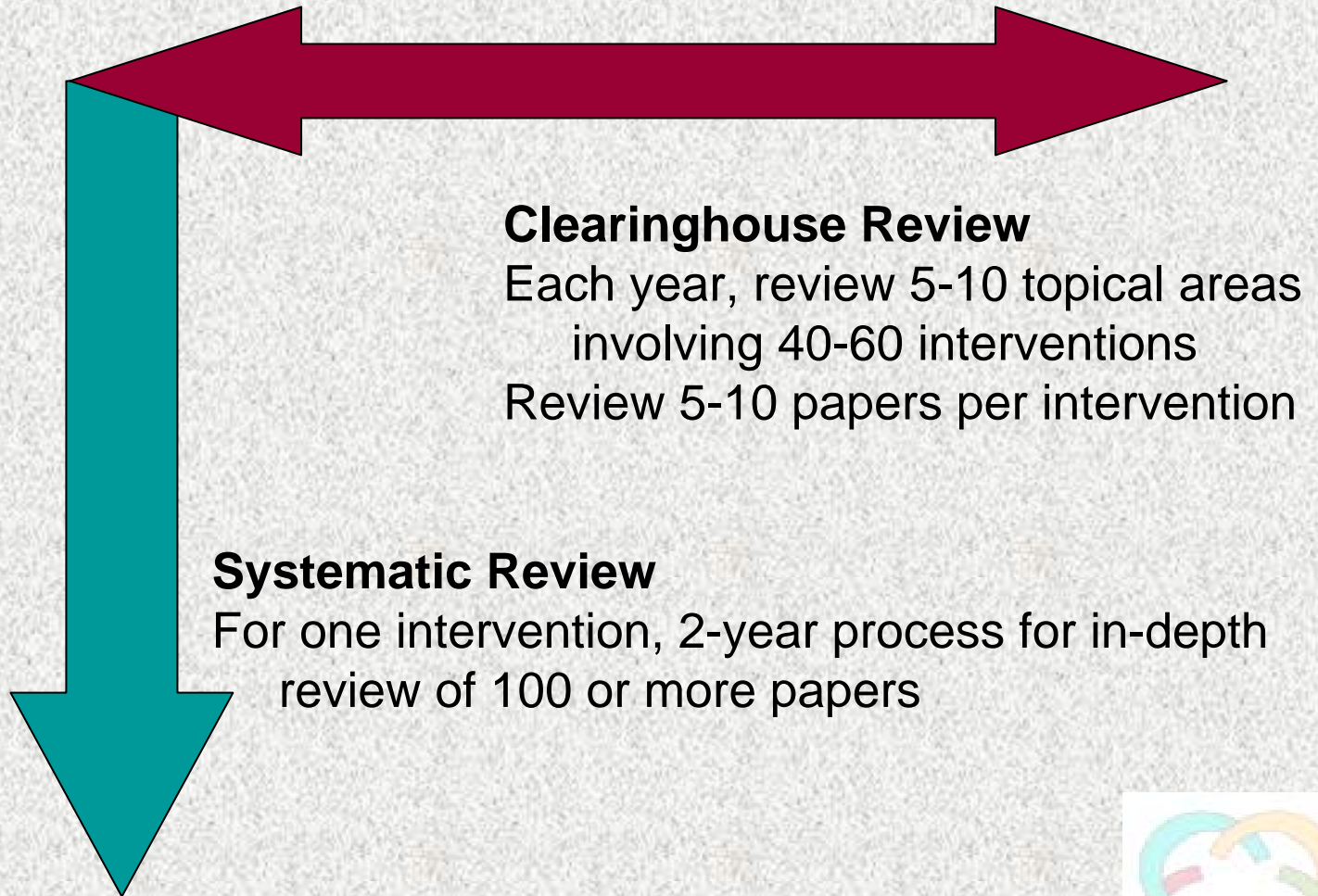
What the Clearinghouse Can't Do

- **Meta-Analysis**
- **Systematic Review**
- **Dissemination Support**
- **Training on Interventions**





Systematic Review vs. Clearinghouse Review





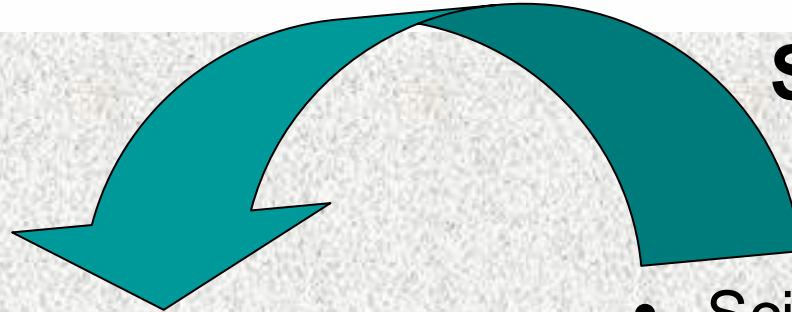
Steps of Operation

- **Planning**
- **Targeting** - select areas of focus
- **Search** - available research and practice literature base; identify “Candidate Practices”
- **Recommendation** - select practices for inclusion on Clearinghouse
- **Synthesis** - consider the totality of the research/literature including null studies
- **Appraisal** - assess/rate the practices
- **Dissemination** - spread the word





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



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?	



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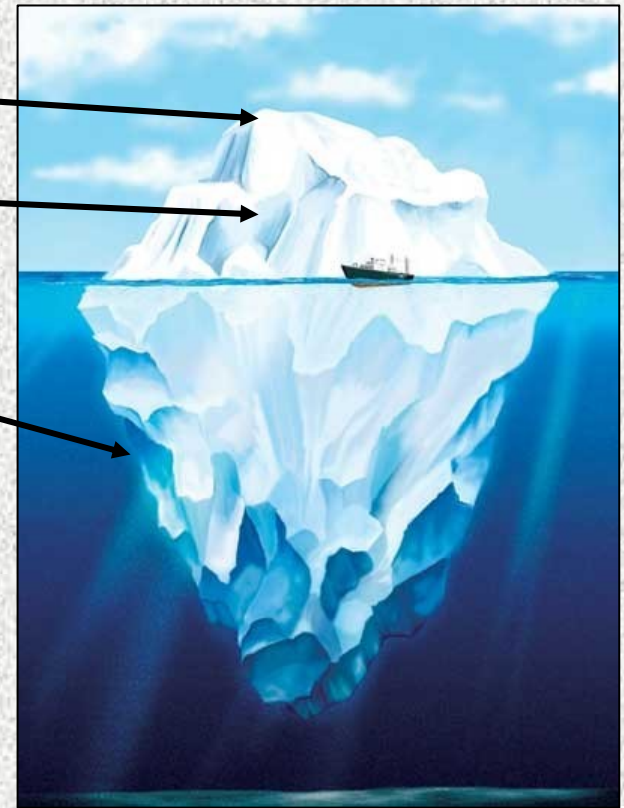
Evidence Classification Schemes





Colorado Blueprints for Violence Prevention

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



The High Bar





Test of an Evidence Supported Practice

- **Is it based on 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**

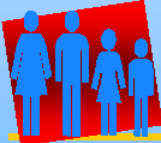




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OVC Guidelines Project



Child Physical and Sexual Abuse: Guidelines for Treatment

Final Report: January 15, 2003

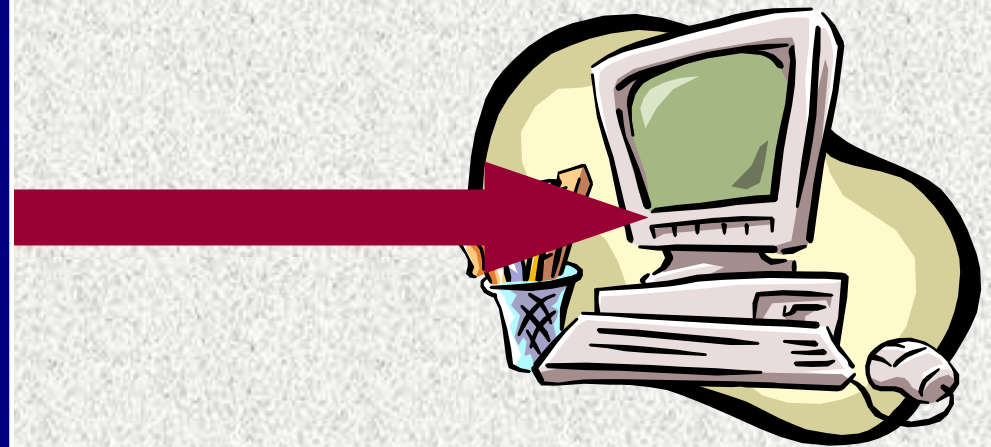
Prepared by:

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





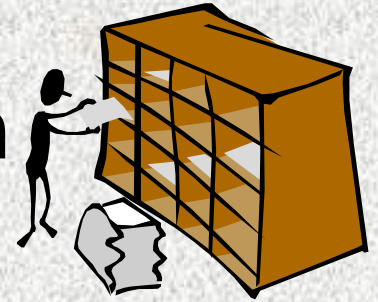
OVC Guidelines Project: **Criteria for Judging a Treatment**

- **Theoretical basis**
(sound, novel, reasonable, unknown)
- **Clinical/anecdotal literature**
(substantial, some, limited)
- **General acceptance/use in clinical practice**
(accepted, some, limited)
- **Risk for harm/benefit ratio**
(little, some, significant)
- **Level of empirical support**
(randomized controlled trials, non-random 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 Evidence Based Clearinghouse for Child Welfare - Scientific Rating

- 1. Well supported – Effective Practice**
- 2. Supported - Efficacious Practice**
- 3. Promising Practice**
- 4. Acceptable/Emerging Practice**
- 5. Evidence Fails to Demonstrate Effect**
- 6. Concerning Practice**





1. Well supported – Effective Practice

- A. 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.
- B. The practice has a book, manual, or other available writings that specifies the components of the service and describes how to administer it.
- C. **Multiple Site Replication: At least 2 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.**
- D. **The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.**
- E. **If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.**





2. Well Supported - Efficacious Practice

- A. 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.
- B. The practice has a book, manual, or other available writings that specifies the components of the practice protocol and describes how to administer it.
- C. **At least 2 rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g. University laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.**
- D. **The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.**
- E. If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.





3. Promising Practice

- A. There is no clinical or empirical evidence or theoretical basis indicating this practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- B. The practice has a book, manual, or other available writings that specifies the components of the practice protocol and describes how to administer it.
- C. **At least one study utilizing some form of control (e.g. untreated group, placebo group, matched wait list,) have 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.**
- D. **Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.**
- E. If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.





4. Acceptable/Emerging Practice- Effectiveness is Unknown

A. 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.

B. 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.

C. 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.

D. The practice lacks adequate research to empirically determine efficacy.





5. 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.





6. Concerning Practice

- A. If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a negative effect upon clients served.

and/or

- B. 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.





Identification of Evidence Supported Practices

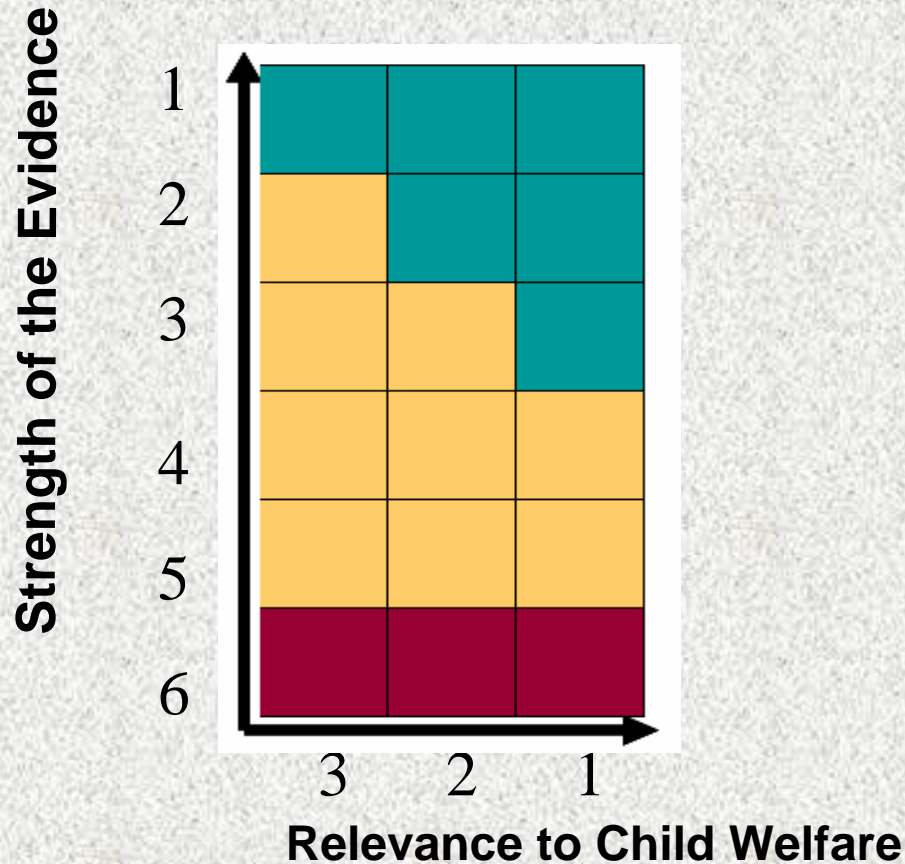
- **How closely does the intervention fit with the outcomes you wish to affect?**





Overall Clearinghouse Rating

How closely does the intervention fit with the child welfare outcomes?





Relevance to Child Welfare Populations

- 1. High:** The program was designed or is commonly used to meet the needs of children, youth, young adults, and/or families receiving child welfare services
- 2. Medium:** The program was designed or is commonly used to serve children, youth, young adults, and/or families who are similar to child welfare populations (i.e. in history, demographics, or presenting problems) and likely included current and former child welfare services recipients.
- 3. Low:** The program was designed to serve children, youth, young adults, and/or families with little apparent similarity to the child welfare services population.





Relevance to Child Welfare Outcomes

The program evaluation had measures relevant to **Safety**.

Children are, first and foremost, protected from abuse and neglect.

Children are safely maintained in their homes whenever possible if appropriate.

The program evaluation had measures relevant to **Permanency**.

Children have permanency and stability in their living situations.

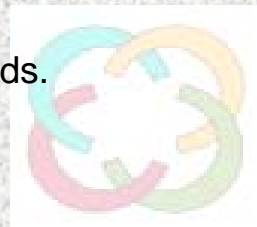
The continuity of family relationships and connections is preserved for families.

The program evaluation had measures relevant to child and family **Well-Being**.

Families have enhanced capacity to provide for their children's needs.

Children receive appropriate services to meet their educational needs.

Children receive adequate services to meet their physical and mental health needs.





Initial Topics Selected by the Advisory Committee

- **Parent Training**
- **Trauma Treatment for Children in Foster Care**
- **Parental Substance Abuse**
- **Reunification Services**
- **Family Engagement/Motivation**
- **Youth Transition through Adulthood**
- **Maternal Depression**
- **Domestic/Intimate Partner Violence**
- **Post Adoption Support**
- **Homelessness/Housing**





Parent Training Programs

- **The Incredible Years**
- **PCIT**
- **Parenting Wisely**
- **Nurturing Parent**
- **Project SafeCare**
- **STEP**
- **Triple P**
- **1-2-3 Magic**





Trauma Treatment Programs for Children in Foster Care

- Abuse Focused Cognitive Behavioral Therapy
- Child Parent Psychotherapy for Family Violence
- Eye Movement Desensitization and Reprocessing (EMDR)
- Forensically Sensitive Therapy
- The Sanctuary Model





Trauma Treatment Programs

- **Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)**
- **Trauma Adaptive Recovery Group Education and Therapy (TARGET)**
- **Trauma Focused Cognitive Behavioral Therapy**
- **Trauma Focused Play Therapy**





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**
- **General Information and Links on Dissemination**



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*W*elcome to the *California Evidence Based Clearinghouse* For Child Welfare

The California Department of Social Services (CDSS) contracted the Chadwick Center for Children and Families-Children's Hospital San Diego to create the California Evidence Based Clearinghouse For Child Welfare in the form of a website.

The California Evidence Based Clearinghouse For Child Welfare web site is designed to:

- Serve as an online connection for child welfare professionals and others (staff of public and private organizations, academic institutions, etc.) who are committed to serving children and families.
- Provide up to date information on evidence based child welfare practice.
- Facilitate the utilization of evidence based practices as a method of achieving improved outcomes of safety, permanency and well being for children and families involved in the California public child welfare system.



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Overview of history and goals of the Clearinghouse

The [California Department of Social Services \(CDSS\)](#) provides leadership in targeted efforts to improve the lives of children and families served within the child welfare system. As part of their improvement strategies, CDSS selected the [Chadwick Center for Children and Families](#) - Children's Hospital San Diego, in cooperation with the [Child and Adolescent Services Research Center \(CASRC\)](#), to create the California Evidence Based Clearinghouse for Child Welfare. The Clearinghouse will help to identify and disseminate information regarding "evidence based" practices relevant to child welfare. Evidence based practices are those which have empirical research supporting their efficacy. The California Evidence Based Clearinghouse for Child Welfare will provide guidance on evidence based practices to statewide agencies, counties, public and private organizations, and individuals in simple straightforward formats reducing the 'consumers' need to conduct literature searches, review extensive literature, or understand and critique research methodology.

The Clearinghouse is being guided by a statewide [Advisory Committee](#) comprised of state and local child welfare leaders, supporting organizations, and nationally respected authorities on child welfare and a [National Scientific Panel](#) to identify research-supported practices in child welfare that will assist the state and counties with their performance improvement plan and systems improvement efforts. The Clearinghouse is a critical tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, family and community stability, and child and family well-being.

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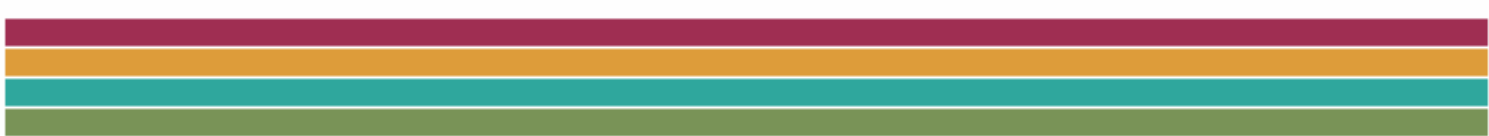
Usage Guide for the Clearinghouse and how to Navigate

The California Evidence Based Clearinghouse for Child Welfare website is designed to allow the visitor access to a broad overview of practice topical areas or programs relevant to one or more major child welfare goals. Consumers who want more extensive information will be provided with an option to 'drill down' into the database to gather increasingly detailed information, if desired. This flexible system is intended to give consumers the information they need to make important decisions and to gain in-depth understanding of individual models and programs.

The website does not, however, contain an exhaustive list of all topical areas relevant to child welfare practice and has not reviewed all possible options for programs and practices. The breath and scope of the Clearinghouse will increase over time, but will never be able to address all possible issues facing the enormously complex field of child welfare. The Clearinghouse will focus on priority areas, important models and programs that have empirical support, or programs that are receiving considerable attention in California.

The visitor to the website can search the data base in the following ways:

By [Child Welfare Goal](#) : There are three major federal goals that public Child Welfare services are accountable to address: [Safety](#) , [Permanency](#) , and [Well-being](#) . Some practices are relevant to all three goals, other practices may focus on only two and some are tightly targeted to one goal. A visitor to this web site seeking information about how to enhance their child welfare and community's efforts related to any of the three goals can click on that goal, and they will view all practices that have been currently reviewed, that are related to the identified goal.



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Search

The California Evidence Based Clearinghouse for Child Welfare offers various ways to search our database. Please select one of the following options to search the Clearinghouse:

[Search by Topical Area](#)

[Search by Maltreatment](#)

[Search by Scientific Rating](#)

[Search by Goals/Outcomes](#)

[Advanced Search](#)

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Search By Topical Area

The Advisory Committee selected six Topic (Practice) areas for priority review and posting:

- [Parent Training Programs](#)
- [Trauma Treatment for children in Foster Care](#)
- [Substance Abuse \(Parental\)](#)
- [Reunification Programs](#)
- [Youth Transitioning to Adulthood](#)
- [Family Motivation/Engagement](#)

The following practice topical areas are scheduled for review and posting as follows:

Spring, 2006:

- Maternal Depression

Summer, 2006:

- Domestic/Intimate Partner Violence
- Abuse in out-of-home care

Fall, 2006:



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