

The California Evidence-Based Clearinghouse for Child Welfare

(CEBC)

www.cachildwelfareclearinghouse.org

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June 12, 2007

Goals for Today's Session

- To Learn about the Importance of Evidence-Based Practice and how it relates to Child Welfare.
- To Receive a brief Introduction to the CEBC Website and to learn about the Scientific Rating Process.
- To Learn about the Substance Abuse Programs that are Highlighted on the CEBC Website.

Background

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

- In 2004, the California Department of Social Services, Office of Child Abuse Prevention contracted with the Chadwick Center for Children and Families, Rady Children's Hospital-San Diego in cooperation with the Child and Adolescent Services Research Center to create the CEBC.
- The CEBC was launched on 6/15/06.

What is the CEBC?

The CEBC:

- provides information on selected evidence-based practices through a user-friendly website.
- presents brief and detailed summaries for each reviewed practice.
- is arranged in a simple, straightforward format reducing the need to conduct literature searches, or understand research methodology.

Current Data on Visitors to the Website

Total Number of Visits to the Website

35,516

Percentage of Total Visitors from over 115 International Countries

14% 4,880

Percentage of Total Visitors from U.S.

86 % 30,636

Percentage of Total Visitors from California

35% 12,241

Data based on numbers as of April 30th, 2007

Who is it Designed for?

- **Child welfare professionals**
- **Staff of public and private organizations**
- **Academic institutions**
- **Others who are committed to serving children and families**

Guidance for the CEBC

Advisory Committee

The Advisory Committee is composed of 15 committed individuals drawn from a broad cross-representation of communities and organizations.

Representatives are from:

- **California Department of Social Services-Child and Family Services Division**
- **Child Welfare Departments from California counties**
- **Child Welfare Director's Association (CWDA)**
- **California Child Welfare training leaders**
- **Private Foundations**
- **Public & private community partners within the state**

- **National child welfare consultants**

National Scientific Panel

The National Scientific Panel is composed of five core members and selected Topical Experts. The Panel is nationally recognized as leaders in child welfare research and practice, and who are knowledgeable about what constitutes best practice/evidence-based practice.

The Scientific Panel assists in identifying relevant practices and research and provide guidance on the scientific integrity of the CEBC products.

Scientific Panel Members

Scientific Director

John Landsverk, Ph.D. Director, Child and Adolescent Services Research Center- Rady 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

Richard P. Barth, Ph.D. University of North Carolina at Chapel Hill

Benjamin Saunders, Ph.D. Medical University South Carolina

Haluk Soydan, Ph.D. University of Southern California / Co-Chair of the Campbell Collaborative

CEBC Team

Executive Director

Charles Wilson, MSSW

Chadwick Center for Children and Families, Rady Children's Hospital-San Diego

Scientific Director

John Landsverk, Ph.D.

Scientific Director, Child and Adolescent Services Research Center (CASRC)

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CASRC Research Team

Jennifer Rolls Reutz, MPH

Cheryl Olson, Ph.D.

What is Evidence-Based Practice?

CEBC's Definition of Evidence-Based Practice for Child Welfare

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

(modified from Dr. David Sackett's definition)

Why Is Evidence-Based Practice Important?

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
- Distinguishing groundless marketing claims from reality

All sorts of "treatments" are available out there.

Ethically, it is important to provide services to clients that work and are safe!

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 (<http://www.evidencebasedprograms.org>)

Safety Risks of Not Using EBPs

Excerpts from an article in The Post and Courier newspaper: "The girl was covered in blankets and pillows meant to simulate the womb and was encouraged to push her way out during the April 2000 session. Therapists hoped she would emerge "reborn" to bond with adoptive mother.

"Tidball said the sentence would send a powerful message to other therapists."

"The Future is Here...

It's Just Not Widely Distributed Yet."

William Gibson

The World Is Changing

"We are required to report to the Office of Management and Budget the "percentage of total funding going to support evidence-based (EBP) and evidence-informed programs and practices" and will need to set annual targets for increasing these percentages from year to year."

Melissa Lim Brodowski

Office on Child Abuse and Neglect

Children's Bureau, ACYF, ACF, HHS

2/13/07

The Clinical Science Process

Flow chart explaining the process: “Use in Clinical Setting”, “Develop Treatment Approach”, “Conduct Efficacy Studies”, “Conduct Effectiveness Studies”, “Disseminate Treatment to the Field”

Questions to ask of any Practice or Treatment

- Is it based on a solid conceptual and theoretical framework?
- How well is it supported by practice experience?
- Does it have an acceptable benefit vs. risk for harm ratio?
- Is it consistent with client values?
- What are the provider qualifications?
- How well is it supported by scientific research?
- Is it replicable?

The CEBC’s Scientific Rating Scale

Gold Standard for Evidence

- **Randomized controlled trial (RCT)** –Participants are randomly assigned to either an intervention or control group. This allows the effect of the intervention to be studied in groups of people who are the same, except for the intervention being studied.
 - Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Peer-Reviewed Research

- **Peer review** – A process used to check the quality and importance of research studies. It aims to provide a wider check on the quality and interpretation of a study by having other experts in the field review the research and conclusions.

Efficacy vs. Effectiveness

- **Efficacy** focuses on whether an intervention works under ideal circumstances and looks at whether the intervention has any impact at all.
- **Effectiveness** focuses on whether a treatment works when used in the real world.
 - An effectiveness trial is done after the intervention has been shown to have a positive effect in an efficacy trial.

Scientific Rating Scale

Chart going from Effective Practice (1) to Concerning Practice (6)

6. Concerning Practice

- 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.

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.

4. Acceptable/Emerging Practice- Effectiveness is Unknown

- 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.

3. Promising Practice

Same basic requirements as Level 4 plus:

- 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.
- Outcome measures must be **reliable and valid**, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of evidence **supports the efficacy** of the practice.

2. Well Supported-Efficacious Practice

Same basic requirements as Level 3 plus:

- **Randomized controlled trials (RCTs):** At least 2 rigorous 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.
- 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.

1. Well supported - Effective Practice

Same basic requirements as a Level 2 plus:

- **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.

The Relevance to Child Welfare Scale

Relevance to Child Welfare Scale

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.

The CFRS Child Welfare Outcomes

Child Welfare Outcomes

We also examined whether programs had included outcomes from the Child and Family Services Reviews in their peer-reviewed evaluations:

Safety

Permanency

Well-being

***In order to determine whether the program addressed the Child Welfare Outcomes, the program evaluation had to have measures relevant to the Child Welfare Outcome.**

The CEBC Review Process

CEBC Review compared to “Systematic Review”

CEBC Review

Review 5-10 topical areas (ex. Parent Training, Parental Substance Abuse)

involving 5-15 practices (ex. PCIT, Motivational Interviewing)

for a total of 40-60 reviewed practices each year.

Systematic Review

For one practice, 2-year process for in-depth review of 100 or more papers

CEBC Review Process for Substance Abuse

Targeting

Advisory Committee chose “Parental Substance Abuse” as an area of focus

Search

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

Recommendation

Dr Nancy Young, Director, National Center on Substance Abuse and Child Welfare, was the topical expert & helped select practices.

Information Gathering

Developers submitted information on their practices.

Rating

Dr. Young and CEBC staff rated each practice.

Dissemination

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

What You Can Currently Find on the CEBC Website

Topics Currently Available

on the Website

- **Parent Training**
- **Trauma Treatment for Children**
- **Reunification Services**
- **Parental Substance Abuse**
- **Youth Transitioning to Adulthood**
- **Family Engagement/Motivation**
- **DV Services for Women and Children**
- **DV Batterer's Treatment**
- **Placement Stabilization**

Topics To Be Posted

on the Website Soon

- **Placement Stabilization**
- **Visitation Programs**

Next Set of Topics to be

Reviewed and Rated

- **Casework Practice**

- **Child Welfare Initiatives**
- **Higher Level of Placement**
- **Home Visitation**
- **Interventions for Neglect**
- **Prevention**

Number of Programs per Rating Category

Total Number of Programs is 55

Chart illustrating that there are between 25-30 are in the 4 rating category, 20-25 are in the 3 category, and 5-10 in the 1 category.

Programs Rated a “1” Effective Practice

The CEBC Scientific Rating Scale

Parental Substance Abuse

Motivational Interviewing

Parent Training

Parent-Child Interaction Therapy

The Incredible Years

Triple P

Placement Stabilization

Multidimensional Treatment Foster Care (MTFC)

Trauma Treatment

Trauma-Focused Cognitive-Behavioral Therapy

Topical Expert: Nancy Young, Ph.D., National Center on Substance Abuse and Child Welfare, UC-Irvine

Substance Abuse (Parental)

Here are your search results for programs in the Topical Area – Substance Abuse (Parental):

Results are shown only for the programs that have been rated in each category. You can see the full rating scale on the right.

You can also read why the Advisory Committee chose Substance Abuse (Parental) as a topic at the bottom of this page.

Programs with a Scientific Rating of 1 – Well Supported – Effective Practice

- Motivational Interview (MI)

Programs with a Scientific Rating of 3 – Promising Practice

- Alcoholics Anonymous (A.A.)
- Community Reinforcement Approach (CRA)
- Community Reinforcement + Vouchers Approach (CRA + Vouchers)

Programs with a Scientific Rating of 4 – Acceptable/Emerging Practice

- Reno Family Drug Court
- Substance Abuse Recovery Management System (SARMS)
- Specialized Treatment and Recovery Services (STARS)
- Nurturing Program for Families in Substance Abuse Treatment and Recovery

Motivational Interviewing

Target Population: Caregivers of children referred to the child welfare system.

Motivational Interviewing (MI) is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. **MI** has been shown to be effective in improving substance abuse outcomes by itself, as well as in combination with other treatments.

Scientific Rating: 1

Child Welfare Rating: 2

Child Welfare Outcomes: Safety

Alcoholics Anonymous (A.A.)

Target Population: Adults who have identified themselves as alcoholics and are trying to maintain sobriety.

Alcoholics Anonymous (A.A.) is a voluntary, worldwide fellowship of men and women from all walks of life who meet together to attain and maintain sobriety. The only requirement for membership is a desire to stop drinking. There are no dues or fees for **A.A.** membership. (Description obtained from <http://www.aa.org>)

Scientific Rating: 3

Child Welfare Rating: 2

Child Welfare Outcomes: Child/Family Well-being

Community Reinforcement Approach (CRA)

Target Population: Individuals ages 12 and over who have a primary diagnosis of any Substance-Related Disorder (DSM-IV-R).

Community Reinforcement Approach (CRA) is a comprehensive cognitive-behavioral intervention for the treatment of substance abuse problems. **CRA** seeks to treat substance abuse problems through focusing on environmental contingencies that impact and influence the client's behavior. **CRA** utilizes familial, social, recreational, and occupational events to support the individual in changing his or her drinking/using behaviors and in creating a successful sobriety.

Scientific Rating: 3

Child Welfare Rating: 2

Child Welfare Outcomes: Child/Family Well-being

Community Reinforcement + Vouchers

Target Population: Adults age 18 or older with a diagnosis of cocaine abuse or dependence.

The **Community Reinforcement + Vouchers Approach (CRA + Vouchers)** has two main components. The Community Reinforcement Approach (CRA) component is an intensive psychosocial therapy emphasizing changes in substance use; vocation; social and recreational practices; and coping skills. The Voucher Approach is a contingency-management intervention where clients earn material incentives for remaining in treatment and sustaining cocaine abstinence verified by urine toxicology testing.

Scientific Rating: 3

Child Welfare Rating: 2

Child Welfare Outcomes: Child/Family Well-being

Reno Family Drug Court

Target Population: Parents whose children have been placed within the child welfare system, due to child abuse and/or neglect related to substance abuse.

The **Reno Family Drug Court** created in 1994, was the first family drug court in the United States. Through a collaborative effort, the **Reno Family Drug Court** seeks to ensure children have a safe and nurturing environment by focusing on both healthy and sober parenting and permanency planning through family reunification.

Scientific Rating: 4

Child Welfare Rating: 1

Child Welfare Outcomes: None

Substance Abuse Recovery Management System (SARMS)

Target Population: Substance-abusing parents with children involved in the child welfare system due to abuse or neglect and under the jurisdiction of a county Dependency Court.

Substance Abuse Recovery Management System (SARMS) is a collaboration of the Juvenile Dependency Court, San Diego County Drug and Alcohol Services, Child Welfare Services, attorneys, and treatment programs. The goal of the program is to expedite substance abuse treatment and monitoring so that the possibility of reunification is enhanced. If reunification is not feasible, the goal is to make a timely decision about the child's permanent placement and reduce the time in foster care. **SARMS** is a court ordered program with sanctions for the parent if they do not comply with the court mandates.

Scientific Rating: 4

Child Welfare Rating: 1

Child Welfare Outcomes: None

Specialized Treatment and Recovery Services (STARS)

Target Population: Parents with substance abuse issues involved with the child welfare system.

Specialized Treatment and Recovery Services (STARS) is operated by a local non-profit community-based organization that provides substance abuse treatment services through a contract with Sacramento County to serve families who have entered the County's Dependency Drug Court. **STARS** is designed to assist parents in entering and completing substance abuse treatment and other court requirements. Each parent who is referred to **STARS** is matched with a recovery specialist who assists the parent(s) in accessing substance abuse treatment services, develops a liaison role with Child Protective Services (CPS) and other professionals and provides monitoring and accountability for the parent(s) in complying with treatment requirements.

Scientific Rating: 4

Child Welfare Rating: 1

Child Welfare Outcomes: None

Nurturing Program for Families in Substance Abuse Treatment & Recovery

Target Population: Parents who are in substance abuse treatment and recovery; and may have current or past mental health issues and/or trauma.

The ***Nurturing Program for Families in Substance Abuse Treatment and Recovery*** focuses on the effects of substance abuse on families, parenting, and the parent-child relationship. Combining experiential and didactic exercises, the approach is designed to enhance parents' self-awareness and thereby increase their capacity to understand their children. This program is designed to assist parents in re-establishing the strength of the connections with their children.

Scientific Rating: 4

Child Welfare Rating: 2

Child Welfare Outcomes: Safety, Child/Family Well-being.

Pharmacological Treatment for Substance Abuse

Screenshot of California Evidenced-Based Clearinghouse for Child Welfare website

For Further Information

Screenshot of the website to subscribe to Email Alerts

For More Information:

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