

EVIDENCE BASED PRACTICE IN CHILD WELFARE

National Child Welfare Resource Center for
Organizational Improvement (NRCOI)

WELCOME!

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- This PowerPoint presentation
- Agenda and Contact Information for Speakers
- Background Resources and Reading

Evidence-Based Practice in Child Welfare

National Teleconference on Evidence Based Practice
National Child Welfare Resource Center for Organizational Improvement
May 7, 2009 (2:30 to 4:00)

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What is EBP?

The Alphabet of EBP

What is needed, it seems to me, is some course of study where an intelligent young person can ... be taught the alphabet of charitable science.

Anna Dawes (1883)

From a paper given at the International Congress of Charities and Correction at the Chicago World's Fair.

Source: Lehninger, L. (2000). *Creating a new profession: The beginnings of social work education in the United states*. Washington, DC: Council on Social Work Education.

EBP and ESIs and Practice Guidelines

- **Evidence Based Practice**
 - Procedures and processes that result in the integration of the best research evidence with clinical expertise and client values
- **Evidence Supported Interventions**
 - Interventions that have the support of the “best research evidence” showing their efficacy or effectiveness
- **Practice Guidelines**
 - A set of strategies, techniques, and treatment approaches that support or lead to a specific standard of care that guides systems, care, and professions in their relationships to consumers

Effective & Efficacious Interventions

- **Effective** (or well-established) treatments are those which have beneficial effects when delivered to heterogeneous samples of clinically referred individuals treated in clinical settings by clinicians other than researchers
- **Efficacious** (or clinical utility or efficacy) studies are directed at establishing how well a particular intervention works in the environment and under the conditions in which treatment is typically offered.

Source: Lonigan, C.J., Elbert, J.C., & Johnson, S.B. (1998). Empirically Supported Psychosocial Interventions for Children. *Journal of Clinical Child Psychology*, 27:2. 138-14

Spreading the True Word

- **Manualized:** Manuals provide the objectives for each activity/session and the structure, organization, sequence, and duration of each session/program. Strategies to optimize the intervention are provided
- **Fidelity:** The degree to which the treatment that was described in training or manuals was the treatment that was delivered
 - **Flexibility within Fidelity:** “client-driven individualizations” of the manualized treatment (e.g., exposure tasks would vary by phobia type)
 - The treatment strategy: guides the choices of acceptable flexibility

Source: Kendall, P. C. (2006). Flexibility within fidelity: Advocating for and implementing empirically based practices with children and adolescents. *Child and Family Policy and Practice Review*, 2 (2), 17-21.

Implementing ESIs

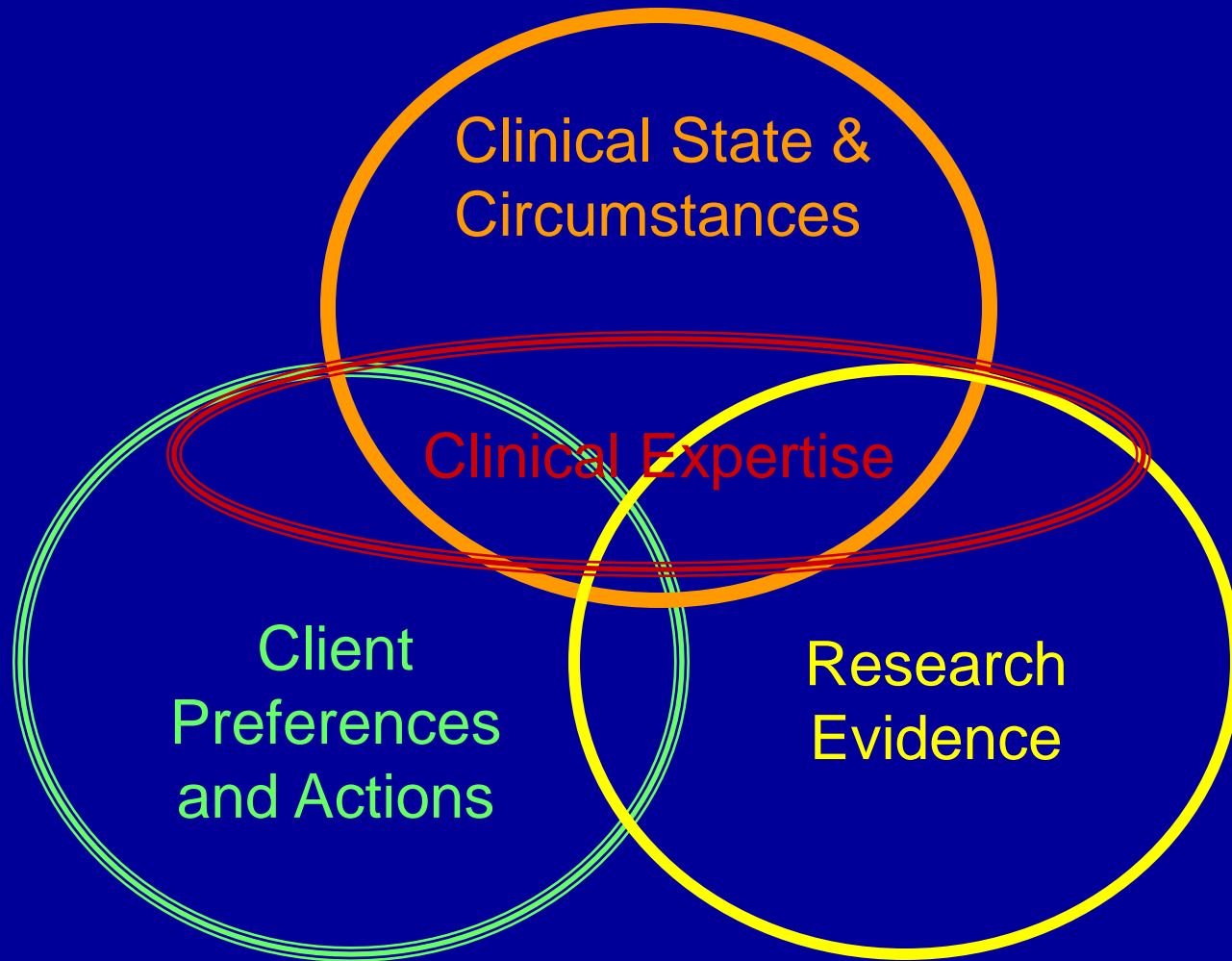
- **Transportability:** The extent to which an intervention can be moved from the setting in which it was tested to other settings and maintain its effectiveness.
- **Uptake:** The extent to which an organization can implement an ESI

Conclusion re Terms

- An evidence based practice framework can be used to generate a *manualized evidence supported intervention* delivered by a child welfare worker who understands the treatment *strategy*--and employs *flexible fidelity*. This **ESI** is likely to be most beneficial when *transported* to agencies that have a strategy for *uptake*.

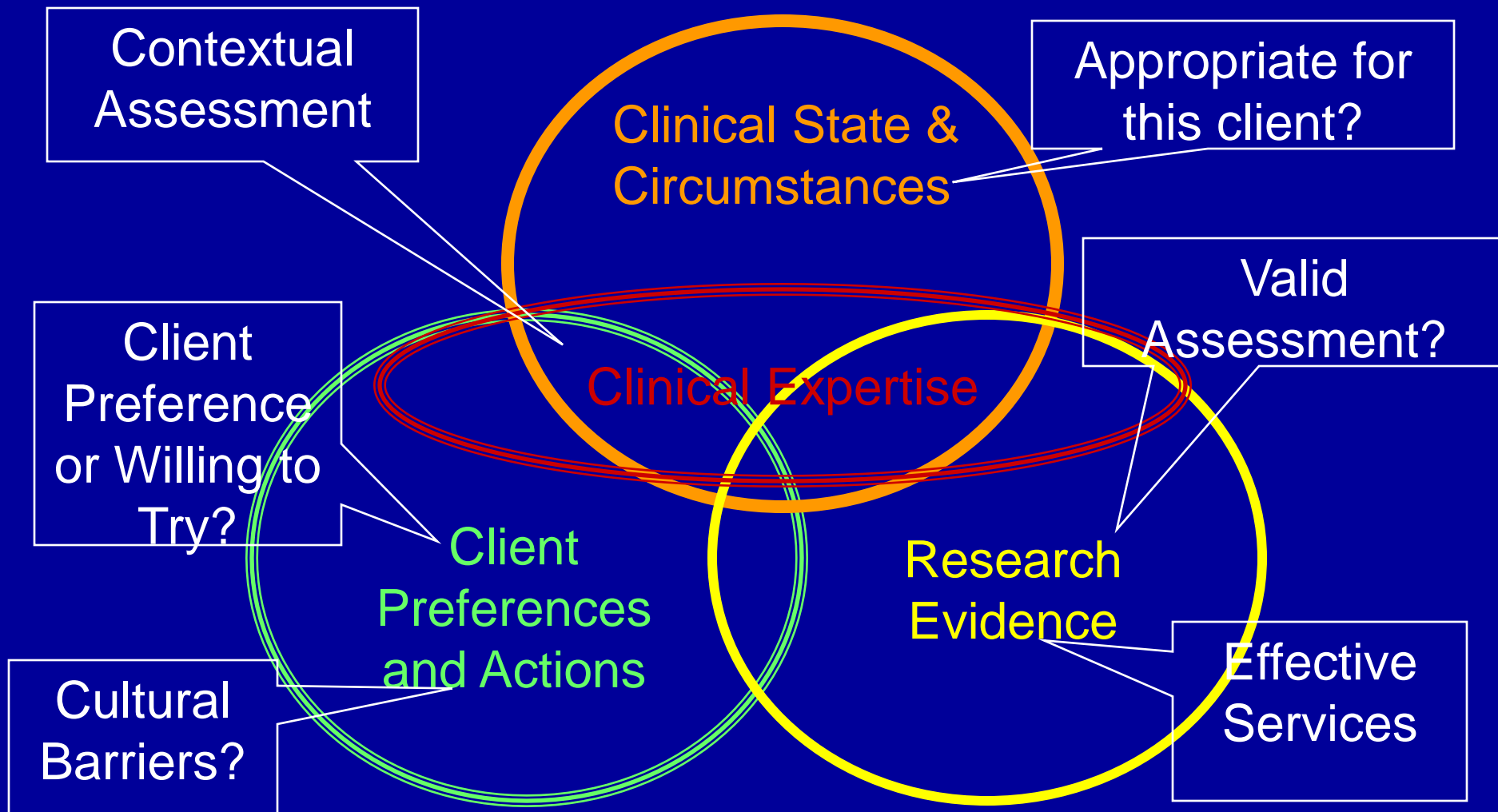
Evidence Based Practice is a Process

Evidence Based Practice PROCESSES



Source: Shlonsky and Wagner, 2005

EBP is Not About Manuals it's About Protocols



Source: Shlonsky and Wagner, 2005

Importance of Evidenced Based Practice

Importance of Evidence Based Practice: Top 3 Reasons for Evidence Based CWS

1. If we don't focus on better ways to achieve our outcomes, someone else will do it for us (but not as well)
2. We can continue to find ways to increase the benefits of CWS
3. There's Evidence Based Everything Else—Why Not EB-CWS?

GPRA* Requirements

- OMB and GRPA requires an annual report from the Office of Child Abuse and Neglect (and other federal agencies) the percentage of total funding going to support evidence-based and evidence-informed programs and practices

*Government Performance Results Act of 1993

Emerging State Legislation

- Many states have now enacted legislation requiring the use of ESIs for:
 - Mental health
 - Juvenile services

More are beginning to use this framework for CWS, although very loosely (e.g., Family Team Decision Making and Wrap Around Services)

To Achieve CWS' Promise and Yours

- Fairness
 - Giving families meaningful opportunities to improve the quality of their care
- Compassion
 - Reducing the misery of families and children who cannot succeed without powerful assistance
- Honor
 - To honor the call to service with the very best possible service
- Enjoyment
 - Many practitioners find the supportive framework of EBP models to be a great relief and the improved outcomes to be a joy

What Can be Learned from Other Fields

Health: Why the Interest in EB Decision Making?

1. Much geographic variation in how medical procedures are being performed, way patients are managed, patient outcomes, and costs of care
2. Strong evidence that large amounts of care provided is inappropriate for patients
3. Services provided are often not beneficial
4. Health care costs continuously rising

SOUND FAMILIAR?

Definition of Evidenced-Based Medicine

“Evidenced-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.”

Present Status of MH EB

Cochrane Collaboration-Second Category

- Eighteen completed reviews focused on various aspects of specialist care provision (majority for people with severe MH) and compared innovative care to standard care
 - In **five** reviews, no conclusion derived because no study met inclusion conditions
 - In **eight** reviews, no difference in outcome between trial and comparison groups
 - In **five** reviews, significant advantages for the trial groups

It's a long road to clarity about effectiveness

MH Active Area in Statewide EBP Initiatives

SIX DIMENSION OF IMPLEMENTATION

- Impetus for EBP efforts
- Fiscal drivers
- Locus of the effort(s)
- Training infrastructure
- Evaluation model
- Conceptual model.

Source: Bruns, et al., 2008

Health: Keys to Rating the Strength of Evidence

- Comprehensive and unbiased approach to literature reviewing is the best way to avoiding bias in evaluating evidence, but ...

CAVEAT... even basic clinical practice guidelines require extensive reliance on a chain of reasoning without many empirical links—opinions fill the gaps

Education's View: What is EBE?

The development of integrating professional wisdom with the best attainable empirical evidence in making decisions about how to provide quality instruction.

EBE — The Reality



Whitehurst, G.J. (2002). *Evidence-based education (EBE)*. United States Department of Education. Retrieved April 26, 2005 from <http://www.ed.gov/nclb/methods/whatworks/eb/edlite-slide021.html>.

The Necessity for Evidence & Wisdom

- Professional wisdom is needed for
 - adapting to specific situations
 - operating where research evidence is missing or incomplete
- Empirical evidence is needed for
 - reconciling competing approaches
 - “generating cumulative knowledge”
 - avoiding popular wisdom and individual bias

Where to Go for Information About EBPs

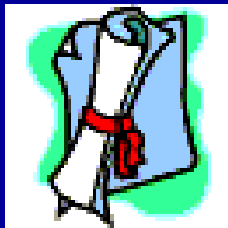
Child Welfare: CWLA R2P Standards



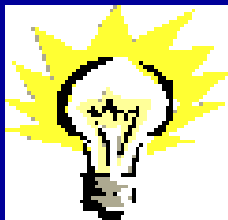
Exemplary Practice



Commendable Practice



Emerging Practice



Innovative Practice

CWLA has dropped this
but is resuming
their work on EBPs

CWLA R2P Criteria

Exemplary Practice

The research in this category has the following characteristics:

- Randomized study
- Control group (that mitigates selection bias)
- Effects sustained for at least 1 year
- Multiple replications (by 3rd party investigators)

Commendable Practice

The research in this category has a majority of the following characteristics:

- Randomized or quasi-experimental study
- Control or comparison group
- Posttests or pre- and posttests
- Follow up
- Replication

Emerging Practice

The research in this category has a majority of the following characteristics:

- Quasi-experimental study
- Correlational or ex post facto study
- Single group pre- and posttest or post-test only

Innovative Practice

The research in this category has a majority of the following characteristics:

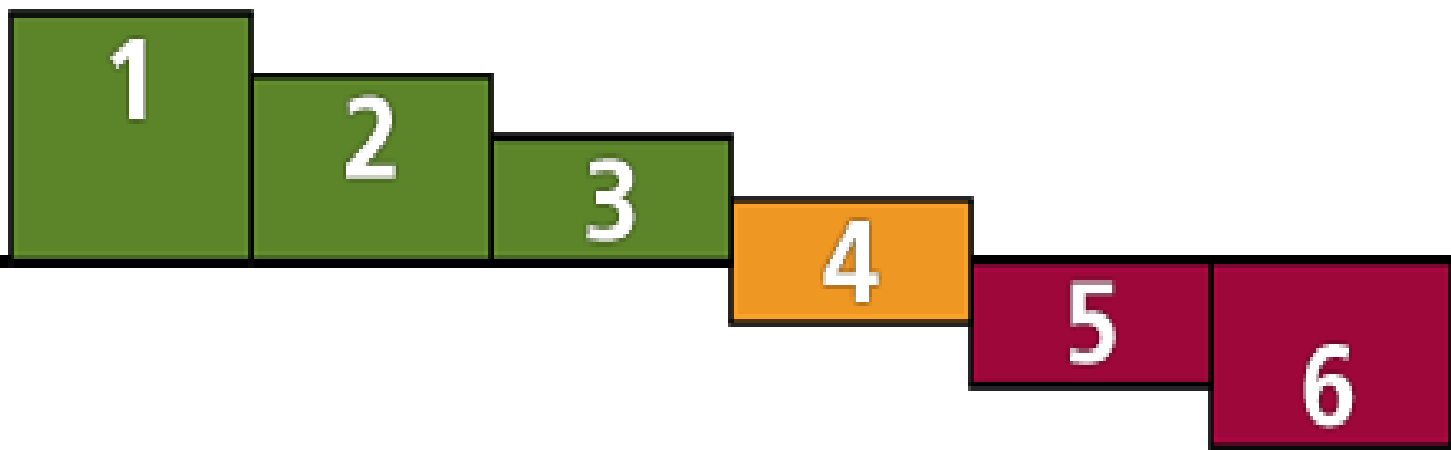
- Case study
- Descriptive statistics, only
- Treatment group, only

California Clearinghouse Scientific Rating Scale

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

Effective Practice ←

→ Concerning Practice



Relevance to CWS

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 include current and former child welfare services recipients.

3 - Low

The program was designed, or is commonly used, to serve children, youth, young adults, and/or families with **little or no apparent similarity** to the child welfare services population.

Relevance to Child Welfare Outcomes

Peer-reviewed published or in press studies include measures of **Safety, Permanency, and Well-Being**

California Clearinghouse Scientific Ratings of 1

- Motivational Interviewing (MI)
- Multidimensional Treatment Foster Care - Adolescents (MTFC-A)
- Nurse-Family Partnership (NFP)
- Parent-Child Interaction Therapy (PCIT)
- The Incredible Years
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (1)
- Triple P-Positive Parenting Program (1)

HOME

WHAT'S NEW

BACKGROUND

USAGE GUIDE

IMPORTANCE OF EBP

IMPLEMENTING EBP

TOPICAL AREAS

SEARCH

RATINGS

LEADERSHIP

GLOSSARY

RESOURCES

EMAIL ALERTS

contact | sitemap | faq
limitations and
disclosures

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) - Summary

Scientific Rating:

1

Well Supported - Effective Practice
See scale of 1-6

Relevance to Child Welfare Rating:

1

High
See scale of 1-3

Child Welfare Outcomes: Child/family well-being

Type of Maltreatment: Exposure to domestic violence and Sexual abuse

Target Population: Children who are experiencing significant Post-Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. In addition, children with depression, anxiety, and/or shame related to their traumatic exposure. Children experiencing Childhood Traumatic Grief can also benefit from the treatment.

Brief Description:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has been rated by the CEBC in the area of Trauma Treatment for Children. **TF-CBT** is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.

Program highlighted on other evidence-based related websites:

- [Kauffman Best Practices Project](#)
- [National Child Traumatic Stress Network](#)
- [SAMHSA Substance Abuse and Mental Health Model Programs](#)
- [U.S. Department of Justice sponsored report, Child Physical and Sexual Abuse: Guidelines for Treatment](#)

Overview of Types of EBPs CWS Agencies Should Consider

Practices of Greatest Interest to Child Welfare Directors and Managers (in CA)

Domestic/Partner Violence: Batter Intervention Programs

Domestic/Partner Violence: Services for Women and Children

Motivational Interviewing and Family **Engagement**

Parent Training

Placement Stabilization

Reunification

Substance Abuse (Parental)

Trauma Treatment for Children

Youth Transitioning Into Adulthood

Note no mention
of “visitation” or
other classic
CWW functions

Source: California Clearinghouse on Evidence Based Child Welfare Services

Advice on Using EBPs in CWS

In-Home: Family Engagement

Family-Centered is a Perspective or
Practice Framework

Family Engagement is an ESI

In-Home: Family Engagement

- Family engagement strategies are much needed in CWS, but rarely discussed or evaluated (they are often commented on in the CFSR process)
- Completion of parent training is as little as 20% in some programs—may be about 55% overall (CDC)
 - Even court ordered parent training is not highly likely to be completed

In-Home: Family Engagement

- Mary McKay has developed an ESI for Family Engagement in Children's Mental Health (we need a CWS family engagement ESI)
- Family is contacted rapidly and repeatedly to help them get and stay connected to the helping process. Family is helped to deal with:
 - Relationship problems with service personnel,
 - Negative attitudes about services,
 - Family stress, and
 - Discouragement from social support networks to seek or use help

In-Home

- Some evidence for Homebuilders if delivered with fidelity but post-hoc evaluation of which interventions had high fidelity is dubious standard
- Parent management training has been used for 30+ years and several versions of it (PCIT, IY, PMT) appear to be helpful
- SAFE Care is well-worth the additional exploration it is getting in CA and other places
- BUT, most parent training is **inert**.
- **CWWs must be given time and training to use some of the approaches that have been developed during their visits**

Foster Care

- Appears to be counter-indicated with marginal risk (neglect) cases for children ages 6-12 (Doyle, 2007).
 - Yet Taussig found negative effects of reunification in her earlier work in San Diego
- OSLC has promising pilot work on reunification that indicates increased success rate using PMT

Treatment Foster Care

- Multidimensional Treatment Foster Care for Adolescents (MTFC-A) appears to outperform group care among youth involved with juvenile services or mental health services
 - Needs more replication
 - Needs more testing with CWS populations (only MTFC-P is rated a 1 for CWS relevance by CEBC)
- Project KEEP in San Diego has reduced placement moves and increased reunification
 - “MTFC-lite” for foster parents and kinship foster parents of children 6-12
 - Now being tried for adolescents in San Diego and replication underway in Maryland (6-12)

Group Care

- Best available evidence is that family-centered group care is best among all forms of group care
 - May reduce influences of negative peer contagion (Lee & Thompson, in press)
 - May help with transition home (Hooper et al., 2000)
- Using shelter care for assessment is counter indicated in achieving CWS outcomes (Barth, 2005)
- Overall, the contribution of group care is unclear and is very possibly negative

Other Areas of CWS Intervention Needing a Stronger Evidence Base

- **Multiple Response/Dual Track/Alternative Response**
 - Too early to tell impact on re-abuse rates
- **Post-Adoption Services**
 - Intensive Family Preservation NOT
 - Attachment-Focused Treatment & Holding Therapy NOT
 - We don't know what works, yet
- **Intensive Reunification Services**
 - Walton and Fraser's work is promising
 - NY City work (Family Rebuilders) is promising but no overall impact
 - Funding is minimal but the promise is great

Evidence Based Implementation Requires Reform of Programs and Processes

- Good new ideas have been developed that could assist CWS
 - Parent training is the most developed and needed
- Their use will require deep involvement of CWS in implementation:
 - We cannot implement them all at once
 - We must allocate adequate resources to starting them and to adapting them to CWS populations and practice parameters
 - We must also provide extensive supervision during implementation

Expanding Evidence-Based Practices

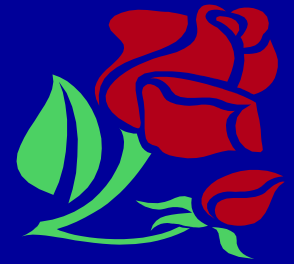
- Changing funding practices, by:
 - Key funding, and reimbursement for CWS, to objective outcomes rather than outputs (in limited cases)
 - Use differential payment structures favoring best practices delivered with fidelity (generally)
 - Targeted funding of EBP implementation projects (e.g., EBP uptake grants), to provide agencies with the necessary start-up capital to migrate to best practice models.
- Increase advocacy and social demand for best practices by disseminating **cautiously derived** (emphasis is mine) information to:
 - funding organizations,
 - governing boards,
 - third-party payers,
 - parents,
 - and professional organizations

Chaffin, M. & Friedrich, W. (2004). Evidence-based treatments in child abuse and neglect. *Children & Youth Services Review*, 26, 1097-1103.

Next Steps for CWS

- Expand use of interventions that have the best evidence and CWS relevance (PCIT, SAFE CARE, MTFC/KEEP)
- Expand research on Family Engagement and Parent Training/Education (including that delivered in home)
- Adapt and test interventions having strong evidentiary support with related populations in CWS (e.g., The Incredible Years)
- Support continuous evaluation and research to fill evidence gaps
 - Develop standards for providers and funders of evaluations to follow (we need to support or, at least, tolerate more rigorous research)

Thank you for this opportunity



Comments?



OR



'S

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CALIFORNIA'S EXPERIENCE

- Gregory Rose, Deputy Director, Children and Family Services Division, California Department of Social Services
- Debby Jeter, Deputy Director, Family and Children's Services Division, San Francisco Human Services Agency, California

OKLAHOMA'S EXPERIENCE

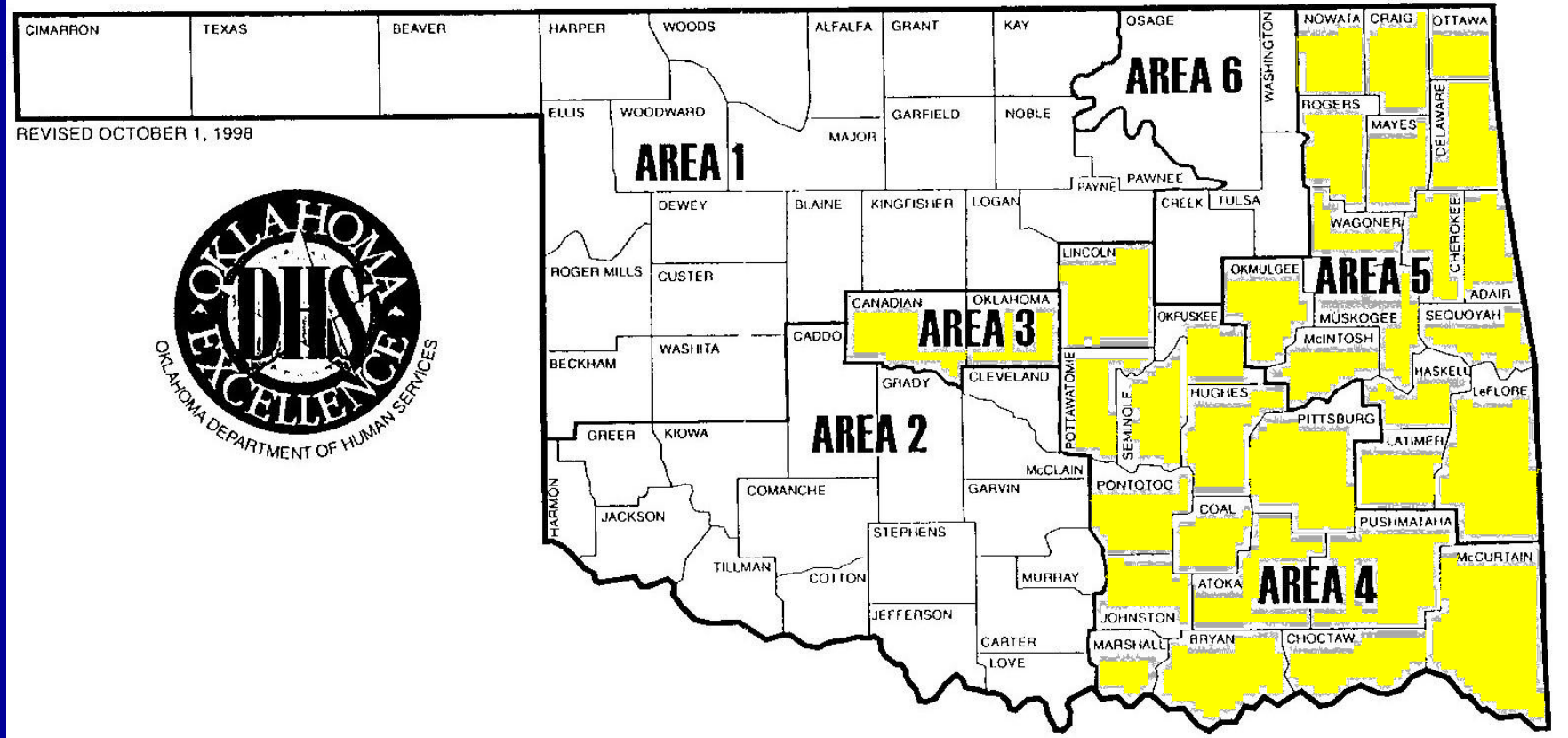
- B.K. Kubiak, Program Manager, Oklahoma Children's Services, Children and Family Services Division
- Marq Youngblood, Chief Operating Officer for Human Services Centers, Oklahoma,
- Mark Chaffin, Psychologist; Professor of Pediatrics, University of Oklahoma Health Sciences Center

Evidence-Based Service Model Implementation Lessons

Mark Chaffin

University of Oklahoma Health
Sciences Center

Regions and Service Models



SafeCare Regions

Lessons

- Training does not equal implementation
 - Conducting workshops, institutes or conferences will gain you little or nothing. Implementation often means ongoing work in the direct practice environment
- Leadership and service system issues are key
 - Strong and invested leadership. Willing to take action to make the necessary changes
 - Funding, contractual and monitoring structures tailored to the implementation
 - Working out client flow and utilization (easier if already well established)

Lessons

- Buy in is critical
 - From practitioners (preferably a strong champion at each implementation site)
 - From agency leadership
 - From workers
 - From community
- Early involvement by key stakeholders, if possible
- Never underestimate the power of inertia and the “the way we’ve always done it.” Never presume that just because top management has bought-in, that front-line workers will get on board
 - The bigger and more complex the system—the slower and more difficult the change
- If the new practice imposes greater job demands on someone anywhere in the service system, expect resistance unless you anticipate and manage it in advance (and maybe even then)

Lessons

- EBP makes high quality-control demands
 - Plan for how quality will be directly observed and monitored
 - Plan for how quality will be sustained in the face of turn-over and organizational changes
- Plan to develop local model expertise and not rely completely on remote experts.
University-child welfare partnerships can be useful
- Participate in the network of developers, scientists and other implementers

Lessons

- Organizational factors matter
 - A struggling, low-morale or rigid organization is unlikely to implement new technologies well
 - Look for organizations that value innovation, are willing to experiment, have an investment in accountability and are committed to enhancing staff professional growth
 - EBP implementation can have beneficial organizational impact
 - E.g. reductions in staff turnover

Lessons

- Generate your own outcome data and feed it back into your system
- You can do fairly rigorous effectiveness testing—you do not have to depend on weak program evaluation methods. Again, university-child welfare partnerships can help here
- Remember that there is no such thing as a bad finding if its good quality data. Knowing is always better than not knowing. Use data in a non-adversarial way to improve quality, not to punish

QUESTIONS OR
COMMENTS?

DIAL 1
ON YOUR PHONE

**THANK YOU
FOR ATTENDING!**

**PLEASE SUBMIT THE
ON LINE EVALUATION FORM
AT THE LINK IN YOUR EMAIL**