Silberman School of Social Work

Session 9:

Evidenced Based Practices in Child Welfare
Small Groups &Demonstrate Practice – Role Plays

HUNTER
The City University of New York

Evidence-Based Practice

Evidence-based practice involves identifying, assessing, and implementing strategies that are supported by scientific research. State child welfare agencies are increasingly aware of the need to focus their resources on programs that have demonstrated results, especially for achieving outcomes as measured in the CFSR process.

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Evidence-Based Practice

In addition, many State legislators are calling for information about whether the programs they fund work, and foundations and other funders often require that grantees employ evidence-based program models.

Evidence-Based Practice

In order to provide evidence that their services achieve positive outcomes, administrators, program managers, supervisors, and frontline workers must understand how evidence-based practice applies to child welfare services and be aware of the resources and tools available to assist them.

Evidence-Based Practice

The terms "evidence-based practices" and "evidence-supported interventions" are defined differently.

Evidence-based practices refer to the integration of the best available research evidence with the child welfare practice expertise in the context of child and family characteristics, culture, and preferences.

Evidence-Based Practice

Evidence-supported interventions are well-defined practices, programs, services, or policies that have been shown, through rigorous evaluation, to improve outcomes for children and families in comparison to one or more alternatives.

When an evidence-supported intervention that was tested in a specific location or under certain conditions is appropriately selected and applied in the field by a child welfare practitioner working with a child, family, or community, it is integrated into evidence-based practice.

Levels of Evidence for Evidence Based Practice/ Evidence Informed Practice

Level I - Emerging Programs and Practices

PROGRAM CHARACTERISTICS

The program can articulate a *theory of change*, which specifies clearly identified *outcomes* and describes the activities that are related to those *outcomes*. This may be represented through a program *logic model* or *conceptual framework* that depicts the assumptions for the activities that will lead to the desired *outcomes*.

The program may have a book, manual, other available writings, and training materials, OR may be working on documents that specify the components of the practice protocol and describe how to administer it.

The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Levels of Evidence for Evidence Based Practice/ Evidence Informed Practice
Level I - Emerging Programs and Practices

RESEARCH & EVALUATION CHARACTERISTICS

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.

Programs and practices may have been evaluated using less rigorous *evaluation* designs with no *comparison group*, including *"pre-post"* designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an *"untreated" group* – or an *evaluation* may be in process with the results not yet available.

The program is committed to and is actively working on building stronger evidence through ongoing *evaluation* and continuous quality improvement activities.

Level II - Promising Programs and Practices

PROGRAM CHARACTERISTICS

The program can articulate a *theory of change,* which specifies clearly identified *outcomes* and describes the activities that are related to those *outcomes*. This is represented through presence of a program *logic model* or *conceptual framework* that depicts the assumptions for the activities that will lead to the desired *outcomes*.

The program may have a book, manual, other available writings, and training materials that specify the components of the practice protocol and describe how to administer it. The program is able to provide formal or informal support and guidance regarding program model.

The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Level II - Promising Programs and Practices

RESEARCH & EVALUATION CHARACTERISTICS

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.

At least one study utilizing some form of *control or comparison group* (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, in reducing *risk* and increasing *protective factors* associated with the prevention of abuse or neglect. The *evaluation* utilized a *quasi-experimental* study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive *outcomes*.

The local program is committed to and is actively working on building stronger evidence through ongoing *evaluation* and continuous quality improvement activities. Programs continually examine long-term *outcomes* and participate in research that would help solidify the outcome findings.

The local program can demonstrate adherence to model *fidelity* in program or practice implementation.

Level III - Supported Programs and Practices

PROGRAM CHARACTERISTICS

The program articulates a *theory of change*, which specifies clearly identified *outcomes* and describes the activities that are related to those *outcomes*. This is represented through the presence of a detailed *logic model* or *conceptual framework* that depicts the assumptions for the *inputs* and *outputs* that lead to the *short, intermediate and long-term outcomes*.

The practice has a book, manual, training, or other available writings that specify the components of the practice protocol and describe how to administer it.

The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

Level III - Supported Programs and Practices

RESEARCH & EVALUATION CHARACTERISTICS

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 research supporting the *efficacy* of the program or practice in producing positive *outcomes* associated with reducing *risk* and increasing *protective factors* associated with the prevention of abuse or neglect meets at least one or more of the following criterion:

At least two 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.

program implementation.

to model *fidelity* in program implementation.

Level IV - Well Supported Programs and Practices
PROGRAM CHARACTERISTICS

The program articulates a *theory of change,* which specifies clearly identified *outcomes* and describes the activities that are related to those *outcomes*. This is represented through the presence of a detailed *logic model* or *conceptual framework* that depicts the assumptions for the *inputs* and *outputs* that lead to the *short, intermediate and long-term outcomes*.

The practice has a book, manual, training or other available writings that specify components of the service and describe how to administer it.

The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

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Level IV - Well Supported Programs and Practices
RESEARCH & EVALUATION CHARACTERISTICS

Multiple Site Replication in Usual Practice Settings: At least two rigorous *randomized controlled trials* (RCT's) or comparable *methodology* 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.

There is no clinical 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 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.

If multiple outcome studies have been conducted, the overall weight of the evidence supports the *effectiveness* of the practice.

The program is committed and is actively working on building stronger evidence through ongoing *evaluation* and continuous quality improvement activities.

The local program can demonstrate adherence to model *fidelity* in program implementation.

Go to:

the California Child Welfare Evidence Based Clearing House for Child Welfare to Review Their Website: https://www.cebc4cw.org/

What are some examples of evidence-informed practices to keep children safe and promote permanency?

https://www.casey.org/what-are-some-examples-of-evidence-informed-practices-to-keep-children-safe-and-promote-permanency/

What are some examples of evidence-informed practices to keep children safe and promote permanency?

Examples of evidence-informed primary prevention approaches include:

Nurse-Family Partnership (NFP)
Safe Environment for Every Kid (SEEK)
Triple P – Positive Parenting Program
Parent-Child Assistance Program

What are some examples of evidence-informed practices to keep children safe and promote permanency?

Secondary prevention includes programs focused on individuals or families who are at high risk for maltreating their children, and may include parent education and training, respite care, and home visiting programs. Many of these can also be considered **early intervention** programs. Examples of evidence-informed secondary prevention approaches include:

Family Connections

Functional Family Therapy (FFT) & FFT-CW

The Incredible Years (IY)

Parent-Child Interaction Therapy (PCIT)

Project Connect

SafeCare

Case # 1

Juanita Gonzalez is a 28 year old mother of two children; Pedro age 4 years and Timmy age 6 years. Juanita drinks alcohol excessively – about a liter of vodka a day. She tries to be a good Mom, but alcohol hinders her ability to properly mother. Timmy the older sibling makes breakfast for his young sibling and while at school worries about him. The school is aware that Mom has an alcohol issue but is unsure of how much it interferes with her ability to safely parent. One day, Juanita does not come to pick up Timmy at school and ACS is called when she does not arrive by 5 p.m.

The protection worker assigned to the case decides to use the EBP - *Project Connect* – how do you proceed – what is your plan to work with Juanita and her family?

Case # 2

Mei Lee is a 21 year old, formerly homeless pregnant Mom. She has been using alcohol or drugs heavily during her pregnancy and is not effectively connected with community service providers. Mei grew up in foster care, has very few family resources and is ambivalent about her ability to parent. He boyfriend who is married to someone else has told her that he is not willing to be involved in raising their child.

She has been referred to you from her pre-natal clinic for suspected pre-natal neglect.

As the caseworker, your agency uses the EBP - *Parent-Child Assistance Program (PCAP)* – how do you proceed – what is your plan to work with Mei?

Case # 3

Destiny is a 39 year old trans-woman. She is the parent of Justin, who is 13 and having severe behavioral problems at home and in school. Justin has been diagnosed as having a conduct disorder, has violent acting-out episodes, and substance abuse issues. Justin has recently been involved in a violent altercation with his mother whom he slapped while they were arguing and she fell backwards, cutting her head which required stitches. While being treated at the ER – the police and then ACS were called in to assist.

Using the EBP *Functional Family Therapy (FFT)* how do you intervene and assist Destiny and Justin?

Case # 4

Martin is a 25 year old, Orthodox Jewish man, a Dad who works full-time. His son, Abraham is 4 years old and in pre-school. Martin tries very hard to be a good dad, but having grown up in a chaotic family himself, he is unsure of how to be a good Dad and he has very few family supports. Abraham's Mom died when he was a baby. Martin is not sure how to talk to Abraham who is very bright but has behavior and emotional problems in pre-school. Abraham has been having multiple problems in school – hitting other children, crying for long periods of time when he is told "No," and not able to follow rules or listen to direction.

Using the EBP The Incredible Years (IY) how do you intervene and assist Martin and Abraham?

Tasks:

Look at the case in your small group and review what you know about the case. Then look at the EBP assigned to the case.

Review the
Essential Components and the Program Delivery sections of the EVP

Using the limited information you have about the case and the assigned EBP - How do you proceed with the case?

Large Group Sharing

Role Play