



***Guide* for Child Welfare Administrators on Evidence-Based Practice**

Published by the National Association of Public Child Welfare Administrators
an affiliate of the American Public Human Services Association

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For the 2005 Edition

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Brief Overview and History of Evidence-Based Practice

When the original *Guide for Child Welfare Administrators on Evidence-Based Practice* was published in 2005, the California Evidence-Based Clearinghouse for Child Welfare (CEBC) was in its infancy and its web site had not yet been launched. Over the past seven years, much has been learned and this guide has been updated to encompass the knowledge gained since the original publication.

A number of social science fields are currently focusing increased attention on identifying and delivering practices that are supported by strong scientific research and the active integration of research evidence into day-to-day service provision. While some fields have embraced this movement to “evidence-based practice” for decades, there is reason to believe that it still takes years to spread scientifically proven practices into everyday practice across the country (IOM 2001). It is only logical that the expectation to base our practice on scientifically supported knowledge would increasingly be focused on child welfare, where the lives and well-being of millions of children are affected and where billions of public and private dollars are being invested.

Several factors influence a current emphasis toward evidence-based practice in child welfare. The practice of child welfare has long been based on a strong professional literature and on thoughtful analytical discussions of what constitutes best practice. Considerable effort has gone into building a strong base of research studies that have tested a wide range of innovations and service models. Within recent years, the field has begun to amass an evidence base of comparative empirical studies that test relevant innovations against standard current practice or other models. We are reaching a point where we can begin to draw lessons and apply them widely across the country. The evidence-based movement in child welfare is being hastened by the demands of a variety of funding sources from federal, state, and local government, as well as private foundations to invest their resources in practices with a proven high likelihood of success. This movement is also likely to be further strengthened as states continue to find that implementing evidence-based practices can play a positive role in a state’s response to class-action litigation and can enhance agency performance as measured in Child and Family Services Reviews.

Challenges

While the logic of evidence-based practices has strong appeal to funding sources and for many child welfare professionals, there are many challenges to implementing the concept in reality:

The Research Base in Child Welfare

Adopting evidence-based practices requires a volume of scientifically sound research that has been tested in ways that allows it to be applied reliably in new communities. In fact, the base of solid empirical research evidence on child welfare practice is still developing. The level of federal and state resources focused on important child welfare research questions and available for sophisticated research studies is growing, but long suffered from the relatively low priority legislative bodies have placed upon research on these issues. As a result, child welfare has lacked an institutional sponsor of well-funded rigorous research such as that provided by the National Institute of Mental Health and other National Institutes of Health divisions in related fields. Nonetheless, there are some areas where we know a fair amount about very specific questions and still other important areas in child welfare where quality practice research has simply not been conducted at this point. That does not mean there are no effective interventions and practices in these areas, only that we do not have research evidence that measures which practices are most effective. There are also some related areas of social science (i.e., juvenile justice, mental health, and violence prevention) for which strong research evidence is available for some related questions that may well serve to inform child welfare professionals about effective interventions. As is true in other areas of social science, child welfare practices cannot be simply divided into

“evidence-based” and “non-evidence-based.” We must assess them along a continuum from highly research-supported practices at one end to very questionable and concerning practices that lack even a sound theoretical or common sense bases, or that may even be harmful, at the other end.

Replication

Given the highly individualized nature of families and communities with whom child welfare professionals interact, there is considerable skepticism in some circles that practices can, or even should, be delivered with consistency across the country. Others argue with conviction that services proven effective in rigorous studies should be replicated with fidelity in order to reap the benefits of the services as demonstrated by research. Proponents for this perspective fear that if the practices that have been proven to be effective in research studies are modified significantly as they are adopted and adapted in new communities, the power of the research and the outcomes one can expect will be diluted. At some point, adaptation can render a program so fundamentally different from what the designers intended and what was studied that it can no longer be considered evidence-based.

The best judgment at this stage is to ensure that those delivering the practice adhere to the essential components that make a practice unique and deliver them with fidelity, while accepting a certain level of local adaptation to make the practice fit with the community, agency and with the cultures of the families being served. For example, studies of Parent-Child Interaction Therapy find that it works well across cultural lines with recent Mexican immigrants, but engagement is enhanced by making cultural adaptations without changing the core components (McCabe and Yeh, 2009).

Expectations Management

Funding sources, especially public officials, may embrace “evidence-based practice” in hopes of dramatic and rapid improvements in the state child welfare system. If administrators adopt practices that are incorrectly categorized as “evidence-based” and the practice fails to show the desired results, or a legitimately labeled evidence-based practice is adapted in ways that significantly dilute its effect, the funding sources may feel that “evidence-based practice” is just another false promise for dramatic gain in the quality of public child welfare services. The needs of children and families in the child welfare system are highly complex, and many variables affect outcomes; some evidence-based practices have been developed and tested with clients who exhibit much less complex needs and are in more controlled settings. Even when properly selected and replicated with fidelity, some “evidence-based practices” may, in fact, provide superior, but still modest, gains in outcomes. If stakeholders expect a “magic bullet” that dramatically changes the system overnight, they will be disappointed. For these reasons, both administrators and advocates should be precise in how they define their terms, carefully determining which practices they embrace as evidence-based and how they implement the selected practices. In addition, the adoption and implementation of evidence-based practice is generally not cost neutral. As noted in the “Adopting Evidence-Based Practices” section of this guide, resources are required to develop training and quality assurance mechanisms are necessary to ensure model fidelity. There must also be an investment in the organizational change management strategies essential for successful adoption of a new practice.

Pace of Science

Child welfare administrators are faced with a wide array of demands and issues, and families and children face a multitude of needs. Once a decision is made to adopt an evidence-based approach, it is important to know what models work best, with which families, and under which circumstances. There are currently not enough answers to these important questions. We have a pressing need to act now to improve services for families, yet there are many areas of child welfare that lack the type of research necessary to define any one practice as more effective. At this time, child welfare workers are providing standard, accepted services, adapted to the traditions and cultures of

different communities and affected by state, local, and federal policies. The focus is now turning to identifying the most effective services in the field that give the best outcomes for children and families. Informed child welfare leadership is often faced with a difficult decision: Do you invest in a promising practice built upon solid theory that is still being tested in a research environment, or wait for the results, knowing that proper research may take several years to complete when families and communities need services now?

Cultural Factors

Questions often arise about the relevance of evidence-based practices to different cultural groups. These questions often center around the fact that research may not have been conducted with specific groups or individuals (for example, those of different ethnic backgrounds, in different locations in the country, or in rural versus urban areas). To provide information on culture and evidence-based practice, the CEBC has created a resource list on culture and evidence-based practices in general as well as one on culture and specific evidence-based practices. These lists can be found at www.cebc4cw.org/resources/evidence-based-practices-and-culture/reference-list. A review of a significant number of research studies conducted by Huey and Polo in 2008 found that minority youth (African American, Latino, and mixed/other minority) benefited from evidence-based practices as did the majority culture youth. It is, therefore, reasonable to assume an evidence-based practice is likely to be applicable to a specific population, even if that population is not the focus of the research.

Definitions

There are a lot of terms being used around the nation to describe services delivered in a child welfare setting, such as “emerging practice,” “promising practice,” “good practice,” “best practice,” “evidence-informed practice,” “science-based practice,” and “evidence-based practice.” A number of these terms have very a specific meaning to some professionals, but others may use the same term in dramatically different ways. Some may use words that imply a rigorous scientific base to describe a practice that lacks even the most basic evaluation. Others have taken to use the term “evidence-based” as a marketing buzz word without any real empirical support to justify its use. Clearly in this environment, the buyer must beware. Child welfare professionals interested in implementing evidence-based practices need to review the research behind the claim and/or rely on reputable evidence-based clearinghouses to do it for them (see Appendix A). To make the review more transparent, some clearinghouses established numeric classification systems. Unfortunately, there is no universal classification system, so each one must be carefully reviewed to clarify the definitions in the classification system. This will be described in greater detail in the section “Rating a Practice” later in this guide.

Definitions of Evidence-Based Practice

The Institute of Medicine (IOM) defines “evidence-based practice” as a combination of the following three factors:

1. Best research evidence;
2. Best clinical experience; and
3. Consistent with patient values (IOM, 2001)

These three factors are also relevant in child welfare. This definition builds on a foundation of scientific research while honoring the clinical experience of child welfare practitioners, and being fully cognizant of the values of the families we serve.

To provide guidance and support to state and local child welfare administrators on these complex issues, NAPCWA is offering this guide to use in exploring evidence-based child welfare practice. In reality, there are a variety of schemas that could be proposed to organize these issues. While there is really no one correct way to do this, there is some advantage to using consistent language and terminology among child welfare professionals across the nation.

Using the definition established by the CEBC (www.cebc4cw.org), which was established by the California Department of Social Services, we have defined evidence-based child welfare practice as the combination of:

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

Other key terms related to evidence-based practice and research are defined in the glossary section of the CEBC web site at www.cebc4cw.org/resources/glossary.

Finding Evidence-Based Practices

There is now an enormous literature base in child welfare and literally thousands of ways of performing child welfare services in public and private environments. As of 2011, the Child Welfare Information Gateway has more than 66,000 documents including 17,600 digital documents in its web site's searchable database at www.childwelfare.gov. There have been thousands of research and demonstration projects funded by federal and state governments and private foundations. In most communities, there are a variety of providers who passionately believe their services are effective and worthy of replication. Many have some data they believe support their belief in what they do. The challenge to the child welfare administrator is to find clear and objective evaluations of services based on sound research methodology, and based on that evidence, to find the gems of effective practice in the sea of advocacy and opinion.

In response to this challenge, in 2004, the California Department of Social Services (CDSS) Office of Child Abuse Prevention sought to establish a web-based resource on evidence-based practice to help guide child welfare reform efforts in California. CDSS selected the Chadwick Center for Children and Families—Rady Children's Hospital—San Diego, in collaboration with the Child and Adolescent Services Research Center to develop the California Evidence-Based Clearinghouse for Child Welfare (CEBC). The CEBC web site launched with two topic areas and 17 programs on June 15, 2006. As of April 2012, the web site contained 34 topic areas and 237 programs as well as a section on Screening and Assessment Tools.

The CEBC, www.cebc4cw.org, was created as a tool for child welfare professionals, staff of public and private organizations, academic institutions, and others who are committed to serving children and families. The primary task of the CEBC is to inform the child welfare community about the existing research evidence as well as to provide vital information about the child welfare related programs that are reviewed on the CEBC web site.

Using the CEBC to Select Evidence-Based Practices

Define the Issue

The world of child welfare is too broad and complex to look for evidence-based practices indiscriminately. Administrators and agencies are well advised to focus their questions in very clear and discrete terms so similar practices that may qualify as evidence-based can be located and evaluated. For example, seeking evidence-based practices among child welfare services that broadly target behavior changes in parents would be an unfocused and

enormous task. However, a search for evidence-based parent training programs or mental health interventions to help traumatized children recover from abuse is much more focused and would result in specific practices that could be evaluated.

Conduct the Search

The CEBC web site was designed in a simple and straightforward format, eliminating the need for consumers to conduct literature searches, review extensive literature, or to understand and critique research methodology. The web site features brief and detailed summaries that provide information on each reviewed program.

The CEBC examines the design and science of discrete “programs” commonly used for children and families served by child welfare. These models may be delivered by public child welfare employees or by community service providers. The models are categorized within “topic areas” of similar programs, such as the topic area of “Parent Training” under which program models such as The Incredible Years or Parent-Child Interaction Therapy are located.

The CEBC is guided by two main entities:

- **A statewide CEBC Advisory Committee comprised of child welfare leaders, supporting organizations, and nationally respected authorities on child welfare.** The Advisory Committee determines the topic areas that will be highlighted on the web site. They also provide feedback on CEBC products to ensure that materials are user-friendly and effectively disseminated.
- **A national CEBC Scientific Panel comprised of seven core members who are nationally recognized as leaders in child welfare research and practice.** The Scientific Panel is supplemented by topic experts who are intimately familiar with the research in each topic area reviewed. The Scientific Panel assists with maintaining the integrity of the research process for the CEBC.

Other Web-Based Resources

There are numerous resources in child welfare and related areas (mental health, violence prevention, prevention, etc.) available on the Internet. Many of these resources have already assessed a range of practices and selected specific programs as models to replicate. Caution should be exercised in reviewing this type of resource. Some, such as the Blue Prints Project at the University of Colorado–Boulder, have support to rigorously evaluate programs before listing them as evidence-based (for prevention of violence, in this case) on their web site. Some other web resources use a far less rigorous and objective basis to label a program as a “model program.” These sites may, or may not, reflect a careful assessment of the research upon which the model is based or the risk it may represent in child welfare. Unfortunately, some web sites are merely marketing forums masquerading as objective assessment for persons or organizations with a proprietary interest in advancing adoption of specific interventions or models. For this reason, it is important to carefully review the criteria which are being used to label a program as “evidence-based,” “best,” “model,” “promising,” etc. on each web site. Web sites that might be useful in locating model programs are listed in Appendix A.

Rating a Practice

Since the publication of the first edition of the *Guide for Child Welfare Administrators on Evidence-Based Practice* in 2005, there have been several changes made to the CEBC rating scale in order to be sure that it is practical and useful. The following provides information on the CEBC rating scale as it exists at the time of this publication. For updated information, please visit www.cebc4cw.org.

As the research base for many programs relevant to child welfare is still relatively weak, the CEBC made the decision to use a numeric rating scale rather than limiting information to one or two categories of evidence-based programs such as the one utilized for violence prevention (www.colorado.edu/cspv/blueprints). The Scientific Rating scale was developed by the CEBC with guidance from the CEBC Scientific Panel and was initially modeled after the *Office for Victims of Crime Guidelines* (Saunders, 2004). The Scientific Rating Scale evaluates only research published in a peer-reviewed journal. The rating scale ranges from the highest category of “1” that “represents a practice with well-supported research evidence” to the lowest of “5” that “represents a concerning practice that appears to pose substantial risk to children and families.” The CEBC rating scale was developed to make the rating process on the CEBC web site transparent. The rating scale is clearly defined on the web site and, therefore, a user can use it as a guideline for reviewing research on programs that are not currently on the CEBC web site (see www.cebc4cw.org/ratings for information on the rating scale).

Since the CEBC Advisory Committee may ask to have a topic area highlighted where little or no research evidence exists (e.g., Youth Transitioning into Adulthood) and part of the CEBC’s purpose is to inform child welfare professionals about programs in the highlighted topic areas that are commonly used or marketed in California, many of the programs reviewed by the CEBC do not currently have enough peer-reviewed, published research to be rated on the Scientific Rating Scale and are classified on the web site as “Not Able to be Rated.” As of April 2012, these programs make up a little more than 45 percent of the programs highlighted on the web site.

In some areas of child welfare, administrators will find one or more practices, models, protocols, or interventions that can be scientifically rated as “1-Well-Supported by Research Evidence.” Even in such well-studied areas, there may be other practices that are as effective or hold even greater promise that may be worth considering, but have yet to be subjected to the same level of rigorous evaluation. In other areas of child welfare services, there will be no practice that can be scientifically rated as a “1” or even a “2.” In such areas, the best available practice may be scientifically rated a “3-Promising Research Evidence,” or in some cases “NR-Not able to be Rated,” where no one has yet rigorously investigated the efficacy of the service models.

To further assist web site users in selecting practices, the CEBC has also reviewed each program’s relevance to the child welfare system. In determining relevance to the child welfare system, the CEBC examines the target population for which the program was developed and the child welfare outcomes that were examined in its evaluations. Each program is determined to have a high, medium, or low relevance to the child welfare system. A program with high relevance was designed, or is commonly used, to meet the needs of children, youth, young adults, and/or families receiving child welfare services. A program with a medium relevance 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 service recipients. A program with a low relevance 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 service population.

Even administrators committed to moving to an evidence-based practice must accept that the best they will be able to do at times is make an “evidence-informed” judgment about which practice to endorse and/or attempt to adopt using the best available studies and analyses. McNeece and Thyer (2004) note that in practice areas where there is a lack of systematic review, meta-analyses, and randomized clinical trials, “EBP says that one should rely on the best AVAILABLE evidence...” (p. 12).

Implementing Evidence-Based Practices

There is a wealth of practical experience documented in the literature on implementing new practices. However, the actual research on implementation both in the realm of child welfare, as well in related fields, is still in its early stages. The limited amount of existing implementation research in child-welfare focuses on factors (e.g., research-

practice partnerships, provider attitudes, technical assistance teams, organizational culture and climate) that facilitate or impede EBP implementation.

Over the coming years, data from completed studies and studies currently under way will help inform policymakers, agency directors, providers, and consumers about the best ways to facilitate implementation of evidence-based practice in real-world practice settings. The CEBC provides a Selection Guide to help organizations think through which practice(s) will be the best fit for their community. Descriptions of Implementation Approaches being utilized in Mental Health, Medicine, Business, etc. are also available on the CEBC web site. In addition, there is information on implementation resources for all programs rated 1 or 2 on the CEBC Scientific Rating Scale. As additional resources and information become available, the CEBC will continuously update this information to keep the consumer up to speed on the emerging field of implementation (www.cebc4cw.org/implementation-resources).

Identifying and selecting evidence-based practices is a complex and challenging task, but it represents just the beginning. There are innumerable obstacles to adopting an evidence-based practice in child welfare that must be strategically overcome. A national analysis of barriers to implementing three selected evidence-based practices in the related area of treatment of abused children (Chadwick Center 2004) identified literally hundreds of barriers that must be systematically addressed ranging from the cost of implementation (training and material costs, lost productivity due to training and start up, etc.), to entrenched status quo (providers who do not perceive a need to alter their practice or resist implementing a manualized intervention that they perceive reduces their clinical flexibility) to arguments that “our families are different or unique” and the “research does not apply to us.” Other studies have sought to explore the conceptual complexities of diffusion and dissemination in service organizations in ways that may help guide state or local strategic efforts to manage the process of spreading evidence-based practices within their jurisdiction (Greenhalgh, et al. 2004). A meta-narrative analysis of the diffusion literature found key attributes of successful implementation that can serve child welfare administrators well. Models, for example, that are consistent with the values and beliefs of the staff implementing the change will have greater likelihood of success than those that require a new orientation. Likewise models that are easily understood by the staff that are being called upon to deliver them and a belief in their own ability to succeed in the change are both important factors in successful implementation. It is also important to look at the target population for which an evidence-based practice is being sought. Referral pathways to ensure that the appropriate clients are referred to the appropriate practice are the key to success in the selection and implementation process. For instance if the target population is children 0–5 who have experienced neglect, then it is important to choose a practice that has been developed for this age group and this identified issue. As part of the implementation process, referral sources will need to be educated about the practice and which referrals are appropriate. Information to consider when choosing a practice is summarized in the CEBC Selection Guide, which helps organizations think through decisions about which practice(s) are best suited for their current needs.

In many areas of child welfare, adopting evidence-based practices will also require the involvement of community service providers and contractual relationships between the child welfare agency and private providers. Some providers will be in tune with the concepts of research evidence and welcome the move. Others are far more grounded in community service provision and may lack a tradition of reliance on research or the resources to engage in research and to train staff in new practices. Such organizations may not welcome the introduction of a practice developed elsewhere and supported by, what they perceive as “Ivory Tower” academic research, which they fear may supplant their existing services or funding. To implement new practices based on the best available evidence within public agencies, strategies must be developed to identify and address barriers at a variety of levels (Chadwick Center 2004); not only at the practice level (e.g., child welfare workers and families) but at the unit level (e.g., child welfare supervisors and peers), the organizational level (e.g., county directors, program

management, etc.), the community level (e.g., allied local service providers, community stakeholders such as judges, guardians ad litem, court appointed special advocates, local elected officials) and the state level (e.g., policymakers, elected officials, regulatory bodies, etc.). The complexity of this implementation challenge is exacerbated when the public agency must rely on contractual partners to deliver the desired services. One model that states might consider is California, where they have identified selected evidence-based practices in child welfare and sought, with considerable success, to spread their adoption among key community-based organizations by offering resources to offset the cost of training and re-tooling, as seen in the case of their strategic support of adoption of Parent-Child Interaction Therapy or SafeCare.[®] Other states are struggling with alternative methods to use the power and influence of the contractual dollar to help shift their state service delivery system to an evidence-based approach. In fact, child welfare is in an influential position to use its contractual resources and the influence of its referral pathways in ways that encourage or drive the move toward more evidence-based approaches.

In the final analysis, child welfare administrators must cautiously and thoughtfully select practices that they believe, after objective review, have an adequate evidence base and are also a good fit for the target population and problems they are seeking to effect. They must then develop plans to ready the organization(s) to adopt the change, while educating and coordinating with the external environment, developing strategies to engage families in the new practices, and providing the service delivery staff with the knowledge and skills (and time) necessary to deliver the evidence-based service. Then, and only then, can one expect to successfully implement evidence-based child welfare practice.

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Appendix A

Links to Other Relevant Web Sites

The Internet has a variety of resources that have considered the evidence and classified practices related to child welfare.

- **California Evidence-Based Clearinghouse for Child Welfare**
The California Evidence-Based Clearinghouse for Child Welfare (CEBC) is funded by the California Department of Social Services. The CEBC provides child welfare professionals with easy access to vital information about selected child welfare related programs. The primary task of the CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California (www.cebc4cw.org).
- **Campbell Collaboration**
The Campbell Collaboration is an international organization that aims to prepare, maintain, and disseminate high-quality systematic reviews of studies of effectiveness of social and educational policies and practices (www.campbellcollaboration.org).
- **Center for the Study and Prevention of Violence—Colorado Blue Prints Project**
The Center for the Study and Prevention of Violence, a research program of the Institute of Behavioral Science at the University of Colorado at Boulder, was founded in 1992 to provide informed assistance to groups committed to understanding and preventing violence, particularly adolescent violence. Since that time, their mission has expanded to encompass violence across the life course (www.colorado.edu/cspv).
- **Child Welfare Information Gateway**
The National Child Abuse and Neglect Information Clearinghouse and the National Adoption Information Clearinghouse have been consolidated and expanded to create Child Welfare Information Gateway, a service of the Children's Bureau/ACF/HHS. The Child Welfare Information Gateway provides easy access to print and electronic publications, web sites, and online databases covering a wide range of child welfare topics, including child abuse prevention, family preservation, foster care, domestic and international adoption, and search and reunion—materials that child welfare professionals need to protect children and strengthen families (www.childwelfare.gov).
- **Cochrane Collaboration**
The Cochrane Collaboration is an international not-for-profit organization, providing up-to-date information about the effects of health care (www.cochrane.org).
- **National Registry of Evidence-based Programs and Practices**
National Registry of Evidence-based Programs and Practices (NREPP) is a service of the Substance Abuse and Mental Health Services Administration (SAMHSA). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities (www.nrepp.samhsa.gov).
- **OJJDP Model Programs Guide**
The Office of Juvenile Justice and Delinquency Prevention's *Model Programs Guide* is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities (<http://www.ojjdp.gov/mpg>).



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