

Moving Towards Evidenced Based Practice National and Local Trends

www.chadwickcenter.org
www.cachildwelfareclearinghouse.org

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Why we do what we do?

- What do we seek to accomplish?
- Chadwick Mission: **We will promote the health and well being of abused and traumatized children and their families. We will accomplish this through excellence and leadership in evaluation, treatment, prevention, education, advocacy and research.**
- What's your mission?

Wanting To Do Good vs. Doing Good

- How do we know what we are doing is effective?
- What guides our standards of practice?
- Traditionally we have been guided by:
 - Our training
 - Our experience
 - The opinions of others who we trust
 - Our intuition

Empirical evidence of efficacy has not been a common criteria for treatment selection in the child maltreatment field

- **Reliance solely on individual anecdotes and remembered cases.**
- **Confusing client satisfaction with clinical improvement.**
- **Misattribution of the cause of change.**
 - Failure to appreciate resilience and natural recovery.
- **Guru effect in training and treatment adoption.**
- **Mixing philosophical congruence with quality**

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- **New Standard-Empirical Evidence**
 - Where it exists

Evidence-Based Social Work

Professional judgments and behaviors should be guided by two interdependent principals:

“Whenever possible, practice should be grounded on prior findings that demonstrate empirically...that they are likely to produce predictable, beneficial, and effective results. Every client system, over time should be evaluated”



Evidence-Based Practice Manual
Oxford University Press
2004
Albert Roberts, PhD
Kenneth Yeager, PhD, LISW

Evidence-Based Practice is Not Without Controversy

Fad or Sea Change?

Does EBP quash innovation?

Does EBP ignore:

- the complexity of individual problems?
- the importance of the therapeutic relationship?
- the value of clinical experience and creativity?
- the complexities of differences in cultures?

Institute of Medicine:
Apply the Principles and Methods of Evidence Based Practice

Integration of:

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

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
- Because they work !!

Responsibilities of Practitioners

- Practitioners have a duty to be familiar with available interventions and their supporting literature.
- Practitioners have a duty to be trained, knowledgeable, and skilled in the use of proven interventions.
- If they are not, they have a duty to refer clients to practitioners who are.

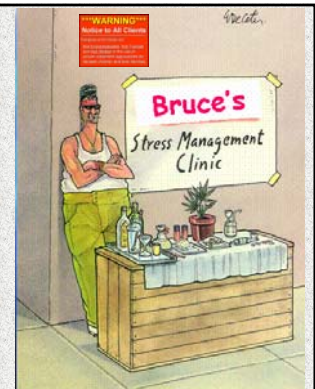
Waiting Room Sign

*****WARNING*****
Notice to All Clients

Therapists at this facility are:

Not Knowledgeable, Not Trained, and Not Skilled in the use of proven treatment approaches for abused children and their families.

The Problem:
All sorts of “interventions” are available out there.



Retrieving the truth in child sexual abuse: In search of a Golden Standard

J. Kibbles M.D.
University of Washington School of Medicine
Seattle, Washington
C. Bits Ph.D.
St. Bernard's Hospital for Animals and Obedience School
London, England

Abstract:

The authors explored the use of cross-species interviewers in the assessment of allegations of child sexual abuse. Specifically, canine interviewers were recruited and trained to empathetically detect abuse. The initial pilot study involved a sample of 24 children recruited from a local CPS agency and interviewed over a three-month period at a child abuse advocacy center/kennel. The canine interviewers were able to obtain detailed accounts of abuse in 12(50%) of the cases, were satisfied that no abuse occurred in 6 (25%) cases, and **were left chasing their own tails in 6 (25%) others.**

Los Angeles Times October 14, 2005

Gerald Levin former chief executive of AOL Time Warner and Laurie Perlman, "a former agent at Creative Artists Agency" who was interested in testing alternative mental health treatments, have founded



Moonview Sanctuary, "a new high-end clinic for the rich and, often, famous. It is a kind of psyche-spa for the burned out, the depressed and the anxious elite who want total anonymity and are willing to pay \$175,000 a year for the latest innovations in mental health — no insurance accepted."

NCTSN The National Child Traumatic Stress Network

Los Angeles Times October 14, 2005

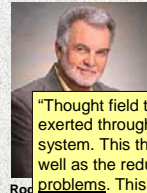
"Moonview offers a dizzying array of 60 specialists, offering Western and Eastern medicine, traditional psychiatry, psychopharmacology, talk therapy, neuro-feedback, high-tech scans that study brain waves, chiropractic services, acupuncture, reflexology, art therapy, equine therapy and more. The practitioners include UCLA professors and veterans of some of the well-regarded local rehabilitation facilities, as well as shamans and psychics."



"Perlman's specialty is life after life, which can be more prosaically described as **talking to the dead**"

NCTSN The National Child Traumatic Stress Network

Thought Field Therapy



"Thought field therapy with Callahan techniques® is a powerful therapy exerted through nature's healing system to balance the body's energy system. This therapy promotes stress management and stress relief as well as the reduction or elimination of anxiety and anxiety related problems. This includes help for weight control and weight loss, trauma or sleep difficulties, depression, addictions and the disorders associated with past trauma including nightmares and post traumatic stress disorder." (underlines added)

Retrieved from <http://www.tftfx.com/>, November 17, 2006

More Claims for TFT

Q. How Can TFT Benefit You? – What Kind of Problems Can Be Helped?

- Anxiety and Stress
- Personal fears or your children's fears
- Anger and Frustration
- Eating or smoking or drinking problems
- Loss of loved ones
- Social or public speaking fears
- Sexual or intimacy problems
- Travel anxiety including fear of flying or driving on the freeways
- Nail biting
- Cravings
- Low moods and mood swings

Retrieved from <http://www.tftfx.com/profaq.php?PHPSESSID=f4cf6c40b9678b742b82989fee7b377#> on November 17, 2006

Research on TFT?

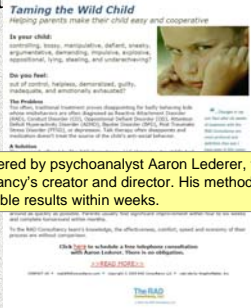
"Has any research been carried out on TFT?"

There have been no control (*sic*) studies on the success of TFT"

From the Thought Field Therapy Training Center of La Jolla

Retrieved from <http://thoughtfield.com/faqs.htm> on November 17, 2006

Reactive Attachment Disorder and Attachment Therapy



...pioneered by psychoanalyst Aaron Lederer, the RAD Consultancy's creator and director. His methods yield remarkable results within weeks.

Retrieved from <http://www.radconsultancy.com/>, November 17, 2006

Why should we worry about using Evidence Supported Treatments?

Therapist gets jail in 'rebirthing' death

Woman receives minimum 16-year prison sentence

Associated Press
GREEN, Colo.—A therapist was sentenced to 16 years in prison Monday in the death of a 13-year-old girl who suffocated while wrapped in blankets during a "rebirthing" session.
 The therapist could have gotten 8 years behind bars.
 "I failed Candace and I failed her mother," Watkins said.
 Judge Jane Tishall "I failed to keep Candace out of harm's way."
 The girl had been diagnosed with attachment disorder, in which children resist forming lasting relationships and are violent and unmanageable.
 Colorado has since outlawed the New Age form of therapy.
 Candace's adoptive mother, Joanne Newzucker, is scheduled to go on trial in November on charges of criminally negligent child abuse.
 Watkins' office manager and 30 others await trial in September charge and awaited sen-

Front Page of USA TODAY

"the President proposed cutting 4.2 billion from youth and crime prevention programs...Most reductions would eliminate programs that are not getting results and shift money to programs that work, according to the White House Office of Management and Budget."

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

Evidence Based Practices are Coming: Ready or Not

- Sign of the Times- National Associations like NAPCWA, CWLA, and Foster Family-based Treatment Association are preparing guides to EBP for their members.
- States like Oregon and Texas are now limiting certain funding streams to Evidence Based Practices.
- Sign of the Times- Casey Foundation's recent RFP for EBP in Foster Care
- Sign of the Times- CDC RFP for Evidence Based Practices

National Summit on America's Children in Washington, D.C

- **House Speaker Nancy Pelosi** plans to convene a **National Summit on America's Children** in Washington, D.C. on May 22, 2007. According to the statement from Pelosi's office, the bipartisan summit, to which all House members will be invited, will **"hear from national experts on recent scientific findings and how they relate to early childhood development."**
- Pelosi intends to convene scientists and experts from fields such as early childhood learning, health care, and child care, as well as practitioners of innovative initiatives to **offer research-based testimony** to assist lawmakers in the development of federal policy.
- In setting the date for the summit, Pelosi said, "The goal of the summit is to hear from experts on **how federal policies can match the latest research** so that families are given what they need to take advantage of scientific advances."

Signs of San Diego Also Moving Toward Evidence Based Practices

- **Evidence based Practices Popping up-**
 - **Examples**
 - PCIT-Chadwick/Home Start
 - TF-CBT-Chadwick/UPAC
 - Incredible Years- San Diego Center for Children
 - Chadwick and Developmental Services @ Rady Children's Trained
 - Multidimensional Treatment Foster Care
 - San Diego Center for Children
- **HHS Child Welfare Services**
 - RFP for TF-CBT
- **United Way- Impact Area-Child Abuse**

Many Terms Used to Describe Treatment Support

- Evidence Based Practice
- Proven Practice
- Demonstrated Effective Practice
- Best Practice
- Evidence Informed Practice
- Evidence Supported Treatment
- Empirically Supported Treatment
- Emerging Practice
- Promising Practice

Questions to ask of any suggested practice or treatment

- **Is it based on a solid conceptual and theoretical framework?**
 - Is it based on sound, widely accepted psychological and social theory?
 - Is there a logic model that makes sense?
 - Is the theoretical framework empirically supported?
- **How well is it supported by broad practice experience?**
- **Does it have an acceptable benefit vs. risk for harm ratio?**
- **Can it be used by the average clinician?**
 - Are books, practice manuals, and procedure descriptions available?
 - Is training, supervision, and consultation available?
 - Is there any reason the practice cannot be used with the clients you work with?
- **How well is it supported by scientific research?**
 - How many evaluations have been conducted?
 - How rigorous were the research designs?
 - How strong are the results?



A Question...

How can the average front-line practitioner separate the "Wheat from the Chaff" and locate Evidence Supported Practices relevant to child abuse and neglect?



CEBC Website: www.cachildwelfareclearinghouse.org

Advisory Committee

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

There are representatives from:

- ☑ California Department of Social Services
- ☑ Child Welfare Departments from California Counties
- ☑ Child Welfare Director's Association (CWDA)
- ☑ California Child Welfare Training Leaders
- ☑ Public and Private Community Partners Within the State

The role of the Advisory Committee is to:

- ☑ Determine the topical areas for the CEBC
- ☑ Ensure the CEBC remains up-to-date with emerging evidence.
- ☑ Assist in disseminating the products of the CEBC.
- ☑ Provide feedback on the utility of the CEBC products.

National Scientific Panel

The National Scientific Panel is composed of five core members and up to 10 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 Panel assists in identifying relevant practices and research and provide guidance on the scientific integrity of the CEBC products.

Scientific Rating Scale

and

Relevance to Child Welfare 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



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

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

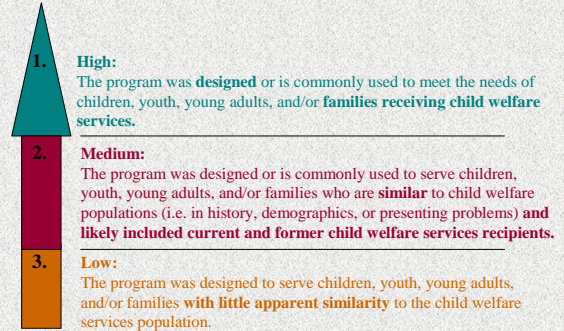
Same basic requirements as a Level 2 plus:

- **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.

Child Welfare Ratings

- Not every program that is evidence-based will work in a Child Welfare setting...
- We also examined each program's experience and fit with Child Welfare systems and families

Relevance to Child Welfare Scale



Child Welfare Outcomes

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



Finding Evidence Supported Treatments on the Web

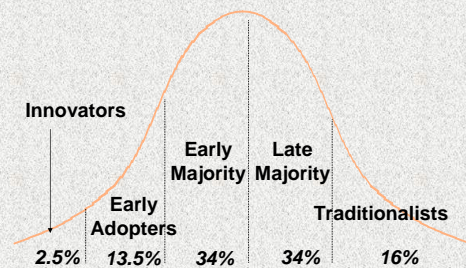
- www.cachildwelfareclearinghouse.org
- www.nctsn.org
- www.nrepp.samhsa.gov
- www.strengtheningfamilies.org/
- www.ncptd.va.gov/topics/treatment.html
- www.childtrends.org
- www.wsipp.wa.gov
- <http://ebmh.bmjournals.com/>
- www.cochrane.org
- www.campbellcollaboration.org
- www.colorado.edu/cspv/blueprints/model/overview.html

A Logical Question...

If they are so great, why have EST's not spread more widely and more quickly in the U.S.?



Adoption of Innovation



Kauffman Best Practices Project Final Report

Download at:
www.chadwickcenter.org
www.musc.edu/ncvc/

Why Have These EBP's Not Spread Widely in the U.S.?

- **Tradition in the field and acculturation of practitioners**
 - View of social services and mental health treatment as primarily an art science.
 - Tradition of innovative home grown practice tailored to perceived community needs.
 - Few practitioners were trained in graduate school in the use of evidence supported treatments or in the principles and methods evidence-based practice.
 - Empirical support has not traditionally been a criteria practitioners use in practices selection.
 - Primary reliance on previous training and clinical experience rather than new scientific breakthroughs for treatment selection.
 - Resistance to the notion of structured treatment protocols or standardized procedures.
 - Lack of accountability for outcomes. Payment for time spent talking rather than outcomes achieved.

The Key Questions

- What motivates real world policy makers, program managers, providers to institute a change effort?

But “not all change is improvement”
 Don Burwick, www.ihl.org

- How are policy makers, program managers, providers motivated to implement Evidence-Based Practices?

What Motivates Managers, Executives, Policy Makers to seek change?

- Desire to do the right thing
 - They actually care
- Their staff advocate for change
- Desire to be seen by opinion leaders or peers as “current” and “up-to-date”
- Perceived financial advantage
 - attract funding, expand market share in competitive environment, avoid lose.
- Respond to expectations of funding sources
 - Financial stability
- Avoid Embarrassment

Desire to be seen as current and up-to-date

There is pride in innovation and early adoption and many of us find it undesirable to be seen as behind the times

EBP provides confidence that the innovation they are implementing will work and not ultimately embarrass the funder, agency, political leaders

Perceived financial advantage- attract funding and/or expand market share in competitive environment

- Managers know that with limited resources funders are more likely to fund early adopters an traditionalists

There is \$ in early adoption

Respond to expectations of funding sources

- Even traditionalists can be motivated by financial reality



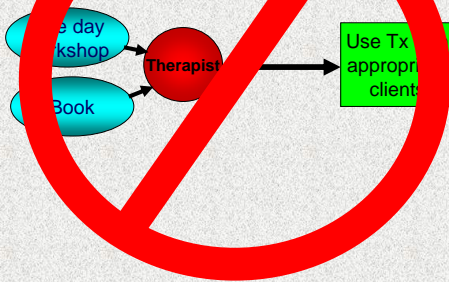
Levels of Implementation

Fixen et al

- Paper Implementation
- Process Implementation
- Performance Implementation

Fixsen, D., Naoosm, S., Blasé, K., Friedman, R., Wallace, F. (2005)

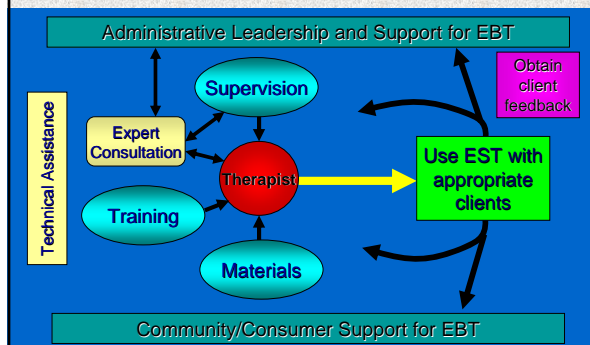
Common Continuing Education Dissemination Model



Steps in the Process of Adopting a new practice

- Move to contemplation -decision EBP will improve practice in agency
- Selection of Practice
- Organizational and Community Readiness
- Training and Consultation
- Integration into Practice
- Monitoring and Fidelity

Supportive Implementation Model



Contact Information

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