

TECHNICAL REPORT

Locating and Evaluating Research-Supported Interventions in Child Welfare

CONTENTS

Executive Summary	1
What is Known?.....	2
What is Important – Why It Is Important.....	2
Florida’s Commitment to Delivering Research-Supported Interventions	2
Where Can Research-Supported Interventions Be Found?	3
National Registry on Evidence-Based Programs and Practices.....	3
California Evidence-based Clearinghouse on Child Welfare ...	4
Research-Supported Psychological Treatments	5
Effective Child Therapy: Evidence-based Mental Health Treatment for Children and Adolescents.....	5
National Child Traumatic Stress Network – Treatments that Work	6
Office of Juvenile Justice and Delinquency Prevention	6
National Institute of Justice.....	7
Blueprints for Healthy Youth Development	8
Institute of Education Sciences – What Works Clearinghouse	8
Summary on Locating Research-Supported Interventions for Child Welfare Practice	8
Standards for Designating an Intervention as Research-Supported	8
National Registry on Evidence-based Programs and Practices	8
California Evidence-based Clearinghouse on Child Welfare ...	9
Research-Supported Psychological Treatments	10
Effective Child Therapy: Evidence-based Mental Health Treatment for Children and Adolescents.....	11
National Child Traumatic Stress Network – Treatments that Work	11
Office of Juvenile Justice and Delinquency Prevention and National Institute of Justice.....	12
Blueprints for Healthy Youth Development	12
Institute of Educational Sciences – What Works Clearinghouse.....	13
Recommendations for Policy and Practice.....	13
Summary.....	13
Appendix A.....	14
References	16

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Executive Summary

Children, youth, and families served by child welfare professionals in Florida are, as a matter of state policy, expected to be provided with services that are reasonably well-supported by scientific evidence, when such knowledge exists. A number of clearinghouses and databases have been created in recent years that lists a wide array of child welfare, mental health, substance abuse, family, and educational services, provides a critical appraisal of the levels of evidence available for each such service, and rates this evidence. Some interventions are said to possess strong evidence of their effectiveness and can be called research supported. Others are poorly researched and some have been shown to actually be harmful. This technical report describes a summary of these major databases and clearinghouses evaluating programs and practices for potential use in child welfare. This technical report will review the various standards and guidelines that have been developed to designate interventions as research supported. Additionally, the report provides information on existing clearinghouses of interventions and the standards used within each one to determine if a given intervention is labeled as a research-supported intervention (RSI). However, the major focus of this report will be on providing contemporary information on locating existing RSIs with applications within child welfare in general, as well as those related to educational services and behavioral health care. An overview chart is provided in Appendix A to assist Florida child welfare professionals with readily obtaining the information needed to make a reliable determination as to the levels of research support these various services possess, and use this information to help determine what services should be provided to Florida’s children, youth, and families.

Four recommendations are offered for consideration.

1. Information on these databases and clearinghouses, and how to locate and search them should be provided as a part of preservice training for all new staff and for all students being supported by Title IV-E training grants.
2. Information on these databases and clearinghouses, and how to locate and search them should be provided as a part of continuing education for current child welfare personnel at all levels, including direct care staff, supervisors, managers, and administrators.
3. Before new programs are funded in Florida, a thorough review of the research-supported interventions in these databases should be conducted to determine the program’s level of evidence and relevance for the targeted population.
4. A review of existing programs should be completed to identify those programs that are determined to be of high quality and relevant to child welfare. If it is determined that existing programs are deemed substandard or harmful, policy decisions should be made regarding funding future efforts or requiring an improvement plan to address the inadequate program.

What is Known?

The field of child welfare involves the delivery of a wide array of programs, services, and interventions to children and their families. Many of these services are not well supported by credible research evidence, and some are. In the past two decades, various stakeholders have critically analyzed much of the evidence surrounding selected child welfare interventions and concluded which ones are helpful, which have little evidence that they are helpful, and which ones are harmful. The information about the scientific support behind child welfare interventions is widely dispersed and sometimes not well known or easily accessible. The ability to deliver genuinely effective services is hindered by this lack of access and by insufficient critical analysis of the existing evidence related to interventions used in child welfare. Broadly speaking, child welfare embraces traditional services such as child protective services, home visiting, supervised visitation, kinship care, permanency planning, out-of-home placement, foster care, independent living, and adoptions. Other services include mental health care and substance abuse treatment (behavioral health), educational services, and parent training. Within Florida, we are moving to a model where child welfare and behavioral health services are better integrated. This model requires a more sophisticated approach to identifying and funding the most effective and quality services.

As Florida moves to an integrated services model, policymakers and providers will need to have a clear understanding of the distinction between a program and a practice.

A *program* is a specific set of activities carried out according to guidelines to achieve a defined purpose. A hypothetical question that might be answered by a program profile is: Did the ABC Mentoring Program in Anytown, USA achieve its goals?

A *practice* is a general category of programs, strategies, or procedures that share similar characteristics with regard to the issues they address and how they address them. A hypothetical question that might be answered by a practice profile is: Does mentoring usually achieve its goals?

What is Important - Why it Is Important

The best opportunity to provide genuinely effective child welfare services to Florida families is to locate research-supported interventions (RSIs), and prevention and treatment programs that have been previously evaluated using acceptable standards of scientific evidence and found to yield generally positive outcomes in the past. While the use of a RSI cannot guarantee a positive outcome with any particular child and/or family, the likelihood of positive outcomes with children and families in the child welfare system as a whole will be enhanced by using RSIs more widely within Florida.

The past two decades have seen substantial developments in the emergence of RSIs. The criteria used to designate a given intervention as a research-supported intervention vary, and the dissemination of information about RSIs to policy-makers, administrators, and service providers has been inconsistent. Often, stakeholders are unaware of existing RSIs and where one can learn about them. Locating credible RSIs is an important step within the decision-making process of evidence-based practice (EBP), but EBP involves far more than simply selecting a given RSI for use within a given agency.

Locating credible research-supported interventions is an important step within the decision-making process of evidence-based practice but evidence-based practice involves far more than simply selecting a given research-supported intervention for use within a given agency.

Florida's Commitment to Delivering Research-Supported Interventions

Recent years have witnessed a broad acceptance within the child welfare community that assessment methods and interventions used in the field should draw upon the findings of contemporary empirical research—primarily research that has actually tested various psychosocial interventions and has found them to improve child and family outcomes. Outcomes research is more liable to yield practice applications than other forms of scholarly inquiry such as theoretical studies or correlational investigations. This perspective, which can be labeled research-supported practice, combines current findings from high quality research with other important considerations to help guide the selection of services to be provided to children and their families. Corollaries to this approach are the principles that interventions, which have been shown through credible outcome studies to produce harmful effects, should not be used in child welfare practice. Likewise, interventions lacking any credible evidence that they are beneficial should only be adopted if research-supported interventions do not exist in a given area of practice, or are otherwise not suitable for use.

Supporting the use of science to inform child welfare practice and indicating a preference to use research-supported interventions has come from the both the federal and state levels:

“A growing body of evidence demonstrates that behavioral science insights—research findings from fields such as behavioral economics and psychology about how people make decisions and act on them—can be used to design government policies to better serve the American people...” President Barack Obama’s Executive Order entitled “*Using Behavioral Science Insights to Better Serve the American People*”.

“The Results-Oriented Accountability Program will allow the child welfare community to take a long-term view, and to confirm with research and evidence the interventions used as efficacious and effective in realizing positive outcomes for children.” (DCF Secretary Mike Carroll & Governor Rick Scott, 2015, p. 2).

Apart from leading politicians, the Codes of Ethics of various professional human service groups support the principles of research-informed practice. For example, the National Association of Social Workers' Code of Ethics states:

4.01 Competence (c): Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

The Code of Ethics of the American Psychological Association states:

2.04 Bases for Scientific and Professional Judgments: Psychologists' work is based upon established scientific and professional knowledge of the discipline.

The Professional and Ethical Compliance Code of the discipline of Behavior Analysis is particularly strong in this regard:

2.09 Treatment/Intervention Efficacy: a) Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client). Behavior analysts always have the obligation to advocate for and educate the client about scientifically supported, most-effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.

Where Can Research-Supported Interventions Be Found?

As the number of well-designed outcome studies on psychosocial interventions applicable to the areas of child welfare, and educational, mental health, substance abuse, and family interventions has grown over the past few decades. As a result, it has been an increasing challenge for practitioners, administrators, policy-makers, and other stakeholders to access this literature. The sheer volume of the literature, spread across thousands of journals and books, has made keeping abreast of developments in intervention research more and more difficult. One approach to promote ease of access to effective interventions related to child welfare has been the establishment of various clearinghouses and other databases that are dedicated to consolidating this literature, critically appraising it, and posting descriptions of research-supported interventions. This has been undertaken at the national level by federal agencies; within various states, through the support of non-governmental organizations; various for-profit and non-profit organizations; and different professional associations. A similar approach is to develop and make available what are called practice guidelines, therapy protocols, or treatment algorithms. Although there are no clearly established wide-spread rules on what constitutes sufficient evidence to label something as a research-supported intervention, most of these clearinghouses provide some clear set of standards that they followed in grading or evaluating the levels of evidence behind any individual intervention.

The next section of this report outlines a number of the more prominent online resources that claim to provide guidance in objectively determining the degree of research support behind various interventions potentially useful in child welfare practice. Most of these clearinghouses are open-access, and free to the general public. Some of the descriptive information about these resources is presented in italics and is directly from the website in order to provide as accurate information as possible. The subsequent section describes the standards used to designate a given intervention as research-supported, or to provide some lesser designation (e.g., promising, untested, etc.). A table with hyperlinks to each of the websites' internal pages mentioned in this report is included in Appendix A. The inclusion of interventions on the following databases does not mean that it should be adopted but rather a reference point for research to determine an intervention that is best for the population to be served.

National Registry on Evidence-Based Programs and Practices

http://nrepp.samhsa.gov/02_about.aspx

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) is an evidence-based repository and review system designed to provide the public with reliable information on mental health and substance abuse interventions. All interventions in the registry have met NREPP's minimum requirements for review. The programs' effects on individual outcomes have been independently assessed and rated by certified NREPP reviewers. The purpose of NREPP is to help people learn more about available evidence-based programs and practices and determine which of these may best meet their needs. NREPP is one way SAMHSA is working to improve access to information on evaluated interventions and reduce the lag time between creation of scientific knowledge and its practical application in the field.

NREPP is not simply a compilation of programs with strong supportive evidence. It also lists programs that have negligible effects or those that have been shown to be harmful. Thus, it is inappropriate to assume that if a given program is listed in NREPP as supported by high quality evidence - that it is effective. Nor is NREPP a comprehensive listing of all existing programs. It is a listing of hundreds of psychosocial interventions with potential for use in child welfare. Included within this website are clear statements as to the evidence behind (or lack thereof) each intervention. One can search the NREPP site for programs and policies based on clients' ages, race, gender, problem, and locality (urban versus rural versus tribal).

Programs can be listed on the NREPP website through three pathways: 1) Programs may be self-nominated by program developers, who submit published studies, protocols, training materials and other documentation, which is carefully reviewed by two NREPP staff who make a determination of the status of the program of practice. This most commonly occurs when NREPP announces an open submission window lasting several months; 2) contract staff for SAMHSA and NREPP may undertake to evaluate public domain

information (e.g., outcome studies published in journals) or conduct focus groups and interviews in order to test a given policy or practice. These reviewers post pertinent information regarding the levels of evidence about this approach; and 3) the third venue is a nomination of a program by an agency after NREPP announces programs and practices identifying specific agency priorities. NREPP is arguably the largest resource available that child welfare professionals can consult to learn about various programs and practices—keeping in mind that simply finding an intervention listed on NREPP says little about its effectiveness. A careful review of the program's profile posted on the website is needed to determine the degree of evidence available; the nature of the problems the practice is intended to alleviate (e.g., a practice may be helpful in alleviating the symptoms of sexual abuse, but not be useful in reducing conduct disorder); the client population the practice has been tested with (majority versus minority youth); and the practice setting it has been applied to (urban versus rural). The NREPP website states that it discourages selecting interventions solely because they are listed on this website and found effective. Many other considerations besides research evidence should be taken into account. NREPP entries are periodically updated and newer entries seem to be held to higher evidentiary standards than profiles created several years ago.

California Evidence-based Clearinghouse on Child Welfare

<http://www.cebc4cw.org/home/>

The primary goal of the California Evidence-Based Clearinghouse on Child Welfare (CEBC) Program Registry is to provide a searchable database of programs that can be utilized by professionals that serve children and families involved with the child welfare system. The programs are arranged by topic area. Within each topic area is a definition and clear information on the requirements (e.g., target population and goals) that must be met by each program in order to be included in the specific topic area. The requirements for which outcomes the research evidence on a program must demonstrate in order to be rated within each topic area are also listed. Each individual program description contains easily accessible and vital information, including, at a minimum, a CEBC Scientific Rating, citations and summaries of relevant published peer-reviewed research studies conducted on the program, a brief description of the program, and training and contact information. The CEBC website currently highlights 340 programs in 44 topic areas that fall into one or more of the following subcategories.

- *Anger management, domestic violence, and substance abuse*
- *Behavior management, including parent training*
- *Core child welfare services, including placement and reunification*
- *Engagement and parent partnering programs*
- *Mental health including trauma treatment*
- *Prevention and early intervention*
- *Support services for youth in the child welfare system*

Child welfare professionals can also use the CEBC website to search for programs by name. Some of the named programs are proprietary in nature, such as the Sanctuary Model, Circle of Security, the Incredible Years, Multisystemic Therapy, Parent-Child Interaction Therapy, Eckerd Family Visitation Services. Others are more generic in nature as in Functional Family Therapy, Prolonged Exposure Therapy for Adolescents, and Trauma-Focused Integrated Play Therapy. Each program is given a rating for the strength of the research evidence pertaining to that program, and a rating of how relevant that program is to the field of child welfare. It is important to note that many programs appearing in the CEBC are rated as lacking credible evidence supporting that program's effectiveness, so the fact that a given program is merely listed in the CEBC should not be taken to imply that the program is genuinely helpful to child welfare clients. As a general rule however, those programs rated highly in terms of their scientific evidence would be deemed more promising for agency adoption than those rated as 4: Evidence Fails to Demonstrate Effect, or 5: Concerning Practice, which should be avoided. Many programs are given the designation of NR, meaning it was Not able to be Rated on the CEBC Scientific Rating Scale, and these too should be avoided from serious consideration for use.

Numerous one-page handouts about the CEBC and a guide for child welfare administrators are available in the About Us section. There is also a section that provides information and resources to inform policy makers, agency directors, providers, and consumers about the best ways to facilitate selection and implementation of evidence-based practice in real world settings. The guide, *Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems*, and a one-page *Roadmap to Selecting an Evidence-Based Practice* are useful tools to help systems evaluate their needs, identify what programs are currently being used, make decisions about adding programs, and plan for implementation activities.

Another benefit found on the CEBC is the series of free training webinars that deal with specific programs, specific assessment methods useful in child welfare, and general overviews of the process of evaluating the scientific evidence behind the listed programs. These audio visual programs have great potential for in-service training uses within child welfare agencies.

A particularly useful resource is a 45-minute webinar titled *Teaching Students How to Use the CEBC* that accompanies the 2-page *CEBC Website Info Guides*. Again, these would be very helpful for child welfare professionals to review prior to searching the CEBC.

Research-Supported Psychological Treatments

<https://www.div12.org/psychological-treatments/>

The American Psychological Association is the largest organization of psychologists in the world. It is organized with over 50 divisions along various areas of practice and interests of psychologists. One of these divisions is Division 12, The Society of Clinical Psychology, which sponsors a website called Research-Supported Psychological Treatments. This website provides independent appraisals of the effectiveness of treatments for various psychological disorders—mostly conditions listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The terms used on the website—‘psychological disorders’, and ‘psychological treatments’, are misnomers—since neither the disorders nor the treatments are ‘owned’ by the discipline of psychology. But apart from this disciplinary bias, this site is a very good reference for child welfare professionals seeking information about effective psychosocial treatments pertinent to the child welfare field.

The purpose of this website is to provide information about effective treatments for psychological disorders. The website is meant for a wide audience, including the general public, practitioners, researchers, and students. Basic descriptions are provided for each psychological disorder and treatment. In addition, for each treatment, the website lists key references, clinical resources, and training opportunities. The American Psychological Association has identified “best research evidence” as a major component of evidence-based practice (APA Presidential Task force on Evidence-based practice, 2006). This website describes the research evidence for psychological treatments which will necessarily be combined with clinician expertise and patient values and characteristics in determining optimum approaches to treatment.

Child welfare professionals can search this website by disorders—such as eating disorders or post-traumatic stress disorder—or by treatments—such as cognitive behavior therapy for anorexia, exposure therapies for specific phobias, or family-based treatment for bulimia nervosa. When a child welfare professional clicks on a particular disorder, a description of the condition will appear, along with links to various treatments. Clicking on a given treatment hyperlink will provide a description of that treatment, along with a rating of the degree of scientific support that treatment has (e.g., strong, moderate, controversial, etc.). This is followed by hyperlinks to various treatment resources, including any available treatment manuals, training resources, videos, and any clinical trials, meta-analyses, or systematic reviews. In some ways, this is a one-stop-shop for learning about psychotherapies for a limited range of DSM-defined disorders. Many of the conditions are more pertinent to the treatment of adults than children or youth.

Clicking on the hyperlink for psychological treatments, a long list of various psychotherapies appears, each with its own hyperlink (e.g., interpersonal psychotherapy for depression). Clicking on this hyperlink will bring up a description of the therapy, its degree of research support, some key references such as published clinical trials, and any available training materials. Like the CEBC, it is noted when given therapies are found to lack sufficient research support to be recommended, or if particular treatments have been shown to be actively harmful. Thus the appearance of a given psychotherapy on the Research-Supported Psychological Treatments website does not mean that the treatment is research supported. It requires a further review of the content posted on each psychotherapy to see if that is the case.

Effective Child Therapy: Evidence-based Mental Health Treatment for Children and Adolescents

<https://www.clinicalchildpsychology.org/>

<http://effectivechildtherapy.org/>

The development and maintenance of this site has been funded by the Society of Clinical Child and Adolescent Psychology (SCCAP), a non-profit association that is a division of the American Psychological Association (APA). Its mission is to encourage the development and advancement of clinical child and adolescent psychology through integration of its scientific and professional aspects. The division promotes scientific inquiry, training, professional practice, and public policy in clinical child and adolescent psychology as a means of improving the welfare and mental health of children, youth, and families. In the service of these goals, the division promotes the general objectives of the American Psychological Association. SSCAP publishes the Journal of Clinical Child and Adolescent Psychology. There are no conflicts of interest.

The initial development of this site also was funded by the Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary non-profit organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

Division 53 of the American Psychological Association is the Society of Clinical Child and Adolescent Psychology and this group sponsors a website called Effective Child Therapy: Evidence-based mental health treatment for children and adolescents. The site has a hyperlink to what it calls evidence-based programs for specific disorders that are pertinent to practice with youth, such as Attention Deficit/Hyperactivity Disorder, Disruptive Behavior Problems, self-injury/self-harm/cutting, etc. A click on a given EBP hyperlink will list treatments (if any) that are considered well-established as effective, those that are probably effective, those that can be considered experimental, and those that have been tested and shown to not be effective. A separate hyperlink provides information about specific evidence-based treatment programs organized by condition (e.g., Autism, Disruptive Behavior Problems, Substance Abuse, Depression) and these hyperlinks are sparsely supported by citations.

Another useful link on this site provides access to free videos about effective mental health care for children, aimed at the caregivers/parents of youth. A wide array of topics is covered, such as abuse, divorce, inattention and hyperactivity, rule breaking, defiance and acting out, bursts of rage, etc. Given Florida's move towards integration this website provides pertinent information to assist child welfare professionals.

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National Child Traumatic Stress Network – Treatments that Work

<http://www.nctsn.org/>

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

This site focuses on various forms of trauma children and youth may experience: sexual abuse, neglect, physical abuse, natural disasters, community violence, terrorism, etc.). Each form of trauma has hyperlinks to descriptive and treatment resources. There are also reading lists, many of which lack hyperlinks to these sources directly, making it difficult to access them. There is also a comprehensive reading list of 'What Works' relating to assessing and treating child trauma, again, without hyperlinks. As a note of caution, some of the reading lists may have research articles that may be dated and/or do not represent the most current research.

Another useful resource on this site is a list of Empirically Supported Treatments and Promising Practices that describes over 40 specific therapies said to be useful in helping children and youth overcome trauma. Each specific therapy has a hyperlink to a PDF handout of several pages describing the treatment, the model it employs (individual counseling, group therapy, family therapy); the age range of youth it is intended for; whether it is intended for boys only, girls only, or both genders; the appropriate racial/ethnic groups it has been used with; languages the training materials are available in (e.g., English, Spanish, etc.); the clinical or anecdotal evidence pertinent to the treatment; and what is known about formal outcomes research on the intervention, along with a list of references.

A unique component of this website is a comprehensive listing of assessment measures of a child's experiences of trauma, their reactions to it, and other mental health and trauma-related issues. Over 50 measures are included in this list and a hyperlink provides a summary of the measure, its intended use, and information scoring and interpretation. Child welfare professionals are often tasked with trying to use reliable and valid outcome measures to assess the potential effectiveness of their services and this listing is an excellent resource of potential scales and rating instruments.

Office of Juvenile Justice and Delinquency Prevention

<http://www.ojjdp.gov/mpg>

The Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide (MPG) contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety. The MPG uses expert study reviewers and CrimeSolutions.gov's program review process, scoring instrument, and evidence ratings. The two sites also share a common database of juvenile-related programs.

Of the 265 programs evaluated, 21 percent are rated as effective, 58 percent as promising, and 21 percent as not effective. The database can be searched electronically. A search of the term 'child protection' obtained a listing of five reviewed programs. A search of the Model Programs Guide using the phrase 'child protection, health, and welfare' found 188 evaluated programs. Of these, 43 were deemed effective (based on published outcome studies), 114 as promising, and 31 as ineffective. A further search within these 188 programs, using the filter term 'foster care/child welfare system' found 15 listed programs, of which 7 were deemed effective, 7 promising, and 1 ineffective. Each program comes with its own hyperlink that produces a program profile for that intervention. These profiles provide information about the program, goals of the program, target population, the components of the program, and a review of evaluation studies testing that program. Estimated costs of the program are provided and useful implementation information is also described.

This website also provides hyperlinks to over 40 brief reviews of the literature on a wide variety of topics related to child welfare such as teen/youth courts, alternative schools, parent training, etc. This office produces a wide array of programs descriptions and reports that are conveniently listed by year of publication. This allows child welfare professionals to readily see the most current information available. For example, in May of 2016, the 2016 publications included ones on 'drug courts', 'juveniles in residential placement', and 'LGBTQ youth who engage in survival sex'.

The National Institute of Justice's CrimeSolutions.gov uses research to rate the effectiveness of programs and practices in achieving criminal justice related outcomes in order to inform practitioners and policy makers about what works, what doesn't, and what's promising in criminal justice, juvenile justice, and crime victim services. CrimeSolutions.gov is a central, reliable resource to help the professional understand what works in justice-related programs and practices. The purpose is to assist in practical decision-making and program implementation by gathering information on specific justice-related programs and practices and reviewing the existing evaluation and meta-analysis research against standardized criteria.

Of the 415 programs reviewed and evaluated by CrimeSolutions.gov, 86 are deemed effective, 258 as promising, and 71 as ineffective. Filtering these results using the term 'juveniles' results in 252 programs, of which 55 were deemed effective, 151 as promising and 46 as ineffective. A search of 'practices' (as opposed to programs) found 52 entries, of which 19 were rated as effective, 26 as promising, and 24 as ineffective. Filtering these 52 practices by 'juvenile' yielded 24 practices of which 12 were rated as effective, 9 as promising, and 10 as ineffective. There is clearly much to be gleaned by child welfare professionals seeking credible information about juvenile-oriented programs and practices focused in the area of crime and delinquency.

A feature unique to this website is a list of programs that were identified, but NOT formally reviewed. This is because the programs lacked sufficient research evidence to make an informed appraisal of the program's effectiveness. Over 800 such non-evaluated programs are listed. Generally, child welfare agencies should give lesser consideration to adopting such programs, compared to those which made the CrimeSolutions.org listing and were rated as effective. This website also provides a glossary of research terms used in evaluating child welfare and justice programs, which professionals unfamiliar with the language used in such studies, can consult.

As stated earlier, a program is a specific set of activities carried out according to guidelines to achieve a defined purpose. Program profiles on CrimeSolutions.gov tell us whether a specific program was found to achieve its goals when it was carefully evaluated. The results apply to the exact set of activities and procedures used for that one program as it was implemented at the time of evaluation. Thus, the program profile tells us that a program is likely to produce the observed result if implemented in exactly the same way.

A practice is a general category of programs, strategies, or procedures that share similar characteristics with regard to the issues they address and how they address them. Practice profiles tell us about the average results from multiple evaluations of similar programs, strategies, or procedures. The programs, strategies, or procedures within a practice are similar because they share certain defining characteristics that are described for each practice profile on CrimeSolutions.gov. Thus, practice profiles tell us the average result across multiple evaluations.

Blueprints for Healthy Youth Development <http://www.blueprintsprograms.com/>

Blueprints for Healthy Youth Development provides a registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens. Blueprints programs are family, school, and community-based and target all levels of need—from broad prevention programs that promote positive behaviors while decreasing negative behaviors, to highly-targeted programs for at-risk children and troubled teens that get them back on track. The evidence-based Blueprints model and promising programs can help agencies prepare children for success with programs that have the highest standards in the field. Blueprints programs are identified based upon an initial review by the Center for the Study and Prevention of Violence of a program's evaluation evidence and a final review and recommendation from a distinguished advisory board consisting of seven experts in the field of positive youth development. More than 1,400 programs have been reviewed, but less than 5% of them have been designated as model and promising programs. Blueprints continues to look for programs that meet the selection criteria.

Blueprints focuses on the prevention of youth violence, crime, and drug use. Programs with the highest standards of scientific support are highlighted and this website contends that it has the most rigorous review process available to make its selections.

A dual approach is used with the first layer of review conducted by Blueprints staff and the second by an advisory board, all relying on scientific criteria for evaluation involving four standards: 1) Evaluation Quality; 2) Intervention Impact; 3) Intervention Specificity; and 4) Dissemination Readiness. Out of over 1400 programs reviewed, only 64 met their exacting standards to be considered a 'Model' or a 'Promising' program. Blueprints aids local communities and schools in adopting its recommended programs and provided some information on securing funding (although funding itself is not provided). A list of the 64 recommended programs can be searched by various criteria for applicability, such as type of problem behavior (e.g., crime, bullying, teen pregnancy, sexual violence), educational level, physical health, etc. Those endorsed programs matching selected criteria will then appear.

The Blueprints website also provides a matrix of programs pertaining to youth as rated by federal and private agencies: 1) Coalition for Evidence-based Policy; 2) Blueprints; 3) NREPP; 4) OJJDP Model Programs Guide; and 5) National Institute of Justice, Crimesolutions.gov. Over 500 youth programs are rated as ineffective, effective, or promising. The NREPP evaluations are quantified on a numerical scale.

The goal of the What Works Clearinghouse (WWC) is to be a resource for informed education decision making. To reach this goal, the WWC identifies studies that provide credible and reliable evidence of the effectiveness of a given practice, program, or policy (referred to as ‘interventions’), and disseminates summary information and free reports on the WWC website. With over 700 publications available and more than 11,000 reviewed studies in the online searchable database, the WWC aims to inform researchers, educators, and policymakers as they work toward improving education for students.

This website provides 19 different practice guides for selected educational methods focusing on specific skills, such as reading, writing and mathematics. The site offers intervention reports on 546 outcome studies as well as a research glossary. For the more research-minded, a comprehensive handbook on the procedures and standards used by the WWC is available. The WWC ‘Find What Works’ tool enables child welfare professionals to see the ratings of various programs found on the site. For example, searching for ‘children and youth with disabilities’ found 17 programs, variously rated as having positive effects, potentially positive effects, no discernable effects, potentially negative effects). Again, the fact that a program is listed on the WWC does not mean the program works. It means that it has been evaluated and it requires further drilling down into the details of the website to learn the overall effectiveness rating for the program.

Summary on Locating Research-Supported Interventions for Child Welfare Practice

Child welfare professionals now have access to freely available resources to assist them in locating programs and practices that have been evaluated in terms of their scientific research support (or lack thereof), and to help them in selecting interventions with stronger levels of such support, as opposed to those not yet evaluated or that have been evaluated and found to be harmful. These websites are sponsored by a wide-array of federal and state agencies, various non-governmental organizations, and professional associations. One caveat is that the standard of evidence used by these different listings vary considerably. Another is that some sites list many programs and practices that lack strong research support, so it is a mistake to assume that simply because a given service appears on one of these sites that it means the program is strongly research based and worth considering adopting.

One caveat is that the standard of evidence used by these different listings vary considerably. Another is that some sites list many programs and practices that lack strong research support, so it is a mistake to assume that simply because a given service appears on one of these sites that it means the program is strongly research based and worth considering adopting.

Standards for Designating an Intervention as Research-Supported

This section reviews the varying evidence-standards used by each of the sites described above, so that child welfare professionals can make more informed judgments about the true extent to which a given program or practice has been systematically evaluated. The standards used to designate a given intervention as research-supported, or to provide some lesser designation (e.g., promising, untested, etc.) are described.

National Registry on Evidence-based Programs and Practices http://nrepp.samhsa.gov/02_about.aspx

Programs and practices considered for potential review by SAMSHA’s National Registry on Evidence-based Programs and Practices (NREPP) are prescreened by NREPP staff to ensure that the intervention meets the following criteria:

1. The intervention is presumed to impact mental health functioning or substance abuse problems among individuals, communities, or populations.
2. The intervention has been evaluated through at least one experimental (control-group design using random assignment to create groups) or quasi-experimental (control-group design that did not use random assignment to create groups). The control/comparison groups may involve a no-treatment condition, a wait-list control condition, a treatment as usual (TAU) condition, or a placebo-control group.
3. The above evaluation(s) have been published in a peer-reviewed journal or other professional publication or reported in some other form of comprehensive analysis.

Interventions that meet the above criteria are assigned two SAMSHA-certified reviewers to review the program or practice. Conflict of interest attestations are used to help ensure that reviewers are relatively free of bias. These reviewers provide independent ratings using the NREPP Outcome Rating Instrument, separately rating the evidence’s *rigor*, *effect size*, *program fidelity*, and *conceptual framework* (each of these four dimensions has further subcomponents). The rigor and fidelity elements contribute to the evidence score; the confidence interval of the effect size determines the ‘effect class’; and both combined, determine the ‘evidence class’ for each component measure of the outcome.

Evidence Class	Evidence Description*
Class A	Highest quality evidence with confidence interval (CI)** completely within the favorable range
Class B	Sufficient Evidence with CI complete within the favorable range
Class C	Sufficient or highest quality evidence with CI spanning both the favorable and trivial ranges
Class D	Sufficient or highest quality evidence with CI completely within the trivial range
Class E	Sufficient or highest quality evidence with CI spanning both the harmful and trivial ranges
Class F	Sufficient or highest quality evidence with CI completely within the harmful range
Class G	Limitations in the study design preclude from reporting further on the outcome

*Retrieved from http://www.nrepp.samhsa.gov/04a_review_process.aspx

** A confidence interval in a measure of the magnitude of an effect in an outcome study. It goes beyond reporting if a given result can be attributable to change or not (the p value), and estimates how strong any effects were.

This outcome score is combined with the conceptual framework rating to come up with an outcome rating, consisting of:

Outcome Evidence Rating	Definition
Effective	The evidence base produced strong evidence of a favorable effect
Promising	The evidence base produced sufficient evidence of a favorable effect
Ineffective	The evidence base produced sufficient evidence of a negligible effect. OR The evidence base produced sufficient evidence of a possibly
Inconclusive	Limitations in the study design or a lack of effect size information preclude reporting further on the effect

This information is combined with descriptive information about a program and used to draft a program (or practice) profile. This is shared with the program's advocates who can suggest revisions, and the profile is ultimately published in the NREPP website after a final review by SAMHSA officials.

Strengths: NREPP's approach involves favoring experimental outcome study findings over non-experimental findings, using two independent reviewers of the evidence, attempting to determine potential conflicts of interest among reviewers and excluding persons with such conflicts from reviewing a given program, and the use of confidence interval estimates to assist in determining the clinical significance of a program's effects. **Weaknesses:** Includes only requiring minimum of one quasi-experimental study in order for a judgement to be rendered regarding a given program. The review is apparently based upon evidence submitted to the NREPP reviewers by those nominating the program. There is no description of any efforts to review the totality of the available evidence, good, bad, or indifferent, which evaluated a given program. Thus if program nominators submitted a couple of well-designed positive outcome studies as 'evidence', but elsewhere in the literature, (and not submitted or reviewed) were well-designed studies with negative outcomes, an inaccurate determination could be made of the target program's effectiveness. Even given these limitations however, child welfare professionals can be reasonably confident that the programs and practices determined by NREPP to be effective have a stronger evidence base than lesser rated programs, or those not rated at all, and may be preferentially selected for agency adoption.

California Evidence-based Clearinghouse on Child Welfare

<http://www.cebc4cw.org/welcome/>

The California Evidence-based Clearinghouse on Child Welfare (CEBC) uses a statewide advisory committee and a national scientific panel consisting of members who are nationally recognized as leaders in child welfare research and practice. The advisory committee is comprised of 18 California-based individuals drawn from a broad cross-representation of communities and organizations to assist with identifying programs to review and to keep the group updated as to the latest evidence. Programs considered for potential review by the CEBC are examined for their potential relevance to children and families served by the child welfare system. This is broadly defined, given the wide range of child welfare services. Programs are those rated as high, medium, or of low relevance to child welfare practice. The scientific panel is comprised of seven core members who are nationally recognized as experts in the field and what constitutes best practice/evidence-based practice. The panel assists in identifying relevant practices and research for programs within the selected topic areas that have known evidence. The panel ensures that the CEBC remains current on emerging evidence and literature. Additionally, one topic expert is chosen for each topic area addressed on the CEBC website and participates as one for the raters for programs in their topic of expertise. They assist the CEBC team in identifying programs and practices that have known evidence or programs that are commonly used in California with or without evidence. Lastly, an implementation panel is made up of five core nationally recognized members to ensure that the CEBC remains current on any emerging evidence on implementation and to provide feedback on tools and resources developed for technical assistance for implementing evidence-based practices.

CEBC staff work to ensure that the given program has a manual or offers training in the service, determines the program's goals, and obtains agreement from the program to provide requested information. This information is used by the CEBC to create a program outline and any relevant published scientific studies are added to the file. Only articles published in peer-reviewed journals are included. Program outlines and published studies are sent to raters (a topic expert and two CEBC staff) who provide a score on a Scientific Rating Scale (SRS) as being:

1. Well-Supported by Research Evidence
2. Supported by Research Evidence
3. Promising Research Evidence
4. Evidence Fails to Demonstrate Effect
5. Concerning Practice

NR means that the program was not able to be rated on the SRS. Note that a lower score means higher research support. Ratings are posted as provisional for 60 days on the CEBC website and stakeholders who wish to respond to a given rating may provide additional input. As new evidence becomes available, CEBC rated programs are periodically re-evaluated as above. Programs that do not provide needed information are classified on the CEBC website as NR.

Strengths: The CEBC includes a reliance on outcome studies published in peer-reviewed journals and the use of multiple raters to score the evidence. Its practice of periodically updating its program profiles is also laudable. *Weakness:* The independence of the two CEBC staff is not addressed when they determine their SRS scores. The criteria used to arrive at a scientific rating seem relatively weak. One program was rated as a 3 – *Promising Research Evidence*, which means that “The practice must have at least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) establishing the practice’s benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice.” In practice, this means that if youth who received a given target program are seen as having outcomes equivalent to treatment as usual or standard care, the target program would be deemed *promising*. However, if standard care is in actuality *ineffective*, the study outcome could mean that the target program was equally ineffective with standard care. A program rating as a 1 - *Well-Supported by Research Evidence* on the Scientific Rating Scale based on the published, peer-reviewed research available means that the program must have at least two rigorous randomized controlled trials with one showing a sustained effect of at least one year. While certainly stronger evidence that was used to earn a rating of 3, the lack of details used to determine the rigor of a given randomized experiment (e.g., minimal sample sizes, use of effect sizes, validity of outcome measures, etc.) makes these judgements less than fully transparent.

Research-Supported Psychological Treatments

<https://www.div12.org/psychological-treatments/>

This website provides a robust set of criteria to designate whether or not a given treatment can be considered research supported. Such a designation requires:

1. Comparison with a no-treatment control group, alternative treatment group, or placebo
 - a) in a randomized control trial, controlled single case experiment, or equivalent time-samples design; and
 - b) in which the empirically supported treatment (EST)* is statistically significantly superior to no treatment, placebo, or alternative treatments or in which the EST is equivalent to a treatment already established in efficacy, and power is sufficient to detect moderate differences.
2. These studies must have been conducted with a) a treatment manual or its logical equivalent; b) a population, treated for specified problems, for whom inclusion criteria have been delineated in a reliable, valid manner; c) reliable and valid outcome assessment measures, at minimum tapping the problems targeted for change; and d) appropriate data analysis.
3. For a designation of efficacious, the superiority of the EST must have been shown in at least two independent research settings (sample size of 3 or more at each site in the case of single case experiments). If there is conflicting evidence, the preponderance of the well-controlled data must support the EST’s efficacy.
4. For a designation of possibly efficacious, one study (sample size of 3 or more in the case of single case experiments) suffices in the absence of conflicting evidence.
5. For a designation of efficacious and specific, the EST must have been shown to be statistically significantly superior to pill or psychological placebo or to an alternative bona fide treatment in at least two independent research settings. If there is conflicting evidence, the preponderance of the well-controlled data must support the EST’s efficacy and specificity” (cf. Chambless & Hollon, 1998, p. 18).

*The original term used by this group of empirically supported treatment (EST) has been replaced by the preferred term research-supported treatment or intervention (RSI).

In actuality, no interventions are listed on this website based solely on the evidence of single-case experiments. *Strengths:* The requirement of requiring two well-designed randomized experiments is stronger than one, or none, as is the standard on some of the other listed in this report. Requiring that the intervention have an available treatment manual, that studies made use of valid outcome measures, and the requirement that decisions be based on a preponderance of the evidence, rather than on a perhaps selective review of only positive outcome studies, are all strong points. *Weaknesses:* The process of assembling the available evidence is not clearly described, nor is a description provided of 'who' exactly does these reviews. Generally speaking, those treatments designed as research supported can be seen as better intervention choices that those not so designated.

Effective Child Therapy: Evidence-based Mental Health Treatment for Children and Adolescents
<http://effectivechildtherapy>

This website classifies treatments for children on a five-point continuum:

Level #1: Works Well; Well-Established Treatments

Level 1 treatments have the strongest research support to date. To meet this high standard, these treatments must satisfy a number of stringent criteria. Above all, there must be at least two large-scale randomized controlled trials (RCTs) that have demonstrated the superior efficacy of the treatment to some other treatment (e.g., a placebo or another strong treatment). Further, these studies must have been conducted by independent investigatory teams working at different research settings. That is, the treatment must be one that works well for different scientists, not just the ones who developed the treatment.

Level #2: Works; Probably Efficacious Treatments

Level 2 treatments will have strong research support, too, but they will lack the independent investigator criteria from Level 1. It is also possible to reach Level 2 with one study if that study demonstrates the treatment is superior (or statistically equivalent) to a Level 1 treatment.

Level #3: Might Work; Possibly Efficacious Treatments

Level 3 treatments are what might be called "promising treatments." There may be one strong treatment study showing that the treatment is better than no treatment. Or they may be a number of smaller clinical studies without all of the appropriate methodological controls. In short, confidence that a Level 3 treatment works is not as strong as it could be.

Level #4: Unknown/Untested; Experimental Treatments

Level 4 treatments are ones that are being used but have not been studied carefully. Some would suggest that these treatments should be avoided until further evidence is available. However, for some child/adolescent problem areas for which there is limited or no evidence that compares different treatments, a treatment at this level could be worth considering as an option.

Level #5: Does Not Work/Tested but Did Not Work

Level 5 treatments have been tested in well-designed studies and have not yet demonstrated positive findings. A Level 5 treatment may either not be better than no-treatment (or other comparison treatments) or else the treatment actually made things worse. Whereas it is possible that new evidence will show that a Level 5 treatment works better in the future, a treatment listed as Level 5 would not be a good treatment option.

Strength: This five-level parsing of evidence permits a finer grain evaluation of a program's strengths than that provided by websites that use a 3- or 4-point scale. *Weakness:* But the mechanism of who conducts such reviews and makes these determinations is not described. Requiring at least two strong randomized experiments with positive outcomes in order to designate a treatment as "works well" is a good standard but there is no mention of evaluating effect sizes.

National Child Traumatic Stress Network – Treatments that Work
<http://www.nctsn.org/>

This website does not independently evaluate the strength of evidence of various interventions. Rather it makes use of the determinations provided by NREPP and the CEBC to describe the empirical foundations of each of the programs it lists. *Strengths:* This listing is a favoring of experimental studies published in reputable journals, using independent reviewers to appraise and critique the evidence, and attempting to avoid having persons with obvious conflicts of interest be involved in rating programs and practices. In addition to relying on conventional p-values to judge improvements and differences, reviewers also take into account the confidence intervals associated with outcomes. This helps the reader determine if a given policy or practice produces strong effects, marginal effects, or effects just barely statistically significant. *Weaknesses:* This website potentially only requires one published quasi-experimental study with a favorable result being used to judge an intervention's effectiveness. This is a very low threshold of evidence as the literature is replete with examples of psychosocial interventions which were deemed to have positive results when evaluated using quasi-experimental research designs, whose impacts evaporated when more rigorous experimental (involving true random assignment of children and/or families to treatment conditions) designs were applied to examine outcomes.

Programs listed as ineffective by the NCTSN are very likely genuinely ineffective. Those listed as effective likely includes programs and practices which subsequent evaluations will deem ineffective as well. However, as with NREPP, the NCTSN listings are an excellent resource and its positively evaluated programs should certainly be preferentially selected by child welfare agencies over those with lesser levels of supportive evidence.

Office of Juvenile Justice and Delinquency Prevention and National Institute of Justice

http://www.ojjdp.gov/mpg_crimesolutions.gov

Both the Office of Juvenile Justice Model Program Guide and the National Institute of Justice use expert study reviewers and CrimeSolutions.gov's program review process, scoring instrument, and evidence ratings. Programs can be nominated by various stakeholders for review by CrimeSolutions.gov. Nominators should provide references to pertinent journal articles and meta-analyses. Programs can also be selected by CrimeSolutions.gov's staff themselves. Once accepted for review, CrimeSolutions.gov's research staff expand the literature search, and look for programs with at least one randomized experiment or quasi experimental evaluation, with outcomes related to crime, delinquency, victimization prevention, intervention or response. Relevant studies must have been published since 1980. The three strongest studies are extensively critiqued and certified study reviewers are asked to review this literature independently, using a detailed rating instrument covering the areas of the program's conceptual framework, study quality, outcomes and fidelity with each being 'graded' on a seemingly objective scale. Studies are classified into five categories (e.g., strong evidence of a positive effect; some evidence of a positive effect, strong evidence of a negative effect, strong evidence of a null effect, and insufficient information).

Strengths: This approach include a well-developed and seemingly objective scoring system to evaluate studies, the use of two or more independent reviewers, and a preference to rely on experimental studies and meta-analyses. The appraisal also includes judgements on how well the treatment may be applied with fidelity. *Weaknesses:* This website only evaluates three high quality studies, if available. Thus the literature review may not be truly systematic in that all relevant evidence is appraised, positive as well as negative. Also a program may be included on the basis of a single high quality quasi-experimental evaluation, one not involving random assignment of clients to conditions, which helps control for some, but not all, sources of outcome bias. A final limitation is the potential for drawing conclusions from studies conducted in the 1980s, over 30 years ago, studies which may not be relevant to contemporary conditions. On balance however, the OJJ and NIJ listings of programs and practices may be deemed a credible approach, one to be relied upon when locating effective child welfare interventions.

Blueprints for Healthy Youth Development

<http://www.blueprintsprograms.com/>

The Blueprints for Health Youth Development program rates programs as meeting one of three levels of evidence: *Promising, Model Program, or a Model Plus Program*. The criteria used to arrive at these designations are:

Promising programs meet the following standards:

1. **Intervention specificity:** The program description clearly identifies the outcome the program is designed to change, the specific risk and/or protective factors targeted to produce this change in outcome, the population for which it is intended, and how the components of the intervention work to produce this change.
2. **Evaluation quality:** The evaluation trials produce valid and reliable findings. This requires a minimum of a) one high quality randomized control trial or b) two high quality quasi-experimental evaluations.
3. **Intervention impact:** The preponderance of evidence from the high quality evaluations indicates significant positive change in intended outcomes that can be attributed to the program and there is no evidence of harmful effects.
4. **Dissemination readiness:** The program is currently available for dissemination and has the necessary organizational capability, manuals, training, technical assistance and other support required for implementation with fidelity in communities and public service systems. European programs have not undergone the Blueprints certification process to determine dissemination readiness.

Model programs meet these additional standards:

1. **Evaluation Quality:** A minimum of (a) two high quality randomized control trials or (b) one high quality randomized control trial plus one high quality quasi-experimental evaluation.
2. **Positive intervention impact** is sustained for a minimum of 12 months after the program intervention ends.

Model Plus programs meet one additional standard:

1. **Independent Replication:** In at least one high quality study demonstrating desired outcomes, authorship, data collection, and analysis has been conducted by a researcher who is neither a current or past member of the program developer's research team and who has no financial interest in the program.

Strengths: These are very high standards and fairly specific. If applied in an unbiased manner these standards are likely capable of isolating genuinely effective programs. Appropriately, Blueprints does not make use of anecdotal evidence or uncontrolled pre-test and post-test studies in evaluating the effectiveness of programs. *Weaknesses:* The actual review process is vague. Blueprints uses an internal reviewer who identifies possibly qualified programs, and then “a highly qualified and distinguished advisory board reviews and makes final determinations certifying only experimentally evaluated programs that have been demonstrated ‘effective’ in high quality evaluations”. While reassuring, the names of individuals comprising this advisory board could not be located, and the mechanism by which these people make their determinations is also not described (e.g., there are no rating scales for scientific merit). However, it is evident that the Blueprints’ listing of ‘Promising and Model Programs’ is quite stringent. Only 64 programs appear to meet their standards. Child welfare professionals can be relatively certain that the programs appearing on the Blueprints’ website do meet sufficiently high standards of scientific evidence to justify being labeled as research-supported interventions

Institute of Educational Sciences – What Works Clearinghouse
<http://ies.ed.gov/ncee/wwc/StudyFindings.aspx>

Strengths: The What Works Clearinghouse (WWC) uses a 91-page research review protocol and these standards are followed when preparing a systematic review of the effects of a given intervention. It primarily included investigations that made use of randomized controlled trials and quasi-experimental designs. When appropriate, regression-discontinuity designs are also included. At least two reviewers are used to evaluate studies and effect sizes are taken into account in preparing recommendations. The review process and evaluation criteria seem quite rigorous, and the recommendations provided based on the presumptive strength of evidence are likely valid.

Recommendations for Policy and Practice

Given that DCF has determined that its agencies and programs should make use of selected research-supported interventions, it is crucial that the state or agency selection of favored programs and policies be legitimately derived from sound behavioral research of the highest quality. All Florida child welfare policymakers and professionals should be acquainted with existing clearinghouses and databases that provide appropriate levels of evidence and quality of programs. This information should be used at the state, district, and agency levels to help determine the array of services that should be provided in our child welfare system. Information on these databases and clearinghouses and how to locate and search them should be provided as a part of preservice training for new staff, for all students being supported by Title IV-E training grants, and as a part of continuing education for current child welfare personnel at all levels, including direct care staff, supervisors, managers, and administrators. Additionally, before new programs are funded in Florida, a thorough review of the research-supported interventions in these databases should be conducted to determine the level of the program’s evidence for the targeted population. Ideally, a review of existing programs should be completed to identify those programs that are determined to be of high quality and relevant to child welfare. If it is determined that existing programs are deemed substandard or harmful, policy decisions should be made regarding funding future efforts or requiring an improvement plan to address the inadequate program.

Summary

Child welfare professionals now have access to a very wide array of resources through technology, that may be used to help locate and select research-supported interventions which may be useful within Florida’s child welfare system. Websites have been provided and described for some of the larger governmental and private organizations that critically evaluate child welfare programs or practices in terms of their scientific support, and rate them according to the varying standards of evidence used by each site. There is no universally accepted set of evidence-benchmarks that can be applied to designate an intervention as research-supported and this can create some confusion when trying to locate such programs. The degree of autonomy enjoyed by individual practitioners or agencies to use their local knowledge and judgment to select and adopt various research-supported interventions varies across the state. Greater autonomy means more flexibility taking into account local conditions (e.g., urban versus rural services), clientele (native-born versus immigrant youth; English-speaking versus Spanish-speaking) and resources. However, heterogeneity among agency services, or across practitioners within a given agency, may result in greater inefficiency. This can result in difficult choices having to be made by program administrators and agency staff balancing autonomy of services versus consistency across the state. On balance, the picture is bright in terms of enabling child welfare practitioners.

Appendix A

Website	Topic With Hyperlinks	Intervention Criteria	Standard to Designate Intervention as Research-Supported
National Registry on Evidence-Based Programs and Practices (NREPP)	About	1) Programs may be self-nominated by program developers, who submit published studies, protocols, training materials and other documentation, which is carefully reviewed by two NREPP staff who make a determination of the status of the program of practice. 2) Contract staff for SAMHSA and NREPP may undertake to evaluate public domain information (e.g., outcome studies published in journals) or conduct focus groups and interviews in order to test a given policy or practice. These reviewers post pertinent information regarding the levels of evidence about this approach. 3) Nomination of a program by an agency after NREPP announces programs and practices identifying specific agency priorities.	<i>Strengths:</i> The NREPP approach involves favoring experimental outcome study findings over non-experimental findings, using two independent reviewers of the evidence, attempting to determine potential conflicts of interest among reviewers and excluding persons with such conflicts from reviewing a given program, and the use of confidence interval estimates to assist in determining the clinical significance of a program's effects. <i>Weaknesses:</i> Only requires a minimum of one quasi-experimental study in order for a judgement to be rendered regarding a given program. The review is apparently based upon evidence submitted to the NREPP reviewers by those nominating the program. There is no description of any efforts to review the totality of the available evidence, good, bad, or indifferent, which evaluated a given program. Thus if program nominators submitted a couple of well-designed positive outcome studies as 'evidence', but elsewhere in the literature, (and not submitted or reviewed) were well-designed studies with negative outcomes, an inaccurate determination could be made of the target program's effectiveness.
California Evidence-Based Clearinghouse for Child Welfare (CEBC)	Topic area Search by program name Guide for Mental Health Agencies Handouts and publications about the CEBC Free training webinars: Screening and Assessment Teaching Students How to Use the CEBC Other Webinars by CEBC Staff	Within each topic area is a definition and clear information on the requirements (e.g., target Population and goals) that must be met by each program in order to be included in the specific topic area. The requirements for which outcomes the research evidence on a program must demonstrate in order to be rated within each topic area are also listed. Each program is given a rating for the strength of the research evidence pertaining to that program, and a rating of how relevant that program is to the field of child welfare.	<i>Strengths:</i> The CEBC includes a reliance on outcome studies published in peer-reviewed journals and the use of multiple raters to score the evidence. Its practice of periodically updating its program profiles is also laudable. <i>Weakness:</i> The independence of the two CEBC staff is not addressed when they determine their SRS scores. The criteria used to arrive at a scientific rating seem relatively weak.
Research Supported Psychological Treatments	Treatments Disorders	This website provides independent appraisals of the effectiveness of treatments for various psychological disorders—mostly conditions listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Basic descriptions are provided for each psychological disorder and treatment. This website describes the research evidence for psychological treatments which will necessarily be combined with clinician expertise and patient values and characteristics in determining optimum approaches to treatment	<i>Strengths:</i> Requiring two well-designed randomized experiments is stronger than one, or none, as is the standard on some of the other websites listed in this report. Requiring that the intervention have an available treatment manual, that studies made use of valid outcome measures, and the requirement that decisions be based on a preponderance of the evidence, rather than on a perhaps selective review of only positive outcome studies, are all strong points. <i>Weakness:</i> The process of assembling the available evidence is not clearly described, nor is a description provided of 'who' exactly does these reviews.
Effective Child Therapy	Home page Specific disorders Evidence-based treatment programs How is research support defined For parents	The site has a hyperlink to what it calls evidence-based programs for specific disorders that are pertinent to practice with youth. A click on a given EBP hyperlink will list treatments (if any) that are considered well-established as effective, those that are probably effective, those that can be considered experimental, and those that have been tested and shown to not be effective. A separate hyperlink provides information about specific evidence-based treatment programs organized by condition (e.g., Autism, Disruptive Behavior Problems, Substance Abuse, Depression) and these links are sparsely supported by citations.	<i>Strengths:</i> The five-level parsing of evidence permits a finer grain evaluation of a program's strengths than that provided by websites that use a 3- or 4-point scale. Requiring at least two strong randomized experiments with positive outcomes in order to designate a treatment as "works well" is a good standard. <i>Weaknesses:</i> The mechanism of who conducts such reviews and makes these determinations is not described. There is no mention of evaluating effect sizes for the experiments.

Website	Topic With Hyperlinks	Intervention Criteria	Standard to Designate Intervention as Research-Supported
National Child Traumatic Stress Network (NCTSN)	Types of trauma What works related to assessing and treating child trauma Promising practices Assessment measures	<p>This site focuses on various forms of trauma children and youth may experience: sexual abuse, neglect, physical abuse, natural disasters, community violence, terrorism, etc.). Each form of trauma has links to descriptive and treatment resources. Another useful resource on this site is a list of Empirically Supported Treatments and Promising Practices that describes over 40 specific therapies said to be useful in helping children and youth overcome trauma.</p>	<p>This website does not independently evaluate the strength of evidence of various interventions. Rather it makes use of the determinations provided by NREPP and the CEBC to describe the empirical foundations of each of the programs it lists. <i>Strengths:</i> This listing is a favoring of experimental studies published in reputable journals, using independent reviewers to appraise and critique the evidence, and attempting to avoid having persons with obvious conflicts of interest be involved in rating programs and practices. In addition to relying on conventional p-values to judge improvements and differences, reviewers also take into account the confidence intervals associated with outcomes. This helps the reader determine if a given policy or practice produces strong effects, marginal effects, or effects just barely statistically significant. <i>Weaknesses:</i> This website potentially only requires one published quasi-experimental study with a favorable result being used to judge an intervention's effectiveness. This is a very low threshold of evidence as the literature is replete with examples of psychosocial interventions which were deemed to have positive results when evaluated using quasi-experimental research designs, whose impacts evaporated when more rigorous experimental (involving true random assignment of children and/or families to treatment conditions) designs were applied to examine outcomes. Programs listed as ineffective by the NCTSN are very likely genuinely ineffective. Those listed as effective likely includes programs and practices which subsequent evaluations will deem ineffective as well. However, as with NREPP, the NCTSN listings are an excellent resource and its positively evaluated programs should certainly be preferentially selected by child welfare agencies over those with lesser levels of supportive evidence.</p>
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	Literature reviews Publications	<p>The Model Programs Guide (MPG) uses expert study reviewers and CrimeSolutions.gov's program review process, scoring instrument, and evidence ratings. The two sites also share a common database of juvenile-related programs. Each program comes with its own hyperlink that produces a program profile for that intervention. These profiles provide information about the program, goals of the program, target population, components of the program, and a review of evaluation studies testing that program.</p>	<p>Both the Office of Juvenile Justice Model Program Guide and the National Institute of Justice use expert study reviewers and CrimeSolutions.gov's program review process, scoring instrument, and evidence ratings.</p>
National Institute of Justice (NIJ) (CrimeSolutions)	Program listing Programs not formally reviewed	<p>The purpose is to assist in practical decision-making and program implementation by gathering information on specific justice-related programs and practices and reviewing the existing evaluation and meta-analysis research against standardized criteria. Program profiles on CrimeSolutions.gov tell us whether a specific program was found to achieve its goals when it was carefully evaluated. The results apply to the exact set of activities and procedures used for that one program as it was implemented at the time of evaluation. Practice profiles tell us about the average results from multiple evaluations of similar programs, strategies, or procedures. The programs, strategies, or procedures within a practice are similar because they share certain defining characteristics that are described for each practice profile on CrimeSolutions.gov. Thus, practice profiles tell us the average result across multiple evaluations.</p>	<p>Both the Office of Juvenile Justice Model Program Guide and the National Institute of Justice use expert study reviewers and CrimeSolutions.gov's program review process, scoring instrument, and evidence ratings. <i>Strengths:</i> This approach include a well-developed and seemingly objective scoring system to evaluate studies, the use of two or more independent reviewers, and a preference to rely on experimental studies and meta-analyses. The appraisal also includes judgments on how well the treatment may be applied with fidelity. <i>Weaknesses:</i> This website only evaluates three high quality studies, if available. Thus the literature review may not be truly systematic in that all relevant evidence is appraised, positive as well as negative. Also a program may be included on the basis of a single high quality quasi-experimental evaluation, one not involving random assignment of clients to conditions, which helps control for some, but not all, sources of outcome bias. A final limitation is the potential for drawing conclusions from studies conducted in the 1980s, over 30 years ago, studies which may not be relevant to contemporary conditions. On balance however, the OJJ and NIJ listings of programs and practices may be deemed a credible approach, one to be relied upon when locating effective child welfare interventions.</p>
Blueprints for Healthy Development	Program listing Standards of evidence	<p>Blueprints focuses on the prevention of youth violence, crime, and drug use. Programs with the highest standards of scientific support are highlighted and this website contends that it has the most rigorous review process available to make its selections. A dual approach is used with the first layer of review conducted by Blueprints staff and the second by an advisory board, all relying on scientific criteria for evaluation involving four standards: 1) Evaluation Quality; 2) Intervention Impact; 3) Intervention Specificity; and 4) Dissemination Readiness.</p>	<p><i>Strengths:</i> These are very high standards and fairly specific. If applied in an unbiased manner these standards are likely capable of isolating genuinely effective programs. Appropriately, Blueprints does not make use of anecdotal evidence or uncontrolled pre-test and posttest studies in evaluating the effectiveness of programs. <i>Weaknesses:</i> The actual review process is vague. Blueprints uses an internal reviewer who identifies possibly qualified programs, and then "a highly qualified and distinguished advisory board reviews and makes final determinations certifying only experimentally evaluated programs that have been demonstrated 'effective' in high quality evaluations". While reassuring, the names of individuals comprising this advisory board could not be located, and the mechanism by which these people make their determinations is also not described (e.g., there are no rating scales for scientific merit).</p>

Website	Topic With Hyperlinks	Intervention Criteria	Standard to Designate Intervention as Research-Supported
Institute of Education Sciences – What Works Clearinghouse	Publications Research glossary Procedures and standards utilized by WWC What works' tool to see ratings of programs Research protocol	The site offers intervention reports on 546 outcome studies as well as a research glossary. For the more research-minded, a comprehensive handbook on the procedures and standards used by the WWC is available. The WWC 'Find What Works' tool enables child welfare professionals to see the ratings of various programs found on the site.	<i>Strength:</i> The WWC uses a 91-page research review protocol and these standards are followed when preparing a systematic review of the effects of a given intervention. It primarily included investigations that made use of randomized controlled trials and quasi-experimental designs. When appropriate, regression-discontinuity designs are also included. At least two reviewers are used to evaluate studies and effect sizes are taken into account in preparing recommendations. The review process and evaluation criteria seem quite rigorous, and the recommendations provided based on the presumptive strength of evidence are likely valid.

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Declaration of Potential Conflicts of Interest: Dr. Bruce A. Thyer is a Fellow of the American Psychological Association, and is listed as a website developer on the APA's Division 12 website listing Research-Supported Psychological Treatments, a resource cited in this report. He received no financial compensation for this latter role and otherwise receives no benefits from this listing.