



**Family Wellness Court
for Infants and Toddlers**

**Santa Clara County Family Wellness Court for
Infants and Children**

Web-Based Resources for Best Practices

September 2008

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Introduction

The purpose of this document is to: 1) define best practices and evidence-based practices, 2) provide guidelines for evaluating and using information on best practices, and 3) provide a comprehensive listing and description of web-based resources for best practices on topics relevant to the Family Wellness Court

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Section I: Guidelines for Evaluating and Using Information on Best Practices

Definitions

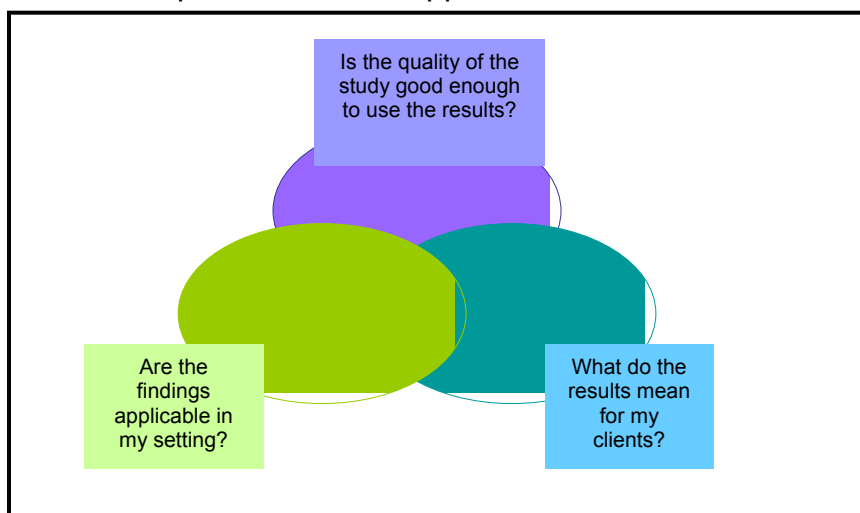
The term Evidence-Based Practice was first coined by David Sackett, who discussed the role of using evidence and research in the medical fields. Sackett and colleagues (1996) defined evidence-based practice as: "...the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients" (p. 71). The Institute of Medicine (IOM) further defines evidence-based practice as the integration of three components: 1) individual clinical expertise, and 2) the best available external clinical evidence, and 3) practices that are consistent with consumer values (IOM, 2001).

From this definition, evidence-based practice is considered to be a process that includes not only implementation of interventions for which there is research indicating effectiveness, but also integrating this information with one's own clinical expertise and considering the degree to which the intervention is consistent with the values of participants. The term Best Practices is often used inter-changeably with the term evidence-based practice to indicate the use of practices that have emerged as more effective than others.

Guidelines for Evaluating Information on Best Practices

Evaluating information on best practices involves a critical appraisal of the evidence (i.e. research). The Research Centre for Transcultural Studies on Health (2008) in the United Kingdom recommends three aspects of critical appraisal in evidence-based practice illustrated in Figure 1 below.

Figure 1 Three Aspects of Critical Appraisal in Evidence-Based Practice



1. Quality of the Study

The first aspect of critical appraisal of evidence-based practices addresses the question of the quality or rigor of the study: Is the quality of the study good enough to use the results? In order to guide practitioners in evaluating research quality, evidence-based practice rating scales have been developed and applied to various practice areas. Evidence-based rating scales evaluate the overall amount of evidence in support of a practice, as well as the quality of studies conducted on a practice.

The quality of research on an intervention is determined by evaluating a number of factors. Examples of important aspects of the quality of a study include:

- Type of research design: Randomized controlled trials are considered superior to other types of research designs because the random assignment of participants to the intervention or control group allows for differences between the groups to be attributed to the intervention, and not other influences.
- Size and type of sample: Larger samples that have been chosen in a random way are considered superior to small samples that have been constructed in a non-random way because these samples tend to be more representative of the overall population, which allows for greater generalizability of the findings to other practice settings.
- Reliability and validity of measurements: Reliability refers to the consistency of the measurement, meaning that the outcome of an intervention is measured in the same way every time a measurement is conducted. Validity refers to the degree to which the measurement is actually measuring what it is intended to measure.

Table 1 provides summaries of rating scales developed by the California Evidence-Based Clearinghouse for Child Welfare (CEBC, 2008); the Promising Practices Network (PPN, 2008); and the Substance Abuse and Mental Health Services Administration (SAMHSA, 2008) (see Appendix A for a full description of the rating scales).

Table 1 Summaries of Evidence-Based Rating Scales

California Evidence-Based Clearinghouse for Child Welfare	<p>Six levels of evidence are used to categorize the evidence-base for a practice:</p> <ol style="list-style-type: none"> 1. Well-Supported by Research Evidence 2. Supported by Research Evidence 3. Promising Research Evidence 4. Lacks Adequate Research Evidence 5. Evidence Fails to Demonstrate an Effect 6. Concerning Practice
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Table 1 Continued

Promising Practices Network	<p>Three levels of evidence are used to categorize the evidence-base for a practice:</p> <ol style="list-style-type: none"> 1. Proven (highest level of evidence) 2. Promising (emerging evidence) 3. Screened (reviewed by other organizations using evidence criteria and found to be effective)
SAMHSA's Registry for Evidence-Based Programs and Practices	<p>Six domains are used to evaluate research. Each domain is assigned a score of 0, 2 or 4, resulting in an overall score reflecting the level of evidence for a practice.</p> <ol style="list-style-type: none"> 1. Reliability 2. Validity 3. Intervention Fidelity 4. Missing Data and Attrition 5. Potential Confounding Variables 6. Appropriateness of Analysis

2. Relevance of the Research

The second aspect of critical appraisal in evidence-based practice addresses the relevance of the practice to one's own practice setting: Are the findings applicable in my setting? In order for evidence-based practice information to be useful it must not only be of high quality, but also must be relevant to one's own clients and applicable within specific contexts. The CEBC (2008) uses a child welfare relevance rating scale (see Table 2 below) that focuses on whether the program was specifically designed for use with the clients in one's agency, and the degree of similarity between the sample of clients used in a study and the types of clients in one's own practice setting.

Table 2 California Evidence-Based Clearinghouse for Child Welfare's Relevance Rating Scale

<ol style="list-style-type: none"> 1. High Relevance: The program was designed, or is commonly used, to meet the needs of the type of clients in one's own practice setting. 2. Medium Relevance: The program was designed, or is commonly used, to serve clients who are similar to the client's in one's own practice setting. 3. Low Relevance: The program was designed, or is commonly used, to serve clients with little or no apparent similarity to the client's in one's own setting.

3. Meaning of the Research

The third aspect of critical appraisal in evidence-based practice addresses the question of the meaning of the results of a study for one's own clients. In order for a practice to be worth implementing it must create benefits that are larger and more meaningful than the benefits from the practices currently in place. Most research that tests the impact of an intervention assesses statistical probabilities that are difficult to translate into the degree of benefit for an individual client, a phenomenon often referred to as "statistical significance versus clinical significance."

Evaluating clinical significance can include identifying studies that provide analyses such as the "Number Needed to Treat" which indicates how many clients need to be given an intervention for one extra person to benefit over and above a comparison group. This provides information on the overall impact of an intervention (Research Centre for Transcultural Studies in Health, 2008).

In addition, practitioners can determine the overall sample size and the degree of difference in outcomes between the intervention and comparison groups. If clients receiving the intervention improve only slightly more than a comparison group, the practice may not be of clinical significance.

Guidelines for Using Information on Best Practices

After critical appraisal of best practices information, a variety of factors contribute to the decision and ability to change current practices and implement new practices supported by research evidence. Table 3 provides an overview of factors that have been found to facilitate the use of evidence-based practices in social service and health care settings (Osterling, & Austin, 2008). These factors are related to individual practitioners, organizations, and communication of research to practitioners.

Table 3 Factors that Facilitate the Use of Evidence-Based Practices

Factors Related to Individual Practitioners	<ul style="list-style-type: none"> • Background knowledge in research methods • Positive attitude toward research • A willingness to use research even when it contradicts prior knowledge • A critical thinking disposition
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Table 3 Continued

Factors Related to Organizations	<ul style="list-style-type: none"> • In-service trainings on research methods and skills in searching for appropriate literature • In-service trainings on how to promote EBP or use research in practice settings • Providing scheduled time for reading research and discussing it with colleagues • Strong leadership that prioritizes the use of research; improving administrative and organizational support for research utilization • Acceptance of the need to change practices • Addressing resource and operational barriers
Factors Related to Communication	<ul style="list-style-type: none"> • Presenting results in a user-friendly and understandable way • Access to databases or libraries in order to access research • Researcher-practitioner collaborations that incorporate shared missions and goals • Researcher-practitioner collaboration that is characterized by strong links between researchers and practitioners, regular discussions of progress reports • Involvement of senior managers in the planning and implementation of research projects

Taken together, the factors listed in Table 3 suggest that practitioners who utilize research in their practice tend to have knowledge of research methods and tend to be open-minded and willing to engage in critical thinking. Characteristics of organizations that utilize research in their practice include those that provide trainings on research topics, allow time for reading and discussing research, and provide organizational support and resources to the use of evidence-based practices. Factors related to communication that facilitate the use of research in practice include research studies that are user-friendly and easy to understand, access to evidence-based practice information and researcher-practitioner collaborations.

Section II: Web-Based Resources for Best Practices

Quick Picks for Evidence-Based Practices

Center for Substance Abuse Treatment: Treatment Improvement Protocols and Technical Assistance Publications

<http://csat.samhsa.gov/>

The Center for Substance Abuse Treatment is a part of the Substance Abuse and Mental Health Services Administration, within the U.S. Department of Health and Human Services, and provides technical assistance and information to promote effective substance abuse treatment.

This website contains Treatment Improvement Protocols (TIPS) page

(<http://www.kap.samhsa.gov/products/manuals/tips/index.htm>)

that provide best practice guidelines for the treatment of substance abuse disorders on topics such as assessment and screening, children and families, co-occurring disorders, program development, specific treatment approaches, and other topics. The website also contains Technical Assistance Publications (TAPS) page

(<http://www.kap.samhsa.gov/products/manuals/taps/index.htm>) that provide program implementation information on topics such as clinical supervision, financing of services, and system performance.

National Center on Substance Abuse and Child Welfare

<http://www.ncsacw.samhsa.gov/index.asp>

The National Center on Substance Abuse and Child Welfare is a initiative of the U.S. Department of Health and Human Services and is cooperatively funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN). The goal of the Center is to gather and disseminate knowledge to promote effective practice with children and families involved in the substance abuse and child welfare fields.

This website contains a Products page (<http://www.ncsacw.samhsa.gov/products.asp>) that contains policy tools and protocols related to collaborative substance abuse and child welfare practice, including communication protocols, engagement and retention, interagency agreements, outcome measures, screening and assessment protocols, strategic plans, tool kits, training, tribal child welfare, and underlying values.

Promising Practices Network

<http://www.promisingpractices.net/>

The Promising Practices Network is operated by the RAND corporation and includes individuals and organizations whose goal is to provide evidence-based information to improve outcomes for children, families, and communities.

This website provides research information on practices and interventions for children and families that are categorized by evidence level (proven programs, promising programs, and screened programs). The Programs that Work page (<http://www.promisingpractices.net/programs.asp>) includes a range of interventions that can be searched by outcome area, intervention area, or evidence level. The Research in Brief page (<http://www.promisingpractices.net/research.asp>) provides research summaries on a variety of topic and outcome areas.

Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices

<http://nrepp.samhsa.gov/>

The Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices operates a searchable online database of substance abuse and mental health interventions that have been reviewed and rated by reviewers.

This website contains a Find Interventions page (<http://nrepp.samhsa.gov/find.asp>) that allows the user to search the database of evidence-based interventions for reports that contain detailed information on the intervention, the type of evidence that supports the use of the intervention. The database can be searched by topic, and other identifiers, such as age, race/ethnicity, gender, and treatment settings.

The California Evidence-Based Clearinghouse for Child Welfare

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

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) is a collaboration between the California Department of Social Services, the Chadwick Center for Children and Families – Rady Children’s Hospital San Diego, and the Child and Adolescent Services Research Center. The goal of the Clearinghouse is to identify and disseminate evidence-based information on practices related to child welfare.

This website contains reports on a variety of child welfare practice topics, including parental substance abuse services, family reunification services, parent training, trauma treatment for children, domestic violence services and other topics. Each program in a topic area is reviewed and rated according to a scientific rating scale developed by the CEBC that ranges from 1 (well-supported by research evidence) to 6 (a concerning

practice). Also included on the website is Glossary page (<http://www.cachildwelfareclearinghouse.org/glossary>) that includes definitions of terminology frequently used in research studies.

Child Developmental Services

Bright Futures

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

Bright Futures is a national health promotion initiative first launched by HRSA's Maternal and Child Health Bureau in 1990. The Bright Futures initiative is housed within the American Academy of Pediatrics and works nationally in collaboration with Bright Future projects.

This website contains basic information about child development targeted toward both professionals and families (some materials for families available in both English and Spanish). Specific information is available on child nutrition, oral health, child health promotion strategies and distance learning curriculum for child health professionals.

Center for Child Well-Being

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

The Center for Child Well-being is a program of the Task Force for Child Survival and Development whose goals are to improve child well-being by building the knowledge base, applying knowledge to practice and catalyzing social support.

This website contains information for parents on child development and health, as well as resources for health care providers and policy makers, including model programs to promote child health and well-being and links to other web-based resources.

Child Trauma Institute

<http://www.childtrauma.com/index.html>

The Child Trauma Institute is a non-profit organization that provides training, consultation, information, and resources for those who work with trauma-exposed children, adolescents, and adults.

This website contains information for parents and youth on trauma, parenting and treatments for child trauma. Abstracts for published peer-reviewed journal articles by Ricky Greenwald (the organization's founder), addressing topics such as the impact of trauma on children's behavior, and approaches to treatment of child trauma, including Eye Movement Desensitization and Reprocessing therapy.

Early Childhood Learning and Knowledge Center (within the Office of Head Start, U.S. Department of Health and Human Services, Administration for Children and Families)

<http://eclkc.ohs.acf.hhs.gov/hslc>

The Early Childhood Learning and Knowledge Center is a part of the Early Head Start National Resource Center (EHS NRC), which was created in 1995 by the Office of Head Start. The goal of the Early Childhood Learning and Knowledge Center is to promote knowledge development and information sharing.

This website contains a number of reports on early childhood development and health, family and community partnerships designed to promote child health and well-being, program design and management, professional development in the early childhood education field, and information for parents on health and safety during early childhood and parenting strategies for young children.

First Five Santa Clara County

<http://www.first5kids.com/>

First Five Santa Clara County works with parents, community agencies, social services, and health care agencies to support health child development from birth to age 5.

This website contains the First Five Research Projects page (http://www.first5kids.com/about_us/research1) that contains research reports on projects on risk prevention and resolution, child abuse reporting, power of preschool, collaborative for inclusion, and early screening and assessment. The website also has a Research page (<http://www.first5kids.com/parents/research0>) that contains information on child development, health access, family support and other topics. Also included is a Community of Learning page (http://www.first5kids.org/about_us/system_of_care/community_of_learning) that contains information on local trainings.

National Center for Children in Poverty

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

The National Center for Children in Poverty (NCCP) is a nonpartisan, public interest research organization that is part of the Mailman School of Public Health at Columbia University. The goal of the organization is to promote families that are economically secure, strong, nurturing families, and healthy child development

This website contains a publications page (http://www.nccp.org/publications/index_topic.html) that contains reports and research on the following topics: child poverty, children's mental health, early care and learning, healthy development, immigrant families, infants and toddlers, integrated systems, low-

wage work, social security, welfare and work supports. Fact sheets, state profiles and information on current projects is also available.

National Center for Birth Defects and Developmental Disabilities (Centers for Disease Control)

<http://www.cdc.gov/ncbddd/>

The National Center for Birth Defects and Developmental Disabilities focuses on identifying the causes of and preventing birth defects and developmental disabilities, promoting healthy child development, and promoting well-being among those children and adults with disabilities.

This website contains research information and statistics on a variety of topics, including developmental screening and developmental disabilities, physical disabilities and birth defects.

National Child Traumatic Stress Network

http://www.nctsnet.org/nccts/nav.do?pid=hom_main

The National Child Traumatic Stress Network was established by Congress in 2000 and includes partnerships between academic and community-based organizations with the goal of improving the access and quality of services for children who have experienced trauma.

This website contains information on definitions and descriptions of types of trauma, and a Products page (http://www.nctsnet.org/nccts/nav.do?pid=ctr_rsched_prod) that contains reports and publications that are categorized by audience, including information for: educators, the general public, juvenile justice professionals/law enforcement or first responders, the media, mental health/medical professionals, parents and caregivers, and policy makers.

Promising Practices Network

<http://www.promisingpractices.net/>

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This website provides research information on practices and interventions for children and families that are categorized by evidence level (proven programs, promising programs, and screened programs). The Programs that Work page (<http://www.promisingpractices.net/programs.asp>) includes a range of interventions that can be searched by outcome area, intervention area, or evidence level. The Research

in Brief page (<http://www.promisingpractices.net/research.asp>) provides research summaries on a variety of topic and outcome areas.

Child Welfare Practice

Annie E. Casey Foundation

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

The Annie E. Casey Foundation is a philanthropic organization that funds research, technical assistance and demonstration projects related to education, juvenile justice and child welfare.

This website contains a knowledge center (<http://www.aecf.org/KnowledgeCenter.aspx>) that contains research reports and descriptive information for a variety of audiences, including practitioners, policy makers, advocates, the media, researchers, and community members with information and resources. Information specific to child welfare practices is available.

The California Evidence-Based Clearinghouse for Child Welfare

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

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) is a collaboration between the California Department of Social Services, the Chadwick Center for Children and Families – Rady Children’s Hospital San Diego, and the Child and Adolescent Services Research Center. The goal of the Clearinghouse is to identify and disseminate evidence-based information on practices related to child welfare.

This website contains reports on a variety of child welfare practice topics, including parental substance abuse services, family reunification services, parent training, trauma treatment for children, domestic violence services and other topics. Each program in a topic area is reviewed and rated according to a scientific rating scale developed by the CEBC that ranges from 1 (well-supported by research evidence) to 6 (a concerning practice).

Child Welfare Information Gateway

<http://www.childwelfare.gov/>

The Child Welfare Information Gateway is a service of the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services that provides research, resources, and information to the child welfare professional community.

This website provides research and information on a variety of child welfare topics, including family-centered practice, preventing child maltreatment, supporting families, out-of-home care, achieving and maintaining permanency, adoption, and system-wide issues and information.

Child Welfare League of America

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

The Child Welfare League of America is a national organization of public and private child welfare agencies whose goal is to advance public policy and promote effective practice.

This website contains abstracts from the peer-reviewed journal *Child Welfare*, as well as issue briefs and reports on a variety of child welfare topics, including alcohol and other drugs, child mental health, and parenting.

National Child Welfare Resource Center for Organizational Improvement

<http://muskie.usm.maine.edu/helpkids/>

The National Child Welfare Resource Center for Organizational Improvement is a part of the Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health and Human Services. The goal of the Center is to provide research, training, technical assistance and evaluation to child welfare organizations.

This website contains a publications page (<http://tatis.muskie.usm.maine.edu/pubs/pubs.asp>) that includes reports, teleconferences, videos, and newsletters on a variety of child welfare topics from an organizational perspective, including domestic violence, interagency collaboration, human resource development, Child and Family Review process, and training materials.

National Resource Center for Family Centered Practice and Permanency Planning

<http://www.hunter.cuny.edu/socwork/nrcfcpp/>

The National Resource Center for Family Centered Practice and Permanency Planning is a service of the Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health and Human Services. The goal of the Center is to increase the capacity of child welfare agencies to promote family-centered practice.

This website contains an Information Services page (<http://www.hunter.cuny.edu/socwork/nrcfcpp/information.html>) that contains research reports and informational documents on a number of child welfare topics, including assessment, mental health, substance abuse, and domestic violence.

Cross-System Collaboration

Children and Family Futures

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

Children and Family Futures consults with service providers and government agencies to promote effective practices with children and families impacted by substance use disorders.

This website contains presentations and reports related to cross-system collaboration among substance abuse and child welfare fields, and information on the impact of substance use disorders on child welfare systems.

National Center on Substance Abuse and Child Welfare

<http://www.ncsacw.samhsa.gov/index.asp>

The National Center on Substance Abuse and Child Welfare is a initiative of the U.S. Department of Health and Human Services and is cooperatively funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN). The goal of the Center is to gather and disseminate knowledge to promote effective practice with children and families involved in the substance abuse and child welfare fields.

This website contains a Products page (<http://www.ncsacw.samhsa.gov/products.asp>) that contains policy tools and protocols related to collaborative substance abuse and child welfare practice, including communication protocols, engagement and retention, interagency agreements, outcome measures, screening and assessment protocols, strategic plans, tool kits, training, tribal child welfare, and underlying values.

Cultural Competence

Early Childhood Research Institute on Culturally and Linguistically Appropriate Services

<http://www.clas.uiuc.edu/>

The Early Childhood Research Institute on Culturally and Linguistically Appropriate services is funded by the Office of Special Education Programs and the U.S. Department of Education. The Institute is a collaborative effort of the University of Illinois at Urbana-Champaign, The Council for Exceptional Children, the University of Wisconsin-Milwaukee, the ERIC Clearinghouse on Elementary and Early Childhood Education, and the ERIC Clearinghouse on Disabilities and Gifted Education.

This website contains a Technical Reports page (<http://www.clas.uiuc.edu/techreports.html>) that contains a variety of research review reports on effective early childhood intervention and education services that are culturally and linguistically appropriate.

National Center for Cultural Competence

<http://www11.georgetown.edu/research/gucchd/nccc/index.html>

The National Center for Cultural Competence is funded through a Cooperative Agreement administered by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS). The Center focuses on disseminating research information and facilitating its use in promoting cultural and linguistic competency in policy and practice in health and mental health systems.

This website contains a Promising Practices page (<http://www11.georgetown.edu/research/gucchd/nccc/resources/practices.html>) that contains a series of Promising Practices briefs that describe specific programs and their impacts. The website also contains a Publications page (<http://www11.georgetown.edu/research/gucchd/nccc/resources/publicationstitle.html>) that contains a variety of guides, technical reports and policy briefs related to racial/ethnic health and mental health disparities and approaches to culturally competent service delivery.

The Office of Minority Health (U.S. Department of Health and Human Services)

<http://www.omhrc.gov/>

The Office of Minority Health within the U.S. Department of Health and Human Service and is focused on promoting and developing policies and programs that will eliminate health disparities. The Office of Minority Health advises the Secretary and the Office of Public Health and Science on public health strategies impacting Native Americans, Asian Americans, Blacks/African Americans, Hispanic/Latinos, Native Hawaiians and Pacific Islanders.

This website contains a Publications page (<http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlid=13>) that contains reports and newsletters that focus on promoting cultural competence in health care services that are directed toward consumers and health care professionals.

Dependency Court

Drug Court Clearinghouse Project (Bureau of Justice Assistance)

<http://spa.american.edu/justice/project.php?ID=1>

The Drug Court Clearinghouse Project is operated by the Bureau of Justice Assistance and is housed at American University. The Project compiles and disseminates information and research on drug court activities.

This website contains information on a variety of different types of drug courts, including Family Drug Courts. Documents related to Family Drug Courts include program descriptions, policies and procedures manuals, evaluation reports, and responses to frequently asked questions.

Court Appointed Special Advocates (CASA)

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

The National Court Appointed Special Advocates (CASA) for Children is an organization with state and local members whose goal is to support volunteer advocacy for children in the child welfare system in order to promote child well-being.

This website contains a Publications page (http://www.nationalcasa.org/about_us/publications.html) with issues from CASA newsletters and magazines that contain practice and policy information for CASA volunteers, as well as the CASA annual report.

National Child Welfare Resource Center on Legal and Judicial Issues

<http://www.abanet.org/child/rcji/home.html>

The National Child Welfare Resource Center on Legal and Judicial Issues is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, and is part of the American Bar Association Center on Children and the Law. The Center provides consultation, training, and technical assistance on legal and judicial issues in the child welfare system.

This website contains a Resources page (http://www.nationalcasa.org/about_us/publications.html) that includes fact sheets and reports on court processes, child welfare policies, and specific topics, including educational needs of children, kinship placements, court improvement, child welfare agency and court collaboration, legal representation, technology, training, interstate placements, and Child and Family Service Reviews.

National Council of Juvenile and Family Court Judges

<http://www.ncjfcj.org/content/blogcategory/355/424/>

The National Council of Juvenile and Family Court Judges is a national member-based organization that provides training, technical assistance and research to aid juvenile and family court judges and personnel.

This website contains a Child Abuse and Neglect section (<http://www.ncjfcj.org/content/view/82/146/>) with a variety of information and resources specific to dependency courts, including a Publications page (<http://www.ncjfcj.org/content/blogcategory/266/322/>) that contains a range of research and information, including reports on family drug courts, collaboration, children's exposure to violence, infants and toddlers, court performance, educational needs of children, and other topics.

Domestic Violence

National Center on Domestic and Sexual Violence

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

The National Center on Domestic and Sexual Violence is a non-profit organization that provides technical assistance, training and resources to professionals who work with victims and perpetrators of domestic violence.

This website contains a Publications page (http://www.ncdsv.org/ncd_articles.html) that has reports, articles and information on a wide range of topics related to domestic and sexual violence. There is a Child Protection/Welfare publications page (http://www.ncdsv.org/publications_childprotection.html) that contains descriptions of domestic violence and child welfare initiatives, guidebooks, and reports.

National Coalition Against Domestic Violence

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

The National Coalition Against Domestic Violence is focused on efforts to form coalitions, supporting shelter programs, technical assistance, public education, and policy development.

This website contains a Fact Sheet page (http://www.ncadv.org/unsorted/topicspecificfactsheets_231.html) that contains national and state-level domestic violence statistics, and fact sheets on a variety of topics related to domestic violence, including children and custody issues.

National Online Resource Center on Violence Against Women

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

The National Online Resource Center on Violence Against Women is an online resource and information center for practitioners working in the domestic violence field. It is funded by the National Center on Injury Prevention and Control, Centers for Disease Control and Prevention, and is a project of the Pennsylvania Coalition Against Domestic Violence and the National Resource Center on Domestic Violence.

This website contains an Applied Research page (http://new.vawnet.org/category/index_pages?category_id=695) that contains a variety of research reports on a variety of topics related to domestic violence, including the effectiveness of batterer intervention programs, prevention, trauma, immigrant women, housing, sexual abuse, children's needs, and other topics.

Mental Health

National Association of State Mental Health Directors

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

The National Association of State Mental Health Directors is a member-based organization that focuses on providing technical assistance and consultation to state and local mental health systems.

This website contains a Publications page (<http://www.nasmhpd.org/publications.cfm>) that includes reports and guides on a variety of mental health topics, including service delivery, co-occurring mental health and substance abuse disorders, medication use, and other topics. The site also contains a link to the National Association of State Mental Health Directors Research Institute (<http://www.nri-inc.org/>) which conducts research and compiles information on publicly funded mental health services. The Reports and Publications page (http://www.nri-inc.org/reports_pubs/) contains reports on evidence-based practices, state systems, performance measurement, state hospitals, transformation, and revenues and expenditures.

National Mental Health Information Center

<http://mentalhealth.samhsa.gov/>

The National Mental Health Information Center is a part of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. The Center's goal is to provide mental health information to consumers of mental health services and their families, the general public, policy-makers, providers, and the media.

This website contains a Publications page (<http://nmhicstore.samhsa.gov/publications/browse.asp>) that includes fact sheets and

reports for consumers and professionals on a wide range of mental health topics, including children and families, violence against women, women, violence and trauma, substance abuse and addiction, culture and ethnicity, and other topics.

Post-Partum Support International

<http://postpartum.net/>

Post-Partum Support International is a focused on disseminating research, resources, and information on perinatal mental health in order to increase awareness of the emotional changes that women experience during pregnancy and post-partum.

The website contains a Resources page (<http://postpartum.net/resources/>) with information targeted toward various audiences, including women/mothers, health care professionals, and families and partners. There is also a section with information and materials in Spanish. Topics include information on post-partum mood disorders, and treatment and intervention

Substance Abuse

Center for Substance Abuse Treatment: Treatment Improvement Protocols and Technical Assistance Publications

<http://csat.samhsa.gov/>

The Center for Substance Abuse Treatment is a part of the Substance Abuse and Mental Health Services Administration, within the U.S. Department of Health and Human Services, and provides technical assistance and information to promote effective substance abuse treatment.

This website contains Treatment Improvement Protocols (TIPS) page (<http://www.kap.samhsa.gov/products/manuals/tips/index.htm>) that provide best practice guidelines for the treatment of substance abuse disorders on topics such as assessment and screening, children and families, co-occurring disorders, program development, specific treatment approaches, and other topics. The website also contains Technical Assistance Publications (TAPS) page (<http://www.kap.samhsa.gov/products/manuals/taps/index.htm>) that provide program implementation information on topics such as clinical supervision, financing of services, and system performance.

Evidence-Based Practices for Substance Use Disorders

<http://adai.washington.edu/ebp/default.htm>

The Evidence-Based Practices for Substance Use Disorders is a joint project between the University of Washington Alcohol and Drug Abuse Institute and Northwest Frontier

Addiction Technology Transfer Center. The goal of the group is to provide a searchable database of evidence-based interventions for substance abuse.

This website contains an evidence-based practices database that includes research and reports on research-based substance abuse interventions, including interventions such as 12-step groups, cognitive-behavioral therapy, contingency management and other interventions.

National Association of State Alcohol and Drug Abuse Directors

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

The National Association of State Alcohol and Drug Abuse Directors provides information on public policy, prevention, and treatment related to public substance abuse services.

This website contains a Reports page (http://www.nasadad.org/index.php?doc_id=39) that includes a variety of policy and research briefs on topics such as collaboration between child welfare and substance abuse treatment fields, co-occurring disorders and treatment approaches.

National Institute on Drug Abuse

<http://www.nida.nih.gov/>

The National Institute on Drug Abuse is a part of the National Institutes of Health whose goal is to conduct and disseminate research on drug abuse.

This website contains a Publications page (<http://www.drugabuse.gov/>) that contains substance abuse reports and research for various audiences, including students and young adults, parents and teachers, medical and health professionals, and researchers. There is a section of Spanish language materials.

Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices

<http://nrepp.samhsa.gov/>

The Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices operates a searchable online database of substance abuse and mental health interventions that have been reviewed and rated by reviewers.

This website contains a Find Interventions page (<http://nrepp.samhsa.gov/find.asp>) that allows the user to search the database of evidence-based interventions for reports that contain detailed information on the intervention, the type of evidence that supports the

use of the intervention. The database can be searched by topic, and other identifiers, such as age, race/ethnicity, gender, and treatment settings.

UCLA Integrated Substance Abuse Programs

<http://www.uclaisap.org/index.html>

The UCLA Integrated Substance Abuse Programs conducts and disseminates research on drug abuse treatment services.

This website contains a Reports and Manuals page (<http://www.uclaisap.org/html/past-updates-reports.html>) that includes training guides, and treatment manuals for substance abuse treatment

Trauma-Informed and Trauma Specific Services

Seeking Safety

[http://www.seekingsafety.org/3-03-06/articles.html#The%20Seeking%20Safety%20model%20\(description%20and%20implementation\)](http://www.seekingsafety.org/3-03-06/articles.html#The%20Seeking%20Safety%20model%20(description%20and%20implementation))

Seeking Safety is a treatment for trauma and substance use disorders among women. This website offers a range of information on Seeking Safety, including an Outcomes page (<http://www.seekingsafety.org/3-03-06/studies.html>) that contains research information on the effectiveness of Seeking Safety.

Stephanie Covington

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

The Stephanie Covington website contains information and research developed by Stephanie Covington, a clinician and scholar who focuses on women's issues. This website contains an Articles and Publications page (<http://www.stephaniecovington.com/articles.asp>) that includes research reports on the impact of trauma-informed and trauma-specific services for women with experiences of trauma and other co-occurring disorders.

The National Center for Trauma-Informed Care (U.S. Department of Health and Human Services)

<http://mentalhealth.samhsa.gov/nctic/default.asp>

The National Center for Trauma-Informed Care is a part of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The Center is focused on providing

technical assistance, training and information to promote trauma-informed care in a variety of human service organization.

This website contains a Publications and Studies page (<http://mentalhealth.samhsa.gov/nctic/publications.asp>) that includes publications and resources on a variety of trauma-related topics, including children and trauma, criminal justice system, impact of trauma, healing from trauma, witnessing violence, and other topics.

The National Trauma Consortium

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

The National Trauma Consortium is focused on educating the public on the role of trauma in people's lives and to improve the ability of communities to provide effective trauma-informed and trauma-specific services.

This website contains a Documents page (<http://www.nationaltraumaconsortium.org/services.html#documents>) that contains fact sheets and statistics on trauma-related topics. There is also a listing of trauma-specific and trauma-informed services that the National Trauma Consortium coordinates trainings for (<http://www.nationaltraumaconsortium.org/services.html#training>)

Women, Co-Occurring Disorders and Violence Study

<http://www.prainc.com/wcdvs/about/default.asp>

The Women, Co-Occurring Disorders and Violence Study which focused on developing and evaluating services for women with co-occurring disorders.

This website contains Publications page (<http://www.prainc.com/wcdvs/publications/default.asp>) that contains a variety of reports from the study.

Witness Justice

<http://www.witnessjustice.org/index.cfm>

Witness Justice is an organization that provides information, support and assistance to survivors of trauma or violence.

This website contains a Trauma Articles and Resources page (http://www.witnessjustice.org/about/trauma_articles_resources.cfm) that contains reports on co-occurring disorders, service providers and healing, and trauma and healing.

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Appendix A: Examples of Evidence-Based Practice Rating Scales

<p>California Evidence-Based Clearinghouse for Child Welfare</p>	<p>Six levels of evidence are used to categorize the evidence-base for a practice:</p> <ol style="list-style-type: none"> 1. Well-Supported by Research Evidence <ul style="list-style-type: none"> • No evidence the practice causes harm. • The practice has a book, manual, and/or other available writings that specify components of the service and describes how to administer it. • Multiple Site Replication: At least two rigorous randomized controlled trails (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. • In at least one RCT, the practice has shown to have a sustained effect at least one year beyond the end of treatment. • Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects. • If multiple outcome studies have been conducted, the overall weight of the evidence supports the benefit of the practice. 2. Supported by Research Evidence <ul style="list-style-type: none"> • No evidence the practice causes harm. • 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. • At least one rigorous randomized controlled trial (RCT) in usual care or a practice setting has found the practice to be superior to an appropriate comparison practice. The RCT has been reported in published, peer-reviewed literature. • In at least one RCT, the practice has shown to have a sustained effect of at least six months beyond the end of treatment. • 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 benefit of the practice. 3. Promising Research Evidence <ul style="list-style-type: none"> • No evidence the practice causes harm. • The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describe how to administer it. • At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has established the practice's benefit 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. • If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice. 4. Lacks Adequate Research Evidence
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	<ul style="list-style-type: none"> • No evidence the practice causes harm • 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 does not have any published, peer-reviewed study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) that has established the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice. <p>5. Evidence Fails to Demonstrate an Effect</p> <ul style="list-style-type: none"> • Two or more randomized controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care. The studies have been reported in published, peer-reviewed literature. • If multiple outcome studies have been conducted, the overall weight of evidence does not support the benefit of the practice. <p>6. Concerning Practice</p> <ul style="list-style-type: none"> • 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 the practice constitutes a risk of harm to those receiving it, compared to its likely benefits.
Promising Practices Network	<p>Three levels of evidence are used to categorize the evidence-base for a practice:</p> <p>1. Proven</p> <ul style="list-style-type: none"> • The program must directly impact one of the indicators used by the project (focused on healthy child and youth development). • At least one outcome is changed by 20%, 0.25 standard deviations, or more. • At least one outcome with a substantial effect size is statistically significant at the 5% level. • Study design uses a convincing comparison group to identify program impacts, including randomized-control trial (experimental design) or some quasi-experimental designs. • <i>Sample size of evaluation exceeds 30 in both the treatment and comparison groups.</i> • Program evaluation documentation is publicly available. <p>2. Promising</p> <ul style="list-style-type: none"> • Program may impact an intermediary outcome for which there is evidence that it is associated with one of the PPN indicators. • Change in outcome is more than 1%. • Outcome change is significant at the 10% level (marginally significant).

	<ul style="list-style-type: none"> • Study has a comparison group, but it may exhibit some weaknesses, e.g., the groups lack comparability on pre-existing variables or the analysis does not employ appropriate statistical controls. • Sample size of evaluation exceeds 10 in both the treatment and comparison groups. • Program evaluation documentation is publicly available. <p>3. Screened</p> <ul style="list-style-type: none"> • Programs that have not undergone a full review by the Promising Practices Network, but that have been reviewed by other organizations using evidence criteria. •
<p>SAMHSA's Registry for Evidence-Based Programs and Practices</p>	<p>Six domains are used to evaluate research, each domain is assigned a score of 0, 2 or 4, resulting in an overall score reflecting the level of evidence for a practice.</p> <p>1. Reliability</p> <ul style="list-style-type: none"> • Outcome measures should have acceptable reliability to be interpretable. • 0 = Absence of evidence of reliability or evidence that some relevant types of reliability (e.g., test-retest, interrater, interitem) did not reach acceptable levels. • 2 = All relevant types of reliability have been documented to be at acceptable levels in studies by the applicant. • 4 = All relevant types of reliability have been documented to be at acceptable levels in studies by independent investigators. <p>2. Validity</p> <ul style="list-style-type: none"> • Outcome measures should have acceptable validity to be interpretable. "Acceptable" here means validity at a level that is conventionally accepted by experts in the field. • 0 = Absence of evidence of measure validity, or some evidence that the measure is not valid. • 2 = Measure has face validity; absence of evidence that measure is not valid. • 4 = Measure has one or more acceptable forms of criterion-related validity (correlation with appropriate, validated measures or objective criteria); OR, for objective measures of response, there are procedural checks to confirm data validity; absence of evidence that measure is not valid. <p>3. Intervention Fidelity</p> <ul style="list-style-type: none"> • The "experimental" intervention implemented in a study should have fidelity to the intervention proposed by the applicant. Instruments that have tested acceptable psychometric properties (e.g., inter-rater reliability, validity as shown by positive association with outcomes) provide the highest level of evidence. • 0 = Absence of evidence or only narrative evidence that the applicant or provider believes the intervention was implemented with acceptable fidelity. • 2 = There is evidence of acceptable fidelity in the form of judgment(s) by experts, systematic collection of data (e.g., dosage, time spent in training, adherence to guidelines or a manual), or a fidelity measure with

	<p>unspecified or unknown psychometric properties.</p> <ul style="list-style-type: none"> • 4 = There is evidence of acceptable fidelity from a tested fidelity instrument shown to have reliability and validity. <p>4. Missing Data and Attrition</p> <ul style="list-style-type: none"> • Study results can be biased by participant attrition and other forms of missing data. Statistical methods as supported by theory and research can be employed to control for missing data and attrition that would bias results, but studies with no attrition or missing data needing adjustment provide the strongest evidence that results are not biased. • 0 = Missing data and attrition were taken into account inadequately, OR there was too much to control for bias. • 2 = Missing data and attrition were taken into account by simple estimates of data and observations, or by demonstrations of similarity between remaining participants and those lost to attrition. • 4 = Missing data and attrition were taken into account by more sophisticated methods that model missing data, observations, or participants, OR there were no attrition or missing data needing adjustment. <p>5. Potential Confounding Variables</p> <ul style="list-style-type: none"> • Often variables other than the intervention may account for the reported outcomes. The degree to which confounds are accounted for affects the strength of causal inference. • 0 = Confounding variables or factors were as likely to account for the outcome(s) reported as were the hypothesized causes. • 2 = One or more potential confounding variables or factors were not completely addressed, but the intervention appears more likely than these confounding factors to account for the outcome(s) reported. • 4 = All known potential confounding variables appear to have been completely addressed in order to allow causal inference between the intervention and outcome(s) reported. <p>6. Appropriateness of Analysis</p> <ul style="list-style-type: none"> • Appropriate analysis is necessary to make an inference that an intervention caused reported outcomes. • 0 = Analyses were not appropriate for inferring relationships between intervention and outcome, OR sample size was inadequate. • 2 = Some analyses may not have been appropriate for inferring relationships between intervention and outcome, OR sample size may have been inadequate. • 4 = Analyses were appropriate for inferring relationships between intervention and outcome. Sample size and power were adequate
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