The California Evidence-Based Clearinghouse for Child Welfare
CEBC

Understanding and Identifying Evidence-Based Practices in Child Welfare: A Focus on Dissemination and Implementation Research

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2011 National Child Welfare Evaluation Summit, Washington, DC

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http://www.cebc4cw.org

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Today We Will……

- **Understand the purpose and background of the California Evidence-Based Clearinghouse for Child Welfare (CEBC).**
- **Understand practical applications of the CEBC web-based tool for those working with child welfare populations**
- **Provide a more specialized focus in the areas of dissemination and implementation research.**
- **Identify some of the challenges with implementing Evidence-Based Practices (EBPs) and learn successful strategies to overcome them.**

It is easier to build strong children than to repair broken men.
~Frederick Douglass

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Purpose of the CEBC

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Rady Children's Hospital San Diego

Welcome to the CEBC

Information and Resources for Child Welfare Professionals

What is the CEBC?

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to vital information about selected child welfare related programs. The primary task of the CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California.* The CEBC also lists programs that may be less well-known in California, but were recommended by the Topic Expert for that Topic Area.

The CEBC website's simple and straightforward format enhances the user's ability to conduct literature searches, review extensive literature, or understand and critique research methodology. The website features brief and detailed summaries that provide salient information on each reviewed program.

How to Find a Program?

There are two main ways to search the CEBC site:

1. Search by Program Name — lists programs in alphabetical order.
2. Search by Topic Area — choose a topic area and the programs in that area are listed by scientific rating.

How are Programs Rated?

The research for each program is reviewed and rated, if applicable, utilizing the CEBC Scientific Rating Scale to determine the level of research evidence for the program. The programs rated on the Scientific Rating Scale are then also rated on the Relevance to Child Welfare Rating Scale.

Why is Evidence-Based Practice Important?

* Please note that the CEBC was created for informational and educational purposes and as such does not endorse any of the programs listed on the website.

Information presented on the CEBC website is considered public information and may be distributed or copied. When using information obtained from the CEBC, we ask that you please use the following acknowledgment:

The California Evidence-Based Clearinghouse for Child Welfare
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CEBC Overview

Funded by the California Department of Social Services (CDSS) - Office of Child Abuse Prevention (OCAP)

Chadwick Center at Rady Children's Hospital San Diego

Research Partner - Child and Adolescent Services Research Center (CASRC)

The CEBC website was launched in June 2006

Currently, 32 Topic Areas with 204 programs

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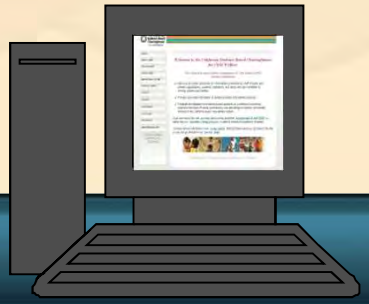
Goal of The CEBC:

- Provide easy access to information about child welfare related programs through a user-friendly website.

Information on Practices arranged in Topic Areas

- Brief and detailed summaries for each reviewed program – each user can determine the level they want.
- Programs are rated on level of scientific support.



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Guidance for the CEBC

Advisory Committee

- California DSS - Child and Family Services Division
- County Child Welfare Departments
- County Welfare Directors Association of California
- California Child Welfare Training Organizations
- Private Foundations
- Public & Private Community Partners
- National Child Welfare Consultants

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Scientific Panel

Scientific Director

John Landsverk, Ph.D. Director, Child and Adolescent Services Research Center (CASRC) - Rady Children's Hospital San Diego

Members

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Why Evidence-Based Practice Now?

Great Thoughts About EBP

"What do I think of Western civilisation? I think it would be a very good idea."

Mahatma Gandhi

"New ideas pass through three periods: 1) It can't be done. 2) It probably can be done, but it's not worth doing. 3) I knew it was a good idea all along!"

Arthur C. Clarke

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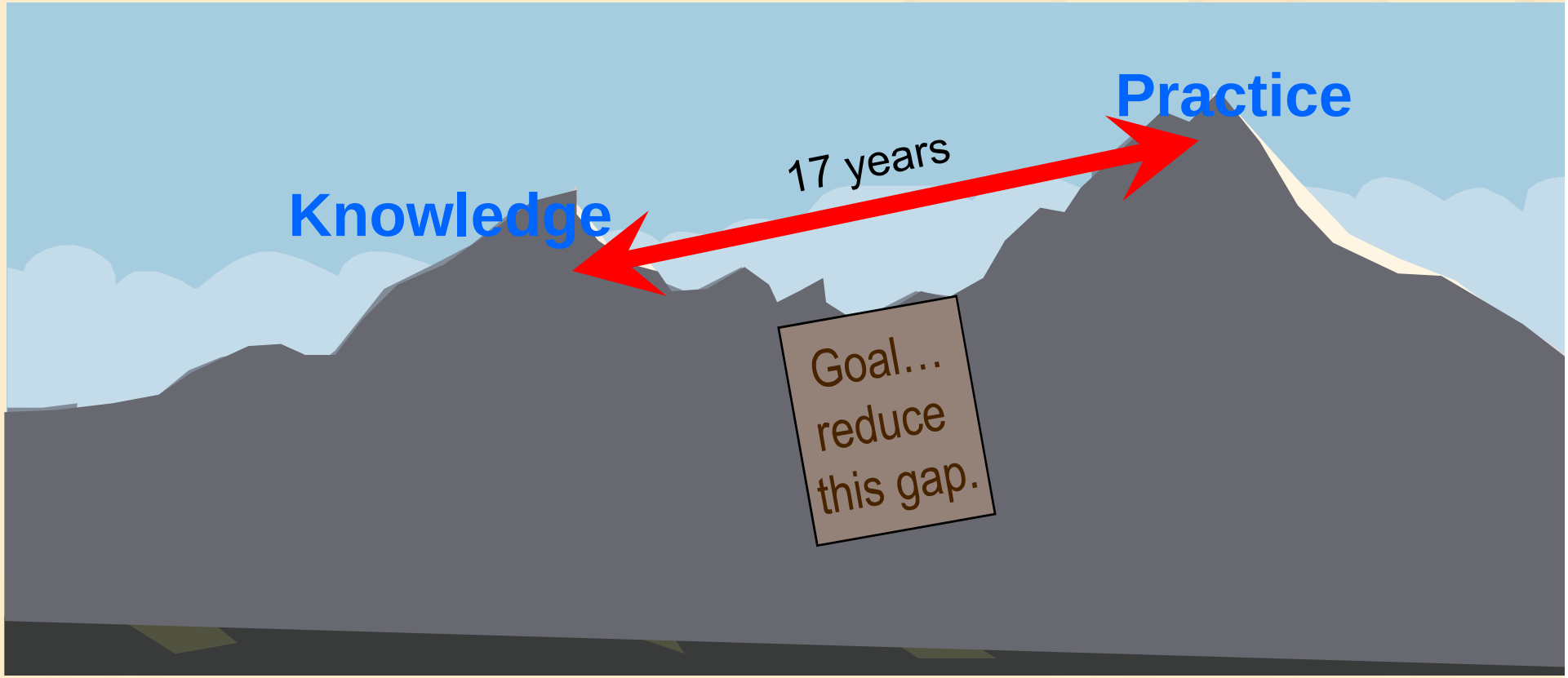
Large Gap Between Scientific Knowledge and Front-line Practice



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Source: Balas, 2001
Image from Saunders, January 2009

CEBC's Definition of EBP for Child Welfare

[Institute of Medicine (IOM), 2001]

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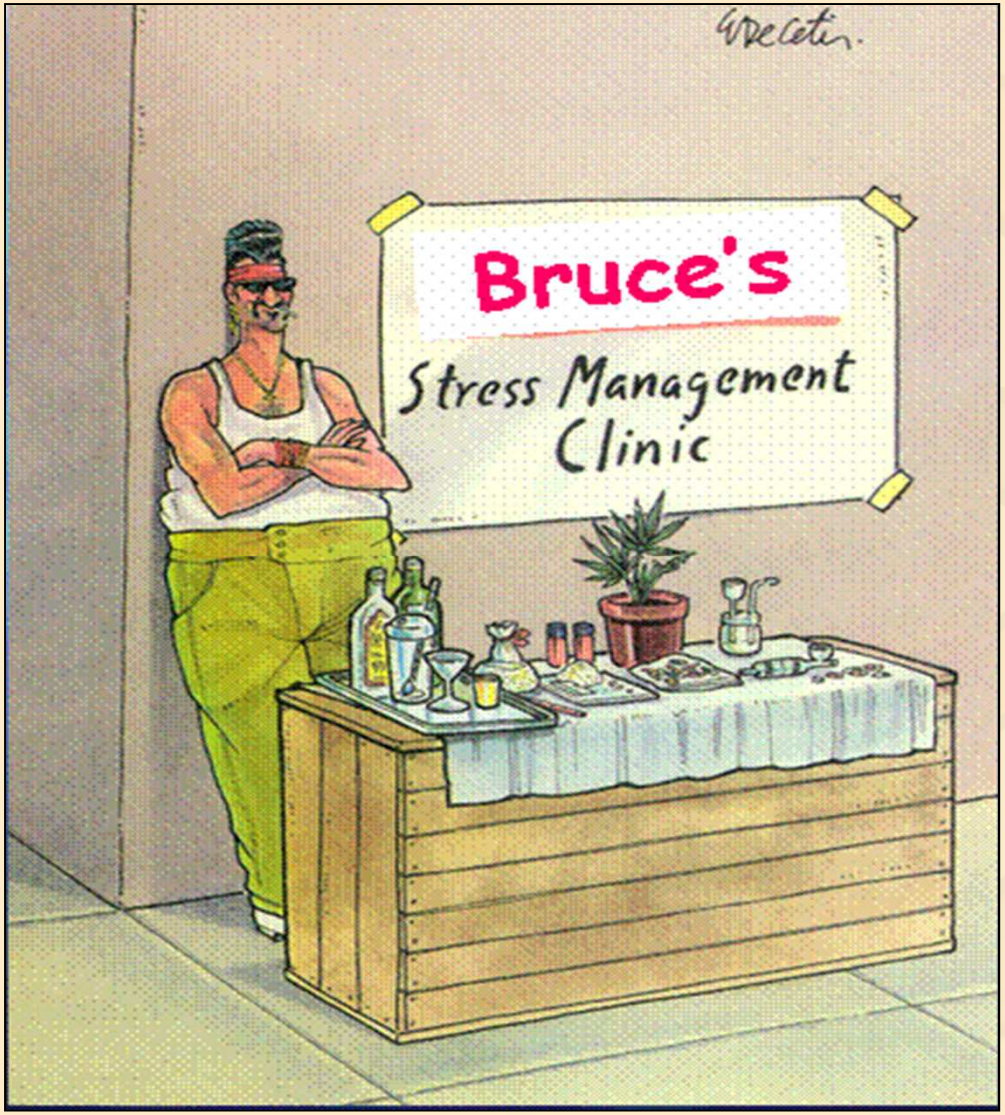
All sorts of "treatments" are available out there.

Ethically, it is important to provide services to clients that work and are safe!



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EBPs in Child Welfare

- Less is known about EBPs in Child Welfare than other areas such as medicine and mental health

- No one else was looking specifically at EBPs for Child Welfare services and populations
  - Unique population with complex needs

Overview of the CEBC Process

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CEBC Process

- Identify 5 topic areas
- Research programs in topic area
- Narrow down program list
- Research each program
  - Work with developer
- Review and rate each program
- Post program information

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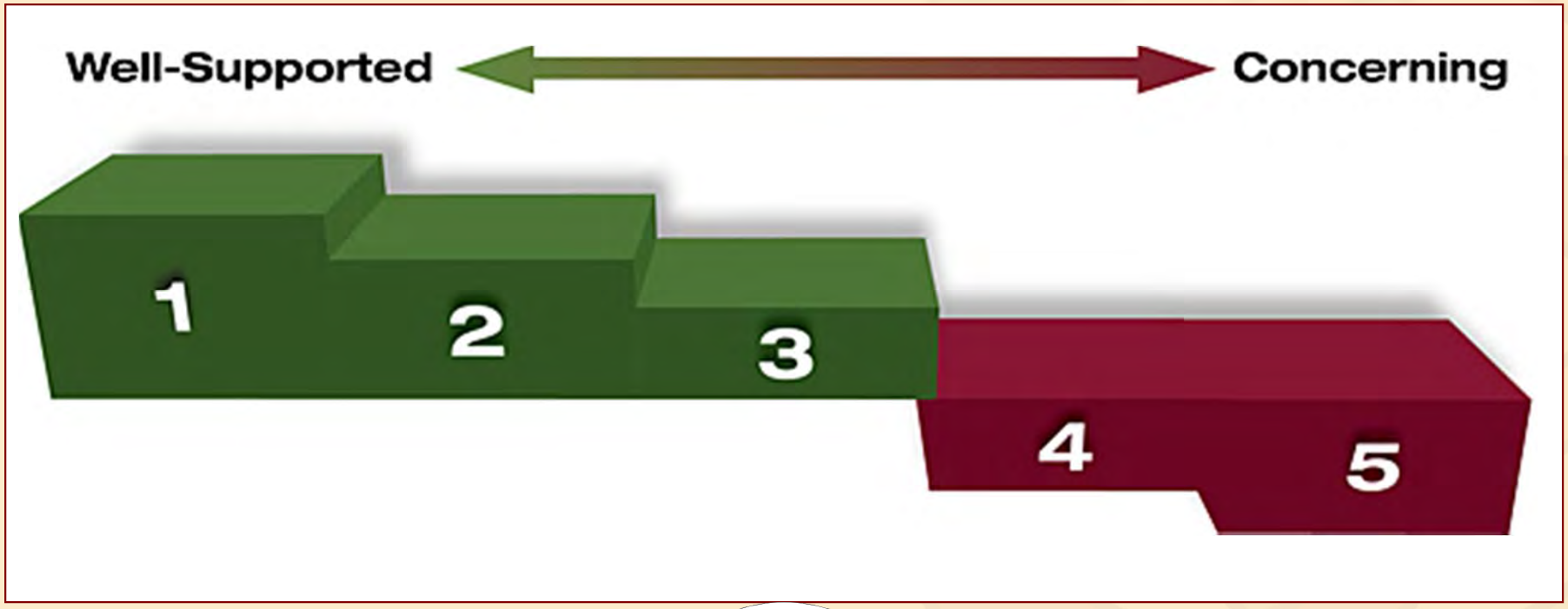
Scientific Rating Scale

[**Based on a Continuum**]



NR

Refer to Handout

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1. Well-supported by Research Evidence

- Multiple Site Replication: **2+ rigorous randomized controlled trials (RCTs)** in different 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.

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2. Supported by Research Evidence

- **1+ RCT**
- Reported in **published, peer-reviewed** literature.
- **Sustained effect of at least six months** beyond the end of treatment in an RCT.

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3. Promising Research Evidence

- At least one study **utilizing some form of control** has found the program to work better than a placebo, or to be comparable to / better than an appropriate comparison practice.

- Reported in **published, peer-reviewed** literature.

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Additional Criteria

- The practice has a **manual, training, and/or other available materials**
- The overall weight of evidence **supports the efficacy** of the practice.
- No evidence that the practice constitutes a substantial **risk of harm** to those receiving it, compared to its likely benefits.
- **Reliable, valid, and consistent** outcome measures

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4. Evidence Fails to Demonstrate Effect

- 2+ RCTs have found that the practice **has not resulted in improved outcomes**, when compared to usual care.
- The overall weight of evidence **does not support the efficacy** of the practice.

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5. Concerning Practice

- If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a **negative effect upon clients served**.

and/or

- There is a reasonable theoretical, clinical, empirical, or legal basis suggesting that, compared to its likely benefits, the practice constitutes a **risk of harm** to those receiving it.

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NR. Not able to be Rated

- The practice **lacks adequate published, peer reviewed research** to empirically determine efficacy.
- The practice is **generally accepted in clinical practice** as appropriate for use.

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The Solidness of Evidence Scale

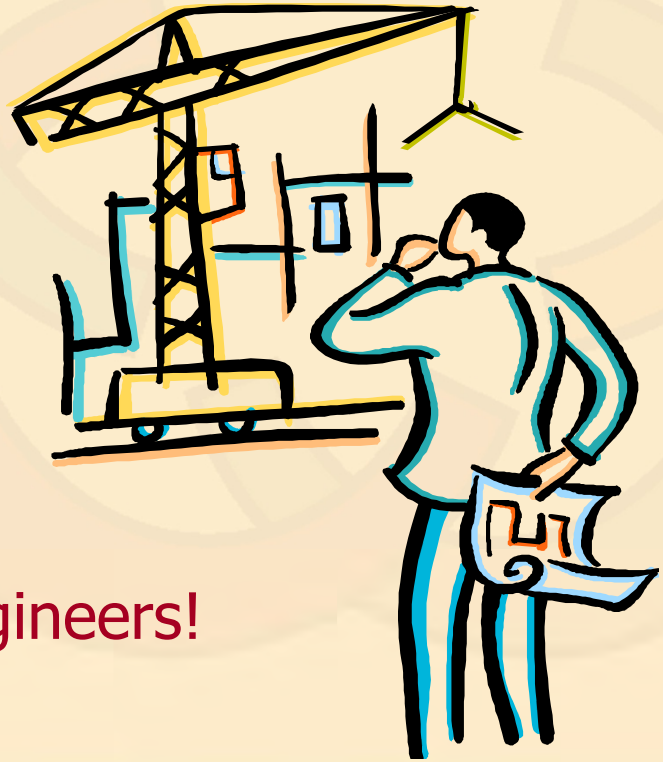
1 = Rock (Solid foundation, not likely to shift over time)

2 = Gravel (Less stable, but still forms a decent foundation)

3 = Sand (More likely to shift over time)

4 = Water (May float for some time, but in the long run, likely to sink)

5 = Gas (Full of hot air or worse?)



NR = Unknown foundation – get the engineers!

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Adapted from Barth, April 2010

Variation in Scientific Evidence

- Out of 205 programs:
  - 20 are 1s – less than 10%
  - 62 are 3s - ~30%
  - 94 are NRs - ~46%

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Relevance to Child Welfare Scale

High:
Designed or commonly used for **child welfare clients**.

Medium:
Designed or is commonly used for populations **similar to child welfare clients**

Low:
Designed for populations **with little apparent similarity** to the child welfare services population.

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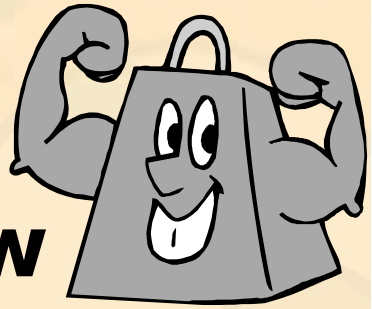
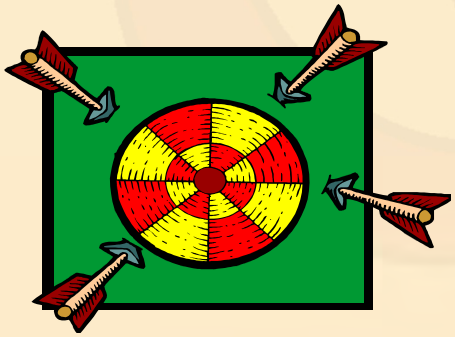
Strengths & Limitations



- Rating scale is **clear cut**
- Numbering system is **easy to follow**

- May **miss high quality research and null studies** by relying on published, peer reviewed research



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Lessons Learned

- Rating Scale needs to be as **concrete and objective** as possible
- Rating Scale needs to **allow for changes over time** as issues arise
- **Include all identified programs** including non-responders and refusals
- Need process for **self-nominated** programs

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Demo on how to locate a program?

http://www.cebc4cw.org

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Search by Topic Area

Select a topic area to view the programs that have been reviewed and rated

filter topics

- Anger Management (Adult)
- Anxiety Treatment (Child & Adolescent)
- Behavioral Management for Adolescents in Child Welfare
- Bipolar Disorder Treatment (Child & Adolescent)
- Casework Practice
- Child Welfare Initiatives
- Depression Treatment (Adult)
- Depression Treatment (Child & Adolescent)
- Disruptive Behavior Treatment (Child & Adolescent)
- Domestic/Intimate Partner Violence: Batterer Intervention Programs
- Domestic/Intimate Partner Violence: Services for Women and their Children
- Father Involvement Interventions
- Higher Level of Placement
- Home Visiting for Child Well-Being
- Home Visiting for Prevention of Child Abuse and Neglect
- Infant and Toddler Mental Health (0-3)
- Interventions for Neglect
- Motivation and Engagement
- Parent Partner Programs for Families Involved in the Child Welfare System
- Parent Training
- Placement Stabilization

- Parent Partner Programs for Families Involved in the Child Welfare System
- Parent Training
- Placement Stabilization
- Post-Permanency Services
- Prevention of Child Abuse and Neglect (Secondary)
- Resource Parent Recruitment and Training
- Reunification
- Sexual Behavior Problems in Adolescents, Treatment of
- Sexual Behavior Problems in Children, Treatment of
- Substance Abuse Treatment (Adolescent)
- Substance Abuse Treatment (Adult)
- Supervised Visitation
- Trauma Treatment (Child & Adolescent)
- Youth Transitioning Into Adulthood

Additional Resources for selected Topic Areas:

- Domestic/Intimate Partner Violence - Policy Initiatives
- Exercise as a Treatment for Depression
- Pharmacological Treatment for Depression
- Pharmacological Treatment for Substance Abuse

Next Topic Areas Scheduled for Review by the CEBC

- Educational Interventions for Children in Foster Care
- Mentoring Programs for Children – Focus on Children in Foster Care
- Out-of-Home Placement Prevention - Maintaining Families Involved with Child Welfare or At-Risk of Involvement
- Permanency Enhancement Interventions for Adolescents
- Racial Disparity/Disproportionality Reduction in Child Welfare

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Practical Applications of the CEBC Website

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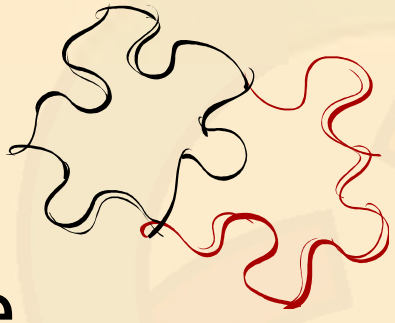
Administrators

- Good fit
- High level of evidence
- Implementation
- Influence funding sources



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Direct Service Providers

- Learn more about different EBPs

- Links to information about training

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CEBC Evaluation Findings

- Development of RFPs
- Information on how to monitor contractors
- Education and training for staff

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Implementation

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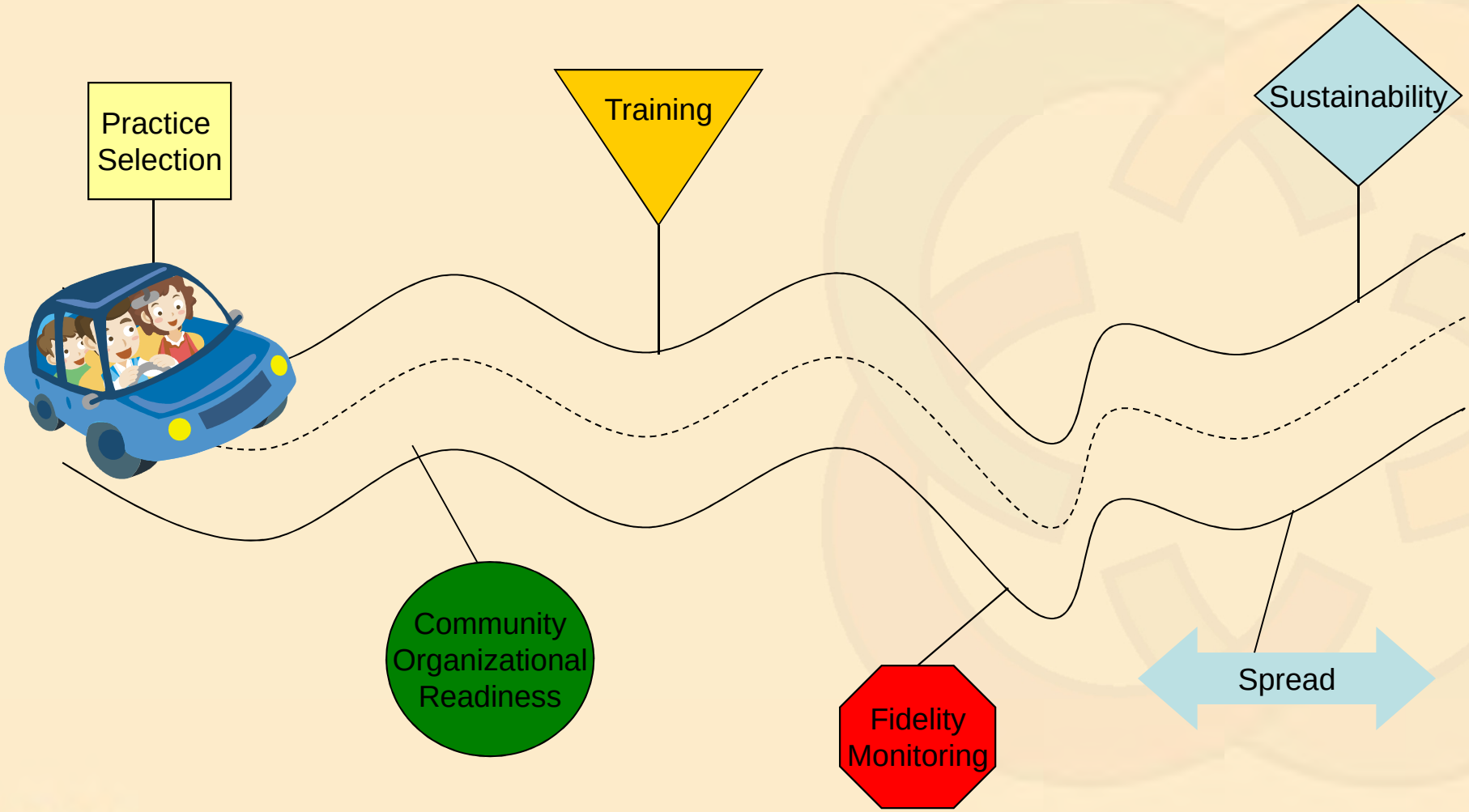
Roadmap to Implementation



Exploration ~ Adoption/Preparation ~ Implementation ~ Sustainment

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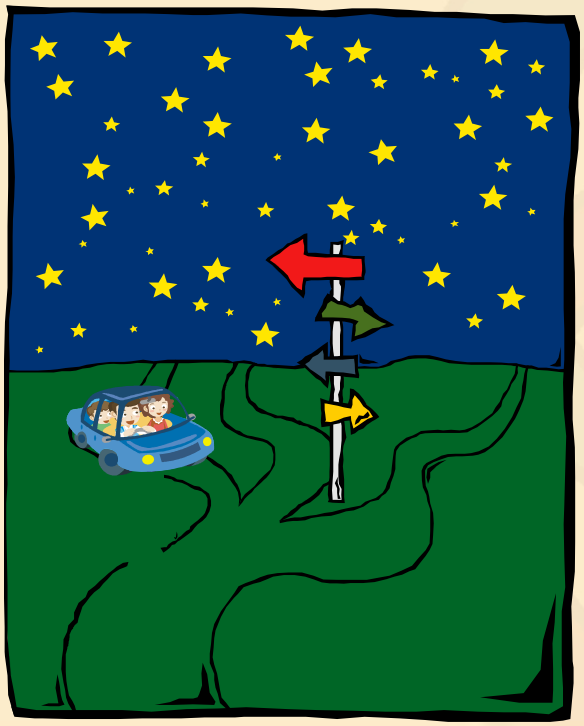
Aarons, G.A., Hurlburt, M., & Horwitz, S. (2011), Greenhalgh et.al 2004

Practice Selection



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Recognize a Problem

Clearly define the problem

- Target population
- Goals for change

Example: "Promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children." (IY)

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The Incredible Years (IY)

Scientific Rating:

1

Well-Supported by Research Evidence

See scale of 1-5

Child Welfare Relevance Rating:

2

Medium

See scale of 1-3

Jump to...
Brief Description | Essential Components | Child Component | Parent / Caregiver Component | Group Format | Recommended Parameters | Delivery Settings | Homework | Languages | Resources Needed to Run Program | Minimum Provider Qualifications | Education and Training Resources | Implementation Information | Relevant Published, Peer-Reviewed Research | References | Contact Information

Brief Description

▲top of page

The information in this program outline is provided by the program representative and edited by the CEBC staff. The ***The Incredible Years (IY)*** program has been rated by the CEBC in the areas of: Disruptive Behavior Treatment (Child & Adolescent), Parent Training and Prevention of Child Abuse and Neglect (Secondary).

- **Child Welfare Outcomes:** Safety and Child/Family Well-Being
- **Types of Maltreatment:** Physical Abuse, Physical Neglect, Emotional Abuse
- **Target Population:** Parents, teachers, and children.

The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations

make critical decisions about selecting a practice for implementation.

Key Findings:

For each key finding below, we provide:

- A key question that agencies should consider.
- Where in the CEBC's detailed view of the program description you may be able to find information to help answer that question.
- An example on how that key finding can be applied to a real world situation.

▸Complexity

▸External Compatibility

▸Internal Compatibility

▸Knowledge Required to Use It

▸Match of Skill Set

▸Observability of Benefits

▸Relative Advantage

▸Reinvention

▸Risk

▸Support

▸Trialability

Reference:

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systemic review and recommendations. *The Millbank Quarterly, 82*(4), 581-629.

Attributes of the Selected Practice
which Facilitate or Impede Adoption

- **Match of Skill Set**
- **Internal Compatibility**
- **External Compatibility**
- **Complexity**
- **Observability of Benefits**
- **Support**

Greenhalgh et.al 2004

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Community and Organizational Readiness

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Organizational Readiness

- **Internal Environment**
- **External Environment**

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Internal Environment

- Organizational Culture, Traditions, History
- Leadership
- Supervision
- Support of Opinion Leaders

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Internal Environment

- Connections with Other Supportive Organizations/Individuals
- Technology to Support Change
- Staff Readiness

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External Environment

- Congruence with Community, Cultural, Family Values
- Referral Source Understanding and Support
- Funding Source Support
- Political Support
- Role of Social Influence, Demand for Services

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Training/Knowledge and Skills Acquisition

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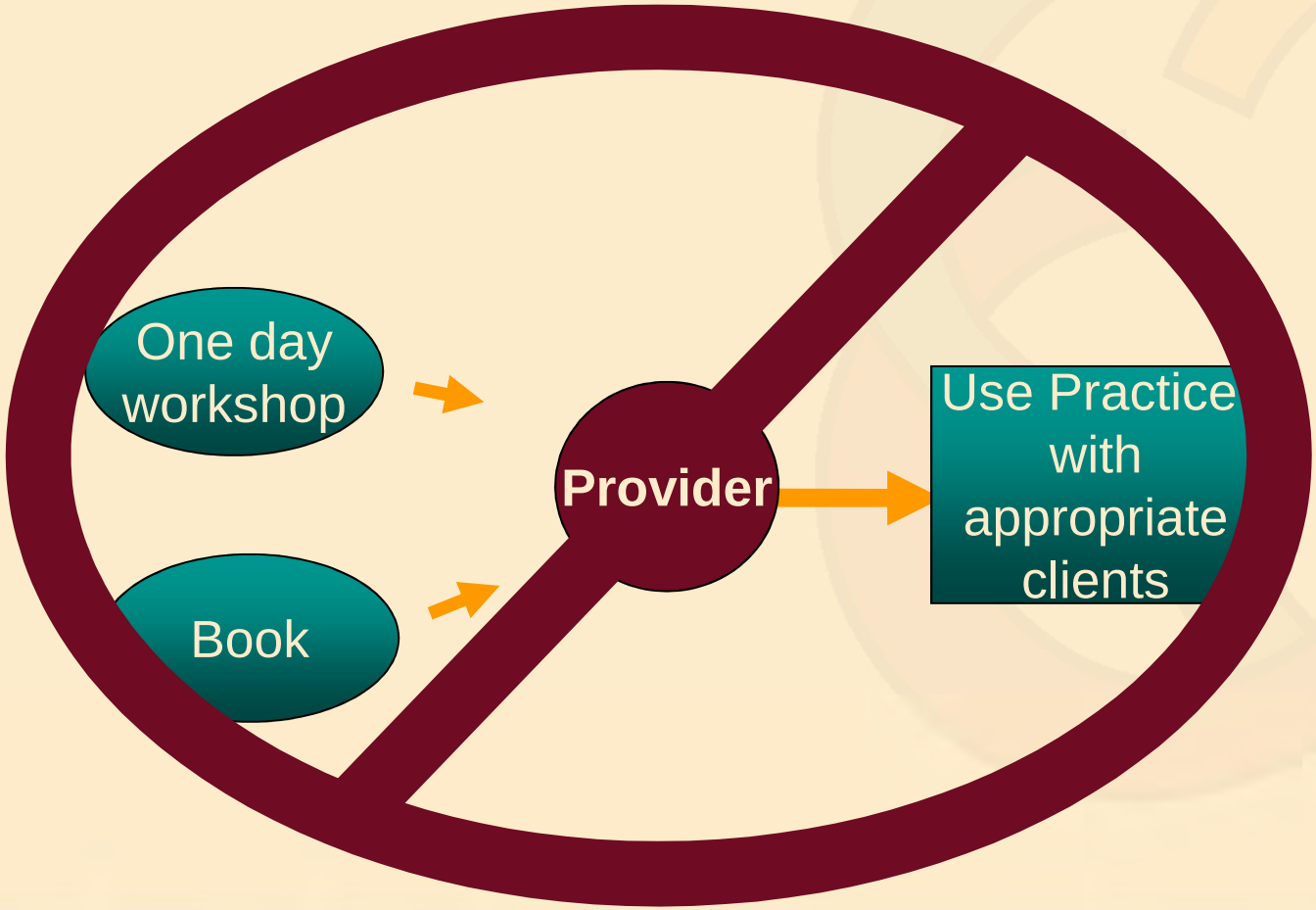
Common Continuing Education Dissemination Model



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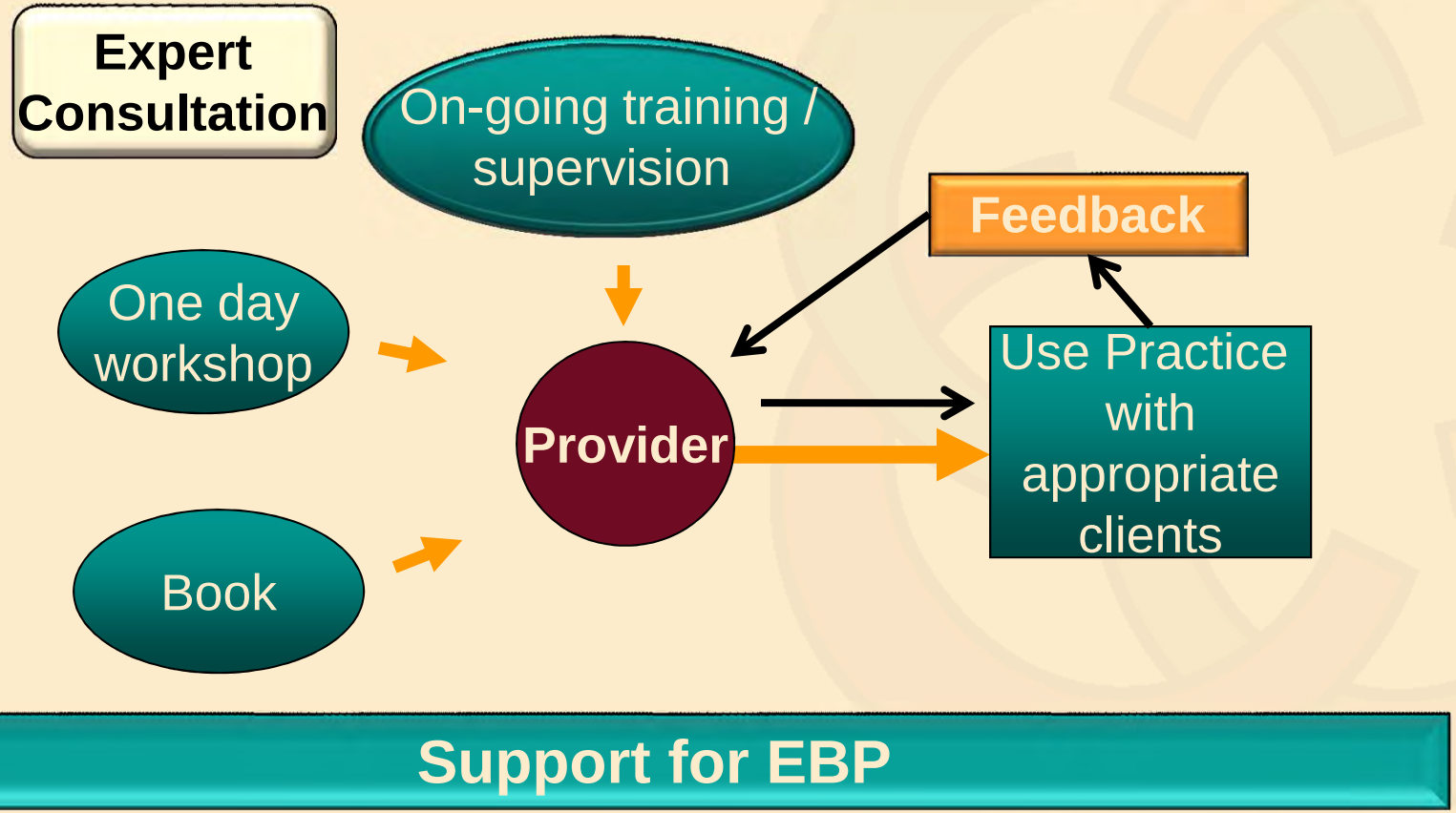
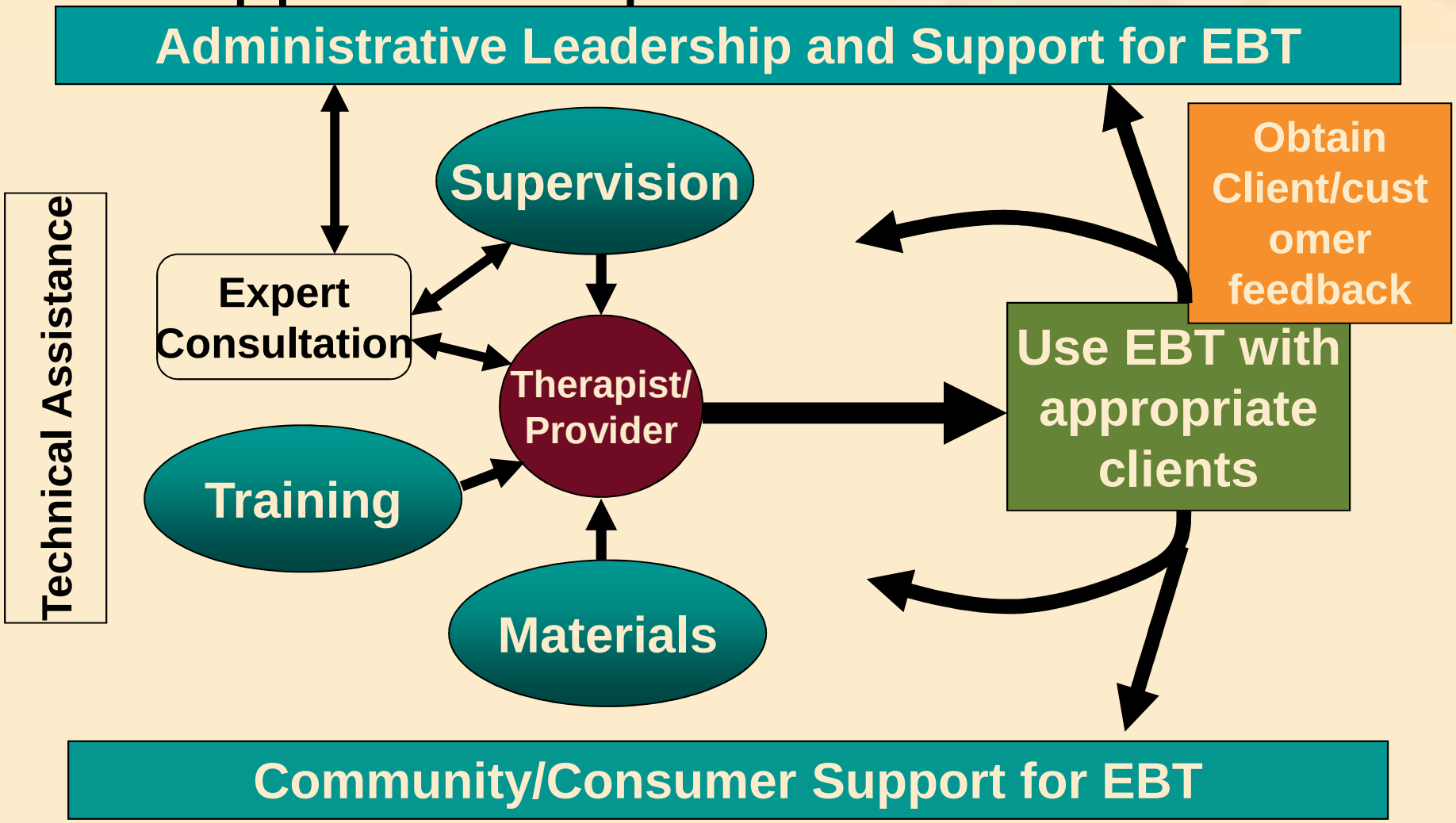
Supportive Implementation Model



Supportive Implementation Model



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Source: Ben Saunders, MUSC

Fidelity and Monitoring

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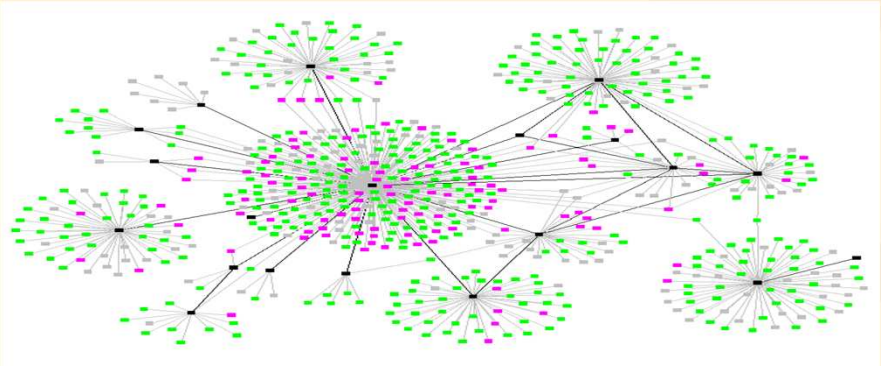
Spread



- Prepare for spread;
- Establish an aim for spread; and
- Develop, execute, and refine a spread plan

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Sustainability

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Institutionalize Practice

- Create process for training all new staff.
- Spread the practice to other staff who may not have been in the initial group that was trained.
- Build it into the culture

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Expanding and Adding New EBPs

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How does CEBC help with Implementation?

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Implementation Resources Section

- Implementation Definitions
- Implementation Tools
- Implementation Information for Programs Rated at the Highest Levels on the CEBC Scientific Rating Scale
- Implementation Approaches
- Implementation Resources Reference List for CEBC

Welcome to the Implementation Resources section of the California Evidence-Based Clearinghouse for Child Welfare (CEBC). This section of the website provides child welfare professionals with useful information to assist in the process of selecting and implementing Evidence-Based Practices (EBPs).

There is a wealth of practical experience documented in the literature on implementing new practices. However, the actual research on implementation both in the realm of child welfare, as well in related fields, is still in its early stages. The limited amount of existing implementation research in child-welfare focuses on factors (e.g., research-practice partnerships, provider attitudes, technical assistance teams, organizational culture and climate) that facilitate or impede the implementation of EBPs.

Over the coming years, data from completed studies and studies currently under way will help to inform policy makers, agency directors, providers, and consumers about the best ways to facilitate implementation of evidence-based practice in real-world practice settings. Additional resources and information will continuously be added to this section of the CEBC website that will keep the consumer up-to-date on the emerging field of implementation.

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For each program rated 1 or 2

- Pre-Implementation assessments
- Implementation tools
- Fidelity measures

If Available…

Implementation Information for Programs Rated at the Highest Levels on the CEBC Scientific Rating Scale

In addition to providing consumers with information about the research evidence for child welfare related programs, the CEBC also provides information about implementation for programs that have been shown to be supported by research evidence. A representative from each program rated a "1 - Well-Supported by Research Evidence" or "2 - Supported by Research Evidence" on the CEBC website was asked to provide additional information about available implementation resources for the program. Please note that all information on implementation resources is for supportive purposes only and is not evidence-based.

The program representatives were asked to provide information about the following three areas:

- Pre-implementation assessments to measure organizational or individual readiness
- Implementation tools available for the program (e.g., implementation guides or manuals)
- Fidelity measures for the program

Click on the Scientific Rating below to see the programs under that rating then click on the program name to go to its Implementation Information page:

1 – Well-Supported by Research Evidence

- Cognitive Therapy (CT)
- Coping Cat
- Coping Power Program
- Coping with Depression for Adolescents (CWDA)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Healthy Families America (Home Visiting for Child Well-Being) (HFA)
- Incredible Years, The (IY)
- Interpersonal Psychotherapy (IPT)
- Mindfulness-Based Cognitive Therapy (MBCT)

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Additional Implementation Resources

Since **this program** was highly rated on the Scientific Rating Scale, program representatives were asked to provide additional implementation information.

Scientific Rating:

1

Well-Supported by Research Evidence

See scale of 1-5

Pre-Implementation Assessments

To be given to organizations or providers in order to measure organizational or individual readiness:

The Organizational Readiness and Capacity Assessment is a 29-item questionnaire designed to help agencies evaluate their readiness to implement evidence-based practices like *TF-CBT*.

Implementation Tools — *for the program (e.g., implementation guides or manuals)*

The TF-CBT Implementation Manual is for therapists, clinical supervisors, program administrators, and other stakeholders who are considering the use of *TF-CBT* for traumatized children in their communities. This manual was developed by the SAMHSA-funded National Child Traumatic Stress Network's (NCTSN) Sexual Abuse Task Force and is based on the experiences over many years in training community providers as to when, how, and with whom to use *TF-CBT*. It can be found at www.nctsnet.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf.

Fidelity Measures

- Each *TF-CBT* component must be implemented for each child unless there are clinical reasons for

NCCTS The National Center for Child Traumatic Stress

Organizational Readiness and Capacity Assessment[1,2]

This readiness assessment is intended to help your agency identify issues that are known to impact readiness for adoption of a new practice. Circle the number that corresponds to how ready you believe your agency is to address the issue described in each statement. An action plan is included to help you determine how your agency can increase readiness for successful adoption of a new practice.

	Not at all Ready	About 25% Ready	About 50% Ready	About 75% Ready	Totally Ready
Clients					
1. Clients are currently able to be screened for trauma-related symptoms that could qualify them for the new practice.	1	2	3	4	5
2. We already have many clients who will benefit from the new practice based on their clinical presentation, diagnosis, and histories.	1	2	3	4	5
Leadership/Clinicians/Staff					
3. Clinicians in our agency agree with the rationale for using the new practice.	1	2	3	4	5
4. Agency and clinical leadership actively support the adoption of the new practice for reasons clinicians can share.	1	2	3	4	5
5. We have on staff seasoned professionals to whom clinicians look to for support, consultation, and guidance.	1	2	3	4	5
6. All staff who will be affected by the new practice know changes are coming and are prepared to offer feedback for its success.	1	2	3	4	5
7. Our agency has a tradition of learning and changing so we do not become entrenched in the status quo.	1	2	3	4	5
8. The clinical orientation of the new practice is not inconsistent with that of the existing staff and leadership.	1	2	3	4	5
9. Staff at all levels perceives the advantage of	1	2	3	4	5

Future Directions for the CEBC

- Providing Technical Assistance with D&I
  - More specific to the role of the professional
- Webinars on EBPs and Implementation issues
- 1 Pagers on highly rated programs – PDFs that can be share with staff, community, etc.

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Email Alerts

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Email Address: Join

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