



Common Elements in Child Welfare: Implementation Challenges and Next Steps

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Overview

- Common Elements: The fit/misfit with Child Welfare Services
- Pathways for Identifying Common Elements of Child Welfare Services
 - Start with evidence;
 - Start with practices;
- Implementing a Common Elements approach in Child Welfare



Where Common Elements and Child Welfare Services match:

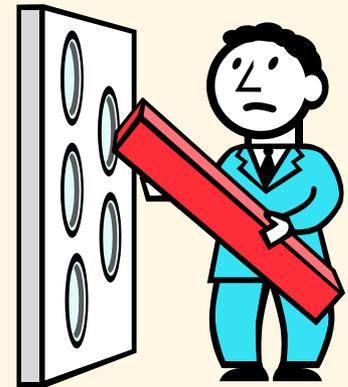
- CWS has interventions with identifiable building blocks;
- CW Workers may need short, time-limited interventions vs. manualized treatments;
- CW has struggled with integrating evidence-base interventions into practice;





Issues of Misfit between Common Elements and Child Welfare

- CW Workers deliver more than just mental health services;
- CW interventions are not determined by a DSM diagnosis;
- CW does not have 322+ RCTs from which to identify elements;

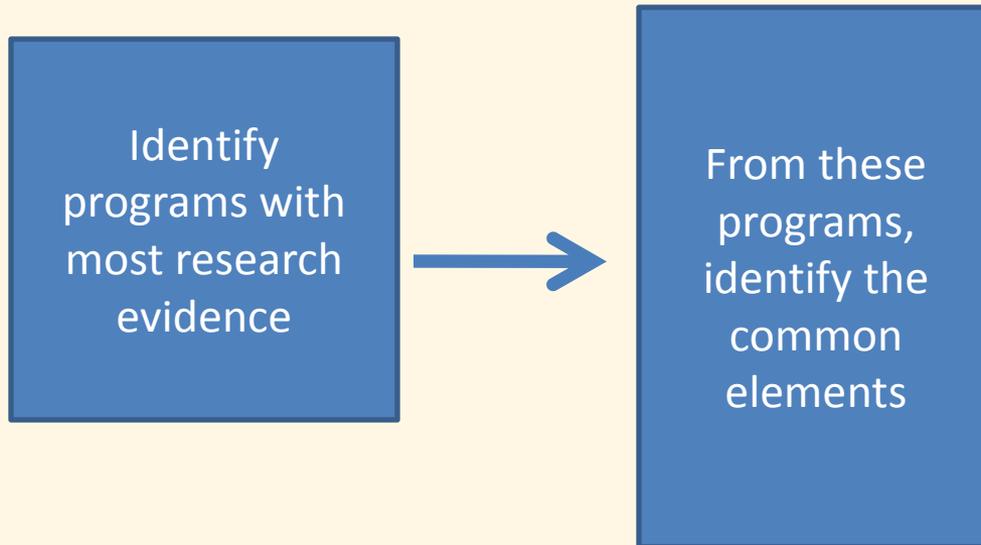




POSSIBLE PATHS FORWARD



Strategy A: Start with evidence





Strategy A: Identify CWS Relevant, Effective Practices and Extract Common Elements

Rationale

Builds on the logic of common elements identification from “winning” treatments from RCTs

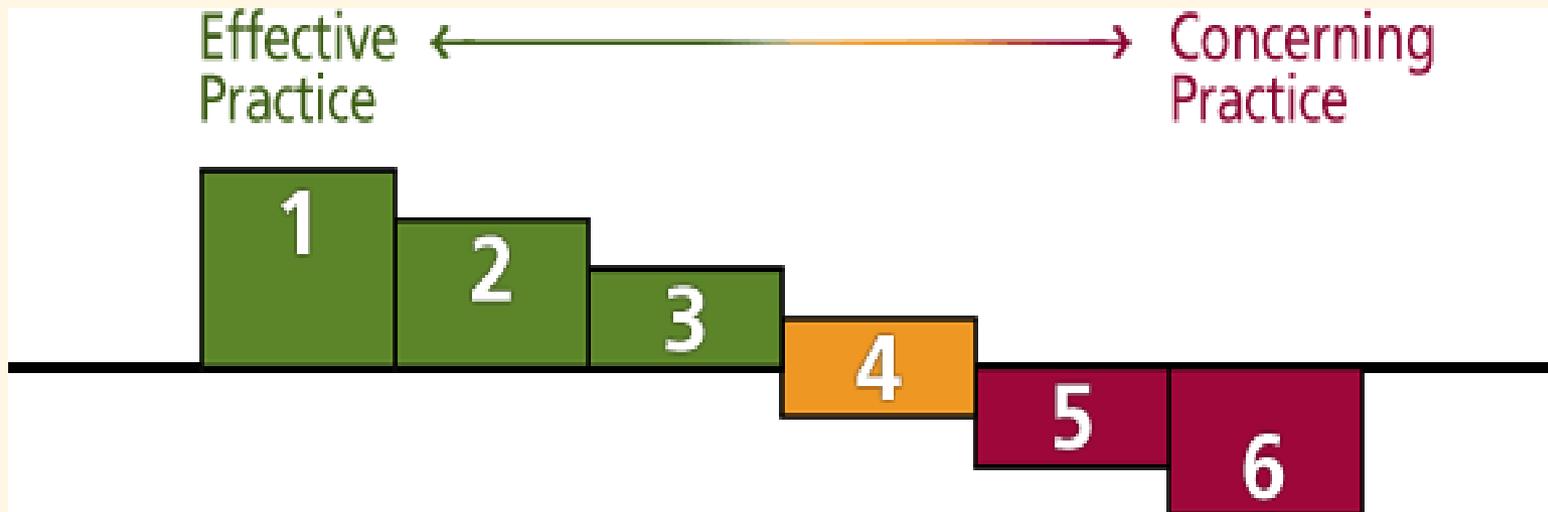
Possible Process

1. Identify CWS relevant and effective programs from the CEBC [CW]
2. Identify common elements
3. Develop training and implementation



California Clearinghouse Scientific Rating Scale

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





Relevance to CWS

Relevance to Child Welfare Populations

1 - High

The program was designed, or is commonly used, to meet the needs of children, youth, young adults, and/or families **receiving child welfare services**.

2 - Medium

The program was designed, or is commonly used, to serve children, youth, young adults, and/or families who are **similar to child welfare populations** (i.e., in history, demographics, or presenting problems) and likely include current and former child welfare services recipients.

3 - Low

The program was designed, or is commonly used, to serve children, youth, young adults, and/or families with **little or no apparent similarity** to the child welfare services population.

Relevance to Child Welfare Outcomes

Peer-reviewed published or in press studies include measures of **Safety, Permanency, and Well-Being**

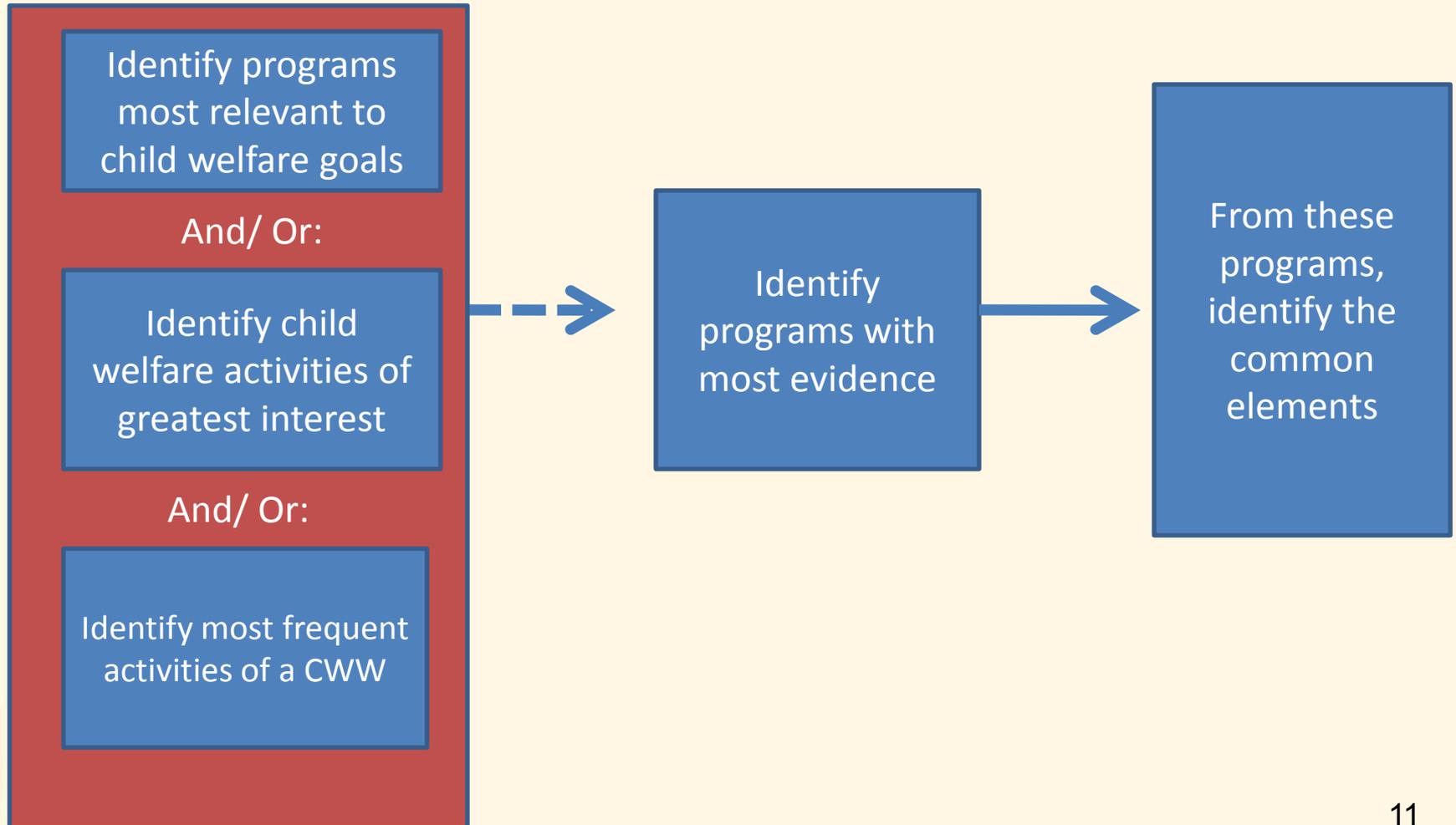


Topics Currently on the CEBC Website

- Anxiety Treatment
- Behavioral Management for Adols in CW
- Bipolar Disorder Treatment (Ch & Adol)
- Casework Practice
- Child Welfare Initiatives
- DV Services Batterers Treatment
- DV Services for Women and Children
- Family Motivation/Engagement
- Higher Level of Placement
- Home Visiting
- Infant & Toddler Mental Health (0-3)
- Interventions for Neglect
- Mental Health Treatment for Children
- Motivation and Engagement
- Parent Partner Programs for Families involved with CWS
- Parent Training
- Placement Stabilization
- Post Permanency Planning
- Prevention
- Resource Parent Training and Recruitment
- Reunification Services
- Substance Abuse Treatment
- Supervised Visitation
- Trauma Treatment for Children
- Youth Transitioning to Adulthood



Which CW Practices to Tackle?





Practices of Greatest Interest to Child Welfare Directors and Managers (in CA)

Domestic/Partner Violence: Batter Intervention Programs
Domestic/Partner Violence: Services for Women and Children
Motivational Interviewing and Family Engagement
Parent Training
Placement Stabilization
Reunification
Substance Abuse (Parental)
Trauma Treatment for Children
Youth Transitioning Into Adulthood

Source: California Clearinghouse on Evidence Based Child
Welfare Services



Practices with Most Use by CWWs[^]

- Alternative Response (In CEBC as “CW Initiative”)
- Investigation/Assessment (Not in CEBC-CW)
- Motivation and **Engagement** (3 Rated Programs)
- **Family Involvement** & Decision Making (Not in CEBC-CW)
- Casework/Case Management (1 Rated Program)
- **Placement Stabilization or Prevention** (5 Rated Programs)
- Supervised Visitation (3 Unrated Programs)
- Parent Education/Training (11 Rated Programs)
- Resource Family Finding & Training (3 Rated Programs)
- Court Document Preparation and Testimony (none)
- Post Permanency Services (1 Rated Program)



Practices with Strongest Evidence

Cognitive Therapy (CT) [MEDIUM CHILD WELFARE RELEVANCE]

Coping Cat

Coping Power Program

Coping with Depression for Adolescents (CWDA)

Eye Movement Desensitization and Reprocessing (EMDR)

Interpersonal Psychotherapy (IPT)

Mindfulness-Based Cognitive Therapy (MBCT)

Motivational Interviewing (MI)

Multidimensional Family Therapy (MDFT)

Multidimensional Treatment Foster Care - Adolescents (MTFC-A)

Multisystemic Therapy (MST)

Nurse-Family Partnership (NFP)

Parent-Child Interaction Therapy (PCIT)

The Incredible Years

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) [HIGH CWS REL]

Triple P - Positive Parenting Program



Strategy B: Start with Practices

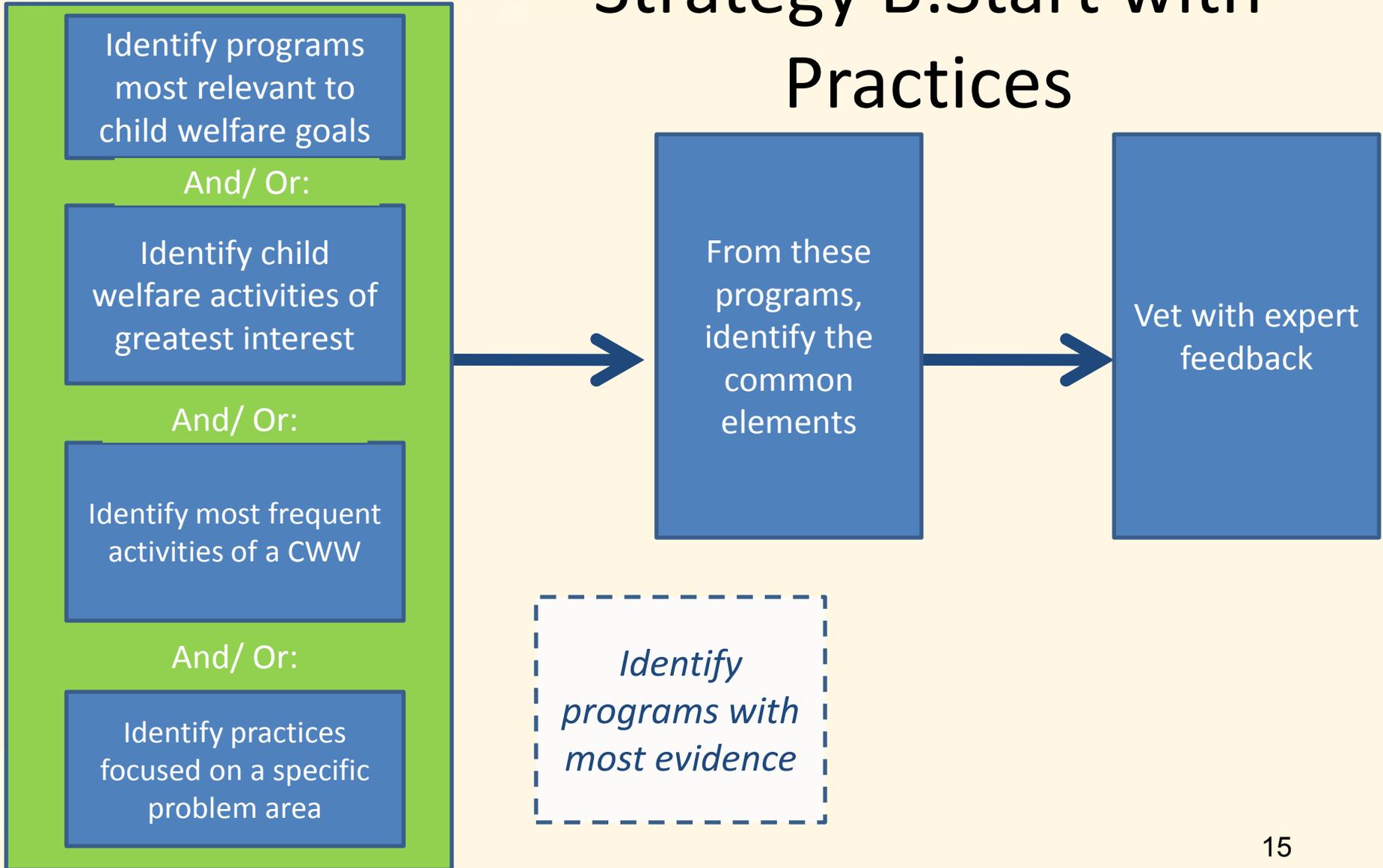




Illustration of Strategy B: Small Scale Effort to Identify Common Elements without RCT Evidence

Following Garland et al. (2008):

1. Select a group of established interventions that all target the same goal;
2. Using all supporting materials of interventions, identify core elements;
3. Core elements found in at least half of interventions are “common”;
4. Validate candidates of common elements with national experts



Strategy B: Advantages and Limitations of Small Scale Efforts

Key Advantage

More expeditious and flexible strategy for identifying promising practice elements in CW

Key Limitations

- Consensus can fail and a lot of work could be put into developing common elements of a program that lacks benefit



Implementing the Common Elements Approach (with or without identifying practice elements)

- Managing and Adapting Practice involves:
 - Using evidence from science and clinical practice to make decisions;
 - Decision and practice support tools are packaged in current practicewise resources.





Clinical Dashboard

1 Progress and Practice Monitoring Tool

Clear All Data

Redact File

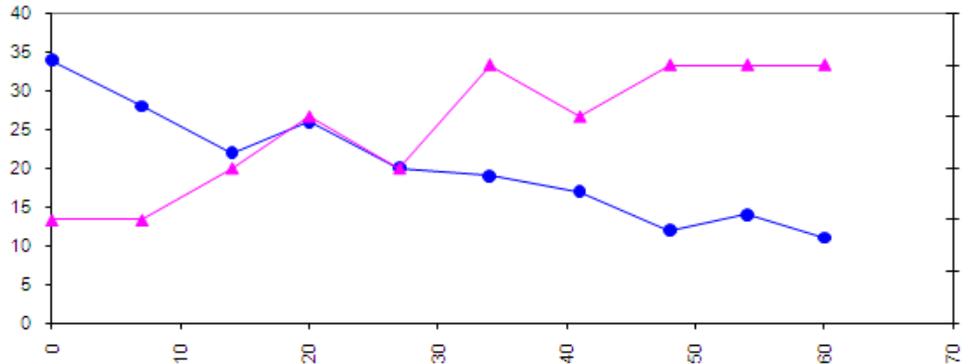
Progress Measures:

Left Scale

Youth CDI Score

Right Scale

Days Attended School

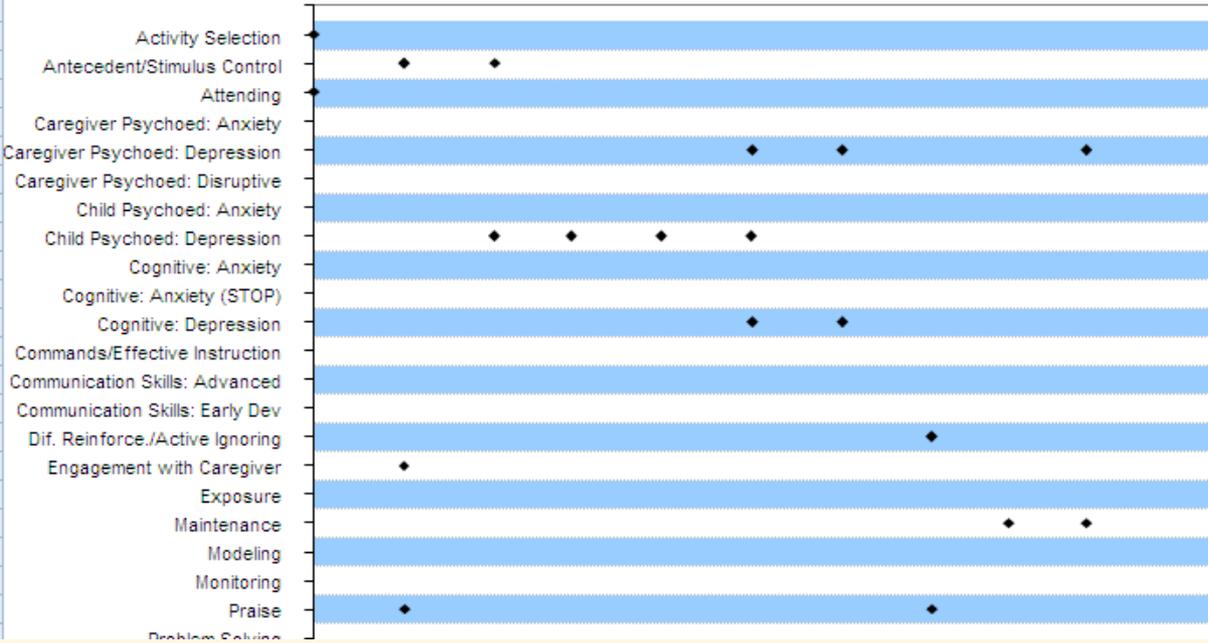


Display Measure:

- Yes Youth CDI Score
- Yes Days Attended School
- No Tx Goal #1
- No Treatment Goal #2
- No Treatment Goal #3

Display Time:

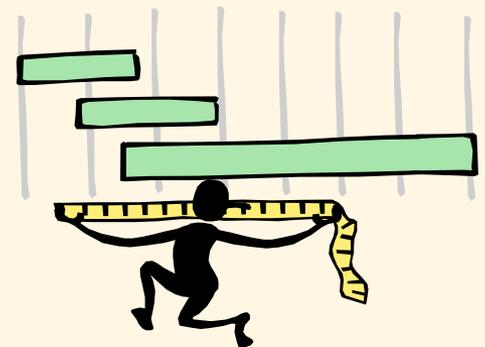
To Last Event





Fidelity in Implementation means:

- Selecting intervention based on client needs and characteristics as well as best evidence;
- Collecting data from client each session to assess progress;
- Adapting intervention and changing approach when no progress made towards outcome;





Infusing Common Elements Approach in Child Welfare could mean:

- Identify practice elements with strongest research evidence;
- Identify most commonly used practices and assess their evidence;
- Infuse efforts to track client process and outcome data and use data to drive practice

