The National Alliance of Children’s Trust and Prevention Funds’ Research Review is an online resource from the Alliance to help state Children’s Trust and Prevention Funds and their partners stay up-to-date on the latest research and innovative approaches in the field of child abuse and neglect prevention. State prevention leaders at Children’s Trust Funds across the country told us in 2010 that bridging the gap between research and practice was a critical need. The Research Review is one of the Alliance’s responses to that request.

In each issue, we summarize selected recently published prevention-related articles and provide very brief notes on the findings of additional recently published articles. We also link to research-related resources from other national prevention partners.

This issue’s “Spotlight on Implementation Science” explores the phases of implementation and variables involved in implementation of evidence-based programs and practices, including a look at how children’s trust and prevention funds and others can support implementation of effective programs.

“The Research-Savvy Practitioner” article in this edition reviews the issue of evidence-based programs and practices.

Please contact your state Children’s Trust Fund (find contact information here) to request to be alerted when new issues are released.

We hope the Research Review is a useful resource for you and we welcome your suggestions, questions and feedback. Please send any communications to researchreview@ctfalliance.org.

PREVENTION RESEARCH ARTICLE SUMMARIES

Stay on top of recently published scholarly articles related to the prevention of child abuse and neglect. Each listing below includes:

- the bottom line of what you need to know about the article
- a practitioner-friendly summary of the article, and
- in most cases the authors’ abstract from the journal, as well as a link to view or purchase the full article.

You will also see brief summaries of the findings of additional studies, with links to view abstracts and purchase or view the articles.
PROGRAM EVALUATIONS


**BOTTOM LINE:** This study found improvements in both child behavior problems and effective parenting practices among parents and children participating in ParentCorps through 4-year-old kindergarten programs in New York City schools. Improvements were greatest among those parents who scored lowest prior to the program. ParentCorps is a promising approach to reaching parents in underserved communities.

**SUMMARY:** ParentCorps is a parenting education program designed to improve parenting effectiveness and reduce child behavior problems among urban, disadvantaged families of diverse racial and ethnic backgrounds. ParentCorps is offered as a series of 13 school-based, evening group sessions for preschool children and their parents. The program includes parent and child groups (meeting separately, but coming together for parents to practice new skills) addressing cultural and contextual influences on parenting; child development; parent-child relationship building; positive reinforcement; and effective discipline. To reduce barriers to participation, a meal is served at each session, and child care is provided for siblings of the preschool-aged children. This study evaluated the effects of ParentCorps participation on parenting practices and child behavior problems among parents and children enrolled in 4-year-old kindergarten at schools in New York City serving primarily Black and Latino students. Eight schools were recruited to participate in the study, then randomized so that four of the schools received the intervention. Parents of pre-kindergarten students from all eight schools were interviewed and observed in their homes and completed a test of parenting skills; teachers reported on child behavior problems and parent involvement; and students were tested for school readiness. All of these assessments were completed at the beginning of the school year (Time 1) and again at the end of the school year (Time 2), with the intervention group participating in ParentCorps between January and April. Improvements were found in both effective parenting practices and child behavior problems among families at the ParentCorps schools as compared to families at the control group schools. Parenting effectiveness ratings increased the most for parents in the intervention group who scored lower in this area at Time 1. Parenting improvements were also greater for those who attended more sessions of ParentCorps. ParentCorps was found to engage Black and Latino parents across family income levels and employment status, with high attendance and high satisfaction ratings. The study did find lower attendance among single parents and those with lower education. ParentCorps is a promising approach to reaching parents in underserved communities.
ABSTRACT: This study examines the efficacy of ParentCorps among 4-year-old children (N = 171) enrolled in prekindergarten in schools in a large urban school district. ParentCorps includes a series of 13 group sessions for parents and children held at the school during early evening hours and facilitated by teachers and mental health professionals. ParentCorps resulted in significant benefits on effective parenting practices and teacher ratings of child behavior problems in school. Intervention effects were of similar magnitude for families at different levels of risk and for Black and Latino families. The number of sessions attended was related to improvements in parenting. Study findings support investment in and further study of school-based family interventions for children from underserved, urban communities.

ADDITIONAL FINDINGS IN PROGRAM EVALUATIONS:

- A program to educate new parents about abusive head trauma or “shaken baby syndrome” – which included a leaflet, an 8-minute video, and signature of a statement – was implemented at all hospitals providing maternity care in the Hudson Valley region in New York. Researchers found a 75% reduction in annual shaking-related injuries among infants born in the region in the first two years of program implementation, as compared to infants born in the previous five years. (Altman, R. L., Canter, J., Patrick, P. A., Daley, N., Butt, N. K. & Brand, D. A. (2011). Parent education by maternity nurses and prevention of abusive head trauma. Pediatrics, 128(5), e1164-e1172. Full text available here.)

- Caregivers who received information about the “Take 5 Safety Plan for Crying” at hospital discharge were more likely to say they would take a break from a crying infant when frustrated than were similar caregivers who did not receive the information. The anticipatory guidance provided by pediatric medical residents at a birthing hospital was found to affect parents’ awareness of shaken baby syndrome and some beliefs about infant crying. (Bechtel, K., Le, K., Martin, K. D., Shah, N., Leventhal, J. M., et al. (2011). Impact of an educational intervention on caregivers’ beliefs about infant crying and knowledge of Shaken Baby Syndrome. Academic Pediatrics, 11(6), 481-486. Available for purchase here.)

- A statewide trial showed that SafeCare participation resulted in fewer re-referrals to Child Protective Services (CPS) among 2,175 CPS-involved families in Oklahoma, as compared to non-SafeCare home-based CPS services. A coaching approach was also tested, both with SafeCare and with non-SafeCare services. Coaching appeared to increase effectiveness of either model, particularly for parents who did not meet typical SafeCare eligibility criteria. (Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F. & Beasley, W. H. (2012). A statewide trial of the SafeCare home-based services model with parents in Child Protective Services. Pediatrics, 129(3), 509-515. Available for purchase here.)

- An evaluation of the Pregnant and Parenting Teen Program in Minnesota found that participants were more likely to be enrolled in school and had better birth outcomes when compared with teen mothers not participating in the program. The program has not been subjected to rigorous evaluation, but shows promise as a strategy for reaching and serving adolescent mothers. (Schaffer,

Twelve weeks of Parent-Child Interaction Therapy (PCIT) resulted in improved maternal sensitivity, parent-child interaction, and child behavior; decreased stress and child abuse potential; and lower likelihood of referral for child maltreatment among mothers who were at high risk of maltreating their children. High-risk mothers recruited via referral from child protective services and other human services providers were randomly assigned to immediate PCIT participation or a waiting list to participate in the program after 12 weeks; their outcomes were compared when one group had finished the program and the other had not yet begun. PCIT has previously been shown to be effective as an intervention for maltreating parents when used in conjunction with a six-week motivational component. This study shows that PCIT can also be effective for prevention among high-risk parents and when used in isolation. (Thomas, R. & Zimmer-Gembeck, M. J. (2011). Accumulating evidence for Parent–Child Interaction Therapy in the prevention of child maltreatment. Child Development, 82(1), 177-192. Available for purchase here.)

RISK AND PROTECTIVE FACTORS FOR CHILD MALTREATMENT


BOTTOM LINE: Comparisons of adolescent and adult mothers of infants enrolled in Early Head Start revealed similarities and differences in parenting behaviors and social risk factors. At 36 months, children of adolescent mothers scored lower than children of adult mothers on tests of cognitive and language abilities. Among adolescent mothers, higher levels of positive parenting when their children were 14 months were associated with greater gains in both cognitive and language abilities through age 3. This study reaffirms the potential of positive parenting interventions with adolescent mothers to impact children’s cognitive and language development throughout early childhood.

SUMMARY: Mothers and their infants (n=1,240) enrolled in Early Head Start were interviewed and videotaped at child age 14 months, and again at 36 months of age. Analyses revealed that mothers who were 19 or younger at the birth of the child, as compared to adult mothers, were less supportive, less emotionally responsive, and
more negative or hostile to their children at child age 14 months, and reported more family conflict. On several other measures, including level of caregiver support provided by the father, maternal depression, and parental distress, no significant differences were found based on maternal age. At 36 months, children of adolescent mothers scored lower on tests of cognitive and language abilities. Among adolescent mothers, higher levels of positive parenting when their children were 14 months were associated with greater gains in both cognitive and language abilities through age 3. This relationship was independent of the influence of demographic and social risk factors. This study reaffirms the potential of positive parenting interventions with adolescent mothers to impact children’s cognitive and language development throughout early childhood.

ABSTRACT: Available for public viewing here.


BOTTOM LINE: Using data from an earlier evaluation of Healthy Families Arizona (HFAz), researchers analyzed characteristics of 197 fathers and family well-being in families that met the risk criteria for participation in HFAz. More than three-quarters (77%) of the fathers in these high-risk families had some contact with their babies, including 47% who lived with the mother and baby. Father involvement and residence were found to be related to a number of indicators of maternal and family well-being. This research provides ideas both for future research and for involving fathers in home visiting interventions.

SUMMARY: Using data from an earlier evaluation of Healthy Families Arizona (HFAz), researchers analyzed characteristics of 197 fathers and family well-being in families that met the risk criteria for participation in HFAz. More than three-quarters (77%) of the fathers in these high-risk families had some contact with their babies at the time of data collection (within three months post-birth, but pre-enrollment in HFAz). Nearly half (47%) of fathers lived with the mother and baby (including 15% who were married); another 29% were nonresident fathers who had some contact with the baby. Fewer than a quarter (23%) had no contact with the baby. Father involvement and residence were found to be related to a number of indicators of maternal and family well-being, including financial resources, maternal mental health (though there was no significant finding for maternal depression), and receipt of prenatal care. In families with involved fathers, mothers were less likely to have had previous contact with child protective services as a parent and less likely to report being the victim of intimate partner violence in the past year. Non-resident fathers were more likely to be involved with their babies when mothers had fewer previous births. The data was not collected with the intention of analyzing father characteristics, so some data was incomplete or may have been based on mothers’ reports of fathers’ characteristics. Despite these limitations, the analyses revealed some interesting correlations and the research provides ideas both for future research and for involving fathers in home visiting interventions.

ABSTRACT: Available for public viewing here.
ADDITIONAL FINDINGS IN RISK AND PROTECTIVE FACTORS FOR CHILD MALTREATMENT:

- Families whose exit from Temporary Aid for Needy Families (TANF) was involuntary were at increased risk of a substantiated or indicated finding of maltreatment within two years of their initial TANF exit, while families who exited due to higher earnings from employment were at a reduced risk of maltreatment. These findings were based on over 18,000 female-led families who exited TANF in Ohio between 1999 and 2002. (Beimers, D., & Coulton, C. J. (2011). Do employment and type of exit influence child maltreatment among families leaving Temporary Assistance for Needy Families? Children and Youth Services Review, 33(7), 1112-1119. Available for purchase here.)

- Adolescent mothers’ ratings of the extent to which their pregnancies were wanted and intended, and the extent to which they regretted having a child at this time in their lives, were related to their mental health and their adjustment to parenting, including use of harsh parenting behaviors, in the first year of their babies’ lives. Among the 100 unmarried Latina adolescents studied, ratings of pregnancy intendedness and wantedness declined from the prenatal period to post-birth – in contrast to typical patterns among adult mothers. (East, P. L., Chien, N. C. & Barber, J. S. (2012). Adolescents’ pregnancy intentions, wantedness, and regret: Cross-lagged relations with mental health and harsh parenting. Journal of Marriage and Family, 74(1), 167-185. Available for purchase here.)

- Neighborhood availability and use of licensed early care and education (both home- and center-based) were found to be related to lower rates of early childhood maltreatment referrals and substantiations in Los Angeles County census tracts. (Klein, S. (2011). The availability of neighborhood early care and education resources and the maltreatment of young children. Child Maltreatment, 16(4), 300-311. Available for purchase here.)

CULTURAL CONSIDERATIONS

FINDINGS IN CULTURAL CONSIDERATIONS

- Child protective services-involved parents participating in home-based SafeCare were more likely to rate services as respectful of cultural differences, compared to typical services. In addition, SafeCare participants were more likely to attain treatment goals and to be satisfied with the services received. Perceptions of respect for cultural differences and matched therapist-client race/ethnicity both appeared to influence goal attainment and service satisfaction – but this finding was only true among Caucasian participants. (Damashek, A., Bard, D. & Hecht, D. (2012). Provider cultural competency, client satisfaction, and engagement in home-based programs to treat child abuse and neglect. Child Maltreatment, 17(1), 56-66. Available for purchase here.)
A culturally diverse group of parents in Australia reviewed Triple P materials and rated them as useful, helpful, and culturally appropriate. The parents responded positively to the parenting strategies promoted in Triple P materials and very few cited cultural barriers to implementing the strategies or to participating in a Triple P program. High-ranking barriers to participation across all cultural groups included time, cost, location, and competing work commitments. (Morawska, A., Sanders, M., Goadby, E., Headley, C., Hodge, L., McAuliffe, C., et al. (2011). Is the Triple P-Positive Parenting Program acceptable to parents from culturally diverse backgrounds? Journal of Child and Family Studies, 20(5), 614-622. Available for purchase here.)


RESEARCH METHODS & REFLECTIONS


Parallel surveys of program participants and trained facilitators for the Strengthening Families Program for Parents and Youth Ages 10-14 (SFP 10-14) revealed that participants had more positive views of evaluation than program facilitators predicted. In addition, both facilitators and participants viewed evaluation as a potential learning experience. Practitioner concerns about the intrusiveness of evaluation – particularly pre-tests administered at the beginning of a program – may be exaggerated. (Whitehall, A. K., Hill, L. G. & Koehler, C. R. (2012). A comparison of participant and practitioner beliefs about evaluation. American Journal of Evaluation, 33(2), 208-220. Available for purchase here.)

**BOTTOM LINE:** Of 174 providers who participated in structured interviews an average of two years after receiving training in Triple P, a large majority (85%) reported that they were currently using Triple P. Provider self-confidence after training, fit of the program with job responsibilities, availability of post-training support, and the perceived benefit of the intervention for children and families were all found to predict whether an individual provider would be using the program.

**SUMMARY:** Of 174 providers who participated in structured interviews an average of two years after receiving training in Triple P, a large majority (85%) reported that they were currently using the program. These South Carolina providers had been trained as part of the population-level trial of Triple P. Characteristics of the participating providers were compared with their use of Triple P to determine facilitators and barriers to the use of the program after training. Provider self-confidence after training, fit of the program with job responsibilities, availability of post-training support, and the perceived benefit of the intervention for children and families were all found to predict whether an individual provider would be using the program. The authors discuss implications for child maltreatment prevention and the implementation of evidence-based programs and practices in the field, citing the need to move beyond a “train and hope” model of implementation.

**ABSTRACT:** The prevention of child maltreatment via parenting interventions requires implementation on a broad scale, which is facilitated by drawing on a multidisciplinary array of service workers located in multiple settings. This underscores the importance of understanding factors that impact worker implementation of evidenced-based parenting and family support interventions. This study involved structured interviews with 174 service providers from several disciplines who had been trained previously in the delivery of the Triple P-Positive Parenting Program. These follow-up interviews, conducted an average of about 2 years after professional in-service training, provided the basis for examining predictors of sustained program use. Predictors examined included facilitators and barriers to program use, as well as organizational and provider-level characteristics such as attitudes toward evidence-based interventions. Highlighting the importance of a systems-contextual perspective on implementation, several provider and organization-level characteristics significantly predicted program use including provider self-confidence after training, fit of program with ongoing duties, availability of post-training support, and perceived benefit of intervention for children and families. Implications for prevention and implementation science are discussed in view of the challenges inherent in the field of child maltreatment.
ADDITIONAL FINDINGS IN OTHER STUDIES:

The concept of a “good divorce” – a divorce in which both parents maintain parenting roles and cooperate well, buffering their children from some of the negative effects of divorce – was the subject of one research article and two commentaries in a recent issue of the journal *Family Relations* focused on relationship dissolution. (Table of Contents available [here](#).)

- Paul Amato and colleagues analyzed data from a national survey and concluded that children whose parents seemed to fit the criteria for a “good divorce” fared better than other children of divorced parents on only two outcomes (child behavior problems as reported by the resident parent, and more positive relationships with their fathers). However, on other outcomes measured, children of “good divorces” did not fare any better than children of divorce in general. The authors argue that the buffering effect of “good divorce” is not as strong as many researchers, therapists, and the general public may believe it to be. (Amato, P. R., Kane, J. B. & James, S. (2011). *Reconsidering the ‘good divorce.’* *Family Relations, 60*(5), 511-524. Available for purchase [here](#).)

- Constance Ahrons, the author of the original study and books about “good divorce,” criticizes the methods used by Amato et al. and argues that her definition of “good divorce” was never meant to imply that children would be unaffected by divorce under those conditions, but rather that certain divorce-related stressors can be diminished, as confirmed by the Amato study. (Ahrons, C. R. (2011). *Commentary on “Reconsidering the ‘good divorce.’”* *Family Relations, 60*(5), 528-532. Available for purchase [here](#).)

- Jan Pryor questions whether the “good divorce” as it is defined by Ahrons is possible. She comments on less-explored aspects of Amato’s findings, such as that children of “parallel parenting” couples – where children have some contact with nonresident parents, but the parents communicate poorly – fare worse on several measures than children of “single parenting” families where the children have little to no contact with nonresident parents. (Pryor, J. (2011). *Commentary on “Reconsidering the ‘good divorce’” by Paul Amato et al.* *Family Relations, 60*(5), 525-527. Available for purchase [here](#).)
RECENT RESOURCES IN THE FIELD

Be sure to check out these prevention-related resources released by other organizations in recent months. If your organization has released a research-based resource related to child abuse and neglect prevention that you’d like to see included in the next Research Review, please email researchreview@ctfalliance.org.

☞ Chapin Hall Center for Children at the University of Chicago. (2011). *The Palm Beach County Family Study: Supporting low-income parents of young children.* Report from the fifth and final year of data collection now available [here](#).


The Research Savvy Practitioner: Understanding “evidence-based”

This regular feature of the Research Review discusses issues related to accessing, understanding, and applying research in your work in child abuse and neglect prevention.

The phrase “evidence-based” is used frequently in the prevention field. Its meaning may not always be well understood by those who use, hear, or read about it. The “Spotlight on Implementation Science” in this issue of the Research Review focuses on factors that affect the implementation of evidence-based programs and practices (EBPs). This column provides a brief review of what “evidence-based” means in terms of programs, specific practices, and overall professional practice.

**VARIOUS TYPES OF “EBPS”**

One reason for the confusion about the use of the acronym EBP is that the “P” can stand for either program or practice, and “practice” can refer to specific practices or to an overall approach. While all of these meanings come from similar ideas about using evidence derived from research to inform our work, there are key differences.

- **Evidence-based practice** refers to an approach to human services that integrates the best available research evidence with professional expertise and client or participant values.¹ The National Alliance of Children’s Trust and Prevention Funds endorsed the following definition of evidence-based practice in 2009: “A decision making process that integrates the best available research evidence with family and professional wisdom to choose a course of action.”² Rooted in a medical or clinical model, this describes an ideal of professional practice that can be applied in many fields of work as well as in organizational decision-making.

- **Evidence-based practices** are specific approaches integrated into a clinician or other professional’s work with individuals or groups, which have been found to be effective on their own or to increase the effectiveness of a larger intervention. For example, the practice of offering parents time to practice their new skills with their children in the context of parenting education programs could be considered an evidence-based practice because it has been shown to make parenting programs more effective.³ An evidence-based practice might be one of many tools in a home visitor’s toolbox, such as motivational interviewing; or it might define a mental health provider’s entire approach to therapy, such as cognitive-behavioral therapy.

- **An evidence-based program** is a structured model for the delivery of specific content to participants – such as through home visits or group-based parenting education. These are programs that have been subjected to rigorous evaluation comparing participants to non-participants, and found to have the intended effects on participants. Evidence-based programs often have a clear beginning and end, with a set number of sessions, specific topics to be covered, or minimum period of commitment.
REGISTRIES OF EBPS

Several federal agencies and other organizations have established online listings of EBPs, called registries. These registries are designed primarily to help service providers find appropriate and effective programs. However, because there is no registry focused specifically on prevention of child maltreatment, providers in this field often need to search several registries to find a program that meets their needs.

Each registry has a slightly different set of criteria for inclusion, and the registries are generally limited to programs that have shown an effect on the outcomes of interest to that agency. For example, SAMHSA’s National Registry of Effective Programs and Practices (NREPP, http://www.nrepp.samhsa.gov/) lists interventions that have been shown to be effective for substance abuse prevention, mental health promotion, and mental health and substance abuse treatment. Several child maltreatment prevention programs are included in NREPP, because they have been shown to positively affect substance abuse and/or mental health among parent or child participants. Other child maltreatment prevention programs which may be very effective in preventing child abuse and/or neglect are not included in NREPP, either because their evaluations did not measure substance abuse or mental health outcomes, or because they were not found to be effective for those outcomes.

Registries also differ in whether they list only programs that have been found to be effective, or a wider range of programs with ratings of effectiveness. For example, the RAND Corporation’s Promising Practices Network (PPN, http://www.promisingpractices.net/) lists Proven Programs (meeting the highest criteria), Promising Programs (meeting less stringent criteria, but showing positive effects), and “Other Reviewed Programs” which have been reviewed by other organizations and appear to show evidence of effectiveness. Programs not listed on their site have not met their criteria. The California Evidence-Based Clearinghouse for Child Welfare (CEBC, http://www.cebc4cw.org/), on the other hand, publishes ratings of all reviewed programs, including ratings of “concerning practice” and “evidence fails to show effect.” (Note that CEBC is child welfare-focused and only includes prevention programs that have been used to prevent repeat occurrences of abuse and neglect.)

The lack of a registry listing does not mean that a program is not effective. Many programs have simply not been subjected to the type of rigorous evaluation necessary to prove their effectiveness. Even for those that have been evaluated, it can take several years for a program to accumulate enough evidence to meet the criteria for inclusion on a program registry. Evaluations must be completed – often with lengthy follow-up periods, data must be analyzed, and results must be published in academic journals.

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ADDITIONAL CRITERIA

Across all the permutations of EBPs described above, the underlying emphasis is on using rigorous evidence of effectiveness to inform programs and practices whenever possible. In addition, the following criteria are usually taken into account for a program or practice to be considered “evidence-based” and included on registries of effective programs (see sidebar for more about registries):

- The program or practice is research-based, meaning that it has a theoretical grounding, often illustrated by a logic model or theory of change, which is informed by empirical research. For example, the Nurse Family Partnership program is built around three theories. The program’s focus on young mothers’ self-efficacy (their confidence that they can change their behaviors to affect outcomes) reflects one of these theories. This theory is backed up by empirical research showing that maternal self-efficacy is critical to achieving better outcomes for mothers and their children.

- The program or practice has been found to be effective in multiple settings, with different population groups. It can be difficult to predict whether the same intervention that was effective with urban teen parents will work with older, rural parents, or whether a program will effectively reach participants from a variety of cultural backgrounds. Implementing and testing a program or practice in a variety of settings is crucial to understanding the circumstances under which it will be effective and when adaptations may be warranted. For example, the Nurturing Parenting Program has expanded from one original curriculum into dozens of variations designed for different population groups, risk levels, and ages. Each of these variations has been evaluated or is under evaluation for its effect on child abuse, neglect, and other outcomes.

- The evaluation that found the program or practice to be effective (a) was conducted by someone other than the program developer, (b) has been subjected to peer review, and/or (c) has been published in an academic journal. Even with the best intentions of objectivity, program developers may be more likely than other researchers to find positive effects of their own programs. Indeed, a developer’s involvement in an evaluation may even improve the quality of the program as it is delivered, as compared to implementation and evaluation by others. Evaluation by others and publication in an academic journal (which entails peer review) indicate that the evaluation was conducted and the data analyzed according to high scientific standards and the program is likely to be effective when implemented by others. For example, following initial promising findings by the program developer, Family Connections, a home-based program to prevent child neglect, has been evaluated at multiple sites by an independent agency. Results of those evaluations have been published both as agency reports and in academic journals.

REMEMBER: RESEARCH-BASED + EVALUATED = EVIDENCE-BASED.

It is important to note that a program or practice can be “research-based,” “evidence-informed,” or “theoretically grounded” – giving us reason to believe that it should be effective – but if it has not been evaluated for its effect on outcomes, it is not “evidence-based.” These are the programs that should be rigorously evaluated to add to the knowledge base about what works.
COST-BENEFIT ANALYSIS OF EVIDENCE-BASED PROGRAMS AND PRACTICES

It is also important to clarify the relationship between EBPs and cost-benefit analysis or cost-effectiveness. It is quite difficult to conduct a cost-benefit analysis of a program or practice that has not been rigorously evaluated – simply because cost-benefit analysis requires confidence in the differences between outcomes for those who receive the intervention and those who do not, as well as detailed tracking of the monetary value of program costs and benefits.

However, cost-benefit analysis is an additional step beyond program evaluation, and it is important to distinguish between findings of effectiveness and findings of cost-effectiveness. Programs can be proven to be very effective – but at a high cost that, at least on an economic level, is not outweighed by the outcomes achieved. Similarly, some programs with modest effects can be implemented at a low cost, thus showing positive returns on investment. Even when the cost-benefit ratio shows a positive return on investment, the cost of implementing some programs is prohibitive in many circumstances.

SEEKING MIDDLE GROUND: MOVING TOWARD “EVIDENCE-INFORMED”?

The issue of EBPs has become somewhat polarizing in the field of prevention, with some practitioners and researchers pushing back against the domination of EBPs, particularly in the area of evidence-based programs in home visitation and parenting education. Agencies and practitioners have many valid reasons for preferring their own, as-yet-unproven programs over EBPs that may come at high cost, often require greater commitment from participants, or may not meet the needs of their particular community at a given time. In addition, some researchers argue that the demands of rigorous program evaluation differ too much from “real world” implementation in which practitioners rely on a variety of different approaches and interventions to effectively meet the needs of multiply-challenged families. Many stakeholders have also pointed out that focusing too heavily on EBPs could put a damper on innovation and the identification of new effective programs.

Several approaches have emerged that support a focus on ensuring program quality while moderating the push toward EBPs in human services in the first part of this century:

- Researchers are increasingly working to identify components that are common across effective programs, or associated with greater effectiveness. These program characteristics, which fit the definition of “evidence-based practices” given earlier in this paper, are sometimes referred to as “active ingredients” or “evidence-based kernels.”

- For example, the Centers for Disease Control and Prevention completed a meta-analysis of parenting education programs, identifying program components associated with more or less effective programs. As described earlier, one component associated with effectiveness was the practice of using program time to allow parents to practice new skills with their children.
Researchers at the University of Wisconsin identified “principles of effective programs” and argue for an approach they call “evidence-informed program improvement,” in which agencies modify their existing programs to more fully embrace these principles. The 12 principles include aspects of program design and content, program relevance, program delivery, and program assessment and quality assurance.

The federal CBCAP funding program has focused on increasing reliance on evidence in the mix of programs funded, leaving room for innovation and promising practices while encouraging evaluation of well-established programs and implementation of EBPs where appropriate.

CONCLUSION

It can be difficult to sort through various options in terms of programs, practices, and approaches in our current environment that is light on resources, heavy with information, and full of pressure to use evidence-based approaches. Agencies need to weigh evidence, costs, benefits, and fit with agency and community needs in order to help participants achieve the best possible outcomes with limited resources. Evidence for the effectiveness of a program or practice is a valuable tool, but cannot be the only factor, in making those decisions.

REFERENCES

When the interest in evidence-based programs and practices (EBPs) first began to grow, the emphasis was on identifying effective programs and encouraging agencies to implement them. However, the path from recognizing an effective program or practice to getting positive outcomes for participants on a larger scale can actually be quite complicated. Understanding this process and supporting agencies to implement EBPs – and implement them well – has become a field unto itself.

The field of implementation science considers what goes into successful use and application of research findings. In human services and education, this means looking at the process of implementation of programs, practices, and policies that have been proven to be effective. This Spotlight on Implementation Science looks at the growing understanding of the dissemination and implementation of effective programs and practices. (See “The Research-Savvy Practitioner” column in this issue of the Research Review for a review and discussion of what it means to be evidence-based.)

IMPLEMENTATION OF EBPS IN PREVENTION

In 2003, researchers estimated that fewer than 10% of family-strengthening interventions in the United States were evidence-based. Around the same time, a movement developed to expand the focus on using evidence effectively in the prevention field. The work was supported by the federal Centers for Disease Control and Prevention, the federal Office of Child Abuse and Neglect, and others. The Alliance and the state children’s trust and prevention funds were part of this work from the beginning, as were other national and state organizations.

Significant progress has been made, particularly among state children’s trust and prevention funds and state lead agencies for the federal Community Based Child Abuse Prevention (CBCAP) programs. With the focus on evidence-based home visiting programs in the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV, part of the Affordable Care Act) many states greatly increased their reliance on programs that have been proven to be effective.

However, for a number of reasons, more than a decade into this movement, EBPs continue to be less utilized overall than researchers and funders would like. For example, a survey of Wisconsin counties conducted by the Wisconsin Children’s Trust Fund asked county and agency staff to list child maltreatment prevention programs implemented in their counties in 2008 and indicate which were evidence-based. Ten percent of programs were marked as evidence-based; only 40% of those were confirmed to be EBPs (i.e., either they were listed on a recognized registry of...
EBPs or published evaluations reported them to be effective), for a total of fewer than 5% of all reported prevention programs.\(^3\) While encouragement, requirements, and technical assistance through the CBCAP and MIECHV programs have increased reliance on EBPs, it is not clear how well information about and access to EBPs has “trickled down” to prevention programs that operate outside of those funding streams.

**STAGES OF IMPLEMENTATION**

Research on the implementation of EBPs and other innovations often focuses on stages of implementation. These are the stages than an agency or organization goes through – or would ideally go through – in the implementation of an EBP.\(^4,5\) Each stage is described below, along with some of the implementation concerns that arise at that stage in the process and references to recent relevant studies.

**Exploration/Adoption.** This process may begin when an agency identifies unmet needs in its community, receives new funding, or is given a mandate to incorporate one or more EBPs into its work. Staff begin seeking out appropriate programs and practices related to their desired outcomes, targeted population, and/or delivery format. If they do not find appropriate EBPs, or do not perceive the existing options to be a good fit, agencies or individual staff members may develop their own approaches or blend bits and pieces from a variety of sources to create a new program. Administrator and practitioner familiarity and comfort with EBPs will influence whether an EBP is adopted at this point.\(^6\) Resources such as registries listing EBPs and support from funders or intermediary organizations are also important at this stage as agencies and staff members choose a program or practice to implement.

**Program Installation.** In this stage, an agency lays the groundwork to implement a new program or practice. This stage includes securing funding, hiring staff, soliciting referrals, and developing policy to support the new program or practice as needed. Program installation is critical to ensuring successful implementation, but is often overlooked and the time needed to do it well is easily underestimated.

**Initial Implementation.** During initial implementation, staff receive training in the EBP and begin to implement it – whether running a group-based program for the first time, enrolling participants in a new home visiting program, or implementing a new practice in a clinical or casework setting. For most EBPs, there is a protocol in place for training of staff and technical assistance with initial implementation, which may include meeting standards for accreditation. The majority of implementation science research has focused on this stage. For example, researchers have compared the effectiveness of different approaches to training on skills and quality of implementation among service providers.\(^7\) At this point, depending on the circumstances, enthusiasm about the EBP can run high, or resentment of the process can grow among staff members asked to change their practice.

**Full Operation.** This is the phase in which the EBP is up and running and being used consistently. Issues that become important in this phase include participant engagement,\(^8\) provider turnover, fidelity to the EBP model (see sidebar), and evaluation of effectiveness.
Innovation. Often, after an agency or practitioner has some experience with an EBP, there is a desire to “tweak” the program or practice to better meet the needs of the agency, provider, or participants. This can be done intentionally, with an eye to adapting the EBP and evaluating the effect of the adaptation to be sure the revised program remains effective in achieving the desired outcomes. It can also be done with less intention, which is often referred to as “program drift” as the EBP resembles the original model less and less over time.

Sustainability. This phase generally refers to the continued implementation of an EBP after the original funding stream or external support has ended. Issues in the sustainability phase include the extent to which the EBP continues to be used, the degree of fidelity to the model, and whether outcomes continue to be achieved for participants and communities over time. One recent study found that communities that implemented a community-wide EBP (Communities That Care) outperformed a control group in terms of the number of effective prevention programs in use, quality of implementation, and number of families reached with prevention services – both while technical assistance was being provided and two years later. Serious program drift can occur in this phase, when agencies have less dedicated funding and less oversight or technical assistance related to the EBP, which is likely to reduce the effectiveness of the EBP.

VARIABLES AFFECTING IMPLEMENTATION

Certain factors make successful implementation of EBPs more or less likely. These potential facilitators and barriers include:

- Organizational variables such as openness to change, supervisory support for implementation, and integration of EBP-related responsibilities into staff caseloads
- Provider characteristics such as attitude toward EBPs, skills in facilitation, and self-efficacy in delivering the EBP
- Program features such as accessibility of program materials, fit with the agency mission or community culture, and program dosage and intensity
- Post-training environment such as availability of follow-up support for practitioners, organizational endorsement of the EBP, and accommodation of EBP requirements in workload or caseload planning

SUPPORTING IMPLEMENTATION OF EBPS

Children’s trust funds and other funders have opportunities to support direct service agencies in implementing EBPs. Whether through funding requirements, provision of training and education, or technical assistance for agencies implementing EBPs, there are many ways to help increase the understanding and use of EBPs.

Wandersman and colleagues describe a theoretical “Evidence-Based System for Innovation Support” (EBSIS) to assist in the implementation of EBPs and other innovations. They describe four components of support: Tools, Training, Technical Assistance, and Quality Improvement/Quality Assurance. These components build on each other; use of more components will result in more effective support. These are all types of support that can be provided to increase the quality of implementation and ensure that outcomes are achieved.
FOR MORE INFORMATION


☞ A recent special issue of Child Maltreatment focused on “Disseminating Child Maltreatment Interventions: Research on Implementing Evidence-Based Programs.” Most of the articles were focused on evidence-based approaches to treatment, rather than prevention, of child abuse and neglect. The issue included several articles referenced here and in the Research Review. Access the Table of Contents here or from http://cmx.sagepub.com/.

☞ The “What Works, Wisconsin” project at the University of Wisconsin-Extension provides a series of Research to Practice briefs on issues related to EBPs and their implementation. These briefs can be downloaded here or from http://whatworks.uwex.edu/.

REFERENCES


Fidelity vs. Adaptation

One of the major issues in implementation of EBPs is fidelity to the model. Fidelity refers to the extent to which a program or practice is implemented as it was designed. With less fidelity, there is a concern that a program or practice may not have the same effects as it had in the evaluation studies that established it as effective. Some purveyors of EBPs require regular fidelity checks or re-certification of providers in an attempt to increase fidelity to the model.

It is clear that programs do need to be adapted in some circumstances, to better meet the needs of a community or a particular population group. For example, program materials may need to be translated into another language or modified to reflect the culture or particular needs of a group being served. However, it can be difficult to know which changes could affect the effectiveness of a program or practice.

In some cases, it may be possible to work with the program developer, who may be able to identify key components that make up the core of a program or practice and other pieces that can be changed as needed. When that type of support is not available, agencies should approach program adaptation thoughtfully. Changing the details of a role-playing scenario to be more relevant to participants’ lives would probably be a harmless change. On the other hand, reducing the number of sessions or length of an intervention is likely to reduce effectiveness. Using an EBP designed for one group (for example, first-time parents meeting certain risk criteria) with another group (for example, parents with substantiated cases of child maltreatment) is also likely to make the EBP less effective. With any substantial changes to how a program is implemented or delivered, an outcome evaluation should be conducted to ensure that the program is still having the desired effect.