Strategies to Increase Readiness to Adopt Evidence-Based Parent Training Programs in Child Welfare Agencies: Preliminary Findings

Sarah McCue Horwitz, Ph.D.
John Landsverk, Ph.D.
Michael Hurlburt, Ph.D.
Gregory A Aarons, Ph.D.

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Rationale:

Each year in the United States there are more that 3 million allegations of child maltreatment involving over 6 million children. Years of administrative and research data indicate that, regardless of placement disposition, these young maltreated children are at risk for numerous developmental delays and severe emotional and behavioral problems. Although the few children placed out of home are more likely to receive individually focused mental health services, such services are rare for children remaining at home even though such cases are the overwhelming majority of those investigated by child welfare. Services to the hundreds of thousands of children who remain in their homes instead come in the form of parent-focused services. Although there are numerous, efficacious parent-focused interventions that can change the family environment and improve the lives of children, research has documented that most of the parent focused interventions currently delivered to families in child welfare are not treatment strategies with solid empirical support (Hurlburt et al., 2005).

Given that child welfare systems are mandated to deliver or facilitate the delivery of services designed to aid parents in retaining their children safely at home, prevent further maltreatment, and reduce costly restrictive placements and placement changes, it is surprising that these agencies have not commonly adopted one or more intervention models from the array of parent training models that result in strong, durable changes in parenting practices and reductions in children’s emotional and behavioral problems. Most parenting training delivered to families involved with child welfare is diffuse, not empirically supported, and less structured and intensive than evidence-based programs. Such programs also lack the same level of active parent involvement in learning new skills, and a strong foundation of efficacy/effectiveness.

Our key question is why this disconnect occurs, particularly in light of data from a recent MacArthur funded study showing that mental health service provider agencies are constantly experimenting with new practices (Schoenwald et al., 2008). The answer lies in the key problem identified in the NIH Roadmap Initiative and the NIMH report Bridging Science and Service…..our continued inability to implement evidenced based practices in routine services settings. In fact, as pointed out in the Kaufman Best Practices Project, 2004, and by Chaffin and Friedrich, 2004, two of the biggest obstacles for public child welfare agencies may be the
ability to access research-based information on the appropriateness/effectiveness of parent-training programs and the level of involvement/comfort with the implementation process, also described as the initial phase of selection or adoption of new practices (Glisson and Schoenwald, 2005). Unlike in mental or physical health where the discussions of evidenced-based practices have been common for almost two decades, such discussions in the social work literature were not common until 2004 or later when the Journal of Evidence-Based Social Work and the California Evidence-Based Clearinghouse for Child Welfare, as well as a number of reviews of evidence based practices for child welfare clients (Barth et al, 2005; Chaffin and Friedrich, 2004; NAPCWA, 2005; Kaufman Best Practices Project, 2004) were published. Further, traditional social work education has not focused on evidence-based practices (Weissman et al, 2006), although there is a growing recognition of the importance to do so and some model programs do exist (e.g., Brekke at USC-Institute for the Advancement of Social Work Research, 2007).

As described by Frambach and Schillewaert (2002), little is known about how different contextual, intervention, and person factors are related to stages of adoption and implementation. This likely occurs because most empirical studies of implementation focus only on a limited number of factors. Surprisingly little is known about early stages of the implementation process, specifically the initiation of the process to adopt an evidence based program or service. Further, there are scant data on strategies to improve adoption, with the Chamberlain et al work being a notable exception (Chamberlain et al, 2008). Key features of this first stage are awareness of EBPs, attitudes towards EBPs and evaluation of the effectiveness and fit of EBPs (Frambach and Schillewaert, 2002). A feature of this early stage is the availability, understanding and use of data from scientific studies by an organization—a process we know little about, particularly in human service organizations (Davies and Nutley, 2008). The data on this early stage of EBP adoption is particularly scarce with regard to child welfare agencies. A search of the extant literature found that some information was available about the impact of organizational structures/context/climate/culture on agency effectiveness (Yoo et al, 2007; Glisson and Hemmelgarn, 1998) and on the implementation of specific EBPs (eg., SafeCare, MTFC) (Aarons and Palinkas, 2007; Palinkas and Aarons, in press; Chamberlain et al, 2008). Other publications have reviewed the implementation process for Intensive Family Preservation (Homebuilders) (Adams, 1994) and the
approaches taken to implement the Family to Family Initiative sponsored by the Annie E. Casey Foundation
(www.aecf.org), but the evidence base for these programs is less well established. Unlike for mental health or
juvenile justice agencies (Schoenwald et al, 2008; Raghavan et al, 2007; Ganju 2003; Torrey et al, 2003;
Schoenwald et al, 2008; Glisson and Schoenwald, 2005) little research exists on characteristics related to the
widespread adoption of EBPs in child welfare agencies.

The child welfare arena also has a less well established infrastructure for increasing awareness of and/or
making available specific technical assistance for agencies to alert them to possible efficacious interventions,
assist them in the selection of an EBP, or work through the considerable challenges to the introduction and
sustainability of EBPs. Recently funded (January, 2009) child welfare technical assistance centers have as part
of their responsibilities systematic change and capacity building for promising models of practice, but the scope
of these centers goes beyond technical assistance for implementation of evidence-based practices and may be
shaped by the demands placed on States by the Child and Family Services Reviews and Program Improvement
Plans (www.acf.hhs.gov/programs/cb/tta/nic.htm accessed 3/27/09). In addition, both major foundations
involved with child welfare, namely the Annie E. Casey Foundation and Casey Family Programs, have active
programs to provide technical assistance to state and local agencies, but have not included evidence-based
interventions in their TA efforts. This state-of-affairs is quite different from mental health where the National
Association of State Mental Health Program Directors has surveyed states about EBPs and a consortium of 20
states formed the Center for Mental Health Quality and Accountability at the NASMHPD Research Institute to
address states’ individual needs surrounding EBP implementation through collaboration with other states. This
effort now includes all 50 states (Ganju, 2003). SAMHSA has funded the development of toolkits for 6 EBPs
(Torrey et al, 2001), with reported success (McHugo et al, 2007), and several states, including California, have
teams/offices to assist mental health agencies with the implementation of EBPs (Chamberlain, et al., 2008).

**Challenge:**

The challenge now is to capitalize on the availability of evidence-based practices, the momentum for
practice change created by the Child and Family Service Review process, and current child welfare platforms
for system improvement (e.g., Casey foundations and National Association of Public Child Welfare Agency efforts), while being aware that the vast majority of child welfare systems, contractor organizations, and practitioners have little or no experience with evidence-based practices, tremendous competing time demands, and work in financially challenged service settings with presently inadequate infrastructures to support evidence-based practices (Aarons and Palinkas, 2007; Palinkas and Aarons, in press). With little information available about effective approaches to support adoption of evidence-based practices in child welfare, assessing the readiness of child welfare systems and community based organizations providing child welfare contracted services to adopt evidence-based practices is critical to promote practice change. This presentation will present data from a pilot study designed to ascertain the levels of knowledge of EBPs in parent training, how research knowledge is obtained and used by child welfare agencies, funding streams to support the introduction of new practices, capacity for fidelity monitoring, and county specific barriers to EBP implementation. Results from the pilot study will be used to suggest possible strategies to increase agency readiness and to facilitate successful negotiation of EBP implementation challenges.

References:


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