A Review of Evidence-Based Interventions for Families Served by Infant-Toddler Court Teams

A Supplementary Resource

Quality Improvement Center *for* Research-Based Infant-Toddler Court Teams

The Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT) conducted a review of evidence-based and evidence-informed practices, programs, and interventions[1] for infants, toddlers, and families in the child welfare system. The goal of this research is to help child welfare systems and agencies to increase their capacity to incorporate evidence-based practices to strengthen parenting and promote healthy development for very young children and families involved in child welfare. Conducted in early 2015, the QIC-CT's review of evidence-based and evidence-informed interventions for which infants and toddlers are included within the program's targeted age range yielded 69 interventions from five registries.

The list of interventions, which represent only those programs that included children from birth to 3 years old in the target population, are compiled in a point-in-time educational tool. The tool provides information to support stakeholders in identifying evidence-based and evidence-informed interventions to be implemented in their communities and for infant-toddler court team replication in the future.

QIC-CT's Guiding Elements of Evidence-Based and Evidence-Informed Practices

The Quality Improvement Center for Research-Based Infant-Toddler Court Teams recommends the use of evidence-based and evidence-informed practices that are:

- Supported by evidence of efficacy and a strong theory of change with infants, toddlers, and families in the child welfare system;

[1] The QIC-CT recognizes that the listings in *A Review of Evidence-Based Interventions* include practices, programs, and interventions. For purposes of consistency, throughout this document the term "intervention" will encompass all.

- Guided by elements of early development and attachment between young children and their parents and caregivers; and
- Informed with family, community, and professional values.

Resource Outline

The following supplementary resource includes:

- a detailed description of how the review was conducted;
- a decision-making framework comprised of important elements to consider when assessing an intervention's relevance for the infant and toddler population in child welfare in a community; and
- the diversity-informed tenets from The Irving Harris Foundation that encourage the infant mental health field to engage in standards of practice that promote and strive for a just and equitable society.

Method for Conducting the Review

The five registries from which the educational tool was compiled include:

- Evidence-Based Practices for Children Exposed to Violence: A Selection From Federal Databases

- National Child Traumatic Stress Network (NCTSN) Empirically Supported Treatments and Promising Practices

- Home Visiting Evidence of Effectiveness Program Model Reports: U.S. Department of Health and Human Services, Maternal, Infant, and Early Childhood Home Visiting Program

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

- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
  To conduct the search on the CEBC, the QIC-CT identified several criteria by which to determine whether an intervention would be included in the educational tool. The search was narrowed using two criteria:

  - Using the CEBC scientific rating scale[i], the QIC-CT searched only those interventions with the following ratings: 1. Well-supported by research evidence; 2. Supported by research evidence; and 3. Promising research evidence.

- Using the CEBC ratings on child welfare system relevance[ii], the QIC-CT searched only those interventions that were categorized as having a high level of child welfare reference—indicating that the program was designed, or is commonly used, to meet the needs of children, youth, young adults, and/or families receiving child welfare services; and a medium level of child welfare evidence—indicating that the program was designed, or is commonly used, to service youth, young adults, and/or families who are similar to child welfare populations.

To analyze each intervention's appropriateness for infants, toddlers, and families in the child welfare system, the QIC-CT then reviewed each of the 69 interventions using the following criteria. The review included available published, peer-reviewed research to identify whether the materials available for each intervention addressed the following questions:

- Is there research evidence on the intervention's effect with families and children from birth to 3 years old?
- Into which category of the child maltreatment prevention framework does the intervention fall?
    - Using the Administration for Children & Families, Children's Bureau framework for prevention of child maltreatment,[iii] the educational tool categorizes each intervention as falling into one of three levels along this continuum:
        - Primary: directed at the general population (universal) in an effort to prevent maltreatment before it occurs;
        - Secondary: targeted to individuals or families in which maltreatment is more likely (high risk); and
        - Tertiary: targeted toward families in the child welfare system, in which abuse or neglect has already occurred (indicated).
- Does the intervention have an outcome of achieving safety, permanency, and/or child and family well-being?
    - Using the CEBC guidelines/definitions for child welfare outcomes, the educational tool categorizes each intervention as having research evidence on measures relevant to safety, permanency, and/or child and family well-being. The descriptions of the CEBC definitions of child welfare outcomes are as follows:[iv]
        - Safety: The research evidence includes studies evaluating measures relevant to safety, including: children are first and foremost protected from abuse and neglect; and children are safely maintained in their homes whenever possible and appropriate.

- Permanency: The research evidence includes studies evaluating measures relevant to permanency, including: children have permanency and stability in their living situations; and the continuity of family relationships and connections is preserved for families.[2]
- Child/Family Well-Being: The research evidence includes studies evaluating measures relevant to child/family well-being, including: families have enhanced capacity to provide for their children's needs; children receive appropriate services to meet their educational needs; and children receive adequate services to meet their physical and mental health needs.

A Decision-Making Framework for Selecting Interventions

The goal of the educational tool is to provide guidance to stakeholders in a state, county, or jurisdiction as they assess their current services and interventions to better evaluate how their existing practices are supporting the broader goals of improving the lives of infants, toddlers, and families in the child welfare system. An important piece of this process is determining the appropriateness of an evidence-based or evidence-informed intervention for a community.

There are several questions that should be used to develop a decision-making framework. All stakeholders involved with the lives of infants, toddlers, and families in the child welfare system should engage in detailed discussions that determine the following:

- Is the selected intervention evidence-based or evidence-informed for the age group of infants, toddlers, and their families?
- Is the intervention appropriate for young children and families in the child welfare system?
- Is the intervention compatible with state policies and practices?
- Is the intervention compatible with the values and practices of the community and the clients?
- Is the population being served by the community comparable to the sample population on which the intervention has been normed?
- Are the intervention's anticipated effects aligned with the systems change that the state or community aims to achieve for the targeted population?

[2] With respect to permanency, the QIC-CT recognizes the importance of the continuity of strong relationships and connections for very young children. This continuity is important in all permanency outcomes, including: reunification with parents or primary caretakers; living with other relatives; living with a legal guardian; or legal adoption.

- Can the core intervention components—the essential principles, elements, and intervention activities that are necessary for achieving desired outcomes[v]—be replicated in the community while still maintaining fidelity to the model?
- Can the state or community support an implementation strategy that adheres to the intervention's core components?
    - This process should be driven by a team that ensures ongoing support and monitoring of the implementation,[3] with competencies such as: developing an understanding of the components that make the intervention successful; using data and practice experience to inform decision-making and continuous improvement; and assessing whether a state, county, or jurisdiction has the infrastructure and resources necessary to implement the intervention, including: available funding sources, available education materials, existence of trained personnel or availability of trainings for qualified personnel, and evaluation capacity.
- Is the intervention sustainable in the community and the state?

Addressing Diversity

A critical point of consideration when assessing how an intervention can best support very young children and families in the child welfare system in a state or community is the need to address racial, ethnic, socioeconomic, and other inequities in our society.[vi]

The QIC-CT Principles

The QIC-CT developed principles to guide the work of the project. These principles incorporate important areas of consideration, focusing on respect, honor, equity, and social justice. Click here to read the QIC-CT Purpose and Principles.

The Irving Harris Foundation Diversity-Informed Infant Mental Health Tenets:[vii]

To guide stakeholders in addressing the needs of the child welfare population, the QIC-CT recommends the Diversity-Informed Infant Mental Health Tenets developed by The Irving Harris Foundation Professional Development Network.[viii]

The Tenets are guiding principles created to encourage the infant mental health field to intentionally and mindfully engage in standards of practice that promote and strive for a just and equitable society.[ix] The Tenets are meant to empower individual

[3] The Office of Planning, Research and Evaluation, Administration for Children and Families report, "An Integrated Stage-Based Framework for Implementation of Early Childhood Programs and Systems," provides guidance on program and system implementation. www.acf.hhs.gov/sites/default/files/opre/es_cceepra_stage_based_framework_brief_508.pdf

practitioners, agencies, and systems of care to identify and address the social justice issues intricately intertwined with all work involving infant mental health and incorporate the Tenets into daily practice.

1. *Self-Awareness Leads to Better Services for Families:* Professionals in the field of infant mental health must reflect on their own culture, personal values, and beliefs, and on the impact racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on their lives in order to provide diversity-informed, culturally attuned services on behalf of infants, toddlers, and their families.

2. *Champion Children's Rights Globally:* Infants are citizens of the world. It is the responsibility of the global community to support parents, families, and local communities in welcoming, protecting, and nurturing them.

3. *Work to Acknowledge Privilege and Combat Discrimination:* Discriminatory policies and practices that harm adults harm the infants in their care. Privilege constitutes injustice. Diversity-informed infant mental health professionals work to acknowledge privilege and to combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within themselves, their practices, and their fields.

4. *Recognize and Respect Nondominant Bodies of Knowledge:* Diversity-informed infant mental health practice recognizes nondominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within diverse families and communities.

5. *Honor Diverse Family Structures:* Families define who they are comprised of and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed infant mental health practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers as primary caregivers while overlooking the critical child-rearing contributions of other parents and caregivers including fathers, second mothers, foster parents, kin and felt family, early care and educational providers, and others.

6. *Understand That Language Can Be Used to Hurt or Heal:* Diversity-informed infant mental health practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. Practitioners strive to use language (including "body language," imagery, and other modes of nonverbal communication) in ways that most inclusively support infants and toddlers and their families, caregivers, and communities.

7. *Support Families in Their Preferred Language:* Families are best supported in facilitating infants' development and mental health when services are available in their native languages.

8. *Allocate Resources to Systems Change:* Diversity and inclusion must be proactively considered in undertaking any piece of infant mental health work. Such consideration requires the allocation of resources such as time and money for this purpose and is best ensured when opportunities for reflection with colleagues and mentors as well as on-going training and consultation are embedded in agencies, institutions, and systems of care.

9. *Make Space and Open Pathways for Diverse Professionals:* Infant mental health workforces will be most dynamic and effective when culturally diverse individuals have access to a wide range of roles, disciplines, and modes of practice and influence.

10. *Advance Policy That Supports All Families:* Diversity-informed infant mental health practitioners, regardless of professional affiliation, seek to understand the impact of social policies and programs on diverse infants and toddlers and to advance a just policy agenda for and with families.

Related Resources

Click here for resources related to the Diversity-Informed Infant Mental Health Tenets and to read the Tenets in Spanish. For a series of vignettes which provide examples of how the Tenets can guide practice when working with young children and families, click here to read "From Tenet to Practice: Putting Diversity-Informed Tenets into Action" in The Zero to Three Journal.

Contact Information

If you have questions about *A Review of Evidence-Based Interventions for Families Served by Infant-Toddler Court Teams*, please contact QIC-CT@zerotothree.org.

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[i] California Evidence-Based Clearinghouse for Child Welfare. Retrieved May 2015 from www.cebc4cw.org/ratings/scientific-rating-scale/

[ii] California Evidence-Based Clearinghouse for Child Welfare. Retrieved May 2015 from www.cebc4cw.org/how-are-programs-on-the-cebc-reviewed/child-welfare-relevance-levels/

[iii] Child Welfare Information Gateway, "Framework for prevention of child maltreatment." Retrieved February 2015 from https://www.childwelfare.gov/topics/preventing/overview/framework/?hasBeenRedirected=1

[iv] California Evidence-Based Clearinghouse for Child Welfare. Retrieved May 2015 from http://www.cebc4cw.org/how-are-programs-on-the-cebc-reviewed/child-welfare-outcomes/

[v] Karen Blasé and Dean Fixsen. "Core intervention components: Identifying and operationalizing what makes programs work." (2013). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. http://aspe.hhs.gov/hsp/13/KeyIssuesforChildrenYouth/CoreIntervention/rb_CoreIntervention.pdf

[vi] Ghosh Ippen, C., Norona, C., and Thomas, K. "From tenet to practice: Putting diversity-informed services into action." *ZERO TO THREE 33*(2), pp. 23–28 (2012).

[vii] Irving Harris Foundation. Retrieved May 2015 from http://imhdivtenets.org/tenets/

[viii] Irving Harris Foundation. Retrieved May 2015 from http://imhdivtenets.org/tenets/

[ix] Irving Harris Foundation. Retrieved May 2015 from http://imhdivtenets.org/tenets/