Available online at www.sciencedirect.com
SCIENCE DIRECT®
Children and Youth Services Review
26 (2004) 1097–1113
Children and Youth Services Review
www.elsevier.com/locate/childyouth

Evidence-based treatments in child abuse and neglect

Mark Chaffin[a,*], Bill Friedrich[b]

[a]*University of Oklahoma Health Sciences Center, P.O. Box 26901, Oklahoma City, OK 73190, USA*
[b]*Mayo Medical School, USA*

Available online 23 September 2004

Abstract

This article summarizes the background and basic concepts of evidence-based practice (EBP), contrasts EBP with traditional approaches, and examines how EBP fits within child welfare and child maltreatment related service systems. The emerging recommendations of best practice workgroups are reviewed, along with evidence across a range of child welfare target areas, including prevention, treatment and foster care settings. The article concludes with a review of challenges and possible solutions for implementing EBP's in child welfare and child maltreatment related service systems.
© 2004 Elsevier Ltd. All rights reserved.

Keywords: Evidence-based practice (EBP); Common health care; Scientific outcome research

1. Introduction

> Those who are enamored of practice without science are like a pilot who goes into a ship without rudder or compass and never has any certainty where he is going. Leonardo da Vinci

Evidence-based practice (EBP) is a relatively new perspective in health care and social services. EBP was born out of the recognition that many common health care and social services practices are based more on clinical lore and traditions than on scientific outcome research. Practice traditions sometimes even run counter to outcome research evidence. EBP strives to bring services more into line with the best-available clinical science and promote practices which have been demonstrated to be safe and effective. This paper will

* Corresponding author. Tel.: +1 405 271 8858; fax: +1 405 271 2931.
E-mail address: mark-chaffin@ouhsc.edu (M. Chaffin).

0190-7409/$ - see front matter © 2004 Elsevier Ltd. All rights reserved.
doi:10.1016/j.childyouth.2004.08.008

briefly review some of the basic tenets of EBP, the arguments of its proponents and critics, and describe the strengths and limitations of differing types of evidence for evaluating a given practice. Next, the paper will examine the context of child maltreatment services and the relevance of EBP to this specific practice field. This section will include a very short review of some better-supported practices. Finally, the paper will examine some of the facilitators and barriers to uptake of EBP within child maltreatment and child welfare practice settings, and suggest strategies and policies for promoting their dissemination and implementation.

1.1. Evidence-based practice

We would suggest defining EBP in child abuse services as the competent and high-fidelity implementation of practices that have been demonstrated safe and effective, usually in randomized controlled trials (RCTs). There is general agreement in the clinical research community over what is meant by "demonstrated safe and effective." There is comparatively less consensus over questions of fidelity, competency, and implementation issues. Much of the controversy surrounding EBP involves the parameters of what is meant by "competent and high-fidelity implementation." Fidelity to an intervention protocol raises questions of how strictly protocols or manuals must be followed and the extent to which practitioner creativity, idiosyncratic practice styles, and individualized treatment approaches can be retained in EBP.

Funding sources and government agencies are increasingly emphasizing EBP. As the EBP movement spreads across health care and social services systems, there is the risk that it will become merely a shibboleth or a slogan—ill defined, often invoked, but rarely actually understood or practiced. Indeed, if one were to ask practitioners, "is your practice based on scientific knowledge about what works," most probably would respond with an enthusiastic, "yes." Yet, expert reviews of child abuse and neglect field services appear to have come to the opposite conclusion (Kauffman Best Practices Project, 2004; Saunders, Berliner, & Hanson, 2004), and suggest that most field services provided to abused children and their families are not based on any clear evidence that the services actually work. It is common for models to be widespread despite fairly strong evidence that they do not work well, at least as currently implemented (for example, see studies of popular family preservation and home-visiting prevention programs such as those by Duggan et al., 2004; Littell, 1997; Littell, Scheurmanm, & Rzepnicki, 1994). Similarly, many field practitioners appear to have never heard of, let alone use, better-supported intervention models. In order to understand this gulf between what is known from outcome research and what it practiced, it is important to understand something about social services and mental health service traditions, and how the EBP perspective is a radical departure from the cultural fabric of traditional practice.

As with any movement challenging established practice traditions, the move toward EBP has been met with some degree of reticence or resistance. A few clinical traditionalists appear averse to science in general or intervention outcome research in particular, arguing that practice is inherently subjective and too complex to be evaluated with the blunt instrument of clinical science (for example, see Clemens, 2002). For them, science is of almost no value when it comes to psychosocial interventions, a field they

دریافت فوری ← متن کامل مقاله

ISIArticles
مرجع مقالات تخصصی ایران

✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
✓ امکان دانلود نسخه ترجمه شده مقالات
✓ پذیرش سفارش ترجمه تخصصی
✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
✓ دانلود فوری مقاله پس از پرداخت آنلاین
✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات