to attend and share your work with us and discuss the future of the interest group. ⊕

Hope to see you there!   ~Neil

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Please contact me or Kimberly if you are interested in submitting a paper to *The Community Psychologist* for one of our upcoming columns. We plan to use the column to showcase our work in this area and keep interest group members up-to-date with new things that are happening with our members.

Thanks to all of you who signed our petition to create the organization studies interest group!

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The Development of an Innovative Method to Identify and Disseminate Evidence-Based Practices for the Prevention of Child Maltreatment in Puerto Rico

~Kathleen M. Kelly, Betzaida Santiago Rodríguez, & Marizaida Sánchez Cesáreo, Center for Evaluation and Sociomedical Research, Graduate School of Public Health, University of Puerto Rico, Medical Sciences Campus

The decision to implement a new program or treatment within an organization or community is influenced by a variety of factors including those involved in financial, political and organizational agendas (Rosenheck, 2001). However with the recent advent of mandates related to grant accountability, the selection of community intervention programs is ever more influenced by factors that support the efficacy of the proposed ventures. Funders now require proposed projects to be based on solid scientific justification and strategic planning (Department of Health & Human Services, 2007). Program evaluation, cost effectiveness, evidence-based practices and cultural competence have become essential components of any community health endeavor on both fiscal and practical grounds. Implementers must select interventions which will provide efficient results when employed in specific environments and within conscribed populations, while at the same time maintaining a reasonable level of financial expenditure. In addition to these practical and financial elements, the popularization of empirical research linking the use of specific practices to improved outcomes has underlined the ethical obligations of service providers to optimize program benefits for the community through the selection of appropriate practices.

A solution offered as a means of assistance in the selection process is to base decisions on the level of empirical support that is demonstrated by these interventions. Planners and providers of mental health interventions now have the opportunity to align program resources with community needs based on information gathered through the evaluation of prior implementations (Blase & Fixsen, 2003). Given that goals, costs and outcomes of selected program must match those of the community (Blase & Fixsen, 2003), planners are required to bring a greater level of expertise and accountability to this process. The dissemination of evidence-based practice (EBP) literature in various human service arenas has risen in response to this need.

What are EBPs?

The EBP movement originally surfaced due to impetus by proponents in the field of medicine who wished to emphasize the importance of founding interventions in the accumulation of existent scientific evidence (Sackett, Rosenberg, Gray,

Haynes & Richardson, 1996). This movement has its origins in the mid nineteenth century cultural debate regarding the nature of medicine as a science versus an art form. However, the idea of basing clinical practice in scientific evidence was not fully embraced until the twentieth century with the campaign to disseminate medical EPBs spearheaded by Archibald Cochrane in the nineteen seventies (Bedregal & Cornejo, 2005).

Psychology officially entered the EBP arena in 1995 with the publication of a report on empirically supported psychological treatments by the Society of Clinical Psychology Task Force on Promotion and Dissemination of Psychological Procedures (Ollendick & King, 2004). The task force developed a threefold paradigm for categorizing treatment efficacy: (1) well established treatments, (2) probably efficacious treatments, and (3) experimental treatments. This division was based on the quality and quantity of evidence that had been gathered in support of a given therapy. Quick on the heels of the release of this document came questions as to whether practices should be evaluated solely in terms of treatment efficacy or also in regards to clinical utility (Huppert, Fabbro, & Barlow, 2006). These authors pointed out that data regarding treatment efficacy and empirical research support must be combined with information about the clinical utility of a practice in order to determine the level of evidentiary support of a given intervention. However, empirical support, the gold standard of evidence developed in a research facility, remains highly desirable as evidentiary support for a practice.

> Although many community-based practices are in current use, developing a scientific knowledge base regarding such programs is hampered by the high economic and time investments required by these efforts in addition to the low priority status held by research in some community organizations. Further, most EBPs do not offer evidentiary data specific to various cultural, racial or ethnic groups although non-majority children are currently over-represented in community service settings. (Blase & Fixsen, 2003)

Currently, the provision of information regarding EBPs requires a process in which empirical and clinical evidence regarding a practice is evaluated in relation to both the validity and utility of the practice (Jenson, 2005). This information is typically disseminated to practitioners in the form of systematic reviews, published lists by government entities or research centers, and practice guidelines.

Challenges in the Utilization of Information Regarding EBPs

During the last ten years there has been a push to institutionalize the use of EBPs among service providers in fields related to prevention and behavioral health. The federal government has launched various EBP promotion initiatives through the Centers for Disease Control and Prevention (CDC) and through the Substance Abuse and Mental Health Service Administration (SAMSHA). These initiatives provide funding for the implementation, dissemination and institutionalization of EBPs in the areas of sexual violence prevention (Getting to Outcome for the Primary Prevention of Intimate Partner Violence and Sexual Violence), HIV-AIDS prevention (Diffusion of Effective Behavioral Interventions Project) and substance abuse prevention (Strategic Prevention Framework). Additionally, several organizations at the national level such as the Society for Prevention Research, the Cochrane Collaboration and the Campbell Collaboration are dedicated to the promotion of EBPs across fields. Further, over fifteen websites that serve as an information clearinghouse of EBPs are in current existence. Some of the more prominent sites include the *California Evidence-Based Clearinghouse for Child Welfare*, SAMHSA's *National Registry of Evidence-based Programs and Practices* (NREPP) and *Blueprints for Violence Prevention*.

In spite of the great effort to disseminate and promote EBPs, service providers in community-based settings face many challenges in the institutionalization of their use. A hurdle frequently encountered in the dissemination of EBPs among service providers and community-based organizations, as consumers of this information, is the need for decision makers to possess a greater base of technical competence in order to adequately select EBPs. Therefore, there is great need for capacity building efforts which will assist service providers and community-based organizations in the selection, adaptation, implementation and evaluation of EBPs.

However, given the youth of the EBP movement in regards to community-based practices, currently the demand for such interventions surpasses their availability. Few interventions exist which have developed an evidentiary foundation to support their efficacy. Although many community-based practices are in current use, developing a scientific knowledge base regarding such programs is hampered by the high economic and time investments required by these efforts in addition to the low priority status held by research in some community organizations. Further, most EBPs do not offer evidentiary data specific to various cultural, racial or ethnic groups although non-majority children are currently over-represented in community service settings (Blase & Fixsen, 2003).

Bridging the Gap to EBP Use

In an effort to provide assistance to community stakeholders in surmounting obstacles to the selection and implementation of EBPs, the Center for Evaluation and Sociomedical Research (CIES for its initials in Spanish) at the Graduate

School of Public Health–University of Puerto Rico, Medical Sciences Campus undertook an exploration of the status of the EBP movement in Puerto Rico and used this information in the development of a web-based dissemination tool for island practitioners. The ultimate goal of the project was to create an accessible tool which disseminates community prevention and intervention practices as well as providing essential information including cultural components, costs, available training, materials, strength of empirical support and other indications of value. In its first generation, the tool focused on child maltreatment prevention as a central EBP topic.

Method

The pilot study design began with an extensive review of the literature on EBPs in child maltreatment and included three strategies: (1) traditional literature review, (2) non-traditional review and (3) classification of the identified interventions.

This methodological design was informed by a comprehensive literature review on child maltreatment prevention EBPs in Puerto Rico which revealed that little had been published on the topic and few empirical studies focused on the effectiveness of prevention practices conducted on the island. In fact, a 2007 taskforce organized by the Puerto Rican Psychological Association to assess the status of EBPs on the island reports that currently no documents exist which provide compilations of research and application findings regarding the effectiveness of psychological practices on the island. The deficit of information available through traditional sources gave rise to the development of the non-traditional review technique.

Traditional methods of literature review employed included searches of resources such as the electronic portals of organizations which support the dissemination of EPBs for child maltreatment or violence prevention, electronic databases (ProQuest, PubMed, PsycINFO), and non-electronic media (catalogs, dissertations, Puerto Rican journals dedicated to the social sciences and health).

The non-traditional review included a focus group consisting of local experts in child maltreatment which helped to identify both interventions that had been developed on the island as well as organizations providing such services. This information was then used as the basis for telephone contact and interviews with local service providers in order to confirm the existence of the child maltreatment interventions as well as to obtain further details.

Information gathered through both the traditional literature review and the non-traditional methods were used in the development of the classification scheme for the identified practices. Based on this dual input, a template was created for the categorization of the practices according level of scientific evidence, type of maltreatment, population impacted, type of prevention, type of intervention, protective and risk factors among others.

The resulting classification format consists of six categories including four levels of empirical support and two classes for those interventions that have proven either non-effective or potentially detrimental. Practices classified as well supported or effective, at the top of the evidence hierarchy, must provide some written guide for training and implementation, and have the support of at least two random controlled trials (RCT) in differing environments which have been published in peer reviewed forums. In addition, at least two of the RCTs supporting the practice must demonstrate that the treatment has a prolonged effect, a duration of no less than one year, without evidence of substantial deterioration. Supported or efficacious interventions, at the second highest level, must comply with the same criteria as level-one practices. However, the RCTs supporting these interventions are not required to have been replicated in various settings. Promising practices, the third level of evidence, must provide a written guide and have the support of at least one study utilizing some type of control which has been published in a peer review journal. Acceptable or emergent practices, at the lowest level of evidentiary support, must have a written guide and be generally accepted as appropriate within the professional community although the practice lacks the support of empirical research.

Findings

The traditional literature search was exhaustive including:

- An examination of interventions found in 10 electronic portals of organizations specializing in prevention of child maltreatment or violence
- The review of 3,080 potential titles uncovered in searches of 9 social science and behavioral health electronic databases
- The analysis of 40 theses from the four major Puerto Rican universities offering advanced degrees in related fields
- The revision of 11 Puerto Rican peer reviewed journals dedicated to social science, psychology, social work and education

In addition, 68 Puerto Rican agencies or organizations providing child maltreatment prevention services were contacted for interviews.

One hundred and ninety three child maltreatment prevention interventions were identified as a result of this review. Supporting the assertions of Martínez–Taboas (1999) regarding the scarcity of local literature on EBPs, the majority (72.0%) of identified practices was obtained via mainland-based electronic media resources, 17.6% emerged from local theses and dissertations, 9.9% was located in interviews with island service agencies and only 0.5% was found in Puerto Rican professional journals.

As expected, most child maltreatment prevention interventions identified had little empirical support; 60% met the criteria for acceptable or emergent practice while 24% were classified as promising or supported by one study. Only 9% of the practices provided evidence of efficacy and 6% were categorized as effective. More encouragingly, several child maltreatment prevention practices demonstrate endeavors within the field towards cultural competence. Of all the interventions cataloged, 11.5% were designed for Latinos or other minority populations, 25.2% were implemented with Latinos and 28.1% were implemented in other minority populations.

Dissemination

The Center for Sociomedical Research and Evaluation (CIES for its initials in Spanish) team developed a user-friendly,

interactive database for consumers of child maltreatment prevention information. Users can search the classified practices along a number of criteria including level of evidence, type of intervention, target population, type of maltreatment and cultural sensitivity. Additionally, essential information as to references, costs, training, necessary materials and publishing house contacts is provided along with summary information regarding the practice as well as supporting literature. Furthermore, users may search exclusively for interventions developed in Puerto Rico. All information is presented in a condensed format showing essential facts with access to more extensive explanations provided under drop down titles. This database will be available for public online access through the Department of Family of Puerto Rico homepage in spring of 2009. It is our hope that this tool will help bridge the gap between research and practice and that its format is accessible for the diverse group of professional and paraprofessional users working at the community level. Once the tool becomes publically available, CIES will document the usage and gather feedback from visitors to the website in order to improve the application in its second generation.

Lessons Learned

Although a considerable quantity of child maltreatment prevention practices exist in the United States, few demonstrate empirical support. Further, Puerto Rico is currently in a germinal stage in regards to the development and implementation of EBPs. In addition, the lack of publication on the effectiveness of current practices by Puerto Rican professionals has been detrimental to the dissemination of the few child maltreatment prevention practices developed on the island (Martínez–Taboas, 1999; Martínez–Taboas & Pérez, 2006). Encouragingly, the team uncovered some child maltreatment practices developed specifically for Latinos or other minorities.

The study process supported assertions by Blase and Fixen (2003) that many programs exist which both practitioners and consumers have found valuable although empirical evidence to support these interventions continues to be lacking. Further, community and cultural ways of knowing a program is effective must be included along with scientific information in evaluating the usefulness of a specific practice for a specific population.

Perhaps the most salient finding from the project was the recognition of the gap in the translation of knowledge gathered in traditional research to community-based practice as well as the lack of research to support currently community-based practices. In recognition of the gap in the translation of research-based information to community practice, CIES is currently involved in the development of an EBP advisory board in Puerto Rico. This group, composed of local professionals representing community-based organizations and government agencies, will provide guidance, support and capacity building to organizations that wish to select and implement EBPs as well as to those entities which wish to engage in efforts to develop evidentiary support for practices currently in use. Further, the advisory board will promote research as to the community and cultural ways of assessing program value on the island. We hope the proliferation of EBP advisory boards across the country encourages the dissemination and development of EBPs in community service settings. ⊕

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