

Journal Highlights Judith S. Rycus, PhD, MSW

The purpose of Journal Highlights is to inform readers of current research on various aspects of child maltreatment. APSAC members are invited to contribute by mailing a copy of current articles (preferably published within the past 6 months) along with a two- or three-sentence review to the editors of the APSAC Advisor at the address listed on the back cover, or by E-mail to JSRycus@aol.com.

In this issue of the *APSAC Advisor*, Journal Highlights summarizes the 12 highest scoring articles for the 2006 Pro Humanitate Literary Awards in child welfare. Together they represent a snapshot of some of the exceptional work produced by child welfare researchers, academicians, and practitioners during the past year. The three highest scoring articles—by Littell; Chaffin and Friedrich; and DeSena and colleagues—were selected to receive the award.

Multisystemic Therapy (MST)—A Systematic Review

This study reports the findings of a rigorous systematic review to synthesize the results of multiple studies of the effects of multisystemic therapy (MST) for youth with social, emotional, and behavioral problems. According to the author, because traditional narrative reviews of research are subject to many sources of bias, there is a “burgeoning body of literature on the science of research synthesis” (p. 445). In this article, the author presents her systematic review of MST to demonstrate how systematic review methods can promote more accurate conclusions about the effects of an intervention by synthesizing the findings of a diverse body of primary research and research reviews.

The systematic review was completed within the formal structure of the Campbell Collaboration, a nonprofit organization that develops standards for, conducts, and disseminates rigorous systematic reviews of effects of interventions in social welfare, education, and crime and justice. MST was selected for review because it is presented as one of the few empirically supported and effective treatments for youth and families, it has been widely disseminated in North America and Western Europe, and it appears to have a strong research base that includes multiple randomized controlled trials.

In this article, Littell describes the history and methodology of MST, presents the findings of prior reviews on the effects of MST, defines systematic reviews conducted through the Campbell Collaboration, presents the methodology used for the MST review, describes the particular problems encountered in reviewing MST research, and provides preliminary results of the systematic review and possible explanations for the findings.

In contrast to other research reviews or meta-analyses, a systematic review uses transparent procedures to identify, assess, and synthesize research results. This includes developing explicit inclusion and exclusion criteria for study designs, interventions, populations, and outcomes to be included in the review. Failure to comply with these criteria results in exclusion of studies from the systematic review. Systematic reviews also require exhaustive computerized and hand searches to locate all relevant sources, including unpublished research; rigorous and detailed coding of primary studies by independent raters to increase reliability; and wherever possible, quantita-

tive synthesis of results across studies (meta-analysis). Reviews include explicit statements about any conflict of interest and must be updated every 2-3 years to remain current (p. 449).

Although most prior studies of MST have concluded that it is “effective” or “successful,” and produces positive outcomes for clients, the findings of the systematic review are at odds with these conclusions. According to the author, “Preliminary results...indicate that MST has few if any significant effects on measured outcomes, compared with usual services or alternative treatments” (p. 457), although additional data from trials now in progress can be added to the systematic review when it is updated.

The more important point, however, is that achieving evidence-based practice requires easy access to comprehensive and accurate research findings to underpin policy and practice decisions. Unfortunately, many existing research reviews are misleading or even biased, particularly when they consist of narrative summaries of convenience samples of published articles. Systematic reviews can provide relevant information about the effects and the effectiveness of social interventions that is up to date, free of allegiance effects, and the product of rigorously applied criteria and scientific method.

Littell, J. H. (2005). Lessons from a systematic review of effects of multisystemic therapy. *Children and Youth Services Review, 27*, 445-463.

SAFE Homes: Are They Worth the Cost?

The objective of this study was to evaluate Connecticut’s SAFE Homes program, a short-term group care program for children between the ages of 3 and 12 entering care for the first time. The SAFE Homes program, operated by private agencies, was designed to improve case outcomes by consolidating resources to promote assessment and treatment planning. The researchers hypothesized that SAFE Homes would result in greater continuity of care for children, fewer placements, more frequent placements with siblings, more placements in communities of origin, more placements with relatives, reduced use of high-cost restrictive inpatient and residential care settings, and reduced rates of re-abuse through earlier detection and provision of services to meet child and family treatment needs.

The study used a sample of 342 children who received SAFE Home services, matched to 342 control children in traditional foster care. The 684 subjects had been selected from a larger pool of 909 children.

The study results determined that the SAFE Home program was no more effective than traditional foster care programs in achieving desired outcomes, yet the costs of SAFE Home care were significantly higher than traditional foster care. It must be cautioned, however, that during implementation of the SAFE Home program, significant improvements were noted concurrently in Connecticut’s traditional foster care program, including reductions in the number of placements per child and an increased likelihood that children would be placed with siblings, and/or with relative caregivers, and in their home communities.

DeSena and colleagues suggest the SAFE Homes program represents one of many well-intended short-term interventions for families in the child welfare system, and they contend that such short-term “quick fixes” may be less effective than sustained, multifaceted interventions that consider child maltreatment as a more chronic condition in need of comprehensive assessment, concurrent case planning, multifaceted individualized treatments, and longer-term interventions (p. 640).

The authors also conclude that even though well-intentioned, the SAFE Homes program represents one of many examples in child welfare practice of widespread and costly implementation of service models that are untested prior to their proliferation. They recommend thorough and rigorous evaluation of child welfare programs to identify those with the greatest potential to improve outcomes at the most reasonable cost.

DeSena, A., Murphy, R., Douglas-Palumberi, H., Blau, G., Kelly, B., Horowitz, S., & Kaufman, J. (2005, June). SAFE homes: Is it worth the cost? An evaluation of a group home permanency planning program for children who first enter out-of-home care. *Child Abuse & Neglect*, 29, 627-643.

Evidence-Based Treatments in Child Abuse and Neglect

In their introduction, the authors quote Leonardo da Vinci as saying, “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” (p. 1097). The critical importance of underpinning child welfare practice with the best science possible is the thesis of this article.

Chaffin and Friedrich define *evidence-based practice* (EBP) as “the competent and high-fidelity implementation of practices that have been demonstrated safe and effective, usually in randomized controlled trials (RCTs)” (p. 1098). They contend there is more consistency in the clinical research community regarding what constitutes “demonstrated safe and effective” and considerably less consistency when considering issues of fidelity, competency, and implementation.

The article provides a thorough discussion of the concept of EBP and the state of its acceptance and implementation in contemporary child welfare practice. They describe the rationale for incorporating EBP in child welfare, summarize basic concepts of EBP, thoroughly contrast EBP with traditional clinical approaches to practice, describe sources of reticence or resistance to its implementation, and review the current state of evidence in several areas of child welfare intervention. The authors contrast EBP with “evidence-suggested” or “evidence-informed” practice (p. 1099), which is often driven more by “political, cultural, or entrepreneurial agendas” than by scientifically supported program efficacy (p. 1099). They suggest that while indirect evidence is often cited to support a program’s effectiveness, it is of little value, as such evidence can be cited to support virtually any intervention, particularly those based on intuitively plausible theories. The authors contend that controlled outcome research is necessary to determine program outcomes to ultimately differentiate effective programs from those that are inert or even harmful.

The authors review types of evidence, the strengths and limitations of various study methodologies, and the importance of measuring the bottom-line outcomes that directly reflect ultimate program goals

as opposed to measuring change in mediating variables. They also discuss the many challenges in disseminating and implementing even strongly supported practice models into field settings, including the structural, fiscal, personal, and training barriers that prevent EBP from becoming fully incorporated into direct practice.

Chaffin and Friedrich conclude by stressing that adopting EBP does not necessarily mean adopting only those practices that meet the highest possible criteria for scientific support, or for which a complete body of rigorous research exists for all possible outcomes and all potential population subgroups (pp. 1103-1104). EBP simply means favoring the best supported available practices and selecting interventions based on the strength and soundness of available empirical data.

Chaffin, M., & Friedrich, B. (2004, November). Evidence-based treatments in child abuse and neglect. *Children and Youth Services Review*, 26, 1097-1113.

Family Functioning in Gay/Lesbian, Heterosexual, and Special Needs Adoptions

This study attempted to identify possible predictors of family functioning among cohorts of families headed by gay and lesbian adults, families headed by heterosexuals, and families adopting a child with special needs.

The study grouped respondents into three data sets. The first included 86 parents who had adopted children with special needs through child protective services. *Special needs* was defined as being older than 3 years, having physical and/or mental handicapping conditions, having psychological or emotional problems, being part of a sibling group, or being from minority cultures. The second data set included 47 gay and lesbian adoptive parents, the majority of whom had adopted their children privately, through international adoption programs or through private nonprofit organizations. Only 19% had adopted through child protective services. The third data set included 25 heterosexual adoptive parents, most of whom had adopted internationally or by private adoption and only 7% of whom had adopted through CPS.

Stepwise multiple regression analysis was used to assess the relationship between the dependent variable (standardized family functioning score) and the independent variables, which included child behavior scores, special needs adoption status, gay/lesbian headed families, age at adoption and at interview, disabilities, availability of support, number of previous placements, prior abuse, and sibling adoption.

The authors suggest that the study findings were generally consistent with findings from current literature. Six variables were identified to contribute significantly to the prediction of standardized family functioning scores: age of child at adoption, child adopted as part of sibling group, child diagnosed with a disability, special needs adoption, number of previous placements, and interaction between homosexual adoptive parent and child’s age at adoption. The study results indicated that there were no negative effects on family functioning associated with gay/lesbian sexual orientation of adoptive parents, and that family functioning was actually enhanced when homosexual families adopted older children. The study also suggested an association between lower family functioning and sibling adoption or child having been diagnosed to have a disability. Further, study findings indicated that special needs adoptions were as

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sociated with higher levels of family functioning, possibly because of the special expertise of the placing agency and the availability of specialized postadoption services. Leung, Erich, and Kanenberg concluded by reviewing the limitations of convenience sampling, cross-sectional studies, and the use of self-report questionnaires and by cautioning against generalizing the study results to a larger population.

Leung, P., Erich, S., & Kanenberg, H. (2005, September). A comparison of family functioning to gay/lesbian, heterosexual, and special needs adoptions. *Children and Youth Services Review*, 27, 1031-1044.

Evaluating Family Preservation Services

This study attempted to evaluate the conditions under which family preservation services were successful at preventing the unnecessary placement of children into foster care. The author, aware of conflicting findings of prior research addressing the question "Are family preservation services effective in preventing out-of-home placement?" reframed the research question to "Under what service conditions are family preservation services effective in preventing out-of-home placement, and for which families?"

The study utilized a single group postmeasure only design, examining variables after families had received services. Data were derived from case files for 488 families who had received family preservation services in Los Angeles County. The source of the data in case files was the service provider, who recorded data both when families entered the program and as the cases were closed. A series of logistical regression analyses was used to test four models that addressed the research question.

Related to family characteristics, the only significant predictor was single parent status, indicating that single parent families were less likely to have a successful program outcome compared with nonsingle parent families. Contrary to the findings of prior research, in this sample, families with a history of child placement were one and a half times *more* likely to have a successful program outcome compared with families with no such placement history. This suggests that families with prior placement history may be no less likely to achieve successful outcomes than families without such a history. It was also found that while frequency of worker visitation was not significant, the total duration of services received was a significant predictor of program outcome. The longer the duration of services, the greater the likelihood of a successful outcome. However, this trend held only up to 12 months, and then the level of success began to decrease, suggesting there might be a threshold for provision of such services. The study also determined that families with mental health problems and who received services were not more likely to have a successful outcome than were families with mental health problems who did not receive services. However, families with mental health problems were less likely to have successful outcomes than those without mental health problems.

While not significant in predicting outcomes, being on public assistance did not decrease the likelihood of a successful outcome according to the findings, suggesting that poverty alone may not necessarily increase or decrease the odds of a successful outcome.

The authors noted that the lack of comparison groups of families receiving alternate or no services, which would allow for examina-

tion of program effects between groups, was a limitation of this study.

Bagdasaryan, S. (2005, June). Evaluating family preservation services: Reframing the question of effectiveness. *Children and Youth Services Review*, 27, 615-635.

Collaboration Between Police and Child Protective Services

This article examined coinvolvement by police and child protective services (CPS) workers in child maltreatment investigations. The study summarized the findings of a broad review of both practice and empirical literature, and it reports findings from a secondary analysis of data from the National Survey of Child and Adolescent Well-being (NSCAW).

The literature review identified differences in opinion about the benefits and liabilities of coinvolvement of police and CPS workers in child maltreatment investigations. Many sources contend that joint involvement improves investigations and also benefits children and families, largely because of the often complementary skills of law enforcement and child protection workers. Joint interviews can prevent separate, redundant interviews of children, and two investigators can gather and explore more and different information than if each worked singly. The literature suggests that police/social worker collaboration can potentially produce better evidence, promote more accountability, and when appropriate, result in more prosecutions, confessions, and convictions.

Conversely, a variety of sources report friction between these agencies, resulting from differences in philosophy and style. Often cited is the potential for each discipline to interfere with the other's job. While CPS workers are often concerned that police will antagonize families and use heavy-handed or punitive interventions, police are often concerned that CPS workers will inadvertently interfere with evidence collection in criminal investigations, at times even tipping off perpetrators. Law enforcement officers are accustomed to making independent, quick decisions in the field, while social workers typically must consult with supervisors and other consultants, sometimes delaying decisions.

The data analysis component of the study used a stratified random sample of 92 child protection agencies nationwide, comparing case outcomes for CPS cases with and without police involvement. The study used a multivariate procedure with a large sample to control statistically for a number of potentially confounding variables. The study determined that police investigation was a component in 45% of the cases reported to CPS agencies. Police involvement was not found to be associated with a reduction or inhibition of affirmative child protection activities. Although results of the analysis were diverse, a common theme was that coinvolvement of police and CPS was positively associated with a range of different CPS interventions, including increasing the likelihood that CPS finds allegations credible and provides needed services. Cross, Finkelhor, and Ormrod conclude that, "[o]verall, police do not appear to hinder CPS effectiveness and may, in fact, promote it" (p. 241). They recommend that law enforcement and CPS coordinate child maltreatment investigations in every community.

Cross, T., Finkelhor, D., & Ormrod, R. (2005, August). Police involvement in child protective services investigations: Literature review and secondary data analysis. *Child Maltreatment*, 10, 224-244.

Child Protective Services and the Juvenile Court

This study identified characteristics of both effective and problematic juvenile court processes in Louisiana. The research used a two-stage qualitative design that combined direct, systematic court observations to identify critical features of effective and problematic courts, and personal interviews with judges, child welfare agency attorneys, and staff to identify factors that facilitated or impeded timely safety and permanency decisions for children. For this research, *effective child welfare judicial contexts* were defined as case planning and court decisions that adequately addressed child safety and physical and legal permanence for children and families, while problematic judicial contexts did not (p. 341).

The study provided extensive descriptive data of the many factors that characterize both effective and problematic courts. According to the Ellett and Steib, the study results were not surprising. Effective courts were found to be orderly, maintain reasonably scheduled dockets, respect participants, focus on the best interests of children, hold parents accountable, and allow time for testimony and discussion of key facts. Problematic courts were found to be chaotic and noisy, have overcrowded dockets and long wait times, and have participants who often seemed motivated by self-interests that superseded those of the children involved (p. 343). While none of the courts observed was either exemplary or deficient in all identified categories, the use of an extreme contrasting cases method allowed clear contrasts between the more effective and more problematic courts.

The study findings also suggested that the goals of child welfare and court processes remain in considerable conflict, and that practices in the adversarial legal process appeared counterproductive when applied to child welfare. The data reflect a child welfare system driven largely by the desire of agency personnel, particularly caseworkers, to avoid sanctions and demeaning treatment in the courtroom. In no instances in the study were caseworkers sworn in as expert witnesses; rather, experts were almost exclusively external providers of clinical services who often provided testimony based on limited contact with family members. In many courts, cases were rushed through the court docket rather than allowing sufficient time to carefully review individual case circumstances. The study also identified “extreme variation in the knowledge, preparation, and performance of child welfare staff, attorneys, CASAs, and judges (p. 348) with often negative consequences for children and families.

The authors contend that change is needed to rebalance the roles of CPS and the courts to promote the best interests of children and families, and they recommend that child welfare agencies form alliances with judges, attorneys, and with legal, academic, standard-setting, and other types of organizations to improve both the child welfare and juvenile court systems.

Ellett, A., & Steib, S. (2005, September). Child welfare and the courts: A statewide study with implications for professional development, practice, and change. *Research on Social Work Practice, 15*, 339-352.

Obstacles to Employment for Mothers of Children in Foster Care

This study sought to identify barriers to employment faced by unmarried birth mothers whose children were in foster care. Legislative and practice changes associated with welfare reform have lim-

ited cash assistance payments while providing incentives and service support to promote employment and self-sufficiency. Since reunification of foster children depends upon parents' ability to meet their children's basic needs, parents without stable economic support are at a disadvantage. In spite of the importance of this issue in promoting permanence for foster children, the authors found no empirically-based investigations specific to this issue in the research literature.

The present study conducted standardized interviews with a criterion sample of 158 mothers whose children were in foster care. The research measured mothers' age, race, marital status, education, household composition, household size, and income. Several interview items assessed economic hardship and history of cash assistance use. Data were collected on barriers to employment, including educational limitations, lack of work experience, low job skills, inadequate understanding of workplace performance norms, perceived discrimination, lack of transportation, physical health problems, alcohol or substance abuse, physical abuse or domestic violence, severity of psychiatric symptoms, and child special needs or health problems. Employment outcomes were measured by work status and current income. Methodology included descriptive statistics to address the prevalence of barriers to employment and to document mothers' income levels and level of hardship. Regression analyses examined differences in outcomes for mothers with different barrier profiles.

The most prevalent barriers noted were lack of transportation (74.1%), lack of education (48.1%), substance use (48.1%), lack of job skills (32.9%), special needs child (31.6%), and mother's mental health condition (25.9%). The most common cooccurring barriers were mental health problems and substance use (14.6%). Mothers in the study sample appeared to be exhausting their allocations of cash assistance, yet only one third worked full-time and most did not work at all. In the year following children's placements, one third had no wages and almost half earned less than \$500 per month. The authors recommend that income support be considered a critical child welfare intervention for this population and be provided in the form of cash assistance, payment for education or job training, or wage subsidies. Long-term income support may be necessary, given the prevalence and cooccurrence of many employment obstacles. Further, because 70% of mothers have substance abuse, mental health, or physical health barriers, employment is less likely, and child welfare agencies are increasingly required to provide services to address these conditions. Finally, given the time necessary to recover from these conditions, Wells and Shafran argue for flexibility in child welfare policy so mothers who are progressing toward recovery by the end of the children's first year in placement will not lose custody of their children permanently.

Wells, K., & Shafran, R. (2005, January/February). Obstacles to employment among mothers of children in foster care. *Child Welfare, 84*, 67-96.

Integrating Actuarial Risk Assessment and Clinical Judgment

The purpose of this article is to describe recent advances in child welfare decision making and to discuss how these advances can position the field to adopt evidence-based practice as its next progressive step.

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Shlonsky and Wagner first describe risk assessment and family in child protective services and draw distinctions between the two with respect to design, administration, and utility. Risk assessment instruments are designed to estimate the probability of reoccurrences of child maltreatment. The authors provide a comprehensive history of the development of actuarial risk assessment instruments in child welfare and offer a balanced review of the research literature. Their review presents a compelling argument for the superiority of actuarial risk assessment over consensus models in child welfare. The authors describe in depth the development and utilization of actuarial risk assessment instruments both to dispel common resistance to their use and to demonstrate their utility in classifying cases into varying levels of risk. They also describe the proper and essential integration of actuarial risk assessment and clinical judgment. Clinical judgment is shown to be an essential part of framing risk assessment questions and interpreting answers, and data from risk assessment instruments can inform clinical judgments about possible service interventions.

Contextualized assessments of child and family functioning are the essential means of collecting in-depth information for case planning purposes, including to identify goals and objectives and to inform selection of the most effective service interventions. The authors explain that risk assessment can not, and should not, be used for this purpose. They also show how family assessments, although clinical in nature, need to be carefully structured to provide a framework for data collection that promotes a uniform and comprehensive assessment, resulting in accurate and relevant data.

The authors conclude by describing what they believe to be the next step in the evolution of child welfare—the adoption of an evidence-based approach to practice. They contend that when actuarial risk assessment and structured family assessments are utilized, thereby improving the availability and quality of information about families, achieving evidence-based practice becomes more possible. This article describes evidence-based practice models used in medicine and suggests how these may be adopted or adapted, and it proposes a model for utilization in child welfare. Shlonsky and Wagner foresee a need for development of a variety of new technologies to allow rapid assessment and utilization of this information. These might include psychometrically sound rapid assessment instruments, information specialists who continually identify effective core services, and models of integrated program evaluation. The authors suggest that child welfare agencies must undergo a comprehensive reformation to provide systemic supports for activities to achieve evidence-based practice.

Shlonsky, A., & Wagner, D. (2005, April). The Next Step: Integrating actuarial risk assessment and clinical judgment into an evidence-based practice framework in CPS case management. *Children and Youth Services Review*, 27, 409-427.

Letter to the Editor: Time to Rethink Healthy Start/ Healthy Families?

Dr. Chaffin addresses critiques to his earlier article, entitled “Is It Time to Rethink Healthy Start/Healthy Families?” which reported findings of research studies that evaluated the effectiveness of home visiting programs such as Early Start/Healthy Start. The original article (*Child Abuse & Neglect*, 28, June 2004, pp. 589-595) generated considerable response from researchers and family home visiting program advocates, centered on whether the existing program evaluation research on Healthy Start/Healthy Families programs

warrants a conclusion that these programs do not effectively prevent child maltreatment.

In the Letter to the Editor, the author restates and supports his contention that while primary prevention programs may have many positive outcomes for low income families and children, there is no convincing evidence that they actually prevent child maltreatment. To support this conclusion, he presents and discusses several methodological issues related to the purpose, utility, and quality of various types of research designs, including randomized controlled trials (RCTs) in producing valid outcome data. He also explains why the current body of evaluation research on home visiting programs fails to support a conclusion that such programs prevent maltreatment.

Although the author does not recommend exclusive reliance on randomized controlled trials as the sole method of conducting evaluation research, he does contend that “if you want to know whether or not a program achieves its intended bottom-line outcome, the fact remains that randomized trials are the fairest and most accurate way of doing so” and that many researchers consider RCTs to be the “gold standard” for evaluating an intervention’s effectiveness (p. 241). Chaffin also debunks many of the objections commonly raised about the rigidity of RCTs and the difficulty of implementing them in field trials. He discusses the question of whether null findings represent failure of a program model in achieving intended outcomes or, rather, failures in implementation. He states there is sufficient data from exemplary studies of exemplary programs that are implemented with high degrees of fidelity, that have common null findings, strongly suggesting that failure to prevent maltreatment is more likely the result of the intervention itself rather than inconsistent implementation.

The author also addresses the criticism that preventing child maltreatment is the wrong outcome for judging program effectiveness. He responds that programs such as Healthy Families have “self-identified and marketed themselves to policy makers, legislators, communities, and professionals primarily as child maltreatment prevention programs” (p. 244) and if they advertise and receive funding for this purpose, they should be evaluated on this outcome. He recommends instead the programs be viewed and marketed primarily for the purpose of providing maternal and child health enhancement and their success be interpreted on achievement of outcomes that match this purpose.

Chaffin, M. (2005, March). Letter to the Editor. *Child Abuse & Neglect*, 29, 241-249.

Parent Training Programs in Child Welfare

Barth and colleagues cite statistics indicating that at least 400,000 child welfare services (CWS) recipients will participate in parent training programs annually and that another 450,000 of the referred cases not opened by CWS will have parenting classes provided or arranged for them. Parent training is a primary intervention by government to fulfill its responsibilities to provide reasonable efforts to preserve, maintain, or reunify families involved with CWS. In spite of the large number of CWS recipients of parent training, the authors contend that few parent training models or interventions have been tested with child welfare clientele. Those that have been tested have not shown robust effects in preventing the placement of children or reducing maltreatment, perhaps be-

cause of insufficient investment of time and resources.

In this article, the authors highlight existing evidence from parent training programs that show promise for audiences other than child welfare recipients, primarily mental health. The study examined peer-reviewed literature, state reports and unpublished findings, parent training program Web sites, and unpublished data from the National Survey of Child and Adolescent Well-Being (NSCAW) and the Caring for Children in Child Welfare Study. Their findings help to answer the following six questions: (1) What are the characteristics of parent training relevant to characteristics of families involved with CWS? (2) What are the current purposes of parent training programs? (3) What parent training and support efforts show the greatest promise? (4) What programs are now in use, and what are their characteristics? (5) What programs are most likely to be integrated into existing CWS service delivery programming? (6) How can we accelerate the development of evidence-based parent training programs? The data addressing each question are discussed. The authors also identify the leading evidence-based parent training programs with descriptions of ranking criteria and discussion of specific programs, their designs, and evidence support.

The authors conclude that for parent training programs to have positive outcomes for families served in CWS, better identification and assessment should be made of parents in need and parents most likely to benefit from such programs. Because the most effective programs are the most costly, wiser allocation of fiscal resources will be necessary. The programs with the best evidentiary support will also have to be adapted for better *fit* with child welfare recipients, but program fidelity must also be maintained. They suggest the need for measures other than attendance and punctuality to assess change in parent and child behaviors. Parent training programs should also be differentiated by their developmental efficacy for children of different ages, as some programs show good effects for children of certain ages and not others. Finally, the creative integration of evidence-supported *mini-interventions* that are not only effective but also efficient could be adapted into existing programs at limited cost.

Barth, R., Landsverk, J., Chamberlain, P., Reid, J., Rolls, J., Hurlburt, M., Farmer, E., James, S., McCabe, K., & Kohl, P. (2005, September). Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice, 15*, 353-371.

Child Welfare Reform

This study was conducted in an effort to discern the impact of major recent legislative changes on child welfare practice. During the 1990s, the federal government promulgated an unprecedented amount of legislation in efforts to improve the child welfare and public welfare systems. Statutes included the Adoption and Safe Families Act of 1997 (ASFA), the Multi-Ethnic Placement Act of 1994 (MEPA) and its subsequent amendments, the Inter-Ethnic Adoption Provisions of 1996 (IEPA) and welfare reform legislation (the Personal Responsibility and Work opportunity and Reconciliation Act of 1996, or PRWORA), which replaced the Aid to Families of Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) program.

Each piece of legislation was intended to improve outcomes in a variety of child welfare-related services. ASFA was promulgated to address criticisms of the child welfare system by emphasizing due process rights for parents, placement prevention, timely achieve-

ment of permanence for children, and subsidies for special needs adoption. The goals were to improve both child safety and permanence, while concurrently providing interventions to promote children's well-being. MEPA represented an effort to speed up permanence by reducing barriers to adoption based on the race or ethnicity of both prospective adoptive and foster families and children in need of care. The PRWORA legislation was intended to promote employment and self-sufficiency by imposing time limits on receipt of cash assistance as well as imposing work requirements on recipient families. Although not directly related to child welfare, the legislation was expected to affect many families served in the child welfare system.

The authors report on the findings of the Local Agency Survey (LAS) of the National Study on Child and Adolescent Well-Being (NSCAW), which was administered between 1999-2000. The researchers collected data from local child welfare administrators in two stages and weighted data proportionate to the size of the primary sampling unit. Data analysis identified high levels of implementation activities, particularly in urban areas and state-administered child welfare agencies. However, the degree of implementation varied for each of the major pieces of legislation. Considering the date range of the study data, these findings are noted to be early effects of this legislation. Researchers identified that ASFA had the most influence on child welfare service delivery, even though its impact was uneven. ASFA placed greater emphasis on ensuring children's safety, shortened time frames for decision making, increased the number of families not reunified, and increased emphasis on adoption of older children. Most surveyed agencies had implemented concurrent planning. TANF appears to have had much less effect, but there has been some increased coordination between children services and TANF staff. Of the three statutes, MEPA-IEP appears to have had the least effect on service delivery at the time of the survey.

Mitchell, L., Barth, R., Green, R., Wall, A., Biemer, P., Duerr Berrick, J., & Webb, M. (2005, January/February). Child welfare reform in the United States: Findings from a local agency survey. *Child Welfare, 84*, 5-24.

In Appreciation

We would like to extend our sincerest appreciation to Ernestine Briggs-King for her 9 years of service to APSAC as editor of the Journal Highlights section of the *APSAC Advisor*.

Dr. Briggs-King, Clinical Associate in the Department of Psychiatry and Behavioral Sciences at Duke University Medical School, recently resigned from the *APSAC Advisor* in response to increased personal and professional demands on her time.

We commend her for her exceptional work in keeping us informed and up to date regarding current research and new developments in the child maltreatment field.

Thank you, Ernestine... we wish you all the best.