



CEBC Rating Policy and Procedures Manual

Topic Area Selection

Annually, the CEBC Advisory Committee is asked to assist in determining which new topic areas will be added to the website. During a special Committee meeting, a list of potential topics is presented, reviewed, and discussed. Then a confidential vote is held to identify which topics will be added based on the Committee members' opinion, regarding which topics are most relevant and needed by the field. Topics that are not selected are added to the cumulative topic area list and held for consideration in future years.

Once the new topics are chosen, a topic expert for each area is recruited by CEBC staff. Recommendations are obtained from the CEBC Scientific Panel and additional options are identified through a literature search. A topic expert is someone with broad knowledge of the topic area who, ideally, is not the developer of a program that may fit in the topic area. Topic experts have often published or presented reviews of the topic area and may be from academic, research, or practice settings. Note: If the topic expert is affiliated with a program that will be reviewed by the CEBC, the topic expert is removed from all involvement with the rating of that program.

CEBC staff works closely with each topic expert to draft a clear definition of the topic area, including primary and secondary outcomes and inclusion criteria, following the CEBC's standard format.

Identify Programs for Review

The CEBC defines a "program" as a discrete intervention or set of structured activities combined according to precise guidance (delivered through a manual and/or training) in order to achieve specific outcomes. The focus of the CEBC is on programs that can be utilized by professionals who serve children and families involved with the child welfare system.

Once the definition of a topic area is finalized, potential programs are identified in several ways. First, the topic expert generates a list of potential programs based on their own experience. Second, the CEBC Advisory Committee, Scientific Panel, and Implementation Science panel are asked for program recommendations. Third, CEBC staff conducts a structured literature search of the topic area title (and variants as needed) utilizing the following:

- Campbell Collaboration
- Cochrane Library
- Child Welfare Information Gateway
- PubMed, PsychInfo, and Social Services Abstracts (first 10 pages of results from each)
- Google and Google Scholar (first 10 pages of results from each)
- Prevention Services Clearinghouse
- Other relevant evidence-based practice (EBP) registries, such as Blueprints for Health Youth Development and Results First, pulled from a list of registries developed for use in a National Institute on Drug Abuse (NIDA)–funded study of EBP registry usage.

All identified programs are combined into a Potential Programs list.

Select and Prioritize Programs for Review

The Potential Programs list is reviewed by CEBC staff and the topic expert. Then outreach is conducted to each program in order to determine:

- If the program is currently available
- If there is a clear point of contact (either an individual or organization that is willing to represent the program on the CEBC website)

If more than 15 potential programs are identified, the list is reviewed with the topic expert to prioritize programs that meet one or more of the following criteria:

- Are in broad use
- Identify themselves as having an evidence base
- Were developed for or are commonly used in child welfare settings
- Address a target audience of particular interest to the CEBC (e.g., tribal populations, immigrants, etc.).

An initial list of 15 programs is identified for outreach; if programs are removed during the screening process (below), they can be replaced with others on the Potential Programs list.

Once the list is finalized, a screening questionnaire is emailed to each identified program representative. The purpose of the questionnaire is to:

- Ensure the program has a manual or offers training.
- Ensure that a clear contact exists for the program.
- Establish the legitimacy of the contact's relationship to the program.
- Collect the program's goals and ensure they fit the topic area requirements.

Following is the process for screening and follow-up (as needed): The screening email is sent twice—approximately one week apart—and then a follow-up telephone call is made (if a contact number was identified), in attempt to complete the screening questionnaire and confirm the contact information is correct.

If a program passes the screening process, a full questionnaire is sent to the program representative to be completed. If there is no reply to the full screening request, CEBC staff will attempt to locate alternative contacts to complete the screening. If a good contact cannot be obtained, CEBC leadership will determine whether a Non-Responder outline (see below) can be completed for the program.

When a program representative completes and returns the full questionnaire, that document is now considered the program outline. CEBC staff will then review and edit the program outline, and contact the program representative, as needed, for clarification.

All programs that meet the CEBC screening criteria above are added to the CEBC website, regardless if a completed questionnaire is received from the program representative. Website listings for programs which do not complete the questionnaire will have the following: a shortened Non-Responder outline (compiled by CEBC staff from publicly available sources), a Scientific Rating, Child Welfare Outcomes information (if applicable), and the Child Welfare System Relevance Level. The program entry will also include a note documenting that the program representative did not respond to the CEBC's request for information. Program representatives are welcome to complete the full questionnaire at any time and submit to the CEBC for review.

Program Literature Search

The CEBC relies on published, peer-reviewed research to determine a program's CEBC Scientific Rating. This ensures that the research meets a minimum standard, its methods and findings have been independently reviewed by experts knowledgeable in the field, and that the information is publicly available.

Peer review is a process that scholarly journals use to ensure the articles they publish represent the best scholarship currently available. When an article is submitted to a peer-reviewed journal, the editors send it out to subject experts in the same field (the author's peers) to get their opinion on the quality of the scholarship, its relevance to the field, its appropriateness for the journal, etc.

This process encourages authors to meet the accepted standards of their discipline and prevents the dissemination of unsupported claims or interpretations and personal views. The reviewers critique the paper by looking for inaccuracies, assessing the paper's methods and scientific importance, asking for clarifications and other changes to the article, and make a recommendation as to whether or not the article should be published. Peer review requires a community of experts in a given field, who are qualified and able to perform impartial review. Reviewers are typically anonymous and independent, and do not know the identity of the paper's authors; this helps to encourage honest critique and discourage bias in publication decisions.

Peer review has been compared to a "stamp of approval" from academic experts, since it ensures that experts in the relevant field have read the paper and determined it to meet a high standard of scholarship. While the peer review process may not identify all errors or biases, it is an established method within the scientific communities to make a careful and critical examination of the merits of a paper.

The CEBC obtains research on each program in two ways. First, the program representatives are asked to provide copies of all published, peer-reviewed research as part of the program questionnaire process described above. Second, CEBC staff conducts a structured literature search of the program title (and variants as needed) utilizing the following:

- Program website
- Campbell Collaboration
- Cochrane Library
- Child Welfare Information Gateway (first 10 pages of results)
- PubMed, PsychInfo, and Social Services Abstracts (first 10 pages of results from each)
- Google and Google Scholar (first 10 pages of results from each)
- Prevention Services Clearinghouse
- Other relevant evidence-based practice (EBP) registries, such as Blueprints for Health Youth Development and Results First, pulled from a list of registries developed for use in a National Institute on Drug Abuse (NIDA)—funded study of EBP registry usage.

Research from these sources is consolidated and unduplicated. CEBC staff then review each item to ensure it meets the CEBC's basic research evidence criteria and obtains a full-text copy of the article:

- The paper must be published in a peer-reviewed journal.
 - Dissertations, books/book chapters, presentations, reports, evaluations, and conference proceedings are not eligible.
 - Articles in Press (accepted for publication but not yet published) are accepted prior to publication with documentation of acceptance from the journal.
- The study must be available in English.

- The article must report on the outcomes of a research study examining the impact of the program.
 - Papers that describe the intervention itself, without presenting outcomes data, are not eligible.
- The research methods must be described in the paper, in addition to presenting the results and conclusions.
 - At a minimum, sample selection and recruitment procedures, measures, and analytic procedures need to be described.
- A statistical comparison of outcomes for the intervention and control groups must be presented.
- The study must examine the topic area's target population.
 - For example, if the topic area addresses children and adolescents, only studies which examined outcomes in children and/or adolescents will be reviewed, and studies on adult outcomes only would be excluded.

All eligible articles are then summarized by CEBC staff using a standard template (citation; study design; age, gender, and race/ethnicity descriptions; and study description and results). Authors may be contacted to clarify what is reported in the paper (i.e., whether the 18-month follow-up time point occurred 18 months after baseline or 18 months after the intervention ended), but not to obtain new information (i.e., whether statistical differences were seen between the intervention and control group at the follow-up point on a specific measure).

The published, peer-reviewed research standard also means that the CEBC accepts the study methods as they were accepted by the paper's reviewers. For example, analytic methods or control group selections are considered acceptable to the CEBC, as long as they were included in the published article. The CEBC lists study limitations in each summary to identify potential areas of concern.

There are two exceptions to the CEBC's acceptance of published, peer-reviewed study methods:

- The use of measures without established psychometrics.
 - The CEBC requires that at least one outcome measure used for rating meet basic psychometric standards of reliability AND validity, and had been administered consistently and accurately across all subjects.
 - Administrative data, such as maltreatment reports, arrest data, billing data on length of stay in out of home care, etc., are accepted.
- Broken randomization.
 - If a study reports that randomization was broken or unplanned crossover occurred for a significant number of subjects, the CEBC can deem the study to not be a true randomized controlled trial.

Intervention Group Requirements:

- In order to be utilized in the CEBC rating process, the study must examine the intervention in its entirety, not just one or more components of the intervention.
 - If the study does not examine the entire intervention, it can still be summarized but a note will be added that the study was not used in rating.
 - Example: A trauma treatment program has five main components. A study is conducted using one of the five components. The resulting research article would not be used in the rating process for the overall program.
- The intervention/program must be conducted in its manualized form in the study.
 - Minor adaptations or modifications to the program that do not affect the essential elements of the program are acceptable.
 - Examples include minor changes to session duration or frequency, and revising program materials to include images or examples that are more appropriate to the cultural background of subjects.

- More extensive adaptation may cause the research study/article to be excluded from the rating process.
 - Examples include adding or eliminating content, or moving a group intervention to an individual format.
- Studies that examine ONLY combined interventions (e.g., two interventions delivered together) cannot be used for the rating of either individual program.
- A study comparing two versions of the same program (e.g., in-person vs. internet-based, three months vs. nine months, etc.) can be counted as “some form of control” for a rating of 3.
 - Regardless of the type of study, it cannot earn a rating of more than 3.
 - For example, an RCT comparing two versions of the same program with no other control cannot be used to support a rating of 1 or 2.
 - The program must also meet the other criteria for the rating of 3.

Control / Comparison Group Requirements: The CEBC rating requires that the research design must use some form of control or comparison group. The control or comparison may include an active comparison condition, services or treatment as usual, a waitlist control group, an untreated group, or other similar types of control/comparison.

Uncontrolled research is not used in the rating process, but may be listed on the CEBC website in certain situations:

- Studies without a control or comparison group, such as one-group pretest-posttest studies, will only be summarized and added to the website if the program has less than two RCTs AND less than 10 articles from quasi-experimental or experimental studies.
- Case studies will only be reviewed when multiple subject studies have not been completed.
- Qualitative studies may be added if the program has less than 2 RCTs AND less than 10 articles from quasi-experimental or experimental studies AND the qualitative study is particularly relevant to child welfare populations.

Program Ratings

Program outlines are sent to the raters, along with a rating summary form, the eligible full-text research articles, the topic area definition and criteria, and a copy of the [CEBC Scientific Rating Scale](#). Program raters typically include the topic expert and two trained CEBC raters. Each rater reviews the program independently. Ratings are submitted to CEBC staff, who examine the ratings for agreement. If discrepancies are found, the rating and associated materials are reviewed by the CEBC Director, Scientific Director, and research staff. A conference call or email exchange may be held with the independent raters to get clarification.

The rating categories and criteria are as follows:

1. Well-Supported by Research Evidence

- Multiple Site Replication and Follow-up:
 - At least two rigorous randomized controlled trials (RCTs) with nonoverlapping analytic samples that were carried out in usual care or practice settings have found the program to be superior to an appropriate comparison program on outcomes specified in the criteria for that particular topic area.
 - In at least one of these RCTs, the program has shown to have a sustained effect at least one year beyond the end of treatment, when compared to a control group.
 - The RCTs have been reported in published, peer-reviewed literature.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- The overall weight of the published, peer-reviewed research evidence supports the benefit of the program for the outcomes specified in the criteria for that particular topic area.

- There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.
- There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.
- The program has a book, manual, and/or other available writings that specify components of the service and describe how to administer it.

2. Supported by Research Evidence

- Randomized Controlled Trial and Follow-up:
 - At least one rigorous randomized controlled trial (RCT) that was carried out in a usual care or practice setting has found the program to be superior to an appropriate comparison program outcomes specified in the criteria for that particular topic area.
 - In that same RCT, the program has shown to have a sustained effect of at least six months beyond the end of treatment, when compared to a control group.
 - That same RCT has been reported in published, peer-reviewed literature.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- The overall weight of the published, peer-reviewed research evidence supports the benefit of the program for the outcomes specified in the criteria for that particular topic area.
- There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.
- There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.
- The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.

3. Promising Research Evidence

- At least one study utilizing some form of control (e.g., untreated group, placebo group, matched waitlist study) and reported in published, peer-reviewed literature demonstrating one of the following:
 - Established the program's benefit over the control on outcomes specified in the criteria for that particular topic area.
 - Found it to be comparable on outcomes specified in the criteria for that particular topic area to a program rated a 1, 2, or 3 on this rating scale in the same topic area.
 - Found it to be superior on outcomes specified in the criteria for that particular topic area to an appropriate comparison program.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- The overall weight of the published, peer-reviewed research evidence supports the benefit of the program for the outcomes specified in the criteria for that particular topic area.
- There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.
- There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.
- The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.

4. Evidence Fails to Demonstrate Effect

- Two or more randomized controlled trials (RCTs) with nonoverlapping analytic samples that were carried out in usual care or practice settings have found that the program has not resulted in improved outcomes specified in the criteria for that particular topic area, when compared to usual care. The studies have been reported in published, peer-reviewed literature.
- The overall weight of evidence does not support the benefit of the program on the outcomes specified in the criteria for that particular topic area. The overall weight of evidence is based on the

preponderance of published, peer-reviewed studies, and not a systematic review or meta-analysis. For example, if there have been three published RCTs and two of them showed the program did not have effect on outcomes specified in the criteria for that particular topic area, then the program would be rated a "4 - Evidence Fails to Demonstrate Effect."

- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.
- There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.
- The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.

5. Concerning Practice

- One or more of the following statements about the program is true:
 - If multiple outcome studies have been conducted, the overall weight of the evidence suggests the program has a negative effect on the target population being served or on outcomes specified in the criteria for that particular topic area.
 - There is case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.
 - There is a legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.
- The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.

All components of the rating level must be met in order for the program to receive that rating level. The CEBC rating is based on studies, not papers. For example, if a single RCT has multiple papers that show effect, it still only counts as one RCT. The focus is on the analytic sample: the original analytic sample and any subsequent subgroups or substudies are considered all part of the same study.

In the case where the program does not meet any of the rating criteria above, it will be listed a **NR - Not able to be Rated on the CEBC Scientific Rating Scale**. The research evidence for programs listed in the NR category cannot be established at this time. This does not mean that the programs are ineffective, but rather that there is no research evidence available on their effectiveness that meets the criteria for any other level on the CEBC Scientific Rating Scale. The basic criteria for NR are:

- The program does not have any published, peer-reviewed study utilizing some form of control (e.g., untreated group, placebo group, matched waitlist study) that has established the program's benefit over the control on outcomes specified in the criteria for that particular topic area, or found it to be comparable to or better than an appropriate comparison program on outcomes specified in the criteria for that particular topic area.
- The program is generally accepted in child and/or family serving systems as appropriate for use with children receiving services from child welfare or related systems and/or their parents/caregivers.
- The program does not meet criteria for any other level on the CEBC Scientific Rating Scale.
- There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.
- There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.
- The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.

Postintervention Follow-up Requirements:

- A follow-up timeline must be intentional and attempt to cover the entire sample. For example, the 6- or 12-month time point cannot be the mean of when the data collection occurred, with some subjects having follow-up data substantially under the 6- or 12-month requirement.
 - Example: Follow-up that was from three to nine months after treatment ended would not count as a 6-month follow-up.
- The 6- or 12-month follow-up must include a **follow-up of the control or comparison group**, to ensure that changes over time have not negated any differences seen in the intervention group(s). The intervention group must continue to be superior to the control or comparison group at the follow-up time point.
- The 6- or 12-month follow-up after treatment ended **cannot include only some subjects** (i.e., effect was only found in a segment of the intervention group at the end of treatment and follow-up was only done with this segment).
- An **annual rate** calculated after the end of the intervention, such as maltreatment reporting rates, can be used to fulfill the 12-month follow-up requirement.
- When determined appropriate by the CEBC, a rating may be based on a significant effect at a postintervention time point, even when there is no effect at the end of the intervention. For example, reunification or re-report of abuse outcomes may take longer to occur, as the outcome itself requires time to occur in sufficient quantities to be examined.

Indirect effects may be considered in the absence of a main effect, if a compelling theoretical reason to do so has been articulated in the program's published research papers. Any decision to incorporate indirect effects in the rating of a program will need to be reviewed by the CEBC Scientific Director.

In addition to a rating on the CEBC Scientific Rating Scale, each eligible program is examined to see which **Child Welfare Outcome(s)** (e.g., safety, permanency, and/or child/family well-being) are addressed in the research evidence for that program.

The **Child Welfare System Relevance** is based on the target population and goals of the program and determined by the raters, CEBC staff, and the topic expert (when applicable).

Rating appeals:

If the program representatives do not agree with the assigned rating, they may appeal the rating. An initial request for appeal should be made to the info@cebc4cw.org email address. Appeal instructions will be then be sent. In general, the appeal must specifically identify the published, peer-reviewed research articles that support the desired rating level and specify the support for each component of the rating level by page number in each identified article. For example, identify the citation and page number where the 12-month postintervention follow-up in an RCT is addressed for rating level 1.

The CEBC Scientific Director will discuss the program and the rating with the CEBC Director and research staff. A conference call or email exchange may be held with the independent raters to get clarification. The CEBC Scientific Director will decide on the final rating. A written reply regarding his decision will be sent to the program developer.

If the developer wishes to appeal the CEBC Scientific Director's rating decision, they will need to write a detailed memo to the CEBC Scientific Panel, explaining their concerns regarding the rating and providing documentation to support their request for a new rating. The appeal will be reviewed at the next meeting of CEBC Scientific Panel. Since Scientific Panel meetings are only held one to two times per year, the program can either be pulled from the CEBC website in its entirety or identified as undergoing review but still posted on the website.

The CEBC Scientific Director must review any ratings of 4 or 5. In addition, the CEBC Scientific Panel must be notified of any programs that are rated as a 4 or 5 before the rating is sent back to the program, so that they may comment or raise concerns as needed. If needed, a conference call will be scheduled for further discussion.

Adding research summaries to the website: While all eligible studies are reviewed during the rating process, a maximum of 10 article summaries are listed on the CEBC website, with a focus on those that led to the rating. In addition, randomized controlled trials, studies with large sample sizes, studies with 6+ months of postintervention follow-up, and studies conducted in child welfare-involved populations are prioritized for inclusion.

Adding Programs to Existing Topic Areas

Programs can be nominated for inclusion on the CEBC at any time through the Contact Us form on the CEBC website. In addition, the CEBC offers an Open Submission period once a year—submission announcements are made on the website, via email, and social media. To be eligible to be added to the CEBC, the program must fit into one of the existing topic areas on the website **and** have either enough research evidence to obtain a rating on the CEBC Scientific Rating Scale or be widely used and/or marketed in California. Once deemed eligible, the program review process is very similar to the one above, except the topic expert is usually not one of the raters; instead an additional rater from the CEBC staff is used.

Re-Review of Programs

The research support for programs listed on the CEBC is re-reviewed in several ways. First, the CEBC contacts all programs at least once every other year to request updates to the current outline, including any new research. The CEBC also completes a full literature search on all rated programs at least once every two years. Finally, if CEBC staff becomes aware of new publications on the program—either through the program’s representative, a CEBC user, or other venues—the program re-starts the CEBC rating process described above, including a full literature search. Once the rating process is complete, the program representative is alerted about any rating change before it is changed on the website.