

**Evidence Based Practice – Webinar  
June 12, 2007  
Q&A Session**

**California Evidenced-Based Clearinghouse for Child Welfare (CEBC)**

*Q: What if there are programs that other people may want to see go through the CEBC process? Are there ways that people can nominate particular programs, specifically those programs that deal with substance use disorders?*

A: Each year the CEBC will add 10-20 new programs in the existing topic areas. If there are programs individuals would like to recommend, the CEBC will start adding new programs in July 1, 2007. Go to <http://www.cachildwelfareclearinghouse.org> and click on "contact us" to submit information on programs you would like to have highlighted.

*Q: Is there not (or shouldn't there be) a criteria such as "Has this treatment been tested or normed with populations including people "like me" (the client) in terms of age, gender, culture, race, and other demographic factors?*

Information about programs found on the CEBC website is provided in a brief summary and a detailed report. The information that you were requesting is provided in the detailed report under the Racial/Ethnic Diversity section. In this section it indicates if the program was designed for or if it was tested with a specific racial/ethnic/cultural group. The Relevant Research section (found in the detailed report) may also provide additional information about what populations the practice has been tested with.

**The Nurturing Program for Families in Substance Abuse Treatment and Recovery, Institute for Health and Recovery (IHR)**

*Q: How sustainable are these programs? How have sites developed resources to keep this program going? Are there resources available to implement?*

A: The program has been implemented and sustainable in a variety of locations. IHR offers training nationally for a fee. There is a one day or two day training option. For example, Beth just completed a training for an adolescent family drug court in Maryland. We recommend training for Masters level case managers. Because of staff turnover, agencies often send people through the training multiple times. IHR also offers the two day training for people who can come to Massachusetts to do the training. We also offer technical assistance and have the ability to respond to questions as they arise during implementation.

*Q: Do trainings have to be for treatment programs, or can they be for child welfare providers?*

A: The training gives information on substance abuse, but the program does not necessarily need to be in a treatment agency. We have provided trainings for many child welfare agencies. Through the Women and Co-Occurring Disorders study, we have developed a second edition for families affected by substance abuse, mental health issues and trauma.

*Q: How do you identify and respond to different learning styles?*

A: Different learning styles are often noticed in the way the parent is responding, or not responding. If a parent is not responding, the staff wants to make sure to address any issues. For example, staff does not want to put a person in a position where they would need to read something if there is any uncertainty as to whether the person can read. These and other instructions are included in the training sessions and in the training overview.

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*Q: Do any of the programs work closely with TANF providers? If so, what has been their experience?*

Many of the programs we have worked with in Massachusetts serve TANF clients. In Massachusetts the Department of Transitional Assistance (DTA) is the equivalent to TANF. In fact, many of the programs receive funding from DTA for treatment of homeless families (54 of the 104 beds are priority for DTA clients). In addition, at many of these programs there is a DTA homeless coordinator/contact that the programs deal with directly and IHR works directly with DTA to coordinate the access to treatment for homeless families in need of substance abuse treatment.

**Specialized Treatment and Recovery Services (STARS)**

*Q: Do they do any in-home cases?*

A: We can provide services through an informal family supervision where the children are still in home and do not have an open court case. Limited services under informal family supervision are currently provided by 4 STARS workers to 75 parents.

*Q: How do you provide supervision to ensure the STARS workers are doing Motivational Interviewing correctly?*

A: There are 3 supervisors that closely monitor the STARS workers. Every STARS worker meets weekly with the Clinical Director, who is a LCSW. I also attend supervision meetings with a LCSW.

*Q: Has the program been replicated?*

A: The program is currently being replicated in Minnesota. Sacramento serves as a training site. We adopted the SARMS program, and adapted it to our County, so we offer our program model for others to adopt and adapt.

**Journal Articles referred to by Dr. Young during the webinar.**

Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). The Sacramento dependency drug court: Development and outcomes. *Child Maltreatment, 12*(2), 161-171. Abstract available online at [http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17446569&ordinalpos=4&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17446569&ordinalpos=4&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum)

Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment, 12*(1), 43-59. Abstract available online at [http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17218647&ordinalpos=13&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17218647&ordinalpos=13&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum)

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*(2), 137-149. Abstract available online at [http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17446567&ordinalpos=6&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17446567&ordinalpos=6&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum)