

SBFC Research Database

Overview

The purpose of this database is to provide a source summarizing evidence-based support for SBFC. It will contain abstracts of quantitative and qualitative studies grouped into the following areas:

1. Multi-systems Research: studies evaluating the impact of interventions across 2 or more systems affecting children (e.g. family and school; school and community, etc.).

2. Uni-systems Research: studies evaluating the impact of interventions that focus on children and only one system level (e.g. school or family or community). Studies will be grouped according to the following SBFC Meta-model categories:

School Intervention Research

School Prevention Research

Family Intervention Research

Family Prevention Research

Community Research

The rationale for reviewing uni-systems research is that SBFC professionals work with a variety of different sub-systems affecting children. A SBFC professional who is providing conjoint family counseling may find it helpful to review evidence-based support for different family counseling approaches. Similarly, a SBFC professional wishing to provide an anti-bullying program or other preventive program in a school may wish to review evidence-based support for different programs.

USPSTF Evaluation Criteria

The U.S. Preventive Services Task Force (USPSTF) has developed criteria for evaluating health care (including mental health) treatments. The USPSTF provides both Grades Recommendations (A, B, C, D, or I) and Identifies Levels of Certainty Regarding Net Benefit (High, Moderate, or Low).

<https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

Criteria for Empirically Supported Treatments

A) Chambles & Hollon (1998) Criteria

1. “Well-established” requires treatment manuals, and clearly specified participant groups, and either of these characteristics:

- a. Two independent well-designed group studies showing the treatment to be better than placebo or alternative treatment or equivalent to an established effective treatment.
- b. Nine or more single-subject design studies using strong designs and comparison to an alternative treatment.

2. “Probably efficacious” requires clearly specified participant groups (treatment manual preferable but not required), and either of three characteristics:

- a. Two studies showing better outcomes than a no treatment control group.
- b. Two strong group studies by the same investigator showing the treatment to be better than

placebo or alternative treatment or equivalent to an established treatment;
c. Three or more single-subject design studies that have a strong design and compare the intervention to another intervention.”(Rogers & Visnara, 2008, p. 9)

B) Nathan and Gorman (2002) Criteria

“Type 1 studies: Randomized, prospectively designed clinical trials using randomly assigned Comparison groups, blind assessments, clear inclusion/exclusion criteria, state-of-the-art diagnosis, adequate sample sizes to power the analyses, and clearly described statistical methods. We also expected treatment fidelity measures (i.e., measurement of the degree to which the treatment as delivered adheres to the treatment model) to be included in Type 1 studies.

Type 2 studies: Clinical trials using a comparison group to test an intervention. These have some significant flaws but not a critical design flaw that would prevent one from using the data to answer the study question. Type 2 studies provide useful information. We also included single-subject designs in this group.

Type 3 studies have significant methodological flaws. In this group we included uncontrolled studies using pre-post designs and studies using retrospective designs.

Types 4 and 5: Secondary analysis articles

Type 6: Case reports....”(Rogers & Visnara, 2008, p. 9)

References for Criteria for Empirically Supported Studies:

Chambless, D., & Hollon, S. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66, 7–18.

Nathan, P., & Gorman, J. M. (2002). *A guide to treatments that work*. New York: Oxford University Press.

Rogers, S. & Vismara, L. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child & Adolescent Psychology*, 37(1), 8–38.

Challenges to the Evidence-based Approach

Koroloff, N. & Friesen, B. (1997). Challenges in conducting family-centered mental health services research. *Journal of Emotional and Behavioral Disorders*, 5(3), 130-137.

“In this article, the authors provide an analysis of the challenges facing researchers as they Respond to the ideas that guide family-centered services and incorporate these themes into research focused on improving services for children with emotional, behavioral, or mental disorders and their families. The concept of "family-centered services" has emerged only recently as a generally well understood set of practice principles. Traditional approaches to conducting mental health research have not yet responded to the fundamental changes in thinking about service delivery evoked by a family-centered service system. The authors examine the fit between traditional mental health research and family-centered services and provide an introduction to the articles in this special issue.”

Mullen, E. & Streiner, D. (2004). The evidence for and against evidence-based practice. *Brief Treatment and Crisis Intervention*, 4(2), 111-121.

Note: in the studies listed all quotes are from the article's abstract, unless otherwise noted. These pages are currently under construction. We welcome suggestions about studies to include in the database. If you have a recommendation, please forward it to Dr. Brian Gerrard gerrardb@usfca.edu