The general aim of “the Stockholm evidence-based Clearinghouse for social work” is to build a bridge between professionals and research on “what works”

- It was launched on 1st September, 2008
Stockholm evidence-based Clearinghouse for social work

- Web-based service (at IMS’ homepage):
  http://www.socialstyrelsen.se/Amnesord/socialt_arbete/IMS/Metodguiden_index.htm
- Provides information on interventions, assessment tools and general knowledge (e.g., mechanisms)
- Target group: Professionals, politicians and policy makers
- Not recommendations
- Arranged in a simple, straightforward format reducing the need to conduct literature searches
- Methodology of the systematic review (e.g., Higgins & Green, 2008)

Topics Currently Available on the Website

**Topics**
- Child/family
- Social assistance (for welfare recipients)
- Disability
- Addiction
- Elderly

**Subheadings**
- Interventions (18 descriptions/5 final evaluations)
- Assessment tools (46 descriptions/13 final evaluations)
- General knowledge
- IMS projects
The evaluation process

- Selection of interventions to evaluate – starts with discussion in IMS research council: Which interventions should we evaluate? Which outcomes are important? What databases should be searched?
- Prioritizing of interventions: 1) evaluated in Sweden, 2) in use in practice in Sweden, 3) can be implemented into practice in Sweden
- All relevant studies with a RCT or QE (including data at baseline) are reviewed
- Use of a guide/protocol to assist the review process
- Studies are evaluated for to their internal validity (i.e., can we trust the result?)
- Two independent reviewers evaluate each study. Any disagreements are settled based on consensus with help from a coordinator
Judging of internal validity

- Selection bias
  e.g., *Are there any important differences between the groups?*
- Performance bias
  e.g., *Are researchers, participants and data collectors "blind"?*
- Attrition bias
  e.g., *Any differences in size and type of attrition between the groups?*
- Detection bias
  e.g., *Are the outcome measures measured in the same way in all groups?*

Potential bias is evaluated within and across each domain of bias

- Low risk: plausible bias unlikely seriously alter the results
- Unclear risk: plausible bias that raises some doubt about the results
- High risk: plausible bias that seriously weakens confidence in the results

(from Higgins & Green, 2008)

Grading of evidence

- The scientific rating scale is a modified version of a scale developed at California Evidence-Based Clearinghouse for Child Welfare (http://www.cachildwelfareclearinghouse.org/scientific-rating/scale)
- Based on statements in Flay et al., 2005 (Society for Prevention Research, SPR)
- The scale is divided into five grades - A lower score indicates effectiveness and a higher level of research support
- Grading of evidence is based on:
  - Number of studies with a certain degree of internal validity (i.e., risk of bias)
  - If the practice is evaluated in usual care
  - If the effect are sustained over time
  - If the practice may cause harm
  - If the practice is replicable
1. Effective practice with well-supported research evidence

- At least two studies with low risk of bias, in different usual care or practice settings, have found the practice to be superior to treatment as usual (TAU).
- If multiple effectiveness studies have been conducted, the overall weight of the evidence supports the benefit of the practice.
- In at least one study with low risk of bias, the practice has shown to have a sustained effect at least one year beyond the end of treatment.
- There is no theoretical or empirical basis indicating that the practice constitutes a substantial risk of harm to those receiving it.
- The practice has a book, manual, and/or other available writings that specify components of the service and describes how to administer it.

2. Effective practice supported by research evidence

- At least one study with low risk of bias has found the practice to be superior to treatment as usual (TAU).
- If multiple outcome studies (at least with medium risk of bias) have been conducted, the overall weight of evidence supports the benefit of the practice.
- In at least one study with low risk of bias, the practice has shown to have a sustained effect of at least six months beyond the end of treatment.
- There is no theoretical or empirical basis indicating that the practice constitutes a substantial risk of harm to those receiving it.
- The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describes how to administer it.
3. Practice with promising research evidence

- At least one study with medium risk of bias has established the practice's benefit over no intervention (or placebo or waiting list) or is found to be comparable to or better than treatment as usual (TAU).
- If multiple effectiveness studies with at least medium risk of bias have been conducted, the overall weight of evidence supports the benefit of the practice.
- There is no theoretical or empirical basis indicating that the practice constitutes a substantial risk of harm to those receiving it.
- The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it.

4. Practice where the evidence fails to demonstrate effect

- At least two studies with low risk of bias have found that the practice has not resulted in improved outcomes compared to no intervention (e.g., placebo or waiting list), or that the practice is shown to be less effective when compared to treatment as usual.
- If multiple effectiveness studies have been conducted, the overall weight of evidence does not support the benefit of the practice.
- There is no theoretical or empirical basis indicating that the practice constitutes a substantial risk of harm to those receiving it.
- The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it.
5. Concerning practice

- At least one study of low or medium risk of bias shows that the intervention can cause serious harm, and/or there is a reasonable theoretical basis suggesting that the practice constitutes a risk of harm to those receiving it.

- The practice has a book, manual, and/or other available writings that specify the components of the practice protocol and describe how to administer it.

Beyond the five grades the scientific scale includes an additional category (not rated - no number is given).

Practice with unknown effect

- There is lack of studies with a medium or low risk of bias.
- There is no theoretical or empirical basis indicating that the practice constitutes a substantial risk of harm to those receiving it.
- The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describes how to administer it.
An example

COPE (parent training intervention)
- Two studies were identified
- Both studies were evaluated and given a “summarized bias value” based on the estimated bias within each bias domain (e.g. selection bias)
- Both studies were rated as having low internal validity (high risk: plausible bias that seriously weakens confidence in the results)

Grading of COPE - Practice with unknown effect
- There is lack of studies with a medium or low risk of bias
- No effects are presented for COPE

Challenges to address
- Evaluation of studies – different bias for different outcomes
- Grading with GRADE, conducting meta-analyses
- Grading of evidence – control group (ex Beardslee family intervention)
- Lack of information and data in primary studies
- Cost effectiveness
- Transportability (interventions and effects)
- Transparency and comprehensiveness
Thank you!

For more information (in Swedish – sorry!) go to IMS homepage: http://www.socialstyrelsen.se/Amnesord/socialt_arbete/IMS/Metodguiden_index.htm

Or contact: jenny.rehnman@socialstyrelsen.se (interventions)
Or: ulla.jergeby@socialstyrelsen.se (assessment tools)
The California Evidence-Based Clearinghouse for Child Welfare (CEBC)

www.cachildwelfareclearinghouse.org
Haluk Soydan, Ph. D.
University of Southern California, Los Angeles, and
IMS, Stockholm

In 2004, the California Department of Social Services, Office of Child Abuse Prevention contracted with the Chadwick Center for Children and Families, Rady Children’s Hospital-San Diego in cooperation with the Child and Adolescent Services Research Center to create the CEBC.

The CEBC was launched on 6/15/06.
National Scientific Panel

The National Scientific Panel is composed of five core members and selected Topical Experts.

The Panel members are nationally recognized as leaders in child welfare research and practice, and who are knowledgeable about what constitutes best practice/evidence-based practice.

Advisory Committee

The Advisory Committee is composed of 19 committed individuals.

Members are from:
- California Department of Social Services-Child and Family Services Division
- Child Welfare Departments from California Counties
- County Welfare Directors Association of California (CWDA)
- California Child Welfare Training Organizations
- Private Foundations
- Public & Private Community Partners within the State
- National Child Welfare Consultants

Guidance for the CEBC

CEBC Process

Targeting
Advisory Committee chooses topic/areas of focus

Search
CEBC staff conducts general search to identify “Candidate Practices”

Recommendation
Topic Experts (chosen by Scientific Panel) help select practices for inclusion on the CEBC

Information Gathering
Program Representatives submit information about programs

Rating
Topic Experts and CEBC assess/rate each practice

Dissemination
Program summaries and ratings are posted in a user friendly format on the CEBC website
NR. Not able to be Rated

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.
- The practice lacks adequate research to empirically determine efficacy.
5. Concerning Practice

- If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a **negative effect upon clients served**.

  and/or

- There is a reasonable theoretical, clinical, empirical, or legal basis suggesting that, compared to its likely benefits, the practice constitutes a **risk of harm** to those receiving it.

Criteria for Programs Rated 4 or Higher

- There is **no** clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

- Outcome measures must be **reliable and valid**, and administered consistently and accurately across all subjects.
4. Evidence Fails to Demonstrate Effect

- Two or more randomized, controlled outcome studies (RCT's) have found that the practice **has not resulted in improved outcomes**, when compared to usual care.

- If multiple outcome studies have been conducted, the overall weight of evidence **does not support the efficacy** of the practice.

Criteria for Programs Rated 3 or Higher

- If multiple outcome studies have been conducted, the overall weight of evidence **supports the efficacy** of the practice.
3. Promising Research Evidence

- At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has established the practice’s efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature.

2. Supported by Research Evidence

- At least one rigorous randomized controlled trial (RCT) in usual care or a practice setting has found the practice to be superior to an appropriate comparison practice. The RCT has been reported in published, peer-reviewed literature.

- In at least one RCT, the practice has shown to have a sustained effect of at least six months beyond the end of treatment.
1. Well-supported by Research Evidence

- Multiple Site Replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.

- In at least one RCT, the practice has shown to have a sustained effect at least one year beyond the end of treatment.

Total= 115 programs as of April 2009
Programs Rated a “1” on the CEBC Scientific Rating Scale

- Motivational Interviewing
- Multi-Dimensional Treatment Foster Care-A
- Nurse Family Partnership
- Parent-Child Interaction Therapy
- The Incredible Years
- Trauma-Focused Cognitive-Behavioral Therapy
- Triple P

Programs Rated a “2” on the CEBC Scientific Rating Scale

- Child-Parent Psychotherapy for Family Violence
- Community Advocacy Project
- Community Reinforcement +Vouchers
- Homebuilders
- Multi-Dimensional Treatment Foster Care-P
- 1-2-3 Magic
- Positive Peer Culture
- Project Support
Relevance to Child Welfare Scale

1. **High:**
The program was designed or is commonly used to meet the needs of children, youth, young adults, and/or families receiving child welfare services.

2. **Medium:**
The program was designed or is commonly used to serve children, youth, young adults, and/or families who are similar to child welfare populations (i.e. in history, demographics, or presenting problems) and likely included current and former child welfare services recipients.

3. **Low:**
The program was designed to serve children, youth, young adults, and/or families with little apparent similarity to the child welfare services population.

---

Child Welfare Outcomes

We also examined whether programs had included outcomes from the Child and Family Services Reviews in their peer-reviewed evaluations:

- Safety
- Permanency
- Well-being

*In order to determine whether the program addressed the Child Welfare Outcomes, the program evaluation had to have measures relevant to the Child Welfare Outcome.*
Topics Currently on the Website

- Casework Practice
- Child Welfare Initiatives
- DV Services Batterers Treatment
- DV Services for Women and Children
- Family Motivation/Engagement
- Higher Level of Placement
- Home Visiting
- Interventions for Neglect
- Parent Training
- Parental Substance Abuse
- Placement Stabilization
- Post Permanency Planning
- Prevention
- Resource Parent Training and Recruitment
- Reunification Services
- Supervised Visitation
- Trauma Treatment for Children
- Youth Transitioning to Adulthood

4/15/2009

For More Information:

Laine Alexandra, LCSW, Project Manager
Chadwick Center-Rady Children’s Hospital-San Diego

Cambria Rose, LCSW, Training Coordinator
Chadwick Center-Rady Children’s Hospital-San Diego

CEBC E-Mail: cebclearninghouse@rchsd.org
CEBC Website: www.cachildwelfareclearinghouse.org
The Social Care Institute for Excellence

Grading of evidence in evidence-based clearinghouses:
coordinator: Jenny Rehnman, IMS

Campbell Colloquium
Oslo, Norway, May 2009

Professor Mike Fisher
www.scie.org.uk

Agenda

- background to SCIE
- SCIE’s approach to reviewing knowledge
- developing economic evaluation
- deriving evidence from practice
**SCIE: born Oct 2001, aged 7½**

- *Quality Strategy in Social Care*
  - SCIE will be dedicated to raising standards of practice across the social care sector, through the better use of knowledge and research.
  - It will be based on a vision of social care which empowers users and promotes the independence of the individual.
  - It will review research and practice, and the views, experience and expertise of users and carers; it will use the results of this assessment to create guidelines for social care practitioners; and will disseminate these across the social care field.

**SCIE’s role**

- an independent, national, evidence based improvement agency
  - useability of knowledge in practice
  - translating knowledge into practice
- a customer of R&D
- setting standards, modelling transparency
- what we don’t do - *primary research*
Approach to knowledge reviews

- an inclusive approach to types of knowledge
- systematic review guidelines
- systematic mapping guidelines
- practice relevance
  - knowledge for everyday practice
- user involvement in knowledge production
  - including in systematic reviews
- economic analysis

What counts as knowledge?

- Policy
- Research
- User & carer knowledge
- Organisational knowledge
- Practitioner knowledge

A KNOWLEDGE BASE FOR SOCIAL CARE
More than effectiveness…

- effectiveness is vital, but we also need evidence on…
- feasibility in everyday practice
- acceptability to people who use services
- accessibility
- affordability

Development of review methods

2002 2003 2004 2005 2006 2007 2008 2009 2010

- Mapping Guidelines
- Practice Inquiry Guidelines
- Economic evaluation statement
Definition of a knowledge review

Systematic review of research  ↔  Practice inquiry

Synthesis and practice recommendations
<table>
<thead>
<tr>
<th>Economic evaluation</th>
<th>Issues in the evidence base</th>
</tr>
</thead>
</table>
| ▪ So far, SCIE’s reviews do not include economic evaluation  
  ▪ incorporate economic studies into searching, mapping and reviews ➔ new guidelines 2010  
  ▪ A societal perspective ➔ statement 2009  
  ▪ takes account of costs and benefits to all services, and to users and carers  
  ▪ Initial focus on costs | ▪ cumulative bodies of evidence  
  ▪ investment in programmes, rather than single studies  
  ▪ lack of practice-based evidence  
  ▪ evidence that derives from and addresses frontline practice concerns  
  ▪ lack of attention to user-defined outcomes  
  ▪ lack of controlled trials  
  ▪ lack of economic analysis |
EBP definition: example

Scientific Rating Scale
The purpose of the cesic rating scale is to evaluate each practice based on the available research evidence. The topic area expert assigns a rating to practices that meet the following criteria:
- Programs that have strong empirical support
- Programs that are in common use in California
- Programs that are being marketed in California
The rating scale also indicates a greater level of research support. The graphic representation of the scale is shown below:

Well-Supported → Concerning

Specific criteria for each classification system category are presented below:
1. Well-Established by Research Evidence
2. Supported by Research Evidence
3. Promising Research Evidence
4. Lacks Adequate Research Evidence
5. Evidence Fails to Demonstrate Effect
6. Concerning Practice

Strategies
- build infrastructure for social care research
  - build the case for investment
- set, and raise standards for knowledge in social care
  - invest to higher standards
- build knowledge from practice
Good practice as evidence?

- practice that is *effective* in achieving the services stakeholders want, at a *price they are willing to afford*
- *processes* that are accessible and acceptable to users, and feasible in daily practice
- *outcomes* that stakeholders want

**Good practice: factors**

<table>
<thead>
<tr>
<th>What is the practice?</th>
<th>A description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why is it seen as good practice?</td>
<td>A case for the practice</td>
</tr>
<tr>
<td>1. What do people think about it?</td>
<td>An account of processes, acceptability and accessibility (a) for people who use services, (b) for providers</td>
</tr>
<tr>
<td>2. What happened as a result of the practice?</td>
<td>An account of outcomes and whether stakeholders want them</td>
</tr>
<tr>
<td>3. Will it work in day to day services?</td>
<td>Whether the practice is feasible in daily practice (e.g. do we have the skills, treatment locations?)</td>
</tr>
<tr>
<td>4. What will people do differently as a result?</td>
<td>What we have learned from the practice?</td>
</tr>
</tbody>
</table>
# Good practice: rating

<table>
<thead>
<tr>
<th>OVERALL RATING</th>
<th>Description and case plus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Good</td>
<td>Evidence in all five dimensions supports the practice. Evidence on outcomes includes that they are wanted by users as well as providers</td>
</tr>
<tr>
<td>2. Very promising</td>
<td>Outcomes are wanted by <em>both</em> users and providers, feasible in daily practice, and no other factor suggests the practice is ineffective or damaging.</td>
</tr>
<tr>
<td>3. Promising</td>
<td>Outcomes are wanted by <em>either</em> users or providers, one other dimension supports the practice and none suggests the practice is ineffective or damaging.</td>
</tr>
<tr>
<td>4. Proven ineffective and/or damaging</td>
<td>Evidence in one or more dimensions is that the practice is ineffective, unacceptable, inaccessible, or damaging.</td>
</tr>
<tr>
<td>5. Unproven</td>
<td>There is a case for the practice, but no evidence.</td>
</tr>
</tbody>
</table>

---

**Go to...**

- [guidance on systematic reviews](http://www.scie.org.uk/research/reviews.asp)
- [examples of knowledge reviews](http://www.scie.org.uk/publications/knowledgereviews/index.asp)
- [SCIE’s main website](http://www.scie.org.uk)
The Campbell Collaboration Colloquium

Better Evidence for a Better World

Oslo, Norway, May 18-20, 2009

Theme:
Examples on how to summarize and communicate relevant, reliable evidence

Parallel Session 2
Monday, May 18th, 10:45 - 12:15

Title:
Grading of evidence in evidence-based clearinghouses
Abstract

- To account for interest in information about evidence-based methods, several evidence-based clearinghouses have emerged pertaining to evidence-based policy & practice in social care & social welfare

- Our aim is to present:
  - Overall structure of some clearinghouses
  - Process of assessing outcome studies & how evidence is graded in terms of type & quality of research

Speakers

Haluk Soydan, PhD
Research Professor and Director of Hamovitch Center for Science in the Human Services, University of Southern California, School of Social Work, Los Angeles, CA, USA
Senior Researcher, IMS, Stockholm, Sweden

Jenny Rehnman, PhD
Institute for Evidence-based Social Work Practice (IMS), Stockholm, Sweden

Mike Fisher, PhD
Professor and Head of Quality & Research at Social Care Institute for Excellence (SCIE), London, UK

Chair:
Edward Mullen, DSW
Willma and Albert Musher Professor of Social Work at Columbia University, School of Social Work
Chair, Advisory Committee, Evidence-based Database, Social Work Leadership Institute, New York Academy of Medicine, New York, NY, USA
Clearinghouses

- California Evidence Based Clearinghouse for Child Welfare Practice: Organization, Products, Ongoing Developmental Work - Haluk Soydan
- Institute for Evidence-based Social Work Practice (IMS), Stockholm, Sweden: Organization, products, ongoing developmental work, the process of evaluating studies and grading - Jenny Rehnman
- Social Care Institute for Excellence (SCIE): Availability of Quality Evidence; User Views; Economic Evaluation; Understanding Intervention Process; Drawing Evidence from Practice - Mike Fisher
- New York Academy of Medicine, Social Work Leadership Institute, Evidence Based Database – Ed Mullen

Clearinghouses in Context

Clearinghouses facilitate dissemination & implementation of evidence for evidence-based policy & practice
The “5S” levels of organization of evidence: Where do Clearinghouses Fit?

- Bibliographic:
  - Citations & abstracts in topic area

- Descriptive:
  - Detailed descriptions of studies & reviews of studies in topic area
    - Systematic mapping of studies in topic area

- Evaluative may:
  - Include descriptive information (mapping)
  - Include assessment of risk of bias
  - Include assessment of quality, strength, relevance of evidence
  - Provide summaries of evidence
  - Provide systematic reviews of evidence

Types of Clearinghouses for Evidence-based Policy & Practice

- Bibliographic:
  - Citations & abstracts in topic area

- Descriptive:
  - Detailed descriptions of studies & reviews of studies in topic area
    - Systematic mapping of studies in topic area

- Evaluative may:
  - Include descriptive information (mapping)
  - Include assessment of risk of bias
  - Include assessment of quality, strength, relevance of evidence
  - Provide summaries of evidence
  - Provide systematic reviews of evidence
How do Clearinghouses Grade Evidence in Terms of Type & Quality of Research?

- How Does the Clearinghouse Assess Risk of Bias in Individual Studies?
- How Does the Clearinghouse Assess & Report Quality, Strength, & Relevance of Evidence?
- Are the Grading Systems Tailored to Fit the Character of Studies in the Topic Area?

Cochrane Handbook

Chapter 8 provides guidance on assessing risk of bias for individual studies (internal validity)
Cochrane Handbook Recommends the GRADE Approach for Quality Assessment

- Assessment of quality of body of evidence should use GRADE approach
- Grade of ‘high’, ‘moderate’, ‘low’ or ‘very low’ for each outcome, taking into account:
  - Limitations in design & implementation of available studies (i.e. risk of bias)
  - Indirectness of evidence (indirect population, intervention, control, outcomes)
  - Unexplained heterogeneity (inconsistency) of results (including problems with subgroup analyses)
  - Imprecision of results (wide confidence intervals)
  - High probability of reporting bias (missing studies)


1. Is approach applicable to different types of questions?
2. Can system be used with different audiences?
3. How clear & simple is system?
4. How often will information not usually available be necessary?
5. Extent subjective decisions needed?
6. Are dimensions included that are not within construct (level of evidence or strength of recommendation)?
7. Are important dimensions excluded?
8. Is the way in which included dimensions aggregated clear & simple?
9. Is way in which included dimensions aggregated appropriate?
10. Are categories sufficient to discriminate between different levels of evidence & strengths of recommendations?
11. Is system likely to discriminate between high & low evidence levels or strong & weak recommendations?
12. Are assessments reproducible?
Additional Criteria to Consider for Assessing Clearinghouses

- How User Friendly is the Site (e.g., finding and navigating site)
- How Specialized is the Clearinghouse
- How Transparent is Clearinghouse (e.g., bias, methods used)
- How idiosyncratic are the assessment methods used (may be difficult to generalize from systems that are too site specific).
- More??

The Social Work Leadership Institute's Evidence-Based Database

The following PowerPoint was authored by Joseph Shuluk, BA
EBD Project Coordinator & Reviewer
New York Academy of Medicine
Social Work Leadership Institute

New York Academy of Medicine (NYAM)
indoor, non-partisan, non-profit institution
advancing health in US cities since 1847

Social Work Leadership Institute (SWLI)
Supports healthy aging by ensuring America’s older adults receive care needed
Improved long-term care services, care coordination & workforce development

SWLI’s Evidence-Based Database

- Developed by interdisciplinary team
- Designed to provide access to available evidence on social work intervention outcomes particularly as related to serving the aging population
- User audiences are public policy makers, academics, researchers, students, clinicians, & advocacy groups
- Funded by Atlantic Philanthropies
Goals of the Evidence-Based Database

- Assist in translating research into policies & practices
- Expand publicly accessible evidence-based databases
- Assess overall strength of body of evidence
- Evidence mapping
- White papers
- Synthesis studies

Topics Included in Database

- General effectiveness of social work interventions
- Outcomes of care coordination for older adults
- Outcomes of interventions to strengthen workforce for geriatric social work practice
Population of SWLI’s EBD

Currently available on SWLI EBD website:

- **Social Work Effectiveness:**
  - 2103 studies retrieved from searches
  - 19 systematic reviews identified
  - 317 abstracts posted
  - 115 reviews completed & posted

- **Care Coordination:**
  - 4402 studies retrieved from searches
  - 985 abstracts posted
  - 60 reviews completed & posted

- **Workforce Development:**
  - Search strategy under development

Assessing Evidence with the SWLI EBD: *Systematic Mapping*

- Adopted from concept originally developed by the EPPI-Center
  (Bates, 2007; Peersman, 1996; Oakley, 2005)

- Produce reports with frequency charts based upon user selecting captured content such as research design, outcomes, service settings, demographics, sample size/method, recruitment, follow-up, participant flow, effect size.
Assessing Evidence with the SWLI EBD: 

Grading the Evidence

GRADE approach (Schünemann, 2008; Guyatt, 2008)

- **Strength of Recommendation:**
  - Strong recommendation for using an intervention
  - Weak recommendation for using an intervention
  - Weak recommendation against using an intervention
  - Strong recommendation against using an intervention

- **Quality of Evidence:**
  - **High quality:** further research unlikely to alter level of confidence in estimate of effect
  - **Moderate quality:** further research likely impact on confidence, may change estimate
  - **Low quality:** further research very likely impact on confidence, likely to change estimate
  - **Very low quality:** any estimate of effect is uncertain

---

2009 EBD Advisory Committee

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Carin Tinney, LMSW
Reviewer

Jarmin Yeh, MSSW, MPH
Reviewer

www.socialworkleadership.org