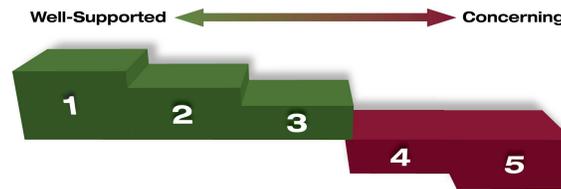


# CEBC SCIENTIFIC RATING SCALE



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## In order for the CEBC to rate the practice:

- It must have a book, manual, and/or other available **writings** that specifies the components of the practice protocol and describes how to administer it.
- It is **generally accepted in clinical practice** as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.

## For ratings 1-3,

- Outcome measures must be **reliable and valid**, and administered consistently and accurately across all subjects; and if multiple outcome studies have been conducted, the overall weight of evidence **supports the benefit** of the practice.

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## 1. Well-Supported by Research Evidence

- **Multiple Site Replication:** At least 2 rigorous 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 of at least one year beyond the end of treatment.

## 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.

## 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 **benefit** 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.

## 4. Evidence Fails to Demonstrate Effect

- Two or more randomized, controlled outcome studies (RCTs) 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 benefit** of the practice.

## 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.

## 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 does not have any published, peer-reviewed study utilizing some form of control that has established the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice.