

In order for the CEBC to rate a program:



It must have a book/manual that describes how to administer it



It must meet the requirements for inclusion into a CEBC topic area



Outcomes of research studies must be published in a peer-reviewed journal



Outcome measures are reliable/valid and administered consistently and accurately

# 1

Well-Supported by Research Evidence

- At least 2 rigorous randomized controlled trials (RCTs) with nonoverlapping analytic samples that were carried out in the 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 of at least one year beyond the end of treatment, when compared to a control group.

# 2

Supported by Research Evidence

- At least one rigorous RCT 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 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.

# 3

Promising Research Evidence

- At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has done one of the following: (1) established the program's benefit over the control on the outcomes specified in the criteria for that particular topic area, (2) found it to be comparable on outcomes specified in the criteria for the topic area to a program rated 3 or higher on this rating scale in the same topic area, OR (3) Found it to be superior on outcomes specified for that particular topic area to an appropriate comparison program.

# 4

Evidence Fails to Demonstrate Effect

- Two or more 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 overall weight of evidence does not support the benefit of the program on the outcome specified in the criteria for that particular topic area.

# 5

Concerning Practice

- One or more of the following statements is true: (1) if multiple outcome studies have been conducted, the overall weight of 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; (2) there is case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe and/or frequent; OR (3) 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.

# NR

Not Able to be Rated

- The program does not have any published, peer-reviewed study utilizing some form of control (e.g., untreated group, placebo group, matched wait list 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 the topic area.
- The research evidence for programs listed NR cannot be established at this time. This does not mean the programs are ineffective, but rather that there is not research evidence that meets the criteria for any other level on this rating scale.

**For more information on the CEBC Scientific Rating Scale visit**  
**[www.cebc4cw.org/ratings/scientific-rating-scale](http://www.cebc4cw.org/ratings/scientific-rating-scale)**

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