


CAN WE RESCUE THE CONCEPT “EVIDENCE-BASED”?

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Original Meaning of Term Evidence-Based

- Experimental evidence from rigorous trials providing statistically significant positive effects: Evidence of a *causal relationship*
 - Society for Prevention Research (Flay, et al., 2005; Gottfredson et al., 2015)
 - American Psychological Association (APA Task Force, 1995)
 - Institute of Medicine (2015)
 - Shadish, Cook & Campbell (2001)
 - All Major Registries of EB Interventions




New Use of Term Evidence-Based

- Refers to a *continuum* of evidence justifying a “Best Evidence” selection policy
- Any level/type of evidence makes an intervention “evidence-based”
- Policy assumes doing something, any level of evidence, is better than doing nothing
- Ethical problems with *requiring* participation in programs with *unknown effects*?



Evidence Continuum	Type of Evidence	Confidence Continuum
Evidence-Based	Multiple RCT's	High
	RCT Quasi-Experimental (Control Groups)	Moderate
Research Informed	Correlational Study Pre-Post Outcome Survey Post-Test Outcome Survey	Low
Opinion-Informed	Satisfaction Survey Personal Experience Testimonials Anecdote	Very Low



STANDARDS OF EVIDENCE

Evidence-Based	Evidence Continuum	Type of Evidence	Confidence Continuum	Blueprints Program
✓	Experimentally Proven (Ready for Scale)	Independent Replication Multiple Randomized Control Trials	Very High	Model Plus Program
✓	Experimentally Proven (Ready for Scale)	Randomized Control Trials with Replication	High	Model Program
✓	Experimental	Regression Discontinuity Interrupted Time Series Matched Comparison Group	Moderate	Promising Program
	Research Informed	Correlational Study Pre-Post Outcome Survey Post-Test Outcome Survey	Low	
	Opinion Informed	Satisfaction Survey Personal Experience Testimonials Anecdotes	Very Low	



A significant proportion of evidence reviews lack scientific rigor and fail to address client, practitioner, and funder needs for current, trustworthy information about a program's effectiveness.

(IOM Report on Healthcare, 2008)



Research Informed Programs Core Components Approach*

- Components common to EBPs are core components (educated guesses)
- These core components can be emulated in local programs with the promise of EBP effects (can claim EBP status)
- Encourage free-reign on construction and use of adaptations to Brand-Name EBPs (trial and error strategy, minimal evaluation concern)

*Making "what works" work for you: EB components & adaptations. Webinar, OJJDP On-Line University



Research Informed Programs Standardized Program Evaluation Protocol

- Core components identified in analysis of selected program characteristics associated with recidivism effect size in meta-analysis
- Four Components related to effect size: Therapeutic type; High risk; Dose; and Quality Implementation
- Interventions implemented to match these "best practice" characteristics are EBPs



Evidentiary Limitations of SPEP

- A-theoretical, ad hoc construction of components, e.g., "therapeutic type"
- Effect variance within therapeutic type greater than between types; heterogeneous logic models
- No experimental evidence of a causal link between components and effect size
- No evaluation of an implementation of SPEP; no evaluation evidence this "practice" has a positive effect on recidivism rates



Basic Strategies

- Stop implementing programs known to be ineffective or harmful
- Always select EPP programs when available and fit need
- When no EPP fit, use best evidence available (a data-based decision)
- Commit to evaluate all non-EPP programs



When No EB Programs Fit

- Consider Adaptation of EPP Program
 - Check BP for desired risk/protective factor effects
 - Adaptation must be consistent with Logic Model
 - Work with Developer on specific modifications
 - Evaluate it (add to our knowledge base)
- From among Non-Certified Programs that fit:
 - Choose one with best evidence available
 - Chose one using a "best practice" or proven change strategy (Meta-Analysis)
 - Evaluate it (add to our knowledge base)



Options

- Achieve better agreement that label “Evidence-Based” is reserved for programs/practices with experimental evidence; that program participation *caused* a reduction in the targeted outcome.
- Drop the term evidence-based and substitute the term Experimentally Proven Program (EPP) for these programs/practices



WEBSITE UPGRADES 2016

- New Funding Partner- Laura and John Arnold Foundation beginning July, 2016
- BP will be rating practices and policies as well as programs
- BP outcomes will now include adult as well as juvenile crime interventions
- All programs, practices and policies in the BP database will be rated on a continuum of evidence classification.
- Expand the information available for each EPP on the website to facilitate better Informed decision making



THANK YOU

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What I advocate is treatment effectiveness research done well enough to produce both results we can trust and sufficient explanatory detail to understand why we got those results. Unfortunately, much contemporary treatment effectiveness research not only falls well short of this mark, but is, frankly, horrid. Mark Lipsey, 2014