Research-to-Results
Brief

Child TRENDS

WHAT IS EVIDENCE-BASED PRACTICE?

Part 1 in a Series on Fostering the Adoption of Evidence-Based Practices in Out-Of-School Time Programs

Allison J. R. Metz, Ph.D., Rachele Espiritu, Ph.D., and Kristin A. Moore, Ph.D.

BACKGROUND

The lag between discovering effective practices and using them "on the ground" can be unnecessarily long, sometimes taking 15 to 20 years![1] The purpose of this brief is to provide practitioners with a better understanding of evidence-based practice, and to share resources that can help bridge the research-to-practice gap and reduce the lag time between the identification and application of evidence-based practice. Forthcoming briefs in this series will provide additional information on key aspects of adopting evidence-based practices including replication, program fidelity, and specific implementation strategies.

WHAT IS EVIDENCE-BASED PRACTICE?

Evidence-based practice refers to applying the best available research evidence in the provision of health, behavior, and education services to enhance outcomes. Evidence-based practice (EBP) originated in the medical field, where thousands of randomized controlled trials have been conducted, but it has been found challenging to incorporate many of these findings into direct practice with patients. More recently, disciplines such as psychology and education have embraced the evidence-based practice movement as a nationwide effort to build quality and accountability.

Evidence-based practice has been defined similarly by different groups:
- The American Psychological Association defines EBP as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences."[2]
- The Institute of Medicine (IOM) defines EBP as "the integration of best-researched evidence and clinical expertise with patient values."[3]

If we adapt these definitions for the out-of-school time field, EBPs for out-of-school time programs may be defined as:

> *The integration of the best available research with out-of-school time expertise within the context of child, teen, family, and community characteristics, culture, and preferences.*

IS "EVIDENCE-BASED PRACTICE" THE SAME AS "EVIDENCE-BASED PROGRAMS?"

While the terms "evidence-based practice" and "evidence-based programs" are often used interchangeably, we distinguish practices and programs as representing different points on an evidence-based continuum.

"Evidence-based practices" refer to skills, techniques, and strategies used by practitioners when interacting with program participants.[4] In a broader context, evidence-based practices can be viewed as

the *core components of a larger intervention or program.* Specifically, evidence-based practices in out-of-school time programs refer to the discrete strategies or activities utilized by programs as part of their larger intervention.

> *For example, out-of-school time programs ranging from academic enrichment to teen pregnancy prevention may incorporate similar evidence-based practices (i.e., specific strategies or core components) for recruiting and retaining youth, building youth's skills, or engaging parents as part of their overall program, even though the outcome goals of these programs may be very different.*

"Evidence-based programs" refer to organized and typically multi-component interventions with clearly identified linkages between core components and expected outcomes for an identified target population and established necessary organizational supports for implementation.[5] Evidence-based out-of-school time programs can refer to a range of multi-component interventions seeking to affect various outcomes, which have been experimentally evaluated and deemed effective in meeting specified goals.

> *For example, an evidence-based program could be a school-based juvenile delinquency prevention program involving skill-building, educational enrichment, and youth development components, which, after a rigorous evaluation, has been shown to be effective in preventing juvenile crime. As noted above, certain components of this* **evidence-based program**, *such as skill-building strategies, would be considered* **evidence-based practices.**

As practitioners begin to apply evidence-based practices in their own programs, many practitioners will choose to adopt discrete practices, other practitioners will choose to modify an evidence-based program to meet the needs of their community, and some practitioners will choose to adopt an entire program without any modifications. Given this range, we acknowledge that there is not a clear dividing line between evidence-based programs and practices, and we discuss strategies and issues relevant to both in this series of Research-to-Results briefs.

WHO DECIDES THAT A PROGRAM OR PRACTICE IS "EVIDENCE-BASED?"

Several government agencies, research organizations, and other associations and national efforts have developed rating criteria for programs.[6] These criteria are typically used to rate programs along a continuum based on how rigorously the program or practice had been evaluated.

Programs and practices which meet the most stringent criteria are given various labels such as:
- Model programs or practices
- Meets evidence standards
- Demonstrated effective programs or practices
- Exemplary programs or practices

While various agencies and organizations use different names to specify the most rigorously tested programs, they share similar criteria for these programs. In particular, programs and practices that are theory-based and have been experimentally tested using randomized controlled trials and reported in peer-reviewed journals are viewed as most rigorous. Other criteria may include replication in different settings and implementation with a high degree of integrity to the original model.

Programs and practices which meet less stringent criteria along the continuum also have various names including:
- Emerging and evidence-informed programs and practices
- Promising practices
- Supported programs and practices
- Practice-based evidence

Consideration of programs and practices that meet less stringent criteria is helpful to an evolving field because the number of experimental studies is modest and the controlled nature of these studies limits their generalizability and transportability to "on the ground" programs. Many community stakeholders express concern that research-based programs do not always meet the needs, priorities, or values of their local communities.[7] In particular, much of the efficacy research lacks the inclusion of different ethnic and cultural groups and findings cannot be applied or translated to different ethnic, cultural, or linguistic populations. *Practice-based evidence* offers a bridge for the research-to-practice gap by representing the contribution of practitioners who use research methodologies to examine the quality of their programs' services and identify culturally competent service models that meet the needs of their local community members.[8]

Programs and practices which are not effective are labeled as:
- Fails to demonstrate effect
- Does not meet evidence standards
- Programs and practices lacking support or positive evidence

Some organizations have also begun to document programs which have been found to create known risks for certain target populations.

Finally, researchers and practitioners have noted the importance of consumer voice and choice when identifying and implementing evidence-based practices.[9] At the very least, program participants should have access to information about the origins of evidence-based practices and programs – who developed the programs, who was included in the research, who was not, and who defined the outcomes. To further the *practice-based evidence movement*, which can be a critical contribution to building evidence-based programs and practices, it is important for consumers and family members to be involved in evaluating practice, particularly in determining what practices and programs address their needs and then supporting the rigorous research of these practices.

WHERE CAN PRACTITIONERS FIND EVIDENCE-BASED PROGRAMS AND PRACTICES?
As more out-of-school time programs are rigorously evaluated, professional organizations and federal agencies have begun to identify and disseminate EBPs. Several online resources are available for practitioners seeking to learn more about "what works." These resources are outlined in the exhibit on the following page.

Online Resources for Evidence-Based Practices in Out-Of-School Time Programs

- *Child Trends* – *"What Works"* offers a web-based guide to effective programs which provides comprehensive information on what works and what does not work in programs for children and teens. The LINKS (Lifecourse Interventions to Nurture Kids Successfully) guide is continually updated and presents extensive knowledge about experimentally evaluated programs found to "work" to enhance children's development in a user-friendly format. Users can search for programs by outcome, age, or developmental stage, as well as by key words. More information can be found at http://www.childtrends.org/.
- *The Harvard Family Research Project* – This resource provides an extensive database of information on research and evaluation for out-of-school time programs. Users can search for programs either by "program" search terms (type, scope of program, funding level, funding sources, years in operation, location of program, participants' grade in school, program setting) or "evaluation" search terms (design, methods, evaluation findings). More information can be found at http://www.gse.harvard.edu/hfrp/projects/afterschool/evaldatabase.html.
- *Helping America's Youth Program Tool, The White House* – This resource includes information on evidence-based programs that prevent and reduce delinquency and other problem behaviors in youth. Programs in the database are rated according to their level of scientific rigor in demonstrating program effectiveness. Users can search for effective programs by particular risk or protective factors. Users can also access other tools such as a guide for conducting a community needs assessment. More information can be found at http://www.helpingamericasyouth.gov/guide.cfm.
- *Office of Juvenile Justice and Delinquency Prevention Model Programs Guide* – This resource identifies three tiers of EBPs in juvenile delinquency prevention programs including exemplary programs, effective programs, and promising programs. Users can search programs by topic or see a complete list of programs. A model programs guide is also available. More information can be found at http://www.ojjdp.ncjrs.org/.
- *Promising Practices Network, RAND Corporation* – This resource provides summaries of programs and practices that have been proven to improve outcomes for children. The website is organized into four main areas: programs that work; research in brief; service delivery; and partner pages. Users can search for programs by outcome area, indicator, topic, evidence level, or alphabetically. More information can be found at http://www.promisingpractices.net/.
- *Substance Abuse and Mental Health Services Administration National Registry of Effective Prevention Programs* – This resource identifies three tiers of EBPs in substance abuse prevention programs including model programs, effective programs and promising programs. Users can also view "programs at a glance" to compare programs on key domains including target population, target setting, key outcomes, key program strategies, and cost estimates. More information can be found at http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model_list.
- *U.S. Department of Education What Works Clearinghouse* – This resource rates educational interventions as "meets evidence standards," "meets evidence standards with reservations," or "does not meet evidence screens." Users can search by type of intervention. Users can also access other technical assistance tools from the clearinghouse. More information can be found at http://www.whatworks.ed.gov/.

Other resources which specify promising program practices in out-of-school time programs, but do not provide detailed information on the evaluation of the program include: *The Academy for Educational Development (AED), Promising Practices in After School System* (http://www.afterschool.org/) and *The After School Corporation (TASC), After School Tool Box* (http://www.tascorp.org/toolbox/promising_practices?start:int=20).

CONCLUSION

With a growing emphasis on accountability and outcomes, out-of-school time program directors and practitioners are seeking more information on evidence-based programs and practices. As the evidence on "what works" continues to increase, it will be important to identify and disseminate effective practices and programs to practitioners in an easily accessible format. Further, it will be important for the field to take a closer look at programs or practices that are promising but have yet to be formally evaluated and, therefore, lack evidence. Resources should be spent on continuing to promote the rigorous research of programs or practices that show promise and address the needs of their target populations.

---

[1] Institute of Medicine Committee on Quality of Health Care in America (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: National Academies Press.

[2] American Psychological Association (2001). *Policy Statement on Evidence-Based Practice in Psychology.* Available online at http://www2.apa.org/practice/ebpstatement.pdf.

[3] Institute of Medicine Committee on Quality of Health Care in America (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: National Academies Press.

[4] National Implementation Research Network's Glossary of Terms available on line at http://nirn.fmhi.usf.edu/implementation/10_glossary.cfm.

[5] National Implementation Research Network's Glossary of Terms available on line at http://nirn.fmhi.usf.edu/implementation/10_glossary.cfm.

[6] Government agencies which have developed rating criteria for evidence-based practices include the U.S. Department of Education, Office of Juvenile Justice Programs, and Substance Abuse and Mental Health Services Administration. Research organizations which have developed rating criteria include Child Trends, Harvard Family Research Project, and Promising Practices Network. Other associations and national efforts with rating criteria for evidence-based practices include Helping America's Youth, National Clearinghouse on EBP in Child Welfare, and American Public Human Services Administration.

[7] Sandler, I., Wolchik, S., Braver, S., Gonzales, N., Ayers, T., Smith-Daniels, V., Ostrom, A., Bitner, M. (2007). Pathways to Effective Preventive Services. Extended abstract prepare for *"What's it Going to Take? Extending the Research Base to Improve Teen Pregnancy Prevention"* conference, March 7-8.

[8] Isaacs, M. R.., Huang, L. N., Hernandez, M., Echo-Hawk, H. (2005*). The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children's Mental Health.*

[9] Huang, L. N., Hepburn, K. S., Espiritu, R. C. (2003). To Be or Not To Be…Evidence-Based? *Data Matters, 6, 1-3.*