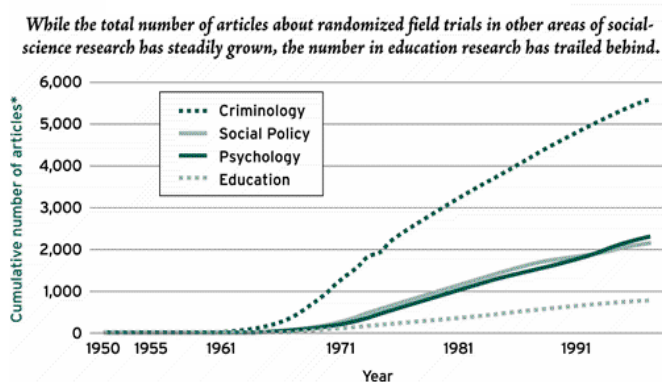


## Introduction to Evidence-Based Practice

New legislation, the media, and our schools increasingly refer to empirical data, scientifically-based research, evidenced-based practices, researched-based interventions, etc., but what is the significance and what does it all really mean?

### Education Lags Behind

What we do know is that in the world of randomized experimental research, education lags far behind. According to Grover J. (Russ) Whitehurst, Assistant Secretary, Educational Research and Improvement, U.S. Department of Education (2002), education is behind many other fields in providing randomized experimental research, as seen below.



SOURCE: Robert Boruch, Dorothy de Moya, and Brooke Snyder, 2001

### Definition

As a result, there is a need to establish a clear definition of evidence-based practice. According to the No Child Left Behind Act of 2001, scientifically-based research is "...research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs." As such, Evidence-Based Practice (EBP) is the use of

practices, interventions, and treatments which have been proven, through data based research, to be effective in improving outcomes for individuals when the practice is implemented with fidelity.

### Standards

In general, there are three levels of standards used to identify what qualifies as Evidence-Based Practice:

1. The most rigorous standard for evidence-based practice, which is most desirable, is for treatments and/or interventions to be demonstrated effective through the use of an experimental design using random assignment. Participants in the research must be randomly assigned to either the treatment/intervention or no/alternative treatment/intervention, and it should be ensured that everyone served is equivalent before the treatment/intervention and each has the opportunity to be assigned to either condition. In addition, it is also important that the treatment/intervention is shown to be effective by someone other than the person who developed the treatment/intervention (Center for School Mental Health, 2002).
2. A slightly lower standard for evidence-based practice is for the treatments and/or interventions to be demonstrated effective through other research methods (e.g. correlational or qualitative design).
3. The lowest standard for distinguishing evidence-based practice includes identifying treatment or interventions that have been applied with fidelity and have demonstrated success. Research has demonstrated that any intervention, if applied with fidelity, has some positive effect upon the individuals. Therefore, if a treatment/intervention is applied with consistency and authenticity, and it demonstrates success, it can be loosely classified as evidence-based practice.

---

## Checklist for Gold-Standard Evidence-Based Practice Determination\*

1. Has at least one randomized clinical trial shown this practice to be effective?
2. Has the practice demonstrated effectiveness in several replicated research studies using different samples, at least one of which is comparable to the treatment population of your region and/or agency?
3. Does the practice demonstrate positive, significant effects on intended outcomes?
4. Can the practice be logistically applied to your region/agency?
5. Is the practice feasible: can it be used in different formats, is it attractive, is it cost-effective, and is training available?
6. Is there sufficient information, including details and a manual, for the practice? Are key components clearly laid out?
7. Is the practice well accepted by providers and clients?
8. Is the practice based on clear and well-articulated theory?
9. Does the practice have associated methods of ensuring fidelity (consistency of delivery of treatment/intervention over time)?
10. Can the practice be evaluated?
11. Does the practice show good retention rates?
12. Does the practice address cultural diversity and different populations?
13. Can the practice be used by staff with a wide diversity of backgrounds and training?

\*(adapted from Iowa Consortium, 2003)

### Disclaimer

The information gathered for this evidence-based practice introduction is a summary of common practices and definitions found in recent literature. Though largely inclusive, this summary is by no means a comprehensive representation of all information, definitions, and standards to be found.

### References

Center for School Mental Health Assistance. (2002). *Empirically-supported interventions in school mental health*. [Brochure]. Author.

The Iowa Consortium for Substance Abuse Research and Evaluation. (2003). *Evidence-based practices: An implementation guide for community based substance abuse treatment agencies*. [Brochure]. Iowa City, IA: Author.

No Child Left Behind Act of 2001, Pub. L. No. 107-110.

Whitehurst, G.J. (2002). *Evidence Based Education*. Presented at the Student Achievement and School Accountability Conference, October 2002. Retrieved from U.S. Department of Education website: <http://www.ed.gov/nclb/methods/whatworks/eb/edlite-slide001.html>

### Resources

Cohen, J.J. & Fish, M.C. (1993). *Handbook of School-Based Interventions: Resolving Student Problems and Promoting Healthy Educational Environments*. San Francisco, CA: Jossey-Bass.

Greenberg, M.T.; O'Brien, M.; Weissberg, R.; Zins, J.E.; Fredericks, C.; Resnik, H. & Elias, M.J. (2003). Enhancing School-Based Prevention and Youth Development through Coordinated Social, Emotional, and Academic Learning. *American Psychological Association*, Vol. 58 (6/7), pp. 466-474.

The Iowa Consortium for Substance Abuse Research and Evaluation:  
<http://iconsortium.subst-abuse.uiowa.edu/SKIPPIA.html>

U.S. Department of Education. (2003). *Identifying and implementing educational practices supported by rigorous evidence: A user friendly guide*. [Brochure]. Washington, D.C.: Author.

Promising Practices Network: <http://www.promisingpractices.net/>

What Works Clearinghouse: <http://www.w-w-c.org/>