



# Understanding Evidence-based Practice

For Prevention Programming in Wisconsin's Child and Family Serving Systems

## Why Is It Important to Know?

The new Family First Prevention Services Act was signed into law on February 9<sup>th</sup>, 2018. This new law will require many changes in the child welfare system. One change will be a greater emphasis on evidence-based practice and models in the field of prevention. The prevention programs and services eligible to be funded will be programs that show promising, supported, or well-supported evidence (FFPSA Overview, 2018). This requires professionals and communities within the field of prevention, to build a shared language and understanding of what evidence-based practices are.

## What Is An Evidence-based Practice or Program (EBP)?

These are programs or practices that have been proven effective by the results from rigorous evaluations. The evaluation study demonstrates that the program or practice provides the intended positive results. These results can be explained by the program or practice that was studied, rather than other possible factors. Sometimes these results are peer reviewed by other experts in the field, and sometimes the programs or practices are rated and listed on registries or clearinghouses. In short, these programs and practices have existing scientific evidence that they work. Most importantly, the evaluations of these programs used some form of experimental or quasi-experimental design (see "Other Research Concepts to Know" section below).

## What Is An Evidence *Informed* Practice or Program?

The difference between evidence-based and evidence-informed is not clearly defined. But some information has been provided from the medical field and social work field. It is widely thought that evidence-informed practice allows more flexibility in the evidence used to determine a program's potential effectiveness. It considers more than just scientific research evidence. For example, it considers things like clinician experience, consumer values, preferences or context of the program (Wodbury & Kuhnke, 2014). They are based on existing best evidence of effectiveness of strategies or elements of other evidenced – or evaluated - programs or practices. But, an important difference from an evidence-based program or practice is that a rigorous evaluation or testing of the practice or program being designed has not yet been carried out.

The University of Wisconsin-Madison's Population Health Institute houses a database of evidence-informed policies and programs that show different levels and types of evidence, along with some evidence-based programs as well. This database is called *What Works for Health: Policies and Programs to Improve Wisconsin's Health*.

<http://whatworksforhealth.wisc.edu/>

## What Is Research Based Practice?

Research based practice (sometimes referred to as research-informed) is a new program or practice developed using research about the intended outcomes or processes, the intended audience, or other research theories relevant to what the program or practice is trying to achieve. But a rigorous evaluation or testing of the proposed model does not exist (Guidlines, 2007).

## Other Research Concepts to Know

- A **randomized control trial** (RCT) is a type of scientific research with a goal to reduce bias when testing a new treatment, service, or program. In an RCT, people (called a participant or subject) are chosen at random for the group they will be in for the study. One group will get the treatment, service, or program. The other group will not.
- **Experimental design** refers to how the study of a program or practice is structured. In the social sciences, this is a method of research that uses a control group.
- **Quasi-experimental design** is similar to an experimental design, except it does not have a randomized control group. These are not often thought of as being as strong as studies using an experimental design with RCT.
- **Fidelity to the Model:** Fidelity is the extent to which an intervention, program, or service is delivered in a way that adheres to the original program model that was evaluated to show evidence.
- **Measurable outcomes:** Think of a measurable outcome as what you want your program to do or change. The important thing is that your program's outcomes are able to be measured so that you can assess the outcomes.
- **Statistical significance** is about whether any differences found between groups in a study, are "real." This means, that the differences were a result of the intervention or practice and not just happened by chance or coincidence. Meaning that the changes and differences between the two groups can be explained by the program or practice being studied. If a study shows statistical significance, that means the demonstrated improvements – or the failure to demonstrate improvements - from the services or programs, are meaningful in the validated measures of the study's outcomes.

## National Clearinghouses of Evidence-Based Practices and Programs

There are several current evidence-based clearinghouses that rate the level of evidence of existing programs and practices. The FFPSA requirements were based upon some of the same criteria these clearinghouses use. In the coming years before new FFPSA funding opportunities become available, you can begin to familiarize yourself with the rated programs on these clearinghouses. You might even consider choosing one the next time you are writing for a grant.

- The California Evidence-Based Clearinghouse for Child Welfare: <https://www.cebc4cw.org/>
- Blueprints for Violence Prevention: <https://www.blueprintsprograms.org/>
- The Evidence-Based Practice Registries: <http://cfcrights.org/wp-content/uploads/2011/10/EBP-Registry-Doc-FINAL.pdf>
- The National Registry of Evidence-Based Programs and Practices (Substance Abuse and Mental Health Services Administration; SAMHSA): <https://www.samhsa.gov/ebp-resource-center>
- What Works, Wisconsin: Effective Programs and Resources for Children, Youth and Families: <https://fyi.uwex.edu/whatworkswisconsin/evidence-based-programs/evidence-based-program-registries/>

## Resources to Learn More:

- Decisions Related to the Development of a Clearinghouse of Evidence-Based Practices in Accordance with the Family First Prevention Services Act of 2018: <https://www.federalregister.gov/documents/2018/06/22/2018-13420/decisions-related-to-the-development-of-a-clearinghouse-of-evidence-based-practices-in-accordance>
- What Works, Wisconsin – Evidence-Based Programs: An Overview: [https://fyi.extension.wisc.edu/whatworkswisconsin/files/2014/04/whatworks\\_06.pdf](https://fyi.extension.wisc.edu/whatworkswisconsin/files/2014/04/whatworks_06.pdf)
- What Works, Wisconsin – Guidelines for Selecting an Evidence-Based Program: [https://fyi.extension.wisc.edu/whatworkswisconsin/files/2014/04/whatworks\\_03.pdf](https://fyi.extension.wisc.edu/whatworkswisconsin/files/2014/04/whatworks_03.pdf)
- What Works, Wisconsin – Program Fidelity and Adaptation: Meeting Local Needs Without Compromising Program Effectiveness: [https://fyi.extension.wisc.edu/whatworkswisconsin/files/2014/04/whatworks\\_06.pdf](https://fyi.extension.wisc.edu/whatworkswisconsin/files/2014/04/whatworks_06.pdf)
- The Child Welfare Information Gateway:

## Works Cited

- Cooney, S., Small, S., & O'Connor, C. (2007, October). Evidence-based Programs: An Overview. *What Works, Wisconsin - Research to Practice Series*(6).
- Family First Preventions Act (FFSPA) Overview*. (2018, May 5). Retrieved from National Conference of State Legislatures: <http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>
- Small, S. A., Cooney, S. M., Eastman, G., & O'Connor, C. (2007, March). Guidelines For Selecting an Evidence-Based Program: Balancing Community Needs, Program Quality, and Organizational Resources. *What Works, Wisconsin - Research to Practice Series*(3).
- Wodbury, M. G., & Kuhnke, J. L. (2014). Evidence-Based Practice vs. Evidence-Informed Practice: What's the Difference? *Wound Care Canada*, 12, 18-21.

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