

Issues in Defining and Applying Evidence-Based Practices Criteria for Treatment of Criminal-Justice Involved Clients

Michael Prendergast
UCLA Integrated Substance Abuse Programs

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Definition

The use of the best available evidence from systematic research, combined with clinical experience and judgment and client preference, to inform decisions about delivering care to clients.

Implications of EBPs

The intent of EBP is to shift decision-making about what interventions to offer (and fund) from authority, rules of thumb, tradition, and anecdote to a rational, transparent, systematic process based on evidence from scientific research and consensus among experts.

Implications of EBPs

EBP implies that there are practices that do not meet evidence-based criteria:

- Some practices have not been evaluated yet, but may be effective. (Lack of evidence does not mean lack of effectiveness.)
- Other practices have been evaluated, but can only be judged “promising” (best practices).
- Other practices have been shown not to be effective in several studies--and may even be harmful.

Rationale for EBPs

- Provide rational, empirical basis for treatment practices and decisions
- Increase treatment effectiveness (improve patient outcomes)
- Facilitate consistency in practice and the development of accountability systems
- Increase the cost-effectiveness of treatment
- Improve the quality of treatment

Characteristics of Evidence-Based Practices Initiatives

- Explicit criteria and procedures
- Emphasis on methodological issues
- Experimental, randomized studies as the “gold standard”
- Specification of levels of EBP
- Attention to dissemination issues

Efforts to Develop EBPs

Maryland Scientific Methods Scale

SAMHSA National Registry of Evidence-Based
Programs and Practices

Department of Education What Works Clearinghouse

Society for Prevention Research

Coalition for Evidence-Based Policy

Blueprints for Violence Prevention

Washington State Institute for Public Policy

Oregon Evidence-Based Practices Criteria

Cochrane Collaboration

Campbell Collaboration

Blueprint Programs

Center for the Study and Prevention of Violence, University of Colorado

Model Programs (11)

1. A strong research design (randomized experiment, low attrition, and reliable and valid outcome measures).
2. Replication in at least one additional site with experiment design and significant effects.
3. Sustained effects for at least one year after treatment.

Additional factors (not commonly reported)

4. Analysis of mediating factors
5. Cost vs. benefits

Blueprint Programs

Center for the Study and Prevention of Violence, University of Colorado

Promising Programs (19)

1. Significant effects in one site using an experimental or quasi-experimental (with control group) design.
2. Neither replication nor sustained effects is necessary for promising programs.

Issues in Considering the Research Base for EBPs

- Evidence vs. anecdote
- Type of evidence
- Internal validity; External validity
- Efficacy vs. Effectiveness
- Methodological quality
- Evidence-based practices vs. Evidence-based principles

Balancing Research Findings with Clinical Relevance and Cost Factors

- Statistical significance vs. clinical significance
- Research in controlled settings vs. Implementation in community settings
- Effectiveness vs. cost effectiveness

Are different levels of review possible to address immediate needs?

Specific conditions or situation may require flexibility in application of evidence-based practice:

- Need to decide quickly

- Public safety

- Decisions about overcrowding

- Response to court orders

Less rigorous processes can be developed, provided that they are systematic, transparent, and objective.

Challenges in Disseminating and Implementing EBPs

Resistance (confirmation bias)

Lack of strong Implementation strategies

Training and monitoring

Research findings deal in averages

Manuals as a “bundle” of practices:
Active ingredients?

Fidelity vs. adaptation

Questions in Development and Implementation of EBPs

Which EBP criteria should be adopted for treatment within criminal justice settings?

What is the process for identifying practices that are evidence based?

To what extent do evidence-based practices generalize to other populations and settings?

Can EBPs be misused in policy and funding decisions?

What are the challenges of implementing evidence-based practices?

Thank You

Questions or Comments?

www.uclaisap.org

mlp@ucla.edu

Efforts to Develop EBPs: URLs

Maryland Scientific Methods Scale

www.ncjrs.gov/pdffiles/171676.PDF

SAMHSA National Registry of Evidence-Based Programs and Practices

nrepp.samhsa.gov

Department of Education What Works Clearinghouse

ies.ed.gov/ncee/wwc

Society for Prevention Research

www.preventionresearch.org

Coalition for Evidence-Based Policy

evidencebasedprograms.org/wordpress

Blueprints for Violence Prevention

www.colorado.edu/cspv/blueprints

Washington State Institute for Public Policy

www.wsipp.wa.gov

Oregon Evidence-Based Practices Criteria

www.oregon.gov/DHS/mentalhealth/ebp/main.shtml

Cochrane Collaboration

www.cochrane.org

Campbell Collaboration

www.campbellcollaboration.org