

Evidence-Based Practice, Promising Practice, & Practice-Based Evidence: What's the difference?

The purpose of this document is to educate providers, policymakers, and others interested in effective interventions about three categories of available interventions. Understanding the ways in which interventions differ could influence the selection and adoption of a new intervention. These categories are evidence-based practice (EBP), promising practice, and practice-based evidence (PBE).

Evidence-based practice (EBP) refers to the integration of the best available research with clinical expertise in the context of youth and family characteristics, culture, and preferences. In other words, the effectiveness of an EBP to help children and families reach desirable outcomes is measured by three vital components:

- 1) Extent of scientific support of the intervention's effects, particularly from at least two rigorously designed studies;
- 2) Clinical opinion, observation, and consensus among recognized experts (for the target population);
- 3) Degree of fit with the needs, context, culture, and values of families, communities, and neighborhoods.

How strong is the research?

Better/best intervention
More effective than other well-established techniques

Well-established intervention
≥ 2 well-controlled studies

Promising practice refers to interventions that have *some* research evidence to indicate that they produce positive outcomes for children and adolescents. Promising practices require additional supporting research evidence to be considered evidence-based practices.

Promising intervention
Some possible effects but needs more rigorous research

Practice-based evidence (PBE) refers to interventions and strategies that are accepted as effective by the local community (e.g., families, youth, providers, administrators). Therefore, PBE have been tested in the "real world"; however, they typically lack supporting research evidence.

Evaluated intervention
but unclear, possibly neg. findings

References

- APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285.
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- Kazdin, A. (2004). Evidence-based treatments: challenges and priorities for practice and research. *Child and Adolescent Psychiatric Clinics of North America*, 13(4), 923 - 940.
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Not evaluated intervention