Good afternoon and welcome back to the Summit. I’m Professor Mark Small from the Institute on Family and Neighborhood Life at Clemson University. I’m joined by Bill Evans, Professor of human development and social psychology at the University of Nevada – Reno. I’m also joined by Osnat Lavenda, Research Associate at Clemson University. She is a postdoc from Hebrew University, and we are excited to have some international flavor this afternoon.

We’re going to start by giving you an overview of the topics we are going to cover over the next three days on this topic. During this overview there will be two poll questions that will appear. We ask you to please answer the poll questions, and we’ll talk a little bit about the results. We’re interested in learning more about you, the audience so we can tailor our remarks appropriately. This is meant primarily as an Introductory and somewhat intermediate account of evidence-based strategies, so let’s get started.

These three days build on each other. We intend this to be informal and interactive, so please make use of the chat room. The three topics for the days are: What Works: an introduction to evidence-based strategies; What Works for you: Selecting and implementing strategies; and Proving it Works: how you might go about documenting effective strategies.

<Prezi slide show>

Here is an overview of those three days. Day one we are going to take a look at the Tower of Babel. Here you see an illustration of the ivory tower of Babel, how it is academics and others have talked about evidence-based strategies, programs and treatments. There is a lot of discussion about what evidence-based means, and a lot of time people are speaking as if in different languages, they aren’t clear in what they are saying to each other with the term evidence-based. We hope to bring some clarity to that.

We’ll also talk a little bit about the history of the evidence-based movement. As you may know, there has been an explosion in the literature and scholarship on
evidence-based treatment and programs in both social and medical based
databases, even though the term really was historically used in the medical
profession, but you can see here the explosion in use in social sciences scholarship.
We will also talk about Registeries. As you may know, there have been federal
agencies and foundations and other agencies that have compiled lists of evidence-
based programs for youth and families. Some time they use the same criteria and
labels, and other times they don’t. We will try to bring some clarity to those issues.

Day 2: What works for you: Selecting and implementing strategies. Even if you
know what works, it is not always clear that it is going to work for you. And so we
will talk about readiness and capacity in selecting an evidence-based program. Is
the organization ready and capable to select and implement an evidence-based
program. We will also discuss issues of fidelity, that if you are going to copy
something or implement something can you get a successful replication. What
happens when you deviate a little bit. This is a picture of the perpetual motion
machine by Da Vinci. It’s meant to illustrate sustainability, and we will talk about
sustainability, and trying to create a community perpetual motion machine for
evidence-based programming.

Day 3: Proving it works. Documenting Effective strategies. How you might go
about collecting evidence. Lot of people think that just because you have chosen
an evidence-based program, the road is clear, the sky is blue, there is no obstacle
in the way of achieving successful outcomes. But for those of you with experience
with that, we know that the road is self-paved, you’ve got to get down and get
dirty. By the way, this is a picture of a professor literally paving a road in the
Czech Republic. We’ll also talk about collecting evidence, putting these programs
under a microscope to be sure that the data is collected, not only for the purpose
of the evidence-based program, but for broader purposes, for your own system’s
goals for implementing an evidence-based program. And then how that evidence
is weighed, how it is used to make decisions about continuing the program or
improving the program, but also whether it is registry worthy. The ultimate goal of
a lot of programs is to make it successful to the extent that it can be replicated
elsewhere.

So, those are the three days: What works, What works for you, and Proving it
works. And at the end, I think we will all be happy if we have better clarity about
all of the issues in implementing evidence-based strategies.

<slides 2 and 3: poll questions about audience>

Well, judging from the poll results, it looks like we have people from diverse
backgrounds with us. I’ve noticed at least 4 people who consider themselves
‘masters’ of evidence-based strategies. And a lot of you are engaged, committed to
using evidence-based programming.
I want to start by talking about two of the major influences on the evidence-based movement.

The first has been a long-standing demand for data driven decision-making. Most of you who have been in the field know this.

Supplying the data for this demand has been researchers and evaluators. Although there is some overlap, researchers primarily focus on discovering what works, while evaluators focus on testing what works. Both are in the business of translating science into a workable program (e.g. risk factors – the early research on what are the risk and protective factors for youth and families, and programs that tried to increase protective factors or decrease risk factors). Earlier today, Professor Horvat talked about social capital and some of the factors around schooling about whether or not children and families have good outcomes.

A second more recent influence has come from funders’ desire to replicate proven programs.

Indeed, there is now a field of implementation science dedicated to discovering how best to replicate programs.

One of the thorniest problems is learning whether it is wise to scale up a program and how to do it.

If you understand these two influences, then you have a context for understanding a lot of what is happening with evidence-based programs.

Given here are two popular definitions of evidence-based.

What is important to note is that both definitions state that evidence-based is an integration of several factors.

Not only research evidence is included, but also clinical expertise with patient values, and within APA’s definition the inclusion of culture and preferences.

The underlying principle behind the evidence-based movement is that any decision is influenced not only by the research evidence but also by other relevant factors.

In the case of youth and family programming, this means the cultural context in which programming occurs.
We have a question from Maxie Rockymore (MN) who writes: “How can evidence-based practice marry with community-based or community-informed practice? This is imperative when working with vulnerable populations of color.”

Well Maxie, I think the marriage comes from considering these other factors like community context when making a decision.

I think people sometimes mistakenly equate “evidence-based” with “research-based” believing that an evidence-based designation has all the necessary ingredients to make for a successful implementation.

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SLIDE           GOOGLE POLL

The evidence-based movement is very popular. This google slide is actually dated. As the popularity of a term increases, its definition becomes looser, more open to interpretation (and confusion).

SLIDE           PUBLICATIONS CHART

The status of the term really grew out of the medical literature, because of an intense mandate to find effective medical procedures.

SLIDE           FUNDING

The movement has now reached a point where, regardless of one’s opinion, it is important to pay attention to how the term is used. Many funders now require evidence-based programming.

The evidence-based movement is growing and has become institutionalized in funders’ expectations.

Osnat Lavenda (Day 1)

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Slide           Definitions

Terminology and definitions. What is the right terminology? Is there a “right” terminology? The definition of evidence-based program - what is it or what are the criteria it is based on?

Slide           Ivory Tower of Babel

We chose the Ivory Tower of Babel to emphasize the variations of terms used by researchers and practitioners.

Slide           examples of terms used

- Evidence-based approaches
Evidence-based interventions
Evidence-based policies
Evidence-based practices
Evidence-based programs
Evidence-based strategies
Evidence-based treatments

And many more....

Slide 4: Poll – True Citations

To demonstrate how wide this use has became: Which of the following is not a true citation?

a) Evidence-based assessment (Achenbach, 2005). The term is used in the field of clinical child and adolescent psychology and refers to psychometric measures of behavioral problems.

b) Evidence-based culture (Ganju, 2006). The term is used in the field of Children’s Mental Health and it is defined as the characteristics or features of organizations and systems that support the use of EBPs. The author argues that implementing EBPs require changes, training and other sources therefore it is important to develop a certain context or culture to support this use.

c) Evidence-based kernels (Emery, 2010). The term is used in the field of behavioral psychology and refers to behavioral-influence procedures that were proved by experimental evaluation to modify behavior.

d) Evidence-based practice models (Bridge et al. 2008). The term obviously refers to models of evidence-based practices.

e) Evidence-based quality improvement (Grimshaw et al. 2006). The term is used in the field of health care and refers to quality improvement strategies.

f) Evidence-based decision-making (Chorpita, Bernstein, & Deleiden, 2008). The term is used in the field of health care and refers to decision making processes made by physicians.

g) Evidence-based love-making (Masters et al. 2010)

There is no such cite as “evidence-based love-making” although I’m not sure no one is using the term. This is what’s usually happens to us with familiar, common
used terms, the more familiar and natural these concepts become the less we wonder what they mean and we tend to use them more in different settings.

**Slide 5: Consensus**

There is a growing consensus in the evaluation community that the term “evidence-based” indicates that a program relies on some proofs of effectiveness, through research or criteria-based reviews.

**Slide 6: The extent of evidence**

The questions remains as to the level of evidence or extent of evidence required.

**Slide 7: What must a program have?**

What does a program must have to be designated “evidence-based”?

Does it require the results of the formative and summative evaluations? (I'll talk more about the meaning of these evaluations in regard to EBP in the third day when we'll discuss evidence collection).

Does it require the use of RCTs (randomized controlled trails)? In social sciences we mostly use quasi-experimental design instead of RCTs which are more appropriate for the medical field.

Does it require the proof of replication in other settings?

**Slide 8: Quality**

These are all important components that indicate program’s high quality in terms of effectiveness. So we would like to have them all.

**Slide 9: Quantity**

This is about quality as well. Not only we want to see a proof of high quality but the more proofs the better. The same as with diamonds....

**Slide 10: Conclusion**

In other words, the more evidence of effectiveness the more likely the program/strategy will work.

**Slide 11: The judge of what work**

Who is to judge whether a program has sufficient or appropriate evidence?

Is it the program developer, a panel of experts’ review of independent study, or a federal agency?
**Slide 12: YOU**

You are the best judge whether a program works for you. The others can advise you on the fit of the program to your settings, on the program’s requirements and its base of evidence but they cannot conclude as to the fit of the program to your needs, defined problems, criteria for success etc.

**Slide 13: You means:**

By “you” we mean several things:

- The community, your community
- The defined problem/issue
- The setting
- Willingness/readiness
- Resources
- Other specific characteristics and limitations

Bill Evans (Day 1)

**Slide: Registries – what are they?**

Registries have been growing steadily over the past few decades in terms of the number of different registries that have been started (often for differing programmatic or topical needs) and the number of EBPs that have been certified within these registries.

**Slide: Poll– why the interest?**

All of the above...but will want to briefly discuss each point.

**Slide: Registries of EBP**

Who has established registries? I’ll discuss some specific examples from each section in a moment...

**Slide: University Guidance of EBP**
I know these universities provide guidance on EBPs, but am not familiar with the specifics.

**Slide: What do registries contain?**

Although each Registry has different structures and content on their evidence-based programs, most contain:

- Descriptive information for each program listing
- Quality of Research (QOR) ratings, at the outcome level
- Readiness for Dissemination (RFD) ratings
- A list of studies and materials reviewed
- Contact information to obtain more information on studies and implementation of the program

**Slide: Poll – RCTs**

True, but most registries acknowledge that this type of design is a challenge in the social sciences and prevention field. Thus many registries contain different levels of certification (and certified programs) based on the evidence submitted for review.

**Slide: Example registries**

Examples from Governmental, International, Non-governmental registries. The last one, Findyouthinfo.gov we will discuss in a bit more detail.

**Slide: Find Youth Info**

Let’s examine one such registry in more detail…

**Slide: IWGYP**

This registry site is collaboration among the members of the Interagency Working Group on Youth programs; participating members come from these federal departments.

**Slide: Program Directory**

- Academic problems
- Aggression/violence
- Youth gang involvement
- Alcohol, tobacco, and other drug use
- Delinquency
- Family functioning
- Gang activity
- Sexual activity/exploitation
- Trauma exposure

**Slides:**  Program Directory – screenshot

You then can learn more about individual programs...

So registries are a wonderful resource that brings the world of evidence-based programs to your desktop computer!

**Slide:**  Summary and future topics

Mark Small, J.D., Ph.D.  
Osnat Lavenda, Ph.D.  
Clemson University

Bill Evans, Ph.D.  
University of Nevada, Reno
Poll Question:

How would you describe your level of knowledge and experience in evidence-based programming?

a) Novice (Heard the term, not sure what it means)
b) Apprentice (Knowledgeable with some experience)
c) Journeyman (Extensive experience using evidence-based programs)
d) Master (Experience creating evidence-based programming)
Poll Question:

What is your current relationship with evidence-based programming?

a) Just looking (Flirting with possibilities)
b) Engaged (Committed to doing evidence-based programming)
c) Married (Implementing evidence-based programming)
d) Divorced (Separated because of irreconcilable differences)
Prezi Overview
Evidence-based Movement: Historical Roots

Data Driven Decision Making
  Research (e.g. randomly controlled clinical trials)
  Evaluation (e.g., formative and summative)

Replication of “proven programs”
  Implementation science
  Scaling Up
Definitions of “evidence-based”

- “The integration of best-researched evidence and clinical expertise with patient values.” (Institute of Medicine of the National Academies)

- The integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences.” (American Psychological Association)
Venn Diagram of Definition

**Evidence Based Medicine:** When best evidence from research meets clinical information and patient values, optimal decisions are possible.

© MedPie.com
Evidence-based Movement

If one were to “Google” the term “evidence-based program,” the number of hits would be closest to:

a) 500,000
b) 1,000,000
c) 3,000,000
d) 5,000,000
Historical Use of the Term

Number of publications using the term "evidence-based" in social and medical science databases (1966-2010)
Funding Dependent on Evidence-based Status

The rationale for only funding “what works” is now a major guideline for:

a) Federal funding
b) State funding
c) Foundation funding
Definitions

What is the “right” terminology?

What are evidence-based strategies?
Ivory Tower of Babel
Evidence-based *

- Evidence-based approaches
- Evidence-based interventions
- Evidence-based policies
- Evidence-based practices
- Evidence-based programs
- Evidence-based strategies
- Evidence-based treatments
Poll Question

Which of the following is not a true citation?

a) Evidence-based assessment (Achenbach, 2005)
b) Evidence-based culture (Ganju, 2006)
c) Evidence-based kernels (Emery, 2010)
d) Evidence-based practice models (Bridge et al. 2008)
e) Evidence-based quality improvement (Grimshaw et al. 2006)
f) Evidence-based decision-making (Chorpita, Bernstein, & Deleiden, 2008)
g) Evidence-based love-making (Masters et al. 2010)
The consensus

The term “evidence-based” indicates that a program relies on some proof of effectiveness through research and/or criteria-based review.
The extent of evidence

The question remains as to the extent evidence is required for a program to be designated “evidence-based”.
Generally, for a program to be designated evidence-based, it must:

a) Include both a formative and summative evaluations.
b) Have used randomized controlled trials.
c) Have been replicated elsewhere.
Quality
Quantity
The more evidence the more likely a strategy will work.
Who is the best judge of whether a program works?

- Program Developer
- Panel of Experts Review of Independent Studies
- Federal Agency
YOU

are the best judge of whether a program works!
“YOU” means:

- The community
- The defined problem/issue
- The setting
- Willingness/readiness
- Resources
- Other specific characteristics and limitations
Evidence-based Program (EBPs) **Registries**: What are they?

- Registries assist the public in identifying interventions and programs that
  - Have been scientifically tested; i.e., have an “evidence base”
  - Can be readily disseminated to the field
  - May fit specific needs and resources
Poll Question:
EBPs: Why the interest?

a) Body of scientific evidence has reached a critical mass
b) Public accountability
c) Efficiency—don’t need to reinvent the wheel
d) Increases the likelihood that programs will have the impact that they were designed to produce
e) Evidence helps sell the program to funders, stakeholders, and potential audiences
f) Data may be available to estimate cost effectiveness
g) All of the above
Registries of Evidence-based Programs

- Federal Government
- State Government (HI, NY)
- Foundations
- Universities
- International
  - Government
  - Non-government
University Guidance of Evidence-based Programs

- Cornell
- Case Western University
- Wisconsin
What do Registries Contain?

- Although each Registry has different structures and content on their evidence-based programs, most contain:
  - Descriptive information for each program listing
  - Quality of Research (QOR) ratings, at the outcome level
  - Readiness for Dissemination (RFD) ratings
  - A list of studies and materials reviewed
  - Contact information to obtain more information on studies and implementation of the program
Poll Question:

When applying criteria for evaluating evidence-based programs, the highest praise is reserved for randomized controlled trials.

True or False?
Example Registries

- National Registry of Evidence Based Programs and Practices (NREPP.SAMHSA.GOV/)
- What Works Clearinghouse (ies.ed.gov/ncee/wwc)
- Australian Research Alliance for Children and Youth Safe and Sound (aracy.org.au)
- Promising Practices Network (PPN), Rand Corporation (promisingpractices.net)
- Safe and Sound (Collaborative for Academic, Social, and Emotional Learning) (CASEL.ORG)
- FindYouthInfo.gov: Evidence-Based Program Directory (findyouthinfo.gov)
New Teen Pregnancy Prevention Funding Opportunities

The U.S. Department of Health and Human Services has released new funding opportunities to prevent teen pregnancies and associated risk behaviors. Click for the full story.

Map My Community

Map My Community is a tool designed specifically to assist you in locating resources in your community to help you build and strengthen your youth program. Get ideas for new partnerships, identify gaps in your community, and learn about resources to avoid duplication of effort.

Start Mapping

ANNOUNCEMENTS

June 24, 2010

HHS Announces Mentoring Children of Prisoners Program

The U.S. Department of Health and Human Services' (HHS') Administration for Children and Families is accepting applications for its Mentoring Children of Prisoners Program.

The program supports the creation and maintenance of one-on-one mentoring relationships between children of imprisoned parents and volunteers, creating opportunities for children to develop skills and confidence to achieve their full potential.
Interagency Working Group on Youth Programs: Membership

- Corporation for National and Community Service
- Office of National Drug Control Policy
- U.S. Department of Agriculture
- U.S. Department of Commerce
- U.S. Department of Defense
- U.S. Department of Education
- U.S. Department of Health and Human Services (Chair)
- U.S. Department of Housing and Urban Development
- U.S. Department of Justice (Vice-Chair)
- U.S. Department of Labor
- U.S. Department of the Interior
- U.S. Department of Transportation
Approximately 200 programs that target an at-risk youth population or explicitly aim to prevent or reduce one or more of the following problem behaviors in youth:

- Academic problems
- Aggression/violence
- Youth gang involvement
- Alcohol, tobacco, and other drug use
- Delinquency
- Family functioning
- Gang activity
- Sexual activity/exploitation
- Trauma exposure
You can search by risk factor, or protective factor, or browse all evidence-based programs in the directory. Here, we are searching by the risk factor, “Dropping out of school” to find programs that address this issue.
The result? Twenty-six programs have been evaluated on this risk factor.
If you click on a program, like Positive Action, you will learn about the intervention and the evaluation conducted. You will also see the name of a person you can contact to learn more about bringing this program to your community.

Since 1982, PA has successfully been implemented in more than 15,500 national and international alternative and mainstream settings. It encompasses all ages, genders, ethnicities, cultures, and socio-economic levels in rural, suburban, and urban areas. PA is not limited to only K-12 classroom settings. The program is successfully utilized in before- and after-school programs, social service agencies, detention centers, home schooling, youth programs, family and juvenile justice agencies, penal institutions, probation and parole settings, mental health and welfare agencies, faith-based organizations, public housing developments, and other programs specifically for high, at-risk, special-needs, and disadvantaged individuals, families, schools, and communities. The versatile, universal and flexible nature of the PA concepts and components make it an ideal program for any setting.

The program has been delivered to and found to be effective with the diverse ethnic and racial groups, it has also been delivered...
Summary and Future Topics

Questions? Please join us the next two days for:

Day 2:
- Ready to Go!
- Fidelity
- Sustainability

Day 3:
- Roads to Success
- Collecting Evidence
- Registry Worthy