

Plenary Session Tuesday 3rd August

Evidence-Based Practice and Management

Being evidence-based means that, in your practice or management, you are either using techniques and policies that are grounded in positive tests of their effectiveness (from research, program evaluation, or other information about *results*) or that you are gathering information as you practice or manage, in order to determine effectiveness.

There are obvious signs and symptoms when an agency, manager or practitioner is evidence-based.

You Know You Are Evidence-Based If...

1. You've got current journals or journal articles on your desk or in your web browser. If we are still using the techniques and models that we learned when we got our degrees, we are out of date, and not taking advantage of what others have learned more recently about what works with our consumers and their situations.
2. You don't cross to the other side of the street or the agency when you see a researcher or evaluator. Researchers are our friends; they will analyze all that information we have been gathering on families, and they will help keep us up to date when we don't want to pay tuition and go back to school.
3. You discriminate about when you apply treatment models. Being evidence-based does NOT mean that we adopt models or techniques wholecloth. We do *not* say "Family therapy (or MST, or play therapy) is the solution – now what is the problem?" Evidence in psychology and social work has taught us that one size does not fit all – we need different solutions for different problems; the more we know about the problem, the more we can focus our resources and efforts on the specific solutions that we know will produce positive results.
4. You are able to change your mind. As evidence is gathered, knowledge changes. What was "right" a few years ago about the best way to approach family reunification, for example, may no longer be right, and has been replaced by new knowledge. When we gather evidence, it may contradict what we think; we have to change our minds.
5. You can tell your co-workers the probability of an intervention's success. When we find ourselves saying at the water cooler, "if we put Yolanda in foster care, given her situation, there is a 72% chance she will be able to safely return home in six months," we know we're evidence-based.
6. Your agency is credible and, perhaps, solvent. Agencies who use interventions and techniques that are known to be effective *are* effective, *and* can document their effectiveness to consumers, funders, the public, and the legislature.
7. You find yourself saying "how do you know that?" to your co-workers, supervisors, consultants, guest speakers, and family members. An evidence-based practitioner and/or manager is skeptical and annoying. And we don't take "trust me" for an answer.

8. You advocate based on data, not on faith or ideology. No longer can we ask for participation or support based on the consumer or the public having faith in our approaches. Showing consumers and/or funders why we think an approach will work based on past evidence of its effectiveness in similar situations is smart, and it is ethical practice.
9. You talk in terms of dosage, duration, intensity, and structure of interventions. Evidence tells us not only what works, but also the components of the intervention that need to be in place for it to work.
10. You sleep well at night. For two reasons: (1) we know that we are basing our actions and decisions on the best information we have, and (2) reading all those journal articles is exhausting.

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