

# Evidence-Based Practices: Connecting the Dots between Research and Practice

## A Research to Practice Brief<sup>1</sup>



A Collaboration between The Arc of the United States and the American Association on Intellectual and Developmental Disabilities

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### OVERVIEW

Since the 1960s, much attention has been given to the concept of best practices. Support professionals (DSPs), for example, are expected to use evidence-based practices in the services and supports they provide. However, this can be difficult without guidelines on how to judge a practice as an evidence-based practice.

The purpose of this Research to Practice Brief is to help practitioners connect the dots and bridge the gap between research and practice related to evidence-based practices. By bridging this gap, individuals providing services and supports to persons with I/DD will be in a better position to evaluate whether a practice is an evidence-based practice, and will therefore use practices that are likely to enhance valued personal outcomes for the people with I/DD whom they support.

### DEFINITIONS

It is important to provide definitions of practices and evidence-based practices as a foundation.

**Practices:** Practices are interventions, services, strategies, supports, and policies that focus on the enhancement of human functioning, social participation, and well-being. Best practices can come from research-based knowledge, professional values and standards, and clinical observations.

**Evidence-Based Practices:** Evidence-based practices are those activities for which there is a demonstrated relationship between a specific practice and an outcome. A **demonstrated relationship** can be assumed if (a) there is substantial evidence that the outcome is caused by the practice, (b) it has been shown that the intervention clearly leads to the desired outcome, or (c) there is a significant correlation between a specific practice and the measured outcome.

**Outcomes:** Outcomes are specific indicators resulting from the practice(s). Outcome indicators can be perceptions, behaviors, or conditions that provide information on how the practice affected the person in a specific way.



<sup>1</sup> This brief is based on the article: Schalock, R.L., Gomez, L.E., Verdugo, M.A., & Claes, C. (2017). Evidence and evidence based-practices: Are we there yet? *Intellectual and Developmental Disabilities*, 55(2), 112-119.

## HOW TO DETERMINE IF A PRACTICE IS AN EVIDENCE-BASED PRACTICE

Although establishing whether or not a practice is evidence-based often requires proper data collection and analysis, practitioners can use the following three basic questions to help determine if a practice is evidence-based:

1. Is the practice clearly defined?
  - a. What is the practice? (e.g., behavior support program or skill development program)
  - b. How it was implemented?
  - c. Who implemented it?
  - d. Who was the practice focused on?
  - e. What was its intended effect/outcome?
2. Are the outcomes clearly defined?
  - a. What was the intended outcome?
  - b. How does this outcome benefit the person?
  - c. How was the outcome measured?
3. Is data presented that shows a relationship between the practice and the outcome?
4. Is there a description of the systematic approach used to determine whether the practice in question is an evidence-based practice? For example, in Figure 1 the six steps researchers take to establish evidence-based practices are summarized. Practitioners should pay particular attention to Component 5 (establish the credibility of the evidence) and Component 6 (evaluate relation between practice(s) and outcome(s)).

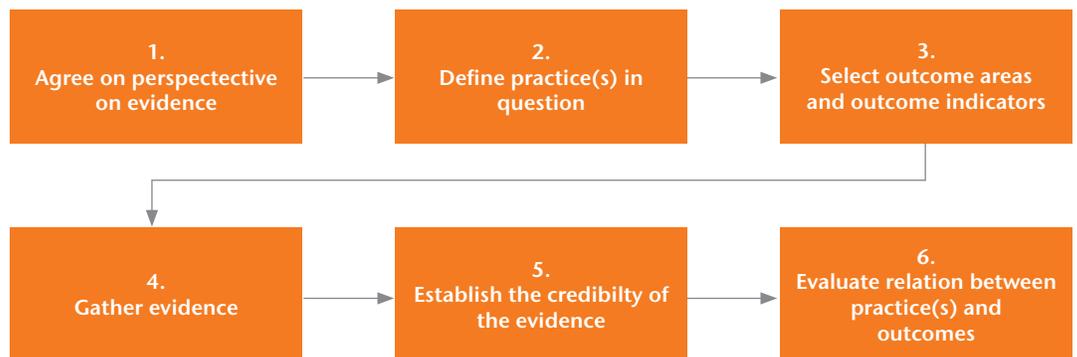


Figure 1. Components of a systematic approach to establishing evidence-based practices.

The six components summarized in Figure 1 are helpful in understanding the importance of evidence, and the role that evidence, along with credible evidence-gathering strategies, play in establishing whether a particular practice is an evidence-based practice. However, the focus and emphasis on evidence does not supersede the needs and wishes of those people with I/DD and their families receiving supports. The advantage of bridging the gap between research and practice in reference to evidence-based practices is that practitioners and support providers will be in a better position to (a) evaluate whether a practice is an evidence-based practice, (b) implement the best practice, and (c) enhance valued personal outcomes by doing (a) and (b).

Preferred citation: Schalock, R.L. & Lulinski, A. (2017). Evidence-based practices: Connecting the dots between research and practice. *Research to Practice Brief, Issue 1*. Washington, DC: The Arc of the United States.