Policy Brief

CTIPP
Campaign for Trauma-Informed Policy and Practice

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CTIPP Position on Evidence-Supported Practices and Policies

Why does CTIPP need a position on this issue?

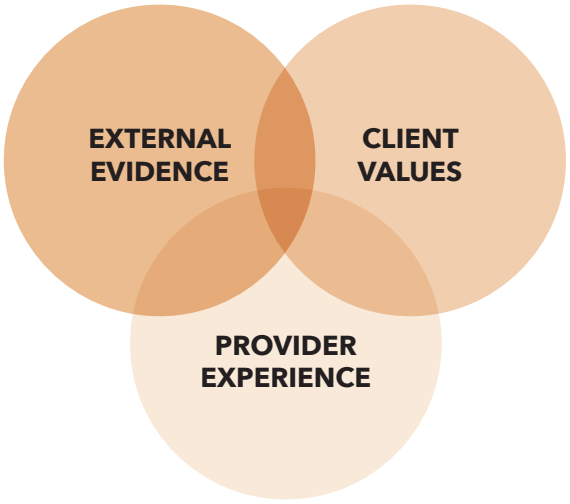
Policymakers and practitioners are often faced with deciding between different options. Scientific evidence is an important criteria for making policy and resource allocation decisions. Even when answers are incomplete, the best course of action is generally to use what we *do* know while we are gathering additional information.

However, real life situations are messy and complicated. Interventions designed to address this complexity are hard to evaluate using traditional methods - controlling the environment, changing one variable at a time, measuring the results, and seeking causal relationships. As a result, much research is conducted on problems and solutions that can be studied in controlled environments. This can skew the evidence base and subsequent policy decisions towards those options. In addition, potentially profitable interventions often receive far more research attention than equally promising interventions that hold less potential for profit.

Moreover, the field of trauma and resilience is in a period of experimentation. The evidence connecting toxic stress and trauma and a range of health and social problems is strong enough to warrant action. Addressing trauma can be beneficial in a wide variety of settings, as can efforts to prevent trauma and build resilience. However, we are not yet in a position to determine exactly what interventions are most effective for what groups under what conditions. Even well-studied interventions have often not been tested in a variety of populations or settings. At this stage, innovative solutions should be encouraged and evaluated as rigorously as possible.

What is CTIPP's position on evidence-supported practices?

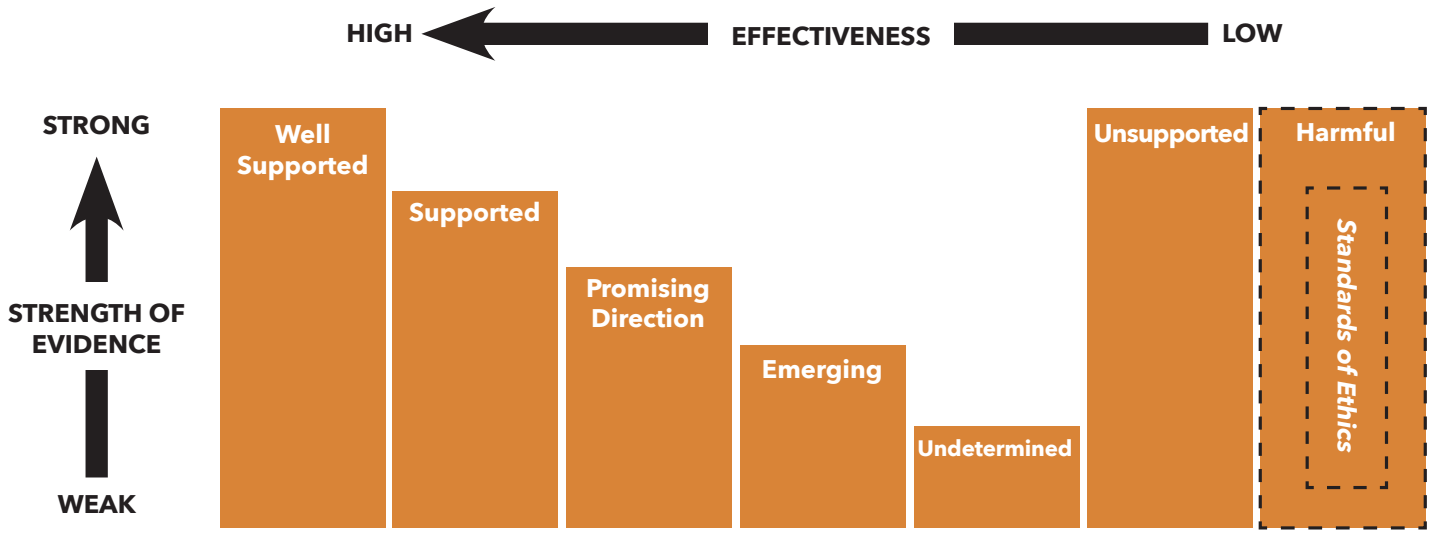
CTIPP understands that evidence-supported practice requires the integration of the current best available evidence with individual practitioner expertise and the values and preferences of service recipients. Clearly, even well-researched interventions will not be successful if providers or service recipients find them unacceptable on other grounds. When funding decisions are being made, CTIPP supports the use of the best available evidence relevant to the context and desired outcomes as expressed by providers and service recipients. When available evidence is insufficient, as determined by a thoughtful and thorough exploration, modification of existing approaches or development of novel strategies is warranted.



Evidence-supported practice requires integration of evidence, provider experience, and client values and preferences.

Evaluation of new or adapted approaches is highly desirable, and should be tailored to intervention characteristics, population served, and setting. Because resources to conduct formal evaluations are not always available, a range of methodologies should be promoted, including collection of experiential evidence from practitioners (sometimes called "practice-based evidence.")

What framework for evidence does CTIPP use?



Centers for Disease Control and Prevention continuum of evidence-supported practices

There are a variety of terms used to indicate different levels of *evidence*, depending on the rigor of evaluation methods used and capacity to rule out competing possibilities. The most common term, "evidence-based practice," indicates that the intervention has been tested for a particular application using the most rigorous design possible in the circumstances. An intervention is called *effective* if it can reliably produce the effect in a given setting. Evidence of effectiveness for one application does not necessarily generalize to others. For example, an intervention found to be effective in preventing addiction relapse is not necessarily effective in preventing people from initiating use. Likewise, a program that is effective with white men will not necessarily work with women or people of color. Since programs vary on both *strength of evidence* and *effectiveness*, CTIPP uses the continuum recommended by the Centers for Disease Control. This continuum shows varying levels of evidence that can be relevant in different situations. It also reminds us to be aware that potentially harmful consequences should always be factored into policy decisions.

> *"Evidence of effectiveness for one application does not necessarily generalize to others."*

What does CTIPP recommend to policymakers?

CTIPP recommends that:

- *Public policy should reflect the highest level of research evidence available* and appropriate for a given application of an intervention in a given set of circumstances, taking into consideration the history and context of the group to be impacted and the desired outcomes.
- *Policymakers should avoid mandating particular program or intervention models*. Instead, local flexibility in selection or development of models consistent with available evidence should be encouraged to allow for cultural, historical, geographic, and resource diversity.
- *If a community determines that available evidence-based programs are not applicable* to their circumstances, a waiver of evidence-based requirements should be available, with appropriate proviso to evaluate the approach that is adopted and sufficient resources to do so.
- *Service recipient values and preferences and provider experience* should be factored into the selection of approaches.
- *Standards for evidence should reflect research methods feasible* for the particular research question, resources available and population involved.
- *New program initiatives should encourage innovation to meet local needs*, and should include funding to gather data on effectiveness, feasibility, acceptance, and utility.
- *Potentially harmful effects* of an intervention should always be considered in making policy and resource allocation decisions.

Additional Resources

American Psychological Association definition of evidence-based practices in psychology.
http://www.apa.org/practice/guidelines/evidence-based-statement.aspx

Centers for Disease Control and Prevention. *Understanding Evidence. A Guide to the Continuum of Evidence of Effectiveness.*
https://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf

National Rehabilitation Information Center. *More than a nice thing to do: Using practice-based evidence for outcome evaluation in native youth programs.*
https://www.naric.com/?q=en/content/more-nice-thing-do-using-practice-based-evidence-outcome-evaluation-native-youth-programs

Promising Practices Network. *What is an evidence-based practice?*
http://www.promisingpractices.net/briefs/briefs_evidence_based_practices.asp

Sackett, DL et al. *Evidence-based medicine: what it is and what it isn't.*
https://www.bmj.com/content/312/7023/71?eaf%252523R5

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