

Evidence-based Practice: Introduction to Bridge Briefs

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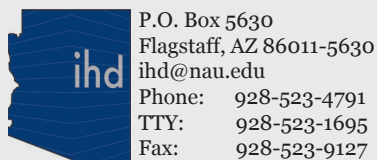
The primary purpose of applied research is to inform practice and the primary purpose of practice is to improve outcomes for consumers (e.g., people with disabilities). Despite the dovetailed purposes, the extent to which research influences practice is minimal. The disparity between interventions supported by empirical research and those implemented in practice has been described figuratively as the research-to-practice gap (Burns & Ysseldyke, 2009; Carnine, 1997; Espin & Deno, 2000). This gap is much like the Grand Canyon, where researchers who are standing on one side bellow their recommendations across the chasm and practitioners, who are standing on the other side, hear only faded echoes. The suggested causes of this gap come from both sides of the divide. Researchers suggest that practitioners do not understand the implications of their findings and do not have the skills necessary to be consumers of science, whereas practitioners complain that too much research is not applicable in the real world and research findings are published in journals designed for researchers, not practitioners (Carnine, 1997).

The solution to this problem has only recently begun to take shape. With examples from the field of medicine (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996) and motivation from No Child Left Behind (NCLB, 2001) and insurance companies, disability disciplines have intensified their efforts to incorporate research into practice. These efforts are part of a consumer-protection movement called evidence-based practice.

In its truest sense, evidence-based practice is a clinical decision-making process that involves the integration of

three sources of influence: a) the best available evidence, b) professional judgment and clinical expertise, and c) client values, preferences, and context (Sackett et al., 1996). Because this movement is still evolving in disability disciplines and the movement has been rapid, there is some confusion about what this means. For example, some disciplines have adopted definitions of evidence-based practice that align with the one described above (e.g., American Psychological Association and American Speech-Language Hearing Association) while others use the term “evidence-based practice” to refer to a treatment, intervention, or program that has strong research support (e.g., Special Education). Aside from complicating communication between professionals who use the term differently, there are two important problems with using evidence-based practice synonymously with an empirically supported intervention. First, this use fails to acknowledge the role of professional judgment and client values, preferences, and context in the decision-making process, both of which are vital to achieving the best outcomes for clients. Second, with this use the emphasis on research (or best available evidence) is exaggerated so much that practitioners are obligated to select interventions from an evidence-based endorsed list regardless of their suitability for clients. The second problem is exacerbated by the fact that the so-called lists currently contain few interventions that have achieved the highest evidentiary standards, leaving practitioners with little guidance.

At the Institute for Human Development, we have whole-heartedly embraced evidence-based practice as a decision-making framework that involves the conscientious integration of the best available evidence, professional judgment and clinical expertise, and client values, preferences, and context (Sackett et al., 1996; Spencer, Petersen, & Gillam, 2008). To facilitate communication among disability professionals, we refer to treatments, interventions, and programs that meet specific criteria for research support as empirically supported interventions (known in some disciplines as empirically supported treatments). It should be noted that our definition of best available evidence extends beyond the high evidence standards



About the Institute:

The Institute for Human Development is a research and training program located on Northern Arizona University. Our program is part of a national network of University Centers for Excellence in Developmental Disabilities (UCEDD). In Arizona, we are designated as one of two Arizona University Centers on Disabilities (AzUCD).



used to establish empirically supported interventions. Our concept of best available evidence includes the available evidence in the absence of the best evidence. This means practitioners are allowed to consider

the evidence that is available so that some degree of research evidence can always be considered together with professional judgment and client values, preferences, and context to make clinical decisions (see Slocum, Spencer, & Detrich, 2012 for discussion of best available evidence).

In an effort to help bridge the research-to-practice gap within disability disciplines, the Institute for Human Development (IHD) is rolling out a new evidence-based practice resource called Bridge Briefs. As a University Center of Excellence on Developmental Disabilities (UCEDD), the IHD has an outstanding team of researchers who are also expert practitioners in the disability disciplines of medicine, psychology, speech-language pathology, and education. This team is actively engaged in innovative research that has direct implications for disability-related practice. Based on research they conduct, the IHD will generate quarterly research-to-practice briefs. Given the IHD's evidence-based practice framework, briefs will emphasize how the results of the featured study extend the current best available evidence and, most importantly, how the results can be integrated with professional judgment and client values, preferences, and context to make clinical decisions. (See the attached Bridge Brief on a small group narrative language intervention). With an aim to overcome obstacles that potentially caused the research-to-practice gap, we will present research findings with real world applications in a practitioner-friendly format. Achieving this aim should also promote practitioners' consumption of research and enhance outcomes for people with disabilities.

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Dr. Trina D. Spencer is a certified school psychologist, a board certified behavior analyst, and an early childhood special educator. She earned her PhD at Utah State University in Disability Disciplines with an emphasis on language development. Dr. Spencer has worked with children with disabilities, their teachers, and their families for 12 years. She recently joined the team at the Institute for Human Development as the Research Coordinator, where she conducts several studies in community preschools. She also mentors many undergraduate and graduate students through research. Dr. Spencer has a broad range of interests and experiences; however, her current research involves the development and validation of language and literacy assessment instruments, a tiered narrative intervention program, and social communication interventions for children with Autism Spectrum Disorders (ASD). She writes extensively about evidence-based practice and promotes collaborative relationships between researchers and practitioners.