US VERSUS THEM:
EVIDENCE-BASED PRACTICE AND THE ROAD LESS TRAVELLED

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We all want to belong…

…so we form groups of people with whom we have some value or characteristic in common…
Sometimes we view ourselves as being part of a large group...

...and sometimes we view ourselves as being part of a small group
But when we form our groups, we often put ourselves into a group of “good people” *(US)*

And we place people outside of ourselves into a group of “bad people.” *(THEM)*
We want “US” (the good people) to be the winners and “THEM” (the bad people) to be the losers.

In fact – we grow to feel it absolutely must be this way.

We take action to ensure we “come out on top” at all costs...
And so we go to battle...

With people who are actually extraordinarily similar to ourselves...
John McCain’s cancer diagnosis is ‘God’s punishment’ for Trump criticism, claim alt-right members

Far-right groups on message board 4chan post abusive comments

Rebecca Flood | 19 hours ago |
THAT DOESN’T LOOK LIKE YOU?

...does this look like you some of the time??

THAT’S NOT “US,” THAT’S ”THEM”

...or is it more like this??

...THOSE CRAZY EXTREMISTS!
Like you, I’m not exempt from seeing the world primarily from my own perspective...

...which is why I have this...

..and this...

...and this...

...and finally, this...
In reality, we all have a lot in common. Our similarities are more striking than our differences. When we focus on similarities:

- We see the other person is part of “US.”
- We become better at taking someone else’s perspective.

Considering someone else’s perspective almost always improves whatever task you are trying to accomplish.
When the task is finding the right treatment to improve the quality of life for a child or adolescent...

...we have to do the hard work of considering every angle...

...Evidence-Based Practice helps us do exactly that!
Evidence-based practice involves using *professional judgment* to select the right treatment by integrating the *best available evidence* with relevant client and contextual factors.

When we are “us” and judging that they are “them,” we are unlikely to select the right treatment.

Why? We do not give serious consideration to the client and contextual factors.
What is the *right* treatment?

- The one that decreases a problem behavior or increases a skill.
- The one that yields a happier child or adolescent.
- The one that is feasible.
- The one that does not leave other children or adolescents in the lurch.
- The one that can be sustained long enough to have real impact.
- The one that leads to socially meaningful improvements.
- The one that enhances quality of life.
- The one that addresses everyone’s concerns to the maximum extent possible.
Sounds too good to be true...

Here is how we accomplish this:
“Two roads diverged in a wood,
and I— I took the one less traveled by,
and that has made all the difference.”

Robert Frost
What does this person do that most of us don’t?
BEST AVAILABLE EVIDENCE
ABOUT TREATMENT EFFECTIVENESS

Systematic Reviews are the best source of information because:

They produce the most credible and comprehensive analysis possible.

(Slocum, Spencer, & Detrich, 2012)
WHY THE LEAST BIASED SOURCE OF EVIDENCE?

With Systematic Reviews...

(a) research is identified in a thorough, analytic, and standardized manner

(b) clear procedures are developed for selecting/weighing evidence

(c) the process is transparent and can be replicated

(d) the objectivity of the process minimizes personal decisions will influence the process.

(Slocum, Spencer, & Detrich, 2012).
WHAT IS REQUIRED?

Careful analysis of
• Quality
• Quantity
• Consistency of research findings

(Moher, Liberati, Tetzlaff, & Altman, 2009; Slocum, Spencer, & Detrich, 2012).
By understanding criteria used in systematic reviews, evidence-based practitioners can critically evaluate whether or not they find a systematic review credible.
Quality

• Experts evaluate the quality of a study because they know that not all published studies provide strong evidence. This may be based on:

  – Research design
  – Dependent variable
  – Treatment fidelity
  – Participant ascertainment
  – Generalization

There is no universal inclusion criteria.
WHEN IS IT CREDIBLE?

**Quantity**

- It is only when a treatment effect has been reproduced that the results are considered credible.

- Experts establish a criteria regarding the number of studies needed to determine whether or not a treatment is effective, prior to completing a systematic review.
Systematic reviews should include information about harm or side effects so that informed treatment selection decisions are made.

(Khan, Kunz, Kleijnan, & Antes, 2003).
CONSISTENCY OF OUTCOMES

• After the quality and quantify of all studies have been evaluated, the outcomes must be combined to determine consistency of outcomes.

• Studies using the same treatment are put into a single category (e.g., Treatment X).
TREATMENT EFFECTIVENESS

• Categorize treatments and results are compared against a criterion representing the level of effectiveness.
  • Ex. Two or more

• When the criterion is met, a treatment is deemed effective.
  • When the criterion is not met, it might be described as experimental or as having no evidence.
WHAT DO EVIDENCE-BASED PRACTITIONERS DO?

Ask additional questions **EVEN WHEN** treatment is identified as effective.

- The individuals from the review might have ASD, but could be-
- a different age
- at a different developmental level than the target client
- the setting or the person implementing the treatment might be different
- the behavior targeted in the research is different
Is there enough evidence that the treatment works for individuals who:

1. are the same particular age or developmental level as my client?
2. need to increase/decrease a specific behavior (e.g., adaptive skills, problem behaviors)?
3. are in a specific setting?
WHAT TO DO:

The evidence-based practitioner must use professional judgment to evaluate the usefulness of all sources of information that apply for the client currently being served.
THE BEST AVAILABLE EVIDENCE

Could also be found within...

- A systematic review for individuals that has been supplemented by a systematic review that includes additional populations.
CRITICAL CONSUMERS

- Evidence based practitioners need to understand how experts evaluate the strength of the evidence supporting a treatment.

- Systematic reviews consistently focus on the quality, quantity, and consistency of research outcomes. However, the criteria scholars use to determine this varies considerably across systematic reviews. (Slocum, Spencer, & Detrich, 2012).
THE BEST AVAILABLE EVIDENCE

Sound like a lot of work?? I agree...

• I recommend practitioners who really want to know how to apply the science behind the “evidence” form groups...

• Get together regularly - perhaps via videoconference – and share what they have been reading.

• Invite scholars from your universities to participate and/or guide you.

• Share areas of confusion and acknowledge both strengths of research and limitations.
More of us versus them...
Research findings may not apply for your client.

Even client history and data might not be accurate.
Extract what is useful – but question the accuracy of all sources of evidence.
### Client Factors

<table>
<thead>
<tr>
<th>Who thinks we should be implementing treatments that improve our client’s quality of life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there treatments that will be more likely to produce a skill that can be used across all relevant environments? Let’s choose those!</td>
</tr>
<tr>
<td>Can’t we find a treatment that is acceptable to our clients?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who went into their helping profession to make children miserable?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why aren’t we planning treatments with their preferences in mind?</td>
</tr>
<tr>
<td>Why don’t we give them more choices in which treatment will be used?</td>
</tr>
<tr>
<td>Why don’t we pick treatments that naturally have preference as a by-product?</td>
</tr>
</tbody>
</table>
Contextual Factors

- Parents
- Teachers
- Administrators
- Community Providers
We can only fairly judge the believability of the evidence AND consider the client and contextual factors if we are all part of “US”
But when we come to the table as “US” versus “THEM”
The child suffers because we failed to use the evidence-based practice approach to treatment selection.
When we are “us” versus “them”...we will all face more stress and burnout – I want good helping professionals to be fulfilled in their jobs as well as help the children we went into our fields to help!
Realize when you are at a fork in the road.

You can do what most people do and say, “My way is the only right way!!”
Because when we value all believable evidence and seriously consider client and contextual factors, those kids will move mountains!
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Or visit me at my other presentations today:

• How to make EB decisions using a checklist (11:15)
• Diversity and EBP (1:30)