AVITH Info sheet: Evidence-informed practice

The term 'evidence-informed practice' is increasingly favoured over evidence-based practice as it encompasses different types of evidence more broadly.[1] As the figure below illustrates, it incorporates three elements, which all help to determine whether an intervention is likely to be effective: client and professional beliefs and values, evidence-based processes and evidence-based programs.[2] Evidence-informed practice highlights the value of clinical expertise as central to service provision.[3]

> *"Relying solely on evidence-based programs will lead to modest benefits at best and fail to benefit some people at all, particularly those experiencing the most vulnerabilities. To help such families better, we need services that engage them effectively and that address issues of personal significance to them. However, we should also note that basing services solely on effective engagement processes or on client values will not produce significant change either: all three elements of evidence-informed practice are needed if interventions are to be fully effective"* (Moore et al. 2016, p. 29).

This paper considers three elements in the context of work with adolescents using violence in the home:

- how our values and our beliefs about the cause of violence influence our program objectives
- considerations when striving to implement an evidence-based model program model, and
- the extent to which specialist agencies and the service system more generally interact with young people and families seeking support.

Figure 1: Evidence-informed practice and its components (Moore et al., 2016, p. 30)

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[1] Stuart, G. & Hartman, D. (2019).
[2] Moore, T.G. (2016).
[3] Shlonsky, A. & Mildon, R. (2014).

Professionals' beliefs and values

Our understanding and professional beliefs about the causes of violence and the language used to discuss this issue greatly determine how our service systems respond. Our own values are critical in determining whether an intervention will be suitable and therefore whether it is likely to be implemented; even evidence-based programs will not succeed if the client group feels the intervention's logic does not align with their own experience of the problem.[4]

Our current framework for responding to adults who use violence in the home is necessarily geared toward removing perpetrators and holding them to account through the justice system. This approach has influenced a suite of programs designed to hold the young person accountable for their behaviour. However, the unique features of adolescent violence in the home render existing therapeutic and legal responses inadequate.[5] Describing young people as 'perpetrators' or 'offenders' is often not an accurate portrayal of the family's experience. As Correll (2017) points out:

> "Child-parent abuse [adolescent violence] is inherently different from other types of family violence and abuse because of the distinct power dynamics at play; the parent as victim and child as perpetrator breaks the typical victim/perpetrator mould and presents legal and moral issues that are not salient in other family violence situations" (p. 243).

The rhetoric of perpetrators when describing adolescents who use violence in the home is unlikely to be acceptable to families as it fails to recognise the duality of a young person who is causing harm while simultaneously requiring care and support from parents and caregivers: "A failure to understand the reasons behind the child's behaviour may discourage disclosure of the violence by parents, and/or result in inappropriate interventions".[6]

Evidence-Based Programs

Evidence-Based Programs (EBPs) are generally defined as structured packages of practice elements or modules that have been combined into a program with specifications for implementation. They are empirically supported by a range of evidence and have clinically demonstrated effectiveness with specific client groups. An EBP is highly regarded when a systematic review shows that it can produce a greater and sustained impact in multiple contexts compared to alternatives. EBPs can clearly identify the linkages between their core components and expected outcomes: an evidence informed logic or theory of change.

It is generally acknowledged that for families requiring support for adolescents using violence in the home, there are few specialised interventions or programs available; many families seeking help rely on generalist support services, such as parenting or family support programs.[7] In domestic and international research, there has been a marked absence of documentation or evaluation of programs that have been trialled or currently in use to provide support for young people using family violence and/or their families.[8] In instances where evaluations have been conducted, these have frequently been criticised for relying on data that is 'limited and often marked by methodological deficiencies, including inadequate or absent control groups, lack of long-term follow-up, and small sample sizes'.[9] Many programs use either individualised, whole of family or group level interventions, however, no research has been conducted comparing which of these intervention types is most effective in which circumstances.[10] It is also not clear how transferable these programs are to other cultures.

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[4] Moore, T.G. (2016).

[5] Savvas, E. & Jeronimus, A. (2017).

[6] Holt, 2011, (cited Douglas & Walsh, 2018, p. 505).

[7] Holt, A. (2013).

[8] Sanders, R. (2020).

[9] Holt, 2013, (cited Correll, 2017, p. 244).

[10] Correll, J. R., Walker, S. C., & Edwards, T. C. (2017).

While some interventions developed in other regions or overseas might be deemed 'evidence-based', it is important to note that EBPs have been designed and tested for a *specific* context. Selecting and implementing an off-the-shelf EBP is not enough to ensure improved outcomes. AVITH is a complex issue with multiple risk factors and influences. A one-size fits all approach will not be adequate to address this. In some cases, such as regional settings where context and availability of resources is substantially different, a tailored placed-based approach that provides integrated, holistic support might be best.[11]

Figure 2 shows the Heptagon Tool[12] which proposes seven factors to consider before selecting and implementing an EBP.
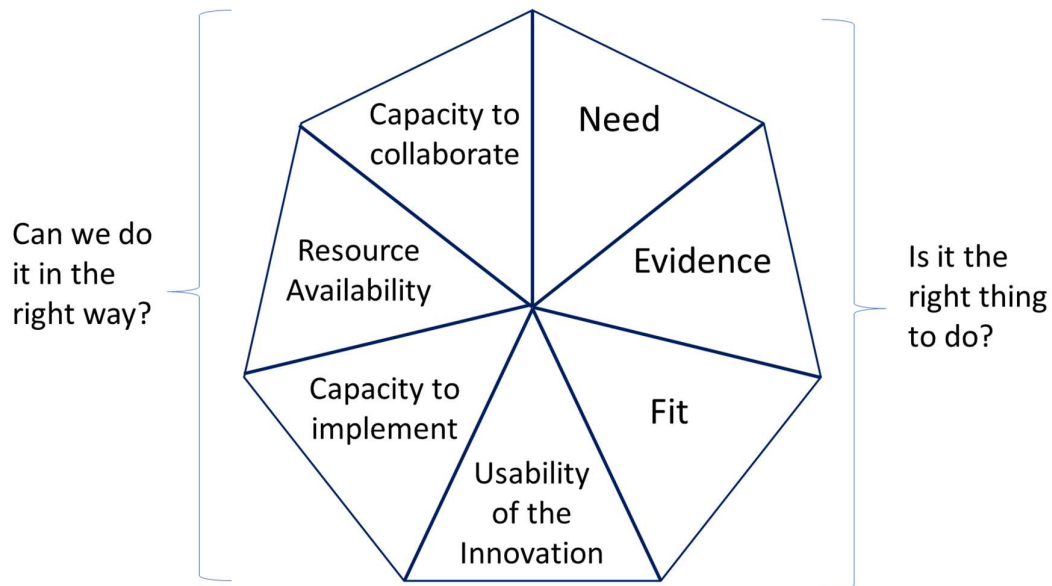

Figure 2: The Heptagon Tool (Van Dyke, Blase & Kiser, 2019)

You can view more information about evidence-based programs on the OPEN web:
https://outcomes.org.au/blog/open-exchange-evidence-based-programs/

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[11] Reid, C. & Ervin, K. (2015).
[12] Van Dyke, Blase & Kiser. (2019).

Evidence-based processes

Evidence-based processes refer to the individual practitioners' techniques and strategies they use with their clients,[13] when engaging with participants of the program, *as well as* the frameworks and approaches that are employed at the organisational and systemic level in the service system. Two services delivering the same program will not necessarily result in the same outcomes. The ways in which practitioners engage with families to deliver a service can be as vital as the service itself.

> A practitioner 'should be considered not only as a *provider* of treatment, but also as a *means* of treatment' (McKay et al. 2006, cited Moore et al. 2016, p. 2).

In their review of evidence-based processes, the Centre for Community Child Health emphasised the importance of the practitioner-client relationship; how practitioners build and maintain these relationships should be strongly emphasised in position descriptions, service design and ongoing professional development initiatives.[14] This is worth consideration, given that many programs designed for adolescents using violence in the home have stipulated time constraints, which might be limited to a matter of weeks. Given feedback from participants in the Centre's consultation forums in 2019 about the challenges of engaging with young people, it is doubtful whether this is enough time to establish rapport and bring about the desired outcomes.

Moore (2016) cites several key factors in evidence-based processes, one of which is the importance of culturally safe and competent service delivery. Achieving a satisfactory level of cultural safety means that staff at all levels must have a developed level of awareness and skills, and that this must be maintained through ongoing reflective practice and training.

Learn more

For more information about program theory and design, you can view resources and access support through the Centre's Outcomes, Practice and Evidence Network (OPEN).

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[13] Moore, T. G. (2016).

[14] Ibid.