

PBE vs. EBP

Practice-based evidence (PBE) is a term that is being used more frequently and is often presented as a contrast to evidence-based practice (EBP). There are many different definitions of practice-based evidence, but all incorporate information derived from real-world practice and experience in place of or in addition to evidence from research studies. Some definitions include an emphasis on the fit of programs with the local culture or community consensus as a form of evidence.

Below are some example definitions of practice-based evidence from various authors:

- "...local aggregate evidence collected from individual client histories to learn what is happening in community practice" - (Chorpita, 2010)
- "...a range of treatment approaches and supports that are derived from, and supportive of, the positive cultural attributes of the local society and traditions. Practice based evidence services are accepted as effective by the local community, through community consensus, and address the therapeutic and healing needs of individuals and families from a culturally-specific framework. Practitioners of practice based evidence models draw upon cultural knowledge and traditions for treatments and are respectfully responsive to the local definitions of wellness and dysfunction." – (Isaacs, Huang, Hernandez, & Echo-Hawk, 2005, p. 16)
- "Basically, the practice-based research process involves practitioners contributing to the knowledge base by collaborating with researchers and sharing information with the research community during the course of providing academic and mental health interventions in typical practice settings" (Kratochwill et al., 2011, p. 5).

The CEBC's definition of EBP was adapted from the Institute of Medicine's definition with a slight variation that incorporates child welfare language:

- Evidence-Based Practice incorporates the Best Research Evidence and the Best Clinical Experience and is consistent with Family/Client Values.

This definition builds on a foundation of scientific research while honoring the clinical experience of child welfare practitioners and being fully cognizant of the values of the families we serve. The CEBC believes that an EBP with the best potential for implementation involves more than just solid scientific research evidence; it also requires evidence of effectiveness from the practitioners and clinicians in the field, as well as a match with the needs and values of the local community. Click here to open the What is Evidence-Based Practice? page on the CEBC for more details.

References:

Chorpita, B. F. (2010, July). Understanding and implementing effective practices: There must be a better way. Plenary presentation at Georgetown Training Institutes: New Horizons for Systems of Care: Effective Practice and Performance for Children and Youth with Mental Health Challenges and Their Families, Washington, DC.

Isaacs, M. R., Huang, L. N., Hernandez, M., & Echo-Hawk, H. (2005). The road to evidence: The intersection of evidence-based practices and cultural competence in children's mental health. Washington D.C.: National Alliance of Multi-Ethnic Behavioral Health Associations

Kratochwill, T. R., Hoagwood, K. E., Kazak, A. E., Weisz, J. R., Hood, K., Vargas, L. A. & Banez, G. A. (2011). Practice-based evidence for children and adolescents: Advancing the research agenda in schools (WCER Working Paper No. 2011-6). Retrieved from University of Wisconsin–Madison, Wisconsin Center for Education Research website: <http://www.wcer.wisc.edu/publications/workingPapers/papers.php>