



Policy Statement on Evidence of Effectiveness March, 2014

It is the policy of the National Council of Juvenile and Family Court Judges to adopt the Centers for Disease Control and Prevention Continuum of Evidence of Effectiveness in identifying evidential value of programs and practices within the juvenile and family courts.

To support this categorization, the NCJFCJ makes the following recommendations related to classifying programs and practices:

- All programs and practices discussed by the NCJFCJ will be categorized according to the Continuum of Evidence of Effectiveness.
- All NCJFCJ publications that are related to programs and practices will include a classification of the program or practice based on the continuum.
- Decisions regarding how programs and practices will be categorized should be completed by senior researcher personnel who have an in-depth understanding of research methods.
- All NCJFCJ staff will use the language from the continuum in discussing the effectiveness of programs and practices.
- All research reports will identify where the program or practice of interest fall on the continuum when reporting findings.
- Appropriate programs and practices may be nominated by NCJFCJ to CrimeSolutions.gov for inclusion on their website to more broadly inform systems change efforts and identify promising practices.

Centers for Disease Control and Prevention Continuum of Evidence of Effectiveness ¹							
Program Type	Well Supported	Supported	Promising Direction	Emerging	Undetermined	Unsupported	Harmful
Effect	Found to be effective		Some evidence of effectiveness	Expected preventive effect	Effect is undetermined	Ineffective	Practice constitutes risk of harm
Internal Validity	True experimental design	Quasi-experimental design	Non-experimental design	Sound theory only	No research No sound theory	True or quasi experimental design	Any design with any results indicating negative effect
Type of evidence/research design	Randomized control trials and meta-analysis/systemic review	Quasi-experimental design	Single group design	Exploratory study	Anecdotal/ Needs assessment	Randomized control trials or quasi experimental designs	Any design with results indicating negative effect
Independent Replication	Program replication with evaluation replication		Program replication without evaluation replication	Partial program replication w/out evaluation replication		Program replication w/out evaluation replication	Possible program replication with/out evaluation replication
Implementation Guidance	Comprehensive		Partial	None		Comprehensive	Partial/ Comprehensive
Extended and ecological validity	Applied studies - different settings (2+)	Applied studies – similar settings (2+)	Real-world informed	Somewhat real world informed	Not real-world informed	Applied studies-same/different settings	Possible applied studies – similar/different settings

¹ Puddy, R.W., & Wilkins, N. (2011). *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention.

There is a growing understanding within the juvenile and family court systems that programs and practices should have some empirical basis. Many are proposing that any practice utilized by the courts should be evidence-based. Yet, what constitutes an “evidence-based practice” varies depending largely on the defining agency. While the gold standard for evidence-based often includes that the program be tested using a randomized control trial with replication across many domains, this is seldom feasible to obtain, given the resource limitations that many programs face. Instead of classifying programs in terms of evidence-based or not, it is more beneficial to categorize programs on a continuum of evidence that highlights the *best available research*. This allows recognition not only of the highest empirical evidence, but also of emerging or promising practices with some level of evidence that could be further explored and utilized within the courts.

Several organizations have already adopted this approach to categorizing research. The National Institute of Justice Office of Justice Programs offers CrimeSolutions.gov,² a website dedicated to helping identify what works in the criminal justice (including juvenile justice) field. They review and rate programs based on the rigor of the studies that have been done to illustrate their effectiveness. There are five classes of studies that take into account the conceptual framework, study design, outcome evidence, and program validity of the programs. These help classify the program as Effective (strong evidence or typical “evidence-based practice”), Promising (some evidence), and No Effect (no effective or harmful findings). This expands the classification system from the traditional evidence-based or not, to include the promising practice category. The site is also a useful resource for individuals who would like to determine the effectiveness of criminal justice programs, including diversion programs, specialty courts, and sentencing. The continuum, however, is limited in scope. It only has three categories of classification, which would likely result in most programs classified as “promising.” A broader continuum might allow for classification that is more diverse.

The Centers for Disease Control and Prevention have such a continuum—the Continuum of Evidence of Effectiveness.³ This continuum allows for categorization of programs and practices into *seven* categories based on two dimensions—strength of the evidence and effectiveness. The Continuum ranges from harmful to well-supported (i.e., evidence-based), allowing multiple categorizations between the two extremes. Categorizations between the well-supported and harmful include unsupported, undetermined, emerging, promising, and supported. This type of categorization can be used in creating a better understanding of the effectiveness of the program, within the context of the strength of the evidence, and allows for a much broader classification of programs and practices. Further, utilizing this classification will allow for an understanding of where a program is on the continuum and what steps it needs to take to move toward a well-supported practice. In comparison to OJP’s continuum, the CDC’s classification system allows for several dimensions of “promising” practice and makes a distinction between no effects and harmful effects, which may be useful in understanding program effectiveness.

Adopted by the NCJFCJ Board of Trustees during their Spring Meeting, March 1, 2014, Monterey, California.

² https://www.crimesolutions.gov/about_starttofinish.aspx

³ More information on the CDC’s Continuum of Evidence can be found here: <http://vetoviolence.cdc.gov/evidence/#&panel1-1>