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EVIDENCE-BASED PROGRAM DATABASES: A TOOL FOR MODERN RISK BEHAVIOR PREVENTION AND REHABILITATION*

Introduction: The pursuit of effective methods for preventive and rehabilitation interventions is a paramount concern for educators and professionals in the field. A crucial tool in achieving this goal is the use of evidence-based program databases, acting as repositories for research-proven proposals to guide activities. These databases also serve as essential spaces for experience exchange and sources of transformative insights. However, it is vital to recognize that they come with their share of dysfunctions and challenges.
Research Aim: This research aims to advocate for the concept of evidence-based prevention program databases and scrutinize their functioning by analyzing associated risks and potentials. The text also addresses how program bases and programs can be modified to maximize reliability and effectiveness.
Evidence-based Facts: Research on evidence-based program databases and the programs themselves spans nearly thirty years, marking a significant milestone. However, this does not imply an absence of challenges. Ongoing discussions in the literature focus on the content and functionality of these databases.
Summary: The cultivation of awareness regarding the significance of evidence-based interventions, the promotion of empirically verified program bases, and the enhancement of their functionality have become pivotal considerations for rehabilitation and prevention educators today.

Keywords: evidence-based program, program base, evaluation, preventive interventions, rehabilitation, social maladjustment, prevention science

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INTRODUCTION

Until the late 1990s, the realms of prevention and rehabilitation, broadly defined, were significantly influenced by Martinson's "nothing works" assertion (Martinson, 1974). This perspective undermined the legitimacy of interventions for individuals at risk or already within the purview of the justice system. In practice, this translated into the prevalence of short-term, often commonsensical, and frequently belated interventions, guided by the principle of "better to do something than nothing". Effectiveness and the costs of these actions were largely overlooked. However, a pivotal shift occurred around the turn of the century with the proliferation of evidence-based practice (hereafter EBP) in the social sciences. EBP is defined as "the integration of the best available research evidence with clinical knowledge and the unique values and conditions of the patient" (Sackett et al., 1996, p. 71). This shift also incorporated evaluation studies, primarily systematic reviews, drawing from the extensive experience of medical science (Sackett et al., 1996; Straus et al., 2011). Over time, similar methodologies were implemented in education, social work, and law.

In the domain of prevention and rehabilitation, this paradigm shift manifested in the emergence of evidence-based programs (Ostaszewski, 2006, 2019; Kusztal, 2021; Muskała, 2024). Two factors further fueled the quest for effective programs. Firstly, the advent of humanistic psychology redirected focus towards discovering and nurturing individuals' potentials, challenging previous intervention approaches that lacked individualized attention and often prioritized achieving minimal standards. Secondly, financial pressures, particularly evident in the United States of America, prompted a reevaluation of existing approaches. The incongruity between costs and outcomes necessitated a shift towards funding only those programs whose effectiveness had been substantiated through research adhering to high methodological standards (Mihalic and Elliott, 2015). Evidence-based program databases, also referred to as recommended or model program databases, emerged as repositories for collecting, verifying, and ensuring the quality of program implementation.

RESEARCH AIM AND QUESTION

In the contemporary landscape, databases housing recommended programs are pervasive globally. However, their most dynamic development is unequivocally observed in the United States of America, boasting more than 20 such databases. The Blueprints for Healthy Youth Development database, operational since 1996 under the auspices of the University of Colorado Boulder, sets a global standard. In Europe, notable databases are managed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the European Platform for Investing

in Children (EPIC). Poland, too, contributes to this landscape with the Database of Recommended Programmes, overseen by the National Centre for Counteracting Addictions, the Centre for Education Development, and the Institute of Psychiatry and Neurology since 2010.

Nevertheless, an analysis of the functioning of evidence-based program databases aligns with the assertion made by the Axford team (2022) that their rapid proliferation has resulted in a state of chaos, both in terms of the programs themselves and, more significantly, in evaluating their effectiveness. This has given rise to numerous questions regarding the role and scope of databases and how to enhance their functionality and popularity. Additionally, the inquiry into the users of evidence-based program bases has been brought to the forefront.

This text serves two primary objectives. Firstly, it aims to introduce the concept of evidence-based program bases, and secondly, it seeks to discuss their role in the development of effective prevention and rehabilitation interventions. The text also endeavors to address how program bases and the programs themselves can be modified to maximize reliability and effectiveness in their activities. To achieve these objectives, a synthetic, critical review of the literature on the subject and an analysis of research findings on the functioning of evidence-based program bases will be employed.

EVIDENCE-BASED REVIEW. CHARACTERISTICS OF SELECTED EVIDENCE-BASED PREVENTION AND REHABILITATION PROGRAM BASES

The growing emphasis on the adoption of proven and effective programs has brought attention to the challenges of their accessibility and utilization by practitioners. A pivotal solution to this issue has been the establishment of registries or databases dedicated to evidence-based programs. This section will present three such databases: the American Blueprints for Healthy Youth Development, the European Monitoring Centre for Drugs and Drug Addiction database, and the national Recommended Programmes Database.

The Blueprints for Healthy Youth Development database serves as a comprehensive system for certifying, recommending, and disseminating evidence-based prevention programs designed for children, youth, families, and communities. Targeted at schools, government institutions, and community organizations, the database encompasses programs addressing the prevention of violence, crime, and substance use, while also promoting mental and physical health, self-regulation, educational achievement, and healthy lifestyles among young people and adults. Some programs extend their focus to employment support, mental health care, and addiction treatment. The database encompasses programs aligned with all levels of prevention.

Programs submitted to the Blueprints for Healthy Youth Development undergo a meticulous five-stage certification process, involving assessment and categorization. The assessment encompasses the methodological quality of studies confirming program effectiveness, evaluation of program impacts, alignment of procedures with the target group's specificity, and readiness for dissemination. Programs can be classified into one of three standards: promising, model, or model plus. Presently, the database houses 92 programs, with 17 holding model and model-plus status, while the rest are categorized as promising programs. The database also aggregates information on programs that fail to meet standards and/or demonstrate harm. Table 1 provides an overview of the specific requirements for each standard.

Table 1.
Prevention program standards in the Blueprints Database

Type of Program Standard	*Promising Programs*	*Model Programs*	*Model Programs Plus*
Specificity and Structure of Activities Undertaken	Description includes clearly defined objectives, means to achieve them, a list of risk/protective factors, and target group indication.		
Quality of Evidence	Evaluation trials produce valid and reliable findings; studies on (a) one high-quality randomized control trial or (b) two high-quality quasi-experimental trials required.		
Program Effects	Positive effects found, with no evidence of iatrogenic effects.		
Readiness to Disseminate	Program available with substantive support (manuals, materials), organizational support (training opportunities), and technical support.		
Repeatability of Results	X	At least (a) two high-quality randomized control trials or (b) one high-quality randomized control trial plus one high-quality quasi-experimental study.	
Long-term Action	X	Positive effects sustained for at least 12 months after completion.	
Reproducibility of Results in Independent Studies	X	X	Reproducibility in at least one high-quality study conducted by individuals unconnected with the author or institution with a potential financial interest.

Source: Author's own study based on information from the Blueprints for Healthy Youth Development website (www1).

Users of the Blueprints for Healthy Youth Development database will discover a comprehensive set of information, including program descriptions (target group, activity details, risk and protective factors, implementation location, materials), program results, details of evaluations with references to publications reporting

the research, program costs, and guidelines for implementation and funding. The database features a robust search engine with an extensive menu, facilitating the selection of the most suitable program. However, it's important to note that materials related to program implementation are not contained within the database and must be obtained by contacting the program owner.

As an example of a European database of evidence-based prevention programs, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) maintains a repository. The primary information sources for the EMCDDA program database include systematic reviews (Cochrane Libraries, PubMed, Embase) and meta-analyses published in reputable journals. The database undergoes quarterly updates by a team of methodologists in constant communication with the agency's interdisciplinary Scientific Council. A crucial criterion for program assessment is the certainty of evidence, rated as high, moderate, low, or very low, along with the effect size. Programs in the database are classified into five standards: beneficial, probably beneficial, inconclusive, unknown effectiveness, and harmful. Classification criteria are detailed in Table 2.

Table 2.
Criteria and levels for assessing program effects used by EMCDDA

Evaluation of effects	*Description*
Beneficial	Statistically significant results confirming the presence of positive program effects observed across various contexts for the majority of users.
Probably Beneficial	Positive effects demonstrated, but with limited evidence. The program is considered probably beneficial for most contexts and users, albeit with some discretion.
Ambiguous	The program has shown reasonably positive effects, supported by study results. However, due to identified limitations and adverse effects, further revision of the program is recommended.
Unknown Effectiveness	Positive effects cannot be unequivocally affirmed due to an insufficient number of studies or their poor methodological quality. Further research is needed to ascertain effectiveness.
Ineffective/Harmful	Adverse effects were identified compared to the group without intervention or following standard procedures.

Source: Author's own study based on Protocol for updating the Evidence database of the Best Practice Portal, EMCDDA (www5).

A total of 261 programs have been compiled in the Indigenous Database of Recommended Programmes. Among these, 109 programs did not confirm positive effects, while 66 and 73 programs demonstrated beneficial and likely beneficial effects, respectively. Additionally, 12 programs were found to be ineffective, and the results of one program remain inconclusive. The database is equipped with a search engine that considers criteria such as expected results, effects of the

measure, target group, substance, or area. It is noteworthy that screening tools are available on the EMCDDA website, facilitating the estimation of needs or changes among beneficiaries of prevention programs (www2).

The Indigenous Database of Recommended Programmes focuses on collecting and evaluating prevention programs in the realms of mental health promotion, broadly defined prevention of addiction, and other problematic behaviors, primarily for children and young people. Programs are included in the database at the request of the program authors, subject to verification by the recommendation team in both formal and content-related terms. The evaluation questionnaire encompasses aspects such as a description of the problem, goals and objectives of the program, details about the target group, assumed activities, expenditures, quality of implementation, and evaluation mechanisms (process, formative, results), along with a list of publications on the program. Each area is assessed using points, with a maximum total of 100 points. Programs are categorized into three levels: I promising program (minimum 50 points), II good practice (minimum 60 points), and III model program (minimum 80 points). In addition to the points mentioned, a recommendation requires an evaluation of the appropriate level, as follows: for level I, a process evaluation suffices; for level II, a formative or outcome evaluation; and for level III, an outcome evaluation. For Level II and Level III recommendations, an additional evaluation of the program by two independent reviewers is necessary (www3). The precise criteria for assignment to each level are outlined in Table 3.

The creators of the system have established a key condition for extending the recommendation of a prevention program for a further 5-year period: if, at the time of submission to the system, the program only has the results of a process evaluation or formative evaluation, it must present up-to-date documented data proving its effectiveness. It is noteworthy that the evaluation of program effects accommodates various methodologies, including classic quantitative evaluations in experimental or quasi-experimental schemes, pretest-posttest evaluations, qualitative methods in an interpretative approach, documentation of effects through case studies, and other forms of evaluation based on evaluation methodology. Documentation of program effects, submitted in the form of a report or published article, is a requisite. Failure to meet these conditions or deviations from the program's aims, objectives, or course of action after the recommendation deadline will result in the program losing its recommendation and being removed from the database.

The programs are categorized into four areas corresponding to the levels of prevention: universal, selective, indicated, and mental health promotion programs. It's worth noting that some programs may be placed in more than one area, raising questions about their target group. For each indicated program, the following aspects are described: level of recommendation, target group, program objectives, assumptions, program description, implementation standards, evidence of pro-

gram quality, additional information, and the organization's metrics. The database currently encompasses 28 recommended programs, comprising 1 model program, 18 promising programs, and 9 identified as good practices. Notably, the database lacks materials related to program implementation and a search engine, making it challenging to profile and identify relevant programs.

Table 3.
Levels and criteria for evaluating program effects in the database of recommended programs

Programe Level	*Description of criteria*
Model	Programs at this level exhibit a robust theoretical basis, employ effective prevention strategies, and demonstrate internal consistency. They are equipped with process evaluation tools to assess program implementation in line with objectives. Methodologically correct evaluation of results confirms effectiveness, showing positive effects on recipients' mental health and behavior. These positive effects are sustained for at least one year, with no evidence of iatrogenic effects.
Good Practices	Programs classified as good practices induce changes in mediating factors (program-specific objectives) but do not necessarily trigger behavioral changes (program's main objective). They possess a solid theoretical foundation, employ effective strategies, and maintain a coherent structure. These programs endorse process evaluation, formative evaluation, and, to a limited extent, outcome evaluation. However, outcome evaluation may not have been conducted immediately after impacts or may not fully adhere to methodological standards.
Promising Programe	Programs at this level have not demonstrated positive impacts on the behavior and/or problems experienced by recipients. However, the theoretical concept of the program, coupled with previous implementation experience documented by process evaluation results, suggests that these programs may yield expected effects. They are founded on recognized theoretical concepts and constructed according to the principles of a logical model. Valid process evaluation has been designed for these programs.

Source: Author's own study based on information from the Recommended Programes website (www4).

The characteristics of evidence-based program bases outlined above underscore their significant variation in structure, content, audience, and, most importantly, criteria for assessing program quality. These characteristics also shed light on the challenges faced by program base operators.

DISCUSSION. CHALLENGES FACING EVIDENCE-BASED PROGRAM BASES

One of the key dilemmas facing base developers is determining the content of the bases, as effective interventions can take the form of programs (evidence-based programs) or evidence-based practice (evidence-based practice). Programs, which today constitute the main content of the bases, are coherent packages of activities based on theory, targeted at a specific audience, with effectiveness confirmed by research with high methodological standards and quasi-experimental or experimental evaluation. They require strict implementation of the prescribed activities and replication of conditions reasonably close to the original (Mihalic and Elliott, 2015; Elliott et al., 2020; Barczykowska and Dzierzyńska-Breś, 2013). Evidence-based practice, on the other hand, referred to as "tailor-made programs" in the indigenous literature (Ostaszewski, 2019; Muskała, 2024; Włodarczyk, 2024), is a rather generic framework of interventions, most often with a solid theoretical underpinning and research-confirmed effectiveness, but more flexible, allowing it to be more tailored to specific audiences, local and situational conditions, making more use of practitioners' knowledge to assess clients' situations and design interventions (Lipsey, 2009, 2018, 2020). There is an ongoing debate in the literature today about which approaches should dominate, with the program option still by far the more popular option (Nevo and Slonim-Nevo, 2011; Lipsey, 2020; Elliott et al., 2020).

Another challenge is popularizing and increasing the credibility of the evidence-based program bases and the programs themselves. In the United States of America, it is estimated that such programs account for only 10% of all interventions aimed at juveniles (Elliott et al., 2020). It is difficult to estimate how this issue evolves in Europe, but the percentage may likely be similar and much lower in some countries, such as Poland. In this situation, critics of evidence-based programs emphasize that they cover a small proportion of those in need. Therefore, their relevance to reducing risk behavior, crime, or other undesirable phenomena remains negligible. Research shows that these concerns are unfounded. Advocates of evidence-based programs emphasize that, while they do not cover a wide range of audiences, because of their quality, they significantly impact overall recidivism rates and rationalize the costs associated with running interventions. In Washington State, basing the rehabilitation of some juveniles on programs with proven effectiveness has reduced recidivism by 10%. In Florida, similar measures reduced rates of total juvenile recidivism by 8% and criminal recidivism by 24%. Each state has seen multi-billion dollar savings in the long term (Elliott et al., 2020). Thus, it can be said that, even on a small scale, implementations of evidence-based programs are making a difference to the overall juvenile criminal justice situation, which should be an effective incentive for their further dissemination. However, this is different.

In seeking answers to why evidence-based programs are not widespread despite the apparent gains, attention was drawn to practitioners, for whom two

main problems were identified. The first is distrust and misunderstanding of the concept of evidence-based practice. "Prevention professionals can sometimes be skeptical of them, believing that these programs are too prescriptive and do not consider their professional experience. Many of these professionals prefer to work »downstream«, starting from the needs of the target population, rather than from an »evidence-based« program. They perceive the latter approach as »bottom-up«" (European Monitoring Centre for Drugs and Drug Addiction, 2022, p. 54). Lipsey (2018) also emphasizes that practitioners operating in specific socio-institutional settings have more confidence in the programs they have developed and are reluctant to replace them with model programs that they believe have been developed elsewhere, for someone else, and implemented in other settings. Unconvinced of their effectiveness, they are unwilling to take the risk of change at an organizational, substantive, and personnel level. They prefer to stay with tried and tested measures rather than experiment. The second problem is the issue of fidelity of program implementation. Many practitioners try to tailor programs to local needs and conditions, for example, through selective application, which most often reduces their effectiveness and ultimately reinforces attitudes of distrust. Evaluation studies of evidence-based programs indicate that implementation fidelity is one of the critical conditions for effectiveness. It has been found that maintaining 60% fidelity to a program allows for an expectation of outcomes as intended (Durlak and Du Pre, 2008). Thus, it is advisable to replicate the program as faithfully as possible. A way to reduce inadvertent changes but also increase confidence in evidence-based programs, is, on the one hand, to support users in the implementation process (Buckley et al., 2020) and, on the other hand, to provide evaluation-derived knowledge about subsequent program versions or extensions. It is essential to build "learning communities" around evidence-based program bases, where practitioners, researchers, and program developers gain a space for mutual support and exchange of ideas and experiences. The online libraries, user forums, and resources available within many of the bases allow knowledge to be updated and new competencies to be acquired continuously. Some institutions managing the databases, such as the U.S. Blueprints, organize annual training conferences, bringing together researchers, practitioners, implementers, and program evaluators (Buckley et al., 2020), allowing for exchanging experiences and signaling mutual needs and expectations.

Another issue is related to the resources of the bases. The study found that 79% of the programs were only in one register, although they met the criteria for inclusion in five or six others (Means et al., 2015). This situation limits the potential accessibility for users. To increase it, programs must be positioned on as many bases as possible and, importantly, with similar standards assigned. This reveals another challenge facing database operators, namely sorting out the issue of program evaluation. No standard system has been developed (Zack et al., 2019; Axford et al., 2022). It still happens that the same program is rated differently in different databases, which cre-

ates uncertainty for potential users. The seriousness of this problem was shown by the research of the team of Means, which compared the evaluations of 100 randomly selected programs included in more than one registry. For more than half of the programs, there were significant discrepancies in evaluating the effectiveness of activities (Means et al., 2015). Continuing the theme of discrepancies in program evaluations, 28 evaluation criteria from the selected registers were compared and found to be only 36% consistent with each other (Walker et al., 2017). The discrepancies noted are the result of different application procedures to the databases (some databases perform literature reviews on their own, and some require program developers to do so), the conditions imposed, primarily regarding the issue of program effectiveness evaluation (some databases only consider randomized trials, some also allow other forms of research), but also the nature of the database (Zack et al., 2019). It is necessary to sort out this issue, if only by trying to set a minimum standard. Lipsey and Howell (2012), responding to this problem, presented the Standard Programme Evaluation Protocol (SPEP™), which aims for a standardized, scientific, and balanced evaluation of programs. The key evaluation criteria are the type of program, the frequency of participation, the quality of interventions, and the level of risk the juvenile presents. The SPEP™ protocol confirmed the high effectiveness of the practices identified a few years earlier by Lipsey (2009) for working with juveniles.

When discussing the challenges facing evidence-based program bases, the issue of funding and commercialization must be remembered. Prevention and rehabilitation programs, like diagnostic tools, are increasingly becoming a product and thus subject to the laws of the market. It is expressed, for example, in the operation of paid licenses for program delivery and the use of related materials. Payments for the use of the program are a way of recouping the money invested in researching it. However, they should also be used for further evaluation, which is unfortunately not a common practice. The issue of program commercialization carries some risks. The pursuit of profit as the overriding objective may open the door to unethical actions if only related to the unreliable selection of studies to evaluate the program's effectiveness or its implementation without due methodological quality. Critics point out that it is not without reason that so few subsequent evaluation studies succeed in achieving at least close to the original values (Lipsey, 2018; Burkhardt et al., 2015). This is why it is essential that evidence-based program bases are in place to guide their verification and, through independent evaluation research, point to other applications in terms of social groups and specific conditions.

CONCLUSIONS

Almost three decades of evidence-based program bases have shown that they represent a milestone in developing contemporary prevention and rehabilitation.

They have undoubtedly contributed to raising the scientific level of the activities undertaken in their field by promoting solutions based on verified theories and implementing large-scale evaluation research with high methodological standards. It was essential to put terminology in order, defining basic concepts and categories. The knowledge and experience from the basis of evidence-based programs can today be considered a rational premise for legal solutions (evidence-based policy) decision-making. Prevention and rehabilitation activities are nowadays professional activities, which means a reduction of intuition and good intentions in favor of research-proven solutions.

Program databases are a vital tool for transferring knowledge into practice because they offer verified interdisciplinary, systematically updated, and, importantly, easily accessible knowledge, based on which practitioners can diagnose the needs of their clients and apply the best solutions in terms of effect and cost. A unique role in this respect is played by search engines integrated into the databases, where, by selecting appropriate filters, the user is presented with a limited set of programs profiled to his or her needs. It reduces the risk of acting on intuition and routine. Access to appropriately provided knowledge helps reinforce practitioners' belief in the need for scientifically proven methods of operation, which promotes their professional development but can also be a protective factor against burnout.

Evidence-based program databases have undoubtedly increased the quality and range of preventive and rehabilitative interventions. However, they have also contributed to removing ineffective or even harmful programs, such as "Scared Straight" or "21st Century Community Learning Centres", from the lists. The former was a factor in the increase in juvenile delinquency (Petrosino et al., 2013), while the latter admittedly raised the level of institutional care for young people but at the same time reduced parental involvement in parenting. An increase in risky behavior has also been reported among beneficiaries (James-Burdumy et al., 2007).

Evidence-based program databases also monitor the implementation and delivery of individual interventions, ensuring that the programs they promote are equipped with appropriate training materials and opportunities to contact developers or share experiences with other users. Examples of this can be found in the Blueprints database and on the pages of the What Works Clearinghouse, which publishes collections of good practice with action scenarios.

In conclusion, the emergence of evidence-based program bases has created the possibility of developing a common approach to research on effective prevention and rehabilitation and, above all, initiated the development of standards for its implementation. Undoubtedly, they have become the cause of a qualitative change in preventive interactions, but the problems and challenges that arise from them must be addressed. However, it is essential that they become the subject of discussion, and thus, opportunities for their solution are drawn.

REFERENCES

Axford, N., Morpeth, L., Bjornstad, G., Hobbs, T., Berry, V. (2022). "What works" registries of interventions to improve child and youth psychosocial outcomes: A critical appraisal. *Children and Youth Services Review*, *137*, 1–16. https://doi.org/10.1016/j.childyouth.2022.106466

Barczykowska, A., Dzierzyńska-Breś, S. (2013). Profilaktyka oparta na wynikach badań naukowych (*evidence based practice*). *Resocjalizacja Polska (Polish Journal of Social Rehabilitation)*, *4*, 131–152.

Buckley, P.R., Fagan, A.A., Pampel, F.C., Hill, K.G. (2020). Making evidence-based interventions relevant for users: A comparison of requirements for dissemination readiness across program registries. *Evaluation Review*, *44*(1), 51–52. https://doi.org/10.1177/0193841X20933776

Burkhardt, J.T., Schröter, D.C., Magura, S., Means, S.N., Coryn, C.L.S. (2015). An overview of evidence-based program registers (EBPRs) for behavioural health. *Evaluation and Program Planning*, *48*, 92–99. https:/doi.org/10.1016/j.evalprogplan.2014.09.006

Durlak, J.A., Du Pre, E.P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *The American Journal of Community Psychology*, *41*(3–4), 327–350. https://doi.org/10.1007/s10464-008-9165-0

Elliott, S.D., Buckley, P.R., Gottfredson, D.C., Hawkins, J.D., Tolan, P.H. (2020). Evidence-based juvenile justice programs and practices: A critical review. *Criminology & Public Policy*, *19*(4), 1306–1307. https://doi.org/10.1111/1745-9133.12520

European Monitoring Centre for Drugs and Drug Addiction. (2022).

James-Burdumy, S., Dynarski, M., Deke, J. (2007). When Elementary Schools Stay Open Late: Results From the National Evaluation of the 21st Century Community Learning Centers Program. *Educational Evaluation and Policy Analysis*, *29*(4), 296–318. https://doi.org/10.3102/0162373707309077

Kusztal, J. (2021). *Evidence based practice* w profilaktyce uzależnień. In J. Kusztal, M. Piasecka, A. Nastazjak (Eds.), *Profilaktyka uzależnienia od hazardu oparta na dowodach naukowych* (pp. 128–132). Wyd. UJ.

Lipsey, M.W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders*, *4*, 124–147. https://doi.org/10.1080/15564880802612573

Lipsey, M.W. (2018). Effective use of the large body research on effectiveness of programs for juvenile offenders and the failure of the model programs approach. *Criminology and Public Policy*, *17*(1), 189–198. https://doi.org/10.1111/1745-9133.12345

Lipsey, M.W. (2020). Revisited: Effective use of the large body of research on the effectiveness of programs for juvenile offenders and the failure of the model programs approach. *Criminology & Public Policy*, *19*, 1329–1345. https://doi.org/10.1111/1745-9133.12530

Lipsey, M.W., Howell, C.J. (2012). Research-based guidelines for juvenile justice programs. *Justice Research and Policy*, *14*(1), 7–34. https://doi.org/10.3818/JRP.14.1.2012.17

Martinson, R. (1974). What works? – questions and answers about prison reform. *The Public Interest*, *35*, 22–54. Retrieved 17 September, 2023 from: https://www.nationalaffairs.com/storage/app/uploads/public/58e/1a4/ba7/58e1a4ba7354b822028275.pdf?

Means, S.N., Magura, S., Burkhardt, J.T., Schröter, D.C., Coryn, C.L.S. (2015). Comparing rating paradigms for evidence-based program registers in behavioural health: Evidentiary criteria and implications for assessing programs. *Evaluation and Program Planning*, *48*, 100–116. https://doi.org/10.1016/j.evalprogplan.2014.09.007

Mihalic, S.F., Elliott, D.S. (2015). Evidence-based programs registry: Blueprints for Healthy Youth Development. *Evaluation and Program Planning*, *48*, 124–31. https://doi.org/ 10.1016/j.evalprogplan.2014.08.004.

Muskała, M. (2024, forthcoming). Zachowania ryzykowne – kierunki profilaktyki. In M. Muskała, H. Karaszewska (Eds.), *Profilaktyka zachowań ryzykownych – dobre praktyki i dowody naukowe*. Wyd. UAM.

Nevo, I., Slonim-Nevo, V. (2011). The myth of evidence-based practice: Towards evidence-informed practice. *The British Journal of Social Work*, *41*(6), 1176–1197. https://doi.org/10.1093/bjsw/bcq149

Ostaszewski, K. (2006). Profilaktyka pozytywna. *Świat Problemów*, *3*(158), 6–10.

Ostaszewski, K. (2019). W kierunku profilaktyki opartej na wiedzy. In Z. Gaś (Ed.), *Profilaktyka zachowań ryzykownych w teorii i praktyce* (pp. 35–50). Wyd. WSEiI.

Petrosino, A., Turpin-Petrosino, C., Hollis-Peel, M.E., Lavenberg, J.G. (2013). 'Scared Straight' and other juvenile awareness programs for preventing juvenile delinquency. *The Cochrane Database of Systematic Reviews*, *30*(4). https://doi.org/10.1002/14651858

Podręcznik dla specjalistów, decydentów i liderów środowisk opiniotwórczych na temat profilaktyki używania substancji psychoaktywnych opartej na dowodach naukowych. (2022). EMCDDA. Retrieved 9 August, 2023 from: https://www.emcdda.europa.eu/system/files/publications/11733/PL_EUPC_Online.pdf

Sackett, D.L., Rosenberg, W., Muir Gray, J.A., Haynes, R.B., Richardson, W.S. (1996). Evidence-Based medicine: What it is and what it isn't. *The BMJ*, *312*, 71–72. https://doi.org/10.1136/bmj.312.7023.71

Straus, S., Glasziou, P., Richardson, W., Haynes, R. (2011). *Evidence-Based Medicine How to Practice and Teach It* (4th ed.). Churchill Livingstone Elsevier.

Walker, S.C., Lyon, A.R., Aos, S., Trupin, E.W. (2017). The consistencies and vagaries of the Washington State Inventory of Evidence-Based Practice: The definition of "evidence based" in a policy context. *Administration and Policy in Mental Health and Mental Health Services Research*, *44*, 42–54. http://dx.doi.org/10.1007/s10488-015-0652-y

Włodarczyk, E. (2024). Profilaktyka w zakresie problemów związanych z używaniem alkoholu. In M. Muskała, H. Karaszewska (Eds.), *Profilaktyka zachowań ryzykownych – dobre praktyki i dowody naukowe*. Wyd. UAM.
Zack, M.K., Karre, J.K., Olson, J., Perkins, D.F. (2019). Similarities and differences in program registers: A case study. *Evaluation and Program Planning*, *76*, 1–28. https://doi.org/10.1016/j.evalprogplan.2019.101676
www1: https://www.blueprintsprograms.org/non-certified-programs/
www2: https://www.emcdda.europa.eu/best-practice/evaluation-instruments-bank-eib_en
www3: https://programyrekomendowane.pl/
www4: https://programyrekomendowane.pl/strony/poziomy-rekomendacji,118
www5: https://www.emcdda.europa.eu/publications/emcdda-protocols-standards-and-guidelines/best-practice-portal-evidence-database-protocol_en

BAZY PROGRAMÓW OPARTYCH NA DOWODACH JAKO NARZĘDZIE NOWOCZESNEJ PROFILAKTYKI ZACHOWAŃ RYZYKOWNYCH I RESOCJALIZACJI

Wprowadzenie: Poszukiwanie skutecznych metod prowadzenia oddziaływań profilaktycznych i resocjalizacyjnych stanowi dziś jedno z podstawowych zadań dla pedagogów i innych specjalistów zajmujących się tym obszarem praktyki. Jednym z narzędzi, które ten cel może pomóc osiągnąć, są bazy programów opartych na dowodach naukowych. Stanowią one rezerwuar sprawdzonych w badaniach propozycji prowadzenia działań, stają się również ważną przestrzenią wymiany doświadczeń, ale też źródłem zmiany. Nie są jednak wolne od dysfunkcji i problemów.
Cel badań: Celem podjętych badań jest z jednej strony popularyzacja idei baz programów profilaktycznych opartych na dowodach, a z drugiej refleksja nad ich funkcjonowaniem wraz z analizą ryzyka oraz potencjałów w nich tkwiących. Tekst jest również próbą odpowiedzi na pytanie, jak zmieniać bazy programów i same programy, by były one jak najbardziej rzetelne i efektywne w działaniach.
Stan wiedzy: Badania nad bazami programów opartych na dowodach naukowych i nad samymi programami mają już niemal trzydziestoletnią tradycję. Badania te dowiodły, że można je uznać za swego rodzaju „kamienie milowe", co nie znaczy, że nie ujawniły one różnego rodzaju problemów. W literaturze przedmiotu trwa w tym obszarze dyskusja, odnosząca się zarówno do treści baz, jak i ich funkcjonalności.
Podsumowanie: Podniesienie świadomości znaczenia działań opartych na dowodach naukowych, popularyzacja baz programów zweryfikowanych empirycznie, usprawnienie ich funkcjonalności stają się dziś kluczowym zdaniem dla pedagogów resocjalizacyjnych i profilaktyków.

Słowa kluczowe: program oparty na dowodach, baza programów, ewaluacja, oddziaływania profilaktyczne, resocjalizacja, niedostosowanie społeczne, profilaktyka